

SUICIDE AND SUBSTANCE USE DISORDERS

Presenters:

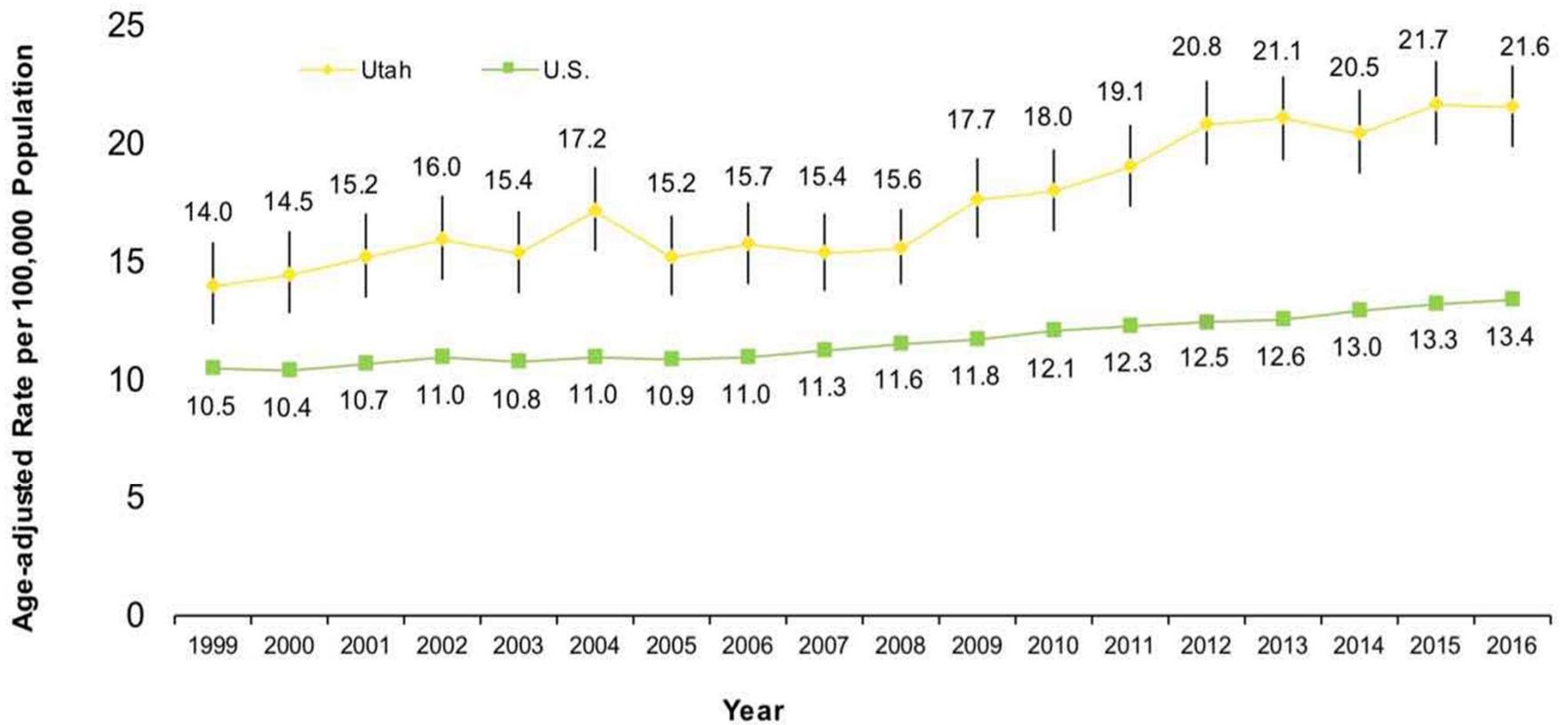
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OBJECTIVES

- 1) Understand the relationship between suicide and SUD
- 2) Be able to identify risk and protective factors
- 3) Conduct a suicide assessment, with particular attention to risk factors related to SUD
- 4) Identify crisis management tools and preventive interventions related to the SUD risk factors

SUICIDE RATES



Source: State of Utah (2018). Age-adjusted Rate of Suicides per 100,000 Population by Year, Utah and U.S., 1999-2016 [graph]. *Utah Department of Health*. Retrieved from <http://health.utah.gov/vipp/pdf/Suicide/SuicideInUtah2018.pdf>

SUD AND SUICIDE

True or False:

Individuals with a history of Substance Use Disorder, but are in recovery, are at the same risk of suicide as those with no history of Substance Use Disorder?

