

104- Does Buying a Gun During Lockdown Increase Your Risk of...

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SPEAKERS

Dr. Mike Anestis, JJ Janflone, Kelly Sampson



JJ Janflone 00:08

Hey everybody, this is the legal disclaimer where I tell you the views, thoughts, and opinions shared on this podcast belong solely to our guests and hosts, and not necessarily Brady or Brady's affiliates. Please note, this podcast contains discussions of violence that some people may find disturbing. It's okay. We find it disturbing too. Hey everyone, welcome back to Red, Blue, and Brady. In 2020 so far, according to the New York Times, nearly 2.5 million Americans bought a firearm for the first time. Meanwhile, as COVID-19 continues, and so does fiscal isolation, rising unemployment rates, concerns about domestic violence and so much more; many have worried that suicide rates and suicidal ideation may increase as well. So big question, does buying a gun during COVID increase your risk of suicide? Well, new research does show that those who bought firearms during the pandemic are more likely to deal with suicidal ideation than pre-existing gun owners. To break this down, you know what this actually means, Kelly and I are speaking with Dr. Michael Anestis, the executive director of the New Jersey Gun Violence Research Center and Associate Professor at the Rutgers School of Public Health, then in our "unbelievable, but" segment, Kelly and I discuss why guns don't belong in schools. Finally, the news wrap up, we're talking about the Brady Bill, a past mass shooting, and the side continuance of gun violence in communities across the US. Dr. Anestis, thank you so much for joining us today. I am so excited to start digging down into your work and everything that you do, so I'm wondering if you can just start maybe by just having you introduce yourself to our

audience?

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Dr. Mike Anestis 01:55

Yeah, sure. So I'm Mike Anestis, I am as of just this past July, the executive director of the New Jersey Gun Violence Research Center, and an associate professor of Urban Global Public Health at Rutgers. But for the eight years leading up to this summer, I had been a core faculty member in the clinical psychology program at University of Southern Mississippi, so a real big jump from the Deep South back to where I spent most of my life, which is the Northeast. And in terms of my work, I am a suicide researcher by trade, and so I worked with Thomas Joiner at Florida State in graduate school and have spent the last 15 plus years really focused on suicide prevention. But, you know, sort of most relevant to our conversation today over the last half-decade or so my work has become increasingly focused on the role of firearms in suicide, both in the military but but also just generally speaking across the US.



JJ Janflone 02:47

Well, and I think that that sort of begs the question of, and I'm always so curious about when people choose to kind of focus their studies in a particular way, what got you into this particular niche? Because I know, for example, when I think Kelly and I both done this when we're at a party and someone says, "what do you do? So they are working in gun violence prevention?" It's not always exactly the happy, fun thing to study or to work in. And so what got you into this field?

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Dr. Mike Anestis 03:11

Yeah, you know, I think, you know, the most inspiring stories on how folks find their way to their work are often personal narratives of things that happen; and to be perfectly honest, that's not really how I got here on this. I think that I first got into suicide research just because I wanted to do some good in the world and I like complicated problems, and that's what this is. So it felt like a chance to work on something that's difficult, that maybe would help somebody. And then obviously, living in the Deep South for the last really, it was over 10 years, and you factor in graduate school and residency and all this stuff, I was down there for a long time. And firearms are so much more present there than they are where I grew up. Growing up in southwestern Connecticut, it just really wasn't on my radar, all that much. In fact, I grew up just a couple towns down from where Sandy Hook took place, and so it was a real perspective shift. And I, again, always prefer to be someone who's trying to solve a problem and not just complain about it. And so feeling very

different than a lot of my community in the Deep South on these and a lot of other issues, I figured I could rant and rave and argue with people or I could sort of take my nerdy niche set of skills and apply them to a problem, again, that maybe could do some good. And so that's sort of where I ended up. I think I'm a person who is relatively good at getting along with folks, and so maybe I'm positioned to do some work in this space where people fight a lot and not be someone who's fighting with people, but instead fighting to sort of make a difference.

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Kelly Sampson 04:35

It's interesting you talked about, you know, different types of stories and narratives and how they're inspiring, because I actually find it very inspiring that you wanted to do some good and wanted to do some good in an area that's hard, and confronted it head-on. Because I know in previous podcasts about suicide, especially one of the things that comes out is how we have to talk about it and we have to face it head-on and not treat it as sort of a secret. So I actually I find it very, very inspiring that you went towards it. And I was wondering if you wouldn't mind talking a little bit about your book, which is entitled, *Guns and Suicide: an American Epidemic*, and wondering why you defined it as an epidemic, and why that public health framing is necessary.

