

Means Matter

Why It's Time to Start Talking about Firearms... and How to Begin

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Outline

- Why Means Matter
- Thinking outside the gun politics box
- Engaging the gun-owning community as partners in suicide prevention

Sri Lanka & Pesticides

- Pesticides are the leading suicide method in Sri Lanka.
- The most highly human-toxic pesticides were banned in the mid to late 1990s.
- Suicide rates dropped 50% from 1996 to 2005.
- Nonfatal pesticide attempts, and suicide by other methods, did not drop.



United Kingdom & Domestic Gas

- Before 1960, domestic gas was the leading method of suicide in the United Kingdom.
- By 1970, almost all domestic gas in the UK was non-toxic.
- Suicide rates dropped by nearly a third.
- The drop was driven by a drop in gas suicides; non-gas suicides increased slightly.



3. Firearms – Israeli Military

- The Israeli Defense Force (IDF) is a population-based army with mandatory draft for 18-21 year-olds in Israel.
- From 2003- 2005, an average of 28 suicides occurred each year, 26 by firearm, many on weekends.
- In 2006, IDF required soldiers to leave their weapons on base during weekend leaves.
- The suicide rate decreased by 40%.
- Weekend suicides dropped significantly.
- Weekday suicides did not.



Why Does It Work?

1. The acute phase of a suicidal crisis
is *often* (not always) brief.

Suicidal Thoughts Among Students

Students who seriously considered attempting suicide in past 12 months	Students n=1321
Number of periods	
1	33%
2	26%
3	15%
4 or more	24%
Missing data	2%
Ave. length of period	
1 hour or less	31%
2-24 hrs	25%
2-7 days	27%
>1 week	16%

Drum, Brownson, Denmark, Smith. *Professional Psychology: Research & Practice*, 2009 n=26,451 students surveyed

WHO?

WHAT?

WHEN?

WHERE?

WHY?

HOW?

When do people take their lives?

*Among people who nearly died in a suicide attempt,
24% said less than 5 minutes elapsed between
deciding on suicide and making the attempt.*

Another 47% said under an hour.

Only 13% said one day or more.

WHO?

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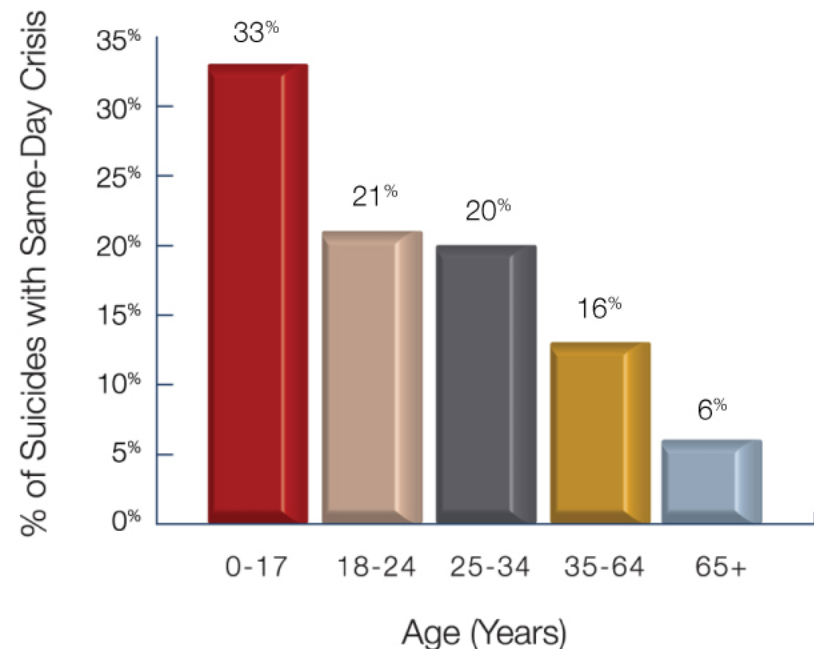
HOW?

When do people take their lives?

Some take their lives after careful planning and deliberation, but many act impulsively.

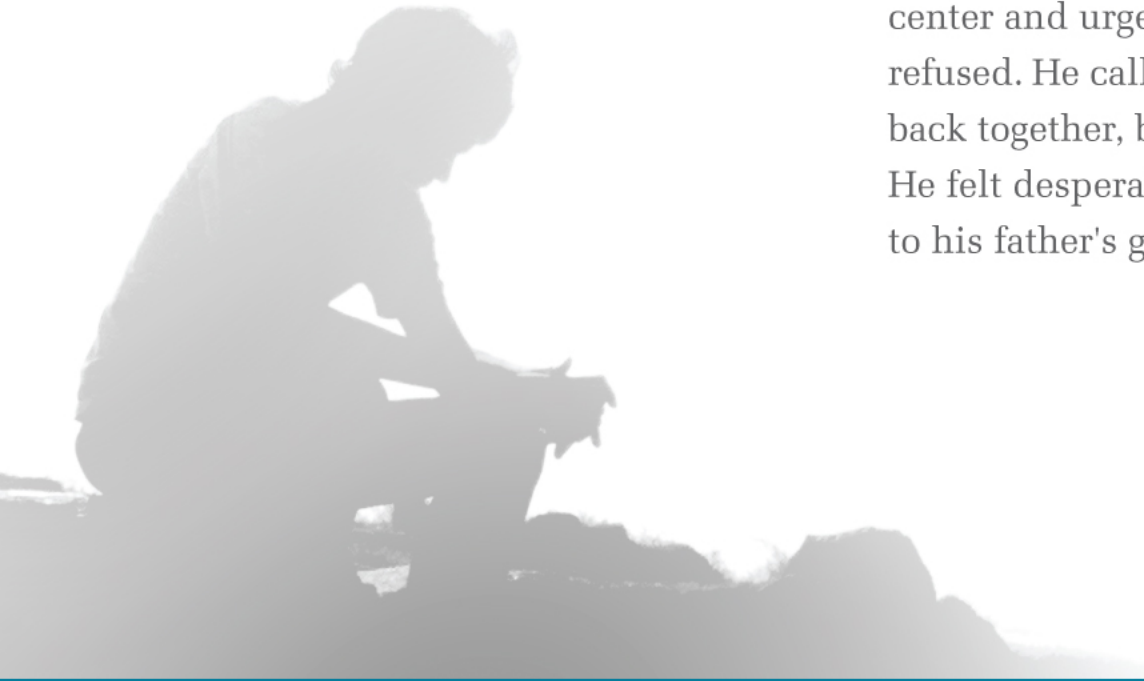
1/3 of youths who died by suicide had faced a crisis within the past 24 hours.

