



THE ROLE OF HEALTH EDUCATION IN PREVENTING GUN VIOLENCE

Call for advocacy, research, health education and promotion activities directed to preventing gun/firearm death, injury and violence

**Adopted by the SOPHE Board of Trustees
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Firearm violence, gun violence and firearm-related violence refer to morbidity and mortality associated with the possession and use of firearms. This violence includes murders, suicides, assaults, robbery, unintentional and accidental deaths and injuries, and non-injury victims. Firearms can be used to intimidate, coerce, or carry out threats of violence. Fatal and nonfatal firearm violence poses a serious threat to the safety and welfare of the American public. [1]

The burden of firearm violence is indicated: 1) by the U.S. having the highest rate of firearm-related deaths among industrialized nations, despite a decline in violent crime, 2) more than 107,000 people injured or killed in the U.S. with nearly five times as many firearm victims per year, 3) mass and gang-related shootings account for only a fraction firearm-related deaths, and 4) firearm-related suicides account for over two-thirds of deaths for all age groups.

SOPHE members should provide evidence-based/informed, best practice education and strategies; advocate for research; collaborate with Congress, States, local government, and organizations to apply the public health approach to prevent gun violence.

Whereas, the U.S. has firearm-related deaths 20 times higher than other industrialized countries, despite violent crime rate decline [1, 2]; including ~33,700 gun-related deaths/year, 17.5% of all injury deaths [3,4]; including over 465,000 nonfatal firearm victims which includes 107,000 injured. [6, 7]; with firearm-related suicides significantly outnumbering homicides for all age-groups; and mass shootings (four or more deaths) accounting for only a fraction of firearm-related death [1].

Whereas, the annual costs of firearm injuries are \$27.3 billion including direct medical care and lost productivity; 85% of this is due to lost productivity. With psychological costs and the value of quality of life the estimate which becomes \$155 billion, or 2.3% of GDP. [8]

Whereas, average hospital charges were \$23,187 per patient with; 56 percent of patient costs paid for through publicly financed insurance. Cook et al. (1999) studied 800 cases of gunshot injuries treated in emergency rooms across the United States. Discharge information for emergency rooms in the U.S. found an average cost \$20,304 per gunshot victim. With a 3 percent discount rate, lifetime medical treatment costs per person amount to \$37,000-\$42,000. [9]

Whereas, firearms are involved in 70% of teen homicides [1]; and the risk of homicides is three times greater in households with guns [10].

Whereas, firearms play a role in domestic violence and mass shootings with more than two-thirds of spouse and ex-spouse homicide victims killed with a firearm and 57% of mass shootings killing a family member (familicide), or current or former intimate partner of the shooter [11].

Whereas, nearly 1.7 million children (1 in 3) live with an unlocked and loaded gun, and almost 40% of households have at least one gun contributing to the nine children and teens who are shot unintentionally each day, three in four children ages five to 14 know where firearms are kept in the home; 80% of unintentional firearms deaths of kids under 15 occur in a home; 17,500 youth are injured or killed each year due to gun violence, and guns are the 2nd leading cause of death among children and teens. ***64 percent of participants who received verbal firearm storage safety counseling from their doctors improved their gun safety by the end of the study.*** [12, 13, 14, 15]

Whereas, 74% to 90% of the population favor: 1) requiring a background check system for all guns sales, 2) prohibiting people who have been convicted of domestic violence from having a gun for 10 years, 3) prohibiting people who have been convicted of violating a domestic violence restraining order from having a gun for 10 years, 4) prohibiting people who are subject to a temporary domestic violence restraining order from having a gun for the duration of the order, 5) prohibiting a person convicted of a juvenile crime as a juvenile from having a gun for 10 years, 6) prohibiting people who have been convicted of two or more crimes involving alcohol or drugs within a 3-year period from having a gun for 10-years, [16].

Whereas, the following policies are expected to reduce gun violence within the population: 1) banning assault weapons, 2) banning large capacity clips, 3) requiring universal background check, 4) requiring states to report mental health records, 5) allowing cities to sue gun dealers, and 6) maximizing enforcement and prosecuting gun crime. Armed guards in schools, however, is expected to make the problem worse. [17]

Whereas, 73% of Americans favor a requirement that all new models of handguns be personalized with technology. [18]

Whereas, more than 2.6 million youth have carried a firearm last year [1] for “protection or as a weapon” and 2.1% of students have carried a gun to school more than two or three times [19];

Whereas, the Brady Law prevented more than 2.4 million gun sales to prohibited purchasers including felons (71%), domestic abusers (16%), drug users and addicts (8%), individuals with certain mental illnesses and other dangerous individuals (5%). Forty percent of gun sales, however, occur in “no questions asked” transactions that take place over the internet or at gun shows where, in most states, background checks are not required. [20].

