

Pain Isn't Always Obvious

KNOW
THE SIGNS

suicideispreventable.org

Substance Abuse & Suicide Prevention

December 4th, 2013



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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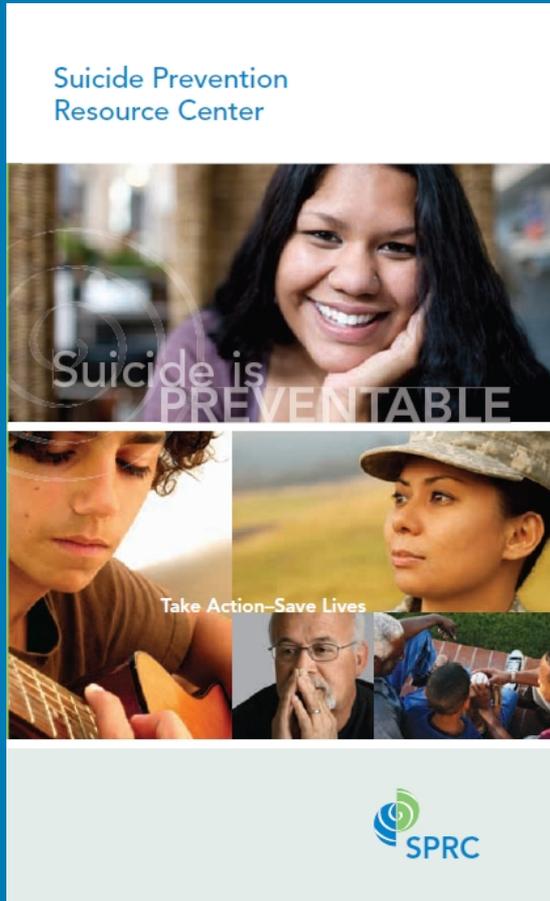
Suicide Prevention Resource Center

Promoting a public health approach to suicide prevention



The nation's only federally supported resource center devoted to advancing the *National Strategy for Suicide Prevention*.

