



## Suicides after Prescription Opioids are Stopped:

## Let's Move Beyond Statistics through the CSI:OPIOIDS Research Study

Stefan G. Kertesz, MD, MSc  
Professor, UAB Heersink School of Medicine  
Investigator, Birmingham, Alabama VA Health  
Care System

Principal Investigator: CSI:OPIOIDS Study  
Funding: Veterans Affairs HSR&D

# The scenario

- ▶ A **large decline** in prescriptions returned the US to levels of 1993
- ▶ Reduction in patients with chronic pain and long-term receipt is a unique situation
- ▶ **Suicide** among the latter has the CDC & FDA's attention
- ▶ The reduction/stoppage is often a sudden crisis
- ▶ What's missing: credible, actionable knowledge of the factors that can **help to explain and prevent** the tragedies

☰ **The New York Times** 👤

GIVE THE TIMES

**OPINION**  
GUEST ESSAY

---

# 'Entire Body Is Shaking': Why Americans With Chronic Pain Are Dying

Jan. 3, 2023



Anne's records:  
251 "name known",  
52 name not known by  
mentioned by credible  
source.  
694 name not known

**VICE News**

## The DEA Shut Down a Pain Doctor. Now 3 People Are Dead.

After a California doctor was labeled an "imminent danger" to the public, the consequences were devastating for his patients and their families.

**KH** By Keegan Hamilton

---

January 5, 2023, 5:00am Share Tweet Scan

# Observational/Retrospective Studies

- ▶ **14** studies show **adverse** associations between dose reduction and safety
  - ▶ Overdose, mental crisis, suicides, higher among those reduced
  - ▶ Not all entail **rapid** reductions
- ▶ Not all reductions are adverse
- ▶ Health record databases lack timely, accurate, or rich information,
- ▶ What we **don't understand vastly exceeds** what we do



# Understanding complex tragedies

TWA Flight 800 exploded and crashed 12 minutes after takeoff from JFK on 7/17/1996

230 died

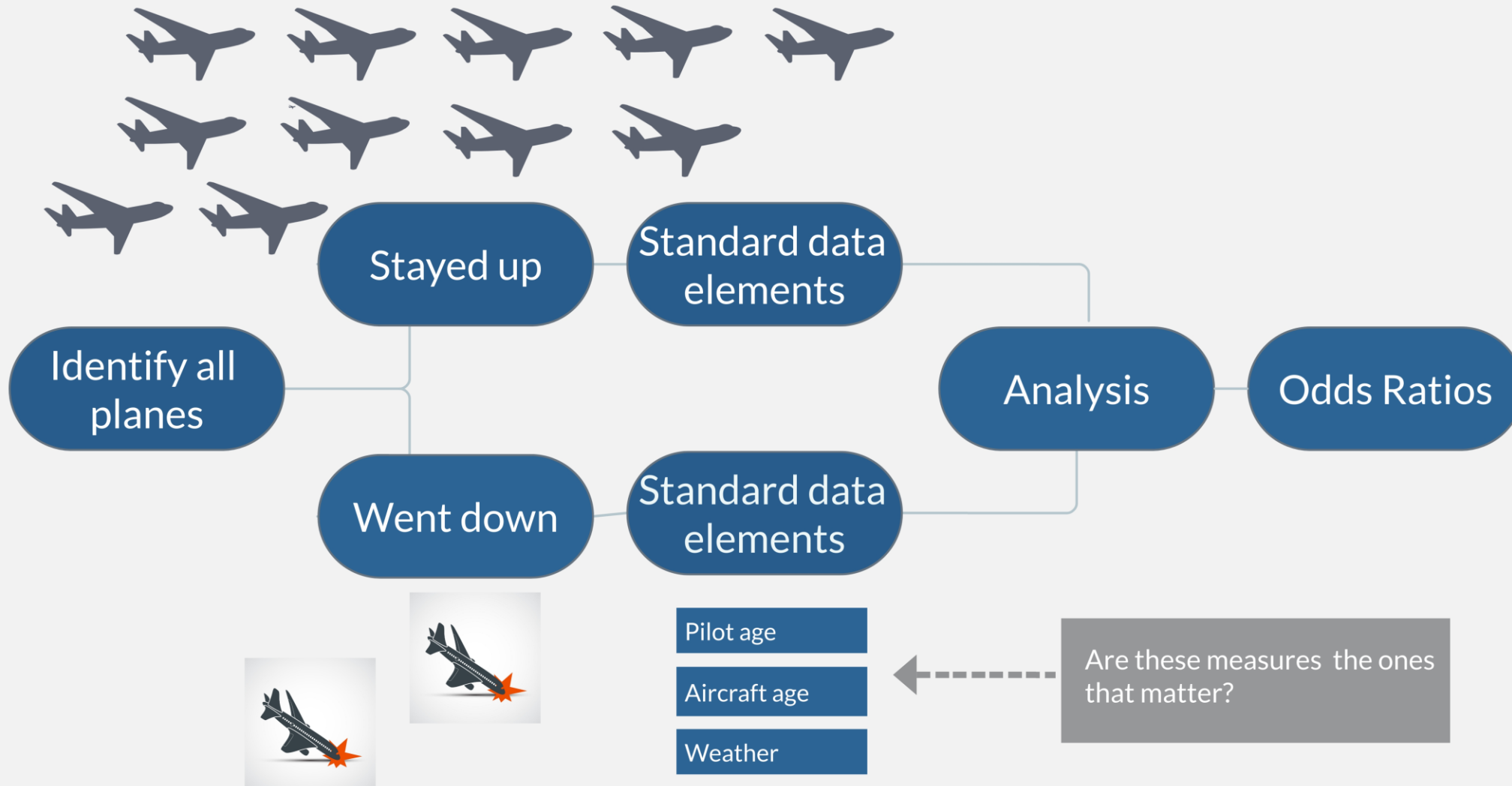
Many witnesses saw a “streak of light”

