GIFFORDS
LAW CENTER
TO PREVENT GUN VIOLENCE

CONFRONTING THE INEVITABILITY MYTH

How Data-Driven Gun Policies Save Lives from Suicide

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CONFRONTING THE INEVITABILITY MYTH

HOW DATA-DRIVEN GUN POLICIES SAVE LIVES FROM SUICIDE

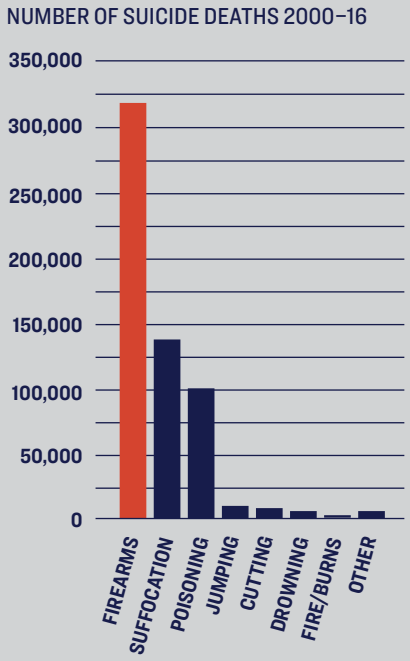
Suicide affects a large and growing number of American families. But these tragedies are preventable. Most people who attempt suicide without a gun survive in both the short and long term—**90% of survivors do not die by suicide**. But those who reach for a gun rarely have a second chance.

THE DIFFERENCE A GUN MAKES

Though most people who attempt suicide are struggling with mental illness, suicide attempts are usually impulsive responses to acute crisis. People who reach for guns in these moments of crisis are unlikely to survive. **Guns are used in only 5% of suicide attempts, but because guns are uniquely lethal, they are responsible for over 50% of suicide deaths.** This is why states with immediate, unrestricted access to guns have much higher suicide rates. And it's why gun safety reform must be part of a comprehensive policy response.

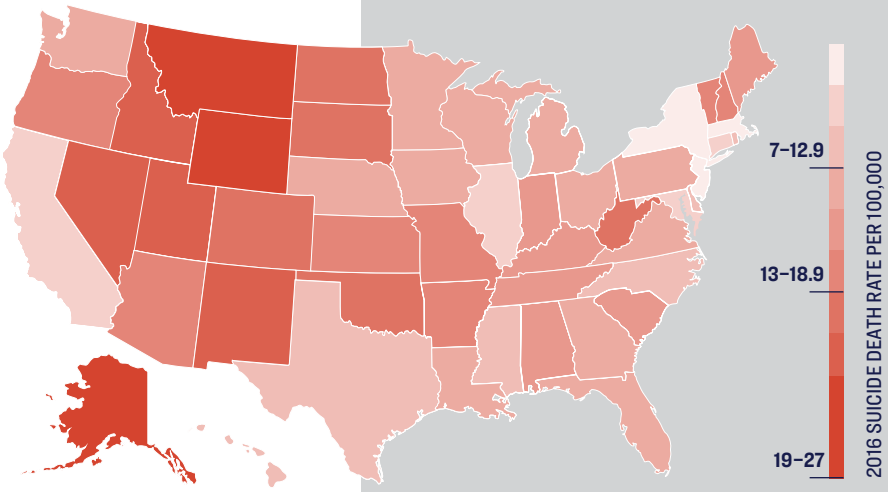
FIREARMS ARE MORE DEADLY THAN OTHER MEANS

Guns are used in just 5% of US suicide attempts, but they are responsible for more suicide deaths than all other methods combined.



SUICIDE RATES BY STATE

Suicide rates are much higher in states with weak gun laws and broad access to firearms, like Alaska, Montana, New Mexico, and Wyoming.



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EFFECTIVE GUN POLICY CAN PREVENT SUICIDES

Several states have enacted effective suicide prevention policies to limit at-risk individuals' access to guns during periods of suicidal crisis.

UNIVERSAL BACKGROUND CHECKS help to keep severely suicidal people from acquiring guns after they have been involuntary committed for their own safety.

EXTREME RISK PROTECTION ORDER LAWS empower family members to proactively protect their loved ones by petitioning a court to temporarily remove guns during a severe suicidal crisis.

VOLUNTARY GUN RELINQUISHMENT LAWS could help empower people to promote their own health and safety by limiting their own access to guns during mental crises.

WAITING PERIODS provide a brief but crucial cooling off period to guard against impulsive, suicidal gun purchases.

SMART GUNS, SAFETY TRAINING, AND SAFE STORAGE LAWS help keep children and teens from gaining unsupervised access to guns can meaningfully reduce youth suicide.

HEALTHCARE-BASED SUICIDE PREVENTION PROGRAMS have shown that medical professionals make a remarkable difference in their patients' risk of suicide if they have the training, freedom, and support to effectively counsel their patients about suicide and gun safety.

YOU ARE NOT ALONE If you or a loved one are contemplating suicide, please call the free and confidential National Suicide Prevention Lifeline at 1-800-273-8255.

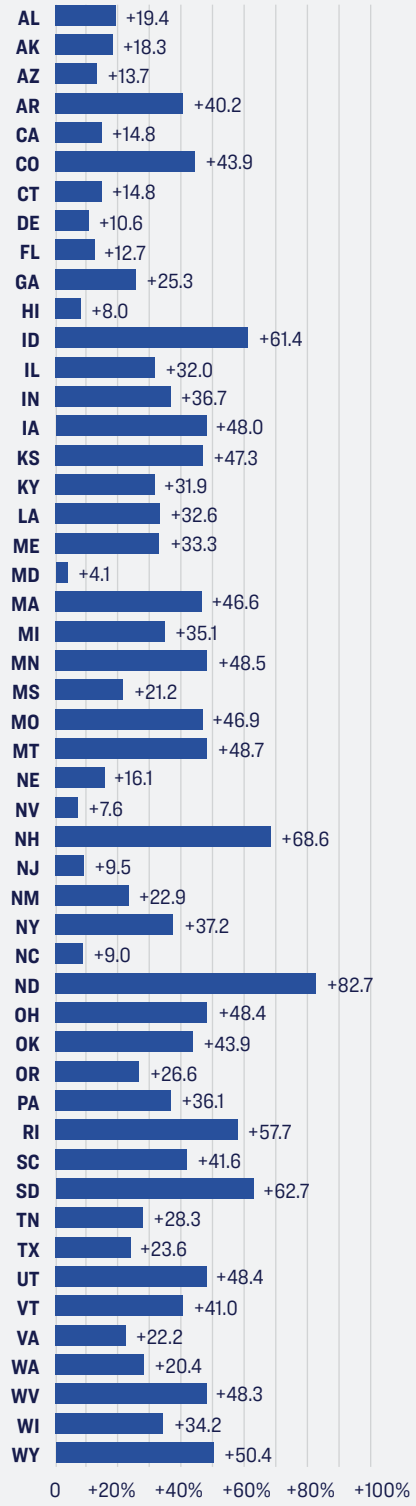
WE'RE ON A MISSION TO SAVE LIVES

For 25 years, the legal experts at Giffords Law Center to Prevent Gun Violence have been fighting for a safer America by researching, drafting, and defending the laws, policies, and programs proven to save lives from gun violence. Founded in the wake of a 1993 mass shooting in San Francisco, in 2016 the Law Center joined with former Congresswoman Gabrielle Giffords to form a courageous new force for gun safety that stretches coast to coast.

CONTACT US
media@giffords.org

SUICIDE DEATH RATE PERCENT INCREASE 2000–16

Suicide rates have increased in all 50 states over the last 17 years.



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WELCOME

America's suicide problem is a gun problem.

The evidence is clear: firearm access contributes greatly to suicide rates, with guns accounting for half of all suicide deaths but just 5% of suicide attempts.

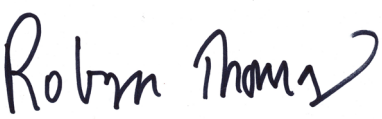
As dispiriting as this statistic may be, beneath it lies hope—by taking steps to prevent suicidal people from accessing guns, the most lethal means of suicide, we can make a lifesaving difference. The solutions are already there. We just have to implement them.

Confronting the Inevitability Myth represents the culmination of a yearlong project by the attorneys at Giffords Law Center to Prevent Gun Violence to study and analyze suicide in America. We took a hard look at the numbers and the harrowing stories behind them, and identified the policy reforms and interventions that are most effective at saving lives from suicide.

And when you ensure that a person in mental crisis doesn't get their hands on a gun, you really are saving a life. As you'll learn in the coming pages, most people who attempt suicide with methods other than a firearm survive, and most survivors never attempt suicide again, going on to live long lives and contribute positively to society. In other words, the idea that suicide is inevitable is a myth, and a deadly one at that. We hope that this report will help dispel this myth, spark conversation, and motivate lawmakers and community leaders to adopt the strategies proven to prevent gun suicide.

Giffords Law Center is committed to this mission, and we invite you to learn more about our ongoing work to research and enact solutions to gun suicide by visiting our website, **giffordslawcenter.org**. If you'd like to partner with one of our experts to enact one of the solutions outlined in this report in your community, send us a note at **lawcenter@giffords.org**.

With gratitude,



ROBYN THOMAS
Executive Director
Giffords Law Center
to Prevent Gun Violence

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YOU ARE NOT ALONE If you or a loved one are contemplating suicide, please call the free and confidential National Suicide Prevention Lifeline at 1-800-273-8255.

INTRODUCTION

Suicide rates are rising, and the impact of these tragedies is enormous. But suicide is far from inevitable. By understanding and addressing the factors that drive suicide risk—especially immediate, unrestricted access to guns—we can make a lifesaving difference.

For too long, suicide has been an unspeakable problem.

There has been a devastating rise in suicides across the US for nearly two decades, and yet this national public health crisis is still often discussed in whispers. A culture of silence and stigma has kept our country from rising to the occasion to understand and confront this deadly challenge, or even acknowledge it. As a result, many people falsely believe that suicides are rare anomalies and that we are powerless to prevent them.

These beliefs are persistent and understandable, but they are wrong. If we understand what drives this crisis, we can meaningfully address it. **And the time to act is now, because in truth, suicide is neither rare nor inevitable.**

A staggering number of American families have lost a loved one to suicide. Since 2004, over *half a million* American men, women, and children have taken their own lives.[1] People instinctively fear external threats—like a drunk driver on the road or a violent attacker—but more Americans now die by suicide than in car crashes or murders.[2] Our nation loses nearly three times as many young people aged 10–24 to suicide than to cancer.[3] And US suicide rates are rising by the year.[4]

These deaths are also the untold story of gun violence in America. From 2000 to 2016, nearly 320,000 Americans intentionally took their own lives with a gun[5]—many no doubt using a weapon they'd acquired for self-protection. Three in five firearm deaths are now

From 2000 to 2016, nearly 320,000 Americans intentionally took their own lives with a gun.

suicides.[6] And over half of all suicides result from self-inflicted gunshots.[7] Yet the link between gun access and suicide risk remains dangerously misunderstood, denied, or ignored.

These are understandably difficult subjects for many people. **But the simple, hopeful truth is that suicide is preventable.** By addressing the primary factors that drive suicide risk, including gun access, we can make a lifesaving difference for many. Around the country, policy reforms and prevention programs have worked to stop suicides by reducing at-risk people's ability to easily and immediately acquire the most lethal means of suicide—guns—during moments of crisis. Spreading these best practices to more places will save more lives.

This report will chart a clear path to progress on this issue by outlining the policies and programs that are most effective at preventing gun suicides and reducing overall suicide risk. Our hope is that these pages will serve as a call to action and for understanding.

For these suicide prevention efforts to succeed though, we have to thoroughly address and refute the myth that suicide is inevitable. If a new disease claimed 44,000 American lives per year, the nation would be gripped with outrage and panic. Our communities would demand immediate solutions and our leaders would scramble to put forward a comprehensive national response.

Gunshots account for 5% of life-threatening suicide attempts in the United States but over 50% of suicide deaths.

But the most persistent, damaging misconception about suicide is that people who attempt it have reached a deliberate point of no return—that they are determined to die by any means and despite anyone's efforts. **The facts contradict this inevitability myth: the vast majority of people who attempt suicide without a gun survive the attempt or act to save their own life before it's too late.**[8] **And the vast majority of those survivors go on to live out their lives without ever attempting suicide again.**[9] Up to 16 million Americans are alive today because they survived a suicide attempt,[10] and these survivors' stories are ones of hope and resilience. Despite their struggles, they were not inevitably lost.

But very few people can speak of surviving a self-inflicted gunshot. Most people attempt suicide impulsively during acute periods of mental crisis, and they typically use whatever suicide method is most quickly available. People are at least 40 times more likely to die if they attempt suicide with a gun instead of the two most common methods—overdosing on drugs or medication and self-cutting with sharp instruments.[11] This explains why gunshots account for 5% of life-threatening suicide *attempts*[12] in the United States but over 50% of suicide *deaths*.[13] This is also why states with immediate, unrestricted access to guns suffer a hugely disproportionate share of our nation's suicide fatalities.

Any meaningful effort to reduce suicides in America must reflect these facts. A variety of risk factors drive some people to attempt suicide, including mental health conditions and trauma, addiction and isolation, bullying and abuse. But easy access to guns is often the determining factor in whether a person at risk survives.

Yet access to guns, the leading cause of suicide death, is almost entirely unregulated in much of the country. In a powerful essay published in *Vogue*, a grieving mother who lost her severely depressed daughter to suicide wrote,

"One of the most difficult things for me to grasp was that my daughter's medications were better regulated than the guns and bullets she used to end her life."[14]

The director of the American Association of Suicidology has called suicide "the invisible kid sister" in gun policy debates. That must change. **If we believe human life is worth protecting, we share a collective duty to turn our silence and misconceptions about suicide into empathy and action. Gun policy reforms must be part of a comprehensive response to suicide in America.**

Gun safety issues are often portrayed as too contentious to address, a political third rail. But the vast majority of Americans, including gun owners, agree that we can and should do more to responsibly protect families and communities from preventable death and suffering.

This report seeks to promote a frank and informed discussion about how we can act to save more lives from suicide. The following chapters will:

- **Confront the dangerous and popularly held misconceptions that suicides are inevitable and that gun access plays no role.**
- **Detail six essential facts about suicide in America to help readers understand what drives our suicide rates and who is most at risk.**
- **Outline six essential policy solutions that work to prevent suicide by reducing people's access to guns during a suicidal crisis.**
- **Spotlight a remarkably successful suicide prevention program, "Zero Suicides," that has quickly proven just how preventable suicides are.**

By forcefully rejecting the inevitability myth and implementing the policy reforms and interventions detailed in these pages, we can reduce the devastating prevalence of suicide in America. That task begins by taking this topic out of the shadows.

DEADLY MISCONCEPTIONS

The gun lobby has often spread the damaging myth that suicides are inevitable and that gun access plays no role. But the facts are clear. Most people who attempt suicide without a gun survive in both the short and long term. Those who reach for a gun almost never have a second chance.

Suicides are not inevitable.

It's easy to understand why suicide is so commonly and so deeply misunderstood. Many people only hear about it in news accounts filled with innuendo and blame, steeped in a deep cultural legacy of misunderstanding. It is rare to hear from the millions of Americans who have survived a suicide attempt. Those best positioned to speak about the possibility and importance of suicide prevention often feel compelled to cope and recover in secrecy.

The language we use to speak about suicide shows how entrenched the stigma against it is in our culture. Most people describe suicide as an act a person "commits," language that harkens back to when the law treated suicide as a crime a person *committed* against king and church.[1] Through the 18th century, people who died by suicide were buried in disgrace on public highways with a stake impaling their body. Suicide attempt survivors faced criminal prosecution.[2]

While American society has advanced in many respects, views about mental illness and suicide continue to be fraught with stigma and misunderstanding. Federal law to this day makes it a serious crime for members of the US Armed Forces to intentionally injure themselves in a suicide attempt.[3]

Federal law to this day makes it a serious crime for members of the US Armed Forces to injure themselves in a suicide attempt.

The conversation that follows a public figure's suicide often reinforces popular misconceptions as well. Some accuse the deceased of being selfish, weak, or attention seeking. Others, especially in art or music, sometimes perpetuate a counter-narrative that romanticizes suicide. These false narratives distort the lived experience of millions of people who grapple with suicidal symptoms, often in shame and isolation.

People who attempt suicide are usually desperate and in crisis, overwhelmed by excruciating mental pain and illness. Ninety percent of people who attempt suicide are grappling with a mental health condition, such as severe depression, post-traumatic stress disorder (PTSD), or schizophrenia.[4] Their anguished attempts to end their pain are far from romantic or weak—the impulse toward self-harm is a symptom of deeper trauma or illness.

People struggling with suicidal urges are not a small, hopeless fringe. According to the US Centers for Disease Control and Prevention (CDC), 1.3 million American adults attempt suicide each year—twice as many as live in our nation's capital.[5] **Researchers estimate that up to 5% of the US population—16 million people alive today—have survived a suicide attempt.**[6]

Though most suicidal people are suffering from a mental health condition, research shows that their desire for death is usually temporary—an impulsive, desperate reaction to acute crises like the loss of a job or relationship, or the death of a loved one. Most people act on these impulses quickly and with little planning: 71% of people attempt suicide within an hour of deciding to do so[7] and up to 48% attempt within 10 minutes.[8] Most people who attempt suicide survive or abort the attempt before it's too late[9] and never attempt suicide again.[10] This fact is crucial: it means the prognosis for most suicidal people is hopeful. Most people who struggle with severe suicidal thoughts and urges ultimately cope and survive.

But people who attempt suicide with a gun almost never have that chance.

SUICIDE ATTEMPTS ARE TYPICALLY IMPULSIVE

71% of people attempt suicide within an hour of deciding to do so.

48% of people attempt within 10 minutes.

Over two-thirds of survivors never attempt suicide again.

GUN ACCESS PLAYS A MAJOR ROLE IN SUICIDE RISK

Suicide subverts many of the conventional narratives of America's gun policy debate. The gun violence prevention movement has—with notable exceptions[11]—typically highlighted the very real threats Americans face when violent people have unrestricted access to guns. This has made it easier to talk about important smart-on-crime policies to curb the illegal gun trade than to have a sustained discussion about the growing proportion of American gun deaths in which the shooter is also the victim.

Frank discussions about suicide are even harder for the corporate gun lobby, which has traditionally denied any link between gun access and suicide. It's not difficult to imagine why. The gun lobby represents corporations whose essential purpose is to profit by manufacturing and selling as many weapons to as many people as possible. These corporations are predictably reluctant to acknowledge that their products carry significant risks for their consumers. Instead, their messaging and advertising legitimize just one irrational fear: that a person without a gun is powerless and unprepared.

John Lott, a gun activist and academic whose research is often cited by the gun lobby, told the *Washington Post* in 2016 that some lawmakers were "wrongfully assuming guns actually contribute to suicide."[12] The article

summarized Lott's claim that guns "aren't a factor in the suicide rate… [because] in the absence of guns, people will instead choose a different suicide method and carry it through to completion."[13]

This claim was not new. Nearly two decades ago, Gary Kleck, another frequent gun lobby source, published a purported "summary of the field" of gun violence research, in which he claimed:

> While gun ownership levels are consistently related to the rate of gun suicides, they are unrelated to total suicide rate. That is, where guns are common, people will more frequently use them to kill themselves, but this does not affect the total number of people who die.[14]

A director of research for the NRA dismissed suicide prevention efforts by telling the *Los Angeles Times*, "If a person is determined to kill himself, he will find a way."[15] One *NRA News* article recently said it was a "lie [that] gun owners are more likely to commit suicide because of the guns they own"[16] and another claimed "suicide [is] not a matter of method, but of motivation."[17]A typical *NRA News* alert about suicide told readers, "When life means nothing, laws mean even less… In the absence of firearms, suicidal people simply substitute other means."[18]

These gun lobby talking points seek to deny what is unequivocally true: guns play a significant role in exacerbating Americans' suicide risk.

The corporate gun lobby has traditionally denied any link between gun access and suicide. It's not difficult to imagine why.

