



Understanding how substance abuse develops is one of the first steps for prevention.
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Substance Abuse-Related Suicide

Suicide is the 12th leading cause of death in the United States, claiming more lives every year than automobile crashes. Thoughts of taking one's own life are more prevalent than most people realize. According to the National Survey on Drug Use and Health (NSDUH), almost 4% of the American population had thoughts of suicide in the past 12 months.

Substance abuse is a significant factor in suicides and suicide attempts as reported by the Substance Abuse and Mental Health Services Administration (SAMHSA), and substance abuse is the second most frequent risk factor for suicidal behavior (depression is first). Alcohol misuse or dependence is associated with a suicide risk that is 10 times greater than the suicide risk in the general population, and individuals who inject drugs are at about 14 times greater risk for suicide (Wilcox, Conner, & Caine, 2004; SAMHSA, 2009).

Drug and alcohol misuse can substantially increase the risk of suicide by decreasing inhibitions and increasing depressed mood. Substance abuse creates psychological distress and aggressiveness in some people and can propel suicidal ideas into action. The belief that alcohol and drugs will assist in completing suicide painlessly increases the risk for suicidal behavior. Drug use also impairs the ability to develop and use alternative coping strategies leaving the substance abuser with feelings of nowhere else to turn.

Workplace Suicide Prevention

The NSDUH states that: "Approximately 70 percent of all adults with an alcohol or illicit drug use disorder are employed." Therefore, prevention of drug and alcohol misuse in the workplace can help to reduce the number of substance abuse-related suicides in our country.

Suicide rates are affected by multiple factors including employment and occupation. More than 41,000 deaths each year in the U.S. result from suicide and almost one in

twelve adults in the U.S. has a substance use disorder. Opiates are present in 20% of suicide deaths and 22% of suicides involve alcohol intoxication.

Many people spend more time at work than they do with their friends and family members, which means there is a greater chance of a supervisor or coworker noticing changes in an individual's behavior that could indicate suicidal thoughts.

The following actions could be warning signs of suicidal risk:

- Expressing hopelessness
- Asking about life insurance details as it relates to cause of death
- Giving away possessions
- Talking about means of self-harm
- Discussing death or dying
- Speaking of ending one's life
- Saying "No one would miss me if I'm gone"
- Appearing to be extremely sad, depressed, or withdrawn
- Talking about having access to pills, guns, or other weapons

If you suspect that a coworker is considering suicide, be direct and ask them if they are thinking of taking their own life. In doing so, you may be giving them a sense of hope by making it ok to talk about it. Show your concern and let them know you understand that they are in pain. The next step is to get them to agree to talk to a professional. The Suicide & Crisis hotline is available 24/7 by calling 988.

If your friend or coworker has told you they intend to harm themselves right away, or if there is other evidence they may do so, call 911. Tell the 911 operator the details the person has shared with you and any similar statements made to others. Report the incident to management so that the employee's emergency contact person can be notified.

With the right professional help, solutions can be found for problems that lead people to feel suicidal. But for counseling to work, we must all be aware of suicidal warning signs and intervene to get our friends and coworkers the help they need before it's too late.

The following suicide prevention information, while provided by the Georgia Department of Behavioral Health and Developmental Disabilities, will also be helpful to those in states other than Georgia. All online resources listed are available to users nationwide.

There is a deep and complex grief that comes with losing any friend or loved one but losing them to suicide or other deaths of despair can be even more profound. There are many reasons why coping with these losses can feel even more prolonged and complicated. The stigma surrounding suicide, substance abuse, and mental illness all play a significant role in how we both ask for and provide support following these deaths. The grieving individual is likely feeling a confusing mixture of anger, sadness, and guilt. In fact, survivors' guilt is one of the most common aspects of this type of loss. Questions about how you could have missed the "warning signs," or thoughts that begin with "if only I had..." can echo in your mind for days, months, or even years after losing someone close to you to despair.

Suicide is currently the 12th leading cause of death, and many overdose deaths may also be suicides that are not documented as such due to lack of context surrounding the death. Suicide is one of the most preventable leading causes of death but compounded with the message that everyone has the power to help prevent suicide, hearing these messages following a loss offers little comfort. Suicide is complex, and there are many different reasons that may lead someone to attempt or die by suicide. And though many people do show signs that they are thinking about suicide before attempting, they can often get overlooked by the people closest to them. It is in our nature to be optimistic and to wish for the very best for the people we love. It is also extremely difficult to comprehend the depth of despair people considering suicide are feeling, not to mention that those considering suicide may not want to burden their loved ones with the full weight of their feelings. Understanding suicide is not common sense and seeing the "warning signs" in those closest to us often requires going against our very nature.

The argument here is not that one person can't make a difference in preventing a suicide, but rather that it takes both understanding and effort, and not just by the individual but by a network of people surrounding the individual to prevent suicide. This argument shifts the onus from the individual to society, requiring a sense of responsibility

for our culture to both educate and encourage every individual to see these "warning signs" and to act with appropriate steps to provide the at-risk individual the very best chance to help prevent a tragic loss.