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Dr. Mike Anestis 05:14

Yeah, sure. And that's a word I chose really carefully. And also, thank you for the kind words, I really appreciate that. Epidemic is a word that I think a lot of folks may push, would pushback on for a number of reasons. When you talk about some immediate guidelines for talking about suicide, one of the things people will mention is that you don't want to sensationalize things, you don't want to, you know, create the headline, and just to get people revved up without a sense of a solution. And I'm mindful of that, but like you said, suicide is something we need to talk about, we need to handle it head-on. And so I also didn't want to beat around the bush. And so what I was looking for was a word that highlighted the scope of an issue that people quite frankly, just don't realize, is such a big issue, right? And so you have to use a big enough word to get their attention. And I also think that people think about epidemic and you know, especially in a pandemic moment brand right now is a really scary term. But just like the moment we're in right now, is scary, it also comes with an end, right? Like people have worked inspiringly hard to come up with a vaccine to get us on the other side of this, right? Like epidemics cause a lot of harm and a lot of tragedy, but there are also things you can solve if you're willing to figure out how to do it, right? And so I looked at 'epidemic' as an appropriately strong term to say this is causing untold harm in our country, and we can probably solve it, but not if we keep on the same path we've been on.



JJ Janflone 06:36

I think the using and framing like epidemic, though, too, I think goes back to what you mentioned earlier a little bit with that idea of like firearms and culture and firearms culture, and people's comfortableness with firearms and the type of firearms they're comfortable with. I think that's so different across the US, and I think we have a lot of international listeners, and I think that's something that it's sometimes hard to explain is that the US is huge. And it is very different regionally, and folks' relationship with firearms are different. But everyone interacts with an epidemic, everyone interacts with public health, although COVID has shown us that that itself is very regional and very different. So I just think it's important to flag too, sort of how it universalizes that experience. I wonder if, there's a few times I'm going to do this to you and I hate to ask you to speak for all Americans, but why do you think that Americans, in general, don't know or appear to feel very uncomfortable talking about suicide, especially firearm suicide? When we know that the majority of gun deaths are suicides, and we know that the majority of suicide deaths are gun deaths. You know, why is there this strange separation happening from reality?



Dr. Mike Anestis 07:22

So I don't think there's one answer, I think there's a few things that sort of stand out, you know, the obvious one would be things like stigma, right? So there are a lot of sort of cultural norms around talking about feelings and demonstrating, you know, what someone might think of as weakness or an inability to solve problems, right? You think of America as a very individualist society or culture is very much about, you know, pull yourself up by your bootstraps and find your way to a solution. And the way I think people think about suicide is that it's something that weak people do, they call it the easy way out, even though it's actually exceedingly difficult to do, right? And so no one wants to be identified as that. And so I think there are a lot of cultural norms that, that cause people to not seek help, to underreport their thoughts of suicide; and because of this, that impacts the conversation and how people think about it, right? So that's one aspect of it is that it's sort of this secret due to stigma. I think the other part of it, though, that is maybe less obvious, and most important, I think particularly in terms of firearm suicide, is this idea of salience, right? And so most people just feel like that's something that happens to someone else. Even though the great scientists like Julie Cyril have shown how many of us are considered loss survivors and who have been impacted by suicide in one way or another, it still tends to be something I think that people think about as something that happens to someone else. And so if you think about that from the firearm owner's perspective, right, they understand that accidents are a problem. And so you want to make sure that, you know, you keep the firearm out of reach of your child, maybe and that's salient. But the idea that you should take this firearm and store it out of the home,

or make it more difficult to access, well that doesn't make sense because what's salient to that individual is that somebody might break into their home in the middle of the night and threaten them and their family. So to be able to reach the firearm and here I am telling them "No, lock it up, stored, unloaded, in fact, get it out of the home", and that sounds like lunacy to them, because suicide is something happens to someone else, right? And so because I don't think we've done a very good job of helping folks connect with the idea that suicide isn't a sign of weakness, and it isn't something that happens to some other person, it happens to everybody across all walks of life. In fact, if you close your eyes and picture a suicidal person, I bet that what you picture has very little to do with the reality of day-to-day American suicide. We've done such a poor job of getting that message across, that people haven't connected with the idea that would motivate change, and would motivate the conversation to map onto the data.

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Kelly Sampson 10:13

It's interesting that you talked about the idea of salience, and you know, suicide being something remote that happens out there to other people, because one of the things that I think I've thought myself in the past and I've heard before, is this idea also that it's sort of this uncontrollable, unstoppable thing, you can't really intervene. And so I'm wondering if you could talk about what is actually what is suicide prevention? What does that mean? And why does it matter?

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Dr. Mike Anestis 10:38

Yeah. So you know, suicide is complicated, and it is difficult to intervene. I spend a lot of time, I talk to community members about how to help their loved ones being like, "Hey, make sure you don't have the impression that you can necessarily see this coming and know what to do." That's hard. You know, Joe Franklin showed that we are no better now than we were in the 1950s prospectively predicting death by suicide. And the experts are just better than a coin flip, right? So there's some sense of this is difficult to intervene. It just isn't impossible, right? And so your question of what is suicide prevention was a good one. To me at its core, it's preventing people from dying intentionally at their own hands, right? And so that's the basic, baseline thing to do. It goes beyond that, though, I mean suicide prevention also becomes about helping people live life worth living and find happiness and joy and thriving, it's helping attempt survivors, you know, step out of the shadows, and have their voices heard. And, you know, so it isn't just about preventing death. But my work is about preventing death because so much of the work leading up to this has been about helping people feel better, and in doing so, we failed to prevent people from dying, that I've sort of flipped the script around and said, suicide prevention at its core really is about preventing death. From there, we then do the important and

vital work of helping people live happy, fulfilling lives, but I need them to be alive for that to happen. And so suicide prevention is about finding ways to prevent an individual from dying.



