

Prevention, assessment, and management of suicidality in clients attending drug and alcohol services.

BRENNAN GEIGER^{1,2,5,8}, **SAMANTHA COLLEDGE**³, **AMANDA ROXBURGH**^{3,5,6,7}, **KATE HOCKNULL**⁴, **MARK BARTLETT**⁴, **CAROLYN DAY**^{2,4,5}, **FIONA SHAND**¹

Presenter's email: b.geiger@blackdog.org.au

¹ *Black Dog Institute, UNSW Sydney, Australia* ² *The Edith Collins Centre (Translational Research in Alcohol Drugs and Toxicology), Sydney Local Health District, Australia* ³ *National Drug and Alcohol Research Centre, UNSW Sydney, Australia* ⁴ *Uniting Medically Supervised Injecting Centre, Sydney, Australia* ⁵ *Specialty of Addiction Medicine, the Central Clinical School, Sydney Medical School, the Faculty of Medicine and Health, University of Sydney, Sydney, Australia* ⁶ *Monash Addiction Research Centre, Monash University, Melbourne, Australia* ⁷ *Health Risks Program, Burnet Institute, Melbourne, Australia* ⁸ *Kirketon Road Centre, South East Sydney Local Health District, NSW Health, Sydney*

Introduction and Aims: There is little evidence about how to optimally assess and manage suicide risk for people who inject drugs (PWID), especially within harm reduction services. This review aimed to synthesise the evidence on suicide prevention, assessment, and management in alcohol and other drug (AOD) service settings.

Methods: We searched peer-reviewed databases and known grey literature sources for studies or reports. Quantitative and qualitative data that assessed or described suicide or self-harm prevention, assessment, or management protocols were included. Purely epidemiological or case studies were excluded. Data needed to concern either PWID or people with substance use disorder (SUD) and AOD services. Study content analysis was conducted in NVivo12 to determine relevant concepts.

Results: Of 4,098 search results, only seven studies fitted the inclusion criteria. Four core components were identified: 1) psychosocial interventions, 2) frontline staff & gatekeeper training, 3) risk assessment, and 4) management. Included studies targeted higher-threshold services (e.g., residential rehabilitation or drug treatment); however, there was some information available regarding client-, staff-, and service-level interventions or practices. Evidence-based guidelines for assessing and managing suicide risk in AOD treatment services were outlined in two reports from the grey literature.

Discussions and Conclusions: There is little evidence available on preventing, assessing, and managing suicide and self-harm risk for AOD service clients. Low threshold services that regularly encounter clients experiencing chronic or acute suicidality require evidence-based protocols and staff training resources. Further, studies investigating suicidality in PWID or people with SUD would benefit from input from people with lived experience.

Implications for Translational Research (optional): In developing appropriate suicide assessment and management protocols, co-design with people with lived experience and staff training are fundamental elements.

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