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Psychiatry and Addictions Case Conference

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DYING FOR A DRINK OR DRUG: SUICIDE AND ADDICTION

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RRies Addiction and Suicide



GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

RIES CONFLICTS?

- Dr Ries has suicide research or consultation funding from
 - NIDA/NIMH
 - Dept of Defense
 - Zero Suicide

SOME FACTS ABOUT SUICIDE:

➤ Roughly **42,000** people in the U.S. kill themselves or commit suicide each year.

➤ This means that...

...**791 people** die by suicide every week.

...**113 people** die by suicide every day.

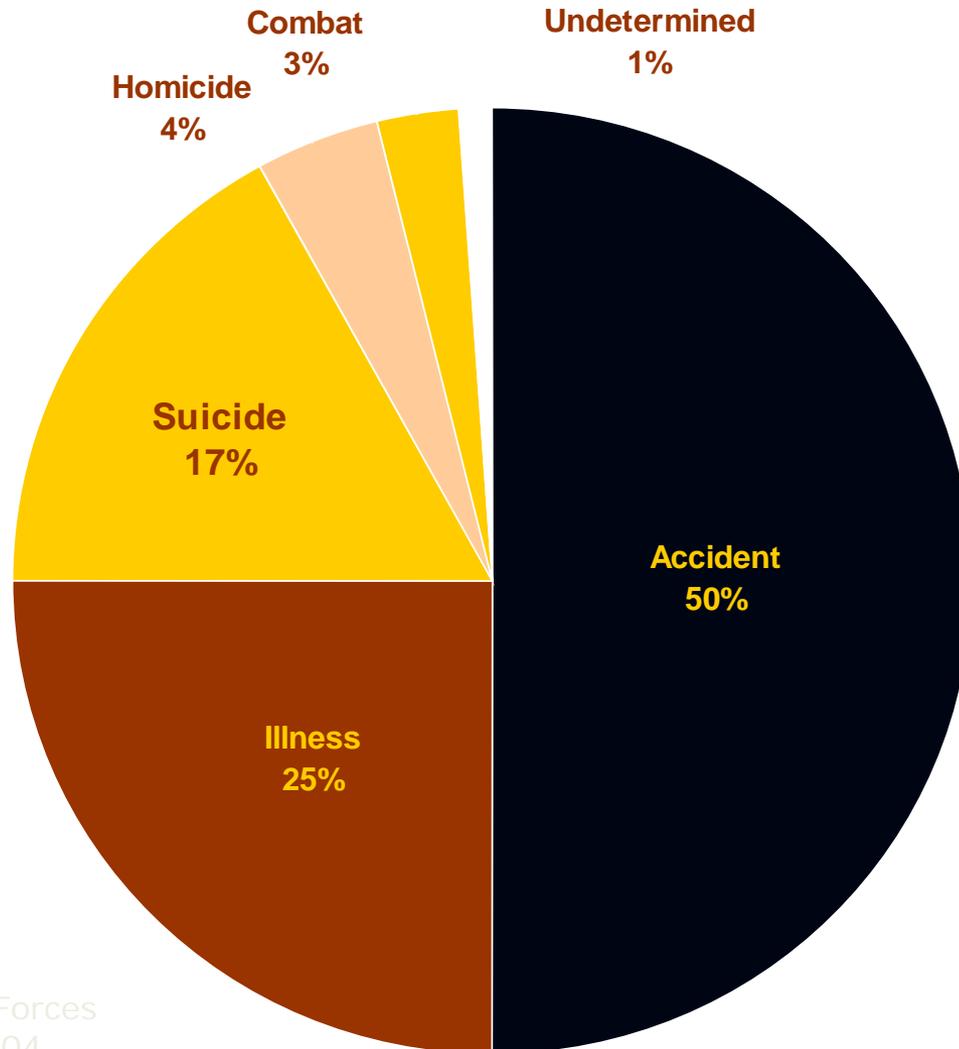
...**1 person** dies by suicide every 13 min

- More die by suicide than homicide (2 + times more)
- Third leading cause of death in those 15-24more than disease combined
- Males die 4x more often, but females make more attempts
- 60% die by firearm

cancer, AIDS, heart, and lung

CDC website

HOW U.S. SOLDIERS DIE



Suicide accounted for an average of nearly 1 in 5 deaths among regular and reserve U.S. military personnel between October 1998 and September 2003.

