

# *The Relationship Between Addiction and Suicide*

Annie Peters, PhD  
Chief Clinical Officer  
970.577.5379  
[apeters@harmonyfoundationinc.com](mailto:apeters@harmonyfoundationinc.com)

Harmony Foundation  
1600 Fish Hatchery Road  
Estes Park, CO 80517  
866.686.7867  
970.586.4491  
303.825.2023

[info@harmonyfoundationinc.com](mailto:info@harmonyfoundationinc.com)  
[admissionteam@harmonyfoundationinc.com](mailto:admissionteam@harmonyfoundationinc.com)

[www.harmonyfoundationinc.com](http://www.harmonyfoundationinc.com)

# Facts About Suicide

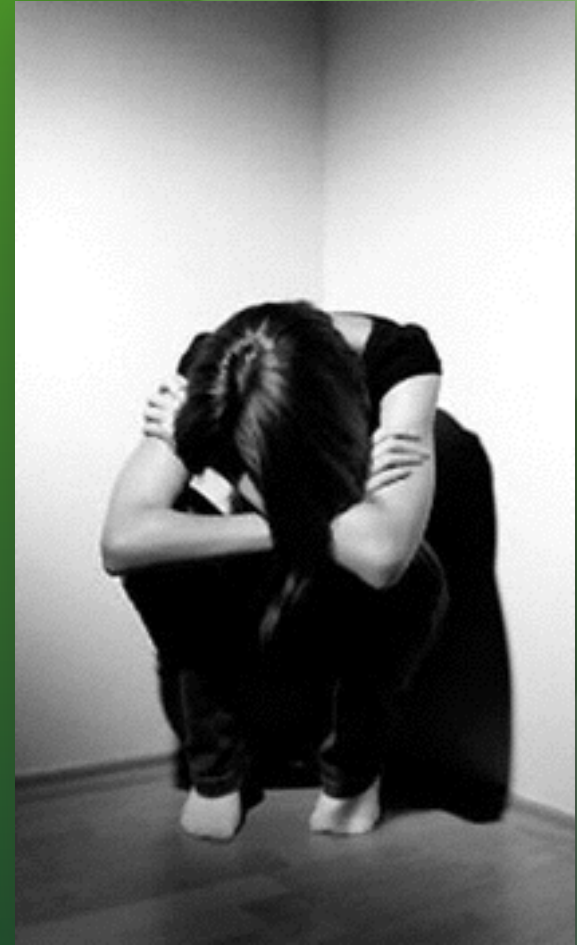


- Every 15 minutes, someone dies by suicide in the US (*CDC*)
- Every 40 seconds worldwide (*WHO*)
- “Suicide is a preventable public health problem” - prevention efforts depend upon appropriate identification and screening (*Kelly Posner, PhD*)

# Facts About Suicide

- 10<sup>th</sup> leading cause of death in the US
- 2<sup>nd</sup> leading cause of death for ages 15-24
- 4<sup>th</sup> leading cause of death for ages 18-65
- Highest rates are among Whites and Native Americans
- Attempts are 3x higher in women
- Completed suicides are 4x higher in men
- Firearms - most common method

*(CDC)*



# Addiction and Suicide

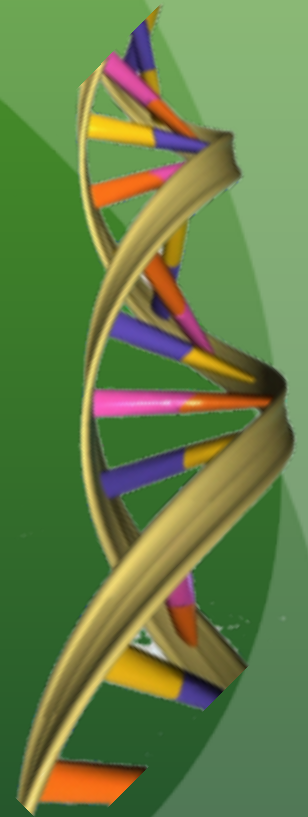
- Next to mood disorders, substance abuse is the 2<sup>nd</sup> most significant risk factor for suicide (*SAMHSA*)
- ¼ to ½ of individuals who die by suicide were intoxicated or high at time of death (*SAMHSA*)
- People with substance use disorders are 10 times more likely to die by suicide than the general population (14x for those who inject drugs) (*SAMHSA*)
- About 17% of individuals in inpatient addiction programs have attempted suicide (*Bakhshani et al., 2010*)

