

Addiction: Popular path to suicide

COEUR d'ALENE — The connection between alcohol, drug use and suicide is no mystery to those who work to help others avoid going down that road.

A Coeur d'Alene woman with more than 20 years of sobriety and active participation in Alcoholics Anonymous said suicide has touched many people she has known through the years.

People who are physically dependent on alcohol can die from the effects of withdrawal, and an alcoholic is painfully aware of that, she said.

“Everyone tells them to quit drinking — their families, the judge, the doctor,” she said. “Most of them don't realize, that person can't stop ... You come to what's known as the jumping-off place, where you don't know how to live with it and you can't live without it.”

For those who are not in need of medical detox, she said, there are other supports in the community.

There are AA and other 12-step meetings available in the Coeur d'Alene area seven days a week, where there are people who have experienced the same type of hopelessness and despair and found a way to move past it, she said.

“Part of the 12 steps is helping others, to be able to give freely what was given to you,” she said. “There are no other requirements other than a desire to stop drinking, and you don't need to have any money.”

With more than 40,000 suicides reported in the United States each year, Idaho consistently ranks among the top 10 states with the highest suicide rates. In North Idaho in 2015, 63 suicides were reported — more per capita than any other region of the state.

According to the Centers for Disease Control, addicts are six times more likely to take their own lives.

The National Alliance on Mental Illness' data reveals one in three people who die from suicide are under the influence of drugs — typically opiates like heroin or oxycodone — or alcohol.

Dr. Eric Heidenreich, a Coeur d'Alene psychiatrist who treats those suffering from addiction, said the recent surge of opiate use has resulted in an increased number of deaths by overdose, and many of those deaths are accidental.

“In fact, most suicidal individuals are at least somewhat ambivalent about killing themselves,” Heidenreich told The Press. “Part of them wants to die and end the pain, but another part of their mind — the part normally in control — wants to live.”

But adding alcohol and opioids into the mix can, and often does, become deadly by shifting that ambivalence about survival, Heidenreich said.

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by Maureen Dolan

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“There are, of course, other factors as well. For example, both alcohol and opioids, used chronically, can actually contribute to and even cause mood disorders,” Heidenreich said. “Symptoms of such mood disorders may include suicidal thinking. Social consequences of overuse of these substances can wreak havoc on already stressful lives and push individuals past their breaking points.”

Chronic pain patients who are dependent on prescription opioids are also at risk.

“It’s kind of a quiet part of this problem that’s not really talked about,” said Ron Weaver, director of A Way Forward, a Coeur d’Alene-based program that teaches people who live with chronic pain how to use additional tools — other than prescription opiates — to deal with their pain.

Depression is almost a given for chronic pain patients. Weaver said 87.6 percent of people in chronic pain deal with severe depression.

The results are fairly obvious, he said, when a person is told by a doctor that he will be in pain for the rest of his life and he finds that the prescribed opioids only relieve a small percentage of that pain.

“I remember my diagnosis days, struggling with the question, ‘Why bother?’” Weaver said.

That leads to significantly higher rates of suicide among chronic pain patients, he said.

A great number of chronic pain patients are dependent on opiates, but they’re not traditional addicts, Weaver said. Still, there is always the chance they’ll slide across that thin line.

That’s why it is critical for these people to be given other tools for dealing with pain as early as possible when they’re first prescribed prescription painkillers, he said.

“We can stop them from becoming an addict who is living for drugs and begins thinking life is not worth living,” Weaver said. “That’s one of the best methods to deter chronic pain patients from suicide.”

To get help if you’re dealing with drug or alcohol addiction or thinking of suicide:

Alcoholics Anonymous for Kootenai County: 208-667-4633 or visit area92aa.org

Narcotics Anonymous: 888-NA-HELPS or visit Narcotics Anonymous of North Idaho, niana.org

The Alano Fellowship Hall of North Idaho: 208-667-4958

A Way Forward: 208-691-8471 or visit awayforwardnow.com

Northern Idaho Crisis Center in Coeur d’Alene: 208-625-4884

Kootenai Behavioral Health: 625-4800

Common Warning Signs of Suicide

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose

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- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

What to do if someone you know exhibits warning signs of suicide:

- Do not leave the person alone.
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt.

Getting Help

- If you or someone you know is having thoughts of suicide or exhibiting warning signs:
- Call or text the IDAHO SUICIDE PREVENTION Hotline at 208-398-HELP, or
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255).
- Take the person to an emergency room or seek help from a medical or mental health professional.

Source: The Suicide Prevention Action Network of Idaho

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