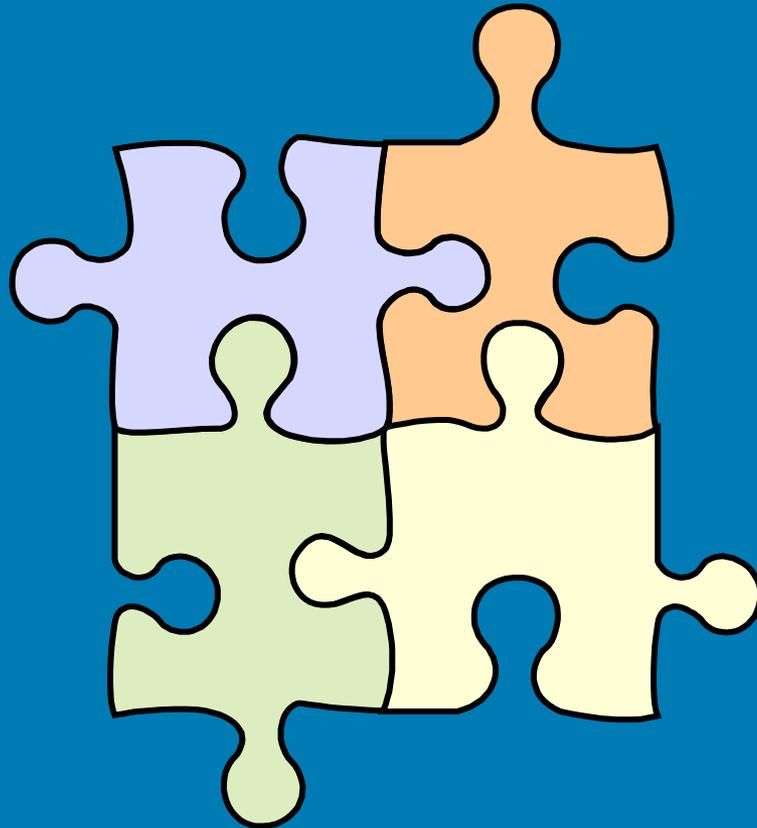
About SPRC



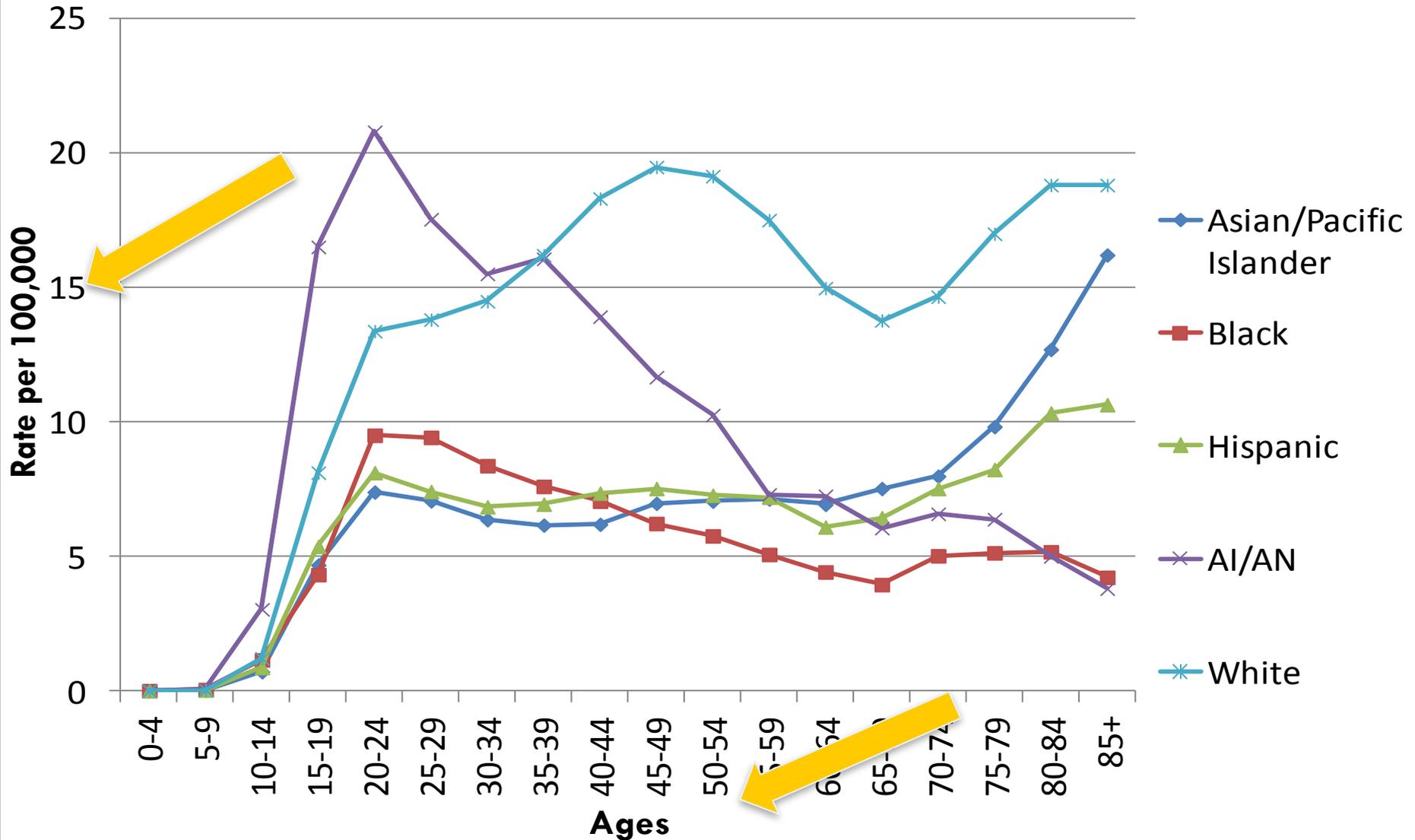
- ✓ **Technical assistance (TA) center** for grantees and communities
- ✓ **Training Institute** for providers, prevention practitioners, and others
- ✓ **National Resource Center**, including Best Practices Registry
- ✓ **Influencer and leader** of science, policy and practice
- ✓ **Secretariat** of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

www.sprc.org

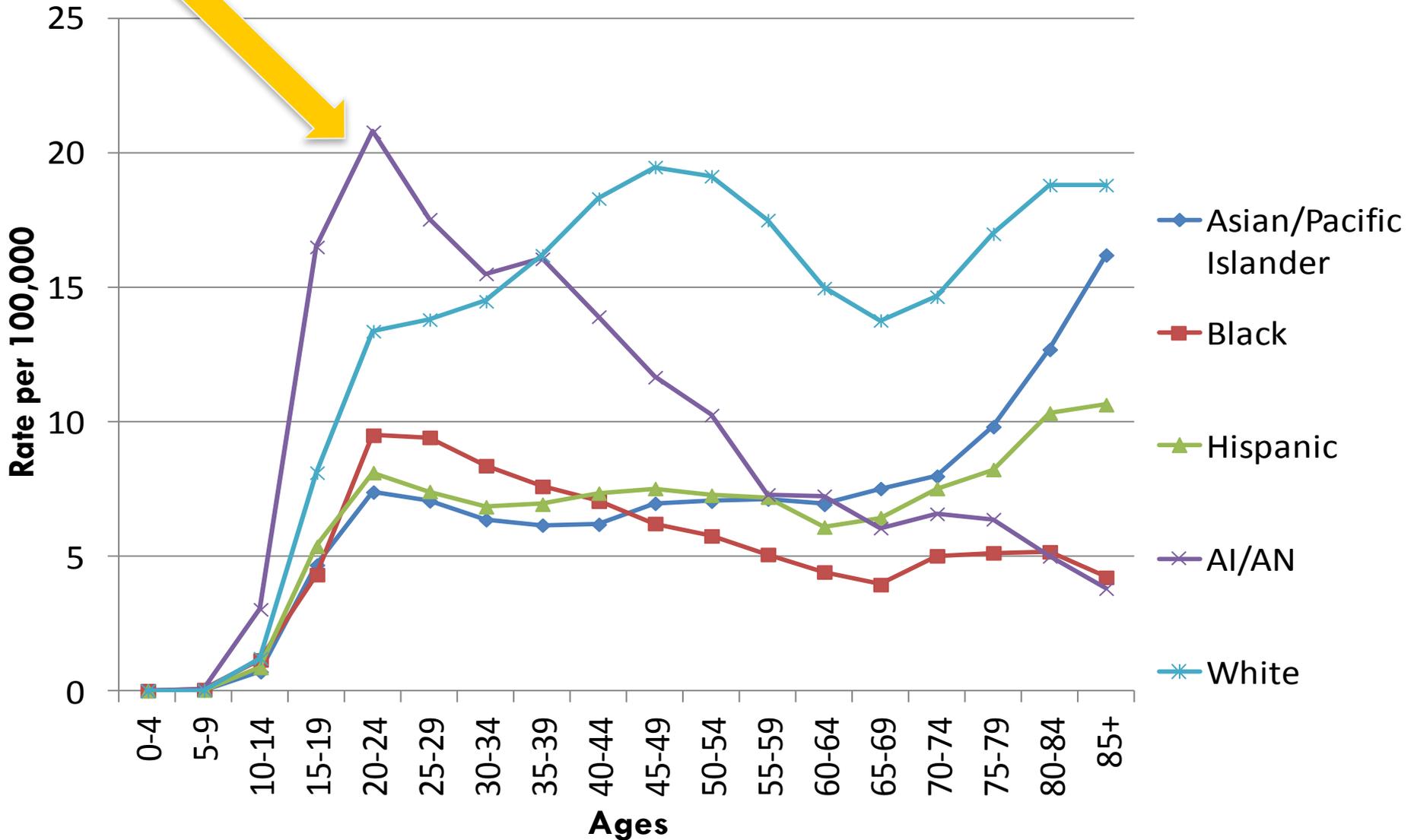
The Connection Between Suicide and Substance Use



