

# Suicide Prevention



## *SUICIDE and ACCESS TO MEANS*

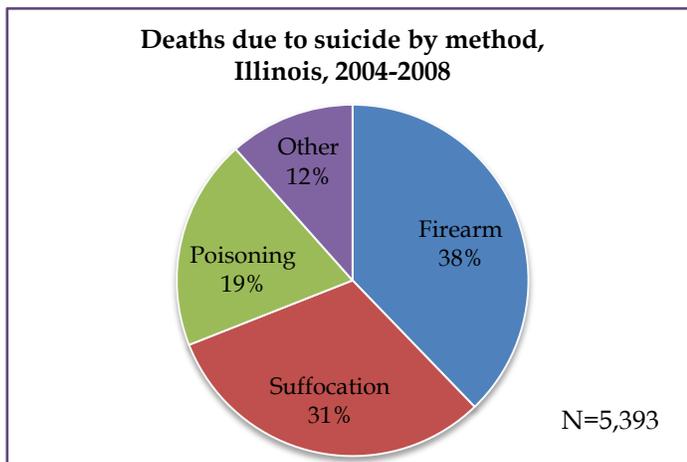
Suicides remain a serious problem in the United States. Annually, more than 30,000 people take their lives in the United States; of those, more than 1,000 are Illinoisans. One avenue to prevent suicide attempts is to understand the various means (methods) a suicidal individual may have access to – carbon monoxide, cut/pierce, fall, firearm, motor vehicle crash, poisoning/overdose, suffocation – and what strategies can be implemented to limit their access to these means.

It is important to recognize the incidence of a suicide attempt is closely related to the access to the means of that attempt (e.g., an easy access to a dangerous type or quantity of drugs increases the likelihood of a suicide attempt by overdose). In addition, many suicide attempts are made impulsively during a short-term crisis period – such as moments of panic or despair. Once the short-term crisis has passed, 90 percent of individuals who attempt suicide do not go on to die by suicide. If highly lethal means are made less available to impulsive attempters, then the odds are better for survival. An effective suicide prevention strategy is to separate a suicidal person from available means.

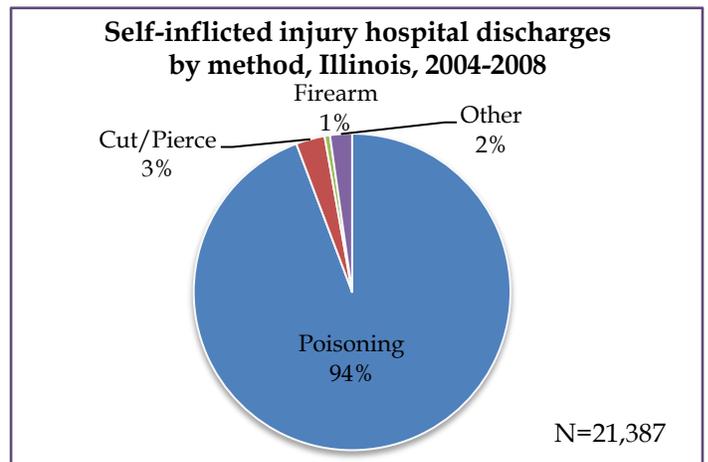
The following pages will discuss the leading methods by gender, age and race/ethnicity, in addition to outlining protective factors and prevention strategies to limit access to means of suicide.

## LEADING METHODS

From 2004 to 2008, there were 5,393 deaths due to suicide in Illinois and 21,387 self-inflicted, non-fatal injuries that resulted in hospitalization. Suicide due to firearms occurred in 2,050 people (38%), 1,672 deaths occurred by suffocation (31%) and 1,025 deaths occurred by poisoning (19%). This data are in contrast to the non-fatal suicide attempt data. The majority of non-fatal self-inflicted injuries occurred by poisoning (94%).



