Substance Use Disorders and Suicide: A Current Epidemic

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Meet Mady Ohlman

Mady

- Mady was 22 yrs old when she set up a bunch of needles of heroin to shoot up repeatedly to end her life. She weighed 90 lbs, was shooting heroin to avoid feeling violently ill, and “doing all these things you don’t want to do that are horrible- selling my body, stealing form my mom, and sleeping in my car,”……Ohlman says, “How could I not be suicidal.”

Despair

- "You realize getting clean would be a lot of work, Ohlman says, her voice rising. "And you realize dying would be a lot less painful. You also feel like you'll be doing everyone else a favor if you die."

(How Many Opioid Overdoses are Suicides: NPR, March 15, 2018)

Agenda

- **Discuss the co-occurring nature of suicide and substance use disorders and the impact Covid 19 has had on this**
- **Increase knowledge about effective screening and assessment for suicide and substance use disorders**
- **Increase knowledge about effective safety planning for suicide and substance use disorders**

What We Have to Keep in Mind!

- Suicide knows no boundaries; it occurs across all ages, economic, social, and ethnic boundaries.
- Females attempt suicide more than three times as often as males; however, males die by suicide more than four times as often as the females.
- In the age 10 to 24 group, 81% of the suicide deaths were males and 19% were females.

Statistics

- Older white adults have triple the suicide risk than younger, non-white adults.
- Those with substance abuse disorders are **six times** more likely to complete suicide than those without.
- The rate of completed suicide among men with alcohol/drug abuse problems is 2-3 times higher than among those without a problem.
- Women who abuse substances are at **6-9 times higher risk of suicide** compared to women who do not have a problem.

The Silent Epidemic

- **Suicide is the leading cause of death among people with substance use disorders (SUDs).**
- Comorbidity—or co-occurring mental illness and substance abuse disorders— increases the risk even further
- Compared to the general population, people treated for alcohol abuse or dependence are at about **ten times** greater risk for suicide.
- Alcohol is present in about 30 to 40 percent of suicides and suicide attempts

Opioids and Suicide: Three Possible Links

- 1. High doses of Opiates offer increased access to a lethal means
- 2. Opioids have disinhibiting effects, increasing the likelihood of acting on suicidal impulses.
- 3. People who take higher opioid doses share other characteristics that explain the link to suicide (SAMHSA)
- Take Home: Adults who have an Opioid Use Disorder are **13x more likely** to die by suicide than the general population. (Ilgen et al., 2016; 8Ashrafioun et al., 2017; 9Wilcox, Conner & Caine, 200

Alcohol Use Amplifies Suicide Risk

- Between 40-60% of those who die by suicide are intoxicated at the time of death
- 18-66% who die by suicide have some alcohol in their blood at the time of death
- Middle- or older-aged alcoholics at greater risk than younger alcoholics
- Alcohol use disorders are a significant risk factor for “medically serious” suicide attempts
- Conner; SAMHSA, 2010

Why the Link

- Intoxication by drugs or alcohol may:
  - Decrease Inhibition
  - Increase Aggressiveness
  - Impair Judgment
- Specifically, alcohol intoxication plays a proximal risk factor for suicide
- Alcohol also increases the lethality of some medications, making an attempt via overdose more likely lethal

Alcohol Use and Suicide

- More likely to be severely impaired because of comorbid psychiatric problems and other substance use disorders.
- More severely impaired due to alcohol-dependence characteristics.
- Have stronger family history of suicide attempts (first degree relatives).

- **“Alcohol dependence is a type of chronic suicide”**

Suicide Risk Greater

- Add known risk factors such as depression, marital status, aggression and impulsive traits.
- Individuals with borderline personality disorder and who live alone are at highest risk for suicide
- Alcohol dependent + borderline personality disorder = high intent to die
- High risk for attempts = high risk for completion

Risk Factors for Suicide

- Suicide Threats: Either Direct or Indirect Statements
- People who talk about suicide, threaten suicide or call suicide crisis lines are **30 times more likely** than average to kill themselves. Take suicide threats seriously.
- “I’d be better off dead.”
- “I won’t be bothering you much longer.”
- ”You’ll be better off without me around.”
- “I hate my life.”
- “I am going to kill myself.”
- Suicide threats are not always verbal. •Text messages
- Social networks
- Twitter (Jason Foundation, 2016)