In 2016, *Vox* factcheckers reported that "every single case control study done in the United States has found [that] the presence of a firearm in the home is a strong risk factor for suicide."[19] They cited 24 separate studies as well as a 2014 meta-analysis of 16 studies, published in the *Annals of Internal Medicine*, that found a gun in the home "tripled the overall risk of suicide."[20]

The scientific consensus is clear:

- A 2014 study published in the *American Journal of Preventive Medicine* noted that "all US case-control studies that have examined the issue have found that the risk of suicide is two- to fivefold higher in gun-owning homes for all household members… The higher suicide risk is driven by a higher risk of firearm suicide, with no difference in non-gun suicides."[21]

- A 2011 paper published in the *American Journal of Lifestyle Medicine* analyzed 15 case-control studies and found that "all [of the studies] find that firearms in the home are associated with substantially and significantly higher rates of suicide… Having any gun in the home is a risk factor for suicide for everyone in the home—the gun owner, the gun owner's spouse, and the gun owner's children."[22]

- A 2004 study published in the *American Journal of Epidemiology*, which analyzed CDC data from a large national sample of recent death records, found that recently deceased males were over 10 times more likely to have died by suicide if they had lived in a home with a gun[23] and that overall, recently deceased Americans were six times more likely to have died by suicide if they had lived in a home with a gun.[24]

- A 2003 study published in the *Journal of Injury Prevention* found that people who died by suicide were nearly seven times as likely as the general population to have purchased a handgun within the previous two years.[25]

The nation's leading medical and public health organizations have also forcefully rejected the gun lobby's irresponsible and inaccurate claims about firearms and suicide:

- The American Association of Suicidology has made clear that easy access to firearms is "a contributory risk factor for suicides and suicidal behaviors."[26]

- The American Academy of Pediatrics has repeatedly affirmed that "adolescent suicide risk is strongly associated with firearm availability."[27]

- The American Bar Association, American Medical Association, American Psychiatric Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Surgeons, American Congress of Obstetricians and Gynecologists, American College of Emergency Physicians, and the American Public Health Association have all signed a joint declaration that acknowledges the scientific consensus that "substantial evidence indicates that firearms increase the likelihood of suicide."[28]

- Finally, the US Surgeon General's National Strategy for Suicide Prevention affirmed that "firearm access is a risk factor for suicide in the United States … [even though] individuals who own firearms are not more likely than others to have a mental disorder or have attempted suicide. Rather, the risk of a suicide death is higher among this population because individuals who attempt suicide by using firearms are more likely to die in their attempts."[29]

Recently, the National Shooting Sports Foundation (NSSF), which represents thousands of gun dealers and manufacturers, commendably acknowledged the undeniable link between firearm access and suicide risk. In 2016, the NSSF announced a partnership with the American Foundation for Suicide Prevention (AFSP) to distribute educational materials about reducing suicide risk through social media networks and at gun shops in select states.[30]

Unfortunately, though, the NSSF has made clear that it is not open to any discussion about how gun policy reforms could save lives from suicide. In the press release announcing its suicide awareness initiative, NSSF's CEO wrote that, "To AFSP's credit, it has… completely set aside the contentious politics surrounding the subject

of firearms. That approach has made it possible for NSSF to enter into this promising partnership and has led to an open exchange of ideas."[31]

Contentious or not, "the subject of firearms" is a critical part of any truly open and meaningful exchange of ideas about how to save lives from suicide in America. A strong body of research confirms a clear link between firearm access and drastically increased rates of suicide in the US. Even modest gun policy reforms have the potential to make a lifesaving difference for a great many Americans at risk of suicide.

SIX ESSENTIAL FACTS

About Suicide in America

Saving lives from suicide requires understanding the truth about suicide in America. Suicide affects millions of Americans and is on the rise, particularly in states and demographics with easy access to guns. Suicide is also impulsive—most people attempt within an hour of deciding to end their lives—and those who survive suicide attempts have a hopeful prognosis, with a majority never attempting suicide again.

In order to address the suicide crisis, we have to understand it.

Effective policy change can save lives from suicide. To understand how and why prevention works, though, it is essential to grasp how this public health crisis affects our population and why firearm access plays such a significant role.

Six essential facts help explain suicide in America:

FACT ONE **SCOPE AND IMPACT**
Millions of Americans are affected by suicide each year.

FACT TWO **DEADLY TRENDS**
Suicide rates are steadily and rapidly increasing across nearly all states and demographic groups.

FACT THREE **IMPULSIVITY**
Suicide attempts are usually carried out with little planning during acute crisis periods.

FACT FOUR **GUNS' UNIQUE LETHALITY**
Compared to other methods commonly used in the US, guns are far more likely to make a suicide attempt lethal.

FACT FIVE **VAST DISPARITIES**
Suicide rates are significantly higher in states and demographic groups where people have easy access to guns.

FACT SIX **THE IMPORTANCE OF HOPE**
Suicide prevention works because the prognosis for most suicidal people is hopeful.

FACT ONE

SCOPE AND IMPACT

Millions of Americans are affected by suicide each year.

Our cultural discomfort around mental illness and suicide tends to conceal the true scope and impact of these problems in American life. Every year millions of people in the US struggle with mental health conditions and with suicidal thoughts and urges that are symptomatic of those conditions. More than a million people act on those suicidal impulses every year by attempting suicide. And though most people survive these attempts, a staggering number do not.

Mental Health Conditions Are Much More Common than Popularly Believed

Because mental illness is so rarely disclosed or discussed, it's common to underestimate the number of people who grapple with mental health conditions over the course of their lives. Though often undiagnosed, nearly half of all Americans experience a mental illness at some point in their lives.[1] According to CDC data, approximately one in five adults in the United States experiences a diagnosable mental illness in a given year—ranging from clinical depression and anxiety to schizophrenia or PTSD.[2] That means more Americans experience mental illness each year than contract the flu.[3] Some people develop chronic or lifelong mental illnesses, while others experience short-term impairments.

Severe mood and anxiety disorders affect a more concentrated, but still large, number of Americans. In a single year:

- Approximately 10.5 million American adults and 2 million adolescents experience a major depressive episode that severely impairs their activities for at least two weeks.[4]
- Over 3.5 million adults grapple with Dysthymic Disorder, characterized by chronic low-level depressive symptoms that have lasted for at least two years.[5]
- About 5 million adults suffer from severe bipolar disorder.[6]
- Over 3 million adults experience severe PTSD symptoms lasting more than a month.[7]
- About 2.5 million adults suffer from severe generalized anxiety disorder for at least six months.[8]
- About 2.5 million adults suffer from severe panic disorder[9] or schizophrenia.[10]

All of these conditions are significant risk factors for suicide.[11]

DATA SPOTLIGHT

Gun suicides and homicides are a leading cause of injury death for Americans at nearly every age.

AGE

RANK	0–1	1–4	5–9	10–14	15–19	20–24	25–34	35–44	45–54	55–64	65+
	Unintentional Suffocation	Unintentional Drowning	Unintentional MV Traffic	Unintentional MV Traffic	Unintentional MV Traffic	Unintentional MV Traffic	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Poisoning	Unintentional Fall
	Homicide Unspecified	Unintentional MV Traffic	Unintentional Drowning	Suicide Suffocation	**FIREARM Homicide**	Unintentional Poisoning	Unintentional MV Traffic	Unintentional MV Traffic	Unintentional MV Traffic	Unintentional MV Traffic	Unintentional MV Traffic
	Unintentional MV Traffic	Unintentional Suffocation	Unintentional Fire/Burn	**FIREARM Suicide**	**FIREARM Suicide**	**FIREARM Homicide**	**FIREARM Homicide**	**FIREARM Suicide**	**FIREARM Suicide**	**FIREARM Suicide**	**FIREARM Suicide**
	Homicide Other Specified	Homicide Unspecified	**FIREARM Homicide**	Unintentional Drowning	Suicide Suffocation	**FIREARM Suicide**	**FIREARM Suicide**	**FIREARM Homicide**	Suicide Suffocation	Unintentional Fall	Unintentional Unspecified
	Undetermined Suffocation	Unintentional Fire/Burn	Unintentional Suffocation	**FIREARM Homicide**	Unintentional Poisoning	Suicide Suffocation	Suicide Suffocation	Suicide Suffocation	Suicide Poisoning	Suicide Poisoning	Unintentional Suffocation
	Undetermined Unspecified	Unintentional Pedestrian, Other	Unintentional Other Land Transport	Unintentional Other Land Transport	Unintentional Drowning	Suicide Poisoning	Undetermined Poisoning	Suicide Poisoning	**FIREARM Homicide**	Suicide Suffocation	Unintentional Poisoning
	Unintentional Drowning	**FIREARM Homicide**	Unintentional Pedestrian, Other	Unintentional Fire/Burn	Suicide Poisoning	Unintentional Drowning	Suicide Poisoning	Undetermined Poisoning	Unintentional Fall	Unintentional Suffocation	Adverse Effects
	Homicide Suffocation	Homicide Other Specified	**FIREARM Accidents**	Unintentional Suffocation	Homicide Cut/Pierce	Undetermined Poisoning	Unintentional Drowning	Unintentional Fall	Undetermined Poisoning	**FIREARM Homicide**	Unintentional Fire/Burn
	Adverse Effects	**FIREARM Accidents**	Unintentional Struck by or Against	Unintentional Poisoning	Unintentional Other Land Transport	Homicide Cut/Pierce	Homicide Cut/Pierce	Unintentional Drowning	Unintentional Drowning	Undetermined Poisoning	Suicide Poisoning
	Unintentional Natural/Envir.	Unintentional Poisoning	Unintentional Other Transport	**FIREARM Accidents**	Unintentional Fall	Suicide Fall	Unintentional Fall	Homicide Cut/Piece	Unintentional Suffocation	Unintentional Unspecified	Suicide Suffocation

DEATH BY FIREARM HOMICIDE **DEATH BY FIREARM SUICIDE** **DEATH BY FIREARM ACCIDENT**

SOURCE *CDC Leading Causes of Death Reports, Injury Deaths, 2016*

Millions of Americans Grapple with Suicidal Thoughts or Have Attempted Suicide

It's also common to underestimate how many people experience suicidal thoughts or impulses. The CDC estimates that in a single year, more than 9 million Americans experience "serious thoughts of suicide"[12] and more than 1.3 million attempt suicide.[13] Over half a million have to be hospitalized or treated in emergency rooms for life-threatening, intentional self-injuries.[14] Thankfully, most survive. Up to 5% of the US population—16 million people alive today—have survived a suicide attempt.[15] That's millions more people than live in large states like Illinois or Pennsylvania.[16]

More than 600,000 Americans Have Died by Suicide Since 2000

Suicide deaths affect a staggering number of American families. From 2000 to 2016, over 620,000 Americans ended their own lives.[17] More than half—nearly 320,000 people—died of self-inflicted gunshot wounds.[18] None of these counts include the even larger numbers of men, women, and children for whom a cause of death was undetermined, unreported, or misclassified as an accident.

Suicide is now our nation's leading cause of both injury deaths and firearm fatalities,[19] claiming more lives than motor vehicle crashes, falls, accidental drug overdoses, and murders.[20] Recent surveys found that **40% of Americans knew at least one person who died by suicide and that more than one-third of Americans have been significantly personally impacted by another person's suicide**.[21] 28% of Americans said they personally knew at least one person who took their own life with a gun.[22]

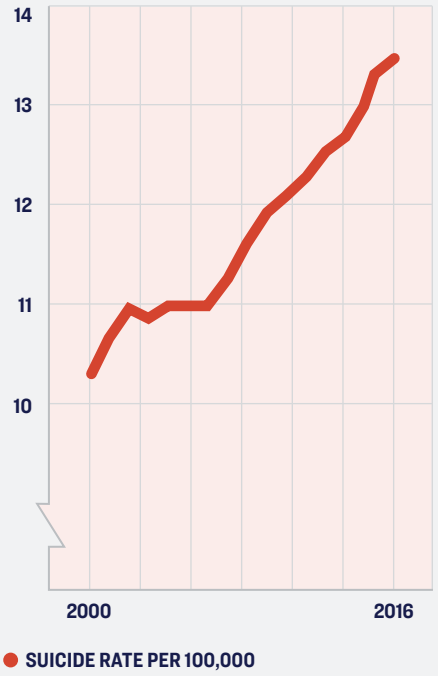
Suicide affects all age groups too: from 2000 to 2016, nearly 19,000 minors died by suicide before their 18th birthday.[23] Over 10,000 minors intentionally shot themselves over this period, and just over 7,500 died from those gunshot injuries.[24] Suicide is now the second leading cause of death among children aged 10–14 and among young people aged 15–24 and 25-34, and suicide is the fourth leading cause of death overall for all males under 65.[25]

Minors are more likely to attempt suicide than adults,[26] but when adults attempt suicide they are nearly seven times more likely to use guns.[27] As a result, adults are much less likely to survive the attempt and have much higher rates of suicide death.[28] However, because young people are less likely to die from illness and other causes, suicide is a more significant factor in their mortality rates. **In recent years, more teenagers and young adults have died from suicide than from cancer, heart disease, AIDS, stroke, pneumonia, influenza, and chronic lung disease combined.**[29]

SUICIDE RATES ARE RISING ACROSS THE COUNTRY

After falling by 17% between 1985 and 2000, US suicide rates started rising with the new millennium, increasing by 29% between 2000 and 2016 up to the highest levels in at least 35 years.

FROM 2000 TO 2016, AGE-ADJUSTED SUICIDE RATES ROSE BY 29%



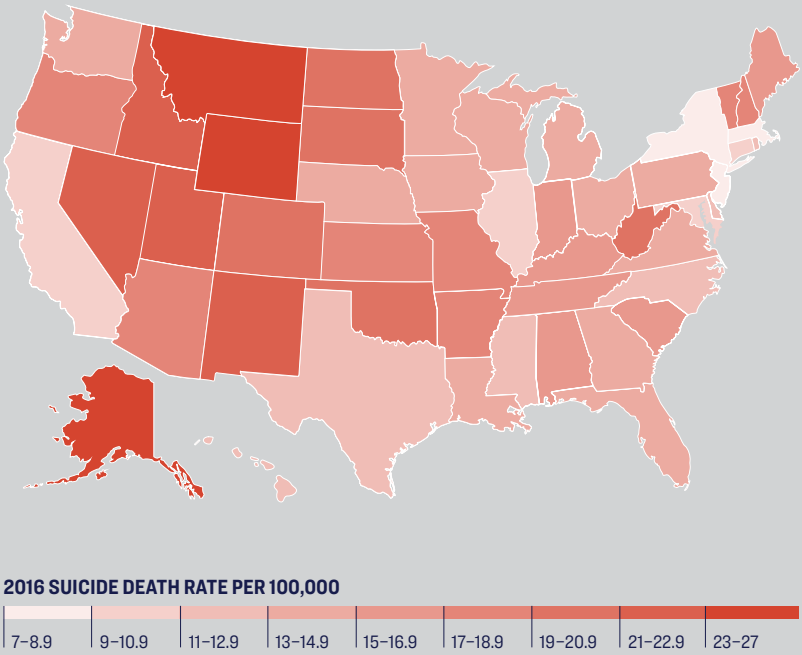
SOURCE *CDC Fatal Injury Reports, 2000–16*

Suicide is also particularly widespread among certain communities, including Native American[30] and LGBT youth.[31] Suicide also disproportionately impacts military veterans, who comprise 8.5% of the adult population but 18% of adult suicide deaths, according to the Department of Veterans Affairs.[32]

Suicide is a leading cause of preventable death and suffering in our country and this immense problem is growing worse by the year.

SUICIDE RATES BY STATE

Suicide rates are much higher in states with weak gun laws and broad access to firearms, like Alaska, Montana, New Mexico, and Wyoming.



SOURCE *CDC Fatal Injury Reports, 2016*

FACT TWO

DEADLY RECENT TRENDS

Suicide rates have steadily and rapidly increased across nearly all US states and demographic groups since 2000.

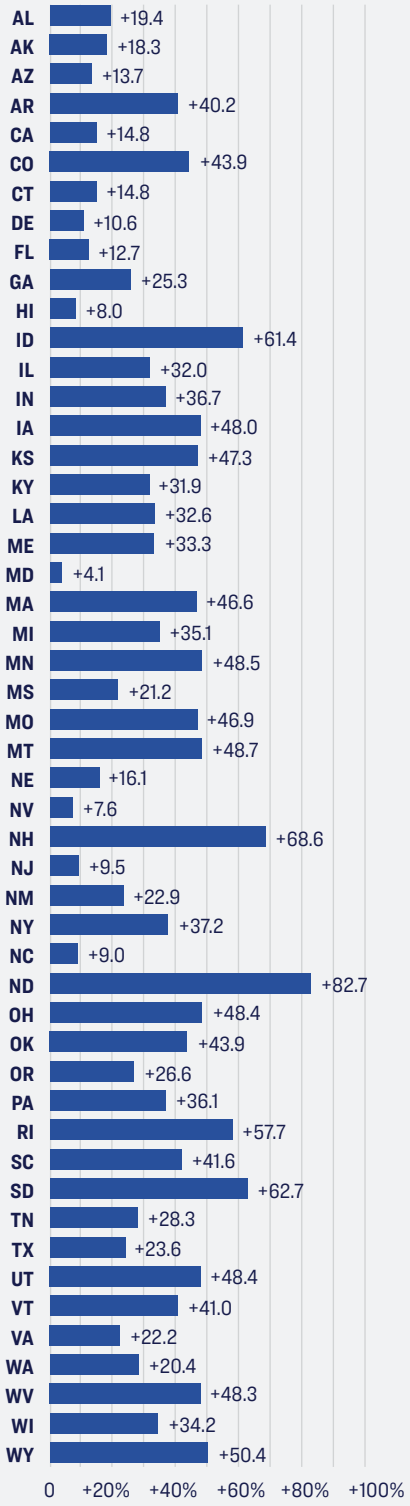
Suicide rates have been surging across the US in recent years. After falling by 17% between 1985 and 2000,[33] US suicide rates started rising with the new millennium, and increased by 29% between 2000 and 2016, up to the highest levels in at least 36 years.[34] This trend stands in sharp contrast to most other industrialized nations, where suicide rates have steadily declined over the past decade.[35]

Since 2000, American suicide rates have spiked among every age group between the ages of 10 and 80 and among every racial and gender category.[36] The increase has been especially sharp among girls aged 10 to 14, whose suicide rate, while still comparatively low, has nearly tripled.[37] Veterans' suicide rates have risen by more than one-third.[38] Active duty Army soldiers' suicide rates tripled within just one decade.[39]

Suicide rates have also risen in every corner of the nation, increasing in all 50 states since 2000.[40] Suicide rates jumped by over one third in 24 states—nearly half the country—led by an 83% increase in North Dakota. Along with rising mortality rates from alcohol-related diseases and accidental drug overdoses, rising suicide rates have driven down some demographic groups' average life expectancy, especially that of middle-aged white Americans, whose suicide death rates jumped by 58% from 2000 to 2016.[41] This decline in life expectancy is an essentially unprecedented development in the history of our nation.[42] As discussed below, those with easy access to guns have been disproportionately affected.

This enormous loss of life will continue, and will likely worsen, unless our leaders adopt the responsible public policy solutions we know can reverse these trends and save lives.

SUICIDE DEATH RATE PERCENT INCREASE 2000–16



SOURCE *CDC Fatal Injury Reports, 2000–16*

FACT THREE

THE IMPULSIVE NATURE OF MOST SUICIDE ATTEMPTS

Suicide attempts are usually carried out with little planning during acute crisis periods.

An all-too-common myth about suicide is that people who attempt it have reached a deliberate point of no return—that they are determined to die despite anyone's best efforts. This assumption is false and toxic. It frustrates effective prevention efforts and justifies apathy and inaction in the face of widespread, preventable loss.

Suicide attempts are typically impulsive, desperate responses to immediate stressors like an argument, the loss of a job or relationship, or the death of a loved one.

Though underlying risk factors, such as depression, anxiety, trauma, or substance abuse make a person much more likely to experience suicidal thoughts and impulses, people often only experience those thoughts and impulses during brief and acute crisis periods. During these crisis periods, people typically act on suicidal impulses quickly and with little planning.[43]

- A leading study of patients who survived nearly lethal suicide attempts found that 24% had attempted suicide within five minutes of deciding to do so, 48% attempted suicide within 20 minutes of deciding to do so, and 71% attempted suicide within one hour.[44]
- Another study of suicide survivors similarly found that 40% had harmed themselves within five minutes of deciding to attempt suicide,[45] 48% did so within 10 minutes,[46] and a majority attempted within just 30 minutes.[47]
- A majority of survivors described their attempt as an impulsive response to an interpersonal conflict,[48] with most reporting they had attempted suicide within 24 hours of a serious argument.[49]
- Though over 9 million Americans experience "serious thoughts of suicide" each year,[50] one study found that 30% experienced those suicidal thoughts for less than one hour.[51]

Though suicide attempts are typically impulsive, they rarely occur out of the blue. Most people who attempt suicide are grappling with an impairing mental illness like major depression or PTSD and exhibit or communicate significant warning signs of suicide risk prior to their attempt.[52]

But contrary to popular myth, suicidal impulses are almost never permanent desires. In fact, the majority of people who start a suicide attempt act to reverse the attempt (by making themselves throw up pills, for instance) or seek help before it's too late.[53]

Studies show that 70% of people who survive a suicide attempt live out their lives without ever attempting suicide again.[54]

Understanding that suicide attempts are usually one-time, crisis-driven responses to overwhelming pain is the first step toward crafting an effective policy response.

Temporarily reducing at-risk people's access to the most lethal means of suicide substantially increases their odds of survival in both the short and long term.[55]

WHY GUNS PLAY SUCH A DEADLY ROLE IN SUICIDES

Suicide prevention experts at Harvard's TH Chan School of Public Health have outlined five factors that help explain why some suicide methods drive higher suicide rates in any given society:[64]

1. **Inherent deadliness.** Some ingested substances are more poisonous than others. A gunshot to the head is inherently more likely to result in death than most pills or knife wounds.
2. **Ease of use.** Some people, especially minors, lack the technical or medical knowledge necessary to use many methods to lethal effect.
3. **Accessibility.** The brief nature of many suicidal crises means that a gun in the closet poses a much greater risk to a suicidal person than a high bridge 20 minutes away.[65]
4. **Ability to be stopped or interrupted mid-attempt.** Methods that can be stopped or reversed offer a crucial window of opportunity for a change of heart or for another person to intervene.
5. **Acceptability.** Some widely available, highly lethal suicide methods are not commonly used. Fire, for example, is easily obtained, but very few people choose this extremely painful method of suicide.[66]

These five factors all help explain why guns are a particularly dangerous and lethal method of suicide. Firearms are inherently very ***deadly***. They are relatively ***easy to use***, requiring little technical or medical knowledge, even by minors. They are readily ***accessible*** in many homes and can be purchased almost immediately in most states. Firearm-related suicide attempts are generally ***irreversible***.[67] Finally, because gun suicides may be seen as relatively quick or painless, they may be more ***"acceptable"*** than other methods.