Percentage of Suicides with a Crisis on the Day of Suicide (by age)



A Suicide

A 20-year old with a drug problem moved back in with his parents after his girlfriend broke up with him. 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. He felt desperate. Intent on suicide, he went to his father's gun cabinet...





Traditionally suicide prevention has focused on who takes their life, when, where, and especially why.

WHO?

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Why do people take their lives?

People who feel suicidal typically face multiple problems. Risk factors include:

- *Drug and alcohol problems*
- *Depression and other mental illness*
- *Impulsiveness and aggressiveness*
- *Family history of suicide*
- *Parental psychopathology*
- *Previous attempts*
- *Recent losses or setbacks*
- *Feeling hopeless*
- *Access to lethal means*

Feeling hopeless is probably the most common theme.



We are beginning to understand that how people attempt suicide plays a crucial role in whether they live or die.



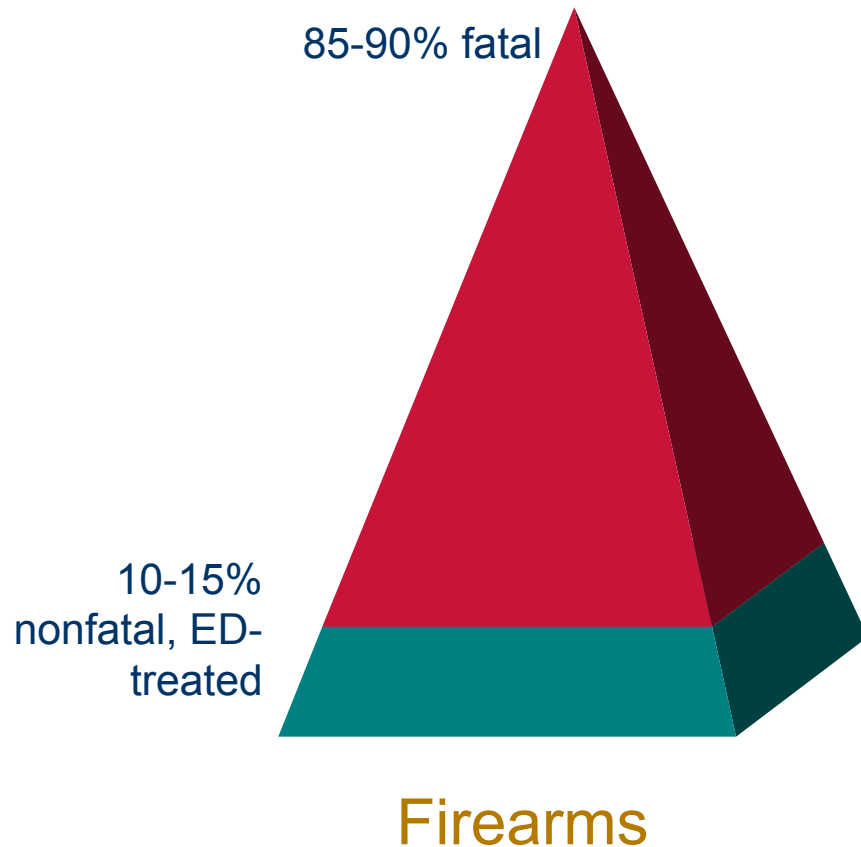
A Life Saved

A 20-year old with a drug problem moved back in with his parents after his girlfriend broke up with him. 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. He felt desperate. Intent on suicide, he went to his father's gun cabinet but the guns were gone. He found a razor and cut his wrists. His parents found him an hour later and brought him to the hospital where he was treated and agreed to get help.

Why Did He Survive?

