

## Maryland Suicide Facts

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Philip F. Lee, PhD<sup>[1]</sup>

This brief gives facts and context for suicide in Maryland. It establishes context by comparing statistics of Maryland's suicides to the U.S. and by comparing U.S. suicides statistics with those of other countries.

Because this brief is longer than we would normally create, we summarize key points:

- 1) Maryland gun control laws have not measurably affected suicide rates.**

Items 2) through 6) are approximate relationships in Maryland

- 2) Maryland suicides follow the U.S. national trend at 86% of US rates from 1981 through 2000.**
- 3) Suicides with a firearm are 55% of the total.**
- 4) White people suicide at 1.8 times the rate of non-whites.**
- 5) Men suicide at 4 times the rate of women.**
- 6) Seniors over 65 suicide at 12 times the rate of children 10-14.**
- 7) People will substitute other methods for suicide when firearms are unavailable.**
- 8) America has low suicide rates compared to other industrial countries.**
- 9) National gun control measures, such as the Brady Bill do not affect total suicide rates.**

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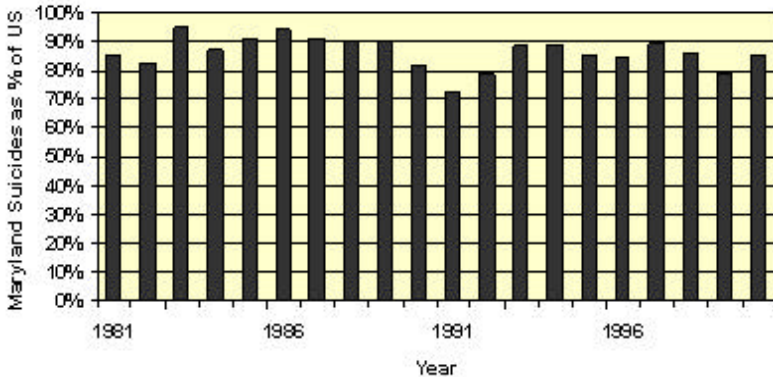
<sup>[1]</sup> Philip F. Lee received PhD in Mathematics in 1970 from Georgia Institute of Technology.

## Maryland's gun control laws have not affected its suicide rates.

Maryland's suicide rates averaged 86% of US rates for the period of Figure 1, which shows annual Maryland rate as a percent of the national rate. Maryland's rates were nearly a constant fraction of the US rate (ref.: Center for Disease Control [CDC] via their web pages:

<http://webapp.cdc.gov/sasweb/ncipc/mortrate9.html> <http://webapp.cdc.gov/sasweb/ncipc/mortrate10.html> )

Figure 1 Maryland Suicide Rates --Percent of US Rates

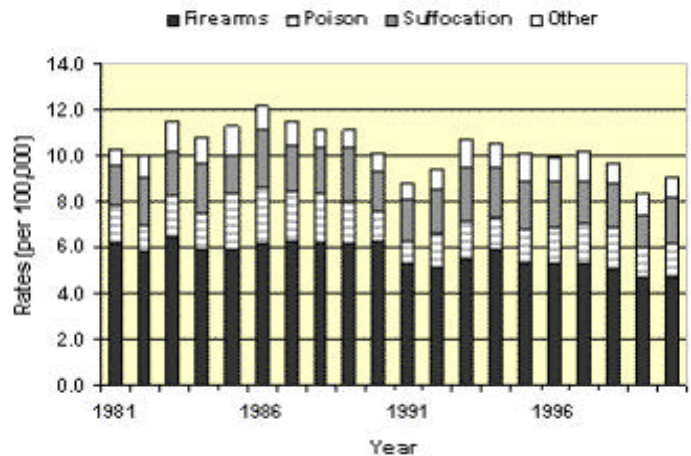


Since Maryland has no trend in suicide rates different from the U.S., its policies of the past 20 years have had no significant impact on suicides. That is, suicide rate trends in the last 20 years are produced by conditions within the U.S. as a whole, otherwise there should have been a significant change to the ratio of Maryland's rate to the US rate – and this chart shows there hasn't been such a change.

## Maryland suicide rates follow national trends at approximately 86% of U.S. rates from 1981 through 2000.

Maryland's suicide rates peaked at slightly more than 12.2 per 100,000 in 1986 and had declined to 9.1 by 2000. The lowest Maryland rate during the period shown was 8.8 in 1991. Figure 2 shows annual suicide methods as well as rates for a 20-year period for the leading three suicide methods. Since Maryland's rate is a nearly constant 86% of the U.S. rate, the whole decline of Figure 2 is part of a national trend with U.S. rates declining from 12.9 in 1986 to 10.7 in 2000.

