Portsmouth CITY COUNCIL

SUICIDE PREVENTION ACTION PLAN

for Portsmouth **2025–2030**

Name: Portsmouth Suicide Prevention Action Plan

Duration: 2025-2030

Governance and oversight: Portsmouth Health and Wellbeing Board

Delivery and monitoring: Portsmouth Suicide Prevention Partnership (PSPP)

Implementation date and review date: Implementation: from September 2025. Quarterly monitoring.

Contents

Strategic Vision

“Making suicide everybody’s business” — a collective approach to reduce suicides through targeted, evidence-based interventions.

This action plan is based on findings from a public health Review of Suicide Deaths in Portsmouth: Coroner’s Records 2021–2023. The audit analysis and intelligence provide a detailed picture with insights into trends and themes, demographics and local risk factors offering a valuable evidence base to guide action, as well as the government’s 2023 published Suicide Prevention in England: 5-year cross-sector strategy.[1]

Locally, in collective development of our plan, we agreed we would leverage national momentum, mirror the objectives set out in the national strategy, and adapt using local intelligence to structure and inform our local Action Plan:

We have identified seven key objectives to guide our actions and support delivery of our vision:

1. **Provide and promote targeted support to priority groups, including those at higher risk**
2. **Address common risk factors linked to suicide**
3. **Promote online safety and responsible media content to reduce harms/improve support and signposting and provide helpful messages about suicide and self-harm**
4. **Promote effective crisis support across sectors for those who reach crisis point**
5. **Reduce access to means and methods of suicide where this is appropriate as an intervention to prevent suicide**
6. **Provide effective bereavement support to those affected by suicide**
7. **Use data and evidence to inform and drive what we do**

1 Suicide prevention strategy for England: 2023 to 2028

This plan sets out ways we can prevent suicides for everyone over the next 5 years, and it focuses on what we can do for groups where we see higher suicide rates or observed trends with concrete actions, timelines, and accountability.

This action plan has been co-developed with input from a wide range of stakeholders, including representatives from organisations who work with and within our community, local leaders and representation from statutory and voluntary sectors. Through partnership workshops and one-to-one conversations, we ensured local insight was central to shaping objectives and solutions. This document provides an overall summary of current data and the objectives of the action plan. Specific actions and supporting agencies are detailed within a separate document.

This collaborative approach has helped to build shared ownership of the plan and ensure actions are grounded in the realities of Portsmouth life. The result is a practical, inclusive, and locally relevant roadmap to reduce suicides through targeted and evidence-based interventions.

Guiding principles

- The following section includes our guiding principles which underpin our approach and inform how we take collective action through this plan.
- **First principle:** We take collective responsibility for delivering this plan - **each organisation actively champions and embeds its actions** within their own systems and practice.
- **Second principle:** Working in a **trauma-informed** way - recognising the impact of trauma on individuals, staff and communities, and ensure our approach and interventions promotes safety, trust, empowerment, and collaboration.
- **Third principle: We support each other** - we demonstrate a commitment to learning, active participation, mutual support, and transparent communication, ensuring the partnership remains informed and engaged.
- **Fourth principle:** We are committed to being **inclusive of all at-risk groups**, ensuring their voices are heard and their needs are reflected in our actions and decisions.
- **Fifth principle:** Evidence-informed action - **evidence will inform the design, targeting, and delivery of our actions,** ensuring resources are focused where they can have the greatest impact.

Governance and Oversight

The Portsmouth Suicide Prevention Action Plan (2025–2030) will be governed through local structures to ensure accountability and progress monitoring. Oversight will sit with the **Portsmouth Health and Wellbeing Board**, providing strategic alignment with wider health priorities. Operational delivery and quarterly monitoring of the action plan will be led by the **Portsmouth Suicide Prevention Partnership**, ensuring that progress is tracked, challenges are addressed, and actions remain evidence-informed and responsive to local need.

Monitoring and Evaluation

To ensure this action plan leads to meaningful and measurable change, a clear framework for monitoring progress and evaluating impact has been established. This will help maintain accountability, support continuous learning, and allow for timely adjustments based on what works.

Key elements of the monitoring approach include:

- **Baseline Data:** Using the audit findings and national data sets as a starting point to measure change over time.
- **Community Feedback:** Regular engagement with partners to gather qualitative insights and lived experiences.
- **Progress Indicators:** A set of agreed indicators aligned with each action, including both quantitative metrics (e.g. service uptake, participation rates) and qualitative outcomes (e.g. case studies).
- **Review Cycles:** quarterly reviews involving all partners to assess achievements, identify barriers, and agree on next steps.