The FBI and NTSB wound up at odds

What if we had studied crashes in the way we currently study opioid-related safety events?



# Common opioid-analytic approaches, applied to crashes



# A necessary complement: case investigation

NTSB, FBI, DoD

Parts collected, reassembled

Explosion due to ignition of flammable fuel/air mixture in a hot, mostly empty center wing tank

2008: FAA rules to reduce flammability in tanks



# Psychological autopsy

924

JAMA, June 22, 1963

1963

## Investigations of Equivocal Suicides

*Robert E. Litman, MD, Theodore Curphey, MD, Edwin S. Shneidman, PhD,  
Norman L. Farberow, PhD, and Norman Tabachnick, MD, Los Angeles*

### **CSI-OPIOIDS**

Clinical Context of Suicide Following Opioid Transitions

initiated recruitment in 2020 (pilot)

interviews in 2023

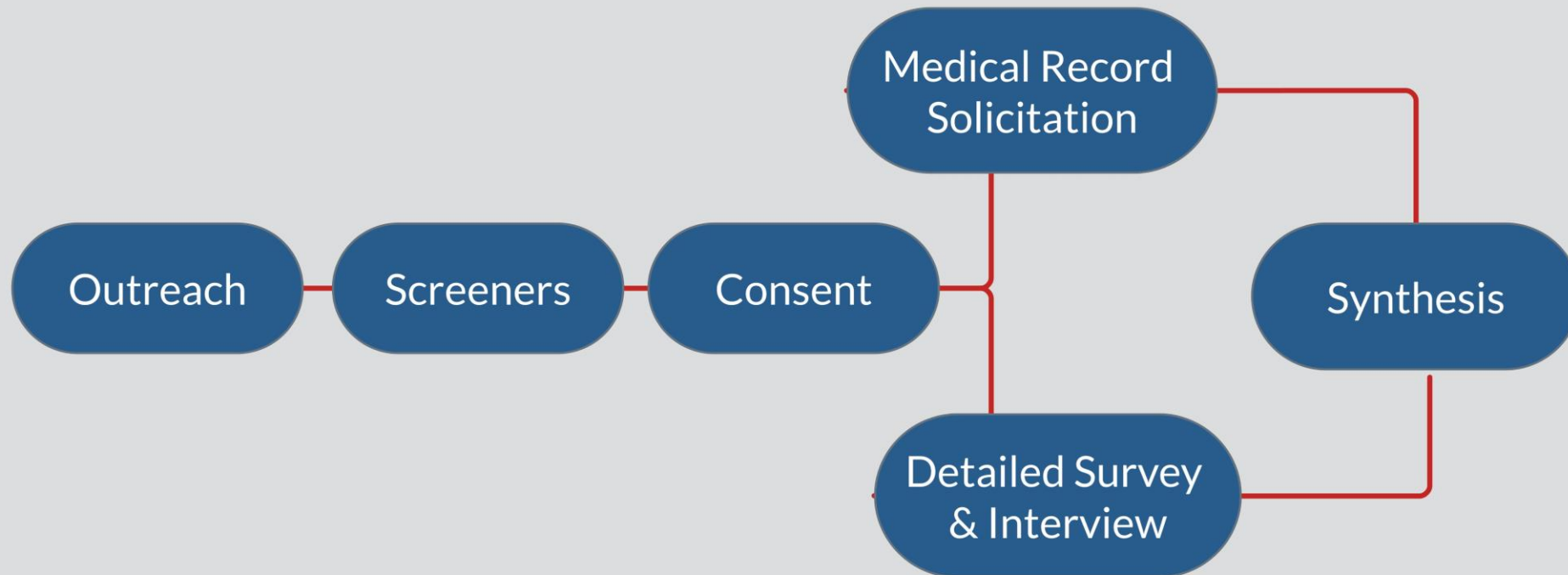


# What we might learn through psychological autopsy

- ▶ How many decedents had rapid or slow opioid taper, and did they feel they had control over that?
- ▶ How long after dose change was there any hint of potential for self-harm?
