Law Enforcement and Gun Retailers as Partners for Safely Storing Guns to Prevent Suicide: A Study in 8 Mountain West States

Carol W. Runyan, PhD, MPH, Ashley Brooks-Russell, PhD, MPH, Sara Brandspigel, MPH, Marian Betz, MD, MPH, Gregory Tung, PhD, MPH, Douglas Novins, MD, and Robert Agans, PhD

Objectives. To examine the extent to which law enforcement agencies (LEAs) and gun retailers are willing to offer voluntary, temporary storage as a part of an overall suicide prevention effort.

Methods. We invited all LEAs and gun retailers in 8 US states to respond to questionnaires asking about their willingness to offer temporary gun storage and their recommendations to gun owners about safe storage.

Results. We collected data in 2016 from 448 LEAs and 95 retailers (response rates of 53% and 25%, respectively). Three quarters of LEAs (74.8%; 95% confidence interval [CI] = 72.1, 77.5) indicated they already provided temporary storage compared with 47.6% (95% CI = 39.2, 56.0) of retailers. LEAs were most willing to provide storage when a gun owner was concerned about the mental health of a family member. Retailers were more receptive than were LEAs to providing storage when visitors were coming or for people wanting storage while traveling. Both groups recommended locking devices within the home, but LEAs were slightly more favorable to storing guns away from the home.

Conclusions. Law enforcement agencies and gun retailers are important resources for families concerned about suicide. (*Am J Public Health.* 2017;107:1789–1794. doi: 10.2105/AJPH.2017.304013)



See also Anestis, p. 1701; and also Galea and Vaughan, p. 1703.

Suicide deaths in the United States totaled 44 193 in 2015, and 50% of them involved guns. Guns are the most lethal means of attempting suicide, with a case fatality rate of approximately 91%. Reducing access to lethal means such as guns is recommended as a key strategy for suicide prevention. Major efforts in recent years have been directed at encouraging health care providers to include "lethal means counseling" as a part of standard care in emergency departments and primary care. Lethal means counseling includes assessing suicide risk and working to create a plan to remove dangerous items from the home, including guns, other weapons, medications or poisons, and alcohol.

Access to guns increases the risk of suicide for all household members, ^{8–10} especially when guns are stored unlocked and loaded. ^{11,12} During periods of elevated risk, for example, when a family member is experiencing

thoughts of suicide, temporarily storing guns away from home is a recommended precaution. However, gun ownership and storage practices are sensitive issues, and very little is known about the current practices and willingness of local law enforcement agencies (LEAs) or gun retailers to provide temporary safe storage of guns, including when health care providers make a referral.

Our goal was to understand the extent to which LEAs and gun retailers could be viable partners for temporary, voluntary gun storage in communities, particularly when either gun-owning families or health care professionals are concerned about the mental health of household members. Also, given that both LEAs and retailers can be resources for advice about safe storage, ^{13–15} we were interested in knowing what recommendations they give to community members.

METHODS

In spring and summer 2016, we conducted a cross-sectional survey of law enforcement leaders and managers of gun retail establishments in 8 Mountain West states (AZ, CO, ID, MT, NM, NV, UT, WY), a region with both high gun ownership and high suicide rates. ^{1,16}

Instruments

To help develop our close-ended instruments, we conducted qualitative interviews in 2015 with a sample of 8 law enforcement leaders and 8 retailers, allowing us to identify key issues about gun storage to frame our questions accordingly. Colleagues at the Police Executive Research Forum reviewed the law enforcement instrument to ensure that the items were clear and to determine whether we had overlooked important issues. We then pilot tested the gun retailer

ABOUT THE AUTHORS

Carol W. Runyan and Sara Brandspigel are with the Department of Epidemiology, Ashley Brooks-Russell is with the Department of Community and Behavioral Health, and Gregory Tung is with the Department of Health Systems Management and Policy, Colorado School of Public Health, Aurora. Marian Betz is with the Department of Emergency Medicine and Douglas Novins is with the Department of Psychiatry, University of Colorado School of Medicine, Aurora. Robert Agans is with the Department of Biostatistics, University of North Carolina, Chapel Hill.

