



ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM

Alaska Native  
Injury Atlas

**Part 2:**  
**Poisoning and  
Suicide Attempt  
Injury  
Hospitalizations**

Injury Prevention Program and Alaska Native Epidemiology Center

# **Alaska Native Injury Atlas**

4th Edition

Part 2 | Poisoning & Suicide Attempt Injury Hospitalizations

Alaska Native Tribal Health Consortium

2026

# Introduction

Part 1 of the Injury Atlas reported information about Alaska Native Injury Deaths in Alaska. It is available on the Alaska Native Epidemiology Center website: [epi.anthc.org](http://epi.anthc.org).

Part 2 reports on data collected by the Alaska Health Facilities Data Reporting (HFDR) program. This program is administered by the State of Alaska and collects inpatient and outpatient discharge data from Alaska healthcare facilities. Currently, the HFDR has the most comprehensive reporting for poisoning injuries (intentional and unintentional) in Alaska. The Injury Atlas is, for the first time, using the HFDR for analysis of inpatient cases of suicide attempts (a large proportion of which involve poisoning) and unintentional/undetermined intent poisoning injuries (also referred to as poisoning). Only cases reported in the HFDR inpatient data are included. Please see Appendix A for more information about the HFDR, including which facilities participate.

This report provides information on suicide attempt and poisoning hospitalizations (also referred to as hospital admissions) among Alaska Native and American Indian people (also referred to as Alaska Native people or as AN/AI), as reported in the HFDR data. It is critical to conduct surveillance on these two causes of injury because, according to this dataset, they are the second and third leading causes of hospital admissions for injury (the leading cause is fall-related injuries).

The data in this report include hospital admissions from 2018 through 2023, based on the date of admittance to the hospital. Regional data are reported for 13 regions, using the 12 Tribal Health Regions commonly reported in the Alaska Native Tribal Health Consortium documents, but separating the Anchorage/Matanuska-Susitna region into the Anchorage Municipality and Matanuska-Susitna Borough.

Please note that this report does not include any rates based on population, regionally or statewide. This data set focuses on all hospital admissions, rather than hospitalized patients. When a person is admitted to the hospital more than once, they are represented in the data multiple times. Therefore rates are not included in this publication; we have included counts or percents of total admissions. If your Tribal Health Organization is interested in other calculations using this dataset, reach out to us for support: [anepicenter@anthc.org](mailto:anepicenter@anthc.org).

We hope that this information can guide advocacy, policy making, strategic and program planning, and program evaluation, and help create an environment where “Alaska Native people are the healthiest people in the world.”

# Executive Summary

## During 2018-2023:

- 25 facilities reported 348,148 total inpatient hospitalizations, for all causes, to the HFDR
- Of these hospitalizations, 99,382 were among Alaska Native people
- Alaska Native people had 6,818 inpatient hospitalizations for injuries, including 603 for unintentional/undetermined intent poisoning injuries, and 1,393 for suicide attempts
- There were 293 unintentional/undetermined intent poisoning injury hospitalizations among Alaska Native males and 310 among Alaska Native females
- There were 437 suicide attempt injury hospitalizations among Alaska Native males and 956 among Alaska Native females
- The four leading causes of unintentional/undetermined intent poisoning hospitalizations among Alaska Native people were: Opioids, 4-Aminophenol Derivatives (e.g. Tylenol), Amphetamines and Drinking Alcohol
- The four leading mechanisms for suicide attempt hospitalizations among Alaska Native people were: 4-Aminophenol Derivatives, Sharp Objects, Firearms, and Hanging



# Methodology

The data in this report represent hospital admissions by Alaska Native people. Race information about patients is collected by the facilities, with each facility using their own methodology for recording information. In Tribal facilities, Alaska Native refers to alone or in combination with other race(s). Non-Tribal facilities may use single race categories, and therefore data from non-Tribal facilities may fail to capture all Alaska Native people discharged from their facilities, specifically those who are multi-racial.

This report tracks counts for admissions by injury and their subcategories and related percentages for hospitalizations. As described above in the introduction, this report does not track rates based on region or state population.

