Reducing Firearm Injury & Death

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Epidemiology of Firearm Violence and Injury

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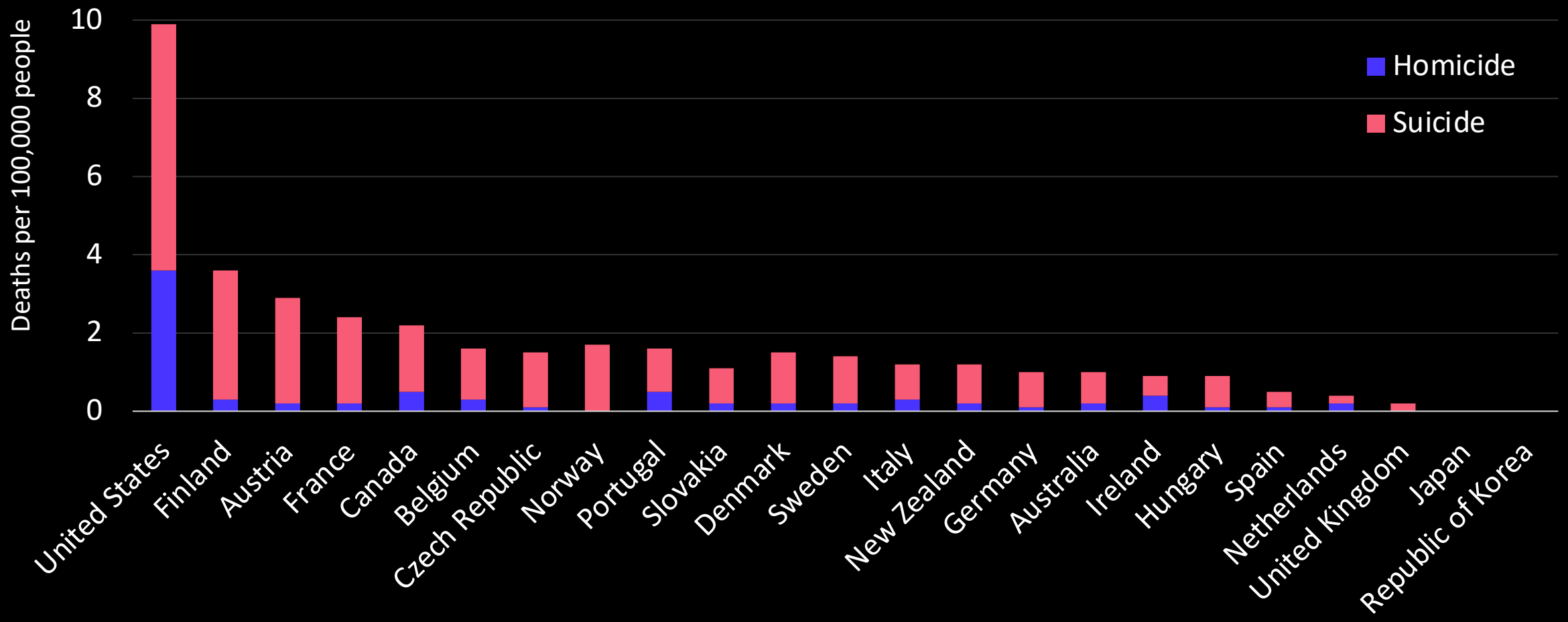
Firearm Homicide and Suicide Rates by Country, 2010



Data from Grinshteyn & Hemenway 2016

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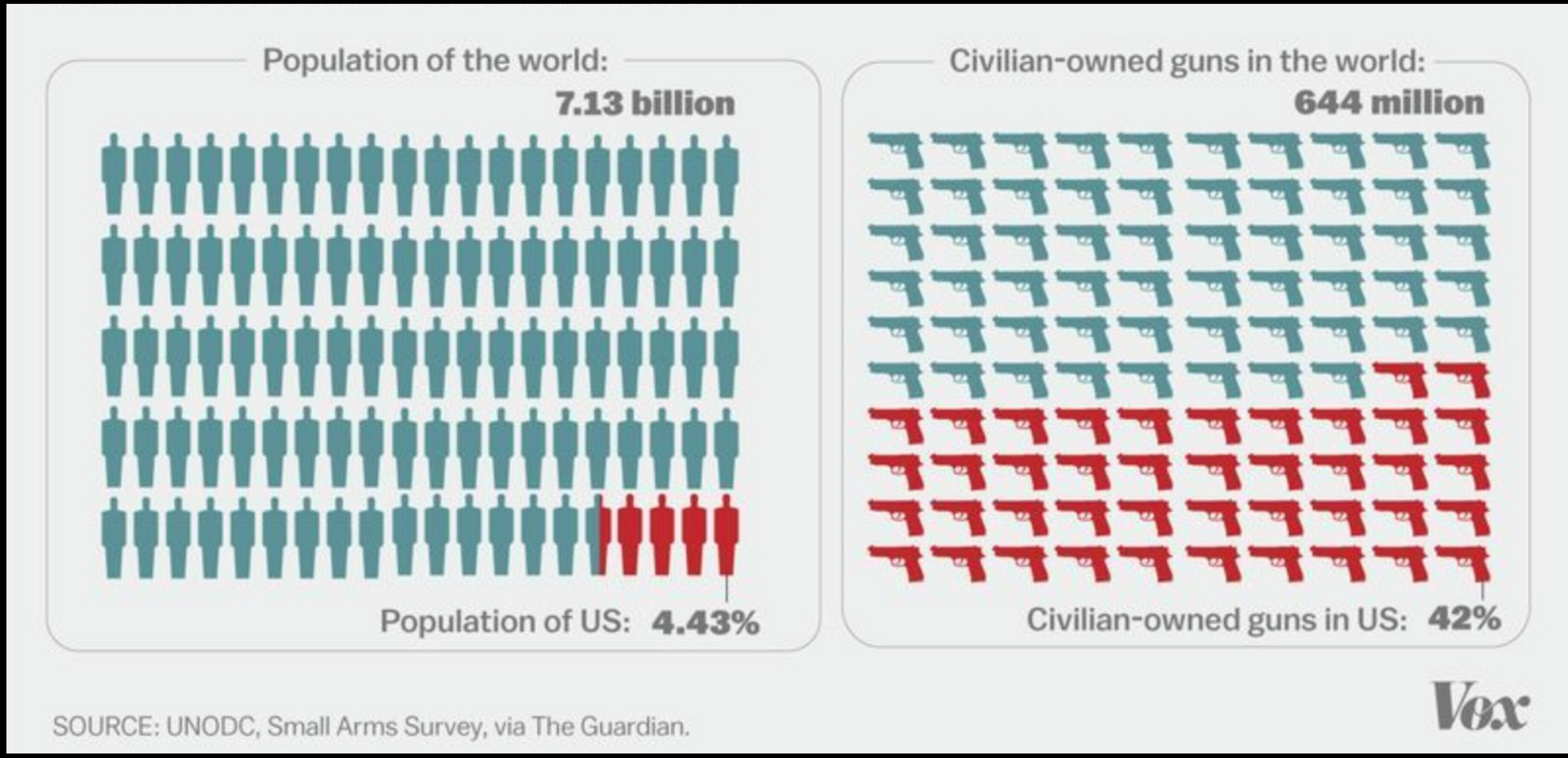

