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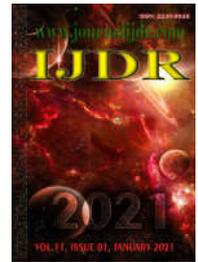
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SUICIDE RISK IN DRUG USERS FOLLOWED UP AT A MENTAL HEALTH SERVICE

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ABSTRACT

Objective: to analyze the risk of suicide in drug users accompanied by a Psychosocial Care Center, Alcohol and other Drugs. **Method:** cross-sectional study conducted with 306 people followed up at a Psychosocial Care Center for Alcohol and Other Drugs of reference in the northern region of the state of Ceará. Data collection took place using a form for sociodemographic characterization, clinical aspects and consumption pattern and the Suicide Risk Index - IRIS. Chi-square and Fisher's tests were used to analyze the association between suicide risk and categorical variables. **Results:** it was observed that marital status ($p = 0.038$), diagnosis regarding the disorder related to the use of psychoactive substances ($p = 0.041$), presence of psychiatric comorbidities ($p < 0.001$) and tobacco derivatives ($p = 0.001$) as a problem substance, they showed a statistically significant relationship with the risk of suicide, which can act as protective or predictive factors for this, with emphasis on the single individual (28.1%), who uses multiple PAS (41.5%), which showed a predominance of high risk for suicide, when compared with the others. **Conclusion:** the importance of actions to promote mental health among PAS users is evident, in order to minimize self-destructive behavior.

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INTRODUCTION

The abuse of psychoactive substances (PAS) is considered a public health problem. According to the World Report on Drugs organized by the United Nations Office on Drugs and Crime (UNODC) it shows that about 269 million people used drugs in the world in 2018 - an increase of 30% compared to 2009. The document states that, in addition, more than 35 million people suffer from disorders associated with drug use (UNODC, 2020). In this perspective, it is important to underline the relevance of the "drug problem" from the perspective of health, valuing the needs of the user, their family, their peers and their cultural and social context. These must be inserted in the dimension of care, as they suffer any damages associated with this use (Bastos and Schenker, 2016). The discussion and reflection of the models and policies of care for users of psychoactive substances is essential to ensure the right to health. This can broaden the debate on the prohibitionist paradigm, for an understanding of the damage to health generated in defense of protection (Gomes-Medeiros *et al.*, 2019).

Some studies show the negative relationship between the abuse of psychoactive substances and the individual's mental health, increasing the possibility of developing mental disorder, and this association considerably increases the risk of suicide in this population (Moreira *et al.*, 2020). The pleasure that PAS provide can facilitate the compulsion for the use / abuse of some psychoactive substances in an unrestrained way and the consequences are physiological changes in the brain, behavioral abnormalities and social difficulties, therefore, the complexity of nature is perceived, as the use abuse of psychoactive substances is considered a public health problem (Guerra and Vandenbergh, 2018). Suicidal behaviors are accentuated by the continuous and abusive use of drugs, causing the numbers, both suicides and attempts, to increase wildly. Therefore, it is necessary to understand the triggering causes and their consequences so that one can intervene effectively, because talking about suicide, its triggers and its consequences is still the most effective way to combat this global health problem (Cordeiro *et al.*, 2020). Therefore, the need to assess this relationship between the risk of suicide and the abusive

use of PAS is evident, in order to provide subsidies to health and prevention policies for the use of PAS. Therefore, this article aims to analyze the risk of suicide in drug users accompanied by a Psychosocial Care Center, Alcohol and other Drugs.

METHODS

This is a descriptive study with a cross-sectional design, conducted with 306 people in abusive use of PAS accompanied at a Psychosocial Care Center for Alcohol and Other Drugs (CAPS Ad) of reference in the northern region of the state of Ceará, and were excluded those who had severe cognitive impairment or who were under the influence of a substance at the time of the interview. The study population was characterized by 3,360 users for three months of data collection. This value was obtained in DATASUS, when it was found that in one month there were 1,120 visits by PAS users in the mental health services of the 11th CRES of the Regional Macro of Sobral, Ceará. The sample size was calculated using the formula of prevalence studies for finite populations. A significance level of 5% was established, a proportion of 50% of users with moderate risk of suicide and a relative error of 10.6% (absolute error of 5.3%). The sample was made up of 306 users (Agresti and Finlay, 2012). It is worth mentioning that the study did not use the age group as an inclusion criterion for individuals under 18 years of age. These were included under the condition of consent through the term of free and informed consent and consent form, which required the signature of a family member or guardian and the underage user. This decision was based on the literature, since the use of PAS has increasing rates in the population and with evidence of earlier experimentation, increasing rates in adolescents and younger age groups (Falcão and Oliveira, 2015).

