Learning Collaborative
Strategic Planning for Suicide Prevention FY 19/20

Learning Module 2:
Addressing Access to Lethal Means
• If you called in on the phone, find and enter your audio PIN
• If you have a question, technical problem or comment, please type it into the “chat” box or use the icon to raise your hand.
Sandra Black has worked in suicide prevention in California since 2007. Until 2011 she managed the California Office of Suicide Prevention, which included completion and implementation of the California Strategic Plan on Suicide Prevention. In 2011 she joined the Know the Signs suicide prevention social marketing campaign as a consultant.

Rosio Pedroso has over 20 years of research and evaluation experience focusing on unserved and underserved communities. She has over six years of experience conducting train the trainer curriculum and materials for community engagement and statewide campaigns including suicide prevention and child abuse and neglect awareness.

Stan Collins, has worked in the field of suicide prevention for nearly 20 years. Stan is a member of the American Association of Suicidology’s Communication team and in this role supports local agencies in their communications and media relations related to suicide. In addition, he is specialized in suicide prevention strategies for youth and in law enforcement and primary care settings. Since 2016 he has been supporting school districts with AB 2246 policy planning and as well as postvention planning and crisis support after a suicide loss or attempt.

Jana Sczersputowski applies her public health background to deliver community-driven and behavior change oriented communication solutions in the areas of mental health, suicide prevention, child abuse prevention and other public health matters. She is specialized in strategic planning, putting planning into action, and evaluating outcomes. Most of all she is passionate about listening to youth, stakeholders and community members and ensuring their voice is at the forefront of public health decision making impacting their communities.
Welcome!
Webinar 2: Addressing Access to Lethal Means
• Tuesday, December 17th 10-11:30am

Webinar 3: Population Level Strategies
• January 21st 10am-11:30am
  https://attendee.gotowebinar.com/register/7066667186785414925

Webinar 4: Targeting Strategies to High-Risk Populations
• February 18th 10am-11:30am
  https://attendee.gotowebinar.com/register/8978419939836774669

Webinar 5: Assessing Your Crisis Response System
• March 10th 10am-11:30am
  https://attendee.gotowebinar.com/register/2296286456097925645

Past Webinars
• Webinar 1: Postvention After a Suicide
  • View Recording:
    https://register.gotowebinar.com/recording/2783486656319297032
Day 1:
- Strategic Framework for Suicide Prevention
- Understanding Suicide: Coping Crisis Theory and Suicidal Crisis Path (Noah Whitaker)
- Interventions and Self Assessment along Suicidal Crisis Path

Day 2:
- Coalition Building and Engaging Stakeholders
- Describing the Problem of Suicide using Data & Storytelling
- Talking Turkey about Strategic Plans

https://emmresourcecenter.org/resources stratégic-planning-suicide-prevention-learning-collaborative
Resources for Learning Collaborative Members

- All past webinar recordings, slides from in-person meeting, and additional resources for the EMM Learning Collaborative can be found in the EMM Resource Center

- Follow the link below, or search for keyword “Learning Collaborative”

https://emmresourcecenter.org/resources/strategic-planning-suicide-prevention-learning-collaborative
Ecological Approach to Suicide Prevention
Along Suicidal Crisis Path
Questions to ask yourself to inform Means Safety strategic planning:

- What data collection systems are in place to track trends on means used in suicide deaths/attempts?
- What are the most common methods used for suicide deaths and attempts?
- Are there any existing means restriction efforts underway? Are there existing coalitions you can partner with?
- Are there any specific sites frequently used for suicide?
- Are we providing training on “Counseling on Lethal Means” to gatekeepers and professionals?
Part 1, Means Safety: Principles and Background
Most efforts to prevent suicide focus on why people take their lives. But as we understand more about who attempts suicide and when and where and why, it becomes increasingly clear that how a person attempts – the means they use – plays a key role in whether they live or die.

