Reducing Suicide Risk by Limiting Access to Lethal Means

Impact of Firearms & Other Lethal Means on Suicidal Individuals

Current Status
Recommendations for Next Steps

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III. REDUCING ACCESS TO LETHAL MEANS: OTHER

A. Overview

As noted in Section II, the vast majority of Vermont suicide deaths (60%) are the result of firearms, higher than the national average of 50%.[170,171] The speed of movement from preparation to attempt, coupled with the high lethality of firearms, makes them the primary focus in reducing access to lethal means efforts. As such, this research focused primarily on firearms. However, a brief review was conducted of restriction of other lethal means. A more detailed review is beyond the scope of this research.

Other lethal means accounting for suicide deaths in Vermont include: poisoning-including overdose (22%); suffocation, including hanging (14%); drowning (2%); cutting or piercing (1%); and falls (1%). The specific means used in these deaths varies, and restriction can be considerably more complicated, such as high structures to leap from, plastic bags for suffocation, or access to over the counter medications for overdose.

A notable sex discrepancy exists when considering lethal means. The most recent Vermont research tells

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[169] One possible exception, based on data from other states, may be child-access prevention laws. See Webster, ScD, MPH, Daniel W., et al, "Association Between Youth-Focused Firearm Laws and Youth Suicides." *Journal of the American Medical Association*, Vol 292, No. 5, 594-601. 4 August 2004.

[170] VCHIP, Vermont Vital Statistics System.

[171] American Foundation for Suicide Prevention.

us that men are four times more likely to die by suicide than women overall, and 64% of male suicide deaths were firearm related. Here we see reflected the effects of high lethality of means choice. While 43% of female suicide deaths were also firearm related, a higher number were due to poisoning, at 48%.[172] Nationally, poisoning is third on of the list of common means of suicide. Poisoning represents 17% of all suicides nationally, compared to firearms comprising 51% and suffocation comprising 25%. In Vermont, poisoning is the second most common form of suicide death, accounting for 22% of Vermont's death by suicide, and is the leading cause of suicide death for Vermont women.[173]

B. Other Means

1. Poisoning

At 22% of all suicide deaths in Vermont, poisoning is the second leading lethal means in the state. In addressing reducing access to lethal means, it is important to consider that poisoning, and the restriction of medications and other life threatening substances, is of equal or greater concern for females as firearms.

This is especially true as Vermont examines suicide prevention over the lifespan, with a considerable uptick in Vermont suicide rates among women after age 65[174], an age range with a higher likelihood of being prescribed pain killers, along with other medications. The Mayo Clinic, a leader in pain research and management, indicates that women and older adults receive more prescriptions overall.[175]

The Department of Health and Human Services National Health Interview Survey reports that women are more likely to have chronic pain, to be prescribed higher doses and to use pain medication longer than men. They are twice as likely as men to have migraines and severe headaches.[176] Women are much more likely to experience fibromyalgia than men, with middle-aged women at highest risk.[177] Women make up 80 to 90% of the diagnosed cases of fibromyalgia.[178]

Midlife is now the peak age for suicide death for both men and women, with suicide rising from the 8th leading cause of death for 35 – 65 year olds in 1999, to the 4th in 2010.[179] Notably, in the same time period that saw such an increase in suicide deaths in midlife, the rate of overdose deaths in women rose 40%, mostly middle-aged women taking prescription painkillers. This is a significant change from previous decades in which the majority of overdose deaths nationally were men using heroin or cocaine.[180]

Overdose deaths include both suicidal and accidental overdose, and nationally men still die by overdose at significantly higher rates than women.[181, 182] This is an important consideration when reviewing these data. However, Vermont data from 2010 indicates that poisoning – including intentional overdose – is a more common a choice of lethal means for suicidal women in Vermont

