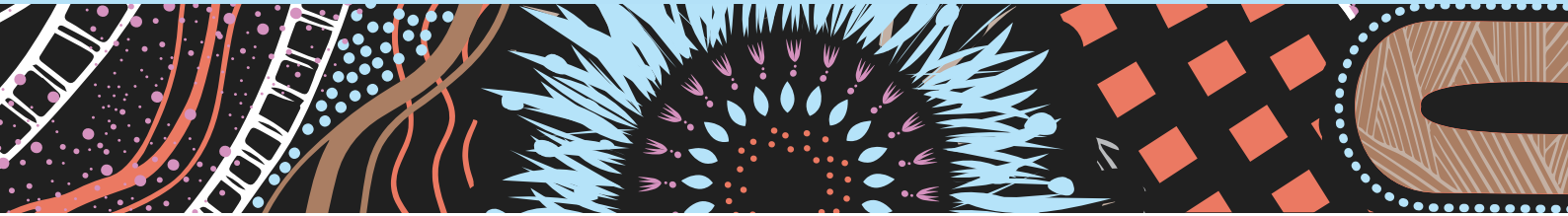




# Harmful alcohol and other drug use and its implications for suicide risk and prevention for First Nations people: a companion paper

## Summary paper



This paper is a summary of the *Harmful alcohol and other drug use and its implications for suicide risk and prevention for First Nations people: a companion paper* publication by Julia Butt, Edward Wilkes, Jocelyn Jones, Emily Ripley and Annalee Stearne. This publication was commissioned by and published on the Australian Institute of Health and Welfare Indigenous Mental Health and Suicide Prevention Clearinghouse. It can be accessed online at <[www.indigenoussmhspc.gov.au](http://www.indigenoussmhspc.gov.au)>.

**Some people may find the content of this report confronting or distressing.** If you are affected in this way, please contact **13YARN (13 92 76)**, **Lifeline (13 11 14)** or **Beyond Blue (1300 22 4636)**.

## Key findings

- The harmful use of alcohol and other drugs (AOD) is a risk factor for suicide among First Nations people.
- First Nations men are more likely than First Nations women to die by suicide and are more likely to use AOD, but suicide is a leading cause of alcohol-related death among First Nations women.
- Specific groups, including young people, incarcerated people and those with co-occurring mental health issues, are at heightened risk for suicide when AOD use is present.
- The relationship between AOD use and suicide is complex. Suicidal behaviour among First Nations people emerges from an intersection of individual, community and societal factors, including the ongoing effects of colonisation and the disruption of families and culture. Harmful AOD use shares common predictors with suicidal behaviour, as well as trauma and social dislocation.
- Chronic harmful AOD use can also compound existing vulnerabilities, leading to family and community destabilisation, mental ill health, poor coping and distress tolerance, increased exposure to stressors (like violence and economic insecurity), stigma and reduced access to support services.
- The absence of current First Nations-specific strategic frameworks for AOD is the most significant policy gap in reducing harms from AOD use and preventing suicide.
- There are clear cultural, community and family strengths that act as protective factors against suicide risk and harmful AOD use for First Nations people.

# What we know

Internationally, harmful AOD use is a well-established risk factor for suicidal ideation, attempts and deaths by suicide (Kennedy et al. 2015). Although there are limited data to fully explore the role of AOD in suicidal behaviour among Aboriginal and Torres Strait Islander (First Nations) people, it has been identified as a key risk factor (AIHW 2022a, 2022b; ATSISEPS 2021) and highlighted by an Elders report into preventing suicide (People Culture Environment 2014).

Ongoing inequality, the impacts of colonisation, dislocation, community disruption and racism are all drivers of suicide among First Nations people. They are also drivers of AOD use and related harms, which themselves further exacerbate risk. Against the backdrop of disadvantage, however, clear cultural, community and family strengths act as protective factors against suicide risk and harmful AOD use (Dudgeon et al. 2021).

This review synthesises the limited research on AOD harms and suicide risk among First Nations communities to examine their co-occurrence, relationship and potential points of intervention. It also reviews existing policy and practice responses. It identifies the harmful use of AOD and suicidal behaviours within the broader conceptualisation of social and emotional wellbeing (SEWB). SEWB is a well-established and holistic concept encompassing 7 health and wellbeing domains: connection to Country; connection to spirit, spirituality and ancestors; connection to body; connection to mind and emotions; connection to family and kinship; connection to community; and connection to culture (Gee et al. 2014).