We will continuously monitor local rates and themes using intelligence via the real-time surveillance of suspected suicides, working with Hampshire Constabulary, and relevant serious incident reviews.

With this approach, our aim is to ensure the action plan remains dynamic, inclusive, and responsive to the evolving needs of the community.

What we know about suicide in Portsmouth.

Suicide is often the end point of a complex history of risk factors and distressing events, and there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides. As a result, suicide prevention requires work across a range of settings, targeting a wide variety of people, policy areas, and partners.

Key data and intelligence sources that inform this section:

- Office for Health Improvement and Disparities (OHID): Suicide Profile: quarterly.
- Review of Suicide Deaths in Portsmouth: Coroner's Records: three-year cycle.
- Hampshire Police Real Time Surveillance of suspected suicides (RTS) data & intelligence: monthly.

Rates

Death by suicide in Portsmouth has decreased from significantly worse than the national average in 2016 (14.1 deaths per 100,000) to similar to the national average at 10.7 deaths per 100,000, based on a national 3-year pooled average for 2021–2023.

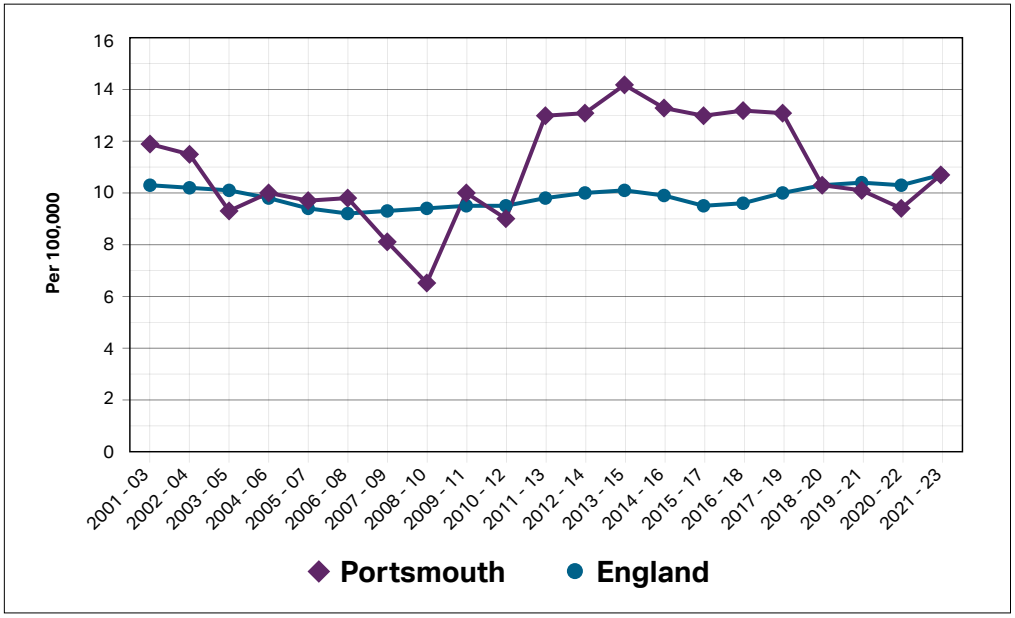


Chart 1: The age-standardised (ages 10+ suicide rate in Portsmouth (10.7 per 100,000) is similar to the national average.[2]

2 Office for Health Improvement and Disparities. Public health profiles. 202x https://fingertips.phe.org.uk/ © Crown copyright 202x

Age and Gender Patterns in Suicide

Suicide in England and Wales is three times more common among men than among women. Nationally, the gap between genders has increased over time.[3]

Rates of suicide in Portsmouth have been falling amongst males, and we also see rates for women who take their own lives fluctuates above the national average, year on year since 2013.[1]

Because of the relatively small number of deaths none of these changes can be understood as statistically significant, and it is useful for us to consider these general trends as we plan and understand future action.[2]

