

Suicidal ideation in patients with substance-related disorders*

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Objective: to characterize suicidal ideation during life in patients with substance-related disorders. **Methodology:** observational and cross-sectional study carried out in three Psychosocial Care Centers for Alcohol and Other Drugs III with a total of 137 participants. Data collection occurred through the application of two instruments: Columbia Suicide Severity Rating Scale and Addiction Severity Index – Version 6. The data were analyzed descriptively and expressed as absolute and relative frequencies, mean and standard deviation. **Results:** 112 (81.8%) participants reported suicidal ideation at some point in their lives. Of these, 55 (49.1%) had a plan and intention to carry it out, 40 (35.8%) had daily thoughts and many times a day and 56 (49.9%) lasting up to eight hours or more, 78 participants (69.6%) considered suicidal ideation certainly as a means of ending suffering. **Conclusion:** a high frequency of suicidal ideation during life was observed in patients with substance-related disorders, with varying severity and intensity according to sociodemographic, economic and clinical aspects. These results can support professional practice in mental health, enabling the development of preventive strategies.

Descriptors: Suicidal Ideation; Substance-Related Disorders; Mental Health; Mental Health Services; Psychiatric Nursing.

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Ideação suicida em pacientes com transtornos relacionados a substâncias

Objetivo: caracterizar a ideação suicida durante a vida em pacientes com transtornos relacionados a substâncias. **Metodologia:** estudo observacional e transversal realizado em três Centros de Atenção Psicossocial Álcool e outras Drogas III com 137 participantes. A coleta de dados ocorreu mediante aplicação de dois instrumentos: *Columbia Suicide Severity Rating Scale* e *Addiction Severity Index – Version 6* e os dados foram analisados descritivamente, expressos por frequências absolutas e relativas, média e desvio padrão. **Resultados:** 112 (81,8%) participantes relataram ideação suicida alguma vez na vida. Desse total, 55 (49,1%) tinham plano e intenção de executá-lo, 40 (35,8%) apresentavam pensamentos diários e muitas vezes ao dia e 56 (49,9%) com duração de até oito horas ou mais, 78 participantes (69,6%) consideravam a ideação suicida certamente como um meio de findar o sofrimento. **Conclusão:** observou-se elevada frequência de ideação suicida durante a vida em pacientes com transtornos relacionados a substâncias, com variada gravidade e intensidade de acordo com aspectos sociodemográficos, econômicos e clínicos. Estes resultados podem subsidiar a prática profissional em saúde mental, possibilitando o desenvolvimento de estratégias preventivas.

Descritores: Ideação Suicida; Transtornos Relacionados ao Uso de Substâncias; Saúde Mental; Serviços de Saúde Mental; Enfermagem Psiquiátrica.

Ideación suicida en pacientes con trastornos relacionados con sustancias

Objetivo: caracterizar la ideación suicida durante la vida en pacientes con trastornos relacionados con sustancias. **Metodología:** estudio observacional y transversal realizado en tres Centros de Atención Psicossocial Alcohol y otras Drogas III con 137 participantes. La recolección de datos se realizó mediante aplicación de dos instrumentos: *Columbia Suicide Severity Rating Scale* y *Addiction Severity Index – Version 6* y los datos se analizaron descriptivamente y se expresaron mediante frecuencias absolutas y relativas, media y desviación estándar. **Resultados:** 112 (81,8%) participantes relataron ideación suicida alguna vez en la vida, de estos 55 (49,1%) tenían plan e intención de ejecutarlo, 40 (35,8%) con pensamientos diarios y muchas veces al día y 56 (49,9%) con duración de hasta ocho horas o más, 78 participantes (69,6%) consideraban la ideación suicida ciertamente como un medio de acabar con el sufrimiento. **Conclusión:** se observó elevada frecuencia de ideación suicida durante la vida en pacientes con trastornos relacionados con sustancias, con variada gravedad e intensidad de acuerdo con aspectos sociodemográficos, económicos y clínicos. Estos resultados pueden subsidiar la práctica profesional en salud mental, posibilitando el desarrollo de estrategias preventivas.

Descriptores: Ideación Suicida; Trastornos Relacionados con Sustancias; Salud Mental; Servicios de Salud Mental; Enfermería Psiquiátrica.