Data collection took place during the months of January to July 2019, through a semi-structured interview supported by two instruments: form for sociodemographic characterization, clinical aspects and consumption pattern, developed by the researchers to record the variables: sex, color / race, marital status, education, religion, international disease classification (ICD), consumption pattern, and presence of clinical and psychiatric comorbidities. And the Suicide Risk Index (IRIS), which consists of 12 items related to sociodemographic aspects, the context involved and the suicide sphere, in which the maximum total score is 20, namely: $(3 \times 1) + (7 \times 2) + 3 = 20$, or with the presence of a suicide plan you already get the total score allowed. For this, cutoff points were estimated, divided into three groups, such as: reduced risk with a score less than 5, intermediate risk with a total score between 5 and 9 and high risk with a total value greater than or equal to 10 (Veiga *et al.*, 2014). The analysis was performed using descriptive and inferential statistics, using the software R version 3.4.2, in which the Chi-square test of independence and the Fisher test were used, when frequencies below 20 were presented. prevalence ratio was used because it did not correspond to a 2x2 table. Resolution No. 466, of December 12, 2012, guided the entire research development process (Brasil, 2013), which was approved by the Ethics and Research Committee of the Universidade Estadual Vale do Acaraú, under opinion No. 2,739,560.

RESULTS

There is some evidence in the literature that suggests that the abuse of psychoactive substances can contribute to the process of mental illness and risk of suicide (Silva Júnior *et al.*, 2018; Dragisic *et al.*, 2015; Fernandes *et al.*, 2017).

Table 1. Relationship between suicide risk and sociodemographic profile in users of Psychoactive Substance in a CAPS AD *. Sobral, CE, Brazil, 2019

Variable	Risk of Suicide						P
	Low		Intermediate		High		
	N	%	N	%	N	%	
Gender							0,421†
Male	16	5,2	105	34,3	137	44,8	
Female	5	1,6	21	6,9	22	7,2	
Breed							0,177‡
White	3	1,0	14	4,6	32	10,4	
Black	2	0,6	22	7,2	15	4,9	
Brown	16	5,2	89	29,1	108	35,3	
Others	0	0	1	0,3	4	1,3	
Religion							0,247†
Without religion	3	1,0	40	13,1	44	14,4	
With religion	18	5,9	86	28,1	115	37,6	
Education							0,734‡
No schooling	2	0,6	15	4,9	13	4,2	
Until complete elementary school	9	2,9	60	19,6	71	23,2	
Greater than complete elementary school	10	3,3	51	16,7	75	24,5	
marital status							0,0381‡
Not married	9	2,9	67	21,9	86	28,1	
Married	3	1,0	28	9,1	22	7,2	
Separated / divorced	2	0,6	10	3,3	31	10,1	
Loving	6	2,0	17	5,5	18	5,9	
Widower	1	0,3	4	1,3	2	0,6	

*Center for Psychosocial Care for Alcohol and Drugs; † Chi-square test; ‡ Fisher's test.

Table 2. Relationship between suicide risk and clinical profile in users of Psychoactive Substance from a CAPS AD *. Sobral, CE, Brazil, 2019

Variable	Risk of Suicide						P
	Low		Intermediate		High		
	N	%	N	%	N	%	
CID 10							0,041‡
F10	2	0,6	24	7,8	26	8,5	
F12	2	0,6	0	0	1	0,3	
F14	0	0	2	0,6	2	0,6	
F17	2	0,6	7	2,3	3	1,0	
F19	15	4,9	93	30,4	127	41,5	
Clinical comorbidities							0,281†
Absent	18	5,9	91	29,7	110	35,9	
Present	3	1,0	35	11,4	49	16,0	
Psychiatric Comorbidities							0,000‡
Absent	21	6,9	91	29,7	78	25,5	
Present	0	0	35	11,4	81	26,5	

Table 3. Relationship between the risk of suicide and aspects related to the use of Psychoactive Substances in users monitored by a CAPS AD *. Sobral, CE, Brazil, 2019

