



The Intersection of Substance Use and Suicide

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Training Objectives

Gain knowledge about the intersection of substance use and suicide;

Understand who is most at risk for co-occurring mental health disorders and identify situational “clues” or warning signs for suicide; and,

Develop next steps to address substance misuse and suicide in your community.

Attitudes Inventory

Opinion	Agree	Neither	Disagree
People who talk about suicide just want attention.			
I feel comfortable discussing suicide issues with people.			
Most people who try to kill themselves really want to die.			
People should not intervene unless they are sure a person is serious about suicide.			
People in my role are responsible for discussing suicide with people.			
It's normal for people who abuse substances to consider suicide at some point.			
If a person decides to kill themselves, there isn't much anyone can do to stop them.			
People who are seriously planning to kill themselves don't want any help.			
Asking people if they are thinking about suicide may give them the idea to try it.			
Suicide is a sin.			

Suicide

is an equal opportunity
destroyer, heedless of race,
economic status or religious
affiliation.



Facts About Suicide

- 47,173 people died by suicide in 2017 in the United States.
- 48,344 people died by suicide in 2018 in the United States.
- Over 1.4 million people attempted suicide in 2017, according to a recent SAMHSA study.

<https://afsp.org/about-suicide/suicide-statistics/>

Suicide Facts & Figures:

Arkansas 2019 *



On average, one person dies by suicide every 14 hours in the state.

More than four times as many people died by suicide in Arkansas in 2017 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflect a total of 13,080 years of potential life lost (YPLL) before age 65.



Suicide cost Arkansas a total of **\$540,251,000** combined lifetime medical and work loss cost in 2010, or an average of **\$1,208,615 per suicide death.**

*Based on most recent 2017 data from CDC. Learn more at afsp.org/statistics.



10th leading cause of death in Arkansas

2nd leading
cause of death for ages 15-34

4th leading
cause of death for ages 35-44

5th leading
cause of death for ages 45-54

8th leading
cause of death for ages 55-64

16th leading
cause of death for ages 65 & older

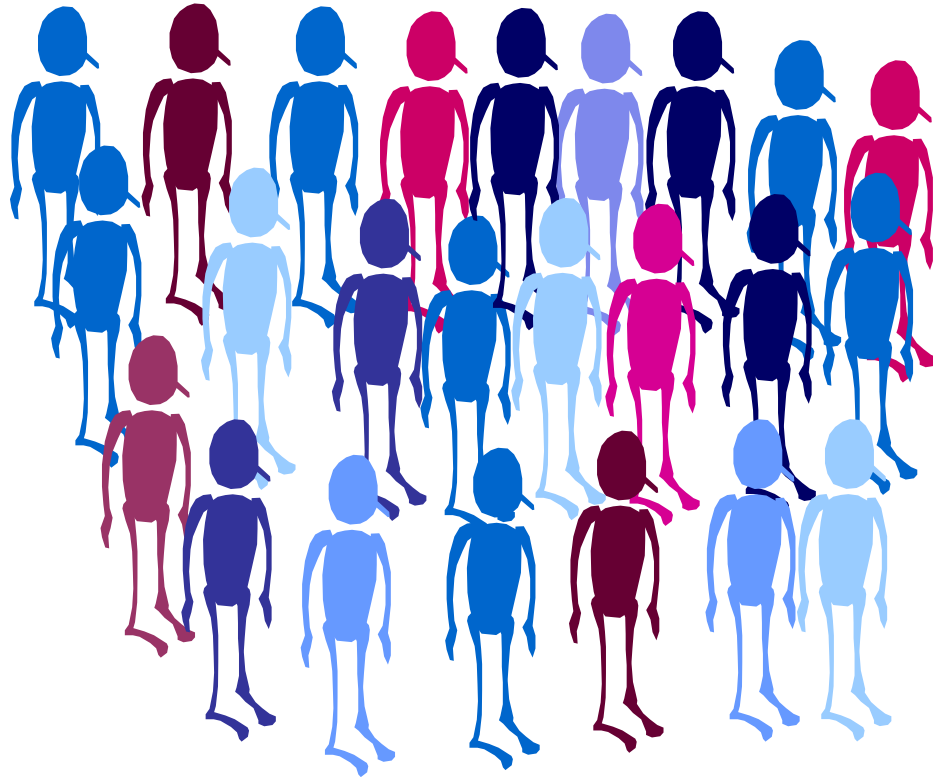
Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Arkansas	631	20.72	9
Nationally	47,173	14.00	

Facts About Suicide

- Suicide is the 10th leading cause of death for all age groups.
- Suicide is the 2nd leading cause of death of ages 15-24.
- Someone dies by suicide approximately every **12** minutes.
- Someone aged 10-24 dies by suicide approximately every **1 hour and 48 minutes**.

Suicide Attempts



For every ONE
documented
death by
suicide...



there are 25 suicide
attempts.

Facts About Suicide and Substance Use

People with substance use disorders :

- Are at elevated risk for suicidal ideation and attempts.
- Suicide is a leading cause of death among people who misuse alcohol and drugs.
- Heavy alcohol consumption in youth predisposes to suicide in middle adulthood.

Substance Use and Suicide

People who have been treated for substance use disorders are at 10 times greater risk to eventually die by suicide than the general population.

People who inject drugs are at 14 times greater risk for eventual suicide than the general population.

Substance Use and Suicide

30 percent of deaths by suicide involved alcohol intoxication – Blood Alcohol Content (BAC) at or above legal limit (.08%)

40-66 percent of people who die by suicide have a positive Blood Alcohol Content

Diagnoses & Substance Use

- Of the individuals that die by suicide, 90% have a diagnosable mental health disorder at the time of death
- Of that 90%, 50% of those have a Substance Use Disorder
- Co-occurring disorders lead to additional risk
- Substance use is a proximal risk factor and distal risk factor to suicide

Depression, Anxiety, and Substance Use

- Depression and anxiety
 - Alcohol and other substances can impact sleep by disrupting patterns, even after the person is not using the substance. This can cause restlessness, irritability, fatigue, and have numerous other impacts.
- Memory loss is associated with the long-term use of some substances.
- In studies of youth, substance use precedes depression.

