



# Center on Rural Addiction

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## This presentation is part of the Community Rounds Workshop Series

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# Suicide and Substance Use Disorders

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# Disclosures

Co-Investigator on NIMH SBIR Phase 2, R43 MH 113408-01 Grant:  
Evaluating the Comparative Validity and Reliability of SERAS: A Decision  
Support Tool for Assessing Near Term Risk of Suicide in Emergency  
Departments.

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# Outline

- Objectives
- Epidemiology
- Screening
- Evaluation and Clinical Management
- Summary

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# Objectives

**Objective 1:** Describe major risk factors for suicidal ideation

**Objective 2:** Describe Screening methods for evaluating suicidal ideation

**Objective 3:** List key elements of safety planning for patients with suicidal ideation

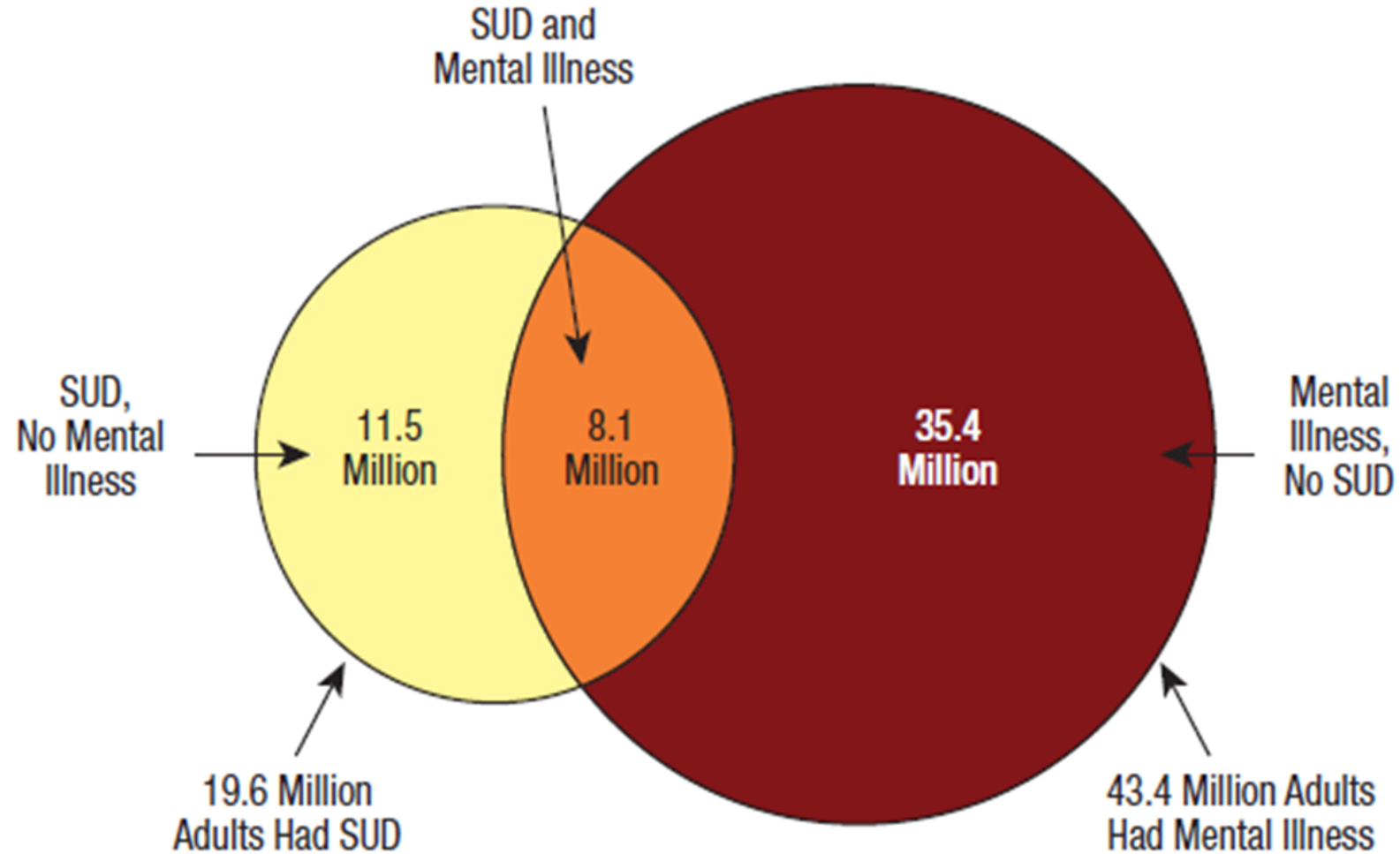


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# Outline

- Objectives
- **Epidemiology**
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# Epidemiology

