



# Substance abuse prevention is suicide prevention: Building connections between our fields to save lives

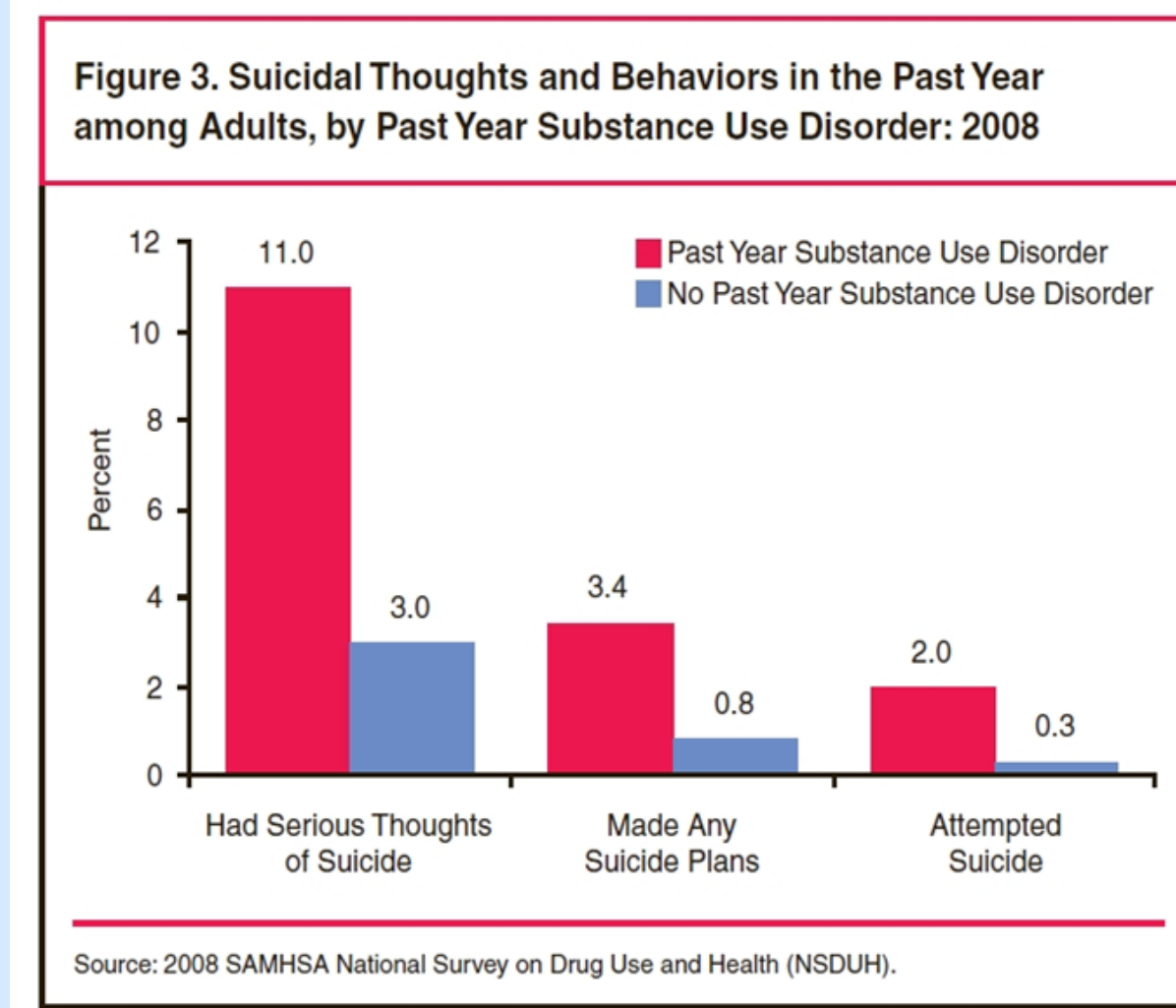


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## SPRC Substance Abuse and Suicide Prevention Collaboration Project

### Substance use and Suicide

The suicide prevention field has long recognized that substance abuse and mood disorders are major risk factors for suicide deaths. Harris and Barraclough<sup>1</sup> found that those diagnosed with a substance use disorder were 44 times more likely to die by suicide than those without such a disorder. This evidence clearly demonstrates that collaboration between substance abuse and suicide prevention efforts is critical to prevent multiple negative outcomes in vulnerable populations.



### Background

In spite of the clear need for collaboration between the substance abuse and suicide prevention fields, this connection has not always been easy to make. This year, the Substance Abuse and Mental Health Services Administration tasked SPRC with developing a resource to help federal suicide prevention grantees better include substance abuse prevention and treatment programs as part of their suicide prevention efforts.