Risk Factors for Suicide Among Older Adults

- Access to lethal methods (e.g., firearms)
- Debilitating physical health problems
- Depression
- Divorced or widowed (rates are highest for those who are divorced or widowed)
- Family discord
- Major changes in social roles (e.g., retirement)
- Perceived poor health
- Prior suicide attempts
- Recent death of a loved one
- Social isolation and loneliness;
- Socially dependent
- Substance abuse
- Uncontrollable pain or the fear of a prolonged illness

Risk Factors for Older Adults

- Approximately 20 percent of older adults experience undiagnosed depression; yet only 12-25 percent of older adults with depression receive treatment for it. It is important to remember depressive disorder is not a normal part of aging.
- The risk of depression increases when an older adult has other illnesses and has limited ability to function.

Suicidal Thoughts

- Suicidal thoughts are often a symptom of depression.
- The presence of suicidal thoughts may tell us that the depression is increased in severity or intensity.
- Children and adolescents don't always volunteer that they are having suicidal thoughts so asking them these questions is appropriate.

Things to Understand!

- Understand that suicidal thinking and behavior "makes sense" to the patient when viewed in the context of his or her history, vulnerabilities, and mental anguish.
- Understand that most suicidal individuals suffer from a state of mental pain or anguish and loss of self-respect, often rendering them unable to see a full range of options.
- View each client as an individual with his or her own unique mini-culture (family and community context).
- Know that there is hope for every person to feel better and have a meaningful life; remain firmly committed to helping (AMSR, 2014).

Warning Signs of Suicide

- A previous suicide attempt.
- Current talk of suicide or making a plan.
- Strong wish to die or preoccupation with death.
- Increase alcohol and/or drug use/Recent Relapse.
- Recent suicide attempt by a friend/family member.

Family and Interpersonal Stress

- Interpersonal conflict/loss is most common precipitant of completed suicide (Martunnen et al., 1993).
- Interpersonal conflict/loss and legal/disciplinary problems relate to suicide attempts.
- Family loss/instability is nonspecific predictor of suicidality

When the Body Says No

- **Emotionally draining family relationships** have been identified as risk factors in virtually every category of major illness, from degenerative neurological conditions to cancer and autoimmune disease.
- When we look at the research that predicts who is likely to become ill, we find that the people at greatest risk are those who experienced the **most severe boundary invasions** before they were able to construct an autonomous sense of self. (Gabor Mate, M.D.)

Gabor Mate, M.D.

The When and the What of Getting the Right Information

- **Assessment**- Is the client able to be stabilized in the community?
- Could they be of too high a risk in different treatment environments?
- Reassess often: Next session, daily in care, each shift, etc. Identify new thoughts and/or plans.
- After completing a higher level of care, are they able to be stabilized in the community. On-going care is consistent…..the dental model of care!

Observation Driven Assessment

- New or Intensified Identifiable Stressor:

- Stressor involving loss of dignity or respect. Example?
- Stressor the precipitated previous suicidal behavior. Example?

Observation Driven Assessment

- Change in Clinical Presentation/mental status
- Decreased Hope for Recovery
- Agitation, withdrawal, isolation, etc
- Unexplained improvement in affect.

Observation Driven Assessment

- Change in Care Experience
- Change in treatment setting!
- Change in treatment approach.
- Change in quality of relationships with counselor, treatment program, hospital unit.

The Importance of On-going Screening

- Clients in substance abuse treatment should be screened for suicidal thoughts and behaviors routinely at intake and at specific points in the course of treatment.
- Screening for clients with high risk factors should occur regularly throughout their treatment.

The "What" of Getting the Right Information: Information to Gather for Suicide Risk Assessment

Long-term risk factors Impulsivity/Self control (incl. subst. abuse)	Background factors that increase vulnerability
Past suicidal behavior Recent/present suicidal ideation, behavior	Suicide ideation, intent, plans, and behaviors. Includes preparatory behavior.
Identifiable Stressors/ Precipitants Clinical Presentation (Dynamic Factors)	Dynamic factors that can change or intensify rapidly, contributing to acute risk.
Engagement and Reliability	Relationship with the provider and treatment team and patient's ability/willingness to report accurately.

Screening Tools

- Beck Depression Inventory
- PHQ-9
- SAFE-T: **S**uicide **A**ssessment **F**ive **S**tep **E**valuation **T**riage
- 1) Identify Risk Factors
- 2) Identify Protective factors
- 3) Conduct Suicide Inquiry
- 4) Determine Risk Level/Intervention
- 5) Document
- Columbia-Suicide Severity Rating Scale (C-SSRS)

Coping Resources

- Connection to treatment, supportive family, willingness to try interventions…..
- Other Examples??

