Comfortable Conversations about Guns in the Clinical Setting

Lethal Means Counseling
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Harvard School of Public Health

Presentation for Vermont Suicide Prevention Symposium, June 2017
Traditionally suicide prevention has focused on who takes their life, when, where, and especially why.
We are beginning to understand that **how** people attempt suicide plays a crucial role in whether they live or die.
US Suicide Rates by Method

- Firearm
- Overdose/poison
- Suffocation
- Other

MeansMatter
Starting Point

• Your organization has committed, or is considering committing, to Zero Suicide.
• You want to improve your staff’s or your own competency in lethal mean counseling.
• This presentation is designed to help you get there.
Evolving Evidence Base

• One caveat:
• We don’t yet have a lot of science and evidence in this area.
  – No large clinical trials to compare directive vs. motivational interviewing approach
  – No data on which types of messaging work best when the at-risk person is the gun owner vs. his or her child vs. another adult at home
  – No data on which families are most likely to switch to offsite storage, which are most likely to simply improve locking at home, and which opt to make no changes at all.
• So let’s start off by saying we’re learning together.
A Suicide...

• Lauren came home from school with a detention slip, and her parents grounded her. They forbade her from seeing her boyfriend (much older) whom they were concerned was having a bad influence. They were considering pressing charges against him for statutory rape. Lauren went to her father’s study, retrieved the hidden key, and opened the gun cabinet, intent on killing herself.

*This case is drawn from an actual suicide death of a young teen; some details changed to protect confidentiality.*
...or a Life Saved?

- Lauren came home from school with a detention slip, and her parents grounded her. They also forbade her from seeing her boyfriend (much older) whom they were concerned was having a bad influence. They were considering pressing charges against him for statutory rape. Lauren went to her father’s study, retrieved the hidden key, and opened the gun cabinet, intent on killing herself. The guns were missing. She slashed her wrists but survived and was taken to the ED by her mother.
Self-Harm Lethality Rates, U.S.

If Lauren had used a gun, the odds of her dying would have been 9 out of 10.

What are the odds of her dying using sharps or overdose?

CDC WISQARS (Web-based Injury Statistics Query and Reporting System)
Based on data from emergency departments and death certificates.
Self-Harm Lethality Rates, U.S.

**Firearms**
- 83-90% fatal
- 10-17% nonfatal, treated in hospital ER

**Sharps & Overdose/Poison**
- 1-2% fatal
- 98% nonfatal, treated in hospital ER

**NOTE:** We caution against broadly disseminating these specific numbers to the general public. People’s perception that overdose and cutting are more lethal than they usually are probably saves many lives.
But Did We Truly Save Lauren’s Life?

- History of suicide attempt is a risk factor for suicide.
- What proportion of people who attempt suicide do you think eventually die by suicide?

75% 45% 25% 10%
What Made the Difference?

• A month ago when Lauren was in the ED with alcohol poisoning, a social worker heard her parents’ concerns that she was spinning out of control. Lauren told the social worker that she sometimes thought about suicide but would never do it. The social worker referred her for outpatient counseling and recommended that Lauren’s parents store any household firearms away from home until the situation improved.
Components of Success

- The counselor had to have raised the issue.
- The family had to have “heard” it and been convinced.
- There need to have been storage options.

- So...how do we get there?
Topics

• Connect with the local gun community
• Overview on lethal means counseling
• Clinical skills
• Patient scenarios
• The SAFETY Study
Connect with the Local Gun Community
Engaging Gun Owners

- Ten years ago, most suicide groups wouldn’t talk about guns and most gun groups didn’t talk about suicide.
- Gun owners and their families die suicide at higher rates than non-gun owners.
- How do we reach them? With an anti-gun agenda?
- No. That’s like sending an anti-gay group to do suicide prevention in the gay and lesbian community.
- If you don’t trust the messenger, you don’t trust the message.
Especially if you or many of your staff don’t own guns, when implementing a lethal means counseling program, reach out to gun folks for advice:

- Which phrases and messages are welcoming vs. off-putting
- Train staff on basic gun safety (e.g., outing to the gun range or an in-service training with replica guns)
- Learn (and expand) local offsite storage options
- Good locking devices
- How to reinforce message in the community (e.g., getting on the sportsman club’s potluck dinner agenda)
What’s the Message

**Woman:** “I’m really worried about my husband; his depression’s getting worse and now with this second DUI, I’m worried he might consider suicide.”