JJ Janflone 12:03

Again, it comes back, I think, to us not having great language around this, because these are new conversations to the idea that, you know, for example, if someone said to me, you know, harm reduction strategies for like X, Y, or Z for like to make people stop smoking, or go, okay, great, I know what those things are, I know how to make that happen. For suicide prevention, it just seems much more difficult and much more complex. And because it's uncomfortable, I think people sort of shy away from it in a big way.



Dr. Mike Anestis 12:28

Yeah. And I think that people struggle too just because, you know, there are a couple things you can try to do in suicide prevention; you can try to make someone feel better so they don't want to die by suicide, but you can make it harder for someone to die by suicide, even if they still might want to. And we all have the tendency to want to just make someone feel better. And there are evidence-based tools that work for that, right? There's dialectical behavior therapy, there's three cognitive behavioral therapy, they're the tools that exist, and I'm not here to diminish them. But the general actual sort of marketplace of what happens when people try to make people feel better isn't evidence-based treatments that are particularly effective. And so it feels, I think, to a lot of folks like a lost cause, or a system that ends up feeling not so great, where suicide prevention at its core is about making it more difficult to happen so that people are less likely to act on these thoughts, which most people actually don't ever do, right? And so, so much of my work in suicide prevention is about getting people to understand that if you can intervene and prevent someone from using a specific method to attempt suicide, there's a good chance they'll never attempt suicide, in any method ever. It just doesn't seem to most folks like that's what really be the case.



JJ Janflone 13:31

I'm thinking that that then sort of leads into this intersection of, we're getting more and more researchers now like yourself, more and more folks, who are also working in advocacy, as well. And I'm wondering if you could talk about that interplay of having more and more, we see more and more activism and more and more advocates in the space, who this is, this is also what they've been educated in, this is, what their training is

in. And sort of the importance of actually having folks at the table who we've got survivors, we've got people who care very deeply about this; but then we also have folks that are like, here's my status table, let's discuss. And so I wonder if you can talk about that a little bit why that's so important.



Dr. Mike Anestis 14:07

Yeah. I mean, and I don't know that my perspective, unfortunately, maps on to all of my peers' perspective on this.



JJ Janflone 14:14

I keep asking you to speak in generalities for everyone.



Dr. Mike Anestis 14:17

No, but I mean, I think that's the problem, right? And so the system that's currently in place sustains researchers, careerwise, incentivizes peer-reviewed publications and conference presentations. And that's how we get 10 years and tenure and promotion and all these sort of accolades, right, and respect from peers. And in fact, it's not just that you're not rewarded for speaking to the public or making your voice heard or promoting work, instead, in a lot of ways it's looked down upon and so there's there's a problem and that scientists tend to remove themselves from the conversation and then be completely astounded that nobody's listening to them when they in fact never spoke. Which is maddening to me, right. And so I think it's vital, I think that the country overall, and we're seeing this, you know, well beyond just gun violence, has a problem where there's not much of a belief in science or an understanding in science or, a sense that science should guide policy and decision making. And that's a problem because science historically has been a pretty great tool for advancing our ability to do some good stuff, right? And so I think it's vital not because scientists are smarter than everyone, but because scientists are doing the hard work, and failing more often than not, but occasionally stumbling upon some knowledge that isn't obvious, right? Like, so much of our conversation today is about like, well, this isn't how people would obviously think about it, but it's working out, right. And so that shows you that, yeah, it's important to study these things. But then it's important to talk about what you studied, otherwise, nobody knows anything about it. And in the absence of the voice of scientists, isn't even a vacuum - it's worse, it's the presence of pseudoscience and stuff that sounds intuitively appealing, but is misguided and wrong, and in some cases, harmful, right? And so I think it's vital. It's tricky, because to the extent that, I mean, I am certain that there are scientists who would see me being on

this podcast and be dismissive of me as a scientist, because they say, well, he's a political actor. But I'm not right. I mean, certainly political opinions about firearms, just like every other human in this country, but you have to speak about things in order for people to care about them. And I think that the last thing, and I'll stop yapping because there's a long answer, I know, but most folks don't want to hear from scientists, in terms of the, you know, our credibility is pretty low. And the only way we're going to address that is by changing the perception of who we are and becoming sort of relatable folks who will be willing to take the time to talk about stuff and make it interesting. And to the extent that we are unwilling to do that, there's nothing that's going to change about our role in impacting things like policy.



JJ Janflone 16:44

Well, no, I think that's a really important point. Because one of the things that comes up a lot, I think, is because of this, this lack of trust, or this lack of, you know, credible reporters, there are a lot of myths about gun suicide out there, or firearm suicide. And so I would love maybe if we could take a minute to try to talk about that a little bit? I think that that's important.



