

THE NIGERIAN LAW ON SUICIDE: A TRAGIC RESPONSE TO A CRY FOR HELP*

Abstract

It is a crime to commit or attempt to commit suicide in Nigeria. Those who survive the sad ordeal are still further haunted by Nigeria's legal system which views attempted suicide as an offence under the law rather than a cry for help. Survivors of suicide attempts rather run the risk of being prosecuted by the government as criminals instead of being provided with adequate therapy, love and care to prevent future attempts. This Article examines the origin of the Nigerian suicide law that criminalizes suicide; it examines arguments advanced against and those in favour of criminalizing suicide. The Article finds that the Criminal Code and Penal Code as well as the Constitution of the Federal Republic of Nigeria (as amended) have discriminatory provisions against persons who attempt suicide. Against this backdrop, it recommends the repeal of the Nigerian suicide law, suggests the decriminalization of suicide and views suicide as a mental health issue with further recommendation for the adoption of the Mental Health Bill 2013 as Nigeria's policy on mental health.

Keywords: Suicide, Law, Response, Nigeria

1. Introduction

Suicide is a serious medico-social problem responsible for at least 800,000¹ deaths yearly. These deaths are in addition to an estimated 25 million annual suicide attempts² and over 140 million annual suicide ideators worldwide.³ To clearly understand the severity of the problem caused by suicide around the globe, suicide accounts for more annual deaths than AIDS, homicide, car accidents and war.⁴ As a medical problem, suicide is as a result of a medical condition affecting mental health or as a result of deep emotional instability. It is proven that people with mental disorders such as depression, bipolar disorder, schizophrenia, personality disorders, anxiety disorders, substance abuse, are at a far greater risk of attempting or committing suicide.⁵ Health in general is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.⁶ Going by this definition, one is considered unwell if they are unable to cope with the rigors of life due to a physical, mental or social defect/imbalance. By extension, suicide is clearly a health (mental health) issue. As a social problem, the risk of suicide in a population increases when the social context fails to provide a healthy sense of purpose and belonging, contributing to an individual's sense of contribution and connection.⁷ In other words, suicide results when a society fails an individual in some way or due to huge societal problems such as poverty, unemployment, war, hunger, social injustice, political instability and so on. The World Health Organization additionally included those exposed to violence, disaster, loss, isolation and vulnerable groups; refugees, migrants etc, who experience discrimination as more prone to suicide.⁸ Durkheim⁹ in his classic sociological text on suicide, developed a typology on suicide based on the concepts of social integration, and moral regulation, and he identified four different types of suicide; altruistic (high integration), egoistic (low integration), fatalistic (high regulation), and anomic (low regulation).

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¹Suicide, World Health Organization. Available at <https://www.who.int/news-room/fact-sheets/detail/suicide> accessed 2nd April 2020

²A. Crosby, and others, Suicidal thoughts and behaviors among adults aged ≥18 years-United States, 2008-2009. Washington, DC: US Department of Health and Human Services, Centers for Disease Control and Prevention

³G. Borges, and others, Risk factors for the Incidence and Persistence of Suicide-Related Outcomes: 10 year follow-up study using the national comorbidity surveys. *Journal of affective disorders*, 105,25-23. <https://dx.doi.org/10.1016/j.jad.2007.01.036> accessed 2nd April 2020

⁴World Health Organization (2012), *Public Health Action for the Prevention of Suicide: A Framework*, Geneva, Switzerland; Center for Disease Control and Prevention, National Center for Injury, Prevention and Control. (2014). Web based injury statistics query and reporting system (WISQARS). Available at <https://www.cdc.gov/ncipc/wisqars>. accessed 2nd April 2020

⁵World Health Organization, Suicide Fact Sheet. Available at <https://www.who.int/news-room/fact-sheet/detail/suicide> accessed 2nd April 2020; J.C Franklin, and others, Risk Factors for Suicidal Thoughts and Behaviors: A Meta-Analysis of 50 Years of Research. *Psychological Bulletin* (2017), Vol 143, No.2, 189.

