[Derrick Newby SSW PTTC] 13:01:14
Okay, with that said and done it is now 101 Okay, I welcome you today. During this webinar.

[Derrick Newby SSW PTTC] 13:01:24
Prevention experts from carnival associates LLC namely Josh Esrik and Emily Patton will explore the data and research.

[Derrick Newby SSW PTTC] 13:01:34
On the intersection of substance use in suicide and cover identified evidence-based substance use prevention practices that address the risk of suicide and potential opportunities for collaboration that exists between suicide prevention and substance misuse prevention professionals.

[Derrick Newby SSW PTTC] 13:01:55
Intersection of substance misuse and suicide refers to the relationship between these 2 significant issues and how they can interact with and influence each other.

[Derrick Newby SSW PTTC] 13:02:07
You see, substance misuse involves the harmful or excessive use of drugs or alcohol, even the negative consequences on physical health.

[Derrick Newby SSW PTTC] 13:02:21
Mental well-being and social functioning of a person. And suicide on the other hand refers to the active intentionally.

[Derrick Newby SSW PTTC] 13:02:29
Taking one's own life. There are several ways in which substance misuse and suicide intersect. Because the use of certain substances such as alcohol and drugs can impair judgment.

[Derrick Newby SSW PTTC] 13:02:42
Increase in pulsivity. And lower inhibitions. Making individuals more susceptible to suicidal thoughts and behaviors.

[Derrick Newby SSW PTTC] 13:02:52
Substance misuse can also exasperate. Underlying mental health conditions such as depression or anxiety.

[Derrick Newby SSW PTTC] 13:03:01
Which are known risk factors for suicide. So today we're going to address that intersection.

[Derrick Newby SSW PTTC] 13:03:14
My name is Derek Nuby. I represent the PTC or the South Southwest region here today and we are bringing this event to you because It is of increasing.

[Derrick Newby SSW PTTC] 13:03:26
Interest. That has been identified. Within our region and we want to make sure that we always meet those needs.

[Derrick Newby SSW PTTC] 13:03:34
The opinions expressed hearing are the view of the PTTC network and do not. Reflect the official position of the Department of Health and Human Services or SAMHSA from which we receive funding.

[Derrick Newby SSW PTTC] 13:03:45
No official support or endorsement. Of DHS or SAMHSA for the opinions.

[Derrick Newby SSW PTTC] 13:03:51
That are described in this. Presentation are intended or should be inferred.

[Derrick Newby SSW PTTC] 13:04:05

Josh Estick. Is the cheap of training and technical assistance at Carnavali Associates.

[Derrick Newby SSW PTTC] 13:04:13
Mr. Esperk has over 10 years of experience researching, writing, evaluating and presenting on substance use prevention and other behavioral health topics.

[Derrick Newby SSW PTTC] 13:04:23
He is an expert in providing training and technical assistance in substance use, having overseen the development of hundreds of TTA products for numerous clients, including 6 of SAMHSA.

[Derrick Newby SSW PTTC] 13:04:36
10 regional technology transfer centers. The PTTC network. Coordinating office, the Central East Addictions Technology Transfer Center.

[Derrick Newby SSW PTTC] 13:04:47
And mental health technology transfer center and SAMHSA Center. Or the application of prevention technologies.

[Derrick Newby SSW PTTC] 13:04:57
This cold facilitator for today is Emily Pet. And Emily is a senior research associate with Carnegie Associates as well.

[Derrick Newby SSW PTTC] 13:05:05
See office over 10 years of expertise and data analysis, project management, and program evaluations. Under the District of Columbia Department of Behavioral Health, she provides data analysis, programmatic support and training as well as technical assistance for multiple contracts that serve youth.

[Derrick Newby SSW PTTC] 13:05:26
And families in the district. With a particular focus on substance abuse and mental health. This patent also serves as a research associate with SAMHSA Central.

[Derrick Newby SSW PTTC] 13:05:37
East Prevention Technology Transfer Center wherein she provides expertise in substance use prevention, mental health. And program management.

[Derrick Newby SSW PTTC] 13:05:47
Without further ado. I give you our presenters for today.

[Josh Esrick] 13:05:53
Thanks Derek. Hi everyone. Want to thank you all for joining us today as Derek said.

[Josh Esrick] 13:06:00
My name is Josh Ester and I'll be one of your presenters along with my colleague Emily Patten.

[Josh Esrick] 13:06:03
Before we dive into things, I'd have to just couple of quick announcements to say.

[Josh Esrick] 13:06:10
First of all, we'd love for this presentation to be as sort of interactive and back and forth, give and take as it possibly can be.

[Josh Esrick] 13:06:17
And so we encourage you all to ask questions at any time if you, you know, have questions about anything that we're covering and we'll do our best to answer those questions as we see them.

[Josh Esrick] 13:06:26

In addition to that, we should have some time for QA at the end of the webinar as well.

[Josh Esrick] 13:06:31
Also feel free to use the chat to just respond to react to anything we're talking about as well as respond or react to anything anyone else shares in the chat.

[Josh Esrick] 13:06:43
If the chat becomes a bit of a free flowing conversation, the companies the content of the webinar. That's great.

[Josh Esrick] 13:06:47
And to further help, encourage that, at a few points throughout the webinar, we're gonna be asking you all some questions.

[Josh Esrick] 13:06:54
And we'd love to see your thoughts and responses to those in the chat as well. Yeah, as I said, we really want So you have one to be, you know, engaged in in our content today.

[Josh Esrick] 13:07:05
And so I roadmap for today is to first of all, learn about the research base for substance use and suicide, to discuss the data on suicide among people who use substances.

[Josh Esrick] 13:07:17
Next to review evidence-based programs and practices for preventing both substance misuse and suicide. And lastly, to conduct an evaluation so you can let us all know how we did today.

[Josh Esrick] 13:07:30
And this roadmap is reflected in our specific learning objectives for the presentation as well. And those objectives are that by the end of the presentation, participants are able to summarize the data on rates of suicide among people who use substances.

[Josh Esrick] 13:07:48
In other words, to understand the scope of the problem. Insofar as it impacts, you know, substance use prevention.

[Josh Esrick] 13:07:55
Also by the end of the presentation, to be able to examine the research on how substance use can increase risk of suicide.

[Josh Esrick] 13:08:02
In other words, do you understand why this is an important issue for substance use prevention, as well as the entire behavioral health continuum.

[Josh Esrick] 13:08:10
And then lastly, to be able to distinguish between evidence-based programs for preventing both substance misuse and suicide.

[Josh Esrick] 13:08:18
In other words, to be able to talk about what we know about how to. Address these issues.

[Josh Esrick] 13:08:23
And so to kick things off, I'm gonna be turning this presentation over to Emily.

[Josh Esrick] 13:08:30
We'll start by giving us some background as well talking about data. I will be in the chat to help answer any questions that you might have and we'll be talking to you again a little bit later on today.

[Josh Esrick] 13:08:39
So thanks again for joining us and Emily. Want to take things away?

[Emily Patton] 13:08:42
Yeah, great. Thank you so much, Josh. Hi everyone. As Josh mentioned, my name is Emily Patton and I'm gonna be working through these next next couple of sections with you.

[Emily Patton] 13:08:53
So here on this page is just sort of a review of what this next section is gonna talk about.

[Emily Patton] 13:08:57
I'm gonna go over sort of some of the background information, on suicide, provide some definitions of what suicide is, etc.

[Emily Patton] 13:09:05
We'll talk a little bit about some of the demographics of suicide and what that looks like here in the United States.

[Emily Patton] 13:09:10
I'll touch a bit on sort of our most at risk populations who are most at risk of suicide.

[Emily Patton] 13:09:16
I'll touch on as well. How COVID-19, in particular impacted suicide here in the United States and then I'll talk a little bit about some of our data points that we do have on substance use as well.

[Emily Patton] 13:09:29
And then I'll be linking all of those kinds of concepts together in the next section. So talking a little bit more about how we can sort of understand, suicide.

[Emily Patton] 13:09:41
You know, we know that suicide and suicide attempts are really serious public health challenge globally. These events we know can have really a lot of long glassing, emotional, mental and physical health impacts as well as economic consequences.

[Emily Patton] 13:09:56
They can also impact people who are struggling with their own risk of suicide and or mental health challenges. What we, you know, in the field would currently call sort of our lived experiences.

[Emily Patton] 13:10:04
We know that there's a lot of different factors as well that can increase the risk for suicide as well as protect against it.

[Emily Patton] 13:10:12
We also know that suicide is connected with other forms of injury and violence. For example, individuals who've experienced violence such as child abuse, bullying, sexual violence do tend to have higher suicide risks.

