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Suicide
Addictive Behaviors and
Co-Occurring Disorders

Ben Camp, M.S.Ed.
Eastern Washington
University

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Some Facts about Suicide:

- 31,655 died by suicide in USA 2002 – 1/ 17 min.
- More die by suicide than homicide (1.7 times more)
- Third leading cause of death in those 15-24more than cancer, AIDS, heart, and lung disease combined
- 54% die by firearm

CDC web site

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Facts about Suicide:

- Aprox. 650,000 ER visits for attempts
- Four times as many US citizens died by suicide during the Viet Nam War period than died as soldiers.
- Rates increase with age (as do other causes of death)
- Often Drug/Alcohol related

CDC web site

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Scope of problem

- Think, plan, attempt, die
- 10 million adults think about suicide each year
- 1.2 million plan a method (gun, MVA, etc)
- 650,000 attempt (minimum count).
- 31,655 died 2002
- Est. 25 attempts to 1 death
- Suicide and homicide overlap (DV and suicide)

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Suicide: Certain populations are at high risk

- Gender: males complete 4 times more often, females make more attempts
- Age: youth- increasing rates and third leading cause of death;
 - Older white men have the highest rates
- Race: White males = 79% COMPLETERS,
 - high rates in Native Am, Lowest in Af Am, but increasing fast

CDC, NIMH web sites

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Co-occurring Disorders are:

- TWO+.....DIAGNOSES
- TWO+..... SYSTEMS
- DOUBLE+..... TROUBLE
- IN THE EYE OF THE BEHOLDER

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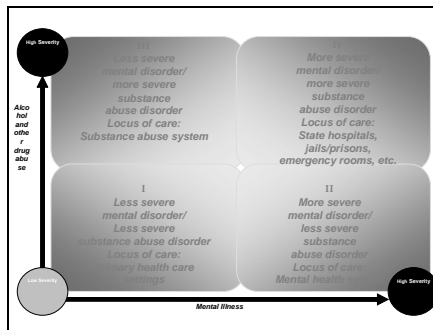
"Double Trouble" Among Substance Abusing Severely Mentally Ill		
Hall	'77	Poor out-pt attendance, discontinued Rx
Alterman	'85	More mood changes, intensive staffing
Solomon	'86	More noncompliance, arrests
Safer	'87	Over twice hosp. rate and criminal behav
Drake	'89	More hostility, noncompliance
Barbee	'89	More psych symptoms
Lyons	'89	More noncompliance, ER, jail, rehosp.
Chen	'92	Worse treatment course

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But what about NON- severely mentally ill co-occurring pts?

- Like in addiction treatment settings
- Like in Criminal Justice settings
- Like in Primary Care Settings
- Like in ER's, especially with suicidal pts

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**Is Suicide Primarily:
"Mental Health Territory"**

- Over 90% of suicides are associated with mental illness including substance abuse
- Estimated 28-30% of US population has MH/SA disorder
- Approximately 80 million people in 2000

DOM

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MDD AND SUICIDE

- ☒ Lifetime risk roughly 2- 6%
- ☒ 98% of completed suicides are seriously depressed.
- ☒ Most suicide attempts take place when person is off antidepressant medication.
- ☒ Compliance/adherence is essential to safety.
- ☒ Patient education: death is a possible result of discontinuing medications.

DOM

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Bipolar Disorder & Suicide

- Affects approx. 1.2% of U.S. population
- 25-50% will attempt suicide at least once
- 15 times higher than general population (DOM)
- Bipolar disorder & alcoholism had a 38.4 percent lifetime rate of attempted suicide
- Bipolar patients without alcoholism had a 21.7 percent rate. (Potash, 2000)

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Lifetime Suicide risk for Schizophrenic, Affective and Addiction Disorders:

- Method: review of 83 mortality studies:
- Schizophrenia.....4%
- Affective Disorders.....6%
- Addiction Disorders.....7%

Psych 1998 Inskip HM: Br J

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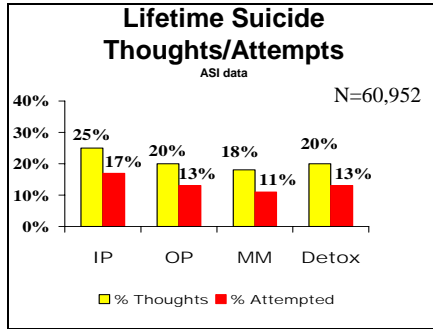
Or is Suicide also Addiction Territory?

