Substances, Safety, and Suicide

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Disclosure Information

Pediatrics in Maine: Spring 2021 Educational Series
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Disclosure of relevant financial relationships:
I have no financial relationships to disclose

I will not be discussing off-label use of medications or other treatments

Objectives

- Describe risk and protective factors for youth suicide attempts and death by suicide
- Discuss the intersection between substance use, suicide, and self harm
- Understand the importance of exploring substance use in clinical and cultural context

Suicide is

Preventable
Suicide is a low incidence phenomenon.

Youth Suicid-ality: Some Risk Factors
- Previous attempt
- Presence of psychiatric disorders
- Family history of depression or suicide
- Loss of a parent to death or divorce
- Social loss
- Physical and/or sexual abuse
- Lack of a support network
- Bullying
- Substance use

NOTE: Underlying causes of death are based on the International Classification of Diseases, 10th Revision. Classification codes are for pediatric categories only (210-279) and 10th Edition. Suicide death is defined in ICD-10 codes E950-E959, and 10C. Suicide death is defined in ICD-10 codes E960-E969, and 10F. Source: Centers for Disease Control and Prevention (CDC) NCHS, NIS, 2018.
Youth Suicid-ality: *Some* Protective Factors

- Good problem-solving abilities
- Strong social connections
- Restricted access to highly lethal means
- Cultural and religious beliefs that discourage suicide and that support self-preservation
- Ready access to appropriate clinical intervention
- Effective medical and behavioral health

Youth Suicide: *Prevention*

Making it more difficult to die in an act of deliberate self-harm.

- building **barriers** on bridges
- removing **guns** from homes with at-risk youth
- **minimum drinking age laws**
- reducing **medication load availability**

**SUICIDE IDEATION (SI) AND ATTEMPTS**

- Worse during the pandemic?
  - Behavioral/mental health issues
  - Youth SI and attempts during the COVID-19 pandemic

Youth substance use:

**COVID-19 impact?**

Source:
Youth suicide:

Where Does Substance Use Fit In?

Youth self-harm: Cannabis

“Association of Cannabis Use With Self-harm and Mortality Risk Among Youths [age 10-24 years] With Mood Disorders”

- Retrospective cohort study
- Medicaid claims and death certificate data
- Depression +/- Cannabis Use Disorder diagnosis
- CUD linked with increased risk for
  - nonfatal self-harm, all-cause mortality - unintentional overdose and homicide, NOT suicide


Youth self-harm: Opioids

Prescription Opioid Misuse and Risky Adolescent Behavior

- Youth Risk Behavior Surveillance Survey 2017 (Cross-sectional)
- Ever nonmedical opioid use was associated with all measured 22 risk behaviors
- Duh


Youth self-harm: Opioids

Current Prescription Opioid Misuse and Suicide Risk Behaviors Among High School Students

- Data from YRBS 2019 (cross-sectional)
- Both current and past nonmedical opioid use were significantly associated with all suicide risk behaviors compared with no POM.
- Females and those identifying as “LGBTQ+”

Interpersonal-Psychological Theory of Suicide


Identity Matters

- Age/Generation
- Disability Status (developmental)
- Disability Status (acquired)
- Religion and Spiritual Orientation
- Ethnicity and Race
- Socioeconomic Status
- Sexual Orientation
- Indigenous Heritage
- National Origin
- Gender

A²DDRESSINGS

- Appearance (e.g., body shape and size)
- Substance Use

Young People Stories

Patient TP: racism kills

“He allegedly threatened suicide.”
Young People Stories

Patient HB: a death of despair?

“\textit{I only feel connected, that warmth, when I’m using.\textquoteleft}”

Summary

- DO Ask about suicidal thoughts
- DO Ask about substance use
- DO Consider substance use in cultural, identity, and clinical context
- DO Be prepared to question/re-work case formulation

Suggested Readings