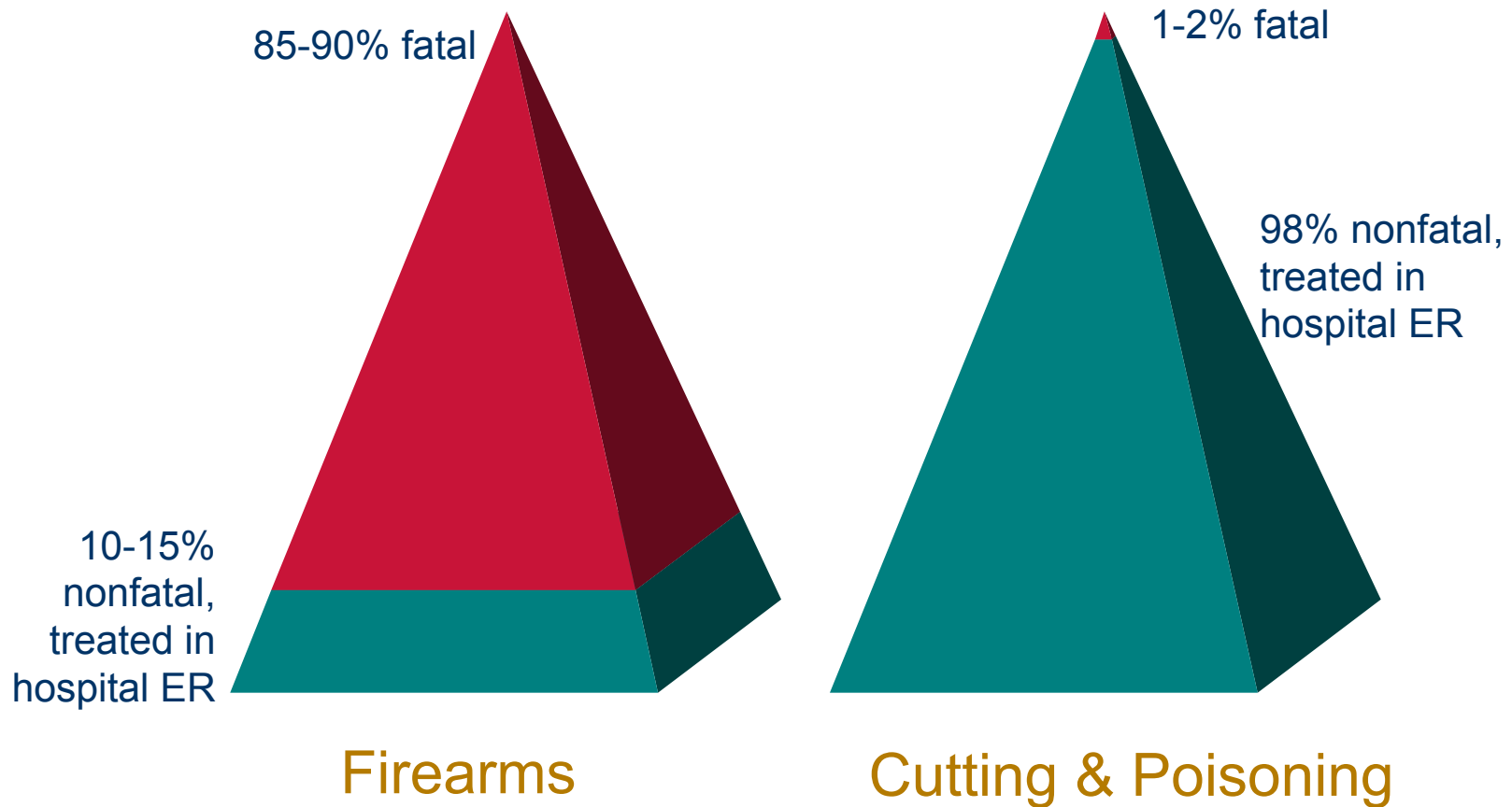
2. Case Fatality varies greatly by method.

Self-Harm Case Fatality Rates



Source: CDC WISQARS <<http://www.cdc.gov/ncipc/wisqars/>>

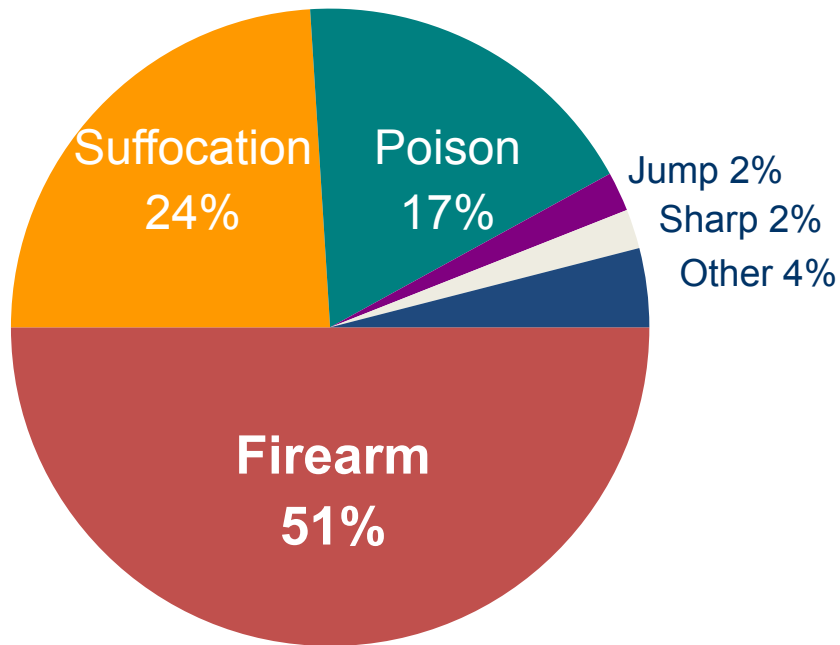
Self-Harm Case Fatality Rates



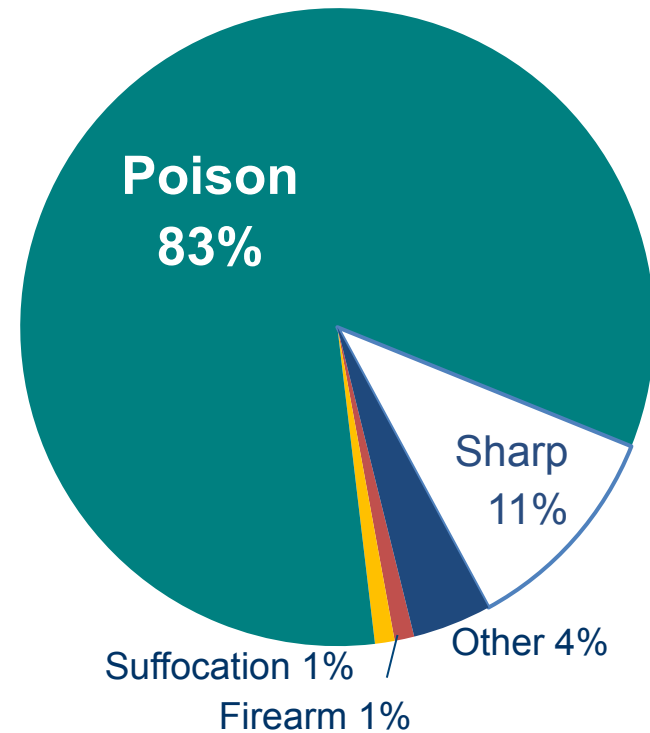
Source: CDC WISQARS <http://www.cdc.gov/ncipc/wisqars/>

NOTE: This information should not be broadly disseminated to general public. People's perception that overdose and cutting are more lethal than they usually are probably saves many lives.

Methods of Self-Harm, U.S.



