Dear Editor,

We have read the publication by Bilginer et al. (1), “Overview of young people attempting suicide by drug overdose and prevention and protection services,” with great interest. The authors mentioned that “Family-oriented protective approaches, school-based preventive programs and new legal regulations on drug safety could help to reduce the frequency of suicide attempts”. We would like to share ideas and experiences on this issue. In fact, suicide is a common problem worldwide. Medication overdose is a common method in suicide attempts. Indeed, the success of suicide is based on the availability of the drug. In developing countries, where there is a poor control of medication access and over-the-counter medication is common, a high prevalence of the problem can be expected. Since common drugs (such as ibuprofen and paracetamol) are commonly used medications for attempting suicide (2), anyone who plans to commit suicide can easily obtain a large quantity of the mentioned medications from the local pharmacy. Control of sales of more than the appropriate amount of medications to individual buyers is very important (2). Moreover, in cases with a failed first attempt of suicide repeat episodes are possible. As noted by Le Vaillant et al. (3), “The prevention of suicide attempt recurrences also remains a priority, given the increased risk of mortality from repeating a suicide attempt”. How to prevent the problem is an interesting issue. Referring to our country (Thailand), a similar problem is observed. Although the hotline for psychological consultants is freely available, it does not seem to make a difference (4). There are many new ideas being proposed that are in a trial phase. These ideas include the limitation of the quantity of drugs sold from drugstores and the control of dangerous medications through specific prescription requirements before sale. However, the biggest obstacle is the standard of the drugstores and limited number of pharmacists available in our country, a problem that might be encountered in other developing countries, too. In Thailand, the attempt to limit the purchase of dangerous objects (such as guns and sharp objects) and toxic substances (such as insecticides and pesticides) that can be used as means for suicide has also been flagged up as an important measure of prevention (5-6). A possible role

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of religious practice for prevention of suicidal attempts in our country has also been suggested (5). To achieve success, health education offered to young people regarding stress relaxation, provision of specific psychological care for young people in school, and an increased legal control of drug sales might be possible solutions in any countries. Finally, in Thailand we find that the promotion of good communication within the family is the best way for preventing the problem of suicide attempts (7).

REFERENCES


