

VA



U.S. Department
of Veterans Affairs

Lethal Means Safety

*Southern Arizona VA Health Care System
Suicide Prevention Program*

A Little Housekeeping Before We Start:

- Suicide is an intense topic for some people.
 - If you need to take a break, or step away, please do so.
 - Immediate Resources:
 - National Suicide and Crisis Lifeline: 988
 - Service members and Veterans should press 1 to connect with the Veterans Crisis Line... **988 then Press 1**
 - Local law enforcement

Overview

- Facts about Suicide
- Lethal Means Safety and Lethal Means Safety Counseling
- Helpful tips for storing firearms, medications, and other lethal means

What is Suicide Prevention?

Prevention means participating in activities that are implemented prior to the onset of suicidal events. Prevention activities are designed to reduce the potential suicide events.

Facts About Suicide

Suicide as a National Problem

- Suicide is a national issue, with rising rates of suicide in the general population. In addition, suicide rates are higher, and are rising faster, among Veterans than among non-Veteran adults.
 - Societal factors, such as economic disparities, race/ethnicity/LGBTQIA+ disparities, homelessness, social connection and isolation, and health and well-being, play additional roles in suicide.
 - Coronavirus Disease 2019 (COVID-19) pandemic has also placed additional strain on our Nation and on individuals and communities
- One suicide is heartbreaking, notably affecting an estimated 135 surviving individuals for each death by suicide.
- Our nation grieves with each suicide, necessarily prompting the collective tireless pursuit of evidence-based clinical interventions and community prevention strategies, critical to the implementation of VA's National Strategy for Preventing Veteran Suicide.

Key Data: Average Number of Suicide Deaths/Day

- The average number of suicide deaths per day increased within the general U.S. population.
- In U.S. adults, the average rose from 86.6 per day in 2005 to 124.4 in 2017 and 127.4 in 2018.
- The average number of Veteran suicides per day rose from 16.6 in 2005 to 17.6 in 2018.
- From 2017 to 2018, the average number of Veteran suicides per day rose from 17.5 to 17.6.

Table 1. Total and Daily Average Number of Veteran Suicide Deaths, 2005–2018

Year	Suicide Deaths	Average per Day
2005	6,056	16.6
2006	5,968	16.4
2007	6,174	16.9
2008	6,489	17.7
2009	6,455	17.7
2010	6,472	17.7
2011	6,375	17.5
2012	6,383	17.4
2013	6,443	17.7
2014	6,587	18.0
2015	6,554	18.0
2016	6,310	17.2
2017	6,399	17.5
2018	6,435	17.6

