



Keeping Youth Safe: Reducing Access to Lethal Means

Resources and Additional Information for Means Restriction
October 24th, 2013

SPRC Online Course: Counseling on Access to Lethal Means (CALM)

<http://training.sprc.org/>

Access to lethal means can determine whether a person who is suicidal dies or survives. This course is designed for providers who counsel people at risk for suicide, primarily mental health and medical providers, but also clergy and social service providers. The first module explains why reducing access to lethal methods of self-harm saves lives. The second module teaches practical skills on when and how to ask suicidal clients about their access to lethal means and how to work with them and their families to reduce their access.

SPRC Webinar: Restricting Access to Lethal Means

Miller M. (2006) Learning Objectives: The efficacy of restricting access to various means of suicide as a strategy to prevent suicides; Substitution of lethal means and its implications for suicide prevention; Participants will have a chance to discuss their successes and challenges implementing strategies to restrict access to means.

Reducing Access to Lethal Means, 2010

<http://www.sprc.org/sites/sprc.org/files/2010MeansMatterBarber.pdf>

Means Matter Campaign

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

JOURNAL ARTICLES

[Gunnell D, Fernando R, Hewagama M, Priyangika WD, Konradsen F, Eddleston M. The impact of pesticide regulations on suicide in Sri Lanka. *Int J Epidemiol.* 2007;36\(6\):1235-42.](#)

Research Article: "Restrictions on the import and sales of WHO Class I toxicity pesticides in 1995 and endosulfan in 1998, coincided with reductions in suicide in both men and women of all ages. 19,769 fewer suicides occurred in 1996-2005 as compared with 1986-95. Secular trends in unemployment, alcohol misuse, divorce, pesticide use and the years associated with Sri Lanka's Civil war did not appear to be associated with these declines."

[Kreitman N. The coal gas story. United Kingdom suicide rates, 1960-71. *Br J Prev Soc Med.* 1976 Jun;30\(2\):86-93.](#)

Research Article: "A detailed analysis of suicide rates between 1960 and 1971 for England and Wales and for Scotland confirms that all age-sex subgroups have shown a marked decline in suicide due to domestic gas, corresponding in time to the fall in the CO content. After considering data on the effects of the International Classification of Diseases (ICD) Eighth Revision, accident mortality, some personal characteristics of coal gas suicides, and the use of coal gas in parasuicide it was concluded that a simple casual explanation was likely. Suicide due to non-gas methods has in general increased, markedly so in some groups. It was suggested that neither improved psychiatric services nor voluntary agencies could

have produced such changes. The 'compensatory' trend of gas and non-gas suicide rates was indicated for certain age-sex subgroups. The continuing need for suicide research was pointed out, and questions were raised concerning the psychological meaning of the epidemiological data."

[Thomas, K., Gunnell, D. \(2010\) Suicide in England and Wales 1861-2007: a time-trends analysis.](#)

[*International Journal of Epidemiology* 39:1464-1475](#)

Research Article: "Rates in males were consistently higher than females throughout the 19th and 20th centuries, although the male-to-female sex ratio fluctuated from 4 : 1 in the 1880s to 1.5 : 1 in the 1960s. Suicide rates increased in all age groups in the 1930s, coinciding with the Great Depression. The highest male rates (30.3 per 100 000) were recorded in 1905 and 1934 and have since been declining. Female rates peaked in the 1960s (11.8 per 100 000), declining afterwards. In both sexes the lowest recorded rates were in the 21st century. There was a rapid rise in the use of domestic gas as a method of suicide in both sexes following its introduction at the end of the 19th century. There was no evidence that this rise was accompanied by a decline in the use of other methods. Self-poisoning also increased in popularity from the 1860s (5% of suicides) to the 1990s (22% of suicides)."