Source: U.S. Armed Forces Medical Examiner, 2004

IS SUICIDE PRIMARILY: “MENTAL HEALTH TERRITORY”

- Lifetime Suicide risk for Schizophrenic, Affective and Addiction Disorders:
 - Method: review of 83 mortality studies:
 - **Schizophrenia.....4%**
 - **Affective Disorders.....6%**
 - **Addiction Disorders.....7%**

Inskip HM: Br J Psych 1998

OR IS SUICIDE ADDICTIONS TERRITORY?

- Alcohol strongest predictor of completed suicide over 5-10 years after attempt, OR= 5.18...vs. demog or psych disorders (Beck J Stud Alc 1989)
- 40-60% of completed suicides across USA/Europe are alcohol/drug affected (Editorial: Dying for a Drink: Brit Med J. 2001)
- Higher suicide rates (+8%) in 18 vs. 21yo legal drinking age states for those ages (Birckmayer J: Am J Pub Health 1999)

ALCOHOL USE IN THE U.S.

- Two-thirds of all adults drink alcohol
- One-third of all high-school seniors are heavy drinkers
- Americans over the age of 14 drink 2.54 gallons of pure alcohol per year (down from 2.75 in 1981)
- Twenty percent of people who sample alcohol become dependent

1: Drug Alcohol Rev. 2005 May;24(3):203-8.

Alcohol and suicide at the population level--the Canadian experience.

Ramstedt M. Centre for Social Research on Alcohol and Drugs (SoRAD), Stockholm University, Sweden. mats.ramstedt@sorad.su.se

The total suicide rate in Canada

increased significantly by around 4% as alcohol consumption increased by one litre per capita,

suggesting that approximately 25 - 30% of Canadian suicides were related to alcohol.

The relationship was stronger for women than for men. A significant effect was found in all provinces except from Quebec, but the overall regional variation was not statistically significant.

WHAT PREDICTED SUICIDE ATTEMPTS IN ALCOHOLICS (N=1,237) OVER 5 YEARS?

- Rate = 4.5% attempted suicide = **7 X increase**
- 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

METH ADDICTS: LIFETIME SUICIDE ATTEMPTS, BEHAVIOR PROBLEMS, AND FELONY CHARGES, BY GENDER

ASI Item	Overall	Males	Females	Test Statistic*
Attempted Suicide (%)	27%	13%	28%	35.42**
Violent behavior problems (%)	43%	40%	46%	3.29***
Assault Charges (mean number)	0.29	0.46	0.15	4.46**
Weapons charges (mean number)	0.13	0.21	0.07	4.09**

*Mantel-Haenszel chi-square was used to test differences in proportions by gender, $df=1$; Student's two-group t-test (two-sided) was used to test differences between males and females in continuous dependent variables reflecting the number of charges, $df=1013$.

** $p < 0.00001$ *** $0.1 \leq p < 0.05$

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

IN AN ACUTE SUICIDAL INPATIENT WITH MOOD LABILITY, IMPULSIVITY AND SUBSTANCE USE... IS IT: MAJOR DEPRESSION, BIPOLAR DISORDER OR SUBSTANCE INDUCED MOOD DISORDER ?

- Can Clinicians tell the difference?.....Yes –Ries '01
- Can Researchers tell the difference?.....Yes Hasin '97
- What is Comparative Lethality?At least equal, maybe >
- What are the Managed care implications?
 - Eg: Maj Dep vs Sub Ind Mood
 - **Payment (Lots)!....Length of Stay (2 vs. 6-8 days)***

* ASAM conf survey Ries unpub '03

- Would the treatment approaches differ?
 - **YES**

ON MANY ACUTE PSYCHIATRIC UNITS:

- As Psychiatric Inpts, **Substance Induced Mood** pts often get
 - Dx'd with “Major Depression, Depression NOS, Bipolar Depression, Bipolar II etc” and
 - Started on meds.....*
- Because:
 - It justifies managed care review (**payment**)
 - It's what most Psychiatrists know how to do
 - Often saying “meds shouldn't hurt, but might help”even if the doctor thinks SIMD is most likely Dx
 - » * ASAM Conf survey , Ries unpub 03

HOWEVER AT DISCHARGE:

- The pt now carries dx of “major depression” or Bipolar II etc, with recent suicide attempt....(and soon may be on the way to SSI MH disability, with funds to use for Alc/Drugs)....Satel’ 97
- At Discharge, this means referral to either MHC or Primary Care prescriber....neither of which offers what SIMD pts really NEED...
- Which is Primary Addiction Treatment, at a site which can tolerate such recently suicidal patients and provide meds if needed

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

Do Anti-depressants Treat OR Decrease “Suicidality”?