When possible, suicide attempt data and poisoning data in this report are delineated by gender, age, region (based on city or zip code of home address of admitted person) and specific mechanism. This report uses ICD-10-CM diagnosis codes to categorize injuries in two distinct ways: by intent and mechanism. If you would like a list of all ICD-10-CM injury codes, please email [anepicenter@anthc.org](mailto:anepicenter@anthc.org).

**Injury INTENT:** Injuries can be broadly classified by three major categories of intent: intentional, unintentional, and undetermined intent. Intentional injuries are those involving purposeful or deliberate harm, such as assault or suicide attempt. From HFDR data, the only intentional injuries included in this report are suicide attempt hospital admissions. Unintentional injuries are those that were unplanned or not deliberate. Injuries where intent could not be determined are identified as having undetermined intent. For this report, hospital admissions for non-suicide poisoning combine unintentional and undetermined intents.

**Injury MECHANISM:** Injuries are classified by mechanism (sometimes called means), or the external cause of injury. In this report, suicide attempt cases are further broken down by mechanism. The specific injury mechanisms reported are based on the *International Classification of Diseases Tenth Edition (ICD-10-CM)* category specifications: T36-T65 codes with the character “2” in the 5th or 6th position for self-inflicted poisoning, and X71-X83 codes for non-poisoning mechanisms for self-harm (firearm, sharp object, asphyxiation, etc.). For poisoning injuries, poisoning is the identified mechanism.

To count suicide attempt and poisoning admissions, we first identify all injury admissions by flagging cases when an injury diagnosis code (for broken bone, cut, burn, etc.) is present in the principal diagnosis field. Then, among these injury admissions, we identify suicide attempts and poisonings when an ICD-10-CM code specific to those causes is present in any of the principal or 29 secondary diagnosis fields. In cases where the admission included both suicide attempt and poisoning codes, we categorized that admission as a suicide attempt. This was done as (1) this combination of codes indicates the poisoning was intentional and the mechanism for the suicide attempt, and (2) this prevents double-counting admissions.

In this report, we identify the four leading subcategories of suicide attempts and unintentional/undetermined intent poisoning hospitalizations. For suicide attempts, the subcategories are referred to as mechanisms, and for poisoning admissions, the subcategories are referred to as poison types. If a case had ICD-10-CM codes for more than one type of a subcategory (such as two different kinds of opioid drugs), the case would be counted only once in that subcategory. This allows us to show the number of times each subcategory was associated with a case, as many suicide attempt and/or poisoning injuries had multiple mechanisms and/or substances flagged by the care provider. This section is meant to help inform prevention programming, not provide definitive counts for care-planning purposes. If one admission has multiple mechanisms (i.e. a suicide attempt with a firearm and drugs), then that admission would be counted under each of those mechanisms. This makes the “mechanism count” or “poison type count” shown in the charts and tables larger than the overall admission count.

**NOTE:** As mentioned, only cases with an injury diagnosis listed as the principal diagnosis were counted for this analysis to follow the national procedure for identifying injury cases as defined by the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (Thomas KE, Johnson RL. State Injury Indicators: Instructions for Preparing 2022 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2024). There were many cases that had injury or poisoning listed in the 29 secondary diagnosis fields, but these were not included in our data analysis if the principal diagnosis was not an injury.

# Dataset Overview:

## Total Hospitalizations & Age Distribution

A total of 348,148 hospitalizations were reported in the data set, and 99,382 of them were attributed to Alaska Native people. Of these admissions, 6,818 had a primary admission reason for injury, with 1,393 suicide attempt admissions (including intentional poisoning) and 603 unintentional/undetermined intent poisoning admissions (does not include suicide or assault-related admissions). Unintentional/undetermined intent poisoning was most frequent for ages 30-39, and suicide attempt was most frequent for ages 20-29.

