



GUN SUICIDE PREVENTION RECOMMENDATIONS FOR THE BIDEN-HARRIS ADMINISTRATION

Everytown for Gun Safety Action Fund; September 24, 2021

Firearm suicide is a public health crisis. Every year suicide claims more than 45,000 lives in the US. Suicide is a leading cause of death in the US and firearms are the most common means of suicide, contributing to half of all suicide deaths. The US gun suicide rate is 10 times that of other high-income countries. And the situation has intensified: the US firearm suicide rate has increased by an alarming 13 percent over the last decade. As a result, a gun suicide death occurs in the US every 23 minutes on average.

Addressing the role of firearms is essential in a comprehensive approach to suicide prevention. Research shows that having access to a firearm triples one's risk of death by suicide and that household firearm ownership rates are strongly associated with rates of firearm and overall suicide, even when controlling for other factors associated with suicide like poverty, unemployment, serious mental illness, and substance abuse. This is why states with high rates of household gun ownership also have high rates of firearm and overall suicide.

Access to a firearm robs a person in crisis from a second chance at life. There is a popular misconception that suicide is inevitable, that suicidal ideation is a permanent condition. But most people who attempt suicide do not die—unless they use a gun. Across all suicide attempts not involving a firearm, 4 percent will result in death. But for gun suicide, those statistics are flipped: Approximately 90 percent of gun suicide attempts end in death. And the vast majority of those who survive a suicide attempt do not go on to die by suicide. A reduction in suicide attempts by firearm would result in a significant decline in the suicide rate.

Research has shown that the following populations are at elevated risk of suicide, a risk exacerbated by easy access to firearms:

- **Gun Owners:** Personal or household gun ownership triples one's risk of death by suicide.



- **Men Over Age 65:** Men represent 86 percent of firearm suicide victims, are 6 times more likely than women to die by firearm suicide, and experience increased rates with age, especially among males age 65 and older.
- **White Americans:** White Americans represent 85 percent of all firearm suicide victims, and have the highest rate of firearm suicide by race.
- **Indian/Alaska Native populations:** American Indians/Alaska Natives have the second highest rate of firearm suicide by race.
- **Rural Americans:** The average firearm suicide rate increases as counties become more rural, and the rate of firearm suicide in the most rural counties is 2.5 times higher than in the most urban.
- **Military Veterans:** An average of 4,400 veterans die by firearm suicide every year—about 12 deaths a day.¹
- **Young Americans:** Over the past decade, the firearm suicide rate among young people has increased faster than in any other age group.

RECOMMENDATIONS

The Biden-Harris Administration should direct federal agencies to play a larger role in addressing firearm suicide by:

- Promoting secure firearm storage
- Building public awareness of extreme risk laws
- Educating gun purchasers about gun suicide prevention
- Bolstering medical counseling on access to lethal means
- Supporting school-based interventions

By mobilizing the federal government to address firearm suicide, the Biden-Harris Administration can alleviate this public health crisis and save lives.

¹ VA's recently released National Suicide Prevention Annual Report illustrates a hopeful trend: veteran suicides decreased in 2019. This data is not yet reflected in the 5 year average cited here. Despite the overall decrease in veteran suicides, however, the report also highlights that 2019 saw increases in firearm veteran suicide from 2018.



1. **Promote Secure Firearm Storage.** Policies and practices that disrupt the easy and immediate acquisition of firearms have been shown to save lives. Secure firearm storage can help mitigate the risks of firearm suicide, especially for children. Not all firearm storage options are equal. There is a wide variety of firearm storage devices, including lock boxes, cable locks, trigger locks, and gun vaults. However, there is limited official guidance on which storage devices are most effective at reducing access, by minors and other unauthorized users in particular. To put additional space between an individual in crisis and a firearm, household guns can be stored outside of the home—some states have released interactive maps of locations that provide secure off-site storage.
 - a. The Substance Abuse and Mental Health Services Administration (SAMHSA), in partnership with the Department of Veteran Affairs (VA), should engage in public awareness campaigns about access to firearms and interventions like secure storage—including in-home and temporary out-of-home storage options—both directly and through grant funding. VA should incorporate information about access to firearms into existing public awareness campaigns, such as its recently announced ‘Reach Out’ campaign.
 - b. SAMHSA and VA should develop standards for, and fund the creation of, publicly available out-of-home gun storage options and maps for the entire nation.
 - c. The Consumer Product Safety Commission (CPSC), Department of Health and Human Services (HHS), Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), and Federal Trade Commission (FTC) should coordinate to provide guidance on which devices are most effective at reducing firearm access across different populations at heightened risk for suicide and how they should be marketed.