SUD AND SUICIDE

True or False:

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FALSE

SUD AND SUICIDE

True or False:

Individuals who inject drugs are at greater risk for suicide than those who do not

SUD AND SUICIDE

True or False:

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TRUE

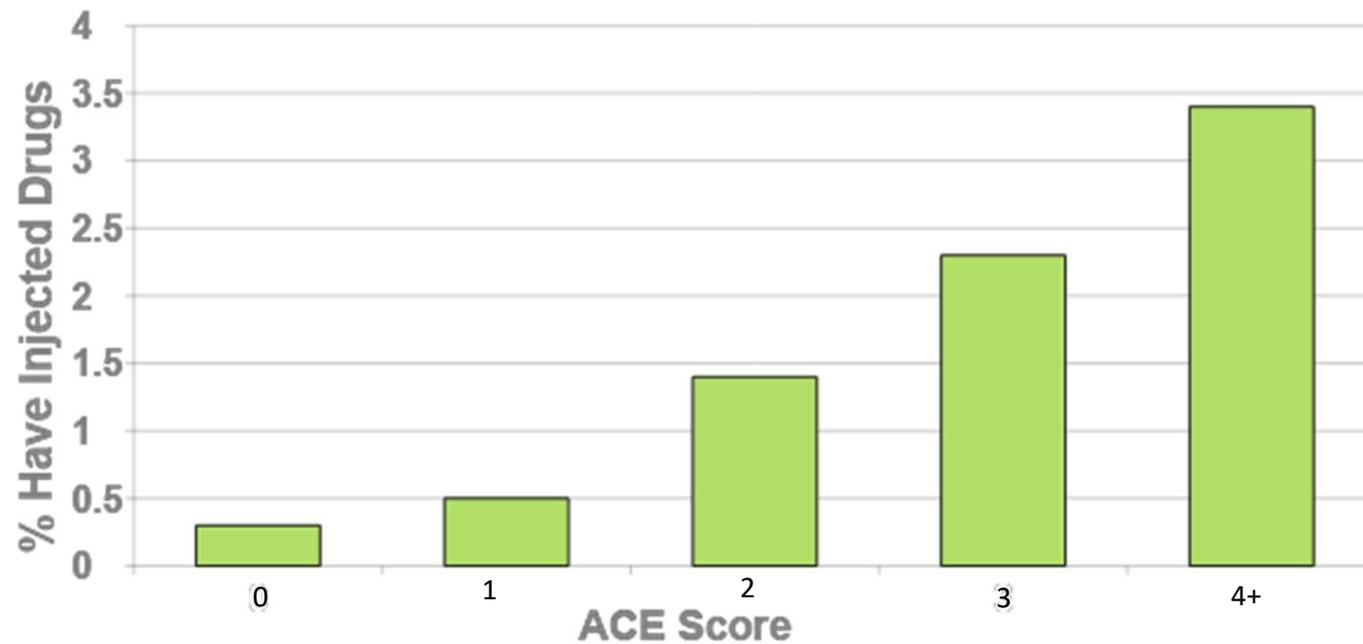
RELATIONSHIP

- Suicide is the leading cause of death among people who abuse alcohol and drugs (TIP 50)
- Compared to the general population individuals treated for alcohol abuse or dependence are at about 10x greater risk to eventually die by suicide compared with the general population, and people who inject drugs are at about 14x greater risk for eventual suicide (TIP 50)
- Depression is a common co-occurring diagnosis among people who abuse substances that confers risk for suicidal behavior (Ferrari et al., 2014; Felitti & Anda, 2010)
- There is a strong correlation between ACE scores, substance use, and increased suicide risk (Felitti & Anda, 2010)