Inpatient Hospitalizations Overview	
Category	Count
Facilities	25
Total Hospitalizations	348,148
• AN/AI Hospitalizations	99,382
• AN/AI Injury Hospitalizations	6,818
• AN/AI Suicide Attempt Hospitalizations (includes intentional poisoning)	1,393
• AN/AI Unintentional/Undetermined Intent Poisoning Hospitalizations (does not include suicide or assault-related hospitalizations)	603

**Data Source: Alaska Health Facilities Data Reporting Program (HFDR)**

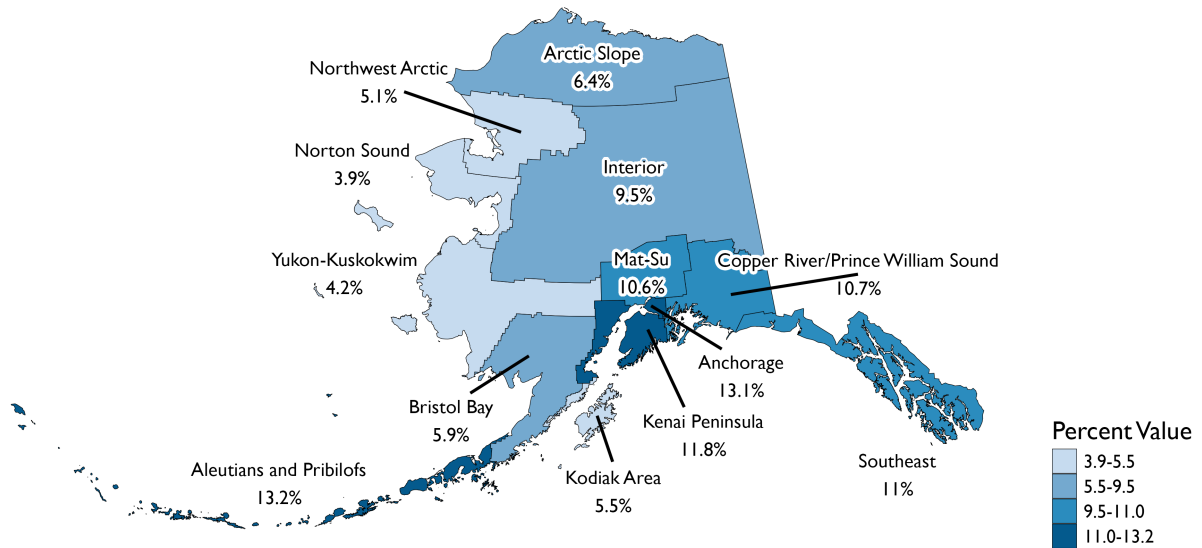


<b>Unintentional/Undetermined Intent Poisoning and Suicide Attempt Hospitalizations by Age</b>		
<b>Alaska Native People, 2018-2023</b>		
<b>Age Group</b>	<b>Poisoning</b>	<b>Suicide Attempt</b>
0-9	34	0
10-19	43	428
20-29	97	446
30-39	123	272
40-49	105	143
50-59	104	66
60-69	54	29
70+	43	9
<b>Total</b>	<b>603</b>	<b>1393</b>
<b>Data Source: Alaska Health Facilities Data Reporting Program (HFDR)</b>		



