

Substance Use Disorder And Jail And Prison Suicide

The Missing Link In Suicide Prevention

Bureau of Justice Assistance (BJA)

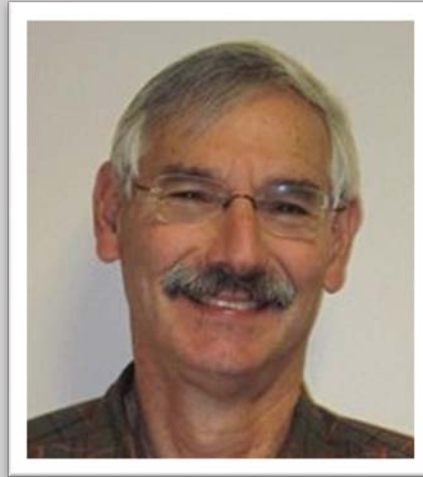
Residential Substance Abuse Treatment (RSAT)
Program for State Prisoners

Training and Technical Assistance Resource

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Agenda

The Differences Between Suicides in Jails and Prisons

Substance Use Disorder and Suicide: Inside and Outside Corrections

Preventing Suicide in Correctional Facilities

Review and Conclusions

A photograph of three men in orange jumpsuits sitting at a table, looking at papers. The man in the foreground is a white man with a beard, looking down at a paper. Behind him is a Black man with a beard and glasses, also looking down. To the left, a third man is partially visible, looking down. The background is a white wall with some writing on it. The image has a blue tint on the left side.

The Differences Between Suicides in Jails and Prisons

Suicide in Local Jails

Suicide was the leading cause of deaths in jails in 2019, constituting 30% of all jail deaths.

Adjusting for sex, race/ethnicity, and age, individuals in jail were more than twice as likely as US residents to die by suicide in 2019.

Jail suicides increased 13% between 2001 and 2019.

Carson, A. Suicide in local jails and state and federal prisons, 2000-2019-Statistical tables, Bureau of Justice Statistics, NCJ 300731, October 2021.

Suicide in State and Federal Prisons

Suicides in state prisons constituted 8% of all state prison deaths in 2019, more than drug or alcohol intoxication deaths (7%).

People incarcerated in state prisons had almost double the rate than adult U.S. residents in 2019.

Prison suicides increased 85% from 2001 to 2019.

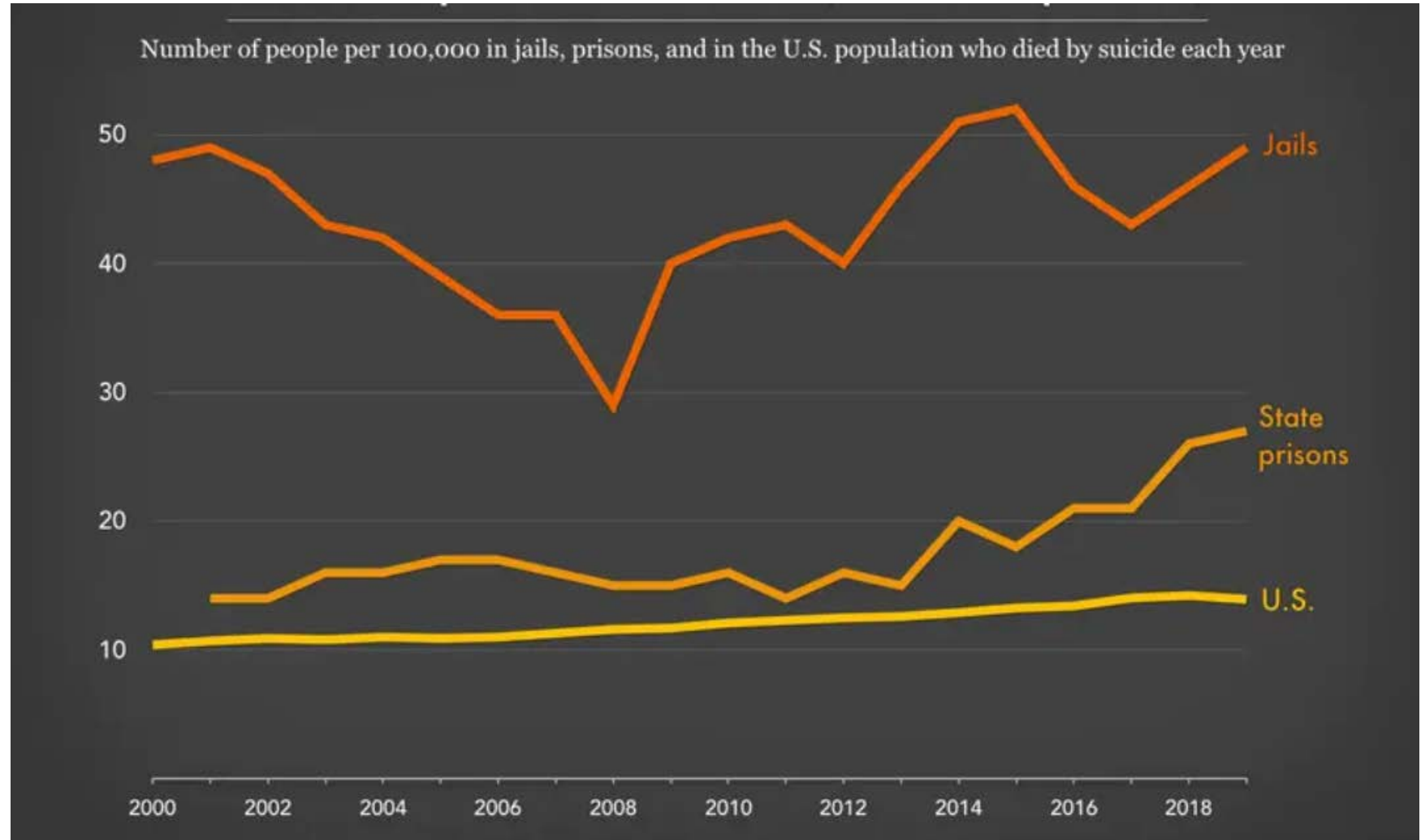
Carson, A. Suicide in local jails and state and federal prisons, 2000-2019-Statistical tables, Bureau of Justice Statistics, NCJ 300731, October 2021.