ACES, SUD, AND SUICIDE

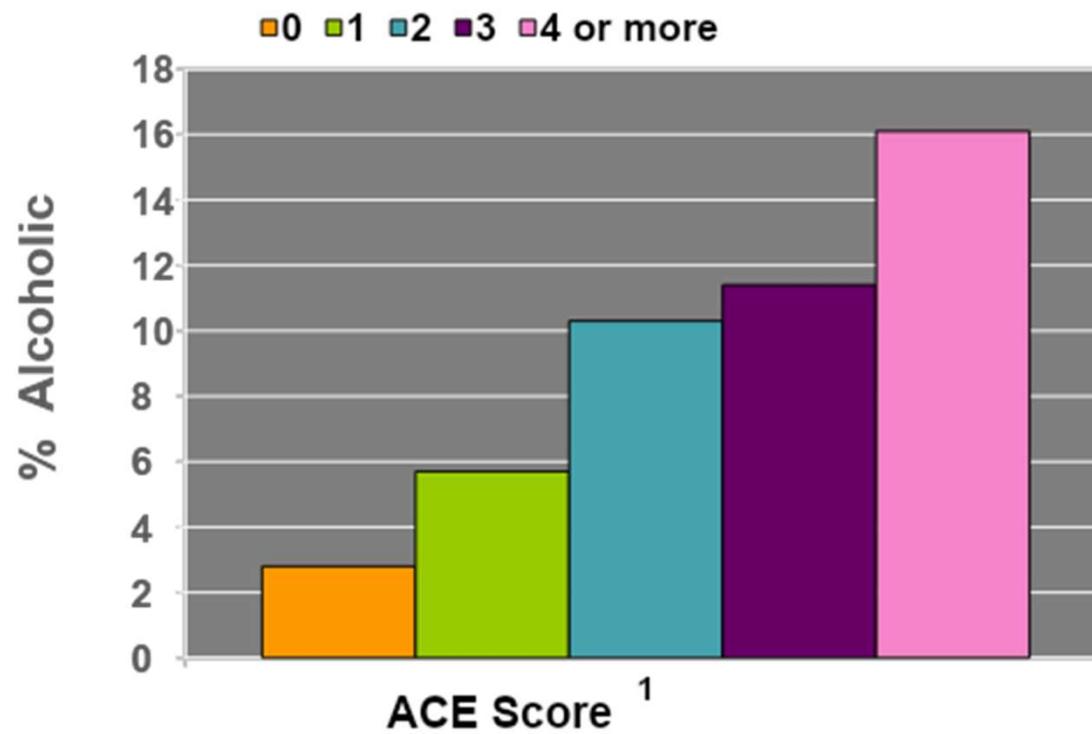
- Childhood experiences are powerful determinants of adults health outcomes (Felitti & Anda, 2010)
- As ACE scores increase, so do the rates of alcohol and drug use (Felitti & Anda, 2010)
- Adults with an ACE score of 4 or more are 460% more likely to be suffering from depression. (Felitti, 2002)

