State of Alaska Epidemiology Bulletin

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Youth Suicides in Alaska, 2016–2025

Background

Alaska's youth suicide rate is nearly six times higher than the national average.[1] This *Bulletin* describes the epidemiology of fatal and non-fatal suicides and attempts among Alaskan youth aged 10–18 years during 2016–2025 including trends and key characteristics to inform future prevention efforts.

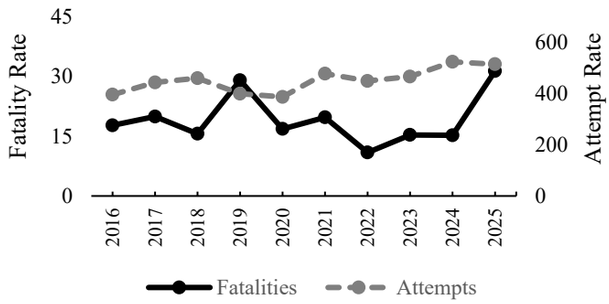
Methods

The Alaska Violent Death Reporting System was used to identify youth suicide fatalities using abstractor-assigned manner of death.[2] The Alaska Health Facilities Data Reporting (HFDR) system was used to identify non-fatal suicide attempts.[3] Alaska Department of Labor census estimates were used to calculate rates. Statistical differences were calculated using Fisher's exact tests.

Results

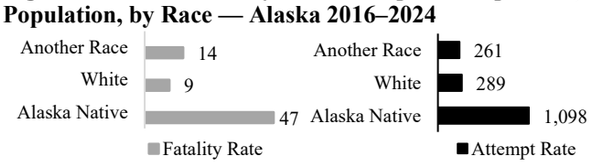
During 2016–2025, 174 youth suicide fatalities (19.2 per 100,000 children aged 10–18 years), and 4,101 suicide attempts (451 per 100,000 children aged 10–18 years) occurred among Alaska youth. The median age of decedents was 16 years. The fatality rate observed in 2025 was the highest recorded over the previous 10 years (Figure 1).

Figure 1. Suicide Fatality and Attempt Rates per 100,000 Population — Alaska 2016–2025



Rates of suicide fatalities and attempts were highest among Alaska Native youth (Figure 2).

Figure 2. Suicide Fatality and Attempt Rates per 100,000 Population, by Race — Alaska 2016–2024



The average attempt-to-fatality ratio was 24:1 overall; the ratio among females was 13.7-times higher than among males (Table 1). Roughly 30% of females who died by suicide had a prior suicide attempt, compared to 17% of males.

Table 1. Suicide Attempt-to-Fatality Ratios — Alaska 2016–2025

	Attempt Number	Attempt Rate*	Fatality Number	Fatality Rate*	Rate Ratio
Total	4,101	451	174	19	24:1
Female	3,152	718	33	7.5	96:1
Male	949	202	141	30	7:1

**Rate per 100,000 youth aged 10–18 years.*

The method of suicide differed significantly by sex in both fatalities and attempts (Fisher's exact p<0.005; Tables 2&3). Firearms were the predominant method of suicide fatalities among males; ligature hanging was the predominant method among females. With respect to suicide attempts, poisoning was the most common method for both sexes (Tables 2&3).

Table 2. Method of Suicide Fatalities, by Sex — Alaska 2016–2025

	Total, n=174	Male, n=141	Female n=33
Firearms*	55%	61%	30%
Ligature hanging*	43%	37%	67%
All other means	2%	2%	3%

Table 3. Method of Suicide Attempts, by Sex — Alaska 2016–2025

	Total, n=4,101	Male, n=949	Female, n=3,152
Firearms*	1%	3%	<1%
Ligature hanging*	2%	4%	<1%
Poisoning*†	63%	54%	65%
Sharp objects*	26%	25%	27%
All other means*	9%	14%	7%

**Statistical difference between sexes (Fisher's exact p<0.01)*
†Commonly used poisons included acetaminophen, ibuprofen, and diphenhydramine

Discussion

Alaska's youth suicide fatality rate reached a 10-year high in 2025, underscoring the urgency of suicide prevention efforts for young Alaskans.

The higher frequency of suicide attempts among female youth, coupled with substantially higher suicide mortality among male youth, indicates the need to prioritize timely follow-up and intervention following attempts among females and efforts to reduce access to highly lethal means (particularly firearms) among males during periods of crisis.

The disproportionate burden of suicide among Alaska Native youth underscores the need for prevention strategies that are culturally responsive and community informed. Priorities include strengthening protective factors, expanding access to behavioral health services, reducing barriers to care, promoting connectedness and lethal-means safety, and strengthening crisis response and postvention support for Alaska Native youth.

This analysis has limitations. Suicide attempts were identified through healthcare encounters which likely underestimate the true attempt-to-fatality ratio, as not all suicide attempts result in healthcare encounters. This analysis does not account for individual-level risk factors such as health diagnoses, substance use, or adverse childhood experiences, all of which are known contributors to youth suicide risk.

Recommendations

1. Encourage youth and families in crisis to call, text, or chat 988 for the National Suicide & Crisis Lifeline.
2. Provide culturally responsive suicide prevention and postvention care for Alaska youth that fosters community connections, healthy family and peer relationships, safe schools, and safe firearm and medication storage.
3. Adopt evidence-based suicide prevention practices, including screening, safety planning, follow-up, and care coordination through frameworks such as Zero Suicide.

References

1. CDC WONDER. (2018-2024). Centers for Disease Control and Prevention, National Center for Health Statistics (June 3, 2026).
2. Alaska Violent Death Reporting System. (2026). Alaska DOH, DPH, Health Analytics and Vital Records Section (May 5, 2026).
3. Alaska Inpatient/Outpatient Database. (2026). Alaska Health Facilities Data Reporting Program. Alaska DOH, DPH, Health Analytics and Vital Records Section (May 4, 2026).

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