Correspondence should be sent to Carol W. Runyan, MPH, PhD, Colorado School of Public Health, 13001 East 17th Place, Mailstop B119, Aurora, CO 80045 (e-mail: Carol.Runyan@ucdenver.edu). Reprints can be ordered at http://www.ajph.org by clicking the "Reprints" link.

This article was accepted July 7, 2017. doi: 10.2105/AJPH.2017.304013

instrument with 3 retailers in contiguous states outside our region to assess the questions' clarity and completeness through debriefs after each interview.

Study Populations

For LEAs, we sought to survey leaders of all sheriff and police agencies within the region (n = 854), after excluding the 8 that participated in the qualitative interviews. We obtained our sampling frame from the National Public Safety Information Bureau in Stevens Point, Wisconsin, and accessed the 2016 National Directory of Law Enforcement Administrators (Region 5). We excluded prisons, jails, airport police, conservation law enforcement, campus police, state police and highway patrols, and tribal police.

To reach all storefront retailers throughout the region, we purchased a sampling frame of 1381 retailers from Marketing Systems Group in Horsham, Pennsylvania, and accessed the Dun and Bradstreet DUNS Market Identifier database, including 5 primary and secondary standard industrial classification (SIC) codes (50910403-gun, sporting; 50990100—guns and ammunition, except sporting; 50990102—guns, except sporting; 50990103-machine guns; 59410202-guns). These categories did not include large chain sporting-goods stores or chain discount stores that sell guns among many other items. After obtaining the list, we examined it and judged that 180 businesses were misclassified as selling guns-including, for example, a large beauty supply chain and tractor companies.

To further refine the sample, interviewers at Carolina Survey Research Laboratory (CSRL) at the University of North Carolina, Chapel Hill, called each remaining business (n = 1201) to verify that they sold guns from a storefront and to confirm the mailing address. Interviewers made up to 5 phone call attempts per business. We classified businesses as ineligible if they sold only air guns (e.g., BB or pellet guns) or ammunition, or if they were a pawn shop or a shooting range. After completing this process, we eliminated 600 businesses, resulting in a final sampling frame of 601.

Data Collection

In April 2016, we mailed a questionnaire to the LEA leader (chief or sheriff) with

a cover letter explaining the purpose of the study and indicating endorsement by the Police Executive Research Forum. We offered the choice to complete a paper survey and return it in a postage-paid envelope or to participate via an online survey using a link provided in the letter. We sent second and third mailings to nonrespondents over the following 2 months and accepted responses until October 2016. The final mailing was sent via priority mail. We did not provide a monetary incentive.

As with law enforcement, the CSRL sent letters to each retailer whose presence as a storefront business and address had been verified, offering the choice to respond via mail or online. We sent up to 3 separate mailings; the first, in March 2016, contained a \$2 bill as an incentive. After 30 days, we sent nonresponders a second mailing. We sent the final mailing to nonresponders in June 2016 and included another \$2 bill. Each mailing included a cover letter, a paper survey, and a postage-paid, self-addressed return envelope as well as a link and unique ID for completing the survey online. Participants could voluntarily enter a drawing for an iPad upon completing the survey. We closed data collection in July 2016.

Data Analysis

The CSRL merged data collected online or by paper into a single electronic data file and produced weights for each sample by adjusting for strata-specific nonresponse. For the retail sample, our strata were based on the number of employees (1, 2, 3, 4–6, > 6) working at the business. For the LEA sample, strata included type of agency (sheriff vs police) by state. We conducted all statistical analyses in SAS version 9.4 (SAS Institute, Cary, NC), using survey procedures and 95% confidence intervals, unless otherwise specified.

RESULTS

Forty-one LEAs completed the survey online and 407 completed the paper version by mail. This resulted in a total of 448 out of 854 eligible agencies responding, 142 from sheriff's departments and 306 from police agencies, yielding a response rate of 52%. ¹⁸

Ninety-five retailers completed the survey, all but 6 using the mailed instrument, with 181 eligible businesses declining. We concluded that businesses were closed and ineligible if the mail came back as undeliverable. However, when businesses had nonworking phone numbers and their mailed instrument was not returned as undeliverable, we coded them as being of unknown eligibility (n = 325) to allow for the chance that they were using new phone numbers. We applied formulas of the American Association of Public Opinion Research¹⁹ in determining the response rate. These account for the likelihood that unknown cases were a mixture of eligible and ineligible businesses. The resulting response rate was 25%.