The Dual Dynamics of Substance Misuse

RISK FACTOR for suicide

ACUTE Substance Use (Getting drunk or high)

Decreased fear – (FEAR is protective)

Pain

Disfigurement

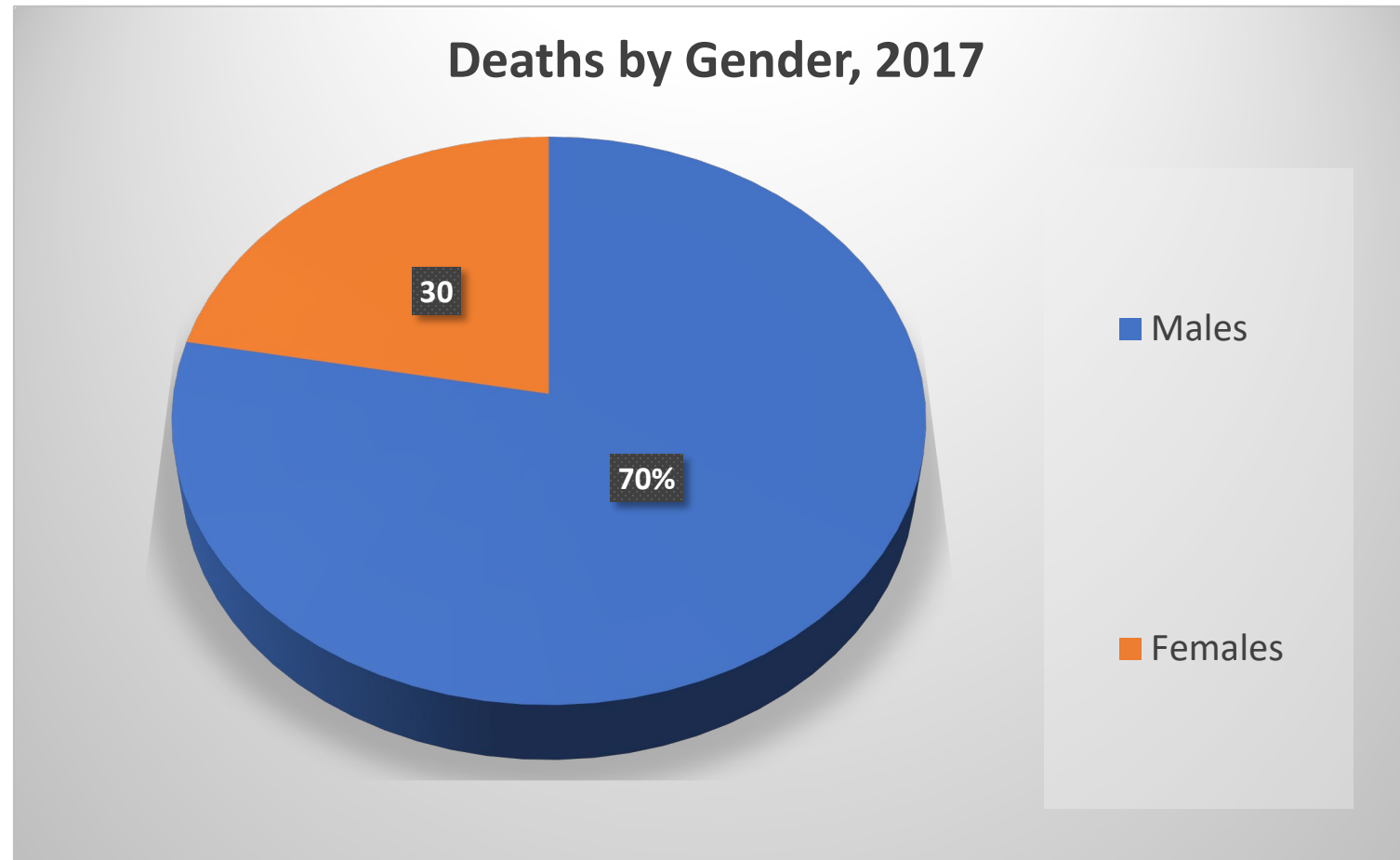
Decreased impulse control