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[172] VCHIP, Vermont Vital Statistics System.
[173] Ibid.
[174] Ibid.
[175] Age and Sex Patterns of Drug Prescribing in a Defined American Population; Wenjun Zhong, PhD, Hilal Maradit-Kremers, MD, MSc, Jennifer L. St. Sauver, PhD, MPH, Barbara P. Yawn, MD, MSc, Jon O. Ebbert, MD, Véronique L. Roger, MD, MPH, Debra J. Jacobson, MS, Michaela E. McGree, BS, Scott M. Brue, BS, Walter A. Rocca, MD, MPH; Mayo Clinic Proceedings; June 21, 2013; www.mayoclinicproceedings.org
[176] *Department of Health and Human Services National Health Interview Survey*; Department of Health and Human Services Report (23).
[177] Mayo Clinic Fibromyalgia; MedLinePlus of the National Institutes of Health.
[178] National Institute of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases. www.niams.nih.gov/Health_Info/Fibromyalgia/
[179] *Surprising Health Disparity: Suicide among Men in their Middle Years*. Webinar. Injury Control Research Center for Suicide Prevention. 11 March 2014.
[180] Stobbe, Mike. "Drug overdose deaths spike among middle-aged women." *The Big Story*. AP. 2 July 2013.
[181] "CDC - Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999 – 2008." *Morbidity and Mortality Weekly Report*; 60(43); 1487 – 1492. 4 November 2011.
[182] *AAPM Facts and Figures on Pain*. American Academy of Pain Medicine. www.painmed.org

as is firearms. The most recent data analyzing the period of 2001 through 2013, indicate that [intoxication] remains the leading cause of death for women at 44%, with the rate of firearm suicides 23%.[183]

Also notable is the rate of attempted suicides by poisoning. At the last calculation for the time period for which solid data is available, poisoning was the cause of 76% of female suicide attempts.[184] Coupled with the higher rates of chronic pain in women and this significant rise in female overdose death, is the fact that people in rural counties are approximately two times more likely to overdose on prescription painkillers as urban dwellers.[185]

All of this indicates that while men are at higher risk of death by suicide, and firearm means restriction is most definitely a high priority, an examination of reducing access to lethal means in Vermont that serves the female population is needed. The means restriction strategies may include safe messaging focused on poisoning, overdose, and prescription pain medication.

1a. State Restriction Efforts: Poisoning

Vermont has an existing Prescription Monitoring System (VPMS) through the Vermont Department of Health, to assist in management of controlled substances. When a Schedule II, III, or IV controlled substance is dispensed to an outpatient, a standard set of information about the patient, the prescriber, and the drug is collected and entered into the VPMS, then maintained for six years on a secure, central database. Information from the VPMS is then available to providers and pharmacists to help in effectively managing patient treatment. Providers have access to a full history of their patient's prescriptions for controlled substances and the system can alert a provider to possible abuse of - or addiction to - controlled substances.[186]

The Vermont Board of Medical Practices issues policies as relates to prescribing controlled substances and potentially addictive medications. These policies outline a standard practice guideline for physicians that points up the greatest difficulty – distinguishing the need for pain management from drug seeking behaviors and/or addictions.

At its April 2, 2014 meeting, the Vermont Board of Medical Practice adopted a new policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain – revising the existing 2004 policy.[187] This movement came about after the Federation of State Medical Boards (FSMB) published a revised model policy in 2013 that incorporates "the latest best practices and new developments in the healthcare profession regarding the safe and effective use of controlled substances to treat chronic pain." Specifically, the FSMB Model Policy reflected the considerable research conducted since the 2004 revisions to policy, particularly in recognizing "that there is a lack of evidence as to the effectiveness and safety of long-term opioid therapy."[188] To wit:

> *Despite that lack of evidence, opioids are widely used to treat chronic pain, and FSMB's intent in creating a Model Policy was to promote the public health by encouraging state medical boards to adopt consistent policy regarding the treatment of pain, particularly chronic pain, and to promote patient access to appropriate pain management and, if indicated, substance abuse and addiction treatment. The Model Policy emphasizes the professional and ethical responsibility of physicians to appropriately assess and manage patients' pain, assess the relative level of risk for misuse and addiction, monitor for aberrant behaviors*

[183] Vermont Vital Statistics. 2012 and 2013 PRELIMINARY DATA.

