

The Bridge Between Addiction and Suicide

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“I have a spectacular pile of crack in the little ashtray on the nightstand. This is the most I have ever had on my own, and I know I will smoke every last bit of it. I wonder if somewhere in that pile is the crumb that will bring on a heart attack or stroke or seizure. The cardiac event that will deliver all this to an abrupt and welcome halt. My chest pounds, my fingers are tinged, I fill my lungs with smoke.”

Bill Clegg, “Portrait of an Addict as a Young Man”

“An all night place provided me with a dozen glasses of ale. My nerves were stilled at last. A morning paper told me the market had gone to hell again. Well, so had I...Should I kill myself. No-not now. Then a mental fog settled down. Gin would fix that. So, two bottles and - oblivion.”

“Again I swayed dizzily before an open window, or the medicine cabinet where there was poison, cursing myself for a weakling.”

“Then came the night when the physical and mental torture were so hellish I feared I would burst through my window, sash and all. Somehow I dragged my mattress to a lower floor, lest I suddenly leap...People feared for my sanity. So did I.”

-Bill Wilson, “Bill’s Story”

Alcohol and Drug Addiction

- Primary
- Chronic
- Progressive
- Fatal

Biopsychosocial consequences of middle and late addiction

- Middle Stage of Addiction (Daily Use, Tolerance, Blackouts, Unpredictable use - once use begins, Hard to predict behavior while intoxicated).
 - Isolates from non-using friends, non-using family
 - Pre-occupation with use (obsession)
 - Emotional instability
 - Consequences - legal, vocational, family, financial, health
 - May protect use by blaming others
 - Sleep disturbances, weight loss or gain
 - Early withdrawal symptoms
 - Suicidal ideations

- Late Stage of Addiction (Using to “feel normal”, Uses all day, Loss of control when it comes to starting or stopping, Compulsive Use)

- Emotional Deterioration
- Chronic Anger, Shame, Guilt or Fear
- Terrified of being sober
- Can't live with the drug, can't imagine stopping
- Frequent blackouts, loses time
- Serious physical health problems - tolerance decreases
- Institutions (jail, emergency rooms, psychiatric hospitals)
- Frequent suicidal ideations, plans, or attempts

Post Acute Withdrawal Symptoms

- Anhedonia
- Continued craving
- Depression, anxiety, other mental health symptoms no longer masked
- Trauma, grief and loss resurface
- Cognitive distortions, unclear/unfocused thoughts

PAW symptoms continued....

- Physical health problems (Hepatitis, HIV, heart, lung and liver problems)
- Legal consequences
- Dealing with shame and guilt; rebuilding relationships
- Fatigue, continued sleep disturbances
- Relapse

Substance Use and Suicide Statistics:

- Suicide is the leading cause of death among people who abuse alcohol and drugs (Wilcox, Conner, & Caine, 2004)
- Individuals treated for chemical dependency are 10X more likely to die by suicide compared to the general population. Intravenous drug users are 14X more likely to die by suicide (Wilcox et al., 2004)

- Study followed over 400 clients who attempted suicide over 5 years and followed up with them 7 years after the study concluded, “only a diagnosis of alcoholism predicted eventual suicide”(Beck, Steer)
- 25% of addicts or alcoholics will die by suicide (Miller, Mahler, Gold)

- 90% of all persons who completed suicide met criteria for a substance use disorder and/or another other mental health disorder (Moscicki, 2001).
- Acute alcohol intoxication is present in 30-40% of suicide attempts/completed suicides (Cherpital, Borges, & Wilcox, 2004).
- Overdose suicides often involve multiple substances - including alcohol and other illicit substances (Darke & Ross, 2002).

Fables

- Suicide happens without warning
- People who die by suicide are physically weak or weak minded
- Once a person is suicidal they will struggle with suicide off and on for life
- Improvement following a suicide crisis means the risk is over
- Suicide runs in the family

- People who are suicidal are “crazy”
- More people die by homicide than suicide
- Teens kill themselves more than other age groups
- People would be better off without me
- More suicide deaths happen around holidays
- There are two types of people those who talk about it and never will and those who complete suicide.

“ I instantly realized that everything in my life that I’d thought was unfixable was totally fixable—except for having just jumped”.
Ken Baldwin (he jumped from the Golden Gate Bridge in 1985. He recovered, found his calling, and has been teaching high school now for 20 years).