FACT FOUR

THE UNIQUE LETHALITY OF GUNS

Guns are far more lethal than other methods commonly used in suicide attempts in the US.

Most suicide attempts are carried out impulsively using whatever methods are readily accessible. At-risk people who have guns in their home, or who live in states that make guns widely and immediately available to new purchasers, are much more likely to use guns to attempt suicide. Consequently, people in these states are much more likely to die by suicide.

This is because guns are uniquely lethal compared to other suicide attempt methods. The human body is remarkably resilient—in fact, more than 90% of US suicide attempts are not fatal.[56] But when people reach for guns in a suicidal crisis, they die 84% of the time.[57] Self-inflicted gunshots are at least 40 times more likely to result in death as the most common suicide attempt methods—medication overdoses and sharp instruments.[58] This explains how self-inflicted gunshots account for 5% of life-threatening suicide attempts[59] but over hallf of all suicide deaths.[60]

People are at least 40 times more likely to die if they attempt suicide with a gun instead of medication overdoses or sharp instruments.

Preventing suicide attempts is critical to reducing US suicide rates. But every year, over one million Americans attempt to take their own life. The presence of a firearm is very often the determining factor in who survives.

This means that gun policy reforms must be part of a comprehensive response to the problem of suicide in America. Over 375,000 individuals attempted suicide with firearms between 2000 and 2016.[61] If just one in ten had attempted suicide with one of the two most common suicide attempt methods (sharp objects and drug overdoses) instead of reaching for a firearm, over 30,000 more people would have survived.[62] The vast majority would have gone on to live out their lives[63] and continue to contribute to our world.

Saving Lives by Reducing Access to the Most Lethal Common Methods of Suicide

Policymakers in other countries have shown that even modest policy reforms can substantially reduce a nation's total suicide rate by better regulating the lethality or availability of the country's leading method of suicide.

Before 1960, inhalation of domestic gas (used for heating and cooking) was the leading suicide method in the United Kingdom. After the UK transitioned to a nontoxic source of natural gas, gas suicides fell to nearly zero. Though suicides by other methods moderately increased—evidence that some suicidal people were substituting other means—the overall suicide rate fell by nearly one-third.[68]

A similar result occurred in Sri Lanka, an agricultural nation where widely accessible pesticides were long the leading method of suicide. After Sri Lanka's government placed restrictions on the availability of the most highly

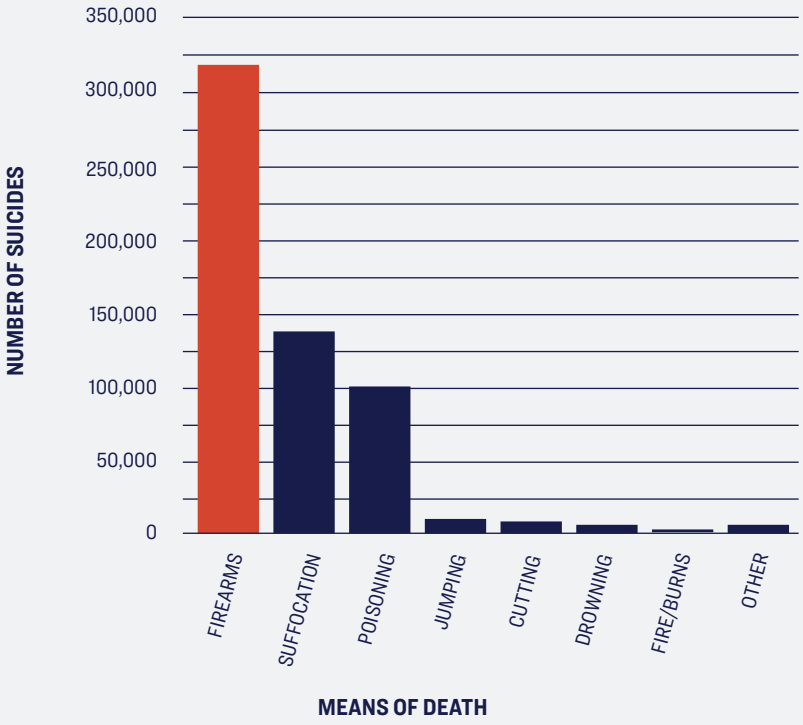
toxic pesticides in the 1990s, overall suicide rates dropped by 50%.[69] Researchers found that people were still attempting suicide at about the same rate—they just weren't dying as often.[70]

In the past decade, the Israeli Defense Forces also observed that suicides among its soldiers occurred disproportionately on weekends and that the vast majority of these suicides—roughly 90%—involved firearms.[71] After military leaders implemented a new policy that required soldiers to leave their service weapons on base during weekend leave, the Israeli military's overall suicide rates dropped by 40%.[72]

The crucial lesson for American policymakers is that nations can substantially reduce their suicide rates by regulating the most lethal means commonly used in their population's suicide attempts.

FIREARMS ARE MORE DEADLY THAN OTHER MEANS

Guns are used in just 5% of US suicide attempts but they are responsible for more suicide deaths than all other methods combined.



SOURCE *CDC Fatal Injury Reports, 2000–16*

The US will not bar law-abiding, mentally responsible people from owning and acquiring firearms—no major gun violence prevention or suicide prevention organization advocates for this. But we can craft targeted policy reforms that help to reduce the likelihood that people will access the most uniquely lethal means of suicide during a suicidal crisis.

FACT FIVE

THERE ARE VAST DISPARITIES IN SUICIDE RATES ACROSS THE US

Suicide rates are much, much higher in states and demographic groups where people have easy access to guns.

Suicide rates have risen in every state and demographic group since 2000.[73] But certain portions of the American population suffer vastly more suicides. Suicide rates are significantly higher for demographic groups and states with the broadest and easiest access to guns.

Gender

In the United States, women are almost twice as likely to suffer severe depression as men.[74] They are 40% more likely to report experiencing serious psychological distress in the past month[75] and 61% more likely to suffer from a severely impairing mental health condition.[76] Women are more likely to experience serious thoughts of suicide and are much more likely than men to *attempt* suicide.[77]

But men are 50% more likely to live in a household with a gun and over three times more likely to personally own one.[78] As a result, when men attempt suicide, they are nearly eight times more likely to use firearms than women and 4.5 times as likely to die from the attempt.[79] Although the male population overall has lower reported rates of depression, psychologic distress, suicidal ideation, and suicide attempts, males account for 86% of the nation's gun suicides and 78% of all suicide deaths.[80]

Race

Suicide death rates are particularly high among non-Hispanic white and Native American men.[81] Native Americans report the highest rates of serious psychological distress and also have the highest rates of suicide death.[82] But white Americans' suicide rates are close behind, even though, as a whole, white Americans report much lower rates of serious psychological distress than other groups.[83] White men make up roughly one-third of the US population, but nearly two-thirds of all suicide deaths.[84]

Gun access helps explain why. White Americans are about twice as likely as black and Hispanic Americans to own a firearm in the home.[85] When attempting suicide, white men are about twice as likely to use firearms as black and Hispanic men and, as a result, they are 2.5 times as likely to die by suicide.[86] When attempting suicide, white women are also two to three times more likely to use firearms than black and Hispanic women.[87] Unsurprisingly, they are more than three times as likely to die by suicide—again, guns are uniquely lethal.[88]

DATA SPOTLIGHT

The Demographics of Gun Suicide

The table below compiles CDC data from 2012 to 2016 regarding different demographic groups' intentional, life-threatening self-injuries (those that either resulted in the person's death or required emergency room treatment or hospitalization). Demographic groups that are more likely to use firearms to inflict life-threatening self-injury are more likely to die from those injuries, so have much higher suicide rates.[89] CDC data regarding nonfatal self-injuries is, unfortunately, not available for Native Americans and Asian/Pacific Islanders.

	RACE/ETHNICITY	PERCENT OF INTENTIONAL, LIFE-THREATENING SELF-INJURIES USING A GUN	PERCENT OF INTENTIONAL, LIFE-THREATENING SELF-INJURIES THAT ARE FATAL	SUICIDE DEATH RATE PER 100,000 *Age-adjusted*
MALES	**TOTAL**	**9.4%**	**14.2%**	**20.7**
	White	12.1%	18.3%	25.8
	Black	6.6%	10.3%	9.8
	Hispanic	6.4%	14.5%	10.0
	Native American/ Alaska Native	**	**	29.4
	Asian/Pacific Islander	**	**	9.3
FEMALES	**TOTAL**	**1.2%**	**3.2%**	**5.7**
	White	1.7%	4.3%	7.8
	Black	0.6%	1.8%	2.2
	Hispanic	0.7%	2.8%	2.5
	Native American/ Alaska Native	**	**	8.8
	Asian/Pacific Islander	**	**	3.7
BOTH GENDERS	**TOTAL**	**4.8%**	**8.0%**	**13.4**
	White	6.4%	10.6%	17.6
	Black	3.1%	5.4%	5.7
	Hispanic	3.2%	7.8%	5.8
	Native American/ Alaska Native	**	**	18.9
	Asian/Pacific Islander	**	**	6.5

***CDC nonfatal self-injury data unavailable*

Suicide's Toll State by State

There are also vast disparities in suicide rates among the 50 states. People in Wyoming are 3.5 times as likely to die by suicide as people in New Jersey. Suicide rates are 53% and 62% higher than the national average in Colorado and Utah, respectively, even though those states are relatively healthy, urban, and prosperous.

These disparities exist for minors, as well as adults. In Alaska, young people aged 10 to 17 are more than three times as likely to die by suicide as the national average and more than five times as likely to die by suicide as their peers in California.[90]

The data shows that these vast disparities in suicide risk are almost entirely attributable to differences in *firearm* suicides. Researchers have consistently found that suicide rates are much higher in states where people at risk of suicide are most likely to have easy and immediate access to guns.

Studies published in the *New England Journal of Medicine* and the *American Journal of Epidemiology* in 2008 and 2013 respectively compared suicide rates in the states with the highest and lowest rates of gun ownership.[91] In both studies, the two groups of states were roughly equal in population, and had nearly identical rates of non-firearm suicides.[92] Here's
what they found:

- In states with the lowest gun ownership, people were actually roughly 20% more likely to *attempt* suicide.[93] **But firearm access matters much more.**
- Although states with the highest rates of gun ownership had fewer suicide attempts and essentially equal numbers of non-gun suicides, they had **four times as many firearm suicides and, consequently, nearly twice as many suicide deaths overall**.[94]

CDC data also reveals that in states with high gun ownership, minors are nearly seven times more likely to take their own life with a gun, compared to minors in low gun ownership states. As a result, minors in high gun ownership states are more than twice as likely to die by suicide.[95]

FACT SIX

THE FUNDAMENTAL IMPORTANCE OF HOPE

Suicide prevention works because the prognosis for most suicidal people is hopeful.

When it comes to suicide, stories of hope, resilience, and recovery occur more often than not. Most people who attempt suicide take action to save their own lives before it is too late or otherwise survive. **A meta-analysis of 90 published studies on suicide found that 70% of survivors never made another attempt, and more than 90% did not go on to die by suicide.**[96]

Survivors of suicide and their loved ones have made use of new platforms to share their experiences and work to reverse the false narrative that suicidal people are beyond saving. For example, a nonprofit suicide prevention organization called Project Semicolon was formed in 2013. The project asks anyone who has been affected by suicide to draw or tattoo a semicolon on their wrists as a symbol of hope and a message of awareness. The project's website explains: "A semicolon is used when an author could've ended a sentence but chose not to. You are the author and the sentence is your life… Your story is not over." Tens of thousands of people have participated.

Social media has also helped survivors find a community and provide insight into their experiences. In April 2016, a user on the social-news website Reddit asked suicide survivors to describe the feelings they experienced upon discovering that they had survived their suicide attempts. Within a month, the post garnered 7,500 responses from survivors sharing powerful stories of resilience and hope. Nearly all of them emphasized the possibility and purpose of recovery.

These survivors are real-life examples of the power of hope, and their stories emphasize the importance of thoughtful, responsible suicide prevention policy in two ways. First, they show why suicide prevention matters, what is really at stake. Despite common misconceptions and gun lobby spin, suicide deaths are not inevitable. In fact, they are the exception, even for suicidal people who are most at risk. Second, **there is a notable silence in these stories of recovery: among these survivors, almost no one could discuss living through a self-inflicted gunshot wound.** Those who pulled the trigger of a gun are simply not with us to share stories of second chances and of authoring the next sentence of an unfinished life.

That's why effective gun policy matters on this issue. If we believe human life is worth protecting, and we know suicides are preventable, thoughtful gun safety strategies must be part of a comprehensive response to this public health crisis.

DATA SUPPLEMENT

DOES GUN ACCESS REALLY DRIVE DISPARITIES IN SUICIDE RATES?

The data tells a consistent story—gun access makes the most significant difference in states' overall rates of suicide.

Many people assume the vast disparities in suicide rates among the 50 states are explained by variables other than gun access. This data supplement sets out to test these assumptions by examining the link between state-level suicide rates and other variables. By taking a deeper dive into the data, we can see that gun access plays the most significant and deadly role in states' overall rates of suicide.

The following graphs include a measure of the correlation between different variables and all 50 states' per capita suicide rates. This measure is quantified by the correlation coefficient "r," which measures the strength and direction of a relationship between two variables. The correlation coefficient ranges from -1 to +1.

+1

An **r value of +1** indicates that two variables have a perfect positive correlation—higher levels of one variable are always associated with higher levels of the other.

-1

An **r value of -1** indicates that two variables have a perfect negative correlation—higher levels of one variable are always associated with lower levels of the other.

0

An **r value of 0** indicates that two variables have no correlation with each other. A seemingly random variable—such as whether a state's name begins with a vowel—would likely have no consistent correlation with a state's suicide rate and would therefore have an r value near 0.

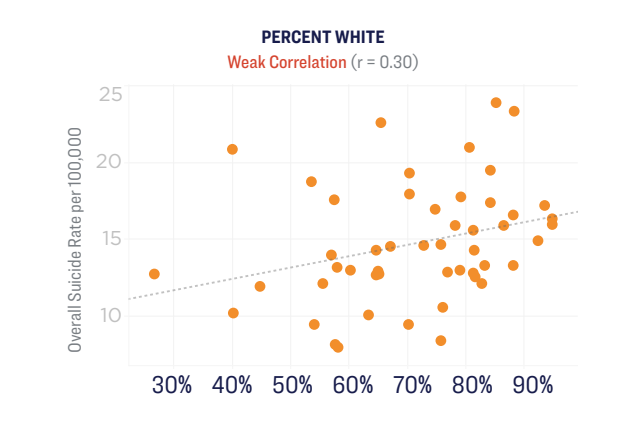
r

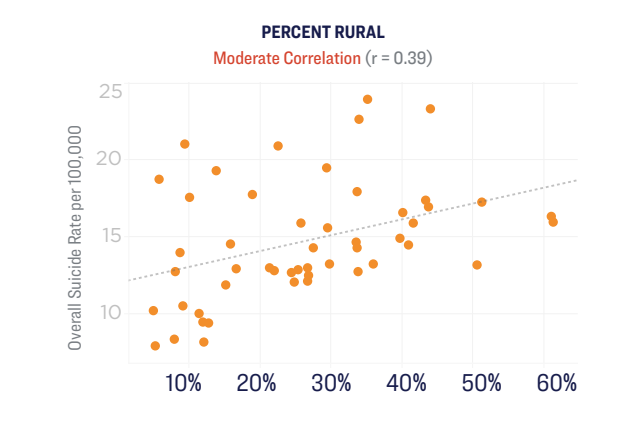
The strength of the correlation increases with the value of r.

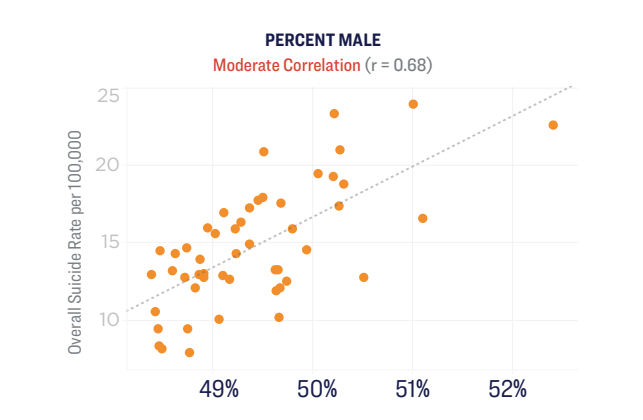
Weak Correlation
r = 0 to 0.3

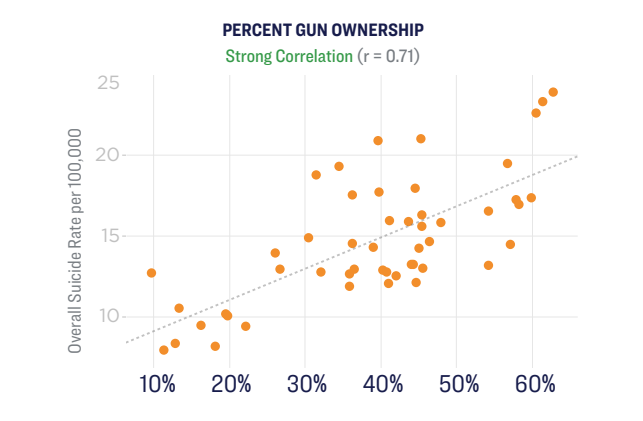
Moderate Correlation
r = 0.3 to 0.7

Strong Correlation
r = 0.7 to 1.0









All suicide rates shown are age-adjusted (2012 to 2014). See footnote 97 for source.

OVERALL SUICIDE RATES VS. DEMOGRAPHICS BY STATE

Gun access is a much more significant factor in states' suicide rates than race, gender, or rurality.

RACE Racial demographics are only weakly associated with suicide rates. Suicide prevalence is very high among white Americans as a whole, but is actually concentrated among white Americans in certain areas, where suicide risk is primarily driven by other factors—particularly the availability of guns.

RURALITY States where a large share of the population lives in rural areas have moderately higher suicide rates but this trend is not strong. Utah and Colorado have some of the country's smallest rural populations (though they have vast, open land, residents are clustered in cities and suburbs) but these states have some of the nation's highest rates of suicide. The two most rural states, Vermont and Maine, have suicide rates only moderately above the national average.

GENDER States with more men generally have higher suicide rates. But there is little variation among the 50 states with regard to gender balance. The most disproportionately male state, Alaska, is 52% male, while the most disproportionately female state, Delaware, is 52% female. Men are also much less likely to attempt suicide than women, so without understanding why suicide attempts by men are so much more lethal (guns), Delaware might be expected to have to have the highest rate of suicide death.

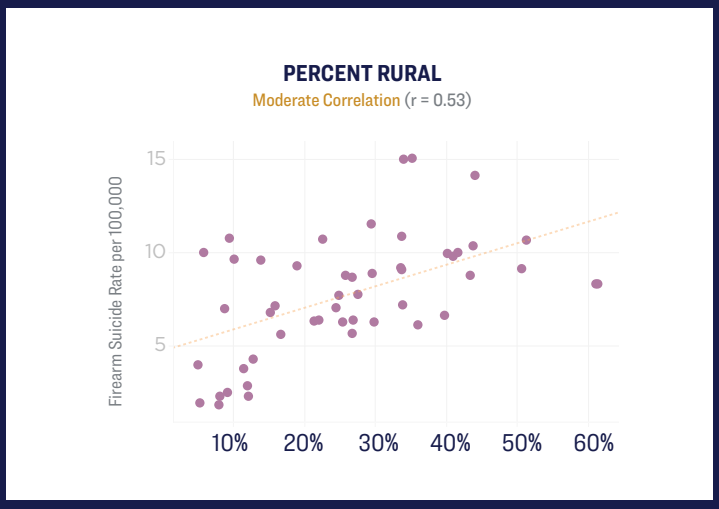
FIREARM ACCESS States' firearm ownership rates show the strongest correlation with rates of suicide. This indicates that states that are disproportionately white, rural, and male have higher suicide rates in large part because white men in rural areas are much more likely to have ready access to guns.