Key Data - Lethal Means

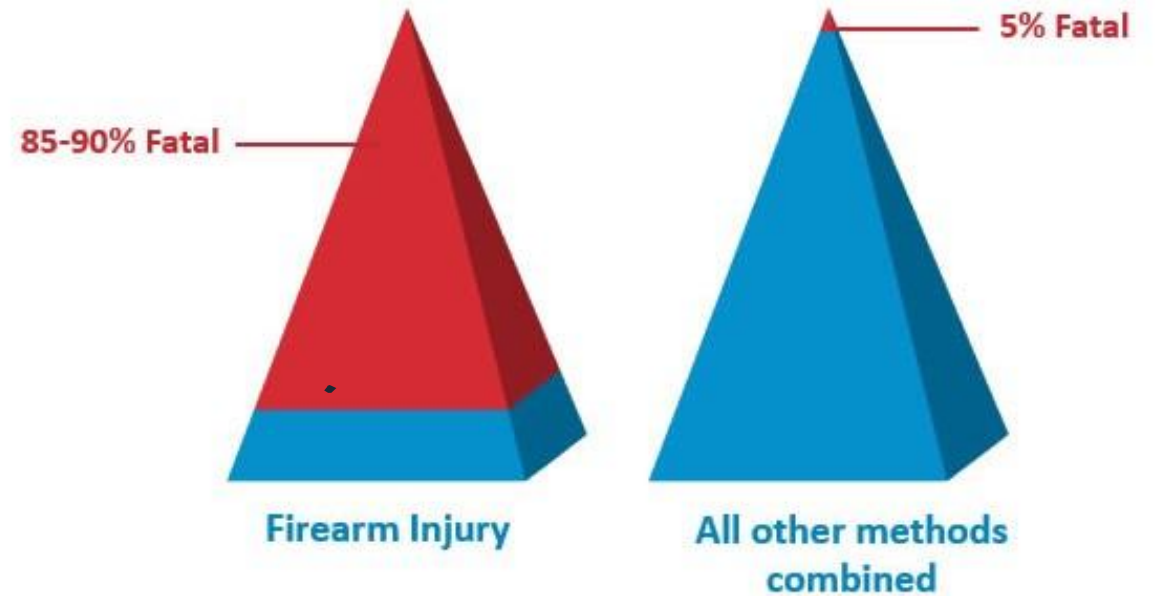
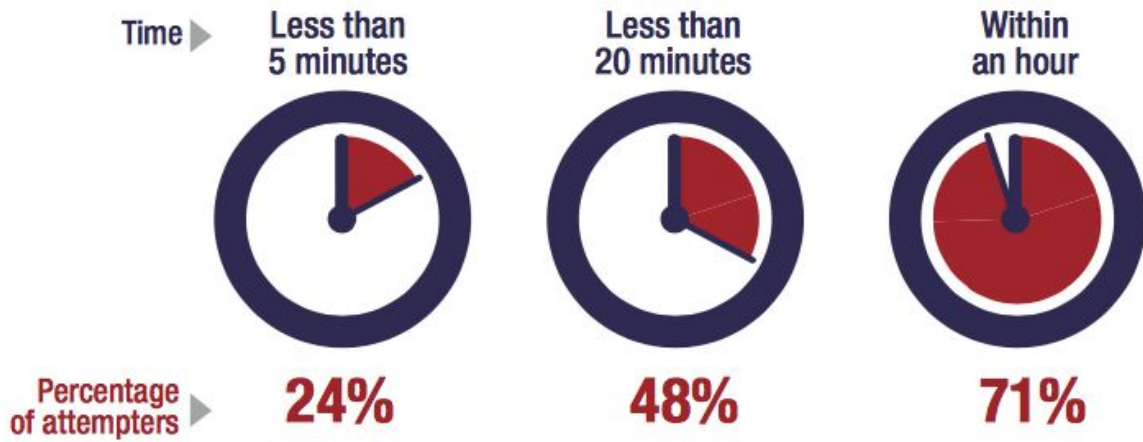
Method	Percentage of Non-Veteran Adult Suicide Deaths	Percentage of Veteran Suicide Deaths	Percentage of Male Non-Veteran Adult Suicide Deaths	Percentage of Male Veteran Suicide Deaths	Percentage of Female Non-Veteran Adult Suicide Deaths	Percentage of Female Veteran Suicide Deaths
Firearm	48.2%	68.2%	53.5%	69.4%	31.7%	41.9%
Poisoning	13.8%	9.5%	8.5%	8.5%	30.3%	31.6%
Suffocation	29.5%	17.1%	29.8%	16.9%	28.4%	20.3%
Other	8.5%	5.2%	8.2%	5.2%	9.6%	6.2%

- In 2018, firearms were the method of suicide in 69.4% of male Veteran suicide deaths and 41.9% of female Veteran suicide deaths.
- The percent of suicides that involved firearms was greater among Veteran men and women than among non-Veteran men and women.

Firearms and Safety

- Firearm injury is the most common method among Veterans. In 2019, firearms were the method of suicide in 70.2% of male Veteran suicide deaths and 49.8% of female Veteran suicide deaths, according to the 2021 National Veteran Suicide Prevention Annual Report.
- Though the female Veteran suicide rate (unadjusted) decreased by nearly 13% in 2019 and the male Veteran suicide rate decreased by nearly 4%, female and male Veterans alike continue to die by firearm-related suicide at notably higher proportions than their non-Veteran peers.
- Owning a handgun is associated with a two-fold increase in suicide risk. Storing a firearm is associated with a four-fold increase in suicide risk.

