



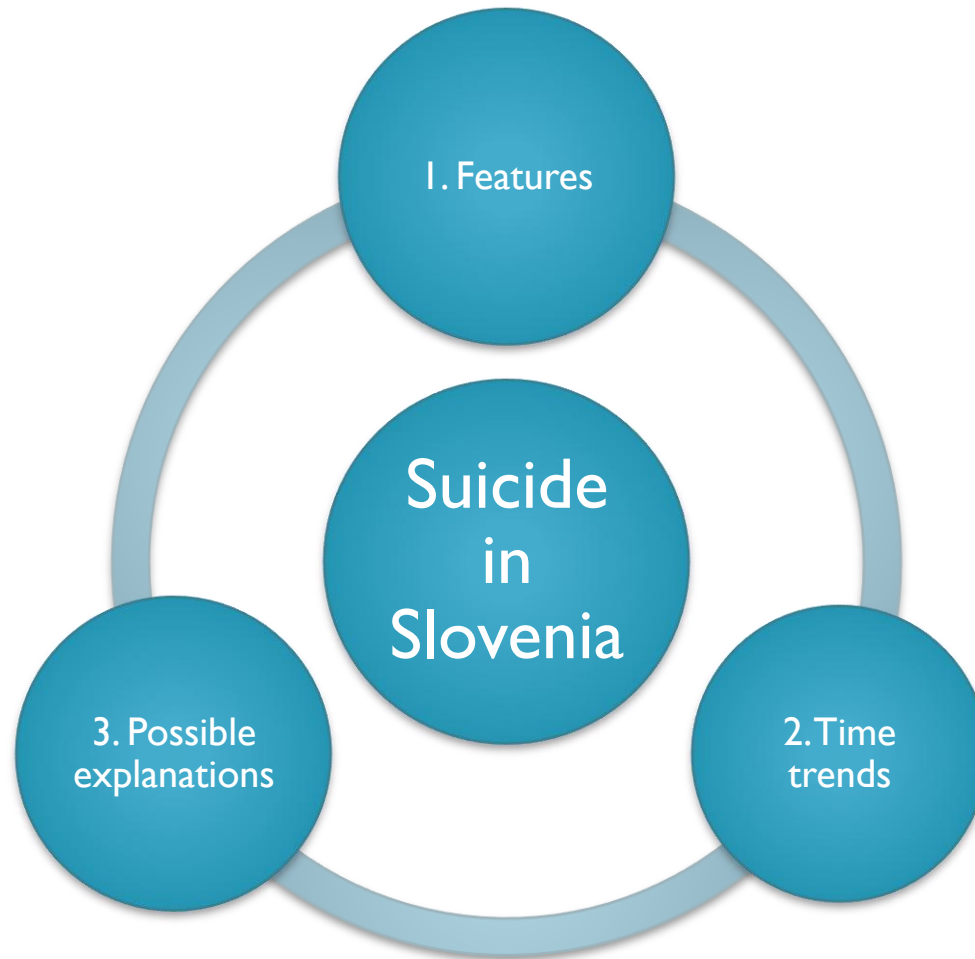
Triple S – Slovenian Suicide Scrutinized

Saška Rožkar

National Institute of Public
health, Ljubljana

Koper, 5.5.2011, Triple I

Itinerary



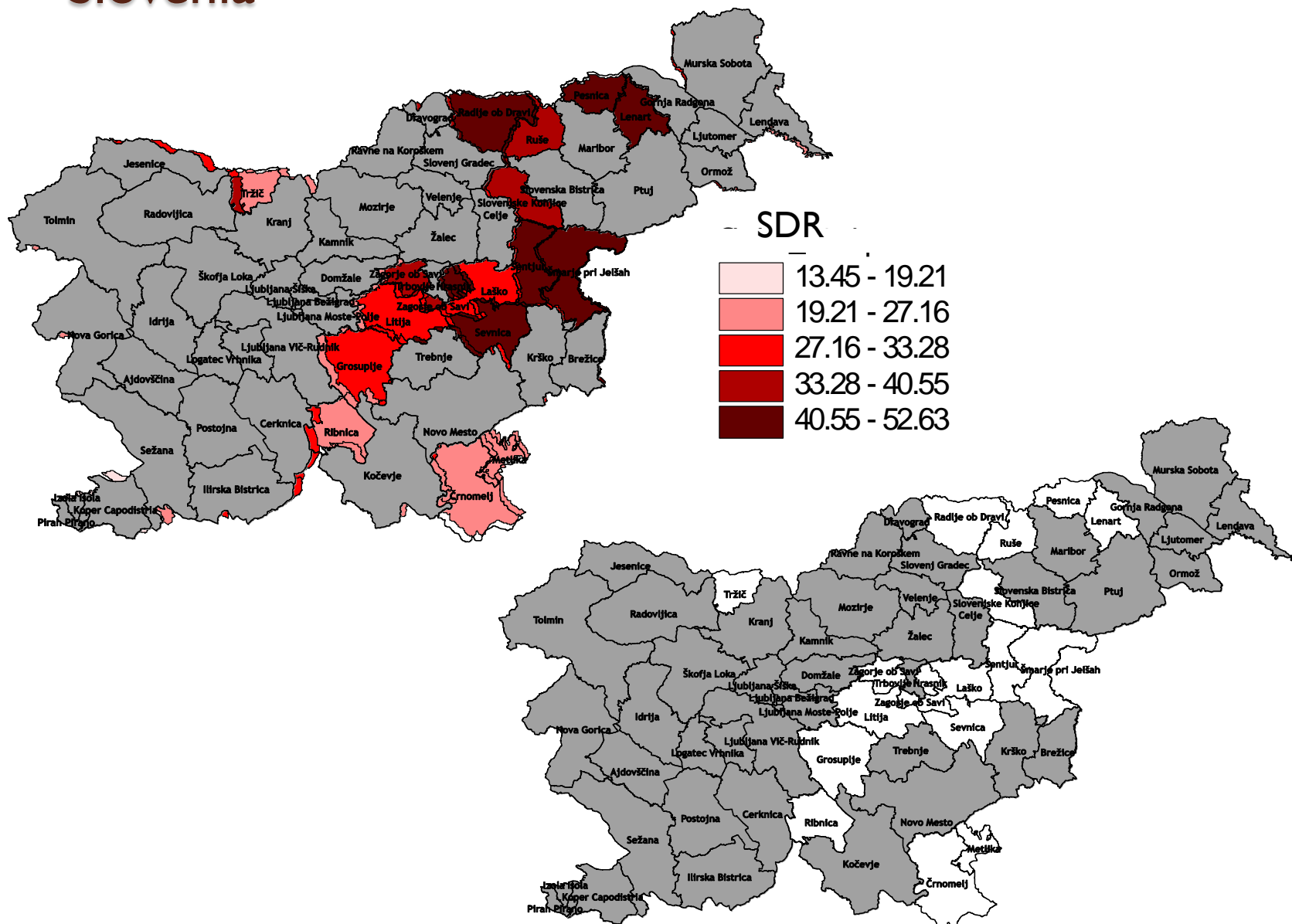
Slovenia: Average suicide rate (98-2009) and average age of suicide victims

