

**Substance Abuse and Mental  
Health Services Administration  
Center for Mental Health Services**

**Suicide and Substance Abuse**

Richard McKeon, PhD, MPH  
June 6th , 2005

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As a Nation, we have yet to fully  
recognize suicide as a public  
health crisis...

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**Lives Lost Annually**

- To AIDS ~14,000
- To homicide ~20,000
- To suicide ~30,000

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## Lives Lost Annually

In 2002, more teenagers and young adults died of suicide than from cancer, heart disease, HIV/AIDS, birth defects, chronic lung diseases, diabetes, and stroke combined.

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As individuals, organizations, and States concerned about suicide, we recognize, but must increase our focus on, some key factors implicated in suicide.

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## Research Shows Strong Links Between

- Suicide and substance abuse and
- Suicide and mental illness (particularly depression)

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90 percent of people  
who die by suicide  
have a  
diagnosable mental illness or  
substance abuse disorder.

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### Psychological Autopsy Studies

- Adolescents- depression, conduct disorder, substance use, prior attempt
- Adults- prior attempt, depression, alcohol dependence, schizophrenia
- Older Americans- depression, late onset
  
- Luoma, Martin & Pearson, 2002

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### Relationship Between Alcohol and Suicide

- 37% of people who die by suicide have measurable blood alcohol at the time of death.
- 40% of people who attempt suicide have measurable blood alcohol at the time of death.
- ~7% of people who are alcohol-dependent will die by suicide.

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## Relationship Between Alcohol and Suicide

- Alcohol use and depression are often co-occurring factors in suicide.
- People who are alcohol-dependent are at higher risk for suicide if they also have depression. 50-75% of people who are alcoholic-dependent and who die by suicide also suffer from depression.

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## Relationship Between Substance Abuse and Suicide

- Association between drug abuse and suicide attempts is not entirely due to the effects of comorbid mental disorders.
- Association between current drug use and suicidal ideation and unplanned attempts among ideators.
- Number of substances used was more predictive of suicidal behavior than the types of substances used.

Analysis of U.S. National Comorbidity Study (1990-2), Borges et al.,  
Am J Epidemiol. 2000

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## Relationship Between Substance Abuse and Suicide

Relatively little is known about the impact of different drug categories, drug combinations, substance-induced effects, and self-medication on suicidal behavior.

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### Substance Abuse and Suicide: Adolescents

- 27-50% of adolescents who die by suicide have a substance abuse disorder. (27-35% of suicide attempters)
- Adolescents who attempt and/or die by suicide have ↑ rates of alcohol and illicit drug use and problems than non-suicidal adolescents.

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### Substance Abuse and Suicide: Adolescents

- Rates of suicidal behavior are ↑ among adolescents with substance abuse disorders.
- Adolescents who die by suicide are more likely to use a firearm than another method if they have alcohol in their blood at the time of death.

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### Utah Youth Suicide Study

- Examined 151 consecutive suicides (age 13-21) between 1996 – 1999.
- 63% (95) had contact with juvenile justice.
- 51 of the 95 (54%) had one or more referrals for substance abuse, possession, or use.
- Direct correlation between number of overall referrals and increased suicide risk.

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Up to 2/3 of people who die by suicide are not receiving mental health or substance abuse treatment at the time of their death. Half have never seen a mental health professional.

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### Youth-(12-17) Past year Tx

- 20.7% of all youth in treatment-5.1 million
- “Thoughts about killing self or tried to kill self” reason for most recent treatment for 18.9% or an estimated 798,000 youth
- 467,000 hospitalizations for mental health problems, many for suicide risk
- Source-SAMHSA-2003-National Survey on Drug Use and Health

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### MH Treatment Among Adolescents Who Die By Suicide

- 7-15% within the last month
- 20-25% within the previous year
- 25-35% over their lifetime
- Up to 50% of adolescents who attempted suicide and were treated in Emergency Rooms did not receive subsequent care

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## Some Major Barriers to Seeking Care

- Stigma (mental health, substance abuse, suicide)
  - ↑ among some ethnic groups, youth, and elderly; in rural areas.
- Access to care
  - Separate systems and reimbursement for physical and behavioral health care
  - Separate systems for mental health and substance abuse treatment

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## Suicide and MH Transformation

- Decrease fragmentation
- Improve access to care
- Increase training-(suicide prevention and co-occurring disorders)
- Improve continuity of care-(Inpatient and Emergency Room Discharges)

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## NSSP Substance Abuse Goals

- Develop guidelines for assessment of suicide risk among persons receiving care in mental health and substance abuse treatment centers.
- Increase the proportion of mental health and substance abuse treatment centers that have policies , procedures, and programs to assess risk and reduce suicidal behaviors among their patients
- Providing education to family members in mental health and substance abuse treatment centers.

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**SAMHSA's Agencies:**

- Center for Mental Health Services (CMHS)
- Center for Substance Abuse Treatment (CSAT)
- Center for Substance Abuse Prevention (CSAP)

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**SAMHSA's Initiatives:  
The Co-Occurring Center for  
Excellence**

- "No wrong door"
- Led by Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS)

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**SAMHSA's Initiatives:  
The Co-Occurring Center for  
Excellence**

- Evidence-based treatment models and strategies
- Unified service systems
- Client/consumer focus and cultural competence
- Quality improvement

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## SAMHSA's National Suicide Prevention Initiatives

- Current initiatives
- Upcoming initiatives
- How to stay informed

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## Current SAMHSA Initiatives

- Suicide Prevention Resource Center
  - AAS development of clinical competencies for suicide risk assessment, management and treatment- EAP/ED pilots-future adaptation for substance abuse providers
  - NAMI ED toolkit for suicide attempters and their families

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## National Suicide Prevention Lifeline

1-800-273-TALK (8255)  
(new number)

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### Upcoming SAMHSA Initiatives

- Garrett Lee Smith Grants
- “Linking Adolescents At-Risk to Mental Health Services” Grants

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### Garrett Lee Smith Memorial Act: State Grant Programs

- To support States develop and implement statewide youth suicide prevention and early intervention strategies.
- Must involve a public/private collaboration among youth service institutions.
- Must include State and community mental health, substance abuse, juvenile justice, foster care and other agencies

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### Garrett Lee Smith Memorial Act: Mental & Behavioral Health Services on Campus

- To enhance services for students with mental and behavioral health problems (depression, substance abuse) that put them at risk for suicide or suicide attempts. Important to build on campus substance abuse prevention programs.

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## Linking Adolescents to Mental Health Services Grants

- To further develop and evaluate existing school-based suicide prevention programs and their ability to link to treatment.
- Substance abuse a major risk factor

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## SAMHSA's National Suicide Prevention Resources: How to Stay Informed

- SAMHSA's Information Mailing System (SIMS)  
– <http://sims.health.org>
- SAMHSA's Grant Opportunity Web Page  
– [www.samhsa.gov/grants](http://www.samhsa.gov/grants)

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## Contact Information

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