This review is a companion paper to the [\*Harmful use of alcohol and other drugs and its relationship with the mental health and wellbeing of First Nations people: a review of the key issues, policy and practice approaches\*](#) publication.

## Use of alcohol and other drugs in First Nations communities

While data likely underestimate use, the 2018–19 National Aboriginal and Torres Strait Islander Health Survey reported that 50% of First Nations people aged 15 and over drank alcohol above safe limits, and 28% used drugs in the previous year (AIHW 2023). While the proportion of First Nations people who consume alcohol is less than that for the general population (AIHW 2023), First Nations people experience a disproportionate amount of harm from AOD. Estimates suggest that the harms experienced are 2.3 times greater than those for the broader population (James et al. 2020). Communities most often cite alcohol, cannabis and methamphetamine as the 3 substances causing harm; these are also the most common primary drugs of concern among people receiving treatment (Butt et al. 2024).

## Suicidality in First Nations communities

This review considers suicidal behaviour along a continuum of deaths by suicide, attempted suicide and suicidal ideation (Rontziokos and Deane 2019; Yuodelis-Flores and Ries 2015). Inherent in suicidal behaviour are thoughts about or intent to end life (however fleeting). The review does not consider non-suicidal self-injury (NSSI) (irrespective of whether it results in death) within the definition of suicide.

Data associated with suicide attempts and ideation are limited; most existing data come from information on deaths by suicide or hospital admissions for self-injury. Hospital admissions may include both NSSI and suicide attempts and can be described in the literature as ‘self-harm’ (for example, see McHugh et al. 2016).

Despite data limitations, suicide is understood to be the fifth leading cause of death for First Nations people, being the second leading cause for First Nations men and the seventh for First Nations women. Young First Nations men are consistently identified as a priority population (Tighe et al. 2015). As well as the high rates of death by suicide, rates of suicidal ideation are also considered high; for example, First Nations men are twice as likely as non-Indigenous men to report recent suicidal thoughts (Armstrong et al. 2017).

## AOD use and suicide risk among First Nations people

Understanding the relationship between harmful AOD use and suicide risk is complex. Suicide is influenced by interacting factors, which can include harmful AOD use as well as mental ill health, and historical, social and cultural circumstances (AIHW 2022c). The evidence suggests that a complex intersection of individual, community and societal factors creates the conditions in which suicidal behaviour occurs.

High rates of both suicide and harmful AOD use occur within the broader context of the ongoing impacts of colonisation, oppression and racism experienced by First Nations people, and cannot be understood and successfully addressed without acknowledging and taking account of these issues. These broader issues are examined in detail in the primary paper [\*Harmful use of alcohol and other drugs and its relationship with the mental health and wellbeing of First Nations people: a review of the key issues, policy and practice approaches\*](#).

Recent studies highlight the relationship between both acute and chronic alcohol use among First Nations people who have died by suicide, including:

- Kølves, Koo and colleagues (2020) examined blood alcohol concentration among those who died by suicide from the Queensland Suicide Register between 2004–2015 and identified that 56% of First Nations people who died by suicide had positive blood alcohol readings at the time of death.
- The West Australian Government noted that suicide was the most common cause of alcohol-related deaths among Aboriginal men and the fourth most common cause among Aboriginal women.

Research also demonstrates a relationship between harmful alcohol use and suicidal behaviours and self-harm data from hospital and police records

Drugs such as cannabis and methamphetamine are important to consider in relation to suicide. High levels of cannabis use are a health concern for First Nations communities. Internationally, cannabis use is considered a risk factor for deaths by suicide (Campeny et al. 2020) and suicidal ideation (Carvalho et al. 2019); however, a clear causal pathway has not been established. Methamphetamine use is a topic of concern for First Nations communities and related to significant harms (MacLean et al. 2017; Reilly et al. 2020; Snijder et al. 2019), but there is a lack of data relating to suicide risk.

