

Substance Use and the Risk of Suicide Among Youths

The National Household Survey on Drug Abuse (NHSDA) asks youths aged 12 to 17 whether they had thought seriously about killing themselves or tried to kill themselves during the 12 months before the survey interview.¹ For the purpose of this report, youths who thought about or tried to kill themselves during the past year were considered to be at risk for suicide. Responses were analyzed by geographic regions for comparative purposes.²

Respondents were also queried about their use of alcohol and illicit drugs during the 12 months before the survey interview. “Any illicit drug” refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription drugs used non-medically. Youths were also asked whether they had received treatment or counseling services during the past year for emotional or behavioral problems that were not caused by alcohol or drugs.³ Respondents who received treatment or counseling were asked to identify reasons for the last time they received these services.⁴

Suicide Risk Among Youths

Suicide is an important cause of mortality among youths in the United States.⁵ The 2000 NHSDA estimated that almost 3 million youths were at risk for suicide during the past year. Of youths at risk for suicide, 37 percent actually tried to kill themselves during the past year.

¹ Respondents were asked whether they tried to kill themselves during the past year if they reported thinking seriously about killing themselves during the same time period and/or they answered affirmatively to at least one of the following questions: (a) “During the past 12 months, has there been a time when nothing was fun for you and you just weren’t interested in anything?” (b) “During the past 12 months, has there been a time when you had less energy than you usually do?” (c) “During the past 12 months, has there been a time when you felt you couldn’t do anything well or that you weren’t as good-looking or as smart as other people?”

² Regions include the following groups of states: **Northeast Region** – ME, NH, VT, MA, RI, CT, NY, NJ, PA. **Midwest Region** – WI, IL, MI, IN, OH, ND, SD, NE, KS, MN, IA, MO. **South Region** – AL, KY, MS, TN, WV, VA, MD, DE, DC, NC, SC, GA, FL, TX, OK, AR, LA. **West Region** – ID, NV, AZ, NM, UT, CO, WY, MT, CA, OR, WA, HI, AK.

³ Respondents were asked about treatment or counseling service provided by any of the following: overnight or longer stay in any type of hospital; overnight or longer stay in a residential treatment center; stay in foster care or in a therapeutic foster care home; treatment or counseling at a partial day hospital or day treatment center; visiting a mental health clinic or center; visiting a private therapist, psychologist, home therapist, counselor, or family preservation worker; visiting a pediatrician or other family doctor; receiving special education services while in a regular classroom or in a special classroom, a special program, or in a special school; or talking to school counselors, school psychologist, or having regular meetings with teachers.

⁴ Respondents were asked to select reasons from a list of options, which included: 1) thought about killing self or tried to kill self, 2) felt depressed, 3) felt very afraid or anxious, 4) were breaking rules or “acting out,” 5) had eating problems, and 6) some other reason.

⁵ Catalozzi, M., Pletcher, J.R., & Schwarz, D.F. (2001) Prevention of suicide in adolescents. *Current Opinions in Pediatrics*, 13, 417-422.

Females (16 percent) were almost twice as likely as males (8 percent) to be at risk for suicide during the past year. The likelihood of suicide risk was also greater among youths aged 14 to 17 than it was among those aged 12 or 13. The likelihood of suicide risk was similar among white, black, Hispanic, and Asian youths.

Substance Use and Suicide Risk

Prior research has associated substance use with an increased risk of suicide among youths.⁶ The 2000 NHSDA found that youths who reported alcohol or illicit drug use during the past year were more likely than those who did not use these substances to be at risk for suicide during this same time period. For instance, youths who reported past year use of any illicit drug other than marijuana (29 percent) were almost three times more likely than youths who did not (10 percent) to be at risk for suicide during this time period.

Regional Differences of Suicide Risk

Regionally, youths from the West (14 percent) were more likely to be at risk for suicide during the past year than those who lived in the Midwest (12 percent) or Northeast (11 percent). The risk of suicide was similar among youths from large metropolitan, small metropolitan, and non-metropolitan counties.

Mental Health Treatment Utilization Among Suicidal Youths

Research has demonstrated that the most effective way to prevent suicide is through the early identification and treatment of those at risk.⁶ Yet, according to the 2000 NHSDA, only 36 percent of youths at risk for suicide during the past year received mental health treatment during the same time period. Fewer than one-fifth of youths at risk for suicide received help from a private therapist, psychologist, psychiatrist, social worker, or counselor. More than 15 percent received treatment from school counselors, school psychologists, or having regular meetings with teachers.

Among youths at risk for suicide who received mental health treatment, 38 percent reported suicidal thoughts or attempts as the reason for the last time they received services.⁷

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⁶ National Institute of Mental Health. (1999, November 26). "Suicide Facts." Retrieved April 2, 2002 from <http://www.nimh.nih.gov/publicat/suicidefacts.cfm>.

⁷ Youths who reported they received mental health services through special education services while in a regular classroom or in a special classroom, a special program, or in a special school were not asked the reason for the last time they received these services and were totally excluded from this analysis.