Partnering with Gun Owners

To Reduce Suicide in Oregon
Suicides outnumber homicides in Oregon over 5-1 and have been rising since 2008. Firearms make up 63% of homicides/legal interventions and 54% of suicides.

Source: CDC WONDER
Firearm Deaths in Oregon, 2011-2015

- Legal Intervention: 39
- Unintentional: 19
- Homicide: 307
Suicides account for **82%** of firearm deaths in Oregon.
Suicide Rate

13.9
United States

18.9
Oregon

8th leading cause of death in Oregon.
Much of the focus in suicide prevention is on why a person attempts suicide. We seek to relieve the mental distress that leads to a suicide attempt.
But how a person attempts plays a crucial role in whether they live or die.
Today’s talk

• Why Means Matter
• Changing the Discourse on Guns
• Lethal Means Counseling
• Engaging Gun Owners as Partners in Prevention
Why “Means Matter”
Pesticides and Sri Lanka

- In the mid-1990s Sri Lanka had one of the highest suicide rates in the world, and pesticides were by far the leading method.
- The most highly human-toxic pesticides were banned in the mid- to late-’90s.
- Suicide rates dropped 50% from 1996 to 2005 – saving over 20,000 lives.
- The drop was driven by a drop in pesticide suicides.
- Suicides by other methods did not drop. Nor did nonfatal pesticide attempts.
- The *behavior* (trying to take one’s life) didn’t appear to change. What changed was the *lethality* of that behavior.

Why Do Means Matter?

• How is it possible that such a simple change could save lives?
• Why didn’t pesticide suicides go down and, say, hangings go up?
• After all, it is true that if you’re intent on suicide, you can eventually find a way.
• There are three key reasons means matter.
Why Means Matter

1. The acute phase of a suicidal crisis is often brief.
2.
3.
Suicidal Crises

• The acute phase of a suicidal crisis—that period when you’re actually ready to pull the trigger or swallow the poison—is often brief.
• The overwhelming impulse to die often fades and may never recur or may flare up episodically. It is rarely a chronic state.
• Escalation from misery to ideation to an attempt can occur rapidly. It is difficult to predict, in part because it may be triggered by an external event.
Suicidal Crises

People seen in the hospital following a suicide attempt were asked when they had *first* started thinking about making that attempt.

What percent said within **10 minutes** of attempting?
Suicidal Crises

People seen in the hospital following a suicide attempt were asked when they had *first* started thinking about making that attempt.

48% said within 10 minutes of attempting.

Most people who become suicidal have struggled with ongoing, underlying problems. The movement from suicidal idea to attempt can be rapid and unpredictable.
Lauren came home from school with a detention slip, and her parents grounded her. They forbade her from seeing her boyfriend (much older) whom they were concerned was having a bad influence. Lauren went to her father’s study, retrieved the hidden key, and opened the gun cabinet, intent on killing herself.

Robert is a 27 year-old with a drug problem. He recently moved back in with his parents after his girlfriend kicked him out of their apartment. When he stopped going to work, his parents contacted a mental health center and urged him to see a counselor. He refused. He called his girlfriend, hoping to get back together, but she wouldn’t speak to him. Feeling desperate, he went to the gun cabinet…
A Suicide…

Lauren came home from school with a detention slip, and her parents grounded her. They forbade her from seeing her boyfriend (much older) whom they were concerned was having a bad influence. Lauren went to her father’s study, retrieved the hidden key, and opened the gun cabinet, intent on killing herself.

…or a Life Saved?

Robert is a 27 year-old with a drug problem. He recently moved back in with his parents after his girlfriend kicked him out of their apartment. When he stopped going to work, his parents contacted a mental health center and urged him to see a counselor. He refused. He called his girlfriend, hoping to get back together, but she wouldn’t speak to him. Feeling desperate, he went to the gun cabinet but the guns were gone. He slashed his wrists. His mother took him to the hospital, and he recovered.
Why did he survive?
Self-Harm Lethality Rates, U.S.

- 83-90% fatal
- 10-17% nonfatal, ED-treated

If Robert had used a gun, his odds dying would have been 9 out of 10.

What are the odds using sharps or overdose?

Spicer & Miller, 2000
Based on data from emergency departments and death certificates.
Self-Harm Lethality Rates, U.S.