Golden Gate Bridge and the follow-up study

- Estimated 2,000 deaths on Golden Gate Bridge
- A research study by Seiden (1978), followed up with survivors and those who were stopped prior to jumping
- 94% of those who attempted were still alive or died of natural causes.
- 1/3 of the those who died, did so within a 6-month period of time
- Deaths were highly correlated to response
- Suicide tends to be both preventable and temporary

Importance of Restriction

- Early-Mid 20th Century coal ovens were a popular means of dying by suicide.
- Accounted for half of all suicide deaths in England
- Suicide rates dropped 30% after moving to natural gas.
- Ellington Bridge

Suicide Risk Factors

- Prior suicide attempts (most potent factor)
- Chemical dependency
- Co-occurring mental health disorder
- History of childhood abuse or recent trauma
- Unemployment
- Recent divorce/separation
- Legal problems
- Social isolation

Risk Factors continued...

- Proneness to negative affect
- Aggression and impulsivity
- Firearm ownership
- Perfectionist (especially when combined with mood disorder)
- Low self-esteem, high self-loathing
- Chronic pain
- GLBTQ community
- Family Discord
- Death of someone close, especially if by suicide

Warning Signs

- Direct signs
 - ❖ Suicidal communication
 - ❖ Seeking access to a method
 - ❖ Making preparations

Warning Signs continued...

- Indirect warning signs (IS PATH WARM)
 - ❖ Ideation
 - ❖ Substance Abuse or Dependency
 - ❖ Purposelessness
 - ❖ Anxiety
 - ❖ Trapped
 - ❖ Hopelessness
 - ❖ Withdrawal
 - ❖ Anger
 - ❖ Recklessness
 - ❖ Mood Changes

How do I help with someone who is actively suicidal...?

- Ask directly
 - ❖ This will not make someone want to die
 - ❖ Practice
 - ❖ Ask if they have done anything yet...
- Listen
 - ❖ Reflect ambivalence
 - ❖ Gather information (don't forget to listen)
 - ❖ Don't move to planning for safety too quickly, there are no quick fixes (not applicable when person is in imminent danger).

How to help continued...?

- Ask if they have a plan to kill themselves
- Do they have access to the method
- **ASK ABOUT FIREARMS!**
- Any previous attempts
- Listen
- Identify strengths, values, resources (be careful with this).
- Safety Plan & get others involved
- Follow up with the person
- Finally, take care of yourself

Further actions

- Get family, friends, supports or other agencies involved
- Arrange a robust referral
 - ❖ Substance abuse treatment (or more intense tx)
 - ❖ Detoxification Center
 - ❖ Psychiatric
 - ❖ Other Mental Health Services
 - ❖ In home case manager or therapist
 - ❖ Mobile Crisis Team

Further Actions (continued)

- Follow up with the person about attendance
- Continue to ask about suicide (don't assume)
- Increase frequency of care
 - ❖ Telephone check-ins
 - ❖ More visits, added sessions
 - ❖ Look for IS PATH WARM signs or signals over the next several months
 - ❖ Provide/create a safety card (example in pamphlet)

“Those who have a 'why' to live, can bear with almost any 'how'.”

-Viktor Frankel, Man's Search for Meaning

Protective Factors

- Able to identify reasons for living
- Being clean from drugs and alcohol
- Mutual Support attendance
- Religious attendance or internalized spiritual beliefs
- Child rearing responsibilities
- Intact relationships with family, spouse, etc.,
- Trusting relationship with counselor, case worker or sponsor
- Employment
- Trait optimism (tendency to look at the positive side of life).

“Attending meetings daily, living a day at a time, and reading literature seems to send our mental attitude back toward the positive.” - NA basic text quote p. 82

“Pray for the dead and fight like hell for the living”

-Mother Jones

Summary

One last Acronym: TALK

- Tell
- Ask
- Listen
- Keep Safe

Helpful Websites

- Substance Abuse and Mental Health Services Administration, www.samhsa.gov
- National Institute on Drug Abuse, www.drugabuse.gov
- American Association of Suicidology, www.suicidology.org
- Huron Valley Intergroup Inc., www.hvai.org
- National Alliance on Mental Illness of Washtenaw County, www.namiwc.org (click on local meetings tab for dual-diagnosis meetings and support groups)

For those who have lost a loved one to suicide

Survivors of Suicide Support Group

Contact: survivors-of-suicide-group@umich.edu.

Meeting Place: meets on the UM campus (location provided at registration.) Pre-registration/prescreening is required; please contact first.

Meeting Days/Meeting Time:
2nd and 4th Thursday of the month, 7:00-9:00PM.

American Foundation for Suicide Prevention: maintains a searchable list of support groups for survivors of suicide nationwide. <http://www.afsp.org/coping-with-suicide/find-support>.

Suicide Hotline

National Suicide Prevention Lifeline

1-800-273-TALK

Operates 24/7