[Emily Patton] 13:10:24
Being connected as well to family and community support and having that easy access to healthcare opportunities can then decrease suicidal thoughts and behaviors.

[Emily Patton] 13:10:36
So what do we mean? Let me provide you with a couple of different definitions and you know what am I what do I mean when I talk about suicide?

[Emily Patton] 13:10:39

And so suicide is defined as death. That is caused by self-directed injurious behavior with the intent to die as a result of that particular behavior.

[Emily Patton] 13:10:52
And a suicide attempt, this is going to be a non fatal self directed potentially injurious behavior with that intent to die as a result of that behavior.

[Emily Patton] 13:11:02
A suicide attempt might not result in injury per se. And then suicide ideation, that's when we're talking about, you know, thinking about considering or potentially planning suicide.

[Emily Patton] 13:11:14
And suicide and suicide attempts. These are all different types of self directed violence. I just do want to note here that suicide is not a normal response to stress and so when we are coming across individuals who are having suicidal thoughts or actions.

[Emily Patton] 13:11:31
That's a sign of extreme distress and that shouldn't be ignored and we really want to get that person some additional help and support.

[Emily Patton] 13:11:39
So talking a little bit more about the background on suicide and some of the data points that we currently have.

[Emily Patton] 13:11:45
We know that suicide is one of the leading causes of death here in the United States. It's actually been in the top 12 causes of death every year since 1975.

[Emily Patton] 13:11:55
So suicide rates increased approximately 36% between the years of 2,021 and I have a chart later that I'll kind of show you what that looks like.

[Emily Patton] 13:12:07
We also know that suicide has been responsible for just over 48,000 deaths in 2,000 28,000 deaths in 2028,000 deaths in 2021 which is about one death every 11Â min due to suicide.

[Emily Patton] 13:12:18
The number of people who are thinking about suicide, right? As well suicide attempts, is even higher than the actual rate of individuals who, commit suicide who die by suicide.

[Emily Patton] 13:12:30
In 2021 there was an estimated 12.3 million american adults who seriously thought about suicide so who had that suicide at ideation and then 3.5 million went on to plan a suicide attempt and then 1.7 million individuals then went on to attempt suicide.

[Emily Patton] 13:12:49
We know that suicide. We know that suicide. We know that suicide also affects people of all ages and different backgrounds.

[Emily Patton] 13:13:01
I'll touch on some of that. We know that suicide also affects people of all ages and different backgrounds.

[Emily Patton] 13:13:06
I'll touch on some of that data as well coming up. It also affects people of all ages and different backgrounds. I'll touch on some of that data as well coming up.

[Emily Patton] 13:13:09
And it's also, the second leading cause of death in people aged 10 to 34 and the fifth in people age 35 to 54 so suicide really contributes to a lot of premature mortality rates here in the United States.

[Emily Patton] 13:13:25
Just to give you a little bit more about some of the background on suicide. We know, we have a couple of different estimates here, but our estimates tend to range from one in 9 to one in 2525 suicide attempts are going to result in suicide.

[Emily Patton] 13:13:41
We know that they cause a ton of different issues as I touched on earlier. People who attempt suicide but survive can experience serious injuries that can have long term effects on their health overall. They can experience serious injuries that can have long term effects on their health overall.

[Emily Patton] 13:13:58
They can also experience depression as well as other serious mental health concerns. We know that suicide and suicide attempts also affect the well being and the health of those around us, right?

[Emily Patton] 13:14:04
The people that we love, our friends, co-workers, as well as the community at large.

[Emily Patton] 13:14:09
So it really has a massive impact. It's not just one singular event occurring to one singular when people are dying by suicide, you know, they're surviving family and friends can experience significant grief, prolonged grief, shock, anger, guilt, symptoms of depression or anxiety themselves and even thoughts of suicide for themselves as

[Emily Patton] 13:14:29
well. We also know that suicide takes a large financial toll on society as well. In 2,020 for example suicide and non fatal self harm cost the United States over 500 billion dollars when looking at medical costs, and non-fatal self-harm cost the United States over 500 billion dollars when looking at medical costs, work loss

[Emily Patton] 13:14:49
costs the United States over 500 billion dollars when looking at medical costs. Again, this suicidal behavior also has far reaching impacts.

[Emily Patton] 13:14:56
There were, again, just over 46,000 suicides among adults, particularly in 2021, but that's just the tip of the iceberg for every suicide death in the United States.

[Emily Patton] 13:15:08
There were 3 hospitalizations for self-harm. There were 8 emergency department visits related to suicide.

[Emily Patton] 13:15:17
38 self-reported suicide attempts in the last year and then 265 people who seriously considered suicide in the past year.

[Emily Patton] 13:15:21
So just to kind of put that into comparison, right? It's not just that one suicide death, it's all the other impacts that can come from that as well.

[Emily Patton] 13:15:28
We also know kind of going back to sort of, hospital care and hospital costs. About 650,000 people are treated by hospital emergency departments each year after a suicide attempt.

[Emily Patton] 13:15:41
Youth and young adults unfortunately have particularly high rates of emergency department visits for self-harm. In 2,020 emergency department visits for this age group for that age group.

[Emily Patton] 13:15:52
Of youth and young people. So those under the age of 18, were 354 per 100,000 people compared with 129 per 100,000 people among middle aged adults, those between the ages of 35 to 64.

[Emily Patton] 13:16:09
So more than double those rates. Additionally, there was an estimated 224,000 plus emergency department visits for self-harm among youth and young adults where girls and young women particularly are at high risk.

[Emily Patton] 13:16:22
Their emergency department visit rate is approximately twice the emergency department visit rates among boys and young men of those similar age groups.

[Emily Patton] 13:16:34
So here, is that chart I was kind of talking about a little bit earlier. And this is kind of showing, the rates of suicide in the United States.

[Emily Patton] 13:16:43
Per 100,000 people. And so what we can see on this chart is that the total age adjusted suicide rate increased from 10.4 deaths per 100,000 individuals in 2,000 to a recent peak of 14.2.

[Emily Patton] 13:17:01
I'm sorry 14.1 in 2021. And so this increase, that we're seeing, for example, the suicide rate we see that dip there that kind of went down 2019 2020 but that increase again back to 2,021 was a 4%

[Emily Patton] 13:17:18
increase which is the largest one-year increase which is the largest one-year increase during this entire 21 was a 4% increase during this entire 21 year period.

[Emily Patton] 13:17:23
Which is the largest one year increase during this entire 21 year period. So we're seeing a market increase again in this data.

[Emily Patton] 13:17:25
Breaking down some of this information a little bit further. We see that adults age 35 to 64 are accounting for just under 47% of all suicides in the United States and that suicide is the eighth leading cause of death for that particular age group.

[Emily Patton] 13:17:41
Adults who are age 75 and older have one of the highest suicide rates where it's 20.3 per 100,000 individuals.

[Emily Patton] 13:17:51
And for men who are age 75 and older, they have the highest rate where it's 42.2 per 100,000 individuals' compared to other age groups.

[Emily Patton] 13:17:58
We also know that non Hispanic white men have the highest suicide rate compared to other racial and ethnic men in that age group as well.

[Emily Patton] 13:18:08
Or that's 50.1 individuals per 100,000. Again, touching back on youth and young adults, we see that those who are age 10 to 24 account for 15% of all of our suicides and the suicide rate for this particular age group, which is 11 per

100,000.

[Emily Patton] 13:18:24
It's lower than other age groups. However, it is the second leading cause of death for that particular age group.

[Emily Patton] 13:18:29
Which accounted for in 2,021, just over 7,000 deaths, from suicide.

[Emily Patton] 13:18:36
Additionally, we know that suicide rates for this age group increased 52.2% between the years here on this chart between 2,021.

[Emily Patton] 13:18:46
So we're seeing that youth and young adults most impacted. Within that, age group include not Hispanic, American Indian or Alaskan native children and their suicide rate, is 36.3 per 100,000 individuals.

[Emily Patton] 13:19:00
So again, this chart kind of gives us a nice broad overview, but within this we know that there's more data based on age, race and ethnicity, gender, etcetera, which I will continue to touch on on some later slides.

[Emily Patton] 13:19:13
So at this point I'm gonna hand things over to Derek who has a question for you all that we would encourage for you to answer in the chat.

[Derrick Newby SSW PTTC] 13:19:21
Yes. It's been said that the longest journey start with first step. And with that in mind, we wanna ask you for your opinion.

[Derrick Newby SSW PTTC] 13:19:29
And that is, ask yourself, where should prevention efforts be focused to reduce suicide? All this information is quite illuminating that has been provided to us, but I think everyone in here is professionals.