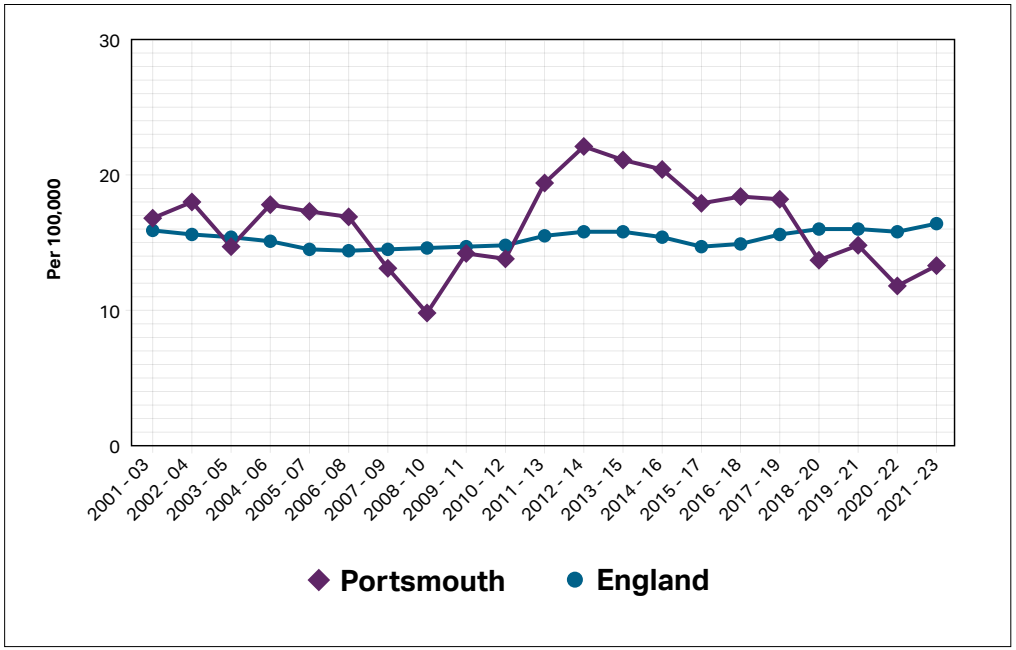


Chart 2: Portsmouth Suicide rate (male)[4]

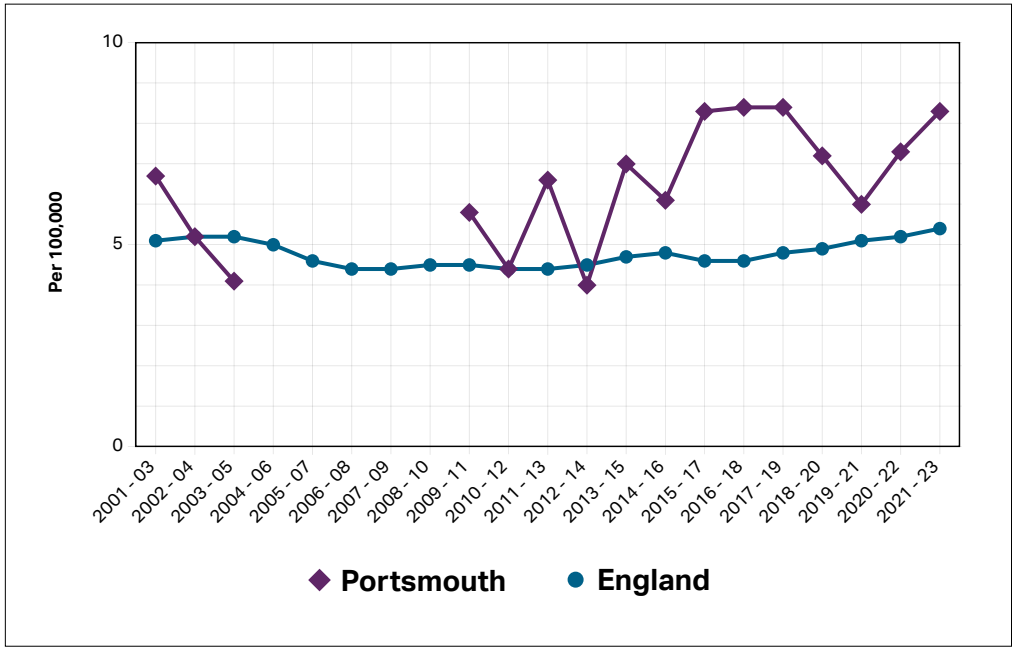


Chart 3: Portsmouth Suicide rate (female)[5]

3 The House of Commons Library: Published 08 January 2025. A summary of statistics on suicide in the UK from 1981 to 2023. Includes trends by gender, age, English region, and deprivation. **CBP-7749.pdf**

4 Office for Health Improvement and Disparities. Public health profiles. 202x https://fingertips.phe.org.uk/ © Crown copyright 202x

5 Office for Health Improvement and Disparities. Public health profiles. 202x https://fingertips.phe.org.uk/ © Crown copyright 202x

