Pain Isn’t Always Obvious

Know the Signs

Substance Abuse & Suicide Prevention

December 4th, 2013

suicideispreventable.org
Welcome!

• Please **mute** your line
• If you have a **question**, please type it into the “Questions” box or “raise your hand” by clicking the hand logo on your control panel
Guest speaker

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Senior Tribal Specialist
Suicide Prevention Resource Center

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The nation’s only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention.
About SPRC

- **Technical assistance (TA) center** for grantees and communities
- **Training Institute** for providers, prevention practitioners, and others
- **National Resource Center**, including Best Practices Registry
- **Influencer and leader** of science, policy and practice
- **Secretariat** of the national Action Alliance for Suicide Prevention

www.sprc.org
The Connection Between Suicide and Substance Use
Suicide in the United States 2000-2010

Source: CDC WISQARS Fatal Injuries Report, 2000-2010
Suicide in the United States 2000-2010

Rate per 100,000

Ages

Source: CDC WISQARS Fatal Injuries Report, 2000-2010
Suicide in the United States 2000-2010

Source: CDC WISQARS Fatal Injuries Report, 2000-2010
Methods of Self-Harm, U.S.

Suicide:
- Firearm: 51%
- Suffocation: 24%
- Poison: 17%
- Jump: 2%
- Sharp: 2%
- Other: 4%

Nonfatal Self-harm:
- Poison: 83%
- Firearm: 1%
- Suffocation: 1%
- Sharp: 11%
- Other: 4%

Sources:
Figure 2. Suicidal Thoughts and Behaviors in the Past Year among Adults, by Gender: 2008

Source: 2008 SAMHSA National Survey on Drug Use and Health (NSDUH).

Figure 2. Suicidal Thoughts and Behaviors in the Past Year among Adults, by Gender: 2008

- **Had Serious Thoughts of Suicide**:
  - Male: 3.4%
  - Female: 3.9%

- **Made Any Suicide Plans**:
  - Male: 0.9%
  - Female: 1.1%

- **Attempted Suicide**:
  - Male: 0.4%
  - Female: 0.6%

Source: 2008 SAMHSA National Survey on Drug Use and Health (NSDUH).
When People Take Their Lives

Among people who nearly died in a suicide attempt, 24% said less than 5 minutes elapsed between deciding on suicide and making the attempt.

Another 47% said under an hour.

Only 13% said one day or more.

Figure 13. Global distribution of all alcohol-attributable deaths by disease or injury, 2004

- 29.6% Unintentional injuries
- 16.6% Liver cirrhosis
- 14.0% Cardiovascular diseases and diabetes mellitus
- 6.0% Neuropsychiatric disorders
- 21.6% Cancer
- 0.1% Prematurity and low birth weight
- 12.0% Intentional injuries

* Percentages may not add up to 100% due to rounding.

Suicide and Substance Use

2010, 16 NVDRS States: AK, CO, GA, KY, MD, MA, NJ, NM, NC, OK, OR, RI, SC, UT, VA, WI

Death Counts by Circumstances of Death, Abstracter Assigned Mode
Suicide Circumstances, All Mechanisms
All Races, Both Sexes, All Ages

<table>
<thead>
<tr>
<th>Circumstance</th>
<th>Death Counts</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Persons with Known Circumstances</td>
<td>8,884</td>
<td>100.00</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>1,566</td>
<td>17.63</td>
</tr>
<tr>
<td>Other Substance Problem</td>
<td>1,226</td>
<td>13.80</td>
</tr>
</tbody>
</table>

31.43%
### Suicide Attempts and Substance Use

#### 151,568 ED visits for suicide attempts

#### Table 17
Suicide attempts, by patient and visit characteristics: 2005

<table>
<thead>
<tr>
<th>Patient characteristics</th>
<th>Estimated visits¹²</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total drug-related ED visits, suicide attempts</td>
<td>151,568</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>58,775</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>92,682</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>...</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-5 years</td>
<td>...</td>
<td></td>
</tr>
<tr>
<td>6-11 years</td>
<td>...</td>
<td></td>
</tr>
<tr>
<td>12-17 years</td>
<td>17,869</td>
<td></td>
</tr>
<tr>
<td>18-20 years</td>
<td>13,763</td>
<td></td>
</tr>
<tr>
<td>21-24 years</td>
<td>14,989</td>
<td></td>
</tr>
<tr>
<td>25-29 years</td>
<td>18,761</td>
<td></td>
</tr>
<tr>
<td>30-34 years</td>
<td>14,074</td>
<td></td>
</tr>
<tr>
<td>35-44 years</td>
<td>39,140</td>
<td></td>
</tr>
<tr>
<td>45-54 years</td>
<td>22,057</td>
<td></td>
</tr>
<tr>
<td>55-64 years</td>
<td>6,745</td>
<td></td>
</tr>
<tr>
<td>65 years and older</td>
<td>4,079</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>...</td>
<td></td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>89,172</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>26,229</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>13,353</td>
<td></td>
</tr>
<tr>
<td>Race/ethnicity not tabulated above (NTA)</td>
<td>2,132</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>20,682</td>
<td></td>
</tr>
</tbody>
</table>

¹ These are estimates of ED visits based on a representative sample of non-Federal, short-stay hospitals with 24-hour EDs in the United States.