**Firearms**
- 83-90% fatal
- 10-17% nonfatal, treated in hospital ED

**Sharps & Overdose/Poison**
- 1-2% fatal
- 98% nonfatal, treated in hospital ED

**NOTE:** We caution against broadly disseminating these specific numbers to the general public. People’s perception that overdose and cutting are more lethal than they usually are probably saves many lives.
Why Means Matter

1. The acute phase of a suicidal crisis is often brief.
2. Some methods are far more lethal than others.
3.
Method Lethality

- The method used in an attempt is one of the biggest factors governing whether the person lives or dies.
- Intent matters; but means also matter.
- As in Robert’s case, method choice is governed by both intent and ready access.
- Ready access is particularly important when attempts occur rapidly with little or no planning.
Methods of Self-Harm, U.S.

Fatal:
- Firearm: 51%
- Hanging/Suffocation: 26%
- Overdose/Poison: 12%
- Gas: 3%
- Jump: 2%
- Sharps: 2%
- Other: 4%

Nonfatal:
- Overdose/Poison: 66%
- Firearm: 1%
- Sharps: 22%
- Suffocation: 2%
- Other: 9%

Fatal (Suicide): [CDC WONDER](https://wonder.cdc.gov) (2016) 54% firearm in Oregon
Nonfatal: Canner 2016
Lethality of Suicide Method

**HIGH Lethality**
- Firearm
- Jump from very great height
- Carbon monoxide
- Hanging/suffocation

**LOW Lethality**
- Overdose/poisoning
- Cutting
But Did We Truly Save Robert’s Life?

- History of suicide attempt is a risk factor for suicide.
- What proportion of people who attempt suicide & survive eventually go on to die by suicide?

75%  45%  25%  10%
Why Means Matter

1. The acute phase of a suicidal crisis is often brief.
2. Some methods are far more lethal than others.
3. >90% of those who attempt will not go on to die by suicide

...A life saved in the short run is usually a life saved.
Putting time and distance between a suicidal person and a highly lethal method—especially a gun—can save a life.
Why Firearms Matter Most

- **Leading U.S. method.**
- **Highly lethal.**
- **Easily accessible** if stored at home.
- **Culturally “acceptable.”** Some methods, like fire, are accessible but unacceptable to most U.S. attempters.
- **Fast, irreversible.** No chance for rescue or change of heart once the trigger is pulled. For nearly all other methods except jumps there is an opportunity.
- **Risk factor.** Every U.S. case control study that has examined the issue (15+) finds firearm access a risk factor.
## Variation in State Suicides

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<thead>
<tr>
<th></th>
<th>High Gun Ownership States*</th>
<th>Low Gun Ownership States**</th>
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* LA, UT, OK, IA, TN, KY, AL, MS, ID, ND, WV, AR, AK, SD, MO, WY
** HI, NJ, MA, RI, CT, NY

State-level HH gun ownership from 2004 BRFSS; attempts from NSDUH
## Variation in State Suicides

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<td>Firearm suicides</td>
<td>7,492</td>
<td>1,697</td>
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<td>Total suicides</td>
<td>11,889</td>
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State-level HH gun ownership from 2004 BRFSS; attempts from NSDUH
Today’s talk

• Why Means Matter
• **Changing the Discourse on Guns**
• Lethal Means Counseling
• Engaging Gun Owners as Partners in Prevention
Engaging Gun Owners

• Gun owners and their families are at higher risk for suicide.
• They’re not more likely to have a mental illness or to be suicidal; they are more likely to die should they become suicidal.
• Ten years ago, most suicide prevention groups wouldn’t talk about guns and most gun groups wouldn’t talk about suicide.
• And yet gun-owning families were dying by suicide at higher rates than non-gun owners.
Engaging Gun Owners

• How do we reach gun owners at risk of suicide?
• With an anti-gun agenda? No
• That’s like sending an anti-gay group to do a suicide prevention campaign in the gay and lesbian community.
• If you don’t trust the messenger, you don’t trust the message. And you’re likely to get the message wrong.
What’s the Message?

**Person:** “I’m really worried about my husband; his depression’s getting worse, and now with this second DUI, I’m worried he might consider suicide.”