### Harmful AOD use in specific groups

- Suicide echoes, or clusters, have been documented in some regional and remote First Nations communities (Hanssens 2011). There is concern that high levels of community-wide alcohol use may increase the risk of suicide echoes, and that alcohol use can have an impact on high-risk communities (Hanssens 2007, 2011; Parliament of Western Australia 2016).
- Harmful AOD use can destabilise individuals with co-occurring mental health disorders and consequently increase suicide risk (Fisher et al. 2020; Handley et al. 2018).
- Among First Nations young people, rates of both harmful AOD use and suicide are disproportionately high (Hill et al. 2022). The suicide rates for people aged under 18 is 3 times that for the broader youth population; for children aged under 15 it is 12 times that for the broader age-matched population (Gibson et al. 2021). Analysis of child deaths in Queensland identified that 33% of First Nations children (aged 10–14) who died by suicide had consumed alcohol before their death by suicide and 30% had a lifetime history of drug use (Soole et al. 2014).
- First Nations men are more likely than First Nations women to die by suicide (AIHW 2024; Martin et al. 2023), use more lethal methods during suicide attempts (AIHW 2022c; Martin et al. 2023), and are more likely to use AOD (Butt et al. 2024; Nasir et al. 2018).
- Suicide rates are higher among incarcerated people than among the general population, with suicide the leading cause of death of incarcerated people (Shepherd et al. 2018).

## Opportunities to reduce suicide risk

Opportunities to better address the impact of harmful AOD use on suicide risk for First Nations people include:

- enhancing responses in emergency departments
- increasing service availability and flexibility
- providing support for the AOD and suicide prevention workforce
- developing whole-of-community approaches that target risk factors, protective factors and causal pathways in AOD harm reduction and suicide prevention
- providing postvention services. Deaths by suicide, and indeed attempts, are associated with significant grief and distress for the family and communities of those bereaved. Postvention services are critical and can provide opportunities to prevent both the AOD-related harm and contagion, and to support adaptive coping and grief
- improving integrated treatment for AOD, mental health care and suicide prevention.

## Barriers to responding to AOD use and suicide risk

There are a number of barriers to improving suicide risk assessment and management in AOD settings, and to increasing the focus on AOD in suicide prevention initiatives:

- Silence around suicide: A reluctance to talk about suicide is a barrier to prevention.
- Avoidance of AOD in suicide prevention responses: There is scant attention paid to AOD in a number of suicide prevention frameworks and intervention strategies.
- Lack of appropriate services: A lack of culturally safe services and a lack of positive experiences in accessing services are significant barriers for people who seek support for harmful AOD use, mental health and distress (Culbong et al. 2023; Heard et al. 2022; McCalman et al. 2017).
- Siloed funding and planning: This creates a barrier to developing integrated services and pathways.
- Lack of sustained funding and workforce barriers: See [Harmful use of alcohol and other drugs and its relationship with the mental health and wellbeing of First Nations people: a review of the key issues, policy and practice approaches](#) for a full discussion.

## Relevant strategies and programs

AOD-related strategies, both nationally and specific to First Nations people, barely mention suicide as a consequence or consideration when addressing harmful substance use (Butt et al. 2024; Department of Health 2014, 2017a, 2017b, 2019; Department of the Prime Minister and Cabinet 2015). National drug and suicide prevention policies include:

- the National Drug Strategy 2017–2026 (Department of Health 2017a)
- The Fifth National Mental Health and Suicide Prevention Plan and its Implementation Plan (Department of Health 2017c)
- The National Mental Health and Suicide Prevention Agreement
- the National Suicide Prevention Strategy for Australia's Health System: 2020–2023 (Department of Health 2020)
- the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (Department of Health and Ageing 2013).

More detail on these and other strategies is in Chapter 4 and Appendix B of the [Harmful use of alcohol and other drugs and its relationship with the mental health and wellbeing of First Nations people: a review of the key issues, policy and practice approaches](#) publication.

## **Programs that target AOD harms and suicide risk**

This review identified a small number of programs that target AOD harms and suicide risk.

### **Workforce and gatekeeper suicide prevention programs**

A number of programs aim to skill workers and community members in responding to suicide.

Three programs of note are:

- Indigenous Network Suicide Intervention Skills Training (INSIST) (Brown et al. 2020; Nasir et al. 2017)
- We Yarn Aboriginal Mental Health Suicide Prevention (Davies et al. 2017; Davies et al. 2020)
- Aboriginal mental health first aid (Armstrong et al. 2020).

