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The Final thesis

Suicide Methods in the European Union

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Abstract

Background: The suicide mortality rate in the European Union is decreasing in the last decade, however suicide rates remain exceedingly high in Lithuania with a rate of 21.25 per 100.000 in 2020. High rates were also seen in Latvia, Estonia and Hungary.

Methods: Statistical offices, or centers for disease control and prevention as well as the police of all European Union member states were contacted and questioned. Furthermore, a literature review was conducted. From those countries that supplied data or had literature covering this topic, a comparative analysis was conducted.

Results: The data covers the years 2015, 2019, 2020 as well as 2021. Hanging was the leading method for committing suicide (54,25 %, n = 18161), followed by self-poisoning (12,43 %, n = 4160) and other less common methods. There are significant differences between the investigated countries and the preferred suicide methods.

Conclusion: The data indicates that methods to prevent suicide could be improved in the European Union. The reported suicide data does not always seem plausible and shows that data might not be collected in a standardized way along the European Union.

Keywords: Suicide, Europe, Hanging, Self-poisoning, jumping from a high place, drowning, suicide by other methods, overview

Introduction and Issue

In 2020 the European Union had a suicide mortality rate average of 10.25 per 100.000 (1). Lithuania had the highest rate of suicide mortality with a rate of 21.25 per 100.000 while Cyprus had the lowest rate of suicide mortality with a rate of 3.45 per 100.000. Men commit suicide 3.4 times more often than women. Women have more suicide attempts (2). Even though the number of suicides has been steadily declining since 2012 suicide is still an important factor when it comes to mortality in Europe. Research on suicide methods can allow public health offices to introduce prevention measures as well as intervention measures. It has been shown (3), that postgraduate education of general practitioners can reduce suicide rates.

It is known that suicide is dependent on age, gender, country, sociopolitical setting (4) and psychological wellbeing (5). It is also known for a long time, that responsible media reporting about suicide is an important tool in preventing suicide (6). This is known as the so called “Werther” effect. A famous example of country specific suicide methods is suicide by hara-kiri (a ritualistic way of committing suicide) in Japan (7), which remains a prevalent and country

specific suicide method to this day. Further research from Japan (8) has revealed that method-specific suicide intervention strategies can have an effect on suicide rates.

The intention of this thesis is to investigate if there is a difference in preferred suicide methods in various countries of the European Union.

Overview

Main causes of suicide

There has been previous research on suicide methods in the European Union. Värnik et al. (2008) tried to identify the most frequent gender-specific suicide methods in Europe, although also including countries that are currently not members of the European Union such as Switzerland and the United Kingdom (9). They identified that both males and females could benefit from gender-specific intervention strategies.

Mergl et al. (2015) performed a prospective study on gender differences in suicide methods (2) in three European countries. The study revealed that men prefer hanging and usage of firearms for committing suicide, while females prefer poisoning oneself which was shown to be less lethal. When using the same method (e.g., hanging) males had higher rates of lethality than females.

In a different study, Värnik et al. (2011) also put more effort on evaluating drug suicides. In this study they identified that there was no gender difference when it comes to drug-overdose suicides and asked for more classification regarding the ICD coding system under the category X64 (10).

Certain studies also evaluated suicide methods in individual countries such as Nakov et Donchev (2015) who compared “Reasons and methods for suicide and suicide attempts in Bulgaria between 2009 and 2014” (11). They identified poisoning with drugs and hanging as leading methods.

Akkaoui et al. (2022) observed seasonal changes in suicidal behavior in France (12). The study suggests seasonality in suicidal behaviors “with a peak in spring.” While it did not put a major focus on analyzing the methods used in France, this study still provides valuable insight in the number of suicides by method in France.

Finally, Petrauskiene et al. (2004) evaluated “Methods of suicide in Lithuania and their associations with demographic factors” (13). Their research revealed that suicide by hanging

increased with age in Lithuania while “poisoning and jumping from height were more common among urban males and females.”

Methods and Data Collection

The International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)-WHO Version (14) is used to group and classify suicide methods.

The ICD-10 codes for suicide methods as used in the European Union are:

X60 - Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics

X61 - Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified.

X62- Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified.

X63- Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system.

X64- Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances

X65- Intentional self-poisoning by and exposure to alcohol

X66 - Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours

X67 - Intentional self-poisoning by and exposure to carbon monoxide and other gases and vapours

X68 - Intentional self-poisoning by and exposure to pesticides

X69 - Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances.

X70 Intentional self-harm by hanging, strangulation and suffocation.

X71 - Intentional self-harm by drowning and submersion.

X72 - Intentional self-harm by handgun discharge

X73 - Intentional self-harm by rifle, shotgun and larger firearm discharge

X74 - Intentional self-harm by other and unspecified firearm discharge

X75 - Intentional self-harm by explosive material

X76 - Intentional self-harm by smoke, fire and flames

X77 - Intentional self-harm by steam, hot vapours and hot objects

X78- Intentional self-harm by sharp object

- X79 - Intentional self-harm by blunt object
- X80 - Intentional self-harm by jumping from a high place.
- X81 - Intentional self-harm by jumping or lying before moving object.
- X82 - Intentional self-harm by crashing of motor vehicle.
- X83 - Intentional self-harm by other specified means
- X84 - Intentional self-harm by unspecified means.

To obtain detailed information on suicide methods in the European Union, research was conducted on the websites of all twenty-seven national statistical offices or health offices, as Eurostat did not provide any data on the topic.

In cases where no relevant information was found, the respective Member States were contacted directly by email. This was done with the intention of requesting data from relevant statistical or health agency which could provide insights into the most prevalent suicide methods being used within their jurisdiction.

The specific statistical and health agencies contacted varied based on the local administrative structure and available data sources in each member state. Specifically, the following statistical or health offices were contacted by mail and asked to provide data on suicide methods as classified by the ICD-10 Data:

- Austria, Bundesanstalt Statistik Österreich (<https://www.statistik.at>) (15)
- Belgium, Statbel, the Belgian Statistical office (<https://statbel.fgov.be>) (16)
- Bulgaria, National Statistical Institute (<https://www.nsi.bg/en>)
- Croatia, Croatian Bureau of Statistics (<https://dzs.gov.hr>)
- Cyprus, Cystat, Statistical Service (<https://www.cystat.gov.cy>);
- Czech Republic, Český statistický úřad (<https://www.czso.cz>) (17);
- Denmark, Center for Selvmordsforskning (<https://selvmordsforskning.dk>) (18);
- Estonia, Eesti Statistika (www.stat.ee) (19);
- France, Système National des Données de Santé (info@indsante.fr)
- Greece, Hellenic Statistical Authority, (<https://www.statistics.gr/en>);
- Hungary, Hungarian Central Statistical Office (<https://www.ksh.hu>) (20);
- Latvia, Slimību profilakses un kontroles centrs (<https://www.spkc.gov.lv>) (21);
- Malta, National Statistics Office (<https://nso.gov.mt>);
- Portugal, Instituto Nacional de Estatística (www.ine.pt)(22);
- Romania, National Institute of Statistics (<https://insse.ro>);

Slovenia, National Institute of Public Health Slovenia (info@nijz.si);

Sweden, Socialstyrelsen (<https://www.socialstyrelsen.se>);

Some of the contacted countries either did not respond for the request for data, denied the request for data or expressed a desire for monetary compensation in exchange for the provision of data. Finally, some provided data that was unsuitable to be used to answer the question posed. In those cases, a search for previous literature was done. This yielded a result for France (Akkaoui et al.) (12) and Croatia (Pajic et Orešković) (23). The other countries had either no useful or no literature covering this topic. Those countries were subsequently excluded. The excluded countries were Bulgaria, Cyprus, Greece, Malta, Romania, Slovenia, and Sweden.

The following countries provided information on suicide methods on their respective websites:

Finland, Statistics Finland (<https://stat.fi>) (24);

Germany, Informationssystem der Gesundheitsberichterstattung des Bundes (<https://www.gbe-bund.de/gbe>) (25);

Ireland, Central Statistics Office (<https://www.cso.ie>) (26);

Italy, Istituto Nazionale di Statistica (<https://www.istat.it>) (27);

Lithuania, Higienos Institutas, (<https://hi.lt>) (28);

Luxembourg, STATEC, (<https://lustat.statec.lu>) (29);

Netherlands, Statistics Netherlands (<https://www.cbs.nl>) (30);

Poland, Policija (<https://statystyka.policja.pl>) (31);

Slovakia, Statistical Office of the Slovak Republic (<https://slovak.statistics.sk>) (32);

Spain, Instituto Nacional de Estadística (<https://ine.es>); (33).