Dr. Mike Anestis 17:00

Yeah, there are myths that I think are worth taking a moment to talk about, because they're really intuitively appealing. And if you latch on to them then just about everything I'm saying it's gonna sound like nonsense, and understandably so. And so it might be worth taking a moment to talk about a couple of them, and one of them would be, hey, if you stop someone from using a firearm, won't they just find another method? And another would be if this is really about preventing people from using firearms, why is the suicide rate so high in a place like Japan or South Korea, where it's nearly impossible to get access to a firearm? And so on the first one, won't they just find another way or mean substitution? The answer is no, the data shows pretty clearly they don't. And that's why when I gave all those examples earlier, if Sri Lanka and the UK, the suicide rate overall went down, not just that method, no one's interested in changing out someone dies by suicide, even prevent them from dying by suicide. And so the data shows pretty clearly that's not what tends to happen. But even if you don't believe those data, the reality is, as we said earlier, folks are so much more likely to survive other methods that can prevent them from using a firearm, chances are they'll survive. And as we said earlier, if they survive, they're not that likely to attempt. So even if you dismiss all the data showing people don't swap methods, I'd still rather they swap methods if they were going to use a firearm because they're more likely to survive. So that's one of the myths is that they don't tend to find another way, and if they did, they'll survive, more likely than not. And so we'll

save lives over the long run. The other one, but what about other countries where it's harder to get a firearm? That really goes back to what we were talking about earlier, which is it's not the same answer in every place. You know, the snarkier answer would be imagine how high the suicide rates in Japan and South Korea would be if it did have firearms. But the reality is different cultures develop a script of what suicide means and what it looks like. And that shapes how people think about it, and how they act upon their thoughts and what they do. And those scripts can be localized at a national level, they can be localized at the state level, they can be localized within a family group, it can shift, right? But the reality is, if you look at specific areas where you identify a specific problem, that's the problem you have to solve. And in the US, it's a firearm problem. And somewhere down the line, if the firearm suicide rate dwindled to zero, something else would become a bigger issue, maybe people hang themselves more, maybe some other method comes in, right? Well, at that point, we'd have to address that too. But think about all the lives we would have saved in the interim, right? And so the idea isn't that firearms are the root cause of suicide, it's that they are a really pivotal component of suicide in the United States and a point of intervention, where we actually have an opportunity to save a lot of lives at a scale that people tend to underestimate.

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Kelly Sampson 19:28

Actually super fascinating, JJ and I talk a lot about how when we're talking about gun violence, at least there are so many intersections and so many connections that may not be apparently obvious, and hearing you connect this general movement towards a distrust in science to social outcomes, I think is really key. So I'm really glad that you unpacked that because it is true. I think there's a lot of intuitive things around safety and risk and gun violence writ large, not to mention suicide prevention. And to the point about evidence versus our intuitions or what we suspect, I know at one point earlier you asked, you said, "if we were to close our eyes and picture a person who was having suicidal ideations, we might be wrong." And so I was wondering if you could unpack the statistics around who is at highest risk for firearm suicide? And then also, how did you determine that?

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Dr. Mike Anestis 20:20

Yeah, sure. And so, you know, the typical American suicide is going to be a white male, middle-aged or older, who dies on their first suicide attempt, using a handgun that they've owned for a decade or more. The folks around that individual are going to be left behind saying, "I never saw this coming, it must have come out of nowhere because they didn't talk to me about it." And that's the general pattern. Now, obviously, this is not just a white problem, this isn't something where we should ignore other groups. This is not just a male

problem. This is not just an older adult problem. And it's not just a firearm problem, right? So that's the typical presentation, it's not the only presentation, but that's what you're seeing. And then within that, you have subgroups. So folks who've served in the military, folks who live in rural areas, firearm owners, people who have increased access to and comfort with firearms, essentially, is what you're gonna get. So first responders, law enforcement, and some of those populations overlap quite a bit, right? And it isn't necessarily their identity with those groups that bestow the risk so much, it's just the access to and comfort with, with the most lethal method for suicide. Now, that's the firearm suicide picture, right? So you can expand beyond that and talk about increased risk amongst veterinarians who are going to use phenobarbital in their suicide attempts, right? That's not as relevant to this conversation. But the idea is that the folks most likely to die by suicide in America are the folks who have ready access to and comfort with methods with actually a high lethality rate, they're actually likely to cause her death. But folks don't realize it's only 2 to 3% of intentional overdoses resulting in death, whereas 85 to 95% of firearm suicide attempts do, and a much higher percentage of phenobarbital overdoses do right? So veterinarians have this high suicide death rate instead of just attempt rate. And so it's really about who is equipped to act on their misery, not who's most miserable, but but who has this ability to do something about these thoughts that aren't necessarily more pervasive or pernicious than other folks' suicidal thoughts, they just happen to be paired with this access and this comfort. And so I think when most folks close their eyes, they're not thinking about that method, that access component, they're just thinking about the misery and they think well, who's the people who are most likely to be miserable, and they close their eyes and think of that, and those folks deserve attention. And, again, not trying to deflect away from that, but just highlighting that we so often miss a large swath of the folks who are actually likely to die by suicide. In fact, our entire suicide prevention, sort of health care system, is designed to wait for someone to raise their hand and say, "I need help". And then we hopefully redirect them to evidence-based care, when the reality is, we mentioned earlier, is that a lot of these folks don't want to seek care and they don't want to tell you their thoughts. And that's why we all say we never saw it coming, we just think about it the wrong way.



