



Editor's Note On

TIP 50, Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment

2017

Published in 2009, Treatment Improvement Protocol (TIP) 50 contains much information that remains useful to today's reader. Noted below are topical areas where more current information and resources supplant or add to the content found in the TIP.

Clinical Updates

The Consensus Panel was not reconvened to review and update the clinical information in TIP 50. However, a literature search covering 2009 to mid-2017 found little information that would affect the recommendations in the TIP.

In 2012, the Surgeon General issued a report in partnership with the National Action Alliance for Suicide Prevention—[2012 National Strategy for Suicide Prevention: Goals and Objectives for Action](#).¹ The report identifies actions that behavioral health professionals can take as part of a national effort to reduce suicide. A key concept in the National Strategy is “zero suicide”; this calls on healthcare workplaces to set an explicit goal of full success in preventing suicide among the patients in their care. Funding for healthcare systems to implement “zero suicide” prevention and intervention programs is being made available by the Substance Abuse and Mental Health Services Administration (SAMHSA).²

Another change that has occurred since the TIP's publication is that several states and credentialing organizations have mandated or recommended training to ensure that healthcare professionals assess and address suicide risk.³ Several training models for healthcare professionals are available (see the Resources section of this document).

Statistical Update

When TIP 50 was published in 2009, suicide was the 10th leading cause of death in the United States, with 36,909 suicides reported.⁴ In 2015, suicide was still the 10th leading cause of death, with 44,193 suicides reported.⁵

Associations Between Substance Use Disorders and Suicidality

Research published after TIP 50 became available has added further evidence to the link between substance use disorders and suicidality. Pertinent findings include the following:

- According to an analysis of SAMHSA's 2014 National Survey of Drug Use and Health, which had 41,053 respondents, past-year prescription opioid misuse was significantly associated with past-year frequency of



suicidal ideation (thoughts of suicide); misuse at weekly or more intervals was significantly associated with past-year frequency of suicide planning and suicide attempts.⁶

- In a cohort study using national administrative health records for more than 4.8 million veterans, an existing diagnosis of any substance use disorder and a specific diagnosis of alcohol, cocaine, cannabis, opioid, amphetamine or sedative use disorder were all significantly associated with a higher suicide risk. The authors suggest that the association between substance use disorders and suicide may be partially explained by co-occurring psychiatric disorders.⁷
- A separate analysis of the health records for that same veteran cohort found that even after adjusting for co-occurring psychiatric disorders, tobacco use disorder remained a risk factor for suicide.⁸

Additional Resources

Potentially useful resources that were not included in TIP 50 are listed below.

Web Resources

[American Association of Suicidology](http://www.suicidology.org)

www.suicidology.org

[American Foundation for Suicide Prevention](https://afsp.org)

<https://afsp.org>

[Commission on Accreditation of Rehabilitation Facilities: Quality Practice Notice on Suicide Prevention](http://www.carf.org/QPN_SuicidePrevention_Sept2016)

www.carf.org/QPN_SuicidePrevention_Sept2016

[Sentinel Event Alert: *Detecting and Treating Suicide Ideation in All Settings*](http://www.jointcommission.org/sea_issue_56) (The Joint Commission)

www.jointcommission.org/sea_issue_56

[Suicide Prevention and the Clinical Workforce: Guidelines for Training](http://actionallianceforsuicideprevention.org/resources/suicide-prevention-and-clinical-workforce-guidelines-training) (National Action Alliance for Suicide Prevention)

<http://actionallianceforsuicideprevention.org/resources/suicide-prevention-and-clinical-workforce-guidelines-training>

Products From SAMHSA

[In Brief: Substance Use and Suicide: A Nexus Requiring a Public Health Approach](https://store.samhsa.gov/product/In-Brief-Substance-Use-and-Suicide-/SMA16-4935) (highlights the relationship between substance use and suicide, gives an overview of the issue, and describes evidence-based programs that focus on substance use and suicide prevention)

<https://store.samhsa.gov/product/In-Brief-Substance-Use-and-Suicide-/SMA16-4935>

[National Suicide Prevention Lifeline Wallet Card](https://store.samhsa.gov/product/National-Suicide-Prevention-Lifeline-Wallet-Card-Suicide-Prevention-Learn-the-Warning-Signs/SVP13-0126) (lists signs of suicide risk)

<https://store.samhsa.gov/product/National-Suicide-Prevention-Lifeline-Wallet-Card-Suicide-Prevention-Learn-the-Warning-Signs/SVP13-0126>

The National Suicide Prevention Lifeline Wallet Card is also available in [Spanish](#)

<https://store.samhsa.gov/product/National-Suicide-Prevention-Lifeline-Suicide-Warning-Signs-wallet-card-Spanish-/SVP11-0126SP>

[SAFE-T Pocket Card](https://store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/SMA09-4432) (suicide assessment five-step evaluation and triage for clinicians)
<https://store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/SMA09-4432>

[SAMHSA Suicide Safe Mobile App](https://store.samhsa.gov/product/SAMHSA-Suicide-Safe-Mobile-App/PEP15-SAFEAPP1) (education and support resources for primary care and behavioral health service providers)
<https://store.samhsa.gov/product/SAMHSA-Suicide-Safe-Mobile-App/PEP15-SAFEAPP1>

Notes

- 1 Office of the Surgeon General & National Action Alliance for Suicide Prevention. (2012). *2012 national strategy for suicide prevention: Goals and objectives for action*. Washington, DC: U.S. Department of Health and Human Services.
- 2 Substance Abuse and Mental Health Services Administration. (2017). Cooperative agreements to implement Zero Suicide in health systems [Webpage]. Retrieved July 7, 2017, from www.samhsa.gov/grants/grant-announcements/sm-17-006
- 3 American Foundation for Suicide Prevention. (2016). *State laws: Training for health professionals in suicide assessment, treatment, and management*. Retrieved July 7, 2017, from <http://afsp.org/wp-content/uploads/2016/04/Health-Professional-Training-Issue-Brief.pdf>
- 4 Centers for Disease Control and Prevention. (n.d.). *10 leading causes of death by age group, United States—2009*. Retrieved May 23, 2017, from www.cdc.gov/injury/wisqars/pdf/10lcd-age-grp-us-2009-a.pdf
- 5 Centers for Disease Control and Prevention. (n.d.). *10 leading causes of death by age group, United States—2015*. Retrieved May 23, 2017, from www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2015-a.pdf
- 6 Ashrafioun, L., Bishop, T. M., Conner, K. R., & Pigeon, W. R. (2017). Frequency of prescription opioid misuse and suicidal ideation, planning, and attempts. *Journal of Psychiatric Research*, *92*, 1–7.
- 7 Bohnert, K. M., Ilgen, M. A., Louzon, S., McCarthy, J. F., & Katz, I. R. (2017). Substance use disorders and the risk of suicide mortality among men and women in the US Veterans Health Administration. *Addiction*, *112*(7), 1193–1201.
- 8 Bohnert, K. M., Ilgen, M. A., McCarthy, J. F., Ignacio, R. V., Blow, F. C., & Katz, I. R. (2014). Tobacco use disorder and the risk of suicide mortality. *Addiction*, *109*(1), 155–162.

This publication lists nonfederal resources to provide additional information to consumers. The content and views in these resources have not been formally approved by the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS). Listing of these resources does not constitute an endorsement by SAMHSA or HHS.