#### Project stages included:

1. GLS grantee needs assessment
2. Literature review
3. Model Development
4. Expert interviews
5. Case example interviews
6. Web page development, testing, and launch

New SPRC Collaboration Web Pages at:  
[www.sprc.org/states/collaboration\\_continuum](http://www.sprc.org/states/collaboration_continuum)

### Welcome to the SPRC Substance Abuse and Suicide Prevention Collaboration Continuum

The SPRC Substance Abuse and Suicide Prevention Collaboration Continuum (Click here for a printable graphic of the Collaboration Continuum) is a Web-based resource designed to help suicide prevention programs in state, tribal, campus, and community settings build and strengthen connections with their substance abuse prevention and treatment counterparts. The Continuum contains a collection of practical tools and resources to help partners be effective and strategic in their work together. You and your team or partners can also use this worksheet to find out where you are on the Continuum and to identify strengths, areas of improvement, and steps for reinforcing your partnership.

Click on a Continuum stage in the graphic below to learn what that phase of collaboration looks like. Each stage also features resources and stories from the field that can help you move your collaborative efforts to the next level.

#### SPRC Substance Abuse and Suicide Prevention Collaboration Continuum



**CONTEMPLATING**  
At this stage, we are thinking about collaborating. We have potential partners in mind, but we have not approached them.

**COOPERATING**  
At this stage we have decided partnering makes sense. We are engaging partners, but have no formal agreements.

**COORDINATING**  
At this stage our partnership is growing stronger, and we are modifying our activities for mutual benefit. We are engaged in projects, initiatives and work together.

**COLLABORATING**  
At this stage our partnership has formal agreements. We are working toward developing treatment capacity to achieve a shared vision.

Landing page with clickable Continuum

### The evidence demonstrates: Substance abuse prevention lowers suicide risk

⇒ In the U.S., a lower minimum legal drinking age (MLDA) was associated with increased suicide risk among 18-20 year-olds in states with an MLDA lower than 21<sup>2</sup>.

⇒ Several former Soviet countries instituted environmental alcohol control measures to combat alcoholism and found that suicide rates plummeted with the success of these measures<sup>3,4</sup>.

⇒ A Canadian study found that suicide rates in Ontario were associated with per capita alcohol consumption, suggesting that a 1-liter increase in alcohol consumption was associated with an 11-39% increase in suicides<sup>5</sup>.

### Collaboration Benefits and Barriers

Over the years, SPRC has asked a number of suicide prevention practitioners about their work with substance abuse prevention counterparts; they reported the following advantages and challenges for collaboration:

#### Benefits

- Maximizing limited resources
- Broadening partnerships/ reach to different groups
- Building ownership of connected health issues across fields

#### Barriers

- Territoriality
- Funding silos
- Limited funding/staffing
- Differing approaches/language
- Competing interests