- ▶ How many had psychological diagnoses?
- ▶ How many shared concerns with family and friends?
- ▶ How many had risk factors for suicide such as perceived burdensomeness and thwarted belongingness?
- ▶ Did health care feature conflicts or impasses in care?
- ▶ Was there possession of medication or a firearm?
- ▶ For Veterans, how many sought non-VA care?

What else should we be asking?

# Simplified overview (target 110-12)



# Challenges to this research



## Recruit survivors

No single registry



## Outreach

Requires going to the public

The public includes people in crisis related to pain



## Fears and distrust

Skeptical of "research"



## Retention

Time delay from initial contact



## Data Security

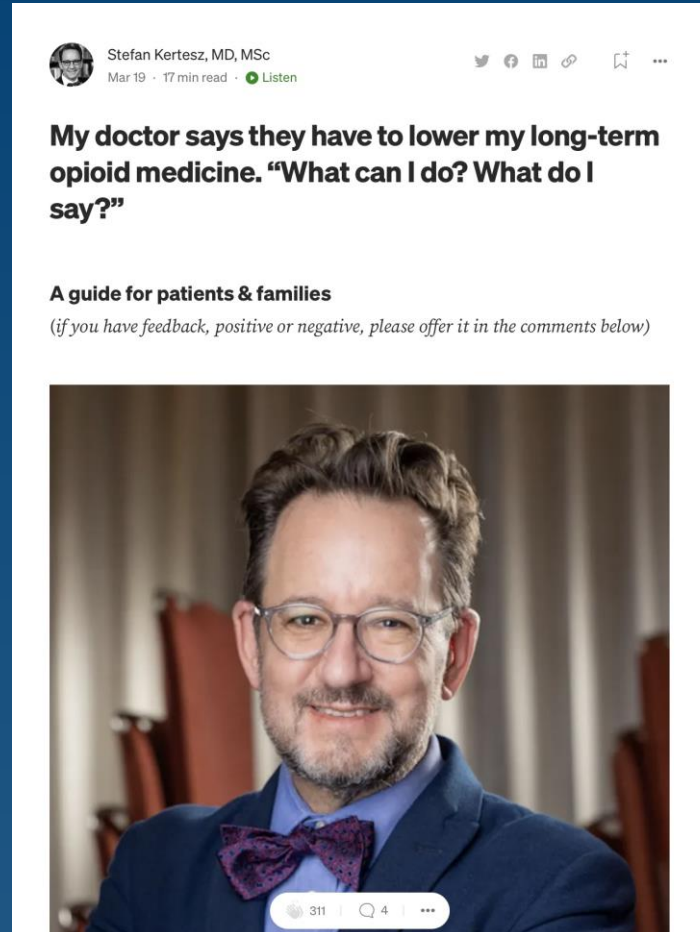


## Ethics & Safety

2 IRBs, 2 Certificates of Confidentiality

# A necessity for distressed patients

- ▶ Patients who are dose-reduced or cut off have **no crisis support** and almost **no recognition**
- ▶ My guide is for patients/families
- ▶ A toolkit for clinicians is available

