DOCS AND GLOCKS: FIREARMS IN AMERICA 1.0

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ACP-Wisconsin
Annual Scientific Meeting
9/10/16
Objectives

- Provide some basic evidenced-based information about gun violence in America
- Highlight what the American College of Physicians has been doing to address the issue
- Challenge you, individually and collectively, to actively address this public health issue
Conflict of Interest?

- Lena and successful ruffed grouse outing

- Own:
  - 3 shotguns
  - 2.5 rifles
  - 3 handguns [sort of]
Reducing Firearm-Related Injuries and Deaths in the United States: Executive Summary of a Policy Position Paper From the American College of Physicians

Renée Bulkin, BA; Robert Doherty, BA; and Hillary Daniel, BS, for the Health and Public Policy Committee of the American College of Physicians

In 1995, the American College of Physicians (ACP) issued its first statement that raised concern about the epidemic of firearm violence in the United States and advocated for policies to reduce the rate of firearm injuries and deaths (1). Nineteen years later, although rates of firearm-related death, injury, and disability have decreased, firearm-related mortality rates in the United States remain the highest among industrialized countries (2).

The mass shooting that occurred in December 2012 at Sandy Hook Elementary School in Newtown, Connecticut, which left 6 adults and 20 children dead, and other mass shootings have brought firearm violence to the forefront of national discussion. It is critical that strategies are developed to prevent massacres like those that occurred in Newtown; in Tucson, Arizona; at Virginia Tech University; in Aurora, Colorado; at Columbine High School; and at the Washington Navy Yard. Yet, the ACP is equally concerned about the deaths and injuries that affect our nation on a daily basis when persons are injured or killed or commit suicide with firearms. Each year, firearms kill more than 32,000 persons in the United States, or approximately 88 per day (3). These deaths include homicides, suicides, and unintentional fatalities. Firearm injury is the second leading cause of death due to injury after motor vehicle crashes (4). Homicide and suicide by firearms result in 11,000 and 19,000 deaths, respectively, each year (5). The number of nonfatal firearm injuries in the United States is more than twice the number of fatal firearm injuries, with 73,883 nonfatal firearm injuries documented in 2011 (6). The ACP believes that immediate action is necessary to reduce these unnecessary injuries and deaths.

Firearm violence is not only a criminal justice issue but also a public health threat. A comprehensive, multifaceted approach is necessary to reduce the burden of firearm-related injuries and deaths on individuals, families, communities, and society in general. Strategies to reduce firearm violence will need to address culture, substance use and mental health, firearm safety, and reasonable regulation, consistent with the Second Amendment, to keep firearms out of the hands of persons who intend to use them to harm themselves and others, as well as measures to reduce mass casualties associated with certain types of firearms.

As an organization representing physicians who have firsthand experience with the devastating impact firearm-related injuries and deaths have on the health of their patients, the ACP has a responsibility to participate in efforts to mitigate these needless tragedies. Because patients trust their physicians to advise them on issues that affect their health, physicians can help to educate the public on the risks of firearms and the need for firearm safety through their encounters with their patients. This Executive Summary provides a synopsis of the full position paper, which is available in Appendix 1 (available at www.annals.org).

METHODS

The ACP’s Health and Public Policy Committee, which is charged with addressing issues affecting the health care of the U.S. public and the practice of internal medicine and its subspecialties, developed these recommendations. The committee reviewed available data on the impact of access to firearms on health-related outcomes, the association of mental health conditions and firearm violence, state and federal firearm laws, and the effect of efforts to reduce firearm violence. The ACP also surveyed its members on their attitudes on firearms and firearm injury prevention (7). Draft recommendations were reviewed by ACP’s Board of Governors, Board of Regents, Council of Early Career Physicians, Council of Resident/Fellow Members, Council of Student Members, and Council of Subspecialty Societies, as well as non-ACP members with expertise in mental health and firearm safety. The policy paper and related recommendations were reviewed by the ACP Board of Regents and approved on 7 April 2014.