That profound grief following a suicide or other death of despair is a powerful force. And though guilt is a common response, accepting that it is not the fault of the individual is an important step in transforming that energy into action and helping prevent future tragedies by becoming an advocate for change. Suicide prevention gatekeeper trainings like QPR (which stands for Question, Persuade, Refer) and more involved courses like Mental Health First Aid are being offered more and more both in person and virtually in cities and counties across Georgia. More and more employers are encouraging these types of trainings and many nonprofit organizations, community coalitions, and social service organizations are opening these trainings to the public on a regular basis.

To learn more about suicide prevention resources in Georgia, visit preventsuicidega.org. 988 is now the nationwide phone number to connect directly to the 988 Suicide and Crisis Lifeline. By calling or texting 988, you'll connect with mental health professionals with the 988 Suicide and Crisis Lifeline, formerly known as the National Suicide Prevention Lifeline. Veterans can press "1" after dialing 988 to connect directly to the Veterans Crisis Lifeline which serves our nation's Veterans, service members, National Guard and Reserve members, and those who support them. For texts, veterans should continue to text the Veterans Crisis Lifeline short code: 838255. For Georgia residents, you can also call the Georgia Crisis & Access Line for immediate crisis support or access to services. Help is available 24/7 at (800) 715-4225 or through the MyGCAL app.

If you experience any thoughts about suicide, call the Suicide Prevention Lifeline at **1-800-273-8255**.

To learn more about suicide prevention, visit the DBHDD website at:
<https://dbhdd.georgia.gov/suicide-prevention>.

Or contact the Suicide Prevention Director, Rachael Holloman, at:
rachael.holloman@dbhdd.ga.gov.

National Suicide Prevention Lifeline:
1-800-273-TALK (8255).



Supervisor Newsletter

Workplace Drug Testing

According to the Substance Abuse and Mental Health Services Administration (SAMHSA): *Drug testing is a prevention and deterrent method that is often part of a comprehensive drug-free workplace program.*

Hundreds of thousands of organizations worldwide require employees to comply with substance abuse policies that include drug testing. The types of drug tests utilized depends on federal, state and local laws, industry requirements, and the company's needs.

Types of Drug Testing

When choosing a drug testing method, employers and supervisors must ensure that the type of test chosen complies with all applicable laws, rules, and regulations.

In Georgia for example, hair testing is not permitted for the types of testing required by the state's drug free workplace certification statutes. Currently, only urine, saliva, and blood are the approved specimens that may be tested by state certified drug free workplace programs in Georgia and many other states.

After confirming that the type of test chosen is legal and permitted within drug free workplace certification regulations, accuracy and detection window are the next two most important factors to consider.

Urine Tests

Urine testing has been around the longest and is still the most common method of drug testing outside the medical field. In spite of the "yuck factor," urine is the most popular form of drug testing overall because it is relatively easy to collect the specimen and accuracy of the test has been proven over many years of use. Drugs in urine are typically detectable for one to seven days (or possibly longer for chronic users).

Urine testing is also a cost-effective means of conducting tests and can be done onsite by anyone trained as a collector. Keep in mind however that while the donor can be observed by probation and parole officers when giving a urine sample, workplace urine tests should not be observed due to privacy rights.

While it is true that urine testing can detect a wide range of illicit and prescription drugs, one downside is that many people have learned how to "cheat" a urine-based test. Specimens can

be diluted, adulterated, and/or substituted.

Laboratory based examiners are aware of all the cheating methods and there are checks and balances in place to prevent them. They can also balance other results shown on a urinalysis, such as the PH and creatine levels to determine whether the specimen has been tampered with. But onsite specimen collectors in a workplace setting do not have this ability when conducting initial, immunoassay tests. This is why follow-up confirmation tests conducted by approved laboratories are so important, and in fact required by drug free workplace certification laws.

Saliva Testing

Saliva, or oral fluid testing is the next most popular form of workplace drug testing. It is less invasive than urine testing, and it is extremely difficult to cheat on a saliva-based test.

Saliva tests are quick, time-sensitive, and can be collected onsite. But this form of testing can only detect more recent drug use. Drug use is generally detected in oral fluid from just a few minutes before collection up to 48 hours prior. Many employers prefer this shorter detection window however, because there is less chance of a positive drug test when an employee used drugs on a Friday

evening but is no longer under the influence on Monday morning.

Employers also prefer oral fluid tests because they have been proven to be just as accurate as urine-based tests and are typically less expensive.

Blood Tests

Blood tests are reliable and accurate, when testing for both alcohol and drugs, but they can be expensive and are considered invasive by most donors. Additionally, blood tests can only be conducted onsite by trained medical personnel.

Hair Testing

Hair testing is considered extremely reliable, and it is almost impossible to cheat on a hair test. This method of testing also has the longest detection window. Hair testing can identify substances in the body up to 90 days after use and is therefore often used to detect repeat, ongoing drug use. Analysis by hair can reveal exactly which drugs were used, for how long, and when usage stopped. However, hair tests are expensive, and currently not approved for use by state-certified drug free workplace programs in most states.

Regardless of the type of drug test(s) chosen, supervisors should ensure that the company drug testing policy is in accordance with all applicable federal, state, and local privacy laws.