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Research Paper

Substance Use and Suicidal Tendencies among Young Adults

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ABSTRACT

The increasing rates of substance use and suicidal ideation among young adults represent a critical public health concern with complex interrelations that remain insufficiently understood. This correlational, cross-sectional study explores the relationship between substance use and suicidal ideation in young adults aged 18 to 25. Using standardized self-report measures, data were collected to examine how substance use correlates with the frequency and intensity of suicidal thoughts. Findings reveal that substance use is strongly associated with higher levels of suicidal ideation, suggesting it may serve as both a coping mechanism and a risk factor linked to deeper psychological distress. The study also examines demographic factors and psychosocial stressors influencing this relationship. By focusing on the lived experiences reflected in self-reports, this research highlights the psychological vulnerabilities faced by young adults and underscores the need for integrated mental health interventions addressing both substance use and suicidality. The findings aim to inform mental health practitioners, educators, and policymakers about the importance of early identification and holistic support for at-risk youth, contributing to the broader understanding of how intertwined substance use and suicidal ideation are within young adult populations.

Keywords: *Substance Use, Suicidal Ideation, Young Adults, Mental Health, Psychological Distress, Risk Factors*

Substance use refers to the consumption of psychoactive substances—such as alcohol, tobacco, prescription medications, and illicit drugs—that alter mood, perception, or behaviour (WHO, 2021). While experimentation may initially be social or recreational, repeated use and escalating doses can lead to Substance Use Disorders (SUD), characterised by dependence, impaired control, and maladaptive patterns of use that significantly disrupt daily functioning. Young adulthood is a period of heightened vulnerability due to ongoing brain development, identity formation, peer influence, academic and financial pressures, and environmental risk factors (Arnett, 2000; Tindle et al., 2007).

SUD has far-reaching effects, both physiological—impacting the liver, heart, lungs, and nervous system—and psychological, including neurochemical changes, cognitive decline, and increased susceptibility to mental health disorders such as depression and anxiety (Volkow et al., 2019; Henderson et al., 2016). The co-occurrence of substance uses and

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mental health disorders is particularly concerning, as it creates a bidirectional relationship where each condition exacerbates the severity and persistence of the other.

The intersection of substance uses and suicidal tendencies is complex and multifaceted. Substance use can intensify negative mood states, impair judgment, and increase impulsivity, all of which are established risk factors for suicide (Kessler et al., 2005; Oquendo et al., 2014). Intoxication can lower inhibitions, making individuals more likely to act on suicidal thoughts in moments of crisis. For some, substances are used as a form of self-medication to alleviate symptoms of depression, anxiety, or trauma; however, over time, this maladaptive coping mechanism deepens dependency and worsens emotional distress, further elevating suicide risk (McGirr et al., 2013). Conversely, individuals with suicidal ideation may be more prone to substance misuse as a means of escape or relief, creating a cyclical pattern of deterioration.

Understanding this intersection is critical for prevention and intervention efforts. An integrated approach that simultaneously addresses substance use, mental health conditions, and suicide prevention is essential. Early identification, reducing stigma around help-seeking, enhancing coping strategies, and providing targeted support for at-risk young adults can significantly reduce both substance use and suicidal behaviours.

Hypotheses

H1: There will be a positive correlation between young adults and substance abuse and suicidal tendency.
H2: Suicidal tendencies of the young adults who use substances will be higher the more the use is severe.

Objectives

1. To study the relationship between substance and suicidal tendencies in the young adults.
2. In order to examine the intensity of substance use on suicide risk.

Sample

The sample comprised 204 young adults between the ages of 18 and 25 years. Participants were recruited through universities, online platforms, community networks, and mental health support groups using convenience sampling. All met the inclusion criteria of age range (18–25 years), ability to provide informed consent, and proficiency in English or the study language. Data were collected after obtaining informed consent, with anonymity maintained.

Research Design

A Quantitative research approach with a Correlational design was used to conduct the study.

Statistical Analysis

The data obtained were tabulated and analysed using SPSS (Version 20, IBM) to assess the findings of the study.

Study Variables

The variables considered in the study were:

1. Substance Use
2. Suicidal Tendencies

Instruments

Two measures were used in this study,

1. **Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)** – Developed by the World Health Organization, this tool measures involvement with ten categories of substances (alcohol, tobacco, cannabis, cocaine, amphetamine-type stimulants, inhalants, sedatives, hallucinogens, opioids, and others). It assesses lifetime and recent use, cravings, related health/social/legal problems, failed attempts to cut down, and concern from others. Scores classify individuals into low, moderate, or high-risk levels.
2. **Multi-Attitude Suicide Tendency Scale (MAST)** – This scale measures suicidal orientation through four dimensions: Attraction to Life (AL), Repulsion by Life (RL), Attraction to Death (AD), and Repulsion by Death (RD). It evaluates an individual's emotional attitudes toward life and death, with higher RL and AD scores indicating greater suicide risk, and higher AL scores reflecting a life-affirming attitude.

Procedure

Following ethical approval from the institutional review board, participants aged 18–25 years were recruited via convenience sampling from local colleges, community groups, and online platforms. Of the 210 individuals approached, 204 provided informed consent and met inclusion criteria. Data were collected through a Google Forms link, which included the study description, digital consent, demographic questions, and two standardized instruments: the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) to assess substance use, and the Multi-Attitude Suicide Tendency Scale (MAST) to assess suicidal ideation. Participants completed the survey in approximately 15–20 minutes. Anonymity was ensured, and a list of mental health resources was provided at the end of the form. Incomplete or contradictory responses were excluded, leaving 204 complete datasets for analysis using Pearson's correlation to examine the relationship between substance use and suicidal ideation, along with demographic moderators.

