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## **Transcript - Reducing Access to Means**

Research shows that one of the most effective public health approaches to preventing suicide is reducing access to the lethal means that people might use to end their life. This can be done on an individual level by talking with those at risk about removing common lethal means, like firearms and medications, from their home. It can also be done on an institutional or community level through community education, programming, policies and protocols, architectural and environmental design, and developing collaborations all of which are focused on reducing community members' access to potential means to end their life.

People who are struggling with thoughts of suicide typically have terribly mixed feelings about living and dying. Many never act on their thoughts. Some will have moments in which their distress feels unbearable. The need for immediate relief, even if that means death, can become overwhelming. Research has shown that approximately half of suicide attempts occur within an hour of making the decision to die – a quarter occur less than five minutes from that decision. This suggests that suicidal behavior is sometimes impulsive, and that the person is likely using whatever means are most easily accessible. If we can make sure that the most lethal means of suicide are not available to them in those crisis moments, we will reduce the number of suicides. Research tells us that most people will not substitute another method, or they will seek out a less lethal method, and thus are more likely to survive. This means that the presence or absence of a firearm, or other highly lethal method, can make the difference between a moment of overwhelming distress and a fatality.

So, what are the most common means by which people die by suicide? Over half of suicide deaths in our country are by firearms. Another quarter are from suffocation, which also includes hanging and strangulation. 10-15% are due to poisoning, with the majority of those deaths due to drugs, including both legal and illegal substances. Jumps, cutting, and drowning each account for 1-3% of suicide deaths.

It's also helpful to know which means are the most lethal. So, when someone attempts suicide using a particular means, how likely are they to die in that attempt? Firearms are by far the most lethal method for suicide and end in death in 85-90% of attempts. Suffocation and strangulation are next, causing death in 75% of attempts. People die by jumping or falls in about 30% of attempts. Only 1-3% of attempts by cutting, piercing, or poisoning result in death. However, poisoning is by far the most common method of attempting suicide, accounting for about seventy percent of all attempts. One reason for this low level of lethality is because when someone makes an attempt by poisoning, it usually takes a while, sometimes several hours, before death occurs. This gives valuable time for the person to change their mind and seek medical attention, or for someone else to find them and call for help.



By some estimates, the rate of suicide in college students is approximately half that of peers who are traditional college-age but not enrolled. One reason for this discrepancy is because students on campus typically have more limited access to lethal means of suicide. Many schools do not allow firearms in dormitories or even on campus, making the rates of suicide by firearm much lower on college campuses. Additionally, despite common beliefs about college-life, there is more limited access to alcohol and substances which can either be the means of suicide, or can play a role in reducing someone's inhibitions, increasing the possibility they will act on suicidal thoughts.

However, we still lose too many students to suicide each year and know that there is more that we can do to prevent these needless deaths. Means safety approaches work. In cities that have added barriers or nets to bridges that were popular spots for suicides, rates of suicide at those locations significantly decreased, or were eliminated altogether, and typically didn't lead to an increase in suicides elsewhere in the community. In the United States, adding catalytic converters to vehicles was associated with a decrease in suicide deaths by carbon monoxide poisoning. Transitioning to blister packaging of pain relievers and smaller pack sizes resulted in a reduction in the number of overdoses in the United Kingdom. And within the Israeli military, a change in policy restricting soldiers from taking their military issued firearms on weekend leave resulted in a 40% drop in suicides. Reducing access to means is an evidence-based strategy – it just works!

So how does this apply to campuses? While there isn't data indicating the most common means of suicide specifically among college students, chances are you know ways students have attempted or died on your campus. Or you can talk with your campus mental health professionals to find out the means that students sometimes talk about using when they are thinking of suicide. Furthermore, you can do an "environmental scan" – spend some time walking around all the different buildings and spaces students have access to on campus, looking for places and situations that might be a potential suicide risk. For example, in dorm rooms, what is there that a student might use to hang themselves? What buildings or high locations might a student try to jump from? Where are chemicals stored on campus, and are they potentially accessible to students? Depending on where you are located, you might also want to expand this scan to your community. For example, are there suicide hotspots in your community – such as a scenic bridge or active railroad tracks?

Once you have an idea of the methods that students might use on your campus, you can take steps to reduce access to those means. But how? There are too many strategies to include in this video to address all the possible means; however, you can refer to the handout that accompanies this video which gives an extensive list of strategies to consider. But, we do want to give some examples and provide a few key strategies:

- First, what policies might you need to put in place? Do you have a policy banning weapons from your campus? What about policies that regulate how dangerous chemicals are stored? This could include products used in cleaning and grounds maintenance as well as in academic labs. How are those storage facilities secured? How about access to tall buildings? It will be important to set clear rules about who has access to rooftops and when, and to create another plan for those that cannot be secured.



