



New Data on Suicidality Among Black Americans

Recent data on suicidality among Black Americans (both African Americans and Caribbean Americans) suggest that rates of suicide attempts are higher in this population than previously reported. The findings are reported in a recent *JAMA* article:

Joe, S., Baser, R. E., Breeden, G., Neighbors, H. W., & Jackson, J. S. (2006). Prevalence of and risk factors for lifetime suicide attempts among blacks in the United States. *JAMA*, 296(17), 2112–2123.

The data come from a large study of African Americans ($n = 3570$) and Black Americans of Caribbean descent ($n = 1621$) ages 18 and older that was part of the National Institute of Mental Health's National Survey of American Life. The survey assessed psychiatric disorders (including substance use disorders) and lifetime suicidal behaviors (including ideation, planning, and attempts).

Perhaps the most notable finding was that 4.1 percent of Black Americans reported a suicide attempt during their lifetime, a figure significantly higher than found in prior surveys but in line with the figure of 4.6 percent for the general population found in a National Comorbidity Survey. Another interesting finding was that Caribbean black men had considerably higher rates of suicide attempts (7.5 percent) than African American men (2.7 percent), African American women (5 percent), and Caribbean black women (2.7 percent). This runs counter to the general finding in US-based surveys that women have higher rates of suicide attempts than men.

Other factors that affected suicidal behaviors for Black Americans included education (individuals with less than 12 years of formal education were 3.64 times as likely to attempt suicide as those with 16 years or more of education), geographic location (respondents in the

Midwest and Northeast had the highest rates of suicide attempts and ideation respectively, while those in the South had the lowest), and being born in a recent birth cohort (risk for attempted suicide was highest among individuals in the 15 to 24 year old group).

Individuals with any one of the 20 DSM-IV psychiatric disorders assessed in the study were 8.2 times more likely to attempt suicide and about 5 times more likely to have suicidal ideation. Having 3 or more disorders (which may include a substance use disorder) made an individual 17 times more likely to also be found in the group that attempted suicide and about 10 times more likely to be in the group that had suicidal ideation.

Among Black Americans with substance use disorders, those with alcohol dependence were the most likely to have suicidal ideation (3.97 times as likely, compared to 3.11 times for alcohol abuse and 3.15 times for drug dependence) but those with drug dependence were the most likely to have attempted suicide (6.34 times as likely as others versus 5.65 times as likely for alcohol dependence and 5.18 for drug abuse). Interestingly, among those who had suicidal ideation, individuals with a diagnosis of alcohol dependence were less likely to progress to an actual plan (.67 times as likely as others) than those with drug abuse (1.18 times), alcohol abuse (1.01), or drug dependence (1.03).

One other article in this issue also discusses suicide (in this case presenting data on suicide victims):

Centers for Disease Control and Prevention. (2006). Toxicology testing and results for suicide victims - 13 States, 2004. *Morbidity and Mortality Weekly Report*, 55(46), 1245-1248. Available online at <http://www.cdc.gov/MMWR/preview/mmwrhtml/mm5546a1.htm>

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COD Research

Epidemiology

Alegria, M., Mulvaney-Day, N., Torres, M., Polo, A., Cao, Z., and Canino, G. (2007). Prevalence of psychiatric disorders across Latino subgroups in the United States. *American Journal of Public Health, 97*(1), 68–75.

The authors used a national sample to evaluate the prevalence of three types of disorders (i.e., depressive, anxiety, and substance use) among Latinos/Latinas in the United States according to ethnicity, socio-economic status, and country of origin. They estimate the lifetime prevalence of one (or more) of these disorders to be 28.1 percent for Latino males and 30.2 percent for Latinas. Rates of psychiatric disorders were higher for Latinos/Latinas who were proficient in English than for those who were non-proficient and for Latinos/Latinas born in the United States versus those born outside the US. Among Latino ethnic groups, Puerto Ricans had the highest overall prevalence rate for psychiatric disorders.

