Means Restriction and Means Safety for Preventing Suicide

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Anara Guard
This workshop will cover...

• What is means restriction?
• What are lethal means?
• What about means substitution?
• Successes with reducing access to various methods
• Part of a comprehensive suicide prevention strategy
• Hazard mapping exercise
• Older adults, rural populations, youth
• Questions and wrap-up
Learning from injury prevention

The three Es:

– EDUCATION
– ENVIRONMENT
– ENFORCEMENT

Combining two or three approaches is best!
Some Important Risk Factors for Suicide

- Previous suicide attempts
- History of substance abuse
- Physical disability or illness
- Losing a friend or family member to suicide
- Ongoing exposure to bullying behavior
- Relationship problems
- Access to harmful means
- Recent death of a family member or a close friend
- History of a mental health condition
How can we restrict or reduce access to lethal means?

• Place the person in a safer environment
• Put a barrier between the person and the means
• Create time between the person and the means
• Make the means (and an attempt) less lethal
Place barriers between the person and harm
Restricting access protects everyone!
What are “lethal means”? 

• Firearms
• Poisons/drugs/medications – Overdoses
• Suffocation/asphyxiation – CO, plastic bags
• Strangulation/hanging – Ropes
• Jumping – Heights
• Cutting/piercing – Sharp objects
Reducing access can make a life-saving difference

• Many attempts occur during a short-term crisis
• Removing the means may not solve the person’s problems BUT…
• When means are less available or less deadly, suicide rates decline. Time for:
  – Crisis to pass
  – Intervention to occur
More wisdom from injury prevention

• **PRIMARY PREVENTION**
  PREVENT the EVENT from occurring (brakes)

• **SECONDARY PREVENTION**
  REDUCE the injury impact of the event (crumple zone, air bags)

• **TERTIARY PREVENTION**
  MITIGATE effects of injury (rapid response, good trauma care)
Prevent the attempt (Primary prevention)

- Encourage reaching out for help (signs at “hot spots”)
- Reduce access to lethal means
Reduce the impact of the event
(Secondary prevention)

• Smaller amounts of dosage
• Life vest
• Bike helmet
• Bridge nets
“Won’t they substitute other means?”

- Bern, Switzerland[^1]
- Augusta, Maine[^1]
- New Zealand[^1]
- Bristol, England[^1]
- United Kingdom[^1]
- Sri Lanka[^1]

90% of suicide attempt survivors don’t later die by suicide

[^1]: Reisch 2005
[^2]: Pelletier 2007
[^3]: Beautrais 2001
[^4]: Bennewith 2007
[^5]: Kreitman 1976
[^6]: Gunnell 2007
LA County deaths & hospitalizations, 2005-14

FIREARMS
HANGING
POISONING
CUT/PIERCE
Making firearms less accessible – ENVIRONMENT and ENFORCEMENT

Household storage\textsuperscript{[1]}
Rural Alaska: Gun cabinets reduced unlocked firearms (89% → 35%)

Storage offsite

Storage with law enforcement and gun retailers \textsuperscript{[3]}

Voluntary removal from the home\textsuperscript{[4]}

Court-ordered removal \textsuperscript{[5]}

1—Shenassa 2004
2—Grossman 2012
3—Runyan 2017
4—McCourt 2017
5—Swanson 2017
Are locks and boxes enough?
Making firearms less accessible – EDUCATION

– Firearms storage & Gun lock giveaway programs
– Lethal means counseling by providers[1]
– Gun shops, range owners & hunter safety instructors[2]

• Disseminate materials aimed at reducing suicides

1—Johnson 2011; Kruesi 1999
2—Runyan 2017
Consider culture...

• Firearm owners who stored guns unlocked and loaded less amenable to ideas of “firearm safety”[1]

• “Means safety” more acceptable term than “means restriction” [2]

• Firearm dealers in NH who believe that reducing access to firearms might save a life more likely to display prevention information[3]

• Craft and test your messages[4]

1—Kaplan 1998
2—Stanley 2017
3—Vriniotis 2014
4—Marino 2017
Shasta County

Took what worked in N.H.