[Derrick Newby SSW PTTC] 13:19:44
You have your opinion as well and we want we want to hear your opinion at this time. So in your opinion.

[Derrick Newby SSW PTTC] 13:19:49
Where should prevention efforts be focused to reduce suicide?

[Derrick Newby SSW PTTC] 13:19:55
Okay.

[Derrick Newby SSW PTTC] 13:19:58
And as expected, the answers are flooding. I see fifth grade. I see focus talking with the parents.

[Derrick Newby SSW PTTC] 13:20:05
A lot of middle school.

[Derrick Newby SSW PTTC] 13:20:13
Affordable, accessible and mental health care.

[Derrick Newby SSW PTTC] 13:20:17
Children's teens and adults.

[Derrick Newby SSW PTTC] 13:20:21

At elementary schools again. Okay, I see a lot. Talking about the schools. Social media that's different.

[Derrick Newby SSW PTTC] 13:20:30
Focusing on primary care and starting with pediatrics okay like so really from the very beginning home school.

[Derrick Newby SSW PTTC] 13:20:40
Oh, one person shared, been preventing Aces. Those adverse childhood experiences.

[Derrick Newby SSW PTTC] 13:20:46
And more schools. Oh. As early as possible.

[Derrick Newby SSW PTTC] 13:20:55
Based communities. Okay, that's a little different.

[Derrick Newby SSW PTTC] 13:21:04
There is no wrong answer. We really want to know because we understand a lot of you come from different communities.

[Emily Patton] 13:21:04
But.

[Derrick Newby SSW PTTC] 13:21:10
So, depending on the burden of the problem in your community, your opinion is right based on that.

[Derrick Newby SSW PTTC] 13:21:17
Okay, communities. Workplaces, schools, churches. Everywhere.

[Derrick Newby SSW PTTC] 13:21:27
I stressed career fields. Okay, that's different.

[Derrick Newby SSW PTTC] 13:21:33
Okay, increase funds to families with children. And I got a thumbs up as well.

[Derrick Newby SSW PTTC] 13:21:44
Transforming them transforming emergency psychiatric care.

[Derrick Newby SSW PTTC] 13:21:52
Looking with a lot of you have a reverberating the responses of other so I mean I'm not gonna read everyone's what I do see some unique things that are popping up and that's why I'm trying to pull those out.

[Derrick Newby SSW PTTC] 13:22:07
Youth mental health, first aid and other trainings.

[Derrick Newby SSW PTTC] 13:22:13
Okay.

[Derrick Newby SSW PTTC] 13:22:21
Did I miss anything? Josh, did you see anything unique that popped up when you were as you scroll?

[Derrick Newby SSW PTTC] 13:22:30
It starts with policy and funding and universal health care. Okay.

[Emily Patton] 13:22:36
Yeah, I'm seeing a lot of really great responses that I'm definitely gonna touch on and get to the heart of some of the

information I'll talk about sort of on these next couple slides when we look at the demographics of suicide and break that down a little bit further for you.

[Emily Patton] 13:22:49
When we're talking about young people, geographic location, I saw a couple people talking about rural communities and sort of the disproportionate risk that can happen there as well.

[Emily Patton] 13:22:58
Right? It's a couple of different things. It's all about, setting as well and getting being able to actually get access to people who are most at risk and Josh will talk about some of that programming.

[Emily Patton] 13:23:08
And potential. Evidence-based research a little bit later in this presentation, but I think all of you are really getting to the heart of this.

[Emily Patton] 13:23:15
Construction and manufacturing. That's a great point. On my next slide, I provide a little bit of information about how we know suicide rates can differ based on the type of job that someone is in as well.

[Emily Patton] 13:23:26
So Eric, if you're okay with it, I'm happy to continue on with the presentation and everyone is, welcome to continue on with the presentation and everyone is, welcome to include more information in the chat as well.

[Derrick Newby SSW PTTC] 13:23:37
Absolutely. Thank you for sharing. We're gonna move forward.

[Emily Patton] 13:23:38
Awesome. Yeah, thanks everyone. And this is wonderful participation and I'm really glad to see, just the wide range of responses here.

[Emily Patton] 13:23:48
Everyone, you know, really kind of hit it on the nose about, where it's sort of those those impacts are, and where the changes need to be occurring.

[Emily Patton] 13:24:02
So just kind of continuing on from part of this conversation. You know, as we've touched on, we know that some groups unfortunately are gonna have disproportionately high rates of suicide.

[Emily Patton] 13:24:07
They're more at risk. For suicide. When looking at sort of our racial and ethnic groups with the highest rates of suicide in 2,021.

[Emily Patton] 13:24:16
We're seeing those among non-Hispanic, American Indian and Alaska Native people, so among our indigenous communities as well as non Hispanic white people.

[Emily Patton] 13:24:25
Among our non Hispanic indigenous communities, they experienced suicide rates at 28.1 per 100,000 people and suicide was the ninth leading cause of death among that, that particular group of individuals.

[Emily Patton] 13:24:41
Our non Hispanic whites, their suicide rate in 2021 was 17.4 per 100 individuals.

[Emily Patton] 13:24:45

And the non Hispanic Native Hawaiian or other Pacific islander islander, had a suicide rate of 12.6.

[Emily Patton] 13:24:53
You know between 2018 and 2021 our suicide rate significantly increased overall among not Hispanic indigenous communities, not Hispanic black communities and then it actually declined by 3.9% among non Hispanic white people.

[Emily Patton] 13:25:10
When we're looking at gender, the suicide rate for males, didn't change significantly from 2,001 through 2,006.

[Emily Patton] 13:25:19
It did experience a pretty big increase, to 22.8 and 2018. We saw a decline in 2019 and 2,020. So kind of mirroring what we saw on my data chart a couple of slides ago.

[Emily Patton] 13:25:32
But then again we're seeing an increase where it increased by 4% in 2,021 and is now at a rate of 22.8 again.

[Emily Patton] 13:25:39
The suicide rate for females, increased from 2,001 through 2015. It didn't change significantly then for a while up through 2018.

[Emily Patton] 13:25:47
Had that, sort of 2 year decline again that we saw, but then it again increased by 4% in 2021 and is now 5.7.

[Emily Patton] 13:25:55
So there is a pretty big difference between, the suicide rate for males and for females where in 2,021 for males, 22.8 for females, 5.7.

[Emily Patton] 13:26:06
But again, the overall trend is we're seeing an increase after some stabilization and even some decreases.

[Emily Patton] 13:26:13
We know that the suicide rate for males is 3 to 4 and a half, 4.5 times the rate for females during this 21 year period of, sorry, this 20 year period of 2,001 to 2021.

[Emily Patton] 13:26:27
We know that males make up about 50% of the population, but they do account for nearly 80% of suicides.

[Emily Patton] 13:26:34
We also know that suicides can vary pretty substantially across our geographic regions. So sort of what folks were talking about in the chat there.

[Emily Patton] 13:26:41
For example, suicide rates increase as population density decreases and an area becomes more rural. And we know that some of the issues in rural communities is getting access to that healthcare, among other issues and things like that.

[Emily Patton] 13:26:57
One other thing I wanted to touch on in terms of suicide by age group. I know we've talked about it quite a bit, but another piece of information I did want to share.

[Emily Patton] 13:27:05
Was that in 2,021 9% of high school students reported attempting to suicide during that previous 12 months and our suicide attempts were reported most frequently among girls compared to boys by a pretty significant differences, 12.4% versus 5.3 and then among non Hispanic indigenous community members 12.4% versus 5.3.

[Emily Patton] 13:27:32
And then among non Hispanic, indigenous community members, where their And then again, like we talked about, there are disproportionately, you know, based on jobs.

[Emily Patton] 13:27:36
For folks in the construction industry, they tend to have the highest rates of suicide and risk of suicide.

[Emily Patton] 13:27:44
Just briefly, I'll touch on sort of, you know, what are the most common methods of suicide?

[Emily Patton] 13:27:48
What have we been seeing? In 2021 we see that firearms is you know substantially the most used method of suicide with over 26,000 deaths attributed to a firearm. They do tend to be, over 26,000 deaths attributed to a firearm.

[Emily Patton] 13:28:36
They do tend to be,

[Emily Patton] 13:28:36
I'll talk a little bit now sort of about COVID-19 because we do see, you know, in that data chart right around the pandemic, there was some dips and it is gonna be interesting to see as we continue to get more data over these next couple years.

[Emily Patton] 13:28:47
How COVID really continued to impact more of us in the community, so, you know, around suicide, the pandemic, may have really kind of increased the risk of population suicide through its effects on a number of different kind of well-established suicide risk factors.

