

Collaborating with Gun Owners on Suicide Prevention: Part of a Public Health Approach to Reducing Gun Deaths

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Prepared for the Committee on Ways and Means

Oversight Subcommittee

U.S. House of Representatives

Hearing on

“The Public Health Consequences and Costs of Gun Violence”

September 26, 2019

1. Introduction

Chairman Lewis, Ranking Member Kelly, and members of the Subcommittee: thank you for the opportunity to testify today on the importance of collaborating with gun owners on suicide prevention as part of a public health approach to reducing gun deaths. My name is Morissa Henn and I serve as Community Health Program Director at Intermountain Healthcare. We are a non-profit, integrated health system based in Salt Lake City, Utah whose mission of “helping people live the healthiest lives possible[®]” extends beyond our 24 hospitals and 180 clinics and into the communities of the Mountain West region we serve.

2. Lethal Means Reduction

Firearms account for half of suicides in the United States. Roughly two-thirds of all deaths from gunshot wounds in America are suicides. In Utah, it’s even higher: 85% of all gun deaths are suicides (Barber et al., 2018). Despite steadily intensifying federal and state efforts over the past 20 years, suicide rates remain high across the country—and, indeed, higher today than at any other time since Surgeon General David Satcher issued a 1999 call to action urging the United States to “address suicide as a significant public health problem.”

One of the reasons is that our country has not yet grappled with the inextricable link between suicide and firearms. Many people are surprised to learn that there is very limited evidence behind most existing strategies to prevent suicide. One of the *only* empirically-based, high-impact suicide prevention strategies is reducing access to lethal means—which, in the United States, means reducing access to firearms for people who are at risk for suicide (Mann et al., 2005; Zalsman et al., 2016). International studies have found that when widely-used, highly lethal means are made less available or less lethal, suicide rates overall decline by 30-50%. Notable examples are detoxification of domestic gas in England, reduced toxicity of pesticides in Sri Lanka, and reduced access to military firearms in Israel and Switzerland (Barber & Miller, 2014).

Firearms are fast and fatal; when used, about 85% of suicide attempts with a gun result in death, compared to 2% or lower for the other most common methods (Spicer & Miller, 2000). A main reason the lethal means reduction strategy works is that many suicide attempts occur during a short-term crisis (Simon et al., 2001; Deisenhammer et al., 2009). If a person has access to a gun during this high-risk time and uses it, he or she is likely to die (Spicer & Miller, 2000). But if a person chooses a less lethal method, he or she is not only more likely to survive that attempt, but is likely to survive, period; 90% of survivors of non-fatal attempts do not go on to die by suicide later (Carroll, Metcalfe, & Gunnell, 2014).

Despite evidence at the population level that lethal means reduction saves lives, it is not a widespread approach in the United States (Barber & Miller, 2014). However, awareness has grown in recent years, particularly after Surgeon General Regina Benjamin issued a 2012 National Strategy that called for reducing access to lethal means for high-risk individuals as part of a public health approach to suicide prevention (Runyan, Brooks-Russell, & Betz, 2019; HHS, 2012).

3. Collaboration with Gun Owners

Representing Intermountain Healthcare, I have been fortunate to join a coalition of health professionals, gun owners, and other stakeholders who are working together to prevent firearm suicide in Utah. Finding common ground hasn't always been easy. There is something unexpected, even paradoxical about such partnership—first, because most people would assume that the two groups have opposite interests in mind relative to gun violence, and second because the reality of suicide being driven by gun access (and gun deaths being driven by suicide) is only beginning to gain widespread public attention.

In my experience, building productive and trusting relationships with gun owners on suicide has made us all think bigger, rooted the efforts in real-world context, and connected the data with culturally-relevant messages and best-positioned messengers. Over time, I have learned that advancing these non-traditional partnerships is not only *possible*, but is a critical step if we are going to move the dial on gun deaths in America.