Time From Decision to Action < 1 Hour



CDC WISQARS: Deaths from death certificate data; nonfatal incidents estimated from national sample of hospital emergency departments

Source: Simon, T.R., Swann, A.C., Powell, K.E., Potter, L.B., Kresnow, M., and O'Carroll, P.W. Characteristics of Impulsive Suicide Attempts and Attempters. SLTB. 2001; 32(supp):49-59.

Source: CDC WISQARS and US Dept. of Veterans Affairs <https://www.mirecc.va.gov/lethalmeanssafety/facts/>

Time From Decision to Action < 1 Hour

Notes from previous slide:

- The time between when a person decides to die by suicide and they act on the decision is often very short. A 2005 study found that 71% of attempters estimating that the process took less than an hour. This reality underscores the importance of reducing access to means for those who are at elevated risk for suicide, until the risk period passes.

- Access to lethal means increases suicide risk for everyone living in the home
- Acute phase of a suicidal crisis is often brief.
- Building in time and space—even 30-60 minutes—between impulse to act and the means to harm one’s self saves lives

- We know that people rarely “substitute” one means for another. So, it is important to restrict whichever means they have in mind to use.

- Means matter—how a person attempts suicide impacts how fatal the injury will be.
- About 90% of firearm-related suicide attempts are fatal, as compared to approximately 5% of suicide attempts by all other mechanisms combined
- Most who survive a nonfatal suicide attempt do not go on to die by suicide

Suicide is preventable.

Suicide is preventable, and preventive treatment works.

Every day, people across the nation reach out for support and are able to live healthy, productive lives.

Suicide is a Complex Issue with No Single Cause

- There is no single cause of suicide.
- Suicide is often the result of a complex interaction of risk and protective factors at the individual, community, and societal levels.
- Risk factors are characteristics that are associated with an increased likelihood of suicidal behaviors. Protective factors can help offset risk factors.
- To prevent Veteran suicide, we must maximize protective factors while minimizing risk factors at all levels, throughout communities nationwide.

VA Suicide Prevention

https://www.mentalhealth.va.gov/suicide_prevention/index.asp

Veterans Looking for Support

<https://www.mentalhealth.va.gov/mental-health-recovery/index.asp>

Lethal Means Safety

What is it?

Promoting Lethal Means Safety

Lethal means are objects (e.g., medications, firearms, sharp instruments) that can be used to inflict *self-directed violence*. Lethal Means Safety (LMS) is an intentional, voluntary practice to reduce one's suicide risk by limiting access to those lethal means.

https://www.mirecc.va.gov/visn19/education/sdvtree/sdv_tree.asp

Evidence-based component of a comprehensive suicide prevention strategy

- Priority Goal 1 - *REDUCING MILITARY AND VETERAN SUICIDE: ADVANCING A COMPREHENSIVE, CROSS-SECTOR, EVIDENCE-INFORMED PUBLIC HEALTH STRATEGY (The White House)* **Focuses on ensuring time and space between a person and a crisis, and their access to lethal means, including firearms and medications.**
- Goal 6 - *Department of Veterans Affairs (VA) 2018-2028 National Strategy for Preventing Veteran Suicide* is a strategic direction **promoting efforts to reduce access to lethal means.**
- Recommendation 18 - *VA/Department of Defense Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide* is **reducing access to lethal means to decrease suicide risk at the population level.**
- Recommendation 8 - *President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS)* is to **increase implementation of programs focused on lethal means safety.**

Why Lethal Means Safety is IMPORTANT

- Individuals who reduce their access to lethal means during times of heightened risk are reducing their risk of dying by suicide.
- Increasing time and distance between someone with suicidal intent and lethal means can reduce suicide risk.
- Providers are encouraged to discuss lethal means safety with any patient they believe would benefit from this risk mitigation strategy, and with Veterans who are at Intermediate or High, Acute or Chronic suicide risk via the ***Therapeutic Risk Management Risk Stratification Table***

https://www.mirecc.va.gov/visn19/trm/docs/RM_MIRECC_SuicideRisk_Table.pdf

Lethal Means Safety & Suicide Prevention <https://www.mirecc.va.gov/visn19/lethalmeanssafety/>