[Emily Patton] 13:29:42
As the pandemic continued, the proportion of people who reported detrimental effects on their mental health continue to rise from 39% in May, 2,020 to 53% in July, 2,020.

[Emily Patton] 13:29:47
We know that there are several risk factors. A link to the pandemic, which a lot of suicide experts, view as threats that could potentially increase this this suicide risk during this period of time and that included you know social feelings of social disconnectedness loneliness diminished social support fears about or having or realizing

[Emily Patton] 13:30:07
you know job or financial losses remote work in school so that sort of disruption in our social academic and our basic structures and daily life were severely impacted.

[Emily Patton] 13:30:19
Bloss of loved ones, loss of anticipated milestones in life as well as increased alcohol consumption and then the increased availability of lethal means such as firearms, opioids and other toxic substances, especially when we had more time at home sheltering in place.

[Emily Patton] 13:30:33
All of those are risk increased risk factors for suicide. And then just kind of expanding on that just a little bit more.

[Emily Patton] 13:30:42
You know, of particular concern here in the United States. Firearm purchases increased by 85% during March, 2,020.

[Emily Patton] 13:30:47
So at the start of the pandemic compared with other previous years in March and as I touched on the previous slide that is the most lethal and the most common way that an individual unfortunately dies by suicide.

[Emily Patton] 13:30:59
We saw also, in the pandemic an increase in our youth suicide rates. So compared with our pre pandemic suicide deaths, more suicides during Covid-nineteen occurred among young males.

[Emily Patton] 13:31:14
So our preteens aged 5 to 12 years young adults so those who are aged 18 to 24 among our non Hispanic indigenous communities and then are non Hispanic black youth as well.

[Emily Patton] 13:31:24
Suicide rates during the pandemic were also higher than expected. Among non Hispanic Asian Pacific islander females and non-Hispanic white males aged 5 to 12 years.

[Emily Patton] 13:31:36
So we're seeing sort of differences in our youth. And, the different sort of gender and racial and ethnic differences in our youth compared to prior years as well.

[Emily Patton] 13:31:45
We also know that the pinemic, you know, reduce access to certain mental health services because folks were sheltering in place and couldn't access medical care in the same way that they always had.

[Emily Patton] 13:31:54
I will say one of the benefits that did kind of come out of this is more of the use of telehealth and telemedicine practices, which one's capacity was sort of built that helped increase access to health care but you know in that first year and we continue to see some lags in that as well.

[Emily Patton] 13:32:12
Access was definitely affected. And then we also know long COVID can potentially increase suicide links and risks because of some of the health effects sort of the ongoing chronic illness and pain that can be associated with long covid which chronic pain is a risk factor for suicide.

[Emily Patton] 13:32:32
Oh.

[Derrick Newby SSW PTTC] 13:32:32
Emily, do you have to answer a quick question from the chat, which is does poisoning include intention from the chat which is does poisoning include intention intentional overdose?

[Emily Patton] 13:32:41
Additional overdoses. yes, we will touch on that a little bit later.

[Emily Patton] 13:32:46
It sort of depends on, which data set that you're looking at. But it poising can include intentional overdoses.

[Derrick Newby SSW PTTC] 13:32:47
Okay.

[Emily Patton] 13:32:55
Again, some of it is also going to depend on sort of how. How a corner is gonna assign, whether or not, suicide is the cause of that and it also depends on the type of substances that are tested for.

[Emily Patton] 13:33:11
But yes, I can include that. Thank you for that question.

[Derrick Newby SSW PTTC] 13:33:12
And also our IHS that's counted in these stats.

[Emily Patton] 13:33:20
I'm not sure which, IHS, you mean. So if you want to Carlos, if you if you want to put that abbreviation.

[Derrick Newby SSW PTTC] 13:33:27
Hello.

[Emily Patton] 13:33:32
In there a lot of this.

[Josh Esrick] 13:33:32
Yeah, it's Sorry, it's the Indian Health Service. So no, this data I believe all comes from the CDC, which would include reporting from the CDC, which would include reporting from tribes and tribal organizations.

[Emily Patton] 13:33:39
Oh, thanks.

[Josh Esrick] 13:33:43
How they're collecting it, but it does include those populations just as reported to the CDC.

[Emily Patton] 13:33:54
Perfect. Thank you, Josh. Appreciate it. And hopefully that answers the question.

[Josh Esrick] 13:33:56
Yep.

[Emily Patton] 13:33:58
Great. Thank you, Carlos. So I'll just, briefly touch on now sort of the social terms of health.

[Emily Patton] 13:34:04
I saw that someone in our previous question had talked about the social determinants of health. So just a really kind of brief overview.

[Emily Patton] 13:34:10
Josh and I have done multiple presentations about the social terms of health which you can find online as well if you want to do a deeper dive.

[Emily Patton] 13:34:16
But you know, like I've kind of been talking about and building on, we know that suicide and societal behavior are influenced by negative conditions

[Emily Patton] 13:54:50
We know that heavy alcohol drinkers have a 5 to 10 times higher risk of suicide compared to social drinkers and individuals who abuse alcohol have a lifetime risk of suicide ranging from 10 to 15%.

[Emily Patton] 13:54:50
And this is 4.8 to 6 and a half times greater risk compared to someone who does not have a substance use disorder.

[Emily Patton] 13:54:55
We also know that about 40% of individuals who see treatment for alcohol misuse report that they had at least one suicide attempt in their lifetime with impulsive suicide attempts common in those with alcohol use disorder.

[Emily Patton] 13:55:07
We know that alcohol use can cause disinhibition and and make someone want to increase their risks or take more risk taking behaviors and that that alcohol can really kind of lower that judgment threshold a little bit.

[Emily Patton] 13:55:23
We know that because we know that alcohol can compare the brain and the body in a lot of different ways.

[Emily Patton] 13:55:27
Which can then lead to this sort of larger overall risk of suicide. Alcohol can increase our psychological distress, increase our aggressiveness.

[Emily Patton] 13:55:38
It can really kind of unfortunately provide that motivation to turn our societal ideation, into action.

[Emily Patton] 13:55:43
It can promote these risky behaviors. It can create feelings of dysphoria and then it can continue to exacerbate mental health issues, which we also know is a substance use.

[Emily Patton] 13:55:53
Sorry, is a substitution suicide risk factor as well. It also hampers our cognitive abilities such as the capability to use reason or to engage in those coping strategies that someone may have been working on.

[Emily Patton] 13:56:02
And so when looking at alcohol consumption, a lot of our population based studies have shown that alcohol prevention is also suicide prevention.

[Emily Patton] 13:56:12
A study coming from our neighbors from the north in Canada showed that as alcohol consumption. A study coming from our neighbors from the north in Canada showed that as alcohol consumption in a population, in Canada showed that as alcohol consumption in a population rises, the suicide rate, in Canada, showed that as alcohol consumption in a population rises, the suicide rate also rises by between 11 and

[Emily Patton] 13:56:23
39%. The suicide rate also rises by between 11 and 39%. The suicide rate also rises by between 11 and 39% suggesting, you know, that a population's level of alcohol use may be correlated with this suicide rate.

[Emily Patton] 13:56:30
So, you know, that a population's level of alcohol use may be correlated with a population level of alcohol use may be correlated with this suicide rate.

[Emily Patton] 13:56:41
So here in the United States, the density of both on and alcohol use may be correlated with this suicide rate.

[Emily Patton] 13:56:45
So here in the United States, the density of both on and off premise alcohol outlets in a county is also associated positively with alcohol related suicide.

[Emily Patton] 13:56:47
So I know that was a lot of data. About you know what is suicide what are our rates of suicide what is substance use look like in this country who are these things most impacting, etc.

[Emily Patton] 13:56:59
But did want to sort of, you know, sort of end my portion in a positive note and know that Josh is gonna be coming in here and talking about what are some ways that we can positively impact the community, reduce these rates and

hopefully, help some folks out.

[Emily Patton] 13:57:13
So at this time, thank you so much and I'm gonna hand things over to Josh who's gonna go through this next section for us.

[Emily Patton] 13:57:19
So Josh.

[Josh Esrick] 13:57:20
Yeah, thanks Emily. Hi again everyone. Wanna thank Emily for all of that great content she just covered.

[Josh Esrick] 13:57:28
I also wanna thank everyone who's been participating in the lively discussion that's been going on in the chat.

[Josh Esrick] 13:57:33
And as, as, Emily said, we're now gonna talk a bit about, you know, what do we actually know from the research in terms of evidence based programs for preventing both suicide and substance use?

[Josh Esrick] 13:57:45
And before I start telling you about what I have to talk about, we actually have, first of all, another question for you all.

[Josh Esrick] 13:57:52
To hear what you know about this topic. And so I'm gonna turn this over to Derek again first actually.