ACES AND IV DRUG USE



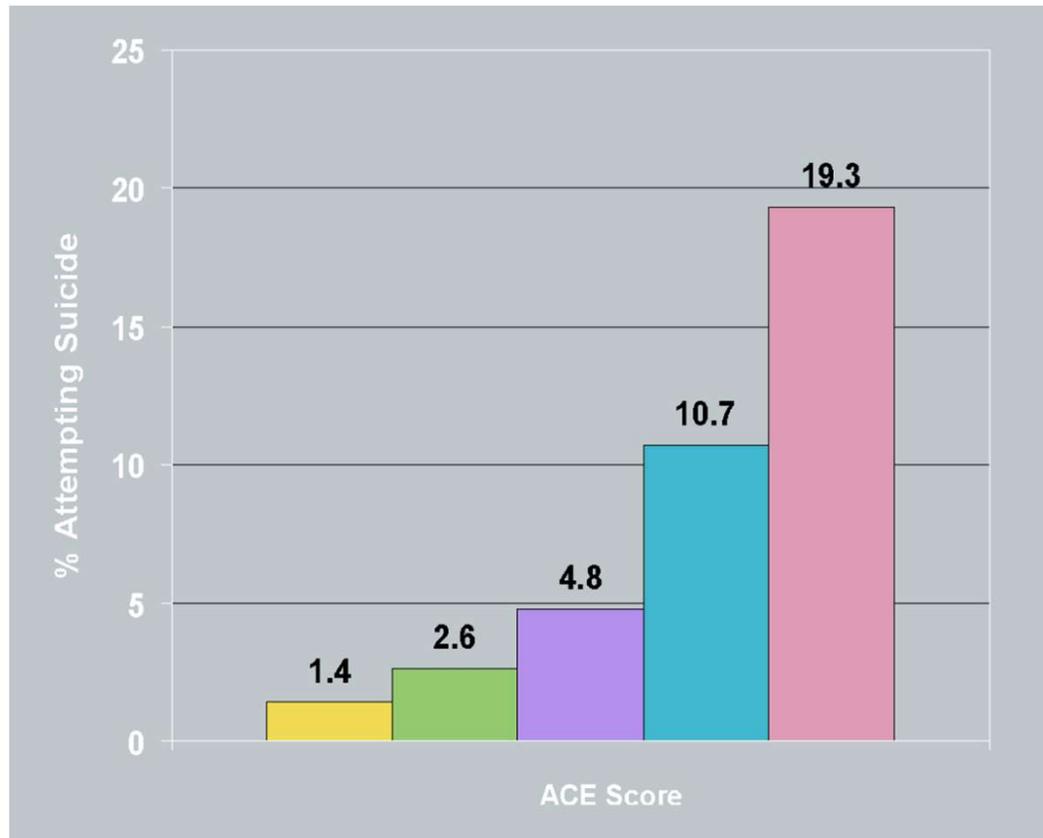
Source: (Felitti & Anda, 2010)

ACES AND ALCOHOL



Source: (Felitti & Anda, 2010)

ACES AND SUICIDE



Source: (Felitti & Anda, 2010)

RELATIONSHIP

- People with SUD who are IN TREATMENT are at especially high risk for suicidal behavior for many reasons, including (TIP 50) :
 - They usually enter treatment when their lives are the most out of control, either due to SUD or Mental Health issue.
 - They may be having a lot of Dimension 6 (ASAM) situational issues occurring (e.g. marital, job, legal)
 - Relapse and transition to different levels of care are known to be a risk factor for increased suicide risk

SUD AND SUICIDE

Which substance is present in about 30-40% of suicide attempts and suicides?

- A) Alcohol
- B) Marijuana
- C) Methamphetamine
- D) Heroin

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A

RELATIONSHIP

- Acute alcohol intoxication is present in about 30-40% of suicide attempts and suicides (TIP 50)
- Alcohol's acute effects include disinhibition, intense focus on the current situation with little appreciation for consequences, and promoting depressed mood (TIP 50)

PROTECTIVE FACTORS

- Buffers that lower long-term risk
- Not as well researched as risk factors – especially among SUD populations

PROTECTIVE FACTORS

- Reasons for living
- Being clean and sober
- Attendance at 12-Step support groups
- Religious attendance and/or internalized spiritual teachings against suicide
- Presence of a child in the home and/or childrearing responsibilities
- Intact marriage
- Trusting relationship with a counselor, physician or other service provider
- Employment
- Trait optimism – tends to look at the positive side of life

Source: TIP 50

RISK FACTORS

- Indicators of long-term (or ongoing) risk
 - They are different from warning signs - as warning signs signal acute or immediate risk