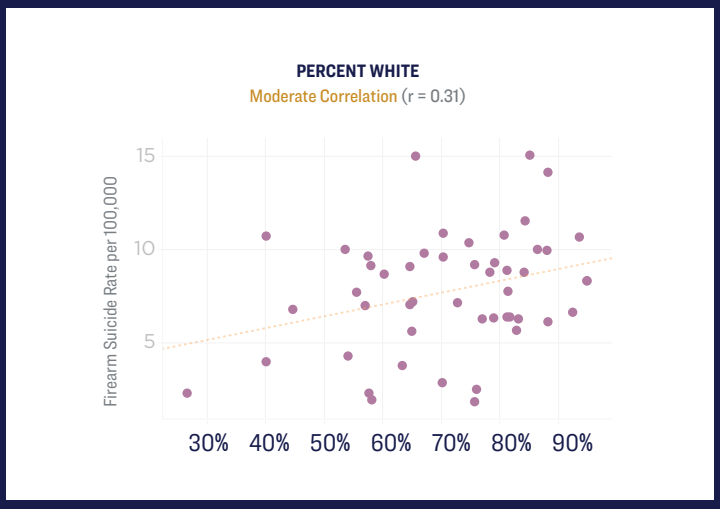
EACH DOT REPRESENTS ONE OF THE 50 STATES

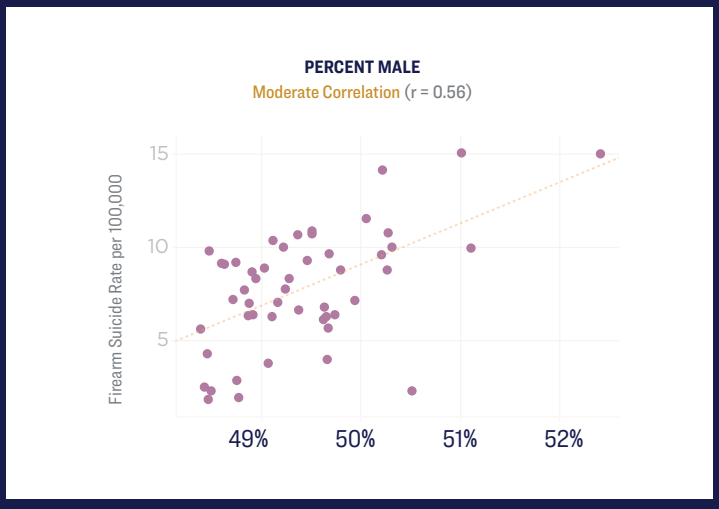
GUN SUICIDE RATES VS. DEMOGRAPHICS BY STATE

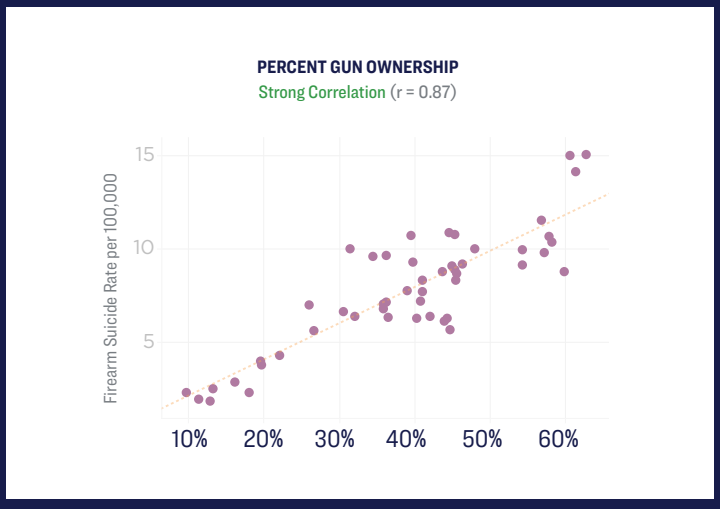
Gun access plays an especially deadly role in gun suicide rates.

Gun access is, logically, very strongly correlated with increased rates of gun suicide. States with the most guns almost uniformly have the highest rates of gun suicides. States that are disproportionately white, male, and rural also have moderately higher rates of gun suicide.









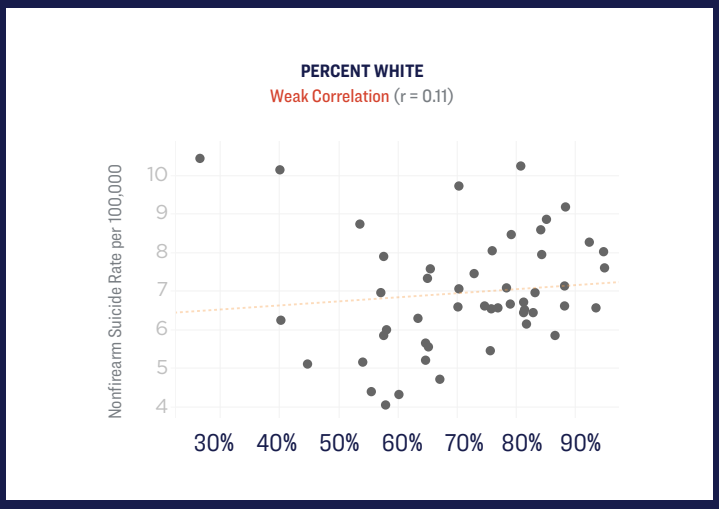
All suicide rates shown are age-adjusted (2012 to 2014) . See footnote 97 for source.

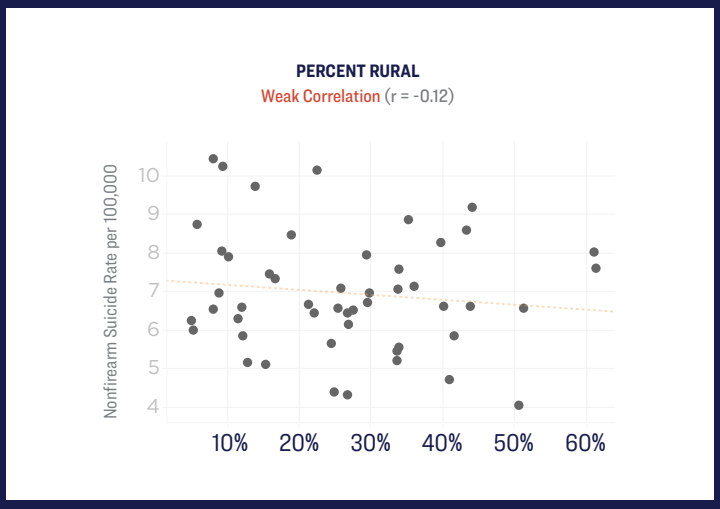
EACH DOT REPRESENTS ONE OF THE 50 STATES

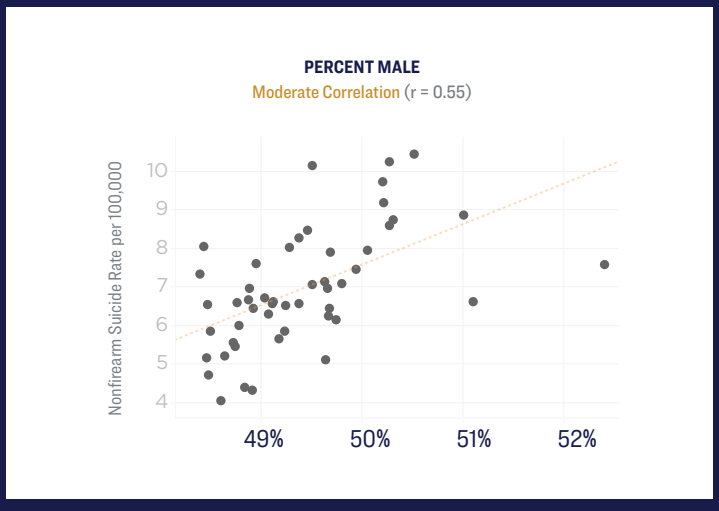
**NON-GUN SUICIDE RATES VS.
DEMOGRAPHICS BY STATE**

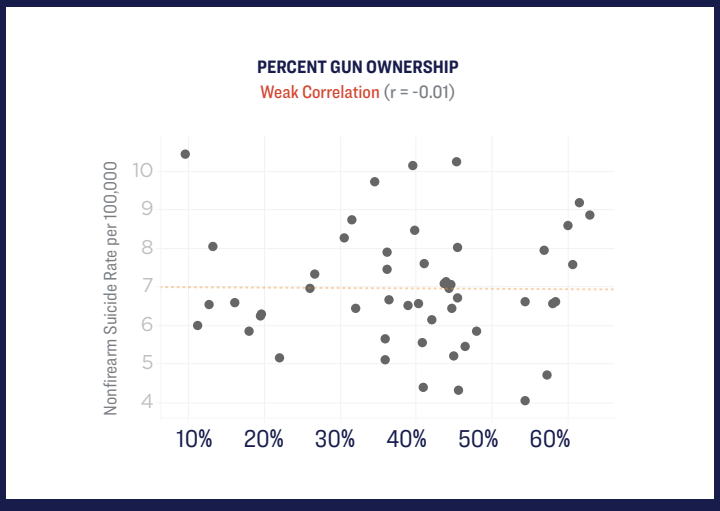
There is essentially zero correlation between gun ownership and non-gun suicide.

There is also little to no correlation between states' racial and rural demographics and non-gun suicides. Together, this data demonstrates that the significant association between gun ownership and overall suicide rates is driven by the fact that easy gun access significantly increases states' firearm suicide rates while having essentially no effect on rates of non-gun suicide.









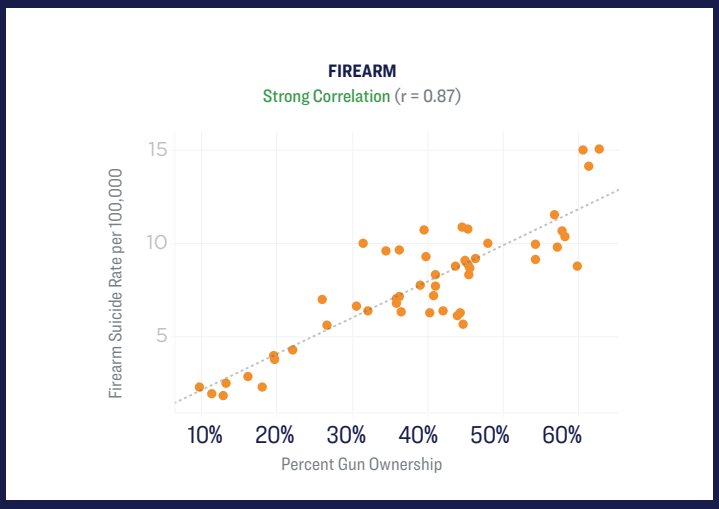
All suicide rates shown are age-adjusted (2012 to 2014). See footnote 97 for source.

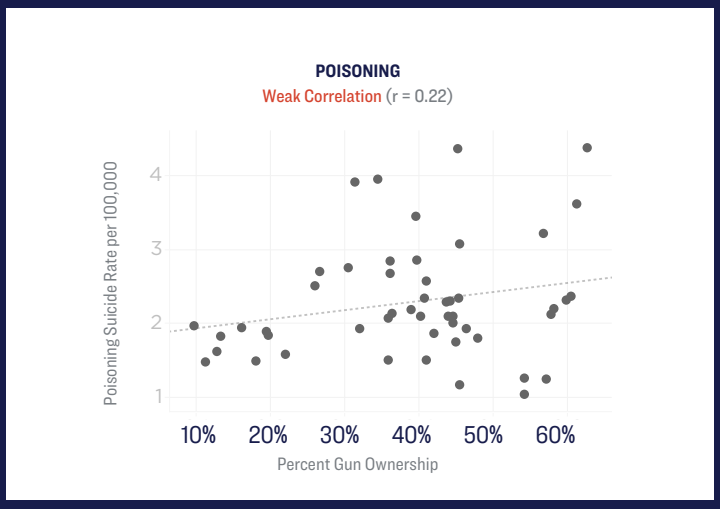
EACH DOT REPRESENTS ONE OF THE 50 STATES

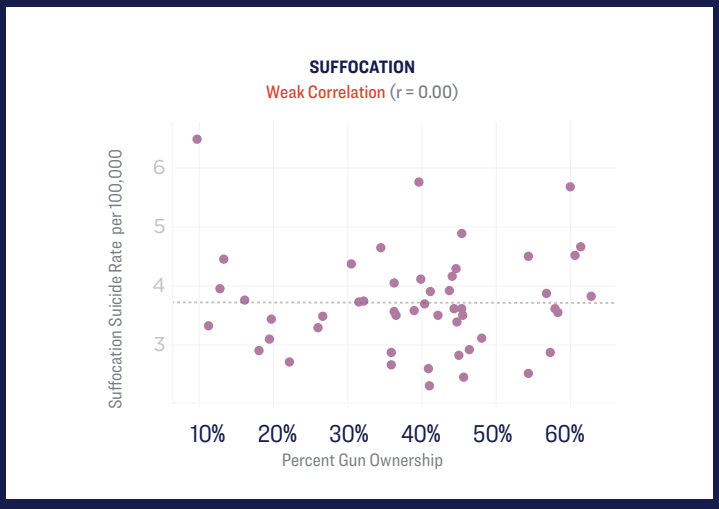
**SUICIDE RATE (VARIOUS METHODS) VS.
GUN OWNERSHIP BY STATE**

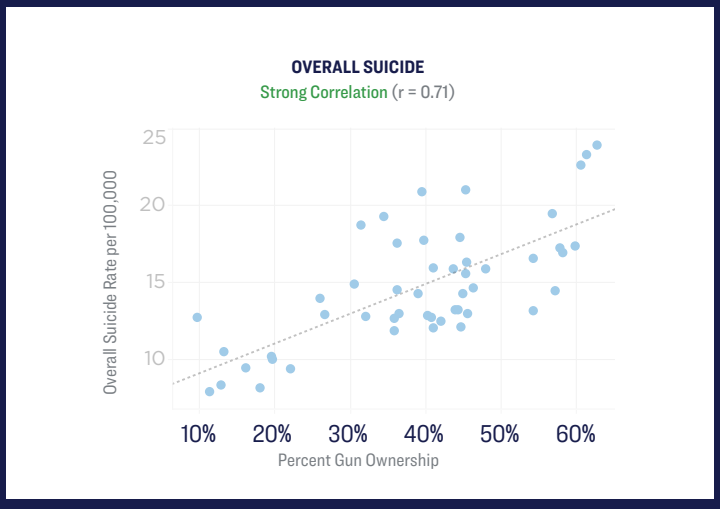
Gun access is strongly correlated with overall suicide rates because of gun suicides.

As shown on the bottom right, gun ownership is strongly correlated with overall suicide rates. But this strong correlation is driven by the very strong correlation between gun access and gun suicides. There is a weak correlation between gun access and other methods of suicide. This indicates that states with broad gun access have the highest overall suicide rates because they have so many more gun suicides.









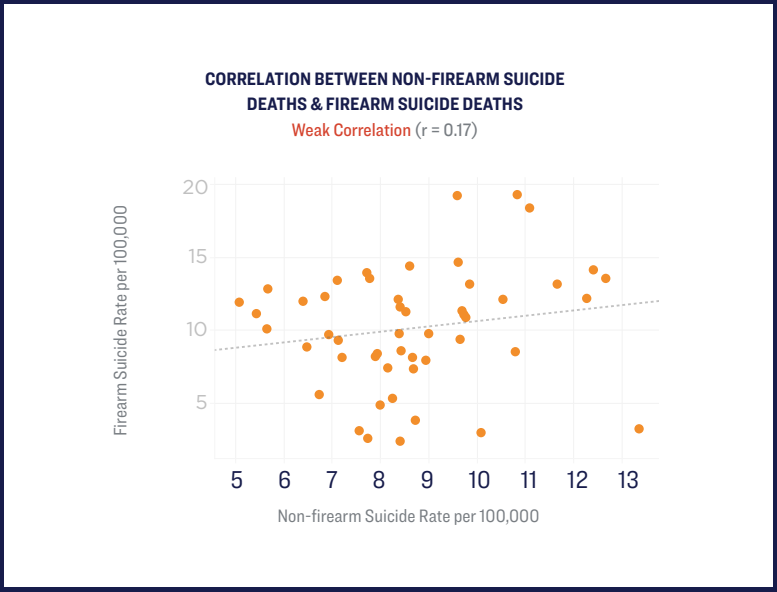
All suicide rates shown are age-adjusted (2012 to 2014) . See footnote 97 for source.

EACH DOT REPRESENTS ONE OF THE 50 STATES

**NON-GUN SUICIDE RATE VS.
GUN SUICIDE RATE BY STATE**

There is little correlation between gun suicide rates and non-gun suicide rates.

The gun lobby has often claimed that without access to firearms, suicidal people will simply substitute other means and die by suicide as easily and as often. If that were the case, we would expect to see a strong negative correlation between gun ownership and non-gun suicides, since people in low gun-ownership states would be expected to have correspondingly high rates of non-gun suicide. Instead, there is very little evidence that, in the absence of guns, people substitute other lethal methods of suicide.



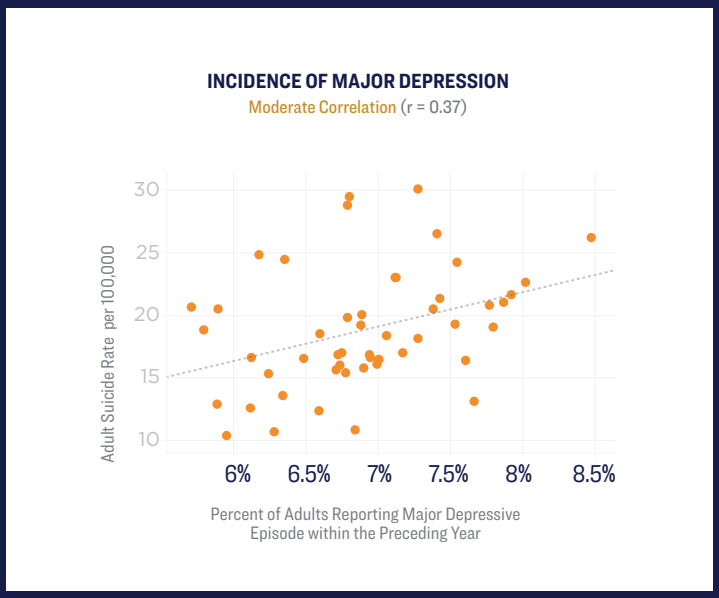
Suicide rates shown are age-adjusted (2011 to 2014). See footnote 97 for source.

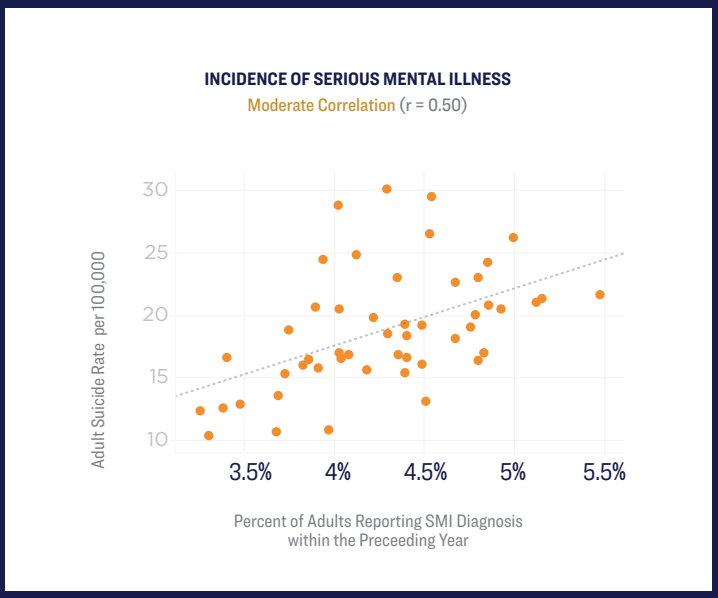
EACH DOT REPRESENTS ONE OF THE 50 STATES

**OVERALL SUICIDE RATE VS.
SERIOUS MENTAL ILLNESS BY STATE**

Gun access is a more significant factor in state suicide rates than depression or serious mental illness.

These graphs show that states with higher rates of major depression and severe mental illness are only moderately more likely to have higher rates of suicide death. Perhaps surprisingly, the states with the highest suicide rates do not have unusually high rates of depression or severe mental health problems. Though it is absolutely true that mental illness makes individuals much more likely to attempt suicide, there are relatively large numbers of mentally ill people in every state—this data indicates that they are much more likely to die by suicide if they live in a state with easy firearm access.





Suicide rates shown are age-adjusted (2011 to 2014). See footnote 97 for source.

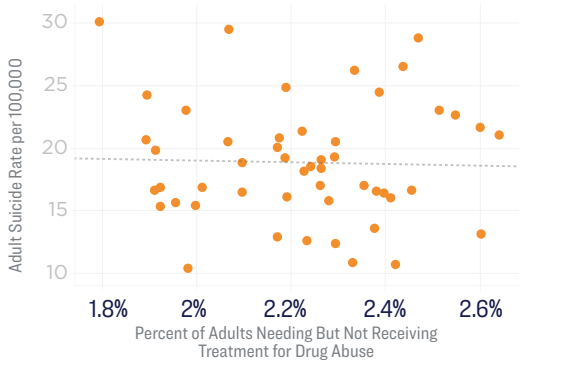
EACH DOT REPRESENTS ONE OF THE 50 STATES

**OVERALL SUICIDE RATE VS.
SUBSTANCE ABUSE BY STATE**

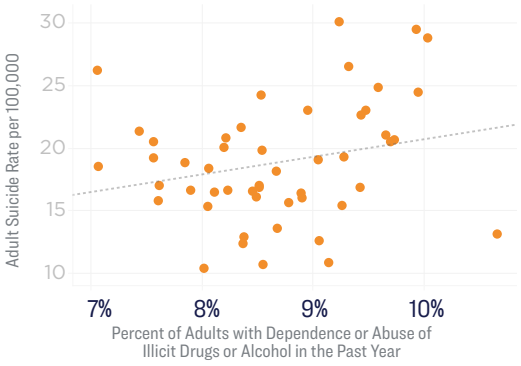
Gun access is a more significant factor in state suicide rates than substance abuse.

