



2013, US Suicide Injury Deaths and Rates per 100,000
All Races, Both Sexes, Ages 0 to 85+, ICD-10 Codes: X60-X84, Y87.0,*U03

Age Group	Number of Deaths	Population	Crude Rate
00-04	0*	19,868,088	0.00*
05-09	9*	20,570,581	0.04*
10-14	386	20,650,454	1.87
15-19	1,748	21,158,964	8.26
20-24	3,130	22,795,438	13.73
25-29	3,265	21,580,198	15.13
30-34	3,083	21,264,389	14.50
35-39	3,029	19,603,770	15.45
40-44	3,522	20,848,920	16.89
45-49	4,011	21,208,306	18.91
50-54	4,610	22,559,226	20.44
55-59	4,161	21,194,430	19.63
60-64	2,974	18,122,001	16.41
65-69	2,146	14,608,717	14.69
70-74	1,648	10,608,049	15.54
75-79	1,208	7,677,881	15.73
80-84	1,092	5,768,638	18.93
85+	1,121	6,040,789	18.56
Total	41,143	316,128,839	13.01

Source: Centers for Disease Control and Prevention, WISQARS Injury Mortality Data



2013, Oregon Suicide Injury Deaths and Rates per 100,000
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Age Group	Number of Deaths	Population	Crude Rate
00-04	---	230,022	---
05-09	---	240,056	---
10-14	---	240,498	---
15-19	41	245,971	16.67
20-24	44	268,486	16.39
25-29	51	261,570	19.50
30-34	47	274,210	17.14
35-39	53	253,819	20.88
40-44	49	257,931	19.00
45-49	54	244,798	22.06
50-54	77	268,515	28.68
55-59	77	276,800	27.82
60-64	59	259,994	22.69
65-69	42	207,787	20.21
70-74	24	145,216	16.53
75-79	24	98,601	24.34
80-84	23	72,969	31.52
85+	26	82,822	31.39
Total	698	3,930,065	17.76

Source: Centers for Disease Control and Prevention, WISQARS Injury Mortality Data



2013, United States Suicide Injury Deaths and Rates per 100,000
 All Races, Both Sexes, All Ages, ICD-10 Codes: X60-X84, Y87.0,*U03

State	Number of Deaths	Population	Crude Rate	Age-Adjusted Rate**
Alabama	721	4,833,722	14.92	14.35
Alaska	171	735,132	23.26	23.07
Arizona	1,163	6,626,624	17.55	17.39
Arkansas	516	2,959,373	17.44	17.25
California	4,025	38,332,521	10.50	10.16
Colorado	1,007	5,268,367	19.11	18.52
Connecticut	330	3,596,080	9.18	8.67
Delaware	122	925,749	13.18	12.35
District of Columbia	38	646,449	5.88	5.77
Florida	2,928	19,552,860	14.97	13.73
Georgia	1,212	9,992,167	12.13	11.94
Hawaii	171	1,404,054	12.18	11.58
Idaho	308	1,612,136	19.11	19.23
Illinois	1,321	12,882,135	10.25	9.92
Indiana	944	6,570,902	14.37	14.26
Iowa	447	3,090,416	14.46	14.42
Kansas	425	2,893,957	14.69	14.55
Kentucky	701	4,395,295	15.95	15.52
Louisiana	583	4,625,470	12.60	12.32
Maine	245	1,328,302	18.44	17.40
Maryland	569	5,928,814	9.60	9.08
Massachusetts	572	6,692,824	8.55	8.17
Michigan	1,295	9,895,622	13.09	12.84
Minnesota	678	5,420,380	12.51	12.08
Mississippi	388	2,991,207	12.97	13.01
Missouri	960	6,044,171	15.88	15.62