[184] Vermont Vital Statistics, 2010.

[185] "CDC - Vital Signs: Overdoses of Prescription Opioid Pain Relievers."

[186] Vermont Department of Health – Vermont Prescription Monitoring System.

[187] *Use of Opioid Analgesics in the Treatment of Chronic Pain*. Vermont Board of Medical Practice.

[188] Ibid.

and intervene as appropriate.[189]

The Vermont Board of Medical Practice incorporated much of the FSMB's Model Policy into Vermont's Policy.

Also in April 2014, Vermont took steps to restrict access to newly FDA-approved narcotic painkiller Zohydro, a member of the opioid family of medication which includes morphine, heroin and oxycodone (branded as OxyContin).[190] Governor Peter Shumlin issued emergency rules making it harder for physicians to prescribe the most powerful painkillers. In his announcement, Shumlin noted that the rules are intended to ensure that in prescribing this opiate in Vermont, "we won't repeat the mistakes that we made with OxyContin with an even more powerful form."[191] Vermont's emergency rules require that prescribers of Zohydro conduct a thorough medical evaluation and risk assessment, rules supported by the Vermont Medical Society.[192]

These measures, coupled with the governor's call for action during his 2014 State of the State address – in which he noted that Vermont had nearly double the deaths from heroin and opioids in 2013 than in 2012 – it is clear that Vermont is attending to restricting access to certain prescription medications that have been rising in use and abuse in the last decade, at least partially accessed through official prescriptions.

This research finds that attention on restriction of prescription medication is the current primary approach to reducing lethal means access in the area of poisoning.

2. Falls

Placing barriers on high structures is considered a primary method for restricting access to high structures that are, have been, or are at risk for being used for jumping/falling suicides. A brief review found limited information related to jumping/falling suicides and restriction of access to such structures.

2a. State Restriction Efforts: Falls

In the 2014 legislative session, bill H.865 was introduced, calling for the update of bridge structure design standards to address the prevention of suicide and safety of first responders, in the design of bridges in Vermont, specifically Quechee Bridge. The disposition of this bill included an official communication dated May 7, 2014, from Patrick Brennan, Representative from Chittenden County and Chair of the Transportation Committee, to Brian Searles, Secretary of the Agency of Transportation, requesting that "the Agency study the issue of suicide prevention and first responder safety in connection with bridge design standards, and report back to the Committee at the beginning of the 2015 legislative session with its findings, and that the Agency raise this issue for discussion during the Stakeholder Group review process." The communication further requested that the Agency study "whether the Quechee Bridge is safe for pedestrians and how the design of that bridge could be improved to enhance pedestrian safety, so that if the Agency determines that a pedestrian safety project is warranted and is a priority, it may be included in a future proposed transportation program.".[193]

3. Suffocation, Drowning, Cutting/Piercing

This research found no current activity in these areas, as concerns restriction of lethal means.

C. Summation

This research finds that in relation to lethal means other than firearms, the issue of prescription medication abuse is a primary focus of attention in Vermont. This meets expectations, as poisoning is the second highest means of suicide in Vermont. In addition, restricting means to certain modes of suicide such as hanging, cutting, drowning and jumping can be much more

[189] Ibid.

[190] Garbitelli, Beth. "Vermont restricting access to powerful painkillers." *Washington Times*. 3 April 2014.

[191] Ibid.

[192] Ibid.

[193] Communication from Representative Patrick Brennan to Agency of Transportation Secretary Brian Searles. 7 May 2014.

difficult to accomplish.

Of particular interest in discussing other means of suicide, is the following statement from Ken Norton, LICSW, Director of the NAMI NH's Connect Suicide Prevention program:

> *"It is not unusual for people to have very specific ideas/plans for what they will use, where and when they will attempt and how they will complete the suicide... Research shows that if you eliminate access to a specific plan/method most people will not substitute a different method particularly in the short run."*

Mr. Norton maintains that "restricting means" to those forms of suicide for which the means are widely present and difficult to control, can be approached from the perspective of restricting immediate access to the means described by the suicidal individual as the preferred method.