Vox 2018

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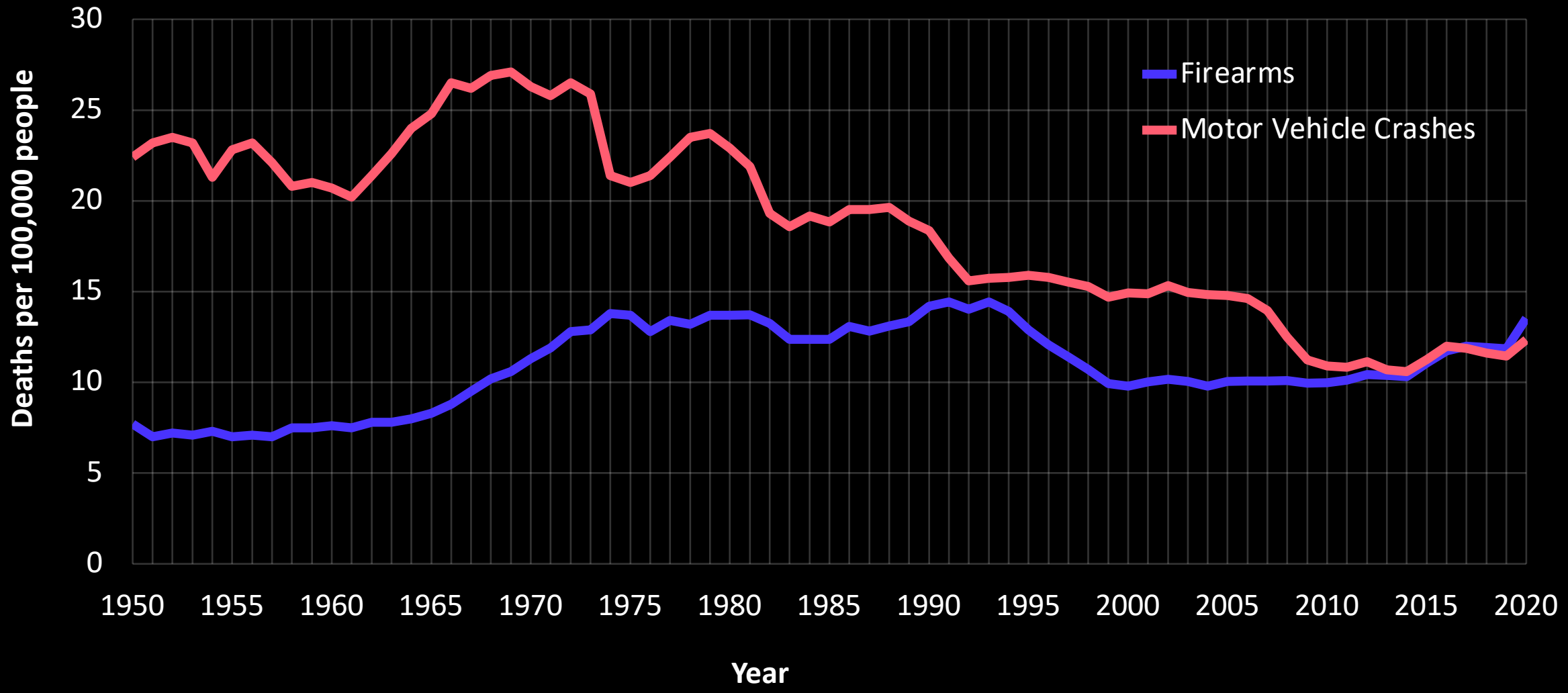
Death Rates from Motor Vehicle Crashes and Firearms by Year 1950-2020



Data from CDC WISQARS. Firearm deaths include homicides and suicides only.

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45, 222

firearm deaths in 2020

124

firearm deaths per day on average

Data from CDC WONDER

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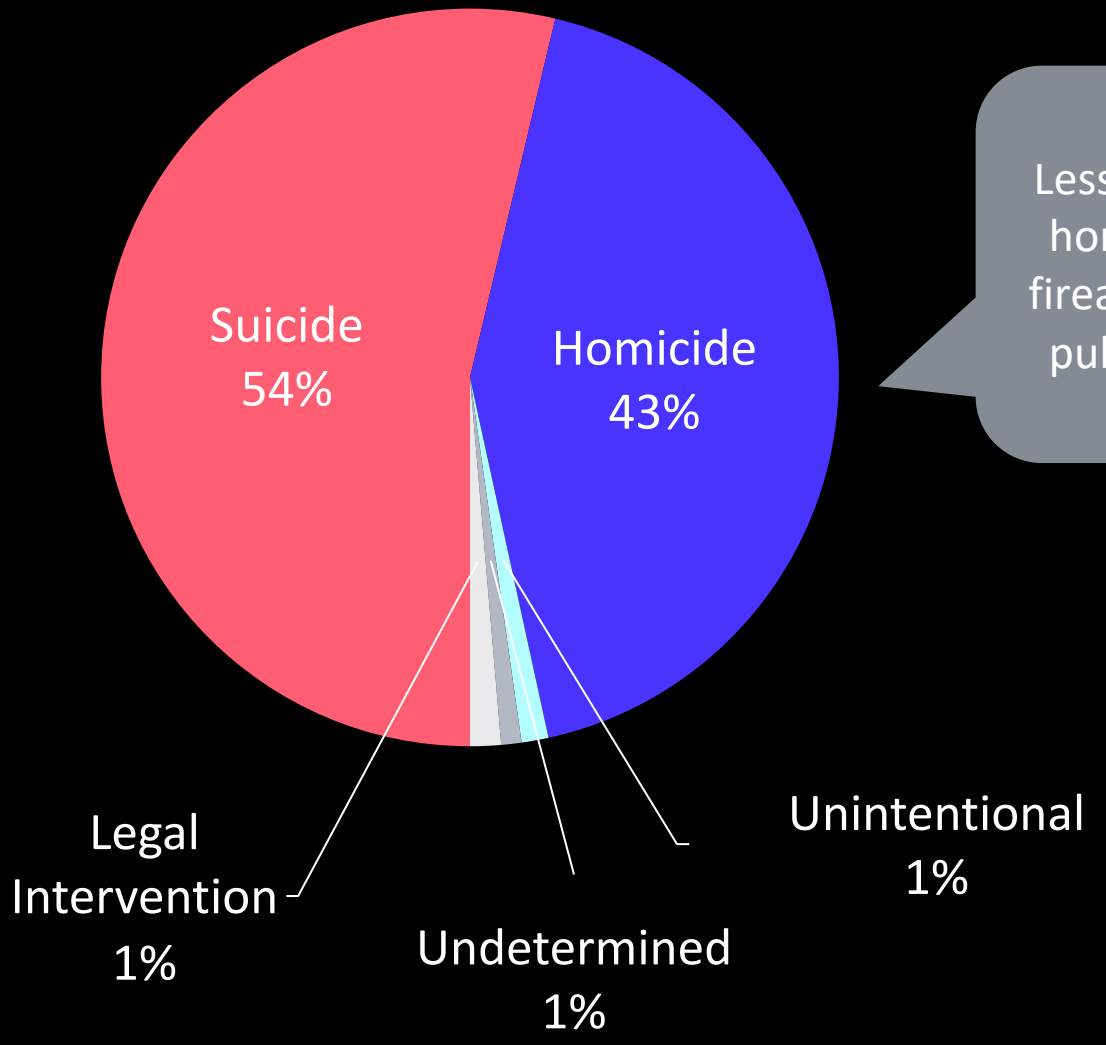
Firearm Deaths by Intent, 2020