Tested it locally before using

Learned what would be accepted
More in the EMM Resource Center 2017 Toolkit

Suicide Prevention Gun Shop Activity
Customizable Files
- Gun Shop Brochure (Customizable with Crop Marks)
- Gun Shop Brochure (Customizable)
- Print Ready Files
- Activity Tip Sheet

Suicide Prevention Week 2017 Toolkit

EDUCATION
Gun Violence Restraining Orders

Family members, household members, and law enforcement can petition courts to temporarily remove guns and prevent purchase of new guns by individuals who pose a significant risk of harm to themselves or others.

www.SpeakforSafety.org
Research on GVROs

Connecticut’s law: 13.7% reduction in firearm suicides

- On average, law enforcement removed 7 guns per order.
- 1 in 3 subjects given access to mental health care and drug/alcohol counseling – often for the first time.
- For every 10 - 20 orders, at least one suicide was prevented.

Indiana’s law: 7.5% reduction in firearm suicides in ten years.
Most gun owners own multiple guns

% of gun owners saying they own ...

- One gun: 32%
- More than one gun: 66%
- 2-4 guns: 37%
- 5+ guns: 29%

Note: Share of respondents who didn’t offer an answer shown but not labeled.
“America’s Complex Relationship With Guns”

PEW RESEARCH CENTER
GVRO Facts

• **Not** the same as a 5150
• Does **not** depend on the person’s mental state, only on the fact that they threaten violence to themselves or others AND that they possess firearms
• Does not require them to seek counseling, but it may be recommended
• A **civil** procedure, not a criminal one
• After a court hearing, orders can last from **21 days** to **one year** and can be renewed
Where are GVROs being issued?

At least 186 orders have been issued between 2016-2017.

Most orders have been in Southern California counties (Los Angeles and San Diego).
Families or Households Can Petition:

If you think there is strong likelihood that a family member, roommate, or household member would harm themselves or others, you can petition your Superior Court for a GVRO.

You may also contact your local sheriff or police department to inform them of an unsafe situation.

Example of a scenario where a GVRO would be appropriate:

My son has been struggling at college and has alienated himself from his friends. Lately he has been posting violent content online and going to a shooting range. He owns a number of guns, and I am worried that he’s going through a crisis and needs help.
Who Else Can Get Involved?

While only law enforcement, family members, and household members may petition for a GVRO right now--

mental health and health care professionals can talk to a patient, family, or law enforcement if a patient’s firearm usage becomes unsafe.

Tarasoff law also allows for a psychotherapist to warn or advise family members or law enforcement of a patient’s dangerous intentions.

Lawyers and others can also get involved. See www.SpeakforSafety.org for details.
Firearm resources

• AFSP. After a suicide: A guide for firearms retailers and range owners. 2018


• Allchin, Chaplin, Horowitz. Limiting access to lethal means: Applying the social-ecological model for firearm suicide prevention. *Injury Prevention* 2018
Reducing poisonings
Opioid pain relievers...

- Deaths from opioid pain relievers increased fivefold between 1999 and 2010 for women; deaths among men increased 3.6 times.
- More women have died each year since 2007 from drug overdoses than from motor vehicle–related injuries.
Successes with toxic substances

• Sri Lanka\textsuperscript{[1]} Pesticides regulations $\rightarrow$  
  – 21% decline in suicides 
  – 50% decrease in pesticide suicides

• United Kingdom: Coal gas reformulated $\rightarrow$ 30% decline in suicides\textsuperscript{[2]}

• Rural China: Locking pesticides and rat poison reduced suicides among women

1—Gunnell 2007
2—Kreitman 1976
Why can’t you buy children’s chewable aspirin in larger quantity??
Changing packaging reduces deaths

• UK: Blister-wrapping paracetamol →
  – 43% decrease in deaths
  – less severe overdoses
  – fewer hospitalizations[1]