Realistically, this requires not only foreknowledge that an individual is suicidal, but also that the individual is willing to disclose their plans/preferred means. Mr. Norton points to the role the social worker can take in working with individuals on this, but many individuals who kill themselves do not have an existing relationship with a social worker or therapist.

However, Norton notes that this form of restriction "can also be done by anyone with a little basic knowledge of how to do it." He recommends the standard suicide prevention practice of asking the individual directly if they are contemplating killing themselves, and if so, how. Then focus specifically on removing access to the means that would allow that form of suicide.

This draws a direct connection to the previously discussed CALM program, Counseling on Access to Lethal Means, available as both an in-person training and a free webinar. While reducing access to firearms is a focus of the CALM training, it also attends to other lethal means such as medications, their connection to suicide, and the importance of reducing access. Promoting the further expansion and reach of CALM in Vermont assists in the efforts to address the broader topic of lethal means, across the categories of method.

BIBLIOGRAPHY

1. *2011 National Survey of Fishing, Hunting, and Wildlife-Associated Recreation – Vermont*. U.S. Fish and Wildlife Service & U.S. Census Bureau.
2. *AAPM Facts and Figures on Pain*. American Academy of Pain Medicine. <www.painmed.org>
3. Ahmedani, PhD, Brian K.; Gregory E. Simon, MD, Christine Stewart, PhD, Arne Beck, PhD, Beth E. Waitzfelder, PhD, Rebecca Rossom, MD, Frances Lynch, PhD, Ashli Owen-Smith, PhD, Enid M. Hunkeler, MA, Ursula Whiteside, PhD, Belinda H. Operskalski, MPH, M. Justin Coffey, MD, Leif I. Solberg, MD. "Health Care Contacts in the Year Before Suicide Death." *Journal of General Internal Medicine*. DOI:10.1007/s11606-014-2767-3.
4. *Alcohol Abuse and Suicide*. Webinar. Injury Control Research Center for Suicide Prevention. 29 January 2014.
5. American Association for Suicide Prevention. Treatment. <https://www.afsp.org/preventing-suicide/treatment>
6. Armslist.com. <www.armslist.com>
7. Azrael, Deborah, MS; Matthew Miller, MD, MPH, ScD; David Hemenway, PhD. "Are Household Firearms Stored Safely? It Depends on Whom You Ask." Pediatrics Vol. 106 No. 3, 1 September 2000.
8. Barrett, Paul M. "Guns, Children and Accidents: Four Blunt Points." BloombergBusinessWeek. 30 September 2013. <http://www.businessweek.com/articles/2013-09-30/child-gun-deaths-there-are-encouraging-trends-too-statistics-show>
9. Behavioral Risk Factor Surveillance System. <http://www.cdc.gov/brfss/>
10. Bialik Carl. "Guns Present Polling Conundrum." *Wall Street Journal*. 22 March 2013. <www.blogs.wsj.com/numbersguy/guns-present-polling-conundrum-1223/>
11. *Big Game Management Plan 2010 – 2020: Creating a Road Map for the Future*. Vermont Fish & Wildlife Department. December 2009. <www.vtfishandwildlife.com/library/reports_and_documents/Hunting_and_Trapping/big_game/Big_Game_Management_Plan>
12. Braden, Ann. Interviews. 3 March 2014; 15 May 2014.
13. *CALM: Counseling on Access to Lethal Means.* Best Practice Registry, Section III. Suicide Prevention Resource Center.
14. Carlson, Kristin. "Shumlin tweaks gun control message for national audience." 26 February 2013. <www.WCAX.com>
15. Correspondence from Representative Patrick Brennan to Agency of Transportation Secretary Brian Searles. 7 May 2014.
16. Correspondence from the Vermont Suicide Prevention Coalition to Representative Patrick Brennan, Chair, Transportation Committee, Vermont Legislature.
17. "Contact with the criminal justice system may be associated with suicide risk." *Journal of the American Medical Association*. 8 February 2011. Study cited: Roger T. Webb; Ping Qin; Hanne Stevens; Preben B. Mortensen; Louis Appleby; Jenny Shaw. "National Study of Suicide in All People With a Criminal Justice History." *Archive of General Psychiatry,* 2011; DOI: 10.1001/archgenpsychiatry.2011.7
18. *Crime in the United States.* Federal Bureau of Investigation. <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s.>
19. Criminal Division to the United States Attorneys' Offices Statement upon the passage of Title 18, United States Code, Section 922(g)(9) (the Lautenberg Amendment). Fall 1996.
20. Dahlberg, Linda L., Robin M. Ikeda, Marcie-jo Kresnow. "Guns in the Home and Risk of a Violent Death in the Home: Findings from a National Study." *American Journal of Epidemiology*. 2004. 160 (10): 929-936. doi: 10.1093/aje/kwh309