Potential Triggers

- Set back in illness, loss of a job, sickness, relapse..
- Other Examples??

Protective Factors

- Reasons for living.
- Being Sober/In Recovery.
- 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.

Protective Factors

- Intact marriage/partner.
- Trusting relationship with a counselor, physician, or other service provider.
- Employment.
- Trait optimism (a tendency to look at the positive side of life).
- Always working toward increasing their Recovery Capital!!

Protective Factors

- “The vast majority of people I know in recovery often talk about this profound sense of re-establishing –and sometimes for the first time- a connection to a much larger community”- **Michael Botticelli**, Director of Grayken Center for Addiction, Boston Medical Center
- “Meetings; 12 steps; sponsorship and networking; being involved with people doing what I’m doing”, says **Mady Olhman**, ticking through a list of her priorities

Developing a Crisis Response Plan

- Potential Triggers: Top Two at least-Examples??
- Warning Signs +:
- Internal Coping Strategies
- People to ask for Help
- Social Situations-People to Distract Me
- Professional or Agencies to Contact in Crisis
- + Make the Environment Safe

Potential Triggers

Specific contingency plans

(Pisani et al, 2012)

Plan in case of Trigger 1

Plan in case of Trigger 2

Safety planning

(Brown & Stanley, 2012)

Warning signs

+

Internal coping strategies

Social situations and people to distract me

People to ask for help

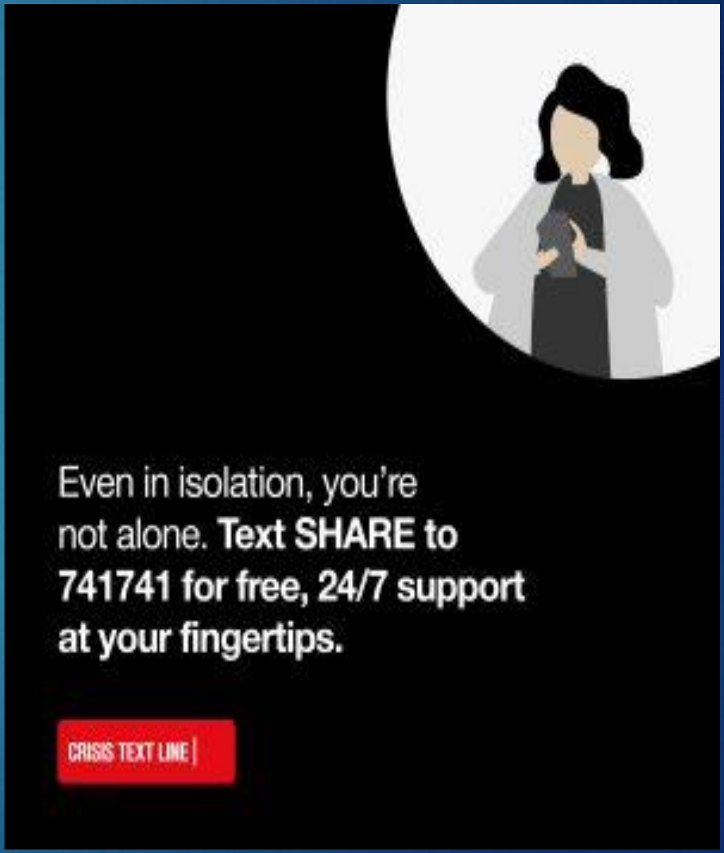
Professionals or agencies to contact in crisis

+

Making the evironment safe

Care Through Text!

- **IN A CRISIS?**
- **Text HOME to 741741 to connect with a Crisis Counselor**
- Free 24/7 support at your fingertips US and Canada: text 741741 UK: text 85258 | Ireland: text 50808



Resources

- **Stop Youth Suicide - SYS**
- **National Action Alliance for Suicide Prevention**
- **The Jason Foundation**
- **www.suicidepreventionlifeline.org**
- **1-800-SUICIDE**
- **www.suicidology.org**

NATIONAL
SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

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- National Institute on Drug Abuse: http://www.nida.nih.gov
- National Institute on Alcohol Abuse and Alcoholism: http://www.niaaa.nih.gov
- Suicide Prevention Resource Center (SPRC): http://www.sprc.org
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Questions, comments, concerns!

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