Lethal Means Safety with Veterans

Military Culture and Suicide Prevention Summits
2019
I’m Good....

https://www.youtube.com/watch?v=YPFo9EvUUvA#action=share
Why Lethal Means Safety?

• Reducing access to lethal suicide methods is one of the few population level interventions that has been shown to decrease suicide rates.

• Building in time and space between the impulse to act and the means to harm one’s self saves lives because:
  • While some suicidal crises last a long time, most last minutes to hours. In one study of suicide attempt survivors:
    • 47 percent said it took less than one hour between their decision to attempt suicide and their actual attempt.
    • 24 percent said it took less than five minutes for them to act.

• About 90 percent of people who survive a suicide attempt do not go on to die by suicide.

• If we can collaborate with Veterans ahead of time to help them survive a suicidal crisis, we have likely prevented their suicide for the rest of their lives.
What Is Lethal Means Safety?

- In the context of suicide prevention, safe storage of lethal means is any action that builds in time and space between a suicidal impulse and the ability to harm oneself.

- Effective lethal means safety education and counseling is collaborative and Veteran-centered. It respects the important role that guns and medications may play in Veterans’ lives and is consistent with their values and priorities.
Lethality of Firearms

CDC WISQARS: Deaths from death certificate data; nonfatal incidents estimated from national sample of hospital emergency departments
Lethal means safety vs. gun safety

Virginia Veteran and Total Virginia, Southern Region, and National Suicide Deaths by Method, 2016

- Virginia Veteran Suicides
  - 70.4% (138)
  - 17.3% (34)
  - 12.3% (25)
- Virginia Total Suicides
  - 57.8% (649)
  - 20.9% (10,104)
  - 12.5% (1,007)
- Southern Region Suicides
  - 59.4% (10,104)
  - 21.2% (3,601)
  - 13.0% (2,300)
- National Suicides
  - 51.4% (22,003)
  - 25.1% (10,900)
  - 8.3% (3,595)
  - 15.3% (6,622)
Tools

- Suicide Prevention Safety Plans
  - Making the environment safe
- Temporary removal from home, gun locks, trigger locks, gun safes
- Medication take back events
- Medication removal boxes
- Medication mail back envelopes
- Counseling on Access to Lethal Means (CALM) on SPRC
- VA Rocky Mountain MIRECC for Suicide Prevention- Suicide Risk Management Consultation Program
- Virginia- pilot program state for the NSSF/AFSP/VA gun safety initiative
Veterans’ Access to Firearms

- Veterans have a high degree of familiarity with firearms and are more likely than members of the U.S. general population to have access to firearms.
  - *Half* of Veterans own at least one firearm.
    - *One-third* store a firearm loaded and unlocked.
- Many case-controlled and cross-sectional studies have found that firearm access is an independent risk factor for suicide.
  - Access to firearms, independent of underlying rates of suicidal behavior or mental health diagnosis, largely determines variations in suicide mortality.
Reducing Risk for Firearm Suicide

- Temporary off-site storage options include with family members, friends, police departments, gun shops, shooting clubs, pawn shops.
  - In some states, Veterans may need to undergo a background check before reclaiming their firearms.
- Safe storage options in the home — preferably while giving key or safe combination to a loved one — include:
  - Cable lock
  - Trigger lock
  - Lock box
  - Life jacket
  - Gun safe / cabinet
- Just storing ammunition separately from guns reduces suicide risk.
Disseminating Lethal Means Safety

• Everyone has a role to play in promoting lethal means safety.
• Health care and social service providers are in a unique position to educate Veterans at risk, as well as their loved ones, about the importance of safe storage of lethal means.
• For non-VA providers, additional information and training can be found in the Suicide Prevention Resource Center’s Counseling on Access to Lethal Means (CALM) (sprc.org).
• Template Safety Planning Tool available HERE
• Firearm owners, dealers, shooting clubs, hunting organizations, and others can also help promote firearm safety and increase involvement in suicide prevention. Reach out to them!
Lethal Means Safety Counseling

• LMSC is a patient-centered, rather than one-size-fits-all, intervention.

• Effective LMSC involves careful consideration of language and approach. Whenever possible, it is an ongoing conversation that includes a Veteran’s loved ones.