Certain countries provided the data for multiple years, sorted by age and gender and including the full ICD-10 Classification (X60-X84). Other countries provided the data only in aggregated form, omitting either age or gender, containing only a select few ICD-10 codes or only for certain years. This limits the comparison of individual ICD-10 codes, age, or gender between countries as comparable values such as age standardized rates cannot be calculated for every country.

As such, for a first overview the provided data was grouped as follows to correspond to the most provided codes:

ICD 10 Codes X60 to X69 were grouped as “Suicide by self-poisoning”, X70 remained as “Suicide by hanging”, X71 as “Suicide by drowning”, X72 -X74 were grouped as “Suicide by

firearm”, X75-X79 as “Suicide by explosives, fire and objects”, X80, X81, X82 remained as is and X83-X84 were grouped as “Suicide by other or unspecified means”.

The data used for every country was taken from the most recent data set that was available (The exact year varies by country). Most countries provided the data for either 2020 or 2021. The respective population sum from the corresponding year was then taken from Eurostat (34) to calculate the suicide rate per capita. The sum of all respective suicide methods, regardless of age or gender, was used to create a quantitative comparable dataset. This numerical dataset was then converted into a percentile dataset to allow detailed comparison of each suicide method.

Results

The suicide rates within the European Union differ in a high amount. For example, the suicide rate per 100.000 is the highest in Lithuania with 21,25 and the lowest in Cyprus with 3,45. The standard deviation for suicide rates was calculated as 4.37. This means that values higher than 14.62 can be considered as increased. Those countries are Latvia, Estonia, Hungary, and Slovenia. Values higher than 18.99 can be considered as very high. This is the case for Lithuania. Values lower than 5.88 can be considered as low. Countries with low rates of suicide are Italy, Greece, Malta, and Cyprus.

TIME	2020
European Union - 27 countries	10,25
Belgium	15,24
Bulgaria	8,04
Czechia	11,54
Denmark	10,01
Germany	10,30
Estonia	16,28
Ireland	9,62
Greece	4,03
Spain	7,88
France	13,48
Croatia	13,20
Italy	5,61
Cyprus	3,45
Latvia	15,59
Lithuania	21,25
Luxembourg	10,02
Hungary	17,09
Malta	3,98
Netherlands	10,48
Austria	11,69
Poland	11,92
Portugal	8,48

Romania	9,05
Slovenia	17,03
Slovakia	6,88
Finland	12,96
Sweden	11,91

Table 1. Suicide rates calculated as suicide per 100.000. Data was taken from Eurostat (35)

A total of more than 33476 (not including suicidal data from Denmark, France, and Croatia, as the cited studies or provided data only provided percentages) individual suicides were compared. The results include the most recent available years (2015, 2019, 2020, 2021).

	X60 - X69	X70	X71	X72- X74	X75- X79	X80	X81	X82	X83- X84
Austria (21)	0,9	5,6	0,3	2,5	0,4	1,4	0,8	0,0	0,4
Belgium (19)	2,3	8,6	0,8	1,1	0,0	0,6	0,6	0,0	1,1
Czech Republic (21)	1,0	6,0	0,2	1,5	0,6	1,5	0,8	0,0	0,1
Estonia (21)	1,7	9,3	0,2	1,0	1,7	0,0	0,2	0,0	0,0
Finland (21)	3,1	5,0	0,7	2,0	0,5	1,0	0,6	0,5	0,1
Germany (21)	2,1	4,9	0,2	0,8	0,5	1,1	0,6	0,1	0,8
Hungary (20)	2,9	8,8	0,3	0,7	0,6	1,2	1,0	0,0	0,5
Ireland (19)	0,5	8,4	1,0	0,2	0,2	0,1	0,0	0,0	0,0
Italy (15)	0,4	3,3	0,2	0,8	0,2	1,3	0,0	0,2	0,4
Latvia (21)	0,1	11,7	0,1	0,4	0,3	0,0	0,7	0,0	0,1
Lithuania (21)	0,3	18,9	0,2	0,7	0,4	0,8	0,0	0,0	0,4
Luxembourg (20)	0,8	4,6	0,5	1,6	1,0	0,0	1,3	0,0	0,8
Netherlands (21)	1,7	4,9	0,5	0,0	0,0	0,8	0,0	1,0	1,7
Poland (21)	0,5	10,4	0,2	0,3	0,0	1,0	0,4	0,0	0,2
Portugal (20)	1,1	5,3	0,5	0,7	0,2	0,8	0,0	0,2	0,3
Slovakia (21)	0,4	4,8	0,1	0,6	0,3	0,4	0,3	0,0	0,1
Spain (20)	1,2	4,0	0,2	0,4	0,3	2,1	0,2	0,0	0,1
European Union (17 countries)	1,1	4,6	0,2	0,6	0,3	1,0	0,3	0,1	0,4

Table 2. Suicide by method calculated as suicide per 100.000. X** refers to the individual ICD-10 codes as described above.

Table 2 is the calculation of the incidence of suicide per 100.000 by method by country and by total population. The calculation is based on the population corresponding to the last available year of available statistics. The used year is listed in brackets. Calculation of suicide per 100.000 by method allows for greater comparison of suicide statistics between countries. Countries such as Croatia, Denmark, and France, which only provided total percentages and no individual

numbers were excluded from the calculation. Based on the figures in Table 2 standard deviations were calculated for all suicide methods.

Overview of Suicide Methods

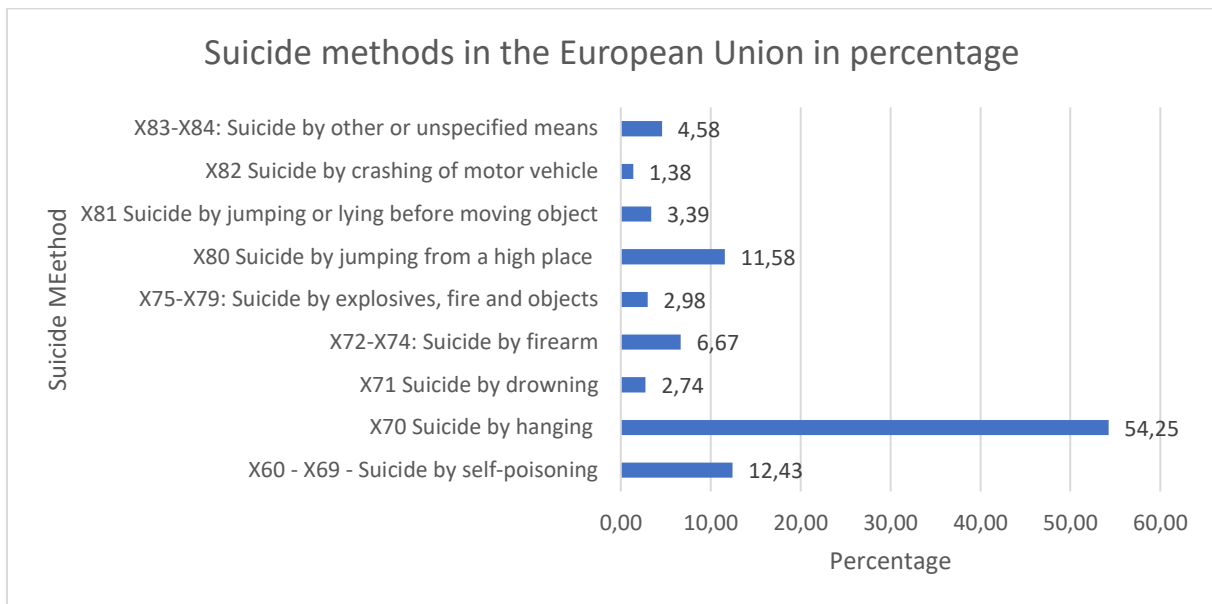


Figure 1: Percentage of Suicides by Method in the European Union in percentage (surveyed countries only)

By far the most chosen method for committing suicide in the European Union is suicide by hanging with 54.25 % (n = 18161) of all suicides being committed by hanging in the surveyed countries. Suicide by self-poisoning is the second most chosen method with 12.43 % (n= 4160) of all suicides being done by self-poisoning. The third most chosen method in the European Union is suicide by jumping from a high place, 11.58 % (n=3878) of all suicides in the surveyed countries were performed by jumping from a high place.