- MeansMatter.org
Means Matter

www.MeansMatter.org
Reducing access to lethal means saves lives

“Means safety” (reducing a suicidal person’s access to highly lethal means) is an important part of a comprehensive approach to suicide prevention. It is based on the following understandings:

- Intent isn’t all that determines whether an attempter lives or dies; means also matter.
- Firearms are lethal in 85-95% of suicide attempts
  - As opposed to 0.5-2% of suicide attempts by overdose, and 1-3% of cut/pierce attempts
- 90% of attempters who survive do NOT go on to die by suicide later.
- Numerous studies have demonstrated a lack of substitution for means

Source: Means Matter, Mike Anestis “Congressional Briefing”
Principles of Means Restriction

- The effectiveness of reducing access to lethal means has been demonstrated using a wide range of intervention in multiple countries
- Examples:
  - United Kingdom: reduction of suicide following replacement of coal gas with natural gas
  - Israel: 40% reduction in suicides of soldiers when policies changed to require weapons to be stored on base
  - Sri Lanka: Ban on certain chemicals used in pesticides associated with reduction in suicides
  - New Zealand: Suicide deaths reduced to zero after barriers were reinstalled on bridges
  - Multiple Countries: Limiting prescription size and altering packaging resulted in fewer suicides

- Most effective strategies for lethal means restriction are physical deterrents
Won’t people just find another way?

Numerous studies have shown no evidence that individuals experiencing thoughts of suicide sought alternative means, and in many cases suicide overall decreased.

• Effectiveness of barriers at suicide jumping sites: a case study (Beautris)
• Preventing suicide by jumping: the effect of a bridge safety fence (Pelletier)
• Securing a Suicide Hot Spot: Effects of a Safety Net at the Bern Muenster Terrace (Reisch)
• The coal gas story. United Kingdom suicide rates, 1960-71 (Kreitman)
• The impact of pesticide regulations on suicide in Sri Lanka (Gunnell)
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

Source: Means Restriction and Means Safety for Preventing Suicide, Anara Guard
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)

Source: Means Restriction and Means Safety for Preventing Suicide, Anara Guard
Key Components of Means Safety Efforts

- Public Awareness:
  - Posters, PSAs, brochures

- Gatekeeper trainings:
  - Pharmacists, firearm instructors, gun shop owners, family members

- Lethal Means Counseling
Objectives (State):
• 4a: Research and policy agenda
• 4b: Monitor statewide trends
• 4c: Disseminate information on federal funding

Objectives (Local/Regional):
• 4d: Use data to guide focused prevention efforts
• 4e: Promote safe medication disposal methods
• 4f: Partner with firearms community
• 4g: Disseminate information on overdose prevention and response
• 4h: Site-specific efforts
• 4i: Enhance data collection of preventative acts
Local and Regional Objectives:

• 4d: Use data to guide focused means safety efforts
• 4e: Promote safe medication distribution and disposal practices
• 4f: Implement firearm means safety efforts
• 4g: Disseminate information on overdose prevention and response
• 4h: Site-specific efforts
• 4i: Enhance data collection of preventative acts
Q&A
Part 2, Means Safety: Using data to guide means safety efforts
In order to better understand where and why suicides occur on the railroad right-of-way, it is vital to collect accurate and consistent data on the incidents that occur. With a better understanding of each and every event (intentional and unintentional), more can be learned about preventing similar incidents.

-Countermeasures to Mitigate Intentional Deaths on Railroad Rights-of-Way: Lessons Learned and Next Steps
Objective 4d Use the Public Health Model to evaluate risk and identify the methods of suicidal behavior used by community members and by specific demographic (such as race/ethnicity, age, sexual orientation, and gender identity) and cultural groups to guide development of focused prevention efforts. Once identified, develop tailored means restriction strategies and evaluate impact.

Steps to implementation

• Review data to identify means/methods used in suicide attempts and deaths
• Explore how means/methods vary by demographics
• Identify and develop tailored means restriction strategies
CALIFORNIA, Suicide by Method, 2013-2017 (ALL AGES)

- Suffocation: 32%
- Poisoning: 17%
- Firearm: 38%
- Cut/Pierce: 2%
- Other: 11%

Source: CDC WONDER database
Overview of Suicide Deaths & Attempts in Riverside County

Means of Death

Means of Suicide Death

- Cut/Pierce
- Firearm
- Hanging/Suffocation
- Jump
- Poisoning

Firearms has been the most often used means of death.
There has been an upward trend of Hanging/Suffocation deaths

Source: CDPH Vital Statistics Death Statistical Master Files
Overview of Suicide Deaths & Attempts in Riverside County