See also:
Related article: 821
Web-Only
CME quiz
Appendix 1: Full Position Paper

This article was published online first at www.annals.org on 19 April 2014. This paper, written by Renée Bulkin, BA; Robert Doherty, BA; and Hillary Daniel, BS, was developed for the Health and Public Policy Committee of the American College of Physicians. Individuals who provided input and/or comments on the draft paper included Thomas J. Conroy, MD (Chair); Jacqueline W. Fischer, MD (Vice Chair); Victor Massaro, MD; Arild Westad; James F. Bush, MD; Douglas D. Darrow, MD; Claudia K. Haas; Christopher L. Helmer; David Z. Hort, MD; Gregory A. Hood, MD; Mark Newman, MD; Kenneth E. Olin, MD; Marsha U. Rankin, MD; Zos K. Tsiounis, MD; and Jeffrey G. Watne, MD. Approved by the ACP Board of Regents on 7 April 2014. © 2014 American College of Physicians.
REMINGTON 870 EXPRESS

10M+ since 1951
Ilion, NY
Pump action
Ammo capacity 4+1
SAVAGE AXIS .243 WIN

Bolt action

Ammo capacity 4
GLOCK 19

5M+ since 1982

Originally for Austrian military

Semi-automatic

Ammo capacity - 15 rounds with optional 33 round HCM
Semi-automatic rifle

Designed for military purposes [M16 rifle]

Modular design with numerous accessories

Multiple magazine capacities - 30 round or more

Think Orlando, Newtown, San Bernadino
Firearm Violence: Epidemiology

- 300+ million guns owned by civilians in the U.S.
- 2013: 118,000 injuries or death due to firearms
- 32,000 fatalities/year → 88 per day [> MVA]
  - 19,000 suicides. 11,000 homicides.
  - Since 1970 > all wars in US history.
- 84,000 annual non-fatal firearm injuries.
  - ~15,000 involved children under 21.
- 1.7 million children in homes with guns not safely stored. More toddlers killed than police annually.
Beyond the Event

- Permanent disability: physical, mental
- Communities: grief, anxiety, fear, PTSD
- 2010 firearm-related incidents
  - > $174 Billion
  - > $3 Billion direct health care costs

Children’s Safety Network, 2015
ACP and Firearm Violence: History

- 1995 [more than 20 years]:
  - ACP raised concern about the epidemic of firearm violence in the United States
  - ACP advocated for policies to reduce injuries and deaths related to firearms.
- 2013: ACP began a comprehensive review of the relevant literature to inform a policy update.
- April 2014 Policy Position paper released:
  - Reducing Firearm-Related Injuries and Deaths in the United States.
ACP Approach to Firearm Violence

**ACP ETHICS MANUAL:**
- “Physicians should help the community and policymakers recognize and address the social and environmental causes of disease, including human rights concerns, discrimination, poverty, **and violence.**”  AIM 2012;156:73

**PUBLIC HEALTH THREAT:**
- “Firearm violence is not only a criminal justice issue but also a public health threat.”  AIM 2014;160:858
Annals of Internal Medicine Editors:

“Just as physicians worked to safeguard public health by promoting smoking bans in public places, we should draw on similar motivations and strategies to promote sensible, evidence-based laws to decrease the harms associated with gun violence. It is our responsibility to do so.”

Annals of Internal Medicine 2013;158:493-494
Firearms Violence and Physicians Role

- Unique opportunity to identify patients who may harm themselves or others.
- Can educate patients regarding safer storage and handling of firearms.
- A survey of internal medicine physicians showed:
  - 85% felt firearm injury was a public health issue. But...
  - 80% never discussed whether their patients used guns.
  - 74% indicated a need for education in how to counsel patients in firearm injury prevention.
Physicians’ Views

- February, 2013: survey mailed to 1014 US Internists
- 56.5% response—similar demographics non-respondents
  - 70% men
  - 57% white
  - 95% direct patient care (office 35%; academic 27%)
  - 64% had patients injured by firearms
  - 14% personally / family threatened or injured
  - 21%: they or someone in home owned a gun

Butkus, Ann Intern Med 2014
Public Health Issue

MD Involvement in Prevention

MDs to counsel patients

Stricter control will help

MDs should be trained

Butkus, Ann Intern Med 2014
Mandatory Background Checks
Mandatory Registration for All
Mandatory Safety Training Before Purchase
Ban Assault Weapons – except for military
Ban High Capacity Magazine – except military
Ban Armor-Piercing Bullets
Prevent Purchase if Mental Illness
Protect MD Right To Counsel Patients
Improve Mental Health Access
Require Safety Features – Child-Proof
Ban Firearm Sales < 21 yr old
Create Federal Database- Track Gun Sales
Firearm Violence - A Public Health Crisis

Public health approach to firearm violence because:

- Is complex and frequent
- Is associated with high morbidity and mortality
- Has major impact on health and safety of U.S. residents

IOM and NRC; 2013, National Academies Press
Physicians have traditionally been powerful voices in threats to public health:

- Impaired (drunk) driving
- Motor vehicle injury - Seat belts
- Tobacco advertising
- Second-hand smoke
- Vaccination
- Climate change
Firearm Violence Public Health Dilemma