Introduction

Substance-related disorders (SRD) comprise the diagnostic term applied to a pattern of problematic and pathological behavior related to the consumption of one or more psychoactive substances. It consists in the presence of cognitive, physiological, behavioral symptoms and their severity, based on the presence of specific diagnostic criteria, triggering economic, clinical, legal and socio-familial losses⁽¹⁾.

Understood as a relevant risk factor for the development of suicidal ideation, SRDs have a strong association to several psychosocial stressors, including impulsiveness, aggressiveness, hopelessness, lack of family support and financial difficulty, causing breaking bonds, isolation and social vulnerability⁽²⁾. The presence of suicidal ideation during life in patients with SRD is identified as a frequent manifestation of mental suffering. Considered a substantial risk factor for the development of suicidal behavior⁽³⁾, suicidal ideation is one of the main predictors of death by suicide in the world, often considered the only way to interrupt mental suffering⁽⁴⁻⁵⁾.

Suicidal ideation refers to thoughts of suicide, with or without planning to do so. It ranges from thoughts of death or being dead to detailed thoughts of suicide, with a plan and intention to execute them⁽⁶⁾. Although there is the possibility that a person may undertake a suicidal act without prior planning, scientific evidence points to an increased risk of suicide among those who have a plan to end their own life⁽⁷⁾.

The main reasons for the development of suicidal ideation may be related to the lack of social support, relationship problems, unemployment, conflicts, traumas and death of loved ones. These factors can also be associated with the problematic use of psychoactive substances^(1,8).

We found a small number of studies published in Brazil that emphasize suicidal ideation, its different manifestations and classification in patients with SA⁽⁹⁾, reinforcing the relevance of conducting research to expand the knowledge of the characteristics of this population, which may constitute scientific contribution to health professionals in caring for people. In this perspective, the aim of the study is to characterize suicidal ideation during life in patients with substance-related disorders.

Methodology

This is an observational and cross-sectional study carried out in three Psychosocial Care Centers for Alcohol and Other Drugs III (CAPS AD III) in Curitiba, Paraná, from April to November 2018, with a total of 137 patients with SRD. Patients aged 18 years old or over were included in the study, and those with cognitive impairment identified by the multidisciplinary team or intoxicated

by psychoactive substances, unable to understand and answer the research questions, were excluded.

The sample was non-probabilistic and patients who attended the services during the period of data collection were invited to participate in the study. The research was presented to patients collectively, during meetings, assemblies, and in other areas, such as reception, ambience and cafeteria. Later, in these same spaces, patients were invited to participate in the research through individual approaches, directly or through the health team. Those who agreed to participate in the study were individually directed to an office provided by the health center team.

The interviews were conducted from Monday to Friday in the morning and afternoon, in a structured way, lasting between 45 and 90 minutes for two months in each service. Of the total of 1013 users registered in the three CAPS AD III, aged 18 years old or over, 174 were approached, with 24 refusals, three incomplete interviews and nine exclusions for cognitive impairment and one exclusion for alcohol intoxication, resulting in sample of 137 patients. To characterize suicidal ideation, the Columbia Suicide Severity Rating Scale (C-SSRS) was used, which assesses suicidal ideation and behavior, including intensity and severity of ideation⁽⁶⁾.

The C-SSRS is organized into four subscales: suicidal ideation, suicidal ideation intensity, suicidal behavior and suicide attempt lethality. For the study, the subscales of suicidal ideation and intensity of suicidal ideation were used, in addition to asking the participant about preparatory acts for suicide and a lifetime history of suicide attempt⁽⁶⁾.

The presence of suicidal ideation and its severity are assessed through five questions, on an ordinal five-point scale, which can be identified: 1. the wish to be dead, 2. nonspecific active suicidal thoughts, 3. active suicidal ideation with some method, without a plan or intention to act, 4. active suicidal ideation with some intention to act, without a specific plan, and 5. active suicidal ideation with a specific plan and intention, considering that the higher the score, the greater the severity⁽⁶⁾.