BIBLIOGRAPHY

21. *Developments in Mental Health Law.* Volume 33, Issue 1. February 2014. Published by the Institute of Law, Psychiatry, and Public Policy at the University of Virginia. <www.dmhl.typepad.com>
  - "Risk-Based Firearms Policy"
  - "Mental Health Firearms Prohibition and Reporting Requirements"
  - "Clear and Present Danger"
  - "Recently Decided and Pending Cases"

22. *Domestic Violence Fatality Review Commission 2013 Report.*

23. "eBay To Stop User Listings Of Firearms And Ammunition On The Site." Press Release. 19 February 1999. <www.eBay.com>

24. *Facts Hurt: A State-by-State Injury Policy Prevention Report*, The. Trust for America's Health & Robert Woods Johnson Foundation. January 2013 (update).

25. Fazel M.B.Ch.B., Seena, M.R.C.Psych., M.D.; Martin Grann, C.Psych., Ph.D. "The Population Impact of Severe Mental Illness on Violent Crime." *American Journal of Psychiatry*. Vol. 163, No. 8. 2006;163:1397-1403. doi:10.1176/appi.ajp.163.8.1397

26. Federal Statutes. <www.justice.gov> Accessed: April & May 2014
  - <www.justice.gov/usao/me/docs/Summary%20of%20Firearms%20Laws%20-%202010.pdf.>
  - Possession of Firearms by Prohibited Persons; 18 U.S.C. § 922 (g).

27. "Fibromyalgia." Mayo Clinic. <www.mayoclinic.org/diseases-conditions/fibromyalgia/basics/>

28. "Fibromyalgia." MedLinePlus. National Institutes of Health. <www.nlm.nih.gov/medlineplus/fibromyalgia>

29. Firearm-Related Injuries Affecting the Pediatric Population. Policy Statement of the American Academy of Pediatrics. Council on Injury, Violence and Poison Prevention Executive Committee. 18 October 2012.

30. *Firearm-Related Injuries among Youth Ages 15 Through 24*. March 2014. Children's Safety Network. Education Development Center. Waltham, MA. <www.childrenssafetynetwork.org>

31. *Fix NICS Campaign.* "A national campaign of the National Shooting Sports Foundation." <www.fixnics.org>

32. Frank, MHS, Elaine; Cathy Barber, MPA; Eliot Nelson, MD; Elizabeth Fenner-Lukaitis, MSW. Interview. February 20, 2014.

33. Freed, Betsy Bates and David. "Aversion to Therapy: Why Won't Men Get Help?" *Pacific Standard*: *The Science of Society*. 25 June 2012.

34. Freeman, Ali. "Vermont Fish and Wildlife deals with declining licenses." WCAX. 22 February 2013. <www.wcax.com/story/21311652/declining>

35. Garbitelli, Beth. "Vermont restricting access to powerful painkillers." Associated Press. *Washington Times*. 3 April 2014.

36. *GUN CONTROL: Sharing Promising Practices and Assessing Incentives Could Better Position Justice to Assist States in Providing Records for Background Checks*. Government Accountability Office Report to Congressional Requesters. July 2012. GAO-12-684.