The three least chosen methods for committing suicide in descending order are: suicide by explosives, fire, and objects (2.98 %, n = 996); suicide by drowning (2.74 %, n = 917); and suicide by crashing of motor vehicle with only 1.38 % (n= 463) of all suicides being committed with this method.

There is a relatively high number of suicides (4.58 %, n = 1534) being attributed to either X83 or X84 which is suicide by other or unspecified means.

X60-X69: Suicide by self-poisoning (analgesics, antipyretics, antirheumatics, psychotropic drugs, alcohol, organic solvents, pesticides, other substances)

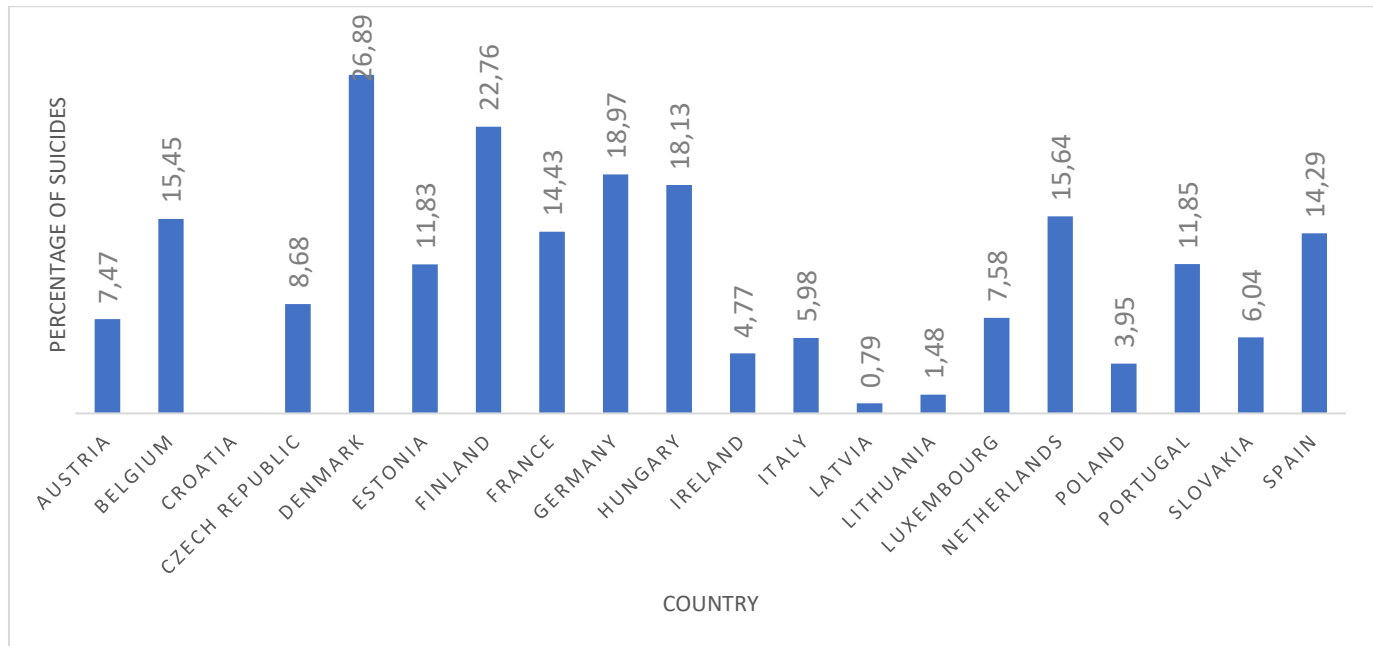


Figure 2: X60-X69, Suicide by Self-Poisoning

The rate of self-poisoning in the European Union is 1.1 per 100.000 (SD +/- 0.9). Above average rates of suicide by self-poisoning (>2.0) were observed in: Germany (2.1), Belgium (2.3) and Hungary (2.9). Very high rates (> 2.9) for self-poisoning were observed in Finland (3.1). There were no below average rates (<0.1) for suicide by self-poisoning observed.

Figure 2 shows a bar chart comparing the percentage of suicides by self-poisoning in the countries that provided data. The highest percentage of suicides by self-poisoning can be observed in Denmark, where it comprises more than a fourth of all suicides (26.89 % of total suicides in Denmark). High values of suicide by self-poisoning can be seen in Finland (22.76 %, n = 170), Germany (18.97 %, n = 1748) and Hungary (18.13 %, n = 283). All those values are above the total percentage of suicides by poisoning in the European Union which is 12.43 % (n = 4160).

The lowest percentage can be observed in Latvia (0.79 %, of total suicides in Latvia (n = 2)). Further low values of suicide by self-poisoning can be observed in the countries of Lithuania (1.48 %, n=9), Poland (3.95 %, n=112), Ireland (4.77 %, n=25).

Croatia did not provide a value for number of suicides by self-poisoning and cannot be evaluated.

X70: Suicide by hanging.

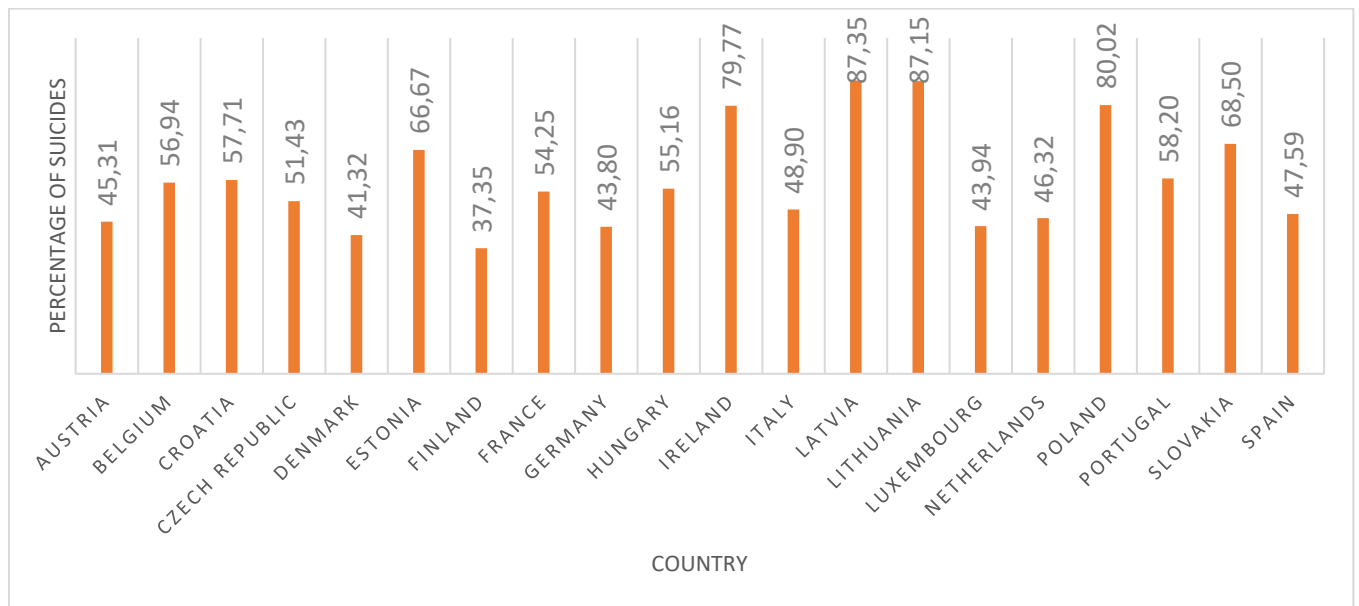


Figure 3: X70, Suicide by Hanging

The rate for suicide by hanging in the European Union is 4.6 per 100.000 (SD +/- 3.9). High rates for suicide by hanging (> 8.5.) were seen in: Belgium (8.6), Hungary (8.8), Estonia (9.3), Poland (10.4), Latvia (11.7). Very high rates (>12.3) can be seen in Lithuania (18.9) which has more than 3 standard deviations from the average rate in Europe. There were no below average rates (< 0.8) observed.