Figure 2. Maryland Suicides from 1981 to 2000



## Suicide with firearms has been nearly a constant 55%.

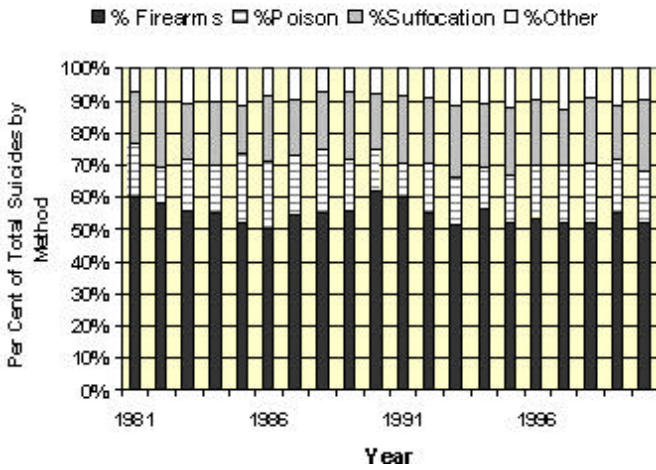
The most frequent means of suicides in Maryland is using a firearm averaging 55% of all suicides over the period 1981 through 2000.

Figure 3 shows the same data as Figure 2, but shows percentage of suicides for the top three methods. Firearm use for suicide had the lowest proportion in 1986 with 50.5% of all suicides and highest proportion in 1990 of 61.9%.

Over the 20 year period, each of the three primary methods (firearms, poison, and hanging) have fluctuated randomly about their average levels – 55% for firearm use, 16.1% for poison and 19.2% for suffocation (hanging) with no obvious switching among the methods. Most importantly, there is no evidence of a decrease in gun use as a proportion of suicides despite Maryland's many restrictions passed during the period.

# Maryland's white people suicide at 1.8 times the rate of non-whites.

Figure 3 Methods Used for Maryland Suicides



Maryland's White people committed suicide at a higher rate (7282 for a rate of 12.0) than non-Whites (1625 for a rate of 6.7) and they had a slightly higher tendency to use firearms as the means of suicide (rate of 6.8 vice 5.8) between 1981 and 1998.

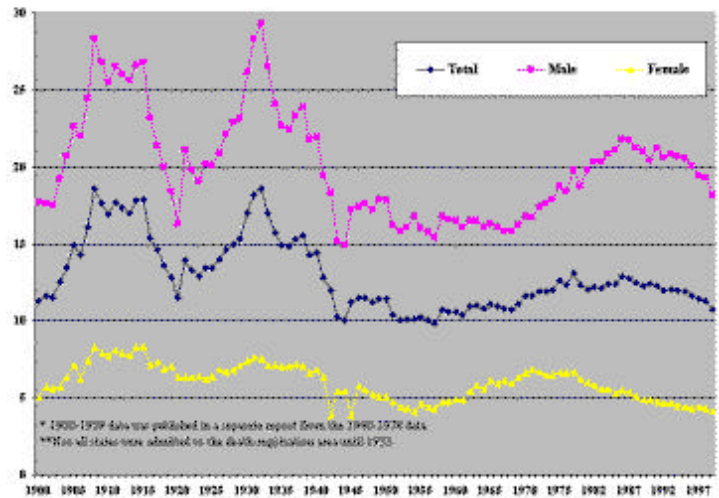
## Men kill themselves at 4 times the rate of women in Maryland.

U.S. men committed suicide at 4 times the rate of women as shown by Figure 4 from the American Foundation for Suicide Prevention. Maryland's men and women committed suicide in similar proportions according to the CDC from 1981 through 2000.

U.S. Suicide rates for 2000 are near a 100-year low. Figure 4 shows a Twentieth Century low total suicide rate of 9.9 (middle graph) in 1959. The 2000 rate of 10.7 exceeded this low by only 8%. We note the peaks of male and total suicide rates occurred near national financial panics. The first peak is near the Bank Panic of 1907 and the 2<sup>nd</sup> peak is during the great depression in the early 1930's. Leading up to the Panic of 1907 were a series of social and legal changes to reduce abuses of labor. During the last part of the T. Roosevelt administration and the first part of the Wilson administration, many reforms were accomplished. Child labor laws, regulation of railroad and food industries, Clayton anti-trust act and the standardized workday at 8 hours with overtime pay are a few examples of the reforms. The standardized workday was established in 1916 and the suicide rate declined sharply until around 1920 and the beginning of National Prohibition. Evidently, the pre-1916 conditions were just too stressful for some to endure.

