

## 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



[www.tspn.org](http://www.tspn.org)

If you or someone you know is thinking about suicide, call **1-800-273-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.



**Get the TSPN App:**  
Available on Apple  
and  
Android



**615-297-1077 • [www.tspn.org](http://www.tspn.org)**



[www.tennessee.gov/behavioral-health](http://www.tennessee.gov/behavioral-health)  
**1-855-CRISIS-1 or 1-855-274-7471**



Funding for this brochure was provided under grant numbers 1H79SM080217 and 1U97SM061764-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.



## SUBSTANCE USE AND SUICIDE IN TENNESSEE



*"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 death.<sup>(1)</sup>

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.<sup>(1)</sup>

Men with a substance abuse disorder are 2.3 times more likely to die by suicide than those without one. Women with a substance abuse disorder are 6.5 times more likely to die by suicide than those without one.<sup>(2)</sup>

Binge drinking among teens has been identified as a predictive factor of actual suicide attempts as compared to suicidal thoughts, even after accounting for high levels of depression and stress—possibly because binge drinking episodes frequently precede serious suicide attempts.<sup>(3)</sup>

Up to 7 percent of people with alcohol abuse disorders will eventually die by suicide, with middle-aged and older alcoholics at especially high risk.<sup>(4)</sup>

Both suicide and substance abuse have been noted as contributing factors to rising mortality rates among middle-aged Caucasians in the United States.<sup>(5)</sup>

## RISK FACTORS

A review of psychological autopsies of suicide victims with substance abuse problems has revealed several recurring characteristics:<sup>(1)</sup>

**HALF** had serious medical problems, for which the individual either self-medicated 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 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, or 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!**

(1) 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.

(2) Ilgen, M.A., et al. (2010). Psychiatric diagnoses and risk of suicide in veterans. *Arch Gen Psychiatry* 67:1152-1158.

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

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

(5) Case, A., and A. Deaton (2015). Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. *PNAS Early Edition*. Available URL: [www.pnas.org/cgi/doi/10.1073/pnas.1518393112](http://www.pnas.org/cgi/doi/10.1073/pnas.1518393112)