Suicide Rates in United States vs. Jails and Prisons

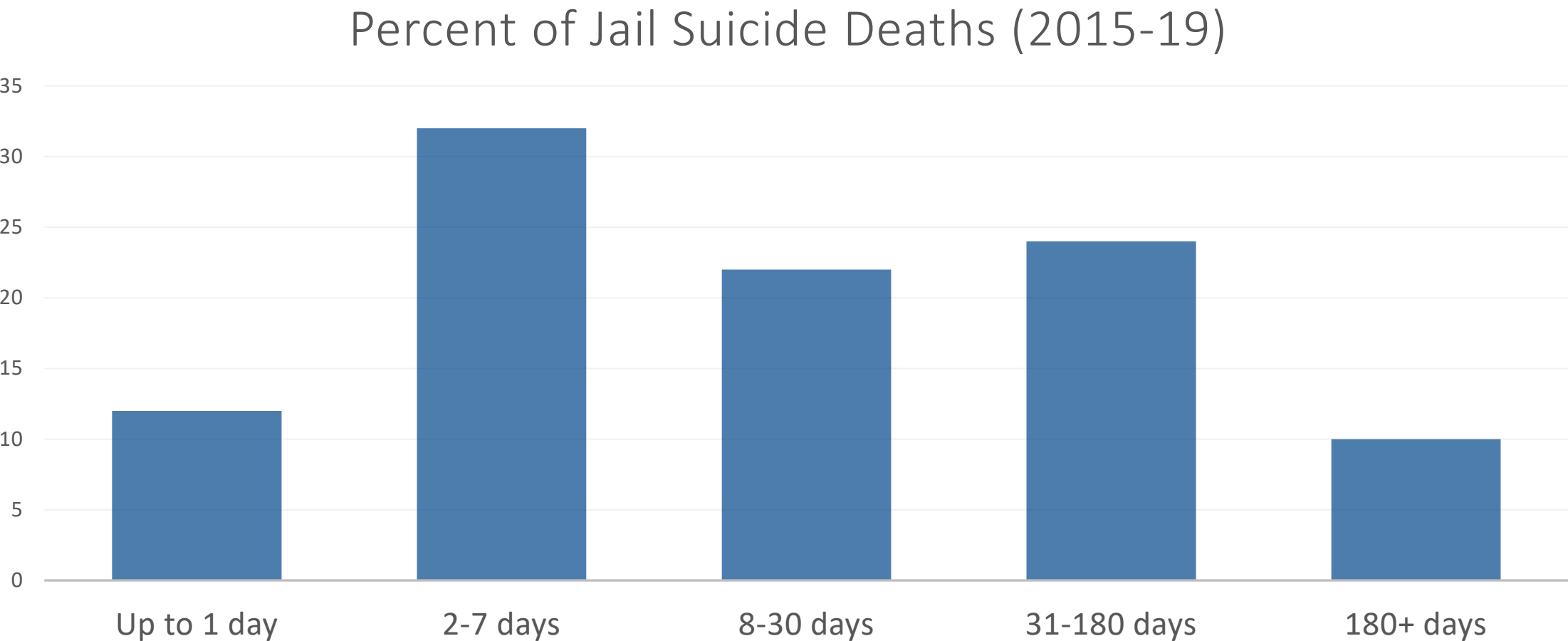


E. Carson (October 2021).
*Suicides in Local Jails and
State and Federal
Prisons, 2000-2019*,
Statistical Tables, Bureau
of Justice Statistics, NCJ #
300731,
<https://bjs.ojp.gov/library/publications/mortality-local-jails-2000-2019-statistical-tables>.

Centers for Disease
Control and Prevention,
Suicide Prevention,
*Suicide Data and
Statistics*
<https://www.cdc.gov/suicide/suicide-data-statistics.html>



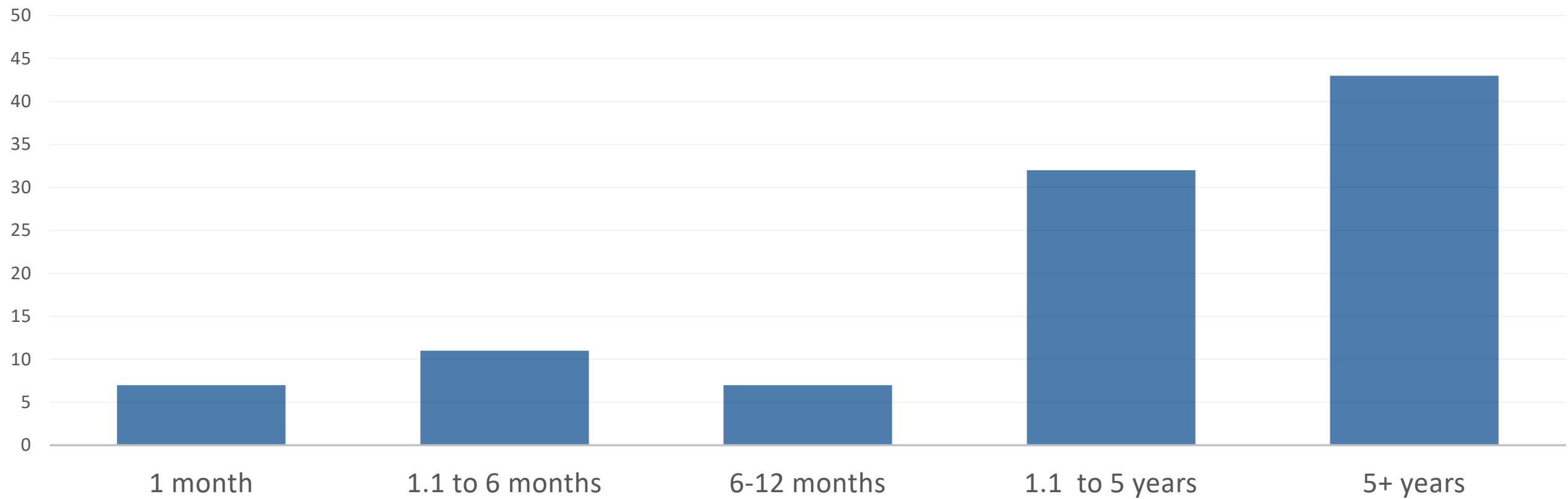
When Do Suicides in Jail Occur?