Table 1 shows characteristics of the respondents. In each group, more than 80% had been in their jobs for over 4 years. Most retailers worked in small establishments of fewer than 5 employees. The majority of LEAs fell into the category of having 10 to 99 sworn personnel. Our sample included participants (law enforcement or retailers) from each state in the region, and we weighted the data to represent the population based on number of employers for retailers, and on agency type and state for LEAs.

Current Practices

Three quarters of LEAs (74.8%; 95% confidence interval [CI] = 72.1, 77.5) and nearly half of retailers (47.6%; 95% CI = 39.2, 56.0) reported that they currently offered temporary storage of guns. We found no significant differences between sheriff and police departments in whether they reported providing storage or in the frequency of having done this in the past year. Two thirds of LEAs (64.6%; 95% CI = 61.5, 67.6) and half of retailers (49.8%; 95% CI = 41.4, 58.2) reported having had requests to provide this service in the past year.

Willingness to Offer Gun Storage

We presented a series of scenarios to further understand the circumstances under which the organizations were willing to offer storage (Table 2). Although fewer than 40% of either group indicated willingness to store guns without a specific reason for the request, high proportions of both LEAs

Sample Characteristic	No. (%)	Weighted % (95% C
Law enfo	rcement (n = 448)	
Title		
Chief of police	275 (61.4)	60.9 (59.4, 62.5)
Sheriff	113 (25.2)	25.7 (24.2, 27.3)
Other (e.g., under sheriff, deputy chief)	58 (12.9)	12.9 (10.8, 15.0)
Time in agency, y		
<1	15 (3.4)	3.2 (2.1, 4.3)
1–3	69 (15.4)	15.5 (13.2, 17.9)
4–10	91 (20.3)	20.0 (17.4, 22.6)
>10	272 (60.7)	61.0 (57.9, 64.1)
Size of agency (sworn personnel)		
<10	139 (31.0)	31.4 (28.5, 34.3)
10-99	252 (56.3)	56.0 (52.8, 59.2)
≥100	57 (12.7)	12.6 (10.5, 14.7)
State		
Arizona	58 (13.0)	11.1
Colorado	116 (25.9)	24.9
Idaho	51 (11.4)	13.0
Montana	60 (13.4)	12.3
Nevada	15 (3.4)	3.4
New Mexico	52 (11.6)	12.6
Utah	63 (14.1)	13.6
Wyoming	33 (7.4)	9.0
Gun re	etailers (n = 95)	
Owner, manager, or both	92 (96.8)	96.5 (93.2, 99.7)
Time as manager/owner of business, y		
<1	2 (2.1)	2.1 (0, 4.4)
1–3	11 (11.6)	12.3 (6.5, 18.0)
4–10	30 (31.6)	31.2 (23.2, 39.2)
>10	50 (52.6)	51.9 (43.3, 60.5)
No. of employees (counting respondent)		
≤5	76 (80.0)	82.5 (76.7, 88.4)
6–11	12 (12.6)	10.6 (5.7, 15.5)
≥12	6 (6.3)	5.4 (1.9, 8.8)
State		
Arizona	19 (20.0)	20.9 (12.8, 28.1)
Colorado	24 (25.3)	26.6 (18.9, 34.3)
Idaho	12 (12.6)	12.1 (6.6, 17.6)
Montana	10 (10.5)	11.9 (6.1, 17.7)
Nevada	4 (4.2)	3.3 (0.6, 6.0)
New Mexico	7 (7.4)	6.1 (2.4, 9.7)
Utah	11 (11.6)	12.1 (6.4, 17.8)
Wyoming	8 (8.4)	7.1 (3.2, 11.0)

Note. CI = confidence interval. Law enforcement data were weighted within state-level strata and match the population totals, so confidence intervals were not computed. Totals may differ because of missing values on some items.

and retailers were willing to store guns under the scenarios that involved a gun owner concerned about the mental stability of an adolescent in the home (84.8% and 70.5%, respectively) or of an adult family member (83.5% vs 66.6%), or when the gun owners

themselves reported having personal crises (77.7% vs 67.6%).