| Average | all | male | female | m/f ratio |
|----------------------------|---------------------|---------------------|---------------------|-----------|
| Suicide rate (per 100 000) | 26,63 | 43,00 | 11,66 | 3,96 |
| Age* | 51,83 (SD 17,50) | 50,67 (SD 17,21) | 55,80 (SD 17,95) | / |

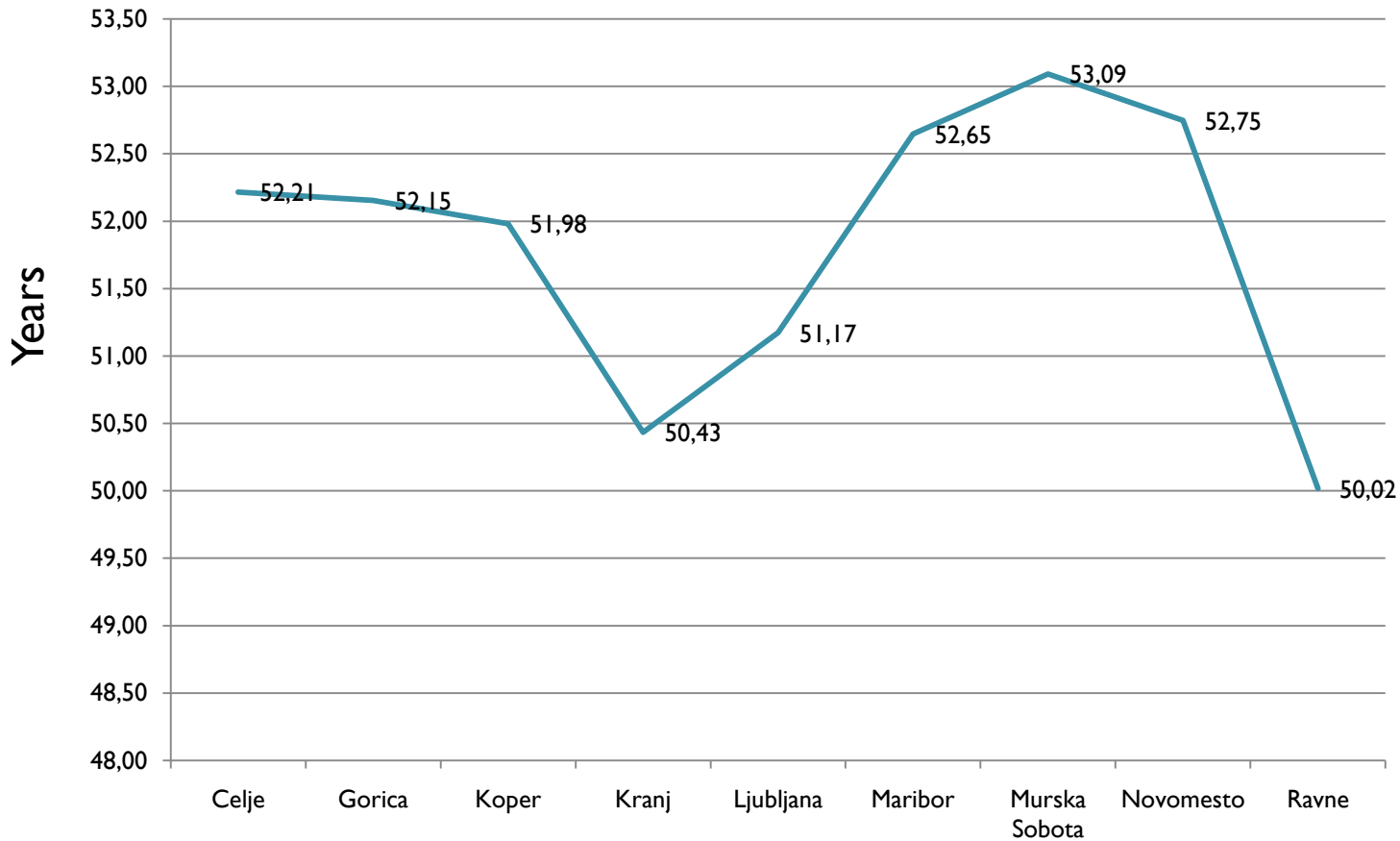
Big differences among different parts of Slovenia