**Confidante (Therapist, neighbor, hotline worker, divorce attorney, etc.):** “Is there somewhere you can store your guns away from home for now, or otherwise make them inaccessible until things improve?”

- Years ago “designated driver” and “friends don’t let friends drive drunk” were unknown.
- By 2025, let’s get that same reach and friends-protecting-friends approach to lethal means safety.
Firearm instructors, gun owner groups, gun magazine writers, gun shop owners – these are great messengers.

Most gun groups have a strong safety culture—strong values around firearm safety, protecting the family, neighbors looking out for one another.

These values dovetail well with suicide prevention.

Expanding gun groups’ focus from preventing unintentional firearm deaths (500/yr) to preventing firearm suicides (22,000 deaths a year) is a good fit.

When approached as part of the solution, not part of the problem gun owner groups have participated enthusiastically.
Gun Partnerships - 2009

NH
Birthplace!
Gun Groups Getting Involved

• Vermont Federation of Sportsmen’s Clubs
• Maryland Licensed Firearm Dealers Association
• Utah Shooting Sports Council
• National Shooting Sports Foundation
• Second Amendment Foundation
• Individual firearm instructors, retailers, sport shooters, etc.
Models

- Firearm instructor module
- Gun shop project
- Displays at gun shows
- Suicide prevention experts and firearm trainers collaborating to train clinicians in lethal means counseling
- Coverage in gun magazines, blogs, websites
- Cross-training with sportsmen clubs, gun advocacy groups
- Collaboration on safe storage options
Pushing on an Open Door
Firearm Instructors

• Audited 20 firearm classes throughout New England
  ▪ 90% did not mention suicide
• Pitched adding a suicide prevention module to Utah Concealed Carry Permit classes
  ▪ Surveyed 1,005 instructors (blind to topic). Showed the module.
  ▪ Want to teach it? 66% yes, 25% maybe, 9% no.
• Focus group in NH with firearm instructors
  ▪ All 5 hadn’t previously covered suicide.
  ▪ After viewing training video all 5 said they would.
  ▪ Within 2 weeks one instructor from Second Amendment Foundation tested the video on one of his classes, devoted a radio program to the topic, and got the SAF training board to agree to add suicide prev content to all their classes.
By 2025...

- **Clinicians and gatekeepers**— mentioning firearm access is second nature and comfortable for both the clinician and the patient.

- **Gun-owning community**— every firearm safety class, website, brochure, etc., mentions suicide prevention (“Be alert to signs of suicide in loved ones and help keep firearms from those at risk until they have recovered.”)

- The more that gun owners have these conversations *outside* the clinician’s office, the easier it is to have them *inside* the office.
Overview of Lethal Means Counseling
ED Providers and Gun Counseling

% of ED providers who report they almost always ask about gun access in the following patient scenarios

- Suicidal in past month, but not now: 16%
- Suicidal today, no plan: 22%
- Suicidal today, non-gun plan: 21%
- Suicidal today, gun plan: 64%

Betz, 2013
“Traditional” suicide screening

- Do you feel like you want to die, that you want to kill yourself? (if yes, then...)
- Have you made a plan? (if yes, then...)
- Do you have access to the means called for in your plan? (if yes, then reduce access)

What are the problems with this approach?
## Do All Attempters Have Plans?

<table>
<thead>
<tr>
<th>Had a Suicide Plan?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(The universe here is people who attempted suicide in past 12 mos)</td>
<td></td>
</tr>
<tr>
<td>No plan</td>
<td>43%</td>
</tr>
<tr>
<td>Plan</td>
<td>57%</td>
</tr>
</tbody>
</table>

Not all people who make a suicide attempt planned it in advance.

