Suicide/Self-Inflicted Injuries in Alberta
**Every day in Alberta...**
- More than 1 person will die as a result of a suicide.
- There will be 5 attempted suicide/self-inflicted injury hospital admissions.
- There will be 14 attempted suicide/self-inflicted injury emergency department visits.

**Did You Know in Alberta in 2010...**
- Suicides were the leading cause of injury death with 513 deaths, accounting for 29 per cent of all injury deaths?
- There were 1,833 attempted suicide/self-inflicted injury-related hospital admissions?
- There were 5,053 attempted suicide/self-inflicted injury-related emergency department visits?
- Males accounted for 75 per cent of the suicide deaths? However, females accounted for 58 per cent of the hospital admissions and 61 per cent of the emergency department visits for attempted suicide/self-inflicted injuries.

**Injury Deaths (2001-2010)**
- Suicides were the leading cause of injury deaths, accounting for 28 per cent.
- Suicides are the leading cause of injury death for those 30 to 69 years of age.
- Hanging was the leading method of suicide death for males with 40 per cent. This was followed by 23 per cent by firearms.
- Poisoning by drugs was the leading method of suicide death for female with 46 per cent. Suicide by hanging was the second most common method with 33 per cent.
Other Facts….

- The World Health Organization reported that every year almost 1 million people died by suicide, or one death every 40 seconds.¹
- In the last 45 years suicide rates have increased by 60% worldwide.¹
- Suicide is the single greatest cause of injury-related deaths for Aboriginal people. The suicide rate of First Nations youth is five to seven times higher than the national average and 11 times higher for Inuit youth.²
- Each suicide has a serious impact on at least six people.³


Suicide Deaths by Age Group and Sex (2001-2010)
- Males consistently had higher suicide death rates than females.
- Older males, those greater than 95 years of age, had the highest rate however, they had few deaths. The next highest rates of suicide deaths occurred among males 30 to 69 years of age.
- Males accounted for 76 per cent of the suicide deaths.

Attempted Suicide/Self-Inflicted Hospital Admissions and Emergency Department Visit Rates by Age Group and Sex, (2001-2010)
- Females 15 to 19 years of age had the highest rate of hospital admissions and emergency department visits for attempted suicide/self-inflicted injuries. Females in this age group had a rate more than double that of males in the same age group.
- Poisoning with a solid/liquid was the leading method of self-inflicted injury hospital admissions or both male (74%) and females (87%).

*Includes medication, drugs, alcohol, pesticides, and other chemicals and noxious substances.
Prevent Suicide

Many people who are thinking about suicide are afraid to tell others directly. You can watch for clues:

- They talk about wanting to die.
- They lose interest in doing things they used to enjoy.
- They avoid being with people they used to like.
- They have more trouble at home, work, or school than usual.
- They are misusing or abusing drugs or alcohol.

Ask about suicide. You could say, “you seem really down lately. I’m concerned. Have you been thinking about death or suicide?”

Listen and stay calm. Listening to reasons for dying can be helpful to find reasons for living. Don’t promise to keep secrets about suicide. Tell them that you will get help if their life is in danger.

If their answers tell you they have prepared a plan and that they could die by suicide very soon, call 9-1-1.

If they don’t have an immediate plan, work with them to plan a way to keep safe. Call a local crisis line or counseling centre. Look in the front of your telephone book under “Emergency Numbers”. Call 211 in Edmonton and Calgary. On the internet, go to http://www.suicideprevention.ca and click on “In Crisis Now?” That will get you to a list of crisis centres serving Alberta.

The Alberta Centre for Injury Control & Research (ACICR) is dedicated to reducing the mortality, morbidity, and overall burden of injury in Alberta. The ACICR provides leadership, initiative, influence, coordination and support for injury-related policies, programming, education, research and surveillance. Stakeholder collaboration, capacity building, and evidence-based practice are core values guiding the ACICR’s work.

The ACICR is a provincial centre within the School of Public Health at the University of Alberta and receives its core funding from Alberta Health and Wellness.

To obtain copies of the full report or obtain more information about the ACICR please contact:

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