• Pharmacists are limited in how much they can sell at once and must provide informational brochures. EDUCATION

• US: iron pills packaging → 33% decline in calls to poison centers and almost zero deaths

1—Hawkins 2007; Hawton 2001
Pharmacy resources

• [www.pharmacistspreventingsuicides.com](http://www.pharmacistspreventingsuicides.com)
• Know the Signs pharmacy bags
• Washington State pharmacy training [www.wsparx.org/page/SuicideTraining](http://www.wsparx.org/page/SuicideTraining)
• Naloxone (Narcan) distribution
• AB2859 will require pharmacies to offer safe storage products
Reducing jumps
Barriers prevent attempts

• Toronto: Bloor Street Viaduct Bridge[1]
• Switzerland: hospital window guards[2]
• Hong Kong: Doors in subway stations → 60% decrease[3]
• Maine: 14 deaths before; 0 after [4]
• Montreal: Bridge barrier → no substitution elsewhere[5]
• Australia: Removal of a bridge barrier: 3 → 15 deaths[6]
• UK: Deaths declined 50%; no increase at other sites[7]
• Switzerland: Safety net → decrease in all local jumps[8]
Offer help when you can

• Beer deliverymen talk man out of jumping off bridge — by offering him a 12-pack of beer

• For the next hour, even after police arrived, Anderson talked to the man. He asked him his name, where he grew up, whether he had kids...kept asking the man questions
13 semis line Detroit freeway to help man considering suicide

Last truck pulls up to I-696 police situation

OAK PARK, Mich. (WJBK) - If you or a loved one is feeling distressed, call the National Suicide Prevention Lifeline. The crisis center provides free and confidential emotional support 24 hours a day, 7 days a week to civilians and veterans. Call the National Suicide Prevention Lifeline at 1-800-273-8255. Or text to 741-741

CLICK HERE for the warning signs and risk factors of suicide. Call 1-800-273-TALK for free and confidential emotional support.
Suicide rate increases
Rates of deaths per 100,000 people have gone up for major types of suicides.

National Suicide Prevention Lifeline www.suicidepreventionlifeline.org 800-273-8255
Source: Centers for Disease Control, National Center for Health Statistics
Hanging/suffocation

• More difficult to remove all possible means
• Institutional guidelines and policies
• Cultural considerations
• Important NOT to promote its availability
• Pro-suicide websites make it sound easy and painless
Hazard mapping
2nd floor apartment of an 89-year-old widower
Where are the hazards?
Not all hazards are of equal concern
Example: Local hospital with a psych unit

• Are medications locked?
• Is there roof access?
• What about the parking structure?
• Do windows open to allow egress?
• Are sharp objects accessible?
• Are hanging points/items available?
What about the broader community?

• Are medications locked?
• Is there roof access?
• What about the parking structure?
• Do windows open to allow egress?
• Are sharp objects accessible?
• Are hanging points/items available?

• **AND:** Is there a nearby bridge? Highway overpass? Railway?
Hazard mapping exercise

• In the home
• Goal is not to identify EVERY possible hazard
  – Which are most lethal? most likely? Most accessible?
• Think of the toddler-proofing approach: on all fours – from the
  POV of the vulnerable person
• Draw a map or make a list. Discuss with your neighbor!
• What strategies can you implement or encourage in that home
  to reduce access to those items?
Older adults

2016 Suicide deaths age 60+

- FIREARMS
- POISON

- Firearm
- Poisoning
- Cut
- Fall
Older adults

• Higher rates of firearm ownership than younger groups
• More isolated with fewer visitors. Less opportunity for home hazards to be identified?
• Frailer health means more likely to die from the attempt.
• In a survey of older adults[1] 62% said they would be comfortable with their doctors asking them about firearms IF they had depression, suicidality or cognitive impairment.

