

Intentional Drug Overdose Among Homeless People in Ireland

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National Office for
Suicide Prevention



Self-harm among homeless persons

Self-harm

“An act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences” (WHO, EURO Multicentre study)



Self-harm among homeless persons

Table 3.3: National individual, socio-cultural and situational risk factors (22)

Individual	Socio-cultural	Situational
<ul style="list-style-type: none"> • Previous suicide attempt • Mental health problem • Alcohol or drug misuse • Hopelessness • Sense of isolation • Lack of social support • Aggressive tendencies • Impulsivity • History of trauma or abuse • Acute emotional distress • Major physical or chronic illnesses and chronic pain • Family history of suicide • Neurobiological factors 	<ul style="list-style-type: none"> • Stigma associated with help-seeking behaviour • Barriers to accessing health care, mental health services and substance abuse treatment • Certain cultural and religious beliefs (e.g. the belief that suicide is a noble resolution of a personal dilemma) • Exposure to suicidal behaviour, e.g. through the media, and influence of others who have died by suicide 	<ul style="list-style-type: none"> • Job and financial losses • Relational or social losses • Easy access to lethal means • Local clusters of suicide that have a contagious influence • Stressful life events

▶ Decreased levels of protective factors:

Strong personal relationships

Family support

Positive coping strategies and wellbeing

Healthy lifestyle

Self-harm among homeless persons

- ▶ Homeless people have higher rates of all cause mortality, including suicide, of which rates are increasing at a European level (Nielsen et al., 2011)
- ▶ Suicide ideation and previous suicide attempts more common among homeless (McInerney et al., 2019; Desai et al., 2003)
- ▶ Self-harm incidence is 30 times higher than those with fixed residence (Barrett et al., 2018)
 - risk of repetition significantly higher
 - most common methods: self-cutting and intentional IDO
- ▶ Homeless people have poor compliance with medication (O'Carroll et al., 2019) and higher rates of prescription drug misuse (Rhoades et al., 2014)

"I feel...my life's going to be shorter ... I suppose I'm 36 years of age now. I'm not going to start raising a family now like. It's a bit late for me to start now like." PT62

"They told me in the A&E that they couldn't take me in because I was a drug addict and I made my own choices." PT46

RESEARCH

Making sense of street chaos: an ethnographic exploration of homeless people's health service utilization

Austin O'Carroll¹ and David Wainwright²

Research aim and methods

To describe the characteristics of self-harm among homeless people, focusing on IDO

National Self-Harm Registry Ireland (NSHRI)



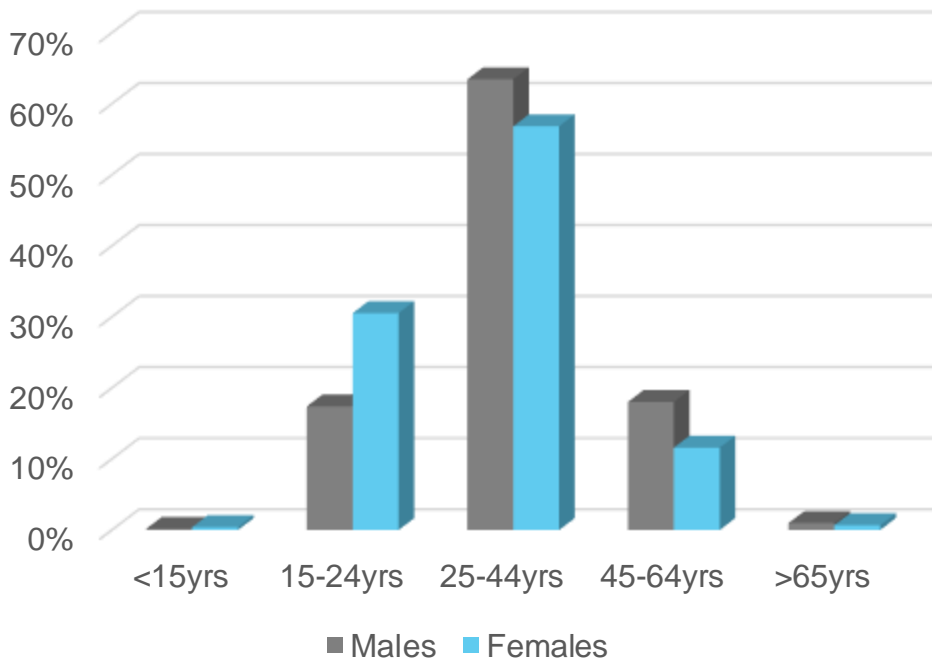
Monitors hospital-treated self-harm in the RoI

Non-fatal IDOs with International Statistical Classification of Diseases-10 X60-64