37. Gun Sense Vermont. <www.gunsensevt.org> Accessed: April & May 2014.

38. *Gun Shop Project*. Webinar. 26 March 2014.

39. Hallenbeck, Terri. "Can you say gun control in Vermont? Not very easily." *Burlington Free Press*. 17 December 2012. <www.burlingtonfreepress.com>

BIBLIOGRAPHY

40. "Health Insurance Portability and Accountability Act Privacy Rule and the National Instant Criminal Background Check System." Office of the Federal Register of the United States Government. <www.federalregister.gov/articles/2014/01/07/2014-00055>

41. Hepburn L, M Miller, D Azrael, and D Hemenway. "The US gun stock: results from the 2004 national firearms survey." *Injury Prevention.* February 2007; 13(1): 15–19. doi: 10.1136/ip.2006.013607

42. *Hunting: Participation and Injury Data 2010*. National Shooting Sports Foundation. 2010.

43. *Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series*. Institute of Medicine (US) Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders. Washington (DC): National Academies Press (US); 2006.

44. *Injury in Vermont*. Vermont Department of Health. Injury Prevention Program. June 2008.

45. Johnson, Renee M., PhD, Matthew Miller, MD, ScD, Mary Vriniotis, MS, Deborah Azrael, PhD, and David Hemenway, PhD. "Are Household Firearms Stored Less Safely in Homes With Adolescents? Analysis of a National Random Sample of Parents." *Archive of Pediatric Adolescent Medicine*. August 2006; 160(8): 788–792. doi: 10.1001/archpedi.160.8.788

46. Jones, Jeffrey. "Men, Married, Southerners Most Likely to be Gun Owners." Gallup Politics. 13 February 2013. <www.gallup.com/poll/160223/men-married-southerners-likely-gun owners.aspx>

47. Krantz, Laura. "Deal on gun storage reached in conference committee." *Vermont Digger*. 7 May 2014. <www.vtdigger.org>

48. Krantz, Laura. "Lawmakers: Deal with Shumlin preempted other gun control measures this session." *Brattleboro Reformer*, as posted on <www.vtdigger.org> 8 March 2014.

49. Krantz, Laura. "VTdigger/Castleton poll: Vermonters support concealed carry permit for guns." 28 April 2014. <www.vtdigger.org>

50. Law Center to Prevent Gun Violence. <www.smartgunlaws.org> Accessed: April & May 2014. <www.smartgunlaws.org/prohibited-people-gun-purchaser-policy-summary>

51. Luoma JB, Martin CE, Pearson JL. "Contact with mental health and primary care providers before suicide: a review of the evidence." *American Jounral of Psychiatry*. 2002; 159(6):909-16.

52. Means Matter. <http://www.hsph.harvard.edu/means-matter/>

53. *Men and Depression*. National Institutes of Mental Health. U.S. Department of Health and Human Services. Screening for Mental Health. <http://www.nimh.nih.gov/health/topics/depression/men-and-depression/men-and-depression-screening-and-treatment-in-primary-care-settings.shtml> <www.mentalhealthscreening.org/screening/resources/men-and-depression.aspx>

54. Miller, Matthew, Catherine Barber, Richard A. White and Deborah Azrael. 2013. "Firearms and Suicide in the United States - Materials and Methods." *American Journal of Epidemiology*; Vol. 178, No. 6, p. 947. Baltimore MD: Oxford Journals / Oxford University Press. 23 August.

55. National Conference of State Legislatures. <www.ncsl.org>

BIBLIOGRAPHY

56. National Rifle Association. <www.nra.org> Accesssed: April & May, 2014.
    - Kopel, David. "Will Gun Shows Become Extinct?" 28 June 2010.
    - <www.explore.nra.org>
    - <www.nraila.org/gun-laws/state-laws.aspx>
    - <www.nraila.org/gun-laws/articles/2010/compendium-of-state-firearms-laws.aspx>
    - <http://www.gunbanfacts.com/universal-background-checks.aspx>
    - <www.nrainstructors.org/CourseCatalog.aspx>
    - <www.nrainstructors.org/searchcourse.aspx>

57. *National Health Interview Survey*. Department of Health and Human Services Report (23).

