



Support
After Suicide
Partnership

withyou



SAMARITANS

Insights from experience: alcohol and suicide

Introduction

In late 2021, the Suicide Prevention Consortium carried out a survey of people with lived experience of suicide, self-harm, or service use to understand their experience of alcohol use. We wanted to find out what the relationship between alcohol and suicide looked like in people’s own words, and to find out what changes are needed so that people are better supported by healthcare services. Our aim is to share these insights directly with people who fund and design these services. This summary provides an overview of what people told us.

What is the Suicide Prevention Consortium?

The Suicide Prevention Consortium is made up of four organisations: Samaritans (lead), National Suicide Prevention Alliance, Support After Suicide Partnership and With You. As part of the VCSE Health and Wellbeing Alliance, it aims to bring the expertise of its member organisations and the voice of those with lived experience directly to policymakers, to improve suicide prevention in England.

Finding 1: There is no ‘one-size-fits-all’.

The relationship between alcohol and suicide is different for everyone. As a result, there wasn’t a clear agreement on what the best type of support is – different things worked for different people. However, people did suggest some common themes of good help, which often involved staff who genuinely listened to and trusted them.

“They seem to see past the alcohol and its associated behaviours and treat the person underneath with compassion.”

However, many people felt that overstretched healthcare services are not always able to provide this care consistently, and some people found themselves excluded from the support they needed. Others described how they had to present their experiences in the way that services wanted them to, just so that they could get past eligibility criteria for accessing services and receive help. We want to see further investment in alcohol and mental health services to increase their capacity and expertise so that they can properly respond to people’s individual needs.

Finding 2: For many people, alcohol is part of a bigger picture.

Many people told us that their alcohol use was not an isolated issue, but part of a wider picture involving their mental health, trauma, and suicidal thoughts. They described drinking as a way of coping with these feelings. Some found that support and treatment services wanted to isolate their alcohol use from these other issues and that this sometimes prevented them from getting the help they needed.

Lots of the people who responded to our survey told us that they want services to treat them as a whole person, rather than isolating different issues they were experiencing from one another. We are calling on the people who are responsible for planning and funding healthcare services to explore how they can be more closely integrated and collaborative, so that they can treat the person rather than the ‘problem’.





“ My hope is that professionals start to see that alcohol use is often the result of an underlying issue and not simply tell people to sober up without offering further support for how to deal with the root cause. ”

Finding 3: Some people who attempted suicide were dismissed and judged by healthcare staff due to drinking alcohol.

People described using alcohol as part of suicide attempts and described how alcohol influenced their decision-making and behaviour.

Although many people described being treated with empathy and respect by healthcare services following a suicide attempt, we were disappointed to hear that some people had their experience minimised or dismissed by staff if they used alcohol. Some people also told us that they didn't feel safe discussing alcohol use with mental health or suicide prevention services.

“ They [A&E staff] just said I would feel better once I sobered up. ”

We think that staff in all healthcare settings that might come into contact with people who have attempted suicide should receive training which covers the complex role that alcohol can play in suicide attempts, based on evidence from people with lived experience.

Finding 4: There's a need for further exploration of people's experiences of alcohol and suicide.

In our survey, we didn't receive enough responses about specific factors – like the impact of the pandemic, life experiences, or trauma – to draw conclusions about how these impacted people's relationship with alcohol. An understanding of the factors that might put people at greater risk of harm is crucial so that help can come earlier, long before people reach a crisis point.

Further work with people who have lived experience is needed to develop our understanding of the relationship between alcohol and suicide. Ideally, this should involve larger numbers of people, so that analysis can explore areas including specific groups of people at higher risk, factors associated with harm, protective factors, and effective interventions in more depth.

To find out more about this work, you can visit Samaritans' website: [samaritans.org/about-samaritans/research-policy/alcohol-suicide/](https://www.samaritans.org/about-samaritans/research-policy/alcohol-suicide/)

Sources of support

Samaritans

Samaritans is available, day or night, 365 days a year, to listen and offer a safe space to talk whenever things are getting to you.

Helpline: 116 123

Website: [samaritans.org](https://www.samaritans.org)

Find out about other ways to get in touch on our website.

Drinkline

Free, confidential helpline for anyone who is concerned about their drinking, or someone else's.

Helpline: 0300 123 1110

(weekdays 9am–8pm, weekends 11am–4pm)

Website: [drinkaware.co.uk](https://www.drinkaware.co.uk)

With You

Free, confidential support with alcohol, drugs or mental health from one of 80 local services in England and Scotland or online

Website: [wearewithyou.org.uk](https://www.wearewithyou.org.uk)