### Findings

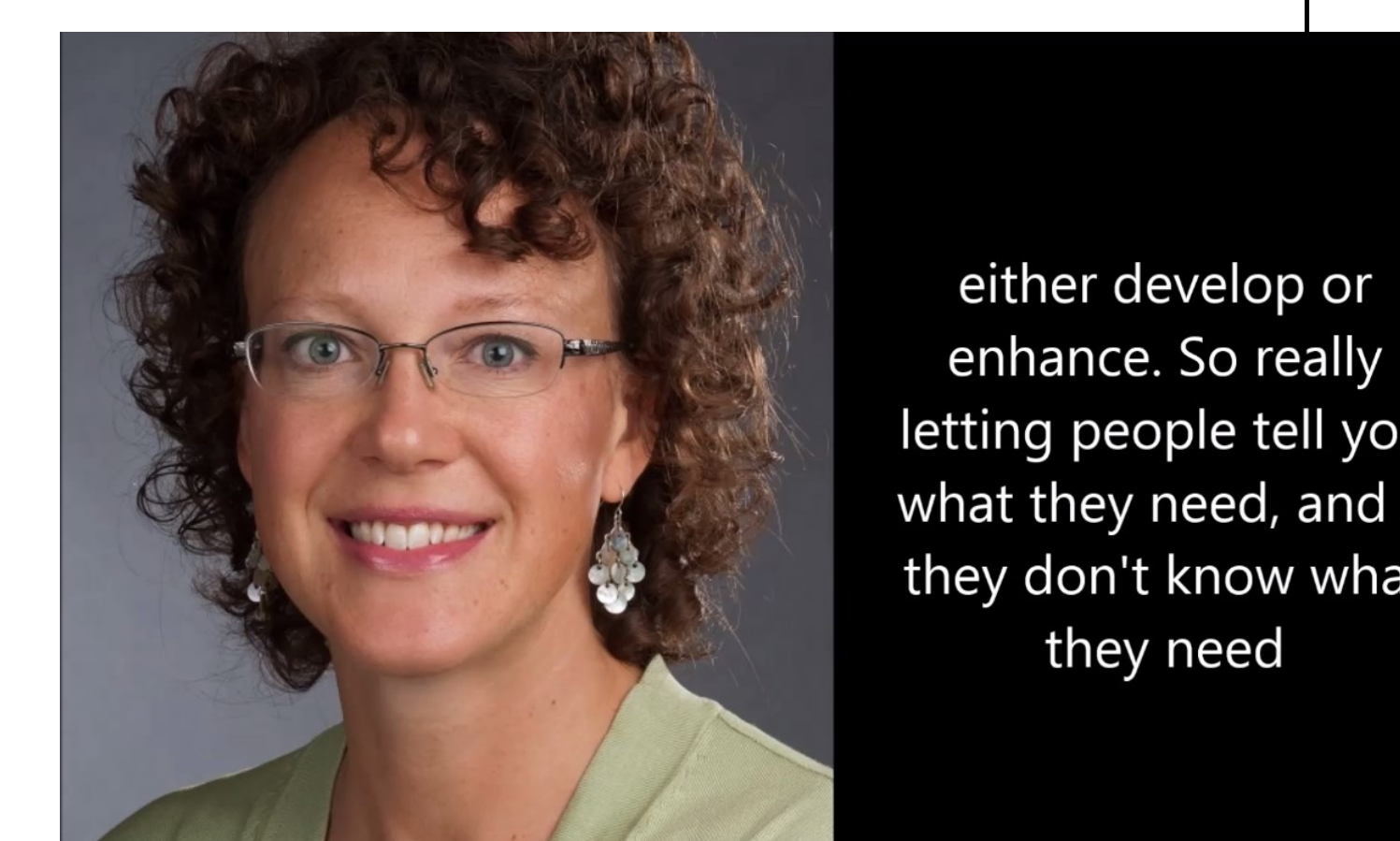
#### Needs Assessment and Expert Interviews:

- Grantees recognize the importance of collaboration with substance abuse prevention/treatment efforts, but building such collaboration is difficult.
- People in the field need guidance on how to build and strengthen collaborative relationships with their substance abuse prevention/treatment counterparts.
- Resources/tools are needed to energize, focus, and strengthen collaboration efforts.

#### Literature Review:

- Collaborations are processes with different levels of development. Several frameworks exist to help understand and evaluate these processes. SPRC adapted the Butterfoss<sup>6</sup> model to create the Substance Abuse and Suicide Prevention Collaboration Continuum (at right).
- Collaborations are complex and require thoughtful design and strategy to initiate, develop and sustain. The SPRC Continuum highlights key factors from the literature that characterize each stage of collaboration, along with steps for moving to the next stage.

Page for each Continuum stage, including description, examples, and resources



either develop or enhance. So really letting people tell you what they need, and if they don't know what they need

Subtitled videos of success stories from the field and how they did it

**Next Steps**

- Continue to collect resources and success stories
- Share with the substance abuse treatment and prevention fields
- Leverage resources to support other key collaborations in the suicide prevention field

### References

<sup>1</sup> Harris, E.D., & Barraclough, B. (1997). Suicide as an outcome for mental disorders: A meta-analysis. *British Journal of Psychiatry*, 170: 205-228.  
<sup>2</sup> Birkmayer, J., & Hemenway, D. (1999). Minimum age drinking laws and youth suicide, 1970 - 1990. *American Journal of Public Health*, 89, 1365-1368.  
<sup>3</sup> Varnik, A., Kolves, K., Vali, M., Tooding, L., Wasserman, D. (2006). Do alcohol restrictions reduce suicide mortality? *Addiction*, (102), 251-256.  
<sup>4</sup> Pridemore, W.A., Snowden, A.J. (2009). Reduction in Suicide Mortality Following a New National Alcohol Policy in Slovenia: An Interrupted Time-Series Analysis. *Journal of American Public Health*, 99(5), 915-920.

<sup>5</sup> Mann, R.E., Zalcman, R.F., Smart, R.G., Rush, B.R., & Suurvali, H. (2006). Alcohol Consumption, Alcoholics Anonymous Membership, and Suicide Mortality Rates, Ontario, 1968-1991. *Journal of Studies on Alcohol*, 67(3), 445-453.  
<sup>6</sup> Francis Butterfoss. *Coalitions and Partnerships in Community Health*. 2007. San Francisco, CA US: Jossey-Bass.

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