*p = 0,047

Regional differences in distribution of suicides in Slovenia

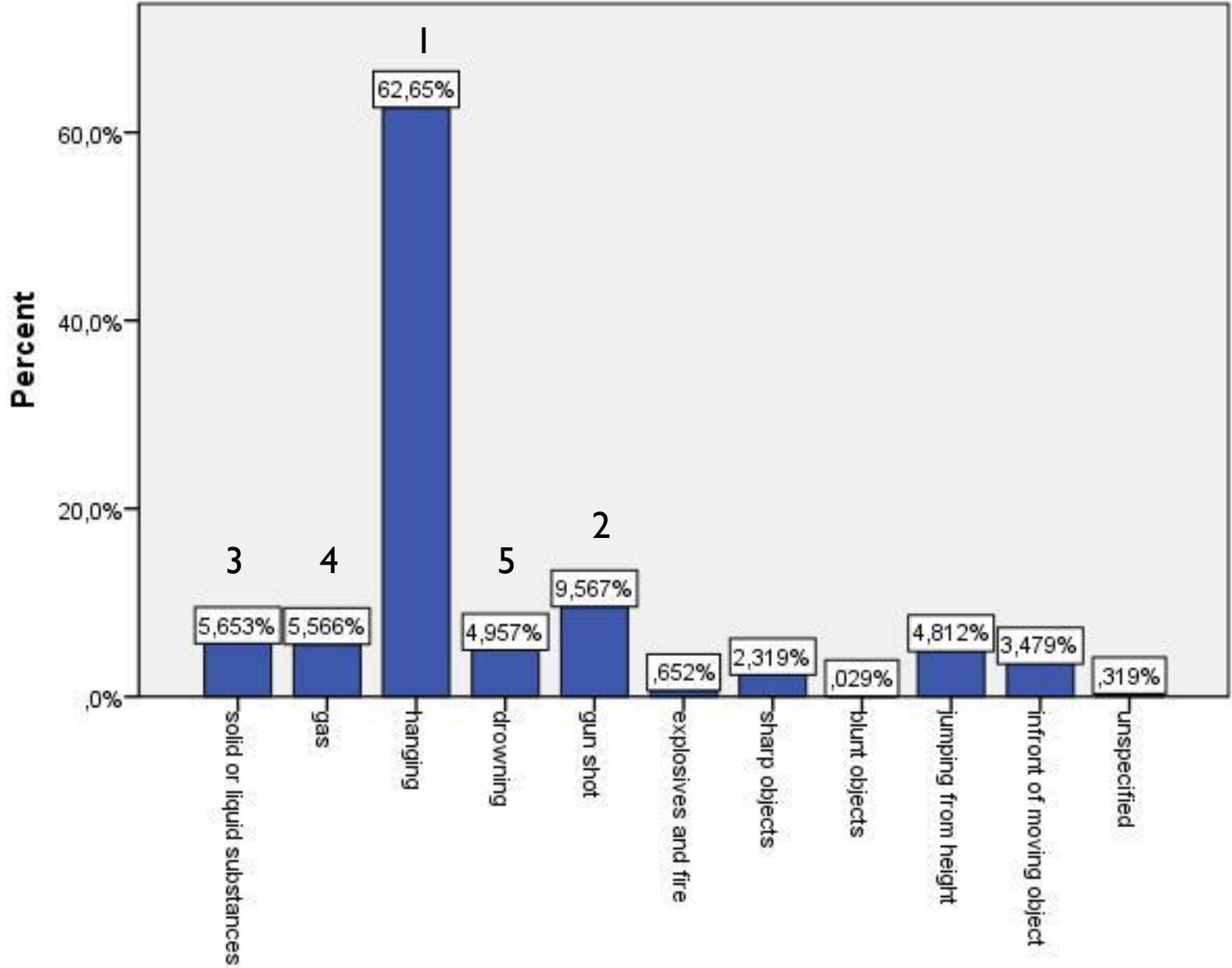


Regional differences in age



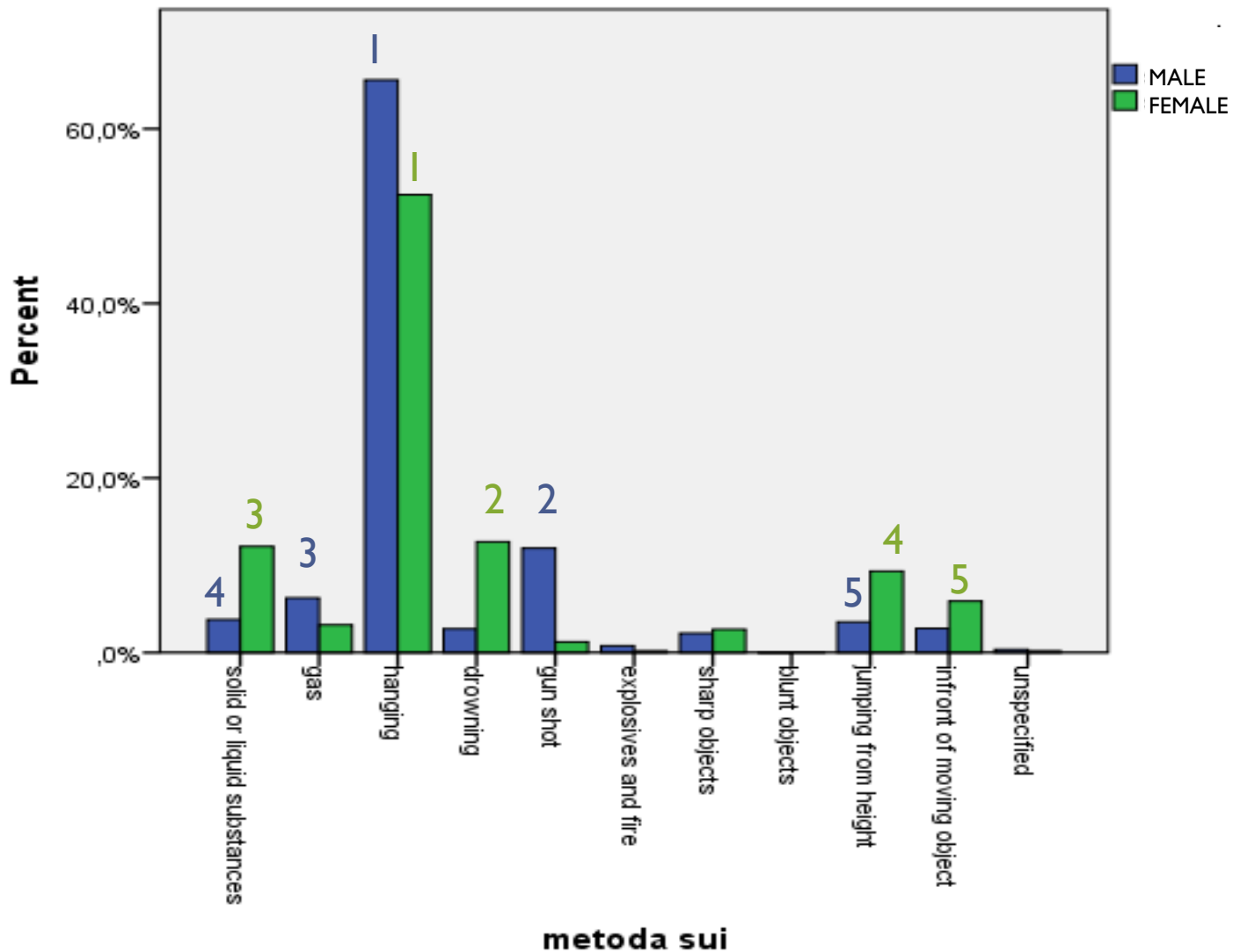
$p = 0,023$

Suicide methods – all



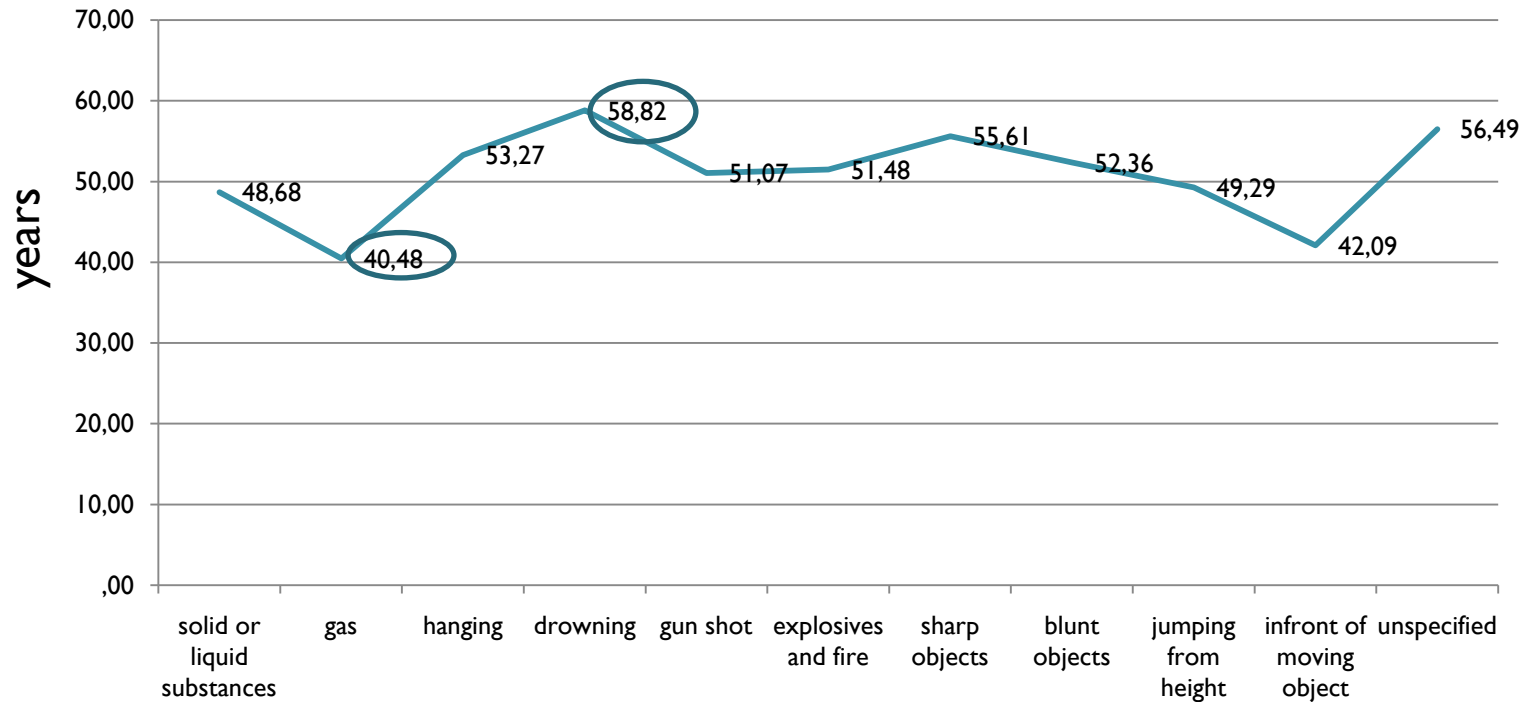