⁶Constitution of World Health Organization. Available at <https://www.who.int/about/who-we-are/constitution>

⁷R. Steve, How is suicide a social problem? Available at <https://steverosephd.com/how-is-suicide-a-social-problem> accessed 2nd April 2020

⁸World Health Organization, suicide. available at <https://www.who.int/news-room/fact-sheets/detail/suicide> accessed 2nd April 2020

⁹E. Durkheim, (1897). *Suicide: A study in Sociology*. Le suicide: etude de sociologie. Paris, France: F. Alcan. Available at <https://www.academiaedu/35289121/Durkheim-Emile-Suicide-A-Study-in-Sociology> accessed 2nd April 2020

According to a 2018 statistical report published by the World Health Organization on global suicide rates, Nigeria ranks 72nd on the table with an estimated suicide rate of 9.5 persons per 100,000 people.¹⁰ This statistic puts Nigeria as the country with the eleventh highest suicide rate in Africa behind Lesotho which ranks as number one, Equatorial Guinea, Swaziland, Cameroon, South Africa, Zimbabwe, Benin, Uganda, Sierra Leone, and Togo.¹¹ In 2019, there was a surge in suicide rates in Nigeria, especially amongst the youthful population. In fact, by June of 2019 alone, there were a reported 42 suicides with 11 of them being students.¹² The alarming surge in suicide rates in 2019 sparked a national debate on suicide that resulted in awareness campaigns by numerous groups and governments on suicide, identification of risk factors and prevention. The awareness campaigns also advised those who had suicidal tendencies to seek medical help once noticed. The Federal government went a step further in placing a ban on over-the-counter sale of ‘sniper’, an insecticide that had become a famous tool of choice for those who sought to commit suicide.¹³ Still these efforts seem hardly enough in the fight against increasing suicides and suicidal tendencies in the country because very little is being done to cater for the mental health of the population by the government. Instead its archaic laws and policies largely neglect the mental health sector and contribute to the stigmatization of suicide survivors.

This article examines the Nigerian Law on suicide and the punishment meted out to citizens who fail in their attempt to kill themselves. The article views suicide as a mental health issue and a cry for help not punishment. In doing this, the article has attempted clarification of basic terms, traced the origin of the law on suicide in Nigeria vis-à-vis mental health, discussed the arguments in favour and against the decriminalization of suicide, examined the obvious discrimination of the provisions of the Criminal and Penal Codes and the Constitution of the Federal Republic of Nigeria (as amended) that sees attempted suicides as criminals to be incarcerated and punished and not persons that need help. The article concludes with recommendations and suggestions that if adopted will curb growing cases of suicide in Nigeria.

2. Conceptual Clarifications

Suicide

The American Psychological Association defines suicide as the act of killing yourself, most often as a result of depression or other mental illness.¹⁴ It is described as death caused by injuring oneself with the intent to die.¹⁵ Attempted suicide on the other hand is when someone harms themselves with the intent to end their life, but they do not die as a result of their actions.¹⁶ The National Center for Biotechnology Information (NCBI) defines attempted suicide as a nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior.¹⁷ Attempted suicide may or may not result in injury.¹⁸ It is estimated that about 20 percent of global suicides are due to pesticide self poisoning most of which occur in rural agricultural areas in low and middle income countries or developing nations.¹⁹ Other common methods include hanging, cutting of wrists, drug overdoses, and use of firearms.

Crime

There are varying opinions of the word ‘crime’. Cross and Jones expressed the views that crime is a legal wrong for which the offender is punished at the instance of the state.²⁰ Gledhill referred to crime as a human conduct which the state decides to prevent by threat of punishment and through legal proceeding of a special kind.²¹

¹⁰World Health Organization (suicide rates, 2018) Available at <https://apps.who.int/gho/data/node.main.MHSUICIDE> accessed 31st March 2020

¹¹Nigeria ranked 15th in the world for suicide-but Lesotho tops African list. Available at <https://africacheck.org> accessed 31st March 2020.

