



## Testimony Narrative

*April 17, 2017*

### **SB 868: Relating to extreme risk protection orders; prescribing an effective date**

Presenter: Ann Kirkwood, Suicide Intervention Coordinator, Health Systems Division

Chair Prozanski, Vice Chair Thatcher and members of the committee, I am Ann Kirkwood, suicide intervention coordinator for the Oregon Health Authority.

I am here to testify on SB 868 in a limited capacity to share with you data that has been collected from other states about similar extreme risk protective orders and the impact on suicides in those states.

OHA is neutral on SB 868. While there is much in the bill pertaining to other issues and concerns, I will limit my testimony to suicide.

Connecticut is considered the pioneer in this type of legislation. Up to 20 states are considering similar policies, and a ballot measure in Washington State was passed last fall. California passed another similar bill last year.

In Connecticut, research indicates that gun removals from people at high risk of suicide have prevented up to 100 suicides over the 14 years since enactment through 2013. For every 10.5 guns collected, one person was stopped from taking their own life.

The study found another benefit of the Connecticut law was that in 44 percent of cases, the request for a warrant resulted in the subject receiving psychiatric treatment they might otherwise not have received.

In Washington State, Ballot Measure 1491 passed last fall with about 70 percent of voters in favor. It's too early to tell definitively its impacts on suicide rates.

In California, the first statute passed in 2014 went into effect in January 2016. Since that date, 53 protective orders have been issued out of a population of 39 million as information about the law spreads.

Other states considering legislation include Arizona, Nevada, Wyoming, Texas, New York, Pennsylvania, New Jersey, Delaware, Virginia, Wisconsin, Illinois, Missouri, Minnesota and Michigan.

Some additional facts for your consideration are:

- Suicide averages as the second leading cause of death among Oregonians 15-34 years and the eighth leading cause of death among all residents.

- Our suicide rate is higher than the national average and has been rising since 2010.
- About 760 Oregonians die by suicide each year.
- 54% of those suicides are completed by firearms. Most people who use guns die due to the lethality of firearms.
- Most firearm suicide victims are white men. About one-quarter of suicides occur among veterans, most of whom are male. Among all men in Oregon, the percent who die by firearm is 61 percent.
- According to the Centers for Disease Control, in 2014, about 87 percent of gun suicide attempts were fatal, compared to just 3 percent of attempts by drug overdoses.
- A recent national study showed that suicide rates are lower in states with lower gun ownership rates.
- Because suicide is often an impulsive decision, removing firearms from the vicinity of a potential victim is showing promising results in reducing deaths.
- A former Connecticut prosecutor interviewed for the study there said: “A lot of times the people who have their weapons seized are not having a bad life — they’re having a bad moment.”
- Studies also show that most people do not change the method of attempt. Someone who plans to die by firearm will generally not select another means if access to a firearm is restricted.
- People who use methods other than firearms are more likely to survive and their risk of a subsequent suicide can be reduced through treatment and supports.

Thank you for the opportunity to testify today. I'd be glad to answer any questions.