Suicide

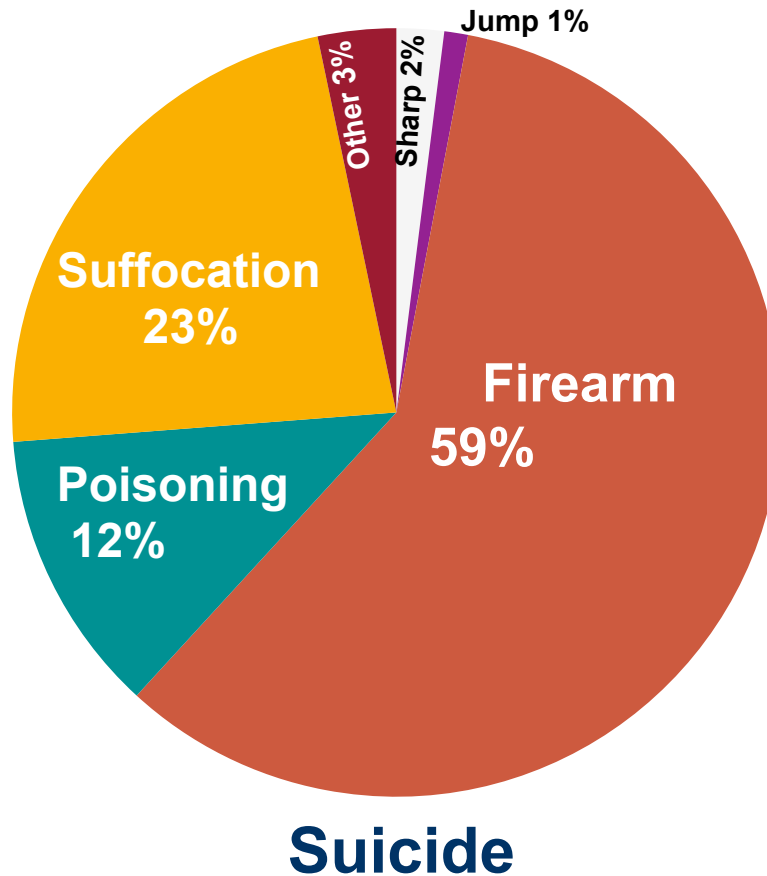


Nonfatal Self-harm

Sources

Inpatient: HCUP-NIS (2005). Suicide: CDC WISQARS www.cdc.gov/ncipc/wisqars (2009)

Methods of Self-Harm, Texas



2010 Suicide Rate:

US 12.4

TX 11.5

Households w/ Guns:

US 37%

TX 37%

But Is It Truly a Life Saved?

- History of suicide attempt is a risk factor for suicide.
- What proportion of serious attempters eventually die by suicide?

75%

45%

25%

10%

Review of 90 studies: 90% or more of attempters did not go on to die by suicide, even serious attempters such as those jumping in front of a subway and even when followed 10+ years. 20-25% made a nonfatal reattempt.

-
1. The acute phase of a suicidal crisis is *often* (not always) brief.
 2. Case Fatality varies greatly by method.
Method choice is influenced by many things including availability.
 3. Most people who attempt and survive do not go on to die by suicide.

What If He Were a Different Sort?

- What if he weren't an angry, impulsive guy?
- 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.

How Many are Like Robert?

A solid teal gradient bar at the bottom of the slide, transitioning from a lighter blue on the left to a darker blue on the right.

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When do people take their lives?

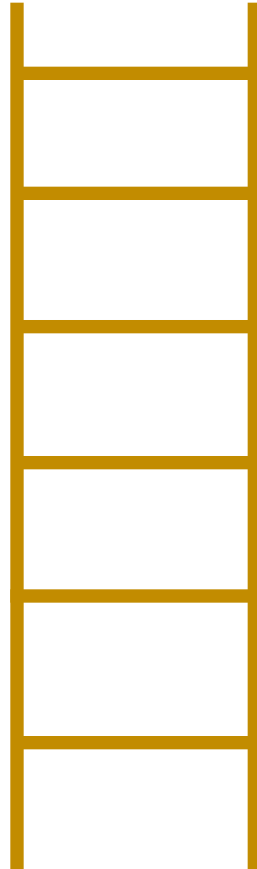
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Moving Attempters Down the Ladder

High Case
Fatality Rate



Firearm
Jump from great height

Carbon monoxide
Hanging/suffocation

Low Case
Fatality Rate

Overdose/poisoning
Cutting

Suicidal Behavior (College/Univ Students)

Among the 5% who seriously considered attempting, past 12 mos	n=1321
Began attempt, then stopped	15%
Actually attempted	12%

Drum, Brownson, Denmark, Smith. New data on the nature of suicidal crises in college students *Professional Psychology: Research & Practice*, 2009

Planned Methods

Among those with a specific suicide plan, past 12 mos	Undergrads n=327	Grad students n=137
Overdose	51%	37%
Combination	35%	24%
Cutting	26%	16%
Motor vehicle	16%	18%
Gun	15%	23%
Jump	13%	3%
Other	9%	9%
Hanging	8%	6%
Asphyxiation	4%	8%
Drowning	-	5%

What is it about Firearms?

- **Highly lethal.**
- **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.
- **Accessible.** $>1/3$ of homes have guns.
- **Acceptable.** Some methods, like fire, are entirely accessible but are not acceptable to most U.S. attempters.
- **Leading method.** More than all other methods combined.

Variation in State Suicide Rates

	High Gun States*	Low Gun States**
Population	31.5 million	31.3 million
% household with firearms 2004	50%	15%
Suicides 2008-2009		
Firearm suicides	7,492	1,697
Non-firearm suicides	4,397	4,341
Total suicides	11,889	6,038
Suicide attempts (est.) 2008-2009	246,024	303,435

* LA, UT, OK, IA, TN, KY, AL, MS, ID, ND, WV, AR, AK, SD, MO, WY

** HI, NJ, MA, RI, CT, NY

Miller, Barber, Azrael, White. In press. SOURCES: State firearm ownership rates: Behavioral Risk Factor Surveillance System (CDC). Attempts: National Survey of Drug Use and Health (SAMSHA). Suicide deaths: National Vital Statistics System (accessed from WISQARS)

Maybe it's not the guns...