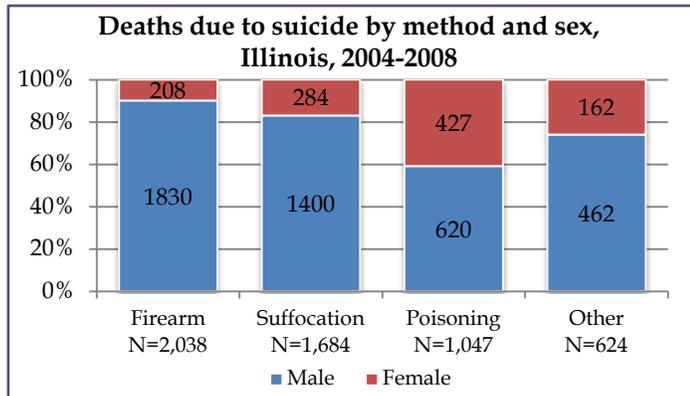
Source: IDPH, Center for Health Statistics



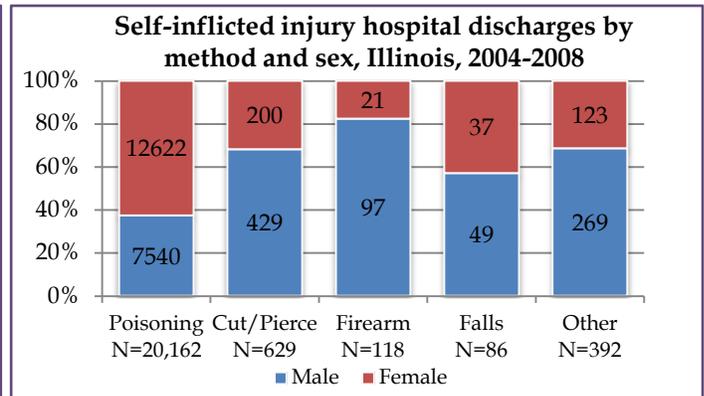
Source: IDPH, Division of Patient Safety and Quality

## Leading methods by gender

The majority (80%) of people who died by suicide in Illinois from 2004 to 2008 were males (4,314 compared to 1,079 among females). The leading causes of suicide among men are firearm (1,834), suffocation (1,398) and poisoning (618). The leading causes of suicide among females are poisoning (429), suffocation (286) and firearms (204). Males account for 90 percent of all firearm-related suicide deaths and 82 percent of all firearm-related hospitalizations. Females account for 41 percent of all deaths by suicide due to poisoning and 63 percent of the self-inflicted poison-related hospitalizations. The leading causes of self-inflicted injury hospitalizations for men and women are due to poisoning (7,540 and 12,622 respectively), cut/pierce (429 and 200), and other (269 and 123). (Note: Counts are displayed on figures, not percents, to show the burden of deaths and hospitalizations.)



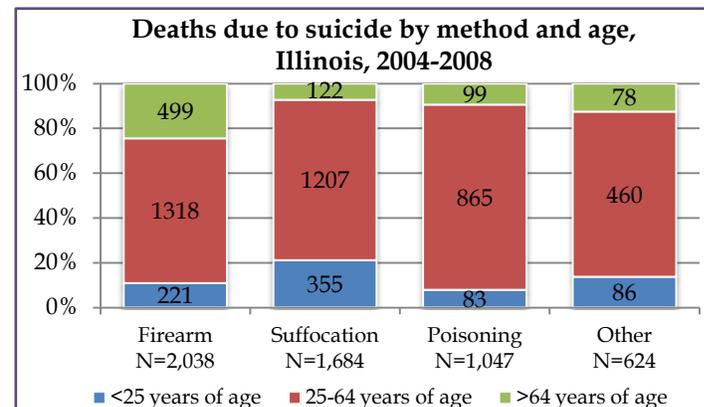
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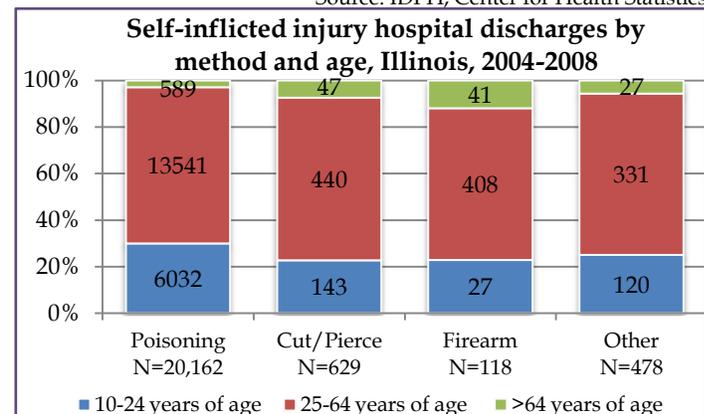
Source: IDPH, Division of Patient Safety and Quality