**Confidante:** (Therapist, friend at the shooting range, neighbor, etc.): “Is there somewhere you can store your guns away from home for now, or make them inaccessible until things improve?” (and, of course, try to get him help)

- Years ago “designated driver” and “friends don’t let friends drive drunk” were unknown concepts.
- How do we get that same reach and friends-protecting-friends approach to lethal means safety?
Disseminating the Message

- Clinicians
- Gatekeepers
  - Clergy, social workers, rehab, divorce/defense attny, etc.
- Gun-owning Community

Lethal Means Counseling (build it into the system)
Expand firearm safety to include suicide prevention
Lethal Means Counseling
Saving Lives

• How did we save Robert’s life? Not with a change in laws.
• When his parents called the mental health clinic, the clinician suggested storing any household guns elsewhere until Robert was better.
• Most clinicians don’t. (We’re working on that. Megan Crane at Oregon Health Authority is working on it too.)
“Traditional” suicide screening

- Do you feel like you want to die, that you want to kill yourself? (if yes, then…)
- Have you made a plan? (if yes, then…)
- Do you have access to the means called for in your plan? (if yes, then reduce access)

What are the problems with this approach?
Do All Attempters Have Plans?

<table>
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<th>Had a Suicide Plan?</th>
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<tr>
<td>(Among people who attempted suicide in past 12 mos)</td>
<td></td>
</tr>
<tr>
<td>No plan</td>
<td>43%</td>
</tr>
<tr>
<td>Plan</td>
<td>57%</td>
</tr>
</tbody>
</table>

Not all people who make a suicide attempt planned it in advance.

Borges, 2006 (National Comorbidity Survey)
Duration of Suicidal Crises

People who attempted suicide were asked how long before the act they first thought about making the attempt.

48% said **10 minutes or less**.

Most people who become suicidal have struggled with ongoing, underlying problems. But the movement from suicidal idea to attempt can be rapid.
Firearms: Raising the Issue

How you raise the issue can make a difference.

A “Do you have guns at home?”

vs.

B “A lot of us in Oregon have guns at home. What some gun owners do in your situation is store their guns away from home until things improve. I’m wondering if you’ve considered something like that.”
Considerations

- **Option B**
  - Normalizes gun ownership
  - Gives a peer example
  - Makes it clear that the provider is suggesting steps that are voluntary and under the patient’s control
  - Imparts the information even if the patient opts not to disclose that there are guns at home
Firearms: Off-site Storage

Safest option is storing guns away from home during at-risk periods.

- **Friend** or relative (provided they aren’t prohibited from possessing firearms)
- **Self-storage facility** (store unloaded)
- **Police departments** (Some police departments store guns free if requested by a family to protect an at-risk family member)
- **Pawn shops** (Pawning the guns for a very small loan amount is reliable storage option; interest fees of ~15-20% monthly)
- **Gun shops** (Some offer storage services)
- **Shooting ranges** (Some rent storage lockers)

* These options may involve a formal transfer of the guns.
** This option does involve a formal transfer of the guns.
Firearms: Locking

If off-site storage isn’t an option...

• Store guns unloaded and locked in a gun safe or locked unit.
• Change the combination and locks if pt has access. Keep ammo out of the home or locked separately.
• See National Shooting Sports Foundation and Lok-it-Up for locking options.
• If gun owner is the person at risk – ask someone else to hold onto keys or store keys away from home for now.
• Or remove a critical component like the slide or firing pin.
• Hiding guns is not recommended.
“Innoculation” Approach

Consider delivering the firearm safety message even if the person states he/she is not suicidal but is really struggling with a mental health or substance abuse issue, especially when compounded by painful life crises like divorce, arrest, eviction, etc.

“I’m glad to hear you’re not feeling suicidal. I do want to mention this though. Sometimes a crisis hits and people who are already struggling suddenly experience strong suicidal feelings. Those feelings often go away in a matter of hours or days, but they can feel overwhelming and suicide can feel like the only way out. If a period like that hits, I want to be sure you make it through safely and call for help. One step would be to store any household guns away from home until you’re feeling better.”
CALM-Online
Free online training on lethal means counseling at www.training.sprc.org
Today’s talk

• Why Means Matter
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• Engaging Gun Owners as Partners in Prevention
Good Messengers

- Firearm instructors, gun owner groups, gun magazine writers, sportsmen clubs, gun shop owners – these are great messengers.
- Most gun groups have a strong safety culture—strong values around firearm safety, protecting the family, neighbors looking out for one another.
- These values dovetail well with suicide prevention.
- Expanding gun groups’ focus from preventing unintentional firearm deaths (500/yr in US) to preventing firearm suicides (>22,000 deaths a year) is a good fit.
- When approached as part of the solution, not part of the problem, gun owner groups have participated enthusiastically.
Pushing on an Open Door
Firearm Instructors

• Do firearm classes currently cover suicide?
• Are instructors open to covering suicide?
• How do they and their students respond to suicide prevention training?
Do Firearm Classes Cover Suicide?