Substance abuse and dependence make people much more likely to attempt suicide. But again, firearm access is much more strongly correlated with states' suicide rates. This data indicates that these at-risk people are much more likely to die by suicide if they live in a state with easy firearm access.

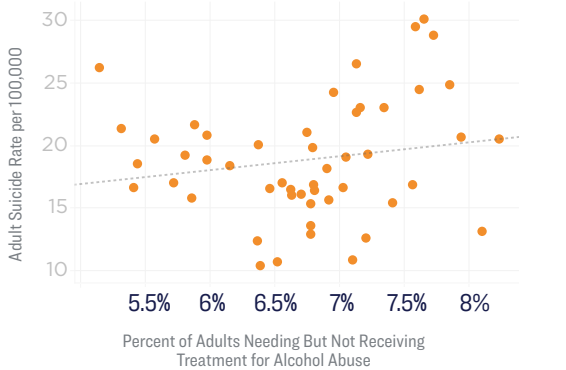
UNTREATED DRUG ABUSE
Weak Correlation (r = -0.03)



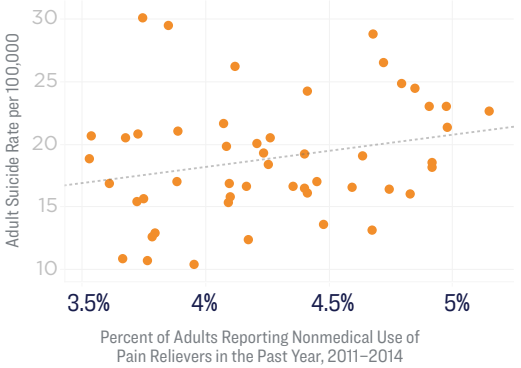
DRUG & ALCOHOL DEPENDENCE OR ABUSE
Weak Correlation (r = 0.24)



UNTREATED ALCOHOL PROBLEM
Weak Correlation (r = 0.18)



ABUSE OF PAIN RELIEVERS
Weak Correlation (r = 0.24)



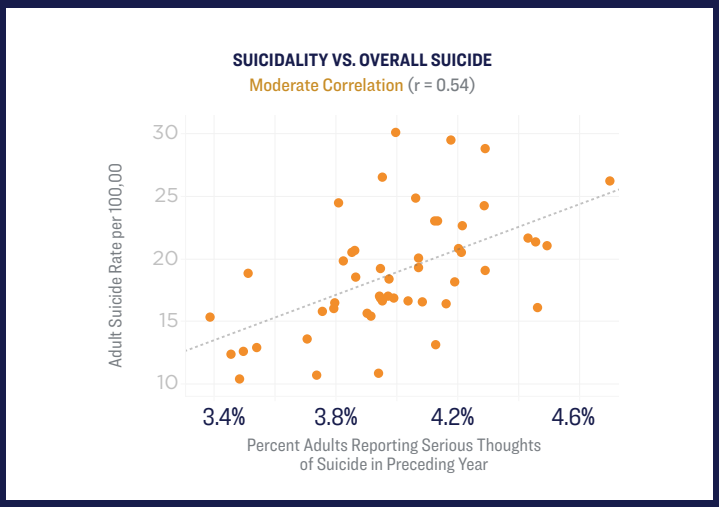
All suicide rates shown are 2011 to 2014 . See footnote 97 for source.

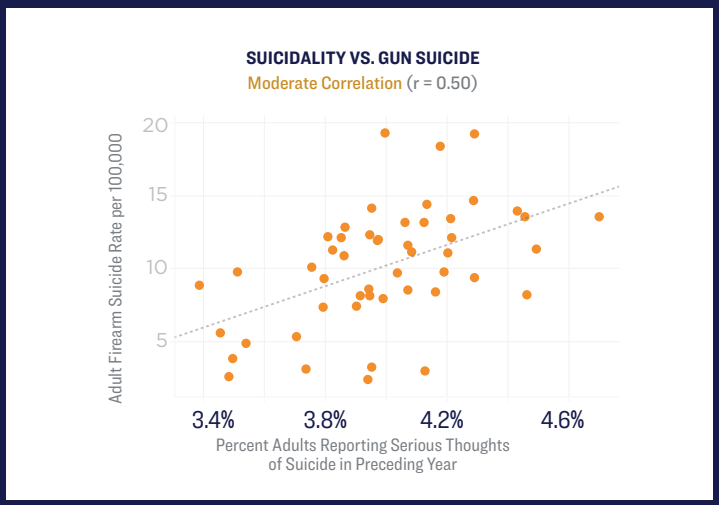
EACH DOT REPRESENTS ONE OF THE 50 STATES

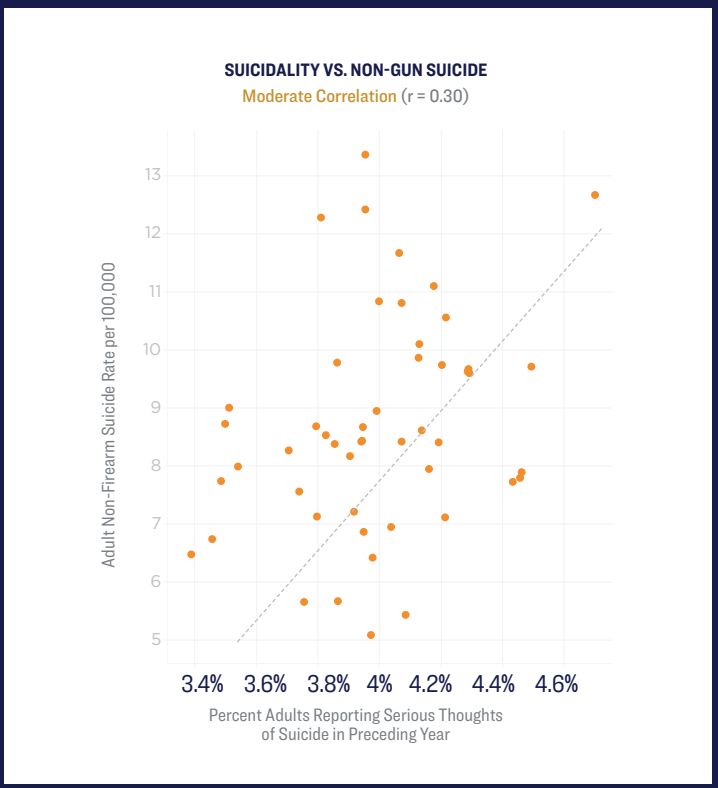
**OVERALL SUICIDE, GUN SUICIDE &
NON-GUN SUICIDE VS. SUICIDALITY BY STATE**

Gun access is an even more significant factor in states' suicide rates than suicidal ideation.

The graphs below show the correlation between suicide and suicidality (the percentage of people who reported serious recent thoughts of suicide). States with high rates of suicidality tend to have high rates of suicide. But, perhaps surprisingly, gun access plays an even more significant role. The correlation between suicidality and suicide deaths is also stronger for gun suicides than non-gun suicides, suggesting that suicidal urges are particularly likely to result in death if the person has access to a gun.







All suicide rates shown are age-adjusted (2011 to 2014) . See footnote 97 for source.

EACH DOT REPRESENTS ONE OF THE 50 STATES

DATA SUPPLEMENT

DOES GUN ACCESS REALLY DRIVE DISPARITIES IN SUICIDE RATES?

The difference gun access makes in suicide is deadly and undeniable.

The data categorically shows that gun access plays the most significant and deadly role in states' overall rates of suicide. Compared to other variables, including the 50 states' racial, gender, and rural demographics, and their varying rates of mental illness, substance abuse, and suicidality, gun access is the most correllated with suicide death.

This does not suggest that people grappling with mental illness, depression, addiction, or suicidal thoughts are less likely to attempt or die by suicide. There is very strong evidence that each of these factors dramatically increases an individual person's risk of attempting suicide.

However, the vast majority of people living with these risk factors do not attempt suicide and the majority of those who do attempt, survive—unless they attempt with firearms. Though some states do have moderately larger numbers of people at risk of suicide because of mental illness, substance abuse, or other factors, these risks play a less significant role in states' suicide rates than the likelihood that a person in mental crisis will have easy access to a gun.

That's why responsible gun policy reform is a critical component in any effort to save lives from suicide in America.

SIX ESSENTIAL SOLUTIONS

To Save Lives from Suicide

Around the country, gun safety reforms and targeted prevention programs are working to meaningfully reduce suicide rates by limiting at-risk individuals' access to the most lethal means of suicide. Lawmakers and community leaders should act, now, to implement these best practices and combat rising suicide rates.

Responsible gun safety reforms save lives from suicide.

Reducing the ease with which at-risk people can pick up a gun in moments of crisis significantly increases their odds of survival in both the short and long term. Statistically speaking, the vast majority of the 375,000 people who used guns to attempt suicide between 2000 and 2016[1] would have survived if they had attempted suicide without a gun.[2] The vast majority of these survivors would never attempt suicide again.[3]

No law can bring these people back to life. But even modest gun policy reforms would help reverse recent deadly trends and save more lives from suicide. Even the National Shooting Sports Foundation, a trade organization representing gun manufacturers and dealers, has finally acknowledged the need to "help educate gun owners and the public on how to keep firearms safely out of reach of those who, during a period of despair, decide to do themselves harm."[4] But like the rest of the gun lobby, the NSSF has continued to cynically resist any effort to strengthen the dangerously weak gun laws that drive our suicide rates.

In some states, lawmakers have acted to do more, augmenting voluntary education campaigns with proactive gun safety reforms that have been shown to save more lives from suicide. These policies prove that we can—and must—move beyond the false choices the gun lobby presents.

The scale and impact of this public health crisis demand a serious and comprehensive policy response.

There is a responsible middle ground that balances an appreciation and respect for the values of gun ownership with the essential importance of protecting human life. The scale and impact of this public health crisis demand a serious and comprehensive policy response. The reforms and interventions detailed in these pages provide a proven policy blueprint for saving lives from suicide.

To meaningfully address the role that guns play in this public health crisis, lawmakers must take steps to:

SOLUTION ONE **PASS UNIVERSAL BACKGROUND CHECKS**

SOLUTION TWO **PASS EXTREME RISK PROTECTION ORDER LAWS**

SOLUTION THREE **EMPOWER VOLUNTARY GUN REMOVALS**

SOLUTION FOUR **ENACT WAITING PERIODS**

SOLUTION FIVE **PROMOTE SAFE STORAGE AND SMART GUN INNOVATION**

SOLUTION SIX **PROTECT AND STRENGTHEN DOCTORS' ABILITY TO SAVE LIVES FROM SUICIDE**

SOLUTION ONE

PASS UNIVERSAL BACKGROUND CHECKS

There is a strong link between mental illness and suicide risk. Most suicide attempts are relatively impulsive, one-time responses to acute stressors like an argument, personal tragedy, or loss,[5] but suicides rarely occur out of the blue. Underlying mental health conditions make people much more likely to experience suicidal impulses and to react to acute crises by attempting suicide. Ninety percent of people who attempt suicide are grappling with impairing mental health conditions like major depression, PTSD, schizophrenia, or alcohol dependence, at the time of their attempt.[6]

Federal law prohibits some people with the most severe histories of mental health impairments and suicidality from accessing firearms, including people who have been involuntarily committed to a psychiatric hospital for their own safety. However, this law is only as effective as the background check laws and systems used to implement it. That's why it's so critical that policymakers close the dangerous background check loophole that allows people to acquire guns from unlicensed sellers without any background check in most states. Lawmakers should also act to ensure that states and federal agencies promptly and comprehensively share pertinent records with state and federal background check systems to ensure background checks work effectively.

The Background Check Loophole

Federal law requires people to pass a background check in order to acquire a gun from a licensed gun dealer *but not from other sources*. In most states, this means that a severely suicidal person who has been ordered by a court to receive mental health treatment would nonetheless be able to acquire guns from a stranger at a yard sale, at a gun show, or through an online classified ad—with no background check and no questions asked.

Universal background check laws help to keep at-risk people from acquiring firearms in these circumstances.[7] **States that require people to pass a background check to acquire a gun from both gun dealers and other sellers have significantly lower suicide rates.**[8] Researchers have found that, per capita, states with universal

background checks have 53% fewer gun suicides and 31% fewer suicides overall compared to other states.[9] This correlation was unchanged even after controlling for the effects of poverty, population density, age, education, and race/ethnicity.[10] Numerous other studies have similarly found that background check laws are correlated with lower rates of suicide.[11] This is not simply because these states have more limited rates of gun ownership—universal background checks are a significant factor.

Two states that took different approaches to background checks also saw significant effects in their suicide rates. In 1995, Connecticut implemented a law requiring people to pass a background check in order to purchase a handgun from any seller. Researchers from Johns Hopkins found that this law was associated with a 15% reduction in firearm suicide rates in Connecticut.[14] Conversely, in 2007, Missouri eliminated its law requiring background checks for all handgun sales, which the same researchers linked to a 16% increase in gun suicides.[15]

Background Check Records

Firearm background checks are generally only as thorough and accurate as the records made available by each state to the FBI's National Instant Criminal Background Check System (NICS), which gun dealers and law enforcement use to conduct background checks on potential purchasers. Federal law cannot require states to share information with the agencies that perform background checks,[16] and many states have failed to share records identifying people who are legally prohibited from owning guns in a timely or comprehensive manner. That failure puts people's lives at risk.

In 2011, a report by Mayors Against Illegal Guns found that 23 states had made fewer than 100 prohibiting mental health records available to the FBI in the entire history of the background check program.[17] In those states, a severely suicidal person who was involuntarily committed to a psychiatric facility for their own safety would likely be able to pass a firearm background check the day they were released.

States with universal background checks have 53% fewer gun suicides and 31% fewer suicides overall compared to other states.

In recent years, many states have passed laws that explicitly authorize or require courts and psychiatric hospitals to share records with the FBI for inclusion in NICS. As of June 2015, the number of states that had reported fewer than 100 prohibiting mental health records had fallen to eight.[18]

Still, significant gaps remain.

- **While some states comprehensively and promptly report records to the FBI, others report slowly and sparingly.** In the first 18 months after Louisiana adopted its reporting law, the state reported 20 times fewer records than Delaware did in just six months, even though Louisiana's population is five times larger.[19] People who had been involuntarily committed to a psychiatric hospital in Louisiana would be much more likely to pass a firearm background check and acquire a gun that people in states like Delaware.

- **Many states' background check reporting practices overlook people who have been ordered by a court to receive outpatient psychiatric treatment.** Judges are increasingly favoring outpatient treatment when they find that a severely suicidal person is a significant danger to self or others, but that confinement inside a facility would be unfeasible or less conducive to recovery.

- **Many states also overlook people who have been diverted to special mental health courts**, which examine criminal cases involving mentally ill defendants and may order people to undergo mental health treatment.[20]

- **Finally, many states fail to regularly report records regarding including individuals who have been ordered by a court to receive treatment for drug or alcohol abuse**,[21] even though federal law prohibits those individuals from possessing firearms. Substance abuse and addiction are major risk factors for suicide and this failure allows many at-risk people who are legally prohibited from acquiring guns to pass a firearm background check and take their own lives.

In order to save lives from suicide, our leaders must close these deadly, unnecessary gaps to ensure that people with the most severe histories of suicide risk, mental illness, and substance abuse—particularly those who have been involuntarily committed by a court for their own health and safety—cannot pass firearm background checks to obtain the most lethal means of suicide.

SOLUTION TWO

PASS EXTREME RISK PROTECTION ORDER LAWS

In 2016, Zoe Ann became a forceful advocate for adoption of an extreme risk protection order in her home state of Washington. This new risk-based suicide prevention tool was enacted in Washington by ballot initiative that year.

Zoe's daughter, Dana, had been an accomplished screenwriter who began exhibiting signs of severe depression and thoughts of suicide. When Zoe learned that her distressed daughter had acquired a gun, she pleaded with the police to temporarily remove the weapon until Dana's mental condition improved. But the police informed her that they were not legally able to remove Dana's gun unless she harmed herself or a court involuntarily ordered her to receive mental health treatment. Soon after, Dana shot herself. Zoe discovered her daughter's body when she stopped by to visit Dana after church.[22]

Like Dana, most people who attempt suicide are experiencing severe mental health symptoms and give clear warning signs prior to their attempt.[23] Their loved ones who know them best are often the first ones to observe these signs. But in too many tragic cases, there are no legal tools available to keep a loved one from accessing guns when they are most vulnerable.

Federal law generally prohibits people from owning or acquiring guns due to their mental condition (1) if they have been involuntarily committed by a court to receive mental health treatment or (2) if a court or government body has determined that they are mentally incapacitated. (This occurs, for example, when a court finds that a person is not guilty of a crime by reason of "insanity" or that a person requires a conservator to handle his or her affairs). These individuals are legally prohibited from keeping a gun and would fail a background check to obtain one in states where a background check is required.

However, many people with severe mental health conditions fall outside these categories even during periods of intense suicide risk. This is for the simple reason that most severely mentally ill people have not been involuntarily committed or formally adjudicated to be mentally incapacitated by a court or government body.

The death of a young mother in Minnesota, Angela Frankenberry, showed how our gun laws fail to prevent many severely suicidal people from accessing guns. At her family's urging, Angela checked herself in to hospitals for psychiatric treatment for severe and persistent depression four times in the span of one year. But because she was never involuntarily committed, or otherwise declared mentally incapacitated by a government body, Angela was legally able to buy the gun she used to end her life the day she left treatment.

Extreme risk protection order (ERPO) laws (in some states known as Gun Violence Restraining Orders) close this gap by creating a standard civil court process for temporarily removing firearms from the most clearly dangerous or suicidal people during periods of mental crisis. This law was first implemented in California[24] in January 2016 after reports that the parents of a mass shooter in the town of Isla Vista, had, like Zoe, unsuccessfully pleaded with law enforcement to intervene and remove their mentally ill son's weapons.[25] In November 2016, voters in

Washington State followed California's lead and overwhelmingly passed Initiative 1491, a ballot measure enacting an ERPO law. Since then, ERPOs and similar laws have been enacted in nine more states. These laws received strong support from law enforcement, gun safety advocates, healthcare professionals, suicide prevention experts, and lawmakers in both parties.[26]

How ERPOs Work

ERPO laws empower individuals to file a petition under oath requesting that a judge issue a civil order—an extreme risk protection order—to temporarily suspend an at-risk family or household member's access to guns and ammunition.[27] ERPO laws also authorize local law enforcement to file these petitions.[28] If a judge finds that a person presents an extreme risk of harm to self or others by having access to a firearm, the judge may issue an ERPO to prohibit the person from acquiring or possessing guns or ammunition for up to three weeks (or two weeks in Washington). ERPO laws also authorize law enforcement to temporarily remove weapons already in the at-risk person's possession and ensures the person would fail a background check if he or she tried to obtain a new gun. **The court could extend the order if, after a full court hearing, the judge finds "clear and convincing evidence" that the subject remains a significant danger and that the ERPO remains necessary.** After the ERPO expires, the person regains access to their firearms and the civil court order will not appear in their criminal history records.

ERPO laws create a court process for temporarily removing guns from clearly suicidal or dangerous people.

ERPO laws save lives from suicide by giving people the tools to proactively intervene and keep troubled loved ones from accessing the most lethal means of suicide during desperate periods. Importantly, ERPOs are also responsibly balanced to ensure judges may only issue an ERPO based on sworn evidence in cases where a person poses a significant and imminent risk of violence or suicide *and* other efforts to intervene have failed.[29]

Popular Support

Extreme risk protection orders have broad public support. A national poll released in April 2018 found that 85% of the public and 81% of those in gun-owning households support a law "allowing police to take guns from people who have been found by a judge to be a danger to self or others."[30]

Other Risk-Based Removal Laws

Some states have also enacted similar laws that authorize law enforcement officers, but not private citizens, to petition a court for a temporary, risk-based firearm removal order.[31] Though less comprehensive than ERPOs, these laws provide law enforcement with an important suicide prevention tool. If they had been on the books in Washington at the time, they might have allowed local police to temporarily remove the firearm that took Dana's life.

A handful of other states that require a license to purchase or own guns provide law enforcement with tools to suspend licenses from people who exhibit serious suicide risk. For instance, Massachusetts adopted a law in

2014 that authorizes local law enforcement to file a petition with a court for an order that would suspend or revoke a person's Firearm Identification Card if the court determines the person is unsuitable to possess firearms.[32] Illinois similarly authorizes the state police to suspend a person's firearms license if it determines that the person's "mental condition is of such a nature that it poses a clear and present danger" to self or others.[33] Illinois also authorizes local law enforcement to petition a court to remove guns from anyone with a suspended firearms license who fails to relinquish their guns.[34]

Unfortunately, most other states still do not authorize law enforcement to proactively intervene to keep an acutely suicidal person from accessing the most lethal means of suicide.

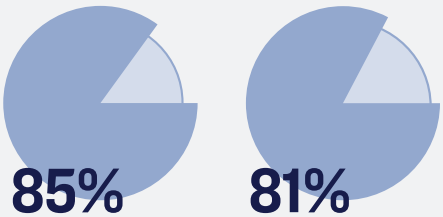
Effectiveness

Though formal studies have not yet been conducted regarding newly enacted ERPO laws, a study of Connecticut's more limited law-enforcement–only version indicates that risk-based removal laws can be remarkably effective at saving lives from suicide.