• Factors that may affect your approach include:
  • Your relationship with the Veteran
  • Your knowledge about their access to firearms or lethal medications; their reasons for firearm ownership or the necessity of their medications
  • Your knowledge of and comfort with firearms or other means
  • The urgency of the situation
  • The Veteran’s willingness to consider changes

• We still have a lot to learn about what constitutes effective LMSC for Veterans.
When to Talk About Lethal Means Safety

**ACUTE**

<table>
<thead>
<tr>
<th>Essential Features</th>
<th>Action</th>
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<td>Suicide ideation with intent to die by suicide</td>
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**HIGH ACUTE RISK**

- **Essential Features**
  - Suicide ideation with intent to die by suicide
  - Inability to maintain safety independent of external support/help

- **Action**
  - Requires immediate psychiatric hospitalization to reduce the risk of suicide and target modificable factors.

**COMMON WARNING SIGNS**

- Agitation
- Recent contact with a mental health professional or provider
- History of self-harm
- Recent increase in substance use
- Recent change in mood or behavior
- Recent change in sleep patterns

**COMMON RISK FACTORS**

- Access to means
- Acute psychosocial stressors (e.g., job loss, relationship dissolution, relapse on alcohol)

**INTERMEDIATE ACUTE RISK**

- **Essential Features**
  - Suicide ideation to die by suicide
  - Ability to maintain safety, independent of external support/help

- **Action**
  - Consider psychiatric hospitalization, if related factors driving risk are responsive to inpatient treatment (e.g., acute psychosis).
  - Outpatient management of suicidal thoughts and/or behaviors should be intensive and include:
    - Frequent contact,
    - Regular re-treatment of risk, and
    - A well-articulated safety plan.

**Mental health treatment should also address co-occurring psychiatric symptoms.**
When to Talk About Lethal Means Safety
LMSC and Veterans With PTSD

• Many VA providers report that safe storage of firearms is particularly difficult for some Veterans with active symptoms of PTSD.

• For Veterans with PTSD, firearms may bring a sense of safety. Clinicians should focus first on collaborative safe storage practices and not immediately challenge them on a possible avoidance strategy.
  • Veterans with PTSD may have heightened concerns related to trust and safety that should be considered.

• Cognitive and exposure therapies can address trauma-related beliefs and physiological reactions regarding firearms and safety.
Messaging Matters

“Lots of Veterans have guns at home. What some Veterans in your situation have done is store their guns away from home until they’re feeling better, or lock them and ask someone they trust to hold onto the keys. If you have guns at home, I’m wondering if you’ve thought about a strategy like that. If temporarily storing them elsewhere is not an option, perhaps we can discuss some alternative ways to keep you safe until you’re feeling better.”

• Acknowledge their experience.
• Emphasize safety and autonomous choice.
Principles of Motivational Interviewing

• **Evocation:** The Veteran already possesses the critical elements of change (desire, ability, motivation, and need); it is up to the provider to draw these out.

• **Collaboration:** The Veteran is the expert and the provider is a resource; best results happen when these two work together.

• **Autonomy:** The Veteran, not the provider, must decide to change and to provide the motivation for it.
What to Say

• “How do you currently store your firearms/medications?”
• “What concerns do you have about storing them more safely?”
• “What would your friend tell you if s/he knew you were going through this?”
• “Who could hold the key to your gun lock/set the combination to your gun safe for awhile, until this rough part is over?”
• “How can you help keep yourself safe from substances that can make things worse (e.g., by removing alcohol or deleting a dealer’s number)?”
• “Who else can help support you during a difficult time? Are you interested in talking to someone else about this (e.g., discussing lethal means safety and other clinical resources with a peer)?”
• If the Veteran doesn’t want to take steps toward safe storage now: “How will we know when it’s time to take extra steps or do something differently?”
• “Let’s make a plan for following up on this.”
• “Can you think of anything else you could do to increase your safety during this tough time?”
What to Say

• “If I get rid of my guns, I will just use another method to kill myself.”
  • “Data suggest that this doesn’t happen very often.”
  • “Since firearms are so lethal, you’re still probably safer even if you do attempt with another method.”

