

Frequently Asked Questions

1. Won't a suicidal person just substitute another method if they can't get a gun?

Often yes. But virtually every other method is less lethal than a firearm so there's greater chance the person won't die in their attempt. Also, other methods—particularly pills, sharp instruments, and car exhaust—allow time for the attempter to be rescued, or gives the ambivalent attempter some time to back out mid-attempt if they change their mind.

2. If a suicidal person substitutes another method and doesn't die, won't they eventually figure out a way to kill themselves later?

A review of 90 studies of long-term outcomes for people who survived a suicide attempt (Owens, *British Journal of Psychiatry*, 2002) found that 89-95% did not go on to die by suicide, even when followed over a period of 9 years or more and even when narrowing the field to studies of serious attempters—like those who jumped in front of a subway train. Some 20-25% did make another nonfatal attempt; roughly 70% made no further fatal or nonfatal attempts. Acute suicidal feelings often pass over time or with changes in life circumstances, treatment, or other support.

3. Isn't it just that people who own guns are more likely to live in rural areas and people in rural areas are more likely to be depressed and therefore suicidal?

Most studies (not all, but most) have found that people in rural areas do not have higher rates of depression than those in urban areas. In Western countries other than the United States, suicide rates are higher in urban areas than in rural areas. Also, data from the National Comorbidity Survey indicate that people living in homes with guns are about as likely as those living in homes without guns to suffer from depression, substance use problems, and suicidal thoughts.

4. In my state, more people die by hanging than by gunshot wounds, so doesn't that mean this isn't my issue?

Every state in which suffocation suicides outnumber or equal firearm suicide (CT, HI, MA, NJ, NY, RI) has a low firearm ownership rate and a low suicide rate compared with the rest of the U.S. People might therefore think since firearms are not their leading method of suicide they don't need to talk about it. But here's the thing: there are more firearm suicides in a state like New York or New Jersey than in a state like Montana or Alaska simply because there are so many more people in those states. A low suicide rate in a state with several million residents is still going to result in many more deaths than a high suicide rate in a state with a very small population. It's a matter of numbers. There are more gun owners in New York than Montana. Urging them to store those firearms elsewhere if a household member is at risk for suicide is important no matter which state they live in.

5. Gun ownership is very high in my state and feelings run hot. If our suicide prevention group started talking about firearms and suicide, won't we be in for a lot of controversy?

Not if the focus is on protecting suicidal people and if there is no "anti-gun" bias in your approach. For example, the suicide prevention coalition in New Hampshire sponsors CALM ("Counseling on Access to Lethal Means") trainings for providers. The program has not drawn much controversy. They presented the program to the state Firearms Safety Coalition,

which included representatives from gun manufacturers and Gun Owners of New Hampshire; all gave the program the thumbs-up with minor revisions to make the language and assumptions sensitive to gun owners' perspectives.

6. Does means reduction apply to other methods too?

Yes. In Asia and the Pacific Islands, the most pressing means reduction issue is reducing the human lethality of pesticides, as these are the most commonly used method of suicide there and suicide rates rise and fall with the lethality of the pesticides currently approved for agricultural use. The reduction of carbon monoxide in domestic gas in Europe is believed responsible for saving thousands of lives. Installation of bridge barriers has been found effective in preventing site-specific suicides, and most studies have found no evidence of displacement to other sites. Changes in medication packaging have also been associated with reductions in the severity of suicide attempts and in some cases reductions in deaths.

7. Does means reduction *always* work?

No. For a given individual reducing access may not be effective, particularly for those who are deliberative in planning their attempts. Also, reducing access to methods with very low lethality (such as certain medications) may not have a measurable impact.

8. Aren't suicide rates higher in some countries with low firearm ownership?

Yes. Many factors influence suicide rates: religious and cultural attitudes regarding the acceptability of suicide, economic conditions, mental health and substance abuse, etc. Easy access to highly lethal methods is only one factor among many.

9. Every house has a rope or a cord. Why would reducing access to guns matter when a person can always hang themselves?

Hangings are a major concern. The method is very available and can be relatively lethal. And yet, access to guns at home is still found to be a risk factor for suicide. Why? First, according to emergency department and death certificate data, the case fatality rate for suffocation suicides (largely hangings) is lower than for firearms (69% for suffocation vs. 85% for firearms according to the CDC). Second, that's emergency department data. Emergency department data are likely to overstate the case fatality rate for suffocations and to be pretty accurate for firearms. For firearms, once the trigger is pulled, the outcome is virtually always death or a trip to the hospital. For suffocations, once the ligature is tightened, the attempter often has a small window of opportunity within which to change their mind without injury (and therefore without a trip to the hospital). A study of coroner records in England (Bennewith et al., British Journal of Psychiatry, 2005) found that half of all hanging deaths involved partial suspension, a method which, unlike full-suspension hanging, does enable the attempter to loosen the ligature after initiating the attempt. Therefore, the true case fatality rate for suffocation suicide attempts is likely to be even a little lower. It is the combination of the firearm's high lethality and irreversibility that puts suicidal individuals living in homes with firearms at greater risk.