¹²Fidelis Mac-leva, Haruna Ibrahim and Umar Shehu Usman; Students top list as 42 Nigerians commit suicide in 6 months available at www.dailytrust.com.ng/students-top-list-as-42-nigerians-commit-suicide-in-6-months.html accessed 31st March 2020

¹³ S. Adegbe & S. A. Idri. Nigeria: Despite Ban, Sniper still on Shelves. Available at <https://allafrica.com/201908100010.html>

¹⁴American Psychological Association; Suicide. Available at <https://www.apa.org/topics/suicide/>

¹⁵Center for Disease Control and Prevention (CDC). Violence prevention; suicide. Available at <https://www.cdc.gov/prevention/suicide/fastfact.html>

¹⁶Center for Disease Control and Prevention (CDC). Violence prevention; suicide. Available at <https://www.cdc.gov/prevention/suicide/fastfact.html>

¹⁷ NCBI Resource, Definitions of Suicide Related terms, <https://www.ncbi.nlm.nih.gov/books/NBK137739/table/ch1.t1/>

¹⁸T. O. Aderibigbe, Mental Health and Suicide in Nigeria: available at <https://www.academia.edu/36921661/Mental-Health-and-Suicide-in-Nigeria-At-the-Crossroad-of-A-Static-Law.pptx> accessed 1st April 2020

¹⁹World Health Organization, Suicide. Available at <https://www.who.int/news-room/fact-sheets/detail/suicide> accessed 2nd April 2020

²⁰ R. Cross and R.A. Jones, *An Introduction to Criminal Law*. (Butterworths, London 1972) 35

²¹ A. Glendhill, *The Penal Code of Northern Nigeria and the Sudan* London (1963)

Durkheim is of the opinion that the collective conscience of the people defines crime.²² By inference, he commends that crime could be determined from what is collectively considered to be morally wrong or not. There are those who insist that the legal definition of crime is too restrictive and argued that crime is a violation of cultural norms which is sometimes beyond mere violation of the law.²³ In addition, Black's Law Dictionary defines crime as an act that the law makes punishable the breach of a legal duty treated as the subject matter of a criminal proceeding. This is also termed criminal wrong.²⁴

3. The Nigerian Law on Suicide and Mental Health

The Lunacy Ordinance enacted in 1916 and drafted about four and a half decades before Nigeria's independence from British rule in 1960 still remains Nigeria's policy on mental health and suicide.²⁵ The colonial influences in the terminology and expectations of the Lunacy Act of 1958 are thus very obvious. In addition, the law fails to adequately define mental health and does not meet current global policy standards and regulations set by the United Nations on mental health which has evolved drastically over the years. The Act was found to confine the mentally ill in non-therapeutic, overcrowded, unsanitary, and dilapidated facilities around the country.²⁶ Even as the latest versions of the law have minor alterations in terms of language and certain stipulations, the principles of the Ordinance have remained largely unchanged and have failed to address the stigma often associated with mental health issues in Nigeria.

The Lunacy Act 1958 emphasizes the way and manner in which mental health patients are treated. The Act views mentally ill patients as 'lunatics' who constitute a danger and nuisance to the society and pose a danger to themselves as well. The Act prescribes that they be locked up in secluded facilities where they pose no harm to themselves and others without dignity and bereft of their basic human rights. In a bid to reform the moribund Lunacy Law, the Mental Health Bill (2003) was sponsored by two Nigerian Senators who were also medical practitioners and of whom one was a psychiatrist (now deceased).²⁷ Unfortunately the law was unable to successfully sail through before the expiration of the tenure of the Senate at the time. In 2013, the bill was re-introduced but is yet to be signed into law many years later. The bill, if signed into law will successfully repeal the Lunacy Act of 1958 and catapult Nigeria's mental health sector into the future.