Carson, A. *Suicide in local jails and state and federal prisons, 2000-2019-Statistical tables*, Bureau of Justice Statistics, NCJ 300731, October 2021.

When Do Suicides in Prisons Occur?

Percent of Prison Suicides (2015-19)



Carson, A. Suicide in local jails and state and federal prisons, 2000-2019-Statistical tables, Bureau of Justice Statistics, NCJ 300731, October 2021.

What Can We Learn From the Data?

Jail

- 44% of all jail deaths by suicide occur within first week.
- 66% of deaths by suicide within first 30 days.

Prison

- 75% of deaths by suicide in prisons occur after the first year of incarceration.



Carson, A. Suicide in local jails and state and federal prisons, 2000-2019-Statistical tables, Bureau of Justice Statistics, NCJ 300731, October 2021.

**Are we underassessing mental health?
OR
Are we missing something?**

Standard Correctional Suicide Risk Assessment Instruments

- A systematic review of suicide risk instruments reveals most are supported by **too few studies to allow for evaluation of accuracy.**
 - Among those that can be evaluated, none fulfills requirements for sufficient “diagnostic accuracy.”
- **“At present, there are no known suicide risk assessment instruments designed specifically for use in correctional settings.”** – *National Commission on Correctional Health Care & the American Foundation for Suicide Prevention, 2022*

Annette Hanson, 2010, “Correctional Suicide: Has Progress Ended?” *Journal of the American Academy of Psychiatry and the Law* 38(1): 6–10.

Runeson, Bo, Jenny Odeberg, Agneta Pettersson, Tobias Edbom, Ingall Jildebik Adamsson, and Margda Waern, 2017, “Instruments for the Assessment of Suicide Risk: A Systematic Review Evaluating the Certainty of the Evidence,” *PLoS One* 12(7): e0180292.

Barboza, Sharen, Russell Blair, Gregory Cook, William Elliott, and Edward Kern, 2022, *Suicide Prevention Resource Guide: National Response Plan for Suicide Prevention in Corrections*, National Commission on Correctional Health Care and American Foundation for Suicide Prevention.



Substance Use Disorder and Suicide: Inside and Outside Corrections

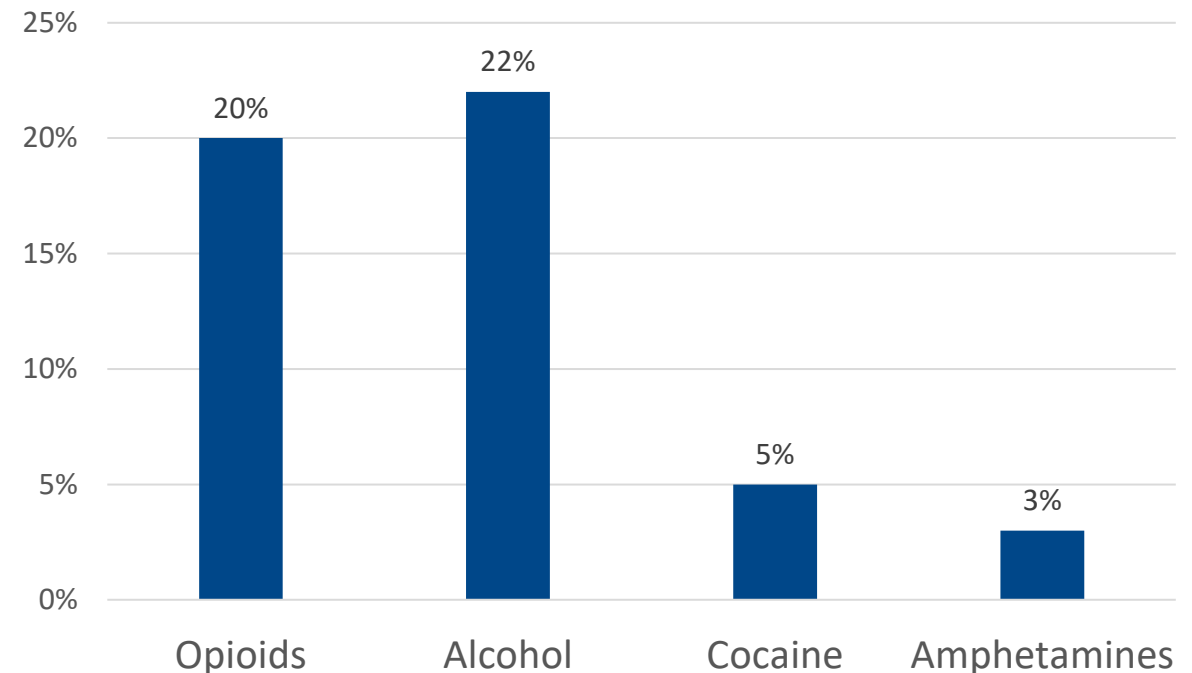
Outside of Corrections

Substance Use Disorder (SUD) and Suicide

Case control study (n=2,500+):

- “Substance use disorders are associated with significant risk of suicide mortality.”
- “Experiencing multiple substance use disorders is particularly risky.”