## Leading methods by age group

From 2004 to 2008, most people who died by suicide (71%) were 25 to 64 years of age (3,850), followed by people 64 years of age and older (798) and people less than 25 years of age (748). The leading causes of death by suicide in people 25 to 64 years of age were firearm (1,318), suffocation (1,207) and poisoning (865). The leading causes of death by suicide of people under 25 years of age were suffocation (355), firearm (221) and poisoning (83). The leading causes of death by suicide in people ages 64 and older were firearm (499), suffocation (122) and poisoning (99). People 25 to 64 years of age also accounted for the majority (67%) of hospital discharges related to self-inflicted injuries (14,389) followed by people 10 to 24 years of age (6,323) and people 64 years of age and older (677). Poisoning was the leading cause of hospitalization across all age groups.



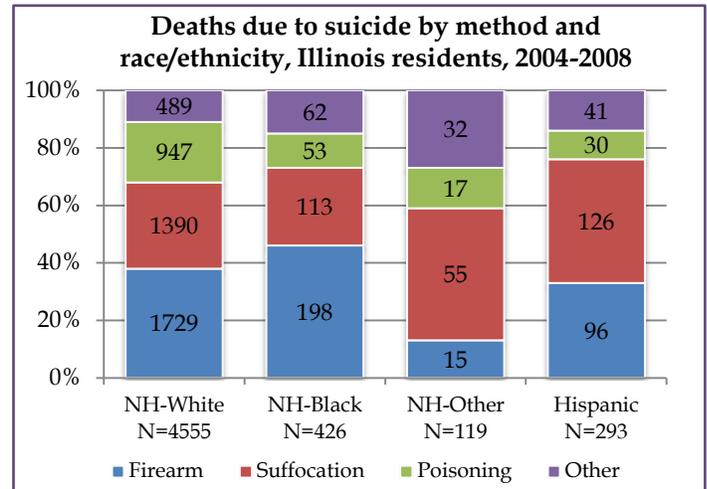
Source: IDPH, Center for Health Statistics



Source: IDPH, Division of Patient Safety and Quality

## Leading methods by race/ethnicity

The majority (84%) of suicides in Illinois from 2004 to 2008 occurred in non-Hispanic (NH) whites (4,555). Suicide due to firearms was the leading method of suicide death among Non-Hispanic whites (1,729) and non-Hispanic blacks (198) followed by suffocation (1,390 and 113). However, suicide due to suffocation is the leading method among non-Hispanic others (55) and Hispanics (126). Self-inflicted hospitalization data by race/ethnicity is unavailable for the same time period. In 2010, the hospitalization rate for suicides was highest among whites (86 per 100,000) followed by blacks (68 per 100,000) and Hispanics (42 per 100,000).