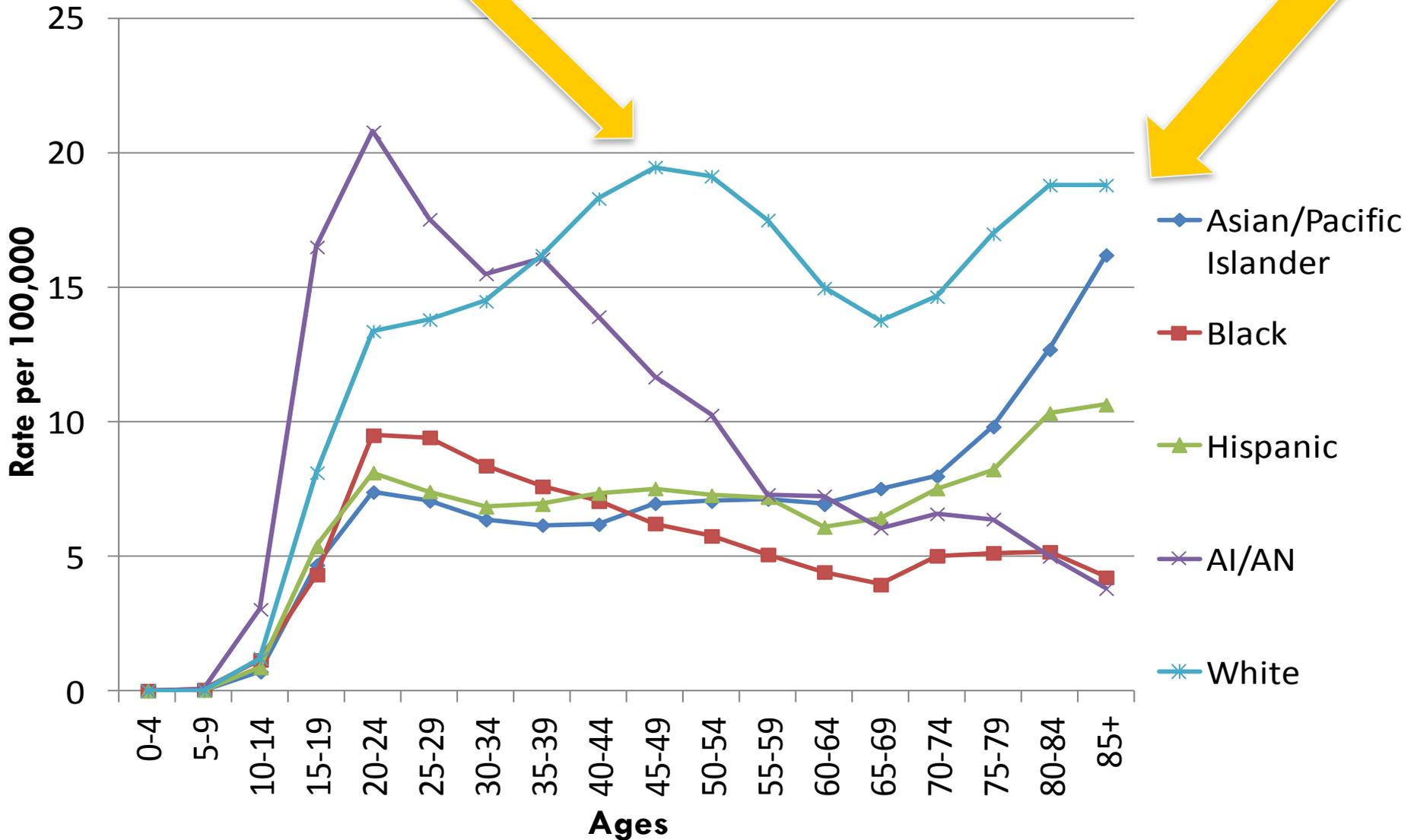
Suicide in the United States 2000-2010

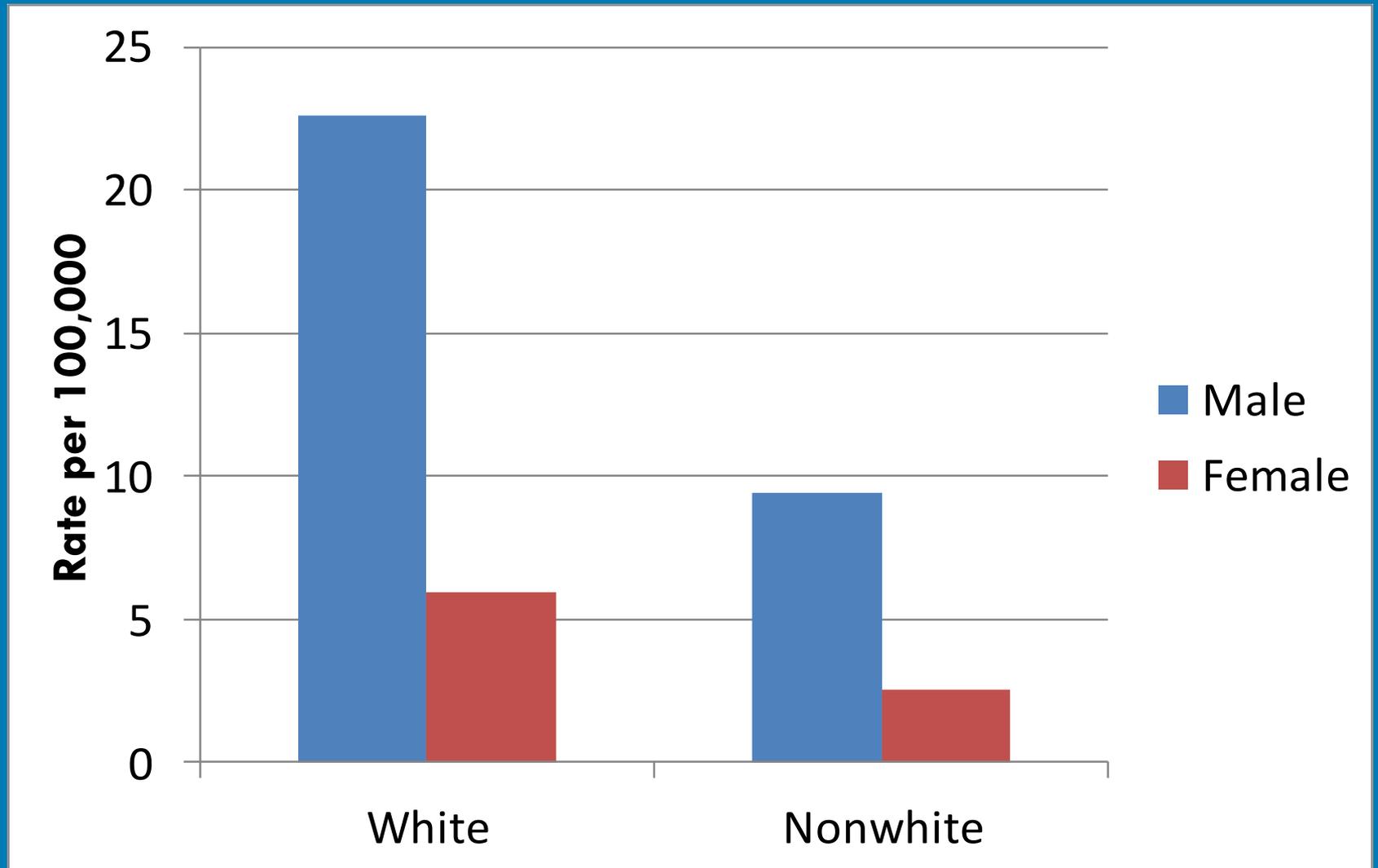


Suicide in the United States 2000-2010



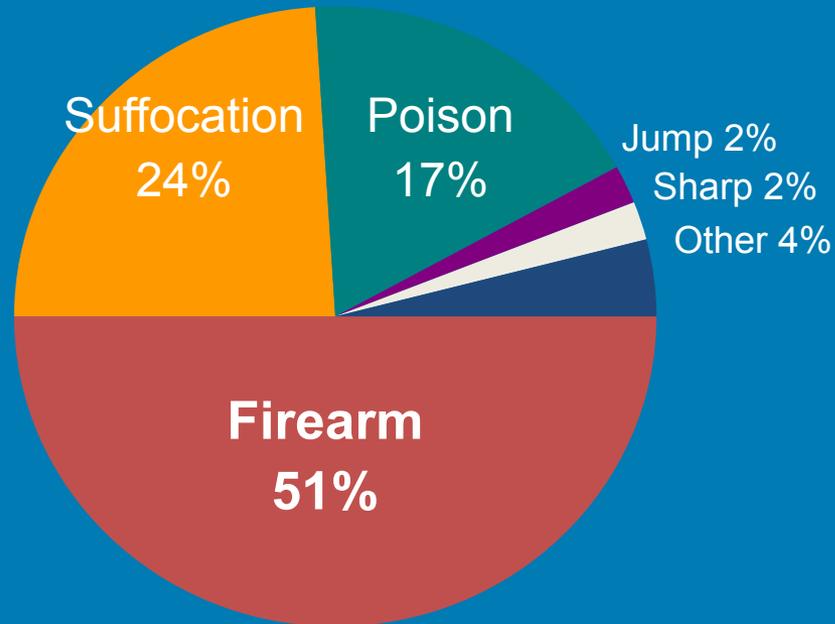