These programs have strong community-based development and implementation and promising outcomes, but lack detail on if, and how, they include AOD and if they have been delivered within AOD services. Most importantly, they do not include details on how they may support people to manage intoxication and associated risks. Nonetheless, they are promising programs, which may have future application in better mitigating the impact of AOD on suicidal behaviour, particularly for those at the frontline of AOD-related harm.

### **Health promotion and broad-based suicide prevention programs**

Health promotion and prevention programs aim to target risk and protective factors holistically at the community level and may also provide information and skills to individuals. These tend to be delivered either to a whole community (for example, to all children at a school or to all local community members) or targeted at high-risk individuals and groups.

### **Community-based prevention programs**

Whole-of-community approaches to suicide prevention target the known risk and protective factors, including mental health conditions, psychological distress and harmful AOD use. Only a small number of evaluated community-driven suicide prevention programs have been described in the literature and there is generally a lack of discussion about AOD in these.

- Community-developed suicide prevention program: Isaacs and Sutton (2016) describe a targeted prevention program developed and delivered by an Aboriginal Community Controlled Health Organisation that aimed to increase resilience, early intervention and postvention. The resilience stream included the locally developed 'Bullroarer program', which included health promotion information on methamphetamine use to young people deemed at risk. No outcomes of the program are available.
- Whole-of-community forums to support First Nations youth: Westerman and Sheridan (2020) describe the outcomes of a whole-of-community suicide prevention initiative for remote communities with identified high levels of suicide risk. The program aims to increase individual and community capacity to respond to suicide risk, through providing workshops for young people, community members (families and caregivers) and service providers. All participants completed questionnaires that assessed self-reported skills and knowledge. Results were positive and identified enduring change in participants' knowledge and skills (Westerman and Sheridan 2020).

### **Targeted prevention programs**

These programs support those identified to be at high risk and can provide early intervention. The U-Help suicide prevention program for First Nations youth is one such program. It was developed within an Aboriginal Community Controlled Health Service in partnership with a non-Indigenous organisation and included the input of youth and Elders (Skerrett et al. 2018). The program reported a decrease in suicidal ideation and deaths by suicide, although it is not clear if and what AOD content was included.



## Targeting suicide risk in AOD treatment settings

Research by Nathan et al. (2020) demonstrated improvements in suicide risk among First Nations young people in a residential treatment program for harmful AOD use. The rehabilitation program targets AOD, mental health, education/employment, accommodation, social/community and family life within a strong cultural resilience framework. The program provided ongoing care after discharge for up to 3 years to ensure that young people had ongoing support in achieving wellbeing.

## Postvention programs

Postvention programs support individuals and communities bereaved by suicide. There is a lack of postvention services in Australia in general and particularly for First Nations people (Isaacs and Sutton 2016). Thrilli, an Aboriginal Community Controlled Organisation, is a national provider of postvention support and assistance for First Nations people. There is no detail on AOD-related harm in published materials (Thirili 2023); however, harmful AOD use may well be dealt with as part of the support provided to individuals and communities.

More details of these and other programs is in Chapter 5 and Appendix C of the [Harmful use of alcohol and other drugs and its relationship with the mental health and wellbeing of First Nations people: a review of the key issues, policy and practice approaches](#) publication.

## What works

- Developing and implementing strategic frameworks and policies to reduce AOD harm and to support suicide prevention strategies in First Nations communities can be effective when they are co-designed with the affected communities.
- In general, holistic approaches to AOD harm and suicide prevention produce results. This includes strategies that are community and family focused, that are culturally centred, that target common risk and protective factors, and whose design is self-determined by First Nations communities.
- Longitudinal, multi-component and multilayered programs need to be tailored to community need – and have community ownership.
- Integrating AOD interventions with selective suicide prevention efforts has shown promise, especially when these programs are flexible and sustainable.
- Holistic residential treatment programs for AOD that also offer mental health support, life skills and cultural connection help to reduce suicide risk post treatment.