58. National Conference of State Legislatures. <http://www.ncsl.org/research/civil-and-criminal-justice/possession-of-a-firearm-by- the-mentally-ill.aspx> Accessed 1 October 2014.

59. National Institute of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases. <www.niams.nih.gov/Health_Info/Fibromyalgia/>

60. Nelson, Eliot, MD. Personal Interview. 23 January 2014.

61. Nelson, Eliot, MD. Testimony before US Senate Judiciary Committee, 17 February 2013.

62. Nicas, Jack. "Mental Health Records Missing from Gun Dealer Database." *Wall Street Journal*. 20 December 2012. <www.online.wsj.com>

63. Okoro, Catherine A., David E. Nelson, James A. Mercy, Lina S. Balluz, Alex E. Crosby and Ali H. Mokdad. "Prevalence of Household Firearms and Firearm-Storage Practices in the 50 States and the District of Columbia: Findings From the Behavioral Risk Factor Surveillance System, 2002." *Pediatrics*. 2005;116;e370. <http://pediatrics.aappublications.org/content/116/3/e370/T1.expansion.html%20for%202002>

64. Picard, Ken. "Home for the Range?" *Seven Days*. 22 September 2010.

65. Picard, Ken. "Many "Prohibited Persons" Still Have Guns Because Cops Have Nowhere to Put Them." *Seven Days*. 8 May 2013.

66. *Portrait of Hunters and Hunting License Trends: National Report.* Southwick Associates for the National Shooting Sports Foundation. <www.nssf.org/PDF/HuntingLicTrends-NatlRpt.pdf>

67. *Public Opinion on Wildlife Species Management in Vermont*. 2007. Conducted for the Vermont Fish and Wildlife Department by Responsive Management. <www.vtfishandwildlife.com/library/Reports_and_Documents/Fish_and_Wildlife/Vermont_Game_Management_Report>

68. Reed, PhD, MSW, Jerry. "Primary Care: A Crucial Setting for Suicide Prevention." *E-solutions Newsletter*. Suicide Prevention Resource Center. http://www.integration.samhsa.gov/about-us/esolutions-newsletter/suicide-prevention-in-primary-care.

69. Robinson, Kate. "Gun safety law is in limbo, despite recent teen suicides." *VTdigger.* 4 March 2011. <www.vtdigger.org>

70. Rucker, Philip. "Study finds vast online marketplace for guns without background checks." *Washington Post*. 5 August 2014. <www.washingtonpost.com>

71. Rudarakanchana, Nat. "Leahy Chairs First Congressional Hearing On Gun Control." 30 January 2013. *Vermont Digger*. <www.vtdigger.org>

BIBLIOGRAPHY

72. Saad, Lydia. "Self-Reported Gun Ownership in U.S. Is Highest Since 1993." 26 October 2011. Gallup Politics. <www.gallup.com/poll/150353/Self-Reported-Gun ownership-Highest-1993.aspx>

73. *SAMHSA News*. Spring 2014, Volume 22, Number 2.

74. Samuel, Dave. "Which State has the Highest Percentage of Hunters?" *The Sportsman's Guide*. 2012. <www.sportsmansguide.com/Outdoors/Subject/SubjectRead.aspx>

75. "Shumlin unsure on enforcing certain firearm laws." *Rutland Herald.* 18 March 2013. <www.rutlandherald.com/article/20130318/NEWS03/703189828>

76. Simpson, Joseph R., MD, PhD. "Bad Risk? An Overview of Laws Prohibiting Possession of Firearms by Individuals With a History of Treatment for Mental Illness." *Journal of the American Academy of Psychiatry and the Law Online*. September 2007. 35:3:330-338.

