Suicide rates in the US are on the rise. A new study offers surprising reasons why

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After a long, steady decline in national suicide rates, those numbers began steadily ticking up in the late 1990s and have generally risen ever since, with nearly 50,000 people in the U.S. taking their own lives in

2022, up 3% from the previous year.

Scholars seeking explanations for this troubling trend have pointed to everything from generally declining mental health to increased social media exposure and heightened access to firearms.

But a new University of Colorado Boulder study points to two other surprising drivers: Increased access to potentially lethal prescription opioids has made it easier for women, specifically, to end their own lives; and a shrinking federal safety net has contributed to rising suicide rates among all adults during tough economic times, the study suggests.

"We contend that the U.S. federal government's weak regulatory oversight of the pharmaceutical industry and tattered social safety nets have significantly shaped U.S. suicide risk," said first author Daniel Simon, a Ph.D. candidate in the Department of Sociology and research affiliate with the Institute of Behavioral Science.

A sweeping analysis

For the study, published in the *Journal of Health and Social Behavior*, Simon and Associate Sociology Professor Ryan Masters analyzed records of more than 16 million deaths among U.S. adults between 1990 and 2017.When separating the nearly 600,000 suicide deaths by intentional poisoning vs. non-poisoning (all other methods of self-harm), two notable spikes in the data emerged: in 1997 and 2007.

In 1997—one year after the long-acting opioid OxyContin hit the market and kicked off the nation's opioid crisis—women's suicide rates by poisoning (the preferred method among females) began ticking up by about 2% per year through 2017 after declining by about 3% annually over the previous decade.

Women aged 40 to 55 were hit hardest. "In the late 1990s, the method women often consider using to attempt to end their life suddenly became much more potent and much more available, with devastating consequences," said Simon.

Notably, states without prescription drug monitoring programs experienced larger increases in women's suicide rates from poisonings.

After controlling for other factors, the authors conclude that increased availability of opioids and other prescription drugs like benzodiazepines was solely responsible for driving women's self-poisoning suicides rates up from 1997 to 2006.

"Our study showed that the approval, easy access and over-prescription of opioid-based pain relievers had deleterious consequences for U.S. suicide rates for women, a reality that has been overlooked in discussions of the opioid epidemic," said Simon.

A tattered safety net

Among all men and women, non-poisoning suicide rates remained relatively stable across the 1990s and 2000s.

But in 2007, at the onset of the housing and financial crash that kicked off the Great Recession, these rates spiked and continued to climb, ticking up anywhere from 2% annually among Black men and 2.5% annually among white men to 9% annually among American Indian/Alaska Native women. These trends continued long after the recession subsided.

When looking at state-level financial indicators, the authors found that suicide rates strongly paralleled changes in states' economic conditions, such as stagnating wages, higher unemployment and increased poverty.

Economic downturns are not always associated with increases in suicides. In Sweden during a massive economic crash from 1990 to 1994, suicide deaths did not increase in part because the government invested in social safety net programs to minimize the health effects of financial strain, Simon said. While rates spiked at the onset of the Great Depression, they plummeted after the passage of the New Deal in 1933 which put Americans back to work via publicly funded projects.

In contrast, U.S. policymakers during the Great Recession prioritized market stabilization, investing $2 trillion in the banking sector while cutting funding for federal Housing and Urban Development programs by $3.8 billion, the authors note.

"Oftentimes, the health consequences of an economic downturn can be mitigated by aggressive moves to alleviate the financial burden of individuals," said Masters. "Unfortunately, that did not happen during the Great Recession or during the slow and unequal recovery since. This has left individuals more vulnerable to economic stressors and that likely has spilled over into the elevation of suicide rates."

The authors stress that a host of psychiatric and social factors can push individual suicide risk up. They hope their work can demonstrate that there are also broader "structural determinants" of suicide risk.

"Suicide hotline crisis numbers and efforts to help people at the individual level are all amazing and necessary, but our work shows that higher-level, institutional interventions are also critical in addressing this crisis," said Simon. "Giving a person a job or proper health care can also be a suicide-prevention tool."

More information: Daniel H. Simon et al, Institutional Failures as Structural Determinants of Suicide: The Opioid Epidemic and the Great Recession in the United States, *Journal of Health and Social Behavior*

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