To assess the intensity of suicidal ideation, an ordinal subscale is used, containing five questions related to the frequency with which these thoughts occur, duration of thoughts, control over thoughts, reasons for not committing suicide and reasons for suicidal ideation. Each question about intensity presents answers with scores ranging between zero and five, with the exception of the first two questions, which score between one and five points, with the sum of the questions corresponding to the score ranging between two and 25 points, considering that the higher the score, the greater the intensity of the ideation⁽⁶⁾.

The time frame for evaluating suicidal ideation and behavior was their presence at some point in life. Authorization for use and the linguistically validated version of this instrument for Portuguese were made available by the creators, as well as training and certification of interviewers, free and online.

For sociodemographic and clinical characterization, the Addiction Severity Index (ASI 6) instrument was used in its sixth version, which assesses the type, duration, frequency and intensity of problems experienced by people with substance-related disorders during their lifetime. six months and thirty days in the medical, occupational, legal, mental health, socio-family and substance use areas⁽¹⁰⁾. The ASI 6 was adapted and validated for the Brazilian population, from the application of the instrument to 740 people and obtained an internal consistency between 0.64 and 0.95 (Cronbach's alpha)⁽¹⁰⁾.

The sociodemographic and economic variables extracted from the ASI-6 were the following: gender (male and female), age group (18-29 years old, 30-49 years old, ≥50 years old), race (yellow/oriental, white, indigenous, black, brown), marital status (married or living as married, divorced or separated, single, widowed), employment status (side jobs, unemployed or outside the market, formal work), sufficient income to support the participant's perception (no, yes) and presence of family support in the participant's perception (no, yes).

The clinical variables, extracted from the C-SSRS, corresponded to the type of suicidal ideation during life (desire to be dead, non-specific active suicidal thoughts, active suicidal ideation with some method, without intention to act, active suicidal ideation with some intention of acting, without specific plan, active suicidal ideation with specific plan and intention) severity score (1, 2-3, 4-5), suicidal ideation intensity score (5-13, 14-18, 19-25), frequency of suicidal ideation (less than once a week, once a week, 2 to 5 times a week, every day), duration of suicidal thoughts (passenger, some time, a long time, most of the day, persistent or continuous), control of suicidal thoughts (controls easily, controls with little difficulty, controls with some difficulty, controls with great difficulty, unable to control, does not try to control), reasons for not committing suicide - something or someone - (certainly prevented it, probably prevented it, not sure, probably did not prevented it, certainly did not prevent it), reasons for committing suicide (certainly to get attention, especially to get attention, to get attention and end suffering, above all to end suffering, certainly to end suffering), preparatory suicidal acts (no, yes) and lifetime suicide attempt (no, yes).

The clinical variables extracted from the ASI-6 were depressed mood in life (no, yes), anxiety, nervousness or concern in life (no, yes), chronic physical health condition (no, yes), alcohol use during life (no, yes), marijuana use (no, yes), use of cocaine/crack (no, yes), use of inhalants (no, yes), use of sedatives (no, yes), frequency of use of alcohol and illicit substances in the last six months (no use, 1-3 times a month, 1-2 times a week, 3 -6 times a week, daily), craving in the last month (no, yes) and problems in life due to the use of psychoactive substances in the last month (no, yes).

The analysis was quantitative and descriptive, continuous variables were expressed as measures of central tendency (mean) and dispersion (standard deviation), while categorical variables were presented as absolute and relative frequencies. The C-SSRS data were coded and entered, by double entry, into an Excel® spreadsheet. The data extracted from the ASI-6 were replicated and managed in the Research Electronic Data Capture (REDCap) platform with double checking and analyzed using the Statistical Package for Social Science (SPSS) software.

This study obtained a positive opinion on May 18, 2017 by the Research Ethics Committee of the Federal University of Parana, protocol No. 2 033 006 and CAAE 66929617 0 0000 0102 and Research Ethics Committee of the Municipal Health Department of Curitiba, protocol No. 2 071 351 and CAAE 66929617 0 3001 0101. In line with Resolution No. 466, of December 12, 2012, of the National Health Council, all ethical precepts were safeguarded and participation in the research was consented by signing the Informed Consent Form.