Variable	Risk of Suicide						P
	Low		Intermediate		High		
	N	%	N	%	N	%	
1. PAS Tobacco-derived problem							
Yes	4	1,3	23	7,5	9	2,9	0,001 [‡]
No	17	5,55	103	33,7	150	49,0	
Marijuana							
Yes	4	1,3	11	3,6	9	2,9	0,081 [‡]
No	17	5,55	115	37,6	150	49,0	
Alcoholic beverages							
Yes	6	2,0	54	17,6	75	24,5	0,254 [†]
No	15	4,9	72	23,5	84	27,4	
Cocaine/Crack							
Yes	7	2,3	44	14,4	72	23,5	0,165 [‡]
No	14	4,6	82	26,8	87	28,4	
Others							
Yes	21	6,9	125	40,8	158	51,6	1,0 [‡]
No	0	0	1	0,3	1	0,3	

* Center for Psychosocial Care for Alcohol and Drugs; † Chi-square test; ‡ Fisher's test.

In view of this scenario that involves the increase in drug consumption and the number of suicide cases worldwide, this article intends to start a discussion on the risks of suicide in users of psychoactive substances being treated, accompanied by CAPS Ad, presented in the Table 1. Regarding socio-demographic data and the suicide risk index shown in Table 1, the variable that stood out was marital status. The single item had a higher number for high risk of suicide (28.1%; n = 86), when compared to the others. In this perspective, the clinical profile of users and the relationship with the risk of suicide were also evaluated, shown in Table 2. When associating the diagnoses of the International Disease Code (ICD 10) with the Suicide Risk Index (IRIS), a statistically significant relationship was observed, in which the predominance of users with mental and behavioral disorders due to the use of multiple drugs was noticed (F19) with high levels of suicide risk (41.5%). Regarding comorbidities, psychiatric patients showed a statistically significant association, in which people who abuse PAS with psychiatric comorbidities were at high risk for suicide (26.5%; n = 81) and moderate (11.4%; n = 35), and it is emphasized that none in this group was considered at reduced risk, as observed in Table 2. For this, it is necessary to know all the contexts that surround the PAS user, among these, the relationship with the drug stands out, shown in Table 3. When analyzing table 3, it is observed that there was a statistically significant association when comparing the risk of suicide and the SPAs problems in users, in which 2.9% were at high risk. The abuse of psychoactive substances is characterized as a serious public health problem both in the world and in Brazil (3).

DISCUSSION

As for socio-demographic data, singles stood out. The scientific literature confirms this finding. In a study in South Korea, it was found that the risk is 5.44 times higher for divorced and single people because these people face a high risk of suicide (Park, Lee and Kim, 2018). Other studies show that suicide attempts were more frequent among singles and younger people (Cordeiro et al., 2020; Cantao and Botti, 2016). When analyzing epidemiological aspects of deaths by suicide, in a municipality in the northwest region of the state of Ceará, it was also found that the majority of cases were of single people (Moreira et al., 2017). It is noteworthy that this is a condition experienced by many PAS users, due to the difficulty of maintaining a relationship due to the conflicts generated by PAS abuse. When assessing the impact of drug use on the quality of life of users, the authors find evidence of low quality of life, specifically in the dimension related to social relationships, contributing to this finding (Dantas et al., 2017). In the research "Risk for self-inflicted violence: harbinger of tragedy, opportunity for prevention" with the aim of analyzing the association of risk factors with the attempted suicide in people treated at a referral hospital in northern Ceará using the

method population-based case-control showed that singles represented 46.4% of cases (Felix et al., 2018). These data may be linked to the fact that single individuals are more susceptible to loneliness, social isolation, exclusion and difficulties in solving problems, increasing suicide rates, while the partner can act as an important support and bonding network for users, since favorable personal relationships are considered life motivation, acting as a preventive point for suicide (Miranda et al., 2018). Comorbidity is a medical concept that has been used by psychiatry, however, it finds complications, since in this specialty the diagnosis is the principle based on clinical evaluation, and the current complementary exams end up serving only as a way of exclusion of non-psychiatric diseases. It is worth remembering that the consumption of PAS can mimic, mitigate or worsen the physical, cognitive, emotional or behavioral symptoms of other psychiatric disorders, making the diagnosis of these events even more difficult (Cordeiro, 2011). There seems to be an association between problematic drug use and the emergence of associated diseases / comorbidities, both clinical and psychiatric. And this association can significantly influence the risk of suicide (Oliveira et al., 2020). Authors show that the chronic use of alcohol and / or cocaine / crack can trigger or result in psychiatric conditions, as well as having a high prevalence of family history of use of PAS, demonstrating that genetic and / or cultural factors may be involved (Scheffer, Pasa and Almeida, 2010).