Borges, 2006 (National Comorbidity Survey)
Suicidal Thoughts Among Students

<table>
<thead>
<tr>
<th>Lifetime frequency</th>
<th>Students n=26,451</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never had suicidal thoughts</td>
<td>47%</td>
</tr>
<tr>
<td>One period</td>
<td>23%</td>
</tr>
<tr>
<td>A few periods</td>
<td>23%</td>
</tr>
<tr>
<td>Repeated episodes with breaks</td>
<td>5%</td>
</tr>
<tr>
<td>Regular basis for years</td>
<td>2%</td>
</tr>
</tbody>
</table>

Drum, 2009 (Survey of college/univ students)
### Suicidal Thoughts Among Students

<table>
<thead>
<tr>
<th>Number of suicidal periods</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>33%</td>
</tr>
<tr>
<td>2</td>
<td>26%</td>
</tr>
<tr>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>4 or more</td>
<td>24%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ave. length of period</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hr or less</td>
<td>31%</td>
</tr>
<tr>
<td>2-24 hrs</td>
<td>25%</td>
</tr>
<tr>
<td>2-7 days</td>
<td>27%</td>
</tr>
<tr>
<td>&gt;1 week</td>
<td>16%</td>
</tr>
</tbody>
</table>
Duration of Suicidal Crises

People who attempted suicide were asked how long before the act they first thought about making the attempt.

48% said 10 minutes or less. Most people who become suicidal have struggled with ongoing, underlying problems. But the movement from suicidal idea to attempt can be rapid.

Deisenhammer et al. 2009
Indication for Lethal Means Safety Counseling

- **Patients Who Report Suicidal Ideation/Behavior**
  History of attempts, current ideation, and/or recent ideation, in addition to current distress – regardless of existence of suicide plan

- **Patients at Elevated Risk for Suicide Who Report No Suicidal Ideation or Attempts**
  Recent inpatient mental health treatment; moderate to severe symptoms; impulsive behavior, affective lability, dual diagnosis, poor engagement in care, and/or multiple psychosocial stressors
What is it about Firearms?

• **Leading U.S. method** (58% of VT suicides).
• **Highly lethal.**
• **Easily accessible** if stored at home.
• **Culturally “acceptable.”** Some methods, like fire, are accessible but unacceptable to most U.S. attempters.
• **Fast, irreversible.** No chance for rescue or change of heart once the trigger is pulled. For nearly all other methods except jumps there is an opportunity.
• **Risk factor.** Every U.S. case control study that has examined the issue (15+) finds firearm access a risk factor.
Behavioral Goals of LMC
## Firearms: The Safety Hierarchy

<table>
<thead>
<tr>
<th>Level</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safest</strong></td>
<td>Store guns away from home while the person is at increased risk.</td>
</tr>
<tr>
<td><strong>Next Best</strong></td>
<td>Store in a safe or secure lock box at home.</td>
</tr>
<tr>
<td></td>
<td>Consider changing the combination or key location if pt. may know it.</td>
</tr>
<tr>
<td></td>
<td>Lock ammunition separately or consider not keeping any at home for now.</td>
</tr>
<tr>
<td></td>
<td>Or disassemble the guns and lock up a critical component.</td>
</tr>
<tr>
<td><strong>Third Best</strong></td>
<td>Store unloaded with an external locking device (e.g., trigger lock, cable lock, or clamshell lock).</td>
</tr>
<tr>
<td></td>
<td>Locks can’t assure safety, and some are easier to defeat than others, but anything that puts time and distance between a suicidal person and a gun can help.</td>
</tr>
</tbody>
</table>

### Why isn’t locking as safe?

- Locks cannot guarantee safety, and some are easier to defeat than others.
- Anything that puts time and distance between a suicidal person and a gun can help.
Bird’s Eye Overview of LMC

