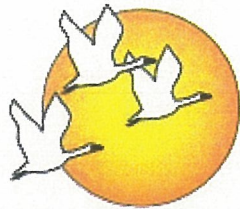




Alaska Suicide Facts and Statistics

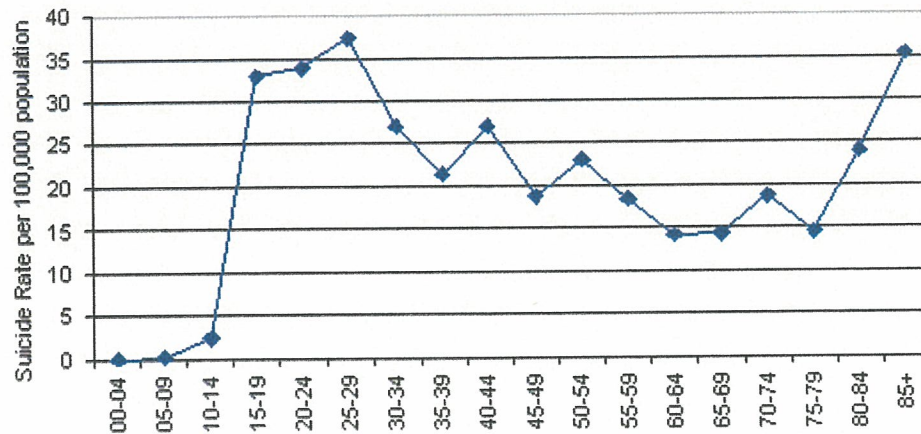
- ⌘ Alaska has the highest rate of suicide per capita in the country.
- ⌘ The rate of suicide in the United States was 11.5 suicides per 100,000 people in 2007. In 2007, **Alaska's rate was 21.8 suicides per 100,000 people**. The rate of suicide among Alaska Native peoples was 35.1 per 100,000 people in 2007.
- ⌘ **Alaska had 1,369 suicides between 2000 and 2009**, an average of 136 deaths by suicide per year. The highest number of suicides, 167, occurred in 2008. The lowest number, 123, occurred in 2003. That is an average of about 2.6 suicides in Alaska every week, or more than 10 a month.
- ⌘ At least one suicide occurred in **176 Alaskan communities** between 2000 and 2009.
- ⌘ About 78% of suicides in Alaska are committed by men and 22% are committed by women, according to the Suicide Prevention Resource Center.
- ⌘ Alaska Native men between the ages of 15-24 have the highest rate of suicide among any demographic in the country, with an average of **141.6 suicides per 100,000 each year between 2000 and 2009**.
- ⌘ Youth who are exposed to suicide or suicidal behaviors are more at-risk for attempting suicide, according to the American Association of Suicidology.
- ⌘ Suicide deaths consistently outnumber homicide deaths by a margin of three to two, according to the American Association of Suicidology.
- ⌘ More than **90% of people who die by suicide have depression or another diagnosable, treatable mental or substance abuse disorder**, according to American Association of Suicidology.

Information is from the Alaska Bureau of Vital Statistics unless otherwise specified.

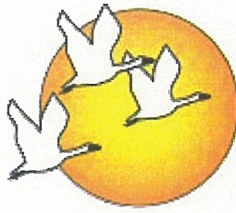


Alaska Suicide Rate by Age

Alaska Suicide Rate by Age
1994-2000

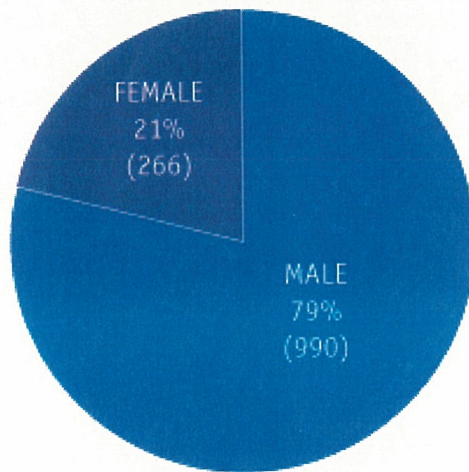


Note: Suicide rates are age-adjusted. Source: CDC WISQARS Injury Mortality Report