Suicide in the United States 2000-2010



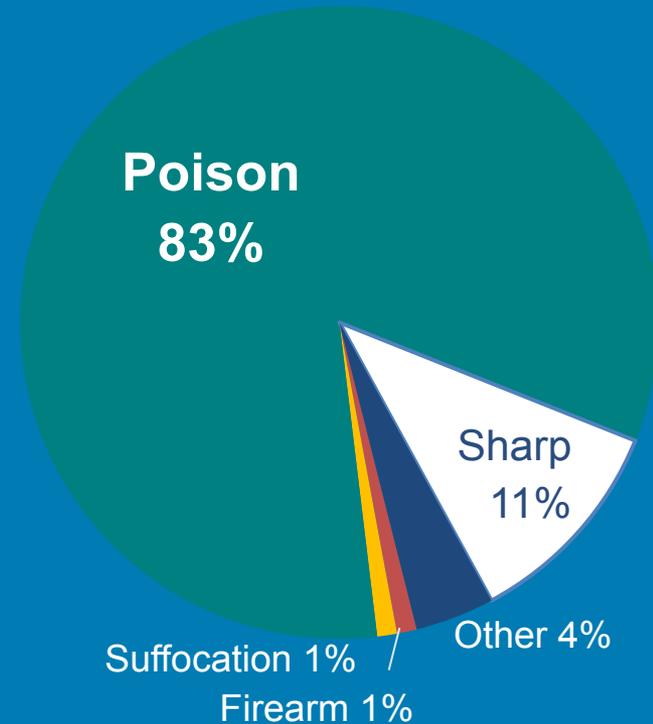


Source: McIntosh, J.L. *USA suicide: 2010 official final data*. Washington, DC: AAS, 2012.

