

Firearm Suicide and COVID-19

Mitigating Risk During a Pandemic

The following memo outlines what the current research says about the risk factors for suicide that may become more prevalent during COVID-19 and shares the interventions available to help mitigate that risk. Reducing suicide risk factors such as loneliness, economic uncertainty, escalating stress and distress, and risky alcohol use while also reducing access to firearms is key to ensuring that COVID-19 does not further exacerbate the rate of suicide in the United States.

Isolation + Loneliness

Many Americans were already lonely or isolated prior to COVID-19¹ and these feelings may be even more common during COVID-19, as most of the country is under stay at home orders.²

- Dating back to the 1800s, lack of social connectedness has been considered a risk factor for suicide.³ Both being alone and feeling alone are associated with suicidality.⁴
- Analyses of psychological outcomes of people quarantined during the outbreaks of SARS, H1N1 flu, Ebola, and other infectious diseases found that many of these individuals experienced short and long-term mental health problems, including psychological distress, post-traumatic stress, insomnia, emotional exhaustion, and risky substance use. Quarantines lasting longer than 10 days further exacerbated these risks.⁵
- Our elders are at heightened risk for severe coronavirus outcomes and already experience especially high rates of social isolation, loneliness,⁶ and suicidality.⁷

Recommendation: While it is imperative to practice physical distancing in order to flatten the curve and stop the spread of the virus, we do not need to practice social distancing. Check in on your loved ones and your community members, especially your elders, to ask how they are doing and provide support and companionship in a safe and responsible manner.

Economic Uncertainty

Half of all Americans report being worried they will be laid off or lose their job and 39% of adults say they have already lost their job, lost income, or had their hours reduced without pay due to the pandemic.⁸

- Economic and financial stress and uncertainty increase the risk the suicide.⁹
- Research has found that suicide rates increase during economic recessions and periods of high unemployment rates, job losses, and economic instability.¹⁰ Further, the more negatively people view their economic situation, the higher the suicide risk.¹¹

Recommendation: Strengthening household financial security, such as unemployment benefits, livable wages, medical benefits, and disability insurance, is considered an important suicide prevention opportunity. Swift action to distribute the CARES Act stimulus payments and continued legislation to expand the financial safety net will help to further reduce suicides in response to this pandemic.

Escalating Stress

The majority of Americans are reporting personal stress as a result of the pandemic — more than one in three Americans are calling it “serious stress.”¹² When stressors escalate, compounded with one another, or have a negative impact for a prolonged period of time, the distress they cause can increase a person’s risk for suicide.¹³

Recommendation: Cope with stress in a healthy manner by taking breaks from the news, making time to unwind, exercising, eating healthy foods, doing activities you enjoy, and connecting with loved ones are all important during this time.

Increased Alcohol Consumption

During the coronavirus pandemic, some people are turning to alcohol as a coping strategy. Alcoholic beverage sales are increasing nationwide as compared to last year and online alcohol sales are especially surging. While drinking in moderation may not necessarily raise concerns, it is important to recognize the interplay of alcohol and suicide.

- Risky alcohol use increases the risk of suicide¹⁴ as alcohol intoxication can decrease inhibitions, impair judgement, and lead to impulsive or violent behavior.¹⁵ Alcohol use may further intensify suicidal ideation by worsening mental health problems and interpersonal conflicts.¹⁶
- Suicides are more likely to involve firearms when alcohol is involved.¹⁷

Recommendation: It is important for people to monitor alcohol consumption and engage in coping mechanisms aside from drinking alcohol. For more information about treatment during COVID-19, visit the National Institute on Alcohol Abuse and Alcoholism “alcohol treatment and social distancing” resource page.

Firearm Access

It is reported that gun sales are currently surging due to the coronavirus pandemic.¹⁸ Despite the majority of businesses being forced to close across the country, at least 38 states have deemed gun stores “essential” and they remain open.¹⁹ It is estimated that gun dealers sold about 2.6 million firearms in March alone.²⁰

In combination with the suicide risk factors of increased isolation, economic uncertainty, escalating stress, and increased alcohol use, firearms and suicidality are a deadly combination. Firearms are the most lethal suicide attempt method²¹ and access to firearms in the home increase odds of suicide more than three-fold.²² Given that one in three homes has a firearm,²³ and with the majority of Americans stuck at home trying to prevent the spread of the virus, reducing access to firearms can mean the difference between life and death for a person with increased risk factors. As such, in addition to the above recommendations,

We recommend the following multilevel means safety approach for firearm suicide prevention

Safer Firearm Storage

As we check in with our loved ones to counter social isolation, asking about their firearms access and making sure firearms are safely stored — theirs and our own — are critical steps we can take to support well-being through this difficult time. If a person chooses to store their firearm in the home, it is widely recommended to store firearms locked and unloaded, store and lock ammunition separately from firearms, and ensure the key or lock combination is inaccessible to the person at risk of suicide. Storing firearms outside of the home is the safest option.