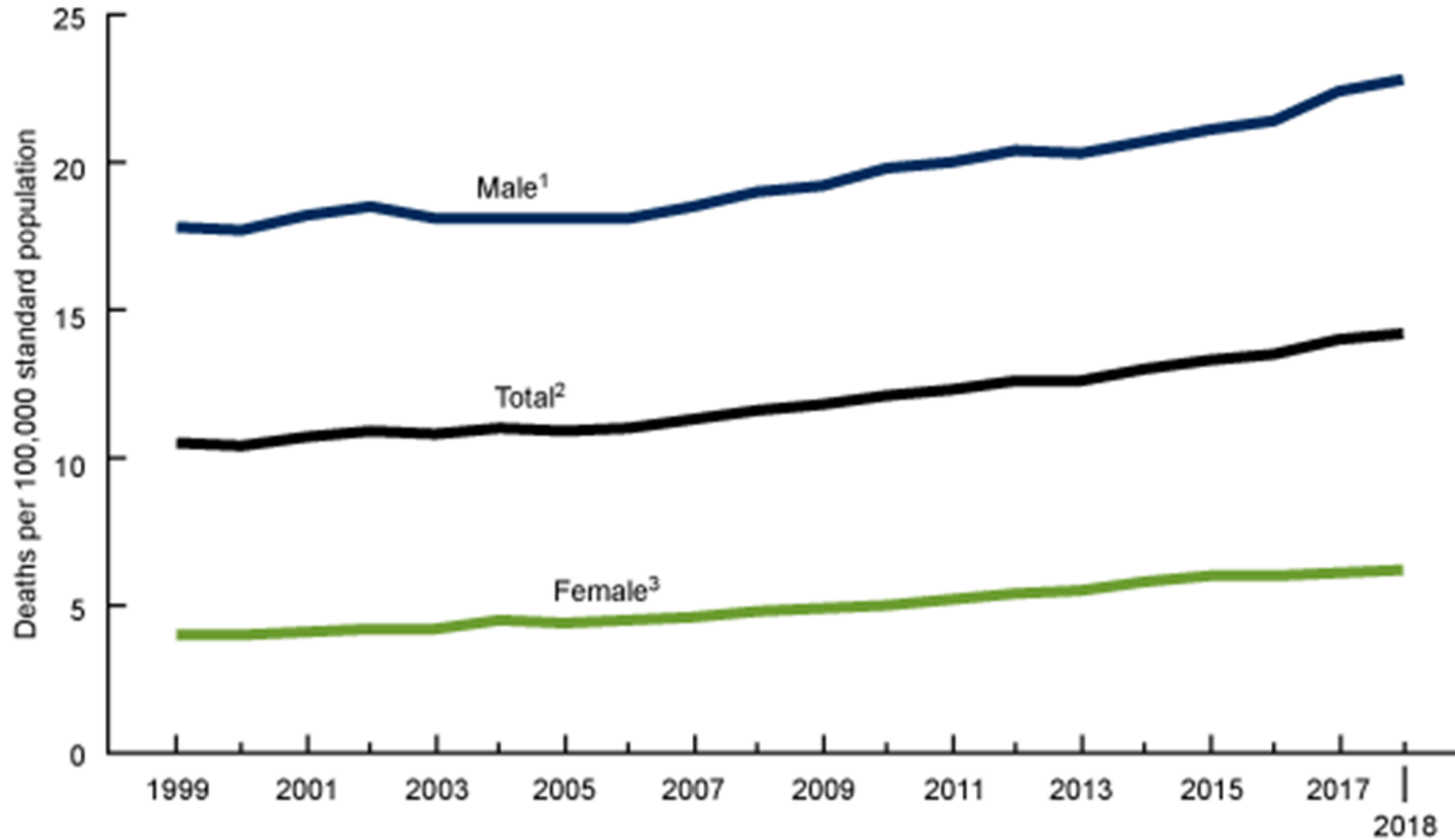




# Substance Use Disorders in Rural vs. Metro Settings

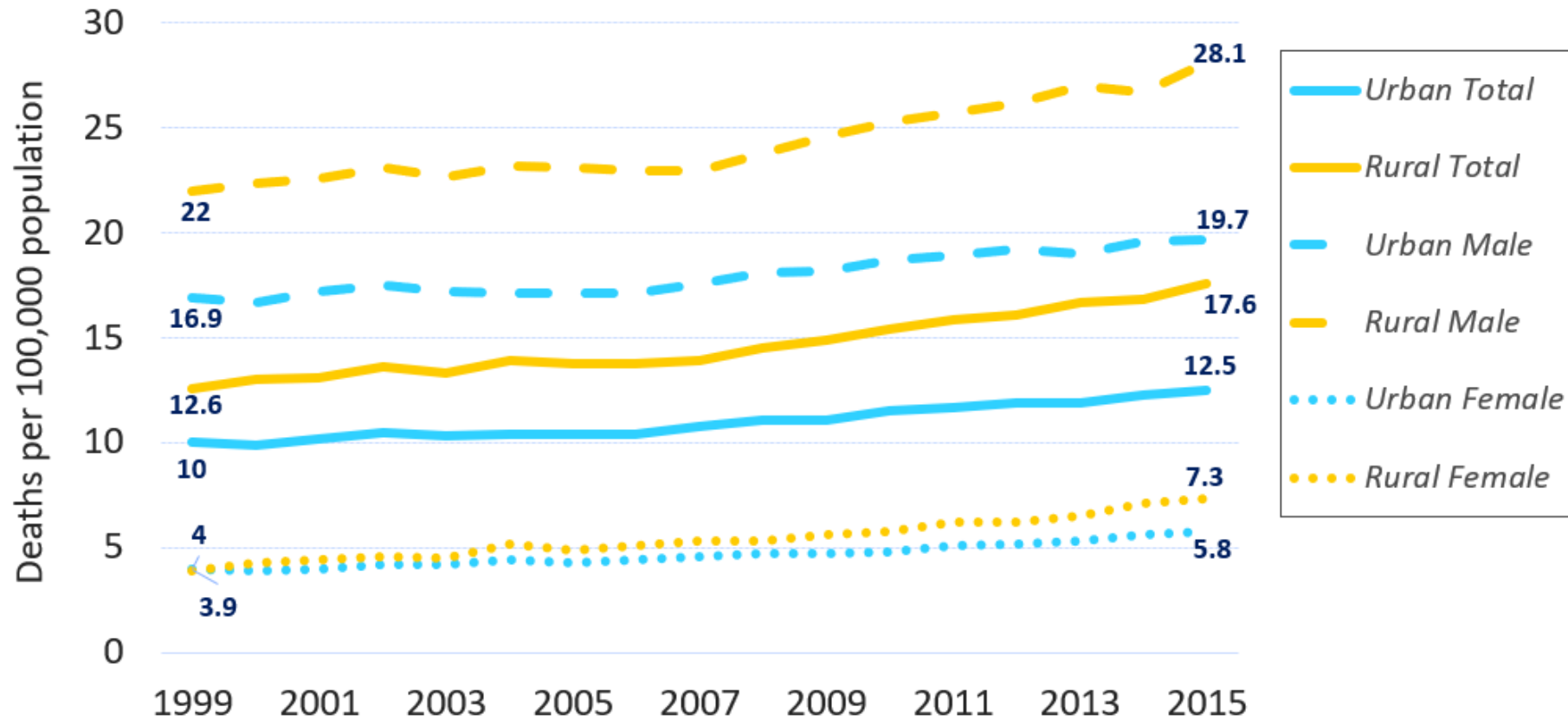
	Non-Metro	Small-Metro	Large Metro
Alcohol use by youths aged 12-20	34.0%	35.8%	32.6%
Binge alcohol use by youths aged 12 to 17 (in the past month)	4.9%	4.5%	4.7%
Cigarette smoking	26.0%	23.3%	18.5%
Smokeless tobacco use	7.1%	4.8%	2.8%
Marijuana	12.4%	16.0%	16.8%
Illicit drug use	15.7%	19.8%	20.2%
Misuse of Opioids	3.8%	4.1%	3.5%
Cocaine	1.3%	1.9%	2.3%
Crack	0.2%	0.3%	0.3%
Methamphetamine	0.9%	0.8%	0.6%