In relation to suicide, there are four main risk factors: drug abuse / dependence; family history of suicide; previous suicide attempt; presenting some psychic disorder (Felix et al., 2018). It is important to consider that the users who presented a higher risk of suicide are those who consume multiple PAS (Moreira et al., 2020). It is important to highlight that the screening of clinical and psychiatric comorbidities as well as the risk of suicide in drug users may help in planning approaches designed according to the data obtained (Oliveira et al., 2020). A high prevalence of psychiatric comorbidities (88.8%) was identified in PAS users followed up in psychiatric communities, pointing out that sociodemographic vulnerability and the high prevalence of psychiatric comorbidities denote the fragility of the population of drug addicts (Danieli et al., 2017). The double psychiatric diagnosis due to drug use and dependence can be configured as the extension of this serious problem, which involves failures from preventive education to drugs to interruption of treatment (Fernandes et al., 2017). Therefore, multiprofessional care is needed for this audience, whether individually or collectively, as it will reflect positively on autonomy, bonding, social and family reintegration, as well as on the treatment for chemical dependency itself, minimizing aspects related to hospital admissions due to relapses or clinical manifestations of abstinence (Oliveira et al., 2019). In a study conducted with the adolescent public in 2017, the main hypothesis was confirmed: the use of drugs can be a predictor of suicide (Barros et al., 2017). The authors warn: information about

suicide, in the form of ideation, plan or attempt, is important, since 20.2% of the sample said they had thought about committing suicide, 12.0% developed a plan and 3.8 % said they tried to kill themselves, demonstrating the value of other investigative studies focused on the causality of such behaviors. Drug abuse / addiction can double the chances of suicide attempts (Felix, 2016). In relation to this, several authors present alcohol as the substance strongly associated with suicide, either as motivation (having this dependence attributes a negative meaning to life) or as a stimulant (the ideation of death is driven by the effect of alcohol), influencing self-destructive behavior, especially when the individual uses multiple substances (Vásquez et al., 2013). Regarding the relationship between the consumption of alcohol and other drugs and suicide attempts, some studies show that the consumption of psychoactive substances, especially alcohol, can potentiate and increase the likelihood of suicide attempts and suicide itself, especially in male individuals, which demonstrates a direct relationship between the abuse of these substances and suicidal behavior (Lima et al., 2010). The use and abuse of drugs in society and their confrontation has been based basically on actions focused on the repression of trafficking with the help of laws and on organic treatment and not holistic treatment (Maciel et al., 2018). This way of dealing with the problem has contributed to the appearance of several aggravating factors, including the risk of suicide in individuals diagnosed with substance-related disorders.

CONCLUSIONS

The main results showed that the suicide rate was high for males (44.8%), unmarried marital status (28.1%) and (41.5%) for participants diagnosed with mental and behavioral disorders due to the use of multiple drugs (F19). Therefore, it was observed that marital status, ICD 10, the presence of psychiatric comorbidities and tobacco derivatives as a problem substance in people who abuse PAS are statistically related to the risk of suicide, which can act as protective or predictive factors for such, as well as, it is emphasized that other variables related to the profile were considered determinants in this process. In this sense, the study contributes to the understanding of the two health problems analyzed and their interrelationships, in which it highlights important characteristics to support health actions, while reflecting on the need for public policies that involve this context with effective interventions to prevent the use of PAS, and consequently, the risk of suicide, since there is a direct relationship between these elements. The importance of actions to promote mental health among PAS users is also evident, with a biopsychosocial view of the individual, in addition to the use of the drug itself, to minimize self-destructive behavior. As for the limitations of the study, it is noted that because it is a cross-sectional study, there is no way to assess causality among the factors investigated, as well as emphasizing the fact that the instrument used has three final outcomes, making it impossible to use the prevalence ratio for analysis. . In addition, new studies with a qualitative approach are suggested to better understand this relationship and the contexts involved, and experimental research to ascertain the risk factors involved for the risk of suicide in PAS users.

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