RESULTS

Table 1: Correlations Between ASSIST and MAST Domains

Domains	ASSIST
AL (Attraction to Life)	−.292**
RL (Repulsion to Life)	.530**
AD (Attraction to Death)	.538**
RD (Repulsion to Death)	.492**
MAST	.488**

*Note: ** Correlation is significant at the 0.01 level (2-tailed).*

Table 1: This table presents the Pearson correlation coefficients between ASSIST and the domains of Attraction to Life (AL), Repulsion to Life (RL), Attraction to Death (AD), Repulsion to Death (RD), and MAST. The correlations indicate the strength and direction of the relationships, with all values being statistically significant at the 0.01 level ($p < .01$). Notably, ASSIST shows a moderate negative correlation with AL (−.292), and moderate to strong positive correlations with the other domains, including RL (.530), AD (.538), RD (.492), and MAST (.488).

Table 2: Descriptive Statistics for Variables

Variable	N	Minimum	Maximum	Mean	Standard Deviation
ASSIST	210	0	214	28.26	36.87
AL (Attraction to Life)	210	0	35	23.76	7.03
RL (Repulsion to Life)	210	0	30	16.40	6.52
AD (Attraction to Death)	210	0	35	19.36	7.72
RD (Repulsion to Death)	210	0	40	20.29	8.51
MAST	210	0	135	84.82	22.74

Table 2: This table summarizes the descriptive statistics for the variables, including ASSIST, AL, RL, AD, RD, and MAST. The statistics include the number of participants (N = 210), the minimum and maximum values, the mean, and the standard deviation for each variable. For example, the mean score for ASSIST is 28.26 with a standard deviation of 36.87, indicating significant variability in scores across participants. The MAST variable has the highest mean (84.82) and a standard deviation of 22.74.

Table 3: Model Summary

Model Summary	R	R^2	Adj. R^2	Std. Error
	.488	.238	.235	19.89

Table 3: This table provides the summary statistics for a regression model. R is the correlation coefficient between the independent variable (ASSIST) and the dependent variable (MAST), and it is reported as .488, indicating a moderate positive relationship. The R^2 value of .238 suggests that 23.8% of the variance in the dependent variable (MAST) can be explained by the independent variable (ASSIST). The Adjusted R^2 value of .235 slightly adjusts this value for the number of predictors in the model. The standard error of the estimate is 19.89, representing the average deviation of predicted values from actual values.

Table 4: Analysis of Variance (ANOVA)

ANOVA	SS Regression	df	MS	F	p-value
	25,761.34	1	25,761.34	65.12	< .001

Table 4: This table shows the Analysis of Variance (ANOVA) results for the regression model. The Sum of Squares (SS) for the regression is 25,761.34, which represents the variability explained by the independent variable (ASSIST). The Mean Square (MS) for the regression is 25,761.34, and the F-value of 65.12 with a p-value of < .001 indicates that the model is statistically significant, meaning that ASSIST significantly predicts the MAST variable.

Table 5: Coefficients for the Regression Model

Coefficients	B	Std. Error	Beta	t	Sig.
Constant	76.31	1.73	—	44.09	.000
ASSIST	0.301	0.037	.488	8.07	.000

Table 5: This table shows the coefficients for the regression analysis. The B value for ASSIST is 0.301, which represents the slope of the regression line, indicating that for each unit increase in ASSIST, MAST increases by 0.301. The Standard Error of ASSIST is 0.037, and the Beta value of .488 indicates the strength of the effect of ASSIST on MAST. The t-

value of 8.07 and the p-value of .000 indicate that the regression coefficient for ASSIST is statistically significant at the 0.01 level.

DISCUSSION

The present study examined the relationship between substance use and suicidal tendencies among young adults and further explored whether higher levels of substance involvement were associated with increased suicide risk. These objectives were guided by the rising concern that substance use and suicidal behaviours, although often studied separately, may be deeply interconnected among youth. Findings revealed a strong positive correlation between substance use and suicidal tendencies. As substance involvement increased, so did the intensity and frequency of suicidal thoughts and behaviours. This outcome confirms the first objective, establishing that a significant relationship exists between the two variables. The results also supported the second objective by showing that higher levels of substance involvement predict greater suicide risk, suggesting that substance use may function as a maladaptive coping mechanism that amplifies psychological distress.

The variability in responses among participants highlights the role of individual differences such as family environment, academic stress, trauma history, and peer influence. These factors reinforce that both substance use and suicidal tendencies are multifaceted issues influenced by a combination of personal and social experiences. Although not directly examined in the current study, future research should explore the buffering effects of protective factors such as social support and family systems to better understand resilience in at-risk groups.

The practical implications of these findings are significant. The strong association between substance use and suicidal tendencies emphasizes the need for integrated mental health interventions. Programs must address not only substance termination but also the underlying emotional struggles driving such behaviours. Mental health professionals, educators, and policymakers should recognize substance use as both a behavioural and psychological concern, requiring holistic, youth-cantered care.

In conclusion, the study achieved its two primary objectives by demonstrating a clear and significant link between substance use and suicidal tendencies and by showing that higher substance involvement intensifies suicide risk. Translating these insights into early identification strategies, prevention programs, and compassionate interventions remains critical for reducing the burden of suicide among young adults.

CONCLUSION

The study demonstrated a significant relationship between substance use and suicidal tendencies among young adults, with higher levels of substance involvement associated with greater suicide risk. These findings suggest that substance use is closely linked to psychological vulnerability and should be considered when addressing mental health concerns in this population. Although the study was limited to a correlational design, it provides a basis for further research on the role of protective factors such as family and social support. The results point toward the value of holistic and youth-cantered approaches in promoting resilience and well-being among young adults.

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Conflict of Interest
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