

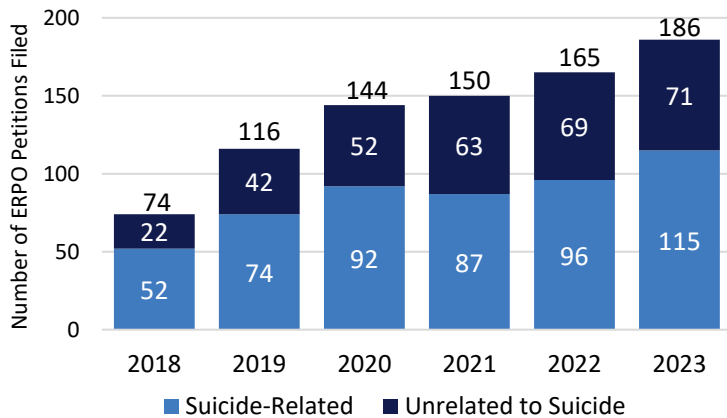
Use of Oregon's Extreme Risk Protection Order Law to Address Firearm Suicide Risk

Our research suggests that Oregon's Extreme Risk Protection Order (ERPO) law is being used as a tool to prevent suicide by firearm, but there is a need for trauma-informed messaging and practices to improve the use of ERPOs in preventing suicide.

- In 2022, suicides made up 73% of all firearm-related deaths in Oregon.¹
- Firearm injuries are among the most lethal suicide method: nearly 9 out of every 10 individuals who attempt suicide using a firearm do not survive.²
- Separating individuals in crisis from lethal means, such as firearms, can save lives.³

Oregon's ERPO law allows family/household members or law enforcement officers (LEOs) to petition a civil court for an order to temporarily restrict a person's access to firearms or other deadly weapons when at imminent risk of harming themselves (or others).⁴ Our team analyzed Oregon's ERPO court records⁵ from January 1, 2018, through December 31, 2023, and conducted interviews with professionals involved in ERPO implementation (e.g., LEOs, judges, suicide prevention professionals) to learn more about the use of ERPOs to prevent suicide across Oregon.

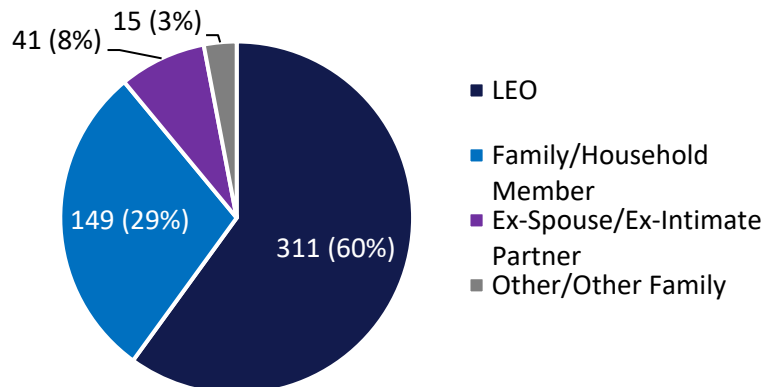
62% of all ERPOs filed in Oregon from 2018-2023 cited a risk of suicide



- From 2018-2023, a total of **516 suicide-related petitions (62%)** and 319 petitions unrelated to suicide were filed.
- The annual number of suicide-related petitions **increased by 121%** from 2018 to 2023.
- 83% of petitions involving a risk of suicide **also included threats to others**.
- Suicide-related petitions were **more often granted** (82% approved) than those unrelated to suicide (72% approved).