Means of Death for Males

- An average of 52 males a year died by hanging/suffocation
- An average of 82 males a year used firearms

Source: CDPH Vital Statistics Death Statistical Master Files
Overview of Suicide Deaths & Attempts in Riverside County

Means of Death for Females

- Average of 21 females a year died by poisoning
- An average of 14 females a year died by hanging/suffocation

Source: California Office of Statewide Health Planning and Development, Emergency Department Data
Overview of Suicide Deaths & Attempts in Riverside County

Means of Attempt

Proportion of Attempt Means

- Cut/Pierce
- Firearm
- Hanging/Suffocation
- Jump
- Poisoning
- Other

Female
- 24% Cut/Pierce
- 69% Poisoning
- 1% Hanging/Suffocation
- 1% Jump
- 6% Other

Male
- 29% Cut/Pierce
- 51% Poisoning
- 1% Hanging/Suffocation
- 3% Jump
- 16% Other

Source: California Office of Statewide Health Planning and Development, Emergency Department Data
Addressing Means Safety for Hanging/Suffocation

- Like firearms, men are more likely to die by hanging/suffocation than females (more lethal means)
- Individuals younger than 30 years old are more likely to utilize this means
- Means Safety measures around hanging and suffocation are difficult to implement (difficult to restrict access)
- Prevention and early intervention strategies - identifying risk/suicidal ideation, connecting to help, developing a safety plan - however are still available.
Suicide Deaths in Orange County
Suicide Deaths in Orange County
<table>
<thead>
<tr>
<th>Sources</th>
<th>What it tells you</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coroner</td>
<td>Who dies by suicide (demographics)</td>
</tr>
<tr>
<td></td>
<td>Means of suicide</td>
</tr>
<tr>
<td></td>
<td>Injury/Death location</td>
</tr>
<tr>
<td></td>
<td>Toxicology</td>
</tr>
<tr>
<td>EpiCenter (CA DPH)</td>
<td>State and county</td>
</tr>
<tr>
<td></td>
<td>Numbers, rates, means</td>
</tr>
<tr>
<td></td>
<td>Veteran status</td>
</tr>
<tr>
<td></td>
<td>All ages and demographics</td>
</tr>
<tr>
<td></td>
<td>Can create customized queries</td>
</tr>
<tr>
<td>Death Review Teams</td>
<td>Demographics and means</td>
</tr>
<tr>
<td></td>
<td>Warning signs/support systems</td>
</tr>
<tr>
<td></td>
<td>Risk factors and context</td>
</tr>
<tr>
<td></td>
<td>Social factors/interactions</td>
</tr>
<tr>
<td>CDPH County Health Status Profiles</td>
<td>State and county</td>
</tr>
<tr>
<td></td>
<td>Rates, 3-year averages, percentages</td>
</tr>
<tr>
<td></td>
<td>Ranked and compared to national Healthy People 2020 objectives</td>
</tr>
<tr>
<td></td>
<td>All ages &amp; demographics</td>
</tr>
<tr>
<td></td>
<td>Data grouped into annual reports</td>
</tr>
</tbody>
</table>

Mortality deaths that were confirmed to be suicide.
### Sources

<table>
<thead>
<tr>
<th>Sources</th>
<th>What it tells you</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local hospitals EpiCenter (CA DPH)</td>
<td>Non-fatal self injuries treated in hospitals and emergency rooms</td>
</tr>
<tr>
<td></td>
<td>State and county</td>
</tr>
<tr>
<td></td>
<td>Non-fatal &amp; fatal injuries by method</td>
</tr>
<tr>
<td></td>
<td>All ages &amp; demographics</td>
</tr>
<tr>
<td></td>
<td>Can create queries</td>
</tr>
<tr>
<td>CDC WISQARS</td>
<td>Non-fatal self injuries treated in hospitals and emergency rooms</td>
</tr>
<tr>
<td></td>
<td>State and county</td>
</tr>
<tr>
<td></td>
<td>Non-fatal self-inflicted injuries &amp; method</td>
</tr>
<tr>
<td></td>
<td>All ages and demographics</td>
</tr>
<tr>
<td></td>
<td>Cost of injury reports</td>
</tr>
<tr>
<td></td>
<td>Can create queries</td>
</tr>
<tr>
<td>CDC Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>Phone surveys</td>
</tr>
<tr>
<td></td>
<td>Adults 18+</td>
</tr>
<tr>
<td></td>
<td>Associated risk factors such as substance use, mental health conditions</td>
</tr>
</tbody>
</table>

**Morbidity**

- non-fatal, intentional self injuries, or suicide attempts. They exclude accidental self injury.