Source: IDPH, Center for Health Statistics

## CERTAIN METHODS INCREASE RISK

Many of the methods of suicide are readily available to people who are suicidal. Suicide by any method is nearly always directly related to the availability of that method. The most common method of suicide is firearms, while medications and other drugs are the most common method used in suicide attempts. Alcohol can increase the risk of suicide. Means restriction can prevent a suicide even if it doesn't prevent a suicide attempt. Means restriction can have the effect of delaying a suicide attempt. This can allow for reconsideration of the suicide plan and increased possibility of medical rescue.

### Firearms

Suicide by a gun is different from other means of suicide in that it is more lethal. Attempts by other means, such as a drug overdose or carbon dioxide exposure, require a longer time to complete. Thus, there is greater opportunity for rescue. Suicide by gun does not have the same delay factor; a gunshot can be immediately lethal and offers no opportunity to choose an alternative. Suicides attempted with a gun result in death 90 percent of the time, thus a suicide attempt with a firearm rarely affords a second chance or opportunity to back out or to be rescued.

### Alcohol

A person increases their risk of suicide when alcohol is added to the situation. Not only does alcohol increase the likelihood of an individual making a risky choice, it also can serve as a lethal drug overdose. It is also important to recognize alcohol is a depressant and it can reduce a person's ability to consider consequences.

# PROTECTIVE FACTORS

## *Firearms*

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The type and way in which a firearm is stored also can increase the risk for suicide. A higher risk of suicide is associated with handguns, loaded guns, and unlocked guns than long guns, unloaded guns and locked guns, respectively. The best approach to limiting access to firearms is to store them away from the home until the suicidal person is no longer at risk. Ask someone you trust to hold onto the firearm until the situation improves (verify they are not prohibited from possessing a firearm.) As another option, some storage facilities, gun stores, shooting clubs and police departments may be able to store the firearm. If a family no longer wants the firearm, ask the local police department to see if they will dispose of the firearm. If storing firearms away from the home is not an option, then make a plan to lock the firearms and have someone else hold onto the key. Consider if the suicidal individual has access to firearms outside of the home – e.g., joint custody situations, grandparents, hunting buddies and friends – and discuss with those individuals concerns about limiting access to means.

The firearm should be unloaded, locked up and the ammunition stored separately.

- *Unload* - The firearms should be unloaded by someone knowledgeable about guns to ensure ammunition is not in the chamber.
- *Lock up* - Options for locking up firearms include a lock box or safe, trigger locks and cable locks. Do not store firearms in cabinets with glass fronts or in containers with hinges or locks that can be easily broken or picked.
- *Store ammunition separately* - Place ammunition in a locked container, separate from the firearm.

## *Poisonings/overdose*

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Family members and other people who live with a person at risk of suicide can serve a key role in reducing access to medications and removing unneeded medications.

- *Necessary medications* - only keep non-lethal quantities readily available. Talk to your doctor or pharmacist about what is a safe quantity. Lock up prescriptions that are abuse-prone drugs or would be dangerous in an overdose – e.g., painkillers, anti-anxiety pills, amphetamines, sedatives and tranquilizers.
- *Unneeded medications* - utilize community prescription drug take-back or collections program to properly disposal of prescription drugs. If there is not a program, remove the prescription drugs from their original containers; mix it with an undesirable substance, such as cat litter or used coffee grounds; put the mixture into a disposable container with a lid; and place it in the trash. Also, conceal and remove any personal information from the empty prescription container before throwing it away.

## *Suffocation and other methods*

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Suffocation is a leading cause of suicide; however, it is challenging to implement prevention strategies for this category - similar to other means which also are difficult to limit access – e.g., cars or other vehicles, ropes or ligatures, sharp objects. If a suicidal individual talks about using any of these methods, it is important to take steps to reduce access.