JJ Janflone 23:03

And with firearms being as lethal as they are as a means it's not a case where say if someone ingests something that they shouldn't have, there's time generally to call 911 and to manage it that way. Whereas I believe firearms are, well, they're overwhelmingly lethal.



Dr. Mike Anestis 23:18

Yeah, it's 85 to 95%. of firearm suicide attempts result in death, again compared to that 2

to 3% figure for overdoses, so it's really a huge contrast. And what's really tragic about that is 70% of folks who survive an attempt will never attempt again, right? And so second chances obviously matter. But folks who use a highly lethal method don't get a second chance, almost ever. And you can see that effect, I've tried to recruit samples, research studies of folks who've survived firearm suicide attempts. And the fact is, it's almost impossible because there's so few, it's even difficult to study on that front. And so it's just a uniquely sort of rare group of folks and hard to reach and it highlights the fact that the method really made such a difference in the outcome.



JJ Janflone 24:02

Well, and I want to make sure that we give people a call to action, you know, something that at least they can do if they're listening to this, and they're starting to get concerned or if they had concerns, and that's why they're listening to this in the first place. So I'm wondering, you know, what would you recommend in terms of just general policies, especially for folks who have firearms in their home?



Dr. Mike Anestis 24:18

Yeah. And so, this point is not exclusive to firearms, it's the primary focus in the US, but you can look across the globe across legal methods. And the idea is when you are able to either reduce the legality of a method or reduce the access to the method if it's a highly lethal and highly commonly used method in a geographic area, you're gonna lower the suicide rate. And so you can see that in the fact that when they, you know, detoxify domestic gas in the UK in the mid 20th century, their suicide rate went down 40%. When they banned the most lethal brands of pesticides in Sri Lanka in the last couple decades, their national suicide rate went down by 50%, right? And so it's not the same story in every single location, it's the story that maps on to that location. In the US, the story is firearms because it's more than half of the suicide deaths, right? It's a top 15 cause of death in its own right in the US is firearm suicide. And so there's not one single way to do it. But you can't really make a firearm less lethal. It is what it is. And so it's about limiting access in this case, and that doesn't mean a gun grab, that doesn't mean, you know, abolish the Second Amendment. But it means there's a couple of things people, when we're doing legal means counseling, we talked about generally storing firearms more safely from a suicide prevention standpoint, I mean, storing them unloaded, separate from ammo, in a secure location, like a gun safe or a lockbox, and quite frankly, ideally also with a locking device on it -so trigger lock, cable lock, right? But not everybody's gonna be open to that whole sort of cascade of interventions and we quite frankly, don't have data showing which one or which combo is the most effective. But the

other thing we emphasize is that, look, in times of stress for yourself, or anyone else who might have access to that firearm, you want to store it away from home, you make sure you're mindful of some local restrictions on temporary transfers of firearms so that you're not committing a felony in an effort to save someone's life. But yeah, a firearm that's not in the home is a lot less dangerous than one that is, and we don't think about going to buy a fire extinguisher when the house is already on fire at the same time. So you probably shouldn't think about moving the firearm when you're most suicidal. You probably want to think about it as having some plans ahead of time whereas things start to go down a certain path, I know how to do this in a way that I'm comfortable, that doesn't feel like it's infringing on my rights, but also allows for us to protect the individuals at risk.

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Kelly Sampson 26:30

And it's interesting you talked about access and stress and sort of acute stress versus thinking ahead because one of the things that we've been seeing a lot of are reports that firearm purchases have surged, and the fear that that may also cause a surge in firearm suicides. And so I'm wondering if we could talk a little bit about what has been driving the increase in purchases of firearms during the pandemic?

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Dr. Mike Anestis 26:55

So I don't know that we know for sure what's driving it, right? So we have some preliminary data from my lab, from other places, that give us a sense of things we have sort of, you know, related research, the general sense, I guess, there's a lot of things contributing to the unprecedented firearm purchasing surge in 2020, and it's mostly driven by anxiety. But that anxiety itself comes from a variety of sources, whether that's by the pandemic, whether that was the contentious presidential election, whether that's a response to the racial justice movement, whether that's a response to just reports of increased gun violence or decreased stock of firearms and ammunition that will be available, right? There's all these different things that would drive someone to think this is the moment I need to do this, right? But from work that my friend, Craig Brian, and I have been putting out, a sort of a string of papers recently, our general sense is that a lot of the folks who are driving this purchasing surge have this general sense that the world is dangerous, that people are untrustworthy, that there's a lot of uncertainty in the world; and that uncertainty is a hard thing to tolerate. That the firearm itself is a tool that makes an individual feel a sense of safety upon acquisition. And so, while they were feeling stressed before they got this, and that made them feel better - and that's reinforcing. And it's going to prompt you the next time you're feeling anxious to want to do it more. And so a lot of folks have talked a lot about new firearm purchasers being the folks driving it, I don't know that I think my data backs that up. I'm certain there are folks who are first-time