Figure 4 US Suicide Rates: 1900-1999

<http://www.afsp.org/statistics/USA.htm>

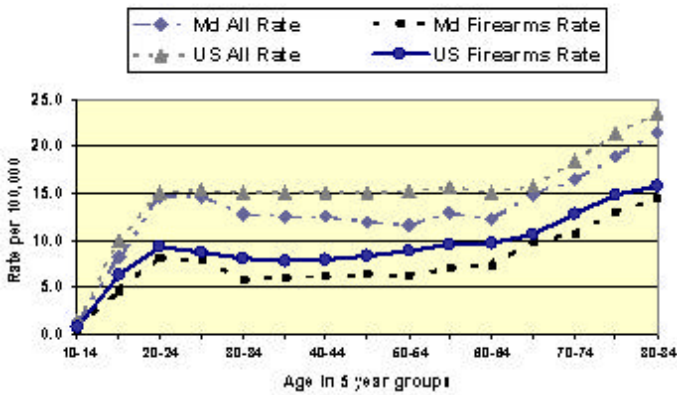


The major observation from Figure 4 is that huge swings in suicide rates are produced by major economic and social factors (there were no significant gun control measures in the first part of the 20th Century in the US) and not by gun control measures that began in 1968. Notice the upward trend of male suicide also beginning near 1968.

## Seniors over 65 suicide at 12 times the rate of children 10-14.

Figure 5 shows suicide rates versus age in 5-year groups for the period 1981 to 1998 for Maryland and the U.S. Graphs for suicide by all means and by a firearm are given.

Figure 5 Suicides by Age -- 1981 to 1998



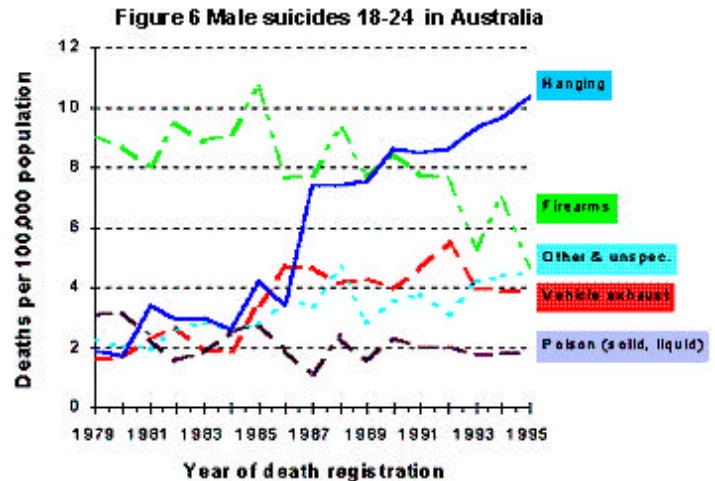
The youngest group plotted is 10-14 and the oldest is 80-84. Suicide in children age 14 and younger tends to be rare. In the 18-year period exactly 80 suicides occurred in Maryland's 10-14 age group for a rate of 1.4 per 100,000 (.0014%) and 30 of them used firearms for a rate of 0.5 per 100,000 (.0005%). Correspondingly, the U.S.'s 10-14 group had 4737 suicides by all methods for a rate of 1.5 and 2582 used firearms for a rate of 0.8. Children 10-14 represent 7.1% of the U.S. population but only 0.5% of the suicide deaths.

By contrast seniors over 65 had suicide rates approximately 12 times as large as children. Notice that suicide rates for Maryland and U.S. 20-24 groups are nearly identical despite Maryland's focus on keeping firearms out of the hands of young people.

## People will substitute methods when firearms are unavailable.

Figure 6 shows the aftermath of gun control measures adopted by Australia in 1979. Guns appear to be used less frequently by young male suicide victims, but use of hanging increased to more than compensate and overall rates for this group climbed (ref. [Youth Suicide and Self-Injury Australia](#), James Harrison, Jerry Moller, Stan Bordeaux, Supplement to Issue 15). Many studies have observed that people denied one means for suicide will find another.