Methods of Self-Harm, U.S.



Suicide

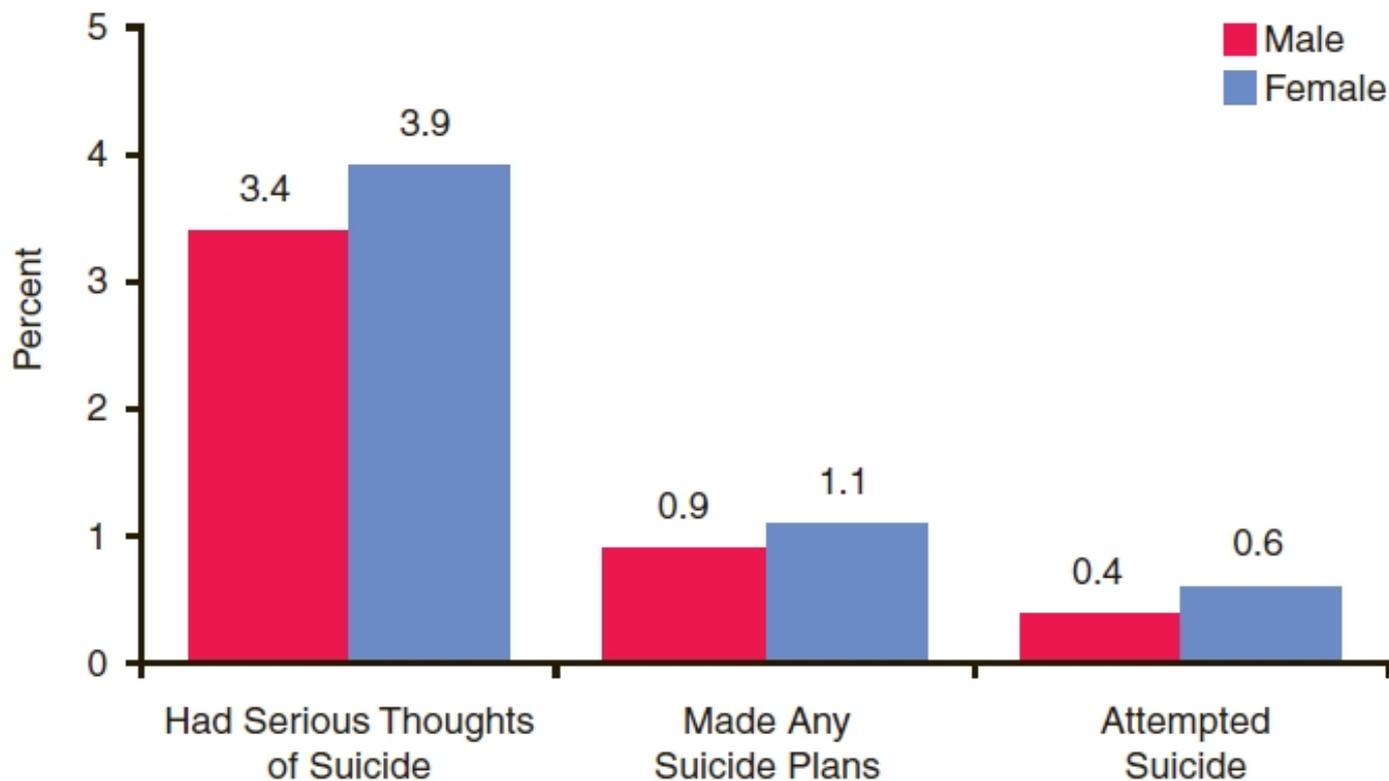


Nonfatal Self-harm

Sources

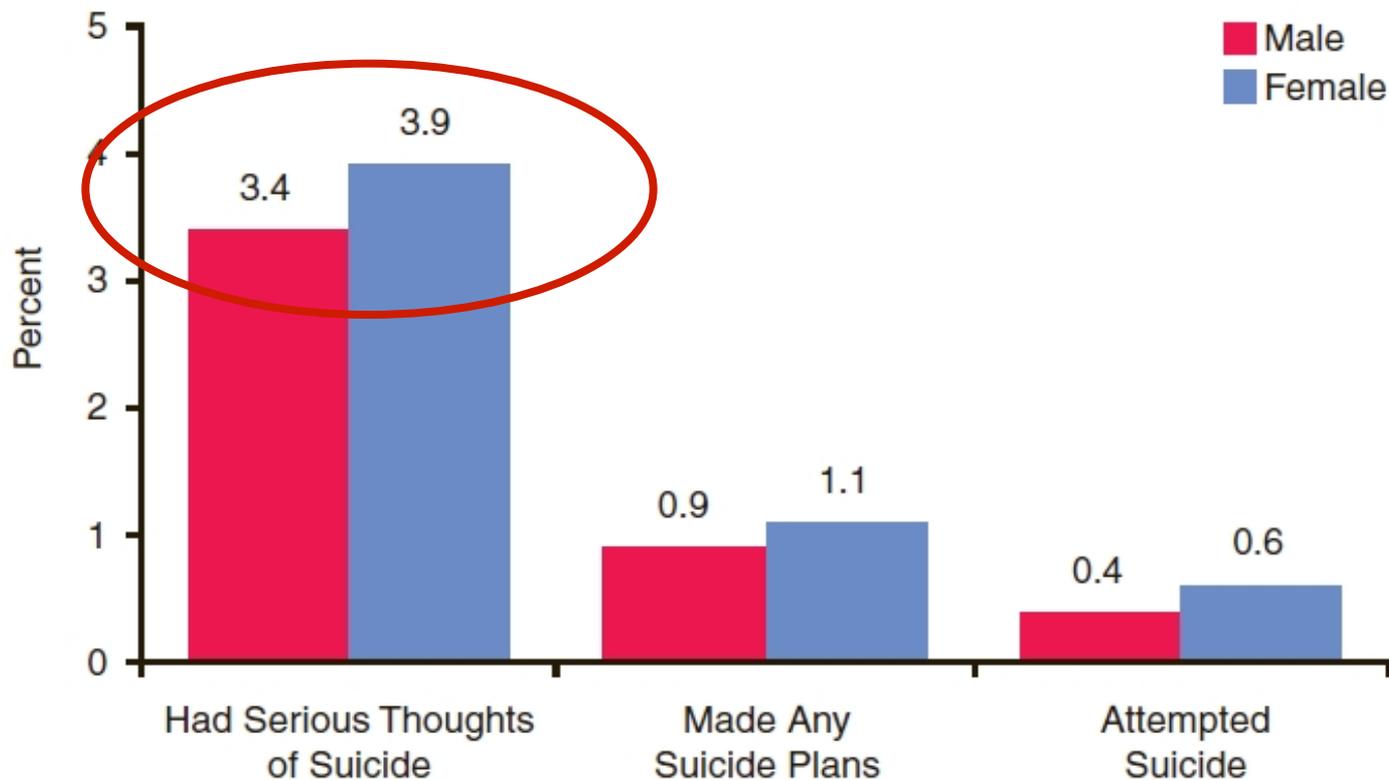
Suicide: CDC WISQARS www.cdc.gov/ncipc/wisqars (2009) Inpatient: HCUP-NIS (2005).

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).

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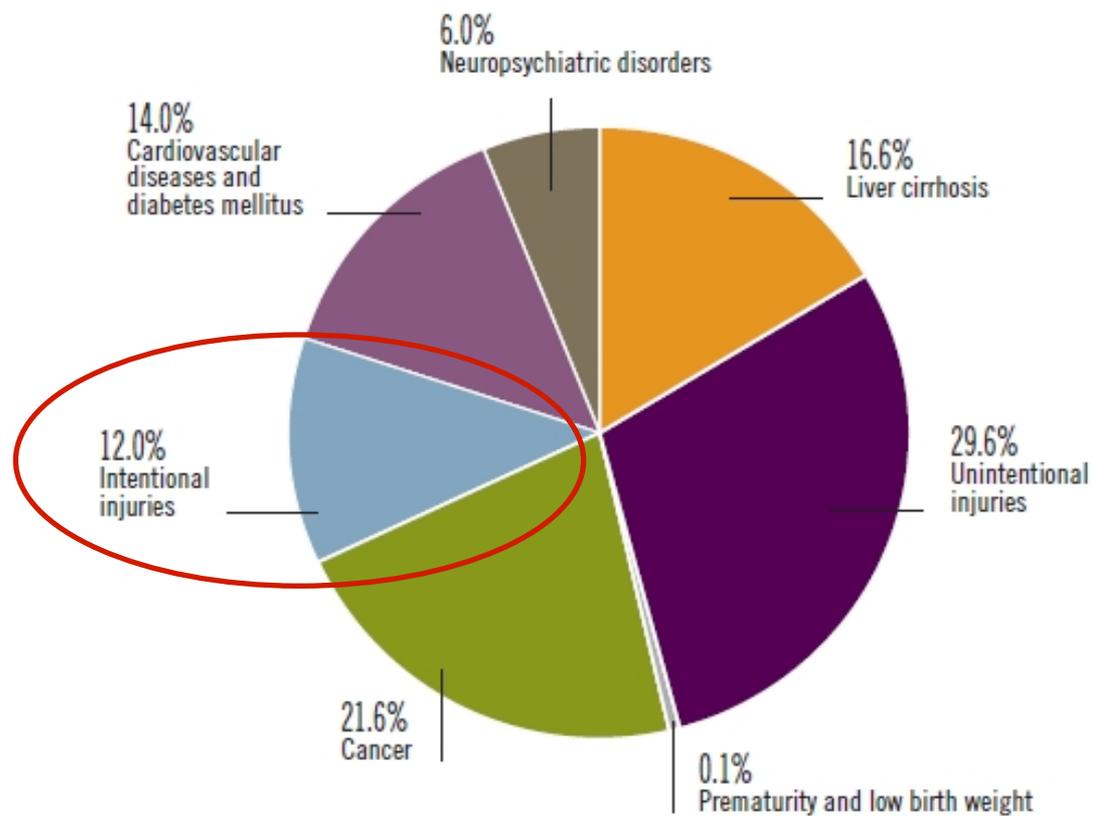
When People Take Their Lives

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^a



^a 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

Circumstance	Death Counts	Percentage
All Persons with Known Circumstances	8,884	100.00
Alcohol Dependence	1,566	17.63
Other Substance Problem	1,226	13.80