firearm purchasers in the surge, and that's a thing that's real. But I think what you also have is a lot of folks who are stockpiling, who already had a pretty sizable arsenal, but who are anxious folks by nature. And what's most troubling is that paper that my group just put out in the American Journal Preventive Medicine a week or so ago, showed that the folks who've purchased firearms during this surge are substantially more likely to have lifetime, past year, and past month, thoughts of suicide than our other firearm owners or non-firearm owners. And that's distinctly different than the pattern you usually see. Firearm owners, generally speaking, are no more likely than anyone else to have thoughts of suicide. So getting a firearm doesn't make you suicidal. And the argument here isn't that getting a firearm made them suicidal, it's that a different group of folks are the ones who are purchasing. That what you're seeing as these, you know, guns are flying off the shelves in these these gun shops is that folks who are at elevated risk for suicide, folks who maybe wouldn't have been purchasing or who wouldn't represent such a high percentage of the purchases are doing this. And that's a problem because they then have both the risk for wanting to die and the access and comfort with a method that would make that plausible. So I don't, and I don't want to be alarmist, right? I don't want to say, well, we're doomed to a surge in suicides. We're not necessarily in fact, early reports are that people aren't necessarily seeing that, at least on a national scale. But the CDC is where we get most of this data, including the data when I was talking earlier about who's most likely to die, and that's typically delayed by up to two years, right? So we won't really know the scale of the impact on suicide rates in this purchasing surge for years. And the reality is those firearms are going to stay in the home long after what prompted someone to buy them in the first place. And so that risk doesn't just go away if 2021 doesn't have all these memes about it being a terrible year, right? Like, it's, the firearms are still there. And so the risk is still there. And if these folks are more likely to be suicidal, well that risk is pronounced.



JJ Janflone 30:14

So, unfortunately, it's not that for 2020, 2121, when that ball drops on New Year's if everything is perfect and great, you know, and we're out of quarantine, and we can walk around, it's not that it's automatically just going to be fine, unfortunately. I was really hoping for that for a bumper sticker.



Dr. Mike Anestis 30:30

Yeah, I will say though, in times of stress, sometimes actually, suicide rates are lower than when people connect to something bigger than themselves, even if they're isolated on an individual level, they feel connected to something that can actually be protective against suicide, at least temporarily. So you can see, you know, on 9/11, the problem was less

about suicide, right? But it wasn't that 9/11 was a good day, right? And so, to some extent, we want to be careful not to say that, well, suicide rates will be highest, when things are most stressful, that's not necessarily the case, right? Suicide rates can get higher when things aren't as stressful for a society as a whole because it's easier than for someone to connect with the stress of their own life as an individual.



JJ Janflone 31:11

And in particular Professor, I'm wondering, you know, do you have any recommendations for folks in terms of, you know, resources, they can reach out to, if they're, you know, having a rough time, or they know of someone who is? I mean, for example, we always include the national suicide hotline on all of our podcasts, but I'm sure that there are other resources that you could recommend.



Dr. Mike Anestis 31:29

So I mean, I always would represent or recommend the National Suicide Prevention Lifeline or the Crisis Text Line. Right? Those are useful tools for sure. If folks aren't comfortable with that, I mean, again, it depends on where you're at, right? So there are our help sources that are unique to veterans, to transgender individuals, to teenagers, right? And so finding something that's local, or something that's specific to your sense of self can be helpful, because it again, we talked about salience earlier, you can feel heard, you can feel like you connect with the issue in a way that's that's more likely to resonate with you and make you feel better. I always, you know, as a clinician, would lean on what we call behavioral activation, which is, in a tough moment, identify your values, who you are as an individual, not who you're supposed to be, not who someone else thinks you're supposed to be. But like, what, what really makes you feel like the person you want to be? And whether that is, you know, somebody's feeling happy, or someone is feeling unproductive, and just specifically schedule time to be doing things that connect with a number of those values. It's an evidence-based tool for treating depression, my favorite intervention to use because you're never asking your client to do something scary being like, what's the thing you'd like to do? Let's do that. Right. But the reality is, when things get stressful, we actually tend to get less motivated to do things that make us feel good. And so this isn't a phone number someone can call, this isn't a building someone can go to you. But it's a resource, a tool somebody could use, which is just, make sure you take stock of what are your values, and what are you doing today to connect with those and identify that as a strength that's something you're supposed to do - not an indulgence, not a sign of weakness, but in fact, an effort at helping to solve your problems. I talked earlier about, you know, Americans being individualistic and picking themselves up by the bootstraps,

well, this is part of doing that. Though folks connect with "I want to solve my own problems, I don't want to go into this system", or whatever it is that they're holding, that keeps them from wanting to reach out, well, this is something they can do on their own. And so I guess that's what I'd emphasize, is for the folks, again, because folks vulnerable to firearm suicide often will engage with these tools, I don't want to only advertise those tools. If that's not what you're going to go towards, this is something to go towards. And the last thing I throw out there is look for smartphone apps, a lot of them are bad and not evidence-based, but there are things like virtual hope box that have been subject to RCTs. They've been studied, they work and you can do those things on your smartphone, and no one has to know you're using them. And they're useful tools.



JJ Janflone 33:45

Yeah, I hadn't even thought about that, the sort of points of access that, you know, you don't even have to talk and how that would actually probably be really useful for a lot of folks, especially now when everyone's in kind of closed quarters and that fear out there. I'm wondering if there are any other sort of interventions in general like we, Kelly and I, like to ask folks like ideal world, what are some interventions you would love to see like on a wide scale sort of to get rolled out across the board?