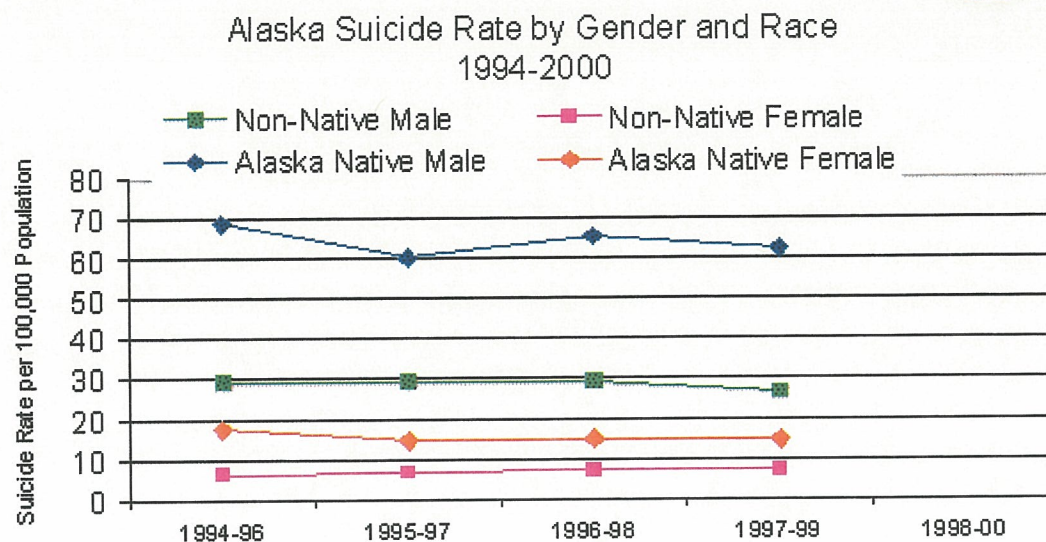


Alaska Suicide Rates by Sex

ALASKA SUICIDE BY SEX
1996-2005



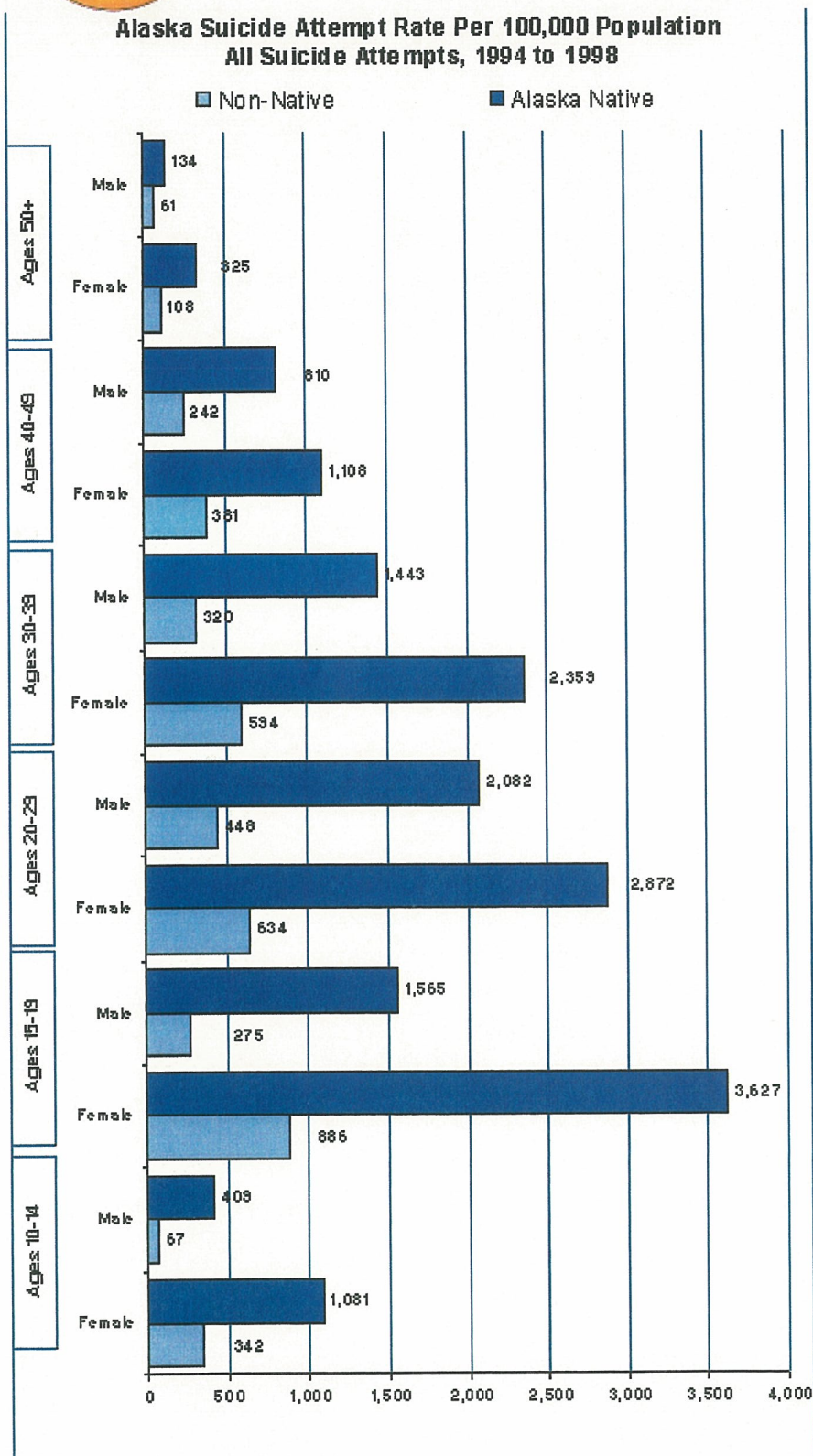
Alaska Suicide Rates by Gender and Race



Note: Age-adjusted rates per 100,000 US 2000 standard population. Rates by race are unavailable.
Source: Alaska Bureau of Vital Statistics



