

## LETTERS TO THE EDITORS

# Weighing the evidence for suicide prevention

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We are pleased to note that, in early September 2014, the World Health Organization (WHO) published the first global report on suicide prevention, entitled *Preventing suicide: a global imperative*. Notably, this report states that the annual age-standardized suicide rate is 11 per 100,000 people, and that suicide is the second leading cause of death among people aged 15-29 years.<sup>1</sup>

Of all suicides, 75% occur in developing countries.<sup>1</sup> This is especially important because WHO mentions that developing countries do not have an adequate system of registration for reporting of deaths by suicide, and that suicide accounts for 56% of violent deaths globally.<sup>1</sup>

Suicide is a global public health problem for which preventive interventions are available, both at the individual level,<sup>2,3</sup> e.g., by assessment and management of mental health problems, including tracking people with suicidal intent, and at the community level,<sup>4,5</sup> by restricting access to means of suicide and reducing harmful alcohol consumption.<sup>2</sup> WHO notes that prevention plans in countries must be comprehensive and adopt an approach with predetermined parameters, but be flexible and adaptable to the culture and society which they address.<sup>1</sup>

While various interventions to prevent suicide are mentioned in the report, the level of evidence for each of these interventions is not very clear. In developing countries, where the health sector lacks the resources needed to implement several of these suggested interventions, it is imperative to prioritize and choose the best and most cost-effective measures.

In conclusion, we consider the WHO report to be a very important tool both to know the position of suicide worldwide and to explain the variety of interventions that can be employed to help prevent it. While interventions are recommended, we believe it might be more helpful if each intervention had an evidence level that could help decision-makers prioritize.

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### Disclosure

The authors report no conflicts of interest.

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# Medical and societal aspects of alcohol consumption in Russia

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The problem of alcohol misuse in Russia is immense, but there is a tendency to exaggerate it, as is evident to inside observers. This exaggeration tends to veil the shortcomings of the health care system, with responsibility for low life expectancy shifted onto the patients, i.e., it is attributed to self-inflicted diseases caused by excessive alcohol consumption.

During the anti-alcohol campaign of 1985-1988, widespread consumption of non-beverage alcohol products – including perfumery and technical fluids such as window cleaner – was observed, and in some instances caused severe poisoning. Considering the large scale of window cleaner sales in some areas, it was knowingly tolerated by authorities.

Alcohol consumption predictably increased after the end of the anti-alcohol campaign. Following the abolition of the state alcohol monopoly in 1992, the country was flooded with poor-quality alcohol, sold through legally operating shops and kiosks. About half of all cases of lethal intoxication with alcohol-containing fluids in some areas during the 1990s were caused by legally sold beverages, and a relatively low blood alcohol concentration was detected in many lethal cases.<sup>1</sup>

As discussed elsewhere, veiled propaganda of alcohol consumption was perceivable through 1970-1985 and probably took place earlier as well.<sup>2</sup> Retrospectively, it is clear that the 1985-1988 anti-alcohol campaign was used for the same purpose: its failure and rebound effect were predictable and occurred when required. In this author's opinion, widespread alcohol abuse after the end of the anti-alcohol campaign facilitated the economical reforms of the early 1990s, including privatizations of state-owned enterprises.

With regard to health care, medication costs for out-patient treatment are not covered by compulsory medical