**Co-Morbidity**

- risk factors that are related to the suicidal behavior.
Q&A
Part 3, Means Safety: Reducing firearm suicides
Objective 4f: Disseminate information to local gun shop and range owners to increase awareness of suicide prevention efforts, suicide warning signs, and available resources. Partner with local firearm safety trainers to incorporate suicide prevention awareness into trainings. Invite local gun shop and range owners to join local coalitions. Partner with law enforcement to guide dissemination of lawful options for temporarily transferring firearms for storage in times of suicide crisis or when Gun Violence Restraining Orders apply. Resources to support this strategy can be found here: https://emmresourcecenter.org/resources/suicide-prevention-gun-shop-activity.

Steps to implementation:

• Disseminate information to local gun shops (awareness materials and gatekeeper trainings to staff)
• Partner with local firearm safety trainings to incorporate suicide prevention into trainings
• Disseminate information on lawful options for safe storage
• Provide information on Gun Violence Restraining Order
• Disseminate information to raise awareness of suicide prevention and safe storage/transfer in firearm owner community
Firearm Suicide Prevention
Means Safety

Prevent Firearm Suicide
In the US, where firearms are the method used in approximately 50% of all suicides and where roughly 1 in 3 homes contains firearms, even small relative declines in the use of firearms in suicide acts could result in large reductions in the number of suicides, depending on what, if any, method would be substituted for firearms.

- *Breaking through Barriers, The Emerging Role of Healthcare Provider Training Programs in Firearm Suicide Prevention*
Section 27545 does not apply to the transfer of a firearm if all of the following conditions are satisfied:

- The firearm is **voluntarily and temporarily transferred** to another person who is 18 years of age or older for safekeeping **to prevent it from being accessed or used to attempt suicide by the transferor or another person that may gain access** to it in the transferor’s household.

- The **transferee does not use the firearm for any purpose** and, except when transporting the firearm to the transferee’s residence or when returning it to the transferor, keeps the firearm unloaded and secured in the transferee’s residence in one of the following ways:
  - Secured in a locked container.
  - Disabled by a firearm safety device.
  - Secured within a locked gun safe.
  - Locked with a locking device as described in Section 16860 that has rendered the firearm inoperable.

- The **duration of the loan is limited to that amount of time reasonably necessary** to prevent the harm described in paragraph (1).
Prevent Firearm Suicide

Guest Speaker:
Dakota Jablon
Director of Federal Affairs, Suicide Prevention Specialist
Coalition to Stop Gun Violence – Educational Fund to Stop Gun Violence

preventfirearmsuicide.efsgv.org/
Prevent Firearm Suicide

If you or someone you know needs support now, please contact the National Suicide Prevention Lifeline. 1-800-273-TALK (8255) or text “HOME” to 788-788.

Suicide is a growing public health crisis and firearms are among the most lethal and most commonly used suicide methods in the United States. A multi-level approach for suicide prevention that addresses access to firearms can save lives.

Our firearm suicide prevention model applies the social ecological model and focuses on four levels of intervention to reduce access to firearms from individuals when they are at an elevated risk for self-harm.
ABOUT

Prevent Firearm Suicide

Prevent Firearm Suicide, a project of the Educational Fund to Stop Gun Violence, raises awareness about how temporarily reducing access to firearms during periods of high risk for suicide is life-saving. Prevent Firearm Suicide shares effective, evidence-based interventions for firearm suicide prevention; information on the intersection of firearms and suicide including risk factors and statistics; state-level firearm suicide data for all 50 states and the District of Columbia; and hosts a robust directory of educational materials, initiatives, research, and other resources about firearm suicide prevention and means safety.