State	Number of Deaths	Population	Crude Rate	Age-Adjusted Rate**
Montana	243	1,015,165	23.94	23.72
Nebraska	220	1,868,516	11.77	11.66
Nevada	541	2,790,136	19.39	18.61
New Hampshire	185	1,323,459	13.98	12.80
New Jersey	757	8,899,339	8.51	8.01
New Mexico	431	2,085,287	20.67	20.30
New York	1,687	19,651,127	8.58	8.07
North Carolina	1,284	9,848,060	13.04	12.53
North Dakota	128	723,393	17.69	16.98
Ohio	1,526	11,570,808	13.19	12.78
Oklahoma	665	3,850,568	17.27	17.28
Oregon	698	3,930,065	17.76	16.76
Pennsylvania	1,788	12,773,801	14.00	13.25
Rhode Island	132	1,051,511	12.55	12.12
South Carolina	696	4,774,839	14.58	13.98
South Dakota	147	844,877	17.40	18.20
Tennessee	1,030	6,495,978	15.86	15.31
Texas	3,059	26,448,193	11.57	11.66
Utah	579	2,900,872	19.96	21.39
Vermont	112	626,630	17.87	17.17
Virginia	1,072	8,260,405	12.98	12.52
Washington	1,027	6,971,406	14.73	13.99
West Virginia	323	1,854,304	17.42	16.41
Wisconsin	850	5,742,713	14.80	14.31
Wyoming	129	582,658	22.14	21.36
Total	41,149	316,128,839	13.02	

Prescription Drug Poisoning/Overdose in Oregon

PUBLIC HEALTH DIVISION
Injury and Violence Prevention Program

Basic Facts

- In 2013, 156 Oregonians died due to prescription opioid poisoning/overdose.
- In 2013, one prescription drug overdose death* occurred for every:
 - 1,900 methadone prescriptions dispensed
 - 20,300 opioid prescriptions dispensed (excluding methadone)
 - 125,000 benzodiazepine prescriptions dispensed
- The overall rate of poisoning deaths due to prescription opioids increased 364% between 2000 and 2006 (1.4 per 100,000) and has declined 38% between 2006 and 2013 (to 4.0 per 100,000).
- The rate of death associated with methadone poisoning decreased 58% between 2006 and 2013, from 3.8 to 1.6 per 100,000.
- In 2013, 1,510 Oregonians were hospitalized due to unintentional or undetermined drug poisonings; 54% were due to sedative hypnotic, anti-epileptic, psychotropic drugs and prescription opioids.
- In 2012–2013, an estimated 212,000 Oregonians self-reported using prescription pain relievers non-medically.

What is the issue?

Poisoning is one of the leading causes of injury death in Oregon. In 2013, 423 deaths were due to unintentional or undetermined poisoning; 38% were associated specifically with prescription opioids—drugs used for pain treatment. Prescription opioids include drugs like hydrocodone, oxycodone, and methadone.

Although decreasing since 2006, the prescription drug poisoning/overdose death rate in Oregon was 2.8 times higher in 2013 than in 2000.

Despite the impact of drug poisonings on public health, there is an important and legitimate need for prescription medications used for primary care, emergency care, surgery, pain management, cancer treatment, mental health disorders, and substance abuse disorders.

Deaths

Between 2011–2013, the risk of prescription opioid poisoning was highest among adults 35–54 years of age (Figure 2). Men generally had a higher rate compared to women, for all age groups except women 45–54 and 65–74 years of age. The highest overall rate was among women 45–54 years old.

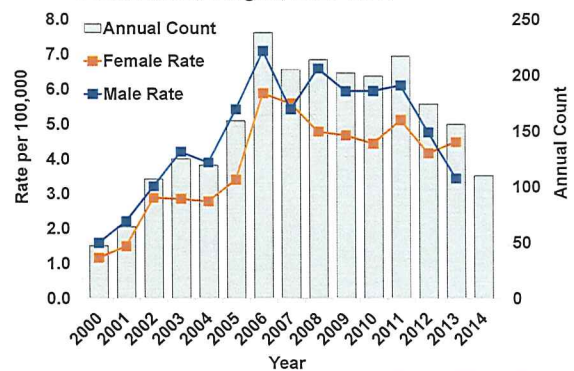
Hospitalizations

Unintentional prescription opioid hospitalizations increased 285% from 2.6 per 100,000 in 2000 to 10.0 per 100,000 in 2013. Women had a higher rate of hospitalization than men in 2013— 10.4 per 100,000 compared to 6.4 per 100,000 for men.