Less than 1% of firearm homicides (0.2% of all firearm deaths) occur in public mass shootings

Data from CDC WISQARS & Follman et al. 2021

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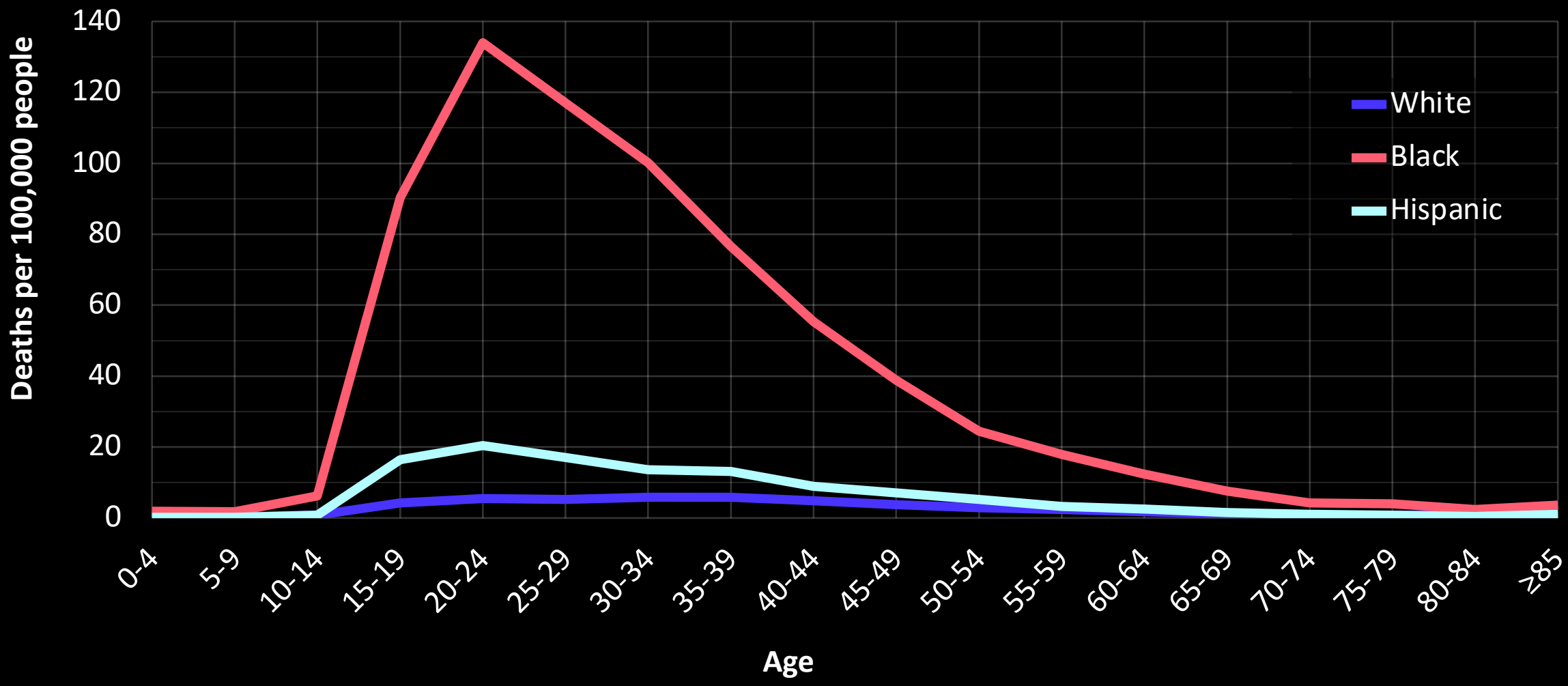
Firearm Homicide Rates by Age and Race/Ethnicity
Males, 2020



Data from CDC WISQARS. Homicides do not include deaths by legal intervention.

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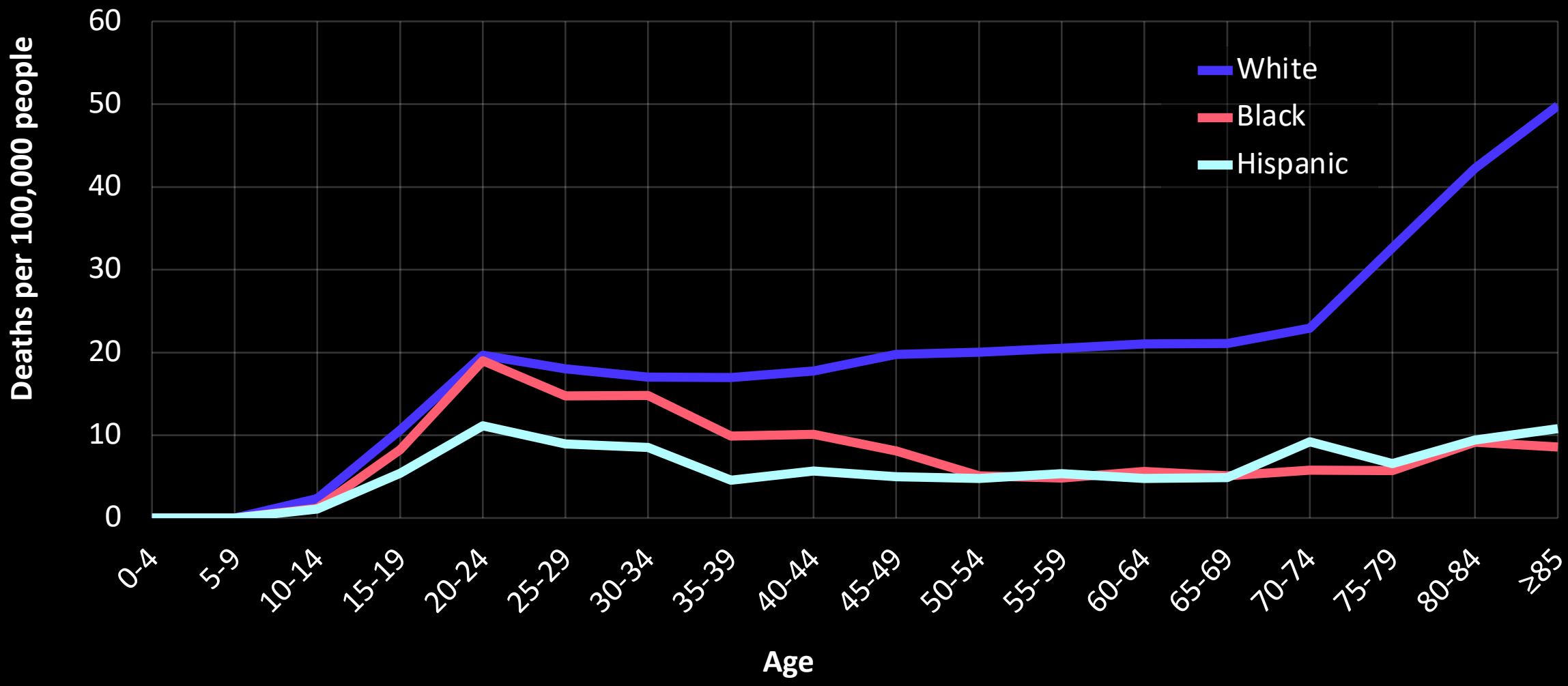
Firearm Suicide Rates by Age and Race/Ethnicity
Males, 2020



