

Alcohol and suicide



Key statistics:¹

SUICIDE & SELF HARM

- Suicide is a significant public health problem and the 15th leading cause of death worldwide.
- In Wales, as many as 350 people die by suicide each year.
- Men are around three times more likely to die by suicide than women, with the most at risk age group 30 - 49 years.
- Around 1 in 130 people are thought to self harm, with the highest prevalence among women aged between 15 and 19.
- Around half of those who complete suicide have a history of self harm.

ALCOHOL

- More than 3 million deaths worldwide each year are attributable to alcohol.
- Alcohol is a component cause of more than 200 disease and injury conditions, including liver cirrhosis and cancer.
- In Wales, around 1,500 deaths are attributable to alcohol each year.
- In 2014, around 6,700 men and 3,500 women were admitted to hospital in Wales specifically as a consequence of alcohol consumption. Over half of women and over two thirds of men had a diagnosis of mental and behavioural disorder (including acute intoxication).

The relationship between alcohol and suicide

“Alcohol use is neither a necessary nor sufficient condition for suicide, but may be regarded as a contributory factor.”

Pompili, M. et al.²



Both acute and chronic alcohol consumption are associated with suicidal behaviour. Heavy (binge) drinking confers a greater risk for suicide attempts compared to light drinking,³ and being intoxicated is thought to increase suicide risk by up to 90 times compared to abstinence.⁴

Intoxication may act as a behavioural disinhibitor, removing the barriers to inflict pain to oneself, increasing impulsivity and also promoting depressive thoughts and feelings of hopelessness,⁵ even amongst persons with no previous history of mental health problems.⁶ Alcohol may also serve as the suicide method itself.⁷

Chronic alcohol use and alcohol dependency represent a clear risk factor for suicidal behaviour. Although estimates vary, studies from the USA and Germany suggest that about 40% of all patients seeking treatment for alcohol dependence report at least one suicide attempt at some point in their lives.⁸ Individuals with alcohol dependence who complete suicide are characterized by major depressive episodes, stressful life events (such as debt, isolation, loss of a job, family breakdown, bereavement and imprisonment) and previous suicidal behaviour.⁹

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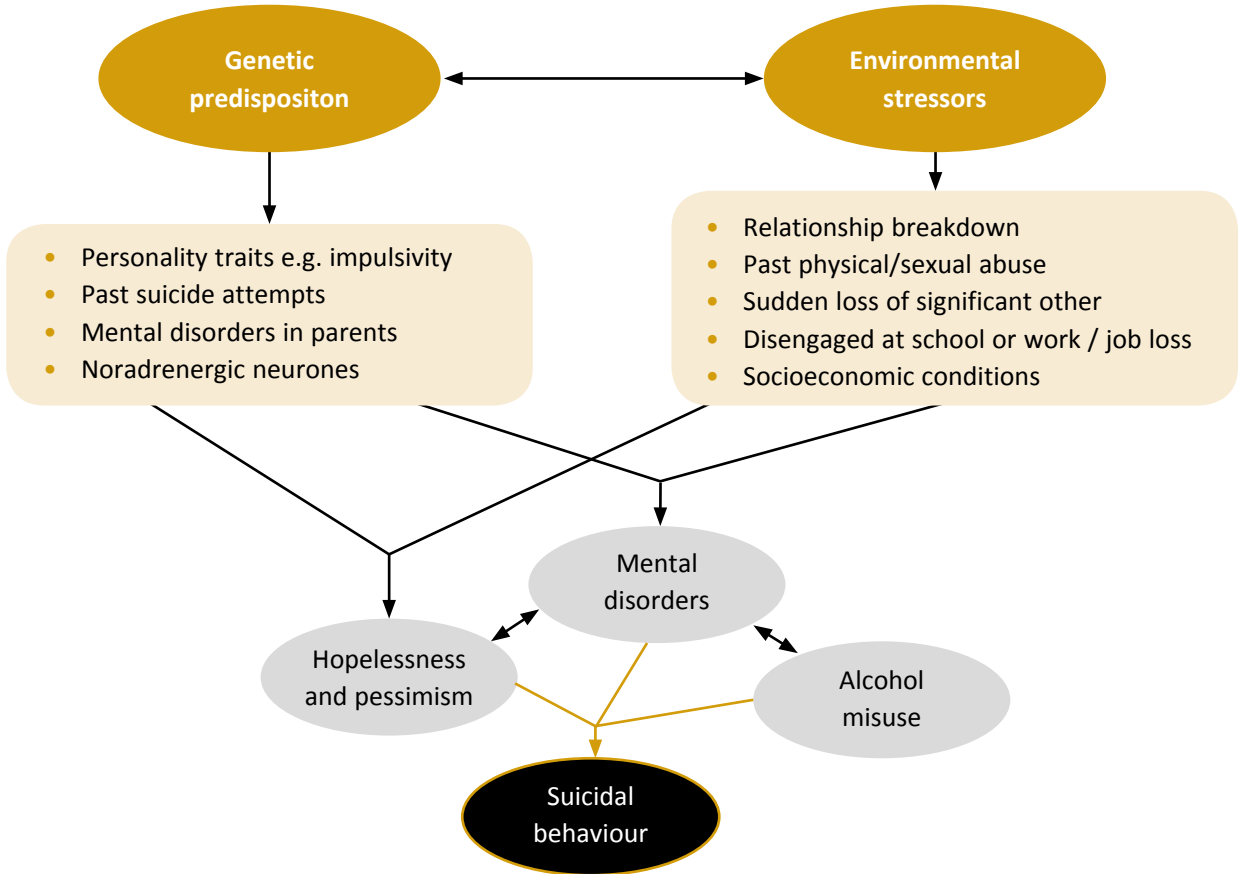
According to Kerr (2006),¹⁰ there are a number of different possible relationships between alcohol dependence and suicide, including: alcohol use may affect suicidal ideation (thoughts) and vice versa; alcohol use may not affect suicide but may aggravate other factors that affect suicide (for example by worsening family or social relationships); or, alcohol use and suicidal behaviour may each be affected by a third factor, for example alcohol dependence and suicide may be signs of the same underlying disorder.