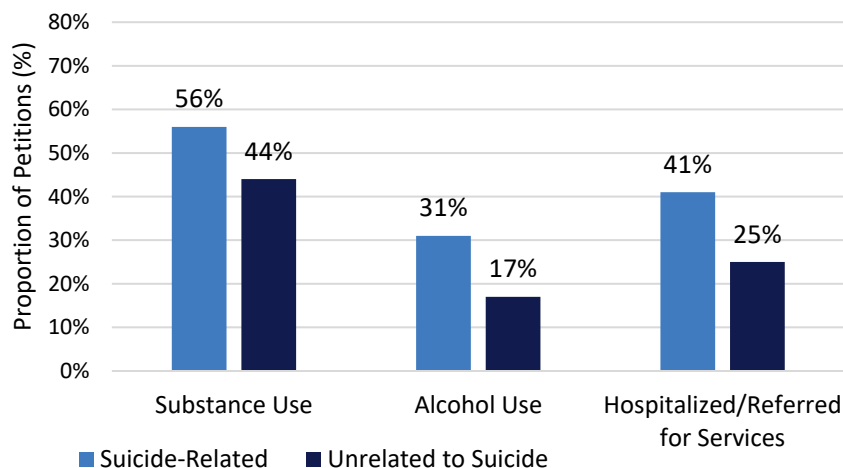
60% of suicide-related petitions filed from 2018-2023 were filed by LEOs

- Suicide-related petitions were **more often filed by family/household members (29%)** than petitions unrelated to suicide (20%).
- Petitions filed by family/household members were granted less often (71% approved) than those filed by LEOs (96% approved), suggesting a **potential need for education and support** for non-LEO petitioners.



1. WISQARS Fatal and Nonfatal Injury Reports. National Center for Injury Prevention and Control, CDC.
2. Swanson, J. W. (2021). Preventing suicide through better firearm safety policy in the United States. *Psychiatric Services*, 72(2), 174-179.
3. Barber, C. W., & Miller, M. J. (2014). Reducing a suicidal person's access to lethal means of suicide: A research agenda. *American Journal of Preventive Medicine*, 47(3), S264-S272.
4. ORS §§166.525 to 166.543. Extreme Risk Protection Orders. Available at: https://oregon.public.law/statutes/ors_166.525
5. Data were abstracted from court records provided by the Oregon Judicial Department.

More connections to services throughout the ERPO process are needed to address the underlying causes of crises



- 56% of suicide-related petitions mentioned concerns of **substance use** and 31% mentioned **alcohol use or abuse**.
- Respondents (those subject to the ERPOs) of suicide-related petitions were hospitalized/referred to services during the events leading up to the ERPO filing more often (41%) than respondents of petitions unrelated to suicide (25%), but these **connections to services occurred in fewer than half of all suicide-related ERPO cases**.

Scenarios from ERPO petitions reveal attempts to address imminent risk of suicide

The following are descriptions of the events leading up to the filing of two ERPOs that were issued in Oregon.

The respondent told a family member that they had **plans to purchase a firearm to harm themselves** and reported hearing voices telling them to harm themselves. A law enforcement officer **located the respondent at a gun shop mid-purchase** and placed them on a police officer hold. The respondent told the officer that they would buy a gun upon release from the hospital. The LEO petitioned for an ERPO while the respondent was hospitalized, which was granted.

The respondent had previously **purchased a firearm with the intention of harming themselves**, but their plan was interrupted when their spouse came home unexpectedly. A few months later, the respondent was experiencing another **mental health crisis** and **planned to harm themselves with a firearm**, so their spouse brought them to the hospital. The respondent began outpatient treatment but was still having intense suicidal ideation. Their spouse petitioned for an ERPO, which was granted.

Exploring ERPOs as a suicide prevention tool: Interview findings

- Interviews with professionals involved in ERPO implementation revealed **hesitation** around considering ERPOs as a suicide prevention tool.
- Some viewed ERPOs as **too “downstream”** and feared potential negative impacts on **treatment seeking** among Veterans and firearm owners.
- Others emphasized a **preference for more voluntary options** for firearm removal.
- Still, many described ERPOs as helpful when other options are not enough and viewed ERPOs as **beneficial in creating time and distance to allow a crisis to pass**.

To make ERPOs more trauma informed, interviewees suggested:

- Using more **caring language and messaging** when discussing ERPOs.
- Having a **mental health professional or trusted family member/friend** accompany LEOs when serving ERPOs to advocate for and comfort the respondent and more fully explain the process.
- Connecting respondents to **needed mental health and social services** throughout the ERPO process to **prioritize safety and wellbeing**, even beyond the time of the ERPO.