Results

Of the 137 participants with SRD in follow-up at CAPS AD III, 122 (89.1%) were men, 68 (49.6%) aged between 30 and 49 years old, 63 (46.0%) self-declared white and 113 (82.5%) without any marital relationship at the time (divorced, separated, single and widowed) (Table 1).

Of the total number of respondents, 112 (81.8%) reported thoughts of death at some point in their lives. According to social and economic aspects, it is noteworthy that among participants with a history of ideation, 83 (74.1%) were unemployed or out of the labor market, 80 (71.4%) considered their financial income insufficient for themselves and their dependents support and 69 (61.6%) reported not having family support (Table 1).

Table 1 – Sociodemographic and economic aspects of patients with Substance-related disorders, according to lifelong suicidal ideation. Curitiba, PR, Brazil, 2018

Variables	Suicidal ideation				Total	
	No		Yes			
	n	%	n	%	n	%
Gender						
Male	22	88.0	100	89.3	122	89.1
Female	3	12.0	12	10.7	15	10.9
Total	25	100.0	112	100.0	137	100.0
Age						
18 to 29 years old	2	8.0	26	23.2	28	20.5
30 to 49 years old	9	36.0	59	52.7	68	49.6
≥ 50 years old	14	56.0	27	24.1	41	29.9
Total	25	100.0	112	100.0	137	100.0
Race						
Yellow	2	8.0	5	4.5	7	5.1
White	12	48.0	51	45.5	63	46.0
Indigenous	0	0.0	2	1.8	2	1.4
Black	1	4.0	12	10.7	13	9.5
Brown	10	40.0	42	37.5	52	38.0
Total	25	100.0	112	100.0	137	100.0
Marital status						
Married or living as married	4	16.0	20	17.9	24	17.5
Divorced or separated	10	40.0	41	36.6	51	37.2
Single	9	36.0	48	42.8	57	41.6
Widower	2	8.0	3	2.7	5	3.7
Total	25	100.0	112	100.0	137	100.0
Employment status						
Free lancer	0	0.0	14	12.5	14	10.2
Unemployed or out of the market*	24	96.0	83	74.1	107	78.1
Formal work	1	4.0	15	13.4	16	11.7
Total	25	100.0	112	100.0	137	100.0
Sufficient income to support in the participant's perception						
No	16	64.0	80	71.4	96	70.1
Yes	9	36.0	32	28.6	41	29.9
Total	25	100.0	112	100.0	137	100.0
Presence of family support in the participant's perception						
No	4	16.0	43	38.4	47	34.3
Yes	21	84.0	69	61.6	90	65.7
Total	25	100.0	112	100.0	137	100.0

*Not working and not looking for work

As for the types of suicidal ideation, it is observed that 97 (70.8%) of the participants reported non-specific active thoughts. Active ideation, with methods, but with no

intention to act was reported by 87 (63.5%) participants and active suicidal ideation with intention without a specific plan by 73 (53.3%). The most severe form,

suicidal ideation with plan and intention, was reported by 55 (40.1%) participants (Table 2).

The suicidal ideation severity score, represented between one (less severe) and five (greater severe) points, showed greater severity in 73 (65.2%) of the participants (Table 2). The mean severity was 3.78 with a standard deviation of ± 1.46 .

Table 2 – Lifetime Suicidal Ideation in Patients with Substance-related disorders. Curitiba, PR, Brazil, 2018

Variables	n	%
Types of suicidal ideation		
Wish to be dead		
No	25	18.2
Yes	112	81.8
Total	137	100.0
Non-specific active suicidal thoughts		
No	40	29.2
Yes	97	70.8
Total	137	100.0
Active suicidal ideation with some method, with no intention to act		
No	50	36.5
Yes	87	63.5
Total	137	100.0
Active suicidal ideation with some intention to act, with no specific plan		
No	64	46.7
Yes	73	53.3
Total	137	100.0
Active suicidal ideation with specific plan and intention		
No	82	59.9
Yes	55	40.1
Total	137	100.0
Severity of suicidal ideation		
1	15	13.4
2 – 3	24	21.4
4 – 5	73	65.2
Total	112	100.0

The suicidal ideation intensity score, evaluated from the frequency, duration, control of thoughts, reason for committing and not committing suicide, on an increasing scale between 2 and 25 points, showed an average of 14.73, with a standard deviation of ± 4.89 .