Hanging is the leading method of suicide for all observed countries. As already mentioned, more than half of all suicides in the European Union can be attributed to this method of committing suicide. Latvia and Lithuania have the highest percentage of suicide by hanging with 87.35 % (n=221) and 87.15 % (n=529) of suicides, respectively. The lowest percentage of suicide by hanging was observed in Finland with 37.35 % (n=279).

X71: Suicide by Drowning

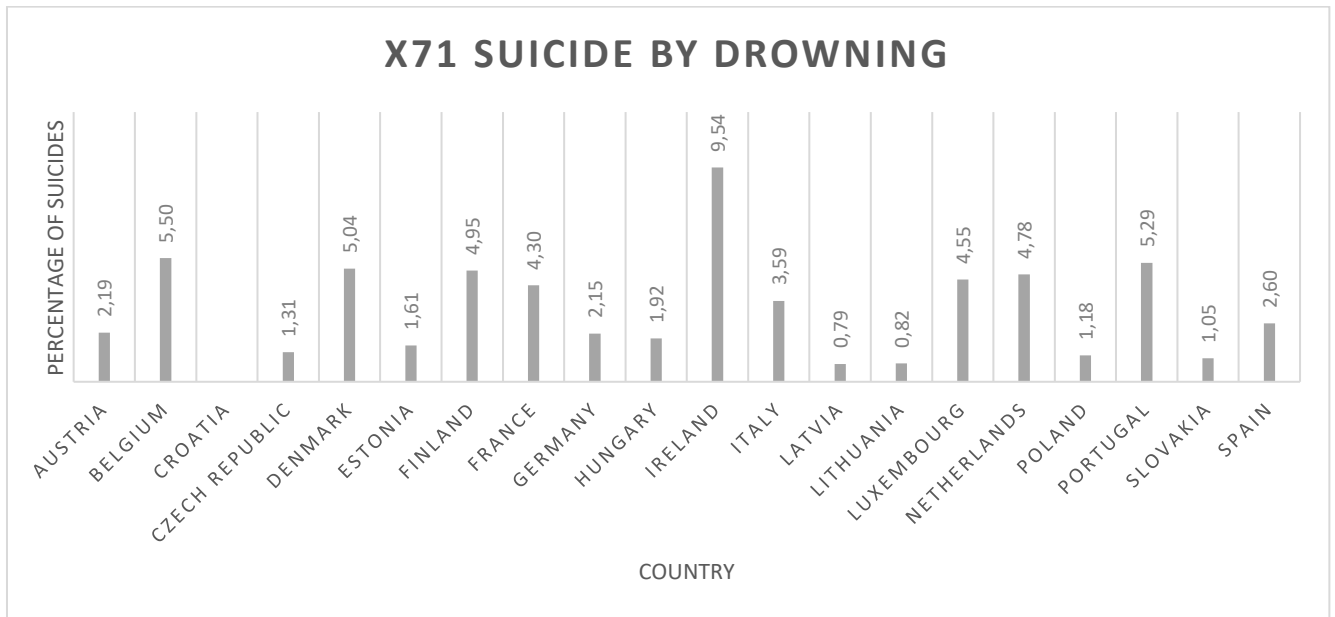


Figure 4: X71, Suicide by drowning

The rate for suicide by drowning is 0.2 per 100.000 (SD +/- 0.3). High rates (>0.5) can be seen in Finland (0.7.), Belgium (0.8). Very high rates (>0.8) can be seen in Ireland (1.0). There are no below average rates.

Suicide by drowning is overrepresented in Ireland, with 9,54 % (n=50) of all suicides being able to be attributed to this method. High values for suicide by drowning can also be seen in Belgium where 5,50 % (n=95) of people resort to drowning as suicide method and Portugal with 5,29 % (n=50) of suicides being attributable to drowning. In the surveyed countries of the European Union the total amount of suicides by drowning was 2.79 % (n = 917) of all suicides. The lowest number of suicides by drowning can be seen in the member states Latvia and Lithuania with 0,79 % (n=2) or 0,82 % (n=5) of all suicides in those countries. Further low values for suicide by drowning are visible in the data for Czech Republic (1.31 %, n = 16) as well as Slovakia 1,05 %, n = 4).

Once again, there were no values for Croatia that could be evaluated.

X72-X74: Suicide by Firearm

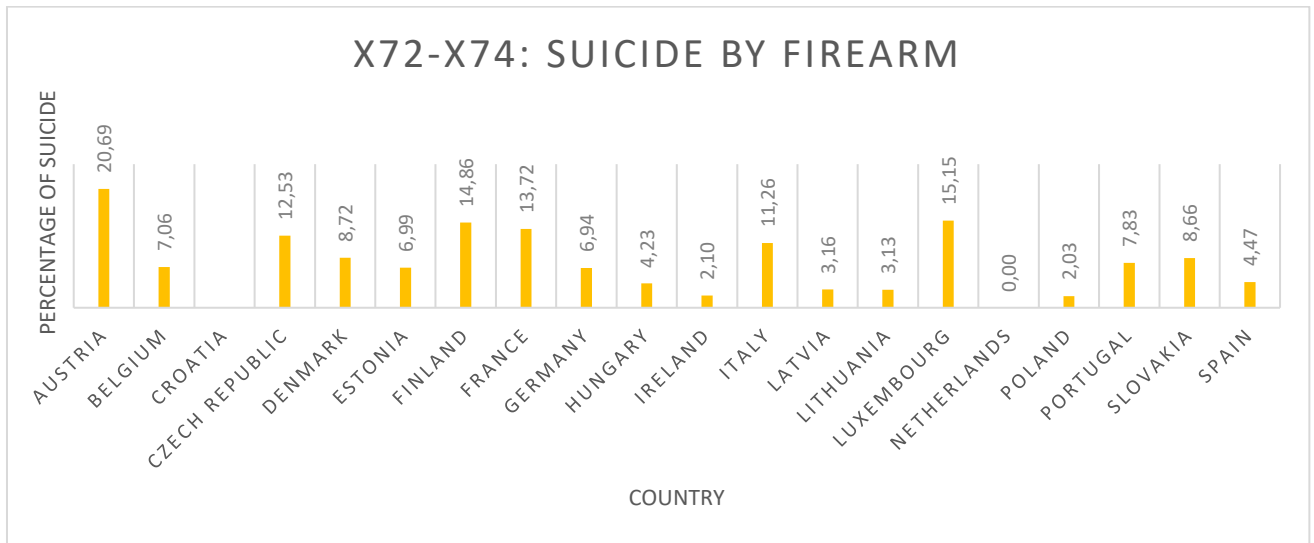


Figure 5: X72-X74, Suicide by firearm

The incidence of suicide by firearm in the European Union is 0.6 per 100.000 (SD +/- 0.7). High rates (>1.2) can be seen in the Czech Republic (1.5) as well as Luxembourg (1.6). Very high rates (>1.9) can be seen in Finland (2.0) as well as Austria (2.5). There were no below average rates for suicide by firearm.

In the European Union 6.67 % (n = 2232) of suicides were committed using a firearm, making it the 4th most frequent method for committing suicide.

Suicide by firearm sees the highest number of suicides in Austria with 20,69 % (n=227) of total suicides being committed with a firearm. Further countries with high percentages of suicide by firearm are Luxembourg (15,15 % n = 10), Finland (14,86 %, n = 111), and France with 13,72 %.

Ireland (2,10 %, n = 11), Poland (2,03 %, n = 100), Latvia (3,16 %, n = 8) and Lithuania (3,13 %, n = 19) have low percentages of suicides by firearm.

The Netherlands recorded no deaths being committed with a firearm. There is no data available for Croatia to be evaluated.