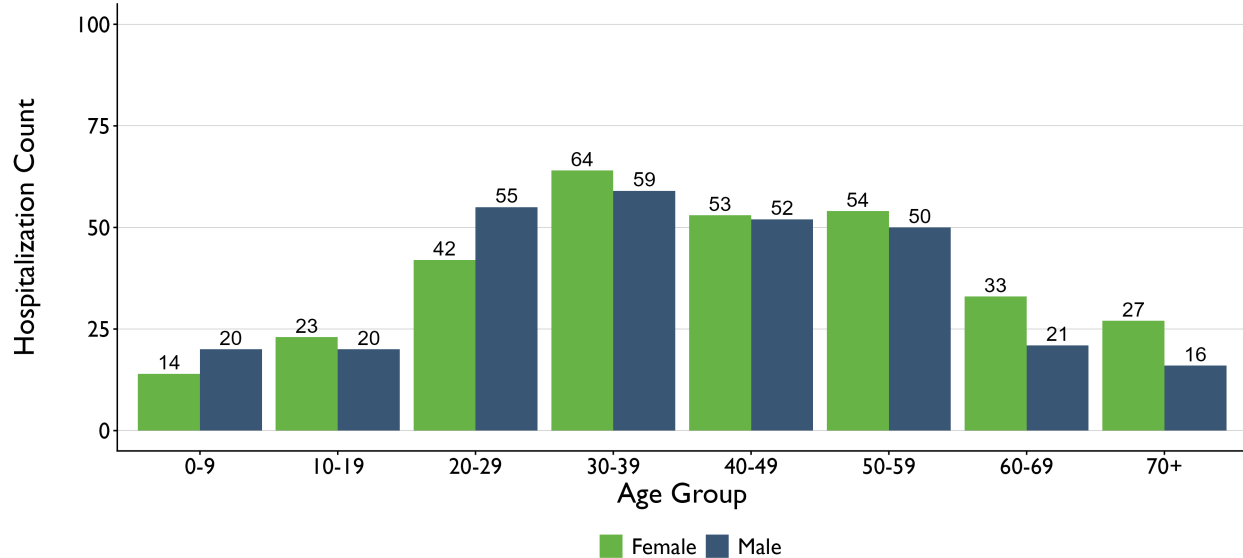
# Poisoning Hospitalizations

Unintentional/Undetermined Intent Poisoning as Percent of Region Total Injury, Alaska Native People, 2018-2023



Data Source: Alaska Health Facilities Data Reporting Program (HFDR)

Unintentional/Undetermined Intent Poisoning by Age and Sex Alaska Native People, 2018-2023



Data Source: Alaska Health Facilities Data Reporting Program (HFDR)

Notes: (1) Hospitalizations with any injury diagnosis code were then categorized by e-code for Poisoning and/or Suicide Attempt  
 (2) Hospitalizations with both Poisoning and Suicide Attempt e-codes are coded under Suicide Attempt

Unintentional/undetermined intent poisoning hospitalizations are separated into six subcategories, by poison type. Each poison type was only counted once for an individual case, even if the case had ICD-10-CM codes for several types of a single subcategory, such as opioids or amphetamines. This allows us to show the number of times each subcategory was associated with a case, as many poisoning injuries had multiple poisons flagged by the care provider. This section is meant to help inform prevention programming, not provide definitive counts for care-planning purposes.

The six poison types are:

**4-Aminophenol Derivatives:** Organic compounds used for pain relief, most notably acetaminophen (also known as Tylenol). This category includes both over the counter and prescription drugs

**Amphetamines:** Stimulant drugs which make the nervous system more active. This category includes illegal and prescription drugs

**Drinking Alcohol:** Drinks purchased or made which create ethanol

**Opioids:** Class of drugs, which are typically available illegally, by prescription, or over the counter, which bind to nerve cell receptors and relieve pain

**Other Drugs:** All drugs not captured in the above categories

**Other:** All causes not captured above

For a full list of ICD-10-CM codes that fall into each category, email [anepicenter@anthc.org](mailto:anepicenter@anthc.org).