Data sources: Oregon Center for Health Statistics Vital Records; Oregon Prescription Drug Monitoring Program; Oregon Hospital Discharge database; NSDUH national Survey on Drug Use and Health, 2012–2013. *Prescription drug deaths include only unintentional and undetermined intent poisonings. Deaths are specific to the category of prescription drug involved and may be counted more than once for each drug involved.

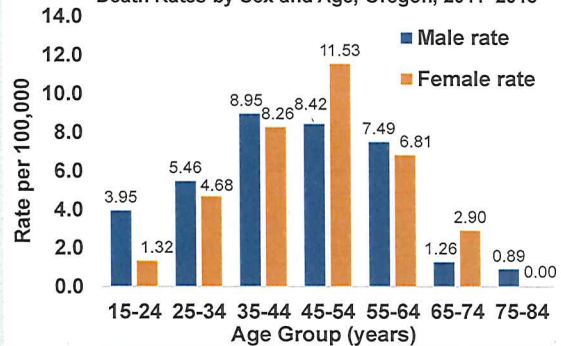
For additional data, refer to the full report, *Drug Overdose Deaths, Hospitalizations, Abuse and Dependency among Oregonians*: <http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/oregon-drug-overdose-report.pdf>. **Data Contact:** Matthew.laidler@state.or.us

Figure 1. Unintentional and Undetermined Prescription Opioid Poisoning Deaths and Death Rates, Oregon, 2000–2014



Note: 2014 data include counts only; rates not available due to current lack of comparable population estimates. Counts for 2014 are preliminary.

Figure 2. Unintentional and Undetermined Prescription Opioid Poisoning, Average Annual Death Rates by Sex and Age, Oregon, 2011–2013

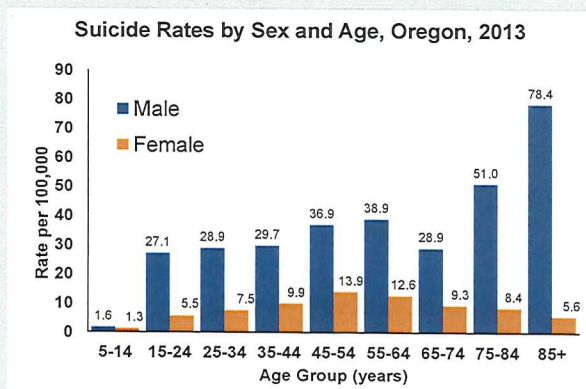


Basic Facts

- Suicide is preventable.
- On average, 2 Oregonians die every day by suicide.
- Suicide is the 2nd leading cause of death among people 5–34 years of age and the 9th leading cause of death overall in Oregon.
- Rates of suicide in Oregon have been higher than the US for the past 30 years. Oregon ranks in the top 10 among states for suicide incidence.
- The highest rates of suicide in Oregon occurs among white males and veterans; one in five suicides occurs among veterans.
- Approximately 70 percent of persons who died by suicide in 2013 had a diagnosed mental disorder, alcohol and /or substance use problems, or depressed mood at the time of death.
- 1 in 6 teenagers (8th graders) have had serious thoughts of suicide in the last year.