- Is gun ownership a marker for a third variable, like a “go it alone” attitude or rural residence?
- Asked National Comorbidity Survey to add gun ownership to their psych epi study in 2001.

Maybe it's not the guns...

- Is gun ownership a marker for a third variable, like a “go it alone” attitude or rural residence?
- Asked National Comorbidity Survey to add gun ownership to their psych epi study in 2001.
- Gun owners no more likely than non-owners to have mental illness or to report thinking about or attempting suicide.
- *Gun owners aren't more suicidal. They're just more likely to die if they become suicidal.*

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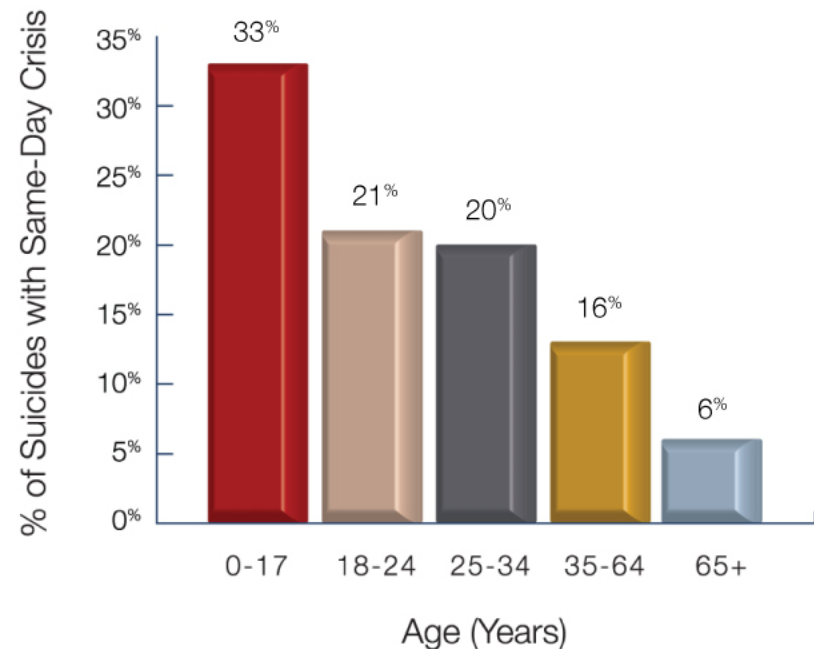
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How do young suicide victims get a gun?

85%

*of youths under 18 who
died by firearm suicide
used a family member's
gun, usually a parent's.*

Outline

- Why Means Matter
- ✓ • Thinking outside the gun politics box
- Engaging the gun-owning community as partners in suicide prevention

Political Contentiousness

- States with high gun ownership rates say they can't touch this.
- States with low gun ownership rates say this isn't their issue.
- This is everyone's issue.
- This is not a legislative issue. How did we save Robert's life? Not with a change in laws but with a "friends don't let friends drive drunk" approach.

Engaging Gun Owners

- Gun owners and their families are dying by suicide at higher rates than non-gun owners.
- Like older white men, people with mental health problems, people with family hx of suicide, etc., gun owners are “our” people. How do we reach them?
- Do we reach them 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.

What We Want

Worried person: “I’m really worried about my brother; he’s drinking so much since he moved in with us, and he’s taking the divorce really hard. He’s told me he’s even thought about suicide.”

Confidante (Therapist, neighbor, hotline worker, etc.): “Is there someone who can hold onto your guns for the time being? Have you asked him if he’d like to talk with a counselor?”

- The phrases “designated driver” and “friends don’t let friends drive drunk” are ubiquitous now.
- How do we get that same reach and apply the same friends-protecting-friends approach to means restriction?