### Unintentional/Undetermined Intent Poisoning Hospitalizations by Poison Type

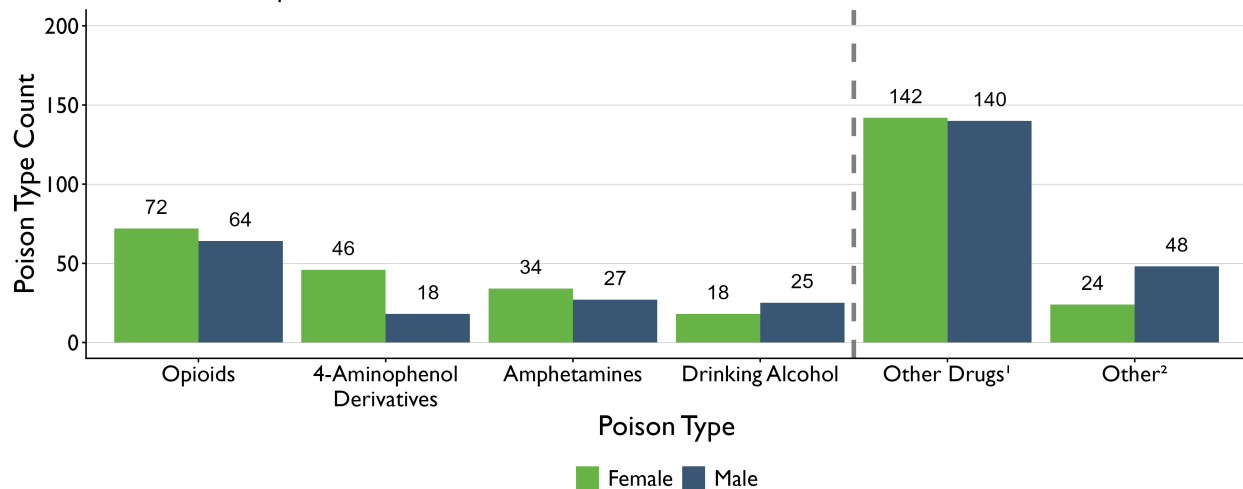
Alaska Native People, 2018-2023

Poison Type	Total
Opioids	136
4-Aminophenol Derivatives	64
Amphetamines	61
Drinking Alcohol	43
Other Drugs (Any drug not otherwise listed)	282
Other (Non-drug or drinking alcohol)	72

**Data Source: Alaska Health Facilities Data Reporting Program (HFDR)**

### Unintentional/Undetermined Intent Poison Type by Sex

Alaska Native People, 2018-2023



Data Source: Alaska Health Facilities Data Reporting Program (HFDR)

Notes: (1) Hospitalizations with any injury diagnosis code were then categorized by e-code for Poisoning and/or Suicide Attempt

(2) Hospitalizations with both Poisoning and Suicide Attempt e-codes are coded under Suicide Attempt

(3) Incidents can appear in multiple poison types

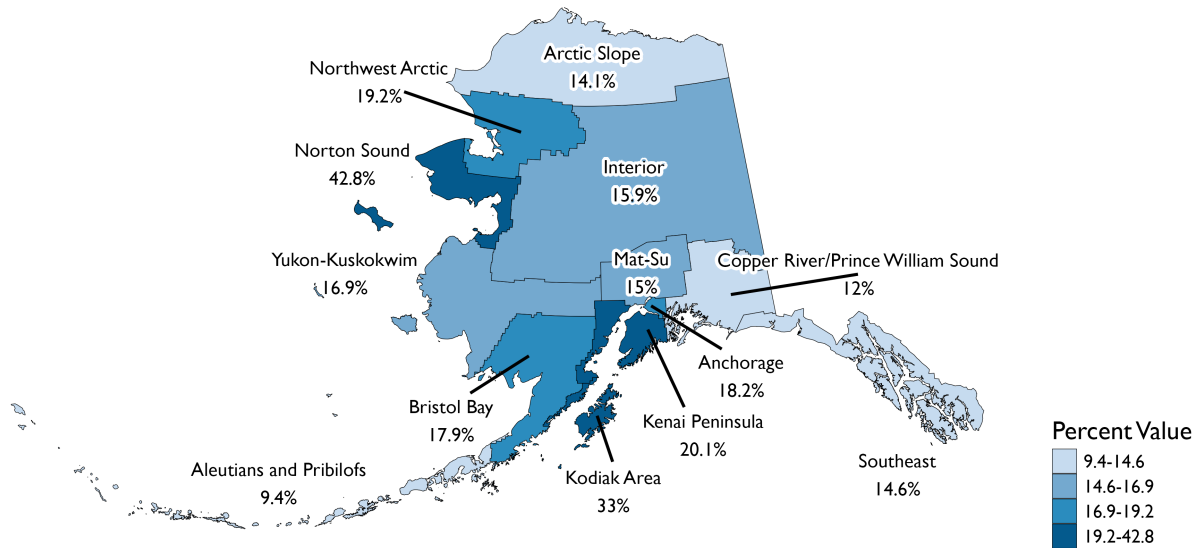
<sup>1</sup> Any drug not otherwise listed

