



OLR RESEARCH REPORT

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SUICIDE RATES

By: James Orlando, Associate Analyst

You asked for statistical data and research on suicide rates from the states that have passed assisted suicide legislation, before and after the legislation passed.

SUMMARY

Three states (Oregon, Vermont, and Washington) currently have statutes providing a procedure for a terminally ill patient to request medication to end his or her life. These laws are sometimes referred to as “death with dignity” or “physician-assisted suicide” laws. Oregon’s law took effect in 1997, Washington’s in 2009, and Vermont’s in 2013. In each of these states, the law specifies that actions taken in accordance with it do not constitute suicide, assisted suicide, mercy killing, or homicide under the law. Montana does not have such a statute, but the state’s Supreme Court ruled in 2009 that doctors have a defense to prosecution for assisting a suicide with the person’s consent (*Baxter v. Montana*, 354 Mont. 234 (2009)).

We researched the suicide rates since 1990 for Oregon, Vermont, Washington, and the nation as a whole. Oregon and Washington have each had suicide rates that are higher than the national average since 1990. Vermont’s suicide rate has been higher than the national average in most years during that period, except for a few years in the mid to late 1990s. Below, we present this data, as well as information on suicide rates by age group and gender in these three states. We also present data on Oregon’s and Washington’s Death with Dignity Acts.

SUICIDE RATES

Table 1 below shows suicide rates in Oregon, Vermont, Washington, and the U.S. as a whole since 1990. (We include Vermont even though it is too soon to compare suicide rates before and after its law took effect.) The rates are age-adjusted, with 2000 used as the standard year. According to the [Centers for Disease Control and Prevention](#) (CDC), age adjustment enables comparison of injury rates “without concern that differences are because of differences in the age distributions between different populations or for the same population over time.” Please also note that, due to changes in the coding of mortality data in 1999, the CDC [cautions](#) against comparing data from 1998 and earlier with data from 1999 and beyond.

**Table 1: Oregon, Vermont, Washington, and National Suicide Rates by Year
(Deaths per 100,000 people, age adjusted with 2000 as standard year)***

<i>Year</i>	<i>Oregon</i>	<i>Vermont</i>	<i>Washington</i>	<i>U.S.</i>
1990	15.57	14.97	14.21	12.46
1991	15.44	16.15	14.09	12.28
1992	16.32	14.02	13.81	11.98
1993	15.00	15.99	13.48	12.04
1994	16.29	10.11	14.48	11.89
1995	15.44	12.97	14.64	11.79
1996	15.85	11.04	14.17	11.53
1997	15.93	12.06	12.98	11.24
1998	16.03	14.05	12.29	11.12
1999	13.87	10.30	14.16	10.48
2000	14.11	12.31	12.36	10.44
2001	14.34	11.50	11.85	10.71
2002	14.40	14.37	13.39	10.95
2003	16.16	12.99	13.03	10.77
2004	14.99	14.42	13.22	10.97
2005	14.94	12.35	12.7	10.90
2006	15.28	12.25	12.2	10.97
2007	15.31	13.64	12.92	11.27
2008	14.59	14.24	13.05	11.60
2009	16.18	12.77	13.3	11.75
2010	17.11	15.66	13.8	12.08
2011	--		14	--
2012	--		14.6	--

*The most recent statistics we found were from 2010, except we found statistics from 2012 for Washington.

Sources: Washington Data: Washington State Department of Health. Oregon, Vermont, and National Data: CDC, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS), Fatal Injury Reports, available at http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html.

Oregon

According to a 2012 report by Oregon's Public Health Division:

From 1991 to 2009, suicide rates decreased among men except ages 45-64, and among women ages 10-17 and 65 and older; suicide rates remained unchanged among women ages 18-24 and 25-44; suicide rates increased among both men and women ages 45 to 64. For the past decade, suicide rates remain approximately the same among men ages 10-17, 18-24 and 25-44; suicide rates increased 41 percent . . . among men ages 45-64; suicide rates decreased 17 percent among men ages 65 and older. During [the] same period, suicide rates remain approximately the same among women except ages 45 to 64, in which the rates rose more than 50 percent . . . (Oregon Public Health Division, *Suicides in Oregon: Trends and Risk Factors: 2012 Report*, pg. 7, available at <https://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/NVDRS/Suicide%20in%20Oregon%202012%20report.pdf>).

