



Vermont Chapter

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To: Chair Lori Houghton and Members of the House Health Care Committee
From: Stephanie Winters - Vermont Medical Society, American Academy of Pediatrics Vermont Chapter, Vermont Academy of Family Physicians & Vermont Psychiatric Association - swinters@vtmd.org
Date: February 20, 2023
RE: Support of H.230/Committee Bill on Suicide Prevention

On behalf of the Vermont Medical Society, Vermont Academy of Family Physicians, American Academy of Pediatrics Vermont Chapter, and the Vermont Psychiatric Association I am writing in strong support of your committee bill/H.230 instituting important steps to prevent suicides.

These organizations collectively represent approximately three thousand physicians in Vermont, and our members, who provide primary care and specialty health care services in hospital-based practices, Federally Qualified Health Centers and independent practices, strongly support measures to prevent firearm violence, including suicide, by reducing access to lethal means and implementing barriers to prevent suicide using evidence-based harm reduction measures.

More than half of all suicides are firearm-relatedⁱ. Suicide accounts for nearly 60% of all firearm-related deaths in the U.S. Alarming, suicide was the second-leading cause of death for adolescents ages 15-19, with firearms as the leading method of suicide (50.7%) in this age group.^{iv}

As you have heard in testimony, firearms are the most lethal method of attempting suicide with 85 to 91% of firearm suicide attempts resulting in death. Suicide is often an impulsive decision, with the majority of those who survived a suicide attempt reported less than one hour had passed between the time they decided to commit suicide and when they took action. The use of a firearm to commit suicide rarely allows for intervention or reconsideration, so increased access to firearms is associated with increased rates of completed suicide. Evidence suggests unsafe gun storage may also pose a higher risk for committing suicide using a firearm.ⁱⁱ

Research shows that most people in suicidal crisis who don't have easy access to a lethal suicide method **will not** simply find another way to kill themselves. Removing access to firearms and other lethal means allows time for both the moment of intense suicidal crisis to pass, and for someone to intervene with potentially lifesaving mental health support and resources.

Opportunities for Prevention

Reducing the availability of firearms is one of the most effective mechanisms for suicide prevention and have been shown not only to decrease suicide by firearm, but also to decrease overall rates of suicide by any method.ⁱⁱⁱ

- Laws reducing child access to firearms, which primarily require safe gun storage, are associated with lower overall adolescent suicide rates. The presence of a firearm at home increases the risk of suicide even among those without a previous psychiatric diagnosis.
 - The presence of unlocked guns in homes increases the risk of both unintentional gun injuries and intentional shootings. Safe storage laws require guns to be stored locked and unloaded when any

person prohibited from possessing a gun is present in the gun owner’s home, including convicted felons, those convicted of domestic violence, and those with certain mental health conditions. Child Access Prevention (CAP) laws impose criminal liability on adults who negligently leave firearms accessible to children or otherwise allow children access to firearms.

- Waiting periods for purchasing handguns allow for a “cooling off” time for individuals to reconsider suicide. Waiting periods can reduce the number of prohibited people from purchasing guns, along with those who purchase a firearm with the intent of suicide. Waiting periods are an under-utilized, evidence-based strategy for reducing death and injuries.
 - Waiting period laws have proven to lower the rates of suicide. States with such laws had 51% fewer firearm suicides than states without. Another study showed that these states also experienced a 17% decrease in gun homicides. Over 900 firearm homicides could be prevented each year if every state implemented waiting periods.
 - Over 70% of Americans without a firearm in the home support longer waiting periods for gun purchases.
- Educating firearms owners about suicide prevention has the potential to save **more than 9,000 lives** by 2025, if implemented nationwide. By educating the firearms-owning community about suicide risk, safe storage and removing access to lethal means (including firearms) when someone is at risk, we can reduce the rate of suicide and save lives.

Firearm-related deaths are a particular threat to children in the U.S. They are the third-leading cause of death in children overall,^{iv} and the U.S. accounts for more than 90% of all firearm deaths among children in developed, high-income nations.^v

The impulsive nature of suicide, in combination with easy access to firearms, can result in a completed suicide—one that might have been preventable if another method had been attempted.

Thank you for taking up this important issue. Gun violence is a public health issue—an epidemic that needs to be addressed with research and evidence-based strategies that can reduce morbidity and mortality. Gun violence affects us all. You have our full support. Please reach out to me at swinters@vtmd.org or 802-249-7487 if we can answer further questions.

Resources:

- [American Academy of Pediatrics Policy on Safe Storage of Firearms](#)
- [American Academy of Pediatrics Policy on Waiting Periods for Firearms Purchases](#)
- [American Academy of Family Physicians Policy Statement on Gun Violence](#)
- [American Foundation for Suicide Prevention](#)

ⁱ National Center for Health Statistics. *Suicide and self-inflicted injury*. Centers for Disease Control and Prevention.

ⁱⁱ RAND Corporation. *The science of gun policy. A critical synthesis of research evidence on the effects of gun policies in the United States*.

ⁱⁱⁱ Anestis MD, Anestis JC. *Suicide rates and state laws regulating access and exposure to handguns*. *Am J Public Health*. 2015;105(10):2049-2058.

^{iv} Web-based Injury Statistics Query and Reporting System. *Fatal injury reports, national, regional and state (RESTRICTED)*, 1999 – 2016. Centers for Disease Control and Prevention.

^v Grinshteyn E, Hemenway D. *Violent death rates: the US compared with other high-income OECD countries, 2010*. *Am J Med*. 2016;129(3):266-273.