↑ Risk for suicidal behavior

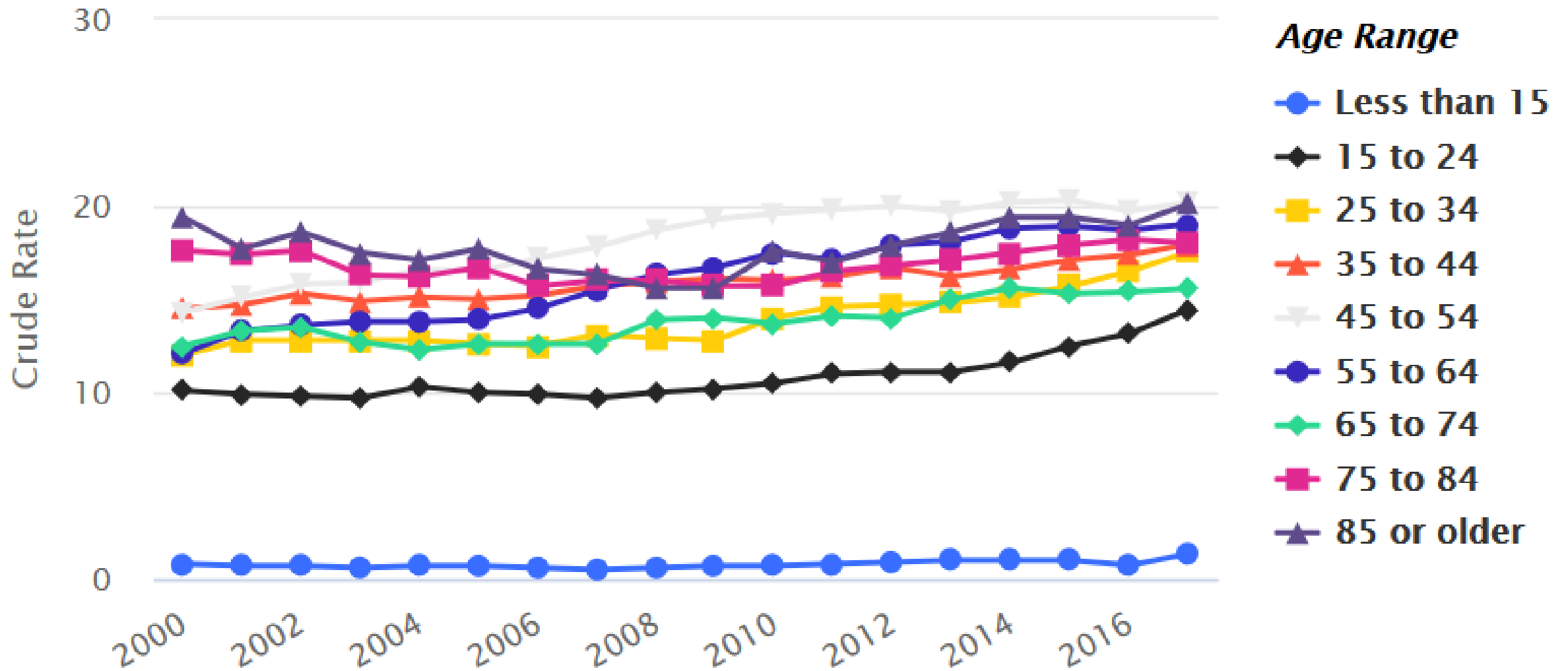
Gender and Suicide - 2017

Men are far more likely to die by suicide than women.

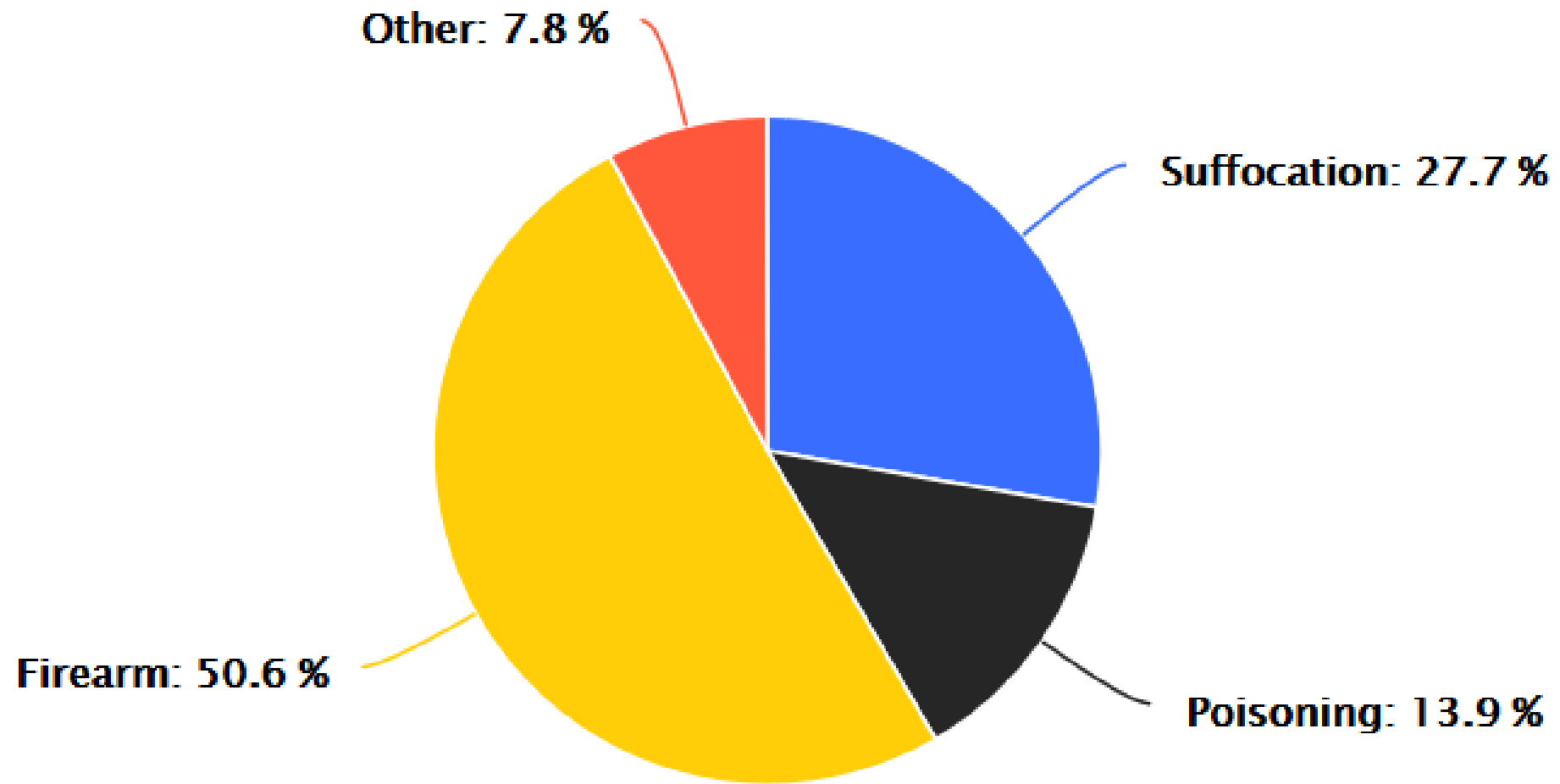
Women attempt suicide 3 times as often as men.