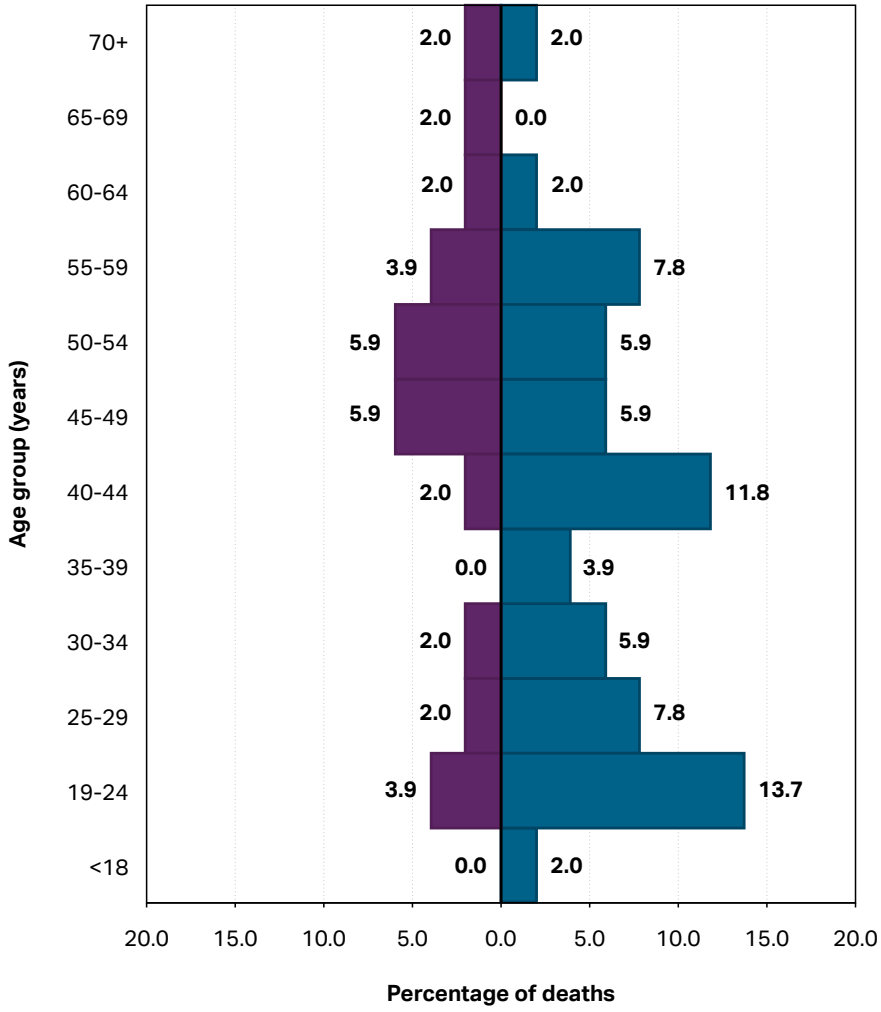
From our review of suicide deaths in Portsmouth, coroner's records (January 2021 to July 2023*), the age group with the highest percentage of deaths for both males and females was 40–59 years - accounting for 45.7% of male cases and 56.3% of female cases.

This local pattern mirrors the national picture. According to the Office for National Statistics, the highest age-specific suicide rate in England and Wales in 2023 was among males aged 45–49 (25.5 deaths per 100,000), and among females aged 50–54 (9.2 deaths per 100,000)

The gender and age groups which accounted for the highest percentage of deaths among Portsmouth residents (aged 10+ years) who died in Portsmouth were males aged 19-24 years (13.7%) and males aged 40 to 44 years (11.8%).

To summarise, men remain at higher risk, but female suicide rates are rising (not statistically significant [3]). The highest risk age group for both men and women is 40–59 years old, with males 19–24 and 40–44 years at higher risk than at other times in their lives.

Percentage of suicides identified from the suicide audit of coroner's records by age group, Portsmouth residents (aged 10+ years) who died in Portsmouth; three years pooled: 2021-2023*