In August 2016, a team of public health researchers determined that by temporarily removing weapons from 762 at-risk individuals, Connecticut had averted up to 100 suicide fatalities.[35] This result is especially impressive in light of the fact that: (1) Connecticut's law is used to disarm potentially homicidal as well as suicidal people, meaning it likely saved a larger proportion of those who were at risk of suicide; and (2) Connecticut's law generally requires law enforcement to return a firearm to an at-risk person if that person's risk of suicide is not believed to be "imminent,"[36] meaning that many clearly depressed and suicidal people were still permitted to access guns.

Connecticut's limited ERPO law also resulted in more people receiving needed mental health treatment. Researchers found that in 44% of the state's firearm removal cases, the request for a warrant resulted in the subject receiving psychiatric treatment they might otherwise not have received.[37]

By enabling a person's family and household members to play a proactive role in their loved one's safety, ERPO laws have even greater potential to save lives from suicide.



85%
OF THE PUBLIC

81%
OF GUN OWNERS

ERPO LAWS ENJOY BROAD POPULAR SUPPORT

A national poll released in 2018 found that 85% of the public and 81% of those in gun-owning households support a law "allowing police to take guns from people who have been found by a judge to be a danger to themselves or others."

SOURCE *Washington Post-ABC News National Poll, April 2018*

For more detailed information about ERPO laws and our work to pass this lifesaving model in states across the country, visit our website policy summary at **giffordslawcenter.org/ERPO**.

SOLUTION THREE

EMPOWER VOLUNTARY GUN REMOVALS

Gun policy reforms like ERPO laws are needed to help people take action when a loved one cannot help themselves, but people at risk of suicide can often be active partners in promoting their own health and safety by taking voluntary steps to limit their own access to the most lethal means of suicide.

In some cases, family, friends, therapists, or physicians can successfully convince a struggling person to temporarily hand their guns over to a caretaker in order to reduce their risk of suicide. In states with strong gun safety laws—such as universal background check and waiting period requirements—lawmakers must ensure that the law allows people at risk of suicide to immediately and lawfully hand their guns over to a loved one to get them out of their home.[38] Last year, Washington State enacted a law to ensure people can take immediate, temporary possession of a person's guns in order to prevent suicide or self-harm.[39] This law responsibly requires the person who takes possession of the guns to return the firearms once the suicidal crisis passes and to refrain from using the guns unless they have passed a background check to acquire them.[40] This clear and narrowly targeted exemption will allow attorneys, health professionals, and law enforcement to effectively counsel concerned family members about how to lawfully remove firearms from a suicidal person's home.

New legislation would allow people to add their name to a background check database to keep themselves from acquiring a gun during a suicidal crisis.

Lawmakers should also encourage or require local law enforcement to develop clear protocols to accept and temporarily store firearms voluntarily relinquished by suicidal individuals. Lawmakers could encourage gun dealers and shooting ranges to offer this firearm storage option at reduced rates and to partner with law enforcement departments, particularly in rural communities, that may have more limited resources and storage capacity but also the most urgent local demand for this option.

Lawmakers can also promote voluntary suicide prevention efforts in another way: legislators in numerous states have recently introduced novel legislation that would allow people to voluntarily add their own names to confidential gun background check databases for a temporary period. These states would be the first to allow at-risk people to choose, during a moment of clarity and calm, to temporarily limit their ability to acquire a gun in a later moment of mental crisis. This law could have made a lifesaving difference for people like Angela, the Minnesota mother described in the previous section of this report, who repeatedly sought out intensive mental health treatment for severe depression in the year before her death. If her support network and therapists successfully encouraged her to temporarily add her name to a confidential background check database, she may have been prevented from buying the gun that killed her.

Along with ERPOs and other gun policy reforms, laws that promote voluntary firearm relinquishment will help save lives by helping to keep the most lethal means of suicide away from people at greatest risk.

SOLUTION FOUR

ENACT WAITING PERIODS

The recent documentary on gun violence, *Making a Killing: Guns, Greed, and the NRA*, includes a devastating interview with a young woman, Sara Miller, whose "always smiling" fiancé, Kerry, a perpetual "optimist and problem solver," was found dead in his apartment two months before their wedding.[41] Kerry had been grappling with a chronic pain condition but, unusually, exhibited no signs of suicidality or mental illness. A receipt found near his body indicated that he had bought the gun he used to take his life within one hour of his death.[42] His father said his son had never even shot a gun before.[43]

Kerry's father and fiancée have become strong advocates for firearm waiting periods, laws that require gun sellers to wait a specific period of time—usually a few days—before delivering a gun to its purchaser. This brief but crucial cooling off period helps guard against impulsive, heat-of-the-moment gun purchases and ensures that at-risk people can't immediately acquire the most lethal means of suicide in a moment of crisis.

One of the first gun waiting period laws in the nation was introduced in the 1930s in the District of Columbia, with the support of the NRA. The NRA continued to back this policy until the 1970s, when the traditionally moderate sportsmen's group was taken over by the gun lobby and abruptly reversed its position on waiting periods and other issues.[44]

Suicide attempts are typically impulsive, singular episodes that involve little planning. People tend to experience suicidal thoughts during acute crisis periods and make a suicide attempt within an hour—or even minutes—of deciding to do so.[45] In these moments of desperation, people tend to use whatever means are quickly and easily available. If they reach for a gun, their odds of surviving plummet toward zero.

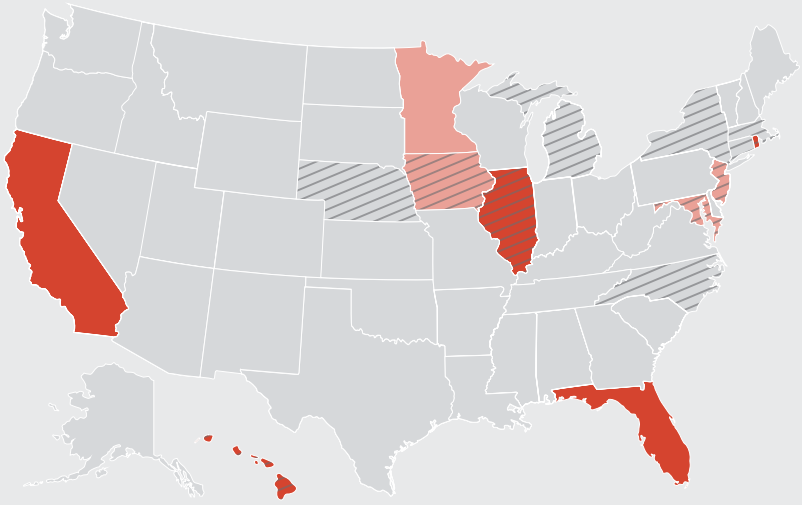
Waiting period laws create a brief but crucial cooling off period and help guard against impulsive suicidal gun purchases.

Brian Copeland, a radio host in California, recently wrote and produced a play titled *The Waiting Period*, chronicling his real-life experiences over the 10 days he had to wait to receive the gun he'd purchased to take his own life.[46] Over those 10 days, his intense suicidal crisis receded and he chose to reach out for help for severe depression. He credits California's waiting period law with saving his life.[47] Brian is not alone.

Nine states and the District of Columbia require a waiting period for the purchase of at least certain types of firearms.[48] Additionally, 13 states (including seven waiting period states) require a person to obtain a permit, license, or safety certificate before they can purchase and/or own a firearm.[49] By requiring new gun purchasers to apply ahead of time for a permit—and in some cases to receive firearm safety training or pass a firearm safety test before they can obtain a gun—these laws create implicit waiting periods that help to avert impulsive gun suicides.

A DAY'S WAIT CAN SAVE A LIFE

Firearm waiting periods and gun owner licensing requirements help to prevent people from immediately acquiring a gun during moments of crisis.



- **STATES WITH WAITING PERIODS FOR ALL GUN SALES**
- **STATES WITH WAITING PERIODS FOR HANDGUN SALES ONLY**
- **STATES THAT HAVE LICENSING REQUIREMENTS WITH IMPLICIT WAITING PERIOD**

Research published in the *American Journal of Public Health* in 2015 showed that states with waiting periods for handgun purchases had, per capita, 51% fewer gun suicides and 27% fewer suicides overall than states without that law.[50] This correlation was unchanged even after controlling for the effects of poverty, population density, age, education, and race/ethnicity.[51]

These effects are likely even greater in states that require both a waiting period and a permit for all firearm purchases. Researchers have also found that longer waiting periods, like California's 10-day waiting period, correlated with even larger reductions in suicide rates.[52]

States that have strengthened or weakened their waiting period laws have seen associated consequences in their suicide rates. In the year immediately following the repeal of South Dakota's firearm waiting period law, researchers reported that the state saw an "immediate and lasting increase in its statewide suicide rate."[53] In subsequent years, the state's suicide rate continued to increase faster than the national average.[54]

Conversely, in the year following implementation of a law that *extended* the length of the waiting period for acquiring a handgun in Washington DC, the District saw a decrease in its overall suicide rate even as the national suicide rate was rising. This trend continued in subsequent years, with DC experiencing a continued decrease in its overall suicide rate while the nation's suicide rates continued to rise.[55]

More recently, after Wisconsin repealed its longstanding waiting period requirement in 2015, the state experienced a dramatic increase in gun suicides. From 2014 to 2016, Wisconsin's gun suicide rate spiked by 29%, even as non-gun suicides in the state were essentially flat. Among the 50 states, Wisconsin suffered the second largest rise in gun suicides over this period. This is why responsible gun policy matters.

By adding a small but crucial cooling off period for people purchasing guns, lawmakers can help prevent at-risk people from immediately acquiring the most lethal means of suicide during acute crises.

SOLUTION FIVE

PROMOTE SAFE STORAGE AND SMART GUN INNOVATION

In a small town in East Texas, a middle-schooler named Asher endured relentless bullying for his religion and height, for wearing cheap clothes, and being gay. One day at school, another eighth grader pushed Asher down a flight of stairs and kicked and scattered his books while other students gathered and watched. When Asher stood and attempted to gather his things from the stairwell landing, another student kicked him down a second flight of stairs. The next day, Asher arrived home 30 minutes before his parents and shot himself in the head with a gun left on a closet shelf. He was 13 years old.[56]

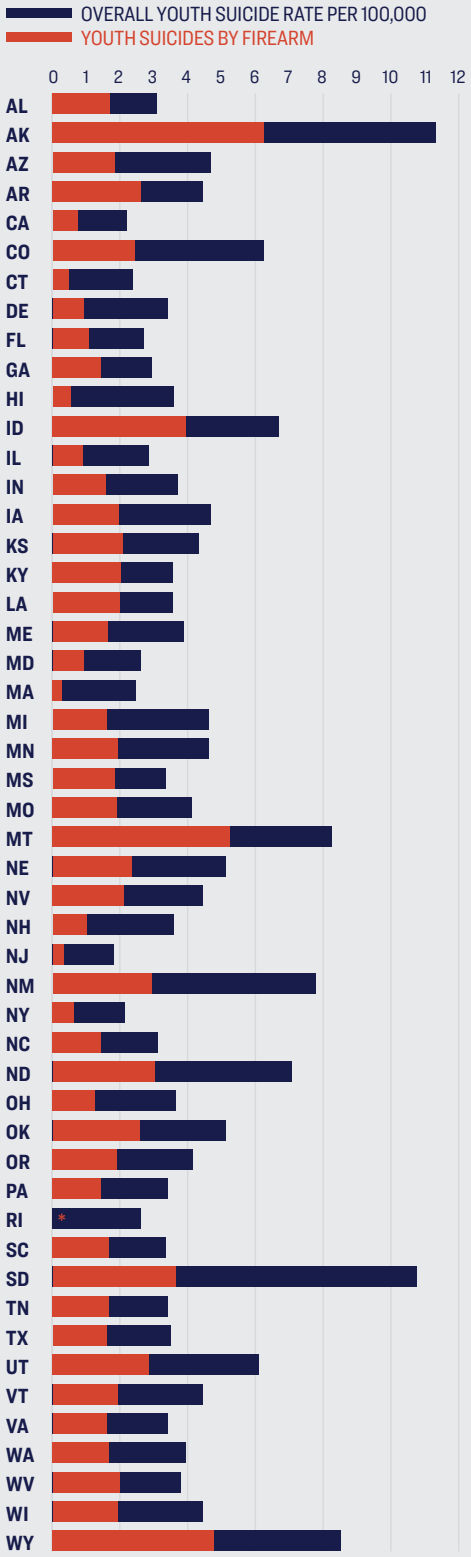
Minors are far more likely to attempt suicide than adults.[57] But responsible gun storage practices and laws blocking minors from purchasing their own guns can be credited with saving many young people's lives. Minors are much less likely to attempt suicide with a gun[58] and they are, therefore, much more likely to survive their attempts.[59] As a result, minors have much lower rates of suicide overall.[60]

But in a nation with more guns than people,[61] millions of children and teens—who, again, have high rates of suicide *attempts*—have unsupervised access to the most lethal means of suicide. When they do, tragedies, like Asher's impulsive suicide, result far too often. Nearly 1.7 million minors in the US live in homes with loaded, unlocked firearms.[62] These minors are substantially more likely to die by suicide.[63] Numerous studies have confirmed that minors' access to unsecured guns is associated with far higher rates of suicide.[64]

Guns are used in less than 1% of minors' suicide attempts, but account for over 40% of minors' suicide deaths.[65] Unsupervised gun access is therefore a major factor driving our nation's intolerably high rates of youth suicide: **suicide is the second leading cause of death among children aged 10–14 and among young people aged 15–24**.[66]

In states where minors are more likely to use guns in suicides, minors are also much more likely to die by suicide. Laws that make it harder for minors to access unsecured guns and ammunition help to prevent these tragedies.

GUNS DRIVE YOUTH SUICIDE



*Too few to reliably calculate
SOURCE *CDC Fatal Injury Reports 2000–16 for youth age 10-17*

Laws that Require Responsible Storage of Firearms

Safe storage and child access prevention (CAP) laws help keep unsupervised minors from accessing guns by shaping norms about firearm storage—much like seatbelt and child car seat laws have shaped norms around car safety—and by holding adults accountable when they irresponsibly leave firearms accessible to minors.

Massachusetts is the only state in the nation with a safe storage law that affirmatively requires people to securely store guns in a locked container or with a tamper-resistant gunlock or safety device when they are not in use. Along with other strong gun laws in Massachusetts, this law is effective at preventing youth suicides. From 2000 to 2016, guns were used in 9% of youth suicides in Massachusetts, compared to 40% of youth suicides nationally and up to 64% in the state of Montana. As a result, Massachusetts' youth suicide rate was nearly 40% lower than the national average and 75% lower than Montana's.

Child access prevention laws impose criminal liability on people who allow minors unsupervised access to firearms. Like safe storage laws, child access prevention laws have also been shown to be effective at saving young lives by shaping safe storage norms and deterring irresponsible behavior.[67] Fifteen states have strong versions of child access prevention laws,[68] which have been associated with significant reductions in self-inflicted gun injuries and suicide among children and teens.[69]

Some states also ensure that gun purchasers receive gun locks or other safety devices to prevent minors from accessing them. California requires that all firearms sold in the state include a gun lock or other approved gun safety device. Connecticut, Massachusetts, and New Jersey extend a similar requirement to the sale of all handguns. Not coincidentally, these four states are ranked among the five lowest youth suicide rates in the country.

Smart Gun Technology Innovations

Many people were recently introduced to the concept of "smart gun" safety technology in the 2012 James Bond film *Skyfall*, in which 007 is equipped with a handgun that can only fire when it is unlocked by his palm print. When the villain wrestles Bond's gun away, he can't shoot it, and Bond lives to fight another day.

SMART GUN TECHNOLOGY

Some smart gun models incorporate fingerprint-access technology, similar to the technology used to unlock some cars or smart phones. This technology empowers gun owners to limit the use of their gun only to authorized users whose fingerprints have been programmed to activate its firing mechanism. Models currently in development can be programmed to authorize a virtually unlimited number of users, allowing gun owners to give their friends and family members access to their firearm, or allowing police departments to authorize an entire police force to access the same firearm, while preventing children or at-risk adults from putting themselves or others at risk.[70]

Other smart gun safety models require users to enter a passcode, similar to technologies that are already commonly used to unlock smart phones, cars, and business or residential doors. Other smart gun safety models incorporate an even simpler mechanical lock that authenticates authorized users based on a unique code, similar to a very strong combination lock.[72]

This emerging technology is not the stuff of fiction. Multiple gun safes and firearm models incorporating smart gun safety features like fingerprint readers, radio-frequency identification, and passcodes are currently in development or available for sale—but only outside the US. This is because the gun lobby has cynically and aggressively pressured firearm sellers and manufacturers to keep American consumers from accessing smart gun safety products.[73]

Gun safety technology could be a potential game-changer for suicide prevention efforts, particularly among youth. If a child's parents, neighbors, and extended family members could use the same user-authentication features on their gun as they have on their phone, thousands of young lives would be saved. Smart guns could also hold particular appeal to families who want to be able to access a gun in their home while effectively preventing unauthorized users, including a mentally ill loved one, from firing it.

Even so, a concerted gun lobby pressure campaign has so far closed the American market to these innovative products. An NRA boycott drove Smith & Wesson to drop an agreement to develop smart gun technology as part of a settlement with the Department of Justice.[74] The CEO of Colt's Manufacturing Company was also forced out of his position after he announced plans for a smart gun prototype.[75] Gun dealers who announced plans to sell smart gun models in California and Maryland abandoned those plans after receiving death threats.[76] This aggressive and callous campaign has been fueled in part by backlash to a 2002 New Jersey law that sought to phase new technology into the market by requiring all new guns sold in the state to incorporate smart gun safety technology starting three years after the state certified at least one model as reliable and available for retail sale.

Despite the gun lobby's resistance to change and innovation, ambitious technology start-ups and forward-looking investors are working to bring a new generation of better, safer guns to the American market. In 2014, the Smart Tech Challenges Foundation awarded more than $1 million in start-up grants to 15 innovators competing to develop effective smart gun models.[77] Some of these innovators are testing gun safes and locks that use fingerprint recognition or other technologies, innovations that would enable gun owners to access a loaded traditional gun in under a second while securing it from unauthorized users.

Smart guns cannot save lives until they're on the market. Lawmakers can help promote these gun safety innovations through policies that incentivize technological innovation, while protecting consumer choice. For instance, policymakers could consider incentives for firearm manufacturers and entrepreneurs who produce

SMART GUN TECHNOLOGY

Another smart gun safety innovation is "radio-frequency identification" (RFID), which uses radio waves to unlock or activate a gun when it is in close proximity to another linked object like a key, ring, watch, or card. Similar technology is already used in some car keys that automatically unlock the car doors whenever the key is carried within a few feet of the vehicle. This technology is also incorporated into some hotel keys and amusement parks, in scanning systems at libraries, in hospital maternity wards to keep track of infants, and on runners' sneakers to help track finishing times in professional races.[71] This would allow gun owners to automatically activate their firearm when they are in close proximity to it, while preventing children and at-risk adults from activating the firearm when the owner is not nearby to supervise.

smart guns, consumer tax credits or rebates for smart gun purchasers, and commitments to purchase smart guns for law enforcement agencies. Policymakers could also enlist state consumer and product safety agencies to test and certify new models' performance and reliability. States could also take steps to incentivize gun owners to purchase smart guns by providing targeted exemptions from certain gun safety laws and fees, where appropriate. Massachusetts law, for instance, states that smart guns would satisfy the state's requirement that all handguns and assault weapons must be sold with an accompanying gun lock or safety device.[78]

By harnessing private sector innovation and ensuring that consumers have the choice to purchase more secure firearms for their home, states that embrace gun safety technology could prevent thousands of suicides, particularly among their youngest residents.

Interested in learning more about how smart gun technology can save lives? Visit the Smart Tech Challenges Foundation at **smarttechfoundation.org.**

SOLUTION SIX

PROTECT AND STRENGTHEN DOCTORS' ABILITY TO SAVE LIVES FROM SUICIDE

Doctors and other healthcare professionals are commonly expected to talk with patients about their safety and wellbeing, and play a critical role in identifying and treating patients at risk of suicide.

To effectively counsel patients about suicide prevention, healthcare professionals must be able to solicit and dispense information about patients' access to guns. When they do, patients listen. Researchers found that nearly two-thirds of patients improved their gun safety practices after receiving advice from their doctors about how to safely store guns.[79]

But healthcare professionals' rights to dispense and solicit lifesaving information is under attack. In 2011, at the gun lobby's behest, Florida enacted a "medical gag" law, which subjected healthcare providers to serious penalties if they routinely asked their patients about access to guns or recorded information about guns in patients' medical records.[80] After Florida enacted its medical gag law, other gun lobby–backed lawmakers introduced similar legislation in more than a dozen states across the country.

In 2011, a gun lobby–backed military gag law also went into effect prohibiting US military commanders, physicians, and mental health professionals from soliciting information about service members' access to personal firearms. This censorship was particularly outrageous—and deadly—in light of the military's devastating suicide rate. In July 2012, the US Secretary of Defense told Congress that the military was facing "a suicide epidemic."[81] Thankfully, military leaders successfully urged Congress to repeal the gag law in 2013 and to implement a number of other suicide prevention initiatives. These efforts and the gag law's repeal coincided with a 22% decrease in military suicide rates the following year.[82]

After years of legal challenges, a federal appeals court issued a nearly unanimous ruling in February 2017 striking Florida's medical gag law down as an unconstitutional infringement on the First Amendment.[83] "[In] the fields of medicine and public health," the court said, "information can save lives. Doctors, therefore, must be able to speak frankly and openly to patients."[84]

Healthcare professionals' right to dispense and solicit lifesaving information is under attack from the gun lobby.