- Alcohol strongest predictor of completed suicide over 5-10 years after attempt (Beck 1989)
- Addictive disorder and actual intoxication are among the greatest predictors [of suicide] (Moscicki, 1997, pgs. 499-517).
- 40-60% of completed suicides across USA/Europe are alcohol/drug affected (Editorial: Dying for a Drink: Brit Med J. 2001)

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- Higher suicide rates (+8%) in 18 vs 21yo legal drinking age states for those 18-21 (Birckmayer J: Am J Pub Health 1999)
- In a study of all non-traffic injury deaths associated with alcohol intoxication, over 20 percent were suicides. (NIMH, 2000)
- For people with substance use disorders, the incidence of suicide is 20 times greater than the general population (Blumenthal 1988).

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Likelihood of a Suicide Attempt

Risk Factor	Increased Odds Of Attempting Suicide
• Cocaine use	62 times more likely
• Major Depression	41 times more likely
• Alcohol use	8 times more likely
• Separation or Divorce	11 times more likely

NIMH/NIDA ECA EVALUATION

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Methamphetamine Users (n= 1016) LIFETIME SUICIDE ATTEMPTS

ASI Item	Overall	Male	Female	Test Statistic *
Attempted Suicide (%)	27%	13%	28%	35.42**
Violent behavior problems (%)	43%	40%	46%	3.29***

Zweben, et al., 2004

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What do we know about Suicide in Alcoholic Populations

- 4.5% of alcoholics attempted suicide within 5 years of DX
 - (age 40.. n=1,237)
- 0.8% in non-alcoholic comparison group
 - (age 42..n=2,000)...
- $p < .001$7X increased risk

Preuss/Schuckit Am J Psych 03

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- This research suggests that every suicide attempter should be screened for possible alcohol and drug addiction (CDC, 2001) and every alcoholic should be screened for suicidal thoughts and behavior (Elliott, 1995, pg. 10).

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What Predicted Suicide Attempts in Alcoholics (n=1,237) over 5 years?

- Rate = 4.5% attempted suicide
- Prior attempts
- Earlier onset and more severe dependence. Other drug dependence
- Separated or divorced
- More likely to have had treatment (more severe)
- More Panic
- More Substance Induced Psych Disorder

03 Preuss/Schuckit et al Am J Psych

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**Substance Induced Depression:
Severity/Dangerousness**

- **Henriksson, et al (1993)**- 43% of completed suicides had alcohol dependence. 48% of these were also depressed. 42% had a personality disorder.
- **Elliot, et al (1996)**- patients with medically severe suicide attempts had a statistically higher prevalence of substance-induced mood disorder.
- **Pages K et al (1997)**- Higher degrees of Sub Dep related to higher severity suicide ratings

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**Harborview Study: How do Suicide and
Addiction issues relate in Acute Psychiatric
Admissions?**

- What characterizes those with severe suicide ratings?
- How does severity of substance use relate to severity of suicide intent?
- What about Substance Induced syndromes as they relate to suicide intent?
- How do substance issues affect rates of AMA, Length of Stay, and Involuntary Treatment in highly suicidal admissions?

