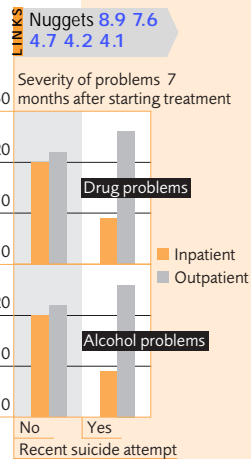


Recently attempting **suicide** has again been found one of the strongest indicators for residential treatment. In previous research in Minnesota among patients primarily dependent on alcohol, recently contemplating or attempting suicide had emerged as the clearest indicator that **residential care** would improve substance use outcomes. In the absence of this, even patients with severe substance and other problems did as well in outpatient treatment.

A **new US study** focused on this issue, drawing data from a national sample of addiction treatment services for ex-military personnel, the US health service available to its beneficiaries in ways closest to the UK's NHS. **1** Across 1930 patients, 4% said they had tried to kill themselves in the month before starting treatment. They tended to have the greatest substance use and psychiatric problems but were no more likely to have received residential care than the remainder of the patients. However, those who did receive residential care disproportionately benefited, most evident in the improvement in drug and alcohol related problems between treatment entry and seven months later **► chart**. Patients with no recent suicide attempts benefited to roughly the same degree from residential and non-residential programmes, but those with such a history responded dramatically better to residential programmes, recording by far the best outcomes, better even than patients with no such history. These relationships were not simply due to suicidal patients also having more severe psychiatric problems or being more or less motivated to end their substance use. Generally, the more severe someone's substance use or psychiatric problems, the more they benefit from residential or inpatient care, but there does seem something specific about recent suicide attempts or thoughts which mean these act as a marker for residential care.



**1** Ilgen M.A. *et al.* "Recent suicide attempt and the effectiveness of inpatient and outpatient substance use disorder treatment." *Alcoholism: Clinical and Experimental Research*: 2005, 29(9), p. 1664–1671 **AC**