[Derrick Newby SSW PTTC] 13:57:58
Well, thank you so much, Josh. With, very little delay. I just wanna ask everyone as again as we learn from each other as adults and professionals.

[Derrick Newby SSW PTTC] 13:58:08
Know what evidence based programs or practices have you used in your efforts to reduce suicide and substance issues? And if you could put those in the chat for me, we wanna sort of like build a little information database and see what's out there and what's being used.

[Derrick Newby SSW PTTC] 13:58:26
And then we're gonna. Move on. Let Josh talk about some of the ones that have been proven to be effective.

[Derrick Newby SSW PTTC] 13:58:31
Hey, assist is coming in. I've seen that before. And depending on what states you're in, maybe different things that you're using.

[Derrick Newby SSW PTTC] 13:58:41
Qpr. Just like Chinese or some of these acronyms I do not understand.

[Derrick Newby SSW PTTC] 13:58:50
So if you don't mind that other than acronyms, you all could spell it out for me it would be very helpful to me.

[Derrick Newby SSW PTTC] 13:58:56
And hopefully to other people to from different places so Okay, first 8 mental health good good life skills.

[Josh Esrick] 13:59:05
Yeah, and Derek, obviously I believe QPR is the question persuade refer. Join in.

[Derrick Newby SSW PTTC] 13:59:10

Thank you, Josh.

[Derrick Newby SSW PTTC] 13:59:16
You are right. You get your credit card this year, sir.

[Josh Esrick] 13:59:17
Yeah.

[Derrick Newby SSW PTTC] 13:59:25
Okay, increasing access to mental health care calm. Counseling on access to lethal means. Okay, I'm learning new things as we speak.

[Derrick Newby SSW PTTC] 13:59:37
I hope everyone else is. Is learning as well and write some of these down for yourself. Hope squads.

[Derrick Newby SSW PTTC] 13:59:47
Okay. Continue to put them in, but you know, we wanna make sure we stay on schedule.

[Derrick Newby SSW PTTC] 13:59:52
So I'm gonna move on to Josh now. But thank you for participating in this exercise.

[Josh Esrick] 13:59:56
Yeah, thanks Derek. Yeah, thank you everyone for all the great participation in the chat both now and throughout the presentation.

[Josh Esrick] 14:00:04
So to sort of narrow things in scope a little bit, I wanna note that, what we're actually gonna be talking about today are evidence-based practices for reducing both substance use and risk of suicide and specifically ones that substance use prevention professionals, can implement since you're prevention professionals, can implement since this is, you know, the substance

[Josh Esrick] 14:00:23
use prevention professionals, can implement since this is, you know, the substance use prevention, technology transfer center.

[Josh Esrick] 14:00:25
But what this means is that there are a lot of practices that are evidence based that I'm not going to be talking about today things that are, you know, obviously very effective.

[Josh Esrick] 14:00:33
Reducing risk of suicide. People shared a number of those in the chat. I would also note that, Sam's Suicide Prevention Resource Center has a lot of information as well on topics like topics about how to substance use treatment providers can better implement suicide prevention, things like making sure that treatment plans, include.

[Josh Esrick] 14:00:55
include, you know, dealing with suicidal ideation, how to ensure that there's continuity of care among treatment providers because when there's that lack of continuity with someone who is at risk of suicide there can there can be issues and all sorts of clinical recommendations for treatment providers.

[Josh Esrick] 14:01:10
But, you know, because it's hard to talk about everything in a, in a 90Â min presentation.

[Josh Esrick] 14:01:16
We wanted to focus in specifically on things that are evidence-based, that substance use prevention professionals

specifically could implement while still, you know, being within what's likely their overall mission of ensuring that they're reducing substance use.

[Josh Esrick] 14:01:33
Reducing risk and substance use. And so what we found in the research, generally are, screening tools, which I'll talk about in a moment.

[Josh Esrick] 14:01:41
Environmental strategies as well as a few other strategies like, better addressing social determinants of health.

[Josh Esrick] 14:01:47
And again, this is just a narrow slice of what strategies are out there that can address, risk of suicide.

[Josh Esrick] 14:01:55
But these are ones that really have that strong overlap with substance use prevention. As well. So that first one is, as I mentioned, our screening tools.

[Josh Esrick] 14:02:05
So there are a number of screening tools, which are the ones I have listed on the slide here, which have been verified at being effective for identifying people at risk of substance use and also effective at identifying risk people at risk of suicide.

[Josh Esrick] 14:02:19
Which means that they are potentially something that, you even if the substance use prevention stakeholders and professionals are employing one type of strategy and suicide prevention stakeholders and professionals implementing other types of strategies.

[Josh Esrick] 14:02:36
They can still coordinate and collaborate on expanding the use of these kinds of screen tools because they better identify people in need of both types of services, especially when we're talking about substance use prevention, you know, indicated prevention, you know, indicated prevention, which is when you really are trying to work at that individual

[Josh Esrick] 14:02:51
level. If you are trying to expand, the use of screening for substance use in your local hospital emergency department, you could potentially try reaching out to any organizations that are more focused on, you could potentially try reaching out to any organizations that are more focused on, you know, mental health disorders and reducing risk to any organizations that are more focused on, you know, mental health disorders and reducing risk of suicide and seeing if they can

[Josh Esrick] 14:03:12
sort of collaborate on reducing risk of suicide and seeing if they can sort of collaborate on trying to get those screening tools, better implemented in the communities.

[Josh Esrick] 14:03:18
You know, in, in, they can sort of collaborate on trying to get those screening tools, better implemented in the communities.

[Josh Esrick] 14:03:21
You know, in, in, sorry, in not communities in the hospital emergency department. So just one type of example.

[Josh Esrick] 14:03:24
You know, of sort of collaboration around this, issue. And so very briefly just going through these.

[Josh Esrick] 14:03:27

The addiction brief risk scale assessment is most commonly used in the United Kingdom, but is found in United States as well.

[Josh Esrick] 14:03:36
It's cleaned it's completed by clinicians based off of observation as well as pulling information from sometimes from electronic health records.

[Josh Esrick] 14:03:43
It's a total of 27 items so it is a longer screening tool but has been found to be able to identify risk of.

[Josh Esrick] 14:03:53
Suicidality, accidental overdose, injecting practices. So risk of HIV or hepatitis C, violence, health, at send social service needs.

[Josh Esrick] 14:04:03
Meanwhile the stratification tool for opioid risk mitigation or storm is a web-based screening tool that is most commonly used by the Veteran Health Administration, for identifying, the needs of veterans.

[Josh Esrick] 14:04:17
And their risk of both prescription drug misuse as well as risk of suicide. And And also note that we have, sort of at the end of this webinar, we've linked to all of our references, including links we can find out more about these particular screen tools.

[Josh Esrick] 14:04:34
The Reynolds adolescent depression scale to short form used in combination with the alcohol use disorders ID test has also been found to be effective.

[Josh Esrick] 14:04:43
That's 2 separate screeners, but they're both very short so using them in combination has been found to be effective at identifying people either at risk of suicide or at risk of substance use.

[Josh Esrick] 14:04:55
And then likewise, the ask risk. Ask suicide screening questions and, heads ED are, also, found, they've been study showing used in combination also can identify, these populations.

[Josh Esrick] 14:05:09
At risk of either suicide or substance use. And so again with those screening tools at minimum that can be that first step potential for collaboration between you know substance use prevention professionals and others for better identifying the populations in need of service.

[Josh Esrick] 14:05:27
Now in terms of what we can actually implement, you know, interventions that we really are then are addressing risk of both.

[Josh Esrick] 14:05:35
Substance use and suicide. A lot of what we find are environmental strategies. And so, you know, environmental strategies are, you know, ones that are trying to influence the context around people rather than trying to specifically influence.

[Josh Esrick] 14:05:52
Behaviors. So we don't want to be implementing environmental strategies by themselves.

[Josh Esrick] 14:05:58
But, since they are more population based, they can often be more cost effective and, some, in some cases, you know,

therefore having like easier, you know easier reach into the community.

[Josh Esrick] 14:06:11
And so there's been a number of policy effects that have been fat you know policy changes that have been found to be effective at both reducing risk of alcohol misuse and reducing risk of suicide.

[Josh Esrick] 14:06:22
Simply by making alcohol. You know, more difficult to obtain. So things like, increasing alcohol taxation rates to reduce demand, increase in the minimum legal drinking age.

[Josh Esrick] 14:06:35
When that happened from age 18 to 21 that had an enormous impact on Well, a ton of different public health outcomes, including the ones we're talking about today, but also things like rates of violence against women reduced.

