

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.¹ Each year firearms are involved in the deaths of more than 45,000 people in the United States,²³ including homicides, suicides and unintentional deaths. This is about 124 persons per day and about a 42% increase since 2011.⁴ Firearm injury is the leading cause of injury-related death in the US surpassing motor vehicle crashes in 2017.⁵ There are 21,000 homicides and 26,000 suicides each year that involve firearms,⁶,⁷ and in 2017 there were more than 71,000 non-fatal firearm injuries requiring an emergency department (ED) visit.⁶ Firearms are the leading cause of death in 0-24 year-olds.⁶ Firearms in the home is a risk factor for adolescent suicide and the majority of adolescents who die by firearm suicide use firearms that belonged to parents.¹⁰ In addition, among children, the typical shooter in other-inflicted shootings is a brother or friend suggesting that children playing with guns in the absence of their parents still accounts for the majority of unintentional shooting deaths of children.¹¹¹¹² Gun violence results in over \$557 billion in direct and indirect costs, which is about 3.6% of U.S. GDP.¹³

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. The Haddon matrix for injury prevention can be applied to develop a multipronged approach for firearm injury prevention at the individual, household, community, state, and national levels. 9,14 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

Approximately 22 percent of guns are obtained without a complete background check, including sales online and at gun shows. This still means that millions of people acquire guns each year without a complete background check. Twenty-nine states had a background check loophole in 2021. The most recent studies have demonstrated that states that go beyond federal law and require background checks for gun sales by unlicensed sellers are associated with 10 to 15 percent lower overall homicide rates. Tr,18 Further, states with the strongest gun control laws, that include background checks, have a 51% lower rate of fatal police shootings than states with the weakest after controlling for other factors. Nearly 75% of recovered trafficked guns were sold in states with background check loopholes.

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.^{20,21}
- 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.^{20,21}

- Expansion of federal legislation, the Brady Handgun Violence Protection Act of 1998, to include background checks at gun shows and sales conducted online.²⁰
- Adoption by states of the legislation to address the gun show loophole, similar to laws already enacted in the states such as California, Colorado, Illinois, and New York.²⁰
- Mandatory reporting for the theft or loss of a firearm within a specified time after the owner has become aware of its loss.²²
- Waiting period: ACPM supports legislation to require anyone who purchases a firearm to wait at least five days before taking delivery of the firearm.²³
- **Handguns**: ACPM supports the aggressive enforcement of current laws against the illegal purchase, possession, and sale of handguns.
- **Straw man sales:** ACPM supports penalties and prosecution of individuals who legally purchase firearms for those who are banned from possessing them.^{20,21}

Assault Weapons and High Capacity Weapons:

Assault weapons include semi-automatic weapons with a detachable magazine. There is limited evidence to support the reinstatement of 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.²⁴

ACPM supports:

- Bans on the possession, manufacture, transfer, sale, and import of assault weapons.²⁴
- Ban on large-capacity ammunition magazines with features designed to increase their rapid and extended killing capacity.²⁴
- Laws that prohibit the use of armor-piercing rounds that disproportionately affect law enforcement officers.

Mental Health Support and Violence Prevention Programs

Mental illnesses and substance use disorders are an especially significant factor in firearm-related suicide. However, the vast majority of those with mental illness never use a firearm to injure themselves or others, and studies estimate that only between 2 percent and 4 percent of all violent behavior may be attributable to mental illness.^{25,26} Additionally, individuals with mental illness were three times more likely to be a victim than a perpetrator of violence.²⁷ Access to mental health care is critical for all persons, especially those who have a mental illness or substance use disorder in order to improve well-being as well as prevent injury to self or others.²⁸

The presence of a firearm in a domestic violence situation increases the risk of homicide by 500%. Restricting access to firearms as part of protective orders can reduce intimate partner homicides by 10-12%.²⁹ Counties with higher social vulnerability, including more poverty, unemployment, lower incomes, and lower educational levels, experienced higher percentages of ED visits for firearm injuries³⁰ and communities with greater social inequities, especially with areas of high poverty, experience more gun violence.³¹

ACPM supports:

 Improved access to mental healthcare and reducing the risk of firearm- related deaths and injuries through effective treatment and prevention.²⁰

- Fully funding federal incentives for states to provide information about disqualifying mental illnesses, to the National Instant Check System for firearm purchasers.²²
- Ensured access to mental healthcare for the diagnosis and treatment of mental illnesses and substance use disorders. ^{20,21} Legislation that protects patient-physician confidentiality and does not deter patients from seeking treatment for mental illnesses or substance use disorders. ^{20,21}
- Continued funding of a national mental health crisis hotline (988) that is able to answer inquiries 24 hours a day, 7 days a week³² and within 1 minute of request for assistance.
- Expansion of local mental health crisis teams integrated with local public safety (policing)
 agencies as well as local health systems, such as the City of Rochester's (NY) Person in Crisis
 Teams,³³ through increased funding support from Federal and state government.
- Support of Extra Risk Protect Order (ERPO) Laws—"Red Flag Laws"— that temporarily restricts
 access to firearms when an individual who have been assessed as high risk of being a threat to
 themselves or others.^{27,34} Support of similar laws for individuals who have committed or
 seriously threatened domestic abuse of spouses, significant others or children, including
 restricting access to firearms as part of protective orders for victims of domestic violence.^{29,35}
- Expansion of hospital-based and community-based youth violence prevention programs, through increased Federal and state funding.^{44,45,52}

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.²⁶ ACPM notes that if evidence of effectiveness for the firearm policies for which it advocates is lacking, this is in no small part due to the severe limitations placed upon performing such research.

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.²⁸
- A regular report from the Surgeon General on the state of the problem of firearm violence in the US and progress toward solutions.³¹
- Repeal of the 2717 (c) firearms provision of the Affordable Care Act that prohibits HHS from collecting information regarding presence of firearms in home.³⁷
- 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.³⁷
- Unrestricted access to data for research to enable the development of evidence-based policies to reduce the rate of firearm injuries and deaths.²⁸
- 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.²⁸

As a member of the National Violence Prevention Network,³⁸ 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.³⁷

Safe Gun Storage Laws

Safe gun storage, including guns unloaded and locked and ammunition stored separately, may reduce unintentional injury and suicide risk for children and adolescents as well as violent crime overall.³⁹

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.³⁹
- Child Access Protection (CAP) laws that impose criminal penalties on those who do not store their firearms appropriately.³⁹
- 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.³⁹

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 encouraged to talk to their patients (and their parents when appropriate) 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.⁴⁰

ACPM opposes:

- Any state and or federal legislation that interferes with a physician's free speech and patientphysician relationship.⁴¹
- Any laws or regulations that forbid physicians to discuss a patient's or their parent's/guardian's gun ownership.⁴¹

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.²⁸
- 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.²⁸
- 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.²⁸
- Counseling patients on household gun safety can favorably influence how patients store guns which can decrease rates of firearm injuries and firearm- related death.⁴⁰

Other Policies

ACPM Opposes:

• Stand your ground laws because they are associated with increased injury and total homicide rates⁴⁶⁻⁴⁹ and appear to be enforced in a racially-biased manner.⁵⁰

• Laws requiring at least some K-12 teachers to carry firearms as insufficient studies have been performed to evaluate their effect, both beneficial and negative effects can be theorized.⁵

If you have any questions, please contact Noah Isenstein, Communications and Advocacy Specialist at nisenstein@acpm.org

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