2. **Build Public Awareness of Extreme Risk Laws.** 19 states have extreme risk laws—a life-saving tool that can be used to temporarily remove firearm access from someone in crisis. The Department of Justice (DOJ) released guidance on a model extreme risk law, but for these laws to be effective, it is critical that families and other eligible petitioners are aware that the laws exist and have a clear understanding of how to use them.
 - a. SAMHSA, in partnership with the VA, should engage in public awareness campaigns about extreme risk laws, both directly and through grant funding.



The campaigns should target the 19 states that have extreme risk laws, informing eligible petitioners (e.g., immediate family members) about when and how to use extreme risk laws. To implement such campaigns, the agencies should determine which messengers are most credible to the targeted audience.

3. **Educate Gun Purchasers About Gun Suicide Prevention.** In many communities, gun dealers are considered trusted messengers by gun owners and can play a role in building public awareness about the suicide risk posed by firearm access and how to mitigate those risks. Through a program called the Gun Shop Project, dozens of gun shops nationwide have begun displaying and distributing materials with information about the risks of firearm access—particularly as it pertains to suicide. Gun dealers and shooting range operators also receive training through the Gun Shop Project on identifying warning signs of suicidal individuals.
 - a. ATF should require that federally licensed gun dealers and gun shows provide educational materials about the risks of gun suicide and how to mitigate those risks and ATF should work with SAMHSA to develop those materials.
 - b. ATF should require that federally licensed gun dealers are trained to identify the warning signs of an individual in a suicidal crisis, through federal firearms licensing requirements, or otherwise provide subsidies for dealers or shooting ranges that require the training for staff.

4. **Bolster Medical Counseling on Access to Lethal Means.** Research shows that 2 out of 3 Americans who attempt suicide make a visit to a healthcare professional in the month before the attempt, providing a critical intervention point for medical providers. For example, Northwell Health has developed a comprehensive protocol for screening patients for firearm injury risk and now asks all patients questions about having firearms in their homes.
 - a. SAMHSA should provide resources and funding for physicians, including pediatricians, to perform routine suicide assessments that inquire about the presence of lethal means and advise patients on how to prevent access to lethal means for children and those in crisis. VA should require its own medical



providers in the Veterans Health Administration to assess risk when treating patients in suicidal crises and counsel on reducing access to lethal means.

- b. SAMHSA, in partnership with organizations like the American Medical Association, should issue guidance on how and when physicians should perform suicide assessments and inquire about firearm access.
 - i. Centers for Medicare and Medicaid Services, in partnership with SAMHSA, should use SAMHSA's guidance on lethal means counseling to develop training and assessment requirements and guidance for health care organizations participating in the Medicare and Medicaid programs.

5. **Fund and Strengthen Suicide Hotlines and Crisis Centers.** Suicide hotline and crisis centers are critical resources for individuals in crisis, and can be important intervention points for lethal means counseling. SAMHSA currently funds the National Suicide Prevention Lifeline (the Lifeline), a growing national network of local- and state-funded crisis centers. The Lifeline's call volume typically increases annually and is expected to increase even more given the recent designation of an easier-to-use 3-digit number.

- a. SAMHSA should ensure that the Lifeline continues to focus on lethal means access and provide robust training to operators, including training on when and how to conduct lethal means assessments and the methods for reducing access to lethal means during crisis (including out-of-home storage).
- b. SAMHSA should also ensure that crisis center counselors in the 19 states with extreme risk laws are trained to educate families of individuals in crisis about how that tool can be used to temporarily remove access to firearms from someone in crisis.
- c. SAMHSA should make a budget request for FY2023 to increase funding for the Lifeline and its crisis centers to build the capacity needed to successfully operationalize the switch to 9-8-8.

6. **Support School-Based Interventions.** School-based anonymous tip lines can provide a critical outlet to alert trusted figures about a crisis. For example, state anonymous tip lines, like [Safe2Tell in Colorado](#), have been effective in investigating credible threats related to suicide or self-harm. During the 2018–2019 school year, Safe2Tell [received 3,668 tips](#) about suicide threats and



another 1,207 about self harm. When a tip is potentially life threatening (e.g., suicide threats), the analysts prioritize these tips, refer the caller to a mental health professional, and use all available resources to contact school administration and local law enforcement to research the tip and intervene immediately. Successful programs like Safe2Tell are well-known to students and protect student civil liberties.

- a. The Department of Education (ED) and SAMHSA should convene state leaders to develop plans to establish and expand tip lines and raise awareness of applicable federal grant programs.
- b. ED and SAMHSA should provide technical assistance to state administrators on best practices for establishing tip lines, responding to tips related to suicide, and should continue to research the most effective forms of tip lines.
- c. ED should develop a strategy to encourage school districts to send parents secure firearm storage information and raise awareness about the importance of secure storage in keeping students safe from access to lethal means.
- d. ED, in partnership with SAMHSA, should provide and require training for tip line operators on counseling on access to lethal means.