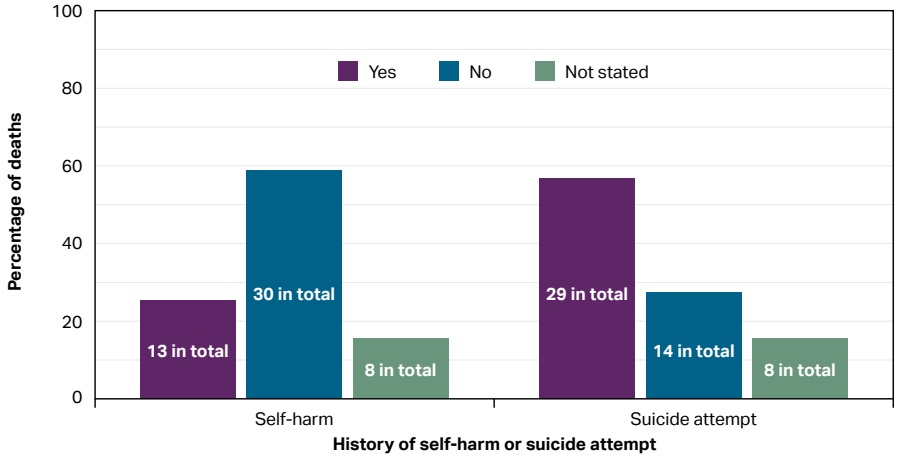
Previous suicide attempts and self-harming behaviour

Self-harm in adults is a public health concern. It often involves intentional self-poisoning or injury and is commonly a response to overwhelming emotional distress. The Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4 (APMS) [6] identifies self-harm as a strong predictor of future suicide, particularly among individuals with a history of self-harm, males, those expressing suicidal intent, or those with physical health conditions.

National data does not routinely publish figures on previous suicide attempts among those who die by suicide, however, we do know from the APMS survey results on attempted suicides and self-harm, that women were more likely than men to have ever made a suicide attempt (8.6% compared with 6.9%) or self-harmed (12.6% compared with 8.5%). Among 16- to 24-year-olds, 31.7% of women and 15.4% of men reported having ever self-harmed.

The review of suicide deaths in Portsmouth: coroners records 2021 - 2023* found that approximately 25% of individuals who died by suicide had a known history of self-harm, and 56% had previously attempted suicide. 10.3% of those with a known suicide attempt had made one within one month of their death. In comparison, the APMS (England) reports that of the 6,000+ adults surveyed, one in thirteen adults (7.8%) reported having made a suicide attempt at some point in their life, with the proportion of the wider population likely to respond in this way being between 7.0% and 8.7%. This equates to an estimated 3.6 million adults in England. Our local review of suicide deaths highlights the importance of supporting individuals with a history of self-harm or suicide attempts - especially those who may not be in contact with support services.

Percentage of suicides identified from the suicide audit of coroner's records by history of self-harm or suicide attempt, Portsmouth residents (aged 10+ years) who died in Portsmouth; 2021 to 2023* pooled.



*please note that 2023 is not a full year of sata due to delays in inquest conclusions

It is important to recognise that many people who have died by suicide have not made a previous attempt. Our prevention efforts must extend beyond those with known histories of self-harm or suicide attempts to include broader at-risk identification and early intervention.

6 Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4: Chapter 4: Suicidal thoughts, suicide attempts and non-suicidal self-harm - NHS England Digital

Understanding groups at higher risk of suicide

Risk factors are characteristics, conditions, or experiences that increase the likelihood that an individual may consider, attempt, or die by suicide. They do not cause suicide directly, but they contribute to a person's vulnerability.

We use both local and national information and data sets to monitor trends and help us identify groups of people who could be at greater risk. This enables us to plan - promote skills development and competency in identification and intervention, promote suicide prevention awareness and reduce stigma to encourage help-seeking behaviours.

In the context of the Portsmouth audit of suicides from the coroner records, key risk factors included:

- Physical illness/chronic pain
- Financial difficulty/economic adversity
- Alcohol and drug use
- Social isolation and loneliness
- Bereavement (includes bereaved by suicide)
- Relationship difficulties
- People experiencing mental ill health - those known to services and those not in treatment
- Previously attempted suicide/suicidal ideation

Understanding these factors helps inform targeted prevention strategies and engagement with support services.

Priority groups are people identified as being at higher risk of suicidal thoughts, behaviours, or death due to specific vulnerabilities or life circumstances.

We have combined national and local intelligence to identify priority groups, these include:

- Middle-aged men and women (40 +).
- People who have self-harmed.
- People in contract with the justice system.
- Pregnant women and new mothers.
- Young adults (18 - 35).
- Autistic people.
- People who have experienced sexual violence, domestic abuse or coercive control.

Identifying and targeting these groups and those who support them, promote suicide prevention awareness, early intervention, and support strategies is a key objective in reducing suicide risk.