Suicide methods – male / female

I. Features of suicides in Slovenia



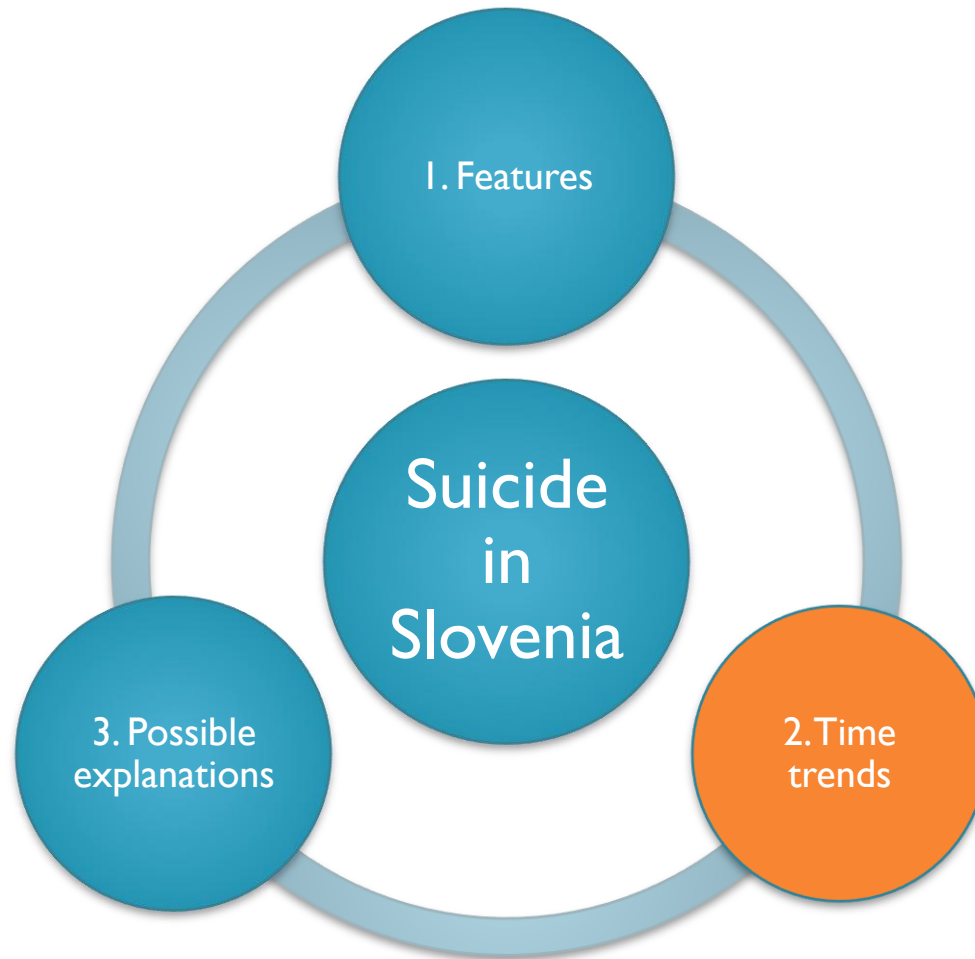
$\chi^2 = 713,54; p < 0,000$

Suicide methods and age



$\chi^2 = 353,55$ $p < 0,000$

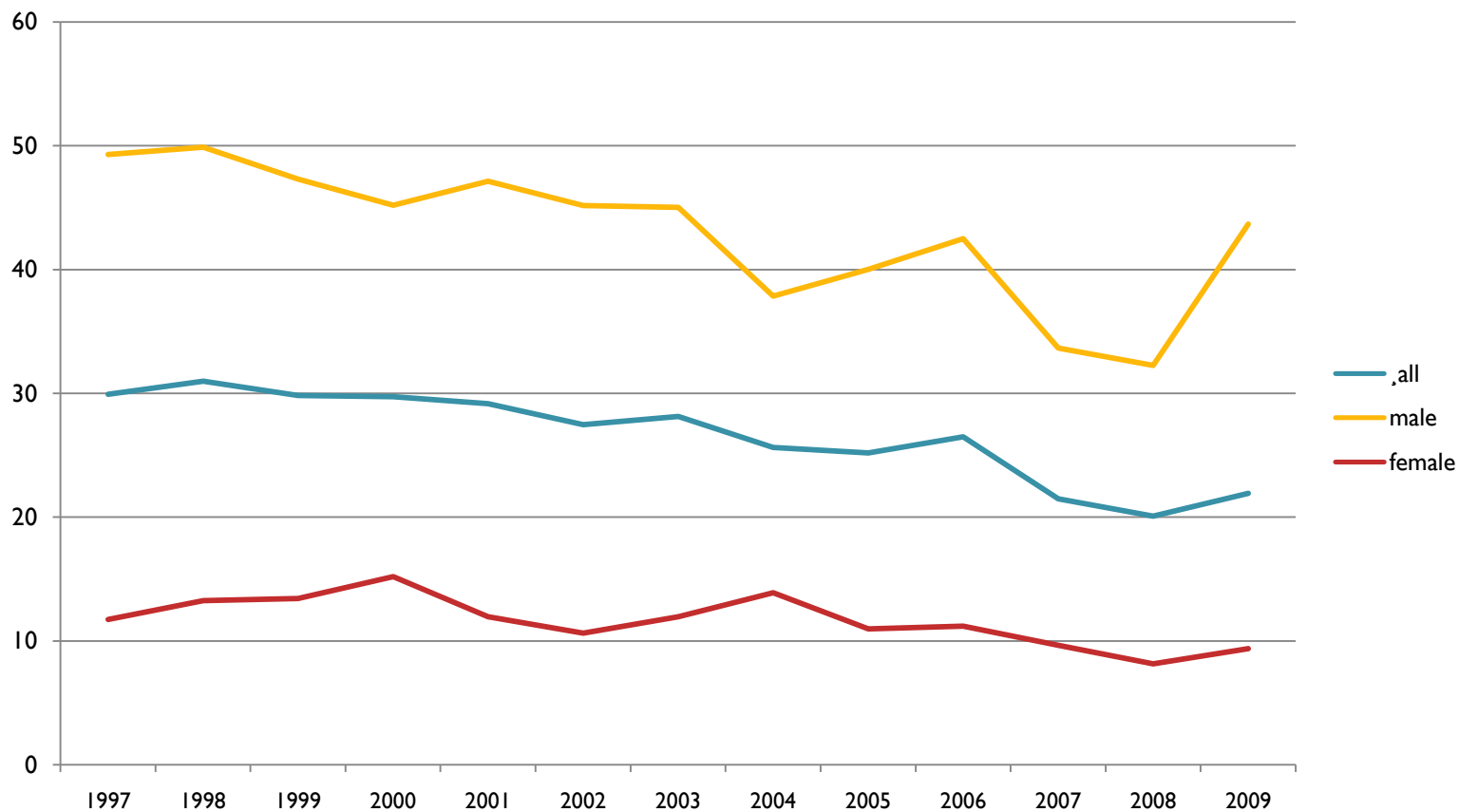
Itinerary



Average suicide rate in Slovenia: 1985 – 1994 vs 1997 – 2009

| Average suicide rate | all | male | female | m/f ratio |
|----------------------|-------|-------|--------|-----------|
| 1997 - 2009 | 26,63 | 43,00 | 11,66 | 3,96 |