1. Raise the firearms issue. Effective strategies vary.
2. Collaborate on a plan to reduce access to firearms (and other methods as indicated).
3. If indicated, ask the patient for permission to contact and work with a friend or family member.
4. Agree on roles (who’s doing what?) and timetable for action. (e.g. husband will move the self-defense gun to the safe tonight and change the combination; tomorrow he’ll bring all the guns to his brother’s for safekeeping and email clinician when he’s done it.)
5. Briefly document the plan in the chart.
6. Follow up as indicated (at next appointment, or sooner).
Step 3
Clinical Skills
Raising the Issue

• Express concern
• Guiding, self-directed approach: Collaborate, emphasize autonomy (informed by MI; preferred approach in limited focus group research)
  – “Lots of Vermonters have guns at home. What some in your situation do is store their guns away from home until they’re feeling better, or lock them and ask someone they trust to hold onto the keys. If you have guns at home, have you thought about a strategy like that?”
Raising the Issue

• Normalizes gun ownership
• Gives a peer example
• Makes it clear that the provider is suggesting steps that are voluntary and under the patient’s control
• Imparts the information even if the patient opts not to disclose that there are guns at home
• For a person worried they might lose their gun rights if they say they have a gun, an opening statement like “Do you have guns at home,” might be alarming.
Raising the Issue

- Directive approach may be warranted in some cases depending on your personal style, the patient’s mental state, time constraints.
  - “I think you would be safer for now if you stored your guns away from home.”
  - “I’m going to suggest you use this gun lock and have your wife keep the key.”
In distress, no ideation

“My life is bad right now, but I’m not feeling suicidal.”

- “I’m glad you’re not feeling suicidal. But sometimes a crisis hits and people who are already struggling may suddenly experience strong suicidal feelings. Those feelings often go away in a matter of hours or days, but it can feel like it’ll last forever. I’m not saying this is likely to happen, but if it does, I want to be sure you make it through safely and call for help. Can we talk over a plan, just in case?”
Firearms: Off-site Storage

Safest option is storing guns away from home during at-risk periods.

- **Friend or Relative** (provided they aren’t prohibited from possessing firearms)
- **Self-storage facility** (store unloaded)
- **Police departments*** (Some PDs will store temporarily at no charge--check with local PD. Most PDs offer disposal service if person no longer wants their guns)
- **Pawn shops**** (Pawning the guns for a very small loan amount is reliable storage option; interest fees of ~15-20% monthly)
- **Gun shops*** (Some offer storage services)
- **Shooting ranges** (Some rent storage lockers)

* These options may involve a formal transfer of the guns.
** This option does involve a formal transfer of the guns.
Firearms: Locking

If off-site storage isn’t an option...

• Store guns unloaded and locked in a gun safe or locked unit with cable or trigger lock also in place.
• Change the combination and locks if pt has access. Keep ammo out of the home or locked separately.
• See [National Shooting Sports Foundation](https://www.nssf.org) and [Lok-it-Up](https://lok-it-up.com) for locking options.
• Another option: the owner removes a critical component like the slide or firing pin.
• Hiding guns is *not* recommended.
• Not all locking devices are created equal.
• See [handgunsafereasearch.com](http://handgunsafereasearch.com)
Considerations for Youth

- Speak with the parent/caregiver without the youth present in most situations.
- Ideally speak with the gun owner (often the father) if they control storage decisions. If not there, one option is to phone him or her while the other parent is there (provided there is no contraindication for doing so).
- If the youth lives in more than one home (e.g., joint custody situations), make plans for both homes.
Considerations if the Pt is the Owner

- Off-site storage options still apply
- Locking options also still apply, but more important to arrange for someone else to change the combination or hold the keys.
- Giving up that control may be very difficult for some. Option: lock the guns but store the keys away from home (e.g., bank safe deposit box – some rent for just $20-50/year)
Language & Collaboration Matters

- **Use language like**
  - “Let’s go through some options for storing your guns off-site until the situation improves.”

- **Avoid coercive language like**
  - “Give up your guns,” “dispose of your guns” “the guns must be relinquished, surrendered.”

