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## **Editorial:**

### **Suicidal ideation and alcohol use: Understanding developmental trajectories.<sup>1</sup>**

The absence of longitudinal data relating to experiences of victimization is a perennial problem in adolescent research. Few studies offer the opportunity to explore the developmental trajectories leading to suicidal ideation and suicide attempts. Though numerous cross-sectional studies have reported that substance abuse (including alcohol consumption) is a significant correlate of suicide and other life-threatening behaviors among youth who have experienced victimization [1], we do not yet fully understand how alcohol is linked suicide ideation. Is alcohol consumption a precursor to a suicidal act, or has it more a distinct role to play in the lives of young people who are daily tormented by others? We know, for example, that a significant number of those youth (15-19 years of age) who take their own lives and do not have a history of mental illness or psychiatric care have high levels of alcohol in their blood (17.1%) and no history of alcohol dependence (3.3%) [2]. This is even more evident among 20-24 year olds, where one study found that 43.8% of suicides had alcohol present in their blood, but only 9.4% had any recorded history of alcohol dependence [2].

In this issue, Shawn Marschall-Lévesque and colleagues provide longitudinal evidence showing that experiences of victimization predate alcohol use and are positively linked with suicidal ideation. The authors argue that their findings support the idea that 13-15 year olds use alcohol to self-medicate, perhaps deadening the pain resulting from victimization [3-4]. But the

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#### **<sup>1</sup> Conflicts of Interest:**

The authors declare that there are no conflicts of interest associated with this manuscript.

article's unique contribution to the literature is its consideration of alcohol consumption beyond the self-medication model. The authors take pains to examine the role of secondary mental disorders and, significantly, bidirectional associations (including a history of suicidal behaviors and thoughts). The results show that reports of higher levels of peer victimization at 13 years of age are associated with suicidal ideation at 14 years and, indirectly, with higher levels of alcohol use at 15 years (through increased suicidal ideation).

Marschall-Lévesque and his colleagues rightly point out that their results are very different from a number of other prospective studies in that they found that suicidal ideation precedes alcohol use. Possible explanations for this discrepancy include the fact that previous studies have not considered bidirectional effects and have assumed a developmental trajectory where alcohol has a precipitating role in suicidal ideation [5]. Indeed, as McLone et al.'s research shows, alcohol is often present in the blood of young people who take their own lives [2]. Additionally, the greater heterogeneity in age among samples of young people in many prospective studies can mask the sequence of events (especially where samples include young people over the age of 15 years, or where the concept of 'youth' has been extended to include those in their early 20s). For example, 20-24 year olds are nearly three times more likely to report a history of alcohol dependence than 15-19 year olds [2]. But what lies at the root of that dependence? The link between victimization and suicidal ideation is well documented, particularly for sexual minorities [6]. Substance use is also well documented among young people who experience discrimination [7]. Yet, even within this research, we assume that there is a developmental trajectory whereby victimization or discrimination leads to alcohol use and suicidal ideation (often in that order).

Evidence suggests that, for many young people, a breakdown in personal relationships or experiencing a personal crisis can immediately precede an attempt to end life. However, the evidence presented by Marschall-Lévesque et al. indicates that we need to be cognizant of longer-term factors that may make young people more vulnerable in their personal relationships and more susceptible to a desire to end their lives. Ultimately, Marschall-Lévesque and colleagues challenge us to look beyond the immediate antecedents of suicidal ideation and consider those factors that may not be readily evident.

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