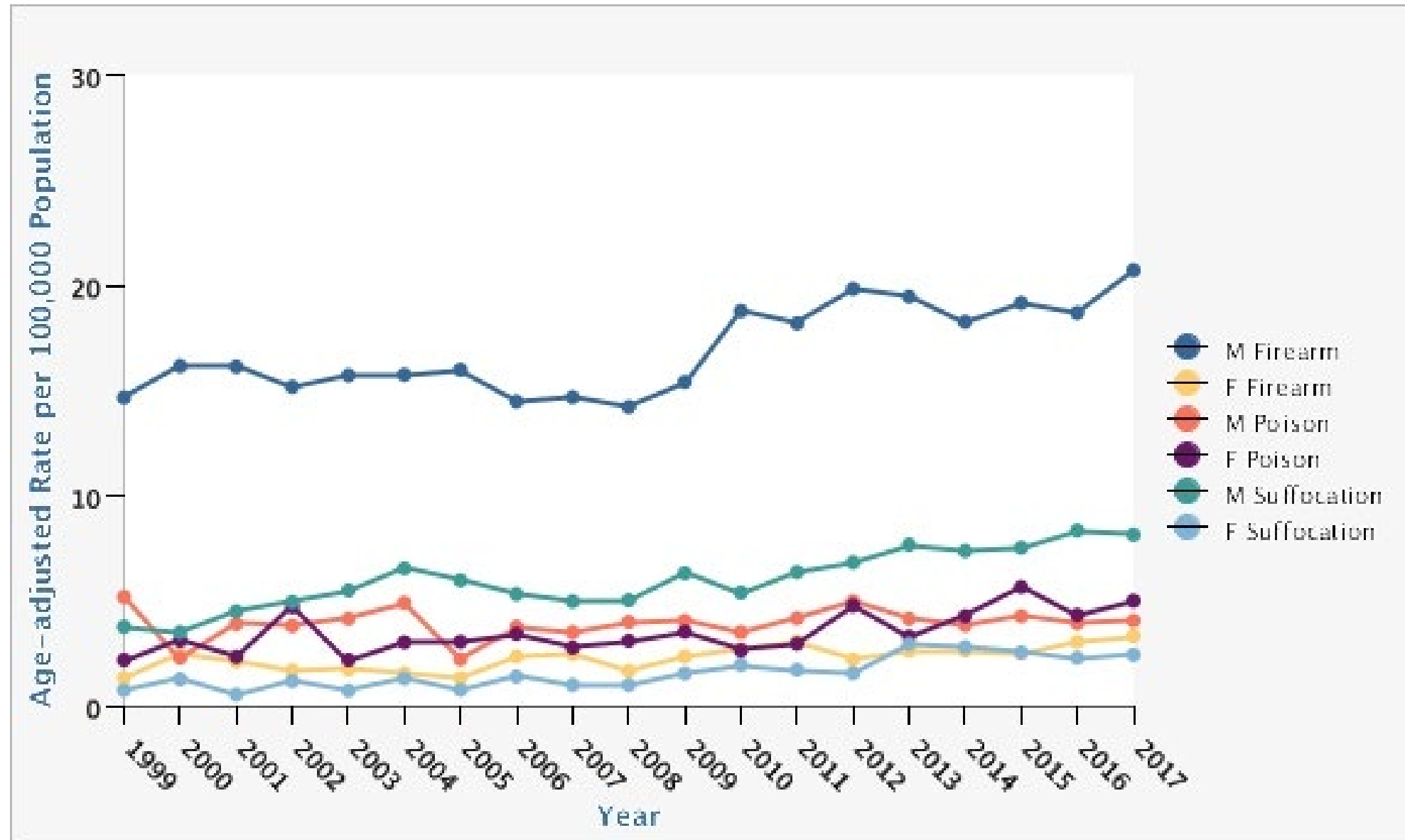
Suicide Rates by Age from 2000 to 2017



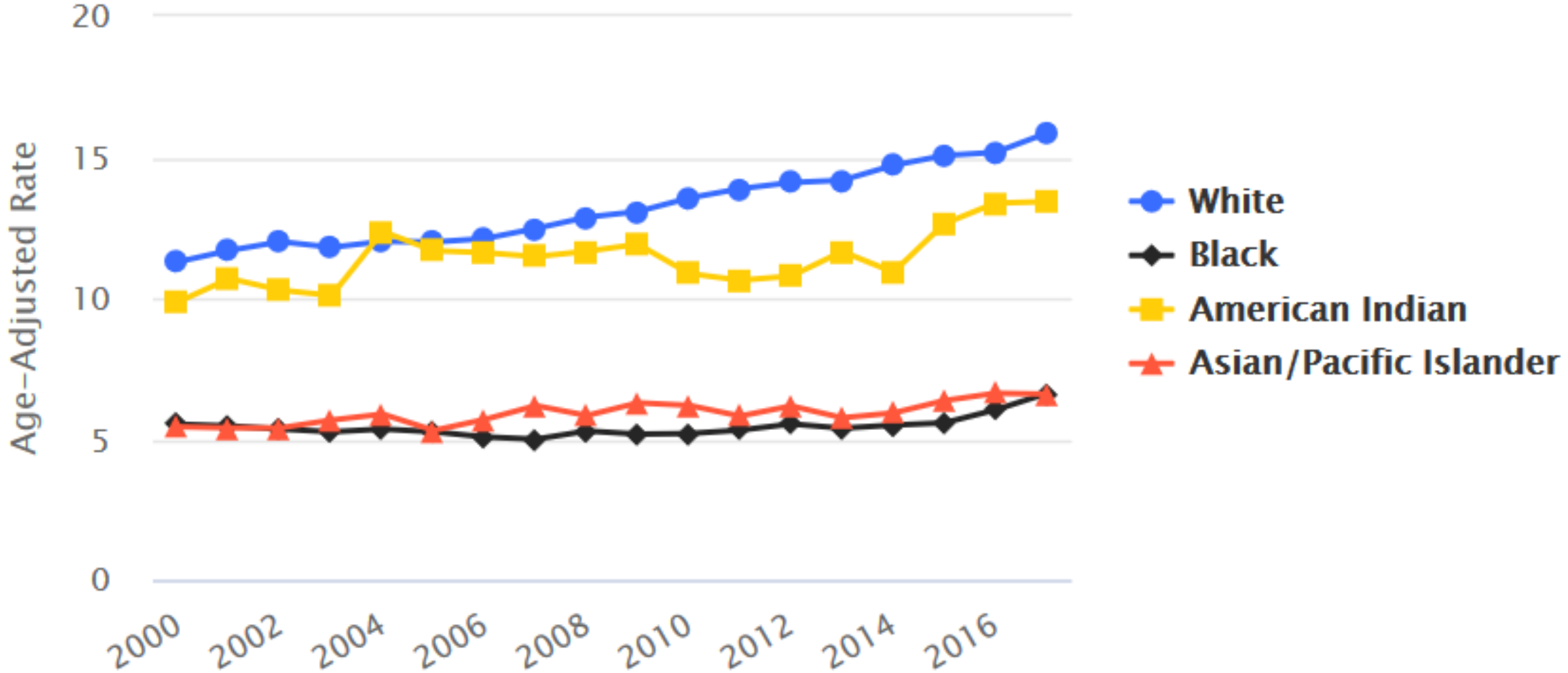
Suicide Deaths by Method, 2017



Cause of Suicide



Suicide Rates by Ethnicity from 2000 to 2017



Misuse: Self-medication



11.1% of 12th graders have misused opioids in their lifetime. There are two main reasons for misuse

- **Self-medication for pain**
- “Recreationally” (for euphoria)

Sources: 1) McCabe SE, West BT, Teter CJ, Cranford JA, Ross-Durow PL, Boyd CJ. Adolescent nonmedical users of prescription opioids: brief screening and substance use disorders. *Addict Behav.* 2012;37(5):651-656. doi:10.1016/j.addbeh.2012.01.021 2) Substance Abuse and Mental Health Services Administration. *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2013. 3) Cranford JA, McCabe SE, Boyd CJ. Adolescents' nonmedical use and excessive medical use of prescription medications and the identification of substance use subgroups. *Addict Behav.* 2013;38(11):2768-2771. <http://www.ncbi.nlm.nih.gov/pubmed/23954563>. Accessed March 25, 2014.



Discussion

What are some situations our youth might be experiencing?

Situations that increase risk

- An unplanned pregnancy
- Homelessness
- Eviction
- Sexual abuse
- Domestic violence
- Loss of custodial parent
- Diagnosis of a chronic disease
- Other

Additional Risk Factors

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of substance misuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs

Group Discussion

**What groups might you consider to be a
“high risk” population?**

High Risk Populations

A “high risk population” is one that is characterized by having a high rate of multiple risk factors.

- Native Americans: 2-4x more likely
- Survivors of Suicide Loss: 2-4x more likely
- Veterans/ Active Military: 2-5x more likely
- LGBT Youth: 2-7x more likely
- Sufferers of Mental Illness: 6-12x more likely
- Suicide Attempt Survivors: 7-14x more likely

Risk factors: What's different for LGBT individuals?

More risk factors or more severe ones:

- Unsafe /Hostile school environment
- Family rejection/abuse within family
- Victimization
- Previous attempt(s)