- **Focus on the (hopefully) temporary nature of the relocation of the guns and of the psychiatric crisis.**

- **Collaborate to find solutions.**
What are your experiences with lethal means counseling?
Patient Scenarios

Jason
Charles
Sharon
Luis
Jason, 16, arrived at the ED with his parents. He has been diagnosed with Oppositional Defiant Disorder. He was suspended from school for fighting earlier today, and he and his father got into an argument. If his parents grounded him, Jason said he would kill himself with his hunting rifle. When he began to scream and punch himself in the face, his parents called 911. In the ED Jason was calm and stated that he no longer wanted to kill himself.
Jason’s Parents

Jason’s parents say they were alarmed by his violence, but they suspect the suicide threat was “his usual manipulation to avoid consequences when he gets in trouble.” Later in the session when you suggest storing the firearms away from home, Jason’s father says that this is hunting season and “I’ll be damned if I’m going to let him ruin things for the rest of us.”
Jason

When his father says, "Jason's dramatics are always interfering with the family. I don't want to shortchange my younger son by canceling our hunting plans," how would you respond?

- You want to hunt and you want to keep Jason safe. Let's see how we can do both. Are there shooting ranges in the area that offer locker rentals? What about a relative not far away who could hold onto the guns between hunting trips?

- Avoid language that pits you against the father like, “What’s more important to you: hunting or protecting Jason?”
When his father says, "I have always taught my kids to respect guns; they'd never use them irresponsibly, even Jason," which would you say:

- You've worked hard to pass your values down to your kids. But when a person starts feeling suicidal, his familiarity with guns is not going to protect him.
“With my PTSD, since coming home from deployment in Afghanistan I don’t feel safe unless my gun is loaded and with me at all times. I do struggle sometimes with suicidal thoughts, but my anxiety would get even worse if I didn’t have my gun nearby. I keep it under my pillow at night.”

- Consider behavioral experiment, behavioral shaping, or PTSD/emotional avoidance model.
- Elicit history of impulsive/unexpected behavior.
Sharon has been struggling with depression and has begun to have thoughts of suicide. She has agreed to cognitive behavioral therapy. Her ideation has centered on taking pills.
When talking with her about reducing access to lethal means, what should you do?

A. Focus on the pills only, since this is the method she’s been considering.

B. Focus primarily on the pills, but also talk with her about firearm access.
Sharon

“‘My husband is very worried about me and wants me safe, but I just can’t see how we’d get the guns out of the house.’”

A. Can you fill me in on the barriers?

B. But that’s the safest option.
Sharon

“My husband’s a gun collector. He must have 75 guns. His gun safes fill up a whole room. We could never ask someone to store that many guns.” What’s your next move?

• Ask whether she knows where the keys are or knows the combination. If yes, explore whether she can ask her husband to change the combination/key location (using a non-alarmist, “just in case” tone). Consider requesting permission to talk with her husband.
Luis has been in much emotional pain and has been unable to sleep for several nights. Desperate to get some sleep, he took two of his mother’s sleeping pills and three of her antidepressants, thinking these might give immediate relief. When they did not, he began drinking liquor. His uncle (with whom Luis and his mother live) was alarmed that the pills and alcohol may be a dangerous combination and brought him to the hospital.

Your assessment found that Luis had no suicidal intent and has never considered suicide; his aim was to relieve his anxiety so he could sleep.
You refer Luis for care at a mental health center and share your assessment with his uncle that this was not a suicide attempt. How do you raise the issue of suicide risk and home safety?

Suicide is a real risk for a kid like Luis. I’m going to need to ask if you have any guns at home.

I’m reassured that Luis hasn’t had suicidal thoughts. Given his level of distress, we can’t rule out the possibility that these might develop. One precaution I’d advise is to make sure he has no access at home to guns.
When you broach the topic of storing guns away from home, his uncle says, “There’s no way my gun is going anywhere but under my roof. That’s a non-starter.” What’s your next move?

