



SIEC ALERT

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SIEC ALERT is produced by the Centre for Suicide Prevention.

SIEC ALERT is a topical review of current literature relevant to suicide prevention.

Substance Abuse In Combination With Other Mental Illnesses: Together, Do They Increase Suicide Risk?

How Common Is Substance Abuse?

According to the World Health Organization (WHO, 2001), tobacco and alcohol are the most widely used substances in the world, having the most serious public health consequences. The prevalence of alcohol abuse varies widely around the world. Globally, the prevalence of this disorder is estimated to be 1.7% of the population. In North America and parts of Eastern Europe, it is estimated at 5%.

The prevalence of illicit drug abuse and dependence ranges from 0.4% to 4%. It is estimated that approximately 5 million people in the world inject illicit drugs (WHO, 2001).

Relationship Between Substance Abuse and Suicide

Several studies have been dedicated to the relationship between substance abuse and suicide. Alcohol consumption, easy access to some toxic substances and to firearms seem to be connected with suicide rates across all countries studied (WHO, 2001). Rossow (1995) determined that the relative risk of committing suicide was almost seven times higher among alcohol abusers than among non-abusers. In a study by Bergman (1994), 25% of alcoholic males studied had attempted suicide at least once. Suicidal behaviour was more common among alcoholic men who also reported a history of violent behaviour.

The Relationship Between Substance Abuse Disorder and Mental Illnesses in Suicide Risk

According to a study by O'Boyle (1997), the prevalence of both substance abuse and mental illness increases risk for suicide. In a study of subjects who had entered a substance abuse program, those who had attempted suicide were more likely to have additional psychiatric diagnoses (eg., major depression). Borges (2000) found partial support for the relationship between substance use disorders and mental disorders in predicting suicide attempts. However, the occurrence of a substance abuse disorder alone continued to have some effect in predicting suicide attempts.

How Common Is Suicide Among People With Various Mental Illnesses?

Two studies were conducted by Harris and colleagues (1998, 1997), to determine the association of individual mental health disorders with suicide risk. These studies gathered information from all English language studies already conducted. According to the authors, virtually all forms of mental illness have an increased risk of suicide.

From these studies, the following risk ratios for specific disorders are:

Substance Abuse:

Alcohol dependence/abuse:	5.5 times higher risk
Opioid dependence/abuse:	10 times higher risk
Legal drugs (prescription and over-the-counter)	30 times higher risk
Legal drugs + alcohol:	39 times higher risk
Legal drugs + illegal drugs:	86 times higher risk

Schizophrenia: 9 times higher risk

Affective (mood) disorders:

Major depression:	21 times higher risk
Bipolar disorder:	12 times higher risk

Personality Disorders:

not significantly higher risk (1998)
7 times higher risk (1997)

Substance Abuse and Mood Disorders

According to the World Health Organization (2001), mood disorders such as depression and bipolar disorder (also known as manic depression) currently rank as the world's fourth greatest cause of illness "burden". The WHO estimates that these disorders will rank second by the year 2020. Suicide is a serious complication of mood disorders, accounting for 60-75% of all deaths by suicide (Hawton, 1994). The relationship of a major depressive episode and substance abuse leads to even more vulnerability for suicide (Murphy, 2000).

According to Frank et al., (1999), people with alcoholism or drug addiction have profoundly increased lifetime rates of depression. Unless addressed therapeutically, substance abuse worsens the course of mood disorders.

Substance Abuse and Schizophrenia

In a study of outpatients with schizophrenia, approximately one quarter of people studied were diagnosed with a substance disorder in the previous six months, and 60% were diagnosed with such a disorder during their lifetime (Fowler et al., 1998). According to the Report on Mental Illnesses in Canada (2002), up to 80% of people with schizophrenia will abuse substances at some point during their lifetime. Substance abuse is associated with suicidal behaviour. However, Fowler et al. (1998) found no evidence for increased suicide risk of those with both schizophrenia and substance abuse disorder than for those with schizophrenia alone.

Suicide Affects All of Us. Let's Talk About it.

SIEC SOURCES & RESOURCES

Want to learn more about this topic?

Photocopies of documents on this list are available from the Centre for Suicide Prevention.

Please contact us for pricing information.

SIEC020727

Hiroeh, U., Appleby, L., Mortensen, P. B. & Dunn, G. (2001). Death by homicide, suicide, and other unnatural causes in people with mental illness: A population-based study. The Lancet, 358, 2110-2112.

SIEC020488

Pritchard, C., Cotton, A., Godson, D., Cox, M. & Weeks, S. (1991-92). Mental illness, drug and alcohol misuse and HIV risk behaviour in 214 young adult (18-35 year) probation clients: implications for policy, practice and training. Social Work & Social Sciences Review, 3(3), 227-242.

SIEC020280

Kelly, T. M., Lynch, K. G., Donovan, J. E., & Clark, D. B. (2001). Alcohol use disorders and risk factor interactions for adolescent suicidal ideation and attempts. Suicide and Life-Threatening Behavior, 31(2), 181-193.

SIEC011347

Borges, G., Walters, E. E., & Kessler, R. C. (2000). Associations of substance use, abuse, and dependence with subsequent suicidal behavior. American Journal of Epidemiology, 151(8), 781-789.

SIEC011405

Aoki, W. T. & Turk, A. A. (1997). Adolescent suicide: A review of risk factors and implications for practice. Journal of Psychology & Christianity, 16(3), 273-279.

SIEC010028

Murphy, G. E. (2000). Psychiatric aspects of suicidal behaviour: Substance abuse. The International Handbook of Suicide and Attempted Suicide.

SIEC990793

Frank, E. & Thase, M. (1999). Natural history and preventative treatment of recurrent mood disorders. Annual Review of Medicine, 50, 453-468.

SIEC980982

O'Boyle, M. & Brandon, E. (1997). Suicide attempts, substance, and personality. Journal of Substance Abuse Treatment, 15(4), 353-356.

SIEC981202

Harris, E. C. & Barraclough, B. (1998). Excess mortality of mental disorder. British Journal of Psychiatry, 173, 11-53.

SIEC981185

Fowler, I. L., Carr, V. J., Carter, N. T., & Lewin, T. J. (1998). Patterns of current and lifetime substance use in schizophrenia. Schizophrenia Bulletin, 24(3), 443-455.

SIEC970277

Harris, E. C. & Barraclough, B. (1997). Suicide as an outcome for mental disorders: A meta-analysis. British Journal of Psychiatry, 170, 205-227.

SIEC950444

Rossow, I. & Amundsen, A. (1995). Alcohol abuse and suicide: a 40-year prospective study of Norwegian conscripts. Addiction, 90(5), 685-691.

SIEC940764

Bergman, B. & Brismar, B. (1994). Characteristics of violent alcoholics. Alcohol & Alcoholism, 29(4), 451-457.

SIEC940593

Hawton, K. (1994). Adolescent suicide and attempted suicide: The importance of substance abuse. Crisis, 15(1), 13-14.

Resources on the Internet

Mental Health: New Understanding, New Hope. The World Health Report 2001. <http://www.who.int/whr2001/2001/main/en/>

A Report on Mental Illnesses in Canada. Health Canada (2002). <http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/miic-mmacc/index.html>

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