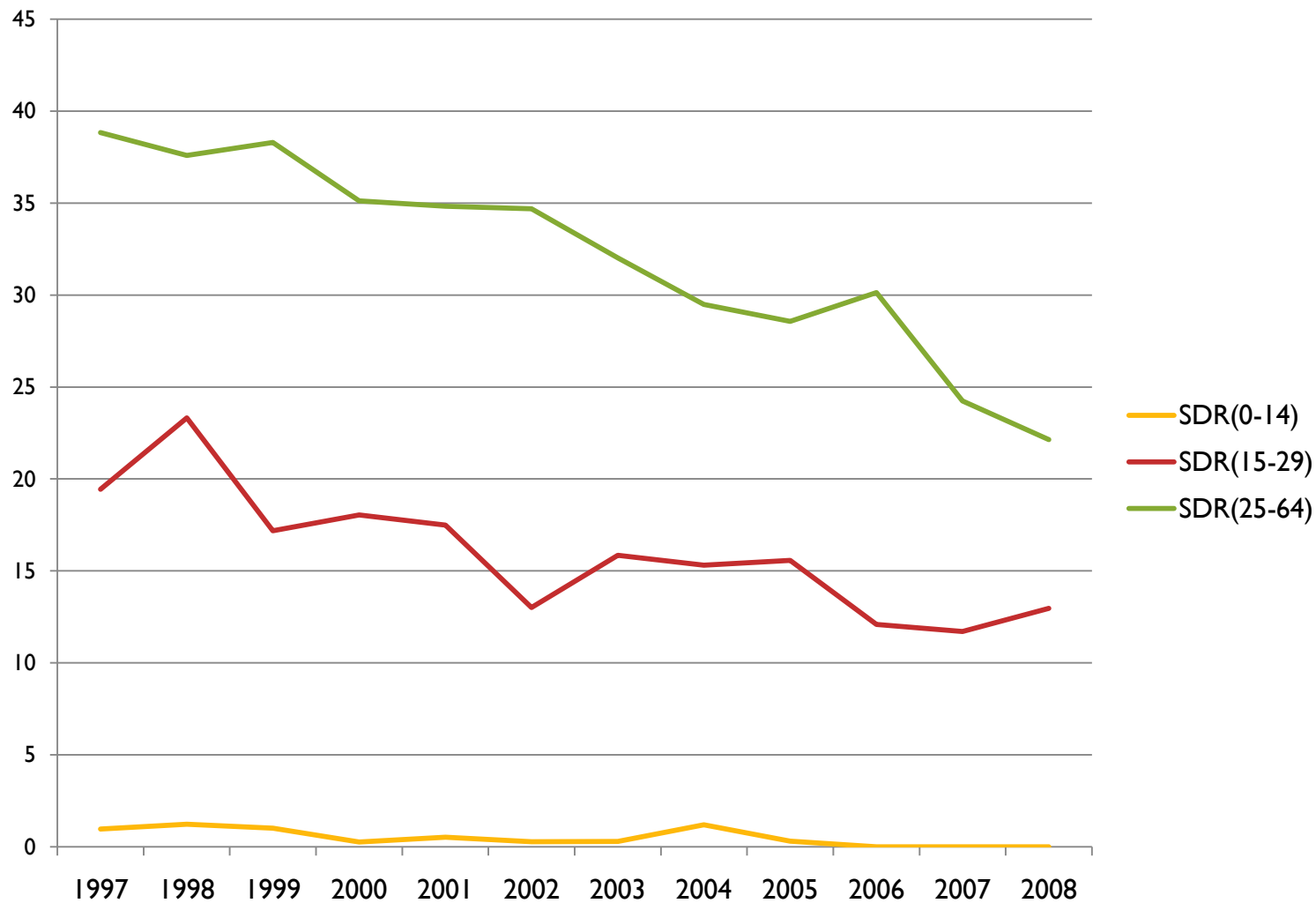
Time trends in suicide rate in Slovenia: 1997 – 2009



