



SUICIDES IN RHODE ISLAND (2007-2016)

10 Years of Rhode Island Violent Death Reporting System (RIVDRS) Data

OVERALL NUMBERS



Average number of suicides per year 2007-2016

- 11 suicides per 100,000 population 2007-2016



SUBSTANCE ABUSE

- **22%** had a known alcohol dependence or alcohol problem (about one in five)
- **18%** had a non-alcohol related substance abuse problem

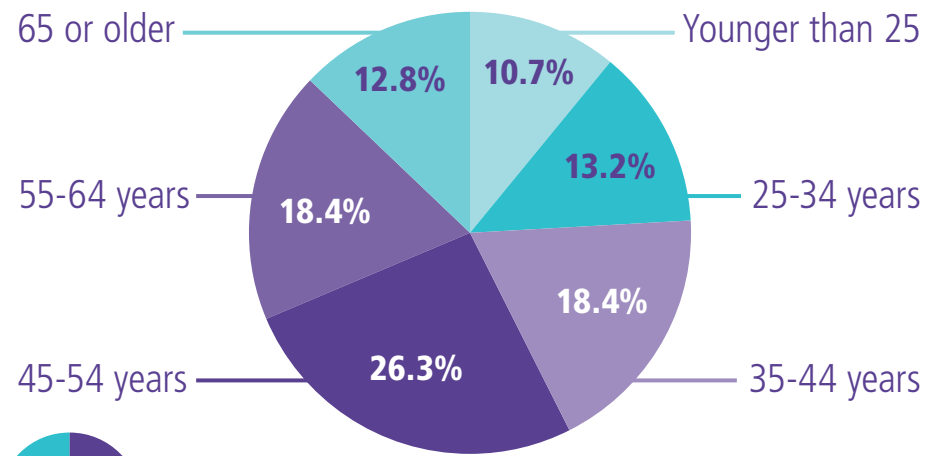
MENTAL HEALTH



More than half of victims had a known mental health problem

AGE

Suicides in Rhode Island by age category



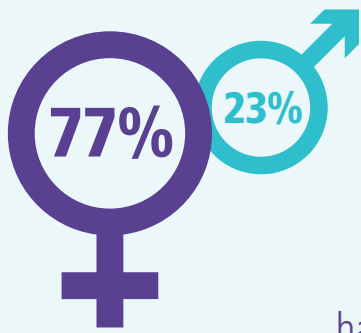
63% of all suicide victims were between the ages of 35-64

MILITARY SERVICE



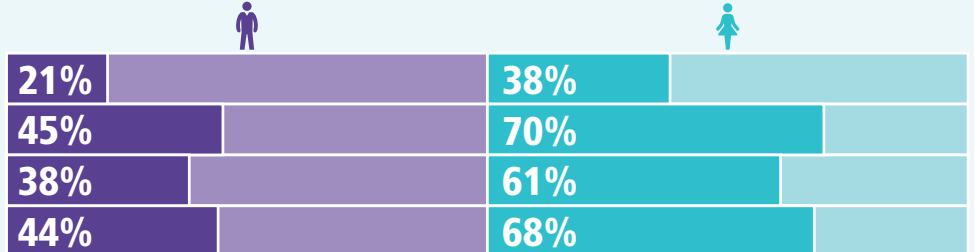
15% had ever served in the US Armed Forces

DIFFERENCES BETWEEN THE SEXES



Males are more likely to die by suicide than females
Males are less likely to use mental health services in response to a mental health issue

- Males are less likely to:
- have a history of previous suicide attempts
 - have a known current mental health problem
 - be receiving mental health treatment at time of death
 - have any known mental health diagnosis



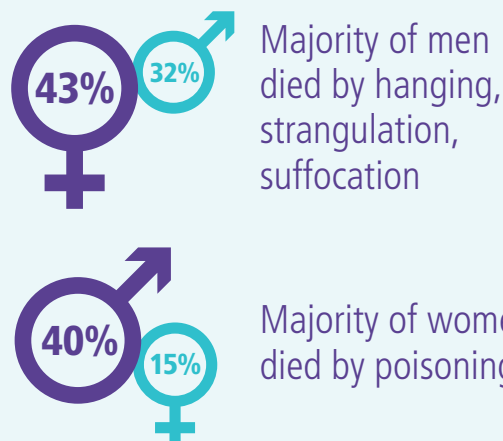
OTHER CIRCUMSTANCES SURROUNDING DEATH

Circumstances appearing to have contributed to the death

- 29%** had a problem with a current or former intimate partner
- 18%** had physical health problems
- 15%** had job problems
- 13%** had financial problems

METHOD OF INJURY

- 1 Hanging, strangulation, suffocation (**40%**)
- 2 Firearm (**24%**)
- 3 Poisoning (**21%**)



Substances contributing to the cause of death among suicide victims who died by poisoning:
39% antidepressants
35% opiates
29% benzodiazepines



*substance categories not mutually exclusive

National Suicide Prevention Hotline **800-273-TALK**

Source: Rhode Island Violent Death Reporting System (RIVDRS), Rhode Island Department of Health (RIDOH), Center for Health Data & Analysis. 2010 Census population used for rate calculations. This report was supported by Cooperative Agreement Number CE14-1402 from the Centers for Disease Control and Prevention. The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control