Alaska Suicide Attempts



RECOMMENDATIONS FOR REPORTING ON SUICIDE

Developed in collaboration with: American Association of Suicidology, American Foundation for Suicide Prevention, Annenberg Public Policy Center, Associated Press Managing Editors, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, ConnectSafely.org, Emotion Technology, International Association for Suicide Prevention, Task Force on Media and Suicide, Medical University of Vienna, National Alliance on Mental Illness, National Institute of Mental Health, National Press Photographers Association, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Suicide Prevention Resource Center, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community Health Sciences.



IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

..... **Suicide Contagion or “Copycat Suicide”**
..... occurs when one or more suicides
..... are reported in a way that contributes
..... to another suicide.
.....

References and additional information can be found at: www.ReportingOnSuicide.org.

INSTEAD OF THIS:

- Big or sensationalistic headlines, or prominent placement (e.g., “Kurt Cobain Used Shotgun to Commit Suicide”).
- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.
- Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms.
- Describing a suicide as inexplicable or “without warning.”
- “John Doe left a suicide note saying...”
- Investigating and reporting on suicide similar to reporting on crimes.
- Quoting/interviewing police or first responders about the causes of suicide.
- Referring to suicide as “successful,” “unsuccessful” or a “failed attempt.”

DO THIS:

- Inform the audience without sensationalizing the suicide and minimize prominence (e.g., “Kurt Cobain Dead at 27”).
- Use school/work or family photo; include hotline logo or local crisis phone numbers.
- Carefully investigate the most recent CDC data and use non-sensational words like “rise” or “higher.”
- Most, but not all, people who die by suicide exhibit warning signs. Include the “Warning Signs” and “What to Do” sidebar (from p. 2) in your article if possible.
- “A note from the deceased was found and is being reviewed by the medical examiner.”
- Report on suicide as a public health issue.
- Seek advice from suicide prevention experts.
- Describe as “died by suicide” or “completed” or “killed him/herself.”



AVOID MISINFORMATION AND OFFER HOPE

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses, that may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide.
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce or bad grades. Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.
- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.



SUGGESTIONS FOR ONLINE MEDIA, MESSAGE BOARDS, BLOGGERS & CITIZEN JOURNALISTS

- Bloggers, citizen journalists and public commentators can help reduce risk of contagion with posts or links to treatment services, warning signs and suicide hotlines.
- Include stories of hope and recovery, information on how to overcome suicidal thinking and increase coping skills.
- The potential for online reports, photos/videos and stories to go viral makes it vital that online coverage of suicide follow site or industry safety recommendations.
- Social networking sites often become memorials to the deceased and should be monitored for hurtful comments and for statements that others are considering suicide. Message board guidelines, policies and procedures could support removal of inappropriate and/or insensitive posts.

MORE INFORMATION AND RESOURCES AT:

www.ReportingOnSuicide.org

HELPFUL SIDE-BAR FOR STORIES

WARNING SIGNS OF SUICIDE

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide.

WHAT TO DO

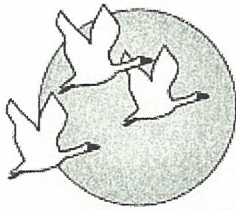
If someone you know exhibits warning signs of suicide:

- Do not leave the person alone
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional

THE NATIONAL SUICIDE PREVENTION LIFELINE 800-273-TALK (8255)

A free, 24/7 service that can provide suicidal persons or those around them with support, information and local resources.





Council Members

If you would like to reach any of the SSPC Council Members, please contact Kate Burkhart.

- **William Martin**, Chair, Alaska Federation of Natives — Juneau
- **Meghan Crow**, Vice-Chair, LCSW, Secondary schools — Bethel
- **Christine Moses**, Officer at-Large, Rural Member off the road system — Bethel
- **Melissa Stone**, Recorder/Treasurer, DHSS — Anchorage
- **Barbara Jean Franks**, Suicide Loss Survivor — Anchorage
- **Phyllis Carlson**, Education and Early Development — Juneau
- **Brenda Moore**, Alaska Mental Health Board — Anchorage
- **Anna Sappah**, ABADA — Anchorage
- **Teressa Baldwin**, Youth Member — Sitka
- **Alana Humphrey**, Statewide youth organization — Anchorage
- **Sharon Norton**, MSN, RN, Public — Homer
- **Pastor Lowell W. Sage Jr.**, Clergy — Kivalina
- **Senator Johnny Ellis** — Anchorage
- **Senator Fred Dyson** — Eagle River
- **Representative Anna Fairclough** — Eagle River
- **Representative Berta Gardner** — Anchorage

Suicide Prevention Council Coordinators

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