2010: 411 suicides, low trend continues

Time trends in suicide rate in Slovenia: 1997 – 2009

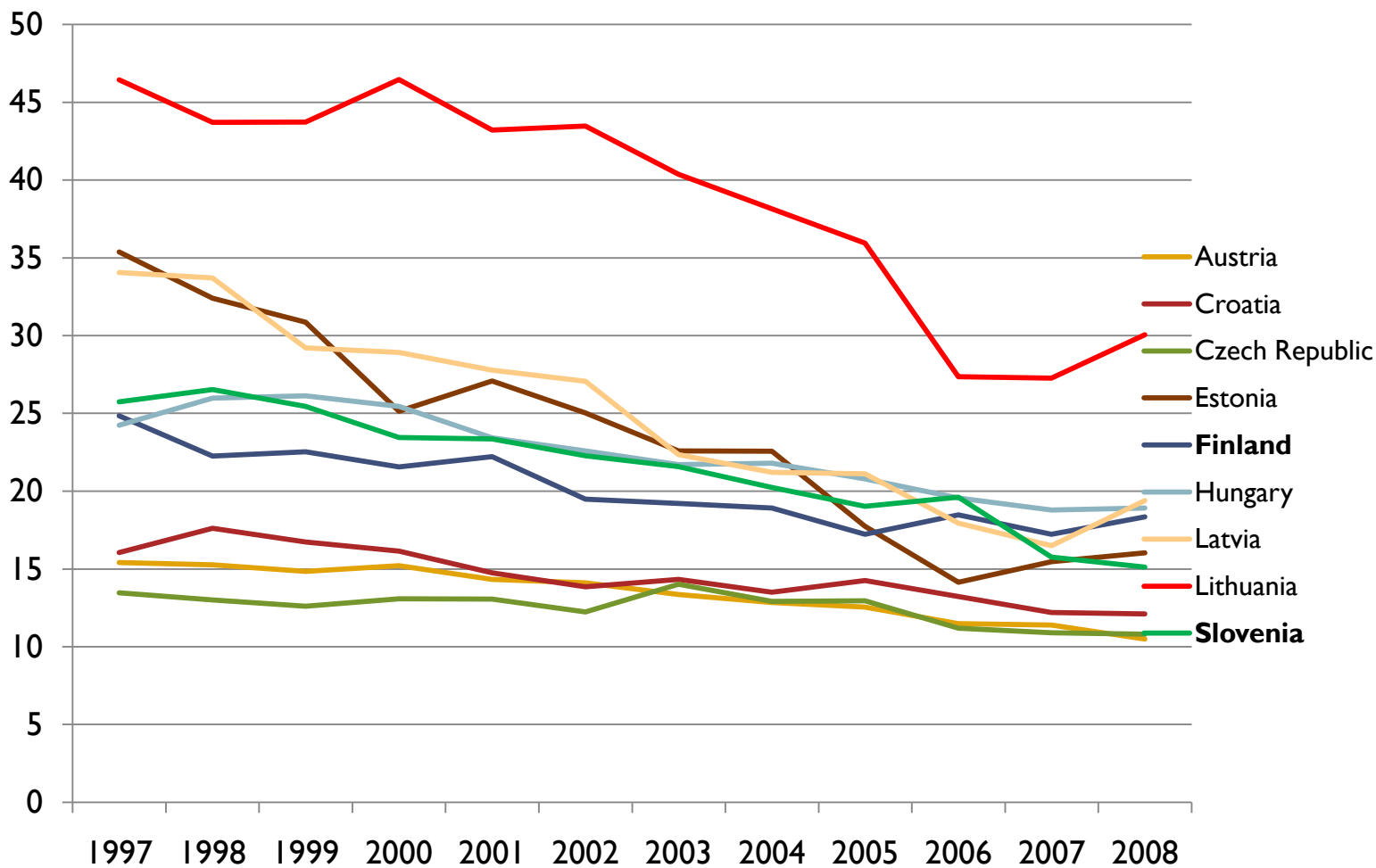
2. Time trends in suicides in Slovenia



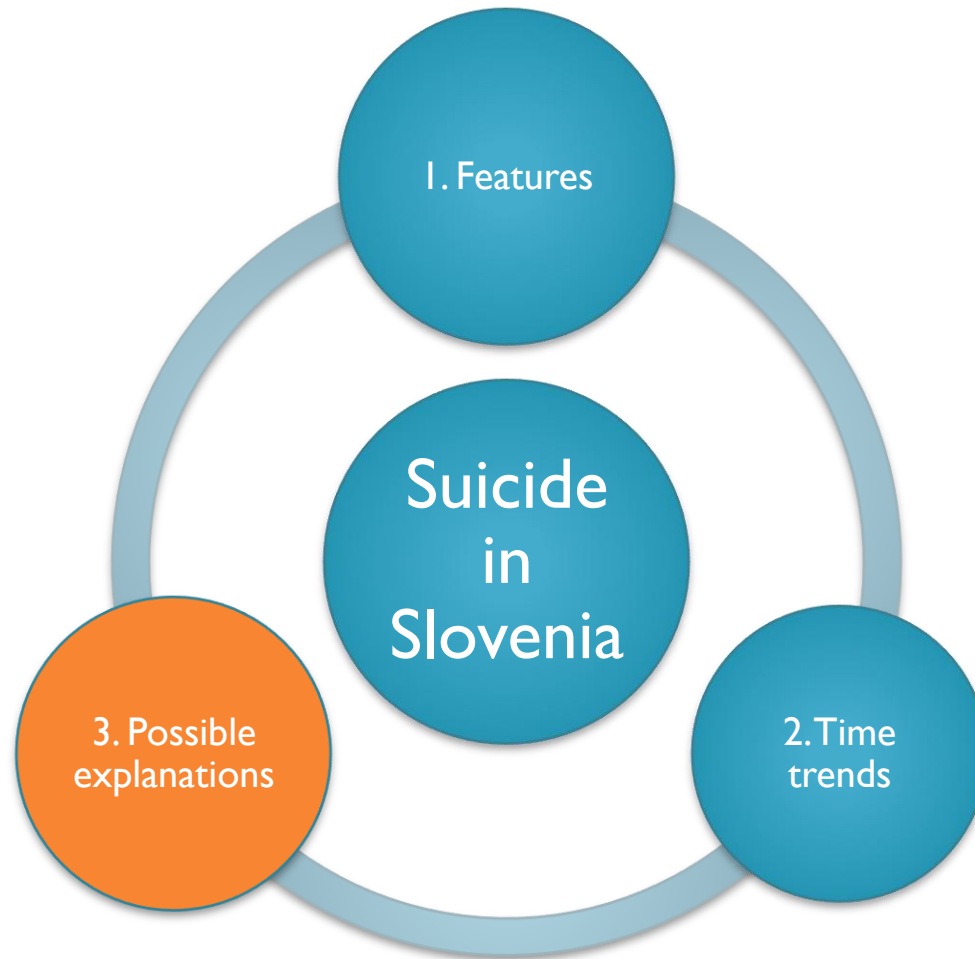
HFA MBD (WHO)

Warhol: "They say that time changes things, but you actually have to change them yourself"

2. Time trends in suicides in Slovenia



Itinerary



Reduction in Suicide Mortality Following a New National Alcohol Policy in Slovenia: An Interrupted Time-Series Analysis

William Alex Pridemore, PhD, and Aleksandra J. Snowden, MA

In the late 1990s, Slovenia's level of alcohol consumption was among the highest in Europe, at over 14 L of ethanol per adult per annum.¹ During the same period, the standardized death rate from suicide—approximately 30 per 100 000 residents—was higher than in any western European nation.² Recognizing the high levels of alcohol consumption and related harm, Slovenian public health experts and others lobbied for a new national policy.³ After considerable effort in the face of opposition, the Slovenian National Assembly passed new legislation⁴ in January 2003 that aimed to reduce alcohol-related harm by restricting alcohol's availability. Although implementation of such policies provides scholars with unique scientific opportunities, the empirical literature contains few studies of the effects of these natural experiments on violence.

Research on alcohol and suicide at the

Objectives. We assessed the impact on suicide mortality of a new national policy in Slovenia that limits the availability of alcohol.

