

Lethal Means & Suicide Prevention

What are “Lethal Means”

Lethal means are objects that can be used to inflict self-harm. Lethal Means Reduction is an intentional, voluntary practice to reduce suicides, and can also be referred to as Lethal Means Safety Planning or Lethal Means Safety Counseling.

Why it is Important

Suicide is happening in many communities across Minnesota. In 2021, 808 Minnesotans lost their life to suicide. From 2011 to 2021, suicide, or intentional self-harm, was the eighth leading cause of death in Minnesota.

Reducing access to lethal means is part of a comprehensive suicide prevention approach.

A suicidal crisis may be relatively short in duration—minutes to hours—and most people who attempt suicide and survive do not go on to die by suicide.¹

By putting time and distance between a lethal means – such as firearms, medicines, and illegal drugs – and individuals who may be at risk for suicide, suicide can be prevented, and lives can be saved.^{2,3,4,5,6}

What You Can Do

Family and caregivers can help prevent suicide attempts by restricting access to lethal means such as safely storing firearms, proper storage of medication, and securing other means.

Safely store firearms

Safe storage practices include: Locking up weapons, storing ammunition separately from the weapon, using a gunlock, disassembling weapons, or temporarily removing firearms from the home during a mental health crisis.

Proper storage of medication

Safely store or lock up all medications, dispose of medications that expired or are no longer being used, portion out daily medication dosages in a child-proof container, talk to a medical provider for possible alternative medications, lower doses or quantities prescribed.

Securing other means

If other means are indicated as a method of harm, remove those objects from the home and create a safety plan to provide support and intervention.

Educate yourself and others

Educate family members and peers on ways to limit access to lethal means during a crisis. Train mental health professionals and community natural helpers in supporting a person at risk and lethal means counseling. Promote connection and other protective factors.

Help is available. Healing is possible.

For 24/7 emergency emotional support - call or text 988. 988 Lifeline provides free and confidential support. Your information will not be shared if you contact 988. You do not need to be in active crisis to call 988 – you can call to help create a safety plan for you or your loved ones or locate resources near you.

If you or a loved one is in imminent danger or needs immediate medical attention, call 911 or go to your nearest emergency department.



Additional Resources:

- [Lethal Means Safety | Zero Suicide \(zerosuicide.edc.org/toolkit-taxonomy/lethal-means-safety\)](https://zerosuicide.edc.org/toolkit-taxonomy/lethal-means-safety)
- [Lethal Means | National Action Alliance for Suicide Prevention \(theactionalliance.org/our-strategy/lethal-means\)](https://theactionalliance.org/our-strategy/lethal-means)
- [Firearm Suicide Prevention & Lethal Means Safety - REACH \(va.gov/reach/lethal-means\)](https://va.gov/reach/lethal-means)
- SafeandSecureMN.org
- [Veteran Suicide Prevention / Minnesota Department of Veteran Affairs - State of Minnesota \(mn.gov/mdva/resources/veteransuicideprevention\)](https://mn.gov/mdva/resources/veteransuicideprevention)
- [Stanley Brown Sample Safety Plan \(sefbhn.org/assets/zero-suicide-recommended-evaluation-tools/safety-plans/stanley-brown-safety-plan.pdf\)](https://sefbhn.org/assets/zero-suicide-recommended-evaluation-tools/safety-plans/stanley-brown-safety-plan.pdf)
- [988 Suicide & Crisis Lifeline | SAMHSA](https://www.samhsa.gov)

References:

- ¹ Harvard Injury Control Research Center. (n.d.). Means Matter. Retrieved from <https://www.hsph.harvard.edu/means-matter/>
- ² Barber, C., & Miller, M. (2014). Reducing a suicidal person's access to lethal means of suicide: A research agenda. *American Journal of Preventive Medicine, 47*(3S2), S264–S272.
- ³ Mann, J. J., Apter, A., Bertolote, J., Beautrais, A., Currier, D., Haas, A., . . . Hendin, H. (2005). Suicide prevention strategies: A systematic review. *Journal of the American Medical Association, 294*(16), 2064–2074.
- ⁴ Pirkis, J., Too, L. S., Spittal, M. J., Krysinska, K., Robinson, J., & Cheung, Y. (2015). Interventions to reduce suicides at suicide hotspots: A systematic review and meta-analysis. *The Lancet Psychiatry, 2*(11), 994–1001.
- ⁵ Department of Health and Human Services, Office of the Surgeon General, & National Action Alliance for Suicide Prevention. (2012). National strategy for suicide prevention: Goals and objectives for action. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23136686>
- ⁶ Zalsman, G., Hawton, K., Wasserman, D., van Heeringen, K., Arensman, E., . . . Zohar, J. (2016). Suicide prevention strategies revisited: 10-year systematic review. *The Lancet Psychiatry, 3*(7), 646–659.

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