31.43%

Suicide Attempts and Substance Use

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

Patient characteristics	Estimated visits ^{1,2}
Total drug-related ED visits, suicide attempts	151,568
Gender	
Male	58,775
Female	92,682
Unknown	...
Age	
0-5 years	...
6-11 years	...
12-17 years	17,869
18-20 years	13,763
21-24 years	14,989
25-29 years	18,761
30-34 years	14,074
35-44 years	39,140
45-54 years	22,057
55-64 years	6,745
65 years and older	4,079
Unknown	...
Race/ethnicity	
White	89,172
Black	26,229
Hispanic	13,353
Race/ethnicity not tabulated above (NTA)	2,132
Unknown	20,682

151,568 ED visits for suicide attempts

Single Drug: 39%
 Multiple Drugs: 61%

Alcohol: 32%
 Illicit Drugs: 23%
 Psych Drugs: 55%
 Analgesics: 37%

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.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2005 (03/2008 update).

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

CHALLENGES IN THE EMERGENCY DEPARTMENT (CONT.)

- 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?

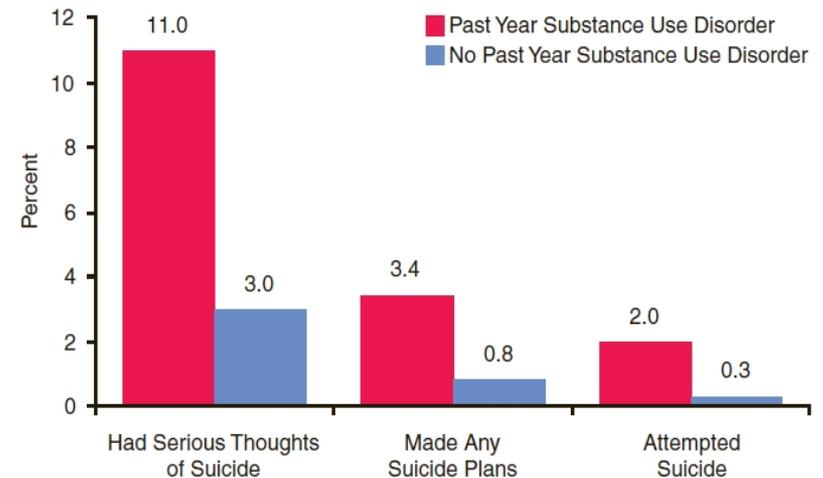


Please type your answers into the chat box

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?

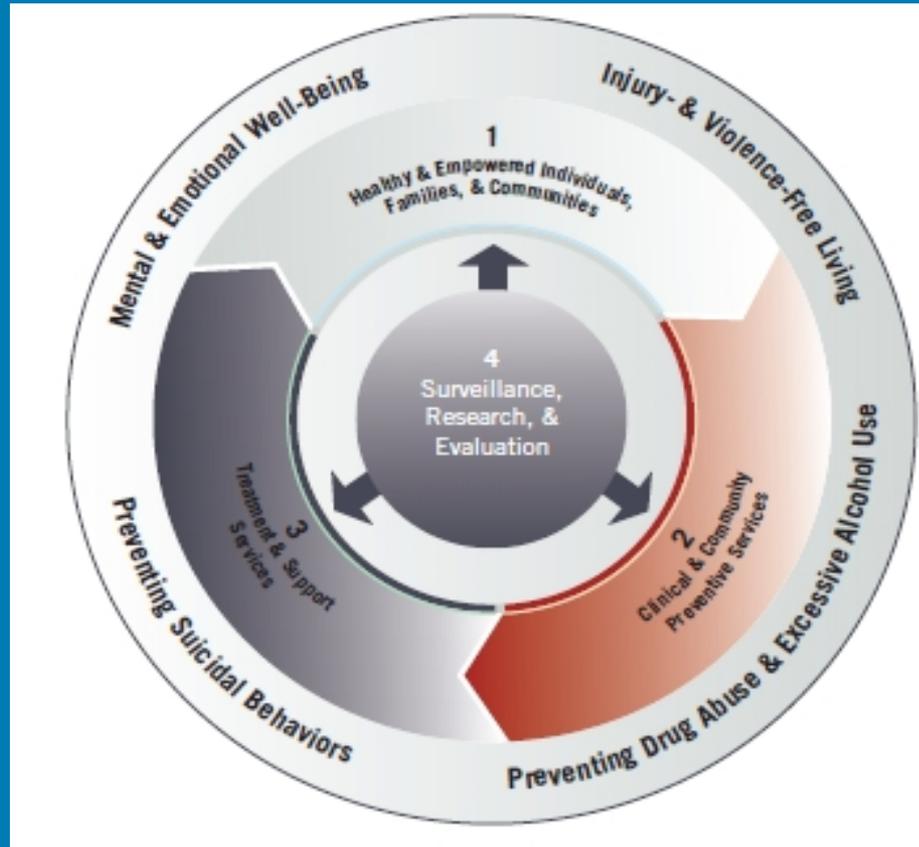


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Comprehensive Suicide Prevention