• “I need my guns for self-defense.”
  • “In a study using data from the National Crime Victimization Survey, people reported that they defended themselves with a firearm in less than 1 percent of crimes.”
  • “What are the risks vs. benefits of having an unsafely stored firearm (e.g., harming yourself, harming someone else, the danger to children in the home vs. likelihood of defending yourself)_CF
  • “Are there other ways to defend yourself and your family (e.g., home alarm system, automatic light system, big dog)”
Are Firearm Owners Just More Suicidal Than Nonowners?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<td>... experienced a mental health problem?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>... seriously considered suicide?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>... attempted suicide?</td>
<td>Yes</td>
<td></td>
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Veterans’ Perspectives: 2015 National Firearm Survey

Percent of respondents reporting that it is “... at least sometimes appropriate to talk about this with a health care provider”

Locking Options

- Cable lock
- Trigger lock
- Lock box
- Lifejacket
- Gun safe / cabinet
HOW TO WORK THE LOCK

1. With the key in the clockwise position, insert the loose end of the cable into the padlock.
2. Turn the key counterclockwise to engage the lock and then remove the key.
3. Always double-check to confirm the cable is locked and secure.
4. Store the key to the firearm cable lock separately from both firearms and ammunition, and in a place that children can’t find.

BASIC SAFETY TIPS

NEVER PUT THE CABLE LOCK WITHIN THE TRIGGER GUARD.

Do not use the firearm with the cable lock in place.

BASICS OF SAFE HANDLING INCLUDE:

- Point the firearm in a safe direction
- Keep fingers off the trigger
- Keep unloaded when not in use

Remember to keep firearms locked and unloaded when not in use.
How to install cable lock into a firearm

**SEMI AUTOMATIC PISTOLS:** remove the magazine, and with the slide back, insert the cable part through the ejection port and out of the magazine well.

**REVOLVERS:** open the cylinder and insert the cable part through the barrel or through an empty chamber.

**MODERN SPORTING RIFLE:** With the charging handle and bolt locked back and the magazine removed, insert the cable through the ejection port and out the magazine well.

**SEMI AUTOMATIC or PUMP-ACTION SHOT FIREARMS:** put the bolt in the open position and insert the cable part through the ejection port and out of the loading port.

**BOLT ACTION RIFLES:** open the action or remove the bolt from the rifle. Then remove the magazine and insert the cable through the ejection port and out of the magazine well or the receiver assembly.

This cable lock can be used with many different firearms.

Make sure ALL firearms are UNLOADED before they are put away.
Veterans and Access to Lethal Medications

• About 98 percent of overdose attempts are not fatal.

• In 2016, **10 percent of male Veteran** and **32 percent of female Veteran** suicides were due to intentional poisoning.

• Most attention (appropriately) is now on opiate medications, both prescribed and unprescribed, and particularly for patients receiving both opiates and benzodiazepines.

• Other medications that are commonly implicated include:
  • Acetaminophen
  • Antipsychotics
  • Antidepressants
  • Antiseizure medications
Reducing Risk for Overdose

During periods of elevated suicide risk, options for preventing intentional or unintentional overdose include:

- Having a family member or friend administer medication in the correct dosage
- Asking a doctor or pharmacist to limit the number of refills or the quantity of pills prescribed
- Portioning out pills for a few days and locking the rest away or giving them to a trusted family member or friend
- Disposing of unused medication at a pharmacy or using safe home disposal kits
- Opioid Safety and Education and Naloxone distribution, targeted for those prescribed opioid medications, and for illicit opioid or heroin use
Medication Disposal Boxes at VAMC’s

- Med Safe program
  - Administered by VA Police Services
  - 2-5 unused medications can be disposed of at one time
  - No sharps or liquids
- Community-based programs
  - Periodic medication take-back programs held in various localities, hosted by local law enforcement
Mail-Back Envelope Marketing

Unused Medication Disposal Envelopes Now Available at your Veterans Administration Pharmacy

Avoid misuse by others and adverse effects to the environment by properly disposing of unused medications with a TakeAway Medication Recovery System Envelope.

- Safe and proper disposal from your home
- Convenient pre-paid return via the U.S. Postal System
- Accepts controlled substances (Schedules II-V) and non-controlled medications
- Envelopes are available at no-charge at your local VA Pharmacy

To Request a TakeAway Medication Recovery System Envelope, call or visit your VA Pharmacy below.

RID YOUR HOME OF POTENTIALLY DANGEROUS UNUSED MEDICATIONS!

Prevent misuse, diversion and adverse effects to the environment by properly disposing of unused medications with the TakeAway Medication Recovery System Envelope.

- Safe and proper disposal from your home
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Opioid Safety

• **Background of the Virginia Opioid Addiction Crisis**
  
  In November 2016, State Health Commissioner Marissa J. Levine, MD, MPH, FAAFP, declared the Virginia opioid addiction crisis a public health emergency.