² Three dots (...) indicate that an estimate with an RSE greater than 50% or an estimate less than 30 has been suppressed.

CHALLENGES IN THE EMERGENCY DEPARTMENT

- Suicidal substance abusers may receive fragmented care in the ED
- Medical staff frequently see suicide as a mental health issue and want MH to take charge
- MH typically wants the patient medically cleared i.e. BAL has dropped before an evaluation
- Inpatient Psychiatry may see the patient as a substance abuser who needs detox/rehab
- Detox/rehab sees as needing mental health because suicidal
As a result, the intoxicated patient may be held for hours or overnight, and when evaluated by MH may no longer be suicidal and be released.

Several significant problems with this:

- The absence of suicidal ideation or suicidal intent when sober is a poor predictor of suicide risk when intoxicated.
- Family members who could be valuable informants are unlikely to be present when the evaluation finally takes place.
- Follow up post discharge is likely to be poor.
CHAT BOX Question

What are some successful approaches you have seen used with clients who are now sober and no longer exhibiting suicidal intent or ideation?

Please type your answers into the chat box
Suicide and Substance Use

- Substance use is the second biggest risk factor for suicide
- AOD disorders → 6-10 times greater risk of suicide attempts
- 14 times greater risk for injecting drug users

Figure 3. Suicidal Thoughts and Behaviors in the Past Year among Adults, by Past Year Substance Use Disorder: 2008

Source: 2008 SAMHSA National Survey on Drug Use and Health (NSDUH).

Public Health Approach to Prevention

- Use data for planning
- Understand risk and protective factors
- Develop and implement effective interventions
- Evaluate and revise
CHAT BOX Question

What community and societal factors can you describe that may affect an individual's risk?

Please type your answers into the chat box.
Comprehensive Suicide Prevention

1. Healthy and Empowered Individuals, Families, and Communities
2. Clinical and Community Preventive Services
3. Treatment and Support Services
4. Surveillance, Research and Evaluation

Shared Risk Factors

- Depression
- Impulsivity
- Delinquency

→ Underlying Primary Mental Health Issues

Risk Factors

✓ Individuals with key risk factors:
  – mental health issues
  – substance use disorders
  – individuals who have attempted suicide

✓ Individuals who:
  – engage in non-suicidal self-injury
  – have been bereaved by suicide
  – have a medical condition(s)
Risk factors for Rural Populations

Individuals with key risk factors:
- Farmers and ranchers
- American Indians/Alaska Natives

Individuals who are:
- Geographically Isolated
- Have ready access to lethal means
- Resistant to seeking help

Shared Protective Factors

- Parental involvement
- Social Support
- Life/coping skills
- Connectedness to institutions and community
<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contemplating</td>
<td>At this stage, we are thinking about collaborating. We have potential partners in mind, but we have not approached them.</td>
</tr>
<tr>
<td>Cooperating</td>
<td>At this stage we have decided partnering makes sense. We are engaging partners, but have no formal agreements.</td>
</tr>
<tr>
<td>Coordinating</td>
<td>At this stage our partnership is growing stronger, and we are modifying our activities for mutual benefit. We are engaged in projects, initiatives and work together.</td>
</tr>
<tr>
<td>Collaborating</td>
<td>At this stage our partnership has formal agreements. We are working toward developing enhanced capacity to achieve a shared vision.</td>
</tr>
</tbody>
</table>

http://www.sprc.org/states/collaborationcontinuum
So the National Guard's 'Team Readiness' program was originally started to work on substance abuse problems, but we began working
CHAT BOX Question

Please tell us how collaboration has been occurring in your community between suicide prevention and substance abuse?

Please type your answers into the chat box
The Role of Substance Abuse Counselors

GATE

- Gather information
- Access supervision
- Take responsible actions
- Extend the actions
Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- Consideration of instruments to be used for each
- Development of policies and procedures identifying when screening and assessment will occur, in which agencies and by which staff
- Consideration of system level issues such as referrals, information sharing, data collection, staff training and financing.

Resources

 ✓ Suicide Prevention Resource Center: www.sprc.org

 ✓ National Suicide Prevention Lifeline: www.suicidepreventionlifeline.org

 ✓ Tip 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment: http://store.samhsa.gov/home (search for TIP 50)


 ✓ CDC Fact Sheet Prescription Drug Overdose Prevention http://www.cdc.gov/injury/about/focus-rx.html
Resources (CONT.)


- American Medical Student Association Barriers to Rural Health Care: [http://www.amsa.org/programs/barriers/rural/index.html](http://www.amsa.org/programs/barriers/rural/index.html)

- Counseling on Access to Lethal Means – FREE online training [http://training.sprc.org](http://training.sprc.org)
✓ Means Matter/CALM/QPR firearms dealer training narrated by Paul Quinnett (available at http://www.youtube.com/watch?v=MAKp0HSorBw)

✓ Rhode Island “Suicide-Proof Your Home” campaign http://suicideproof.org/

✓ Means Matter website: www.meansmatter.org

✓ Thoughts and Behaviors in Substance Abuse Treatment Video http://www.youtube.com/watch?v=1n2QZlheuzc
References

Questions & Discussion

If you have a question, please type it into the “Questions” box or “raise your hand” by clicking the hand logo on your control panel.
Thank you!

Sandra Black
sblack@edc.org

Please fill out the Evaluation!

Webinar will be archived on www.yourvoicecounts.org