Lethal Means Safety Counseling

As patients turn to telehealth during COVID-19 for non-emergency procedures and appointments, it is important for healthcare professionals to ask about firearms access and engage in lethal means safety counseling for patients at an elevated risk of suicide, such as someone who is experiencing depression or engaging in risky alcohol use, and especially if they have disclosed suicidal ideation or attempt. If a person at risk of suicide has access to lethal means, like firearms, the healthcare provider should work with the person and their family or friends to reduce access until the risk of suicide decreases.

Gun Store Engagement

As many gun stores remain open, it is imperative that they have firearm suicide prevention educational materials prominently displayed and available for their customers. These materials may include education on the elevated risk of suicide to the gun-owning community and strategies for prevention that allow gun owners to take an active role in suicide prevention among their peers.

Extreme Risk Laws

Extreme risk protection orders temporarily prohibit the purchase and possession of firearms and/or require the removal of firearms from persons at risk of suicide or other violence. Nineteen states and the District of Columbia have extreme risk laws, and all but two (New Mexico and Virginia) are currently in effect. States and localities should provide explicit guidance on how to obtain an extreme risk protection order during the COVID-19 pandemic and ensure that they are accessible. Check in with local law enforcement and courts for further direction.

Bottom Line

While COVID-19 is the most prominent public health emergency of the current day, we cannot forget the other ongoing public health crisis in the United States: suicide. As COVID-19 exacerbates risk factors for suicidality, it is more important than ever before to implement evidence-based means safety interventions to prevent firearm suicide. To learn more, visit [PreventFirearmSuicide.com](https://www.PreventFirearmSuicide.com).

¹ U.S. Census Bureau. (2018). 2018 Families and Living Arrangements Tables.

² Silverstein J. (2020, April 3). 42 states now have stay-at-home orders for coronavirus. These are the 8 that don't. *CBS News*.

³ Stone DM, Holland KM, Bartholow B, Crosby AE, Davis S, & Wilkins N. (2017). Preventing Suicide: A Technical Package of Policies, Programs, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

⁴ Calati R, et al. (2018). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. *Journal of Affective Disorders*.

⁵ Brooks SK, et al. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*.

⁶ National Academy of Sciences. (2020). Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System.

⁷ Heuser C & Howe J. (2019). The relation between social isolation and increasing suicide rates in the elderly. *QAOA*.

⁸ Kaiser Family Foundation poll conducted March 25-30, 2020.

⁹ Stone DM, Holland KM, Bartholow B, Crosby AE, Davis S, & Wilkins N. (2017). Preventing Suicide: A Technical Package of Policies, Programs, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

¹⁰ *Ibid.*

¹¹ Collins A, Cox A, Kizys R, Haynes F, Machin S, & Sampson B. (2020). Suicide, sentiment and crisis. *Social Science Journal*.

¹² ABC News/Washington Post Poll conducted March 22-25, 2020.

¹³ Nock MK, Borges G, Bromet EJ, Cha CB, Kessler RC, & Lee S. (2008). Suicide and suicidal behavior. *Epidemiol Rev*.

¹⁴ McGinty EE & Webster DW. (2017). The Roles of Alcohol and Drugs in Firearm Violence. *JAMA Intern Med*.

¹⁵ Wintemute GJ. (2015). Alcohol misuse, firearm violence perpetration, and public policy in the United States. *Preventive Medicine*

¹⁶ Choi NG, DiNitto DM, Sagna AO, & Marti CN. (2018). Postmortem blood alcohol content among late-middle aged and older suicide decedents: Associations with suicide precipitating/risk factors, means, and other drug toxicology. *Drug & Alcohol Dependence*.

¹⁷ Branas CC, Han S, & Wiebe DJ. (2016). Alcohol Use and Firearm Violence. *Epidemiol Rev*.

¹⁸ Lee K & Chabria A (2020, March 16). As the coronavirus pandemic grows, gun sales are surging in many states. *Los Angeles Times*.

¹⁹ Nass D. (2020, March 25). How Coronavirus Shutdowns Are Affecting Gun Stores in Each State. *The Trace*.

²⁰ Small Arms Analytics. (2020, April 1). U.S. firearm sales: March 2020 unit sales show anticipated covid-19 related boom.

²¹ Conner A, et al. (2019). Suicide case-fatality rates in the United States, 2007 to 2014: A nationwide population-based study. *Ann Intern Med*.

²² Anglemeyer A, Horvath T, & Rutherford G. (2014). The accessibility of firearms and risk for suicide and homicide victimization among household members: A systematic review and meta-analysis. *Annals of Internal Medicine*.

²³ Azrael D, Cohen J, Salhi C, & Miller M. (2018). Firearm Storage in Gun-Ownning Households with Children: Results of a 2015 National Survey. *J Urban Health*.