

IF YOU OR SOMEONE YOU KNOW
IS CONTEMPLATING SUICIDE,
PLEASE CALL THE FREE AND CONFIDENTIAL
NATIONAL SUICIDE PREVENTION
LIFELINE AT [1-800-273-8255](tel:1-800-273-8255).

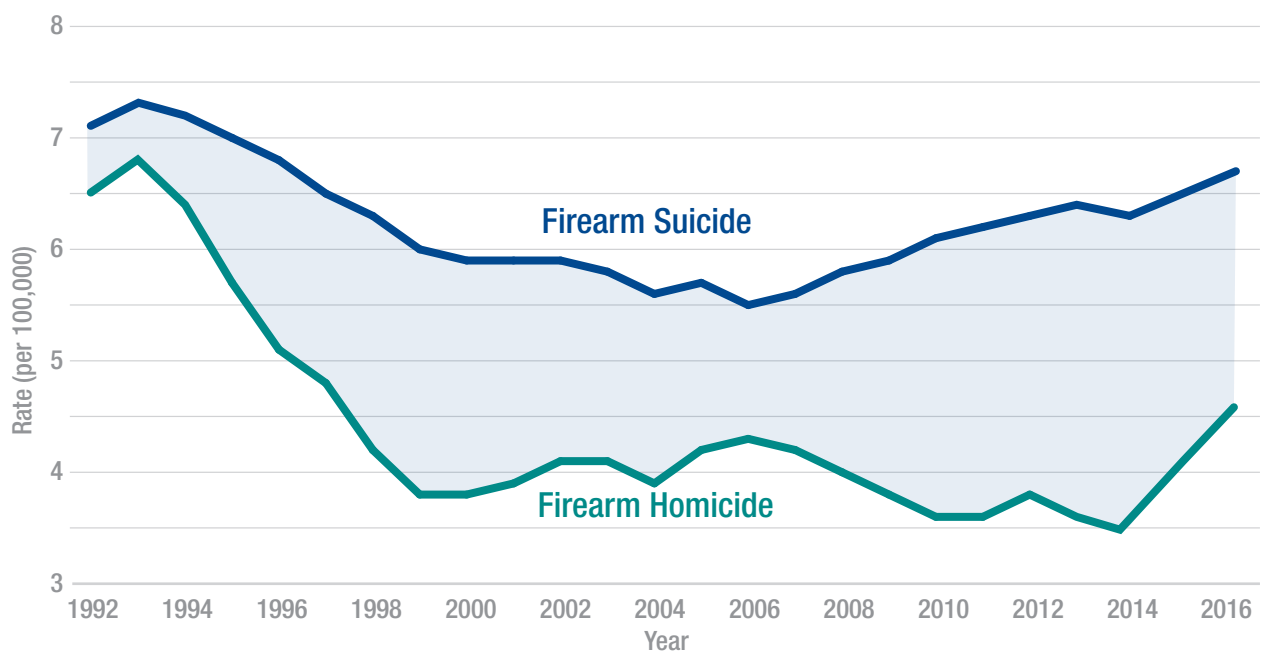
INTRODUCTION

In 2017, over 2 million people called the same 1-800 number. They weren't calling a customer service line, law enforcement, or the fire department.¹ Instead, these 2 million callers dialed the National Suicide Prevention Lifeline, which offers free, around-the-clock access to trained counselors who provide emotional support and resources to people contemplating suicide. Many of the callers were experiencing suicidal thoughts or had attempted to end their lives in the past. Some struggle with diagnosed mental illnesses like clinical depression, anxiety, or mood disorders. But many do not. Many people in crisis—and the majority of those who go on to die by suicide—do not suffer from mental illness.² They are average Americans—men and women, young and old, veterans and civilians, of all races, religions, sexual, and gender identities. Many of the callers were enduring extremely stressful situations like the loss of a loved one, a job, or a home, addiction to substances, being deployed, or returning from combat, and didn't know where to turn. For those who can access mental health care or reach out to a hotline like the Lifeline, their story can have a happy ending. But in the United States, where 41 percent

of the population owns a gun or lives in a home with one,³ the story too often ends in tragedy.