<sup>2</sup> Non-drug or drinking alcohol



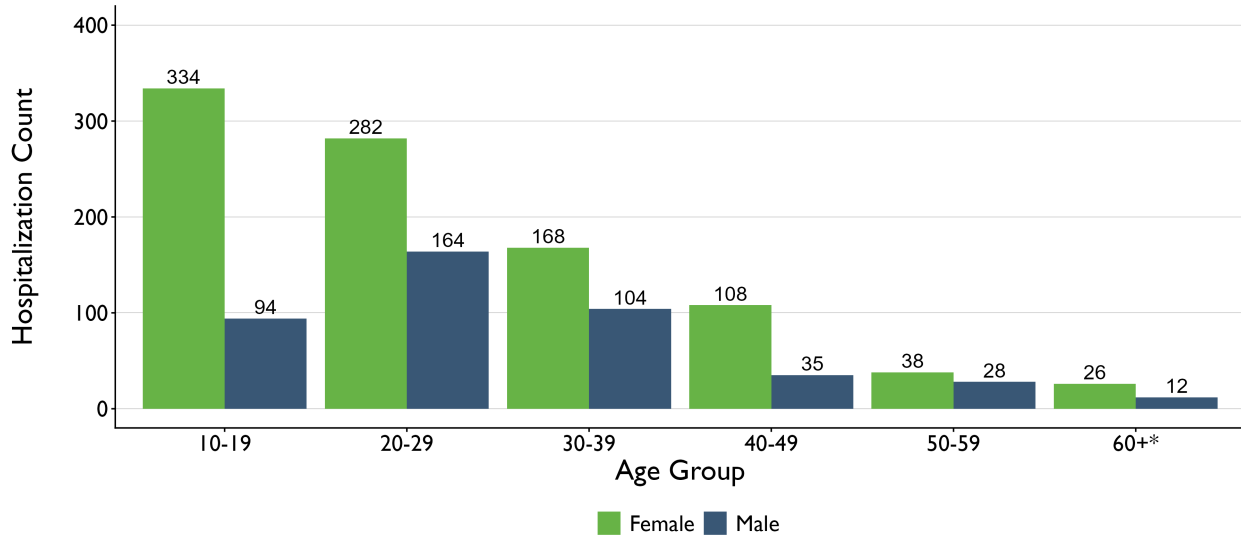
# Suicide Attempt Hospitalizations

Suicide Attempt  
as Percent of Region Total Injury,  
Alaska Native People, 2018-2023



Data Source: Alaska Health Facilities Data Reporting Program (HFDR)

Suicide Attempt Hospitalizations by Age and Sex  
Alaska Native People, 2018-2023



Data Source: Alaska Health Facilities Data Reporting Program (HFDR)

Notes: (1) Hospitalizations with any injury diagnosis code were then categorized by e-code for Poisoning and/or Suicide Attempt  
(2) Hospitalizations with both Poisoning and Suicide Attempt e-codes are coded under Suicide Attempt

\* Age groups follow small number restrictions

Suicide attempt hospitalizations have been further separated into six subcategories of the mechanisms identified for each case. Each mechanism was only counted once for an individual case, even if the case had ICD-10 codes for several types of a single subcategory, such as sharp objects or drug poisoning. This allows us to showcase the number of times each subcategory was associated with a case, as many suicide attempt injuries had multiple mechanisms flagged by the care provider. This section is meant to help inform prevention programming, not provide definitive counts for care-planning purposes.

The six suicide attempt mechanisms are:

**4-Aminophenol Derivatives:** Organic compounds typically used for pain relief, most notably acetaminophen (also known as Tylenol). This category includes both over the counter and prescription drugs

**Firearm:** All guns, including pistols, rifles, shotguns, and other or unspecified firearms

**Hanging:** Strangulation resulting from hanging by the neck

**Sharp Object:** Sharp glass, knife, dagger or other sharp objects

**Other Drug Poisoning:** All drugs other than 4-Aminophenol Derivatives. Note: These data only include confirmed attempts at suicide. Please review the unintentional/undetermined intent poisoning data to understand the total volume of drug-related hospitalizations