# PREVENTION/INTERVENTION STRATEGIES

## *Strategies for the home*

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- Review strategies included in the above *Protective Factors* section.
- Constantly supervise individuals who are actively suicidal.
- Educate families about the risk of keeping a gun in the home, especially if there is an at-risk family member.
- Encourage families to remove firearms from their homes. Alternatively, encourage families to keep firearms well-secured, stored unloaded and locked to avoid them being used in a suicide.
- Educate families/households on the lethality of household chemicals, over-the-counter drugs and prescription drugs, and about how to keep them away from at-risk people.
- Keep alcohol away from at-risk people by removing alcohol from the home, keeping only small quantities or keeping alcohol in a locked cabinet.
- Make sure homes and garages are well-ventilated to reduce auto exhaust poisoning or other gaseous poisoning.

## *Strategies for the community*

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- Educate communities on what they can do to reduce access to means of suicide.
- Start a community campaign about safe gun storage, safe chemical storage and the role alcohol plays in suicide.
- Health care facilities and professionals, churches, schools, business organizations and community groups should be involved in an education campaign to reduce access to means of suicide, targeting their specific audiences.

### **Physicians**

- Be attentive when prescribing medications if a patient is depressed or suicidal. Strategies include:
  - Prescribe lower-toxicity rather than higher-toxicity medication
  - Limit medication to quantities that will not do serious harm
  - Consider requiring weekly refills
  - Assess how other medications and the patient's use of alcohol may impact your patient if combined with the medication you are prescribing
  - Consult the Poison Control Hotline to determine safe quantities of medication
- Ask patients about their access to means and explain why you are asking.

### **Counselors** - *Counseling on access to means is one part of a comprehensive safety plan*

- Ask your patients or clients about their access to means, as part of your suicide assessment, even if the suicidal person indicates they do not have a plan.
- Work with family members of suicidal clients to reduce their access to means.

- Utilize the law-making process to enact restrictions on means, such as mandatory locks for firearms and mandatory storage requirements.
- Work with government and regulatory agencies to reduce lethality or lethal-dose quantities of means, such as over-the-counter medicines, household chemicals, natural gas from stoves or auto exhaust.
- Work with industries that produce these methods to make them less deadly or less likely to be used for suicide. Continue the implementation of such product developments as blister-packs, lower dosages per pill and fewer numbers of pills per bottle to help reduce overdose from over-the-counter medications.
- Introduce barriers to railroad tracks, tall buildings or bridges so people cannot easily utilize these methods for suicide.

## LOOKING FOR HELP

Call 9-1-1 or seek immediate help from a mental health provider when you hear or see someone that is:

- threatening to hurt or kill themselves
- looking for ways to kill themselves (e.g., seeking access to pills, weapons or other means)
- talking or writing about death, dying or suicide

Contact a mental health professional or call the National Suicide Prevention Lifeline at 800-273-TALK (800-273-8255) for a referral should you witness, hear or see anyone with one or more of these behaviors:

- hopelessness
- rage, anger, seeking revenge
- acting reckless or engaging in risky activities, seemingly without thinking
- feeling trapped – like there's no way out
- increasing alcohol or drug use
- withdrawing from friends, family or society
- anxiety, agitation, unable to sleep or sleeping all the time
- dramatic mood changes
- no reason for living; no sense of purpose in life

## RESOURCES

More information about suicide can be obtained from the following organizations:

- ***Suicide Prevention Resource Center*** - [www.sprc.org](http://www.sprc.org)
- ***National Center for Injury Prevention and Control*** - [www.cdc.gov/ncipc](http://www.cdc.gov/ncipc)
- ***National Strategy for Suicide Prevention*** - <http://mentalhealth.samhsa.gov/suicideprevention/>

Information compiled from the following sources:

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- Suicide Prevention Resource Center. (2011, October). *Counseling on Access to Lethal Means (CLAM)*. Retrieved March 6, 2012, from Suicide Prevention Online Training: <http://training.sprc.org>
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- U.S. Office of National Drug Control Policy. (February 2007.), *Proper Disposal of Prescription Drugs*. [https://www.ncjrs.gov/ondcppubs/publications/pdf/prescrip\\_disposal.pdf](https://www.ncjrs.gov/ondcppubs/publications/pdf/prescrip_disposal.pdf)