Presence of Substances in Suicide Deaths -2016



Lynch, F.L., Peterson, E.L., Lu, C.Y. et al. Substance use disorders and risk of suicide in a general US population: a case control study. Addict Sci Clin Pract 15, 14 (2020).

Outside of Corrections (cont.)

SUD and Suicide

- People with an opioid use disorder (OUD) are **twice as likely to attempt suicide** as individuals without.
 - 58.5% of people with opioid use disorder who overdosed had “some desire to die before overdose”, only 41.5% said they did not want to die.

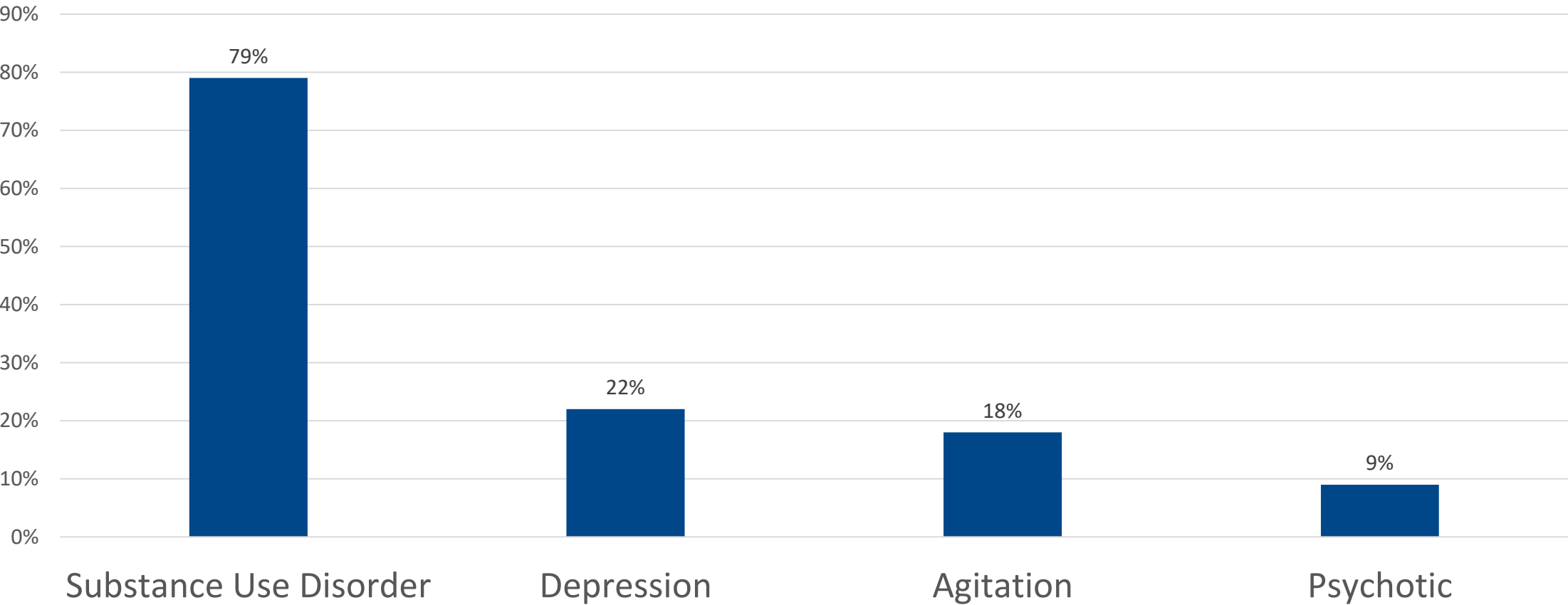
Connery, H. et al. (2019). Suicidal Motivations Reported by Opioid Overdose Survivors: A Cross-Sectional Study of Adults with Opioid Use Disorder, *Drug and Alcohol Dependence* 205.

Gordon, J. & Volkow, N. (2019.) Suicide Deaths Are a Major Component of the Opioid Crisis that Must Be Addressed, Rockville, MD: *National Institute of Mental Health*.

Gold, Mark (October 16, 2022). Suicide Might Be A Root Cause of More Opioid Overdoses Than We Thought, *Addiction Policy Forum*

Within Corrections (cont.)

Pennsylvania Prison Suicide Deaths over Two Decades



Malishchak, L., *22 Years of Data on Enola: Exploring this paradoxical prison suicide risk factor*, Pennsylvania Department of Corrections, 2022. Criminal Justice Advisory Board Conference presentation



Within Corrections (cont.)

Major Midwest Jail Analysis of Suicide and Attempted Suicides (N=736)

Finding:

- Males and females with SUDs **twice as likely** to attempt suicide or die by suicide.



Calli M Cain & Jared M. Ellison (2022) Identifying Individuals at Risk of Suicide and Self-Harm in Jail, Corrections, DOI: 10.1080/23774657.2022.2031350

The Link Between SUD & Suicide Inside Jails & Prisons

The Bottom Line:

Suicide is linked with substance withdrawal.

Suicide is linked to hopelessness, often experienced by persons with untreated SUD or history of prior treatment, with or without co-occurring mental illness.

Contraband drugs are commonly used in prison/jail suicides



Preventing Suicide in Correctional Facilities

Preventing Suicide in Correctional Facilities

Withdrawal Management

Hopelessness

Overdose Deaths

Contraband Substances

Preventing Jail Suicides

Withdrawal
Management

Hopelessness

Overdose
Deaths

Contraband
Substances

Withdrawal Management

Jails have become the nation's *de facto* detoxification centers.

- In 2015, more than 2.5 million withdrew from opioids in jails, far exceeding 300,000 who detoxed in residential treatment facilities or 65,000 in hospitals.

Preventing Jail Suicides (cont.)

Withdrawal
Management

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Withdrawal Management

Alcohol and Drug Withdrawal

- Sudden discontinuation of alcohol, opioids, benzodiazepine dramatically heightens risk of suicide.