Centers for Disease Control and Prevention. (2006). Toxicology testing and results for suicide victims - 13 States, 2004. *Morbidity and Mortality Weekly Report, 55*(46), 1245–1248. Available online at <http://www.cdc.gov/MMWR/preview/mmwrhtml/mm5546a1.htm>

The CDC analyzed toxicology test results of suicide victims in 13 States that collected data for the National Violent Death Reporting System (NVDRS) in 2004. They found that the percentage of suicide victims tested varied considerably by State (with percentages ranging from 25.9 percent to 97.7 percent). Of suicide victims who were tested, 33.3 percent tested positive for alcohol and 16.4 percent tested positive for opiates. Percentages of suicides who tested positive for alcohol or other drugs (with the exception of opioids) were similar for individuals who, it was suspected, committed suicide by intentional overdose and those who used other methods.

Compton, W. M., Conway, K. P., Stinson, F. S., & Grant, B. F. (2006). Changes in the prevalence of major depression and comorbid substance use disorders in the United States between 1991-1992 and 2001-2002. *American Journal of Psychiatry, 163*(12), 2141–2147.

The authors looked at data from two large ($N > 42,000$) studies of the United States general population, one conducted between 1991–1992 and the other between 2001–2002, in order to chart changes in the prevalence of major depression and co-occurring substance use disorders. The surveys were conducted using face-to-face interviews and applied the same diagnostic criteria and assessment instruments. The percentage of the population with major depression increased from 3.33 percent (during the first survey) to 7.06 percent during the latter, and the increases were significant for all age groups and for the ethnic categories (white, black, and Hispanic) used, with the exception of Hispanic men and Hispanic women ages 18 to 29, for whom the increase was not statistically significant. The increase in major depression could not be explained by a concomitant increase in co-occurring substance use disorders except in black men ages 18 to 29.

Feldner, M. T., Babson, K. A., & Zvolensky, M. J. (2007). Smoking, traumatic event exposure, and post-traumatic stress: A critical review of the empirical literature. *Clinical Psychology Review, 27*(1), 14–45.

The authors reviewed the literature regarding the relationship of cigarette smoking to trauma and post-traumatic stress. Their review found that people who had experienced a traumatic event had significantly higher rates of smoking than those who had not. Smoking rates among people with post-traumatic stress disorder (PTSD) are especially high. The evidence concerning the role of trauma and PTSD in smoking cessation is limited.

Gilder, D. A., Lau, P., Dixon, M., Corey, L., Phillips, E., & Ehlers, C. L. (2006). Co-morbidity of select anxiety, affective, and psychotic disorders with cannabis dependence in Southwest California Indians. *Journal of Addictive Diseases, 25*(4), 67–79.

The authors used the Semi-Structured Assessment for the Genetics of Alcoholism to evaluate co-occurring cannabis dependence and psychiatric disorders in a sample of Native American adults from Southwest California ($N = 513$). While males had higher rates of cannabis dependence, both men and women had high rates (43 percent for men and 24 percent for women). Rates of cannabis-induced psychiatric disorders occurred in 1 percent or less of the sample, and there was no significant co-morbidity between those disorders and independent psychiatric disorders.

Grekin, E. R., Sher, K. J., & Wood, P. K. (2006). Personality and substance dependence symptoms: Modeling substance-specific traits. *Psychology of Addictive Behaviors*, 20(4), 415–424.

The authors studied the relationship between personality traits and substance dependence symptoms in a large ($N = 3,720$) longitudinal sample of college students. They found that traits related to antisocial personality disorders were associated with various substance use disorders.

Services & Service Systems

Screening & Assessment

Weinberger, A. H., Reutenauer, E. L., Allen, T. M., Termine, A., Vessicchio, J. C., Sacco, K. A., Easton, C. J., McKee, S. A., & George, T. P. (2007). Reliability of the Fagerström Test for nicotine dependence, Minnesota Nicotine Withdrawal Scale, and Tiffany Questionnaire for Smoking Urges in smokers with and without schizophrenia. *Drug and Alcohol Dependence*, 86(2-3), 278–282.