A PROJECT OF

THE EDUCATIONAL FUND TO STOP GUN VIOLENCE
SOCIAL ECOLOGICAL MODEL: LIMITING ACCESS TO LETHAL MEANS

<table>
<thead>
<tr>
<th>Level</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Societal</td>
<td>Extreme risks laws</td>
</tr>
<tr>
<td></td>
<td>Voluntary self-prohibitions</td>
</tr>
<tr>
<td></td>
<td>Policies that reduce availability of firearms</td>
</tr>
<tr>
<td>Community</td>
<td>Gun shop projects</td>
</tr>
<tr>
<td>Relationship</td>
<td>Family/friends holding onto firearms</td>
</tr>
<tr>
<td></td>
<td>Lethal means safety counseling</td>
</tr>
<tr>
<td>Individual</td>
<td>Safer storage</td>
</tr>
</tbody>
</table>

Prevent Firearm Suicide

- Individual: Safer Storage
- Relationship: Lethal Means Safety Counseling
- Community: Gun Shop Project
- Society: Extreme Risk Laws

preventfirearmsuicide.efsgv.org/
“Means restriction is one of the few empirically based strategies to substantially reduce the number of suicide deaths.”

**Means restriction**
Highly lethal, commonly used suicide method is made less accessible or less lethal

**Substitution**
Attempter substitutes another method on average, substituted methods are less lethal

**Delay**
Attempt is temporarily or permanently delayed

**Fewer attempts prove fatal**

**Suicidal crisis passes for many**
The acute period in which someone will attempt is often short. Delays can save someone, but not all lives

**89% — 95% of attempters do not go on to die by suicide**

**Suicide rate drops**
Drop in overall suicide rate is driven by decline in rate of suicide by the restricted method

Source: Barber & Miller, 2014
INDIVIDUAL LEVEL:
SAFER STORAGE

- Store firearms unloaded and locked
- Store and lock ammunition separately from firearms
- Ensure the key and/or combination is inaccessible to the person in crisis
- Temporarily remove firearms from your home

- Give your firearms to a family member or friend (if permissible under state and local law)
- Temporarily transfer your firearms to local law enforcement
- Store your firearms at a gun range or store
### Relationship Level: Lethal Means Safety Counseling

<table>
<thead>
<tr>
<th>Condition</th>
<th>Examples</th>
<th>How to respond when patient has firearm access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute risk</td>
<td>Suicidal ideation or intent</td>
<td>- This is an emergency</td>
</tr>
<tr>
<td>Individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demographic group</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Condition:**
  - Acute risk

- **Examples:**
  - Suicidal ideation or intent

- **How to respond when patient has firearm access:**
  - This is an emergency

**Condition:**
- Acute risk
- Individual
- Demographic group

**Examples:**
- Suicidal ideation or intent

**How to respond when patient has firearm access:**
- This is an emergency
  - Act promptly to ensure safe storage, in cooperation with patient if possible
  - If necessary, disclose to others who are able to reduce risk (family, caregiver, psychiatric services, law enforcement)

**Condition:**
- Individual

- **Examples:**
  - Depression
  - History of suicidal ideation
  - Alcohol or substance misuse

- **How to respond when patient has firearm access:**
  - Counsel on safer storage
  - Counsel on risk reduction
  - When capacity is diminished, consider disclosure to others who are able to reduce risk

**Condition:**
- Demographic group

- **Examples:**
  - Children and adolescents
  - Elderly

- **How to respond when patient has firearm access:**
  - Counsel on risk reduction
  - For minors, involve parents
A Gun Violence Restraining Order (GVRO) is a civil order that temporarily prohibits an individual who poses a significant danger of causing injury to self (including suicide) or others from purchasing or possessing any firearms or ammunition.

Enables law enforcement and families to proactively intervene and remove firearms from individuals who are suicidal or behaving dangerously.

