

The impact of detoxification on suicidal behaviour among heroin users: longitudinal data from South Africa

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- No COI
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Background

WITS NYAOPE STUDY

**UDABA LWAKHO LUBALULEKILE.
SIFUNA UKULALELA.**

BAHLANGANYELI ABAKHETHEKILE


Sikwamukela kucwaningo lase Wits leNyaope!
Siyjabula ukuthi uvumile ukusebenza nathi.
Ukuze lolucwaningo lube yimpumelelo nakhu ongakwenza.

Kuzoqala kube nomhlangano kwi-rehab yakho.

Kubalulekile sikubone emva kwezinyanga ezingu-3 nezingu-9

Sizokushayela ucingo sikukhumbuze ukuthi sizohlangana nini.

Sicela usazise uma izinombolo zakho zocingo zishintsha.



SITHOLAKALA KANJE:
Ungasishayela ucingo, noma usithumele i-SMS,
noma usithumele i-Whatsapp kulenombolo 0837678287

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JOHANNESBURG

WITS NYAOPE STUDY
2017-2020

**YOUR STORY MATTERS.
WE WANT TO LISTEN.**

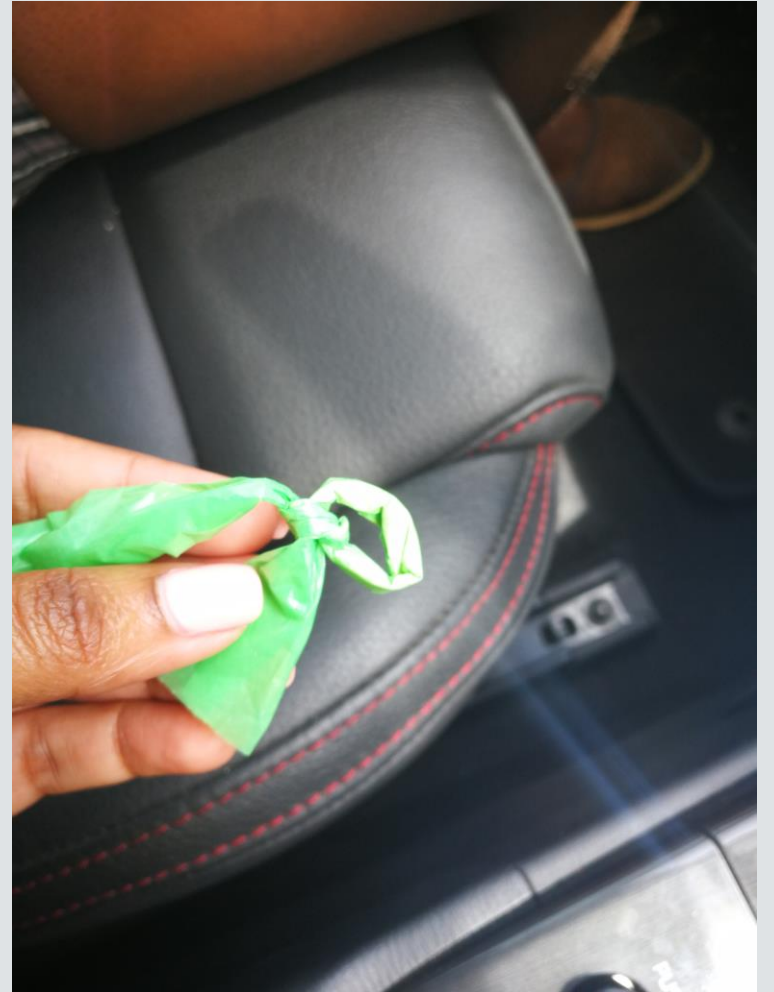


ALL YOU NEED TO DO IS TELL US ABOUT YOUR JOURNEY.

IF YOU WOULD LIKE TO JOIN PLEASE ASK TO SPEAK WITH **DR MORGAN**
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Nyaope- what is it?