RISK FACTORS

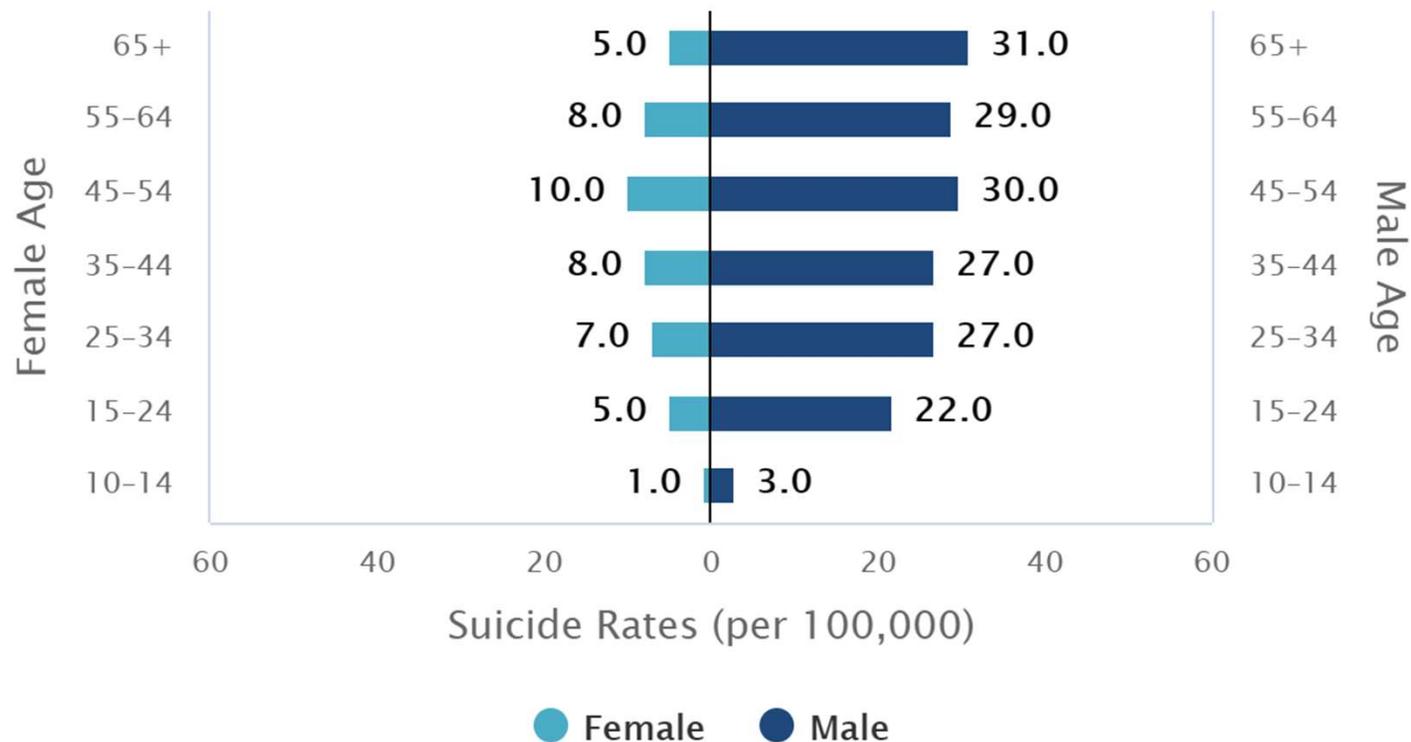
- Prior hx of suicide attempts
- Family history of suicide
- Severe substance use
- Personality traits
- Stressful life circumstances
- Firearm ownership or access to a firearm
- Hx of childhood abuse (ACES)
- Co-occurring mental health disorder
- Religion
- Probable risk factors

Source: TIP 50

RISK FACTORS

Suicide Rates by Age (per 100,000)

