# FREQUENTLY ASKED QUESTIONS

**Adverse Childhood Experiences | Overdose | Suicide**

Childhood adversity, overdose, and suicide are urgent and related public health challenges that have consequences for all of us. But these challenges are preventable if we adopt a coordinated approach that focuses on addressing today's crises while preventing tomorrow's.

## Q. What are Adverse Childhood Experiences (ACEs)?

**A.** Adverse childhood experiences (ACEs) are preventable, potentially traumatic events that occur in childhood (0-17 years) such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide. Also included are aspects of a child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use, mental health problems, or incarceration of a parent/caregiver.[1]

## Q. How common are ACEs?

**A.** Childhood trauma touches half of all US children, in every community. About 64% of adults have experienced at least one adverse childhood experience before age 18.[2] Nearly 1 in 6 (17.3%) adults reported they had experienced four or more types of ACEs.[1] Five of the ten leading causes of death are related to exposure to adverse childhood experiences.[2]

## Q. Why are ACEs a cause for concern?

**A.** Experiencing adversity in childhood can change the way a child's brain develops and functions, contributing to increased risk of substance use, suicide, and other injury and violence outcomes. The estimated economic burden of ACEs was $748 billion dollars each year in Bermuda, Canada, and the United States.[1]

## Q. How common is overdose in the United States?

**A.** Drugs take just under 300 lives every day.[3] More than one million people have died since 1999 from a drug overdose.[4] In 2022, 107,941 drug overdose deaths occurred in the United States.[4] Provisional data predicts over 107,000 overdose deaths in the 12 month-ending in December 2023. Opioids—mainly synthetic opioids (other than methadone)—are currently the main driver of drug overdose deaths.[4] Opioids were involved in 81,806 overdose deaths in 2022 which accounts for 75% of all drug overdose deaths.[4] Drug overdose deaths involving psychostimulants such as methamphetamine are increasing with and without synthetic opioid involvement.[4]

## Q. How common is suicide in the United States?

**A.** Suicide is a leading cause of death in the United States.[6] In 2021, suicide was among the top 9 leading causes of death for people ages 10-64. Suicide was the second or third leading cause of death for people ages 10-34.[6] Suicide was responsible for more than 48,000 deaths in 2021, which is about one death every 11 minutes.[7] Every year, many more people think about or attempt suicide than die by suicide. In 2021, an estimated 12.3 million adults seriously thought about suicide, 3.5 million planned a suicide attempt, and 1.7 million attempted suicide.[7] Between 2000-2021, suicide rates have risen about 36 percent.[7]

## Q. Aside from the impact on the individual and family, are there any other consequences of suicide?

**A.** In addition to the number of people who are injured by suicide attempts or die by suicide, many more people are impacted. When people die by suicide, friends and loved ones may experience shock, anger, guilt, and depression, among other feelings. In fact, people who survive the loss of someone they know to suicide are at increased risk themselves of this same outcome.[7] People who attempt suicide and survive may experience serious injuries and negative impacts (such as feelings of shame and guilt), which can have long-term effects on health and well-being.[7] In 2020, suicide and nonfatal self-harm cost the nation over $500 billion in medical costs, work loss costs, value of statistical life, and quality of life costs. The cost of injury mortality includes value of statistical life, a monetary estimate of the collective value placed on mortality risk reduction as derived in research studies through revealed preferences (e.g., observed wage differences for dangerous occupations) or stated preferences from surveys of individual persons' willingness to pay for mortality risk reduction. [8] Fortunately, most people who attempt suicide go on to live long and healthy lives.[9]

## Q. Is anyone at greater risk of suicide?

**A.** Suicide rates vary by race/ethnicity, age, and other characteristics, with the highest rates across the life span occurring among non-Hispanic American Indian/Alaska Native and non-Hispanic White populations.[7] Other individuals disproportionately impacted by suicide include Veterans and other military personnel and workers in certain occupational groups like mining and construction.[10] Sexual minority youth bear a large burden as well, and experience increased suicidal thoughts and behavior compared to their non-sexual minority peers.[10]

## Q. How are these three issues connected?

**A.** These challenges are related because adverse childhood experiences increase the risk of overdose and suicide later in life. And since witnessing an overdose or losing a loved one to suicide are adverse childhood experiences, the risk of future overdose or suicide grows and the problem ripples and multiplies across generations. Preventing exposure to adverse childhood experiences is an important step in reducing the risk for overdose and suicide, and many other negative health and wellbeing outcomes.

## Q. What can we do to more effectively prevent ACEs, overdose, and suicide?

**A.**

1. Generate understanding of the shared root causes between ACEs, overdose, and suicide to inform more holistic and effective policy, programmatic interventions, funding, and service delivery. We can advance this understanding by using shared, evidence-based, and easy-to-understand messages that make the connection and capture the urgency needed to find innovative solutions.

2. Engage with individuals as leaders for prevention and change in their own communities, including those with personal experience with these issues, decision-makers, and champions across sectors.

3. Employ a comprehensive public health approach to:

   - » prevent harm from occurring in the first place,
   - » identify people in need of services early and ensure equitable access to the programs and services they need,
   - » provide long-term social and economic supports (e.g., income support for working families, paid family and sick leave, high quality childcare, and access to substance use treatment that increase safe, stable, nurturing relationships and environments).

   Efforts may be most effective if we begin by focusing policies, funding, and programs where the need is greatest.

4. Invest in research and evaluation to develop, test, implement, and translate more evidence-based strategies to prevent and mitigate the effects of adverse childhood experiences, overdose, and suicide, and to address the connections between them.

### To learn more, visit:


1. https://www.cdc.gov/aces/about/index.html
2. https://www.cdc.gov/vitalsigns/aces/index.html
3. https://www.cdc.gov/stopoverdose/index.html
4. https://www.cdc.gov/nchs/fastats/drug-overdoses.htm
5. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
6. http://wonder.cdc.gov/mcd-icd10-expanded.html
7. https://www.cdc.gov/suicide/facts/index.html
8. https://www.cdc.gov/mmwr/volumes/70/wr/mm7048a1.htm?s_cid=mm7048a1_w
9. https://pubmed.ncbi.nlm.nih.gov/12204922/
10. https://www.cdc.gov/suicide/disparities/index.html