A higher percentage of retailers than LEAs were willing to consider offering storage for a gun owner who was traveling or having visitors; however, for all other situations—including when courts or health professionals requested gun removal, or when the request came from someone other than the gun owner—LEAs were more willing to help (Table 2).

Police and sheriffs also did not differ significantly in their willingness to provide storage under most of the different scenarios. However, significantly more police departments (78.1%) than sheriff departments (65.5%) indicated willingness to help when asked by a health care provider (P = .02; results not shown).

Recommendations for Gun Storage

We asked both law enforcement representatives and retailers about their recommendations for different storage arrangements if "the gun owner has concerns about the mental health of someone in their home" (Table 3). Most law enforcement respondents (92.3%) indicated they would be somewhat or very likely to recommend "not having guns in the home when someone is in crisis." High proportions also reported recommending storing ammunition and guns separately or storing guns with family and friends. About three quarters indicated they were very or somewhat likely to recommend storage with an LEA. Relatively few recommended storing guns at a shooting range or at gun stores. Responding to a similar set of questions, most retailers reported that they were somewhat or very likely to recommend storage with law enforcement (54.6% of respondents), in a gun store (61.4%), or with family and friends (67.0%). Like law enforcement, retailers said they were unlikely to recommend storage at shooting ranges.

We also asked retailers about the storage advice they gave when they sold guns. More than 80% reported that they recommended use of safes or gun cabinets, whereas 62.2% recommended quick-opening lock-boxes for guns used for self-protection or using trigger locks, cable locks, or similar devices.

TABLE 2—Percentage (Weighted) of Gun Retailers and Law Enforcement Agencies Very or Somewhat Likely to Provide Temporary Storage of Guns: US Mountain West States, 2016

Scenario		Law Enforcement (n = 448)		Gun Retailers (n = 95)	
		% (95% CI)	No.	% (95% CI)	
A gun owner					
Is a parent concerned about the mental stability of an adolescent in the home	381	84.8 (82.5, 87.1)	65	70.5 (62.7, 78.2)	
Is concerned about the mental stability of an adult family member and wants the guns stored outside the home	375	83.5 (81.1, 85.8)	61	66.6 (58.6, 74.5)	
Wants his or her guns stored away from the home while going through a personal crisis	349	77.7 (75.0, 80.3)	63	67.6 (59.6, 75.6)	
Has been told to remove their guns from the home by a court or by a law enforcement agency	335	74.4 (71.7, 77.2)	57	61.7 (53.5, 70.0)	
Has visitors, such as children, coming to visit and they want their guns stored temporarily outside their home	191	42.4 (39.3, 45.6)	61	66.2 (58.2, 74.3)	
Wants to secure their guns while they are traveling	169	37.6 (34.5, 40.7)	64	69.6 (61.9, 77.3)	
Requests temporary storage without giving a specific reason	165	36.7 (33.6, 39.8)	34	37.2 (28.9, 45.5)	
A health care provider in your community asks for your help in providing safe, temporary storage of guns for their patients who might be suicidal	333	74.1 (71.2, 76.9)	48	50.2 (41.6, 58.8)	
Someone who is NOT the gun owner wants to store outside the home guns that belong to another family member because of concerns about the stability of the gun owner	236	52.5 (49.3, 55.7)	33	34.0 (25.9, 42.1)	

Note. CI = confidence interval.

Nearly half also stated that they "always" or "often" recommended "not having guns in the home when someone is in crisis."

Compared with those not offering storage, LEAs currently offering storage were more likely to recommend storage with law enforcement, with friends and family, or outside the home generally, and were less likely to recommend storage at a shooting range (data not shown). Among retailers, those currently offering storage were more likely than retailers not currently offering storage to recommend storing at their store (P = .002), but they did not differ in their other recommendations from retailers not offering storage.

Respondents (both law enforcement and retailers) suggested other options, ranging from selling or donating the guns to taking out the firing pin, or buying gun safes.

DISCUSSION

To our knowledge, this is the first study to examine temporary gun storage options with either LEAs or gun retail establishments. The willingness of the majority of both LEAs and gun retailers to provide storage at the request of health care providers, or if approached by individuals concerned about the mental health of family members, suggests opportunities for community-level partnerships to provide options for families being counseled to temporarily store guns away from their homes. This will require both public education and assurance that health care providers are aware of and willing to counsel families to use these community resources.