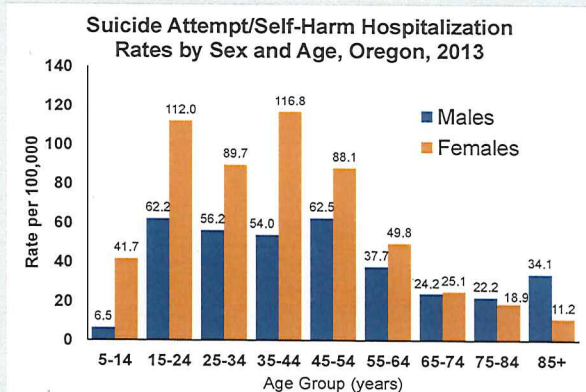
Suicide deaths in 2013:

- The rate of suicide was 17.7 per 100,000 in 2013.
- 4 in 5 suicides (76%) occurred among males.
- The rate of suicide among males was 27.6 per 100,000 while females had a rate of 8.1 per 100,000.
- The highest suicide rates occurred among males aged 85 years and older, while among females the highest rate occurred among 45–54 year olds.
- 56% of all suicides involved a firearm.



Suicide attempt hospitalizations in 2013:

- The age-adjusted rate of hospitalization for suicide attempts for suicide attempts was 54.6 per 100,000 Oregonians (2,146 hospitalizations).
- Overall females accounted for 63% of suicide attempt hospitalizations. Females had a rate of 68.0 per 100,000 and males had a rate of 40.9 per 100,000.



Where can you get help?

National Suicide Prevention Lifeline (call 24/7): 1-800-273-TALK

For more information: Oregon Youth Suicide Prevention Program: <http://1.usa.gov/1w147s5>. Program contact: Donna Noonan, donna.noonan@state.or.us

Suicide Prevention Resource Center (SPRC): www.sprc.org

- The highest suicide attempt hospitalization rates occur among females 35–44 and 15–24 years of age.
- 90% of suicide attempt hospitalizations involved poisoning (overdose); 2.2% involved firearms.

Data sources: Oregon Center for Health Statistics, Oregon Violent Death Reporting System, Oregon Hospital Discharge Index, Oregon Healthy Teen Survey, Oregon Behavioral Risk Factor Survey, National Household Survey of Drug Use

Suicide in Oregon: Adolescents and Young Adults

PUBLIC HEALTH DIVISION
Injury and Violence Prevention Program

Basic Facts

- Suicide was the second leading cause of death among persons 10-24 years of age in Oregon in 2013.
- Oregon suicide rates among persons 10-24 years of age have increased since 2010. This trend is not observed with the same age group in the US overall.
- The majority of suicides between 2003 and 2012 occurred among males (82%), Whites (92%), and persons 20-24 years of age (65%) (Table 1).
- Between 2003-2012, males in Oregon 10-24 years of age were 4.3 times more likely to die by suicide than females of the same age group.
- In Oregon, the suicide rate is lower among persons 10-14 years of age (1.2 per 100,000) compared to persons 20-24 years of age (16.8 per 100,000).
- The suicide rate among Oregon veterans 18-24 years of age was 85.9 per 100,000 in 2013— almost six times higher than the state average rate for the same age group of non-veterans.
- Firearms were involved in most deaths (52%) deaths, followed by hanging (34%).

Figure 1. Age-specific Suicide Rates among Adolescents and Young Adults, 10-24 years of age, Oregon and US, 1999-2013

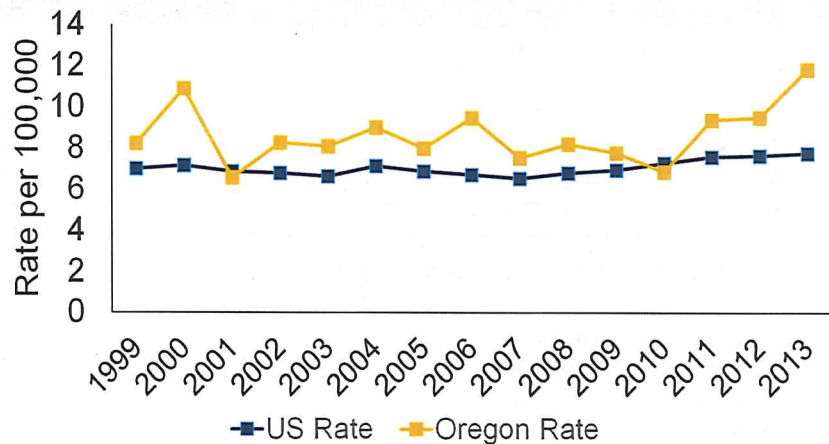


Table 1. Characteristics of suicides among adolescents and young adults 10-24 years of age, Oregon, 2003-2012.