4. Surveillance,
Research and
Evaluation

3. Treatment and
Support Services



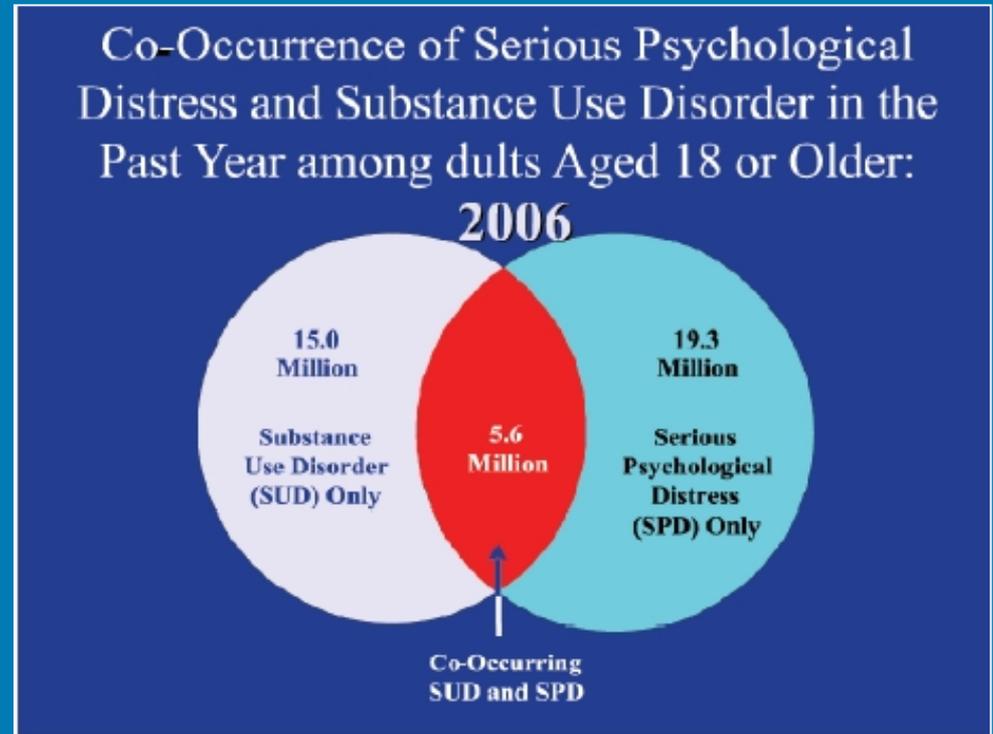
1. Healthy and
Empowered
Individuals, Families,
and Communities

2. Clinical and
Community
Preventive Services

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

SPRC Substance Abuse and Suicide Prevention Collaboration Continuum

CONTEMPLATING

At this stage, we are thinking about collaborating. We have potential partners in mind, but we have not approached them.

COOPERATING

At this stage we have decided partnering makes sense. We are engaging partners, but have no formal agreements.

COORDINATING

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.

COLLABORATING

At this stage our partnership has formal agreements. We are working toward developing enhanced capacity to achieve a shared vision.

<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?

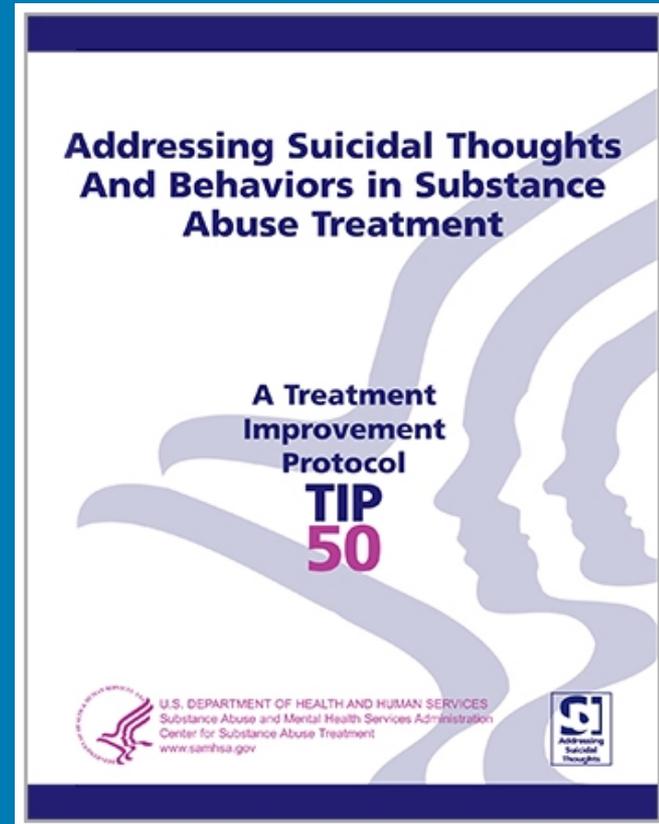


Please type your answers into the chat box

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.

Implementation of Screening, Brief Intervention, and Referral to Treatment

Technical Assistance Publication Series
TAP 33

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)
- ✓ National Strategy for Suicide Prevention 2012: <http://store.samhsa.gov/home> (search for Suicide Prevention)
- ✓ CDC Fact Sheet Prescription Drug Overdose Prevention <http://www.cdc.gov/injury/about/focus-rx.html>

Resources (CONT.)

- ✓ Screening, Brief Intervention ,and Referral to Treatment (SBIRT):
<http://store.samhsa.gov/product/TAP-33-Systems-Level-Implementation-of-Screening-Brief-Intervention-and-Referral-to-Treatment-SBIRT-/SMA13-4741>
- ✓ Rural Assistance Center (RAC):
http://www.raconline.org/racmaps/?utm_source=outreach&utm_medium=email&utm_campaign=minoritymaps
- ✓ American Medical Student Association Barriers to Rural Health Care: <http://www.amsa.org/programs/barriers/rural/index.html>
- ✓ Counseling on Access to Lethal Means – FREE online training
<http://training.sprc.org>

Resources (CONT.)

- ✓ 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=1n2QZlhezuc>

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Learning
transforms
lives.

Questions & Discussion

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Thank you!

Sandra Black

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