## Conclusions

Chronic and acute harmful use of alcohol and other drugs has an impact on suicidal behaviour – yet there is a dearth of research that emphasises the co-occurrence of AOD use and suicide at the individual and community level. Acute and chronic AOD-related harms are not well integrated into suicide prevention policies and practical responses. A clear opportunity exists to enhance policy and practice by better integrating and responding to the co-occurrence of AOD-related harm and suicide risk across the AOD, suicide prevention and mental health sectors in an integrated and culturally secure way.

Current policy approaches appear to be underfunded, outdated and siloed; thus, they fail to address the intersection of AOD use and suicide risk. Further, there is a lack of First Nations representation in bodies advocating and overseeing AOD policy.

For First Nations people, unique factors associated with suicide and suicide risk warrant significant national attention, intervention and investment.

# References

- AIHW (Australian Institute of Health and Welfare) (2022a) *Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018*, AIHW, Australian Government, accessed 14 August 2024. <https://www.aihw.gov.au/reports/burden-of-disease/illness-death-indigenous-2018/summary>
- (2022b) *Indigenous self-governance for mental health and suicide prevention*, produced for the Indigenous Mental Health and Suicide Prevention Clearinghouse, AIHW, Australian Government, accessed 14 August 2024. <https://www.indigenousmhspc.gov.au/getattachment/41916da2-cd1b-40a4-ac3c-288c79b0794f/groves-et-al-2022-self-governance.pdf?v=1589>
- (2022c) *Protective and risk factors for suicide among Indigenous Australians*, produced for the Indigenous Mental Health and Suicide Prevention Clearinghouse, AIHW, Australian Government, accessed 14 August 2024. <https://www.indigenousmhspc.gov.au/getattachment/2a25cdd8-d8a7-4373-938f-2aa51a0b4128/aihw-2022-protective-and-risk-factors.pdf?v=1260>
- (2023) *Alcohol, tobacco, and other drugs in Australia: Aboriginal and Torres Strait Islander (First Nations) People*, AIHW, Australian Government. <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/aboriginal-and-torres-strait-islander-people>
- (2024) *Deaths by suicide among First Nations people*, AIHW, Australian Government. <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-indigenous-australians>
- Armstrong G, Pirkis J, Arabena K, Currier D, Spittal MJ and Jorm AF (2017) 'Suicidal behaviour in Indigenous compared to non-Indigenous males in urban and regional Australia: prevalence data suggest disparities increase across age groups', *Australian and New Zealand Journal of Psychiatry*, Dec 2017, 51(12):1240–1248, doi:10.1177/0004867417704059.
- Armstrong G, Sutherland G, Pross E, Mackinnon A, Reavley N and Jorm AF (2020) 'Talking about suicide: an uncontrolled trial of the effects of an Aboriginal and Torres Strait Islander mental health first aid program on knowledge, attitudes and intended and actual assisting actions', *PLoS ONE*, 15(12): e0244091, doi:10.1371/journal.pone.0244091, accessed 3 September 2024.
- ATSISPEP (Aboriginal and Torres Strait Islander Suicide Prevention Project) (2021) *Indigenous Suicide Prevention Activity Assessment Tool*, School of Indigenous Studies, The University of Western Australia. <https://cbpatsisp.com.au/wp-content/uploads/2021/09/Assessment-Tool.pdf>
- Brown K, Toombs M, Nasir B, Kisely S, Ranmuthugala G, Brennan-Olsen SL, Nicholson GC, Gill NS, Hayman NS, Kondalsamy-Chennakesavan S and Hides L (2020) 'How can mobile applications support suicide prevention gatekeepers in Australian Indigenous communities?' *Social Science Medicine*, 258:113015, doi.org/10.1016/j.socscimed.2020.113015.
- Butt J, Wilkes E, Ripley E, Jones J and Stearne A (2024) *Harmful use of alcohol and other drugs, its co-occurrence, and relationship with mental health and wellbeing of First Nations people of Australia: a review of the key issues, policy, and practice approaches*, produced for the Indigenous Mental Health and Suicide Prevention Clearinghouse, AIHW, Australian Government. <https://www.indigenousmhspc.gov.au/publications/aod-mental-health>
- Campeny E, López-Pelayo H, Nutt D, Blithikioti C, Oliveras C, Nuño L, Maldonado R, Florez G, Arias F, Fernández-Artamendi S, Villalbí JR, Sellarès J, Ballbè M, Rehm J, Balcells-Olivero MM and Gual A (2020) 'The blind men and the elephant: systematic review of systematic reviews of cannabis use related health harms', *European Neuropsychopharmacology*, 33:1–35, doi:10.1016/j.euroneuro.2020.02.003.
- Carvalho AF, Stubbs B, Vancampfort D, Kloiber S, Maes M, Firth J, Kurdyak PA, Stein DJ, Rehm J and Koyanagi A (2019) 'Cannabis use and suicide attempts among 86,254 adolescents aged 12–15 years from 21 low- and middle-income countries', *European psychiatry*, 56:8–13, doi:10.1016/j.eurpsy.2018.10.006.
- Culbong H, Ramirez-Watkins A, Anderson S, Culbong T, Crisp N, Pearson G, Lin A and Wright M (2023) "'Ngany Kamam, I Speak Truly": First-person accounts of Aboriginal youth voices in mental health service reform', *International Journal of Environmental Research and Public Health*, 20(11):6019, <https://doi.org/10.3390/ijerph20116019>