Lethal Means Safety and Suicide Prevention video <https://youtu.be/vM8gGm2dgsE>

Why Lethal Means Safety is IMPORTANT

- Nine in ten of those who survive a suicide attempt do not go on to die by suicide.
- Not all methods are equal with respect to lethality.
- Patients may not have access to or consider multiple means of suicide and will often choose a method that is readily available. Thus, reducing access to one method might be critical.
- Suicidal crises are often brief and temporary. Among 153 survivors of nearly lethal suicide attempts, 24% said it took less than five minutes for them to act on a suicidal impulse.

VA Firearm Suicide Prevention & Lethal Means Safety <https://www.va.gov/reach/lethal-means/>

Lethal Means Safety and Suicide Prevention video <https://youtu.be/vM8gGm2dgsE>

Providers Supporting Patients in Making Decisions about Lethal Means Safety

- **Lethal Means Safety Counseling (LMSC)** is a patient-centered approach to promoting safety behaviors by aligning evidence-based recommendations with patients' preferences and values
 - **Patient-centered**
 - Key is to identify to what extent potential recommendations are acceptable and achievable by your patient.
 - **Flexible**
 - There is no “one-size-fits-all” recommendation that can be used for all patients.
 - **Similar to other behavior change conversations**
 - Recognizing that behavior change can be challenging will help align your expectations with your clinical experiences. Behavior change takes time but incremental improvements in safety are important and protective. Follow-up conversations may be helpful, when possible, in supporting your patients.

Firearm-specific Lethal Means Safety

Temporarily remove firearms from the household and adjacent area, including garages and vehicles. How?

- Have a trusted family member, friend, or fellow Veteran to hold the firearm(s)*
- Rent a personal storage unit
- Contact local resources to inquire about storage options
- Shooting ranges, firearm clubs, or firearms retailers
- Law enforcement
- Pawn shops
- Sell or pawn the firearm
- Remove ammunition from the household

There are sociocultural values and reasons for lethal means ownership or access that should be considered in discussions with Veterans

Firearm-specific Lethal Means Safety

When recommending that a Veteran transfer his or her firearm to another individual, it is important to remember two issues:

1. Firearms should not be transferred to other individuals who themselves are at risk of suicide or unintentional injury, nor to individuals who reside in households with those at risk of injury.
2. U.S. state and federal laws prohibit personal firearm transfers under some circumstances. Providers should not recommend transferring firearms to a specific person without a full understanding of firearm transfer laws.

Firearm-specific Lethal Means Safety

Recommendation #2: Increase the safety of firearms stored within the household.

How?

- Lock firearms within the household.

- There are various options for locking up household firearms. Firearm owners may have strong preferences for how their firearms are stored.

Consider “enhanced” safe storage. Ask a trusted family member, friend, or fellow Veteran to temporarily change the number combination or hold on to the key.

Store firearm unloaded

Lock up the ammunition

Disassemble the gun. Consider locking up or storing specific parts elsewhere (i.e., firing pin, slide)

Firearm-specific Lethal Means Safety



A handgun secured with a cable lock.

Firearm-specific Lethal Means Safety



KeepItSecure.net

Firearm-specific Lethal Means Safety

Special considerations in firearm-specific Lethal Means Safety Counseling (LMSC):

- For some Veterans, there is a sociocultural value to owning and using firearms. Recognizing the importance and value of firearms in some Veterans' lives is a foundation for initiating these discussions. <https://pubmed.ncbi.nlm.nih.gov/32155211/>
- Two-thirds of Veterans own firearms for personal or household protection. In many cases, effective LMSC may include a discussion about balancing the short-term risk of self-injury against the long-term risk of victimization from others

Medication-specific Lethal Means Safety



When providing Lethal Means Safety Counseling (LMSC), keep in mind that medications vary in their toxicity. Use this tool to guide your LMSC decisions.