Protective factors[7] are conditions or attributes in individuals, families, communities, or the broader society that help reduce the risk of suicide and promote mental wellbeing. **They serve as buffers against the impact of risk factors and can enhance a person's ability to cope with stress, adversity, or emotional distress.** Examples include:

- Personal Resilience - Positive self-esteem, coping skills, and emotional regulation.
- Social Support - Strong relationships with family, friends, and community.
- Help-Seeking Behaviour - Willingness and ability to reach out for support when needed.
- Access to Care - Availability of mental health services and crisis support.
- A Sense of Purpose - Engagement in meaningful activities, work, or faith communities
- Environmental Safety - Restricted access to means, safe housing, and stable environment.

Promoting protective factors is a key component of suicide prevention. **Protective factors can protect those at risk of suicidal behaviour even in the presence of risk factors.** They are an empowering and effective approach to suicide prevention.

Aligning Evidence with Action

The audit report and the national strategy has provided analysis of suicide cases highlighting prevalent risk factors, demographic patterns, and gaps in service engagement. The action plan, being developed in response to many of these insights, sets out a coordinated, multi-agency approach to reduce suicide and improve support for those at risk. The sections below demonstrate how the evidence from the audit directly informs and aligns with the strategic actions being implemented across the city.

Mental Illness

Both national and local evidence consistently highlight mental illness as a key risk factor for suicide. The Portsmouth Suicide Audit (2021–2023) found that many individuals who died by suicide had a diagnosed mental health condition yet were not in contact with services at the time of their death.

In response, the action plan includes several targeted interventions. These include training for frontline workers to identify and support individuals at high risk, and a series of initiatives led by the University of Portsmouth, such as staff training, serious incident reviews, and postvention procedures. Additionally, the Probation Service is delivering internal suicide prevention training and implementing safety plans to support individuals under their supervision.

Substance Misuse

The audit identified a strong correlation between substance misuse and mental illness, with many individuals not engaged with support services at the time of their death.

In response, the action plan includes measures to address this dual risk. These include the provision of crisis support through the Adult Safe Haven, delivered by HEH Mind, and the embedding of specialist mental health nurses within recovery services. Additionally, a women-only substance misuse service offers peer-led support for women aged 40 and over with complex needs, recognising the importance of trauma-informed, gender-specific care.

7 Key protective factors in UK Faculty of Public Health – Parliamentary Submission: September 2016.
The UK Faculty of Public Health (FPH) is committed to improving and protecting people's mental and physical health and wellbeing. Their vision is for better health for all, working to promote understanding and to drive improvements in public health policy and practice. Understanding suicide should be understood as a social phenomenon, not only a medical one and this approach is vital in any public health approach to prevention suicide and reducing self-harm. SPR0107 - Evidence on Suicide Prevention

Previous Suicide Attempts

The audit revealed that many individuals who died by suicide had a history of previous attempts, underscoring the importance of proactive and sustained support.

In response, the action plan includes gatekeeper training to help frontline staff identify and support those at risk, alongside postvention and serious incident review procedures led by the University of Portsmouth. Additional measures include developing accessible resources for individuals who have previously attempted suicide, and workplace-focused postvention support to ensure that those affected receive timely and appropriate care.

Domestic Abuse and Women with Children Removed

Evidence highlights domestic abuse as a significant contributing factor in suicide, particularly among women, including those who have experienced the removal of their children. This is supported by national findings from the Domestic Homicide Review process[8], which emphasises the heightened vulnerability of women affected by abuse, trauma, and family separation.

In response, the action plan outlines a range of targeted measures. These include raising awareness of domestic abuse, embedding trauma-informed commissioning practices, and providing specialist support for affected women. Additionally, actions such as training for frontline staff and workplace postvention support help ensure that professionals across sectors are equipped to identify and respond to signs of trauma and distress. The plan also promotes collaborative working across services, including housing, social care, and mental health, to better support women facing multiple disadvantages.

Young People

The audit highlighted that young people - particularly males under the age of 35 - were disproportionately represented in deaths involving illicit drug use.

In response, the action plan includes interventions aimed at this group. The University of Portsmouth is implementing a Suicide Safer Framework, which includes mandatory staff training, postvention procedures, and serious incident reviews . Additionally, sports club engagement initiatives are being developed to reach young adults aged 18–30, using trusted community settings to raise awareness and promote mental health support.

8 The **Domestic Abuse Commissioner's report** Learning from Loss: Ensuring the Lessons from Domestic Homicide Reviews Lead to Change (2025) highlights the need to learn from domestic abuse-related deaths, including suicides, and calls for improved safeguarding and systemic change: Ensuring the lessons from domestic homicide reviews lead to change - GOV.UK

Economic Adversity and Housing Instability

The audit identified economic hardship, unemployment, and housing instability - including rough sleeping - as contributing factors in several suicide cases. This is consistent with national evidence from the Office for National Statistics (ONS) [9], which shows that suicide rates are significantly higher among individuals living in the most deprived areas, particularly among middle-aged men. Unemployment, financial insecurity, and unmanageable debt are recognised as key risk factors for suicidal behaviour.