Despite this victory, the fight is not over. In 2017 and 2018, gun lobby–backed legislators introduced medical gag bills in Iowa, Indiana, Oklahoma, and Texas.[85]

These egregious laws politicize the doctor-patient relationship at the expense of patients' health and welfare. They also significantly limit providers' ability to adhere to the basic standards of care recommended by most major physicians' organizations, as well as the US Surgeon General and the National Action Alliance for Suicide Prevention.[86]

Major medical groups are clear that healthcare providers should be actively involved in counseling patients about access to firearms, particularly those at risk of suicide. For instance:

- The American Academy of Family Physicians advises physicians that "screening for suicide risk and access to lethal means, even in apparently asymptomatic patients, is a **critically important part of the family physician's role in reducing mortality and morbidity from mental illness**."[87]

- The American Psychiatric Association advises psychiatrists, "**if a patient has acknowledged suicidal ideation, there should be a specific inquiry about the presence or absence of a firearm in the home or workplace**... If the patient has access to a firearm, the psychiatrist is advised to discuss with and recommend to the patient or a significant other the importance of restricting access to, securing, or removing this and other weapons."[88]

- The American Academy of Pediatrics "**urges pediatricians to counsel parents who possess guns . . . that the presence of a gun in the home increases the risk for suicide among adolescents** . . . The removal of guns or the restriction of access should be reinforced for children and adolescents with mood disorders, substance abuse (including alcohol), or history of suicide attempts."[89]

- The Department of Veterans Affairs and Department of Defense have also issued guidelines directing their healthcare providers to "**always inquire about access to firearms and ammunition (including privately owned firearms) and how they are stored**."[90]

CDC data shows that regular contact with a primary care physician is very strongly correlated with lower rates of suicide death. In other words, places where fewer people receive routine physical exams with a doctor generally have much higher rates of suicide. In the exam room, doctors have the opportunity to screen for suicide risk and mental illness, to counsel patients in need, and to inform families about firearm safety.

Effective suicide prevention requires that policymakers forcefully reject the gun lobby's dangerous efforts to censor healthcare and interfere with proven, lifesaving suicide safety efforts.

Improving Healthcare Professionals' Knowledge and Training about Suicide Risk and Gun Safety

As described above, healthcare professionals have a critical role to play in saving lives from suicide. CDC data indicates that in places where people have routine contact with their physicians, fewer people die by suicide. Evidently, many physicians are making a major difference.

But there is also significant room for improvement. Only a small minority of primary care professionals receive suicide prevention training and too few incorporate counseling about suicide and gun safety into their routine care. Improving primary care providers' knowledge and training about suicide prevention is important because these providers come into frequent contact with patients at high risk of suicide. A recent study found that 64% of

people who attempt suicide visit a doctor in the month before their attempt, and 38% do so within one week.[92]

These doctor visits are also often the only opportunity many patients have to obtain mental health care. This is because, perhaps surprisingly, a majority of Americans receive mental health care from primary care providers, not mental health specialists.[93] Fifty-nine percent of adults treated for severe depression in the US, for instance, receive depression care *exclusively* from general medical professionals.[94] Primary care providers also prescribe 62% of the nation's anti-depressant prescriptions and 59% of psychotropic medications,[95] while psychiatrists prescribe less than one-quarter.[96] And primary care physicians classify over 30% of their patients as "mental health patients."[97]

In rural communities, limited access to mental health providers makes patients even more reliant on primary care providers for their mental health needs. In a report to Congress, the US Department of Health and Human Services noted that 90 million Americans lived in federally designated "Mental Health Professional Shortage Areas (HPSAs)."[98] Eighty-five percent of these Shortage Areas are in rural regions,[99] containing 60% of the American rural population.[100] Remarkably, 55% of US counties—all rural— have *zero* practicing psychiatrists, psychologists, or social workers serving the region.[101] In small rural communities, limited anonymity and stigmas about mental health can also exacerbate these barriers.[102]

64% of people who attempt suicide visit a doctor in the month before their attempt, and 38% do so within one week.

Primary care providers therefore have important opportunities and responsibilities to effectively identify and refer patients at risk of suicide, especially in regions with a shortage of mental health providers and the broadest access to guns.

Primary Care Providers Require Training about Suicide Risk and Gun Safety

Though a large number of primary care providers regularly encounter and treat individuals with mental health conditions and suicide risk factors, suicide prevention has traditionally not been treated as a core priority in primary care settings[103] and, according to the National Action Alliance for Suicide Prevention, "a majority of clinicians... have minimal to no training to competently deal with a clinical situation to prevent suicide."[104]

Policymakers have long been aware of the need for improvements in this area. In 2001, the US Surgeon General's National Strategy for Suicide Prevention called on primary care providers to incorporate standard screening assessments for depression and suicide risk "as a minimum standard of care in primary care settings" and to "routinely assess the presence of lethal means (including firearms, drugs, and poisons) in the home and educate about actions to reduce associated risks."[105]

But change has been slow. Research has shown that most physicians do not discuss suicide or prevention strategies, like gun safety, even with patients presenting with major depression or who requested antidepressants.[106] This lack of training impacts providers' standard practices and leads to missed prevention opportunities.

Mental Health Professionals Also Require Training about Suicide Risk and Gun Safety

More surprisingly, research suggests that mental health specialists also receive little training in suicide prevention.[107] Although nearly all mental health professionals encounter patients who are suicidal, most have limited formal education on suicide risk and how to reduce it.[108] Only 50% of psychologists, 25% of social workers, and 6% of counselors have received specific training in suicide risk assessment.[109] One study found that less than 4% of postsecondary psychology programs offered any suicide-specific course.[110]

Lack of training about reducing at-risk patients' firearm access also leads to missed opportunities for lifesaving interventions. In a national study of clinical psychologists, only 52% said that they would initiate firearm safety counseling for patients assessed as at-risk for self-harm. Nearly half (46%) said they had received no training or information about firearm safety's role in suicide prevention.[111] Another study found that 45% of psychiatrists had "never seriously thought about discussing firearm safety with their patients."[112]

Mandatory Suicide Prevention Training: The Washington Model

There is a clear need to improve medical and mental health practitioners' proficiency regarding suicide and gun safety. The vast majority of states require psychiatrists, psychologists, social workers, and physicians to meet continuing education requirements in order to renew their professional license—including 27 states that require continuing education about new developments in ethics. However, no state required these professionals to receive any training or education about suicide before 2012.[113]

In recent years, though, Washington State has become a policy leader in the area of suicide prevention training, creating a model for other states seeking to close the healthcare sector's proficiency gap around suicide.

After a prominent Seattle attorney and father named Matt Adler took his life with a gun, Washington enacted the Matt Adler Suicide Assessment, Treatment, and Management Act of 2012, which requires most mental health specialists in the state to receive a minimum of six hours of continuing education in the assessment, treatment, and management of suicidal patients every six years as a condition of licensure.[114] Psychologists in Washington were already required to complete 120 hours of continuing education every six years; this legislation required that a minimum of 5% of that coursework be devoted to suicide-related instruction.[115] Washington subsequently expanded this training requirement to mandate that most licensed physicians, nurses, nurse practitioners, and nurse and physician assistants also receive one-time training about suicide risk and prevention strategies.[116]

Following Washington's lead, at least eight more states have enacted legislation since 2013 to require at least some behavioral health professionals to receive taining in suicide assessment, treatment, and prevention.[117]

These laws mark a strong step toward ensuring that professional gatekeepers who have regular contact with patients at risk of suicide, and who are well positioned to intervene, will have the skills and training to do so effectively. A critical component of this training is debunking the dangerous myth that suicide deaths are inevitable and that firearm access plays no role.

This chapter has spelled out gun policy reforms that save lives from suicide by helping to prevent people in suicidal crisis from immediately accessing the most lethal means of suicide. These policies are an essential component of a comprehensive effort to reduce suicides in America by addressing the very strong link between easy firearm access and suicide deaths.

Suicide prevention and intervention programs also have a crucial role to play, particularly in the healthcare field where trusted professionals often have contact with people at risk of suicide. As the next chapter lays out, medical professionals can achieve remarkable reductions in suicide rates when they have the freedom, training, and support necessary to properly counsel their patients about suicide risk and gun safety.

THE ZERO SUICIDE MODEL

A Suicide Prevention Success Story

A pioneering HMO set a goal of zero suicides in its client population. By intensively training its providers about suicide, screening patients for suicide risk, and counseling at-risk patients about gun access, its healthcare-based suicide prevention program has achieved stunning results.

A healthcare-based suicide prevention program is proving that no suicide is inevitable.

In 2001, Henry Ford Health System, a large nonprofit HMO serving about 200,000 people in southeastern Michigan, set out to overhaul its providers' approach to mental health care and suicide prevention. The organization developed the "Perfect Depression Care" (PDC) initiative with the goal of challenging the stubborn myth that suicide deaths are inevitable. And the initiative set an organization-wide goal of reducing Henry Ford's patient suicide population to *zero*. The "Zero Suicide Model" was born.

As Dr. C. Edward Coffey, the CEO of Henry Ford's Behavioral Health Services Division, explained:

> The notion of eliminating suicide is radical and antithetical to traditional teaching in psychiatry, where suicide has historically been understood as the unfortunate but inevitable outcome in some patients with mental illness. Our team challenged this assumption and asked, If zero is not the right goal for suicide occurrence, then what number is? Two? Twelve? Which twelve? In spite of its radicalism—indeed because of it—the goal of zero suicides became the galvanizing force behind an effort that achieved one of the most dramatic and sustained reductions in suicide in the clinical literature.[1]

This goal became a catalyst for significant changes in the way Henry Ford provided behavioral health care through three key strategies:

- **Intensively training its medical and mental health professionals.**
- **Improving the way mental health care was delivered throughout its health systems.**
- **Critically, focusing on restricting vulnerable patients' access to the most lethal means of suicide.**[2]

This model achieved fast and long-lasting results: the annual suicide rate among people receiving mental health or substance abuse care from Henry Ford Health System dropped by 75% in the first four years after implementation[3] and by 82% after one decade.[4] Henry Ford went more than two years without *any* suicides in its patient population, a remarkable result considering the suicide death rate in this at-risk group had been *eight times higher* than the national average less than a decade earlier.[5] These results debunked the dangerous myth that suicides are inevitable and showed how smart, proactive prevention efforts can save lives.

To achieve these lifesaving results, the Zero Suicide program placed a significant emphasis on staff training, requiring all of Henry Ford's behavioral health providers to obtain certification in cognitive behavioral therapy, to complete an annual course on suicide prevention, and to pass rigorous follow-up examinations to demonstrate continued proficiency.[6]

The Zero Suicides program achieved a stunning 75% reduction in patient suicides within four years and an 82% reduction after one decade.

Henry Ford also made significant changes to its healthcare systems.[7] The HMO now requires primary care doctors to screen patients for suicide risk factors during every visit.[8] Henry Ford also made a number of structural changes to provide better outreach and remote counseling options for patients at risk of suicide[9] and to ensure that any patient identified as high risk by a primary care provider receives same-day psychiatric evaluation and care.[10]

Crucially, the Zero Suicides initiative also emphasized the importance of frank and open counseling about gun safety. Henry Ford's providers are trained to routinely ask detailed questions about firearm access and to work with at-risk patients and their families to remove guns from the home during periods of crisis.[11] "In every case," Henry Ford's behavioral health director explained, "we focus heavily on the availability of weapons."[12]

REPLICATING THE ZERO SUICIDE MODEL

The Zero Suicide Model's results have made others take note. In 2012, both the Surgeon General and the federal National Action Alliance for Suicide Prevention formally endorsed the Zero Suicide Model as part of a national agenda to reduce suicide in America.[13] The US Health and Human Services Department's Substance Abuse and Mental Health Services Administration (SAMHSA) began to fund Zero Suicide pilot programs, and the National Institute of Mental Health (NIMH) has supported research to evaluate their impact.[14] A taskforce established by the National Action Alliance for Suicide Prevention has also issued a model implementation toolkit for health care organizations interested in starting zero suicide initiatives.[15]

Other pilot programs have had very encouraging results in replicating this model. Centerstone, a large community-based behavioral health nonprofit serving about 100,000 people in Florida, Illinois,

Indiana, Kentucky, and Tennessee, reported in 2016 that **its at-risk clients' suicide death rate had decreased by about 65% in the first two years after Centerstone implemented a program modeled after Henry Ford's Zero Suicide initiative**.[16] Centerstone reported that this program actually *saved* the nonprofit hundreds of thousands of dollars per year by reducing emergency room visits and hospitalizations related to suicide attempts.[17]

Since 2007, Magellan Health Services, which provides mental health care to roughly 80,000 people in Arizona's public health system, has also implemented a similar Zero Suicide program in partnership with Arizona's Department of Health Services. Magellan sent more than 3,000 behavioral health staff through a two-day training program in "applied suicide intervention skills," which included training about how to inquire and counsel patients about access to guns.[18] In the five years after Magellan implemented its Zero Suicide program, the suicide death rate among Magellan's patients fell by 42% for patients with serious mental illness and by roughly 67% for all behavioral health care recipients.[19]

These programs' remarkable successes should put to rest the toxic myth that suicide is inevitable and that firearms play no role. Informed, well-trained medical professionals can help to save patients' lives in part by intensively focusing on the strong link between suicide risk and gun access. Responsible gun safety laws support these efforts by making it less likely an at-risk person will gain immediate access to guns in acute crisis periods. But without waiting for lawmakers to act, healthcare professionals dedicated to a future with zero suicides are saving lives.

CONCLUSION

This report has detailed important steps our leaders should take today to dispel the inevitability myth and save more lives. These data-driven best practices are just a start, but they chart a clear path to progress and prevention. The time to act on them is now.

So much more can—and must—be done to prevent suicides in America.

To make informed public health and policy choices, we have to look at broad statistics or state and national trends. But we should also never lose sight of why these data points matter, because suicide is not an impersonal problem. It isn't a matter of numbers, but people—of relationships and loved ones lost in brutally painful and personal ways. Millions of American families have come to know this pain already. And the problem is growing worse every year.

But this report is about hope and progress as much as heartbreak for the simple reason that suicide is not inevitable, but preventable. This report has outlined effective steps that policymakers could take right now to help save more lives from suicide.

- **Universal background checks**, for instance, help to keep severely suicidal people from acquiring guns after they have been involuntary committed for their own safety.
- **Extreme Risk Protection Order** laws empower family members to proactively protect their loved ones by petitioning a court to temporarily remove guns during a severe mental health crisis.
- **Voluntary gun relinquishment** laws could help empower suicidal people to act to promote their own health and safety by limiting their access to guns during mental crises.
- **Firearm waiting periods** provide a brief but crucial cooling off period to guard against impulsive, suicidal gun purchases.
- **Efforts to keep children and teens from gaining unsupervised access to guns**—through safety training, safe storage requirements, and smart gun technology—can meaningfully reduce the incidence of youth suicide.

- And **healthcare-based suicide prevention programs** have shown that medical professionals make a remarkable difference in their patients' risk of suicide if they have the training, freedom, and support to effectively counsel their patients about suicide and gun safety.

These best practices are just a start, but they chart a clear path to progress on this issue. And the time to act on them is now. In a country where gunshots account for 5% of suicide attempts but over half of all suicide deaths, we simply cannot ignore the role gun access plays any longer. Immediate, unrestricted access to guns is a significant factor in Americans' suicide rates and will continue to be until our leaders act to thoughtfully and responsibly reduce at-risk people's access to guns.

The changes we recommend in this report are modest and—to be clear—they are entirely consistent with the Second Amendment. But for the grieving families discussed throughout this report—those left to mourn the loss of a daughter named Dana, a mother named Angela, a fiancé named Kerry, a teenaged son named Asher—these changes might have made a world of difference.

Interested in partnering with Giffords Law Center to enact these lifesaving suicide prevention strategies in your community? Contact our legal experts at **lawcenter@giffords.org**.

ENDNOTES

INTRODUCTION

1. From 2004 to 2016, 497,533 Americans died by suicide. 2016 is the most recent year for which this data is available, but recent trends indicate that at least 44,000 more Americans likely died by suicide between 2016 and 2017 (Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), "Fatal Injury Data and Non-Fatal Injury Data," last accessed September 6, 2018, **https://www.cdc.gov/injury/wisqars**).

2. Catherine Barber, David Hemenway, and Matthew Miller, "How Physicians Can Reduce Suicide—Without Changing Anyone's Mental Health," T*he American Journal of Medicine* 129, no. 10 (2016): 1016–1017. *See also*, Harvard T.H. Chan School of Public Health, Means Matter, "Attempters' Longterm Survival," **http://www.hsph.harvard.edu/means-matter/means-matter/survival**.

3. Melonie Heron, "Deaths: Leading Causes for 2013," *National Vital Statistics Reports* 65, no. 5 (2016): 10, **https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_05.pdf**.

4. The nation's age-adjusted suicide rate rose from 10.44 per 100,000 in 2000 to 13.42 per 100,000 in 2016 (Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), "Fatal Injury Data and Non-Fatal Injury Data," last accessed September 6, 2018, **https://www.cdc.gov/injury/wisqars**).

5. *Id.* From 2000–16, there were 319,980 firearm suicides in the US.

6. *Id.* In 2016, firearm suicides accounted for 22,938 (59.3%) of the 38,658 gun-related deaths in the United States.

7. In 2016, firearm suicides accounted for 22,938 (51.0%) of the 44,965 suicides in the United States. *Id.*

8. There are 25 suicide attempts for every suicide death in the US (American Association of Suicidology, "USA SUICIDE: 2012 OFFICIAL FINAL DATA," October 18, 2014, **http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2012datapgsv1d.pdf**).

9. David Owens, Judith Horrocks, and Allan House, "Fatal and Non-Fatal Repetition of Self-Harm: Systematic Review," *British Journal of Psychiatry* 181, no. 3 (2002): 193–199. *See also*, Harvard T.H. Chan School of Public Health, Means Matter, "Attempters' Longterm Survival," **http://www.hsph.harvard.edu/means-matter/means-matter/survival**.

10. An estimated 5% of US adults attempt suicide in their lifetime, which represents roughly 16 million Americans (Matthew K. Nock, et al., "Cross-National Prevalence and Risk Factors for Suicidal Ideation, Plans, and Attempts," *The British Journal of Psychiatry* 192, no. 2 (2008): 98–105). An estimated 4.1% of adolescents aged 13 to 18 attempt suicide (Matthew K. Nock, et al., "Prevalence, Correlates, and Treatment of Lifetime Suicidal Behavior Among Adolescents: Results From the National Comorbidity Survey Replication Adolescent Supplement," *JAMA Psychiatry* 70, no. 3 (2013): 300–310). The estimated lifetime suicide attempt prevalence is 4.6% for total US population (Guilherme Borges, et al., "Suicidality, Ethnicity and Immigration in the United States," *Psychological Medicine* 42, no. 6 (2012): 1175–1184). "Between 2% and 5% of people in the US attempt suicide sometime in their lives" (Guilherme Borges, et al., "A Risk Index for 12-Month Suicide Attempts in the National Comorbidity Survey Replication (NCS-R)," *Psychological Medicine* 36, no. 12 (2006): 1747–1757). *See also*, Ronald C. Kessler, Guilherme Borges, and Ellen E. Walters, "Prevalence of and Risk Factors for Lifetime Suicide Attempts in the National Comorbidity Survey," *Archives of General Psychiatry* 56, no. 7 (1999): 617–626.

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State	2000 Suicide Death Rate	2016 Suicide Death Rate	Percent Increase 2000 to 2015
Alabama	13.09	15.61	19.4%
Alaska	21.51	25.37	18.3%
Arizona	15.6	17.59	13.7%
Arkansas	12.99	18.18	40.2%
California	9.16	10.46	14.8%
Colorado	14.32	20.47	43.9%
Connecticut	8.75	10.01	14.8%
Delaware	10.44	11.49	10.6%
Florida	12.42	13.92	12.7%
Georgia	10.66	13.27	25.3%
Hawaii	11.14	12.00	8.0%
Idaho	13.28	21.32	61.4%
Illinois	8.13	10.7	32.0%
Indiana	11.26	15.36	36.7%
Iowa	9.83	14.55	48.0%
Kansas	12.19	17.92	47.3%
Kentucky	12.76	16.79	31.9%
Louisiana	10.66	14.13	32.6%
Maine	11.84	15.74	33.3%
Maryland	9.01	9.35	4.1%
Massachusetts	5.96	8.72	46.6%
Michigan	9.85	13.27	35.1%
Minnesota	8.91	13.18	48.5%
Mississippi	10.48	12.68	21.2%
Missouri	12.46	18.27	46.9%
Montana	17.52	26.01	48.7%
Nebraska	11.26	13.05	16.1%
Nevada	20.12	21.41	7.6%
New Hampshire	10.3	17.3	68.6%
New Jersey	6.56	7.17	9.5%
New Mexico	18.33	22.49	22.9%
New York	5.9	8.08	37.2%
North Carolina	11.95	12.97	9.0%
North Dakota	10.39	19.0	82.7%
Ohio	9.53	14.11	48.4%
Oklahoma	14.56	20.94	43.9%
Oregon	14.11	17.79	26.6%
Pennsylvania	10.78	14.66	36.1%
Rhode Island	7.05	11.09	57.7%
South Carolina	11.1	15.65	41.6%
South Dakota	12.61	20.5	62.7%
Tennessee	12.73	16.28	28.3%
Texas	10.23	12.57	23.6%
Utah	14.76	21.79	48.4%
Vermont	12.31	17.29	41%
Virginia	10.83	13.18	22.2%
Washington	12.36	14.83	20.4%
West Virginia	13.12	19.47	48.3%
Wisconsin	10.93	14.64	34.2%
Wyoming	16.8	25.23	50.4%

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59. In 2016, guns were used in 22,938 suicides and 4,357 life-threatening suicide attempts, totaling 5.0% of the nation's 545,052 life-threatning suicide attempts that year (500,087 nonfatal attempts and 44,965 suicides). (Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), "Fatal Injury Data and Non-Fatal Injury Data," last accessed September 6, 2018, **https://www.cdc.gov/injury/wisqars**). Previous studies have similarly estimated that firearms were used in about 6% of suicide attempts (Rebecca Spicer and Ted R. Miller, "Suicide Acts in 8 States: Incidence and Case Fatality Rates by Demographics and Method," *American Journal of Public Health* 90, no. 12 (2000): 1885).

