Partnersing with Gun Owners on Preventing Suicide
Pushing on an Open Door

Catherine Barber
Harvard Injury Control Research Center – June 2019
Veteran Deaths, 14 States NVDRS

Suicide

Homicide

National Violent Death Reporting System for AK, CO, GA, MD, NJ, NM, NC, OK, OR, RI, SC, UT, VA, WI. Includes veterans and some active duty military.
Veteran Firearm Deaths, NVDRS

86% of Veteran firearm deaths were suicides

Source: National Violent Death Reporting System (14 states)
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

- Mid-1990s: Sri Lanka one of the highest suicide rates in the world. Pesticides leading method.
- Most highly human-toxic pesticides banned.
- Suicide rates dropped 50% from 1996 to 2005 – saving over 20,000 lives.
- Drop driven by decline 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 change. The lethality of that behavior changed.

Why Do Means Matter?

• How is it possible that such simple a change could save lives?
• After all, it is true that if you’re intent on suicide, you can eventually find a way.
• Three key reasons
Why Means Matter

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

- The acute phase—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**.

This doesn’t mean the attempt came out of the blue. Many attempters struggle with ongoing problems.
Robert is a 27 year-old veteran 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 veteran 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?
If Robert had used a gun, the odds of dying are 9 out of 10.

What are the odds using sharps or overdose?
Self-Harm Fatality Rate

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

- **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%
- Sharps: 22%
- Suffocation: 2%
- Firearm: 1%
- Other: 9%

Fatal (Suicide): CDC WONDER (2016) 54% firearm in Oregon
Nonfatal: Canner 2016
Veteran Suicide Methods

- Firearm: 70%
- Suffocation: 14%
- OD/Poison: 16%
- Other: 4%

Sources: NVDRS, 2005-2012, 14 states
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.
What If He Were a Different Sort?

• What if he weren’t an angry, reactive guy acting in haste?
• What if he were a 60 year-old who prepared his will, researched his method, set out the bank statements, waited until no one was around?
• Reducing his access to lethal means might not help.
• In public health, we work incrementally, finding one set of strategies for one group, another set for another group, chipping away at the problem.
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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** 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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<tr>
<td>Firearm suicides</td>
<td>7,492</td>
<td>1,697</td>
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<td>Total suicides</td>
<td>11,889</td>
<td>6,038</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
A Modifiable Risk Factor

• 10 yrs ago: suicide prevention groups weren’t talking about guns; gun groups weren’t talking about suicide.
• Yet gun owners die by suicide at higher rates than non-owners.
• They’re not more likely to be suicidal or mentally ill; they are more likely to die should they become suicidal.
• This is a modifiable risk factor and yet the movement was frozen.
Reaching Gun Owners

- As clinicians, Veterans, fellow gun owners, suicide prevention advocates, 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 prevent suicide 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?

Worried person

I’m worried my husband may attempt suicide.

Confidante

Is there somewhere you can store your guns until he’s better?

e.g., clinician, friend, hotline worker, defense attorney, shooting buddy
Changing Social Norms

• 30 years ago “designated driver” and “friends don’t let friends drive drunk” were unknown concepts.
• How do we get that same reach and apply a 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
• 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.)
“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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<td>(Among people who attempted suicide in past 12 mos)</td>
<td></td>
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<tr>
<td>No plan</td>
<td>43%</td>
</tr>
<tr>
<td>Plan</td>
<td>57%</td>
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Not all people who make a suicide attempt planned it in advance.

Borges, 2006 (National Comorbidity Survey)
Role Play Scenario

• You’re 42 and you’ve flunked a drug screen at work; your EAP referred you for an evaluation.
• You don’t currently feel suicidal but you’re feeling trapped by your addiction and worried about an upcoming court date.
• After a bad argument at home last week you wanted to kill yourself and sat with your gun in your hand for a few minutes. You don’t want to talk about this, but will if asked.

*(Traditional suicide screening would never get to that third bullet point)*
Lethal Means Counseling

- Assess current and recent (past couple of months) SI
- Assess lifetime history of attempts
- If...
  - Current or recent SI
  - In distress and lifetime hx of attempt or serious suicidality
  - In distress and other factors present like life crises (divorce, arrest, eviction) or poor engagement in care or significant co-morbidities
- ...conduct lethal means counseling
Firearms: Raising the Issue

How you raise the issue can make a difference.

A “Do you have guns at home?”

vs.

B “What some of my patients in your situation do is store their guns away from home until things improve or they have a friend hold onto the keys. 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 voluntary steps that 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***: Local laws vary re: need for formal transfer
- **Self-storage facility**: Store unloaded
- **Police departments***: Some store guns free to protect an at-risk person
- **Pawn shops**: Pawn the guns for a very small loan; pay monthly interest fees of ~15-20%; repay loan to reclaim guns
- **Gun shops***: Some offer storage services
- **Shooting ranges/clubs**: 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, ask family to...

