

FOR IMMEDIATE RELEASE:

November 29, 2018

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While Suicide Is Climbing Over 18 Years – Progress Is Achievable

New CDC data show the need to scale up efforts nationally to reduce growing public health issue

A collective statement prepared by the [National Action Alliance for Suicide Prevention \(Action Alliance\)](#) and its public and private partners. For media inquiries, contact Kim Torguson (ktorguson@edc.org or 202-572-3737).

WASHINGTON, D.C. — Just-released data from the Centers for Disease Control and Prevention's (CDC) [National Center for Health Statistics](#) show life expectancy for Americans has dropped, and suicide – as the 10th leading cause of death – is a key factor leading to that decrease. Other important findings from the CDC report show:

- In 2017, there were 47,173 deaths from suicide.
- From 1999 through 2017, the age-adjusted suicide rate increased 33%, from 10.5 to 14.0 per 100,000.
- Suicide rates were significantly higher in 2017 compared with 1999 among females in all age groups ranging from 10-74 years: for those aged 10–14 (1.7 in 2017 and 0.5 in 1999, respectively), 15–24 (5.8 and 3.0), 25–44 (7.8 and 5.5), 45–64 (9.7 and 6.0), and 65–74 (6.2 and 4.1).
- Suicide rates were significantly higher in 2017 compared with 1999 among males in all age groups ranging from 10-74 year: for those aged 10–14 (3.3 in 2017 and 1.9 in 1999, respectively), 15–24 (22.7 and 16.8), 25–44 (27.5 and 21.6), 45–64 (30.1 and 20.8) and 65–74 (26.2 and 24.7).
- In 2017, the age-adjusted suicide rate for the most rural (noncore) counties was 1.8 times the rate for the most urban (large central metro) counties (20.0 and 11.1 per 100,000, respectively).

Globally, the suicide rate has decreased by more than [30 percent](#) in the past 20 years. In contrast, the suicide rate in the U.S. is on the rise, increasing by approximately that much (33%) since 1999. This increase has occurred against the backdrop of a steady increase in knowledge regarding suicide and unprecedented levels of suicide prevention activity in the U.S. Despite the trends featured in today's CDC report, there is *hope*.

The Action Alliance – the nation's only public private partnership aimed at advancing the *National Strategy for Suicide Prevention* – recently released the [National Strategy for Suicide Prevention Implementation Assessment](#), a report that highlights progress that has been achieved through state and federal prevention efforts across the U.S. The report also emphasizes that while there has been

progress, it has been on a smaller scale and efforts have not been done as part of a larger, comprehensive approach that involves a combination of efforts that includes clinical interventions as well as non-clinical approaches.

“We need to ensure that suicide prevention is a priority among both public and private sectors, and that it is tackled on the same scale and with the same vigor that we address other public health issues in this country,” said Bob Turner, Private Sector Chair, Action Alliance. “The number of people dying by suicide or struggling with suicidal thoughts will continue to rise if we don’t join together and scale up efforts – both clinical and non-clinical – that we know are proven to work.”

The field of suicide prevention has made strides, but the nation must prioritize and bring to scale efforts, such as:

➤ **Increasing investments in suicide prevention**

Compared to funding for other major public health issues, like HIV/AIDS and heart disease, funding for suicide significantly lags in the U.S. despite it being the 10th leading cause of death, claiming one person every 12 minutes, according to data from the CDC. According to the Action Alliance’s [U.S. National Suicide Prevention Research Efforts: 2008-2013 Portfolio Analyses](#), “public and private investments in research are meager.”

Most of the other top-ten causes of mortality, such as heart disease, cancer, stroke, Alzheimer’s disease, diabetes, and accidents have seen significant investments in research as well as substantially lower mortality rates. For example, due to the visible and productive research efforts that have gone into addressing the nation’s fourth leading cause of death (car accidents), motor vehicle fatalities have decreased. This achievement was due in large part to significant federal funding to promote motor vehicle safety.

If the same level of investment (both from the federal and private sectors) is allocated to suicide – to support research, crisis services, and the expansion of other practices known to be effective at preventing suicide – it will have the potential to reverse the trend in suicide mortality.