77. Smart Gun Laws.
    - <http://smartgunlaws.org/prohibited-purchasers-generally-in-vermont/>
    - <http://smartgunlaws.org/mental-health-reporting-policy-summary/#footnote_83_5725>

78. Smith, Brendan L. "Inappropriate prescribing." *APA Monitor*. June 2012, Vol 43, No. 6. http://www.apa.org/monitor/2012/06/prescribing.aspx.

79. *Surprising Health Disparity: Men in their Middle Years*. Webinar. Injury Control Research Center for Suicide Prevention. 11 March 2014.

80. Stobbe, Mike. "Drug overdose deaths spike among middle-aged women." *The Big Story*, AP.org. <www.bigstory.ap.org> 2 July, 2013.

81. *Target Shooting in America*. Southwick Associates for the National Shooting Sports Foundation. <www.nssf.org/PDF/research/TargetShootingInAmericaReport.pdf>

82. "Twenty Years After U.S. Requires Gun Background Checks, New FBI Data Shows Vermont Undermines Gun Background Check System By Failing To Submit Records On Dangerously Mentally Ill." Mayors Against Illegal Guns. 21 November 2013.

83. United States Preventive Task Force. Recommendations. www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/suicide-risk-in-adolescents-adults-and-older-adults-screening. 2 October 2014.

84. *Use of Opioid Analgesics in the Treatment of Chronic Pain*. Vermont Board of Medical Practice Policy Amendment. April 2014.

85. *Using Online Communications Approaches for Suicide Prevention: An Overview of Communication Planning for Prevention and an Applied Example from Colorado's ManTherapy.org.* Webinar. South by Southwest Injury Prevention Network. 14 January 2014.

86. Vermont Child Health Improvement Program.

87. Vermont Department of Health: Vermont Prescription Monitoring System.

88. Vermont Firearm Statutes. <www.atg.state.vt.us/issues/gun-laws.php> Accessed: April, May & October 2014.

89. Vermont Network Against Domestic & Sexual Violence. <www.vtnetwork.org>

90. Vermont Statutes Online, Title 13: Crimes and Criminal Procedure; Chapter 85: WEAPONS; 13 V.S.A. § 4013; and Title 10: Conservation and Development; Chapter 113: GAME; §4704 and 4705. <www.atg.state.vt.us>

91. *Vermont Suicide Prevention Brief.* December 2013. Vermont Department of Health.

92. Vermont Fish and Wildlife. <http://www.vtfishandwildlife.com/edu_hunter.cfm>

BIBLIOGRAPHY

93. Vermont Vital Statistics System.

94. Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999—2008. *Morbidity and Mortality Weekly Report*; 60(43); 1487 – 1492. 4 November 2011.

95. Web-based Injury Statistics Query and Reporting System. (WISQARS) Centers for Disease Control. <http://www.cdc.gov/injury/wisqars>

96. Webster, ScD, MPH, Daniel W.; Jon S. Vernick, JD, MPH; April M. Zeoli, MPH; Jennifer A. Manganello, PhD, MPH. "Association Between Youth-Focused Firearm Laws and Youth Suicides." *Journal of the American Medical Association*. Vol 292, No. 5, 594-601. 4 August 2004.

97. Wenjun Zhong, PhD, Hilal Maradit-Kremers, MD, MSc, Jennifer L. St. Sauver, PhD, MPH, Barbara P. Yawn, MD, MSc, Jon O. Ebbert, MD, Véronique L. Roger, MD, MPH, Debra J. Jacobson, MS, Michaela E. McGree, BS, Scott M. Brue, BS, Walter A. Rocca, MD, MPH. "Age and Sex Patterns of Drug Prescribing in a Defined American Population." *Mayo Clinic Proceedings*. 21 June 2013. <www.mayoclinicproceedings.org>

98. Winerman, Lea. "Helping Men Help Themselves." *Monitor on Psychology*. American Psychological Association. Vol 36, No 6. June 2005.

99. Women's Law. Accessed: May 2014. <www.womenslaw.org>

100. Zero Suicide. <www.zerosuicide.actionallianceforsuicideprevention.org>