[Josh Esrick] 14:06:47
Rates of fatal traffic accidents were reduced. And so anytime anyone tries suggesting to lower the minimum legal drinking age back to 18, which does sometimes happen.

[Josh Esrick] 14:06:56
You know, there's a ton of research out there showing why that would be a bad idea. Other types of environmental strategies include, decreasing the density of alcohol retail outlets, making sure that 0 tolerance laws are enforced.

[Josh Esrick] 14:07:10
So, you know, making sure that people who are underage understand that. You know, it's not they can't just be under point O 8 for instance if they're driving they need to be.

[Josh Esrick] 14:07:17
Well, usually it's under point O 3 just in case there's any sort of you know other cause for breathalyses with basically 0 tolerance implementing alcohol misuse awareness campaigns so trying to raise community awareness around this topic.

[Josh Esrick] 14:07:32
And also research generally from other countries, but municipalizing or nationalizing alcohol. At both reducing rates of alcohol misuse and rates of suicide.

[Josh Esrick] 14:07:57
And so again, these are the these types of environmental strategies. Are things that they've been found, there's research directly showing that they reduce rates of alcohol misuse and research directly showing they reduced rates of suicide.

[Josh Esrick] 14:08:13
So if there's any sort of, you know, parameters within whatever funding you have about making sure that you're implementing evidence-based strategies, we can positively say these are evidence-based.

[Josh Esrick] 14:08:23
Now of course environmental strategies do have their own you know host of complications in terms of implementing them you know generally we have to be you know working with other stakeholders like city councils or state legislators or state regulatory agencies to get or law enforcement agencies to get them implemented.

[Josh Esrick] 14:08:43
You know, they're sort of a different thing from just implementing, you know, a classroom based education program.

[Josh Esrick] 14:08:50
But because of the strong evidence of effectiveness, even setting aside risk of suicide if all you cared about was reducing, you know, substance use rates.

[Josh Esrick] 14:09:00
Environmental strategies do have a lot of of research behind them showing their effectiveness there. Also I wanna note that on this slide, you can see this image focus on prevention.

[Josh Esrick] 14:09:10
This was a guide created by SAMHSA, sorry, created by SAMHSA to help give additional information on how to implement the strategic planning.

[Josh Esrick] 14:09:20
Sorry strategic. Prevention framework or spiff and it is through strategic planning. Like the strategic prevention framework that we can make determinations like, oh, we should probably implement environmental strategies versus, oh, we should be implementing behavioral strategies or implement both or implement what kinds of each.

[Josh Esrick] 14:09:39
We need to do strategic planning to figure that out and guides like this and SAMHSA is a number of other resources as well.

[Josh Esrick] 14:09:45
Can help you work through those kinds of decisions. In terms of environmental strategies that can address opioid misuse and particularly prescription opioid misuse.

[Josh Esrick] 14:09:58
There's a ton of environmental, there's a ton of strategies here that have been found effective at reducing rates of prescription opioid misuse.

[Josh Esrick] 14:10:05
And so, you know, because of that, we could probably assume that a lot of those strategies also would be effective at reducing rates of suicide, because we know that prescription opioid misuses connected with rates of suicide as Emily talked about.

[Josh Esrick] 14:10:21
But most of those strategies have never actually been studied for that specific connection. So again, if you're required to be implementing evidence-based strategies, it can be hard to definitely say something is evidence-based, you know, for reducing rates of suicide if it's never actually been studied for that.

[Josh Esrick] 14:10:41
We might absolutely assume that it will work because it's you know having this huge impact on an intervening variable.

[Josh Esrick] 14:10:45
Like description opioid misuse. But a lot of times that research hasn't been connected.

[Josh Esrick] 14:10:51
2 places where that research has been connected are both specifically around prescription opioids. And the implementation of prescriber education so that, healthcare providers with prescribing authority to issue opioids, better understand sort of the best prescribing practices, and also strategies around increasing the use of prescription drug monitoring

[Josh Esrick] 14:11:15
programs. To identify people who are, potentially doctor shopping as well as any subscribers that are still operating any sort of pill mills.

[Josh Esrick] 14:11:25
Both of those types of strategies have been specifically evaluated for their impact on reducing rates of suicide and have been found to have an impact.

[Josh Esrick] 14:11:34
So those 2 we can say are evidence based for reducing rates of suicide.

[Josh Esrick] 14:11:40
Beyond those environmental strategies, actually before I talk about that, sorry, I do want to talk a little bit more about that collaboration aspect of things.

[Josh Esrick] 14:11:49
So as I mentioned, you know, a lot of environmental strategies do require outside stakeholders support to enact.

[Josh Esrick] 14:11:57
They're not necessarily things that we can be implementing on our own in substance use prevention.

[Josh Esrick] 14:12:04
And so that's why it's generally important that we need to find things that are mutually beneficial to the goals of other stakeholders.

[Josh Esrick] 14:12:11
And so for instance, you know, if you are concerned about, you know, substance misuse in your community and also suicide rates in your community, those environmental strategies I just talked about, you could reach out to any other stakeholders that you know care about risk of suicide in the community even if they don't care about substance

[Josh Esrick] 14:12:32
misuse necessarily because it might have an impact on the issues. You know, they most care about.

[Josh Esrick] 14:12:40
And there might be other stakeholders too, you know, with some of those alcohol environmental strategies, you might have stakeholders that are you're just concerned about rates of, you know, driving under the influence in the community.

[Josh Esrick] 14:12:51
There's a lot of those strategies have been evaluated being effective at reducing rates of that as well.

[Josh Esrick] 14:12:56
So they can be potential partners. And try and implement environmental strategies. You know, the point is whenever we're trying to implement these broader changes and it can seem like a really heavy lift.

[Josh Esrick] 14:13:06
It's all especially if you're a part of a smaller organization, even you know, just a coalition.

[Josh Esrick] 14:13:14
It's important to remember that generally you're not alone. Someone else wants to implement these strategies as well.

[Josh Esrick] 14:13:18
And so we can figure out a way to work together. To, you know, accomplish them.

[Josh Esrick] 14:13:23
And, the image on this slide here, is another SAMHSA guide, which, focuses on that aspect of building up collaboration and community engagement to make sure that we are implementing, you know, the most appropriate strategies for the community and the stakeholders within it.

[Josh Esrick] 14:13:42
This particular guide, presents what we know about community engagement from research studies. It reports on common community engagement activities and outcomes.

[Josh Esrick] 14:13:51
And also discusses practical considerations drawn from on the ground experience regarding how to participate effectively in community engagement.

[Josh Esrick] 14:14:01
So it can provide hopefully some additional, helpful tips and tricks. And then the last, sort of aspect of things I want to talk about.

[Josh Esrick] 14:14:11
In terms of strategies are the social determinants of health. So Emily talked about these earlier, the 5 big domains that sort of are the really big context around us that influence, our lives in so many different ways and our health outcomes.

[Josh Esrick] 14:14:39
That influence, our lives in so many different ways and our health outcomes, not just substance use outcomes, not just suicide, if you don't have, any healthcare providers that, you know, speak the same language as you that live within 20 miles of you or I mean those are just random

[Josh Esrick] 14:14:47
stats I made up but like if you don't have access to health care providers that know how to serve you or if you don't have access to, you know, a high quality education or if you deal with a lot of economic instability.

[Josh Esrick] 14:15:00
And there's so many others. These types of factors have a huge impact on our lives.

[Josh Esrick] 14:15:05
And there's a lot of research and growing research showing direct connections between these determinants and you know rates of substance misuse and rates of other behavioral health disorders and risk of suicide.

[Josh Esrick] 14:15:17
And it's important to note that just in general, we wanna be addressing these determinants of health because, you know, a lot of times there are, racial and health inequities in the social determinants of health and that's a big cause of.

[Josh Esrick] 14:15:32
The health disparities that we end up seeing, down the road. If some populations have less access to high quality health care than other populations.

[Josh Esrick] 14:15:42
You'd expect there to be a disparity that eventually rises in the health outcomes. So we wanna be addressing the social determinants of health no matter what.

[Josh Esrick] 14:15:51
And you know, when we're addressing the social determinants of it, when we're trying to adjust the social determinants of health, we need to figure out what is it we can do that addresses, you know, both risk substance use and risk of suicide or whatever other topics we're concerned about, but obviously for

[Josh Esrick] 14:16:08
today's presentation, but obviously for today's presentation, those are the 2 we're talking about for today's presentation, those are the 2 we're talking about.

[Josh Esrick] 14:16:16
And that can be a lot of work to figure out what are the evidence-based effective strategies that we can implement.