# Epidemiology of Suicide in the United States

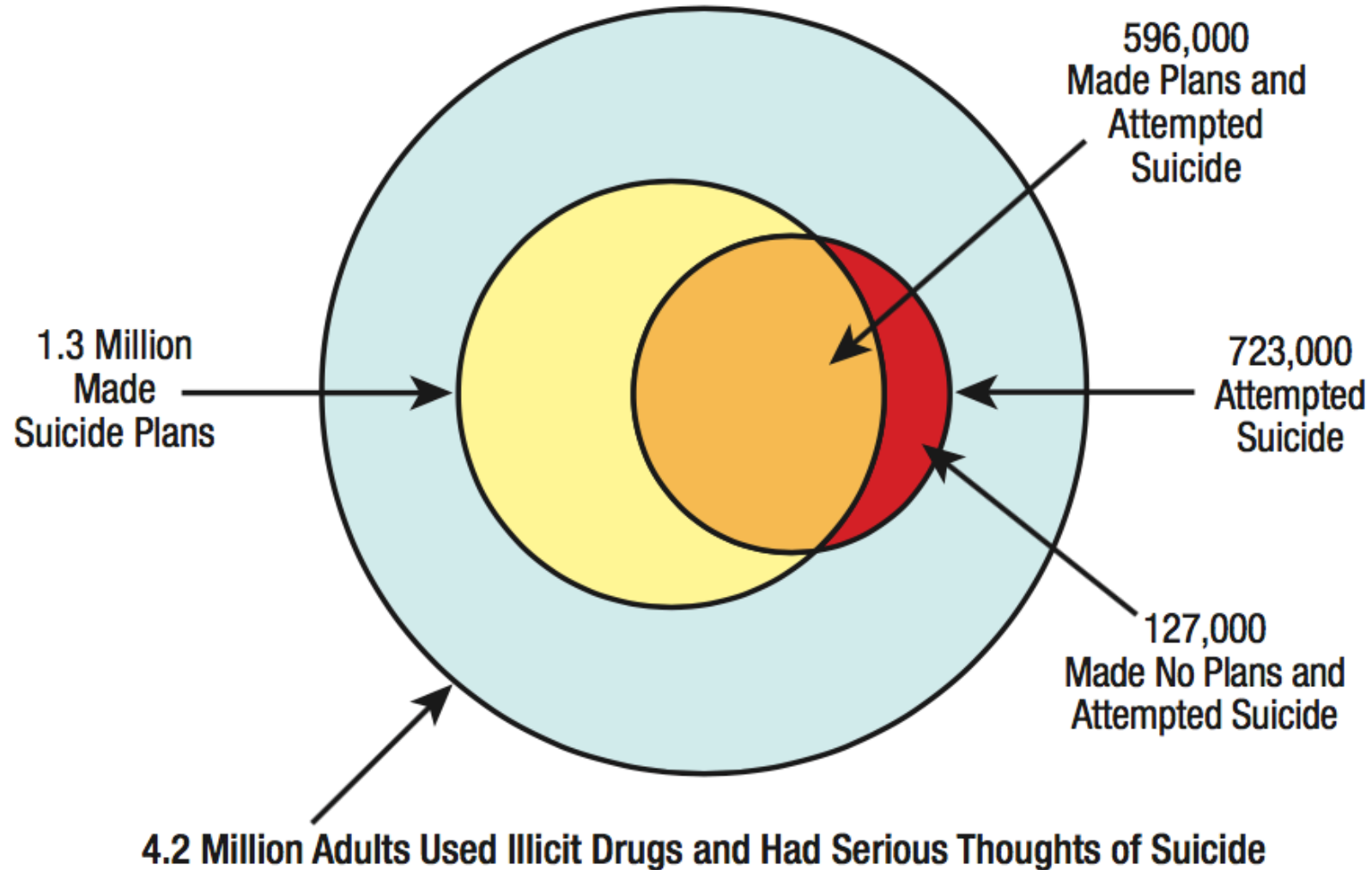


# Urban vs. Rural Rates

**RURAL/URBAN AGE-ADJUSTED SUICIDE RATES, BY SEX**  
**UNITED STATES, 1999-2015**



# Suicidality and Substance Use Disorders

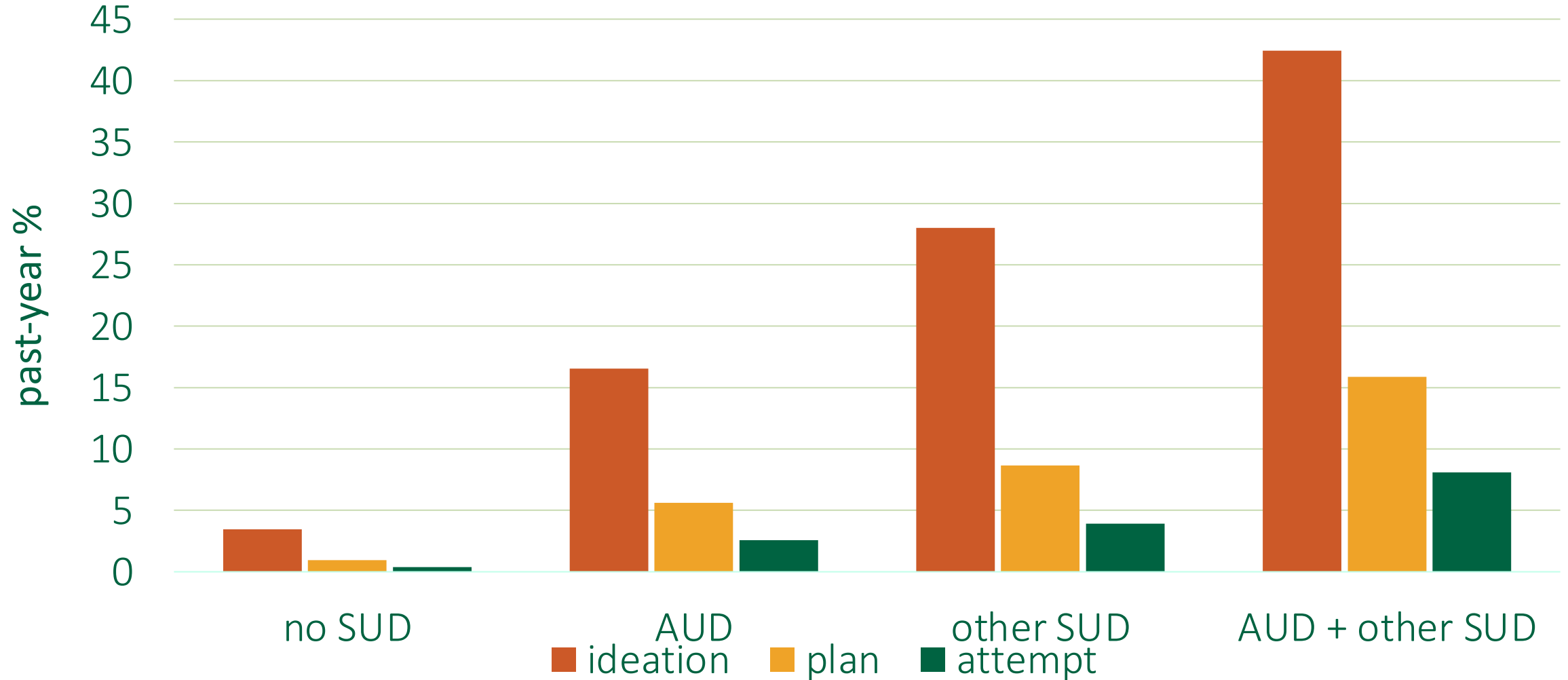