Data from CDC WISQARS

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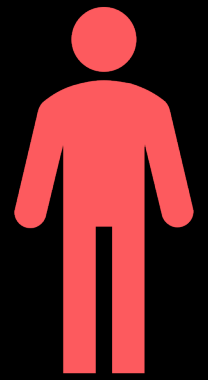
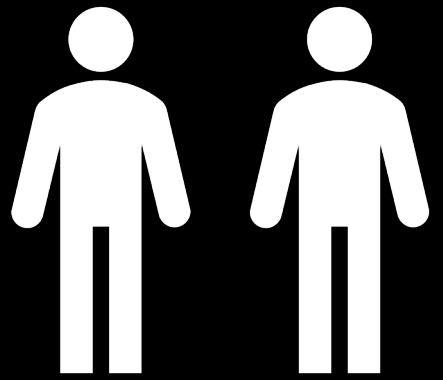
For every person who dies from a firearm injury,



another two are shot and survive.



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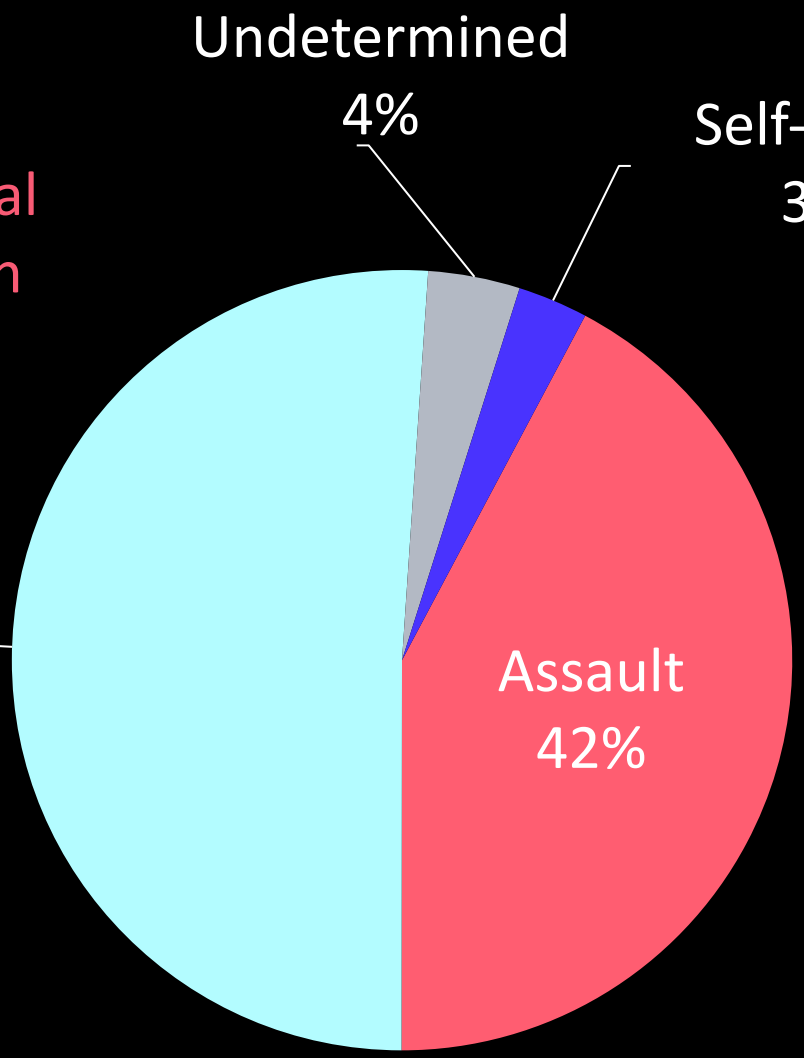
Nonfatal Firearm Injuries in US by Intent 2009-2017