- Exposure to suicide loss/Contagion (media)
- Time of coming out/Early coming out

Specific to or mostly relevant to LGBT community:

- Minority stress
- Stigma and discrimination
- Gender nonconformity
- Internal conflict regarding sexual orientation

LGBT Youth: Suicide is the leading cause of death

According to the CDC, when compared with their straight peers, LGBT youth are:

- 5x more likely to have been injured in a physical fight
- 3x more likely to have experienced dating violence
- 3x more likely to have been raped
- 4x more likely to have missed school because they feared for their safety
- 4x more likely to have attempted suicide
- 5-7x more likely to have used heavy drugs

Sexual Minorities and Suicide

According to the CDC Youth Risk Behavior Survey:

- 10% were threatened or injured with a weapon on school property
- 34% were bullied on school property
- 28% were bullied electronically
- 23% of LGB students who had dated or went out with someone during the 12 months before the survey had experienced sexual dating violence in the prior year
- 18% of LGB students had experienced physical dating violence
- 18% of LGB students had been forced to have sexual intercourse at some point in their lives.

ECSTASY Use & Suicide

Suicidal **THOUGHTS**

Users 3x risk of the suicidal ideation than non-users

No difference between ecstasy and other illicit drugs

Suicide **ATTEMPTS**

Illicit drugs other than Ecstasy = 6x more likely

ECSTASY users = **13x** more likely

Increased Risk

- Consequences associated with substance use can increase risk for depression and suicide
- Hopelessness can be exacerbated by substance use, as perception narrows
- In areas where alcohol and substance use are greater and in areas with greater access to alcohol and other substances, suicide rates are higher

Culture & Historical Trauma

- Culture change or transition
- Acculturation vs. Assimilation
- Substance use as a way to cope with this transition or any trauma, which can cause issues within the household. These issues can then lead to young people turning to the same methods of coping.
- Creating a cycle
- Cultural considerations

How serious is the problem?