- Davies K, Read DMY, Booth A, Turner N, Gottschall K and Perkins D (2020) 'Connecting with social and emotional well-being in rural Australia: an evaluation of "We-Yarn", an Aboriginal gatekeeper suicide prevention workshop', *Australian Journal of Rural Health*, 28(6):579–587, doi:10.1111/ajr.12671.
- Davies K, Turner N, Booth A and Read D (2017) *Report on the evaluation of the We-Yarn project*, Centre for Rural and Remote Mental Health, University of Newcastle, Newcastle.
- Department of Health (2014) *The National Aboriginal and Torres Strait Islander Drug Strategy 2014–2019*, Intergovernmental Committee on Drugs, Department of Health, Australian Government. <https://extranet.who.int/mindbank/item/6704>
- (2017a) *National Drug Strategy 2017–2026*, Department of Health, Australian Government. <https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf>
- (2017b) *National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018–2028*, Department of Health, Australian Government. <https://www.health.gov.au/sites/default/files/national-fetal-alcohol-spectrum-disorder-fasd-strategic-action-plan-2018-2028.pdf>
- (2017c) *The Fifth National Mental Health and Suicide Prevention Plan*, Department of Health, Australian Government. <https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-fifth-national-mental-health-plan>
- (2019) *National Alcohol Strategy 2019–2028*, Department of Health, Australian Government. <https://www.health.gov.au/resources/publications/national-alcohol-strategy-2019-2028>
- (2020) *National Suicide Prevention Strategy for Australia's Health System: 2020–2023*, Department of Health, Australian Government. <https://www.health.gov.au/sites/default/files/2022-12/national-suicide-prevention-strategy-for-australia-s-health-system-2020-2023.pdf>
- Department of Health and Ageing (2013) *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*, Australian Government. <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-suicide-prevention-strategy?language=en>
- Department of the Prime Minister and Cabinet (2015) *National Ice Strategy*, Department of the Prime Minister and Cabinet, Australian Government. <https://www.health.gov.au/resources/publications/national-ice-action-strategy-2015?language=en>
- Dudgeon P, Bray A, Ring I and McPhee R (2021) *Beyond evidence deficit narratives in Indigenous suicide prevention*, produced for the Indigenous Mental Health and Suicide Prevention Clearinghouse, AIHW, Australian Government. <https://www.indigenouismhspc.gov.au/Publications/evidence-deficit-narratives>
- Fisher A, Marel C, Morley K, Teesson M and Mills K (2020) *The role of alcohol and other drugs in suicidal behaviour and effective interventions to reduce suicidal thoughts and behaviours*, evidence check prepared for the National Suicide Prevention Task Force and commissioned through the Suicide Prevention Research Fund, managed by Suicide Prevention Australia – July 2020, University of Sydney, Sydney. <https://researchers.mq.edu.au/en/publications/the-role-of-alcohol-and-other-drugs-in-suicidal-behaviour-and-eff>
- Gee G, Dudgeon P, Schultz C, Hart A and Kelly K (2014) 'Aboriginal and Torres Strait Islander social and emotional wellbeing', in Dudgeon P, Milroy H and Walker R (eds) *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, Australian Government, Canberra.
- Gibson M, Stuart J, Leske S, Ward R and Tanton R (2021) 'Suicide rates for young Aboriginal and Torres Strait Islander people: the influence of community level cultural connectedness', *Medical Journal of Australia*, 214(11):514–518. doi:10.5694/mja2.51084.
- Handley T, Rich J, Davies K, Lewin T and Kelly B (2018) 'The challenges of predicting suicidal thoughts and behaviours in a sample of rural Australians with depression', *International Journal of Environmental Research and Public Health*, 15(5):928, doi:10.3390/ijerph15050928.
- Hanssens L (2007) 'The search to identify contagion operating within suicide clusters in Indigenous communities, Northern Territory, Australia', *Aboriginal & Islander Health Worker Journal*, 31(5):27–33.