In our companion study, fewer than half of nurse managers from hospital emergency departments in the region indicated that suicidal patients discharged from their emergency departments were counseled to take guns out of the home, and rarely were families advised to store them at an LEA or with a gun retailer (Runyan et al., unpublished data, 2017). It is encouraging that some health organizations are working successfully with gun retailers to provide training to identify potentially suicidal customers and steer them to crisis services. 15 This may open doors for collaboration around temporary

To the extent that retailers and law enforcement may be contacted by individuals not engaged with the health care sector, it appears that the advice that each group reports giving about safe storage is consistent in stressing the importance of storing ammunition and guns separately or removing guns from the home when a household member has mental health concerns. Despite earlier reports of differences between police and sheriff's agencies in attitudes toward firearms, 20 we found little difference in their willingness to provide storage. We were surprised that shooting ranges were so infrequently endorsed as a potential storage site by either law enforcement or gun retailers. We are aware that some of these establishments engage in gun storage for their members and thus may have storage procedures in place. We are not sure if respondents believed these sites to be less secure or perhaps less acceptable to families because of location, operating hours, or membership restrictions. Future research could attempt to understand the potential role of shooting ranges and gun clubs as storage sites.

Limitations

This is a unique study examining the potential for LEAs and gun retailers to be a resource for safe gun storage. Our clear sampling frame and more favorable response rate among LEAs give us greater confidence in their responses than in those received from gun retailers. Unfortunately, we were unable to include tribal law enforcement because of the complexities involved in obtaining separate institutional review board clearance from each tribe. It was challenging to acquire a complete and accurate list of retailers with storefronts. We chose not to use the publically available Federal Firearms License list, which includes individuals who sell online, at gun shows, or out of their homes, or who maintain a license but do not actively sell guns, as all these groups are less likely to be feasible sources for temporary storage. We started with a frame purchased from Dun and Bradstreet that included a large number of businesses that appeared to no longer be operating, as determined by

TABLE 3—Percentage (Weighted) of Law Enforcement Agencies and Gun Retailers Likely to Make Specific Recommendations: US Mountain West States, 2016

Recommendation		Law Enforcement (n = 448)		Gun Retailers (n = 95)	
		% (95% CI)	No.	% (95% CI)	
Very or somewhat likely to recommend the following if "the gun owner has concerns about the mental health of someone in their home"					
Storing at a shooting range	110	24.0 (21.2, 26.7)	22	24.7 (17.2, 32.3)	
Storing with family or friends	415	92.7 (91.1, 94.4)	64	67.0 (59.1, 74.9)	
Storing with law enforcement—either your agency or another one	335	74.7 (72.0, 77.3)	53	54.6 (46.1, 63.2)	
Storing in a gun store/your gun store	168	37.3 (34.3, 40.4)	55	61.4 (53.4, 69.5)	
Locking up firearms at home in a safe or gun cabinet when not in use	383	85.6 (83.3, 87.9)		Not asked	
Locking firearms in the home using trigger locks, cable locks, or similar devices	373	83.3 (80.9, 85.7)		Not asked	
Locking ammunition and firearms separately from each other	389	87.1 (85.0, 89.2)		Not asked	
Not having guns in the home when someone is in crisis	415	92.3 (90.4, 94.1)		Not asked	
Using quick-opening lockboxes for guns kept for self-protection (e.g., on a nightstand)	277	62.2 (59.0, 65.3)		Not asked	
Often or always recommend the following to customers when selling guns					
Locking up firearms at home in a safe or gun cabinet when not in use		Not asked	77	81.3 (74.7, 87.9)	
Locking firearms in the home using trigger locks, cable locks, or similar devices		Not asked	68	73.8 (66.8, 80.9)	
Locking ammunition and firearms separately from each other		Not asked	57	60.2 (51.8, 68.6)	
Not having guns in the home when someone is in crisis		Not asked	46	48.2 (39.6, 56.8)	
Using quick-opening lockboxes for guns kept for self-protection (e.g., on a nightstand)		Not asked	61	62.2 (53.7, 70.6)	

Note. CI = confidence interval.