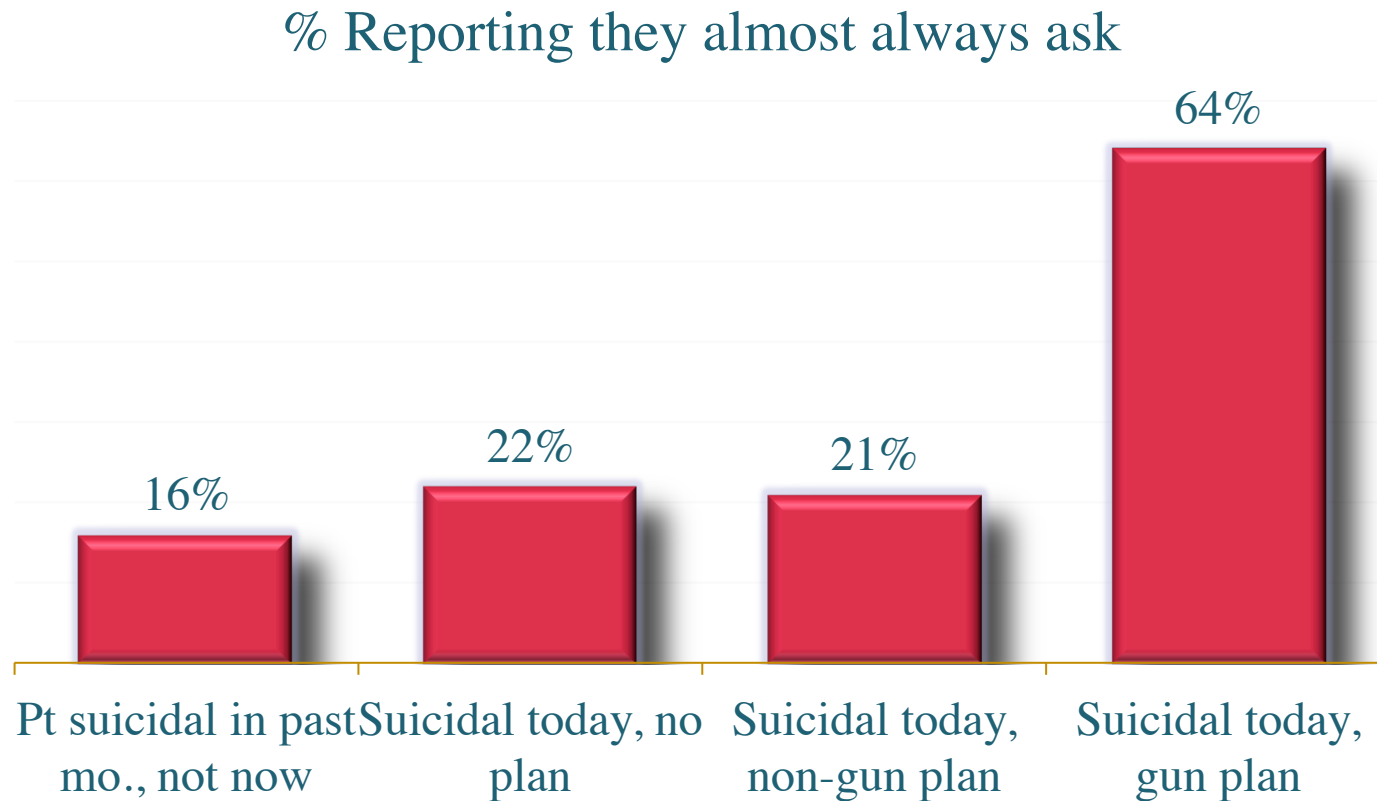
Disseminating the Message

- Providers
- Gatekeepers
- Community

Providers

- Surveys of psychiatrists (HICRC, unpublished), emergency dept nurses (Grossman J, 2003), ED patients (McManus B, 1997), ED child psychiatrists (Giggie 2007) and many more confirm that few clinicians ask about guns and few feel prepared to broach the topic.
- What would it take to ensure that “lethal means counseling” was standard practice?

When Providers Ask about Gun Access



ED-SAFE Betz M, Miller M, Barber C, et al.

Anonymous survey completed by nurses & physicians at 8 EDs (2010/11). Item prompt says, “I ask if there are firearms at home...” and poses patient scenarios. Response categories are “Almost always,” “Often,” “Sometimes,” “Hardly ever.”

Lethal Means Counseling

- Best option is temporary off-site storage
 - A friend or relative (provided they're legally able to in your state)
 - Storage facility (these cost money though)
 - Some gun stores or gun clubs offer inexpensive storage options
 - Police may be able to store them (or dispose permanently if no longer wanted)
- If off-site storage isn't an option:
 - Lock the guns at home with new locks or combinations.
 - Keep ammunition out of the home or locked separately.
 - See www.lokitup.org for locking options
 - Or, remove a key component of the guns.
 - Hiding guns is *not* recommended

Language & Collaboration Matters

- Use language like “Let’s think about a friend or relative who could hold onto your guns temporarily,” or “Let’s go through some options for storing your guns off-site until the situation improves.” NOT “give up your guns,” “dispose of your guns” “relinquish” “seize.”
- Focus on the (hopefully) temporary nature of the relocation of the guns – and of the suicidality
- Collaborate to find solutions.
- A couple of clinicians who’ve been doing this estimate that about 75% of patients readily agree, 20% or so agree after discussion, and 5% refuse (rough estimates).

Training: CALM-Online

- Counseling on Access to Lethal Means – Free online training by Harvard, Dartmouth, & SPRC <http://training.sprc.org>

**SPRC**
SUICIDE PREVENTION RESOURCE CENTER

You are not logged in [login] 

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SUICIDE PREVENTION ONLINE TRAINING

Welcome to SPRC's online training site. Our mission is to train service providers, educators, health professionals, public officials, and community-based coalitions to develop effective suicide prevention programs and policies.

SPRC's online courses are listed below. All courses are available free of charge and can be completed at your own pace.

ENHANCED COURSES

COUNSELING ON ACCESS TO LETHAL MEANS (CALM)



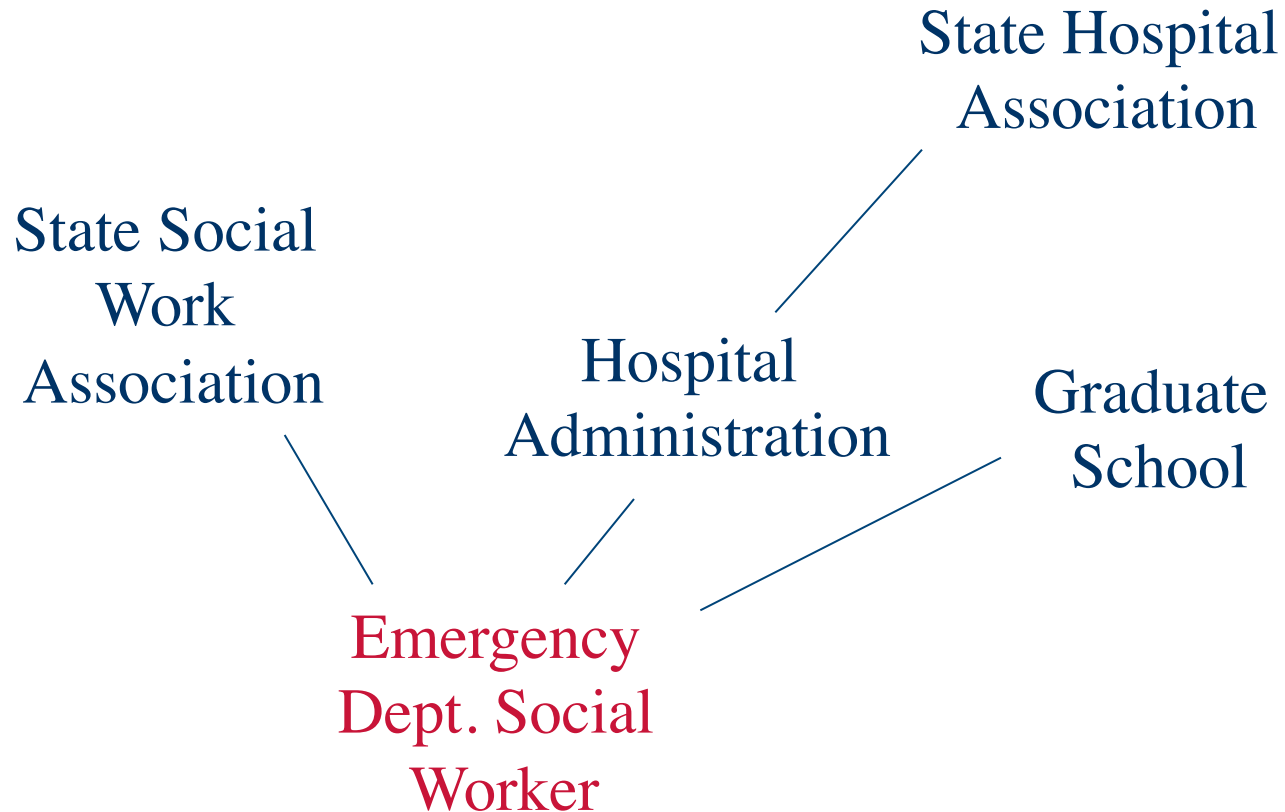
Access to lethal means can determine whether a person who is suicidal dies or survives. This course is designed for providers who counsel people at risk for suicide, primarily mental health and medical providers, but also clergy and social service providers. The first module explains why reducing access to lethal methods of self-harm saves lives. The second module teaches practical skills on when and how to ask suicidal clients about their access to lethal means and how to work with them and their families to reduce their access.

