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Testimony in support of H.230 – An act relating to implementing mechanisms to reduce suicide

The Vermont Medical Society, the Vermont Chapter of the American Academy of Pediatrics, the Vermont Academy of Family Physicians, the Vermont Psychiatric Association, and the University of Vermont Health Network support the passage of H.230 and its measures to reduce suicide deaths in Vermont.

Vermont's suicide death rate is higher than the national average among all age groups¹.

Suicide deaths can be preventable. Long-term follow-up of patients who survive a suicide attempt requiring medical attention show that 90% do not go on to later die by suicide.

Firearms are the most common method used in suicide death in Vermont, more common than all other methods combined².

It is difficult to predict who will die by suicide. At both the population level and the individual level, suicide death rates do not strongly correlate with rates of depression, suicidal ideation, or suicide attempts.

- For instance, Vermont has higher than average youth suicide death rate when compared to other states but lower than average prevalence rate of youth reporting severe depressive symptoms, suicidal planning, and suicide attempts³.

Household firearm ownership levels are strongly associated with higher rates of suicide⁴.

The outcome of suicide death is most strongly predicated on lethality of method used, not on degree of intent. Lethality of method is determined by: 1. Inherent deadliness 2. Accessibility 3. Ease of use 4. Ability to abort mid-attempt. Firearms are the most lethal method used in suicide attempts.

Many suicide attempts occur with little planning during a short-term crisis.

- Adolescent and young adult survivors of nearly-lethal suicide attempts were asked how much time elapsed from the moment they decided to attempt suicide to when the attempt occurred. 24% said less than 5 minutes and an additional 50% said less than 1 hour⁵.

Those who attempt suicide impulsively are more likely to choose a violent method like firearms and are less likely to have a history of depression or prior suicide attempts than those who use other methods^{5,8}.

Restriction of highly lethal means can lead to fewer suicide deaths due to delay or substitution of less lethal means⁷.

Easily accessible firearms in the home are associated with an increase in suicide deaths and unintentional death in young people^{9,10}.

Research shows that storing firearms locked provides a protective effect against firearm injury and death among young people¹¹.

Multiple studies have shown children know where the firearms are located in the home despite reports from parents believing their children do not know the location of firearms^{12,13}. Many children also admit to having handled the firearm without their parents' knowledge.

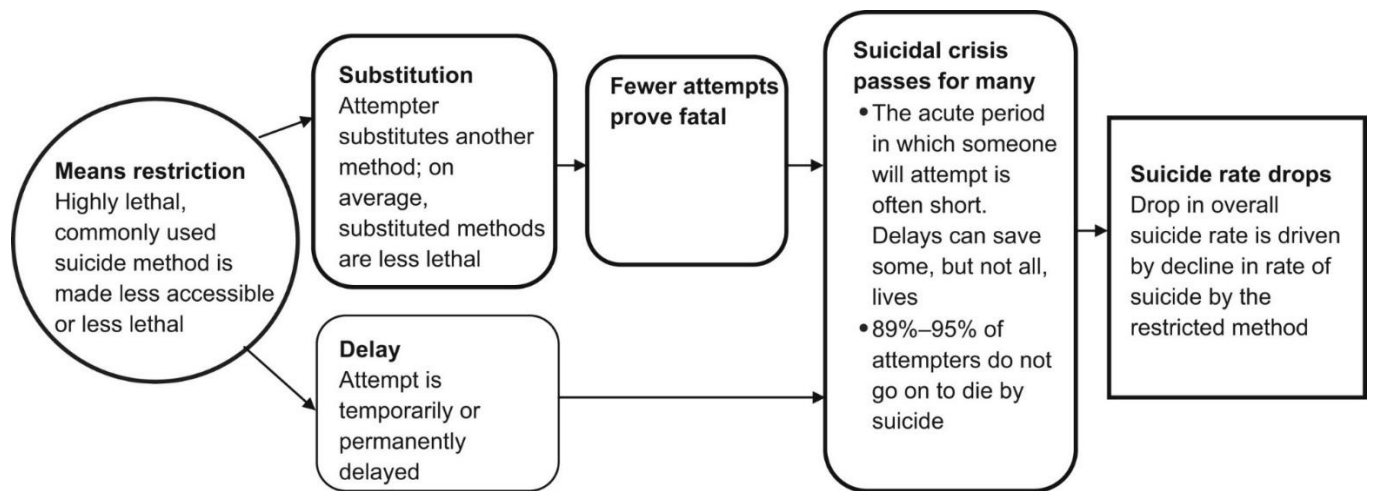
The American Academy of Pediatrics recommends safe storage/child access prevention laws along with safe storage education to reduce firearm injury and death among children and adolescents¹⁴.

Vermont medical providers have contributed to the development of national firearm safe storage counseling trainings such as [Safer: Storing Firearms Prevent Harm](#) and [Counseling on Access to Lethal Means to Prevent Youth Suicide](#)

The UVM Health Network partnered with the U.S. Attorney's Office for the District of Vermont and other stakeholders to develop PSAs regarding safe firearm storage in the home as well as removal of firearms from the home during times of crisis. www.gunsafevt.org

The measures outlined in H.230 would augment our efforts to counsel our patients on safe storage of firearms in the home and would more broadly disseminate information about the link between suicide and access to firearms.

No single intervention will solve the problem of suicide in our state. However, requirement of a waiting period to purchase firearms and safe storage of firearms in the home help to address the proven connection between impulsivity, access to firearms and suicide. The link between impulsivity, access to firearms, temporary crises and suicide deaths are well-described in the medical literature. National physician organizations have reported on this link and recommend enacting waiting periods and encouraging safe storage to guard against impulsive acts including the **American Academy of Pediatrics** (64,000 pediatrician members), the **American College of Physicians** (154,000 internal medicine physicians) and the **American Medical Association** (240,000 physicians) to name a few.



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More about impulsivity, lethality of method and suicide from Harvard School of Public Health can be found here: <https://www.hsph.harvard.edu/means-matter/>