The frequency of suicidal ideation daily or many times a day during the period of most severe suicidal

ideation occurred in 40 (35.7%) participants (Table 3). For 56 (49.9%) patients, these thoughts lasted from one to eight hours a day, and could be persistent and continuous. In addition, 64 (57.1%) answered that the reasons that prevented them from committing suicide were family, religion or the pain of death. On the other hand, 78 (69.6%) responded that the main reason for thinking about suicide was to end the suffering.

Table 3 – Lifetime aspects of suicidal ideation intensity in patients with Substance-related disorders. Curitiba, PR, Brazil, 2018

Variables	Total	
	n	%
Frequency of suicidal ideation		
Less than once a week	34	30.4
Once a week	14	12.5
2 to 5 times a week	24	21.4
Every day or many times a day	40	35.7
Total	112	100.0
Duration		
Seconds or minutes / passengers	37	33.0
< 1 hour / some time	19	16.9
1 to 4 hours / long time	22	19.7
4 to 8 hours / most part of the day	12	10.7
> 8 hours / persistent or continuous	22	19.7
Total	112	100.0
Control of thoughts		
Controls easily	44	39.3
Controls with little difficulty	13	11.6
Control with some difficulty	13	11.6
Controls with great difficulty	15	13.4
Unable to control	26	23.2
Does not try to control	1	0.9
Total	112	100.0
Reasons for not committing suicide (something or someone)		
These reasons certainly stopped them.	64	57.1
These reasons probably prevented them	9	8
Not sure	6	5.4
The reasons probably did not stop them	7	6.3
The reasons certainly didn't stop them.	23	20.5
Does not apply	3	2.7
Total	112	100.0
Reasons to commit suicide		
Definitely to call attention	1	0.9
Mainly to call attention	2	1.8

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Variables	Total	
	n	%
Call attention and end suffering	7	6.2
Above all to end suffering	20	17.9
Definitely to end the suffering	78	69.6
Does not apply	4	3.6
Total	112	100.0
Intensity of suicidal ideation		
5-13 points	45	40.2
14-18 points	36	32.1
19-25 points	31	27.7
Total	112	100.0

In clinical aspects, it is noteworthy that among patients with suicidal ideation, there was a predominance of a history of suicide attempt in 68 (60.7%), depressed mood in life in 93 (83.0%), presence of anxiety, nervousness or worry at some point in life in 90 (80.4%) and some chronic physical health condition in 63 (56.3%) (Table 4).

Table 4 – Clinical Aspects of Patients with Substance-related disorders, According to Lifetime Suicidal Ideation. Curitiba, PR, Brazil, 2018

Variables	Suicidal Ideation				Total	
	No		Yes			
	n	%	n	%	n	%
Preparatory suicidal acts in life						
No	25	100	85	75.9	110	80.3
Yes	0	0.0	26	23.2	26	19.0
Not informed	0	0.0	1	0.9	1	0.7
Total	25	100	112	100	137	100
Suicide attempt in life						
No	22	88	44	39.3	66	48.2
Yes	3	12	68	60.7	71	51.8
Total	25	100	112	100	137	100
Depressed mood in life						
No	7	28.0	18	16.1	25	18.3
Yes	18	72.0	93	83.0	111	81.0
Not informed	0	0.0	1	0.9	1	0.7
Total	25	100	112	100	137	100
Anxiety, nervousness or worry in life						
No	3	12.0	22	19.6	25	18.2
Yes	22	88.0	90	80.4	112	81.8
Total	25	100	112	100	137	100
Chronic physical health condition						
No	13	52.0	49	43.7	62	45.3
Yes	12	48.0	63	56.3	75	54.7
Total	25	100	112	100	137	100

It is observed that among participants with thoughts of death in life, 92 (82.1%) drink alcohol, 93 (83.0%) used marijuana and 94 (83.1%) used cocaine derivatives during their lifetime. Also, there was a predominance of

suicidal ideation at some point in life among 41 (66.1%) participants who reported problems arising from substance use in the month preceding the interview (Table 5).