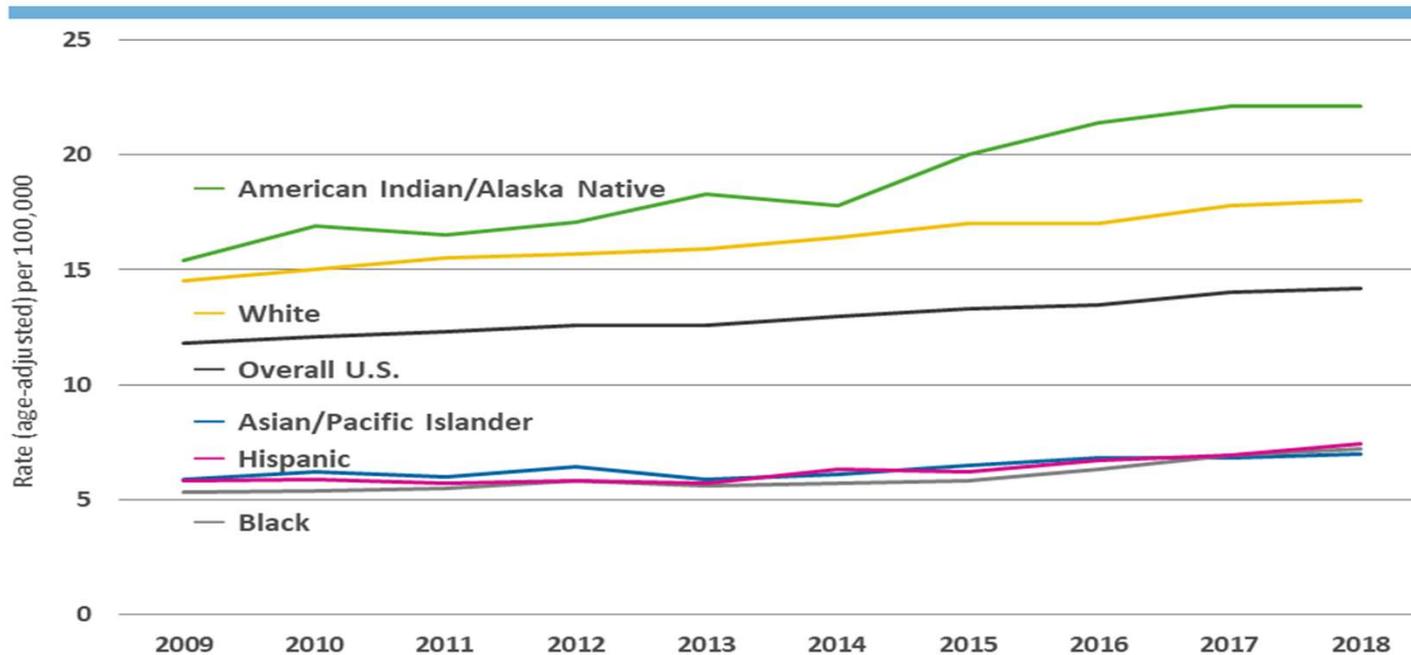
Data Courtesy of CDC



Source: National Institute of Mental Health. (2019). Suicide Rates by Age [graph]. *National Institute of Mental Health*. Retrieved from <https://www.nimh.nih.gov/health/statistics/suicide.shtml>

RISK FACTORS

Rate of Suicide by Race/Ethnicity, United States 2009-2018



www.sprc.org

Source: CDC, 2020

Source: Suicide Prevention Resource Center (2020). Rate of Suicide by Race/Ethnicity, United States 2009-2018 [graph]. *Suicide Prevention Resource Center*. Retrieved from <https://www.sprc.org/scope/racial-ethnic-disparities>

WARNING SIGNS

- These are *acute* indicators of elevated risk for suicide.
- They can occur at any point in treatment (or life)
- Direct indications are highest priority
 - Suicidal communication
 - Seeking access to a method
 - Making preparations

INDIRECT WARNING SIGNS

● IS PATH WARM (TIP 50)

- I:deation
- S:ubstance Abuse
- P:urposelessness
- A:nxiety
- T:rapped
- H:opelessness
- W:ithdrawal
- A:nger
- R:ecklessness
- M:ood Changes

SUD AND SUICIDE

What is the most lethal suicide method?