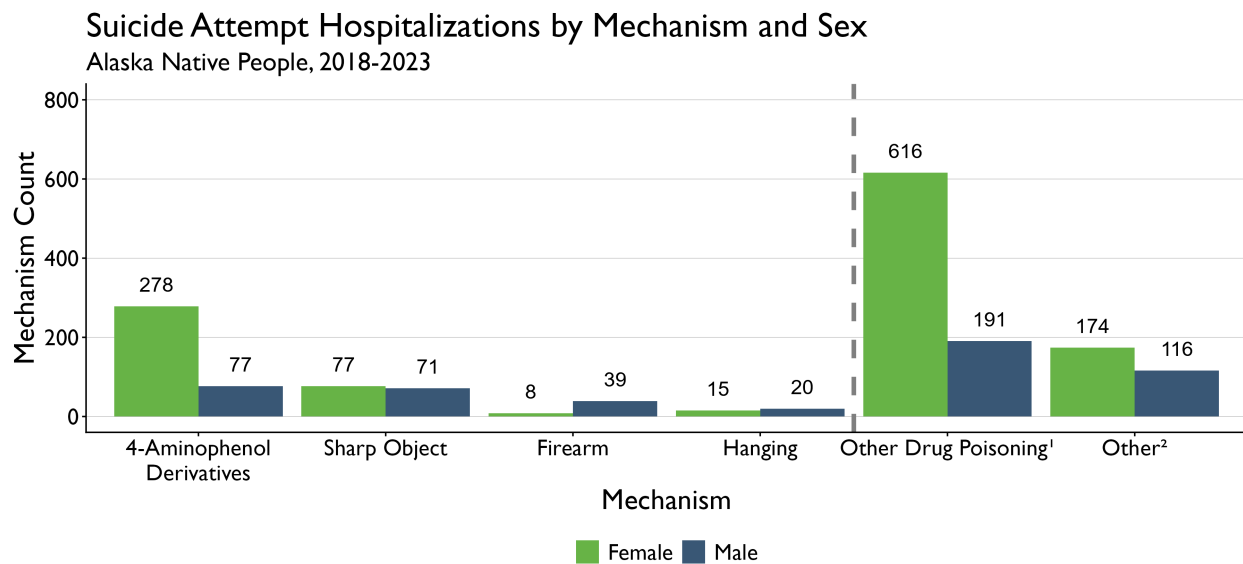
**Other:** All causes not captured above

For a full list of ICD-10 codes that fall into each category, email [anepicenter@anthc.org](mailto:anepicenter@anthc.org).



<b>Suicide Attempt Hospitalizations by Mechanism</b>	
<b>Alaska Native People, 2018-2023</b>	
<b>Mechanism</b>	<b>Total</b>
4-Aminophenol Derivatives	355
Sharp Object	148
Firearm	47
Hanging	35
Other Drug Poisoning (Any drug not otherwise listed)	807
Other (Any mechanism not otherwise listed)	290

**Data Source: Alaska Health Facilities Data Reporting Program (HFDR)**



Data Source: Alaska Health Facilities Data Reporting Program (HFDR)

Notes: (1) Hospitalizations with any injury diagnosis code were then categorized by e-code for Poisoning and/or Suicide Attempt  
 (2) Hospitalizations with both Poisoning and Suicide Attempt e-codes are coded under Suicide Attempt  
 (3) Incidents can appear in multiple mechanism types  
<sup>1</sup> Any drug not otherwise listed  
<sup>2</sup> Any mechanism not otherwise listed



# Appendix A: Health Facilities Data Reporting Information

The [Health Facilities Data Reporting \(HFDR\)](#) program, managed by the Alaska Department of Health, collects inpatient and outpatient discharge data from Alaska health care facilities. Private, municipal, state, federal, and Tribal hospitals are required to report. This report only includes hospital data.

Below is a list of participating hospitals used in this report, during the outlined timeframe. Rules for participation include timely submission of data, but the completeness of this data cannot be guaranteed.

Facility Name
Alaska Native Medical Center
Alaska Psychiatric Institute
Alaska Regional Hospital
Bartlett Regional Hospital
Bristol Bay Area Health Corp
Central Peninsula Hospital
Cordova Community Medical Center
Fairbanks Memorial Hospital
Maniilaq Health Center
Mat-Su Regional Medical Center
Mt. Edgecumbe Hospital
North Star Hospital
Norton Sound Regional Hospital
PeaceHealth Ketchikan Medical Center
Petersburg Medical Center
Providence Alaska Medical Center
Providence Kodiak Island Medical Center
Providence Seward Medical & Care Center
Providence Valdez Medical Center
Samuel Simmonds Memorial Hospital
Sitka Community Hospital
South Peninsula Hospital
St. Elias Specialty Hospital
Wrangell Medical Center
Yukon Kuskokwim Delta Regional Hospital



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