- I hear you. Let’s talk over a storage plan to ensure Luis has no access. It’s not as safe as storing away from home, but it’s the next best thing.

- Here in Vermont, six times more people die by suicide than homicide. If a family member has a mental health issue, the National Shooting Sports Foundation urges gun owners to ensure that the person can’t get their guns.
Luis

You suggest storing the gun unloaded and locked in a lock box or safe. His uncle says, “I keep my gun in my bedroom for self-defense. I feel responsible for protecting Luis and my sister. What good is it going to do us locked and unloaded?”

• I know you want to keep them safe. That’s why you brought Luis here tonight. What some self-defense owners do is keep a mini-safe in their bedroom and lock their gun there.
Clinical Trial of Lethal Means Counseling
SAFETY Study

- Five emergency departments in Colorado
- Train mental health clinicians to provide LMC to parents of youth 10-17 yrs seen for a psych crisis
- Collaboration among
  - Northeastern University (Miller, Salhi)
  - University of Colorado (Runyan, Brandspigel, Betz)
  - Harvard (Barber, Azrael)
  - Hospitals and state health dept.
- Funded by AFSP, 3 yrs starting Oct 2016
SAFETY Study

- Stepped wedge design
- Main outcome: change in self-reported storage (parent interview)
- Qualitative interviewing with families and providers to better understand barriers and facilitators of LMC and safer storage.

Figure 2. Stepped Wedge Sample Design – illustrating seven 3-month observation periods among hospitals as they transition from usual care to implementing the Lethal Means Counseling protocol.
SAFETY Study Provides

Free medication lockbox
1 per family

Free mini gun safe for handguns
1 per gun-owning family

Free cable locks
Unlimited. For use on unsecured guns at home that do not fit in the mini-safe.

*Cable locks are for immediate use until the family can arrange for more secure storage.*
SAFETY Study Written Handouts

1. “Safe-guard your home” brochure
2. Rx for Gun Safety
3. Local Firearm Storage Options
How to Safe-Guard Your Home

If your child is experiencing a mental health problem or life crisis, these simple steps can help protect your family and possibly save your child’s life.

**STORE FIREARMS AWAY FROM HOME**

- Ask a close family member or trusted friend to keep them temporarily until the situation improves.
- Call your local police precinct, gun range, or shooting club to see if they will offer temporary storage.

**LOCK MEDICATIONS**

- Store all medications in a locked box or locked medicine cabinet.
- To dispose of unused medications, locate a medicine take-back program in your community or if you have no other choice follow the FDA guidance: Mix the medicines with something that cannot be eaten such as kitty litter or used coffee grounds in a sealable plastic bag and throw mixture away in the trash.

**PROVIDE SUPPORT**

- Pay attention to your child’s moods and behavior.
- If you notice significant changes, ask them if they’re thinking about suicide.
- If you think your child is in crisis, call 911 or go to nearest emergency room. For a non-urgent consultation, work with your primary care doctor to make a referral.
- Make sure your child knows how to access the suicide prevention lifeline.
- Contact the Colorado Crisis and Support line for assistance or to locate the closest 24 hour walk-in center - 844-493-TALK (8255) or text TALK to 38255

*Under Colorado law, a gun transfer is typically subject to a background check unless the transfer qualifies for an exemption from a background check. To become fully informed about making a legal temporary gun transfer, review Colorado gun laws including C.R.S. § 18-12-112 or consult an attorney.

**FIREARMS**

Store them offsite. The safest option is to temporarily store all firearms away from your home. If removal isn’t an option, store all firearms safely and securely.

**FACT:** Firearms are used in close to half of youth suicide deaths.

**MEDICATIONS**

Lock Them Up.

**FACT:** Youth who attempt suicide use medications more than any other method.

**SUPPORT**

Listen and Ask.