Dr. Mike Anestis 34:10

So I mean, there's plenty. What I'll lean on here is my team just wrapped up a three-year randomized control trial of lethal means counseling. So it's a, it's an intervention, where you're talking to someone about how they might reduce access to specific methods for suicide, and this trial was with firearm-owning members of the Mississippi National Guard, so we were talking specifically about firearms. And quite honestly, that's what I'd like to see rolled out for a number of reasons. It can be done without someone having a Ph.D., right? It doesn't require 10 sessions with someone in an insurance policy. It's a conversation we can have with someone that can also shift societal norms, particularly within the governing community about the role of firearms and suicide and how folks should think about storing their firearms, right? And so I think that problematic behaviors are usually sustained not because someone's stubborn and wants to hurt themselves, but because they perceive risk differently. And I think that folks perceive suicide risk as different than it is, and because of that, there's reason for them to believe that unsafe storage, as I define it, is safe and wise. And so I would want to see lethal means counseling rolled out probably, and practiced by folks who are credible sources within the firearm-owning community because it'll shift those norms, it'll shift those beliefs so that people are then intrinsically motivated to act differently; just like we all think about drinking and driving and wearing seatbelts differently than folks did in the 70s, right? Because we've

come to internalize those as useful behaviors. And the things you and I are talking about today, those aren't internalized as useful behaviors, they sound like a gun grab from a bunch of liberal academics and advocates, which isn't a great sales pitch. And so, rolling some of the lethal means counseling broadly, I think is a way to get the message out of the voice of someone like me and into the voice of someone who has credibility amongst the folks who need to hear the message.

K

Kelly Sampson 35:58

I was sort of almost stunned by the point you made about how, when we look at suicide rates, sometimes people will read them as well, these are the people who are the most miserable, rather than these are the people who have misery plus access. And I think when you talk about it that way, it makes it clear around how to, as you said, how to make sure that we are talking to people in a way that they can understand, that they're comfortable with because it is urgent and needed. And it's not just about how can we talk about it in sort of a removed way, but how can we actually get to people? And I just feel like the way you phrased that really got the urgency across.

D

Dr. Mike Anestis 36:37

Yeah, I mean, I appreciate that. I think that, yeah, people will look at what we're saying here and say you're missing the core of the issue, you should focus on what makes someone get that point in the first place. And what I always say in response is I'm not arguing against doing that - you can do both, it's a false choice. So when I talk about don't drink and drive, that doesn't mean it's okay to not wear your seatbelt. It just means I'm talking about don't drink and drive. You also shouldn't, you know, fail to put on your seatbelt. When we talk about limiting access. It isn't because we don't care about someone's misery, it's that we don't exclusively care about someone's misery. And then in fact, in order to help them with their misery, we have to first make sure they're alive. Anybody who took Intro to Psych heard about Maslow's Hierarchy of Needs. And in order to get the self-actualization, you need to be breathing and have food and a roof over your head. That's where I'm at. I'm at that part of the Maslow's Hierarchy of Needs, I need to get the basic thing taken care of so that we can do the important work of getting to those higher goals. People want to rush to those higher goals first, and it hasn't worked. As far as suicide rates goes up every year.



JJ Janflone 37:43

This has just been so helpful. I want to, I want to thank you so much Dr. Anestis, this has,

this has been great. I feel like we need to have 18 more podcasts on this topic. So I'm hoping you can come back. But I think that this is an excellent starter and I do highly recommend that everyone goes and checks out your work, not just your book but some of the most recent articles that I'll have linked in the descriptor of this episode because I think that they explain I think really well what's actually going on out there. Thank you so much.



Dr. Mike Anestis 38:08

I certainly appreciate what you guys are doing and really enjoyed talking to you guys about this.



JJ Janflone 38:15

Kelly.



Kelly Sampson 38:17

What's up?



JJ Janflone 38:19

You know it's not gonna be good. I feel like I'm torturing you and our listeners with these. All right, well, today we go to a school in California.



Kelly Sampson 38:30

Okay.



JJ Janflone 38:30

Where a teacher in Seaside High School and Seaside, California, he was teaching a class in a course called Administration of Justice, which it sounds like a fun class. I'd be there. He was teaching a lesson about gun safety.



Kelly Sampson 38:43

That's noteworthy!



JJ Janflone 38:45

Okay, great.



Kelly Sampson 38:45

Because I feel like when I was in high school, that would have never been a course.



JJ Janflone 38:51

Right? But anyway, so this teacher, who I would also like to point out, is also a reserve police officer. He took his gun out and pointed it at the ceiling.



Kelly Sampson 39:02

Woah.



JJ Janflone 39:03

When it misfired.



Kelly Sampson 39:04

Oh no.



JJ Janflone 39:06

And a 17-year-old boy was injured by bullet fragments that ricocheted off the ceiling and launched into his neck.



Kelly Sampson 39:11

Oh no, that's terrible.