# General Risk Factors

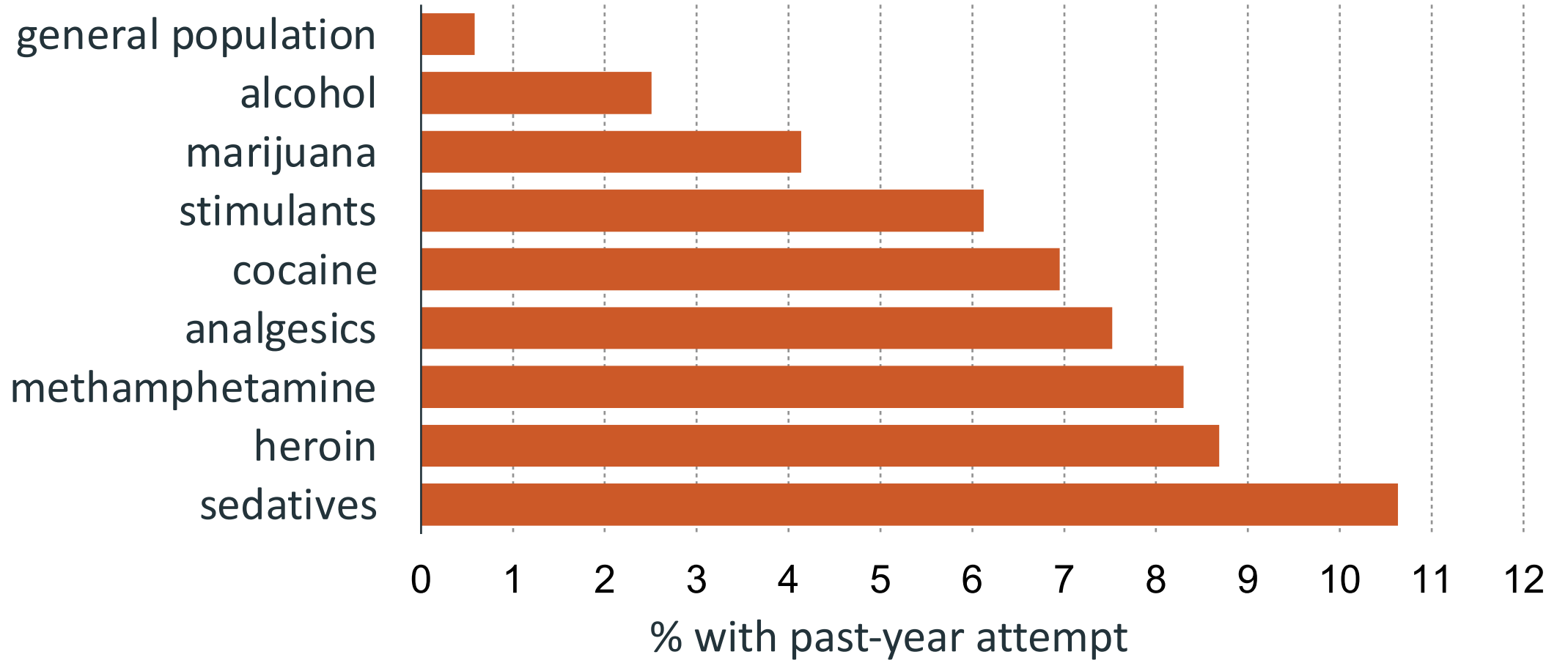
- Psychiatric diagnoses
  - mood disorders
  - PTSD
  - borderline
- Psychosocial stressors
  - relationships
  - work
  - financial
- Past attempts
- Family history of suicide
- Childhood abuse
- Firearms
  - risk factor for *lethality*
  - not clearly for attempt