Table 2 shows the suicide rates by age range and gender in Oregon from 2003-2010.

**Table 2: Oregon Suicide Rates by Age Range and Gender, 2003-2010
(Deaths per 100,000 people)**

Age Range	Female	Male
10-17	1.3*	4.0*
18-24	4.8*	24.5
25-44	9.0	27.7
45-64	12.2	36.1
65+	5.7	44.9

*Not statistically significant.

Source: Oregon Public Health Division, *Suicides in Oregon: Trends and Risk Factors: 2012 Report*, pg. 7, available at <https://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/NVDRS/Suicide%20in%20Oregon%202012%20report.pdf>.

Vermont

Table 3 shows the suicide rates by age range and gender in Vermont from 2006-2010.

**Table 3: Vermont Suicide Rates by Age Range and Gender, 2006-2010
(Deaths per 100,000 people)**

Age Range	Female	Male
15-24	---*	15.66
25-34	5.84	30.26
35-44	8.02	29.63
45-54	11.78	29.62
55-64	9.88	30.09
65-74	---*	31.60
75-84	---*	37.90
85+	---*	52.96

* In CDC reporting system, state-level counts and rates based on fewer than 10 deaths are suppressed.

Source: CDC, National Center for Injury Prevention and Control, WISQARS, Fatal Injury Reports, available at http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html.

Washington

According to a report by Washington’s Department of Health:

From 1980 to 1987, suicide rates held steady at about 15 per 100,000 Washington residents per year. Rates declined from 1987 through 2006 and have held steady between 12 per 100,000 and 14 per 100,000 people per year since 2006 (Washington State Department of Health, *Suicide* (updated April 17, 2013), pg. 1, available at <http://www.doh.wa.gov/Portals/1/Documents/5500/IV-SUI2013.pdf>).

Table 4 shows the suicide rate by age range and gender in Washington from 2009-2011.

**Table 4: Washington Suicide Rates by Age Range and Gender, 2009-2011
(Deaths per 100,000 people)**

<i>Age Range</i>	<i>Female</i>	<i>Male</i>
15-24	4.3	20.5
25-34	6.2	24.6
35-44	8.7	25.9
45-54	11.5	29.0
55-64	10.2	30.5
65-74	6.9	26.4
75-84	7.5	40.0
85+		61.5

Source: Washington State Department of Health.

DEATH WITH DIGNITY ACT STATISTICS

Oregon’s Death with Dignity Act was enacted in 1994 through a ballot measure, but the law was not implemented until October 27, 1997 due to legal challenges. Washington’s Death with Dignity Act was enacted following a ballot measure in 2008, and took effect on March 5, 2009. Vermont’s Patient Choice and Control at End of Life Act was passed by the legislature in 2013 and signed by the governor on May 20, 2013, and took effect upon passage.

Each act allows terminally ill state residents to obtain and use prescriptions from their physicians for self-administered, lethal medications, under specified conditions. For a summary of Oregon’s act, see OLR Report [2012-R-0477](#).

Both Oregon’s and Washington’s Death with Dignity Acts require the state to prepare an annual statistical report on information collected on compliance with the act (Oregon Rev. Stat. § 127.865; Rev. Code Wash. § 70.245.150). Below, we present information from those reports on patient participation, age, and illness before death.

Oregon

Table 5 presents information on the number of patients receiving lethal prescriptions under Oregon’s Death with Dignity Act and the number and median age of those who have died as a result of taking the medication.

Not all patients receiving the prescription choose to take the medication; in some cases, the patient's status was unknown, or the patient may have died but it was unknown whether the patient had taken the medication. For more information, see the [annual reports](#).

Table 5: Oregon Death with Dignity Act, Patient and Death Statistics, 1998-2012

Year	# of Death with Dignity Act Prescription Recipients	# of Patients Known to Have Died From Lethal Medication*	Median Age Among Those Who Died From Lethal Medication
1998	24	16	69
1999	33	27	71
2000	39	27	69
2001	44	21	68
2002	58	38	69
2003	68	42	73
2004	60	37	64
2005	65	38	70
2006	65	46	74
2007	85	49	65
2008	88	60	72
2009	95	59	76
2010	97	65	72
2011	114	71	70
2012	115	77	69

* Statistics reflect deaths occurring each year, which may include patients whose prescriptions were written in previous year.