Whereas, the U.S. Supreme Court holds that “Like most rights, the Second Amendment right is not unlimited. It is not a right to keep and carry any weapon whatsoever in any manner whatsoever and for whatever purpose: For example, concealed weapons prohibitions have been

upheld under the Amendment or state analogues. The Court’s opinion should not be taken to cast doubt on longstanding prohibitions on the possession of firearms by felons and the mentally ill, or laws forbidding the carrying of firearms in sensitive places such as schools and government buildings, or laws imposing conditions and qualifications on the commercial sale of arms. *Miller*’s holding that the sorts of weapons protected are those “in common use at the time” finds support in the historical tradition of prohibiting the carrying of dangerous and unusual weapons.” Pp. 54–56. [21, 22].

NOW THEREFORE, BE IT RESOLVED: that SOPHE

I. Supports national education campaigns that:

- A. Educate the public on dangers associated with firearms and the need for firearms safety through:
 - 1. Development of a firearm safety education, health communication, social norms campaigns and school curricula to reduce the potential for children, adolescents and young adults to be injured or killed in gunfire.
 - 2. Educate parents and caregivers about the increased risk of injury caused by having a firearm in the home. Inform firearm owners about the problem of children’s easy access to firearms and the importance of keeping firearms locked and inaccessible to children. [23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35]
- B. Educate health care professionals and their staff; teachers; coaches and other multidisciplinary professionals on firearm violence reduction issues and associated public health issues such as homicide, suicide, robbery, assault, unintentional and accidental shootings. [36, 37, 38, 39, 40]

II. Urges Congress, States and local governments to restrict accessibility and availability of guns in high risk individuals through behavioral risk or threat assessment approaches by enactment of the following legislation:

- A. Policy priorities – keep guns out of the hands of criminals and prohibited purchasers
 - a. Expand Brady background checks to include gun show, internet and private sales.
 - b. Increase funding for more ATF agents and eliminate limitations on ATF’s use of crime gun trace data to effectively stop straw sales and trafficking. [23]
- B. Legal action priorities – action in the courts directly linked with the opportunity to prevent gun deaths
 - a. Stop bad apple gun dealers (5% of dealers responsible for 90% of guns used in crime) [23]
 - b. Defend effective laws and overturn dangerous laws [23]
- C. Technology
 - a. Make guns useless except to the owner with token-based and biometric technologies (ring or watch allowing activation of the firearm and finger print and grip recognition) [18]

III. Urges Congress to authorize the development of a national firearm injury reduction surveillance program that would:

A. Allocate monies for a nonpartisan surveillance program to track fatalities and injuries from firearms. The surveillance program should include mandatory reporting of firearm injuries and fatalities by hospitals and health care centers, similar to the requirements for reporting certain communicable diseases.

IV. Urges SOPHE members, all SOPHE Chapter members, and SOPHE affiliates to help prevent firearm injury by:

A. Participating in coalitions at the national, state and local levels that address reductions in firearm accessibility, improved firearm safety and research. (41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53).

B. Writing to elected representatives to communicate SOPHE's platform on the need for comprehensive firearm reduction legislation.

C. Tracking and supporting efforts by the Department of Justice and the State Attorneys General to hold firearm manufacturers accountable for firearm related injuries and deaths.

V. Urges Congress to fund research at the Centers for Disease Control and Prevention in the behavior and social sciences on intentional and unintentional injury, as well as technical research in the area of firearm safety, e.g. personalized firearms or fingerprint guns.

Research should seek to answer the types of questions often raised by the media, gun control advocates, and gun rights defenders, that are seldom answered definitively and officially. The six most frequently asked include:

- How did the offenders get their guns, legally or illegally?
- Did the offenders have a history of violence and/or mental illness?
- How many and what types of guns were carried and used?
- Did the gun types lead to higher victim counts in terms of both killed and wounded?
- Did the offenders hold valid, state-issued concealed carry permits and, if so, was concealed carry a factor in shootings?
- Did the shootings occur in designated "gun free zones"? [54]

VI. Charges the SOPHE advocacy committee to work with the resolutions committee to monitor the implementation of this resolution.

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