



LEARNING MODULE I

Seminar #25

Suicide Prevention

Learning Objectives

1. What is the issue.
2. How can the issue impact the family.
3. What are the options.

What is the issue?

Suicide, addiction, and depression have an awfully close and interconnected relationship. More than 90% of people who fall victim to suicide suffer from depression, have a substance abuse disorder, or both. Depression and substance abuse combine to form a vicious cycle that all too often leads to suicide. Many who experience such severe depression (because of Major Depression, Bipolar Disorder, Obsessive Compulsive Disorder, and other conditions) frequently turn to drugs, alcohol, gambling, and other risky behaviors to numb their pain and/or alleviate their negative feelings.

However, substance abuse and addiction increase the severity and duration of depressive episodes, despite any temporary relief they may provide, greatly increasing the likelihood of suicidal thoughts (suicidal ideation).

This is exacerbated by the fact that addiction frequently damages or destroys familial, professional, personal, and financial relationships, further increasing the risk of suicide. Even worse, many substances severely impact judgment, leading to suicide attempts. REF: SAMHSA.GOV

Common Risk Factors

Some of the most common risk factors for suicide include:

- Suicidal thoughts
- Previous suicide attempts
- Depression
- Drug and alcohol abuse
- Family/community history of suicide
- Family history of violence and/or sexual abuse
- Previous incarceration
- Violent behavior towards others

Individuals with a substance abuse disorder are nearly six times as likely to attempt suicide at some point in their life.

Of all addictions, perhaps none is more likely to result in suicide than opioid addiction. In 2015, over 33,000 Americans died from opioids. Due to the nature of overdose, it is impossible to know how many of these deaths were accidental and how many were suicides. Men with an opioid use disorder were twice as likely to fall victim to suicide, and women with an opioid use disorder were eight times as likely to fall victim to suicide. Opioid use is associated with a 40%-60% increased likelihood of suicidal thought, and a 75% increased likelihood of suicide attempt. Some studies suggest that opioid and injection drug users are 13 times as likely to die by suicide.

How can the issue impact the family?

Common Warning Signs

The most common warning signs for suicide include:

- Expressing a desire for death
- Expressing a feeling of being trapped
- Acting agitated or anxious
- Reckless behavior
- Isolation from friends and family
- Avoiding social situations
- Abandoning hobbies or other sources of enjoyment
- Insomnia
- Heavy drug and alcohol use
- Extreme irritability
- Hopelessness
- Sudden decrease in work or academic performance

What are the options?

Children of Parents that Use Drugs.

Over the past 15 years, the suicide rate among young people in the United States has increased dramatically, researchers pointed out, as has opioid use among adults.

“Until now, there has been little focus on the association between the increase in opioid use among adults and the risk of suicidal behavior by their children,” said study senior author Robert D. Gibbons, PhD, a biostatistics professor, and director of the Center for Health Statistics at the University of Chicago in Illinois. “We theorized such a link was plausible because parental substance abuse is a known risk factor for suicide attempts by their children. In addition, depression and suicide attempts by parents—which are known to be related to suicidal behavior in their offspring—are more common among adults who abuse opioids.”

Silent Contributor to Overdose Deaths

As the toll of opioid-overdose deaths in the United States rises, we face an urgent need for prevention. But preventing such deaths will require a better understanding of the diverse trajectories by which overdoses occur, including the distinction between intentional (suicide) and unintentional (accidental) deaths, be they in patients with chronic pain who overdose on their opioid analgesics or in those with a primary opioid use disorder (OUD).

Interventions to prevent overdose deaths in suicidal people will differ from interventions targeted at accidental overdoses.

Yet most strategies for reducing opioid-overdose deaths do not include screening for suicide risk, nor do they address the need to tailor interventions for suicidal persons. Moreover, the inaccuracy of available data on the proportion of suicides among opioid-overdose deaths — which are frequently classified as “undetermined” if there is no documented history of depression or a suicide note — hinders deployment of appropriate prevention services. (NEJM)

At Immediate Risk

- Call 911 or the Suicide Prevention Lifeline (1-800-273-8255), which is available 24/7
- Take your child to the nearest emergency room.
- If you or anyone in your household owns a gun, knife, or other dangerous weapon, place these items in a safe, securable location.
- Remove any other objects that could be harmful.
- Make sure your child is not left alone.
- Remove any medications that a child could use to overdose.

Having Suicidal Thoughts

- Take all statements related to suicide seriously.
- Talk to your child to figure out exactly what is causing these thoughts.
- Approach the situation calmly and make sure your child knows you are there to provide understanding, love, and support.
- Find a therapist that can provide professional support to your child, and possibly a psychiatrist or psychologist if a medical course of treatment is deemed necessary.
- Work together to create a plan that avoids people or situations that trigger these thoughts.
- Keep track of their social media activity; consider monitoring their phones to watch for bullying or other harmful behavior.
- Consider an in-patient rehabilitation program.
- Get him or her involved in some sort of physical activity to increase endorphins.

At Immediate Risk

- Call the college campus health center and let them know the student is exhibiting dangerous behaviors.
- Call 911 and ask them to go to your child's dorm room.
- Call the resident director of your child's dorm and ask them to assess the situation to ascertain the best course of action.
- Ask campus security or local police to go check on your child.
- Ask one of their friends to stay with your child until help can arrive.
- If the school is not far away, drive there yourself to check on your child.
- Having Suicidal Thoughts.
- Encourage your child to go see a therapist or counselor, on or off campus, if they have not already.
- Find out if your child has been taking any prescribed medications regularly.
- Reinforce your love and support.
- Ensure you are speaking regularly and encourage your child to call you whenever help is needed.
- Remind your child that it is fine to take time off from school if it is too overwhelming.
- Suggest transferring to a school that is closer to home.
- Encourage them to speak to their RD and professors to let them know of the situation and ask for help, if needed

We strongly recommend you visit this sight for more information:

<https://www.accreditedschoolsonline.org/resources/suicide-prevention/>