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

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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 Barracough\(^1\) 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.

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.\(^2\)
- Several former Soviet countries instituted environmental alcohol control measures to combat alcoholism and found that suicide rates plummeted with the success of these measures.\(^4,4\)
- 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.\(^5\)

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

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

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 understand and evaluate these processes.
- Resources/tools are needed to energize, focus, and sustain 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\(^6\) model to create the Substance Abuse and Suicide Prevention Collaboration Continuum (at right).

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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


2. Harris, E.D., & Barraclough, B. (1997). The suicide prevention field has long recognized that substance use disorder was 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.

Building connections between our fields to save lives

Substance Abuse and Suicide Prevention Collaboration Project

New SPRC Collaboration Web Pages at: www.sprc.org/states/collaboration continuum

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