Am J Psychiatry. 2003 Apr;160(4):790-2.

Suicide rates in clinical trials of SSRIs, other antidepressants, and placebo: analysis of FDA reports.

Khan A, Khan S, Kolts R, Brown WA.

RESULTS: Of 48,277 depressed patients participating in the trials, 77 committed suicide.

Based on patient exposure years, similar suicide rates were seen among those randomly assigned to an SSRI, a standard comparison antidepressant or placebo

CONCLUSIONS: **These findings fail to support either an overall difference in suicide risk between antidepressant- and placebo-treated depressed subjects in controlled trials or a difference between SSRIs and either other types of antidepressants or placebo.**

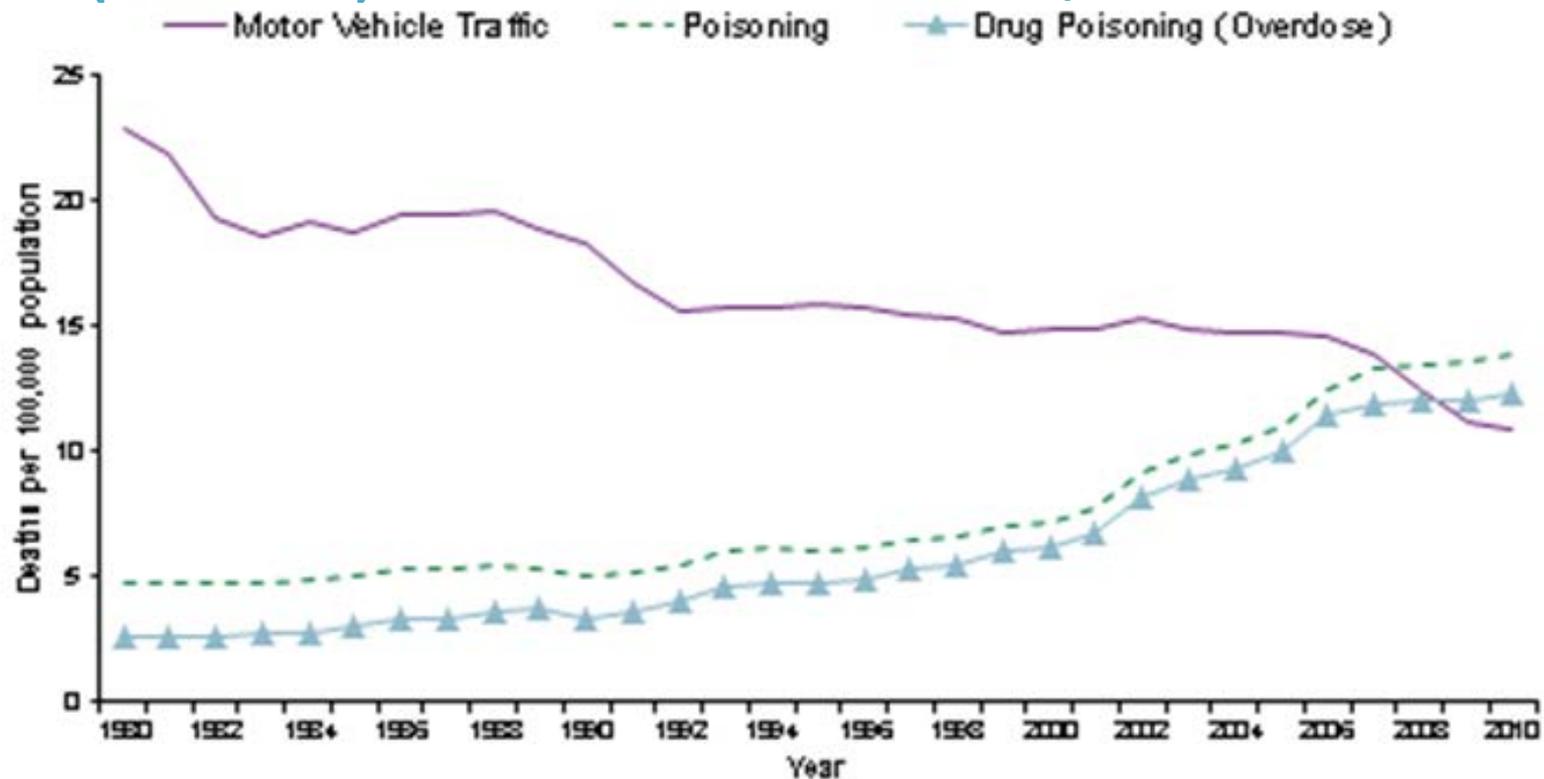
CAN ADDICTION TREATMENT AFFECT SUICIDALITY?