# SUDs and Suicidality

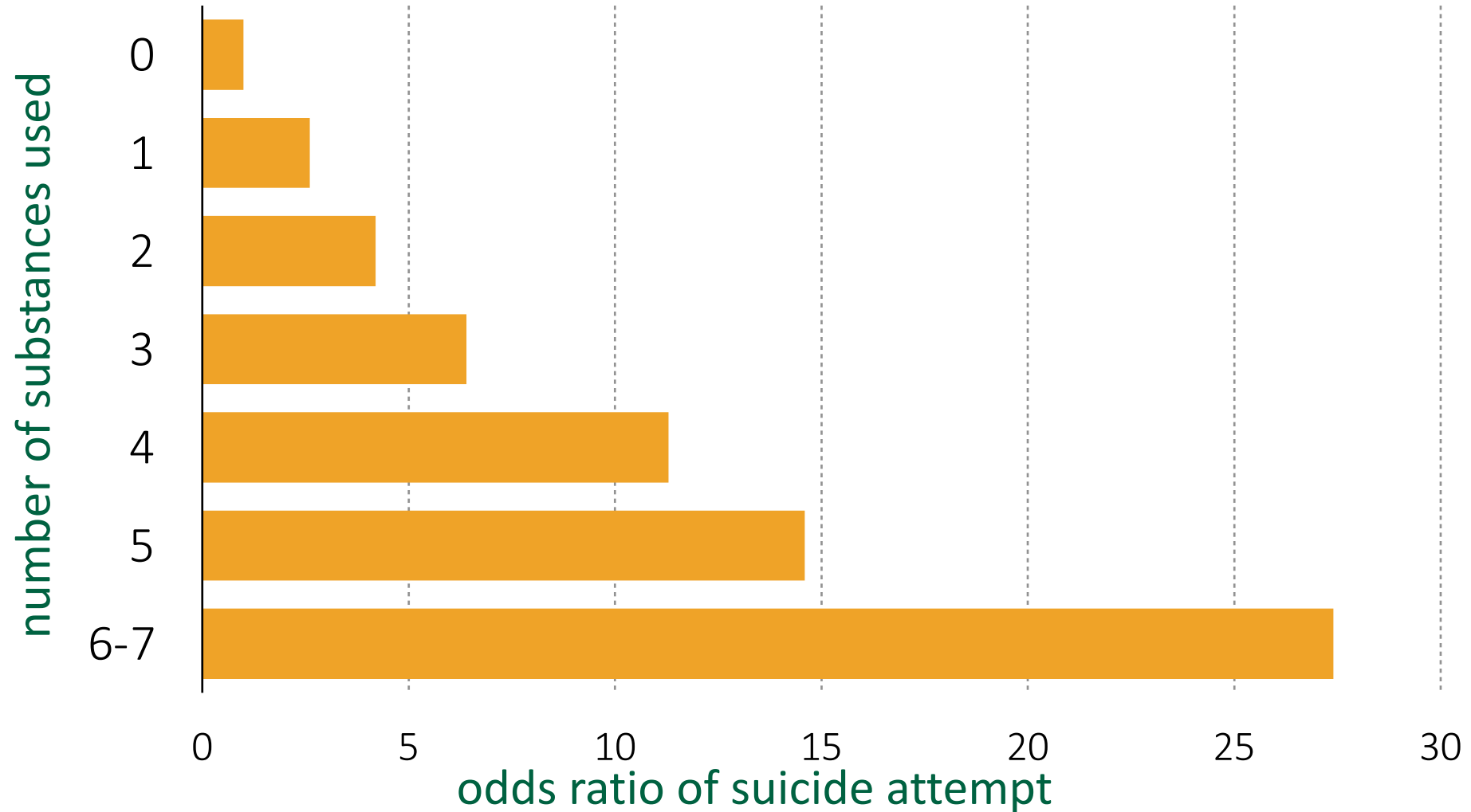


# Suicide Attempts by SUD

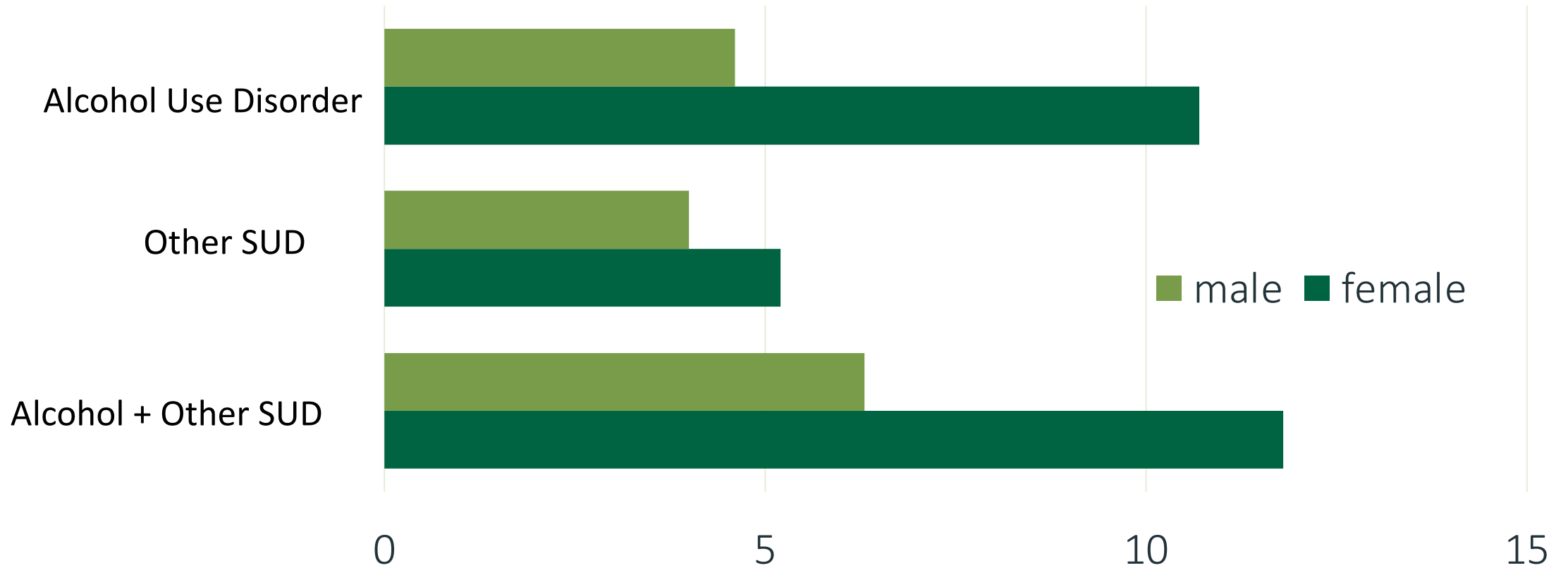




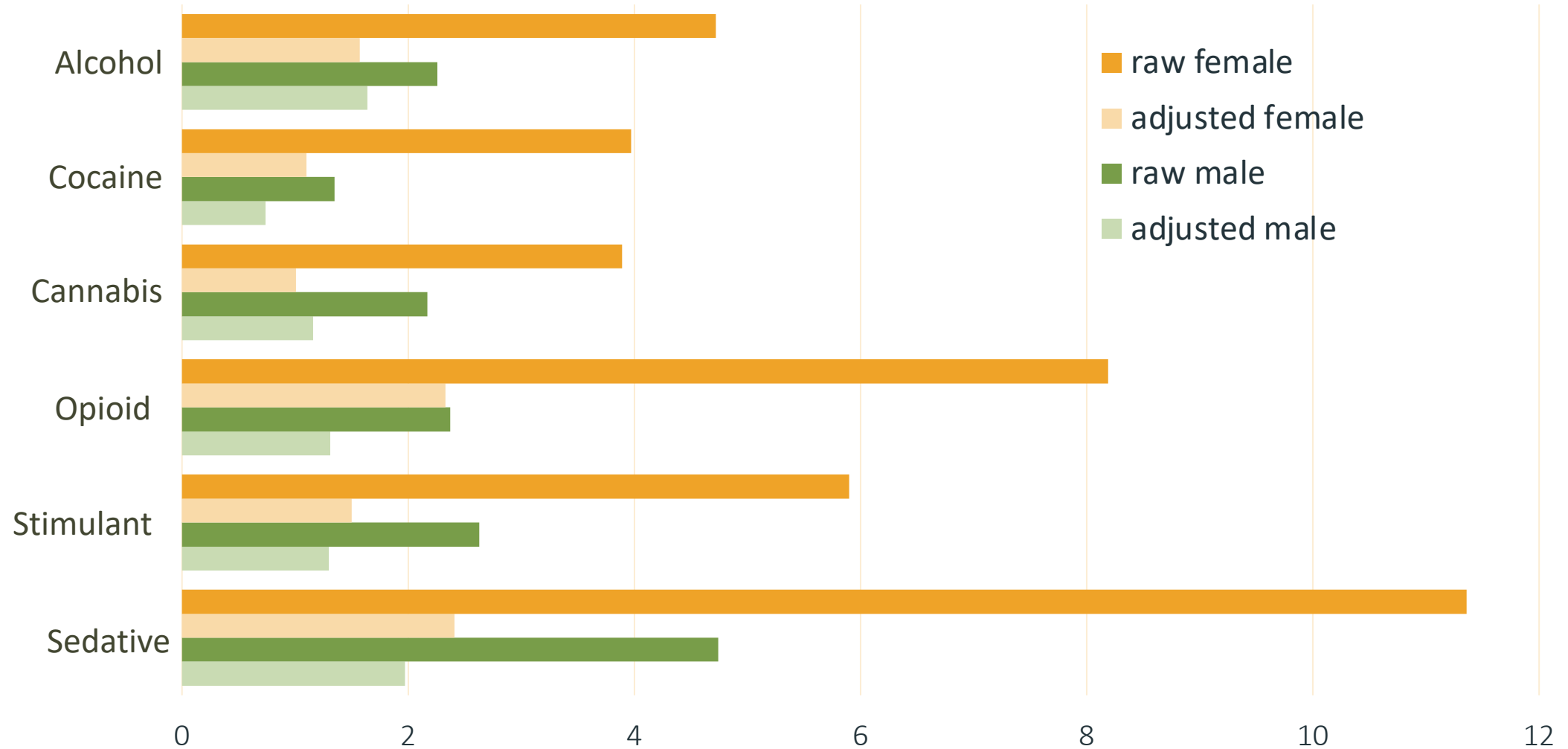
# Multiple Substances



# Gender-Specific Risk



# SUDs as Risk Factors and Markers



# Summary of Suicide Attempts and Deaths

## Suicide Attempts

- more common among people with SUDs
- more common with some substances than others
- more common still with multiple SUDs

## Deaths due to Suicide

- Risk is increased more for women with SUDs than for men
- Risk varies to some extent among substances
- SUDs are correlated with other medical and psychiatric risk factors

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# Outline

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# Regulatory Requirements

Detecting and treating suicide ideation in *all settings*: Hospitals, Ambulatory Care, Behavioral Health, Home Care, Nursing Care Centers, Office-Based Surgery

National Patient Safety Goals (NPSG.15.01.01) Elements of Performance (EP):

EP 1: Conduct a **risk assessment** that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.

EP 2: Address the patient's **immediate safety needs** and most appropriate setting for treatment.

EP 3: When a patient at risk for suicide leaves the care of the hospital, **provide suicide prevention information** (such as a crisis hotline) to the patient and their family.

Ambulatory Care Provision of Care (PC), Treatment, and Services:

PC.04.01.01: The **organization has a process** that addresses the patient's need for continuing care, treatment, or services after discharge or transfer.

# Risk Assessment Summary



- Specialized instruments are lacking.
