

association STOP SUICIDE

C/o Maison des Associations
Rue des Savoises 15
1205 Genève
+41 22 320 55 67
info@stopsuicide.ch

CCP 17-296132-8

Parrainée par Fabienne BUGNON

*Membre Association internationale prévention suicide IASP
Membre Initiative prévention suicide Suisse IPSILON*

Universal Periodic Review

STOP SUICIDE Report for the UPR Session of May 5-16th 2008

1. STOP SUICIDE presents a specific report on suicide in youth in Switzerland, in addition to the contribution to the general report of the Swiss NGO coalition, which is presented on a separate basis.

Introduction

2. Switzerland witnesses a very high suicide rate among young people: "In Switzerland, 1378 people have committed suicide in the year 2000 (979 men and 399 women). This corresponds to 4 deaths/day due to suicide, or to a suicide rate of 19.1 every 100'000 residents. The Swiss suicide rate is therefore significantly higher than the world average rate [...]". Estimates say that only 10'000 suicide attempts (4000 men and 6000 women) are counted in census and treated on a medical level, while it is supposed that between 15'000 and 25'000 attempt to commit suicide every year"².
3. Suicide of young people is a special problem. For young aged between 15 and 24 suicide represents, together with road accidents, the first cause of mortality. Between 1969 and 2004, the suicide rate of the 15-19 year-old is of 10.18/ 100'000 residents and of 23.16/ 100'000 residents for the 20-24 year-old³. "After the backward step in the number

¹ Translation by STOP SUICIDE of the report of the Federal Office on Public Health: Rapport de l'Office fédéral de santé publique (OFSP), adopté par le Conseil fédéral, avril 2005; see: <http://www.stopsuicide.ch/Rapport-du-Conseil-federal>

² *Ibidem*

³ Calculation on the base of data from the Federal Office of Statistics (OFS), 2004

of deaths by road accident and the drop-off in AIDS related deaths, suicide is today the first cause of death amongst men aged between 15 and 44⁴.

4. Concerning suicide attempts, statistics in Switzerland are deficient and particularly incomplete. The table, extracted from the April 2005 report of the Federal Office on Public Health (OFSP), demonstrates clearly that suicide is a worryingly present thought on young people's minds, and that the number of young admitting a suicide attempt over the past 12 months is important: in 2003, 3.4 % of the women and 1.6 % of the men aged between 15 and 20 say having committed at least one suicide attempt.

Tableau 3 : Résumé des données de suicidalité des enquêtes SMASH
[Rey Gex 1998, Narring 2003]

Questions	1992		2002	
	Femmes de 15 à 20 ans n=3993	Hommes de 15 à 20 ans n=5275	Femmes de 15 à 20 ans n=3380	Hommes de 15 à 20 ans n=4040
Au cours des 12 derniers mois :				
• Avez-vous pensé au suicide?	37,3%	27,3%	21,4%	15,4%
• Avez-vous envisagé le suicide?	26,8%	20,8%		
• Y a-t-il eu des moments où vous vouliez vous suicider?	21,9%	13,6%	16,7%	9,8%
• Vous seriez-vous suicidé(e) si vous en aviez eu l'occasion?	5,4%	4,2%	4,9%	3,2%
• Avez-vous pensé à une méthode que vous pourriez employer pour vous suicider?			22,4%	17,9%
• Avez-vous commis une tentative de suicide?	3,9%	2,3%	3,4%	1,6%
• Avez-vous parlé de cette tentative de suicide à des amis ou à des proches?	39,0%	38,3%	34,0%	29,0%
Avez-vous, au cours de votre vie, déjà commis une tentative de suicide?			8,2%	3,2%

5. Despite these overwhelming numbers, in Switzerland there is no such thing as a program or a federal objective of suicide prevention.

Institutional situation: international and national

6. Switzerland has ratified different international and regional instruments by which it recognizes the right of everyone to "a standard of living adequate for the health and well-being of himself"⁵. Moreover Switzerland accepted to assume its responsibility to improve the level of health of its population. Switzerland also ratified the Convention on the Rights of the Child.

⁴ OFSP Report, *op. cit.*

⁵ Article 25.1 Universal Declaration of Human Rights, article 12 International Covenant on Economic, Social and Cultural Rights, article 24 Convention on the Rights of the Child

7. Switzerland is member of the World health organisation (WHO). The WHO recognized suicide as a major mental health issue. Suicide therefore constitutes a public health problem, for which every national government is responsible.
8. The way to put the disposition mentioned above into practice has been refined by the General Comment N. 14 of the Observation committee of the Economic, Social and Cultural Rights Pact in May 2000. The will to carry through this rule of international law was reasserted in the resolution of the Human rights Council on December 12, 2007.
9. The foregoing shows clearly that:
 - On one hand suicide prevention, as part of mental health, is to be considered in the human rights normative framework, to which Switzerland is committed.
 - On the other hand the proliferation of comments of the Observation committees emphasizes the importance of the issue and the will asserted by the international community to improve the present situation.
10. One has to emphasize that the specificity of these rights binds an obligation of action, quite more than an obligation of outcome. Switzerland, through the bias of the binding commitments, has some paramount action priorities in the ambit of mental health protection and suicide prevention.
11. However, the Federal government argues that it is not in the position to take action, since it lacks the constitutional competence to move forward in the ambit of suicide prevention⁶. This opinion is obviously not unanimous⁷. Moreover the share of competence in the Swiss federal system can be deeply discussed , mainly because of the encouraging role the Confederation can take up with the cantons. In fact, at present the Confederation already holds some degree of competence in health related issues, such as mental health and prevention⁸. Additionally, an enlargement of these activities does not require a modification of the constitutional competence.