- Second, consider the needs of students who live off-campus. While you can't regulate their access to firearms or substances through policies, you can encourage them to reduce risk in other ways. Campuses or local law enforcement can provide medication lock boxes, gun locks and information on safe places to temporarily store firearms. You can also host medication collection days on campus and give information about permanent drop-off locations to help students dispose of medications that have expired or are no longer needed.
- Third, identify safe alternatives you can offer students when something is prohibited. For example, because substances are typically restricted or banned on-campus, many schools offer alcohol and substance free entertainment and events. For students who own firearms for recreational use, campus security can offer a safe storage option to reduce the likelihood that students will store their guns, archery equipment, spear guns, etc. in their dorms, homes or vehicles. Weapons can be checked out when needed but are not otherwise readily accessible. Other campuses might partner with a local gun store or law enforcement to provide storage options. These partnerships can also be used for safe, temporary storage when a student is experiencing distress.
- Fourth, consider adopting amnesty policies for students who report a weapon or illegally obtained medications or substances, so that they are not punished for their involvement. Make the focus achieving safety and health rather than punishment. For example, a student has secretly had a firearm in his room, but now recognizes that it's a danger to himself or a distressed roommate. Amnesty allows him to request safe removal and storage without being punished for violating the weapons policy. Ditto for a student who asks for help for themselves or a peer struggling with substance use. Amnesty sets aside disciplinary consequences for prior substance use, though the students may still be held accountable for future violations.
- Fifth, train key support staff in lethal means counseling. This includes staff who often come into contact with students in distress, like mental health providers, campus health center staff, campus security, deans of students, and residence hall coordinators. "Counseling on Access to Lethal Means" or CALM, is a free online course that can help staff learn how to talk about lethal means safety with students and their family members. Asking about firearms, medications and other lethal means is an important conversation that doesn't need to be restricted to counselors or medical providers. If we do that, we will miss the majority of people who die by suicide. Consider the difference we could make if we made this conversation as common and natural and publicly acceptable as taking someone's keys when they're drinking to prevent drunk driving. That's a conversation anyone can and should feel comfortable having.
- Sixth, examine what protocols may need to be written or modified. For example, you may want to ask all significantly distressed students seen in counseling about access to firearms and medications, whether or not they acknowledge thoughts of suicide. Some students don't share their suicidal thoughts when asked, and some may develop suicide risk at a later time, particularly if they encounter additional stressors. It may be useful to add a prompt to the electronic medical record or intake paperwork to make this discussion about lethal means access a standard of care.



- Additionally, your campus may want to establish a protocol for requesting consent to talk to family members or emergency contacts about means safety for students who are at particularly high risk, such as those who decide to take a leave of absence to address mental health concerns. Suicide deaths of students sometimes occur while the student is on break or at home. Ensuring that at-risk students have limited access to lethal means while away from campus can help reduce these losses. While students have the right to refuse consent, some will be open to you having this conversation with loved ones on their behalf.
- Finally, allow yourself to be creative as you pursue means safety for your campus. We cannot eliminate access to every possible means of suicide. But we can work to reduce the appeal of those means and point students towards safe and healthy solutions to problems. For example, schools may not have the capacity to erect barriers around all rooftops and parking garage floors, but they may be able to post signs near possible jump points with hopeful messages and crisis line contact information. Alternatively, increasing lighting in those areas or parking unused security cars in view of those spots can create the sense that those areas are being monitored, which make them less appealing for an attempt. Being creative also applies to our work in individual counseling. For example, if someone is reluctant to give the keys to their gun lock to someone else, they could freeze the keys in a bottle of water. This would prevent them from making an impulsive decision to end their life when their distress becomes overwhelming. Whether taking a population approach or working with a single individual, we need to think creatively about ways to reduce the appeal and/or accessibility of potential methods.

Means safety planning works best when it involves both campus and community partnerships. You are in the best position to decide who at your institution can help accomplish your means safety goals.

Within the community, there are a number of partnerships you can develop. Explore options for safe firearm storage with local gun shops, the police department, shooting ranges, storage facilities, and pawn shops. Host trainings to increase community members' ability to recognize those who might be thinking about suicide, and invite those who work at gun shops to attend. Work with town officials and local businesses to make tall buildings and other potentially dangerous locations less accessible or less attractive for an attempt. Talk with managers at local pharmacies about safe disposal of expired and unused medications. Collaborate with local alcohol vendors and police to enforce distribution and alcohol use laws. Encourage local community health and mental health providers to be trained in counseling on access to lethal means.

Lethal means safety is by far one of the most effective methods we have currently to prevent suicide. Putting time and distance between severe emotional distress and a possible means of suicide increases a person's chance of living through that moment. Most of those people not only stay safe, but recover and eventually go on to create lives worth living.