- Risk factors for suicide among older persons differ from those among the young.
- In addition to a higher prevalence of depression
 - older persons are more socially isolated
 - more frequently use highly lethal methods
 - have more chronic physical illnesses
- Suicide rates among the elderly are highest for those who are divorced or widowed.

**People with substance use disorders
who are in treatment are at especially
high risk of suicide.**

Ross, Teesson, Darke, et al., 2005

PEOPLE ENTER SUBSTANCE MISUSE TREATMENT WHEN:

- Their misuse is out of control → increasing a variety of risk factors for suicide
- Life crises may be co-occurring:
 - Marriage
 - Legal
 - Job
 - Community
- Depressive Symptoms are at a peak

Ross, Teesson, Darke, et al., 2005

While In Substance Use Treatment:

Crises that are known to increase suicide risk frequently occur during treatment:

- Relapse
- Treatment Transitions
- Continued & Worsened Life Crises

High prevalence of suicidal thoughts and attempts

SAMHSA
Ilgen, Harris, Moos & Tiet, 2007

Who cares...

The majority (60.4%) of students **never** reported incidents of harassment or assault **to school staff**.

55.8% **never** reported incidents of harassment or assault **to a family member**.

36.7% of the students who did report an incident said that school staff did nothing in response.

Frequency of Intervention by Student's Family Members

- *Never* 48%
- *Some of the Time* 26%
- *Most of the Time* 13%
- *Always* 14%

Teen Depression - feels the same, but looks different

Adults

- Lack of self-esteem
- Lack of interest and enjoyment in things that once were enjoyable
- sleep disturbances
- eating disturbances
- withdrawal/isolation
- prolonged sadness

Youth

- Irritability
- Physical pain
- Sensitivity to criticism
- Problem with authority
- Some social withdrawal (NOT ISOLATION)
- Negative/moody
- Feelings of being misunderstood
- Blaming
- Declining academic performance
- Getting in trouble
- Sleep and eating disturbances

Implications

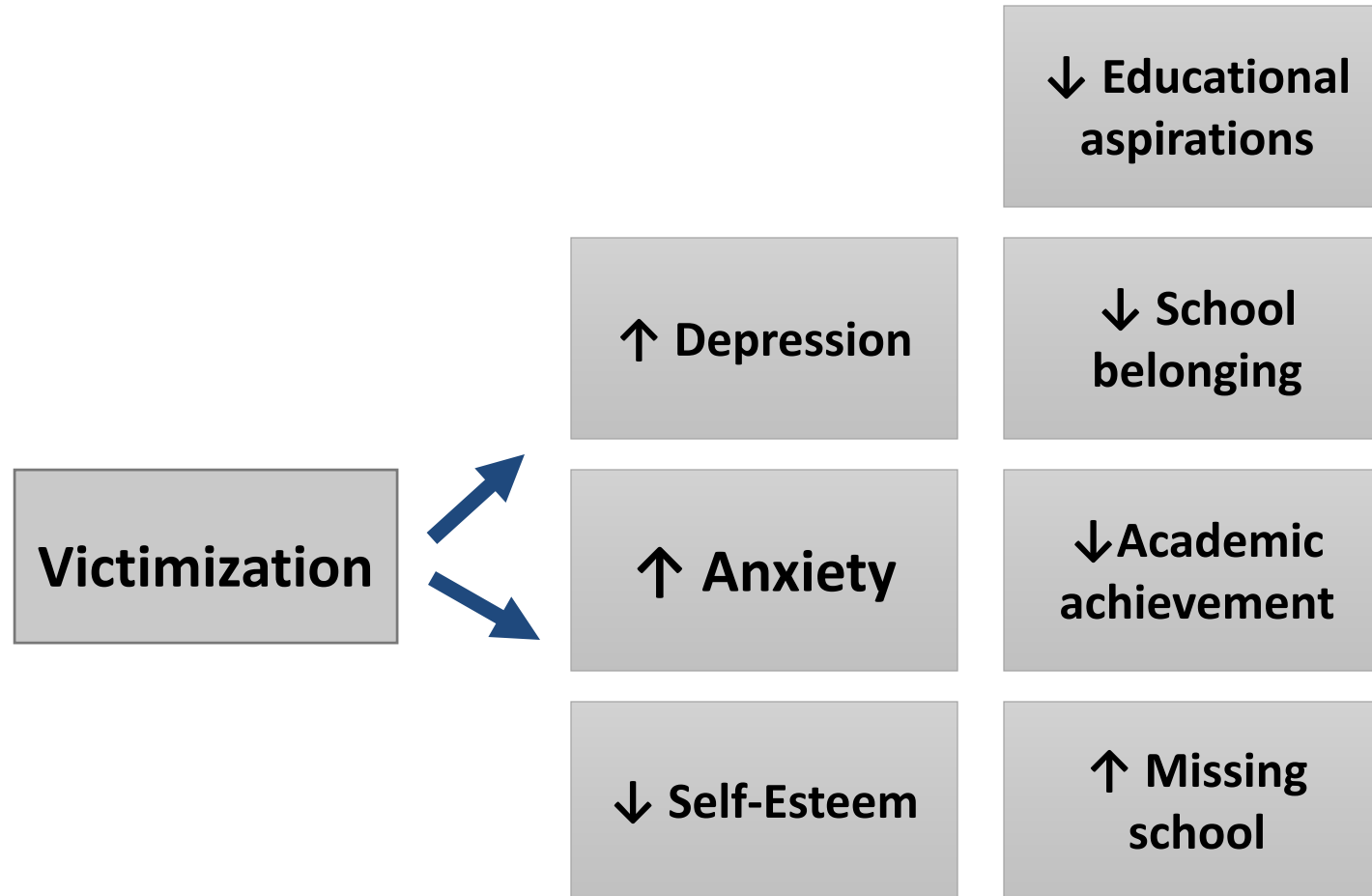
About 70% of teens who have experienced depression will have a reoccurrence within 5 years

Depression in adolescents means:

- These individuals will have a tendency toward psychological problems throughout their entire life
- Later in life these individuals will experience sleep and eating disturbances as well as ongoing mild depression symptoms even when they are not experiencing a depressive episode
- Decreased psychological and interpersonal functioning, occupational performance, physical health, and quality of life

Why bother....