ENTER COURSE 

DESCRIPTION 

Building It Into the System

Change policies & information systems



What Providers/Gatekeepers?

- Court-remanded batterer's counseling, anger management
- Rehab counselors
- Marriage counselors
- Defense attorneys, probation, parole
- Truant officer, coach, teacher, principal, nurse
- Pediatricians, ED clinicians, nurses
- Police
- Social workers
- Employee assistance projects
- Divorce attorneys
- Clergy
- Nurses
- Etc.

Outline

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Natural Alliances

- Who among your suicide prevention coalitions and CFR networks are gun owners?
- Use natural networks—hunting clubs, firearm safety classes, gun shops, gun rights clubs, firearm publications/newsletters, etc., to promote suicide awareness as a basic tenet of responsible firearm ownership and firearm safety.
- If none of your coalition members are gun owners, find natural opportunities to reach out to gun owners for cross-training and cross-fertilization of ideas. (New Hampshire Gun Shop project is a good example.)

Firearm Safety Culture

- Gun owner organizations are very safety oriented.
- Tremendous emphasis on preventing gun accidents (which account for 600-800 deaths a year).
- Expanding that focus to include preventing firearm suicides (which account for 19,000 deaths a year) falls well within the safety culture of gun groups.

Suicide Awareness & Means Restriction

- If people think all suicides involve long deliberation and one method is as likely to kill as another, means restriction will be counter-intuitive.
- Once people understand some basics about suicide (the episodic and short-term nature of acute suicidal states in some—not all—suicidal people; ambivalence; the higher case fatality rate of firearms), reducing a suicidal person's access to guns is more intuitive.

Adding a Tenet to Firearm Safety

- Vision: 5-10 years from now every brochure, website, class, etc., that covers the rules of firearms safety includes a suicide prevention message.
- Messages:
 - Store firearms locked and unloaded with ammunition locked separately to avoid theft, accident, and suicide of a family member
 - Consider temporarily storing firearms outside the home if a family member or the gun owner him/herself is at risk for suicide.

11th Commandment

Spread the “11th Commandment” of responsible firearm ownership:

- *Be alert to signs of suicide or crisis among your loved ones; if they are at risk of hurting themselves or others, keep firearms from them until the situation has resolved.*

The NH Gun Shop Project



Mission

Coalition of gun dealers, gun rights advocates, mental health and public health professionals.

- **Educate gun shop owners about steps to avoid selling a firearm to a suicidal customer (to avoid the nearly 1-in-10 firearm suicides with recently purchased guns)**
- **Educate customers about making their firearms inaccessible if a family member is in crisis and disseminate the suicide helpline number (to help prevent the much larger number of suicides that involve an existing household gun).**

Gun Shop Survey

- 97% do not have any written guidelines for staff regarding the sale of a firearm to someone suicidal
- 78% do not provide handouts on firearm safety
- 84% would share Tip Sheet with employees
- 81% would display suicide prevention posters and/or Lifeline cards
- 84% were receptive to learning more
- Shop owners gave helpful advice on how to improve the draft materials

Pre-campaign, in-person interviews with half of NH's 66 gun shops.

Intervention

- Gun Shop Packets (sent August 2011)
 - Cover letter
 - Video for firearm retailers by firearm retailers
 - Tip Sheet on avoiding sales to suicidal customers
 - Brochures for customers listing accident and suicide prevention tips
 - In-store poster and Lifeline cards
 - Customer checklist



New Hampshire Firearm Retailers:

Your vigilance could save a life!

Close to one in ten firearm suicides in New Hampshire occur with guns purchased within that same week, usually within *hours*. While not all suicides are preventable, you could reduce the odds that a gun bought at your store today is used in a suicide tomorrow.

Signs that a potential buyer could be suicidal

Note: None of these signs clearly indicate someone is suicidal, but if any are present (especially if more than one is present), use extra caution in deciding whether to proceed with the sale.

- No knowledge about guns AND no interest in learning; asks no questions
- Doesn't care which gun s/he purchases or seem responsive to your questions about the purchase
- Gives unconvincing response when asked what s/he intends to use the gun for
- No interest in firearm maintenance or safety
- Mentions recent crisis, such as a divorce, job loss, or other setback
- Makes comments that could suggest suicidality (e.g. "I don't need a lot of ammunition, I won't have the gun for long.")
- Looks anxious, avoids eye contact
- Appears distraught (shaking, fighting back tears)

Options for responding to a potentially suicidal buyer

- Notify store owner or manager (if applicable) if at all uncomfortable with a prospective sale



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
far outnumber homicides

**FIREARMS ARE THE
LEADING METHOD**

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



www.nhfsc.org

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].