- General instruments like C-SSRS are untested in this population.



# National Patient Safety Goal (NPSG.15.01.01)



EP 1: Conduct a **risk assessment** that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.



EP 2: Address the patient's **immediate safety needs** and most appropriate setting for treatment.



EP 3: When a patient at risk for suicide leaves the care of the hospital, **provide suicide prevention information** (such as a crisis hotline) to the patient and their family.

Screen all patients for suicide ideation

- Family History
- Past History
- Current State [Risk factors vs. Protective factors]

Review screening before the patient leaves the appointment or is discharged



# Detecting SUDs

Single question screens are as effective as longer instruments:

Screen	Sensitivity	Specificity
for AUD	73-95	61-72
for other SUD	91-100	68-79

**Alcohol**: “How many times in the past year have you had 5 or more drinks in a day?” (4 for women or people over 65)

**Other SUD**: “How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?”

# General Impressions

- The best-demonstrated, unique risk factors among people with SUDs are the SUDs themselves.
- Other risk factors are shared with the population in general, and it is not clear that there is evidence to support unique weighting.
- Multiple SUDs confer greater risk, and the combination of alcohol + illicit substances has been particularly associated with suicide attempts and mortality.
- Simple screening methods for AUD and other SUDs have been areas of productive work for decades and offer validated ways to incorporate SUDs into a risk assessment tool.