Students who experienced high levels of harassment and assault had poorer educational outcomes and lower psychological well-being.



Power of Acceptance

ONE supportive adult
decreases the risk of suicide
by 30%.

Myths

True or False?



1. You can keep someone from attempting suicide.

2. Confronting a person about suicide will only make them angry and increase the risk of suicide.

3. Only experts can prevent suicide.

4. Suicidal people make their plans known to others.

5. Those who talk about suicide don't do it.

6. Once a person decides to complete suicide, you can stop them.

Suicide Myths and Facts

- 1. Myth** No one can stop a suicide, it is inevitable.

Fact If people in a crisis get help, they may never be suicidal again.
- 2. Myth** Confronting a person about suicide will make them angry and increase the risk of suicide.

Fact Asking someone about suicidal intent lowers anxiety, opens communication and lowers risk.
- 3. Myth** Only experts can prevent suicide.

Fact Suicide prevention is everybody's business; anyone can help prevent suicide

Suicide Myths and Facts

4. Myth

Suicidal people keep their plans to themselves.

Fact

Many suicidal people communicate their intent during the week preceding their attempt.

5. Myth

Those who talk about suicide don't do it.

Fact

People who talk about suicide may try or complete a suicide attempt.

6. Myth

Once a person decides to attempt suicide there nothing can be done to stop them.

Fact

Suicide is a preventable kind of death and almost any positive action may save a life.

Suicide Clues & Warning Signs

The more clues and signs observed, the greater the risk

Take ALL signs seriously

Behavioral Clues:

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol misuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability

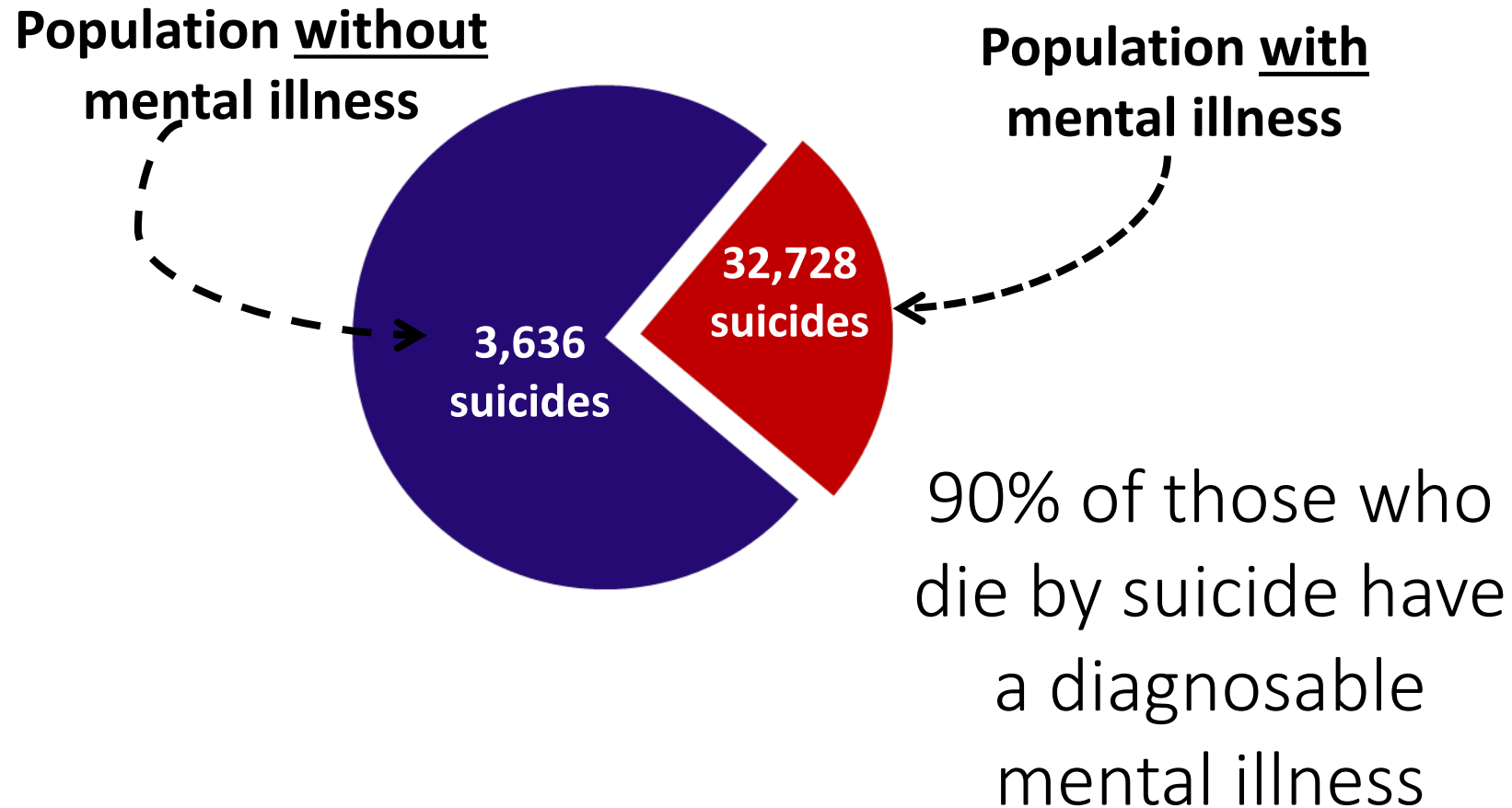
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Situational Clues:

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of a cherished therapist, counselor or teacher
- Fear of becoming a burden to others

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Mental illness is linked to suicide



Protective Factors

- ✓ Self Esteem
- ✓ Personal Control
- ✓ Internal Constraints (faith, hope)
- ✓ External Constraints (family/children)
- ✓ Coping Skills
- ✓ Good Attachments to Others
- ✓ Distress Tolerance

Acute Risk May Override Protective Factors

- Most people are planning for the future while contemplating specific suicide plans
- Married people die by suicide
- Religious people die by suicide
- Psychiatric disorders can impair resilience and coping, amplify distress, and decrease the value of protections

Activity

At your tables, get in groups of 4 to 5 people and take turns sharing who you would tell if you were feeling suicidal and why?