85,694 ED visits for nonfatal firearm injuries per year on average



9 in 10 suicide attempts with a firearm are fatal

Data from Kaufman et al. 2021

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Socioemotional consequences

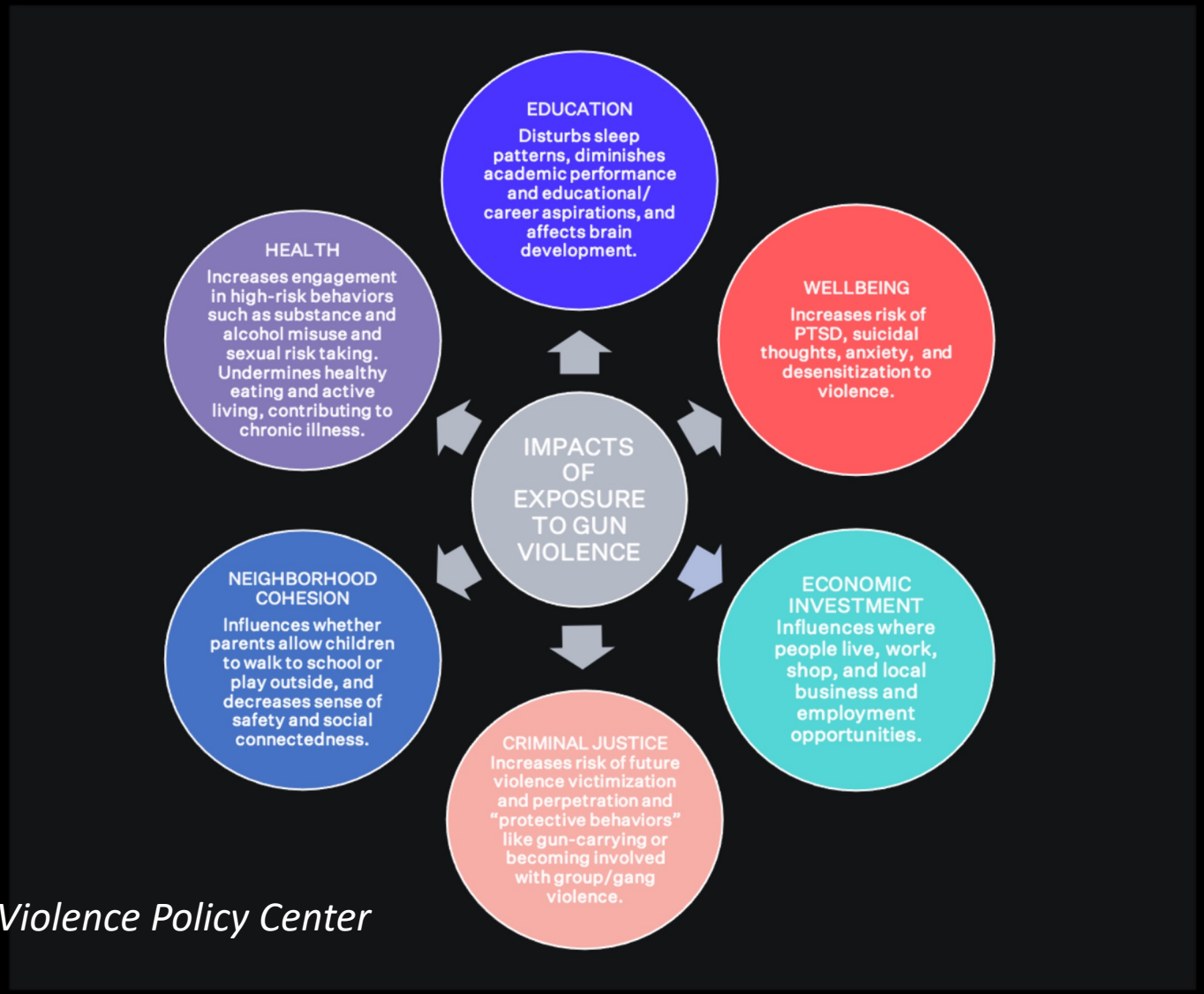

Image adapted from the Violence Policy Center

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Why Firearms Curriculums for Healthcare Providers?

- Firearms injury and death are public health problems
- Physicians feel counseling is within clinical responsibilities
- Patients say generally appropriate
- Physicians often report needing more information
- Lethal means safety saves lives

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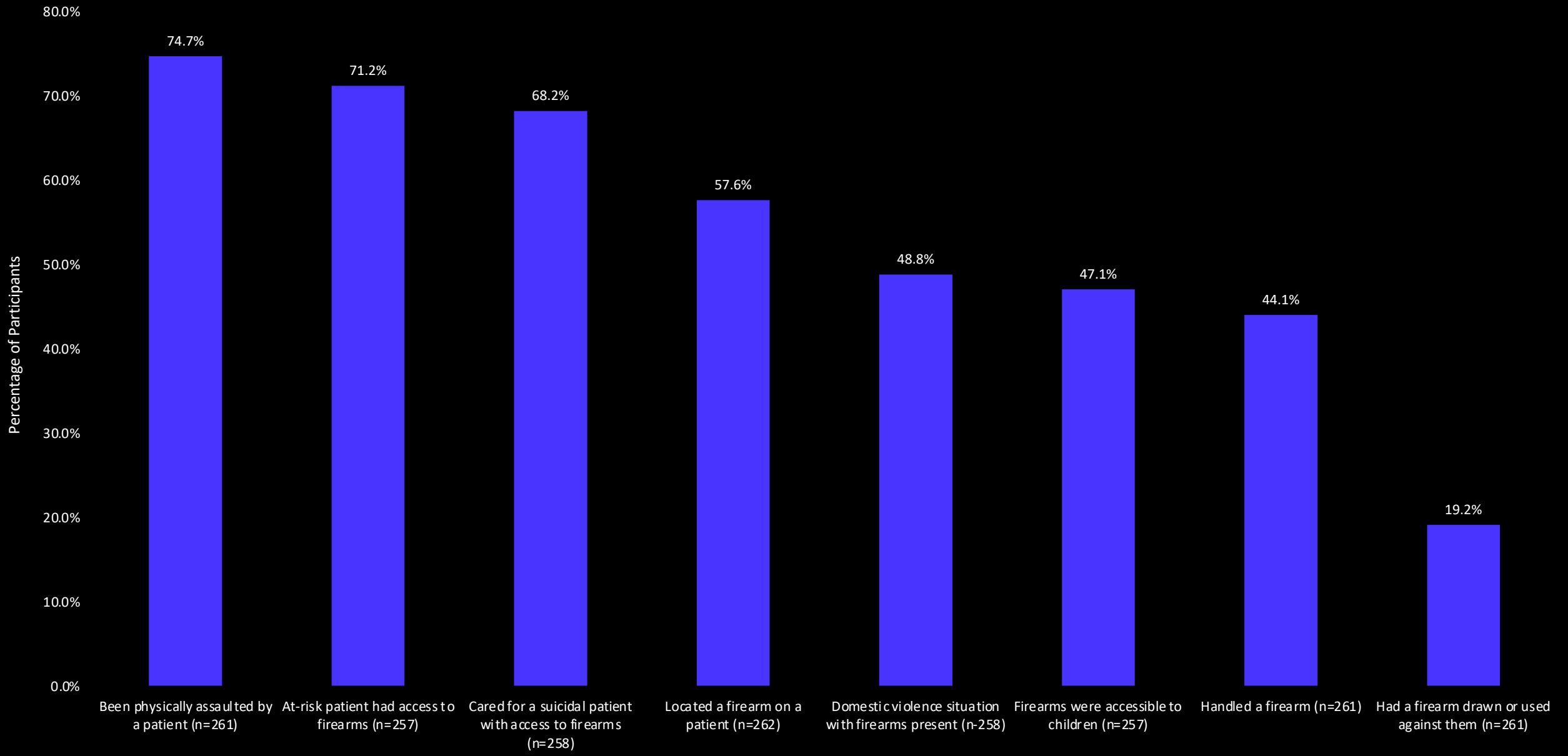
Figure 1. EMS Exposure to Firearms While on Duty



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BulletPoints Learning Objectives

- Identify risk for firearm-related harm and ways to engage with patients to reduce that risk
- Understand how to have culturally appropriate and respectful conversations with patients and their families to reduce risk
- Describe available interventions for patients at risk of firearm-related harm

There are no state or federal statutes that prohibit clinicians from talking with patients about access to firearms.