In 2016, almost 23,000 people used a gun to end their lives.⁴ Despite a trend of decreasing firearm suicides into the 21st century, the rate of firearm suicide has climbed nearly every single year since 2006.⁵ The firearms suicide rate is currently twice the rate of suicides caused by suffocation, three times those resulting from poisoning, and twenty times higher than intentional falling deaths.⁶ Suicide in America will continue to worsen as long as people in crisis continue to have easy access to highly lethal means like firearms.⁷ Only when we implement policies and change social norms that recognize this reality will America prevent the most prevalent form of gun violence in our nation: suicide.⁸ There are ways to prevent gun suicides. These deaths are not inevitable, nor is this continual increase a predetermined one. There are a plethora of strategies that have already proven effective at preventing suicides. More widespread implementation of these strategies across the United States can help reduce gun suicides and save lives.

Trends in Firearm-Related Death Rates, 1992–2016*



*2014 is the most recent year for which data are available. Data were obtained from the CDC Web-based Injury Statistics Query and Reporting System, which lags two years behind the current year.

*age-adjusted

THE LINK BETWEEN SUICIDE & GUNS

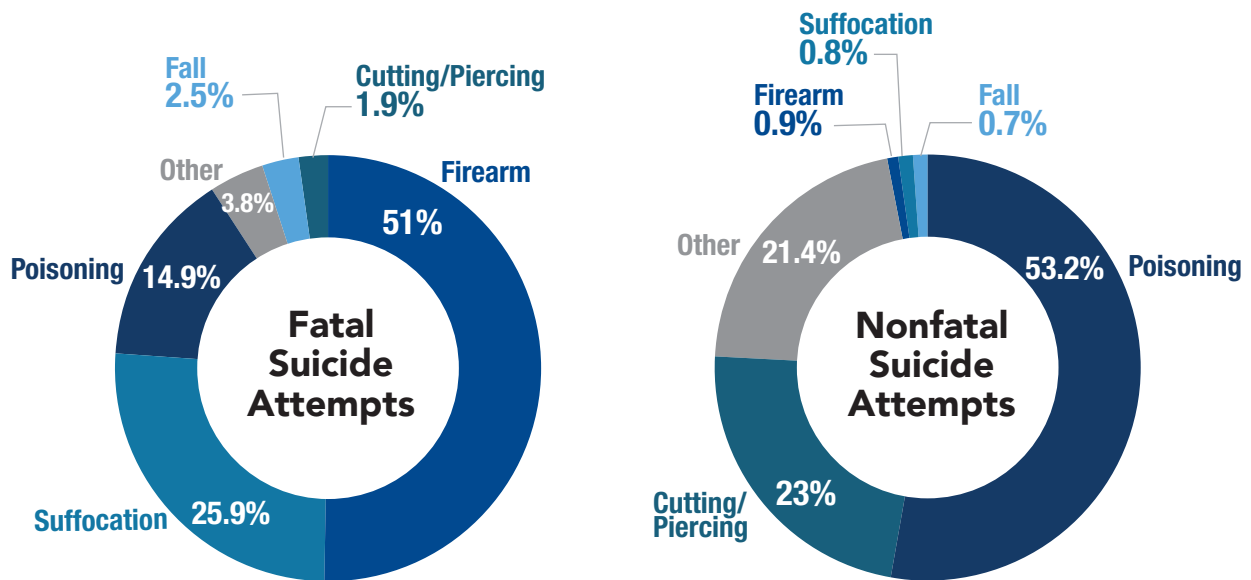
Guns make up the highest percentage of fatal suicide attempts. Why is that? Because the act of suicide is frequently an impulsive one and guns are a staggeringly lethal means. The impulsivity is clear—attempts of suicide by gun result in death 85 percent of the time, compared to just 3 percent for other common methods like a drug overdose.⁹ What isn't well understood, however, is that for those who attempt suicide and survive, the vast majority go on to live long lives, eventually dying of natural causes.¹⁰ The presence of a gun turns what is an impulsive act that is not frequently repeated if the person survives into an almost always fatal act. Suicidal victims who choose a firearm over methods like a drug overdose, suffocation, or cutting typically do not have the opportunity or ability to summon help or reconsider in the midst of an attempt.