AUDIT

- Volunteers attended 20 introductory-level handgun classes throughout New England and PA.
- Audit results:
  - Safety content focused on accident prevention
  - 90% of the instructors did not cover suicide
  - That’s the bad news
  - The 2 who did had both been exposed to Means Matter training

Hemenway, Rausher, Violano, Traybould, Barber. Injury Prevention, 2017
Are Instructors Open to Covering Suicide?

SURVEY

• Means Matter pitched adding a suicide prevention module to Utah Concealed Carry Permit classes. The Utah suicide prevention coalition, including Utah Shooting Sports Council (USSC) were firmly in support.

• USSC was struck that 86% of firearm deaths in Utah were suicides

• Pretested the module with a small group of instructors

• Surveyed 1,005 instructors nationally.

• Showed them the draft 5-minute suicide prevention module to get their advice and input.

Acknowledgments: Clark Aposhian, Rep. Steve Eleason, Kim Myers, BCI, and members of the Utah Suicide Prevention Coalition’s firearm safety committee
Utah Survey – Results

Would you be interested in briefly covering suicide prevention in your firearm classes? (asked after viewing module)

- Yes: 66%
- Maybe: 25%
- No: 9%

Online survey; n=1,005 firearm instructors certified by the Utah Department of Public Safety to teach its class for concealed carry permit seekers
How Do Instructors and Students Respond?

FOCUS GROUP

• NH Firearm Safety Coalition created a short video on suicide prevention for use in firearm classes
• Five instructors participated in a focus group in 2018 to test reactions to a draft version
All 5 had never covered suicide prevention content.
All 5 said they will now
One directs the Second Amendment Foundation’s Training Division. Within two weeks he had:
  • Committed to adding brief content on suicide prevention to all SAF’s basic classes.
  • Featured the issue on his radio program.
  • Tested the video in his next class. Student comments were positive, e.g. “this wasn’t on my radar before and now it will be.”
  • He heard comments in his class that he hadn’t heard in all his years of teaching
Firearm Instructors

- Do firearm instructors currently cover suicide?  
  Mostly no

- Are firearm instructors open to covering suicide?  
  Mostly yes

- How do instructors and students respond to suicide prevention materials?  
  Mostly very positive, especially when presented in a gun-friendly setting.
Utah PSA

• Tale of resilience and recovery.
• Gun-friendly.
• Speaks to middle-aged and older white male gun owners.
• Normalizes storing guns away from home when struggling.
• Doesn’t wait for disclosure of suicidality; catches people further upstream when they’re struggling.
• It doesn’t rely on the distressed person asking for help.
• Solid “bro” way to support and protect a friend in crisis.
New Hampshire Gun Shop Project

• Coalition of gun retailers, suicide prevention people, and gun rights activists met together to examine whether there was a role for gun shops in preventing suicide.

• Jointly developed customer education materials for gun shops in NH with input from gun shop owners.

2012 NHFSC Members. Pictured: Ralph Demicco (Riley’s Guns), Elaine deMello (NAMI-NH), Howard and Sarah Brown (GO-NH), Mary Vriniotis (Harvard), David Welsh (legislator), Elaine Frank (CALM), Elizabeth Fenner-Lukaitis (state health dept). Regular Members Not Pictured: Cathy Barber (Harvard), Tom Brown (firearm instructor), Natalie Riblet (Dartmouth), John Yule (Wildlife Taxidermy and Sports [gun shop])
CONCERNED ABOUT
A FAMILY MEMBER
OR FRIEND?

ARE THEY SUICIDAL?
- Depressed, angry, impulsive?
- Going through a relationship break-up,
  legal trouble, or other setback?
- Using drugs or alcohol more?
- Withdrawing from things they used to enjoy?
- Talking about being better off dead?
- Losing hope?
- Acting recklessly?
- Feeling trapped?

