**State Facts:**
- From 2013-2017, more than 3,700 Oklahomans died from suicide.
- More Oklahomans die of suicide than motor vehicle crashes.
- Oklahoma suicides outpace homicides almost 3 to 1.
- Firearms are the most common weapon involved in suicide deaths.
- In 2017, Oklahoma had the 13th highest suicide death rate in the U.S.

**What is a Suicide?**
A suicide is a death resulting from the intentional use of force against oneself.

**Catchment Area Data (2013-2017)**
- From 2013-2017, there were 126 suicide deaths in Beckham, Blaine, Caddo, Custer, Greer, Kiowa, Roger Mills, and Washita Counties.
- 64% of suicide deaths involved a firearm, 23% were by hanging/strangulation, 6% were poisonings.
- 80% of suicide deaths were of males.
- Adults age 45-54 had the highest rate of suicide for the area.
- 45% of people who died by suicide had a history of mental health problems; 38% were experiencing intimate partner problems.
- 26% had disclosed suicidal intent to someone else.
- 79% of the deaths occurred at a home or residence.
- 49% of those tested for blood alcohol content (87%) were positive for alcohol; of the 37% tested for substances other than alcohol, 32% tested positive for one or more substances.

**Age Specific Rates of Suicide, 2013-2017**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Area Rate</th>
<th>State Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-17 years</td>
<td>7.6</td>
<td>6.6</td>
</tr>
<tr>
<td>18-24 years</td>
<td>23.7</td>
<td>21.3</td>
</tr>
<tr>
<td>25-34 years</td>
<td>30.2</td>
<td>24.8</td>
</tr>
<tr>
<td>35-44 years</td>
<td>30.4</td>
<td>26.8</td>
</tr>
<tr>
<td>45-54 years</td>
<td>34.2</td>
<td>27.4</td>
</tr>
<tr>
<td>55-64 years</td>
<td>26.7</td>
<td>24.3</td>
</tr>
<tr>
<td>65+ years</td>
<td>16</td>
<td>20.2</td>
</tr>
</tbody>
</table>

**Suicide is Preventable**
Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience. Ideally, prevention addresses all levels of influence: individual, relationship, community, and societal. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change.

We Can All Take Action

Evidence shows that providing support services, talking about suicide, reducing access to means of self-harm, and following up with loved ones are just some of the actions we can all take to help others.

The Prevention Division at the Oklahoma Department of Mental Health and Substance Abuse Services offers extensive suicide prevention training, consultation, technical assistance and resources to assist in creating comprehensive strategies for reducing suicides in Oklahoma. For more information about suicide prevention programs and resources available in your community, please contact the Shelby Rowe, Suicide Prevention Program Manager, at Shelby.Rowe@odmhsas.org, or visit https://www.ok.gov/odmhsas/Prevention_/index.html.

Additional resources:
Suicide Prevention Resource Center: www.sprc.org
National Action Alliance for Suicide Prevention: http://actionallianceforsuicideprevention.org
American Foundation for Suicide Prevention: www.afsp.org
American Association of Suicidology: www.suicidology.org

Suicide Death Rates by County of Injury, Oklahoma, 2013-2017

The Oklahoma Violent Death Reporting System (OKVDRS) is a statewide surveillance system for suicides, homicides, undetermined manner deaths, unintentional firearm injury deaths and legal intervention deaths. Data are collected from medical examiner reports, death certificates, law enforcement reports, and child fatality review data. The data are included in the National Violent Death Reporting System and can be accessed at www.cdc.gov/injury/wisqars/.

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