X75-X79: Suicide by Explosives, Fire and Objects

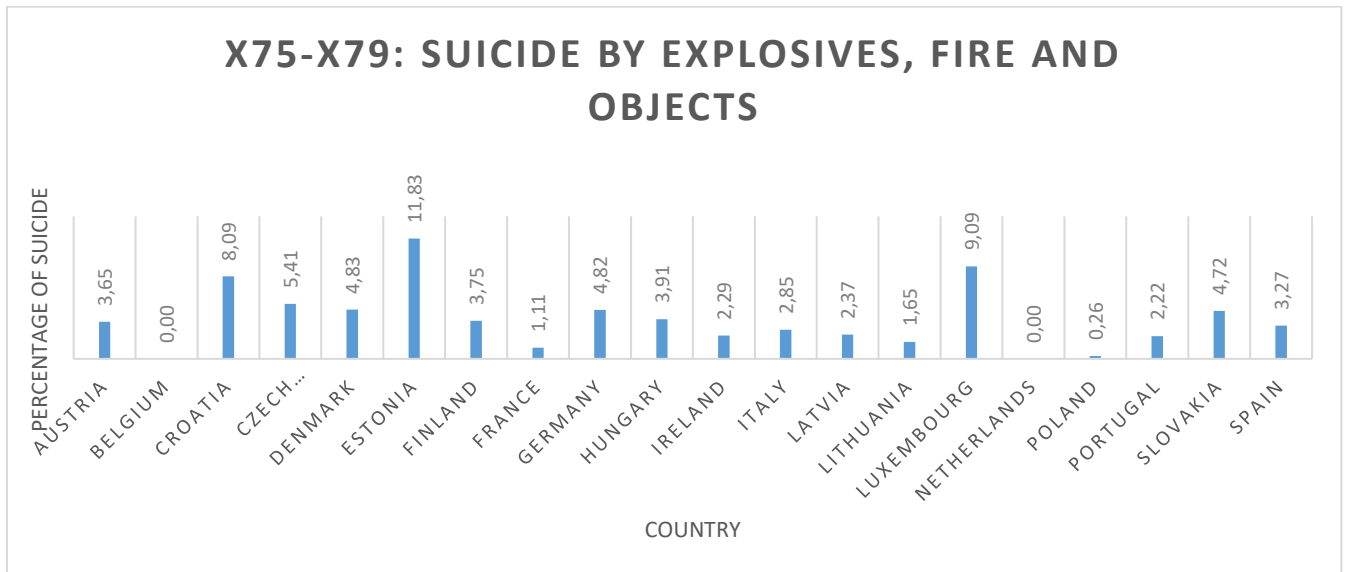


Figure 6: X75-X79, Suicide by explosives, fire, and objects

The incidence of suicide by explosives, fire and objects is 0.3 per 100.000 (SD +/- 0.4). High rates (> 0.7) were reported by Luxembourg (1.0). Remarkably high rates (>1.1) were reported by Estonia (1.7).

2.98 % (n = 996) of all suicides in the European Union were attributable to suicide by explosives, fire, and objects.

Suicide by explosives, fire and objects has the highest percentage in Estonia with 11,83 % (n = 22) and Luxembourg with 9,09 % (n=6). Poland attributes 0,26 % (n = 13) of suicides to this method while neither Belgium nor the Netherlands attribute any death to this category.

X80: Suicide by Jumping from a high place.

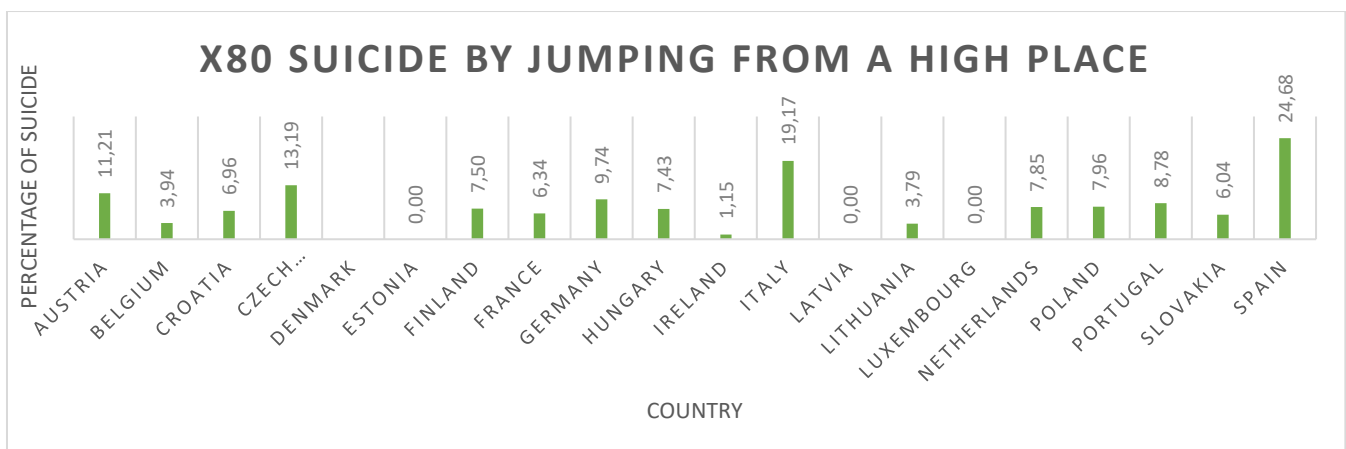


Figure 7: X80 Suicide by jumping from a high place.

The incidence for suicide by jumping from a high place is 1.0 per 100.000 in the European Union (SD +/- 0.6). Above average rates (> 1.6) were seen in Spain (2.1). There were no very high values (> 2.2) observed. Below average rates (< 0.4) were observed in Ireland.

Almost a quarter of Spanish deaths (24.86 %, n = 988) by suicide can be linked to suicide by jumping from a high place and almost a fifth of Italian deaths (19.17 %, n = 795) can also be attributed to this method.

On the contrary neither Estonia, Latvia nor Luxembourg recorded any death at all in this category. Denmark did not provide any data for the category of X80. In the European Union, a total of 11.58 % (n = 3878) of suicides are performed by jumping from a high place.

X81: Suicide by jumping or lying before a moving object.

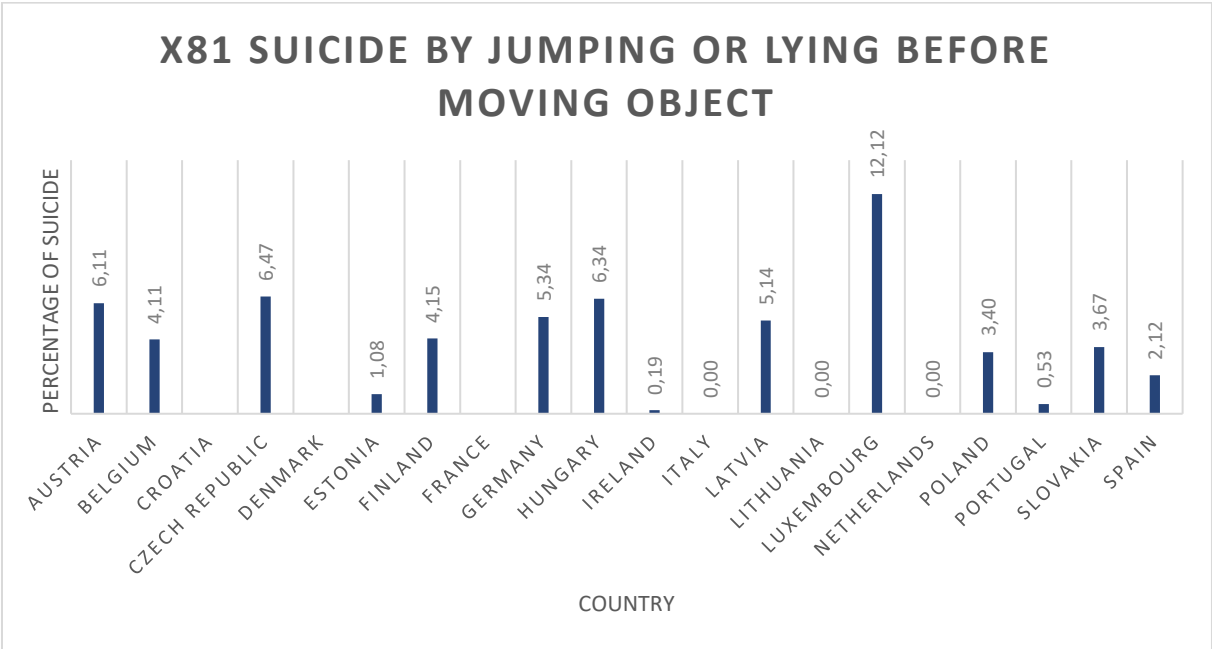


Figure 8: X81, Suicide by jumping or lying before moving object.