Tackling the role of alcohol in suicide

Both the Welsh Government and the UK Government acknowledge that measures to reduce alcohol (and drug) dependence are critical to reducing suicide.¹¹ It is recognised that suicide is the consequence of a number of interactions between

biological, psychological, social and environmental factors, which all impact on each other (see illustration below¹²).

It therefore follows that universal interventions, which address this diversity of factors, are vital. For example, as well as professional therapeutic interventions, major benefits may accrue from improving community resilience and social connectedness.¹³ Alcohol Concern has experience in such initiatives: it currently runs a 'Communities Together' project in north Pembrokeshire,¹⁴ which began life as a community alcohol project but quickly morphed into an asset-based community development project which seeks to build stronger community relationships and connectedness, thereby helping citizens to cope with everyday pressures and improve their quality of life.



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More targeted interventions that seek to tackle problematic drinking, for example through the delivery of brief interventions - known as Identification and Brief Advice (IBA) – are also worthwhile and have shown to be effective across a variety of healthcare and community settings. Whilst good progress has been made in this area in Wales in particular,¹⁵ research undertaken in England amongst excessive drinkers and smokers who had visited their GP surgery in the previous year, found that fewer than 7% of risky drinkers recalled being invited to discuss their alcohol use, compared to 50% of smokers who recalled being asked about their smoking.¹⁶

Healthcare professionals who encounter middle-aged men with alcohol problems should be alert to the high risk status of these patients.¹⁷ More generally, a public awareness campaign around the relationship between alcohol and suicide would also likely be beneficial.¹⁸

Finally, there is strong evidence that decreasing the affordability of alcohol, for example through the introduction of a minimum unit price, can be one of the most effective ways to discourage heavy drinking, with alcohol sales responding to price increases like most consumer goods on the market: when other factors remain constant, increasing the price of alcohol leads to a decrease in consumption.¹⁹ This could play a positive role in reducing overall suicide rates.

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Alcohol Concern

Alcohol Concern is the national charity on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems.

We are working at a national level to influence alcohol policy and champion best practice locally.

We support professionals and organisations by providing expertise, information and guidance.

We are a challenging voice to the drinks industry and promote public awareness of alcohol issues.

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on behalf of Alcohol Concern Cymru,
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