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ECONOMIC, SOCIAL AND CULTURAL RIGHTS

Written statement* submitted by Asian Legal Resource Centre (ALRC), a non-governmental organization in general consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[3 February 2003]

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* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

Preventing suicide in Sri Lanka

1. Sri Lanka has the world's highest suicide rate at 55.46 per 100,000 population. Daily, at least twenty-three persons commit suicide, and ten times that number attempt it, most of them 16-35 year olds. The main method of committing suicide is the ingestion of pesticides, which are readily available in rural farming households. Given the enormous number of youth killed in war and insurgencies or disappeared by the state over the past thirty years, the extent of youth suicide in Sri Lanka is adding an almost unbearable burden to what is already a tragic toll.

2. A primary reason for suicide is the grinding poverty and indebtedness that most rural youth experience. The social and psychological turmoil coming with rapid social change is another cause, particularly among populations that had earlier been resettled to inhospitable regions from conflict zones. Despite these connections, there are currently no serious initiatives within the country to study the relationship between poverty and suicide. Meanwhile, although statistics on suicide in Sri Lanka suggest a very high rate, in fact it continues to be severely under-reported, as health officials classify many deaths due to poisoning as accidental, or as deaths due to undetermined cause. For a variety of other reasons, underreporting has meant that the full extent of the suicide epidemic has not been recognized.

3. In addition to the dismal condition of rural hospitals, another burden for victims of suicide attempts is the utter disregard and downright contempt many hospital staff display toward them. At least one physician in charge of a rural hospital in Embilipitiya has refused to share hospital records on suicide admissions with researchers, commenting with disdain and arrogance that it was not a major problem. The implication of such behaviour by doctors and other medical staff is that suicide is not a medical concern at all and that it should simply be dismissed.

4. The Asian Legal Resource Centre agrees completely with the recommendations that Dr Nanadani Gunawardane has shared with it for a comprehensive strategy to address this crisis. This strategy would involve governmental and non-governmental agencies, as well as public support. A society-wide effort needs to be launched to contain the crisis. Accordingly, the Asian Legal Resource Centre calls upon the Commission on Human Rights to urge the Government of Sri Lanka, which to date has not tried to develop an effective strategy to deal with this major problem, to do much more to evoke an institutional and community response. In particular, it should seriously consider the following five-part strategy.

   a. RESEARCH

   i. Establish an island-wide tracking system to account fully and accurately for the incidence of suicides and suicide attempts in light of the current inadequacies in the way they are registered in the health system.

   ii. Identify the ways that people commit suicide in different areas and how these have changed over time.

iii. Assess the relative mortality rates of suicide admissions for each lethal substance in order to ensure preparedness at the hospital level (availability of equipment, staff, facilities and amenities), and in order to target messages included in a prevention campaign.

iv. Identify high-risk communities and districts, age groups, education levels and occupations.

v. Scientifically assess the effectiveness of home remedies in on-the-spot intervention.

vi. Continuously monitor those who have survived suicide attempts.

vii. Continuously assess interventions in order to determine their effectiveness.

viii. Conduct scientific research on unexplored causal variables, including the effects of chronic exposure to pesticides and weedicides on mood and depression; seasonal trends and determinants; the connection between financial pressure and family conflict; the extent to which alcohol is associated with suicide; and, the absence of kin networks among those who have attempted or committed suicide.

b. PREVENTION:

i. Undertake a campaign to raise awareness about suicide and reduce the stigma currently associated with it. Campaign methods could include television dramas and spot messages, radio messages and discussion programs, newspaper ads and a poster campaign.

ii. Educate the public at large, particularly in high-risk communities, on the long and short-term effects of lethal substances on human wellbeing and productivity. A mass-media campaign informing the public of the dangerous aftereffects of these substances would serve as a deterrent.

iii. Educate the public at large on safe and appropriate first aid methods in case of accidental poisoning.

iv. Train high-risk youth groups on coping strategies.

v. Train youth volunteers in high-risk communities to act as peer counselors, and offer similar training to other suitable individuals, such as school teachers and family health workers.

vi. Train health workers on how to identify at-risk individuals, how to begin a counseling strategy and how to provide referral services to the chronically depressed and to those with other ailments such as schizophrenia.

c. TREATMENT

i. Ensure adequate resources to address the problem of suicides region by region.

ii. Have all required equipment in full repair and good condition.

iii. Ensure high quality care, through empathetic and supportive staff.

iv. Secure antidotes and other treatments in ample quantity at the rural hospital level.

d. FOLLOW-UP:

i. Monitor the progress of victims of suicide attempts by requiring them to return for consultations with a clinical psychologist or counselor.

ii. Monitor family members of suicide victims to help them cope with loss and bereavement, since they too are at high risk of depression and suicide.

e. RELATED PROBLEMS: Address related problems such as financial mismanagement, alcohol and other substance abuse, gender abuse and family conflict, through education programmes.