- Basic data about possession, distribution, ownership, acquisition, and storage lacking. Congress has declined to fund research at CDC, NIH, NIJ.
- Disparities across socioeconomic/ethnic groups in mortality rates
- Findings mixed on effectiveness of interventions
Public health approach focusing on prevention, scientific method to identify risk, and multidisciplinary collaboration

- Focusing on three populations: general population, general youth population, offenders
- Successful intervention must involve health and public safety organizations, educators and community groups
- Develop sound policies that support rights and responsibilities central to gun ownership
Firearm Violence & Mental Health

- A particularly challenging issue
  - “Stranger homicide” uncommon
  - Vast majority (84%) will never become violent
  - Attributable risk in general population 3-5%
  - Suicide is the biggest risk.
  - Concurrent use of alcohol and/or drugs substantially increase the risk of firearm violence.
  - No accurate methods to predict which (or when) patients with mental health problems will become violent.
Mental Health

- Access to mental health care critical, requires improvement
- Prevent firearm access by individuals at risk – may harm themselves or others
- Early identification and treatment – less likely to harm
- Caution strongly against “blanket prohibition” of all persons with mental health issues
SUICIDE: THE NUMBERS

- 61% of people killed by guns ~20,000/year
- 85% attempts with gun are successful [3% drug OD]
- 90% survivors of suicide do not eventually die by suicide
Access to Firearms Increases Injury/Death

- For every time a gun was legally used in self-defense, there were:
  - 11 attempted or completed suicides
  - 7 criminal assaults or homicides
  - 4 accidental shootings.


- Firearms in the home are a particular hazard for children and the elderly.
  - Having gun in home-22x more likely family homicide/suicide/accident than used self-defense.
GUN SUICIDE PREVENTION

• Safe storage of firearms and ammunition
  • Trigger locks, gun safes, store ammo separate and secure
• Waiting periods?
• Israel- 40% decrease in suicides when no military service weapons taken home on weekends
• Australia- 80% decrease post national gun buyback
Physician “Gag Laws”

- ~1/3 handguns in homes: kept loaded, unlocked
- 2006 study: 73% kids < 10 yr old knew location; 36% handled
- >100 suicide / day – half with guns. Household firearm associated with increased risk for firearm suicide; not with non-firearm suicide
- Suicide attempts with guns: >90% lethal
- Brief physician counseling can improve safety practices

Baxley, Arch Ped Adol Med, 2006
Miller, Inj Prev, 2015
Miller Ann Emerg Med, 2004
Albright J Am Board Fam Pract, 2003
Physician “Gag Laws”

- Patients value / trust physician advice on health issues
- Physicians can answer questions and educate on risks mindful of patient-specific issues
- Confidential conversations
- Oppose state and federal mandates limiting discussions
- When appropriate: physicians can intervene for patient’s and public safety
Annals of Internal Medicine

YES YOU CAN

Medicine and Public Issues

Yes, You Can: Physicians, Patients, and Firearms

Garen J. Wintemute, MD, MPH; Marian E. Betz, MD, MPH; and Megan L. Ranney, MD, MPH

Physicians have unique opportunities to help prevent firearm violence. Concern has developed that federal and state laws or regulations prohibit physicians from asking or counseling patients about firearms and disclosing patient information about firearms to others, even when threats to health and safety may be involved. This is not the case. In this article, the authors explain the statutes in question, emphasizing that physicians may ask about firearms (with rare exceptions), may counsel about firearms as they do about other health matters, and may disclose information to third parties when necessary. The authors then review circumstances under which questions about firearms might be most appropriate if they are not asked routinely. Such circumstances include instances when the patient provides information or exhibits behavior suggesting an acutely increased risk for violence, whether to himself or others, or when the patient possesses other individual-level risk factors for violence, such as alcohol abuse. The article summarizes the literature on current physician practices in asking and counseling about firearms, which are done far less commonly than recommended. Barriers to engaging in those practices, the effectiveness of clinical efforts to prevent firearm-related injuries, and what patients think about such efforts and physicians who engage in them are discussed. Proceeding from the limited available evidence, the authors make specific recommendations on how physicians might counsel their patients to reduce their risk for firearm-related death or serious injury. Finally, the authors review the circumstances under which disclosure of patient information about firearms to third parties is supported by regulations implementing the Health Insurance Portability and Accountability Act.