In response, the action plan includes training for local Welfare Officers to help them identify individuals at risk and signpost them to appropriate support services. Additionally, the Homeless Drug and Alcohol Team provides psychological and wrap-around support for rough sleepers, addressing both immediate needs and underlying vulnerabilities.

Suicide is preventable. Most individuals experiencing suicidal thoughts do not wish to die - they seek relief from pain and feel unable to find a way out. While some may show warning signs, these are not always visible or correctly understood. Distressing life events can lead to tipping points that go unnoticed. We don't have to wait for signs to act - open, compassionate conversations can help offer relief and vital support. Talking about suicide does not cause harm; it can save lives.

This plan aims to highlight key characteristics, conditions, or experiences that we can recognise and remain alert to, enabling earlier and more effective suicide prevention support.

9 Living in a deprived area significantly increases the risk of suicide, particularly among working-age adults. Middle-aged men in the most deprived areas have been found to have suicide rates more than double those in the least deprived areas.
This is based on analysis by the Office for National Statistics (ONS) in collaboration with Samaritans, which examined suicide rates by local area deprivation over the past decade: ONS & Samaritans – How does living in a more deprived area influence rates of suicide?

Action plan overview

Strategic Vision

"Making suicide everybody's business" *— a collective approach to reduce suicides through targeted, evidence-based interventions.*

Objective 1: Provide and promote targeted support to priority groups, including those at higher risk.

Partners contributing to this objective: Portsmouth City Council (PCC) Tackling Poverty Strategic Coordinator, Portsmouth Samaritans, PCC Partnerships and Planning, Probation Service, PCC Public Health, Society of St. James (SSJ), PCC Drug & Alcohol Commissioner, University of Portsmouth, Ambition Portsmouth, HEH Mind.

Main themes and actions: To reduce suicide risk and improve mental health outcomes through targeted training, multi-agency collaboration, and community-based interventions.

1. Training & Workforce Development

- Training for professionals in contact with high-risk groups.
- Embedding suicide prevention in commissioning and tendering processes.

2. Workplace & Community Engagement

- Delivery of prevention and postvention programmes to workplaces.
- Sports-based mental health initiatives.

3. Support for High-Risk & Vulnerable Groups

- Specialist services for women affected by domestic abuse and child removal.
- Mental health and substance misuse support for homeless individuals.

4. Systems, Policy & Multi-Agency Collaboration

- Serious incident review procedures and postvention protocols.
- Dissemination of learning from domestic abuse reviews.

5. Education Sector Initiatives

- Suicide prevention embedded in student support and safeguarding.
- Procedures for responding to student death or serious injury.

Objective 2: Address common risk factors linked to suicide.

Partners contributing to this objective: Portsmouth HIVE, Portsmouth Samaritans, Probation Service, PCC Public Health, Society of St. James (SSJ), PCC Drug & Alcohol Commissioner, University of Portsmouth, HEH MIND, Hampshire Constabulary, PCC Partnerships and Planning.

Main themes and action: To strengthen suicide prevention efforts across Portsmouth through real-time response, community engagement, workforce development, and targeted support services.

1. Postvention & Crisis Response

- Real-time response to suspected suicides
- Preventing suicide clusters and supporting affected communities

2. Workforce capacity building

- Building confidence in professionals to respond to suicidal ideation, especially in the context of domestic abuse.
- Embedding suicide prevention in workforce development roles

3. Community Engagement & Awareness

- Promoting mental health conversations through voluntary & community sector (VCSE) networks
- Raising awareness of support services through outreach programmes

4. Substance Misuse support

- Commissioning accessible, responsive substance misuse services
- Integrating suicide prevention into service ethos and staff training

Objective 3: Promote online safety and responsible media content to reduce harms/ improve support and signposting and provide helpful messages about suicide and self-harm.

Partners contributing to this objective: Probation Service, Society of St. James (SSJ), University of Portsmouth, HEH MIND Portsmouth HIVE, Portsmouth Samaritans, PCC Public Health, PCC Drug & Alcohol Commissioner.

Main themes and action: To reduce stigma, promote help-seeking, and raise awareness of suicide prevention through coordinated, multi-channel communications targeting high-risk groups and the wider community.

1. Public Awareness & Help-Seeking

- Multi-channel education campaigns targeting priority groups.
- Encouraging help-seeking behaviour through SHOUT and other platforms.

