Take A Few Minutes to CALM
Counsel on Access to Lethal Means

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Before we begin

• Introductions
• What CALM is and isn’t
  – Specific, effective PART of Suicide Prevention
  – Not suicide risk assessment
  – Not THE answer but should be included
• Suicide is generally preventable
• Safe messaging and self care
• Anti-suicide not anti-gun or anti-drugs
Reducing Access to Lethal Means

Make highly lethal means less accessible

Attempt suicide with less lethal means

or

Delay suicide attempt
Why do it?

• Proven to be an effective intervention and many people will not switch to another means
• Part of the National Strategy for Suicide Prevention and the NH State Plan
• Most suicidal people are ambivalent about death as they are about life
• The actual act of suicide is often made very quickly - particularly among young people
• WHY NOT?
“Natural (Gas) Case Study”
Self-asphyxiation by domestic gas, Great Britain

Pre-1957: Carbon Monoxide (CO) proportion of suicides = 40%

• 1957-1970: Transition from coal to natural gas: CO content went from 12% → 2%
• 1971: CO Proportion of suicides = 10%
• Overall suicide rate: ↓ 26%
Pesticides – Sri Lanka

- Pesticides are the leading suicide method in Asia, with an estimated 300,000 deaths annually worldwide.
- In Sri Lanka, suicide rates rose 8-fold from 1950 to 1995.
- Restrictions were placed on sales of the most highly human-toxic pesticides in the late ‘90s.
- Suicide rates dropped 50% from 1996 to 2005.
- Nonfatal poisonings and other suicides did not.

Firearms – Israeli Military

- The Israeli Defense Force (IDF) is a population-based army with mandatory draft for 18-21 year-olds.
- 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.

Lubin 2010, Suic & Life-Threat Behavior.
Preventability

- 90% of those who die by suicide had some form of mental illness and/or substance abuse – often undiagnosed but usually treatable
- 90% of those who survive a nearly lethal attempt do not go on to die by suicide
- 92% of those prevented from jumping off the Golden Gate Bridge did not die by suicide
What Means to Focus On?

* Frequency
* Lethality
* Decision Time
* Availability
* Cultural Differences
Suicide Methods by Age Group
Vermont – 2008 to 2010

All Ages
- Firearms: 58%
- Suffocation: 23%
- Poisoning: 13%
- Other: 6%

Ages 25 - 64
- Firearms: 55%
- Suffocation: 23%
- Poisoning: 15%
- Other: 7%

Ages < 24
- Firearms: 82%
- Suffocation: 7%
- Poisoning: 5%
- Other: 7%

Ages 65 +
- Firearms: 82%
U.S. Youth Suicide, 15-24 year-olds

- Total
- Firearm
- Suffocation
- Poison
- Other
Methods of Self-Harm, U.S.

Nonfatal Self-harm

- Poison: 83%
- Sharp: 11%
- Suffocation: 1%
- Firearm: 1%
- Other: 4%

Suicide

- Poison: 18%
- Firearm: 50%
- Suffocation: 24%
- Jump: 2%
- Sharp: 2%
- Other: 4%

Sources

Decision Time

Among survivors of near fatal suicides, when asked about time from their decision to complete suicide and the attempt:

- 24% said less than 5 minutes
- 47% more said an hour or less

Putting time and distance between a suicidal person and lethal means MAY save a life
Firearm Availability As A Suicide Promoter

- Suicide rates vary with rates of firearm ownership
- Case control studies show greater prevalence of guns and less securely stored guns in homes of those who suicide than in controls
- 85% of youths who die by suicide using a firearm obtained it from home
- Parents underestimate the likelihood that their children have or could obtain their firearms.
Cultural Differences

• Different methods are more or less “acceptable” in different cultures or subcultures

• In US poisoning is the most frequent method for attempts. Firearms are the leading method for suicide deaths

• In Asia it is pesticide poisoning

• Fortunately many effective methods are not frequently utilized
Steps to Take

• Express your concern directly to client/family and explain that you believe the individual is at risk for suicide

• Inquire about access to firearms and medications (and other lethal means as indicated)

• Inform the client/family that restricting access reduces risk

• Discuss how to accomplish this as well as the need for ongoing supervision, treatment and follow up