For author affiliations, see end of text.
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Background Checks

- All purchases: dealers, sales at gun shows, private sales
- Estimated 40% of firearm transfers outside licensed dealers – estimated 6.6 million / year without check
- 2010: 153,000 of 14 million submitted to check were prohibited
- NICS/National Instant Criminal Background Check System
Reporting Laws

- Caution against blanket laws compelling reporting
- Stigmatize: mental / substance use disorders
- Disincentive to seek treatment
- Undermine patient-physician relationship
- Deter patients seeking care
- Laws must protect confidentiality
- Those prohibited: fair, equitable and reasonable process for restoration
Assault Weapons

- Private ownership of military-style assault weapons and large-capacity magazines presents a grave danger to public health
- Recognize limited evidence regarding the effectiveness of Federal Assault Weapons Ban (1994)
- Common-sense approach compels restrictions for civilian use
ACP Recommendations

1. ACP recommends a **public health approach** and supports the development of coalitions that bring different perspectives together.

2. The medical profession has a special **responsibility to speak out** on prevention of firearm-related injuries and deaths.
   - Non-interference in doctor-patient relationship
   - Medical Education-students/residents/CME
   - Advocate-national/state/local.
ACP Recommendations

3. ACP supports appropriate regulation of the purchase of legal firearms (consistent with the 2nd Amendment).
   • Universal Background Checks.
   • Waiting periods?
   • Concealed carry legislation?
ACP Recommendations (2)

4. ACP recommends that guns be subject to consumer product regulations regarding access, safety, and design as well as law enforcement measures to aid in the identification of weapons used in crimes- gunlocks, load indicators...

5. Firearm owners should adhere to best practices to reduce the risk of accidental or intentional injuries or deaths from firearms- trigger locks, gun safes, ammo safes
6. ACP cautions against broadly including those with mental illness in a category of dangerous individuals.

- Enhanced **physician training** in how to respond to patients who might be a risk to themselves/others.
- Ensuring **access** to mental health services.
- Enhance community understanding of mental illness.
- Mandatory reporting laws should have safeguards to protect confidentiality and not create a disincentive for patients to seek mental health treatment. Physicians should be able to use their **professional judgment** in deciding when to report.
7. ACP favors legislation to ban the sale and manufacture for civilian use of assault weapons and large-capacity magazines while retaining the current ban on automatic weapons for civilian use.

8. ACP supports efforts to improve and modify firearms to make them as safe as possible.

9. Federal agencies (CDC, NIH, NIJ) should receive adequate funding to study the impact of gun violence on the public’s health and safety.
Firearm-Related Injury and Death in the United States: A Call to Action From 8 Health Professional Organizations and the American Bar Association

Deaths and injuries related to firearms constitute a major public health problem in the United States. In response to firearm violence and other firearm-related injuries and deaths, an interdisciplinary, interprofessional group of leaders of 8 national health professional organizations and the American Bar Association, representing the official policy positions of their organizations, advocate a series of measures aimed at reducing the health and public health consequences of firearms. The specific recommendations include universal background checks of gun purchasers, elimination of physician “gag laws,” restricting the manufacture and sale of military-style assault weapons and large-capacity magazines for civilian use, and research to support strategies for reducing firearm-related injuries and deaths. The health professional organizations also advocate for improved access to mental health services and avoidance of stigmatization of persons with mental and substance use disorders through blanket reporting laws. The American Bar Association, acting through its Standing Committee on Gun Violence, confirms that none of these recommendations conflict with the Second Amendment or previous rulings of the U.S. Supreme Court.

For author affiliations, see end of text.
This article was published online first at www.annals.org on 24 February 2015.
ACP/ABA CALL TO ACTION

- Universal background checks
- Elimination of “gag laws”
- Restricting manufacture and sale of military-style assault weapons and LCMs for civilian use
- Research to support strategies to reduce firearm-related injuries and deaths.
- Improved access to mental health services while avoiding stigmatization through blanket reporting laws
WHAT YOU CAN DO

- IN YOUR HOME
- IN YOUR OFFICE
- IN YOUR COMMUNITY
IN YOUR HOME

• If gun owner:
  • -trigger locks, gun safe, ammo safe
• If not gun owner:
  • -educate your children/grandchildren
  • -youth hunter safety programs
IN YOUR OFFICE

- Educate yourself
  - Counsel best practices safe firearm/ammunition storage
- Educate your staff
- Screen for depression
- Reporting individuals at risk to self or others?
IN YOUR COMMUNITY

- Letters to editor
- Public speaking
- Vet candidates for political office [ACP advocacy page]
- Advocacy at state and national levels
  - Universal background check
  - End to “gag” laws
  - Improved access to mental health services
  - Restrict use, manufacture and sale of LCMs, assault rifles.
  - Research to support strategies to reduce firearm-related injuries and death.
For more evidence-based information:

http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-policy-and-research/

http://annals.org/article.aspx?articleid=1860325
THANKS
Preview of Coming Attractions!

- MEDICAL CONSEQUENCES OF CLIMATE CHANGE
  - Coming soon to a Grand Rounds near you