Medication-specific Lethal Means Safety

Special considerations in medication-specific LMSC:

- Access to the opioid medications (e.g., oxycodone, morphine) of family members is an important risk factor for suicide. When possible, household members should increase the safe storage of their own potentially lethal medications. <https://pubmed.ncbi.nlm.nih.gov/31233088/>
- Opioids are a common cause of medication-related suicide and self-injury among U.S. Veterans. Naloxone (either nasal spray or auto-injector) is a reversal medication that is effective in preventing opioid overdose.
<https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-reversal-naloxone-narcan-evzio>
<https://www.fda.gov/consumers/consumer-updates/having-naloxone-hand-can-save-life-during-opioid-overdose>
- Consider providing naloxone to patients who use prescribed or unprescribed opioids and teach them and their family members how to use it in case of an overdose. VHA pharmacists and providers can be very helpful in accessing this medication for patients. Trainings are available for opioid overdose education & Naloxone distribution.

Free, Confidential Support 24/7/365

When you are helping someone in crisis, having the Veterans Crisis Line number on hand in your phone will make it easier to use it yourself or share it with the person you are helping. Let's make sure one last time that the Veterans Crisis Line number — 988 — is in our phones. Include a note to “press 1.” You might also put in a note that you can text to 838255 or go to [VeteransCrisisLine.net](https://www.VeteransCrisisLine.net).



New number, same support

Dial 988 then Press 1

A dark blue vertical graphic. At the top is the Veterans Crisis Line logo (star in speech bubble, red dots, and text "Veterans Crisis Line DIAL 988 then PRESS 1"). Below the logo, the text "You don't have to go through a crisis alone." is written in white. Underneath, "Dial 988 then Press 1 to reach the Veterans Crisis Line day or night." is written in white. At the bottom, there is a faint, larger version of the star and dots logo.

Share the new
Veterans Crisis Line
number with your
Veteran loved ones.
Dial 988 then Press 1



•••• Confidential chat at [VeteransCrisisLine.net](https://www.VeteransCrisisLine.net) or text to **838255** ••••

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Suicide Prevention Team Contacts

Suicide Prevention Team

Kady Walker, LCSW - Suicide Prevention Coordinator (520) 792-1450 ext. 1-6415

Alejandra (Alex) Lara, LMSW - Suicide Prevention Clinician (520) 792-1450 ext. 1-4415

Elliott Van Hoesen, LCSW, MPA - Suicide Prevention Clinician (520) 792-1450 ext. 1-1374

Robert (Buzz) Hickox, Certified Peer Specialist - Suicide Prevention Lead Peer Support Specialist (520) 792-1450 ext. 1-1385

○ Mental Health

- For additional questions: TucsonVASuicidePrevention@va.gov
- **Veterans Crisis Line: 988 then Press 1, text to 838255, or chat online at VeteransCrisisLine.net/Chat**
- SAVAHCS Mental Health team in Building 90 is available by contacting **(520) 629-4884**
- SAVAHCS Homeless Program Coordinator in Building 90 is available by contacting (520) 792-1450 ext. 1-1839.
- Suicide Prevention Coordinator is available at (520) 792-1450 ext. 1-6415

○ **VA Desert Pacific Healthcare Network (VISN 22) Nurse Advice Line:** (877) 252-4866

○ **Care in the Community:** If you have any questions concerning Community Care, please call (520) 792-1450 ext. 1-6555

○ **VA Caregiver Support Line:** (855) 260-3274

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Phoenix Health Care Suicide Prevention

Suicide Prevention Coordinator - Jeanette Devevo

Call 602-277-5551, ext. 5412, or email VHASPCAZ-644PHOSuicidePreventionTeam@va.gov

Leave a message on team the voicemail at the same number for other providers/community partners.

Call **Veterans Crisis Line**: 988 then Press 1, text to 838255, or chat online at VeteransCrisisLine.net/Chat.

<https://www.veteranscrisisline.net/get-help-now/chat/>

Also available at 988 is the **Military Crisis Line**, a free, confidential resource for all service members, including members of the National Guard and Reserve, even if they're not enrolled in VA benefits or health care.

Phoenix VAMC Community Care Call Center: 602-277-5551, ext. 2254

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