The incidence for jumping or lying before a moving object is 0.3 per 100.000 in the European Union (SD +/- 0.4). Above average values (> 0.7) were seen in Austria (0.8), Czech Republic (0.8). Very high values (>1.1) were reported by Luxembourg (1.3). There were no below average rates reported.

Suicide by jumping or lying before a moving object has the highest overall percentage in Luxembourg, where a total of 12.12 % (n=8) of suicides were committed by jumping or lying before a moving object. Generally, suicide by jumping or lying before a moving object is a method of committing suicide that sees very low rates in the European Union, with countries such as Portugal or Ireland reporting 0.53 % (n = 5) and 0.19 % (n = 1) of their suicides as

suicide by jumping or lying before a moving object. There were either no suicides reported or provided in this category in Croatia, Denmark, France, Italy, Lithuania, and the Netherlands. In total, the European Union links 3.39 % of suicides (n = 1195) to this group of suicide methods.

X82: Suicide by crashing of motor vehicle.

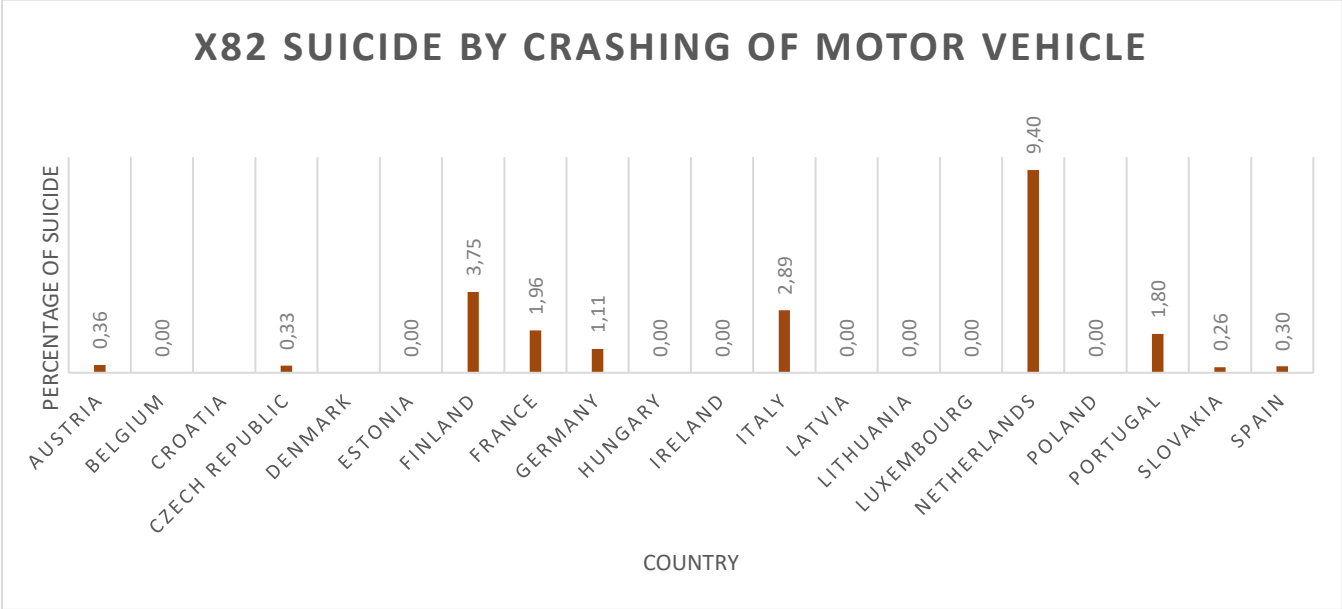


Figure 9: X82, Suicide by crashing of motor vehicle.

The incidence for crashing of motor vehicle in the European Union is 0.1 per 100.000 (SD +/- 0.3). Above average rates (> 0.4) can be observed in Finland (0.5). Very high values (> 0.6) can be seen in the Netherlands (1.0) which is more than 3 standard variations than the average.

Suicide by crashing of motor vehicle is the least performed method of committing suicide in the European Union. Only 1.38 % (n= 463) of all suicides in the surveyed time and countries were linked to this method.

Suicide by crashing of motor vehicle sees a very high percentage in the Netherlands, where 9.40 % (n = 175) of all suicides were performed in this way. In the European Union only 1.38 % (n= 463) of all suicides can be attributed to this method, as can be seen in Figure 1. The countries of Croatia, Denmark, Estonia, Hungary, Ireland, Latvia, Lithuania, Luxembourg as well as Poland did not either not report any death in this category or did not provide any data for this category.

X83-X84: Suicide by other or unspecified means

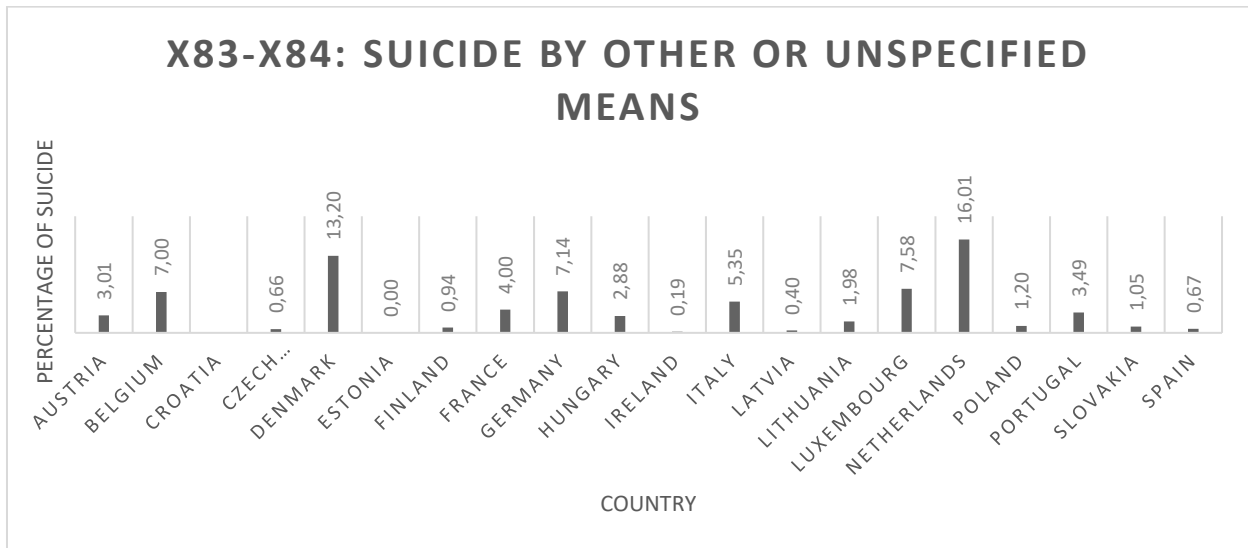


Figure 10: X83-X84: Suicide by other or unspecified means

Suicide by other or unspecified means has an incidence of 0.4 per 100.000 in the European Union (SD +/- 0.5). Above average rates (> 0.8) can be seen in: Belgium (1.1). Very high rates (> 1.3) can be seen in the Netherlands (1.7).

4.58 % (n = 1534) of all suicides in the European Union were grouped under other or unspecified means. Croatia did not provide any value for this method. Estonia did not group any death under X83 or X84. The Netherlands as well as Denmark report very high numbers for this category with 16.01 % (n = 298) and 13.20 % respectively.

Discussion

The aim of this thesis was to evaluate the various suicide methods used in the European Union, in order to establish a data basis. This could then be used to establish suitable prevention and intervention programs.