3 types of GVROs:
- Emergency GVRO
- Temporary (ex parte) GVRO
- Final GVRO

Cal. Penal Code §§ 18150(b)(1); 18155(b)(1)(West).
KEY FEATURES OF GVRO

- **Evidence based**: focus on behavioral risk factors, not mental illness
- **Civil procedure**, not criminal
- Creates **safer circumstances** for the individual to seek treatment, services, or otherwise access resources to address the underlying causes of their dangerous behaviors.
- Orders are **temporary** and have built-in due process protections.
  - Based on domestic violence protection orders
- Opportunity for subject of order to contest or petition to terminate early
EMERGENCY GVRO

- **Petitioner:** Law enforcement officer only
- **Standard:** *Reasonable cause* to believe that the person presents an *immediate and present danger* of injury to self or others by having a firearm in his or her possession **AND** less restrictive alternatives have been ineffective, inadequate, or inappropriate
- **Duration:** Up to 21 days
  - Terminates unless permanent GVRO is ordered
- **Served:** On scene
TEMPORARY (EX PARTE) GVRO

- **Petitioner:** Law enforcement officer or family member*

- **Standard:** *Substantial likelihood* that the subject of the petitioner poses a *significant danger in the near future* of personal injury to himself, herself, or another by having a firearm in his or her possession AND an ex parte order is necessary to prevent personal injury and less restrictive alternatives have been ineffective, inadequate, or inappropriate

- **Duration:** Up to 21 days
  - Terminates unless permanent GVRO is ordered

- **Served:** After order is grant

*In September 2020, petitioners will be expanded to include employers, co-workers, and employees or teachers of a secondary or post-secondary school*
FINAL GVRO (AFTER NOTICE AND HEARING)

- **Petitioner**: Law enforcement officer or family member*

- **Standard**: The petitioner bears the burden of proving by *clear and convincing evidence* that the subject of the petition poses a *significant danger* of personal injury to himself, herself, or another by having possession of a firearm and that a GVRO is necessary to prevent personal injury AND less restrictive alternatives have been ineffective, inadequate, or inappropriate

- **Duration**: 1 year – subject to renewal or termination*

- **Served**: in Court or after order is granted

- *In September 2020, petitioners will be expanded to include employers, co-workers, and employees or teachers of a secondary or post-secondary school and the order may be issued for up to 5 years*
CA GVRO – FACTORS COURTS SHALL CONSIDER

- A recent threat of violence or act of violence by the subject of the petition directed toward another, himself, or herself.
- A recent threat of violence or act of violence by the subject of the petition directed toward himself or herself.
- A recent violation of a protective order of any kind.
- A conviction of a violent offense.
- A pattern of violent acts or violent threats within the past 12 months, including, but not limited to, threats of violence or acts of violence by the subject of the petition directed toward himself, herself, or another.
Suicide Prevented

10-20 Firearm Removals

1 Suicide Prevented

Slide courtesy of Jeffrey Swanson, PhD
Duke University School of Medicine
RESOURCES

- PreventFirearmSuicide.EFSGV.org
  - A website dedicated to firearm suicide prevention
- Health.ucdavis.edu/what-you-can-do/
  - A prevention initiative mobilizing health care providers to engage in clinical strategies for reducing firearm injury and death
- http://www.courts.ca.gov/forms.htm?filter=GVP
  - Forms for GVRO
- https://americanhealth.jhu.edu/implementERPO
  - Created by the Johns Hopkins Bloomberg American Health Initiative & the Educational Fund to Stop Gun Violence. The website was designed to be a central resource for implementers of the GVRO/ERPO.
Q&A
The Gun Shop Project

The Gun Shop Project is a collaborative effort to engage gun shop and firing range owners, their employees and their customers on preventing suicide, the number one type of firearm death in the U.S.
San Diego County customized “Gun Shop” materials based on feedback from gun owners and gun shop employees. Over 12,000 materials have been distributed since fall 2018.

San Diego County is working with firearms instructors to implement suicide prevention content in firearm safety courses.

Website supports implementation of the program to provide a resource for community members to learn more and to help identify a gun shop for safe storage.

http://stopfirearmssuicidesd.org/
San Diego County

http://stopfirearmsuicidesd.org/

Prevent Firearm Suicide

Firearms are the leading method of suicide in San Diego County. Over a 10-year period in San Diego County, 1,451 people died of suicides involving firearms (San Diego County Health and Human Services (HHS), Emergency Medical Services, Medical Examiner Database, 2008 - 2017). Every step we can take to put "speed bumps" or barriers between someone’s thoughts of suicide and access to means to end their life reduces the risk of a suicide attempt. With firearms being the most lethal and also most common means of suicide deaths, it is important to reduce access to firearms to those having thoughts of suicide.