Methods. We obtained monthly total, male, and female suicide counts in Slovenia between January 1997 and December 2005 and then employed autoregressive integrated moving average (ARIMA) techniques to model the effect of the alcohol policy (implemented in March 2003).

Results. There was a significant decrease in the total number of monthly suicides following the policy's implementation. Subsequent analyses revealed this association to be caused solely by the impact on male suicides. Specifically, there was an immediate and permanent reduction of 3.6 male suicides per month (95% confidence interval = -0.4, -6.9), or approximately 10% of the preintervention average. The policy had no statistically significant effect on female suicides.

Conclusions. Our results show the effectiveness of this specific policy in reducing male suicides in Slovenia and also hint at the potential of public policy in reducing the public health burden of alcohol-related harm more generally. (*Am J Public Health*. 2009;99:915-920. doi:10.2105/AJPH.2008.146183)

Although still few in number, population-level studies of alcohol and suicide in eastern Europe are growing, probably because of the

between alcohol and suicide: it is stronger (1) for spirits than for beer and wine and (2) in countries in which the drinking pattern is

Pridemore & Snowden :

J. Lonnqvist:

DISCUSSION

Our findings are clear. After we controlled for other factors, we found that the implementation of the 2003 alcohol policy was followed by an immediate and permanent reduction in male suicide mortality in Slovenia. Alcohol abuse plays an important role in the public health burden in Slovenia and in many other nations.^{29,36-39} Alcohol has a direct effect as a risk factor for many types of morbidity and

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Alcohol policy only



What could have contributed to the decrease of suicide in Slovenia?

Core elements of suicide prevention (in Slovenia) from 2000 onwards



Core elements of suicide prevention (in Slovenia) from 2000 onwards

Working
together with
professionals
and
gatekeepers

- establishing of Slovenian Association for Suicide Prevention (SASP) in 2001
 - networking platform for professionals
 - seminars
- better collaboration between the public health and the clinical sector
- 2003 joining the EAAD (European Alliance Against Depression)
 - public awareness campaigns
 - workshop for GP's on depression recognition and treatment
 - self help groups
- 2003 to 2005 "Slovenian Gotald study" (CMJ, 2010)
 - workshops with GP's in 2 most affected regions (recognition and treatment of depression)
 - increase in AD prescription
 - tendency of decrease in Suicide in intervention regions
- 2008, start of SOS campaigns: working together with different groups of professionals

Core elements of suicide prevention (in Slovenia) from 2000 onwards

Working
together with
professionals
and
gatekeepers

SOS campaigns: **S**pregovorimo **O** Samomoru med....

(Let's talk about suicide among...)

- youth
- elderly
- media

LET'S TALK ABOUT SUICIDE AMONG YOUTH (2008 -2009)

Aims of the programme:

To increase awareness and knowledge of school counsellors on suicidal behaviour among youth and to increase their competence in dealing with suicidal students.

Method:

Workshops for all school counsellors in Slovenia



Core elements of suicide prevention (in Slovenia) from 2000 onwards

Working
together with
professionals
and
gatekeepers

LET'S TALK ABOUT SUICIDE AMONG ELDERLY (2010 -2012)

Aims of the programme:

To increase competence of GP's in recognizing and treatment of depression and suicidal behaviour among elderly patients.

Method:

Workshop for all GP's in the region Ljubljana
(pilot phase)

Plans (2011):

- Dissemination to GP's of other regions in Slovenia
- Workshops for employers and users of
Centres of daily activities for elderly people



Core elements of suicide prevention (in Slovenia) from 2000 onwards

Enhancing
prevention
activities in
local
communities

- Different activities in affected regions
 - lectures for broader public
 - TV and radio shows
 - establishing of self help groups (DAM...)
 - greater role of NGO's
 - destigmatization activities
- Region Celje:
 - E for enthusiasm
 - regional group for suicide prevention
 - counseling office for users from the region (self financing!)
 - one of the most affected regions and at the same time region with biggest decrease in suicide in the last 10 years

Core elements of suicide prevention (in Slovenia) from 2000 onwards

Working with
the media
(responsible
reporting)

LET'S TALK ABOUT SUICIDE AND THE MEDIA (2009 -2013)

Aims of the programme:

To increase awareness of journalists/editors and other media representatives about responsible reporting about suicide and suicidal behaviour in media.

Method:

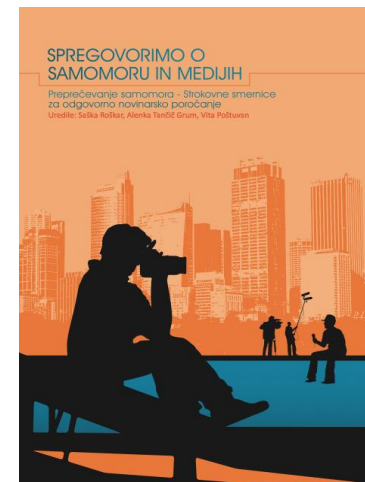
- Translation of IASP/WHO media guidelines
- Focus group with journalists, feedback on the guidelines
- Upgrading the media guidelines with comments from

Journalists

- Workshops for journalists/editors in Slovenia
- “media watch”

First encouraging results:

- Reporting on suicide included in the journalists ethical kodeks



Network of 1 NIPH and 9 regional public health centres – good dissemination enabeled



Core elements of suicide prevention (in Slovenia) from 2000 onwards

NATIONAL PROGRAMME FOR MENTAL HEALTH

Restriction of access to lethal means

GOAL 1

- Mental health promotion

GOAL 2

- Prevention of mental disorders and early detection of persons with MH problems

GOAL 3

- Combating stigma in MH disorders and social exclusion

GOAL 4

- Network of MH facilities in the public sector

GOAL 5

- Suicide prevention (primary prevention, secondary prevention, tertiary prevention, **restriction of access to lethal means**, systematic gathering of suicide data)

GOAL 6

- Research and evaluation

3. Possible explanations

Core elements of suicide prevention (in Slovenia) from 2000 onwards





Thank you for your attention

Comments, questions...