

# Policy Recommendations on Reducing/Preventing Firearm-Related Injuries and Deaths

# Key Issue:

Gun violence is a public health problem. Firearm-related deaths in the U.S. remain among the highest in the industrialized countries<sup>1</sup>. Each year firearms are involved in the deaths of more than 32,000 people in the United States<sup>2</sup>, including homicides, suicides and unintentional deaths. Firearm injury is the second leading cause of injury-related death, in the US, only after motor vehicle crashes.<sup>3</sup> There are 11,000 homicides and 21,000 suicides each year that involve firearms<sup>4</sup> and there were more than 73,000 non-fatal firearm injuries in 2011.<sup>5</sup> Children playing with guns in the absence of their parents accounts for 89% of the unintentional shooting deaths of children at home.<sup>6</sup> Gun violence results in over \$48 billion in medical and work loss costs each year.<sup>7</sup>

As a national organization of physicians dedicated to prevention, the American College of Preventive Medicine (ACPM) believes in a comprehensive, public health approach to addressing the issue of gun violence. ACPM supports effective policies and legislation at all levels of the government that are intended to prevent and reduce injuries and deaths related to firearms.

# **Policy Recommendations**

#### Gun Sales and Background Checks

Up to 40 percent of gun sales take place without the involvement of licensed dealers including sales online and at gun shows with limited or no background checks. In states that require background checks for all gun sales, there are lower rates of gun violence with 46 percent fewer women shot to death by their intimate partners, 48 percent fewer on-duty law enforcement officers killed with handguns that are not their own and a 48 percent lower rate of gun trafficking.

#### **ACPM** supports:

- Background checks for all firearms purchasers including sales by gun dealers, sales at gun shows, sales made online and private gun sales between individuals.<sup>12</sup>
- A universal background check that keeps guns out of hands of high risk individuals who are prohibited from owning guns due to the potential of harming themselves or others.<sup>12</sup>

- Expansion of federal legislation, the Brady Handgun Violence Protection Act of 1998, to include background checks at gun shows and sales conducted online.<sup>12</sup>
- Adoption by states of the legislation to address the gun show loophole, similar to laws already enacted in the states of California, Colorado, Illinois, New York, Oregon and Rhode Island.<sup>12</sup>
- Mandatory reporting for the theft or loss of a firearm within a specified time after the owner has become aware of its loss.<sup>13</sup>
- Waiting period: ACPM supports legislation to require anyone who purchases a firearm to wait at least five days before taking delivery of the firearm.<sup>14</sup>
- *Handguns: ACPM* supports the aggressive enforcement of current laws against the illegal purchase, possession, and sale of handguns.<sup>14</sup>
- Straw man sales: ACPM supports penalties and prosecution of individuals who legally purchase firearms for those who are banned from possessing them.<sup>12</sup>

# Assault Weapons and High Capacity Weapons

Assault weapons include semi-automatic weapons with a detachable magazine. There is limited evidence to support the Federal Assault Weapons Ban of 1994, however, it is reasonable to conclude that civilians with these weapons would possess a greater ability to kill. <sup>15</sup>

# ACPM supports:

- Bans on the possession, manufacture, transfer, sale, and import of assault weapons. 16
- Ban on large-capacity ammunition magazines with features designed to increase their rapid and extended killing capacity.<sup>12</sup>
- Laws that prohibit the use of armor-piercing rounds that disproportionately affect law enforcement officers.

