

Original article

Suicidal behaviours in male and female users of illicit drugs recruited in drug treatment facilities



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ABSTRACT

Objective: We assessed prevalence of suicidal ideation and plans among illicit drug users and their association with contextual factors, by gender.

Methods: Cross-sectional study. In a sample of 511 illicit drug users recruited during spring 2012 in drug treatment and prevention facilities in Catalonia (Spain), the prevalence of suicidal ideation/plans in the last 12 months was assessed. Poisson regression was used to examine associations between suicidal ideation/plans and various factors (socio-demographic, psychological, illegal drug market activities and marginal income generation activities, which included any reported sex work, stealing, peddling, begging or borrowing on credit from a dealer).

Results: The average age was 37.9 years (standard deviation: 8.62); 76.3% were men. Suicidal ideation/plans were reported by 30.8% of men and 38.8% of women, with no significant differences by age or gender. Recent aggression (male prevalence ratio [PR] = 2.2; female PR = 1.4), psychological treatment (male PR = 1.2; female PR = 1.3) and illegal/marginal income generation activities (male PR = 1.5; female PR = 1.1) were associated with suicidal ideation/plans. Men who trafficked were more likely to have suicidal ideation/plans (PR = 1.3), while prison history was positive for women (PR = 1.8) and negative for men (PR = 0.7).

Conclusions: Prevalence of suicidal ideation/plans was high among illicit drug users recruited from health-care facilities. Besides psychological variables, participation in illegal market activities and crime ought to be considered in drug users' suicidal prevention. Suicide risk needs to be evaluated in drug treatment facilities and psychological status and context contemplated.

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Conductas suicidas en hombres y mujeres consumidores de sustancias ilícitas reclutados en centros de tratamiento para la drogodependencia

RESUMEN

Objetivo: Se evaluó la prevalencia de ideación y de planes suicidas entre los/las consumidores/as de drogas ilícitas y su asociación con factores contextuales, por sexo.

Métodos: Estudio transversal. En una muestra de 511 consumidores/as de drogas ilícitas, reclutados/as durante la primavera de 2012 en centros de tratamiento y preventivos de Cataluña, se evaluó la presencia de ideación o plan suicida en los últimos 12 meses. Se utilizó una regresión de Poisson para examinar las asociaciones entre la ideación o el plan suicida y diversos factores (sociodemográficos, psicológicos, mercado de drogas y actividades marginales de generación de ingresos, considerándose trabajo sexual, robo, venta ambulante, mendicidad o endeudamiento con un traficante).

Resultados: La edad media fue de 37,9 años (desviación estándar: 8,62). El 76,3% eran hombres. El 30,8% de los hombres y el 38,8% de las mujeres reportaron ideación o plan suicida, sin diferencias significativas por sexo y edad. La agresión reciente (razón de prevalencia [PR] hombres = 2,2, PR mujeres = 1,4), el tratamiento psicológico (PR hombres = 1,2, PR mujeres = 1,3) y las actividades ilegales o marginales de generación de ingresos (PR hombres = 1,5, PR mujeres = 1,1) se asociaron a la ideación o plan suicida. Los hombres que traficaban eran más propensos a tener ideación o plan suicida (PR = 1,3), mientras que la prisión lo fue positivamente para las mujeres (RP = 1,8) y negativamente para los hombres (PR = 0,7).

Palabras clave:

Ideación y plan suicida
Sexo
Uso de drogas ilícitas
Tráfico de drogas
Agresión reciente
Crimen

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Discusión: La prevalencia de ideación o plan suicida fue alta entre los/las consumidores/as de drogas ilícitas reclutados/as en centros sanitarios. El estado psicológico, la participación en actividades de mercado y el crimen deben considerarse especialmente para la prevención del suicidio. El riesgo de suicidio debe ser evaluado en los centros de tratamiento de drogas, contemplando el estado psicológico y el contexto.

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Introduction

Each year more than 800,000 people die by suicide worldwide,¹ representing 15% of the 15,000 fatal injuries occurring daily. In some countries, suicide is among the leading causes of death among the young; in fact, amongst those aged 15–29 years it is the second cause after road traffic injuries.¹ Although Spain has one of the lowest suicide death rates in Europe, a total of 3,158 deaths were attributed to suicides in 2010.² Furthermore suicide data could be underestimated as deaths or injuries may not be clearly identified as intentional. Suicidal behavior occurs along a continuum progressing from negative thoughts or ideations, plans, non-fatal suicide, and finally fatal suicide. Prevalence of suicidal ideations, thoughts and plans are more difficult to estimate than fatal suicides. Non-fatal suicidal behaviors are several times more frequent than fatal suicides (10, or more times) and they are among the most powerful predictors of subsequent suicide deaths.³ Prevalence of suicidal behaviors differs by sex: pessimistic thoughts and ideations are more frequent among women and men carry out more fatal suicides, rates being reported to be three times higher than in females.⁴