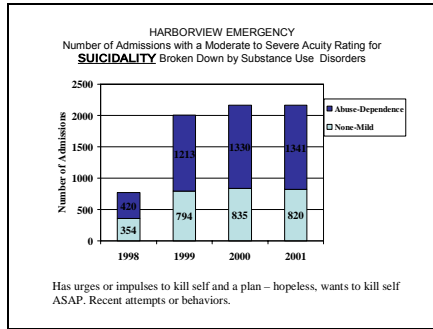
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Harborview Study

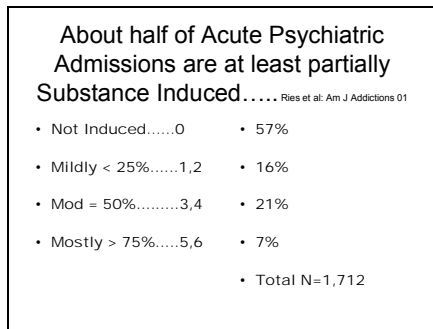
Methods: Attending rate illness severities across 30 items on all admits and discharges, as part of standard clinical note

- Substance rating=
 - 0= no substance use problems
 - 1,2= substance use has led to only minor/infrequent problems such as moodiness etc
 - 3,4= qualifies for Substance Abuse with problems, but not dependence
 - 5,6 = qualifies for dependence with compulsive use, consequences, and loss of control

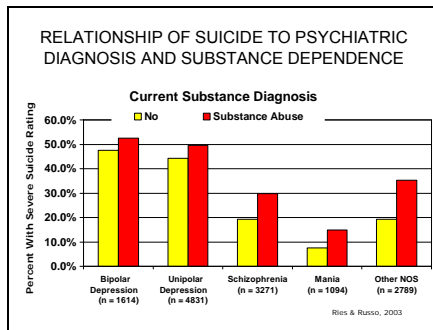
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Implications of SIMD Misdiagnosis

- Clinical databases that don't include SIMD
- Overestimation of Psychiatric Disorders, such as Bipolar ...both clinically and in Research studies if using non-sophisticated instruments
- Misdirected treatment of 1' addiction disorders as "Bipolar II" etc
- Unnecessary, expensive, and potentially medically risky medications
- More suicide attempts if not sober

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What do Addiction Centers Need to do?

Acknowledge that.....

- about half of their pts have been, are or will become suicidal.....ranging from thoughts to action
- these pts are just as lethal, often more so in the long run than most "MH" pts
- the best long term protective suicide intervention is likely sobriety for most pts.

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Addiction Centers need to:

- Add onsite psychiatrists or other prescribers (less than 20% have these) for the patients who need meds (minority)
- Onsite psychiatrist services have shown positive effects in addiction treatment (retention and outcomes...Saxon '94, Charney '01, Weisner '01)

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Addiction Centers need to:

- Educate addiction staff about suicide assessment and intervention...already done in schools, clinics (QPR institute)
- Add Suicide Prevention materials to Addiction Treatment materials and train staff on how to use them. (see TIP 42)

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Antidepressants and Addictions:

- Numerous studies in Non-depressed show little/no benefit on substance use
- Several studies in mild/mod depressed show little/no benefit on substance use, no/mild effect on mood.
- Studies in Severely depressed/hospitalized show moderate positive effect on both mood and substance use

McGrath et al Psych Clin N Am 01

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Substance Induced Suicide Rx plan

- Acute....psych based dual unit
focus on safety (suicide/detox)
- Subacute... psych or addiction based or
stepdown dual rx residential with
focus on diff dx, denial,
motivational issues
- Outpt/longer term...addiction based with
onsite co-occurring groups which contain
suicide prevention strategies, trained staff,
available psychiatric consultation/services

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Suicide Resources:

- American Association of Suicidology:
www.suicidology.org
- American Foundation for Suicide Prevention:
www.afsp.org
- National Strategy for Suicide Prevention:
www.mentalhealth.org/suicideprevention/
- National Suicide Prevention Strategy
www.sg.gov/library/calltoaction/

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Suicide Resources:

- Suicide Prevention Advocacy Network (SPAN)
www.spanusa.org
- QPR institute: www.qprinstitute.com
- Substance Abuse and Mental Health Services Administration: www.samhsa.gov
- Online Suicide Courses:
www.suicideprevention.ewu.edu

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Suicide: The Forever Decision
Paul Quinnett, Ph.D.

Free download: www.qprinstitute.com

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Institute of Medicine
Reducing Suicide: A National
Imperative

Risk Factors for Suicide: Summary
of a Workshop

Free download: www.iom.edu