# Mental Health

Mental illnesses and substance use disorders are an especially significant factor in firearm-related suicide. Access to mental health care is critical for all persons who have a mental illness or substance use disorder.<sup>15</sup>

# ACPM supports:

- Improved access to mental healthcare and reducing the risk of firearmrelated deaths and injuries through effective treatment and prevention.<sup>12</sup>
- Fully funding the federal incentives for states to provide information about disqualifying mental illnesses, to the National Instant Check System for firearm purchasers.<sup>13</sup>

 Ensured access to mental healthcare for the diagnosis and treatment of mental illnesses and substance use disorders. <sup>12</sup> Legislation that protects patient-physician confidentiality and does not deter patients from seeking treatment for mental illnesses or substance use disorders. <sup>12</sup>

# Research Funding

ACPM urges Congress to provide adequate funding to conduct proper research to study the causes and consequences of firearm violence and to establish strategies to reduce firearm-related injuries.<sup>15</sup>

# ACPM supports:

- Removal of all federal restrictions and adequate funding of the Department of Health and Human Services (HHS) to study the effect of gun violence and unintentional gun-related injury on public health and safety.<sup>15</sup>
- A regular report from the Surgeon General on the state of the problem of firearm violence in the US and progress toward solutions.<sup>13</sup>
- Repeal of the 2717 (c) firearms provision of the Affordable Care Act that prohibits HHS from collecting information regarding presence of firearms in home.<sup>16</sup>
- Establishing a program within HHS to support gun safety training and counseling programs among professionals who are interested in understanding the effects of firearms and how to reduce the morbidity and mortality associated with their use.<sup>16</sup>
- Unrestricted access to data for research to enable the development of evidence-based policies to reduce the rate of firearm injuries and deaths.<sup>15</sup>
- Additional research on proposed or current policy proposals, laws, and regulations for which there are limited or conflicting data on their effectiveness in reducing preventable firearm-related injuries and death.<sup>15</sup>

As a member of the National Violence Prevention Network, ACPM Strongly supports

 Adequate funding of the National Violent Death Reporting System within the Centers for Disease Control and Prevention that collects detailed surveillance data on firearm related detailed information on all handgun-related homicides, suicides, unintentional deaths, and non-fatal injuries.<sup>16</sup>

# Safe Gun Storage Laws

Safe gun storage, including guns unloaded and locked and ammunition stored separately, reduces unintentional injury and suicide risk for children and adolescents.<sup>16</sup>

# ACPM supports:

- Laws that subject guns to consumer product regulations regarding child access, safety, and design. These include trigger locks, lock boxes, personalized safety mechanisms, and trigger pressures that are too high for young children.<sup>16</sup>
- Child Access Protection (CAP) laws that impose criminal penalties on those who do not store their firearms appropriately.
- Expansion of CAP laws to make it a felony offense for a gun owner if a child is injured as a result accessing an unsecured gun.<sup>16</sup>

#### Physician Counseling

Patients trust their physicians to advise them on issues that affect their health and doctors can play an important role in reducing firearm related injuries and deaths. Doctors should be talk to their patients about dangers posed by firearms and advise them on the best practices of firearm safety including proper storage and usage. A study on firearm storage counseling by family physicians found that 64 percent of participants who received verbal firearm storage safety counseling from their doctors improved their gun safety by the end of the study.<sup>17</sup>

#### ACPM opposes:

- Any state and or federal legislation that interferes with a physician's free speech and patient-physician relationship.
- Any laws or regulations that forbid physicians to discuss a patient's or their parent's/guardian's gun ownership.

#### ACPM supports:

- When appropriate, physicians can assess and intervene with patients who are at high risk for injuring themselves or others due to firearm access.<sup>15</sup>
- Physicians must be able to speak openly to their patients about firearms fully answering questions and advising them on the course of behaviors that promote health and safety.<sup>15</sup>
- Physicians must also be able to document these conversations in the medical record as they are required to do with the discussion of other health-related behaviors.<sup>15</sup>
- Counseling patients on household gun safety can favorably influence how patients store guns which can decrease rates of firearm injuries and firearmrelated death.<sup>18</sup>

If you have any more questions, please contact Paul Bonta, Associate Executive Director of Policy, Advocacy and External Relations at <a href="mailto:pbonta@acpm.org">pbonta@acpm.org</a>