# Causes of the Relationship

- Alcohol/drug use and suicidality may have a common risk factor
- People with suicidal ideation and behaviors may use drugs or alcohol to cope
- People with drug and alcohol use problems often develop suicidal thoughts/behaviors

# Common Risk Factors

- Genetic
  - Dopamine and serotonin genes
  - Genetic components of personality traits common in people with SUDs and suicidal behavior
    - Aggression
    - Decreased inhibition
    - Depression and anxiety
- Environmental
  - Trauma...



# Self-Medication Hypothesis

- People with depression and suicidal thoughts may begin to use alcohol and other drugs to manage/numb negative emotions and painful thoughts.
- The chemical use becomes a primary coping strategy and addiction develops.



*Much like self-injury and other self-destructive behaviors, alcohol/drug use may be an unintentional attempt to AVOID or DELAY suicide and cope with life.*

# Alcohol/Drug Use → Suicide

- Short-term effects of alcohol/drug use:
  - Decreased inhibition
  - Increased aggressiveness
  - Impaired judgment
  - Depressed mood
  - Withdrawal
- Long-term effects:
  - Brain changes that lead to depression and anxiety
  - Disruption to relationships, leading to social isolation
  - Decreased self-esteem
  - Grief and loss
  - Trauma

*National Council for Behavioral Health, 2013*



# Clinical Implications

- Prevention
- Screening
- Intervention



# Prevention

- Know the risk factors
  - For suicide: previous suicide attempts, depression, impulsivity, aggression, trauma, discrimination, bullying, hopelessness, low self-esteem, losses, social withdrawal, family conflict...
- Recognize warning signs for both substance abuse and suicide
- Increase protective factors...

# Warning Signs

## Substance Abuse

- Smell of alcohol, needle marks
- Slurred or rapid speech
- Lack of coordination or unsteady gait
- Enlarged or constricted pupils
- Tremors
- Mood swings
- Increasingly angry/defiant
- Overly energetic/lethargic
- Lying/rule breaking
- Missing appointments
- Short term memory loss
- Blackouts

## Suicide

- Talking about death/suicide
- Searching for methods
- Talking about feeling hopeless
- Talking about feeling like a burden to others
- Reckless behavior
- Sleep disturbance
- Withdrawal/isolation
- Rage/extreme mood swings
- Losing interest in things or losing the ability to experience pleasure

# Screening

- Screening for both suicidal thoughts and substance abuse should be integrated into primary care, behavioral health settings, online environments... anywhere people seek help
- Screening for SUDs: CAGE, MAST/DAST
- Screening for suicidality:
  - SAFE-T - involves identifying risk factors, protective factors, a formal inquiry (thoughts/plan/behaviors/intent), and an assessment of risk level ([http://www.integration.samhsa.gov/images/res/SAFE\\_T.pdf](http://www.integration.samhsa.gov/images/res/SAFE_T.pdf))
  - C-SSRS - <http://www.cssrs.columbia.edu/>

# Intervention

- Expand access to treatment
- “No wrong door”
- Treat both suicidality and addiction as primary issues
- Treat them simultaneously
- Integrated treatment teams
- Long-term continuing care
- Evidence-based practices

# Evidence-Based Practices

- Motivational Interviewing - to reduce shame around suicidal thoughts/behaviors and substance use
- Twelve Step Facilitation or another approach to encourage integration into a supportive social community
- Cognitive-Behavioral Therapy to address self-destructive patterns of thought and behavior

Thank you!