**FACT:** 15% of Colorado youth seriously consider attempting suicide each year.

HELP IS AVAILABLE

NATIONAL SUICIDE PREVENTION LIFELINE
24/7 free & confidential, 1-800-273-TALK (8255)
# Rx for Household Firearm Safety

Name: ______________________ Date: ____________ Hospital: Pleasantville Medical Center

While a family member is coping with a mental health/substance abuse issue, I strongly recommend:

| **SAFEST OPTION** | Store all guns away from home  
|:------------------|:---------------------------------------------------|
| **NEXT BEST**     | Store all guns in a gunsafe or secure lock box  
|                   | For greater safety, also use external locks on the guns. Lock ammunition separately or don't keep it at home for now. Make sure the at-risk person can't get the combination or key.  
| **THIRD BEST**    | Store all guns with a secure external lock  
|                   | (trigger lock, cable lock, or clamshell lock) These locks aren't as secure as a good gun safe, but anything that makes it harder to get to the gun can help.  

**LOCKING AT HOME?** Change the combination and/or key location if there's a chance the at-risk family member knows it.  

**TODAY** If you have unlocked guns at home, use the free devices provided at the ER by the Safety Study until you can arrange safer storage.

Provider Signature: ________________________________________________________________
# Options for Temporary Firearm Storage in Colorado

<table>
<thead>
<tr>
<th>Method</th>
<th>Comments and Examples</th>
<th>Approx cost (as of 12/2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Storage Facilities</td>
<td>Most self-storage facilities allow gun storage. Typically the smallest unit is a 5’ by 5’, but a few offer 2’ x 3’ drawers, which are the least expensive. Store guns locked and unloaded</td>
<td>One-time administrative fee of about $20, plus $20-$75+ per month depending on unit size</td>
</tr>
<tr>
<td>Gun Shop</td>
<td>Some gun shops offer storage services, many don’t and a few specialize in this service (e.g. provide pick up services, offer discounts for longer-term and multiple-gun storage)</td>
<td>Prices vary. An example: Springs Armory charges $3/day/gun for short term storage, $37/quarter for one gun, $50/quarter for 5 guns</td>
</tr>
<tr>
<td>Shooting Ranges, Sportsmen Clubs</td>
<td>Shooting ranges and sportsmen clubs sometimes offer locker rentals. Typically, only you have the key.</td>
<td>$10-30 per month (sometimes less for members of private clubs)</td>
</tr>
<tr>
<td>Relatives, Friends</td>
<td>Temporarily storing your firearms with a trusted relative or friend is a convenient option. Homes where guns can be stored in a gun safe (or otherwise secured) are the safest choice. (Legally, you shouldn’t store a gun with someone you know committed a felony or domestic violence or has a serious mental health or substance abuse problem.)</td>
<td>Free</td>
</tr>
<tr>
<td>Pawn Shops</td>
<td>Some gun owners store their guns by pawning them in exchange for a small cash loan. You pay a monthly interest charge. When you want the guns back, you repay the loan.</td>
<td>15-20% monthly interest charge. (For example, if you pawn your guns for $100, you’d pay, say, $18/month in interest fees.)</td>
</tr>
<tr>
<td>Police, Sheriff’s Office</td>
<td>Some will store firearms (and most will dispose of them if you no longer want them). Call to find out if yours will store guns. If yes, ask how best to get them there. Some will pick up, others will have you drop them off—but make specific arrangements so you won’t be mistaken for a threat walking into a police department with guns.</td>
<td>Usually free</td>
</tr>
</tbody>
</table>

## Questions to ask when deciding where to store your guns:

1. What is the charge?
2. How will the guns be stored so that no one else can access them?
3. How do I get the guns to you?
4. How long can my guns be stored there?
5. What are the procedures for getting the guns back?

For safety, transport guns unloaded and locked.

## Background Checks (BC) Info

* No BC necessary to get guns back.

** Call to see if BC is required before your guns can be returned—varies by shop and department.

^ If loaning to a non-relative for over 3 days, Colorado law requires a BC be done on that person. These cost $10 and are done at a gun shop.

*** BC is required before pawned guns can be returned.

(Addresses of specific local storage options in hospital catchment area on back of the sheet)
Thank you. Questions?

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