Data obtained from self-report, ambulance and hospital records and toxicology

January 1st 2007-December 31st 2017

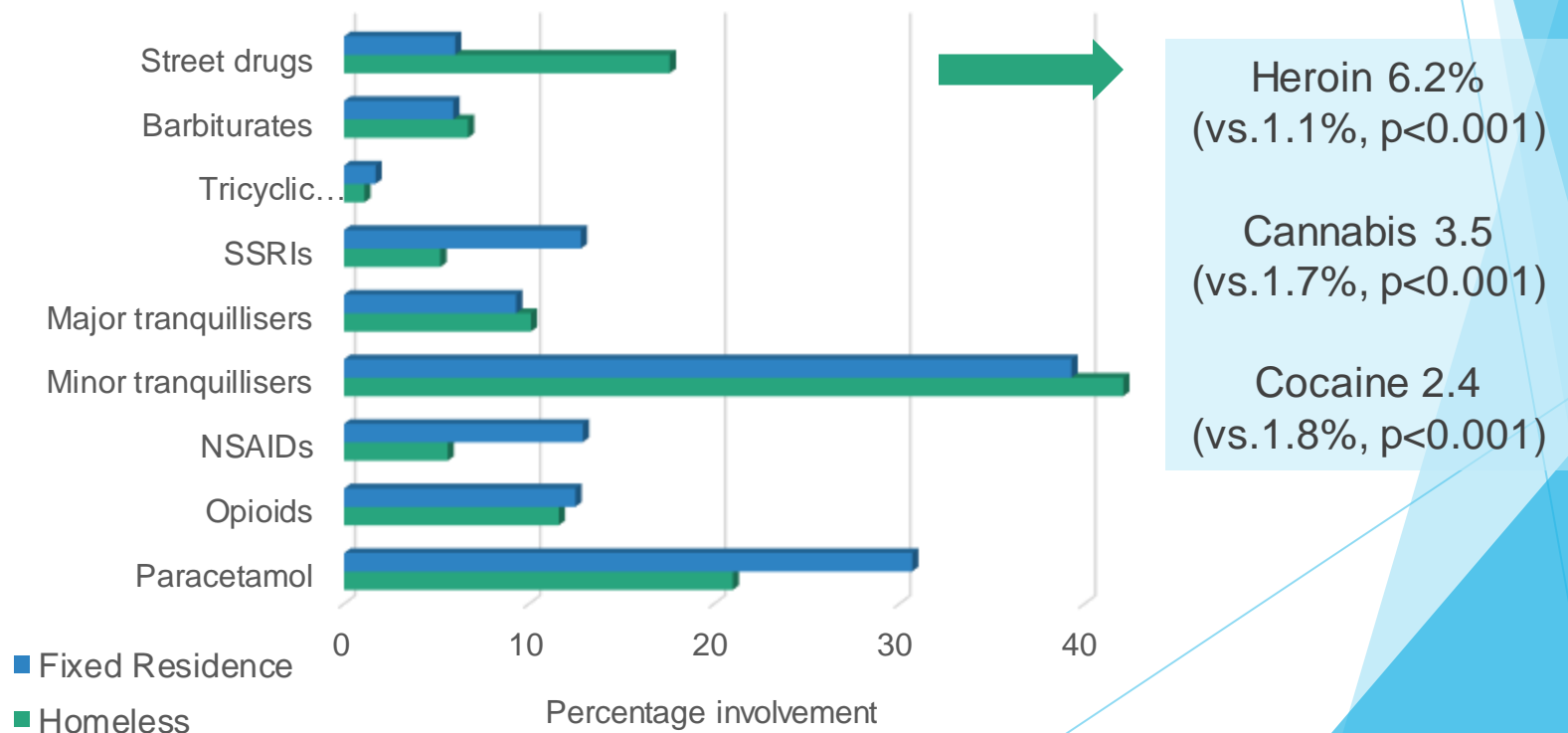
Results-Demographics



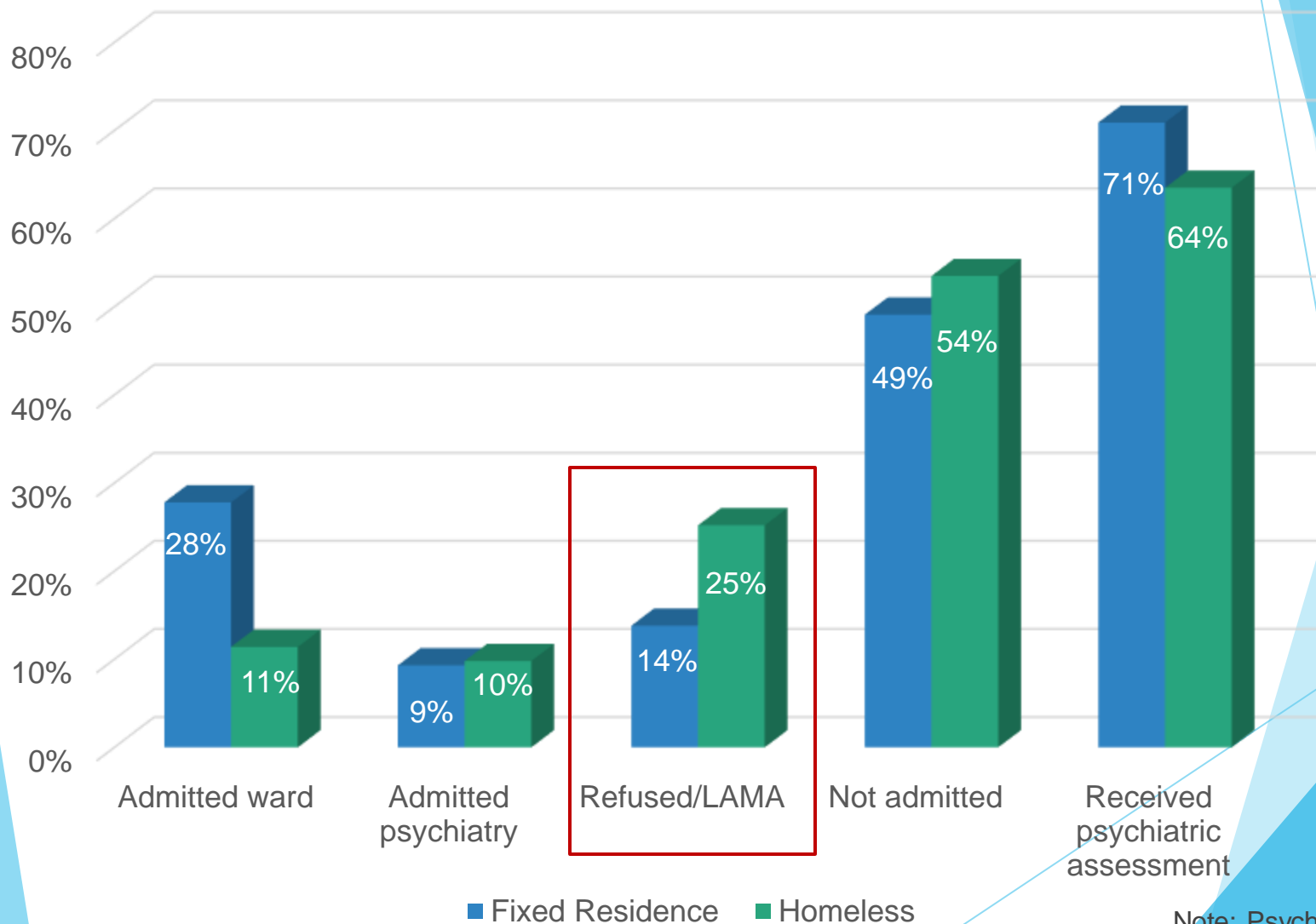
Self-harm methods	
Intentional drug overdose	2726, 56.0%
Cutting	1670, 34.3%
Other	340, 7.0%
Att. drowning	335, 6.9%
Att. hanging	326, 6.7%
High lethality	795, 16.3%

Results-Overdose characteristics

- Alcohol taken less often in overdose acts by homeless people (37.1% vs. 33.9%, $p < 0.001$)
- Peak in people taking 10-19 tablets per IDO (25.7%)
- Secondary peak in 40+ tablets (25.0%)



Results-Recommended next care



Note: Psychiatric assessment is only available from 2013 onward.

Results-Recommended next care according to drugs used in IDO

Admission to general ward

- Highest for tricyclic antidepressant overdose (44.8%); barbiturates (29.1%) and mood stabilisers (24.4%)

Admission to psychiatric ward

- Highest for street drugs (10.4%); mood stabilisers (10.4%) and major tranquillisers (9.8%)

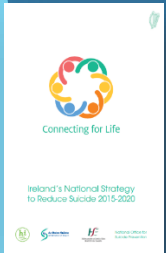
Refused admission or left being seen/admitted

- Highest for paracetamol (27.6%); minor tranquillisers (27.3%) and street drugs (24.6%)

Not admitted

- Highest for street drugs (55.1%); major tranquillisers (52.5) and opiates (50.5%)

What works and what do we need?



- ▶ **Social policy measures** incl. social rehabilitation, temporary care, psychiatric and addiction support (Slockers et al., 2018 & 2015)
- ▶ Enhanced development and expansion of **specialised mental health services for homeless persons**, to ensure provision meets demand
- ▶ Enhanced **inter-department collaboration** to ensure homeless people who engage in self-harm receive the appropriate recommended next care and follow-up
- ▶ **Education for healthcare staff** -risk assessment and management of self-harm

Table 3.1: National Priority Groups identified in Connecting for Life (22)

Health/Mental Health Related Groups:	<ul style="list-style-type: none"> • People with mental health problems of all ages • Individuals who have engaged in repeated acts of self-harm • People with alcohol and drug problems • People with chronic physical health conditions
Minority Groups:	<ul style="list-style-type: none"> • Members of the LGBTQI community • Members of the Traveller community • People who are homeless • People who come in contact with the criminal justice system (e.g. prisoners) • People who have experienced domestic, clerical, institutional, sexual or physical abuse • Asylum seekers



Reducing Harm, Supporting Recovery Progress 2018 and Planned Activity 2019

Drugs Policy Unit, Dept of Health

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Progress Updated by Lead Agencies

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Thank you for listening



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