Here are some tips to help you keep yourself or a loved one safe.

1. Learn the warning signs for suicide. The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change. If someone you care about is showing one or more of the warning signs, help them or help them call the San Diego Access and Crisis Line at 1-888-724-7240.

2. Keep guns securely stored at all times. A key principle of firearm safety is to keep guns securely stored at all times. This is especially important when someone who is having thoughts of suicide may be able to access them. Keeping firearms in locked gun cases, using gun locks, and storing firearms in a certified gun safe are key steps that can prevent unwanted access to firearms. As an additional safety precaution, consider storing the gun safe key in a separate location outside of the home, such as with friends or family.

3. Have a Conversation about Suicide Prevention. Individuals in the gun-owning community have strong feelings about their rights and desires to own and possess firearms. Therefore, someone might hesitate to give up their firearms even if they or someone else in the home is thinking about suicide. Or perhaps you are having thoughts of suicide and worry about losing access to firearms by law enforcement. In any of these cases, the most important thing is to keep ourselves or our loved ones safe. Sometimes this means that access to firearms will have to be limited for a period of time.
AFSP partnered with the National Shooting Sports Foundation to develop a postvention guide for ranges and general awareness materials.
Example from Other States

https://vimeo.com/175761640

Colorado Firearm Safety Coalition

https://coloradofirearmsafetycoalition.org/
After controlling for state-level suicide attempt rates (2008-2009), higher rates of firearm ownership (assessed in 2004) were strongly associated with higher rates of overall suicide and firearm suicide, but not with non-firearm suicide (2008-2009).

- *Firearms and suicide in the United States: is risk independent of underlying suicidal behavior?*
Q&A
Part 4, Means Safety: Counseling on Lethal Means
Counseling on Lethal Means

What is Lethal Means Safety Counseling?

Lethal means safety counseling is the process that healthcare providers undertake to:

1. **Determine** if an individual at risk for suicide has **access to lethal means** of suicide attempt (such as firearms); and

2. Work with the individual and their family or friends **to reduce access** until the risk of suicide decreases
What should Lethal Means Safety Counseling Training include?

Lethal means safety counseling training should include:

1. Evidence to address common misconceptions
2. Overview of best counseling techniques
3. Information about firearms
4. Tools for providers when patients have access to firearm
5. Important legal information regarding firearms
CALM is an online course designed by SPRC for professionals who work with people at risk for suicide. The course covers how to:

- Identify people who could benefit from lethal means counseling
- Ask about their access to lethal methods
- Work with them, and their families, to reduce access
- Website: [http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means](http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means)
University of California Firearm Violence Research Center (UCFC)

UCFC is beginning development of a comprehensive curriculum to educate health care providers on clinical strategies for reducing firearm injury and death.

The new UCFC BulletPoints project will fill this gap by researching, developing, implementing, and evaluating training programs for health care providers to work with patients to prevent firearm-related harm.

Website: https://health.ucdavis.edu/vprp/UCFC/BulletPoints.html

Contact: Rocco Pallin: rspallin@ucdavis.edu
About the Safety Planning Intervention (SPI):

• SPI is used to provide people who are experiencing suicidal ideation with a specific set of concrete strategies to use in order to decrease the risk of suicidal behavior.

• Collaborative efforts between patient and treatment provider
Part 5, Means Safety: Poisoning (overdose) focused efforts
Statewide Plan- Strategic Direction

Objective 4e Promote safe medication disposal methods in the community or through pharmacies and other health care providers, including activities such as “take back” campaigns led by local public health departments that help people dispose of unused or expired medications. Partner with local pharmacies to increase the availability of methods to dispose of unused medication and highlight suicide and overdose prevention resources for people filling prescriptions.

Objective 4g Disseminate information through local health departments to community partners about available overdose prevention resources, methods, and medications to counteract overdose, such as naloxone for opioid overdose.