SUICIDES IN NH
for our number homicides

FIREARMS ARE THE
LEADING METHOD

ATTEMPTS WITH A GUN
ARE MORE DEADLY
than attempts with other methods

HOLD ON TO THEIR GUNS
- Putting time and distance between a suicidal
person and a gun may save a life.
- For other ways to help, call the National Suicide
Prevention Lifeline: 1-800-273-TALK (8255)
11. Consider temporary off-site storage if a family member may be suicidal. When an emotional crisis (like a break-up, job loss, legal trouble) or a major change in someone’s behavior (like depression, violence, heavy drinking) causes concern, storing guns outside the home for a while may save a life. Friends as well as some shooting clubs, police departments, or gun shops may be able to store them for you until the situation improves.
New Hampshire Gun Shop Project

- Packets were mailed to all 65 independent gun shops in New Hampshire.
- 48% of the shops were observed displaying at least one of the materials during unannounced visits after the mailing.

Vriniotis, Barber, Frank et al. Suicide & Life-Threatening Behavior, 2015.
Pushing on an Open Door
Gun Partnerships - 2016

- WA Safe Homes Task Force
- CA GSPs
- NV Gun Shows, GSPs
- Utah Firearm Instructor Module
- Colo GSP
- TX Suicide-Safer Homes App; GSP
- NM - AFSP
- ID GSP
- KS GSP
- MO-AFSP
- IA GSP
- MI Diner Placemats
- WI GSP
- VT Sportsman Clubs/GSP
- NH Birthplace!
- MA Firearm instructor Module
- NY GSPs
- DE Governor’s TF
- VA Lock & Talk
- KY - AFSP
- TN GSP
- AL - AFSP

GSP=Gun shop project
AFSP=Am Fdn Suicide Prev.
gun shop project
Gun Groups Getting Involved

- Maryland Licensed Firearm Dealers Association
- Utah Shooting Sports Council
- Vermont Federation of Sportsmen’s Clubs
- National Shooting Sports Foundation
- Second Amendment Foundation
- NRA
- Individual firearm instructors, retailers, sport shooters, etc.
By 2025...

- **Clinicians and gatekeepers**—mentioning firearm access is second nature and comfortable for both the clinician and the patient.
- **Gun-owning community**—every firearm safety class, website, brochure, etc., mentions suicide prevention (“Be alert to signs of suicide risk in loved ones and help keep firearms from those at risk until they have recovered.”)
Building It Into the System

Change policies & information systems

- State Social Work Association
- Hospital Administration
- Graduate School
- State Hospital Association
- Emergency Dept. Social Worker
Public health field is good at this

- Public health saves lives through changing social norms and policies.
- Create a **county by county game plan**.
- Do a cross training between mental health providers and firearm instructors.
- Hit all the sportsmen clubs, hunting/shooting newsletters, shooting ranges, etc. It’s do-able when broken down at the county level.
Beyond Docs vs. Glocks

- Interested in taking on lethal means safety work?
- Don’t just round up the usual advisors who dislike guns. Reach out to gun folks to advise on
  - Local offsite storage options
  - Good locking devices
  - Getting on the sportsman club’s potluck dinner agenda
  - Gun laws that your message must take into account
  - What phrases might be off-putting, etc., etc.
  - Gun groups are a great way to reach white men – highest risk demographic group
- Nat’l & local suicide groups (including Oregon Health Authority) are beginning to reach out to gun stakeholders.

Barber, Frank, Demicco. Beyond Docs vs. Glocks. JAMA Internal Medicine, 2017
Check out Means Matter website’s gun owner pages for resources for firearm instructors & gun retailers

Firearm Suicide Prevention
A brief module for Utah concealed carry classes.
Caveats

• We haven’t nearly achieved message saturation necessary to change social norms— but perhaps by 2025.
• We need to put resources into studying effective messaging for gun owners and evaluating which strategies work and scrap those that don’t.
• The work needs to remain non-political – let’s encourage gun rights and gun control groups not to use the suicide issue as a bludgeon against one another.
Reaching Across Divides

Talking across political divides is a powerful and uplifting thing. Perhaps we’ll not only save lives, but help our country move one step toward greater unity.
Thank you.
Questions?
cbarber@hsph.harvard.edu
www.meansmatter.org