The factors that have made this partnership a success include a high degree of respect for individuals' differing political, moral, and cultural beliefs as it relates to firearms, and repeated emphasis on a common goal. Participants do not expect to agree on gun policy, but instead aim to reduce death and suffering by advancing a new social norm that no person *in suicidal crisis* should have ready access to a firearm. Similar to the way that shifts in social norms around drunk driving did not require all-out bans on cars or on alcohol, a shift in voluntarily putting space and time between a suicidal impulse and a gun is framed in our coalition as a preventive, not prohibitive, strategy. That small shift in framing opens the door to dialogue.

4. Examples of our Work

I would like to share a few examples of our coalition's community-oriented suicide prevention approaches:

1. **Clinical Protocols and Trainings** – With support and input from gun owners, we are training health professionals across our state to engage in brief counseling interventions to reduce access to lethal means for high-risk patients. The evidence looks promising: an emergency department study based on this model found that, among gun-owning parents of suicidal youth who received such counseling, 33% had unlocked guns at home the day of the ED visit; on follow up, none did (Runyan, Becker, Brandspigel, Barber, & Novins, 2016).
2. **Epidemiological Research** – In 2017, the Utah Legislature passed HB 440, calling for a Suicide Prevention and Gun Study. It is unlikely this legislation would have passed without the bipartisan and broad-based support grounded in our coalition work. This study has provided diverse stakeholders with critical data that are directly informing prevention. It exemplifies how gun-related research can bring people and data together to drive collective action. More support is needed for gun research. Even at

my alma mater Harvard—arguably the wealthiest university on the planet—public health researchers are scraping by on minuscule budgets to investigate important firearm issues.

3. **Firearm Instruction Curricula** – Our coalition helped to develop a suicide prevention module for firearm instructors that was adopted by the state curriculum for Concealed Firearm Permit seekers. Buy-in has been remarkable—79% of concealed carry instructors support the module.
4. **Safe Harbor Law** – Under Utah’s Safe Harbor Law, gun owners or their co-habitants can temporarily store firearms free of charge with law enforcement if they believe someone at home is a danger to self or others. Working with gun owners, we are engaging in efforts to educate the public about this law, and about other options for temporarily and safely storing firearms outside of the home while someone is struggling.
5. **Social Norms Campaign** – Just this week, Intermountain Healthcare came together with government, faith, business, and firearm stakeholders to announce a \$2 million statewide media and education campaign. This venture—in which private donations were matched by public dollars—represents the first time Utah has taken on a comprehensive, population-oriented, rigorously-evaluated campaign around the issue of suicide and lethal means reduction.

While we do not fully know whether the interventions in individual states like ours impact suicidal behavior, the short-term wins have created momentum—and we are optimistic that such efforts, at scale, will ultimately contribute to reductions in suicide rates.

5. Conclusion

Solely relying on enactment and enforcement of firearm regulations is unlikely to succeed in the political and cultural context of states like Utah, due to the extremely high popularity and availability of guns. To mitigate gun violence across the United States, Congress should:

1. **Support investment in lethal means reduction strategies like Utah’s** – just as in public health victories related to tobacco and alcohol, these approaches help people take smart steps to live more safely with products that can cause significant harm.
2. **Provide more federal funding for gun research** – such research is desperately needed to answer key questions, such as who carries guns, how often guns are stolen and under what conditions, the frequency of gun use in self-defense, and how to reduce suicide through lethal means counseling by health professionals.

3. **Create political space in Congress for more open dialogue** – engaging firearm owners and non-firearm owners in trusting partnerships can help us advance life-saving messages and behaviors.

Much work, across multiple sectors, remains to be done to prevent gun deaths. At the same time, greater efforts like Utah's—on training, research, storage, and social norms change—could help save tens of thousands of lives a year. While America remains home to more guns than people, we can take a combination of practical steps to stop the bleeding. There are too many lives at stake for us not to find common ground. Thank you.

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