60. *Id.* In 2016, firearm suicides accounted for 22,938 (51.0%) of the 44,965 suicides in the United States.

61. *Id.* That is, the 319,980 people who died from gun suicides over this period and the 58,472 others who were hospitalized or treated in emergency departments for nonfatal, intentional self-injuries with a gun.

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69. *Id.* at S266.

70. *Id.*

71. *Id.*

72. *Id.*

73. As discussed above, CDC fatal injury data indicates that suicide rates have risen in all 50 states since 2000, led by an 83% increase in North Dakota. An analysis of CDC fatal injury data also shows that suicide rates have increased since 2000 for every age group between the ages of 10 and 80 and every gender and racial category (Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), "Fatal Injury Data and Non-Fatal Injury Data," last accessed September 6, 2018, **https://www.cdc.gov/injury/wisqars**).

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75. Based on average of 2010–11 and 2013–14 data (Centers for Disease Control and Prevention/ National Center for Health Statistics, "National Health Interview Survey," Appendix I, Table 46, **http://www.cdc.gov/nchs/data/hus/2015/046.pdf**).

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78. Pew Research Center, "Gun Ownership Trends and Demographics," March 12, 2013, **http://www.people-press.org/2013/03/12/section-3-gun-ownership-trends-and-demographics**.

79. Based on analysis of CDC data from 2012 to 2016 regarding the proportion of life-threatening, intentional self-injuries inflicted with a firearm and the proportion that resulted in death (Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), "Fatal Injury Data and Non-Fatal Injury Data," last accessed September 6, 2018, **https://www.cdc.gov/injury/wisqars**). *See also*, Centers for Disease Control and Prevention, "Surveillance for Fatal and Nonfatal Injuries–United States, 2001," *Morbidity and Mortality Weekly Report (MMWR)* 53, no. SS07 (2004): 1–57, **http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5307a1.htm#tab7**; Rebecca Spicer and Ted R. Miller, "Suicide Acts in 8 States: Incidence and Case Fatality Rates by Demographics and Method," *American Journal of Public Health* 90, no. 12 (2000): 1885

80. Between 2012-2016, 165,718 (77.5%) of the nation's 213,733 suicide deaths were males; males comprised 93,091 (86.0%) of the nation's 108,183 firearm suicide deaths over this period (Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), "Fatal Injury Data," last accessed September 6, 2018, **https://www.cdc.gov/injury/wisqars**).

81. See data table, based on CDC suicide rates for 2012 to 2016 (Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), "Fatal Injury Data," last accessed September 6, 2018, **https://www.cdc.gov/injury/wisqars**).

82. Centers for Disease Control and Prevention/ National Center for Health Statistics, "National Health Interview Survey," Appendix I, Table 46, **http://www.cdc.gov/nchs/data/hus/2015/046.pdf**.

83. *Id.*

84. White men comprised 136,542 (63.9%) of the 213,733 Americans who died by suicide from 2012–2016 (Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), "Fatal Injury Data," last accessed September 6, 2018, **https://www.cdc.gov/injury/wisqars**).

85. Pew Research Center, "The Demographics and Politics of Gun-Owning Households," July 15, 2014, **http://www.pewresearch.org/fact-tank/2014/07/15/the-demographics-and-politics-of-gun-owning-households**.

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87. *Id.*

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89. *Id.* Based on analysis of CDC fatal and nonfatal injury data for 2012 to 2016.

90. *Id.* From 2000–16, the youth suicide rate (for those aged 10-17) was 2.05 per 100,000 in California, 3.26 nationally, and 11.26 in Alaska.

91. Matthew Miller and David Hemenway, "Guns and Suicide in the United States," *New England Journal of Medicine* 359, no. 10 (2008): 989–991; Matthew Miller, Catherine Barber, Richard A. White, and Deborah Azrael, "Firearms and Suicide in the United States: Is Risk Independent of Underlying Suicidal Behavior?" *American Journal of Epidemiology* 178, no. 6 (2013): 946–955.

92. *Id.*

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95. From 2008–2014, high gun ownership states had 707 firearm suicides by minors aged 0-17 and 1,399 total suicide deaths among that age group. Low gun ownership states had 107 firearm suicides among that age group and 637 overall suicide deaths (Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), "Fatal Injury Data," last accessed January 23, 2017, **https://www.cdc.gov/injury/wisqars**). High gun ownership states are Alabama, Alaska, Arkansas, Idaho, Iowa, Kentucky, Louisiana, Mississippi, Montana, Nebraska, North Dakota, Oklahoma, South Dakota, Tennessee, West Virginia, and Wyoming; low gun ownership states are Connecticut, Hawaii, Massachusetts, New Jersey, New York, and Rhode Island (Matthew Miller, Catherine Barber, Richard A. White, and Deborah Azrael, "Firearms and Suicide in the United States: Is Risk Independent of Underlying Suicidal Behavior?" *American Journal of Epidemiology* 178, no. 6 (2013): 946–955).

96. David Owens, Judith Horrocks, and Allan House, "Fatal and Non-Fatal Repetition of Self-Harm: Systematic Review," *British Journal of Psychiatry* 181, no. 3 (2002): 193–199. *See also*, Harvard T.H. Chan School of Public Health, Means Matter, "Attempters' Longterm Survival," **http://www.hsph.harvard.edu/means-matter/means-matter/survival**.

97. **Data Supplement sources:**

    - State-level suicide rate data was obtained through Center for Disease Control and Prevention's Web-based Injury Statistics Query and Reporting System (WISQARS) [Online].

    - State-level population estimates and racial and gender demographics data were obtained through CDC's Web-based Injury Statistics Query and Reporting System (WISQARS) [Online], which provides demographic population estimates from the US Census Bureau.

    - State-level rural population data was obtained from the US Census Bureau. See Lists of Population, Land Area, and Percent Urban and Rural in 2010 and Changes from 2000 to 2010, "Percent urban and rural in 2010 by state," at **https://www.census.gov/geo/reference/ua/urban-rural-2010.htm**l.

    - State-level data on the percentage of individuals living in households with firearms were obtained from the 2004 Behavioral Risk Factor Surveillance System (BRFSS), a comprehensive CDC data collection program that involves annual interviews with 250,000 US adults. 2004 is the most recent year for which state-level gun ownership data is available from the BRFSS, but these estimates are considered the most comprehensive and accurate measures of current gun ownership levels by analysts and researchers. See Warren Fiske, "Mira Signer says state with highest gun ownership rates have highest suicide rates, PolitiFact Virginia (Apr. 11, 2016), at **http://www.politifact.com/virginia/statements/2016/apr/11/myra-signer/myra-signer-says-state-highest-gun-ownership-rates**. The BRFSS gun ownership data also closely mirrors subsequent state-level estimates by the General Social Survey, a large-scale bi-annual survey run by the University of Chicago's National Opinion Research Center (NORC), and with state-level estimates by researchers from Columbia University's School of Public Health, relying on a national online survey panel. See Demographic Data, "Gun Ownership Statistics," at **http://demographicdata.org/facts-and-figures/gun-ownership-statistics** and Bindu Kalesan, et al, "Gun Ownership and Social Culture," Injury Prevention (e-published Jun. 2015), at **http://dx.doi.org/10.1136/ injuryprev-2015-041586)**.

- Data regarding the state-level prevalence of major depression, serious mental illness, drug and alcohol abuse or dependence, and suicidal ideation were obtained from the 2011-2012 and 2013-2014 National Surveys on Drug Use and Health (NSDUH), Model-Based Prevalence Estimates. (50 States and the District of Columbia), available for download at **http://www.samhsa.gov/data/population-data-nsduh/reports?tab=38**. NSDUH is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse and mental disorders in the US civilian, non-institutionalized population.

SIX ESSENTIAL SOLUTIONS

1. That is, the 319,980 people who died from firearm suicides over this period and the 58,472 others who were hospitalized or treated in emergency departments for nonfatal, intentional self-injuries with a firearm. (Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), "Fatal Injury Data and Non-Fatal Injury Data," last accessed September 6, 2018, **https://www.cdc.gov/injury/wisqars**).

2. *See* Matthew Miller, Catherine Barber, Richard A. White, and Deborah Azrael, "Firearms and Suicide in the United States: Is Risk Independent of Underlying Suicidal Behavior?" *American Journal of Epidemiology* 178, no. 6 (2013): 946–955.

3. David Owens, Judith Horrocks, and Allan House, "Fatal and Non-Fatal Repetition of Self-Harm: Systematic Review," *British Journal of Psychiatry* 181, no. 3 (2002): 193–199. *See also*, Harvard T.H. Chan School of Public Health, Means Matter, "Attempters' Longterm Survival," **http://www.hsph.harvard.edu/means-matter/means-matter/survival**.

4. Bill Brassard, "NSSF-AFSP Suicide Prevention Partnership," *National Shooting Sports Foundation Blog*, August 22, 2016, **http://www.nssfblog.com/nssf-afsp-suicide-prevention-partnership**.

5. T. R. Simon, et al., "Characteristics of Impulsive Suicide Attempts and Attempters," *Suicide and Life-Threatening Behavior* 32 no. 1 (Suppl.) (2001): 49–59; Catherine W. Barber and Matthew J. Miller, "Reducing a Suicidal Person's Access to Lethal Means of Suicide: A Research Agenda," *American Journal of Preventive Medicine* 47, no. 3 (2014): S264–S272. *See also*, Harvard T.H. Chan School of Public Health, Means Matter, "Impulsivity and Crises," **http://www.hsph.harvard.edu/means-matter/means-matter/impulsivity**.

6. National Alliance on Mental Illness, "Risk of Suicide," **http://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Suicide**.

7. *See* Cassandra K. Crifasi, John Speed Meyers, Jon S. Vernick, and Daniel W. Webster, "Effects of Changes in Permit-to-Purchase Handgun Laws in Connecticut and Missouri on Suicide Rates," *Journal of Preventive Medicine* 79, (2015): 43–49.

8. Michael, D. Anestis, et al, "Suicide Rates and State Laws Regulating Access and Exposure to Handguns," American Journal of Public Health 105, no. 10 (2015): e1-e10..

9. *Id.*

10. *Id.*

11. *See, e.g.*, Eric W. Fleegler, "Firearm Legislation and Firearm-Related Fatalities in the United States," *JAMA Internal Medicine* 173, no. 9 (2013): 732–740.

12. Those states are Massachusetts, New York, Rhode Island, New Jersey, Michigan, and North Carolina.

13. Data regarding prevalence of major depression, serious mental illness, drug and alcohol abuse or dependence, and suicidal ideation were obtained from the 2011-2012 and 2013-2014 National Surveys on Drug Use and Health. (National Surveys on Drug Use and Health (NSDUH), "Model-Based Prevalence Estimates (50 States and the District of Columbia)," **http://www.samhsa.gov/data/population-data-nsduh/reports?tab=38**).

14. *See* Cassandra K. Crifasi, John Speed Meyers, Jon S. Vernick, and Daniel W. Webster, "Effects of Changes in Permit-to-Purchase Handgun Laws in Connecticut and Missouri on Suicide Rates," *Journal of Preventive Medicine* 79, (2015): 43–49.

15. *Id.*

16. *See* 28 C.F.R. § 25.4. Case law suggests that a federal statute requiring states to disclose records to the FBI would violate the Tenth Amendment. In *Printz v. US*, 521 US 898 (1997), the Supreme Court struck down the interim provisions of the Brady Act obligating local law enforcement officers to conduct background checks on prospective handgun purchasers. The Court held that Congress could not compel state officials to enact or enforce a federal regulatory program.

17. *See* Everytown for Gun Safety, "New FBI Data: Wyoming Among Lowest-Performing States in Submitting Records of Dangerously Mentally Ill People to Gun Background Check System," June 30, 2015, **http://everytown.org/press/new-fbi-data-wyoming-among-lowest-performing-states-in-submitting-records-of-dangerously-mentally-ill-people-to-gun-background-check-system**.

18. *Id.*

19. *See* Everytown for Gun Safety, "Closing the Gaps: Strengthening the Background Check System to Keep Guns Away from the Dangerously Mentally Ill," (2014), **https://everytownresearch.org/reports/closing-the-gaps/?source=fbno_closingthegaps**.

20. *See* Shelli B. Rossman, et al., "Criminal Justice Interventions for Offenders with Mental Illness: Evaluation of Mental Health Courts in Bronx and Brooklyn, New York," *Urban Institute*, (2012), **http://www.urban.org/UploadedPDF/412603-Criminal-Justice-Interventions-for-Offenders-With-Mental-Illness.pdf**.

21. *See* 27 C.F.R. § 478.11. Federal law also prohibits persons who are unlawful users of or addicted to a controlled substance from purchasing or possessing firearms. Twenty-seven states and the District of Columbia also prohibit drug abusers, persons convicted of drug-related misdemeanors, and/or persons under the influence of controlled substances from purchasing or possessing some or all firearms. Twenty-one states and the District of Columbia prohibit persons who are alcohol abusers, misdemeanants, and/or under the influence of alcohol, from purchasing or possessing firearms.

22. *See* Alliance for Gun Responsibility, "Extreme Risk Protection Orders," **http://gunresponsibility.org/solution/extreme-risk-protection-orders; Educational Fund to Stop Gun Violence**, "Extreme Risk Protection Orders" (2016), **http://efsgv.org/wp-content/uploads/2016/09/FINAL-ERPO-complete-091916-1.pdf**.

23. American Foundation for Suicide Prevention, "Risk Factors and Warning Signs," **https://afsp.org/about-suicide/risk-factors-and-warning-signs**.

24. In California, this law is known as the Gun Violence Restraining Order or Firearms Restraining Order.

25. California's law was enacted in 2014. See AB 1014 (enacting Cal. Pen. Code §§ 18100-18205).

26. *See* California Legislative Information, "AB 1014 Senate Floor Bill Analysis," August 22, 2014, **http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201320140AB1014**; Alliance for Gun Responsibility, "Endorsements for I-1491," **http://gunresponsibility.org/organizations**.

27. *See* Alliance for Gun Responsibility, "Extreme Risk Protection Orders," **http://gunresponsibility.org/solution/extreme-risk-protection-orders**.

28. *Id.*

29. Cal. Pen. Code § 18150(b).

30. Jeffrey W. Swanson, et al., "Getting Serious About Reducing Suicide, More 'How' and Less 'Why,'" *Journal of the American Medical Association* 314, no. 21 (2015): 2229–2230; Colleen L. Barry, Emma E. McGinty, Jon S. Vernick, and Daniel W. Webster, "Two Years After Newtown—Public Opinion on Gun Policy Revisited," *Journal of Preventive Medicine* 79, (2015): 55–58. Emily Guskin and Scott Clement, "Has Parkland Changed Americans' Views on Guns," Washington Post (Apr. 20, 2018), at **https://www.washingtonpost.com/news/the-fix/wp/2018/04/20/has-parkland-changed-americans-views-on-guns/?utm_term=.5b415dc6e75f**.

31. Connecticut's law, enacted in 1998, allows certain law enforcement officers and prosecutors to petition courts for a search warrant that would authorize law enforcement to temporarily remove firearms from a person who is armed and poses a risk of imminent personal injury to self or others. Conn. Gen. Stat. Ann. § 29-38c(a). Indiana adopted a similar law in 2005. See Ind. Code Ann. § 35-47-14-2.

32. Mass. Gen. Laws ch. 140, § 129B.

33. 430 Ill. Comp. Stat. 65/8–65/10.

34. 430 Ill. Comp. Stat. 65/9.5.

35. *See* Dan Friedman, "The Gun Law Saving Lives in Connecticut," *The Atlantic*, September 9, 2016, **https:// www.theatlantic.com/politics/archive/2016/09/new-gun-violence-bills/499199**; Jeffrey W. Swanson, et al., "Implementation and Effectiveness of Connecticut's Risk-Based Gun Removal Law: Does it Prevent Suicides?" *Law and Contemporary Problems* 80, (2017): 179.

36. *See* Michael Luo and Mike McIntire, "When the Right to Bear Arms Includes the Mentally Ill," *New York Times*, December 21, 2013, **http://www.nytimes.com/2013/12/22/us/when-the-right-to-bear-arms-includes-the-mentally-ill.html?mcubz=3**.

37. Jeffrey W. Swanson, et al., "Implementation and Effectiveness of Connecticut's Risk-Based Gun Removal Law: Does it Prevent Suicides?" *Law and Contemporary Problems* 80, (2017): 179.

38. *See* Alexander McCourt, et al., "Temporary Transfer of Firearms from the Home to Prevent Suicide," *JAMA Internal Medicine* 177, no. 1 (2017): 96–101.

39. WA SB 5552 (amending Rev. Code of Wash. § 9.41.113(4)(d)).

40. *Id.*

41. Daily Emerald, "Suicide of University Alumnus Calls Oregon Gun Policy into Question," April 22, 2011, **http://www.dailyemerald.com/2011/04/22/suicide-of-university-alumnus-calls-oregon-gun-policy-into-question**; Elisabeth Rosenthal, "Suicide, With No Warning," *New York Times*, March 8, 2013, **http://www.nytimes.com/2013/03/10/sunday-review/suicide-with-no-warning.html?_r=0**.

42. *See* Jason Cherkis, "New Documentary 'Making A Killing' Shows How to Prevent Suicides By Gun," *Huffington Post*, May 6, 2016, **http://www.huffingtonpost.com/entry/making-a-killing-documentary_us_572ba63ee4b0bc9cb0462189**.

43. Elisabeth Rosenthal, "Suicide, With No Warning," *New York Times*, March 8, 2013, **http://www.nytimes.com/2013/03/10/sunday-review/suicide-with-no-warning.html**.

44. Gregg Lee Carter, "Waiting Periods," in *Guns in American Society: An Encyclopedia of History, Politics, Culture, and the Law, Vol. 1,* (Santa Barbara: ABC–CLIO, 2012), 650.

45. T. R. Simon, et al., "Characteristics of Impulsive Suicide Attempts and Attempters," *Suicide and Life-Threatening Behavior* 32 no. 1 (Suppl.) (2001): 49–59; Catherine W. Barber and Matthew J. Miller, "Reducing a Suicidal Person's Access to Lethal Means of Suicide: A Research Agenda," *American Journal of Preventive Medicine* 47, no. 3 (2014): S264–S272. *See also*, Harvard T.H. Chan School of Public Health, Means Matter, "Impulsivity and Crises," **http://www.hsph.harvard.edu/means-matter/means-matter/impulsivity**.

46. Emily Wilson, "What Stopped Me from Killing Myself: Brian Copeland on Surviving Almost Fatal Depression," *Daily Beast*, September 27, 2015, **http://www.thedailybeast.com/articles/2015/09/28/what-stopped-me-from-killing-myself-brian-copeland-on-surviving-almost-fatal-depression.html**.

47. *Id.*

48. *See* Giffords Law Center to Prevent Gun Violence's Waiting Periods Policy Page, **http://lawcenter.giffords.org/gun-laws/policy-areas/gun-sales/waiting-periods/**. California, Florida, Hawaii, Illinois, Rhode Island, and the District of Columbia require a waiting period for all gun purchases, while Iowa, Maryland, Minnesota, and New Jersey implement waiting periods for the purchase of handguns.

49. *See* Giffords Law Center to Prevent Gun Violence's Licensing Laws Policy Page, **http://lawcenter.giffords.org/gun-laws/policy-areas/gun-owner-responsibilities/licensing/**. California, Connecticut, Hawaii, Iowa, Illinois, Maryland, Massachusetts, Michigan, Nebraska, New Jersey, New York, North Carolina, and Rhode Island all require a permit, license, or safety certificate to obtain and/or possess a firearm.

50. Michael D. Anestis and Joye C. Anestis, "Suicide Rates and State Laws Regulating Access and Exposure to Handguns," *American Journal of Public Health* 105, no. 10 (2015): 2049.

51. *Id.*

52. *Id.* at e5, e7.

53. *Id.* at e8.

54. *Id.* at e5.

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ZERO SUICIDE MODEL

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