- Store guns 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 Lock-it-Up for locking options.
- If pt is the gun owner – can someone else 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.
“Inoculation” approach

- Remember the study where 48% of attempters first thought of making their attempt within 10 min of attempting?
- The patient you see today struggling with bipolar disorder and a drinking problem is not necessarily suicidal today; but tomorrow when his girlfriend breaks up with him, he may well be.
- Consider delivering the firearm safety message even if the person states he/she is not suicidal but is really struggling.
“Inoculation” approach

“I’m glad you’re not feeling suicidal. 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. 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 your guns away from home until you’re feeling better.” (continue with brief safety planning)
CALM-Online
Free online training on lethal means counseling at www.training.sprc.org
Today’s talk

- Why Means Matter
- Changing the Discourse on Guns
- Lethal Means Counseling
- Engaging Gun Owners as Partners in Prevention
Good Messengers

- Firearm instructors, gun magazine writers, sportsmen clubs, gun shop owners – great messengers to incorporate suicide prevention as basic tenet of firearm safety.
- Most gun groups have a strong safety culture around responsible firearm use, protecting the family, neighbors looking out for one another.
- These values dovetail well with suicide prevention.
- Expanding gun groups’ focus from unintentional gun deaths (500/yr) to gun suicides (23,000/yr) is a good fit.
- When approached as part of the solution, not part of the problem gun owner groups have participated enthusiastically.
Firearm and Violence Narrative

- Firearms generally harmful
- Generally unnecessary in civil life
- Decrease personal liberty because of increased risk of harm
- Emblem of violence
- Gun Control translates to Violence Control

Firearm and Freedom Narrative

- Firearms generally beneficial
- Necessary for personal protection and safety
- Protected, Constitutional right
- Emblem of freedom
- Gun Control translates to Freedom Control

From: Stewart R et al. J Am Coll Surg 2018
Local firearm injury problem not studied.

Data used as ammo to lob at one another.

Focus is on the battle, not the specific nature of the local problem.
Study the local firearm injury problem; learn from each other.

Find Solutions in Common that Arise from the Data.
New Hampshire Gun Shop Project

- Coalition of gun retailers, suicide prevention people, and gun rights activists began meeting together in 2009 to examine role for gun shops in preventing suicide.
- Developed customer education materials for gun shops in NH with input from gun shop owners.
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 reckless
- Feeling trapped

SUICIDES IN NH
for our number homicides

FIRESARMS 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 (8225)
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.
Pushing on an Open Door
Gun Partnerships - 2009

NH Birthplace!
Gun Groups Getting Involved

- Firearm instructor module, cuppa joe’s during hunting season at diners, gun show displays, gun shop projects, articles in guns & ammo magazines, presentations at sportsman clubs, parent training during hunter safety classes, etc.
- Maryland Licensed Firearm Dealers Association
- Utah Shooting Sports Council
- Vermont Federation of Sportsmen’s Clubs
- National Shooting Sports Foundation
- Second Amendment Foundation
- Walk the Talk America
- Individual firearm instructors, retailers, sport shooters, etc.
- NRA dipping a toe in
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, 2018
Are Instructors Open to Covering Suicide?

SURVEY

• Means Matter pitched adding a suicide prevention module to Utah Concealed Carry Permit classes. They agreed.
• Surveyed ~2,000 instructors nationally; 1,005 responded.
• Showed them the draft 5-minute suicide prevention module to get their advice and input.

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

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

- Yes: 66%
- Maybe: 25%
- No: 9%
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.
FOCUS GROUP

• NH Firearm Safety Coalition created a short video on suicide prevention for use in firearm classes
• Circulated word inviting instructors to watch draft
• Five instructors participated

Acknowledgments: Tom Brown, Elaine Frank, Ralph Demicco, Steve Brogan, NH Firearm Safety Coalition
NH Focus Group

- All 5 had never covered suicide prevention content.
- All 5 plan to now—to save lives and preserve freedom.
- 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.
  - He heard comments in his class he’s never heard.
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.
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 in loved ones and help keep firearms from those at risk until they have recovered.”)

The more that the gun-owning community is having these conversations *outside* the clinician’s office, the easier it will be to have these conversations *inside* the office.
Building It Into Your Organization

- Change information systems
- Train up staff (e.g., CALM-Online)
- Change protocols as of given date
- Provide cheat sheets to clinicians
- Distribute patient/family brochure
- Include list of local, vetted storage options
- Do community outreach (shooting clubs, gun shops, etc.) to change social norms
Interested in taking on lethal means safety work? Don’t just round up the usual advisors who dislike guns. Reach out to gun folks & veterans to:

• Review your lethal means counseling protocols
• Get you on the sportsman club’s potluck dinner agenda, a table at the gun show, etc.
• Advise on local gun laws your message must take into account
• Help draft family handouts; steer you right on phrases that might be off-putting vs. welcoming for gun-owning veterans
CATHERINE BARBER

Thank you. Questions?
cbarber@hsph.harvard.edu
www.meansmatter.org
Utah PSA

https://vimeo.com/175761640
Acknowledgments: Clark Aposhian, Utah Suicide Prevention Coalition, Kim Myers of Utah Dept. of Human Services, GumCo Productions
Utah PSA

- Tale of resilience and recovery.
- Gun-friendly.
- Speaks to middle-aged and older white male gun owners.
- Solid “bro” way to support and protect a friend in crisis.
- Normalizes temporarily and voluntarily storing guns away from home when struggling.
- Doesn’t wait for disclosure of suicidal thoughts; catches people further upstream when they’re struggling.
- Thinks outside the “screen and treat” box.
- Doesn’t rely on the distressed person asking for help.