Although the Mental Health Act if passed into law will revolutionize the mental health sector of the country and bring the needed care to mental health patients in the country, the Act remains silent on the criminal status of a mentally ill patient who fails in a suicide attempt that remains a criminal offence under the Criminal Code and the Penal Code of Northern Nigeria since the focus of the Mental Health bill (2013) and policy is centered more on the treatment and rehabilitation of the mentally ill.

Nigeria is one of the eight African countries that criminalize suicide.²⁸ In the bid to deter it, Section 327 of the Criminal Code Act criminalizes attempted suicide and it carries a penalty of up to one year in prison. Section 327 provides as follows: 'Any person who attempts to kill himself is guilty of a misdemeanor, and is liable to imprisonment for one year'²⁹. While Section 231 of the Penal Code Act provides that; 'whoever attempts to commit suicide and does any act towards the commission of such offence, shall be punished with imprisonment for a term which may extend to one year or with fine or with both.' The Nigerian law also criminalizes the aiding and abatement of suicide. According to Section 326 of the Criminal Code, 'any person who; (1) procures another to kill himself; or (2) counsels another to kill himself and thereby induces him to do so; or (3) aids another in killing himself; is guilty of a felony, and is liable, to imprisonment for life.' The Penal Code also has a similar provision but with a lesser punishment. Section 228 of the Penal Code provides that 'if any person commits suicide, whoever abets the commission of such suicide shall be punished with imprisonment for a term which may extend to ten years and shall also be liable to fine'. But despite the law, numerous Nigerians continue to die as a result of suicide. In fact, the World Health Organization (WHO) statistical profile states that over 5000 people died through suicide in Nigeria in 2012 alone, regardless of the law which primarily seeks to deter suicidal individuals from actually following through. This statistic and the rising cases of suicides in the country clearly

²² E. Durkheim, *Rules of Sociological Method*. (THE FREE PRESS, Illinois 1895) 60-80.

²³ T. Sellin, Culture, Conflict and Crime, New York Social Science Research Council Bulletin 41(1948) 96-102

²⁴ B. A. Garner (ed), *Black's Law Dictionary* (USA: Thomson Reuters, 2014) 451

²⁵ A. O. Ogunlesi and A. Ogunwale, Mental Health Legislation in Nigeria: current leanings and future yearnings. *International Psychiatry*, volume 9, issue 3, P63. Available at <https://www.cambridge.org> accessed 1st April 2020

²⁶ P. U. Ude, 'Policy analysis on Nigerian Lunacy Act (1958): The Need for a New Legislation'. *Journal of Psychiatry*. available at <https://www.omicsonline.org> accessed 1st April 2020

²⁷ A. O. Ogunlesi and A. Ogunwale op cit

²⁸ T. Omilana, *Nigeria's Growing Suicide Crisis and Law*. Available at <<http://www.ng.guardiannews.com/>> accessed 1st April 2020

²⁹ Criminal Code Act CCA in force since 1961 and PC (Northern States)

points to the fact that the law has failed in its principal objective of deterrence and other approaches, medical, legal and social, should be explored to better understand and tackle the issue.

4. Arguments for the Criminalization and Decriminalization of Suicide

The arguments for the criminalization or decriminalization of suicide have raged on for so many years, not just in Nigeria but around the globe. The arguments have presented with complexities stemming from the numerous perceptions on suicide spread across religious, ethnic and moral boundaries.