[Josh Esrick] 14:16:18

And sometimes we won't necessarily find one that has been evaluated for both of these topics yet. And so sometimes when we are trying to deal with the social determinants of health, it can be harder to say, yes, this is evidence based for sure yet.

[Josh Esrick] 14:16:31
But there is a lot of research suggesting that there are all these connections. You know, for instance, All of these different social determinants of health have been found linked to, you know, rates of stress, anxiety, depression and trauma.

[Josh Esrick] 14:16:46
And those of course are major risk factors for all sorts of behavioral health disorders. And so, there, that's why we know the things we want to address.

[Josh Esrick] 14:16:56
But the point is, If you again, if you have fonders requiring that whatever you do is evidence-based, it can be harder to make the case to directly address these social determinants of health.

[Josh Esrick] 14:17:05
But if there's any way to do so, you really do want to think about what it is you can do, in terms of, you know, helping promote support of employment or helping to ensure more people get enrolled in health insurance or, helping to improve school climate and making schools safer.

[Josh Esrick] 14:17:25
There's a lot of information out there, especially through the US Department of Health and Human Services, Health and Human Services, Healthy People, Twenty-thirty website as to ways to, to better address those social determinants of health.

[Josh Esrick] 14:17:38
Oh, there's, you know, I didn't have any slides on these, but also I did one note that you know a lot of the other things that people mentioned in response to their question things like addressing aces.

[Josh Esrick] 14:17:49
We definitely want to address aces as a ton of research showing the Aces and things like Aces have a huge impact on, you know, behavioral outcomes and just health outcomes in general long term.

[Josh Esrick] 14:18:03
And there are a number of evidence based strategies for addressing them for, you know, trying to reduce rates of substance use, for instance.

[Josh Esrick] 14:18:09
The issue though is again if we're trying to address both suicide and substance use. What I haven't really seen is, is specific strategies that would that have been evaluated to having an impact on both of those outcomes.

[Josh Esrick] 14:18:20
That's always the trick, right? That, there's a lot of times things that we assume are correct and they probably are, but sometimes it hasn't actually been research done yet.

[Josh Esrick] 14:18:31
It's sort of the, evergreen problem of just well the social sciences in general is that we're always waiting for more research to be conducted.

[Josh Esrick] 14:18:39
And when research does come out, it's not always widely disseminated. So I also want to shout out everyone in the chat who has been sharing links and resources.

[Josh Esrick] 14:18:49
You know, because all of those likely are gonna be helpful for folks as well. Are gonna be helpful for folks as well, as whatever as the resources that we've provided.

[Josh Esrick] 14:18:58
So I wanna encourage everyone to continue sharing those. And so with that, we actually have another question for you all to continue thinking about the social determinants of health.

[Josh Esrick] 14:19:08
And I'm gonna turn things back over to Derek to, ask that one.

[Derrick Newby SSW PTTC] 14:19:13
Thank you, Josh. Since that giant elephant just walked into the room, let's go ahead and address it.

[Derrick Newby SSW PTTC] 14:19:20
What are some ways you or your organization can help address the social determinants of health? I'd like you to answer in the chat.

[Derrick Newby SSW PTTC] 14:19:28
You know about the social determinants of health. You've heard about them. There's research out about them.

[Derrick Newby SSW PTTC] 14:19:34
But what are some ways you or your organization can help address? The social determinants of health. People just put that into the chat.

[Derrick Newby SSW PTTC] 14:19:44
You're already doing some things. That's that's wonderful. Or just some things that you You don't have in your mind that you could be doing it or organization could be doing.

[Derrick Newby SSW PTTC] 14:19:55
Please share those with us as well.

[Derrick Newby SSW PTTC] 14:19:57
Okay, connecting with clients. Trainings, community events. Coalition work identifying the needs.

[Derrick Newby SSW PTTC] 14:20:07
Stigma training wow there are so many different ideas that are coming on how to deal with the social determinants of health.

[Derrick Newby SSW PTTC] 14:20:16
Thank you so much. Yes, it's not only motivational, it is inspirational. So many of you are thinking about these things.

[Derrick Newby SSW PTTC] 14:20:25
Working to address them within your communities. Build hobbies and skills, collaborating with community stakeholders.

[Derrick Newby SSW PTTC] 14:20:33
I see outreach with resources for the community. Partner with community groups, faith groups, and prevention training.

[Derrick Newby SSW PTTC] 14:20:41
Ensuring the outreach. Reaches individuals of all socioeconomic backgrounds.

[Derrick Newby SSW PTTC] 14:20:49

Excellent. Okay, got a case, right? We are working. On 100% community initiatives which address things like access to mental and behavioral health along with food and shelter.

[Derrick Newby SSW PTTC] 14:21:01
And transportation. And jobs training. Now that's a holistic approach to I've ever heard one.

[Derrick Newby SSW PTTC] 14:21:08
With that said, I'm gonna put it back in the hands of Josh to keep us on schedule.

[Josh Esrick] 14:21:13
Thanks, Derek. And thanks everyone for all those great responses in there. It's really great.

[Josh Esrick] 14:21:20
Yeah, really really inspiring like they're excited to see them all. And I do want to also call it that they're said to see them all.

[Josh Esrick] 14:21:28
And I do want to also call it that, you know, for anyone who didn't share something in the chat, you know, for anyone who didn't share something in the chat, cause you're thinking maybe there isn't a way for your organization to act.

[Josh Esrick] 14:21:33
Even if you have limited capacity, you're thinking maybe there isn't a way for your organization to act.

[Josh Esrick] 14:21:37
Even if you have limited capacity, you know, limited resources, a lot of the things people shared are still doable.

[Josh Esrick] 14:21:38
There's always a role we can play simply in educating others about the importance of addressing these topics and advocating for change.

[Josh Esrick] 14:21:47
So even if you can't, you know, even if you don't have the resources to implement a new program yourself, there's still opportunities to help you just move that conversation forward about the importance of addressing them.

[Josh Esrick] 14:22:01
There's always something that we can find to do. And, Just, yeah, always remember that and all and.

[Josh Esrick] 14:22:05
You know, think about what the options are there. So the next slide I have is just a mention some other opportunities that can exist for collaboration.

[Josh Esrick] 14:22:13
As we're trying to better address, These topics. One is, you know, implementing EVPs.

[Josh Esrick] 14:22:22
You'll like we took your evidence based programs and practices. To the extent we can, you know, as I talked about, there's not necessarily a ton of things that have been directly evaluated for their impact on both suicide and substance use, but we do want to address, yeah, we do want to implement ones that seem like they

[Josh Esrick] 14:22:36
meet the needs of our communities, also just potentially implementing whatever substance use prevention strategies we can because we wanna be doing that anyway, of course, because that's our main mission, but also they might end up having an impact as well.

[Josh Esrick] 14:22:49
Because on suicide rates because as Emily talked about, there are all these strong connections, they just haven't always been directly, evaluated for their impact there.

[Josh Esrick] 14:22:58
We can also potentially collaborate on research and particularly in the implementation of pilot programs. You know, the way that we learn more, the way that people like me get to see more studies about what works and what doesn't work.

[Josh Esrick] 14:23:11
Comes from communities, publishing their evaluations and talking about, hey, here's what we tried doing and here's what an impact we had.

[Josh Esrick] 14:23:19
So. Anytime you might have an opportunity to do that kind of work, to work with your local college, your local university, work with other stakeholders in your community to implement a sort of any sort of pilot program to try out new ideas.

[Josh Esrick] 14:23:35
Put your results out there. Like that's how the field grows. And I know that can take a lot of work.

[Josh Esrick] 14:23:43
It's extra effort and it maybe doesn't directly help your community. But it helps other communities and if other communities do it, it helps your community that we need we all need to work together to grow the field whenever we can.

[Josh Esrick] 14:23:55
Also speaking just specifically of your own community, we can always collaborate with other stakeholders just on doing needs assessments, like even if we end up doing different strategies for dealing with our own separate issues, sort of, you know, all behavioral health stakeholders can work together on these kinds of assessments to figure out what the

[Josh Esrick] 14:24:12
needs of the community are. And at times it makes sense to, you know, a hospital system, for instance, maybe doesn't wanna share their data with every every, separate request that they get for their data.

[Josh Esrick] 14:24:26
But, you know, if there's some sort of collaborative assessment going on, maybe it's easier for them to share it once, for instance.

[Josh Esrick] 14:24:31
So we always want to think about what are those opportunities for collaboration that might exist. So, in conclusion, as we talked about today, suicide and substance misuse is a major public health concern as Emily talked about going through the data there.

[Josh Esrick] 14:24:50
And as part of that data, people who misuse substances are at an elevated risk of suicide.