Table 5 – Use of alcohol and other substances by patients with Substance-related disorders, according to lifelong suicidal ideation. Curitiba, PR, Brazil, 2018

Variables	Suicidal Ideation				Total	
	No		Yes			
	n	%	n	%	n	%
Type of psychoactive substances consumed during life						
Alcohol						
No	11	44.0	20	17.9	31	22.6
Yes	14	56.0	92	82.1	106	77.4
Total	25	100.0	112	100.0	137	100.0
Marihuana						
No	11	44.0	19	17.0	30	21.9
Yes	14	56.0	93	83.0	107	78.1
Total	25	100.0	112	100.0	137	100.0
Cocaine/Crack						
No	14	56.0	18	16.1	32	23.4
Yes	11	44.0	94	83.9	105	76.6
Total	25	100.0	112	100.0	137	100.0
Inhalants						
No	23	92.0	69	61.6	92	67.2
Yes	2	8.0	43	38.4	45	32.8
Total	25	100.0	112	100.0	137	100.0
Sedatives						
No	23	92.0	81	72.3	104	75.9
Yes	2	8.0	31	27.7	33	24.1
Total	25	100.0	112	100.0	137	100.0
Frequency of alcohol use in the last six months						
No use	7	28.0	29	25.9	36	26.3
1 – 3 times a month	1	4.0	12	10.7	13	9.5
1 – 2 times a week	3	12.0	11	9.8	14	10.2
3 – 6 times a week	2	8.0	10	8.9	12	8.8
Daily	12	48.0	50	44.7	62	45.2
Total	25	100.0	112	100.0	137	100.0
Frequency of use of illegal substances in the last six months						
No use	16	64.0	32	28.6	48	35.0
1 – 3 times a month	0	0.0	9	8.0	9	6.6
1 – 2 times a week	0	0.0	9	8.0	9	6.6
3 – 6 times a week	1	4.0	7	6.3	8	5.8
Daily	8	32.0	52	46.4	60	43.8
Does not apply	0	0.0	3	2.7	3	2.2
Total	25	100.0	112	100.0	137	100.0
Craving for psychoactive substances in the last month						
No	4	36.4	33	38.4	37	38.1
Yes	7	63.6	53	61.6	60	61.9
Total	11	100.0	86	100.0	97	100.0

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Variables	Suicidal Ideation				Total	
	No		Yes			
	n	%	n	%	n	%
Problems in life due to the use of psychoactive substances in the last month*						
No	4	57.1	21	33.9	25	36.2
Yes	3	42.9	41	66.1	44	63.8
Total	7	100.0	62	10.00	69	100.0

*Medical, psychological, work, school, home or legal problem

Discussion

This study showed a larger number of patients with SRD and suicidal ideation during life compared to the results found in the national and international literature⁽¹¹⁻¹³⁾. This result may be related to the instruments used in the study, as they made it possible to ask about suicidal thoughts more than once and in a different way.

As for the frequency of suicidal ideation among those who were out of the labor market and without conditions of support, the literature shows that people with intense suffering have difficulty in being able to work or remain in employment and other activities related to socialization, accessing low underemployment remuneration or living off informal activities^(11,14).

Thus, the feeling of powerlessness and failure to provide the family financially can favor the development of suicidal ideation^(12,15). The literature points to employment as a protective factor, especially regarding suicidal ideation with suicidal act planning^(12,16). Studies indicate that the lack of support from family, friends or partners is directly related to suicidal thoughts, especially to those individuals with problems related to the use of psychoactive substances^(1,8,11,13).

As for the severity of ideation, studies highlight the increased risk of suicide among those individuals who have a plan to end their own life⁽¹⁷⁻¹⁹⁾. Specifically on the ideation severity score in this study, the mean was higher than that identified in the literature⁽¹⁸⁻²⁰⁾, which may be related to different populations, types of data collection found in the literature and evaluation time in each study - during life, long and short periods^(17-18,21).

It is worth considering the other types of suicidal ideation as predictors of future suicidal behavior^(17,20,22). Two studies, one in Denmark and the other in the United States, one with 467 psychiatric outpatients, of whom 242 had previously attempted suicide, and another with 237 people admitted to a psychiatric emergency service, assessed the severity of suicidal ideation and indicated an association between a potential risk of suicide and all types of suicidal ideation, even those with no intention

to act, without methods or plans, considering that its severity can vary throughout life^(17,23).