By temporarily removing firearms or making them more difficult to access for individuals in the midst of crisis, people attempting suicide will more frequently

survive and get a second chance at life. That second chance is critical because the vast majority—about 90 percent—of people who attempt suicide and survive do not go on to die by suicide.¹¹ A full 70 percent never make another attempt on their life.¹²

When the decision to attempt suicide is made, it is frequently impulsive. For survivors, it is often immediately regretted. Anecdotal evidence and interviews with those who made a non-fatal suicide attempt characterize the desperate actions of an individual who felt like “no one cared,” or there was “nothing left to live for.” Yet these individuals are frequently the same people who go on to live happy, fulfilled lives after their attempt. Kevin Hines, a survivor of an attempted suicide at the Golden Gate Bridge in 2000, described his thoughts during his jump from the bridge as “instant regret” followed by an immediate desire to fight for his life, no matter what it took.¹³ Another survivor recounts how when he vaulted over the railing, he “knew at that moment that

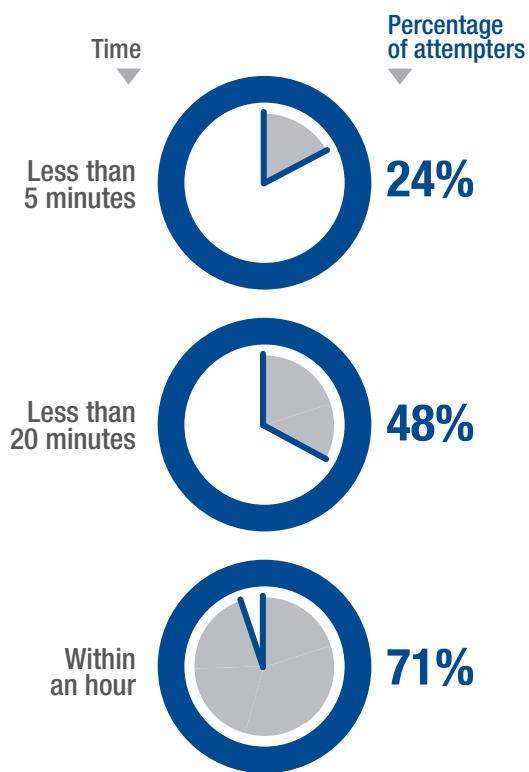
Fatal and Nonfatal Suicide Attempts by Method, 2016



[he] really, really messed up. Everything could have been better, [he] could change things.”¹⁴ Stories like this aren’t rare, and they characterize the second way that guns and suicide are linked: by impulsivity. While some suicides are certainly planned for days, weeks, or months in advance, up to two-thirds are impulsive acts with no prior planning.¹⁵ Interviews with survivors of near-lethal suicide attempts reveal that about a quarter of them made their attempt just *five minutes* after making their decision. Nearly half made an attempt within twenty minutes, and about 70 percent did so within an hour.¹⁶ This underscores a critical fact: by limiting and delaying access to guns, many of these suicides could be prevented.

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Time Elapsed between Decision and Suicide Attempt



COMMUNITIES UNIQUELY IMPACTED BY FIREARMS SUICIDE

MEN

The epidemic of gun suicide in our nation is a public health crisis that deserves public health solutions. In the United States, the gun suicide epidemic is primarily driven by older white men. Men of all ages comprise over 85 percent of firearm suicide victims, and men over 40 make up 57 percent of them. Additionally, men's access to firearms far outpaces that of women: men are three times more likely to own a firearm compared to their female counterparts, and about 50 percent of men report living in a gun-owning household.¹⁷ It's not surprising given the unique lethality of firearms that as long as 61 percent of gun owners are men, they will continue to make up a large percentage of firearm suicide victims as well.¹⁸ Women, while actually more likely to attempt suicide, do so far less frequently with firearms, thus more women survive suicide attempts.