Suicidal behavior is a multifaceted problem for which presence of mental disorders increases risk.⁵ A majority of suicidal victims (more than 90%), have a diagnosable chronic mental disorder. The most prevalent psychiatric disorders in suicide deaths among the general population were depression, mood disorders, schizophrenia, and substance abuse.⁶ Previous studies have reported its association with substance use: one study found a five-fold increase in risk of suicide among alcohol abusers compared to social drinkers.⁷ Use of other psychoactive substances like heroin, cocaine and sedatives has also been linked to fatal suicides.⁸ The consumption of more than two substances has been linked to greater likelihood of both fatal and non-fatal suicidal behavior.⁹

Additionally, several studies have shown traumatic experiences were associated with greater suicide risk, developing thoughts of suicide and to plan attempts.^{5,10} The context of illegal drug use favours exposure to traumatic events.^{11,12} In fact, in the conceptual framework to explain the relationship between drug use and violence, one of the models introduced by Goldstein refers to systemic crime derived from illicit drug distribution and use.¹³ Ilgen's study went beyond the Goldstein model showing that illicit drug users in treatment with prior violent behaviour were more likely to report suicide attempts.¹⁴

The purpose of this study was to assess, separately by sex, the prevalence of suicidal ideations and plans among illicit drug users recruited in drug treatment facilities and its association with drug-scene contextual factors, including recent violent trauma experience and crime involvement.

Method

Study design and sample

Cross-sectional study of illicit drug users recruited in treatment and prevention centers in Catalonia between April and June 2012. From the list of current public treatment facilities (2010), centers

were selected to cover the whole territory. To this aim five geographical areas were considered; and sampling strategies adapted to contemplate each type of facility in a given area. As Outpatient Treatment Centers (OTC) are the main entrance door to treatment in Catalonia, they were prioritized. Finally 48 centers participated: 26 OTC, 12 Therapeutic Communities (ThC), and 10 Harm Reduction Facilities (HRF). The number of participants to be recruited was determined based on the centre's activity, over-sampling the smallest selected centres, especially HRF. In HRF quotas were applied for sex and country of birth. Ethical approval was granted by the IMIM (Hospital del Mar Medical Research Institute) ethics committee. Informed consent was obtained from participants prior to their involvement in the study; HRF clients were rewarded with 10€.

A total of 514 illicit drug users participated in the study (N approached = 558; participation rate: 92.1%; reasons for rejecting were to be in a hurry, not interested, or unknown), answering an anonymized 78 item questionnaire, involving single or multiple-choice answers about socio-demographic aspects, substance use patterns, health services evaluation, crime, drug market activities, violence and suicide. The final sample for the present analyses consisted of 511 individuals for whom suicide information was available, as three men (0.6%) did not answer those questions.

Variables

The presence of suicidal ideation/plan (IP) was assessed using two questions based on the Composite International Diagnostic Interview (CIDI)¹⁵ referring to the previous 12 months: *Did you think about committing suicide?* and *Did you make a suicide plan?* These were combined into a single variable, suicide IP, with categories 'yes', reflecting a positive answer to either of the two original questions, or 'no' to both.

Independent variables included in this study relate to socio-demographic aspects (nationality, municipality, level of education, employment and marital status); psychoactive substance use patterns (age at first illegal drug use, alcohol risk use, parenteral administration ever, opiate and cocaine use ever, recent illegal polydrug use), psychological treatment last 12 months, violent traumatic experience, illegal drug market activities (ever trafficked and income generation activities) and crime (prison ever). Alcohol risk use was assessed through the AUDIT-C referring to the last 12 months: men with a score of 4 or more and women with 3 or more were considered risk alcohol users.¹⁶ Recent illegal polydrug use was defined as the daily use of two or more illicit substances during the last 30 days of active use. Presence of any violent traumatic experience was assessed based on four questions referring to the last 12 months¹⁷: 1) *How many times have you been attacked, kicked, burned etc. or injured by firearm, knife, stick, broken bottle?*, 2) *How many times have you received any physical aggression not involving any weapon?*, 3) *How many times have you been a victim of any sexual abuse?* and 4) *How many times have you been a victim of any psychological abuse?* Answers to these questions were summarized as aggression, including any kind of violence received, either physical, whether involving a weapon or not, sexual or psychological. A variable was created reflecting income generating activities (IGA) or sources of funding for drug money, in which we distinguished

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