Three concrete suggestions

12. Stop suicide articulates three suggestions which don't disregard the arguments put forward by the Federal government, in order to allow a rapid action to be enforced, without violating the constitutional principles⁹.

⁶ See the OFSP Report, *op. cit.*, and information on: <http://www.stopsuicide.ch/-Lois-de-prevention->

⁷ See *inter alia* Florian IRMINGER, « Suicide des jeunes : fléau ignoré par la loi », *Plädoyer*, no 4/05, 2005

⁸ See <http://www.bag.admin.ch/themen/medizin/00683/03923/04137/index.html?lang=fr>

⁹ Articles 5 and 42 of the Federal Constitution

13. First, it is fundamental that suicide is considered as an important cause of mortality. In order to have an adequate prevention, the obvious links between mental health and suicide have to be recognized, and therefore it has to be taken into account by the services and offices in charge, as well as by the public law organisms.

This is of primary importance for a promotion of the highest achievable standard of health, for which the independent institutions of the Confederation are accountable. These institutions should integrate the issue of suicide. In fact, it has to be observed that some of the institutions that have a direct mandate related to mental health do not incorporate suicide prevention in their objectives and day-to-day work.

14. Second, in the general objective of a better information and an enhancement of scientific knowledge about suicide, the obstacle of lack of academic research has to be overcome. Encouraging and supporting the services and state offices in charge is therefore essential.

In fact, if one considers present academic research, it rapidly turns out that in international research progress is being made while it stagnates in Switzerland. The implication of Switzerland could equally evolve in the ambit of international programs, such as the WHO programs.

15. In the two foregoing suggestions (points 13 & 14), it has to be emphasized that Switzerland is endowed with offices and institutions in charge of health related issues and its promotion, as well as in charge of statistics and academic research.

It is the duty of the Confederation to enact the instructions for these institutions and the confines of their interventions. By not doing this, the Confederation de facto doesn't respect its international obligations. The international instruments incorporate the issue of mental health. Switzerland experiences a problem in this setting, specially concerning young people.

Moreover the Confederation has the role to encourage the Cantons, particularly in those areas of international agreements for which the competence lies with the Cantons. A fortiori, mentioning suicide among the responsibilities of the state organs and offices will support private action by the Cantons.

16. The third suggestion concerns the development of a pilot project for the national coordination of suicide prevention.

In order to realize it, or to put in place a new competence, the public administration needs to know to what it commits itself. By supporting, for a given period, a national coordination of suicide prevention, the necessity and feasibility of such a program could be evaluated.

This kind of policy would answer to the international obligations of a state and would not force the setting up of a federal policy.

17. The foregoing points are only three suggestions allowing to demonstrate that Switzerland is not entirely engaged to do whatever in its possibilities to guarantee the highest possible health standards. These suggestions, if set up, would significantly contribute to suicide prevention. It is actually the *minimum minimorum* that Switzerland is supposed to do.

Specific problem of suicide through firearms

18. With a rate of 35.7% of weapon possession per household, Switzerland experiences one of the highest rates in the world¹⁰. This can be explained by the fact that access to weapons such as guns is not very regulated. The law on weapons remains full of loopholes, since it is still possible for teenagers to bring guns home¹¹.
19. Yet, guns are often at the origin of domestic violence:
 - One homicide out of three (33%) takes place in domestic setting and almost 35 % are committed with guns¹².
 - moreover, almost 240 suicides are committed every year¹³, although it is globally known and accepted that a policy of reduced accessibility allows to decrease the number of suicides. This has been reiterated by the OFSP¹⁴.

At the international level Switzerland did not sign the “Protocol against the Illicit Manufacturing of and Trafficking in Firearms” (2001).

To diminish the number of suicides of young people, Switzerland should take action and reduce the access to firearms.

20. In conclusion, STOP SUICIDE deplores that Switzerland experiences a major problem of public health, against which the Federal government does not commit itself entirely, and moreover does not support any kind of protection measures.

¹⁰ Vladeta AJDacic-GROSS, Martin Killias, *et al.*, «Changing Times: A Longitudinal Analysis of International Firearm Suicid Data», *American Journal of Public Health*, octobre 2006, vol. 96, n. 10, see <http://www.stopsuicide.ch/Moins-d-armes-moins-de-suicides>, 159

¹¹ Art. 11a of the Federal Law on Arms; see <http://www.stopsuicide.ch/-Armes-civiles->

¹² Special Inquire of the OFS (2006)

¹³ OFS (2006); see <http://www.stopsuicide.ch/-Armes-a-domicile->

¹⁴ Calculation on the base of data from the OFS, 2004, see http://www.stopsuicide.ch/sources/stats/statistiques2004_causes.pdf