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## Passive SI

- *“With all these challenges, do you sometimes feel you would be better off dead”?*

## Active SI

- Recent
  - *“Have you thought about killing yourself”?*
- Current
  - *“Are you feeling suicidal right now”?*
  - *“Do you have a plan”?*
- Plans
  - *“What are some ways that you have considered”?*
- Access to means
  - *Firearms, Pills, Rope?*
- Preparations
  - *Note, Changes to will/insurance, Giving away belongings?*

# Clinical Management

- **High Risk**

- Maintain one-to-one constant observation.
- Ensure safe health care environment
- Provide immediate access to care (911, Emergency Services)

- **Moderate Risk**

- Make personal and direct referrals to outpatient behavioral health and other providers for follow-up care within one week of initial assessment.

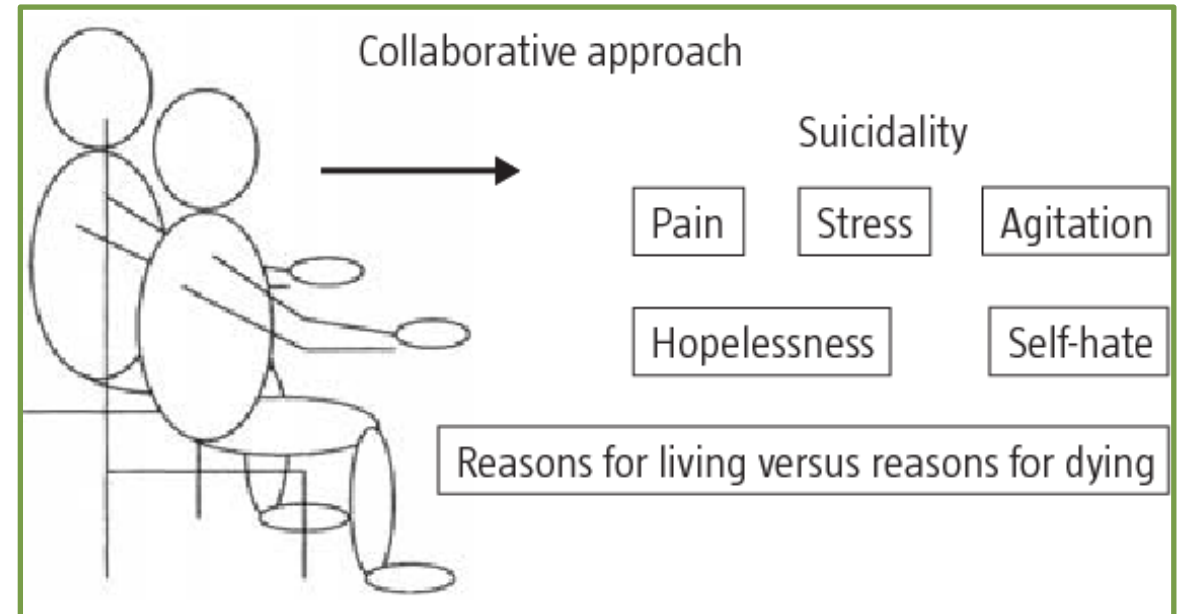
- **All Patients with SI**

- Provide the number to local crisis and peer support contact and the National Suicide Prevention Lifeline, 1-800-273-TALK (8255)
- Conduct safety planning by collaboratively identifying possible coping strategies with the patient.
- Restrict access to lethal means.



# Collaborative Assessment and Management of Suicidality (CAMS)

- Emphasizes collaboration and empathy
- Enhances the therapeutic alliance and increase treatment motivation in the suicidal patient
- Uses the “Suicide Status Form” (SSF)
  - Psychological Pain, Stress; Agitation; Hopelessness; Self-hate
- Evidence based



# Preventing Addiction Related Suicide (PARS)

## General:

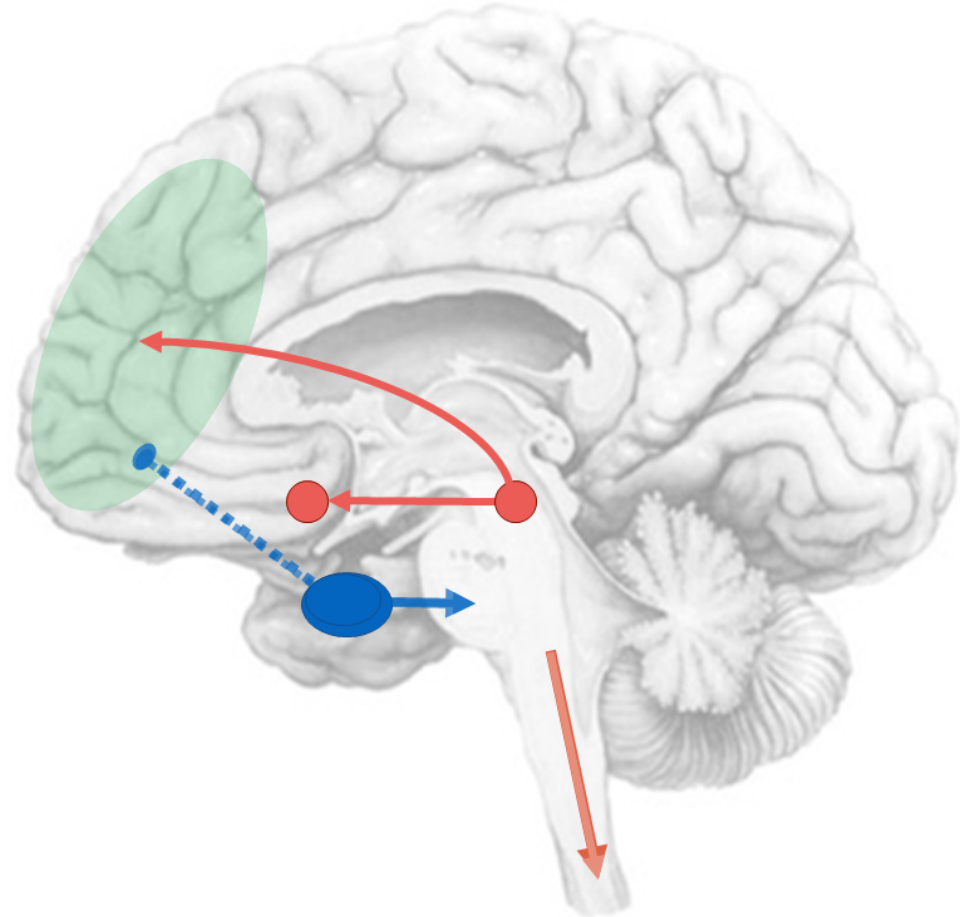
- Psychoeducational suicide prevention program designed to be used within Intensive Outpatient Programs

## Goals:

- Increased Knowledge and awareness of:
  - Relationship between addiction and suicide
  - Suicide prevention
- Adaptive attitudes and behaviors toward suicide, suicide prevention, and addiction

# Treatment

- Behavioral
  - learn new behaviors
  - manage environment
- Pharmacologic
  - prevent withdrawal
  - decrease cravings
  - treat underlying psychiatric condition
  - allow normal functioning



# ABCs of Behavior

## Antecedents

- what happened *before*?