• **Obtaining Naloxone**
  
  In response to the public health emergency, and in partnership with Virginia’s Board of Pharmacy, Department of Health Professions and Department of Behavioral Health and Developmental Services, Dr. Levine has issued a standing order that allows all Virginians to obtain the drug naloxone. The standing order serves as a prescription written for the general public, rather than specifically for an individual, removing a barrier to access. The standing order does not remove the cost of the drug if residents obtain naloxone through a private pharmacy.
Support

SUICIDE RISK MANAGEMENT Consultation Program
FOR PROVIDERS WHO SERVE VETERANS

Why worry alone?
The Suicide Risk Management Consultation Program provides free consultation for any provider, community or VA, who serves Veterans at risk for suicide.

Common consultation topics include:
- Risk Assessment
- Conceptualization of Suicide Risk
- Lethal Means Safety Counseling
- Strategies for How to Engage Veterans at High Risk
- Best Practices for Documentation
- Provider Support after a Suicide Loss (Postvention)

#NeverWorryAlone

To initiate a consult email:
SRMconsult@va.gov

www.mirecc.va.gov/vsni9/consult
Resources

**Rocky Mountain MIRECC for Suicide Prevention Firearm Safety Webpage.** This webpage provides additional information to Veterans and their families about firearm safety for suicide prevention, and the ability to request additional firearm safety cable locks for free. Safe Storage Matters. [www.mirecc.va.gov/visn19/lethalmeanssafety/](http://www.mirecc.va.gov/visn19/lethalmeanssafety/)

**Veterans/Military Crisis Line.** If you or someone you know is in crisis, call **1-800-273-8255** (press 1 for Military or Veterans) to be connected with qualified, caring responders 24 hours a day, 7 days a week. Many counselors are Veterans themselves, providing confidential support on the toll-free hotline, online chat, and text-messaging service. Text to 838255 or chat online at [www.VeteransCrisisLine.net/Chat](http://www.VeteransCrisisLine.net/Chat)

Resources

**Suicide Prevention Lifeline.** When you dial **1-800-273-TALK (8255)**, you are calling the crisis center in the Lifeline network closest to your location. You will be helped by a skilled, trained crisis worker who will listen to your problems and will tell you about mental health services in your area. Your call is confidential and free.

**Prevención del Suicidio.** Una persona capacitada le escuchará y hablará con usted. Si es necesario, podrá darle información sobre recursos o servicios existentes en su comunidad que podrán prestarle ayuda después de la llamada. Siempre puede usted volver a llamar al número **1-888-628-9454** si lo necesita o lo desea.

**Make the Connection.** Connect with Veterans and find information, support and inspiration to overcome challenges. [www.maketheconnection.net](http://www.maketheconnection.net)

**Suicide Prevention Coordinator.** Contact your local VA Suicide Prevention Coordinator for additional information and firearm safety materials. [www.VeteransCrisisLine.net/ResourceLocator](http://www.VeteransCrisisLine.net/ResourceLocator)

**Means Matter.**
The Harvard Injury Control Research Center Means Matter campaign is dedicated to activities that promote safety and prevent firearm injury by reducing a suicidal person’s access to lethal means. [www.hsph.harvard.edu/means-matter/](http://www.hsph.harvard.edu/means-matter/)
Thank you

Local VA and Suicide Prevention Resource Locator:
https://www.veteranscrisisline.net/get-help/local-resources

#Be There www.bethereforveterans.com
Department of Veterans Affairs Suicide Prevention Coordinator Points of Contact, by region:

**Hampton VA Medical Center:**
Susan Lawver  (757) 722-9961 ext. 3355  Susan.Lawver@va.gov

**Martinsburg VA Medical Center:**
Jill Finkle  (304) 263-0811 ext. 3624  Jill.Finkle@va.gov

**Mountain Home VA Medical Center:**
Laura Rasnake  (423) 926-1171 ext. 7703  Laura.Rasnake@va.gov

**Richmond VA Medical Center:**
Laura Pond  (804) 675-5000 ext. 4554  Laura.Pond@va.gov

**Salem VA Medical Center:**
Alicia Dudley  (540) 982-2463 ext. 2436  Alicia.Dudley@va.gov

**Washington VA Medical Center:**
Valerie Ajuonuma  (202) 745-8000 ext. 54999  Valerie.Ajuonuma@va.gov