#### References

- Richardson EG, Hemenway D. Homicide, suicide, and unintentional firearm fatality: comparing the United States with other high-income countries, 2003. J Trauma. 2011;70:238-43. [PMID: 20571454].
- 2. Hoyert DL, Xu J. Deaths: Preliminary Data for 2011. National Vital Statistics Reports. Hyattsville, MD: U.S. Department of Health and Human Services;2012;61:40-2.
- 3. Centers for Disease Control and Prevention. Injury Prevention & Control: Data & Statistics (WISQARS). Atlanta, GA: Centers for Disease Control and Prevention; 2014.
- 4. Centers for Disease Control and Prevention. FastStats. Suicide and Self-Inflicted Injury. Atlanta, GA: Centers for Disease Control and Prevention; 2013.
- 5. Centers for Disease Control and Prevention. Nonfatal Injury Reports, 2001–2011. Atlanta, GA: Centers for Disease Control and Prevention; 2013.
- 6. Guohua L, Baker S, DiScala C, Fowler C, Ling J, Kelen G. Factors Associated with the Intent of Firearm-Related Injuries in Pediatric Trauma Patients. Arch Pediatr Adolesc Med. 1996;150(11):1160-1165.
- 7. Fowler KA, Dahlberg LL, Haileyesus T, Annest JL. Firearm injuries in the United States. Prev Med. 2015 Oct;79:5-14. doi: 10.1016/j.ypmed.2015.06.002. Epub 2015 Jun 24.
- 8. Cook PJ, Ludwig J. Guns in America: National Survey on Private Ownership and Use of Firearms. Washington, DC: U.S. Department of Justice; 1997.
- 9. Everytown for Gun Safety, State Background Check Requirements and Rates of Domestic Violence Homicide, January 2015, available at http://every.tw/1Aj9HZj.
- 10. Everytown for Gun Safety, State Background Check Requirements and Rates of Homicide Against Law Enforcement Officers, January 2015, available at http://every.tw/1FpRqkh.
- 11. Daniel W. Webster, Jon S. Vernick, and Maria T. Bulzacchelli, "Effects of State-Level Firearm Seller Accountability Policies on Firearm Trafficking," Journal of Urban Health 86, no. 4 (July 2009): doi:10.1007/s11524-009-9351-x.
- 12. Butkus R, Doherty R, Daniel H, for the Health and Public Policy Committee of the American College of Physicians. Reducing Firearm-Related Injuries and Deaths in the United States: Executive Summary of a Policy Position Paper from the American College of Physicians. Ann Intern Med. 2014;160:858-860. doi:10.7326/M14-0216.
- 13. Recommendations from the Gun Policy Summit. Johns Hopkins University. Jan2013. http://hub.jhu.edu/2013/01/16/gun-policy-summit-recommendations.
- Armstrong, Christopher. Preventing Handgun Injury. American College of Preventive Medicine. Accessed on July 2, 2015. http://c.ymcdn.com/sites/www.acpm.org/resource/resmgr/policy-files/posstmt\_handguns.pdf.
- 15. Weinberger SE, Hoyt DB, Lawrence HC, Levin S, Henley DE, Alden ER, et al. Firearm-Related Injury and Death in the United States: A Call to Action from 8 Health Professional Organizations and the American Bar Association. Ann Intern Med. 2015;162:513-516.
- 16. Gun Violence Prevention Policy Recommendations. American Academy of Pediatrics. Jan 2013.
- 17. Teresa L. Albright & Sandra K. Burge. Improving Firearm Storage Habits: Impact of Brief Office Counseling by Family Physicians. J Am Board Fam Pract. 2003 Jan-Feb;16(1):40-6

18. Policy Statement protection Patient- Physician Free Speech. National Physician Alliance. Feb 2013 http://npalliance.org/wp-content/uploads/NPA\_Policy\_Stmt-Protecting\_Patient\_Physician\_Free\_Speech-022713.pdf.