[Josh Esrick] 14:24:56
Obviously they're not the only group at risk of at an elevated risk. But you know, again, since with the substance use prevention, technology transfer center that is the, you know, lens we wanted to take, especially in the second half of the presentation.

[Josh Esrick] 14:25:10
And so there are a lot of shared risk factors between substance use and risk of suicide, which helps speak to why the elevated risk exists.

[Josh Esrick] 14:25:17
And those risk factors, in many cases were exacerbated by the COVID.

[Josh Esrick] 14:25:23
19 pandemic. You know, as I'm just showed in the data sort of rates of suicide.

[Josh Esrick] 14:25:29
Also as you see with just looking overdose rates, lot of different behavioral rates, you know, they would have been going up since, you know, the early 2,000 or the late nineties but ever since COVID hit there's been just enormous changes that we're still grappling with and need to figure out how better to

[Josh Esrick] 14:25:43
address. There are some evidence based programs and strategies that exist to support both suicide and substance use prevention efforts and there's many other strategies that can just address one or the other and again there are resources like the suicide prevention resource center.

[Josh Esrick] 14:26:01
Likely your local mental health technology transfer center and likely other organizations as well that can share more suicide prevention specific strategies and then of course there's all of the other substance use prevention strategies we know of that work that might have an impact on suicide as well.

[Josh Esrick] 14:26:18
But just haven't been specifically evaluated for that yet. And so because there is sometimes that gap in in knowing those direct connections there is that room of course to continue to grow the evidence grow the evidence base and I would encourage everyone to do so to the extent that you're able to.

[Josh Esrick] 14:26:36
Alright, so II know we've thrown a lot at you and we've only got a few minutes left.

[Josh Esrick] 14:26:45
But I really, hope that if you have any questions, especially any questions you asked before that we didn't get a chance to answer.

[Josh Esrick] 14:26:56
Also, I'll note that I believe our contact information on the slides as well or at least, Derek's in Wanda's is and they can reach out to us.

[Josh Esrick] 14:27:03
So please, reach out to us after the presentation as well if you don't have enough time to ask your questions now.

[Josh Esrick] 14:27:10
And I do say a question from Kathy actually and I don't know the answer to this one asking if a transcript of the presentation will also be available.

[Josh Esrick] 14:27:19
So I don't know. Derek, if you know the answer to that one.

[Derrick Newby SSW PTTC] 14:27:22
That is a Wanda question. Wanda, that's it. We have a transcript of this, presentation available.

[Derrick Newby SSW PTTC] 14:27:39
Yep, I'm mute.

[Wanda West] 14:27:45
I'm not sure if we will have a script in the sense, of a script that a companies, but we can do close captioning.

[Wanda West] 14:27:55
On this.

[Richard Feinberg] 14:27:55
I can record the transcript off.

[Wanda West] 14:27:58
What's that?

[Richard Feinberg] 14:27:59
I can record the transcript at the end of this program.

[Wanda West] 14:28:02
Okay. All right, thank you, Richard. So yes, that's a yes.

[Derrick Newby SSW PTTC] 14:28:06
Okay, Miss. How do I get credit for this training? And that is simple. All you have to do is complete your evaluation.

[Derrick Newby SSW PTTC] 14:28:19
At the end which is gonna be our next slide when you complete your evaluation then Hey, a certificate link will be sent to you.

[Derrick Newby SSW PTTC] 14:28:27
The by next week. And you'll be able to click on that and not get your certificate.

[Derrick Newby SSW PTTC] 14:28:34
Any other questions? Is the video gonna be available? Yes, the video will be available as well.

[Josh Esrick] 14:28:45
So I do say a question about the rate of suicide. I know Emily can speak more to this as well, but I know.

[Josh Esrick] 14:28:53
A large part of it is that, when it comes to the suicide attempts, men often pick more lethal means.

[Josh Esrick] 14:29:01
So they have a higher rate of, attempts that translate to deaths.

[Derrick Newby SSW PTTC] 14:29:04
Excellent.

[Emily Patton] 14:29:05
Hi Josh, yeah that's correct.

[Josh Esrick] 14:29:07
Yeah.

[Derrick Newby SSW PTTC] 14:29:09
Hey. It ain't over to the paperwork done. So at this point, I'm gonna ask you those of you who can, if you have your smartphones with you.

[Derrick Newby SSW PTTC] 14:29:19

To go ahead and and click on the QR code and the feedback survey the link will also be placed in the chat if that'll be easy for you to click on the link in the chat.

[Derrick Newby SSW PTTC] 14:29:29
And if either of those don't work for you when you sign off, you will get a pop-up.

[Derrick Newby SSW PTTC] 14:29:34
Except that pop-up and that will take you to the survey as well. You don't have to do the survey twice, but we definitely need to do at least once that we wanna make sure.

[Derrick Newby SSW PTTC] 14:29:42
That we know who all was here, how well we did. And also, how to get you your certificate of participation for today.

[Derrick Newby SSW PTTC] 14:29:52
I see a lot of Those thank you are for you Josh and Emily. You know. Fantastic job today.

[Josh Esrick] 14:29:56
Yeah.

[Derrick Newby SSW PTTC] 14:30:00
We appreciate each and every one of you. Shout out to my team. Richard and Laurie and Wanda.

[Derrick Newby SSW PTTC] 14:30:08
Or the support today providing this excellent presentation. And to each and every one of you for being here today you know I just You need to pat yourself on the back.

[Derrick Newby SSW PTTC] 14:30:19
For, taking your time out. To come address this this topic with us today. Addressing the intersection of substance misuse and suicide requires a comprehensive approaching.

[Derrick Newby SSW PTTC] 14:30:34
It includes prevention efforts, early identification and intervention and accessible mental health services and effective substance. Misuse treatment.

[Derrick Newby SSW PTTC] 14:30:44
It is essential to raise awareness. Reduce stigma and provide support to individuals struggling. With substance misuse and suicidal ideation or behaviors.

[Derrick Newby SSW PTTC] 14:30:55
With that say it we have several programs that are coming up in the future and we wanna encourage you to attend.

[Derrick Newby SSW PTTC] 14:31:01
We're gonna continue this talk you know since multiple factors influence suicidal behaviors and substance use and prevention efforts and participation.

[Derrick Newby SSW PTTC] 14:31:12
We're gonna address that. And address the epidemic in our upcoming presentation on July. 27 in title addressing a co-occurring epidemic substance.

[Derrick Newby SSW PTTC] 14:31:24
Misuse and suicide. So I encourage you to. Come to our website and sign up for that. His way out, it's, out right now.

[Derrick Newby SSW PTTC] 14:31:34
You can get signed up. Registration is growing for that one. And we're gonna focus on the co-occurring epidemic of

substance and issues and suicide in that one.

[Derrick Newby SSW PTTC] 14:31:43
It's gonna be, 1 30 to 30'clock central time. Encourage everyone here to sign up for that.

[Derrick Newby SSW PTTC] 14:31:50
It's gonna be a great time. We also have an upcoming presentation. That's gonna be on ais and that was talked about a little bit here today too so if you find it difficult to talk with family and communities about adverse childhood experiences.

[Derrick Newby SSW PTTC] 14:32:04
And that's study in its relationship with substance misuse. Come to our program. We're gonna begin with highlighting the awareness of toxic stress and its impact on childhood development.

[Derrick Newby SSW PTTC] 14:32:15
This workshop is gonna use a strength based approach. And a trauma-informed lens to focus on positive childhood experiences as well as building resilience.

[Derrick Newby SSW PTTC] 14:32:23
And that's gonna be on Thursday to July thirteenth. So July is gonna be a busy month.

[Derrick Newby SSW PTTC] 14:32:29
We encourage you to come to our website, sign up just like you did for this program. And attend this whale and that's gonna be from 1130 to 10'clock.

[Derrick Newby SSW PTTC] 14:32:42
So with that say it, you will receive a copy of this slide then the references. Are gonna be in that slide deck as well.

[Derrick Newby SSW PTTC] 14:32:51
You'll be able to have access to everything that you saw here today. If you have any further questions, please contact me.

[Derrick Newby SSW PTTC] 14:32:59
I'm Derrick Newby again. I'm the TTA specialist with the South South West PTC region 6.

[Derrick Newby SSW PTTC] 14:33:04
Come to our website south southwest PTTC. Join our mailing list and enjoy some of the products and resources that we have available.

[Derrick Newby SSW PTTC] 14:33:12
For you on our website.

[Derrick Newby SSW PTTC] 14:33:15
Thank you very much and I appreciate your time today.

[Josh Esrick] 14:33:21
Thanks everyone. Really appreciate it. And yeah, like Derek said, if you have any questions about the content at please still reach out to us and we'll do our best to get back to you with