Gun control organizations will ignore the substitution of means and point at the frequent use of firearms in suicides to argue for banning guns. They will imply that removal or control of guns will save lives. They will combine suicide numbers with murders to give extra weight to their "violence" numbers. They disguise advocacy as science in an effort to deceive. To illustrate an example of advocacy disguised as science, Johns Hopkins Center for Gun Policy and Research (JHCGPR) starts a "fact sheet" with the statement "In 2000, there were 617 gun deaths in Maryland ..."



JHCGPR could have said that Maryland had 474 suicides with 245 using firearms and 438 murders with 301 using firearms in 2000. The remaining "gun deaths," (71 = 617 - 546) include hunting and other accidents, legal interventions by police and civilian self-defense. JHCGPR ignores legal interventions and does not mention the additional 229 suicides and 137 murders in Maryland using other weapons or means because these victims had no bullet holes in them. In effect, JHCGPR has no real interest in violence, no real interest in lawful use of firearms, and no real interest in solving any problem but firearms in private hands.

## America's suicide rates are low compared to other industrial countries.

The focus on means (such as JHCGPR's attention to firearms) rather than the fundamental factors causing death, is typical of gun control groups. These groups will claim that limiting gun ownership will result in fewer deaths by suicide, but will it? If the evidence existed to support that claim, common sense would suggest that countries having severe limits on firearms should see lower rates of suicide. We all know that gun control advocates are big on appeals to common sense so let's look at the evidence.

Recent suicide rates and gun control policies for a number of major industrial countries are shown in Table 1. Suicide rates were taken from World Health Organization data (averaging rates for males and females). The gun control policies combined with suicide rates show even the strongest controls on guns does not prevent suicide in many countries. More importantly, the U.S. freedom on gun ownership shows no evidence of producing high rates of suicide when compared to the European countries listed (or Japan for that matter).

**Table 1 Gun Control And Suicide**  
(World Health Organization 2002 [data](#) )

(see [http://www.wfsa.net/Intl\\_Leg/Intl\\_splash.htm](http://www.wfsa.net/Intl_Leg/Intl_splash.htm) for firearm regulations in Europe)

Country	Level of restriction on civilian ownership of firearms	Suicide Rate Per 100,000
Lithuania	high	45.8
Russian Federation	<a href="#">severe</a>	37.1
Latvia	high	34.2
Estonia	high	34.0
Hungary	severe	33.4
Japan	severe	25.3
Finland	high	23.8
Belgium	high	21.5
Switzerland	low	20.4
Austria	high	19.8
Cuba	severe	18.2
France	high	18.1
New Zealand	high	15.3
Denmark	high	14.5
China (mainland)	severe	14.1
Sweden	high	14.0
Germany	high	13.8
Ireland	high	13.5
Australia	high	13.2
Canada	high	12.4
Norway	high	12.4
<b>USA</b>	<b>low</b>	<b>11.5</b>
UK	severe	7.6
Israel	low	6.6

Japan bans nearly all ownership of firearms and is frequently [cited](#) by gun control organizations for having only a couple of firearm deaths per year. Japan's suicide rate is more than the US. Being deprived of firearms does not stop Japanese from killing themselves.

Hungarian's favor hanging, poisoning, jumping and drowning as the four most frequent methods of suicide. Swedes use poisoning, hanging, firearms and drowning as their most frequent methods. Both countries have suicide rates exceeding the U.S.'s despite strong regulation of firearms.

When compared to the U.S., Canada has far more restrictive firearms controls and their suicide rates averaged 17% higher for the period 1979-1990. Canada has adopted universal handgun registration (since the 1930's), many handgun models are banned, and there are severe permitting and control regulations owning even long guns. When Canadians do use firearms in suicide, they use long guns more than handguns. Despite all the controls Canada imposes on firearm ownership, Canadian suicide rates have exceeded that of the US for years. The 2002 WHO data has Canada's rate larger than the U.S. by nearly 8%.

### **National gun control measures, such as the Brady Bill, do not decrease total suicide rates.**

One of the promises of the Brady law background checks and waiting period was to reduce violence and suicides. In an unusual and honest assessment by researchers Ludwig and Cook, they said "Our analyses provide no evidence that implementation of the Brady Act was associated with a reduction in homicide rates." This comment appears at the end of their [article](#) "**Homicide and Suicide Rates Associated With Implementation of the Brady Handgun Violence Prevention Act**" *JAMA*, August 2, 2000, Vol. 284, No. 5.

The only benefit claimed were small reductions in suicides using firearms for the 55 and older groups that were offset by alternative means and produced no net reduction of suicide. This article used to be posted on the Johns Hopkins web site, but they have removed it (possibly because this article refutes their long cherished arguments for control of guns).