Cohort	suicide attempts	
	year prior	year after
Adults		
> 25 yo (n=3524)	23%.....	4%
18-24 yo (N=651)	28%.....	4%
Adoles (n=236)	23%.....	7%

Karageorge: National Treatment Improvement Evaluation study 2001

OPIOID EPIDEMIC-- INCREASED DEATH RATES FROM PRESCRIPTION DRUG OD'S

Motor vehicle traffic, poisoning, and drug poisoning (overdose) death rates United States, 1980 – 2010



PARS 2017

OPIOID DEATHS

- Opiates have the highest death rate of any psychoactive illicit-substance
- The 2010 CDC report, *Unintentional drug poisoning in the United states*, sites heroin and prescription painkillers as the two leading causes of overdose death in the US
- Mortality rate of opioid users **14 times** that of general population
- 46% to 70% of opioiate users experience one or more non-lethal overdoses during their lifetime
- Opiate users who were recently release from prison were at higher risk of overdose

Hulse, English, Mline, & Holman, 1999; Seymour et al. 2000

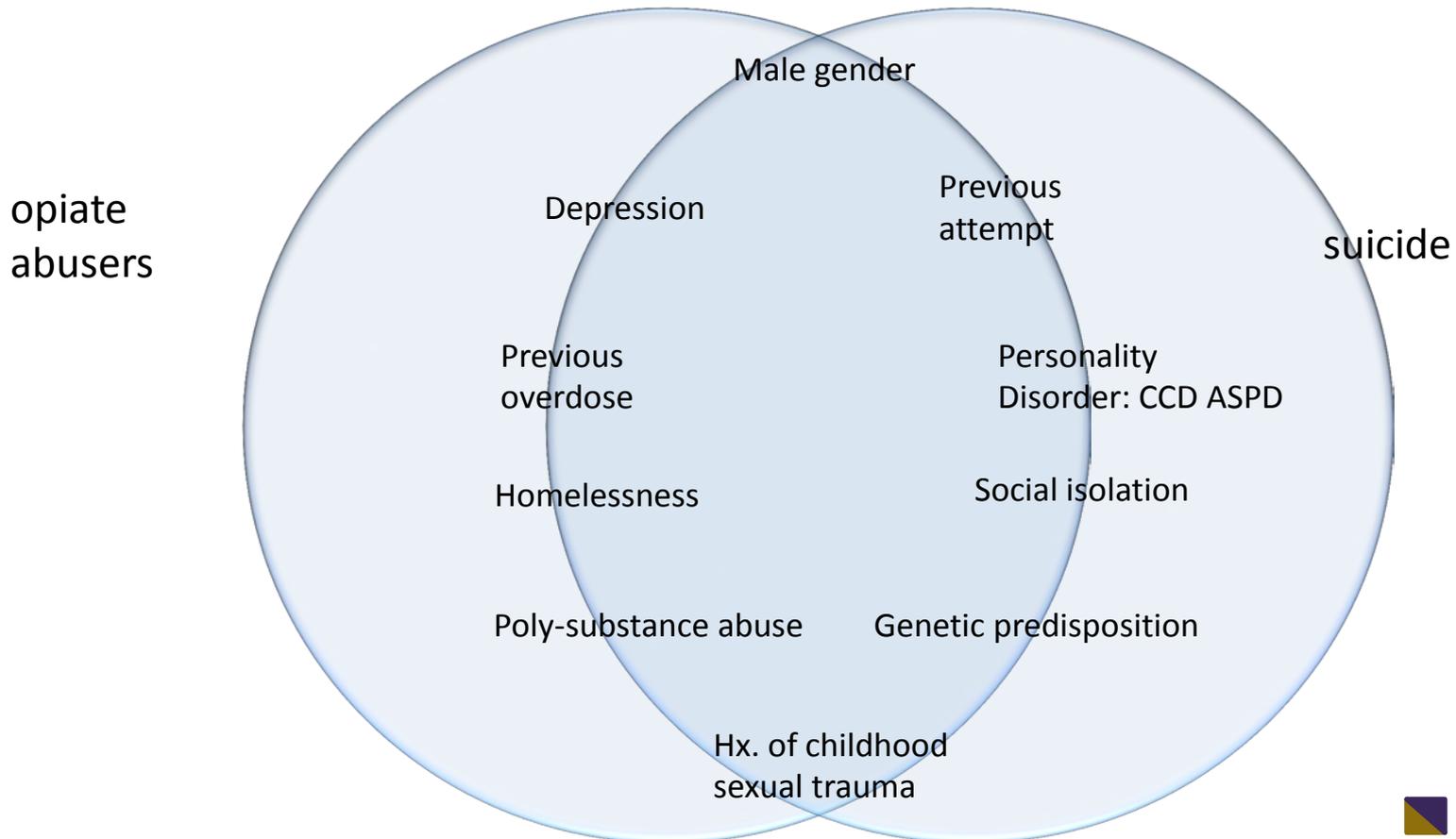
Suicide in Opiate users

- 1 in 5 (20%) of suicide victims have opiates in their bodies at time of death, including heroin, and prescription painkillers
- Opioid dependent adults are 14 times more likely than their non-drug using counterparts to die by suicide
Between 33% and 50% of drug users have a history of suicide attempts
- Suicide accounts for an estimated 3% to 35% of deaths among heroin users

Harris and Barraclough, 1997; Darke and Ross, 2002

SHARED RISK FACTORS BETWEEN OPIATE ABUSERS AND ADULTS WHO COMMIT SUICIDE

- Risk factors for suicide in opiate abusers parallel risk factor in the general population. (Darke and Ross, 2002)



Determining intent:



OVERDOSE PLANNED LETHALITY ?

FULLY ACCIDENTAL

JUST BLOT OUT WORRIES

WHO CARES IF I WAKE

LETHAL PLAN

SO NOW WHAT?

PREPARING FOR SUICIDE PREVENTION/INTERVENTION

Know your own competence in Suicide

Assessment

Intervention

Referral

Do you need training?

What steps would you take with

An acutely suicidal person

A chronically suicidal obsessed person