The first major argument for the criminalization of suicide is deeply rooted in the religious belief of God being the giver of life and only God has the right to dictate its course and eventual end. The general religious belief is that suicide pervades the design of God and is a sin, therefore suicide should be criminalized. Biblically, the Holy Bible of the Christians frowns upon the act of committing suicide and acknowledges it as a sin.³⁰ Islam as well; through the Quran, teaches that suicide is a 'haram' and forbidden. It teaches that Allah is the giver of life and only He could take it. It goes further to stipulate that any person who committed suicide was destined for eternal damnation.³¹ Many other religions as well join in the condemnation of suicide, some even linking it with demonic possession. In Hinduism, it is believed that death by suicide do not lead to the achievement of salvation (moksha).³² For most members of these religions, they argue that the act of attempted suicide besides being a sin should be criminalized. Secondly, on the ethnic side of the debate, those in favour of the criminalization of suicide argue that suicide goes against their traditional norms and values. Different ethnic groups in Nigeria have various views and punishments or repercussions for those who commit or attempt to commit suicide. Sometimes, these punishments or repercussions spread to the family of suicide victims as well which contribute to the stigma against suicide attempt survivors. The Yorubas of the South West of Nigeria believe that those who commit suicide will have their souls wondering in the vacuous cosmos until the appointed time while those who fail in the attempt to commit suicide will be punished for attempting to change 'Oludumare's' destiny for him.³³ The Igbos of South Eastern Nigeria also believe that life is sacred and suicide is a betrayal of their ethos. Those who committed suicide were buried in the bush or 'evil forest' and the family of the victim were made to perform certain rituals to cleanse themselves and the entire community of the evil deed.³⁴ The Hausas of Northern Nigeria; who are predominantly Muslims, follow the teachings of Islam concerning the subject. The third major argument by those in support of criminalization of suicide is that, the fear of such punishments of financial penalties or imprisonment will act as a deterrent to suicidal acts. They believe that people will desist from engaging in suicidal behavior if they are aware of the steep consequences should they fail to succeed. They also argue that the decriminalization of suicide will lead to an increase in suicides as suicide ideators and suicidal persons will consider suicide as a legitimate option to escape their personal problems. Finally, opponents of the decriminalization of the current anti suicide law also argue that forceful confinement of those who failed in committing suicide in prisons or cells will prevent the individual from repeating the attempt and provide them with ample time to think about their misdeeds.

Those who argue against criminalization of suicide in Nigeria view suicide as a symptom of treatable mental illness, despair, and economic or social problems and not as a criminal matter. They argue that rather than criminalize the behavior, the government should put in efforts to tackle issues that give rise to suicides like poverty, unemployment, poor mental health facilities, depression, etc. they insist that rather than lock up survivors of suicide, psychological counseling or psychotherapy, monetary assistance amongst other things should be provided by the government to these individuals. For example, the cases of the University of 'Ibadan Lecturer' who was battling depression for years due to challenges in his home and career. He had been on his PhD programme for 22 years but had supervised a lot of people who had overtaken him on the rung while he remained rooted to the same spot.³⁵ And that of the medical Doctor, Dr. Allwell Orji, who committed suicide at the third Mainland Bridge in Lagos.³⁶ Both cases could have been averted if the above argument was considered. Supporters of the decriminalization of suicide also point to the available statistics that indicate that the law criminalizing suicide is not doing much to deter, prevent or even reduce the rate of suicides in the country. Internationally, research on the impact of anti-suicide legislation has yielded mixed results. In 1992, Lester compared suicide rates in Canada in the 10 year periods before and after the decriminalization of suicide in the

³⁰The Holy Bible Job 12:10, Ex. 20:13; Deut. 5:17.

³¹Qur'ran 34:29-30-'When is this promise, ...For you is the appointment of a Day [when] you will not remain thereafter an hour, nor will you precede [it]'

³²Euthanasia, assisted dying and suicide. Available at

<https://www.bbc.co.uk/religion/religions/hinduism/hinduethics/euthanaisa.shtml> accessed 3rd April 2020

³³T. O. Aderibigbe, Mental Health and Suicide in Nigeria: Available At <https://www.academia.edu/36921661/mental-Health-and-Suicide-in-Nigeria-At-the-Crossroad-of-A-Static-Law.pptx> accessed 1st April 2020

³⁴ Ibid

³⁵ Sahara Reporters.com/2019/04/06/Breaking Ibadan Lecturer-Commits Suicide accessed 3rd April 2020.