- A) Overdose
- B) Hanging/Suffocation
- C) Firearms
- D) Drowning

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C

PREVALENCE AND LETHALITY

- The use of a firearm and hanging are the most lethal methods of suicide. The most common method of death is firearms.
- The most common method of attempted suicide is an attempt to overdose
- Suicide attempts are much more common than suicides

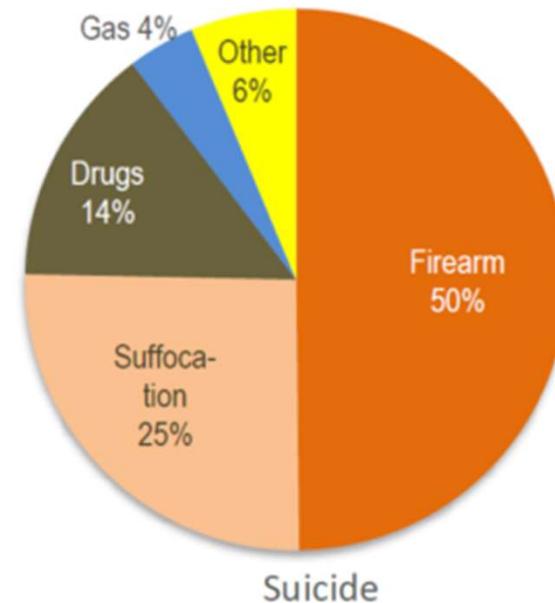


Fig. 1d Method of suicide, Utah, 2016 (Source: CDC WONDER)

ASSESSMENT

True or False

All clients receiving substance abuse services should be screened for suicide, regardless of their number of risk or protective factors.

ASSESSMENT

True or False

All clients receiving substance abuse services should be screened for suicide, regardless of their number of risk or protective factors.

TRUE

SCREENING AND ASSESSMENT

- Clients should be screened at (TIP 50):
 - intake
 - at times of transition (changing levels of care, life transitions, etc.)
 - if they are demonstrating warning signs
- Popular assessment tools:
 - C-SSRS
 - ASQ
 - SAFE-T
 - PSS-3

WHEN ASSESSING...

- Be direct
- Ask open ended, non-judgmental questions
- Know the risk factors, warning signs, and protective factors specific to your client
- Do what you already do well
 - Be empathic, warm, and supportive
 - Trust your experience and intuition
- Practice, Practice, Practice
 - Practice with supervisors, peers, and mentors
 - Get feedback

WHEN ASSESSING...

- Work collaboratively with your clients
 - Screening is a way to gather information, but also help structure the conversation
 - Just as you would collaborate on creating treatment plans, you also collaborate with suicide prevention planning
 - Suicide contracts are not recommended, and are never sufficient
- Know the limits of confidentiality and educate your clients on the limits
 - Safety and protection of the client trumps confidentiality in crisis situations

CRISIS STABILIZATION

- Make a safety plan, which should address the following (Brian 2015, TIP 50):
 - Means restriction (limit weapons, access to medications/substances)
 - Stabilization of mood and sleep
 - Emotional support

CRISIS STABILIZATION

- Safety plan considerations (continued):
 - Family involvement
 - Temporary increase of services/check-ins/contacts
 - Involve primary care doctors, case workers, etc.
 - Invite contact to you, suicide hotline, or other service (apps)

LONG-TERM PREVENTION

- Risk factors specific to SUD that should be addressed
 - Co-occurring mental health issues (depression, anxiety, bipolar disorder, trauma)
 - Underlying belief systems/schemas
 - Thwarted belongingness and perceived burdensomeness [Joiner's interpersonal theory of suicide] (Van Orden et al., 2010)
 - Self-hatred, self-esteem, and self-worth
 - Coping skills deficits
 - Relationship issues
 - Harm reduction

LONG-TERM PREVENTION

- Build on their protective factors
 - Recovery network- online and in person
 - Family and friends
 - Mental health support and therapy groups
 - Building on their resiliency

ANY QUESTIONS OR
COMMENTS?



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RESOURCES

Assessment and Safety Planning Tools:

- C-SSRS <https://cssrs.columbia.edu/>
- ASQ https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/screening-tool_155867.pdf
- SAFET-T <https://store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/sma09-4432>
- PSS-3 <http://www.sprc.org/micro-learning/patientsafetyscreener>
- For non-clinical staff- QPR <https://qprinstitute.com/>