JJ Janflone 39:13

Yeah, no one was seriously injured, but the quote I'm quoting directly here from the article, the boy's parents were shocked when he returned home with blood on his shirt and bullet

fragments in his neck.



Kelly Sampson 39:21

Oh my gosh, they didn't even take him to the ER, no one in the class. The teacher...



JJ Janflone 39:25

No! no one said anything until he got home.



Kelly Sampson 39:29

Geez.



JJ Janflone 39:30

The parents had to actually call the police to report it themselves.



Kelly Sampson 39:34

Oh, that's bad.



JJ Janflone 39:35

Yeah. And so because of that, the teacher has been placed on administrative leave from his teaching job and from his position at the Sand City California Police Department. There's one piece that I do want to include, which is that even if he had a concealed carry permit, which I'm hoping he did, you're not as a teacher, you're not legally permitted to have firearms in California classrooms. They don't... they don't allow that.



Kelly Sampson 39:57

Why?



JJ Janflone 39:58

Although there are some states that do allow teachers to carry.



Kelly Sampson 40:01

Right.



JJ Janflone 40:01

And the second thing and this is the thing that I kind of wanted to focus on a little, there's a lot of awful things in this, the thing that gets me is that the teacher had told the class that he wanted to make sure his gun wasn't loaded before he used it to demonstrate how to disarm someone.



Kelly Sampson 40:14

Mm hmm.



JJ Janflone 40:15

So this could have gone so much worse.



Kelly Sampson 40:17

Yeah.



JJ Janflone 40:18

Then it ended up going.



Kelly Sampson 40:20

Wow. I mean, yeah, there are a lot of levels to this. I think, again, if he's a member of law enforcement, then that's the prototypical person you would assume would at least have some sort of experience. I think it just goes to show the troubling implications of people who are saying let's arm teachers. But then too, I find it unbelievable that no one thought to get the kid checked out and make sure that he was okay and say, 'that is shocking'. And number three, of course, the incident in and of itself.



JJ Janflone 40:54

This week, we start by looking back to November 30, 1993, when the Brady Bill, after years

of relentless advocacy by Brady's namesakes, Jim and Sarah Brady, was finally signed into law. Now, as we've talked about in the podcast before, Jim Brady was shot, along with Secret Service agent, Timothy McCarthy, and District of Columbia police officer, Thomas Delahanty, in the 1981 assassination attempt of President Reagan. Brady survived, though the injury left him with partial paralysis that required the full-time useful wheelchair and permanent side effects - so much so that when he passed away in 2014, his death was ruled a homicide from the shooting. In the wake of the shooting in 1981, Jim and his wife, Sarah, began their tireless efforts for gun violence prevention, giving birth, you know, to Brady. One of their major victories was the Brady Bill. This legislation mandates federal background checks for firearm purchasers and imposed a five-day waiting period on purchases until the National Instant Criminal Background Check System, NICS, was implemented in 1998. The Brady background check system has been extremely successful since it was established in 1994. It's prevented over 3.5 million prohibited gun transactions. And, you know, just for example, in 2015 alone, over 619 prohibited gun transactions were prevented every single day. We also have to mark a sad remembrance this week, that of the mass shooting in San Bernardino, California on December 2 of 2015. The shooting, which occurred during a training event and Christmas party for the San Bernardino County Department of Public Health, left 14 dead and 22 injured. The two shooters were a married couple who were, according to the FBI, homegrown violent extremists who have been radicalized on the internet. It remains one of the deadliest mass shootings in the US. Finally, gun violence continues in cities across the US. To stay in California, over the Black Friday weekend in Sacramento, a 19-year-old and a 17-year-old boy were killed following a shooting at the Arden Fair Mall. The two boys were identified as Dewayne and Sa'Quan Reed, whose family had moved to California to get away from gun violence in Louisiana. The perpetrator of the shooting is still unidentified. The boys' aunt, Sharon Jackson, addressed the public with this statement, "If you're afraid to be seen, they have anonymous numbers, somebody speak up. This is not one family member we have to bury, this is two. TWO. When is somebody going to do something? When?" Have a message you want to share at the podcast? Listeners can now get in touch with us here, at Red, Blue, and Brady, via phone or text message. Simply call or text us at 480-744-3452 with your thoughts, questions, concerns, ideas, whatever you feel like sharing, the number is there. And if you want to support this podcast and Brady's efforts to prevent gun violence, we have a way for you to do that. As we move into the holiday season and the end of a very interesting 2020, we're participating in Giving Tuesday. It's called a global generosity movement. And this day is all about unleashing the power of people in organizations to transform the world. That is why Brady donors have generously offered to match every dollar donated up to \$50,000. If you enjoy this podcast and want to help end the epidemic of gun violence, please consider making a donation. Every dollar you give before midnight will go directly to Brady's efforts to end gun violence and save lives. You can join in by clicking the link in the description of this episode. And already y'all

thank you so much for your support. Thanks for listening. As always, Brady's life-saving work in Congress, the courts, and communities across the country, is made possible thanks to you. For more information on Brady or how to get involved in the fight against gun violence, please like and subscribe to the podcast! Get in touch with us at [BradyUnited.org](https://bradyunited.org) or follow us on social @BradyBuzz. Be brave and remember, take action, not sides.