The authors examined the reliability of three instruments for determining nicotine dependence in a population of smokers with schizophrenia (SS) and a control group without a psychiatric diagnosis (CS). The SS group had higher carbon monoxide (CO) levels, plasma cotinine levels, Fagerström Test for Nicotine Dependence (FTND), Minnesota Nicotine Withdrawal Scale (M-NWS), and the Tiffany Questionnaire for Smoking Urges (TQSU) scores. Internal consistencies (Cronbach's α) of the three instruments were high and comparable between diagnostic groups for the FTND, M-NWS total scores, and TQSU Factor 2 (all α 's > 0.70) but higher for the CS than SS for the TQSU Factor 1. The test–retest correlations for SS were lower than for CS on the FTND, TQSU Factor 1, and TQSU Factor 2 (0.69 versus 0.81), but did not differ between diagnostic groups for M-NWS. The instruments appear reliable for use with smokers with schizophrenia.

Wryobeck, J. M., Chermack, S. T., Closser, M. H., & Blow, F. C. (2006). Using the Addiction Severity Index to predict mental and medical health service utilization. *Journal of Addictive Diseases*, 25(4), 1–14.

The authors assessed the utility of the Addiction Severity Index (ASI) for predicting subsequent use of substance use disorder treatment services and other healthcare services with a group of 260 veterans who had been admitted to an outpatient substance use disorder treatment program. A multivariate analysis showed that six of the seven ASI scales were significant predictors, and that a better prediction of subsequent healthcare service use could be made by adding ASI data to existing demographic and clinical data. The authors also found a relation between certain psychiatric and medical diagnoses and service use—most notably a diagnosis of depression was related to overall healthcare services use.

Treatment Planning & Services

Aharonovich, E., Garawi, F., Bisaga, A., Brooks, D., Raby, W. N., Rubin, E., Nunes, E. V., & Levin, F. R. (2006). Concurrent cannabis use during treatment for comorbid ADHD and cocaine dependence: Effects on outcome. *American Journal of Drug and Alcohol Abuse*, 32(4), 629–635.

The authors investigated the effect of marijuana use on outcomes for people who were receiving treatment for both cocaine dependence and Attention Deficit Hyperactivity Disorder (AD/HD). Participants ($N = 92$) were between the ages of 25 and 51 and were prescribed methylphenidate for their AD/HD. Sixty-nine percent of participants used cannabis during their treatment. The authors found that those who used cannabis moderately or intermittently had better retention rates than either those who used it consistently or those who did not use it at all.

Brooks, D. J., Vosburg, S. K., Evans, S. M., & Levin, F. R. (2006). Assessment of cognitive functioning of methadone-maintenance patients: Impact of adult ADHD and current cocaine dependence. *Journal of Addictive Diseases*, 25(4), 15–25.

The authors sought to determine the impact of cocaine dependence (CD) and adult Attention Deficit Hyperactivity Disorder (AD/HD) on patients in methadone maintenance. A control group who had neither CD nor AD/HD was

compared to groups that had either one or the other of those disorders or both disorders to determine the effect of the disorders on cognitive functioning. In comparison to the control group, individuals who had both CD and AD/HD were slower and proved less accurate on 33 percent of tasks that measured choice reaction. Also, people who had both disorders or AD/HD without CD had significantly poorer performance on tasks that measured attention and psychomotor response.

Caldwell, R. M., Sturgess, S. M., Silver, N. C., Brinson, J., Denby-Brinson, R., & Burgess, K. (2006). An examination of the influence of perceived parenting practices on depression and substance use among African American juvenile offenders. *Journal of Forensic Psychology Practice*, 6(3), 31–50.