Benzodiazepine Withdrawal

- Suicidal thoughts or attempts reported in 54.4% of 1,000 studies.

Opioid Withdrawal

- Fatal medical complications are often underestimated and include increased risk for suicide.

U.S. FDA, 2019, *FDA Identifies Harm Reported from Sudden Discontinuation of Opioid Pain Medicines and Requires Label Changes to Guide Prescribers on Gradual, Individualized Tapering*

Neale, Greg, and Allan Smith, 2007, *Self-Harm and Suicide Associated with Benzodiazepine Usage*, British Journal of General Practice, 57(538): 407–8, PMID: 17504594; PMCID: PMC2047018.

U.S. Department of Justice, Civil Rights Division, and U.S. Attorney's Office, District of New Jersey, 2021, Investigation of the Cumberland County Jail (Bridgeton, New Jersey), retrieved December 27, 2022 from <https://www.justice.gov/usao-nj/press-release/file/1354736/download>

Preventing Jail Suicides (cont.)

Withdrawal
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Post Acute Withdrawal Syndrome

- Once substances are discontinued, the subsequent neurobiological changes in the receptors and neurotransmitters can result in or **increase symptoms of depression** for patients during withdrawal.
- Some people may be using alcohol and other substances as a form of **self-medication for mental health symptoms**. Withdrawal may increase the underlying mental health disorder symptoms.

Preventing Jail Suicides (cont.)

Withdrawal
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Cumberland County, NJ

- Through an investigation of seven suicides of persons all withdrawing from opiates in this New Jersey jail, the U.S. Department of Justice investigators concluded that, **left untreated, opioid withdrawal's serious medical consequences included risk of suicide**, “particularly acute within the first days of incarceration.”

Preventing Jail Suicides (cont.)

Withdrawal
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Actions Taken: Cumberland County, NJ

- Jail agreed to “ensure that medication assisted treatment (MAT) is immediately provided to prisoners who have been identified as having or potentially having OUD at time of admission and ensure timely access to medical and mental health professionals when the prisoner exhibits symptoms of withdrawal.”
- Jail also agreed to ensure that individuals with OUD are “provided discharge or transfer planning services, especially services for prisoners in need of further MAT at the time of transfer to another institution or discharge to the community.”

U.S. Department of Justice, Civil Rights Division, and U.S. Attorney’s Office, District of New Jersey, 2021, Investigation of the Cumberland County Jail (Bridgeton, New Jersey), retrieved December 27, 2022 from <https://www.justice.gov/usao-nj/press-release/file/1354736/download>

Preventing Jail Suicides (cont.)

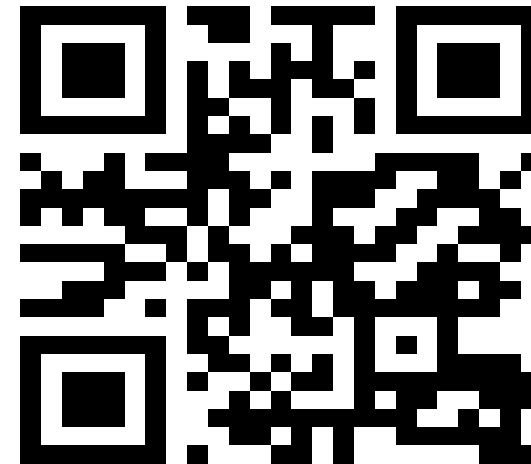
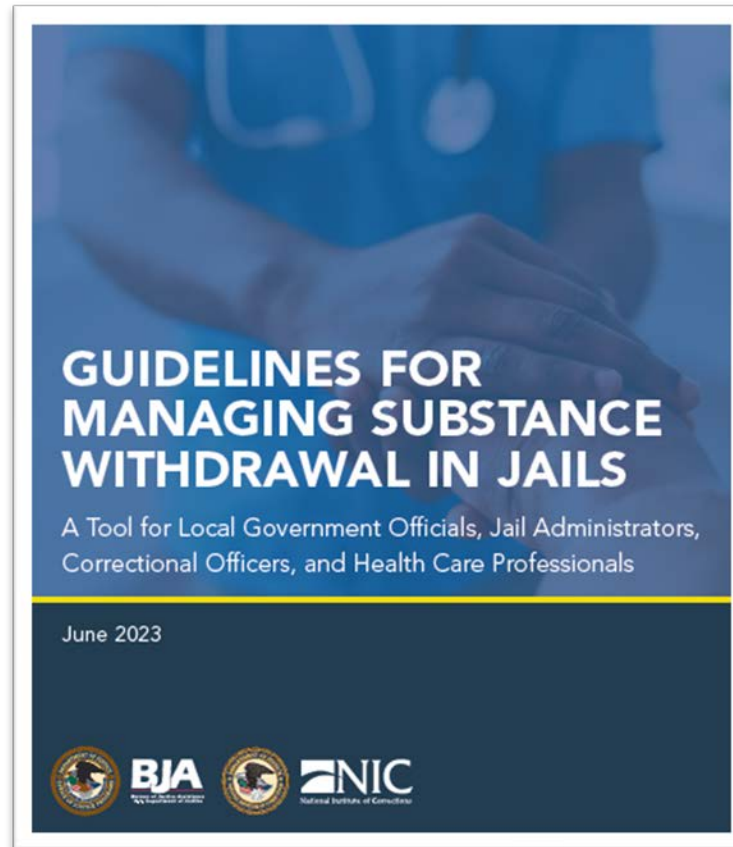
Withdrawal
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Guidelines for Managing Substance Withdrawal in Jails



Preventing Jail Suicides (cont.)

Withdrawal
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What the Research Says About Hopelessness

- Challenge for corrections is the ability to “**assist at-risk and hopeless inmates to develop internal programs of purpose and hope**, in often seemingly hopeless external life circumstances.”
- While there is a consensus in the research that being housed in single (i.e., one-person) cells is linked to suicides, among those in single cells, correctional suicides are correlated with levels of hopelessness and depression.