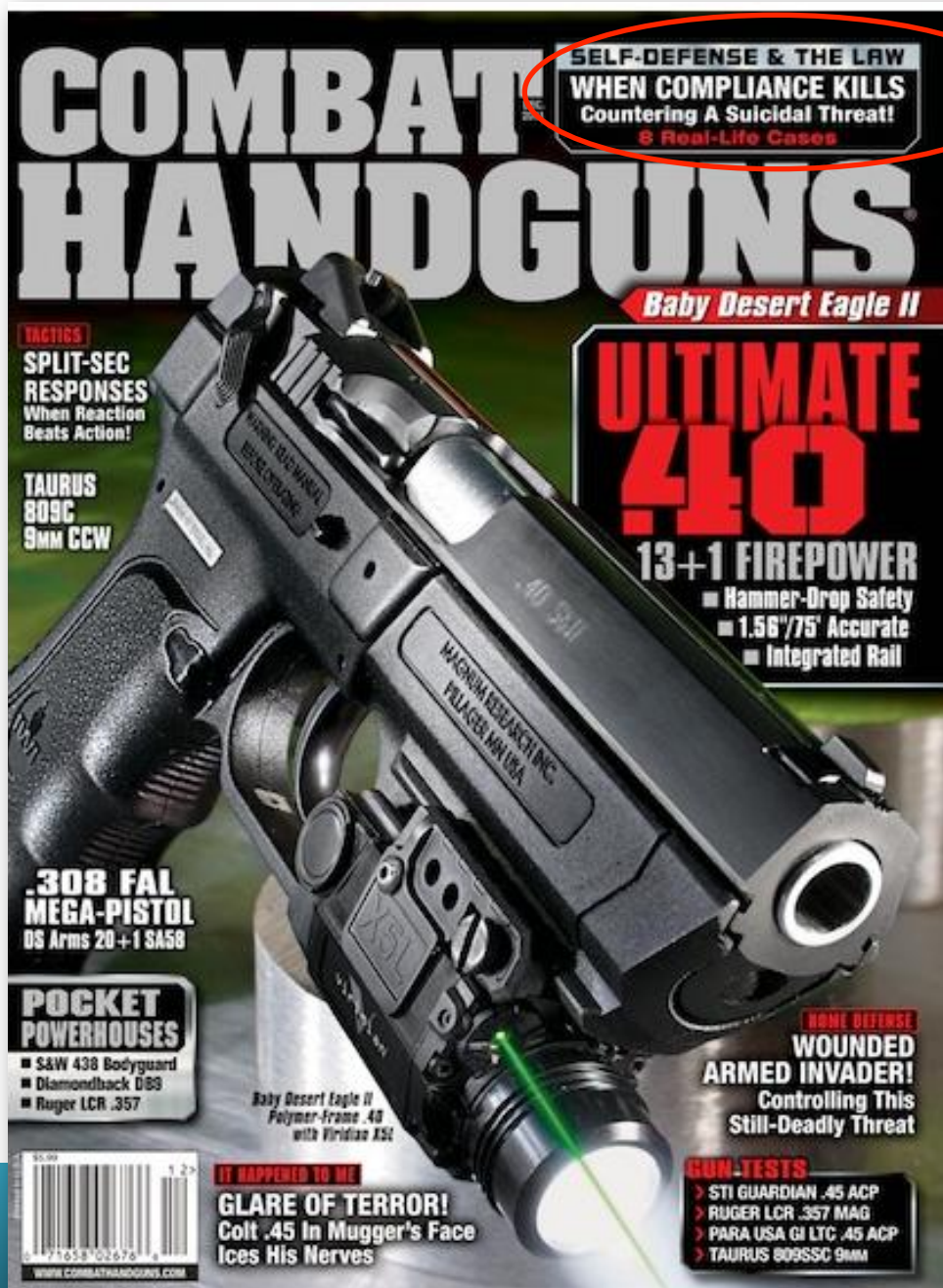


GUN SAFETY RULES

11 10 COMMANDMENTS
OF GUN SAFETY

Look inside
to see
what's new!

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.



Column by nationally-known self-defense writer, Massad Ayoob, in December 2011 issue covered the project

Evaluation

- Visited all stores unannounced to see if products were on display
- Interviewed dealers about use of all materials
- 48% were observed using at least one of the materials

Examples of Firearm Interventions

- Gun show displays in Las Vegas
- Gun shop projects underway in NH, TN, MD, Shasta County CA (15 other states and counties are in the planning stages)
- Firearm instructors module
- Means Matter/CALM/QPR firearms dealer training narrated by Paul Quinnett (available at <http://www.youtube.com/watch?v=MAKp0HSorBw>)
- 5 minute Means Matter slide set sent to QPR trainers
- VA video; gun lock give-aways with National Shooting Sports Foundation
- Rhode Island “Suicide-Proof Your Home” campaign

Examples of Firearm Interventions (cont'd)

- Lethal Means Counseling
 - VA home visitor pilot
 - Craig Bryan, active duty military intervention
 - Hold on to Life intervention in Macomb County, MI
 - ED-Safe study
 - Safety Planning
 - Markus Kruesi in-person ED means restriction training
 - CALM in-person training and train-the-trainers
 - CALM-Online
 - Colorado online training & video for ED providers

In Ten Years...

- Providers/Gatekeepers – mentioning firearm access is second nature.
- Gun-owning community – every firearm safety class, website, brochure, etc., mentions suicide prevention (11th commandment)

For more information

Means Matter website: www.meansmatter.org

Take CALM-Online—free, online course on Counseling on Access to Lethal Means <http://training.sprc.org/>

Download gunshop materials: www.nhfsc.org

Request technical assistance from Means Matter
cbarber@hsph.harvard.edu

Request an in-person CALM training
elaine.m.frank@dartmouth.edu