nonworking phone numbers and returned mail. We addressed this limitation by calling each store up to 5 times. Although we cannot be certain which stores were actually in operation, from a practical standpoint if a store is not reachable in a number of phone calls, it is likely not easily reached by a customer inquiring about storage. Thus, we believe we can generalize to gun stores that are most likely to be contacted regarding gun storage, but not necessarily to all possible locations where guns are sold. We excluded SIC categories for large retail chains (e.g., sporting-goods stores or discount stores) that sell many items other than guns. This is because in our qualitative work we were unable to obtain interviews, as these types of establishments indicated they would need corporate-level approval to participate. We are more

confident of the generalizability of our findings within the 8-state region than nationally. Furthermore, these data reflect the responses of agency and business leaders. Any interventions working with these partners would need to ensure that leadership's willingness to provide storage was carried out by staff.

Public Health Implications

LEAs and gun retailers appear ready to partner but may be underappreciated public health resources for suicide prevention efforts. Further examination of the reasons for reluctance by law enforcement or gun retailers to provide storage could facilitate efforts to address relevant controversies and make these community resources more broadly available. Similarly, it will be important to understand

how receptive families are to using these resources under various circumstances. At the same time, policymakers will need to attend to the potential legal barriers associated with transferring guns.²¹

Although our study focused on suicide prevention, the ability of families to turn to local law enforcement or retail establishments to assist with safe gun storage has the potential to affect other forms of gun injury as well. ^{22,23} For example, at least 489 fatalities occurred in 2015 as a result of unintentional shootings, mostly in residential settings. ^{1,24} Safer storage also has the potential to reduce risks of shooting during heated domestic disputes, or when guns are stolen or are used by unauthorized household members intending to harm others.

Options for temporary, voluntary storage of guns away from the home are an important component of a comprehensive suicide prevention strategy. Efforts to connect consistent lethal means counseling in emergency departments and outpatient settings with LEAs and gun retailers willing to provide out-of-home storage could become important ingredients of successful public health initiatives to prevent suicide.

CONTRIBUTORS

C. W. Runyan, A. Brooks-Russell, S. Brandspigel, M. Betz, G. Tung, and D. Novins conceptualized the study, obtained research funding, and drafted the article. C. W. Runyan, A. Brooks-Russell, S. Brandspigel, and M. Betz constructed data collection instruments. A. Brooks-Russell and G. Tung conducted data analysis. S. Brandspigel collected qualitative data. G. Tung supervised qualitative data collection. R. Agans supervised sampling and survey data collection and prepared data for analysis. All authors contributed substantially by crafting tables, writing components, and contributing to revisions, and all take responsibility for the article as a whole.

ACKNOWLEDGMENTS

This project was supported by a grant from the National Institute of Mental Health (R21 MH105827).

We appreciate the guidance from our external advisory panel: Catherine Barber, Glenn Currier, Stephen Hargarten, Jarrod Hindman, Matthew Miller, and Garen Wintemute; the assistance of Lisa Brenner and Rebecca Leitner in navigating the institutional review board process within the US Department of Veterans Affairs; the work of Erin Kelly in conducting qualitative interviews; the assistance of J. Michael Bowling and Anna Hoffmeyer and their team at the Carolina Survey Research Laboratory, respectively, in sampling and data collection; and the assistance of Alexandria Erkenbeck in conducting preliminary analyses. We also acknowledge the study participants from throughout the region who gave us their time in responding to the survey.

HUMAN PARTICIPANT PROTECTION

This project was approved by Colorado Multiple institutional review board (#14-1644) and the VA Research

and Development Committee and Subcommittee on Research Safety.