Bonner, R. (2000). Correctional Suicide Prevention in the Year 2000 and Beyond, *Suicide and Life-Threatening Behavior*, 30(4): 370–376

Bonner, R. (2005). Stressful Segregation Housing and Psychosocial Vulnerability in Prison Suicide Ideators, *Suicide and Life-Threatening Behavior*, 36 (2), 250-4

Thomas, A. et al. (2018). The Validity of Open-Source Data When Assessing Jail Suicides, *Health & Justice* 6: 11.

Preventing Jail Suicides (cont.)

Withdrawal
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Evidence-Based Treatment to Reduce Hopelessness: Philadelphia Department of Prisons Model

- Medical/SUD screening within 4 hours of admission
- Continuation of OUD medications
- Induction of OUD medications
- Cognitive behavioral SUD treatment offered
- Referral sent for post-release follow up
- Blister pack of medications for OUD provided upon release
- Medicaid reactivated

Preventing Jail Suicides (cont.)

Withdrawal
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MOUD Reduces Risk of Suicide Mortality

- MOUD was associated with a greater than 50% reduction in risk of suicide mortality during periods of stable treatment.
- The effect of buprenorphine treatment stood out as superior and was associated with a 65% reduction in suicide mortality risk.

Preventing Jail Suicides (cont.)

Withdrawal
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Overdose Deaths

- What does reduction of prison/jail overdose deaths have to do with suicide prevention?
- Aren't most overdose deaths in prisons and jails the result of loss of tolerance leading to accidental overdoses?

Preventing Jail Suicides (cont.)

Withdrawal
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Are Overdose Deaths Accidental or Intentional?

In the community:

- It is estimated that at least 30% of drug/alcohol overdose deaths across the US declared to be accidental are, in fact, intentional.
- The rate is likely much higher in prisons and jails as the base rates for both SUD and mental illness are significantly higher in prison and jail populations than in the general community.

Preventing Jail Suicides (cont.)

Withdrawal
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Case Study: Prison Substance Use Related Suicide

“Chadwick ... begged for mental healthcare, told officers he was suicidal before his death while incarcerated in prison.

*If y'all aren't going to f*****g help me,” he said, “I can get some fentanyl. I won't feel a f*****g thing.”*



Preventing Jail Suicides (cont.)

Withdrawal
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Case Study: Prison Substance Use Related Suicide

- Chadwick had struggled with addiction since his first arrest at age 16 for drugs. In 2018, he completed a six-month correctional substance use treatment program and was transferred to work release and probation. Three months later, he was caught with methamphetamines and ordered into in-patient treatment for a year. His probation was revoked in 2021 and he was imprisoned for the last time.
- Montgomery Advertiser Concluded: “Wade's experience in prison shows in detail what can happen when the horrors of prison are combined with an abundance of attainable illegal drugs and a failure to provide adequate mental health care.”
- His death was ruled accidental.

Mealins, E. (8/18/2022). Man begged for mental health care, told guards he was suicidal before his death. Montgomery Advertiser.

Preventing Jail Suicides (cont.)

Withdrawal
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Case Study: Jail Substance Use Related Suicide

- The lawsuit states that 29-year-old Richard Matus died at the Byrd Detention Center in Murrieta, CA from a drug overdose after suffering a “medical emergency for an appreciable amount of time”.
- In journals he kept during his incarceration Matus complained of feeling ill and receiving no medical help in jail.
- “Due to the great delays in securing adequate emergency medical attention for Richard Matus, Jr., and the failures on behalf of the (jail’s) custody staff in performing the required safety and welfare checks,” Matus’ family wrote in the lawsuit, “Mr. Matus did not respond to medical intervention and died.”

Preventing Jail Suicides (cont.)

Withdrawal
Management

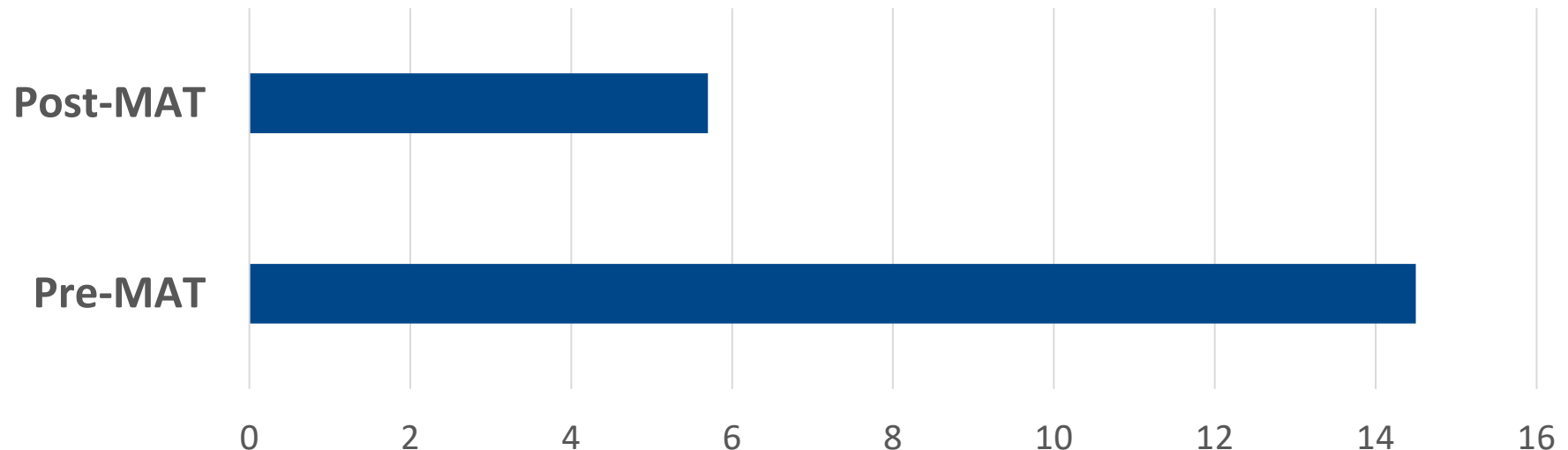
Hopelessness

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Substances

Evidence-Based Treatment to Reduce Overdose Deaths: Rhode Island Correctional SUD/MAT Program

Number of Overdose Deaths Pre- and Post-Implementation of
MAT Program at RIDOC



Green TC, Clarke J, Brinkley-Rubinstein L, et al. Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. *JAMA Psychiatry*. 2018;75(4):405–407. doi:10.1001/jamapsychiatry.2017.4614

Preventing Jail Suicides (cont.)