Objectives

- To describe the **treatment outcomes** of heroin users who attend inpatient detoxification and psychosocial rehabilitation.
- The variables that were assessed were
 - **changes in substance use**
 - **injecting and sexual behaviour**
 - **social functioning**
 - **criminality**
 - **mental illnesses**
 - **general health**

SUICIDAL IDEATION AND BEHAVIOUR





Longitudinal Patterns of Suicidality Among Heroin Users in Johannesburg, South Africa: A Need for Suicide Screening and Intervention

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Methods



2 x in-patient rehabilitation facilities
1 week of detoxification
4-6 weeks of psychosocial rehabilitation







Methods



300 nyaope users

OTI
MINI

252 (84%)

Follow-up interview
OTI
MINI
MDUT

225 (75%)

Follow-up interview
OTI
MINI
MDUT

B. SUICIDALITY

				Points								
In the past month did you:												
B1	Have any accident? This includes taking too much of your medication accidentally. IF NO TO B1 , SKIP TO B2 . IF YES, ASK B1a :	NO	YES	0								
B1a	Plan or intend to hurt yourself in any accident, either by not avoiding a risk or by causing the accident on purpose? IF NO TO B1a , SKIP TO B2 . IF YES, ASK B1b :	NO	YES	0								
B1b	Intend to die as a result of any accident?	NO	YES	0								
B2	Think (even momentarily) that you would be better off dead or wish you were dead or needed to be dead?	NO	YES	1								
B3	Think (even momentarily) about harming or of hurting or of injuring yourself - with at least some intent or awareness that you might die as a result - or think about suicide (i.e. about killing yourself)? IF NO TO B2 + B3 , SKIP TO B4 . OTHERWISE ASK:	NO	YES	6								
<table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Frequency</th> <th style="width: 50%;">Intensity</th> </tr> </thead> <tbody> <tr> <td>Occasionally <input type="checkbox"/></td> <td>Mild <input type="checkbox"/></td> </tr> <tr> <td>Often <input type="checkbox"/></td> <td>Moderate <input type="checkbox"/></td> </tr> <tr> <td>Very often <input type="checkbox"/></td> <td>Severe <input type="checkbox"/></td> </tr> </tbody> </table>					Frequency	Intensity	Occasionally <input type="checkbox"/>	Mild <input type="checkbox"/>	Often <input type="checkbox"/>	Moderate <input type="checkbox"/>	Very often <input type="checkbox"/>	Severe <input type="checkbox"/>
Frequency	Intensity											
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Often <input type="checkbox"/>	Moderate <input type="checkbox"/>											
Very often <input type="checkbox"/>	Severe <input type="checkbox"/>											
B4	Hear a voice or voices telling you to kill yourself or have dreams with any suicidal content? IF YES, mark either or both: <input type="checkbox"/> was it a voice or voices? <input type="checkbox"/> was it a dream?	NO	YES	4								
B5	Have a suicide method in mind (i.e. how)?	NO	YES	8								

NO	YES
SUICIDALITY	
1-8 points Low	<input type="checkbox"/>
9-16 points Moderate	<input type="checkbox"/>
≥ 17 points High	<input type="checkbox"/>
CURRENT	<input type="checkbox"/>
LIFETIME ATTEMPT	<input type="checkbox"/>
LIKELY IN NEAR FUTURE	<input type="checkbox"/>

TABLE 1 | Clinical characteristics over 9-months.

