LETTERS

ACUTE ALCOHOL CONSUMPTION AS A CONTRIBUTING FACTOR TO SUICIDAL BEHAVIOR

In his recent article,[1] Caine provides a timely critique of suicide research and prevention efforts and thoughtfully proposes new directions within a public health framework. Several potential proximal and distal causes are noted and analyzed. The author persuasively notes the need for attention to both high-risk individuals and population level factors, drawing on the seminal work by Rose[2] on the prevention paradox. Caine refers to alcohol use, chronic drinking, and alcohol dependence, and we wish to highlight an additional factor relevant to both perspectives—acute use of alcohol at the time of suicide.

A recent analysis indicates that alcohol is a leading contributor to disability-adjusted life years in high-income countries such as the United States.[3] Therefore, it is not surprising that between 2001 and 2005 in the United States, the Centers for Disease Control and Prevention reported 7235 deaths and 242 456 years of potential life lost resulting from alcohol-attributable suicides.[4] Alcohol may be related to suicidal behavior through risk conferred by chronic drinking and associated problems as well as through the acute effects of alcohol on impulsivity, emotionality, interpersonal conflict, and judgment during suicidal crises. The need to consider acute effects of alcohol is supported by research. Studies show that acute use of alcohol is common prior to suicidal behavior[5] and is a potent risk factor for suicidal behavior after accounting for other variables related to drinking including alcohol use disorder, drinking pattern, and alcohol availability.[6]

Recent National Institute on Alcohol Abuse and Alcoholism–funded studies examined the presence of alcohol among suicide decedents and showed that acute alcohol use is a common concomitant of suicidal behavior.[7–9] Several dimensions of the association among alcohol consumption, blood alcohol content levels, and suicide were examined. First, nearly one third of the suicide decedents were intoxicated at the time of death.[7] Second, the American Indian and Alaska Native populations had the highest rate of intoxication, particularly among those younger than 30 years.[8] Third, higher drinking levels were associated with the most violent suicide methods.[9] Ongoing work will examine the relationship between access to alcohol and rate of alcohol-related suicide. Future epidemiological studies of suicide as well as programs to prevent suicide (which may include effective precautionary steps at the individual level[10] facilitated by implementation of proven population-based alcohol policies[11]) need to consider acute alcohol use as a significant risk factor. ■

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Contributors

M. S. Kaplan and N. Giesbrecht originated the study and led the writing. R. Caetano, K. R. Conner, N. Huguet, B. H. McFarland, K. B. Nolte reviewed, commented, and edited drafts of the letter. All the authors reviewed and approved the final draft.

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Human Participant Protection

The human subjects review committee at Portland State University reviewed and approved the study August 11, 2010.

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CAINE RESPONDS

In their letter, Kaplan et al. offer an opportunity to grapple with a yet-to-be-answered question: Does suicide prevention include efforts to prevent or treat alcohol misuse and related disorders when affected persons are not now suicidal?

Alcohol certainly plays an exacerbating and corrosive role in the downhill slide (often lasting years or decades) of many persons who ultimately die by suicide. And intoxication surely is a permissive or facilitating factor for large numbers of individuals who attempt suicide, as the authors emphatically remind us.

Colleagues and I reported recently that, among alcoholic men in Taiwan who were hospitalized for alcohol detoxification, a history of lifetime suicide attempts was predicted by a combination of having suffered four or more adverse childhood events as well as having inflicted violence on others.[1] These serve as nonmodifiable risk factors and invite a focus on the man and his life story. Kaplan et al., on the other hand, emphasize the substance and the inherent properties. Ultimately, both perspectives are essential

In my article, I argued that efforts to prevent suicide must be built on approaches that focus on common risks for diverse outcomes. Chronic alcohol use and acute intoxication both play central roles in premature death—whether because of suicide, motor vehicle and overdose deaths, homicide, or medical disorders that arise from the same risky drinking behaviors.[2] The earlier one can initiate prevention and harm reduction interventions, the better!

However, many advocates for suicide prevention focus almost exclusively on individuals who are currently suicidal. In a related vein, many ardent proponents of measures to promote alcohol constraint do not see suicide as a target. I do, and I certainly support the views expressed by Kaplan et al. ■

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