Steps to implementation
• Implement and/or expand existing medication disposal efforts
• Partner with pharmacies to highlight overdose prevention efforts (prescription length, packaging, awareness trainings, etc.)
• Disseminate information about overdose prevention efforts and resources, including medications to counteract overdose
Safe Disposal Efforts

FDA Flush List: [https://www.fda.gov/media/109643/download](https://www.fda.gov/media/109643/download)
DEA Disposal Location Search: [https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1](https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1)
Glenn County

Pharmacy bags with information on crisis support and suicide prevention resources
CONCLUSION:
Our findings suggest that a suicide prevention training program helped pharmacist respondents build confidence in several self-efficacy areas relating to detection of suicide signs, response to patients with suicidal thoughts, reassurance for patients, and provision of resources and referrals.
Part 6, Means Safety: Site and location specific efforts
Statewide Plan - Strategic Direction

Objective 4h Form regional and local workgroups composed of community members, first responders, transportation representatives, coroners and medical examiners, and crisis service providers to identify specific sites in the community frequently used for suicide, or those that provide the opportunity for suicide.

- These sites can be in the built environment or natural sites. Common types of sites include buildings, bridges, and train railways. Characteristics communities should consider in identifying sites are places that provide the opportunity for a person at risk to fall from a height and sites from which falling would place a person in front of a moving vehicle, such as a train. More than one suicide at a site should raise safety concerns.

- Once sites are identified, develop and implement plans to construct barriers to deter or prevent falling. Consider the benefits and risks of installing signs that list crisis services resources, such as suicide prevention hotline information, and provide positive, life-affirming messages. One risk, for example, could be drawing attention of people at risk to a particular site.
Means Safety: Barriers on Bridges

Comparing Different Suicide Prevention Measures at Bridges and Buildings: Lessons We Have Learned from a National Survey in Switzerland

- Installation of structural measures led to a 71.7% reduction in suicides
  - Safety nets led to a 77.1% reduction of suicides
  - Barriers (fences) led to a 68.7% reduction of suicides
    - NOTE: Safety nets were not statistically significant more preventive than safety barriers

- “Complete” barriers led to elimination of suicides at locations
  - Two key characteristics:
    1. Secure the jump site across the entire length
    2. Prevent climbing around the bridgeheads

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5218568/#pone.0169625.ref012
Barriers on Bridges

Golden Gate Bridge:
- Construction Underway

Coronado Bridge (San Diego):
- Still in planning/approval process

Colorado Street Bridge (Pasadena)
- Construction to begin 2020
Means Safety in Parking Structures

- Installing physical barriers, such as:
  - chain-link fencing
  - screening
  - security netting (which is less dense and more attractive)
  - vinyl-coated mesh
  - metal grating, stainless steel, glass barricades
- Other deterrents include geofencing (using closed-circuit television camera coverage) and landscaping
Railway Means Safety

• Prevention of access to right-of-way is most effective strategy for prevention
• Other efforts:
  • Blue Lights implementation
  • Gatekeeper trainings
  • Public Awareness campaigns
  • Signage
  • Reduction of Perceived Viability of Railroad Right-of-Way as Means for Suicide
    • Media Guidelines/Trainings
    • Public Awareness Campaigns
Using signage for means safety
Part 7, Means Safety: Gathering data on preventative acts
Statewide Plan- Strategic Direction

**Objective 4i** Create agreements among local bridge and rail authorities, first responders, and crisis services providers to collect data documenting events in which people were prevented from falling, any services they received and the outcomes. Include reporting requirements, such as biannual or quarterly reports.

**Steps to implementation**

• Partner with local agencies to gather data on interventions and preventative acts
  • Identify what agency is responsible for responding to suicide incidents at locations of frequent suicides
  • Work with local crisis centers to gather data on aborted or interrupted suicides
  • Create agreements for data reporting and sharing
Q&A
Webinar 2: Addressing Access to Lethal Means
• Tuesday, December 17th 10-11:30am

Webinar 3: Population Level Strategies
• January 21st 10am-11:30am
  https://attendee.gotowebinar.com/register/7066667186785414925

Webinar 4: Targeting Strategies to High-Risk Populations
• February 18th 10am-11:30am
  https://attendee.gotowebinar.com/register/8978419939836774669

Webinar 5: Assessing Your Crisis Response System
• March 10th 10am-11:30am
  https://attendee.gotowebinar.com/register/2296286456097925645

Past Webinars
• Webinar 1: Postvention After a Suicide
  • View Recording:
    https://register.gotowebinar.com/recording/2783486656319297032
Thank you for attending!