	Baseline (n=300)		t1 (n=252)		t2 (n=225)	
	N	%	N	%	N	%
Past month substance use						
Heroin	300	100	165	65.5	163	72.4
Cannabis	259	86.3	184	73.0	185	82.2
Crack/Cocaine	78	26.0	43	17.1	51	22.7
Crystalmetamphetamine	58	19.3	59	23.4	46	20.4
Methaqualone	55	18.3	43	17.1	47	20.9
Alcohol	49	16.3	139	55.2	103	45.8
≥3 substances used	162	54.0	128	50.8	132	58.7
Diagnosis of a mental illness (excluding ASPD)	148	49.3	103	40.9	84	37.3
ASPD	157	52.3				
Median Social functioning score (IQR)	27 (22.5–31)		23 (19–27)		23 (19–27)	
Median General health score (IQR)	7 (5–8)		4 (2–7)		6 (3–8)	
Median injecting and sexual behavior score (IQR)	5 (0–12)		3 (0–6)		4 (2–8)	
Median criminality score (IQR)	4 (1–6)		0 (0–2)		0 (0–3)	
SIB (score > 0)	*206	68.7	98	38.9	**106	47.1

*Baseline vs. t1: $p = 0.0049$, **t1 vs. t2: $p = 0.031$.

TABLE 2 | Categories of SIB over 9-months.

	Baseline <i>n</i> = 206 (%)	t1 <i>n</i> = 98 (%)	t2 <i>n</i> = 106	<i>p</i>-value (baseline vs. t1)	<i>p</i>-value (t1 vs. t2)	<i>p</i>-value (baseline vs. t2)
Low score (1–7)	41 (19.9)	28 (28.6)	34 (32.1)			
Moderate score (8–16)	10 (4.9)	11 (11.2)	10 (9.4)			
High score (≥ 17)	155 (75.2)	59 (60.2)	62 (58.5)	* <0.0001	*0.43	* <0.0001
Past month suicidality	200 (66.7)	93 (37.1)	100 (44.4)	<0.0001	0.056	<0.0001
Suicide likely in following 3 months	26 (8.7)	41 (16.3)	51 (22.7)	0.0049	0.031	<0.0001

*Comparison between a high score and low/moderate score.

FACTORS ASSOCIATED WITH A HIGH SIB SCORE AT BASELINE

Multivariable analysis

Variable	p-value	RR for high SIB score	
		RR	95% CL for RR
Mental illness	<0.0001	1.63	1.30–2.03
Median general health score (RR is per point)	0.001	1.02	1.01–1.04

FACTORS ASSOCIATED WITH A HIGH SIB SCORE AT T2 (9 Months)

Multivariable analysis

Variable	p-value	RR for high t2 SIB score	
		RR	95% CL for R
Mental illness at t1	<0.0001	2.73	1.78–4.19
Baseline social functioning score: median (IQR)(RR is per point)	<0.0001	1.07	1.04–1.11

Results summary

- 68.7% endorsed SIB at baseline
- An initial decrease in SIB at 3 months was followed by an increase at 9 months
- 44.4% endorsed SIB at 9 months
- Any mental illness, social functioning, and general health increased the RR of SIB

How does SA compare to other countries?

- Studies from high-income regions report a SIB prevalence of 22.5%- 33% among heroin users at baseline.
- In comparison, our study findings show that 68.7% endorsed SIB at baseline.

How does SA compare to other countries?

- In our cohort, 68.7% reported past month SIB at baseline and 44.4 % at 9-month follow-up.
- ATOS : 387 heroin users 22.5% reported current suicidal ideation at baseline and 6.7% at 12-month follow-up
- There were no substantial differences between the South African cohort and the Australian cohort in terms of average age of participants (27 vs. 29.4 y), years of education (10-11 vs. 10.2y), age of onset of heroin use (19 vs. 18y) and length of heroin use (7 y in both cohorts).

Where are the gaps?

- The treatment system
 - Detoxification-based model
 - Disintegrated and fragmented
- Lack of screening
- Untreated psychiatric and general medical comorbidities

What can be done to mitigate suicide risk?

- Heightened awareness of risks in the first year of “recovery”
- Suicide screening tools
 - Created for a SUD population
 - Inform actionable clinical risk
 - Validated in LAMIC population groups
 - ? Digital interventions
- OAMT
- Screen and treat psychiatric and non-psychiatric comorbidities
- Enhance social support: integration programs, skills development, family support