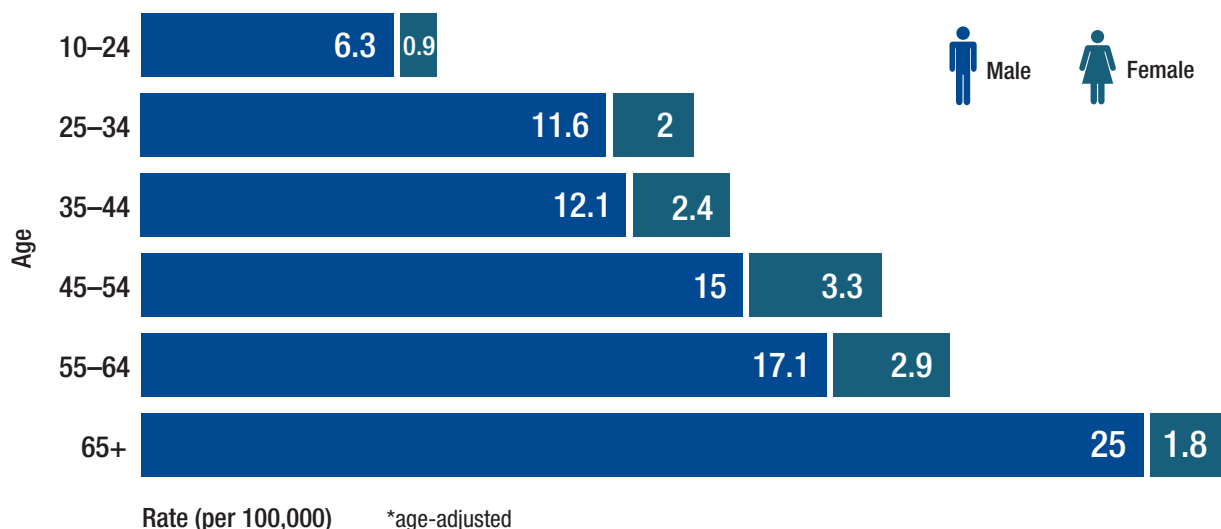
MILITARY MEMBERS & VETERANS

When veterans return from active-duty service, they must acclimate to civilian life.¹⁹ In this process, many face difficulties accessing necessary services, including

mental healthcare. Due to this difficulty, many suffer from undiagnosed and untreated depression, anxiety, or Post Traumatic Stress Disorder (PTSD).²⁰ The veterans suicide crisis in this country has reached a new high: about 20 veterans die by suicide every day in the United States.²¹ Since 2001, veterans' suicide rates have risen by more than one-third.²² In fact, veterans of both genders are far more likely to take their own lives in suicide than their civilian counterparts; for women, that difference is particularly stark. Female veterans are 250 percent more likely to die by suicide, and their male colleagues are 18 percent more likely to take their own lives, than the average female or male civilian, respectively.²³ Additionally, women veterans are less

Veterans of both genders are far more likely to take their own lives in suicide than their civilian counterparts.

Firearm Suicide Rates by Age Group and Sex, 2012-2016*



likely to have their mental health care needs met by veterans affairs services, and less than half of those that received care felt that their needs were well met.²⁴ While the Department of Veterans' Affairs has made access to comprehensive mental health care a priority, there is still a gap in treating some of the unique needs met by female veterans, especially with regards to access to firearms.²⁵ Caitlin Thompson, the VA's Deputy Director for Suicide Prevention notes that "female veterans are comfortable with firearms—it's part of their culture," and that service providers are often more hesitant to ask female patients about guns than their male counterparts. Talking about guns needs to be included as part of a holistic approach to veteran care.

Veterans have unique experience with guns that is often ingrained in their identity, and many still have access to guns. Their rates of gun ownership are considerably higher than the general population—about half of veterans self-report as being gun owners—and among combat veterans, that number is as high as 75 percent.²⁶ It is no surprise, unfortunately, that approximately two-thirds of veterans who end their lives do so with a firearm.²⁷ Veterans also frequently have unlocked and loaded guns in their homes, giving ready access to guns during periods of crisis or mental health struggles.²⁸ The discussion of access to healthcare for veterans, therefore, should include a specific focus on the outsized role that firearms play in this community, and how to prevent a gun, used in service for our country, being used to end the life of that veteran by suicide.

CHILDREN & TEENS

Children and teens are uniquely vulnerable to many forms of gun violence, and suicide is no exception. Suicide rates have spiked in nearly every age category since 2000, but the category that has seen the most drastic increase is among girls aged 10 to 14, who are now more than twice as likely to kill themselves than they were 15 years ago.²⁹ In 2016, 867 youths under 18 died by gun suicide—that breaks down to more than two children a day ending their lives with a gun.³⁰

Cayman Naib was one of those teenagers. On a winter day in 2015, 13-year-old Cayman, described as a "really, really happy kid," found a gun in his parent's home—a gun that his father had even forgotten they owned—and used it to take his own life. Cayman was facing pressure at school for falling behind on assignments, and had received an email that he was in danger of failing a class unless he turned in his work. Perhaps afraid of repercussions both at school and at home, Cayman became yet another young person who took his own life with a firearm. A year after Cayman's death, his father said that **"Teens make bad choices sometimes, and a single event can seem insurmountable to them. ... My intent is to say that guns in the house of teenagers are a risk, even for a responsible gun owner."**

About half of those victims were under the age of 16.³¹ There's a reason adults recount their adolescent years reluctantly and with cringes—everyone remembers how the fight with a friend, a breakup with a first love, or a bad grade on your test could trigger a full-scale emotional melt down. Easy access to guns for this subpopulation is a driver of these suicide rates.