Withdrawal
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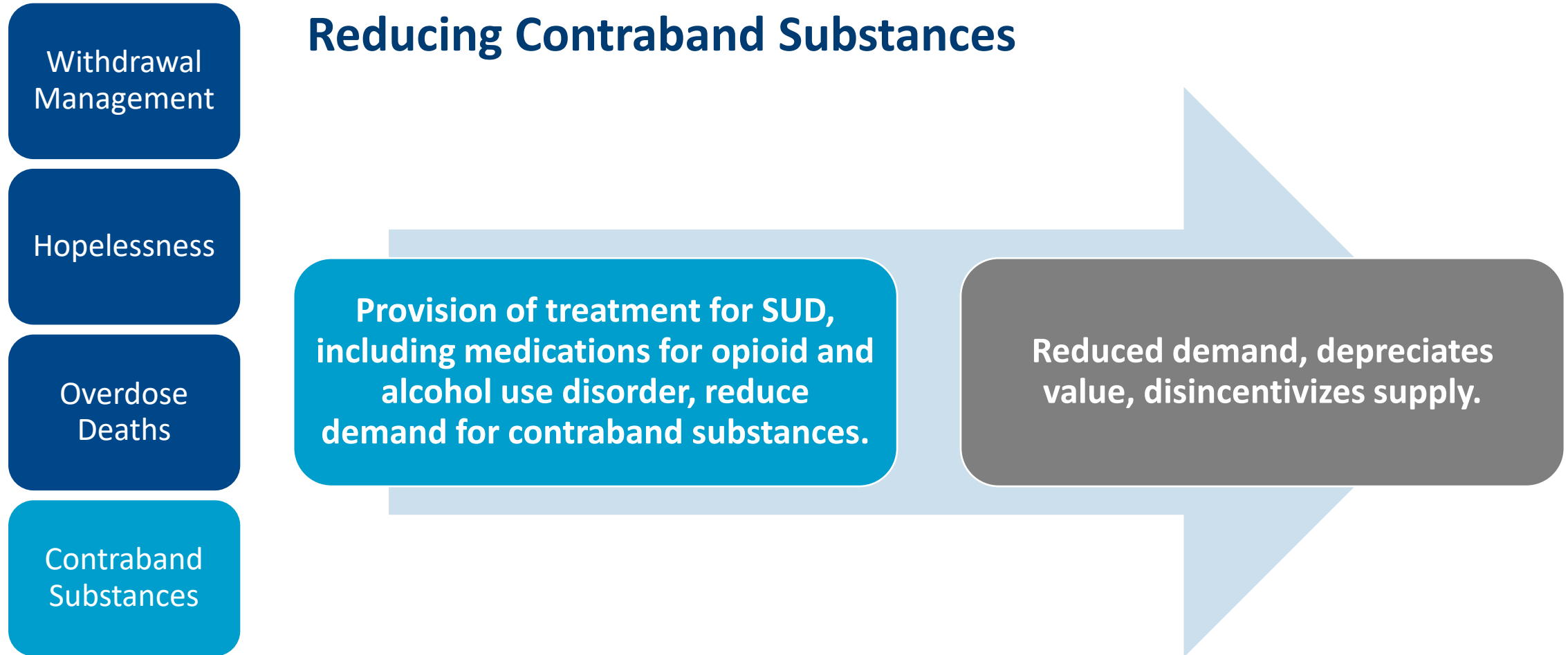
Contraband
Substances

Criminal Thinking in Justice Involved Individuals

- One aspect of Criminal Thinking is the inability to consider long term consequences of behavior, impulsivity, and quest for immediate gratification.
- Feeling hopeless, plus momentarily depression caused by external news can lead to impulsive suicides. The availability of contraband drugs facilitates these suicides.
- **Challenge: Reduce availability and/or demand for contraband drugs**

Gvion Y, Levi-Belz Y, Hadlaczky G, Apter A. On the role of impulsivity and decision-making in suicidal behavior. World J Psychiatry. 2015 Sep 22;5(3):255-9. doi: 10.5498/wjp.v5.i3.255. PMID: 26425440; PMCID: PMC4582302.

Preventing Jail Suicides (cont.)



A background image showing a group of medical students in a clinical setting. They are wearing light blue scrubs and are looking down at papers or devices, suggesting a review or study session. The image is overlaid with a semi-transparent blue filter.

Review and Conclusions

Evidence Based Practices to Reduce Risk of Suicide

MAT

- Screening, assessment, treatment planning, medication for OUD, overdose and relapse planning and prevention, and reentry planning.

