

American Indians are at much greater risk of suicide following acute alcohol intoxication

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In 2009, according to the Centers for Disease Control and Prevention, suicide ranked as the 10th leading overall cause of death in the United States. Prior research has also shown that alcohol use disorders confer increased risk for suicide, and are second only to mood disorders as common among individuals who have committed suicide. A study of the prevalence and sociodemographic correlates of suicide involving acute alcohol intoxication among U.S. ethnic minorities has found that American Indians are at much greater risk than other groups.

Results will be published in the May 2013 issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

"I do not think that most people in the U.S. are aware that suicide is ranked as the 10th leading cause of death," said Raul Caetano, regional dean (Dallas) and professor of epidemiology at The University of Texas School of Public Health, as well as the study's corresponding author. "Some reviews suggest that people with [alcohol](#) use disorders (AUDs) are nine times more likely to die by suicide than the general population. Our paper looks at the issue more specifically, examining suicide and acute intoxication among U.S. ethnic minorities. It is not the first study to do so, but few among them have used such large data set as the National Violent Death Reporting System (NVDRS)."

"Other studies have found that large numbers of people who have recently committed suicide, or attempted to commit suicide, have alcohol in their blood," added Sarah Zemore, a scientist at the Alcohol

Research Group as well as associate adjunct professor at the University of California, Berkeley. "There is also reason to believe that bingeing on alcohol is a risk for suicide attempt regardless of whether the person is dependent on alcohol. Yet research has not fully answered the question of why alcohol misuse increases the likelihood of a suicide attempt, whether due to major depression, increases in impulsivity, or poorer life conditions common among alcohol-dependent people."

Caetano and his colleagues used data derived from the 2003-2009 NVDRS, analyzing sociodemographic and toxicological information for 59,384 suicide decedents (more males than females) from 16 states. Acute alcohol intoxication at the time of death was defined as having a blood alcohol content (BAC) equal to or greater than 0.08 g/dl. Overall, 76 percent of the decedents had been tested for the presence of alcohol.

"We showed considerable differences across ethnic groups in the association between alcohol intoxication and suicide and types of suicide," said Caetano. "Although [alcohol intoxication](#) is important for all groups, American Indians are much more at risk than other groups. It is important therefore to refrain from blanket statements about the topic, as if there was no difference across ethnic groups."

"This study is consistent with the larger literature suggesting that more than a third of those committing suicide use alcohol prior to the event," added Zemore. "The study also extends the literature by showing that alcohol use and intoxication prior to suicide is particularly prevalent among American Indian/Alaskan Native (AI/AN) populations and, to some extent, Latinos, compared to Whites, but less prevalent among Blacks and Asians. Finally, this article highlights the fact that suicide is a particular problem among young American Indian/Alaskan Native people: in this sample, 22 percent of those completing suicide were under 21, and half were under 29."

The authors suggest that alcohol-related prevention strategies focus on suicide as a consequence of alcohol use, especially among AI/AN youth and young adults.

"These associations indicate that heavier drinkers are more at risk and should be targeted for prevention efforts," said Caetano. "[American Indians](#) as well, especially the younger groups. Alcohol treatment facilities should focus on suicide, and be aware of the potential risk that their clients have in regards to suicide. Clinicians working with heavier drinkers, especially those who are depressed, should be very aware of the increased risk that these clients have."

Zemore agreed. "Addressing cultural, economic, and other barriers to alcohol treatment in these populations could simultaneously reduce the prevalence of both alcohol problems and suicide," she said.

"Environmental prevention strategies are also important to reducing the population prevalence of alcohol misuse. Increasing alcohol taxation and reducing alcohol outlet density are likely to be among the most effective such strategies."

Both Caetano and Zemore said that clinicians, family, and friends need to pay attention to suicide threats when alcohol is involved.

"Suicidal threats or insinuations by individuals who misuse alcohol should be taken particularly seriously," said Zemore. "Family and friends play an important role here, as people intending to commit suicide often fail to seek formal help—though they do often inform their social circle in some manner. Findings also suggest a need for emergency-room departments and healthcare providers to more broadly screen for suicidal ideation among alcohol-dependent individuals. Last, clinicians might consider monitoring for risk of [suicide](#) throughout substance abuse treatment."

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