³⁶ T. O. Aderibigbe, op cit

country and found no increase in the rate of suicide following decriminalization.³⁷ Similarly, no change was observed in New Zealand during the decade before or after the decriminalization squashing the argument that the decriminalization of suicide will lead to a surge in suicide cases.³⁸ Lester also compared the suicide rates in seven countries (Canada, England and Wales, Finland, Hong Kong, Ireland, New Zealand, and Sweden) five years prior and after the decriminalization and observed an increase in the suicide rates after decriminalization.³⁹ Although this statistic is in favour of those pushing for criminalization of suicide, the rates can be explained due to better reporting of such attempts as they could have been reported as accidents to prevent legal hassles. There is also the argument that the criminalization of suicide instead prevents at risk individuals from receiving the necessary help they need to prevent suicide attempts. Survivors and at risk individuals of suicide are instead stigmatized in the process hampering any hope for an improved situation.

5. Obvious Discrimination of the Laws on Attempted Suicides

The law on suicide and the Constitution of the Federal Republic of Nigeria is highly discriminatory against persons suffering from mental health problems and or attempted suicides in many ways: First, the insanity defence which is provided for in the Criminal and Penal Codes operating in the Southern and Northern States respectively, remove criminal liability from an individual who at the time of committing an act was proven to be in a state of mental disease or natural infirmity. Section 28 of the Criminal Code provides that ‘A person is not criminally responsible for an act or omission if at the time of doing the act or making the omission he is in such a state of mental disease or natural mental infirmity as to deprive him of capacity to understand what he is doing or of capacity to control his actions or of capacity to know that he ought not to do the act or make the omission’. Similarly, Section 51 of the Penal Code provides as follows: ‘Nothing is an offence which is done by a person who at the time of doing it, by reason of unsoundness of mind, is incapable of knowing the nature of the act, or that he is doing what is either wrong or contrary to the law’. From the provisions of Sections 28 and 51 of the Criminal and Penal Codes respectively stated above, and having already established that those who contemplate, attempt or commit suicide do so because of mental health issues, emotional instability or extreme psychoache⁴⁰, victims of attempted suicide should not be criminally liable as suggested in Sections 327 and 231 of the Criminal and Penal Codes respectively which criminalizes and penalizes victims of attempted suicide but rather as victims who need support, care and help. Secondly, the insanity plea has been raised and upheld in trials involving serious offences such as murder and manslaughter. If such persons are proven to be mentally unstable to be liable, why then should attempted suicide survivors who have been established to be in such a category be referred to as criminals and considered liable rather than persons in need of help and care? The provisions of Section 35 (1) (e) of the Constitution⁴¹ provides that;

Every person shall be entitled to his personal liberty and no person shall be deprived of such liberty save in the following cases and in accordance with a procedure permitted by law... in the case of persons suffering from infectious or contagious diseases, persons of unsound mind, persons addicted to drugs or alcohol or vagrants, for the purpose of their care or treatment or the protection of the community.

From the above provision, it is clear that persons of unsound mind can be deprived of their personal liberty for the purpose of their care or treatment or the protection of the community. However, the same Constitution provides for the dignity of the human person under Section 34 (1) (a-b)⁴² which states that;

- (1) Every individual is entitled to respect for the dignity of his person, and accordingly-
 - (a) No person shall be subjected to torture or to inhumane or degrading treatment;
 - (b) No person shall be held in slavery or servitude...

Thus, the same Constitution that provides for the right to the dignity of the human person has in the same Constitution taken same away in Section 35 (1) (e) to deprive the mentally ill people of their right to liberty without their consent. Thirdly, Nigeria’s law on Suicide comes under the category of crimes defined under Chapter 27 of the Criminal Code and Chapter XVIII of the Penal Code. All the offences in this category include those affecting the ‘human body of the other person’ and suicidal attempt is included in the same category. The act of

³⁷D Lester, Decriminalization of Suicide in Canada and Suicide Rates. Psychological Reports. 1992; Available at https://www.researchgate.net/publication/21700635_Decriminalization_of_suicide_in_canada_and_suicide_rates/link/5a9313f80f7e9ba4296f49d7/download accessed 1st April 2020