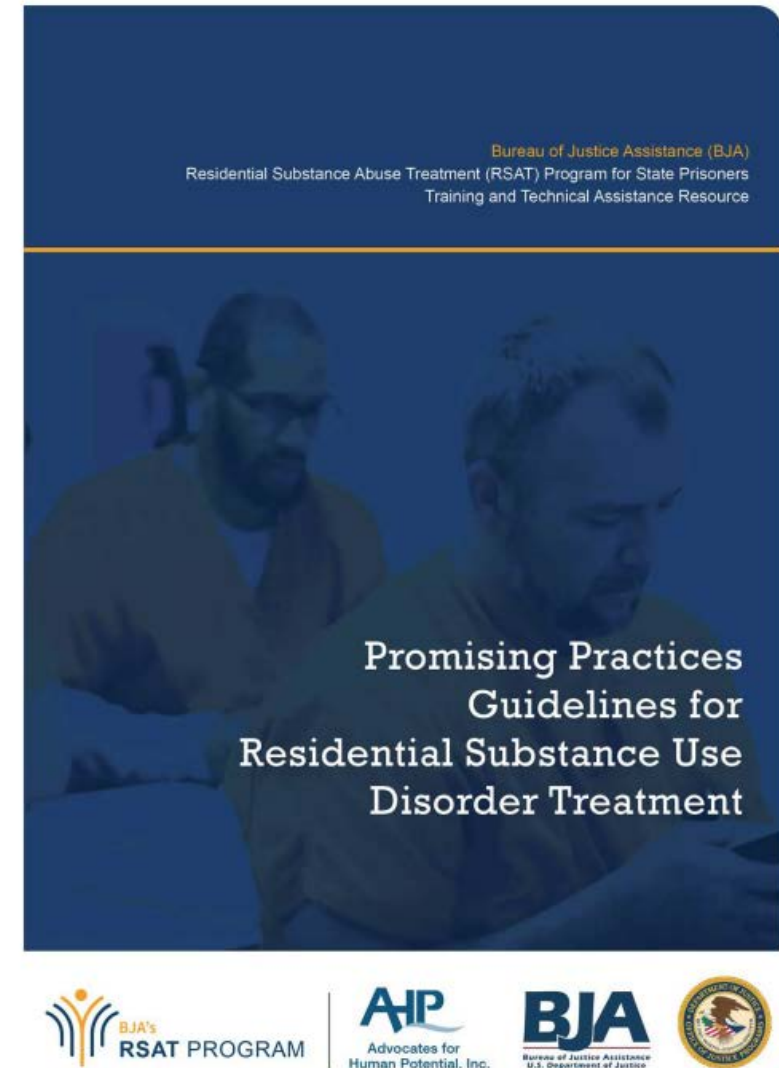
SUD Treatment

- Group and individual

Integrated Treatment for Co-occurring Disorders

- Group and individual

Promising Practices Guidelines for Residential Substance Use Disorder Treatment



Suicide prevention must be embedded in SUD treatment programs.



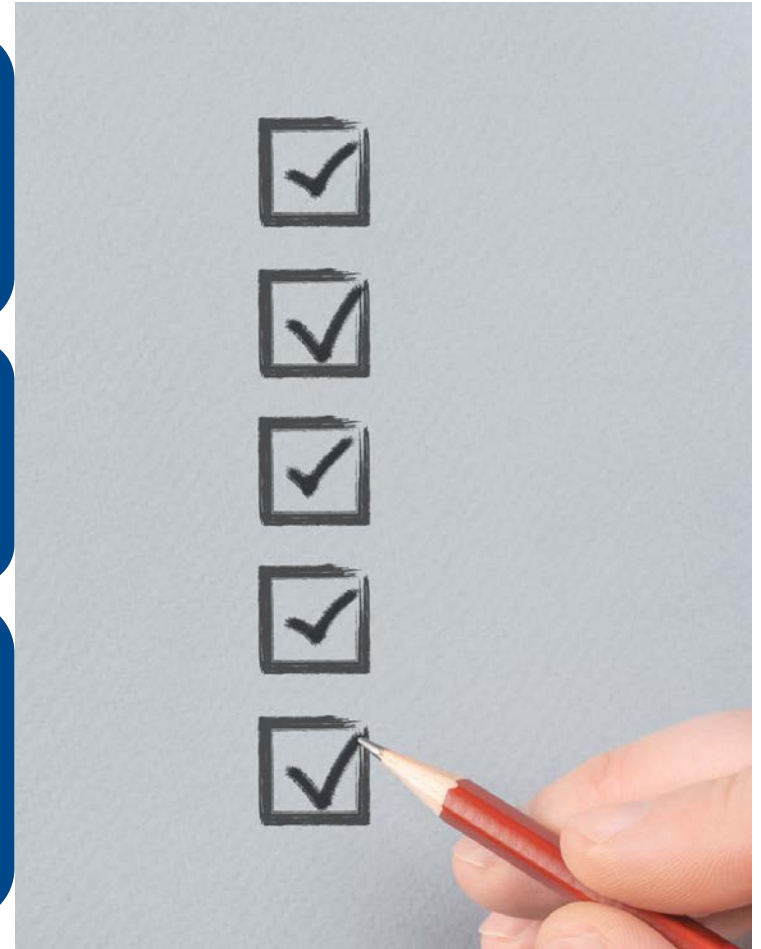
SUD treatment itself is also essential component of jail and prison suicide prevention program.

Final Thoughts (cont.)

All persons entering jail or prison should be **immediately screened** for SUD and state of intoxication.

Those exhibiting symptoms of SUD withdrawal should be **clinically assessed for withdrawal management** and, if indicated, referred for withdrawal management.

If positive for SUD, should be **considered at risk for suicide** and monitoring increased, not placed in a single cell, and other actions taken by standard correctional suicide prevention programs.



Final Thoughts (cont.)

Those entering with prescriptions for FDA-approved medications to treat opioid or alcohol use disorders should be **continued on these medications**.

Others should be offered **timely induction** on FDA-approved medications as appropriate.

All persons with SUD should **be enrolled in SUD treatment**.

Before release, SUD treatment or reentry staff should work with individuals to set up **reentry plan** to access to medication and treatment and recovery support in the community.

Resource

Preventing Suicides of Incarcerated Individuals with Substance Use Disorders

A Prison and Jail Policy Brief





QUESTIONS



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