Substance Abuse and Suicide

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## Disclosures of Potential Conflicts

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<tr>
<th>Source</th>
<th>Research Funding</th>
<th>Advisor/consultant</th>
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<th>Books, Intellectual Property</th>
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Treating “Tough Kids”

• Thanks David Brent
• Public health issue(s)
• Skills and therapies
• Programs
• *And, of course, research*....
Temporal Trends of Adolescent Suicide in Allegheny County, 1960-1983

- Suicide with detectable BAC (3.6x) 46%
- Completed suicide using firearms ~5x more likely to have been drinking than those using other methods

Brent, Perper and Allman, 1987
Substance Abuse as A Risk Factor for Adolescent Suicide

• Substance abuse OR = 8.5*
• when substance abuse combined with mood disorder OR = 17.0*
• SUD more important in young suicides
• SUD may be most significant contributor to increase in young adult suicide rate ^

*Brent et al., 1993
^ Rich et al., 1986
Substance Abuse as A Risk Factor for Adolescent Suicide II

• SUD associated with 6-8.5-fold increase in attempts
• Presence of SUD associated with 5x increase in lethality
• Increase in relationship with increase in severity

Esposito-Smythers & Spirito, 2004
Nock et al., 2009
Goldston, 2004
Risk Factors for Completed Suicide among Adolescents with lifetime History of SUD

- Completers with greater % active SUD
- Comorbid depression
- Prior suicidal ideation
- Family Hx of depression and SUD

Bukstein et al., 1993
Suicide Risk and Mood Disorders

- Major Depressive Disorder
- Bipolar Disorder
- *Disruptive Mood Dysregulation Disorder (?)*
Theoretical Relationship

• Suicidal and SUD behaviors both attempt to deal with stress, overwhelming feelings

• Common health risk behaviors – different manifestation of underlying set of traits and/or deficits in neuropsychiatric functioning

• Substance use lowers threshold for suicidal behavior (via impulsivity, impaired cognitive functioning) Goldston, 2004
Clinical Management
Assessment

• Be aware of risk
• Comorbidity as the rule (vs exception)
• Clinicians treating youth with SUDs should know how to screen and assess for suicidal behavior, and visa versa
• Broad array of assessment and skills
Targets for Treatment

• Skills – cognitive/behavioral
• Family Functioning
• Motivation/Engagement
• (pro-) Social Functioning

Bukstein et al., 2005
Evidenced-based Approaches

• Limited RCTs for suicidal behavior + SUD
  – Mostly SUD and depression

• CBT-based interventions (also DBT in adults)

• “Strategies” vs narrow or strict protocol-driven interventions
Relevant Studies

• CBT Relapse prevention (ages 13-20) with SUD (alcohol and cannabis), depression and recent suicide attempt (or recent plan) to augment standard care - TAU (Goldston et al 2011)
  – Greater rate of change in SI and depressive sx
  – Less drinking and marijuana use days

• Treatment for Teens With Alcohol Abuse and Depression (T-TAAD) (Curry and Kaminer) – in progress

• DBT- several positive adult studies Linehan et al. 1999 2002, 2006)
RCT: I-CBT vs E-TAU with Suicidality and SUD

- 40 teens with AUD or CUD
- Integrated CBT protocol
  - 6 month acute phase, 3 month continuation, 3-month maintenance; 2 therapists
  - Individual therapy, parent training, and family sessions
- Enhanced TAU (in the community)
- Both can have medications
- I-CBT > E-TAU: fewer suicide attempts, psych hospitalizations, ED visits, heavy drinking days, days of cannabis use (18 month FU) Esposito-Smythers et al., 2011
CBT Conceptual Framework

• ABCs or Stimulus-response-consequences
  – Obtain understanding of suicide and SUDs behaviors in context of environmental triggers and consequences and risk/protective factors

• Functional analysis (and chain analysis for suicidal behavior)
  – Use of substance use, mood, and suicidal thoughts as both triggers/antecedents and consequences

Esposito-Smythers et al., 2011
Treatment Menu for I – CBT: Core Individual Skill Modules

• Introduction to treatment/goal setting
• Problem-solving
• Cognitive restructuring
• Increasing healthy pleasant events
• Building healthy social support networks
• Affect regulation: Recognizing and managing negative emotions
• Affect regulation: Deep breathing/progressive muscle relaxation
• training
• Communication: Assertiveness training

Esposito-Smythers et al., 2011
Supplementary Individual Affect Regulation Modules

- Functional analysis of dangerous behavior
- Guided imagery
- Managing aggression Part I
- Managing aggression Part II

Esposito-Smythers et al., 2011
Individual Substance Specific Modules

- Motivational interview for alcohol/drug use
- Coping with cravings
- Alcohol/drug refusal skills
- Planning for emergencies
- Relapse prevention

Esposito-Smythers et al., 2011
Family Modules

- Family problem-solving
- Family communication
- Increasing positive family interactions
- Contingency management/behavioral contracting

Esposito-Smythers et al., 2011
Parent Training Modules

• Motivational interview for treatment engagement
• Parental monitoring
• Parental cognitive restructuring
• Parent emotion regulation
• Parent problem-solving
• Positive attending

Esposito-Smythers et al., 2011
Maintenance/Booster Sessions

• Skill Practice/Review
• Treatment progress and skill review
• Relapse prevention

Esposito-Smythers et al., 2011
Essence of Integrated Approach

• Motivational Interviewing
  – Increase engagement
  – Decrease resistance

• Content delivered collaboratively

• Skills – deficits most strongly related to SI/behavior and substance use
  – CBT
  – Family Interventions
Use of Motivational Interviewing

• Convey therapist understanding of adolescent’s feelings/circumstances
• Adolescent may be motivated to address SUD behaviors in service of improving mood
• Allow adolescent to voice incompatibility of SUD behaviors with goals
Medications

- Mixed results in adolescents with depression, ADHD and co-existing SUDs
- Appear to be safe
- SUD should not keep clinician from medication management of someone who you would manage with medication
  - Selection of medication
Summary

• SUD and suicidality commonly co-occur in adolescents
• Clinicians need to develop and utilize a broad array of CBT, motivational and family skills to address this comorbidity