Source: Oregon Public Health Division, Oregon's Death with Dignity Act, Annual Reports, available at <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx>.

Throughout the history of Oregon's Death with Dignity Act, the vast majority of patients requesting lethal medication were suffering from cancer. Table 6 displays the underlying illnesses suffered by patients under the act before death.

Table 6: Oregon Death with Dignity Act, Underlying Illnesses Among Those Who Died from Lethal Medication, 1998-2012 (total)

<i>Condition</i>	<i>%</i>
Cancer	80.3 (total) By type: <ul style="list-style-type: none"> • Lung and bronchus: 18.8 • Breast: 8.4 • Colon: 6.4 • Pancreas: 6.6 • Prostate: 4.6 • Ovary: 4.0 • Other: 31.5
Amyotrophic lateral sclerosis (ALS)	7.3
Chronic lower respiratory disease	4.0
Heart disease	1.8
HIV/ AIDS	1.3
Other illnesses	5.2
Unknown	0.4

Source: Oregon Public Health Division, Oregon's Death with Dignity Act, 2012 Annual Report, available at:
<http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year15.pdf>.

Washington

Table 7 presents information on the number of patients receiving lethal prescriptions under Washington's Death with Dignity Act and the number known to have died after ingesting the medication, as of the date of each year's annual report. As with Oregon, the [annual reports](#) for Washington provide additional information on other possible outcomes (such as patients dying without taking the medication).

Table 7: Washington Death with Dignity Statistics, 2009-2012

<i>Year</i>	<i># of People To Whom Lethal Medication Was Dispensed</i>	<i># of Those Who Died After Ingesting Medication</i>
2009 (starting March 5)	63*	36
2010	87	51
2011	103	70
2012	121	83

* The 2010 report updated the total for 2009 to 65.

Source: Washington State Department of Health, Death with Dignity Act Reports, available at <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/DeathwithDignityAct.aspx>.

As in Oregon, the majority of participants under Washington’s Death with Dignity Act (1) are senior citizens and (2) suffered from cancer. Tables 8 and 9 present information on the deaths by age range and underlying illnesses among participants who died, respectively. These statistics include all people receiving lethal medication whose deaths were reported when the annual reports were compiled (including those who ingested the medication, those who did not, and those whose ingestion status was unknown).

Table 8: Washington Death with Dignity Act, Deaths by Age Range, 2009-2012

Age Range	Percentage (By Year)			
	2009	2010	2011	2012
18-34	0	0	0	0
35-44	0	0	3	1
45-54	13	5	10	2
55-64	13	24	23	30
65-74	38	31	29	33
75-84	21	25	20	23
85+	15	15	15	10

Source: Washington State Department of Health, Death with Dignity Act Reports, available at <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/DeathwithDignityAct.aspx>.

Table 9: Washington Death with Dignity Act, Underlying Illnesses Among Those Who Died, 2009-2012

Condition	Percentage (By Year)			
	2009	2010	2011	2012
Cancer	79	78	78	73
Neuro-degenerative disease (including ALS)	9	10	12	10
Respiratory disease (including chronic obstructive pulmonary disease (COPD))	9	1	4	10
Heart disease	0	8	4	4
Other illnesses	3	3	2	3

Source: Washington State Department of Health, Death with Dignity Act Reports, available at <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/DeathwithDignityAct.aspx>.

LINKS FOR ADDITIONAL INFORMATION

CDC, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System:
<http://www.cdc.gov/injury/wisqars/index.html>.

Oregon Public Health Division, Oregon Death with Dignity Act (includes links to statute and administrative rules, annual reports, frequently asked questions, related publications and articles, and other information about the act):

<http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/index.aspx>.

Oregon Public Health Division, *Suicides in Oregon: Trends and Risk Factors: 2012 Report*:

<https://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/NVDRS/Suicide%20in%20Oregon%202012%20report.pdf>).

Vermont Department of Health, Patient Choice and Control at End of Life (includes links to statute, frequently asked questions, and other resources and information):

http://healthvermont.gov/family/end_of_life_care/patient_choice.aspx.

Washington State Department of Health, Death with Dignity Act (includes links to statute, annual reports, and frequently asked questions, among other things):

<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/DeathwithDignityAct.aspx>.

Washington State Department of Health, *Suicide* (updated April 17, 2013):

<http://www.doh.wa.gov/Portals/1/Documents/5500/IV-SUI2013.pdf>).

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