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The 3A's

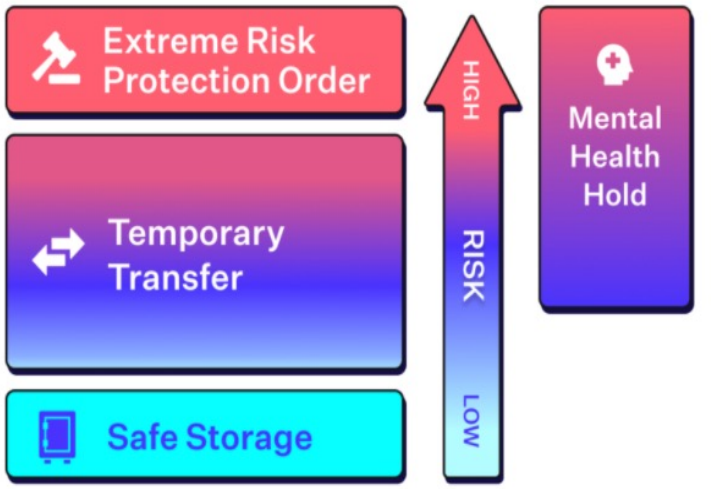
Approach

- Informed
- Respectful
- Harm Reduction Focused
- Individualized

Assess

- Risk Factors
- Ideation or Threats
- Access to Guns
- Willingness to Collaborate

Act



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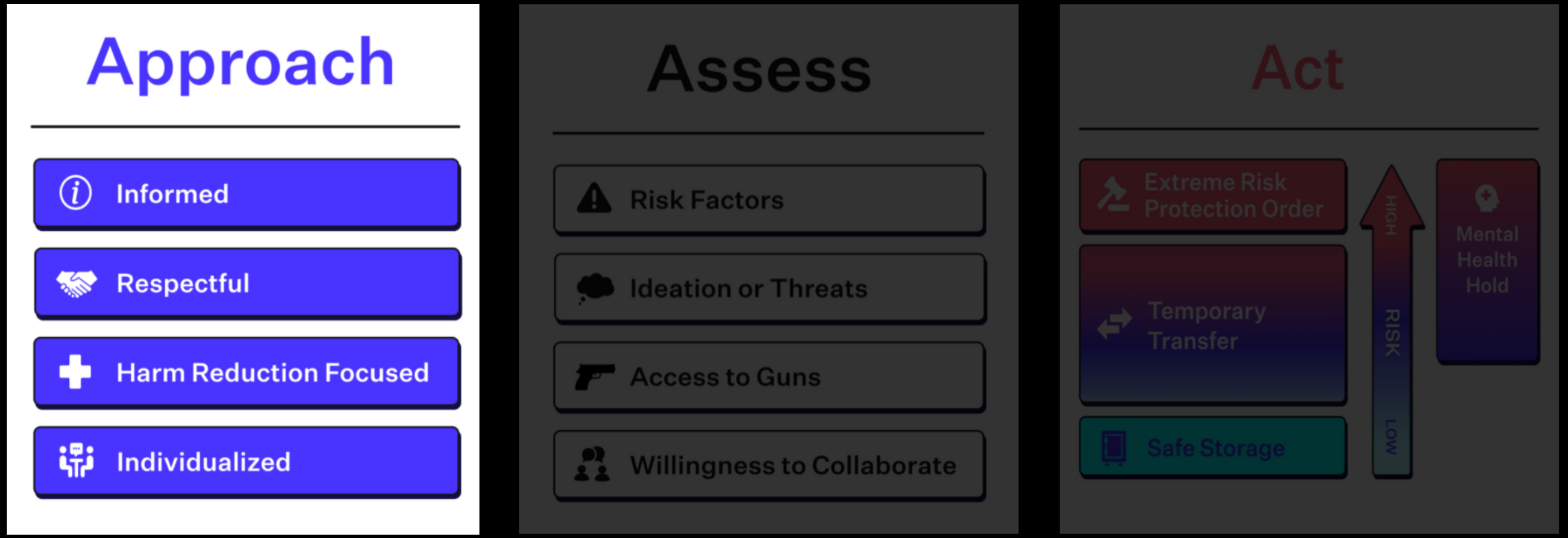
The 3A's



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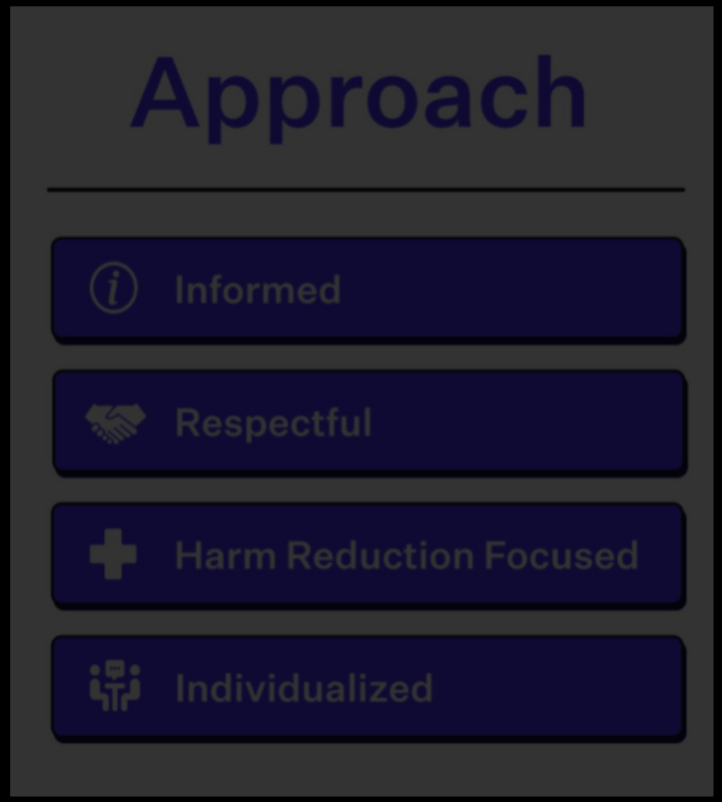
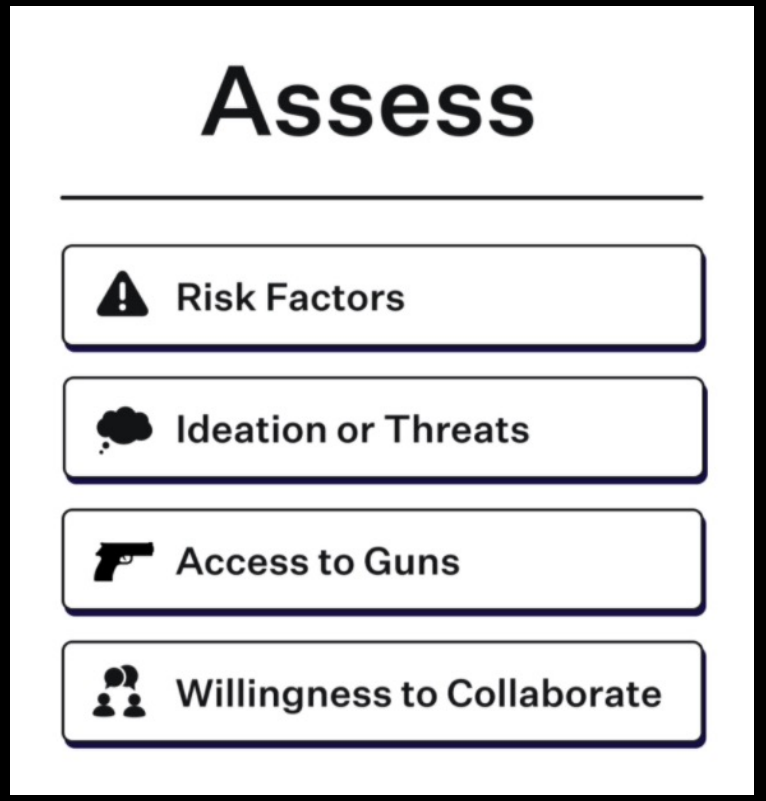
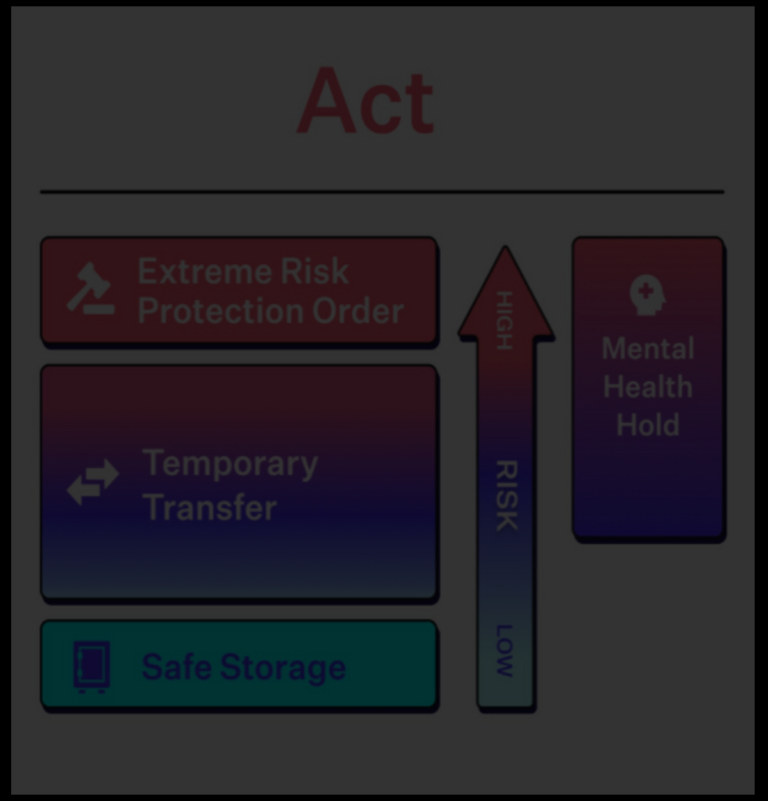
The 3A’s Framework