In a country where 4.6 million children live in a homes with an unlocked, loaded gun, many are able to easily access firearms in times of crisis.³² In a study of youth gun suicides, over two-thirds took their lives in their own home, and over half used a firearm owned by a family member.³³ Guns should always be stored securely locked, and separate from their ammunition to prevent children and teens from accessing and using them in the depths of despair.

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POLICY SOLUTIONS TO PREVENT OUR GUN SUICIDE EPIDEMIC

STRONG GUN VIOLENCE PREVENTION LAWS: HOW DO THEY REDUCE SUICIDE RATES?

Due to their unique lethality, reducing access to firearms to individuals in periods of crisis is a critical part of the solution. One study found that the 5 states with the lowest rates for suicide among white men (the highest population affected by gun suicide) also had the lowest rate of gun ownership.³⁴ These states—Massachusetts, New York, New Jersey, Rhode Island, and Connecticut—rank among those with the strongest gun laws, year over year.³⁵

While approximately half of those who die by suicide each year do not have a diagnosed mental illness, it remains critically important that states enter mental health records into both the state and federal background check systems to ensure that those who may be at risk of harming themselves with a gun do not have ready access. New York and New Jersey are two states that do this well. As of December 2017, the two states combined had entered nearly one million mental health records into the NICS system. These steps may be able to prevent those individuals from purchasing or possessing guns that may be used to take their own lives.³⁶ That stands in stark comparison to states like Wyoming and Montana, that have entered only 7 and 36 mental health records, respectively.³⁷ States with similar populations have entered far more records.³⁸

WAITING PERIODS: DELAYING FIREARM PURCHASE CAN SAVE LIVES OF THOSE MOST AT-RISK

Strong gun laws don't end at background checks. Laws most effective at preventing suicide get to the heart of firearm suicide fatalities—creating time between the idea and the implementation. A recent look at the risks of guns in the home clearly shows that no matter what age, an easily accessible firearm within the home increases the odds that it will be used

in a suicide or attempt. In fact, risk of suicide increases by three times when a firearm is present.³⁹

These are two key ways to get a person in crisis the help they need before they make a life-ending decision, and there are laws that can help. The first is known as a gun “waiting period” and has been shown to be effective in reducing both homicide and suicide rates in the states with these laws. Waiting periods create a time period between the start of a firearm purchase and the transfer of that firearm to the purchaser. This is critical in the case of both “heat of the moment” homicides or domestic violence incidents, as well as suicides. Since the vast majority of individuals who decide to attempt suicide put that plan into motion in less than an hour, these laws create a life-saving gap by which the individual can reach out for help or reconsider their decision.

States with waiting periods have consistently shown reduction in both overall and firearms suicide rates compared to states without waiting periods.⁴⁰ A recent analysis found that any time delay between the purchase and transfer of firearm reduced gun suicides between two and five percent, and those people did *not* substitute another method of suicide—they simply lived. One of the study's authors said “if these states [that don't currently have a law of this type] were to adopt one handgun purchase delay policy, an estimated 600 lives per year could be saved.”⁴¹ (A “handgun purchase delay” in this study is another word for a mandatory waiting period). This study only evaluated handgun policies, meaning that if these laws were expanded to all guns, even more lives could be saved. While only 4 states and the District of Columbia

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currently have a waiting period for all firearms, 5 more require a waiting period for handguns, and Minnesota requires one for assault weapons, as well.⁴²

Despite a plethora of research and evidence that clearly shows how waiting periods reduce gun violence, and particularly suicide, the NRA continues to claim that “studies on waiting period laws have failed to show any effect on reducing crime or suicide rates.”⁴³ Despite the gun lobby’s lack of recognition of the effectiveness of these laws, these policies have broad support from gun-owning households: a whopping 97 percent of support expanding background checks, and 77 percent support enacting a federal mandatory waiting period for all gun purchases.⁴⁴