2. Media Monitoring & Responsible Reporting

- Promoting adherence to Samaritans' media guidelines.
- Outreach via local media to raise awareness.

3. Education Sector Communications

- University-led strategies to reduce stigma and promote mental health.
- Online safety tools to support students accessing suicide-related content.

4. Multi-Agency Messaging & Collaboration

- Timely sharing of campaign assets with frontline practitioners.
- Joint promotion of suicide prevention initiatives.

Objective 4: Promote effective crisis support across sectors for those who reach crisis point.

Partners contributing to this objective: Portsmouth Samaritans, Probation Service, Society of St. James (SSJ), PCC Drug & Alcohol Commissioner, HEH MIND, University of Portsmouth, PCC Tackling Poverty Strategic Coordinator, PCC Public Health.

Main themes and action: To strengthen suicide prevention through coordinated health partnerships, crisis support services, and improved referral pathways across Portsmouth.

1. Primary Care Collaboration

- Promoting Suicide Safe Practice certification in GP practices.
- Formal partnerships with NHS and local authority services.

2. Workforce Preparedness

- Training staff across services in suicide prevention and crisis response.
- Ensuring psychological safety and supervision for frontline staff.

3. Education Sector Crisis Response

- Effective triage and escalation procedures within universities.
- Student feedback and case studies to evaluate impact.

4. Community Engagement & Referral Pathway Awareness

- Increasing referrals from hospitals, schools, and prisons.
- Promoting services through VCSE networks and community events.

Objective 5: Reduce access to means and methods of suicide where this is appropriate as an intervention to prevent suicide

Partners contributing to this objective: Portsmouth Samaritans, HEH MIND, University of Portsmouth, PCC Public Health.

Main themes and action: To reduce suicide risk by identifying high-risk locations, promoting safe design, and ensuring timely postvention and support through multi-agency collaboration.

1. Real-Time Surveillance & Data-Driven Action

- Use of local Real-Time Surveillance (RTS) data to inform suicide prevention efforts.
- Identifying emerging trends in methods and high-risk locations.

2. Location-Based Prevention & Postvention

- Promoting help-seeking, ensuring visible support information is available at high-risk sites.
- Working with planners to reduce environmental risks through design.

3. Workplace Risk Management

- Embedding suicide prevention into organisational safeguarding practices.

Objective 6: Provide effective bereavement support to those affected by suicide.

Partners contributing to this objective: Portsmouth Samaritans, HEH MIND, Probation Service, University of Portsmouth, HIVE Portsmouth, PCC Public Health. Cruse Support After Suicide Service.

Main themes and action: To ensure timely, compassionate, and coordinated support for individuals and communities affected by suicide, through multi-agency collaboration and accessible services.

1. Support for Bereaved Families

- Commissioning an all-age Single Point of Access for bereavement support, ensuring timely, tiered support within 72 hours of referral.

2. Building a Supportive Environment

- Training statutory and voluntary organisations to support children, young people, and adults bereaved by suicide.
- Equipping staff and ambassadors to effectively signpost to bereavement services.

3. Procedures & Referral Pathways

- Implementation of formal procedures in education settings following a student death.
- Maintaining up-to-date directories of bereavement support services.

Objective 7: Use data and evidence to inform and drive what we do.

Partners contributing to this objective: Probation Service, University of Portsmouth, HIVE Portsmouth, Society of St. James, PCC Public Health. HEH MIND, PCC Drug & Alcohol Commissioner.

Main themes and action: To strengthen suicide prevention through continuous learning, data analysis, and evidence-based practice across institutions and services.

1. Data Collection & Analysis

- Ongoing analysis of suspected suicides to identify population-specific risk factors.
- Use of coroner records and treatment service data to understand trends.

2. Evidence-Informed Practice & Multi-Agency Learning

- Using serious incident reviews to identify development and learning opportunities.
- Collaborating with research bodies to adopt and adapt evidence-based interventions.
- Sharing “Death Under Supervision” data to support collective learning.

Endnotes

1 ePlease note because of the relatively small number of deaths none of these changes can be understood as statistically significant.

2 When we say a change or difference is “not statistically significant”; when working with small populations or rare events where even one or two cases can make the numbers look different, it can be difficult to discern whether that change reflects an any trend or actual variance. So, while we may notice patterns or fluctuations, we must be cautious about drawing firm conclusions until the data clearly shows a consistent and reliable trend over time.

3 ibid

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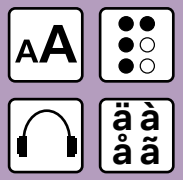

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