The first difficulty for this process was the lack of information from different countries, for example Malta and Cyprus which did not provide any data at all. Furthermore, there was a lack of detailed data from several countries about demographic factors such as gender or age. Some countries justified this with data privacy measures. Additionally, there is the question, how comparable the supplied data is. The data collected is from different years and it was not always clear, how a country classifies a death as a suicide. Most countries mentioned that a doctor generally files a death certificate which then gets send to the statistics office. Here there could already be a difference, since not always there is an involvement of forensic medicine in the investigation of the cause of death. A forensic doctor could determine the exact cause of death

by means of an autopsy. Even then it is not always clear, if the data is classified correctly, for example, the Spanish authorities reported inconsistent data in the recording of causes of death, especially since the data from the statistical office differed significantly from those of the autopsy authorities, as mentioned by Giner et Guija (2014) (36). Ultimately, it remains unclear whether the recorded suicides were assigned to the correct ICD headings in each case. In some cases, ICD headings were combined, in other cases, surprisingly, no suicides at all were mapped to a heading, although this type of suicide was relatively common in Europe.

Nonetheless, the available and collected data allows for an overview of the suicide methods that were predominant in various areas of Europe.

By far, the most dominant method of suicide was suicide by hanging in all European countries. Even if this method is overrepresented in the Baltic countries of Lithuania and Latvia and way less in countries such as Finland. The cause of this could be differences in architecture in high-risk areas such as psychiatric clinics and prisons. Finish prisons and hospitals could be paying attention to this factor and make it harder for patients and inmates to commit suicide by hanging.

The second most common method of committing suicide was suicide by self-poisoning. It is unclear which method of self-poisoning is the most predominant, as sadly all individual numbers ranging from X60 to X69 had to be grouped together. There could be a high prevalence of drug use as well as drug use prevention programs as a reason for suicide by this method in one country. There could also be a difference in drug prescription principles by countries. Some countries might allow the selling over the counter of toxic medicine without proper prescription. In Germany, it is possible to buy paracetamol without any prescription, even though its toxicity is well known.

Suicide by jumping from a high place was more common in the Mediterranean countries like Italy and Spain but not in other Mediterranean countries such as France or Portugal which have similar economic and cultural structure. This could be explained, similar to Japan, with local customs and traditions. Another reason for such high rates of suicide by jumping might be explained by media reporting of such deaths in countries such as Spain or Italy. Suicide rates in Spain and Italy are below the average in the European Union. It could be that both, Spain, and Italy have easy access to places that make suicide by jumping from high places possible. Studies have shown that restricting access to hot spots for jumping can drastically reduce the number of suicides (37).

The fourth most frequently used method for suicide in the European Union is suicide by firearm. Once again it was unfortunately not possible to distinguish between the individual firearms used as it would be possible using the structure offered by ICD-10 Classification. Austria was the nation in the European Union that used firearms for suicide most often. Even though they had an incidence of 2.5 deaths per 100.000 using firearms it is still way less than countries such as the United States which has the highest rate of suicide by firearm in the world. This high rate for Austria could be explained with relatively easy access to firearms. However, countries such as Lithuania and Latvia have very low rates of suicide by firearm even though their rates of firearm ownership are probably not much lower.

Suicide by jumping or lying before a moving object is the fifth most often used suicide method if you do not account for suicide by other or unspecified means. Luxembourg is overrepresented in this category of suicide methods. However, with a sample size of only eight people for Luxembourg this makes a statistical analysis more or less impossible.

Suicide by explosives, fire and objects is not very common within the European Union. However, in Estonia, more than a tenth of all suicides were committed in this way. Possibly the access to explosives is easier in Estonia than it is in countries such as Poland, Latvia or Lithuania. It could also be, that this method of committing suicide is underreported in the European Union. Moreover, the determination of causes of fire is not always easy and especially the differentiation between a fire that was caused with the intention of committing insurance fraud and accidentally killing oneself in the process and the intention of burning oneself alive. It is also possible, that a person that has suicidal ideations is more afraid of suicide by fire or explosives than by other means.

Suicide by drowning is not a very common method for committing suicide in the European Union. It should be assumed that this method has lost importance over the last decades. Looking at the number of drowning victims in the United States during the last 116 years (38), one can see a clear decline in the number of deaths by drowning. This will also include numbers of suicide, and this can probably be transferred to the European Union as well. There has been a steady increase in water security measures throughout Europe, including Coastguards, an increase in safety of ships and water vessels and more qualified lifeguards. However, suicide by drowning still occurs and showing the highest levels in Ireland. This could be explained either by its geographical region or by traditions. It is surprising, that there is no data available for Croatia for this method, as there has been a previous 2010 study analyzing Suicidal

drowning deaths between 1981 and 2005 in southwestern Croatia, which reported a total of 134 cases of suicidal drowning.

Suicide by crashing of motor vehicle is the least common suicide method in the European Union, however suicide by crashing of motor vehicle is quite common in the Netherlands where a total of 175 people committed suicide in such a way. This is vastly different in comparison to the rest of the European Union. Plenty of countries such as Poland, Luxembourg, Lithuania, or Latvia did not show any suicides in this category. They either group this under category X83/X84, suicide by other or unspecified means or which is even possible, is that they did not pay attention in case of car accidents. It is very unlikely that there are no suicides by crashing of motor vehicle in so many countries, whereas in the Netherlands there is an exceedingly high number of suicides by crashing of motor vehicle. Access to motor vehicles is available throughout the European Union (39), which makes it even more unlikely, that there were no reported committed suicides in such a way in those screened countries. Even more countries such as, Luxembourg or Poland have remarkably high rate of passenger car ownership in the European Union. It is very unlikely, that were no suicides committed by crashing of motor vehicles. Remarkably, there were exceptionally low rates of suicide by crashing of motor vehicle in Germany, even though there is no speed limit in Germany and car ownership is culturally important in Germany.

There is a high rate of unspecified suicides or suicides by other means in the European Union. It is very hard to determine the potential causes of this. These could be suicides such as Hara-kiri committed by Japanese immigrants, throwing of a hair dryer into a bathtub or other very unlikely or hard to imagine methods of committing suicide. It could also be a combination of methods such as intoxication and drowning. It could also be homicide-suicide or (medically) assisted suicide. Since further classification was not done by the competent authorities it is not possible to discuss this specific category in detail.

Conclusion

Suicide remains the seventh most frequent cause of death in the European Union. There has been a 17 % decrease during the last decade according to Eurostat (40). Suicide by hanging remains the leading cause of death by suicide in all European countries. Even if the total number of suicides by hanging have been going down in the recent years. Prevention measures from Finland could prove to be helpful also in countries such as Lithuania and Latvia to prevent their high rates of suicide by hanging. It remains important to improve the prevention measures for suicide as well as to direct suicidal individuals to appropriate treatment. Even more so since

mental disorders remain an especially important reason for committing suicide. The various rates and methods for committing suicide in different European countries show, that further reduction of suicide rates is possible. More precise data collection by the competent authorities would be beneficial in order to be able to draw appropriate conclusions for urgently needed measures. This is currently not possible. It was shown by Kapusta et al. (2009) (41) that a decrease in suicide rates in Austria was linked with the rate of the number of sold packages of antidepressants, the rate of alcohol consumption per capita, unemployment and the rate of available of psychotherapists as well as general practitioners. It is hard to say if there is a causality between these factors, but good medical care is surely an important prerequisite in the reduction of suicide rates.

Further research in the context of suicide method in regard to demographic factors, socioeconomic factors, press releases and their effects on suicide, access to medical care is needed to optimize the prevention programs in the European Union.

