



International Association for Suicide Prevention (IASP)

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International Association for Suicide Prevention

The Decriminalisation of Attempted Suicide

Policy Position Statement

Key message	The criminalisation of attempted suicide undermines national and international suicide prevention efforts and impedes access among vulnerable individuals and groups to suicide prevention and mental health services. The International Association for Suicide Prevention (IASP) recommends the decriminalisation of attempted suicide on the grounds that this will reduce social stigma, help remove barriers to obtaining adequate mental health care, increase access to emergency medical services, foster suicide prevention activities, improve the well-being of people who are vulnerable to engaging in suicidal behaviours, and contribute to more accurate monitoring of suicidal behaviours.
IASP policy position	IASP considers that the criminalisation of attempted suicide impedes the prevention of suicidal behaviour. The IASP encourages countries where suicide attempts are currently illegal or punishable to develop and implement legislation that decriminalises suicide attempts.
Research evidence	IASP's Decriminalisation Background Document outlines the arguments in support of the decriminalisation of attempted suicide, and the underpinning research evidence.
Responsibility	IASP's Decriminalisation of Attempted Suicide Special Working Group.
Date adopted	May 2020
Contact information	Professor Brian Mishara, Director CRISE, University of Québec, Montréal.

Definitions

This policy position statement adopts these definitions:

Suicide	The act of deliberately killing oneself (WHO, 2014).
Suicide attempt	A self-inflicted, potentially injurious behaviour with a nonfatal outcome for which there is evidence (either explicit or implicit) of intent to die (Silverman, Berman, Sanddal, O'Carroll P, & Joiner, 2007).
Suicidal behaviour	A broad term that includes planning for suicide, attempting suicide and suicide itself (WHO, 2014).
Decriminalisation	The action or process of ceasing to treat something as illegal or as a criminal offence (Oxford, 2019). This includes instances where countries can legally punish suicide attempters because they are considered to have committed a transgression of religious obligations, even when there is no specific law concerning suicide.

IASP and decriminalisation

The International Association for Suicide Prevention (IASP) considers that the criminalisation of attempted suicide impedes the prevention of suicidal behaviour.

IASP recommends “firm advocacy on the part of professionals, volunteers, and also by those who are afflicted with suicidal impulses” to promote implementation of effective approaches to suicide prevention. “This may involve advocacy at the legislative level, for example in decriminalising suicidal behaviour in those countries where this has not yet been achieved.”

IASP established a Specialist Working Group (SWG) on the Decriminalisation of Attempted Suicide, to identify and support the implementation of effective approaches to promoting the decriminalisation of attempted suicide. This SWG produced this Policy Position Statement and the accompanying Decriminalisation Background Document.

Summary of the situation

The decriminalisation of suicide represents one of the most important milestones in suicide prevention over the past century. While suicide has been decriminalised in many countries, attempting suicide still represents a punishable offence in 45 countries (Mishara & Weisstub, 2016). In countries where suicidal behaviour is criminalised, people who engage in non-fatal attempts may, to varying extent, be apprehended by law enforcement and criminally prosecuted and penalised (Mishara & Weisstub, 2016; Osman, Parnell, & Haley, 2017). Legal penalties range from a small fine or a short period of imprisonment to life imprisonment, resulting in significant added distress and upheaval for vulnerable individuals who have engaged in a suicide attempt and often have serious mental health problems which need treatment.

The deleterious effects of the criminalisation of suicide attempts go beyond the persecution of the individual, by undermining the provision of appropriate care following an attempt, and exacerbating the social stigma associated with suicidal behaviour, which impedes help-seeking. Furthermore, criminalisation hinders the surveillance of suicidal behaviours, resulting in an underestimation of their true prevalence and thus creates obstacles to the planning and implementation of appropriate suicide prevention interventions (Vijayakumar & Phillips, 2016).

Decriminalisation recognises that people who attempt suicide often have a reduced capacity to make an informed decision as a result of mental illness, substance abuse and/or an extreme crisis situation; that suicidal behaviour is unlikely to be deterred by the criminal status of suicide attempts and the threat of legal sanction; and that imprisonment exacerbates suicide risk, leaving those incarcerated for attempting suicide with a lack of, or inadequate, requisite psychological and psychiatric support. Decriminalisation should lead to increased recognition and treatment of suicidal behaviour as a public health and social justice concern; reduce stigma and increase help-seeking among vulnerable individuals; and encourage tolerant and compassionate attitudes in healthcare and welfare agencies towards those who attempt suicide. Decriminalisation is highly unlikely to lead to an increase in *actual* suicidal behaviour, although it might result in a greater willingness to report suicidal behaviour.

While the decriminalisation of attempted suicide represents a pivotal step for governments in the prevention of suicide, its utility is greatly augmented by the presence of a comprehensive approach to suicide prevention. Decriminalisation measures are most effective when supplemented by:

- A national suicide prevention strategy and action plan (WHO, 2014).
- A comprehensive surveillance system to monitor the characteristics of, and trends in, suicidal behaviour (WHO, 2016).
- Education and training for law enforcement, healthcare and social services staff responsible for the provision of care to those who engage, or are likely to engage, in suicidal behaviour.
- Improvements in the quality and accessibility of community- and hospital-based care for suicidal individuals and persons experiencing mental health difficulties.
- The implementation of measures to reduce the social stigma associated with mental ill-health and suicidal behaviour.

IASP resolves to

- Advocate for the decriminalisation of attempted suicide in countries where this behaviour remains illegal or punishable.
- Support the implementation of legislation that decriminalises attempted suicide, through the provision of letters, research data and endorsements to support those promoting decriminalisation within their country.
- Support representatives in countries where attempted suicide is currently punishable and illegal to advance the decriminalisation of attempted suicide in their country.

Conclusion

Over the past two centuries, there has been a worldwide shift in attitudes and responses to suicidal behaviour, from fear, condemnation and punishment to compassion, understanding, treatment and support. However, the continuing criminalisation of attempted suicide perpetuates individual suffering, exacerbates the stigmatisation of suicidal behaviour and inhibits help-seeking. The decriminalisation of attempted suicide, where it is illegal or punishable, is vital to ensure that persons who engage in a suicide attempt obtain the help they need, and are supported by national policies which value the lives and contributions of all the members of society.

References

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