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Identifying Risk

1. Certain demographic groups
2. Individual risk factors
   - Prior suicidal ideation/attempt
   - Present/prior violence (victimization, perpetration, exposure)
   - Substance misuse
   - Serious, poorly controlled mental illness
   - Dementia/other cognitive impairment
   - Abusive partners
   - Children in the home
3. Imminent risk – ideation or threats

CDC WISQARS; Baxley & Miller 2006; Azrael et al 2018; Kuhns et al. 2014; Wintemute et al. 2018; Swanson 1994; Swanson et al. 2015, Palmer et al. 2005; Blair-West et al. 1999; Goodwin 2003; Soloff 2000; Betz et al. 2018; Sorenson & Schut 2018; Zeoli et al 2016; Campbell et al 2003; Cunningham et al. 2015; Petrosky et al. 2020

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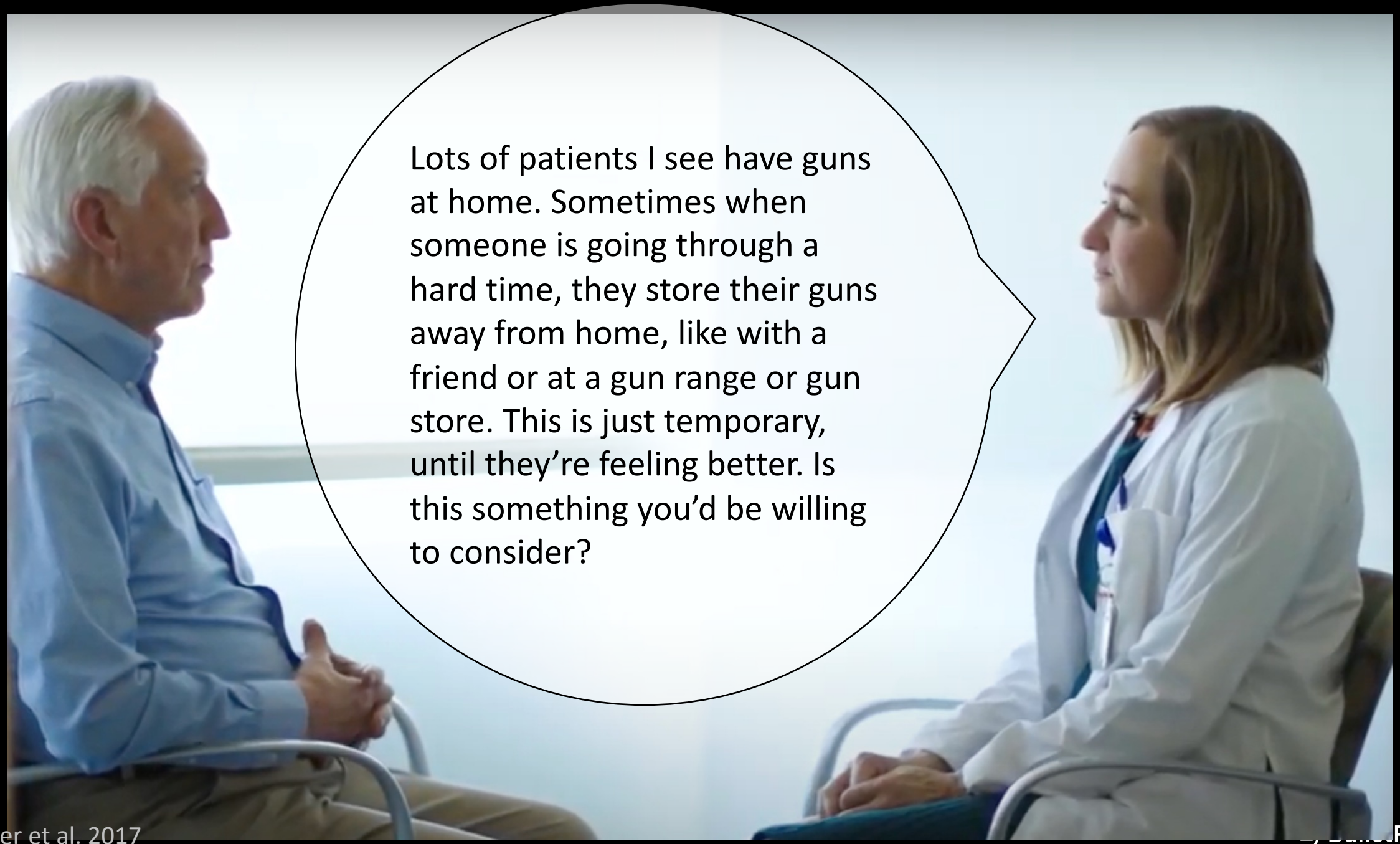
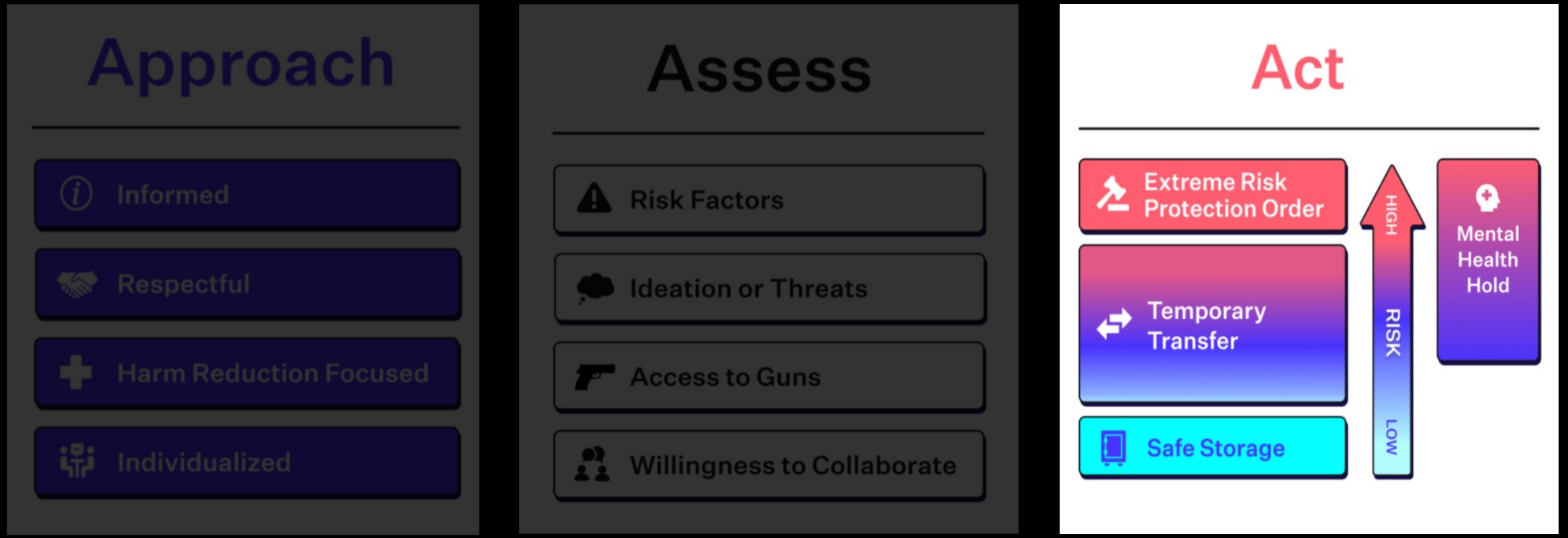


Barber et al. 2017

The 3A's Framework



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The safest way to store a firearm:

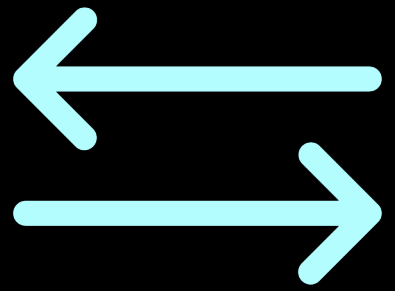
Unloaded

Locked up using a locking device

Separate from ammunition

With **keys and combinations inaccessible** to children and others at risk

Temporary Transfers



Used when removing firearms from the home is the safest option, and the person is willing to collaborate.

- Temporary transfer to family or other trusted person
  - Background check requirements vary
  - In some places, these policies are in flux
- Temporary, voluntary storage at a gun range, store, or with a law enforcement agency*

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Emergency interventions

- If the person needs mental health treatment, consider a mental health hold
- If the person is not willing to relinquish their firearms, consider an Extreme Risk Protection Order for temporary, involuntary removal of guns

These two are not mutually exclusive

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Mental Health Holds (5150)

- Involuntary psychiatric hold for dangerousness to self or others (or grave disability)