A person who is suicidal mainly when intoxicated or soon after

What to do if you believe a client is suicidal?

STEP #2. Know who to refer to for appropriate and additional resources.

This person might be someone who works with you or for another entity (e.g. ER) or for voluntary/involuntary hospitalization assessment services.

Internal Consultant _____

Outside Referral name /agency _____

Phone # _____

After Hours - Name _____ (Crisis Line)

After Hours - Phone # _____

SUICIDE: ASSESSMENT OF ACUITY- HIGHER SCORES, RECENT ISSUES = MORE RISK

- Ever been seriously suicidal 0 1 2+
 - Last time was_____?
- Ever made an attempt? 0 1 2+
 - Last time was_____?
- Currently having suicidal thoughts? Yes No
 - If yes
 - Do you have a plan?
 - Evaluate – How impending and lethal plan?
 - Example:
 - “I will get drunk and wait outside until lightning hits me” vs
 - “I have a loaded gun at home and know how to use it and when I drink I get brave”

SUICIDE AND ADDICTION

CASE DISCUSSION

- During intake with a 35 yo male, self referred for alcohol and cocaine problems, he reports
- Ever been seriously suicidal 0 1 2+ **Several times**
 - Last time was ___?**2 months ago**
- Ever made an attempt? 0 1 2+.....**once- and was intoxicated**
 - Last time was ___?**2 months ago- was in psych hospital**
- Currently having suicidal thoughts? Yes No.....**no, not since hospital**
Do you have a plan?.....no, don't ever want to do that again

Now what? _____?

RISK AND LETHALITY

- Risk of attempt
 - Previous attempt
 - Family History of Suicide
 - Psychiatric disorder
 - Alcohol/Drug disorder
 - Alcohol/Drug Intoxication
 - Loss
 - Hopelessness/end of rope
- Risk of Lethality
 - Male 4/1 over females
 - Guns 70%
 - Access
 - Older >70
 - Alone/Loss of support
 - Alcohol
 - Serious illness
 - Medical
 - Psychiatric

SUICIDE---MORE TO COME----

**ASSESSMENT,
INTERVENTION,
SAFETY PLANNING**

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/

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
- CSAT TIP 50