		Deaths	Percent of total	Rate per 100,000
Age (Years)	10-14	29	4%	1.2
	15-19	201	31%	7.8
	20-24	421	65%	16.8
Sex	Male	532	82%	13.9
	Female	119	18%	3.2
Race/ Ethnicity	White	600	92%	9.0
	African American	14	2%	5.8
	Am. Indian/Native Alaskan	13	2%	6.3
	Asian/Pacific Islander	20	3%	5.2
	Hispanic	70	11%	6.0
Veteran (18-24 years of age)		32	5%	85.9
Mechanism of death	Firearm	336	52%	4.5
	Hanging/Suffocation	221	34%	2.9
	Poisoning	48	7%	0.6
	Other	46	7%	0.6

Data sources for Figure 1, Tables 1 & 2: Oregon Violent Death Reporting System; CDC WIIQARS. National Center for Health Statistics population estimates.



Suicide in Oregon: Adolescents and Young Adults

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Table 2. Common circumstances surrounding suicide incidents by sex, ages 10-24 years, Oregon, 2003-2012.

Circumstance	Males (N=532)		Females (N=119)		All (N=651)	
	Count	%	Count	%	Count	%
Mentioned mental health problems *	348	65	88	74	436	67
Diagnosed mental disorder	171	32	66	55	237	36
Problem with alcohol	83	16	14	12	97	15
Problem with other substance	83	16	24	20	107	16
Current depressed mood	210	39	54	45	264	41
Current treatment for mental health problem **	127	24	55	46	182	28
Broken up with boy/girlfriend, Intimate partner problem	185	35	47	39	232	36
Suicide of family member or friend within past five years	14	3	3	3	17	3
Family stressor(s)***	66	32	27	49	93	36
History of abuse as a child	2	1	8	15	10	4
A crisis in the past two weeks	207	39	45	38	252	39
Recent criminal legal problem	79	15	3	3	82	13
School problem	44	8	11	9	55	8
Disclosed intent to die by suicide	199	37	44	37	243	37
Left a suicide note	157	30	46	39	203	31
History of suicide attempt	95	18	48	40	143	22

*Includes diagnosed mental disorder, problem with alcohol and or other substance, and or depressed mood. **Includes treatment for problems with alcohol and or other substance. *** Data are not collected before 2009. Data source: Oregon Violent Death reporting System.

Suicide Attempt Hospitalizations

- Suicide attempt hospitalization rates were highest among persons 15-24 years old (86 per 100,000) in 2013.

Suicidal Ideation*

- Approximately 17% of 8th graders and 11th graders in Oregon reported seriously considering suicide in the past 12 months (2013).
- Nearly 10% of 8th graders and 8% of 11th graders reported having attempted suicide one or more times in the previous 12 months in 2013. Female students were more likely to report seriously considering suicide and having attempted suicide than male students.

Resources

Suicide intervention skills training programs:

- QPR (Question, Persuade, Refer): www.qprinstitute.com/
- ASIST (Applied Suicide Intervention Skills Training): www.livingworks.net/programs/asist/
- SafeTALK (Safe Tell, Ask, Listen, and KeepSafe): www.vsp.org/training/safetalk.htm

- Kognito: www.kognito.com
- Mental Health First Aid: mentalhealthfirstaid.org

Training for Clinicians: Assessing & Managing Suicide Risk Comprehensive school-based suicide prevention program:

www.columbiacare.org/Page.asp?NavID=99

Crisis lines:

- National Suicide Prevention Lifeline: 1-800-273-8255
- Oregon County Crisis Lines: public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/cntymap.aspx

Other:

- Suicide Prevention Resource Center: www.sprc.org/

Oregon Youth Suicide Prevention Coordinator:

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Youth Suicide Intervention and Prevention Coordinator

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