REFERENCES

- 1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-Based Injury Statistics Query and Reporting System (WISQARS). Available at: https://www.cdc.gov/injury/wisqars. Accessed January 31, 2017.
- 2. Miller M, Azrael D, Hemenway D. The epidemiology of case fatality rates for suicide in the Northeast. *Ann Emerg Med.* 2004;43(6):723–730.
- 3. US Dept of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention. 2012 National strategy for suicide prevention: goals and objectives for action. September 2012. Available at: http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf. Accessed January 31, 2017.
- 4. Substance Abuse and Mental Health Services Administration. Emergency department means restriction education intervention in the National Registry of Evidence-Based Programs and Practices. Available at: http://legacy.nreppadmin.net/ViewIntervention.aspx?id=15. Accessed August 20, 2017.
- 5. US Dept of Veterans Affairs and Department of Defense. VA/DoD clinical practice guidelines. Assessment and management of patients at risk for suicide. Prepared by the Assessment and Management of Risk for Suicide Working Group. June 2013. Available at: http://www.healthquality.va.gov/guidelines/MH/srb. Accessed January 18, 2017.
- 6. American Psychiatric Association, Workgroup on Suicidal Behaviors. Practice guideline for the assessment and treatment of patients with suicidal behaviors. November 2003. Available at: https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/suicide.pdf. Accessed January 31, 2017.
- 7. Harvard T. H. Chan School of Public Health. Means matter. Available at: https://www.hsph.harvard.edu/means-matter. Accessed August 20, 2017.
- 8. Miller M, Azrael D, Barber C. Suicide mortality in the United States: the importance of attending to method in understanding population-level disparities in the burden of suicide. *Annu Rev Public Health*. 2012;33: 393–408.
- 9. Anestis MD, Anestis JC. Suicide rates and state laws regulating access and exposure to handguns. *Am J Public Health*. 2015;105(10):2049–2058.
- 10. Siegel M, Rothman EF. Firearm ownership and suicide rates among US men and women, 1981–2013. *Am J Public Health*. 2016;106(7):1316–1322.
- 11. Brent DA, Perper JA, Allman CJ, Moritz GM, Wartella ME, Zelenak JP. The presence and accessibility of guns in the homes of adolescent suicides: a case—control study. *JAMA*. 1991;266(21):2989–2995.
- 12. Grossman DC, Mueller BA, Riedy C, et al. Gun storage practices and risk of youth suicide and unintentional gun injuries. *JAMA*. 2005;293(6):707–714.
- 13. Sanguino SM, Dowd D, McEnaney SA, Knapp J, Tanz RR. Handgun safety—what do consumers learn from gun dealers? *Arch Pediatr Adolesc Med.* 2002;156(8): 777–780.
- 14. Denno DM, Grossman DC, Britt J, Bergman AB. Safe storage of handguns—what do police recommend? *Arch Pediatr Adolesc Med.* 1996;150(9):927–931.

- 15. Vriniotis M, Barber C, Frank E, Demicco R; New Hampshire Firearm Safety Coalition. A suicide prevention campaign for firearm dealers in New Hampshire. *Suicide Life Threat Behav.* 2015;45(2):157–163.
- 16. Kalesan B, Villarreal MD, Keyes KM, et al. Gun ownership and social gun culture. *Inj Prev.* 2016;22(3): 216–220.
- 17. National Public Safety Information Bureau. National Directory of Law Enforcement Administrators. 2016. Available at: https://www.safetysource.com/directories/index.cfm?fuseaction=displayReference&ReferenceID=1. Accessed August 20, 2017.
- 18. Kalsbeek WD, Agans RP. Sampling and weighting in household telephone surveys. In: Lepkowski J, Tucker C, Brick JM, et al., eds *Advances in Telephone Survey Methodology*. Hoboken, NJ: John Wiley;2008:29–55.
- Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys.
 Ohthorous Terrace, IL: American Association for Public Opinion Research;
 2016.
- 20. Thompson A, Price JH, Khubchandani J, Dowling J. Sheriffs perceptions of gun control policies. *J Community Health*. 2011;36(5):715–720.
- 21. McCourt AD, Vernick J, Betz ME, Brandspigel S, Runyan CW. Temporary transfer of firearms from the home to prevent suicide: legal obstacles and recommendations. *JAMA Intern Med.* 2017;177(1):96–101.
- 22. Miller M, Azrael D, Hemenway D, Vriniotis M. Firearm storage practices and rates of unintentional firearm deaths in the United States. *Accid Anal Prev.* 2005; 37(4):661–667.
- 23. Hemenway D, Azrael D, Miller M. Whose guns are stolen? The epidemiology of gun theft victims. *Inj Epidemiol.* 2017;4(1):11.
- 24. Hemenway D, Barber C, Miller M. Unintentional firearm deaths: a comparison of other-inflicted and self-inflicted shootings. *Acid Anal Prev.* 2010;42(4):1184–1188.