- Hanssens L (2011) "Suicide (echo) clusters" – are they socially determined, the results of a pre-existing vulnerability in Indigenous communities in the Northern Territory and how can we contain cluster suicides', *Aboriginal & Islander Health Worker Journal*, 35:14–23.
- Heard TR, McGill K, Skehan J and Rose B (2022) 'The ripple effect, silence and powerlessness: hidden barriers to discussing suicide in Australian Aboriginal communities', *BMC Psychology*, 10(1):23, doi:10.1186/s40359-022-00724-9.
- Hill B, Williams M, Woolfenden S, Martin B, Palmer K and Nathan S (2022) 'Healing journeys: experiences of young Aboriginal people in an urban Australian therapeutic community drug and alcohol program', *Health Sociology Review*, Jul 2022, 31(2):193–212. doi:10.1080/14461242.2022.2091948.
- Isaacs A and Sutton K (2016) 'An Aboriginal youth suicide prevention project in rural Victoria', *Advances in Mental Health*, 14(2):118–125, doi:10.1080/18387357.2016.1198232.
- James DB, Lee KSK, Patrao T, Courtney RJ, Conigrave KM and Shakeshaft A (2020) 'Understanding the client characteristics of Aboriginal residential alcohol and other drug rehabilitation services in New South Wales, Australia', *Addiction Science & Clinical Practice*, 15(1):27, doi:10.1186/s13722-020-00193-8.
- Kennedy MC, Marshall BD, Hayashi K, Nguyen P, Wood E and Kerr T (2015) 'Heavy alcohol use and suicidal behavior among people who use illicit drugs: a cohort study', *Drug and Alcohol Dependence*, 151:272–277, doi:10.1016/j.drugalcdep.2015.03.006.
- Kölves K, Koo YW and de Leo DA (2020) 'A drink before suicide: analysis of the Queensland Suicide Register in Australia', *Epidemiology and Psychiatric Sciences*, 29:e94. doi:10.1017/S2045796020000062.
- MacLean S, Hengsen R and Stephens R (2017) 'Critical considerations in responding to crystal methamphetamine use in Australian Aboriginal communities', *Drug and Alcohol Review*, 36:502–508, doi:10.1111/dar.12468.
- Martin G, Lovelock K and Stevenson B (2023) *An overview of Indigenous mental health and suicide prevention in Australia*, produced for the Indigenous Mental Health and Suicide Prevention Clearinghouse, AIHW, Australian Government. <https://www.indigenouismhspc.gov.au/publications/overview>
- McCalman J, Bainbridge RG, Redman-MacLaren M, Russo S, Rutherford K, Tsey K, Ungar M, Wenitong M and Hunter E (2017) 'The development of a survey instrument to assess Aboriginal and Torres Strait Islander students' resilience and risk for self-harm', *Frontiers in Education*, Volume 2, doi:10.3389/feduc.2017.00019.
- McHugh C, Campbell A, Chapman M and Balaratnasingam S (2016) 'Increasing Indigenous self-harm and suicide in the Kimberley: an audit of the 2005–2014 data', *Medical Journal of Australia*, 205(1):33, doi.org/10.5694/mja15.01368.
- Nasir BF, Kisely S, Hides L, Ranmuthugala G, Brennan-Olsen S, Nicholson GC, Gill NS, Hayman N, Kondalsamy-Chennakesavan S and Toombs M (2017) 'An Australian Indigenous community-led suicide intervention skills training program: community consultation findings', *BMC Psychiatry* 17(1):219. doi:10.1186/s12888-017-1380-5.
- Nasir BF, Toombs MR, Kondalsamy-Chennakesavan S, Kisely S, Gill NS, Black E, Hayman N, Ranmuthugala G, Beccaria G, Ostini R and Nicholson GC (2018) 'Common mental disorders among Indigenous people living in regional, remote and metropolitan Australia: a cross-sectional study', *BMJ Open*, 8(6):e020196, doi:10.1136/bmjopen-2017-020196.
- Nathan S, Maru K, Williams M, Palmer K and Rawstorne P (2020) 'Koori voices: self-harm, suicide attempts, arrests and substance use among Aboriginal and Torres Strait Islander adolescents following residential treatment', *Health Justice*, 8(1):4, doi:10.1186/s40352-020-0105-x.
- Parliament of Western Australia (2016) *Learnings from the message stick: the report of the inquiry into Aboriginal youth suicide in remote areas*, Parliament of Western Australia, Western Australian Government, Perth.
- People Culture Environment (2014) *The Elders report into preventing Indigenous self-harm and youth suicide*. <https://cultureislife.org/wp-content/uploads/2024/02/Elders-Report.pdf>