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Annex

ICD Codes	Czech										
	Austria	Belgium	Bulgaria	Croatia	Cyprus	Republic	Denmark	Estonia	Finland	France	Germany
X60 Suicide by analgesics, antipyretics and antirheumatics	0	0				2		0	13		12
X61 Suicide by psychotropic drugs	1	220				47		9	69		274
X62 Suicide by narcotics and psychodysleptics	3	0				5		4	40		128
X63 Suicide other drugs acting on the autonomic nervous system	0	0				6		1	12		21
X64 Suicide by other drugs	63	0				21		3	19		820
X65 Suicide by alcohol	1	0				1		3	1		22
X66 Suicide by organic solvents	0	47				0		0	1		3
X67 Suicide by other gases and vapours	11	0				15		0	10		317
X68 Suicide by pesticides	0	0				0		0	0		13
X69 Suicide by other substances	3	0				9		2	5		138
X70 Suicide by hanging	497	984				628		124	279		4035
X71 Suicide by drowning	24	95				16		3	37		198
X72 Suicide by handgun	13	0				118		6	40		123
X73 Suicide by rifle or shotgun	18	122				15		1	68		45
X74 Suicide by other firearms	196	0				20		6	3		471
X75 Suicide by explosive material	1	0				0		1	1		0
X76 Suicide by fire and smoke	2	0				4		0	5		39
X77 Suicide by hot vapours and hot objects	0	0				0		7	0		4
X78 Suicide by sharp object	37	0				62		0	22		398
X79 Suicide by blunt object	0	0				0		14	0		3
X80 Suicide by jumping from a high place	123	68				161		0	56		897
X81 Suicide by jumping or lying before moving object	67	71				79		2	31		492
X82 Suicide by crashing of motor vehicle	4	0				4		0	28		102
X83 Suicide by other means	5	121				7		0	6		135
X84 Suicide by unspecified means	28	0				1		0	1		523
Total Number:	1097	1728	0	0	0	1221	0	186	747	0	9213

Annex 1: Raw ICD Data 1 Austria - Germany

ICD Codes	Greece	Hungary	Ireland	Italy	Latvia	Lithuania	Luxembourg	Malta
X60 Suicide by analgesics, antipyretics and antirheumatics		0	0	0	0	0	0	0
X61 Suicide by psychotropic drugs		283	25	248	0	9	5	
X62 Suicide by narcotics and psychodysleptics		0	0	0	0	0	0	
X63 Suicide other drugs acting on the autonomic nervous system		0	0	0	0	0	0	
X64 Suicide by other drugs		0	0	0	1	0	0	
X65 Suicide by alcohol		0	0	0	0	0	0	
X66 Suicide by organic solvents		0	0	0	0	0	0	
X67 Suicide by other gases and vapours		0	0	0	0	0	0	
X68 Suicide by pesticides		0	0	0	0	0	0	
X69 Suicide by other substances		0	0	0	1	0	0	
X70 Suicide by hanging		861	418	2028	221	529	29	
X71 Suicide by drowning		30	50	149	2	5	3	
X72 Suicide by handgun		0	11	467	2	19	0	
X73 Suicide by rifle or shotgun		66	0	0	2	0	10	
X74 Suicide by other firearms		0	0	0	4	0	0	
X75 Suicide by explosive material		0	0	39	0	0	3	
X76 Suicide by fire and smoke		0	2	0	2	0	0	
X77 Suicide by hot vapours and hot objects		0	0	0	0	0	0	
X78 Suicide by sharp object		61	10	79	4	10	3	
X79 Suicide by blunt object		0	0	0	0	0	0	
X80 Suicide by jumping from a high place		116	6	795	0	23	0	
X81 Suicide by jumping or lying before moving object		99	1	0	13	0	8	
X82 Suicide by crashing of motor vehicle		0	0	120	0	0	0	
X83 Suicide by other means		45	1	220	1	12	0	
X84 Suicide by unspecified means		0	0	2	0	0	5	
Total Number:	0	1561	524	4147	253	607	66	0

Annex 2: Raw ICD Data 2 Greece – Malta

ICD Codes	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden
X60 Suicide by analgesics, antipyretics and antirheumatics	0	21	0		0		13	
X61 Suicide by psychotropic drugs	291	67	26		6		182	
X62 Suicide by narcotics and psychodysleptics	0		2		1		37	
X63 Suicide other drugs acting on the autonomic nervous system	0		3		1		1	
X64 Suicide by other drugs	0	67	32		10		185	
X65 Suicide by alcohol	0	1	1		1		5	
X66 Suicide by organic solvents	0		2		0		3	
X67 Suicide by other gases and vapours	0	39	7		1		46	
X68 Suicide by pesticides	0	0	27		0		13	
X69 Suicide by other substances	0		12		3		87	
X70 Suicide by hanging	862	3950	550		261		1905	
X71 Suicide by drowning	89	58	50		4		104	
X72 Suicide by handgun	0	100	22		22		59	
X73 Suicide by rifle or shotgun	0		18		3		88	
X74 Suicide by other firearms	0		34		8		32	
X75 Suicide by explosive material	0		0		4		0	
X76 Suicide by fire and smoke	0	13	10		0		28	
X77 Suicide by hot vapours and hot objects	0		0		14		2	
X78 Suicide by sharp object	0		11		0		101	
X79 Suicide by blunt object	0		0		0		0	
X80 Suicide by jumping from a high place	146	393	83		23		988	
X81 Suicide by jumping or lying before moving object	0	168	5		14		85	
X82 Suicide by crashing of motor vehicle	175		17		1		12	
X83 Suicide by other means	289	59	1		4		9	
X84 Suicide by unspecified means	9		32		0		18	
Total Number:	1861	4936	945	0	381	0	4003	0

Annex 3: Raw ICD Data 3 Netherlands – Sweden

	Czech							
	Austria	Belgium	Croatia	Republic	Denmark	Estonia	Finland	France
X60 - X69 - Suicide by self-poisoning	7,47	15,45		8,68	26,89	11,83	22,76	14,43
X70 Suicide by hanging	45,31	56,94		51,43	41,32	66,67	37,35	54,25
X71 Suicide by drowning	2,19	5,50	57,71	1,31	5,04	1,61	4,95	4,30
X72-X74: Suicide by firearm	20,69	7,06		12,53	8,72	6,99	14,86	13,72
X75-X79: Suicide by explosives, fire and objects	3,65	0,00		5,41	4,83	11,83	3,75	1,11
X80 Suicide by jumping from a high place	11,21	3,94	8,09	13,19		0,00	7,50	6,34
X81 Suicide by jumping or lying before moving object	6,11	4,11	6,96	6,47		1,08	4,15	
X82 Suicide by crashing of motor vehicle	0,36	0,00		0,33		0,00	3,75	1,96
X83-X84: Suicide by other or unspecified means	3,01	7,00		0,66	13,20	0,00	0,94	4,00
	Germany	Hungary	Ireland	Italy	Latvia	Lithuania	Luxembourg	Netherlands
X60 - X69 - Suicide by self-poisoning	18,97	18,13	4,77	5,98	0,79	1,48	7,58	15,64
X70 Suicide by hanging	43,80	55,16	79,77	48,90	87,35	87,15	43,94	46,32
X71 Suicide by drowning	2,15	1,92	9,54	3,59	0,79	0,82	4,55	4,78
X72-X74: Suicide by firearm	6,94	4,23	2,10	11,26	3,16	3,13	15,15	0,00
X75-X79: Suicide by explosives, fire and objects	4,82	3,91	2,29	2,85	2,37	1,65	9,09	0,00
X80 Suicide by jumping from a high place	9,74	7,43	1,15	19,17	0,00	3,79	0,00	7,85
X81 Suicide by jumping or lying before moving object	5,34	6,34	0,19	0,00	5,14	0,00	12,12	0,00
X82 Suicide by crashing of motor vehicle	1,11	0,00	0,00	2,89	0,00	0,00	0,00	9,40
X83-X84: Suicide by other or unspecified means	7,14	2,88	0,19	5,35	0,40	1,98	7,58	16,01

Annex 4: Percentages of Suicide by Method

	Poland	Portugal	Slovakia	Spain
X60 - X69 - Suicide by self-poisoning	3,95	11,85	6,04	14,29
X70 Suicide by hanging	80,02	58,20	68,50	47,59
X71 Suicide by drowning	1,18	5,29	1,05	2,60
X72-X74: Suicide by firearm	2,03	7,83	8,66	4,47
X75-X79: Suicide by explosives, fire and objects	0,26	2,22	4,72	3,27
X80 Suicide by jumping from a high place	7,96	8,78	6,04	24,68
X81 Suicide by jumping or lying before moving object	3,40	0,53	3,67	2,12
X82 Suicide by crashing of motor vehicle	0,00	1,80	0,26	0,30
X83-X84: Suicide by other or unspecified means	1,20	3,49	1,05	0,67

Annex 4: Percentages of Suicide by Method