1—Betz 2015
Older adult resources

• 2016 Suicide Prevention Week Toolkit (at the Each Mind Matters Resource Center)
• Friendship Line (24-hours) 1-800-971-0016
• Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities (at SAMHSA’s website)
• Treatment of depression in older adults Evidence-based Practices Kit (at SAMHSA’s website)
• Info on GVRO for eldercare (at Speak for Safety.org)
Rural residents

• Higher rates of firearm ownership than urban populations
• Older population
• More isolated with less opportunity for others to identify home hazards?
• Longer times and distance to reach care – both preventative and emergency response
• Can be more affected by drought and other “natural” disasters
California’s **northern and rural counties** have the highest suicide rates.

- Rates are based on the place where the person lived, not the place of occurrence.
- Counties with the highest percentages of white population tend to have the highest suicide rates.

Source: Death statistical master files, California Department of Public Health.

[http://EpiCenter.cdph.ca.gov](http://EpiCenter.cdph.ca.gov)
Rural resources

• **After rural suicide**: A guide for coordinated community response  [https://www.cibhs.org/pod/after-rural-suicide](https://www.cibhs.org/pod/after-rural-suicide)

• Rural and Remote Mental Health Australia  

• Suicide Prevention **Toolkit for Rural Primary Care Practices**  
  [www.sprc.org](http://www.sprc.org)

• Centers for Disease Control **Preventing Suicide in Rural America** policy brief  
  [www.cdc.gov/ruralhealth/suicide/policybrief.html](http://www.cdc.gov/ruralhealth/suicide/policybrief.html)
Youth

• More impulsive in their attempts
• Often disclose their intent to someone (primarily family and peers) – almost 30% in Santa Clara County
• May not know how lethal a method is, but that doesn’t mean their attempt isn’t “serious”
• Often know where the key to a gun safe is kept or what the combination is
Youth Resources

• Crisis Text Line [www.crisistextline.org](http://www.crisistextline.org) 741741

• Directing Change Program & Film Contest [www.directingchange.org](http://www.directingchange.org)

• What I Wish My Parents Knew: a step by step guide to implement a suicide prevention and mental health parent event – at the Each Mind Matters Resource Center
Reminders

• Remove the item...
• Add a barrier...
• Reduce the item’s lethality...
• Integrate means reduction with safe messaging...
• Incorporate it into an overall suicide prevention strategy using Education, Environment and Enforcement
More than a mental health solution is needed

- Relationship problem (42%)
- Crisis in the past or upcoming two weeks (29%)
- Physical health problem (22%)
- Criminal legal problem (9%)
- Problematic substance use (28%)
- Job/Financial problem (16%)
- Loss of housing (4%)

Many factors contribute to suicide among those with and without known mental health conditions.

Note: Persons who died by suicide may have had multiple circumstances. Data on mental health conditions and other factors are from coroner/medical examiner and law enforcement reports. It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known, or reported.

Reducing means as part of your comprehensive strategy
A comprehensive strategy...

• Addresses media contagion
• Encourages help-seeking
• Trains people to help
• Looks at the evidence
• Examines data
• Changes the culture
• Makes policy changes as needed
Additional resources

• Firearm and medication storage posters
• Gun Violence Restraining Order info www.SpeakforSafety.org
• How GVROs can help keep communities safe video
• Info on means reduction www.MeansMatter.org
• CALM – Counseling on Access to Lethal Means. Online training
To recap...

• Educate (public or specific audiences)
• Change the environment or the item itself
• Reduce immediate access to the item
• Temporarily remove the item
• Be sensitive to culture
Predictive analytics...

• Last year, 50,000+ cholera cases in ONE WEEK in Yemen.
• Rainfall forecasts + data on population density + access to clean water + seasonal temperature → prediction of most likely outbreaks up to four weeks in advance.
• UNICEF distributes hygiene kits & chlorine tablets (environment) and coordinates local health education campaigns.
• This year: 2500 cases.

What if we could do this for suicide prevention???
THANK YOU!

Anara Guard

Anara@anaraguard.com