{  
*cues*  
*triggers*  
*stressors*

## Behavior

- what did you *do*?

{  
*what could be done instead?*

## Consequences

- what came *after*?

{  
*our brains listen most to immediate consequences*

## Critical Reasoning in the decision-making process of:

- Why the patient is at risk for suicide
- What was done (Safety Planning - Content, Response)
- Crisis information



Discussions and approaches to means reduction

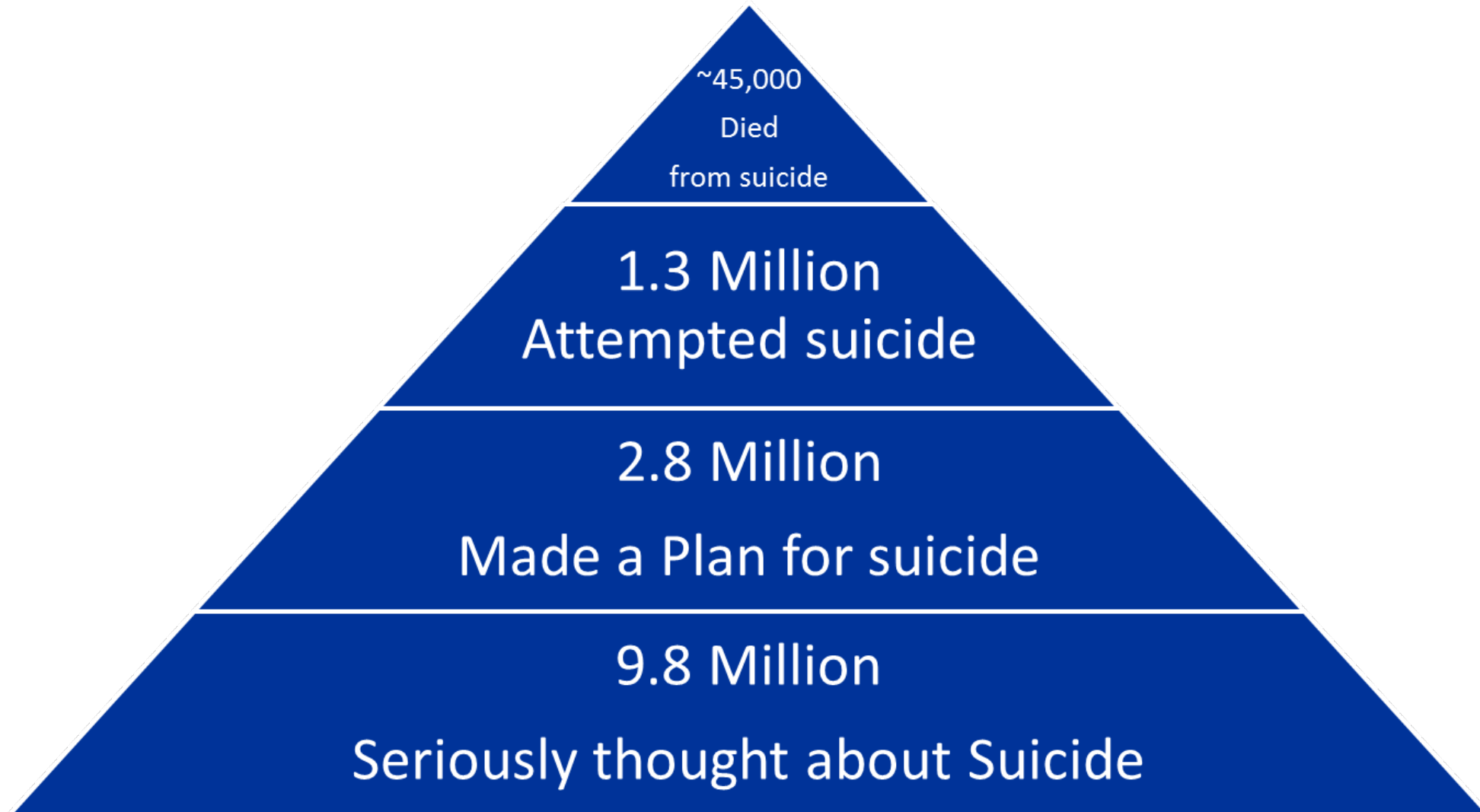


All communications with the patient, family members, significant others, and other caregivers



Follow-up activities taken for missed appointments

# Impact



# Summary

- Major risk factors for suicidal ideation
  - Co-Occurring Mental Illness and trauma
  - SUD's increase death of suicide by 10-14 fold
  - Previous suicide attempt is most powerful predictor of eventual death by suicide
- Screening methods for evaluating suicidal ideation
  - Gold standard is the Interview
- List key elements of safety planning for patients with suicidal ideation
  - Acute (Emergency Measures) vs. Chronic (CAMS, PARS)
  - Documentation
- Rural Areas
  - Account for nearly twice as many suicides as urban settings
  - Gap has increased from 1999 to 2017
  - Increased barriers to accessing mental health treatment

# Questions?

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**Thank you for participating in this  
Community Rounds Workshop Series**

Our next session will be held on November 4, 2020 from 12-1pm:  
Smartphone-based Financial Incentives to Promote Smoking Cessation  
Among Pregnant Women, Presented by Allison Kurti, PhD

For additional information:

Contact us at [CORA@uvm.edu](mailto:CORA@uvm.edu)

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