➤ **Promoting the role everyone has to play in preventing suicide**

According to newly released [national public perception data](#), Americans overwhelmingly (94 percent) believe that suicide can be prevented, and 78 percent are interested in learning how they might be able to play a role in helping someone who may be suicidal but that more information and guidance on how to help is needed.

Everyone has a role to play in preventing suicide and suicide attempts. Family members, friends, colleagues, faith community members, and clinicians all play an important role in recognizing when someone is at risk or in crisis, and connecting that person to help. Helpful action items anyone can take include:

- sharing the National Suicide Prevention Lifeline: 800-273-TALK [8255]
- recognizing the [warning signs](#) and learn the [action steps](#) for communicating with someone who might be suicidal
- utilizing [evidence-supported tools](#) that can keep someone safe

In 1998, America experienced the lowest number of alcohol-related fatalities after the “Friends don’t let Friends Drive Drunk” campaign was launched. Due to the national public awareness

campaign, 68 percent of Americans reported that they have tried to prevent someone from driving after drinking.

More must be done to educate and equip Americans about being there for others who might be struggling or in crisis—especially since the vast majority of people who consider suicide go on to recovery and lead fulfilled lives. Helpful tips the public can take to save lives can be found on National Suicide Prevention Lifeline’s [#BeThe1To](#), National Council for Suicide Prevention’s [Take Five to Save Lives](#), and U.S. Department of Defense and U.S. Department of Veteran Affairs’ [Be There](#).

➤ **Providing safer suicide care in health systems**

The majority (64 percent) of people who attempt suicide visit a doctor in the month before their attempt, and 38 percent in the week before. An essential part of preventing suicide is working with health care systems to ensure that people who may be at risk receive access to services and treatment that they need.

It is essential that every component of the nation’s health care delivery system work to identify gaps and make necessary quality improvement changes needed to make care safer and better. This is a key goal of the Action Alliance’s [Zero Suicide initiative](#) – a comprehensive approach for preventing suicide in health care settings. Wide-scale adoption of the Zero Suicide approach, modeled on the success of the Henry Ford Healthcare System’s Perfect Depression Program, has the potential to demonstrate significant reductions in suicide.

Coordinated and integrated [crisis services](#) also can prevent suicide. Key elements include regional or statewide crisis call centers coordinating in real time; centrally deployed, 24/7 mobile crisis; short-term residential crisis stabilization programs; and essential crisis care principles and practices.

➤ **Reducing access to lethal means**

Time and time again, reducing access to lethal means among those at risk for suicide has been shown to be an effective method of preventing suicide. A number of studies have indicated that when means are made less available or less lethal, suicide rates by that method decline, and frequently suicide rates overall decline.

Reducing the availability of pesticides decreased the suicide rate in Sri Lanka by 50 percent over ten years. In Denmark, reducing access to barbiturates and to car and household gas with carbon monoxide resulted in a 55 percent decrease in suicides between 1970 and 2000. Use of safety technologies, like providing non-lethal doses of medication and devices that allow for the safe storage of medicines and firearms, is also known to prevent suicide.

Suicide is a public health issue that requires a public health approach. The data provide a renewed call to action to address suicide in our nation collectively – with the collaboration of public and private partners – and implement fully what we know is working and has the potential to save lives.

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The statement was crafted by Action Alliance partners from public and private sectors.

FOR MEDIA PARTNERS:

Research shows that the media may influence suicide rates by the way they report on suicide. Evidence suggests that when the media tell stories of people positively coping in suicidal moments, more suicides can be prevented. We urge all members of the media working on these stories to refer to the [Recommendations for Reporting on Suicide](#) for best practices for safely and accurately reporting on suicide (such as including the [National Suicide Prevention Lifeline 800-273-TALK \[8255\]](#)). For stories of persons with lived experience of suicidality and finding hope, refer to www.lifelineforattemptsurvivors.org.

NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION:

The [National Action Alliance for Suicide Prevention](#) is the public-private partnership working to advance the [National Strategy for Suicide Prevention](#) and make suicide prevention a national priority. The [Substance Abuse and Mental Health Services Administration](#) provides funding to [EDC](#) to operate and manage the Secretariat for the Action Alliance, which was launched in 2010. Learn more at actionallianceforsuicideprevention.org and join the conversation on suicide prevention by following the Action Alliance on [Facebook](#), [Twitter](#), and [YouTube](#).