Reilly R, Wand H, McKetin R, Quinn B, Ezard N, Dunlop A, Conigrave K, Treloar C, Roe Y, Gray D, Stephens J and Ward J (on the behalf of the NIMAC Community Researchers and Partner Sites) (2020) 'Survey methods and characteristics of a sample of Aboriginal and Torres Strait Islander and non-Indigenous people who have recently used methamphetamine: the NIMAC survey', *Drug and Alcohol Review*, 39(6):646–655. doi:10.1111/dar.13085.

Rontziokos H and Deane F (2019) 'Systematic review of suicidal behaviour in individuals who have attended substance abuse treatment', *International Journal of Mental Health and Addiction*, 17(6):1580–1598, doi:10.1007/s11469-018-9994-5.

Shepherd SM, Spivak B, Arabena K and Paradies Y (2018) 'Identifying the prevalence and predictors of suicidal behaviours for indigenous males in custody', 18(1):1159, doi:10.1186/s12889-018-6074-5.

Skerrett DM, Gibson M, Darwin L, Lewis S, Rallah R and De Leo D (2018) 'Closing the gap in Aboriginal and Torres Strait Islander youth suicide: a social-emotional wellbeing service innovation project', *Australian Psychologist*, 53(1):13–22, doi:10.1111/ap.12277.

Snijder M and Kershaw S (2019) 'Review of methamphetamine use among Aboriginal and Torres Strait Islander people', *Australian Indigenous HealthBulletin*, 19(3). <http://healthbulletin.org.au/articles/review-of-methamphetamine>

Soole R, Kölves K and De Leo D (2014) 'Suicides in Aboriginal and Torres Strait Islander children: analysis of Queensland Suicide Register', *Australian and New Zealand Journal of Public Health*, 38(6):574–578. doi.org/10.1111/1753-6405.12259.

Thirrili (2023) *Thirrili Strategic Plan: 2023–2026*. Thirrili. <https://thirrili.com.au/wp-content/uploads/2024/03/Thirrili-Strategic-Plan-2023-2026-FINAL-20230608-1.pdf>

Tighe J, McKay K and Maple M (2015) 'I'm going to kill myself if you don't ...': contextual aspects of suicide in Australian Aboriginal communities', *International Journal of Culture and Mental Health*, 8(1):1–12, doi:10.1080/17542863.2013.861499.

Parliament of Western Australia (2016) *Learnings from the message stick: the report of the inquiry into Aboriginal youth suicide in remote areas*, Parliament of Western Australia, Western Australian Government.

Westerman T and Sheridan L (2020) 'Whole of community suicide prevention forums for Aboriginal Australians', *Australian Psychologist*, 55(4):363–374, doi:/10.1111/ap.12470.

Yuodelis-Flores C and Ries RK (2015) 'Addiction and suicide: a review', *The American Journal on Addiction*, 24(2):98–104, doi:10.1111/ajad.12185.



Cover art

**Data & Diversity**

Created by Jay Hobbs

Meriam-Mir and Kuku Yalanji man