The intensity of suicidal ideation obtained a score compatible with previous studies^(18,20-21,24), which represents a high risk of suicide among the participants. However, it is important to identify, assess and intervene in each element that includes intensity, such as frequency and duration of ideation, control of thoughts and reasons for thinking or not about suicide, since, independently, they are closely related to suicidal behaviors^(20,24-25).

As for the duration of suicidal thoughts, scientific evidence shows the predominance of thoughts that ranged from one hour and may extend throughout the day^(17,21,24), reinforcing that the more frequent and lasting thoughts of death, the greater the risks of developing suicidal behavior^(5,17,21,24).

The literature indicates that there are numerous factors considered to be protective against suicidal ideation, with employment, religious practices, family and the presence of children at home, as well as access to mental health services, being the main ones^(1,8,26). Given the predominance of participants who reported these and other factors as the main reasons for not wanting to die or putting their idea of suicide into practice, it is suggested that the social and emotional bonds, the sense of responsibility with the home and the roles assumed within of a specific group, they foster the feeling of belonging and promote the individual's mental health, being considered elements that prevent suicidal ideation.

On the other hand, given the predominance of the desire to end suffering as one of the main reasons for suicidal ideation, it is understood that suicidal thoughts and behaviors result from multifactorial interactions and involve personality, cognitive factors, social aspects and negative events during life, including the SRD^(4,25,27). Examples of these interactions include hopelessness, rumination, suppression of thoughts, the idea of being a burden on the family, the death of a loved one and physical illnesses, which cause intense suffering and favor the development of suicidal ideation^(4,25).

The predominance of people with a history of suicidal ideation who have chronic health conditions is

related to living with pain and physical suffering. It is known that substance abuse triggers numerous changes in people's physical health, the main ones being liver, neurological, gastrointestinal, respiratory, cardiac and musculoskeletal conditions⁽¹⁾. Living with these conditions favors and enhances suicidal ideation, as identified in a study of 696 patients being treated for SRD, showing through the application of the ASI, greater severity in the medical area of physical health among those with a history of suicidal behavior when compared to those without previous behavior⁽⁴⁾.

The scientific evidence produced by research reflects the importance of considering ideation in professional practice as one of the main predictors of suicidal behavior^(5-6,28). In this study, there was a number of participants with suicidal ideation and a history of attempted suicide, as identified in other studies^(11,13). As for mental health symptoms, based on the literature, changes in mood, perception and behavior are frequent in patients with SRD and are directly associated with suicidal ideation and behavior⁽¹³⁻¹⁴⁾. Although this study did not assess the presence of another mental health condition in the participants, scientific evidence shows that mental comorbidities increase the risk of suicide^(4-5,29).

It is noteworthy that aspects related to the consumption of psychoactive substances, especially alcohol, cocaine and marijuana derivatives, early use and daily consumption of substances, especially multiple substances, comprise a substantial risk factor for suicidal ideation and behavior^(13,30). This fact is related to major problems in life, clinical changes and frequent presence of cravings, in addition to the difficulty in reducing or controlling use, triggering a feeling of impotence and suffering due to the failure to perform daily roles and activities⁽¹⁾.

The results achieved in this study have limitations related to the convenience sample, especially due to the profile of CAPS AD patients who live directly with difficulty in adherence and access to treatment, favoring their non-participation in this study. Furthermore, the use of self-report instruments can favor the underestimation or overestimation of data.

Conclusion

Among patients with SRD under treatment in CAPS AD III, there was a high frequency of suicidal ideation during life, with greater severity, intensity and duration of suicidal thoughts, in addition of the perception that suicide was a solution to interrupt mental suffering. On the other side, the family, religion and the pain of death were impediments to the development of suicidal behavior.

There was a predominance of suicidal ideation among participants with financial difficulties, chronic physical health conditions, depressed mood, in addition

to a predominance of suicidal ideation among those who attempted suicide at some point in their lives.

These results can support the professional practice in mental health by highlighting aspects of suicidal ideation and characteristics of patients with substance-related disorders, enabling understanding and identification of the risk of suicide considering the user and their social context.

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