- In emergency situations, mental health holds can bring someone at risk of harming themselves or others into mental health treatment.
- Allows for temporary removal of gun *in a person's possession* when they are detained for an emergency psychiatric evaluation

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An emergency mental health hold or even a hospitalization does not guarantee the person won’t have continued firearm access

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Gun Violence Restraining Orders

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Gun Violence Restraining Orders

- Allows family members or police to petition to have a person’s guns removed based on a concern for violence in the near future
- Modelled closely after DVRO
- No criminal activity required
- No mental health evaluation or history required

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Gun Violence Restraining Orders

Emergency GVRO

Law Enforcement

Ex-parte GVRO

Family or LE

Hearing

Order after hearing (1-5 year GVRO)

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For every 10-20 risk warrants issued,
one life is saved

Kivisto & Phalen 2018; Swanson et al. 2017; Swanson et al. 2019

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For More Information

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The BulletPoints Project at UC Davis

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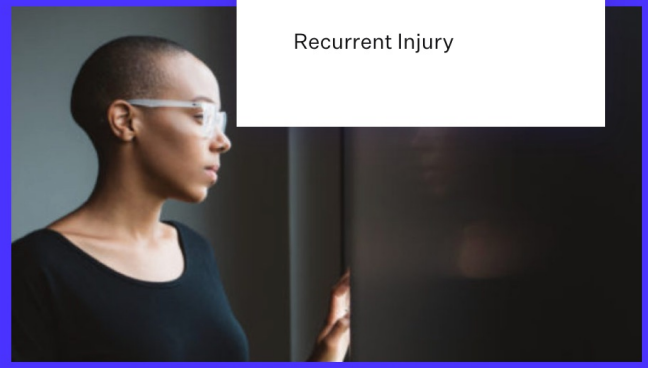
Register for our brand new, on-demand continuing education course, Preventing Firearm ! Read our new blogpost with school nurse Robin Cogan and watch the 14th talk of our webinar series – "The Impact of Firearm Viole ealth."

- Suicide
  - Veterans
- Unintentional Injury
- Intimate Partner Violence
- Mass Shootings
- Dementia
- Community Gun Violence
- Recurrent Injury

The BulletPoints Project

Clinical tools for preventing firearm injury



Questions?

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