

Guest column:

'We must fight suicide at community level'

by Sen. Willie Hensley

for the Tundra Times

The Alaska Division of Public Health issued a report on suicide earlier this year that caught the attention of many Alaskans with its findings that Alaskans were killing themselves at twice the national rate and that young Alaska Native men were committing suicide at an alarming 22 times the national rate.

Using data from 1983 and 1984, the division found that the rate of suicide in Alaska was 21 for each 100,000 people. Alaska Natives had an even higher rate of suicide, 43 for each 100,000 people.

Among Alaska Natives, the suicide rate for rural residents was twice as high as that for urban residents. The highest rate — 257 for each 100,000 population — belonged to Native men between the ages of 20 and 24.

Nationally, it also has been noted that males in the 20- to 24-year-old age group have the highest rate of suicide, and that rate is growing. Suicide has become the second leading cause of death among 15- to 24-year-olds.

Since the beginning of the legislative session, rural residents have been voicing their concern about the high incidence of suicide in their villages and have asked for help with suicide prevention.

In response to this concern, I introduced a Senate resolution calling for the formation of a Senate Special Committee on Suicide Prevention.

It is not my intention that this committee merely study the issue. There have been numerous studies already. But, rather, it is my intention to facilitate discussion among com-

munities on how each affected community and region might approach suicide prevention.

There are several reasons that lead me to believe that we need to approach suicide as a community rather than individual problem. First, it has been observed that suicides tend to cluster. In some villages, there have been several suicides; in others, there have been none.

Second, suicide has been shown to be a sociological phenomenon in that it is highly correlated with intense social change.

Third, in the Native community, suicide appears to have a relationship to the introduction of the non-Native culture into our communities and the loss of our traditional values and relationships.

Young people educated in the non-Native school system may develop expectations that cannot be fulfilled in the village.

At the same time, the roles traditionally accorded to young people in the subsistence culture are disappearing. Many young adults are left to live their lives with neither an established identity nor purpose.

There also appears to be a need to approach suicide in the context of alcohol and drug abuse. It is well known that alcohol is a depressant and that depression is related to suicide.

The report by the Division of Health noted the high incidence of alcohol and drugs found in the blood of those who committed suicide. In fact, alcohol was found in 76 percent of the Alaska Natives who killed themselves.

It also should be noted that in the recent case of the four Bergenfield teenagers in the Lower 48 who killed



themselves in a garage, two had a history of alcohol abuse, and all four were found to have substantial amounts of either drugs or alcohol in their blood.

While we may be able to provide some help by making regional suicide crisis hotlines and more counseling available to rural residents, I hope that we can draw on the positive example of the successful community-based programs in Canada.

Many of you are familiar with the

example of the Alkali Lake Indians, who pulled themselves together as a community to reverse a cycle of alcohol abuse that threatened to destroy them.

I believe the underlying principles of these programs — emphasizing the relation of the individual to the larger community and the life-preserving and life-enhancing values of traditional culture — can be the foundation for community efforts at suicide prevention.