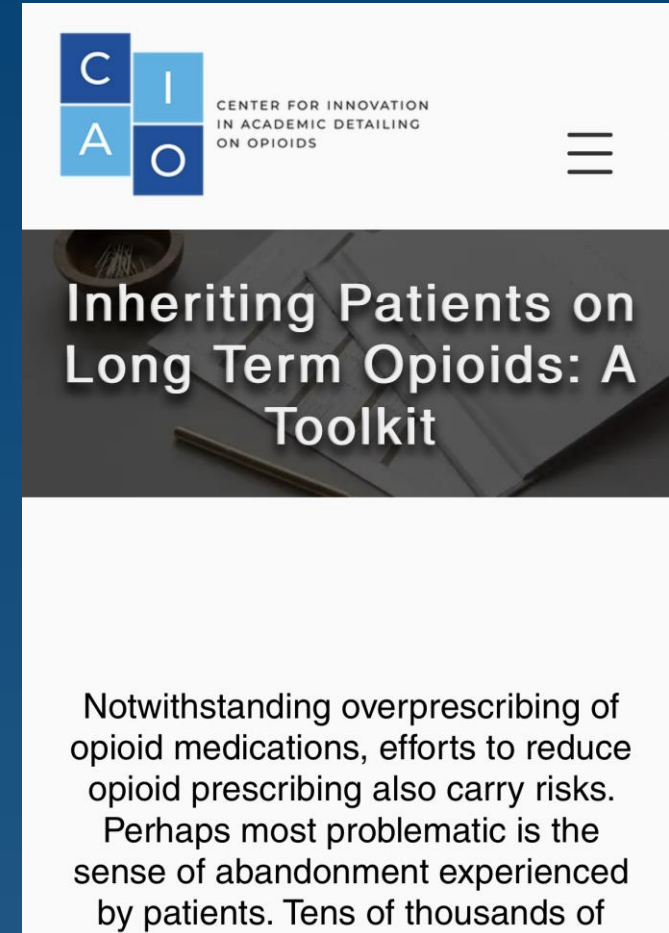


Stefan Kertesz, MD, MSc  
Mar 19 · 17 min read · Listen

**My doctor says they have to lower my long-term opioid medicine. “What can I do? What do I say?”**

**A guide for patients & families**  
*(if you have feedback, positive or negative, please offer it in the comments below)*

311 | 4 | ...



C I A O  
CENTER FOR INNOVATION  
IN ACADEMIC DETAILING  
ON OPIOIDS

**Inheriting Patients on  
Long Term Opioids: A  
Toolkit**

Notwithstanding overprescribing of opioid medications, efforts to reduce opioid prescribing also carry risks. Perhaps most problematic is the sense of abandonment experienced by patients. Tens of thousands of



# If we want to make a difference...

- ▶ Crisis Response Community can't easily "resolve" a crisis where:
- ▶ Forces across health care are contributing to the crisis:
  - ▶ Health plans
  - ▶ Prescriber bias, lack of conceptual framework, fear
  - ▶ Pharmacy shortages
- ▶ Population at risk is **not recognized**
- ▶ Please share word of our study
- ▶ BUT - we can discuss resources that may include
  - ▶ Pain clinicians
  - ▶ Websites
  - ▶ Addiction Treatment
  - ▶ Health plans
  - ▶ Federal and state officials

# CSI:OPIOIDS

## Share our story

To prevent suicides after prescription opioid reduction, we must understand them



General Study Information



<https://sites.uab.edu/csiopioids>

IRB-approved Screener



<https://go.uab.edu/csiopioids>

One-page information sheet



<https://bit.ly/3PTXwUs>