QPR: Question, Persuade, Refer

- Is intended to offer hope through positive action.
- Is not intended to be a form of counseling or treatment.
- The goal of QPR is to empower individuals as GATEKEEPERS.



Gatekeepers

Who are they?



Attitudes & Opinions

- Be aware of your beliefs
- Acknowledge your personal values, attitude and opinions
- Respect differences
- Be non-judgmental



Tips for Asking the Suicide Question

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; QPR Card, phone numbers, counselor's name and any other information that might help

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REMEMBER

How you ask **the question** is less important than that you ask it

QUESTION

Less Direct Approach:

“Have you been unhappy lately?”

“Have you been very unhappy lately?”

“Have you been so very unhappy lately that you’ve been thinking about hurting yourself?”

“Do you ever wish you could go to sleep and never wake up?”

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QUESTION

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Direct Approach:

“You know, when people are as upset as you seem to be, they sometimes wish they were dead. I’m wondering if you’re feeling that way, too?”

“You look pretty sad, I wonder if you’re thinking about suicide?”

“Are you thinking about killing yourself?”

NOTE: If you cannot ask the question, find someone who can.

How Not to Ask the Question

“You’re not suicidal, are you?”

“You’re not thinking of doing something stupid, are you?”

“Are you thinking of harming yourself?”

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PERSUADE

HOW TO PERSUADE SOMEONE TO STAY ALIVE

- Listen to the problem and give them your full attention
- Remember, suicide is not the problem, only the solution to a perceived insoluble problem
- Do not rush to judgment
- Offer hope in any form

©

PERSUADE

Then Ask:

“Will you go with me to get help?”

“Will you let me help you get help?”

“Will you promise me not to kill yourself
until we’ve found some help?”

**YOUR WILLINGNESS TO LISTEN AND TO HELP CAN REKINDLE HOPE,
AND MAKE ALL THE DIFFERENCE.**

©

Persuade: Get to YES

Express that you want the person to live.

- Show empathy
- Make it clear you're on their side
- Get others involved
- Never promise to keep secrets or to fulfill needs that cannot be met

YOUR WILLINGNESS TO LISTEN AND TO HELP CAN REKINDLE HOPE, AND MAKE ALL THE DIFFERENCE.

REMEMBER

Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, don't hesitate to get involved or take the lead.

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REFER

Situation

Referral Options

Imminent Threat

- Person has a plan/means
- **You** are *very alarmed*

High Threat

- Person is hopeless, distressed
- **You** are *worried*

Unclear Threat

- Person is depressed
- **You** are *concerned*

Call 911, take to ER

- Treat as a medical emergency

Take to ER or...

- Call hospital mental health unit, therapist, family, friends

Get others involved

- Therapist, physician, family, friends

Refer: What are the Options?

65

Use the National Suicide Prevention Lifeline if:



- The individual is not in immediate danger and as no means to harm themselves.
- The person has identified strong protective factors that will keep them alive.
- You have a means of following up with the person and assuring that they keep appointments for support in the near future.

Resources:

Telephone, Internet & Apps

National Suicide Prevention Lifeline

Apps →



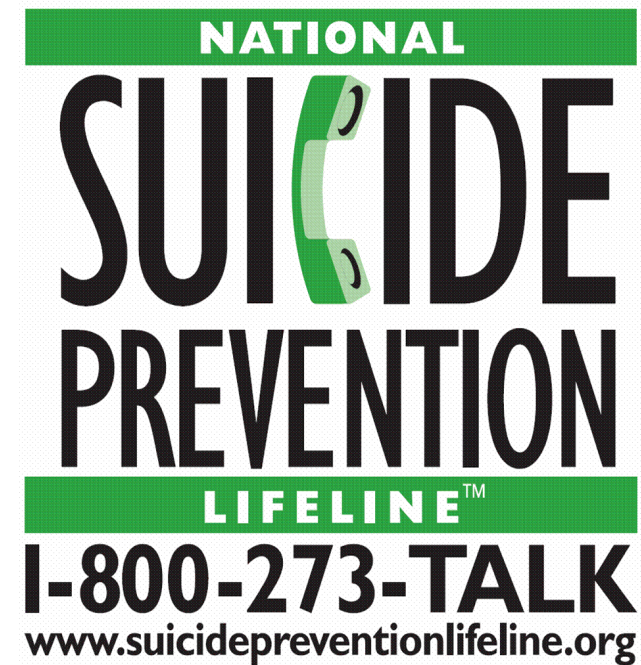
Internet

NSPL → suicidepreventionlifeline.org

TSPN → tspn.org

SPRC → sprc.org

AAS → suicidology.com



For suicide attempt survivors & those w/ lived experience:

<http://lifelineforattemptsurvivors.org/>

<http://livethroughthis.org/>

Crisis Text Line: Text “TN” to 741741

Next Steps

Coalition Next Steps:

Describe two things you will take back to your coalition based on this training.



Celebration



Thank You!

Contacts

For Free Technical Assistance from CADCA's National Coalition
Institute:

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