EXTREME RISK LAWS: A PATH FORWARD FOR POLICY MAKERS AND LOVED ONES

“Extreme Risk” laws have taken center stage in the fight for sensible gun laws in the post-Parkland era as a way to prevent massacres like the one that took place at Marjory Stoneman Douglas High School on Valentine’s Day. These laws enable law enforcement, family members, dating partners, and sometimes others to go before a judge with evidence that an individual in crisis is exhibiting dangerous behavior and may try to harm him or herself or others with a gun. The at-risk person is allowed an opportunity to be heard and present other evidence before the judge in a civil (not criminal) hearing. The judge is allowed to take other factors into consideration depending on the state. These frequently include things like dangerous past behavior with guns, substance abuse, and recent firearms or ammunition acquisition.⁴⁵

These laws are specifically crafted to focus on factors of dangerousness or crisis that typically lead to gun violence while avoiding stigmatizing those suffering from mental illness without indicators of dangerousness. If a judge issues an order, the at-risk individual must surrender any firearms or ammunition in his or her possession to law enforcement (or in some cases, a neutral third party) and will be prevented from purchasing a new gun during the pendency of the order. These orders are *not* permanent—some last for a period of weeks, and can be renewed on a yearly basis if the court finds that it is

warranted based on the facts.

There are currently 13 states with this type of law, and they vary widely. Connecticut and Indiana, the first two states to pass such laws, have reaped the benefits of their early versions of extreme risk laws. In Connecticut, a 1999 law enables law enforcement to conduct an investigation and then make a request from a judge to remove and keep firearms in dangerous situations. This law was not widely used in its first eight years, but after the massacre by a mentally ill man at Virginia Tech in 2007, its use spiked.⁴⁶ A similar law, passed by Indiana in 2005, is much more limited than Connecticut’s. Law enforcement is allowed to seize firearms without warrants, but *only* in specific cases where the officer believes the individual has a mental illness and is dangerous to themselves or others.⁴⁷ There has been a spate of these laws passed in recent years—led by California, whose law went into effect in 2016—and rounded out by states like Florida, Maryland, Illinois, New Jersey, Delaware, Massachusetts, Vermont and Rhode Island whose laws are slowly going into effect over the course of the 2018.⁴⁸

These laws hold the possibility of reducing high profile mass shootings and other homicides. Studies have *already* shown that they make a difference in gun suicide prevention. In Connecticut and Indiana, these laws have greatly impacted firearm suicides. One study found that in the decade after enacting their extreme risk law, Indiana showed a 7.5 percent decrease in firearm suicides, resulting in a possible 383 gun suicides being prevented.⁴⁹ While Connecticut had an implementation lag after passage of the law, it, too, saw a 13.7 percent drop in firearm suicides from 2007 through 2015.⁵⁰ Another look at Connecticut’s law from moment of implementation determined that a life was saved for every 10-11 issued orders.⁵¹ Not only were guns being removed from those who were most at-risk, but those individuals were actually accessing treatment—44 percent of orders led to individuals receiving psychiatric treatment that they may never have received otherwise.⁵² While many of these laws are new, Connecticut and Indiana’s proven successes have paved a way for a meaningful new way to activate family, friends, and law enforcement to help those they know in crisis to receive assistance and treatment instead of becoming another statistic.

CONCLUSION

We know that suicide is not a uniquely American problem—in fact, our nation currently ranks 9th in comparison to other similar high-income countries in overall per capita suicide rates. However, America is the leader in suicide by firearm.⁵³ In fact, Americans are *eight times* more likely to die as a result of a firearm suicide than peers in other developed countries.⁵⁴ But Americans are no more likely to have mental illnesses, substance abuse disorders, or experience periods of crises than citizens of any other nation. Finland, the developed country closest to the U.S. in gun suicide rates only experiences *half* of the gun suicides we do, and South Korea, the developed

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nation with the highest suicide rate overall, has a nearly non-existent firearms suicide rate.⁵⁵

While guns are not the only method by which an individual in crisis can choose to end his or her life, they are far and away the most lethal. When comparing the firearm suicide rate of the United States, Finland, and South Korea, a large contributing factor to the abnormally high number of firearm suicide rates at home is driven by easy, quick access to guns by the majority of the U.S. population. We must address the gap in our laws that allow too many Americans to use firearms to take their lives. Delaying access to firearms—or preventing access altogether for those in crisis—can and will save lives. At the state level, strategies to delay or prevent access to firearms are being enacted to reduce suicide rates.

By strengthening the Brady background check system, enacting purchase delay methods, and passing and properly implementing extreme risk laws, Americans will have the opportunity to survive and thrive.

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