³⁸Lester, Decriminalization of Suicide in New Zealand and Suicide Rates. Psychological Reports. 1993; Available at <https://doi.org/10.2466/pr0.1993.7.3.1050> accessed 1st April 2020

³⁹Lester, Decriminalization of Suicide in Seven Nations and Suicide Rates. Psychological reports, 2002. Available at <https://doi.org/10.2466/pr0.2002.91.3.898>

⁴⁰E. S Shneidman, Definition of Suicide. Available at <https://books.google.com.ng> accessed 3rd April 2020

⁴¹ Ibid

⁴² Ibid

suicide is inferred on the basis of intention, which is inferred from circumstances. But the intention may be unclear or ambiguous in many cases. In *Mohammed v Commissioner of Police*,⁴³ on appeal, Reed CJ held that for a conviction under section 231 of the Penal Code there must be evidence of an act ordinarily likely to cause death to establish the offence of attempted suicide. The facts of this case were that, the accused, a soldier, had struck his head against a wall in a cell and when questioned, stated that he wished to kill himself. It is clear that his action merely bruised his head and the court could not think of a man killing himself in this way. It is therefore submitted that it is unfair that suicide is considered a crime and put in such category. In 1985, in a landmark judgment, Delhi High Court Per Chief Justice Rajinder Sachar in *The State v Bhatia*,⁴⁴ in India, one of the countries criminalizing suicide, commented that, the continuance of section 309 IPC (criminalizing suicide) is an anachronism unworthy of a human society like ours, suicide hardly fits in the definition of crime. Lastly, it makes no sense that suicide still remains in our statute books as a crime in Nigeria, when the British from whom the law was imported and adopted has since repealed its suicide law since 1961 recognizing instead as a mental health issue.

6. Conclusion and Recommendations

Suicide and mental health issues are related. Nigeria adopted its suicide laws from England and criminalizes or punishes attempted suicides. While England has since 1961 amended their law to see attempted suicide as a mental health issue, suicide still remains in our statute books. This Article suggests a repeal of Nigeria's Anti-suicide laws and an adoption of the Mental Health Bill 2013 (yet to be passed), as Nigeria's policy on Mental health. With such adoption and the recommendations made herein, more focus can be put in identifying the root causes of suicide and providing the necessary care and help for such persons rather than punishment. It has been argued in this article that suicide and mental health issues are inter-related medico-social issues in Nigeria as in other parts of the world. Therefore, the criminal status for those who need mental health assistance and those who proceed to commit suicide is blurry by virtue of the suicide laws in force in Nigeria. The Criminal prosecution and imposition of penalties on those convicted of suicidal behaviors constitute an affront to human dignity and an abuse of the Constitutional right to dignity contained in Section 34 (1) (a-b) and as such, the suicide laws should be repealed. This is because in a great number of cases, as discussed earlier, suicide is a symptom of psychiatric illness, depression or an act of psychological distress, all indicating a cry for help and not punishment or imprisonment. Furthermore, suicidal behavior many times is as a result of factors that are beyond a person's control such as endogenous biological causes, socioeconomic causes such as poverty, financial difficulties, failed relationships, etc which have an effect on the state of mind of an individual. It is cruel to imprison such persons instead of providing help. Sanctions on those with suicidal behavior will only increase their depression and anxiety levels which may lead to a repeat of the behavior. Repealing the law will prevent the exacerbation of the situation via prosecution and imprisonment and pave way for psychological or psychiatric assistance. In order to remove the fear of stigmatization attached to attempted suicides, cases of attempted suicides are reported to the police as accidents by families of the victims in order to avoid prosecution and the resultant stigma attached. This prevents victims from getting the necessary assistance that they need. The decriminalization of suicide will remove this fear and combat the stigmatization. In addition, decriminalization of suicide will result in better reporting of suicide cases which will enable the government obtain important and accurate statistics that will help in the prevention of suicide.

⁴³ (1974) NNLR 43

⁴⁴ India CRLJ 931