

what to do

- Take the risk factors and signals seriously. If you think someone is considering suicide, ASK HIM OR HER “Are you suicidal?” or “Do you want to kill yourself?” If the answer is “yes,” GET HELP.
- Show interest in the person and be supportive.
- Offer hope that there are alternatives to suicide.
- Take action. Remove methods he or she might use to kill him or herself.
- Seek help from his or her family, friends, physician, clergy, etc.
- Allow the person to express thoughts and accept their feelings.
- IMMEDIATELY contact a person or organization that specializes in crisis intervention or suicide prevention for help. (See the back of this brochure.)
- Talk directly about suicide, and get specifics. The more specific the plan, the greater the risk.
- There is a real possibility of a suicide attempt while the person is under the influence. STAY WITH THE PERSON.

what to avoid

- Avoid acting shocked or judgmental, or lecturing the person on reasons to live.
- Avoid giving advice or false reassurances, or offering easy answers.
- Avoid dismissing problems or minimizing the threat.
- Never keep a person’s suicidal thoughts a secret. Remember - saving a life is more important than keeping a promise. Silence can be DEADLY!

where to get help

If you or someone you know is thinking about suicide, call **800-273-TALK** (8255).

The National Suicide Prevention Lifeline will automatically connect you with a certified local crisis center 24 hours a day, 7 days a week.



When substance abuse co-occurs with depression and/or suicidal tendencies, both the depression and the addiction need to be treated—one affects the other.

For additional information on suicide prevention or publications contact:

Tennessee Suicide Prevention Network 
Saving Lives in Tennessee

295 Plus Park Blvd., Suite 201
Nashville, TN 37217
ph: 615-297-1077 f: 615-269-5413
www.tspn.org

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"Giving Hope, Saving Lives"



Substance Use and Suicide

Tennessee Suicide Prevention Network

Saving Lives in Tennessee

the facts

There is a link between suicide and substance abuse, which may include addiction to prescription drugs as well as alcohol and controlled substances. When depression is present, the interplay between the substance involved, the brain's own chemistry, and personal problems can be overwhelming. Because of this, substance abuse in and of itself is considered a suicide risk factor.

Between 25 and 55 percent of suicide victims have drugs and/or alcohol in their system at the time of their deaths.*

The rise in drug abuse observed during the past thirty years is believed to be a contributing factor to the increase in youth suicide, particularly among males.*

Major depression often develops after someone develops alcoholism rather than before.*

Up to 7 percent of people with alcoholic dependence will eventually die by suicide, with middle-aged and older persons at especially high risk.**

Teens who engage in high-risk behaviors (use of drugs, alcohol, and tobacco, along with sexual activity) report significantly higher rates of depression, suicidal thoughts, and suicide attempts, according to a 2004 report funded by the National Institute of Drug Abuse.

Additionally, binge drinking among teens has been identified as a predictive factor of suicidal thoughts—possibly because binge drinking episodes frequently precede serious suicide attempts.***

risk factors

A review of psychological autopsies of suicide victims with substance abuse problems has revealed several recurring characteristics:*

HALF had serious medical problems, for which the individual either self-medicates with controlled substances, or required prescription drugs.

HALF were unemployed at the time of death.

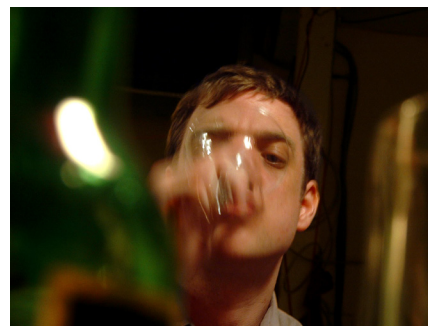
TWO-THIRDS also suffered from a major depressive disorder, and not necessarily one diagnosed previously.

ONE-THIRD had attempted suicide at some other point in their lives.

Interpersonal crises and financial difficulties are common here among people who abuse substances and should be taken very seriously. This population is already at high suicide risk.

Finally, and most importantly, **FOUR-FIFTHS** had previously communicated suicidal intent through words and/or behavior.

Given this last point, understanding the warning signs of suicide is all the more important.



signals

Most suicidal people give some of the clues and warning signs listed here. By learning the warning signs, paying attention and trusting your own judgment, you can make the difference between life and death.

- Previous suicide attempts
- Loss of job
- Giving away prized possessions, making final arrangements, putting affairs in order
- Themes of death or depression in conversation, writing, reading or art
- Recent loss of friend or family member, especially through divorce, death, or suicide
- Sudden dramatic change on the job or in schoolwork
- Use or increased use of drugs and/or alcohol
- Chronic headaches, stomachaches, or fatigue
- Withdrawal or isolation from friends, family or school activities
- Neglect of personal appearance
- Taking unnecessary risks
- Loss of interest in favorite activities or hobbies
- Changed eating or sleeping patterns
- Talk about or threaten suicide. (If this happens, **TAKE IMMEDIATE ACTION**).

Remember.....

Any one of these signals alone doesn't necessarily indicate a person is suicidal. However, several signals may be cause for concern. Signals are especially important if the person has attempted suicide in the past. Listen. Be a friend. Get professional help. *Your actions may save a life!*

*Murphy, G.E. (2000). Psychiatric aspects of suicidal behaviour: substance abuse. In *The International Handbook of Suicide and Attempted Suicide*, eds. K. Hawton and K. Van Heeringen. New York: John Wiley and Sons.

** Conner, K.R., and P. R. Duberstein (2004). Predisposing and precipitating factors for suicide among alcoholics: empirical review and conceptual integration. *Clinical & Experimental Research* 28(5): 6S-17S.

*** Windle, M. (2004) Suicidal behaviors and alcohol use among adolescents: a developmental psychopathology perspective. *Alcoholism: Clinical and Experimental Research* 28: 29S-37S.