

Preventing Firearm Misuse, Injury, and Death Policy Statement

POSITION: ASTHO Supports State Efforts to Prevent Firearm Misuse, Injury, and Death

The Association of State and Territorial Health Officials (ASTHO) supports state and territorial health agencies' efforts to prevent firearm misuse, injury, and death across the lifespan. ASTHO recommends a multi-disciplinary approach to prevent firearm misuse, injury, and death based on evidence-based and evidence-informed policies and practices and the expertise of public health practitioners, healthcare providers, and community partners. Interventions should be multisectoral and encompass all age groups to encourage long-term prevention of firearm injury and death. State and territorial health agencies (S/THAs) can help ensure that health consequences related to the misuse of firearms are understood and considered as part of public policy debates. S/THAs should strive to offer unbiased data about the incidence, risk and protective factors, and health consequences related to injury and death by firearms in their jurisdictions.

RECOMMENDATIONS: This section offers strategies public health agencies can use to prevent firearm injury and death, including homicide, unintentional firearm injury, suicide, and mass shootings.

Cross-Cutting Recommendations:

- Promote the understanding of firearm-related injuries and deaths as public health issues.¹
- Support policies that promote the safe storage of firearms to reduce risk of unintentional injury, suicide, and homicide.²
- Enhance public health surveillance systems in states and territories to improve reporting of firearm injury and death, allow identification of risk and protective factors, and include data on safety certification training, gun registration, and hospital and emergency department visits.
- Support federal funding for research related to preventing firearm injury and death, including accurately evaluating healthcare-based screening and intervention, enhancing knowledge about risk and protective factors, performing universal background checks, and identifying the effects of different technologies (e.g., new safety features) on reducing firearm injury and death.^{3,4,5,6,7}

Suicide by Firearm

Suicide has been the leading cause of firearm-related fatalities in the United States since 1981,⁸ and more than half of suicides occur by use of firearms (50.4%), which amounted to a total of 23,941 firearm suicide deaths in 2019.⁹ The age-adjusted rate of suicide deaths by firearm rose from 6.0 per 100,000 people in 1999 to 6.8 per

Summary of Recommendations

- Promote the understanding of firearm-related injuries as a public health issue.
- Promote the safe storage of firearms.
- Enhance public health surveillance systems to improve reporting of firearm injury and death.
- Support research on the prevention of firearm injury and death.
- Enact evidence-based and evidence-informed violence-prevention programs and policies across multiple settings.
- Encourage clinicians and healthcare systems to educate patients about firearm safety.
- Improve identification of those at risk.
- Improve the availability and quality of mental health services for those at risk of suicide.
- Train and offer resources to first responders to prevent death from firearm injury.
- Enact policies that focus on improving the safety of workplaces and community environments.

100,000 people in 2019.¹⁰ White males accounted for over three-quarters (78.6%) of those suicides.¹¹ Although there is evidence to support effective suicide prevention (e.g., gatekeeper training and linking those at risk with clinical or interpersonal supports), evidence for strategies to prevent suicide by firearm has to-date been limited to reducing access to lethal means by promoting safe storage practices.¹²

- Improve the identification of children, adolescents, and adults at risk of suicide.
- Increase the availability and quality of mental health services.

Unintentional Firearm Injury and Death

The United States ranks highest among developed countries for unintentional death by firearms.¹³ In 2019, there were 20,814 unintentional firearm injuries.¹⁴ According to the most recent NVDRS estimates, unintentional firearm deaths occur at a rate of 0.15 per 100,000 people.¹⁵ Youth ages 10 to 19 are at highest risk, followed by young adults ages 20 to 29, for self- and other-inflicted unintentional firearm death.¹⁶ Some research evidence suggests that child-access prevention laws can reduce unintentional injuries and deaths.¹⁷ Clinicians who counsel families to store guns safely can positively influence gun storage behavior, especially when gun locks and other safety devices are provided.

- Encourage clinicians and healthcare systems to educate patients about firearm safety.

Homicide by Firearm

Homicide by firearm is a major public health problem. In 2019, firearm-related homicides constituted 75% of all homicides in the United States and 36% of all gun deaths.^{18,19} Black, non-Hispanic men are killed by guns at higher rates than non-Hispanic white men.²⁰ These data include police-involved shootings, with 520 people killed by law enforcement in 2019, according to CDC.²¹ Gun fatalities also result from intimate partner violence.²² A CDC review of national data found that around half of all female homicide victims are killed by their intimate partners, with higher ratios among racial and ethnic minorities.²³

Approaches to reduce homicide by firearm include problem-oriented policing, community policing, hot spots policing, and public health approaches that address bias. Evidence suggests that permit-to-purchase laws, which require a more thorough and lengthy background check, reduce firearm homicides, whereas “stand your ground” self-defense laws and redlining increase them.^{24,25,26,27} However, more research is needed to understand how to reduce firearm homicides.

- Support policies that show evidence for reducing homicides, including police-involved shootings and firearm deaths resulting from intimate partner violence.
- Increase surveillance of firearm death resulting from intimate partner violence.

Mass Shootings

Since 2012, there have been 2,356 mass shootings in the United States.²⁸ Shooters are often male, and around 40% take their own lives.²⁹ Those targeted include, but are not limited to, family members, coworkers, schoolchildren, and targets of hate.

- Support evidence-based and evidence-informed violence prevention programs, including those focused on early intervention, in schools, workplaces, and communities.
- Support effective resources and training for first responders and other care providers in emergency and public health response plans to prepare for, respond to, and recover from active shooter situations in schools, workplaces, places of worship, and other public gathering spaces.
- Enact policies that focus on improving the safety of workplaces and community environments (e.g., emergency preparedness exercises).³⁰

APPROVAL DATES:

Community Health and Prevention Policy Committee Approval: August 13, 2021

Board of Directors Approval: October 20, 2021

Policy Expires: October 31, 2024

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

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