This study sought to determine whether parenting practices could predict depression and substance use among a group of African-American youth involved in the juvenile justice system ($N = 119$). The results suggested that maternal parenting practices could predict depression and that paternal parenting practices predicted substance use in this population.

Fitzsimons, H. E., Tuten, M., Vaidya, V., & Jones, H. E. (2007). Mood disorders affect drug treatment success of drug-dependent pregnant women. *Journal of Substance Abuse Treatment*, 32(1), 19–25.

The authors examined the effects of co-occurring mood or anxiety disorders on women in treatment for drug dependence. Participants who had a primary mood disorder (MD) were significantly more likely to test positive for drugs during treatment than those who had a primary anxiety disorder (AD) or those who had neither a mood disorder nor an anxiety disorder (the control group). Both the MD and AD groups had a greater degree of psychosocial impairment and were more likely to have suicidal ideation than the control group. The women in the AD group did, however, spend more days in treatment than either the MD or the control group.

Frye, M. A. & Salloum, I. M. (2006). Bipolar disorder and comorbid alcoholism: Prevalence rate and treatment considerations. *Bipolar Disorders*, 8(6), 677–685.

The authors review the literature on bipolar disorder co-occurring with alcohol use disorders. They note that the literature supports a view that when these two disorders co-occur the presentation is fundamentally different than seen in cases of bipolar disorder alone and that the patients with co-occurring disorders present higher rates of mixed or dysphoric mania; rapid cycling; increased symptom severity; and greater novelty seeking, suicidality, aggressivity, and impulsivity. The authors review the literature on the effectiveness of different mood stabilizers for alcohol withdrawal and relapse prevention and for the treatment of this combination of disorders.

Ilgen, M. A., & Moos, R. H. (2006). Exacerbation of psychiatric symptoms during substance use disorder treatment. *Psychiatric Services*, 57(12), 1758–1764.

Authors recruited 3322 male patients from 15 Veterans Affairs residential substance abuse treatment programs and evaluated whether their psychiatric symptoms either deteriorated or improved during treatment. Patients self-reported either a worsening of, improvement of, or no change in psychiatric symptoms during the course of treatment, with 13 percent ($N = 426$) reporting a worsening of symptoms.

Roth, T., Jaeger, S., Jin, R., Kalsekar, A., Stang, P. E., & Kessler, R. C. (2006). Sleep problems, comorbid mental disorders, and role functioning in the National Comorbidity Survey Replication. *Biological Psychiatry*, 60(12), 1364–1371.

The authors looked at the relation of four different sleep problems (difficulty falling asleep, difficulty staying asleep, waking early, and not having a restful sleep) to role impairment during a 12-month period. They used data from the National Comorbidity Survey Replication (NCS-R) and controlled for anxiety, mood, impulse-control, and substance use disorders. The prevalence for the different sleep disorders ranged from 16.4 to 25 percent; 36.3 percent of individuals reported at least one problem. All of the sleep problems were significantly related to aforementioned disorders as assessed by the NCS-R and to role impairment. The relationship between role impairment and sleep disorders remained significant after controlling for mental disorders. Not having a restful sleep was the sleep problem most strongly and consistently related to role impairment.

Toles, M., Jiang, C. S., Goebert, D., & Lettich, L. (2006). Methamphetamine in emergency psychiatry. *Addictive Disorders & Their Treatment*, 54(4), 191–199.

Using records from 904 admissions to the Emergency Department (ED) of Hawaii's largest urban hospital, the authors determined that 18 percent (166) had a methamphetamine-related diagnosis. Those patients with a methamphetamine-related diagnosis were more likely to be male, non-Caucasian, to present with suicidality and agitation, to be poly-drug users, and to have a co-occurring substance use and other mental disorder than were ED patients who did not have a methamphetamine-related diagnosis. Patients with a methamphetamine-related diagnosis were also more likely to be admitted to the hospital after ED treatment and stayed longer in the ED than patients who did not have a methamphetamine-related diagnosis.