



Alcohol and suicide: The facts

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Summary

Alcohol use often exacerbates mental health problems and is a well-known risk factor for suicide. Health experts are alarmed about [incorrect and harmful statements to the contrary made by Mike King](#) on Wednesday and [Thursday](#). This Briefing corrects the record and provides the facts on alcohol and suicide based on New Zealand and international evidence.

There is a well-established body of research from New Zealand and overseas that clearly links alcohol use with poor mental health outcomes and increased suicide risk. This Briefing provides a summary of key evidence in response to mental health campaigner, Mike King's,

recent comments that “[alcohol is the solution for people with mental health issues](#)”, which is the opposite of what evidence indicates.

Alcohol increases suicide risk

The World Health Organization identifies alcohol as a significant risk factor for suicide, backed up by decades of research.¹⁻³ New Zealand research shows that over a quarter of people who die by suicide are acutely affected by alcohol at the time of their death.⁴ In the short term, alcohol use increases suicide risk in several ways including by increasing disinhibition, impulsivity and aggression.² Alcohol is a depressant, and its use can impair decision making and result in feelings of despair and hopelessness, also increasing suicide risk.⁵ A recent meta-analysis of 33 studies found alcohol use was associated with a 94% increase in the risk of death by suicide.³

Heavy alcohol use negatively affects mental health

If alcohol helped mental health problems, we would expect heavy drinkers to be happier than people who seldom drink. This is not the case. In fact, poor mental health and heavy alcohol use often go together. Longitudinal studies show that heavy alcohol use and alcohol dependence are associated with subsequent development of depressive symptoms.⁶

⁷Although the causal relationships are complex and not fully understood, there is evidence for a causal relationship between alcohol dependence and subsequent major depression.⁸

Alcohol is not an effective coping mechanism

Reaching for a drink after a hard day is a socially sanctioned coping mechanism, and it may feel as though it is helping at the time. But the evidence is clear that alcohol is not a solution to emotional or mental health problems. The relief it provides is fleeting and, longer-term, alcohol often makes problems worse, especially if use is heavy, frequent, or leads to dependence. For example, alcohol use may exacerbate relationship difficulties or contribute to criminal offending or job loss, which then worsens mental health outcomes.⁷

Reducing alcohol use reduces suicide

The World Health Organization recommends implementing public health policies to reduce alcohol use as part of a comprehensive approach to suicide prevention.¹ This recommendation is supported by a systematic review that found population-level alcohol interventions (e.g. marketing restrictions, drink-driving countermeasures) can be effective at reducing youth suicide rates.⁹ Another recent study found policies that increased the price of alcohol reduced suicide in adult males.¹⁰

In summary, Mike King’s comments about alcohol being a “solution” are wrong and dangerous. They undermine efforts to raise awareness about the harmful effects of alcohol, and they stand in direct opposition to evidence-based suicide prevention messages and actions.

What this Briefing adds

- There is growing evidence of a causal link between alcohol use and suicide
- Alcohol use is not a solution to mental health problems, and typically makes problems worse
- There is evidence that population-based strategies to reduce alcohol use can result in decreased suicide rates

Practice and policy implications

- Community leaders should provide evidence-based and consistent messaging about the detrimental effects of alcohol on mental health
- Evidence-based coping strategies (e.g. physical activity, connecting with friends and family) should be promoted to those struggling with mental health issues
- Policies that reduce population alcohol use should be central to Aotearoa's suicide prevention strategy

Where to get help:

- **Lifeline:** Call 0800 543 354 or text 4357 (HELP) (available 24/7)
- **Suicide Crisis Helpline:** Call 0508 828 865 (0508 TAUTOKO) (available 24/7) • **Youth services:** (06) 3555 906
- **Youthline:** Call 0800 376 633 or text 234
- **What's Up:** Call 0800 942 8787 (11am to 11pm) or webchat (11am to 10.30pm)
- **Depression helpline:** Call 0800 111 757 or text 4202 (available 24/7)
- **Helpline: Need to talk?** Call or text 1737
- **If it is an emergency and you feel like you or someone else is at risk, call 111.**

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