

Firearm Violence: Where We Stand, What We Can Do

Orange County Chapter
American Academy of Pediatrics
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Disclosure


- Neither I nor any member of my immediate family has a financial relationship or interest (currently or within the past 24 months) with any proprietary entity producing health care goods or services consumed by, or used on, patients related to the content of this CME activity.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device.

OPINION

How to Tell a Mother Her Child Is Dead

By Naomi Rosenberg

Sept. 3, 2016

 Give this article





ADAM ROBERTS/THE JOURNAL TIMES VIA AP

WAR



FAMINE



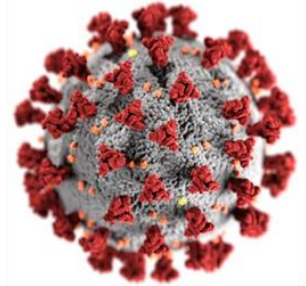
PESTILENCE



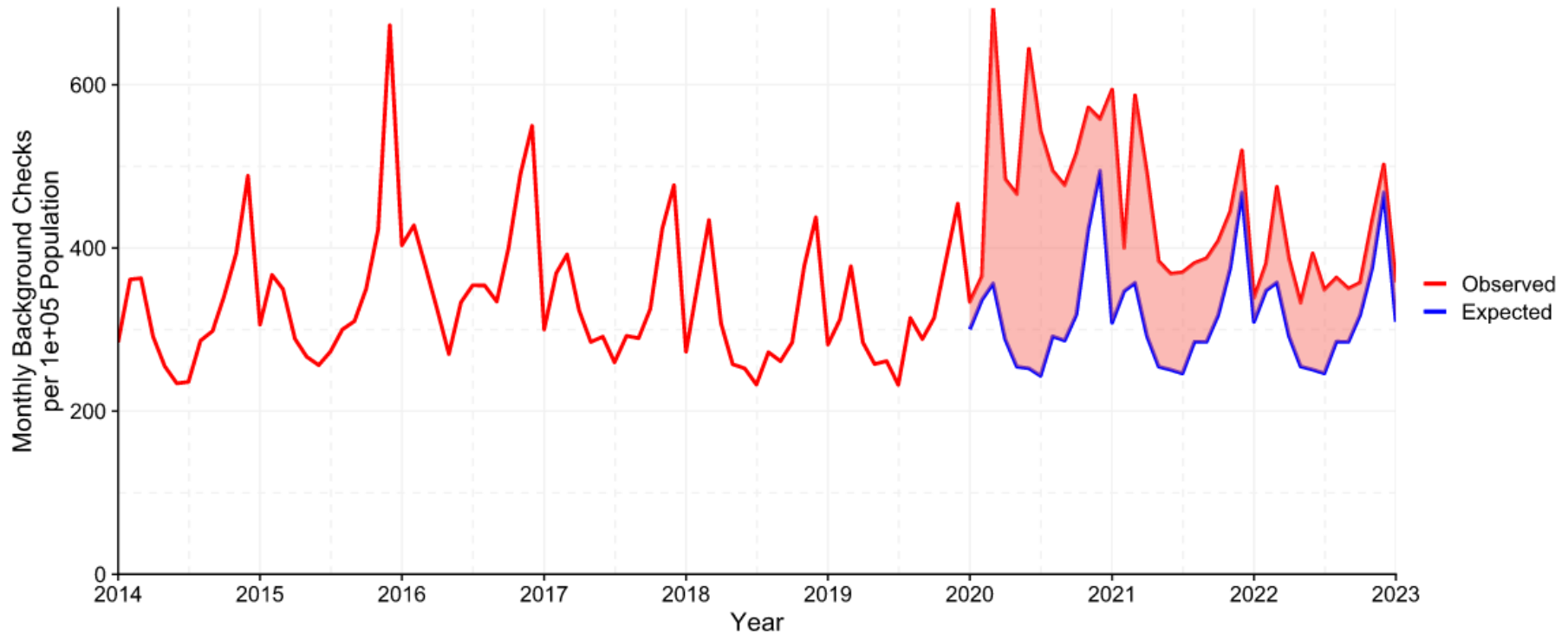
DEATH

Pandemic-era developments

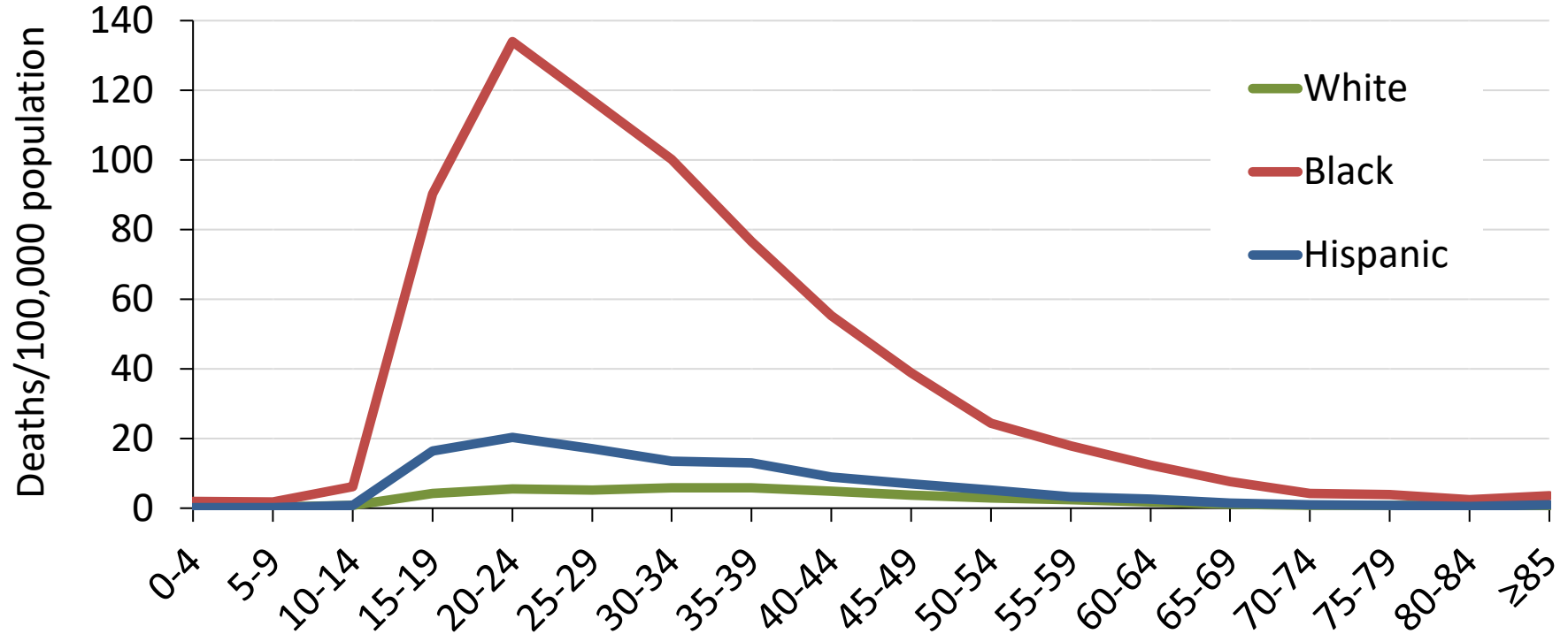
- Largest-ever year-to-year increases in firearm homicide (2019-2020), firearm suicide (2020-2021)
- In 2021, both at highest rates since early 1990s: ~47,300 deaths
- In 2020, firearms leading COD for children, adolescents (ages 0-19)*



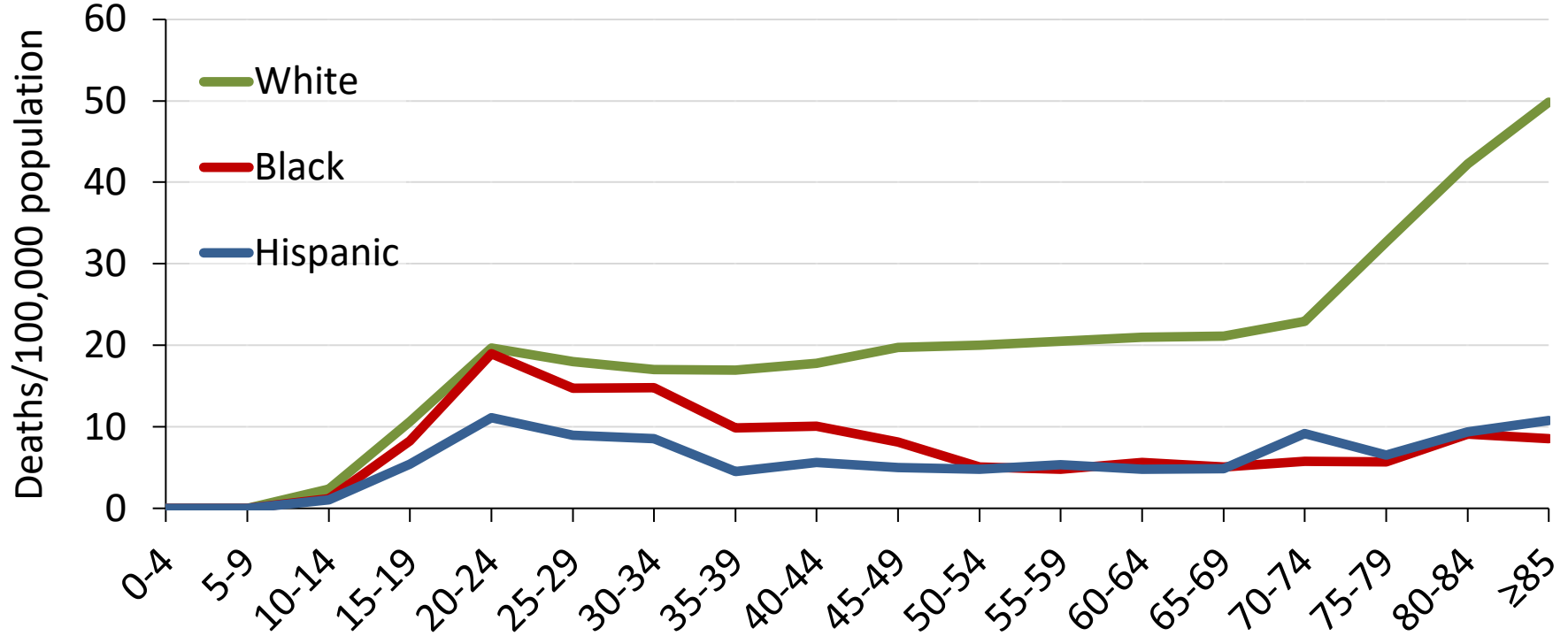
Trends in NICS checks, Jan '14 – Jan '23



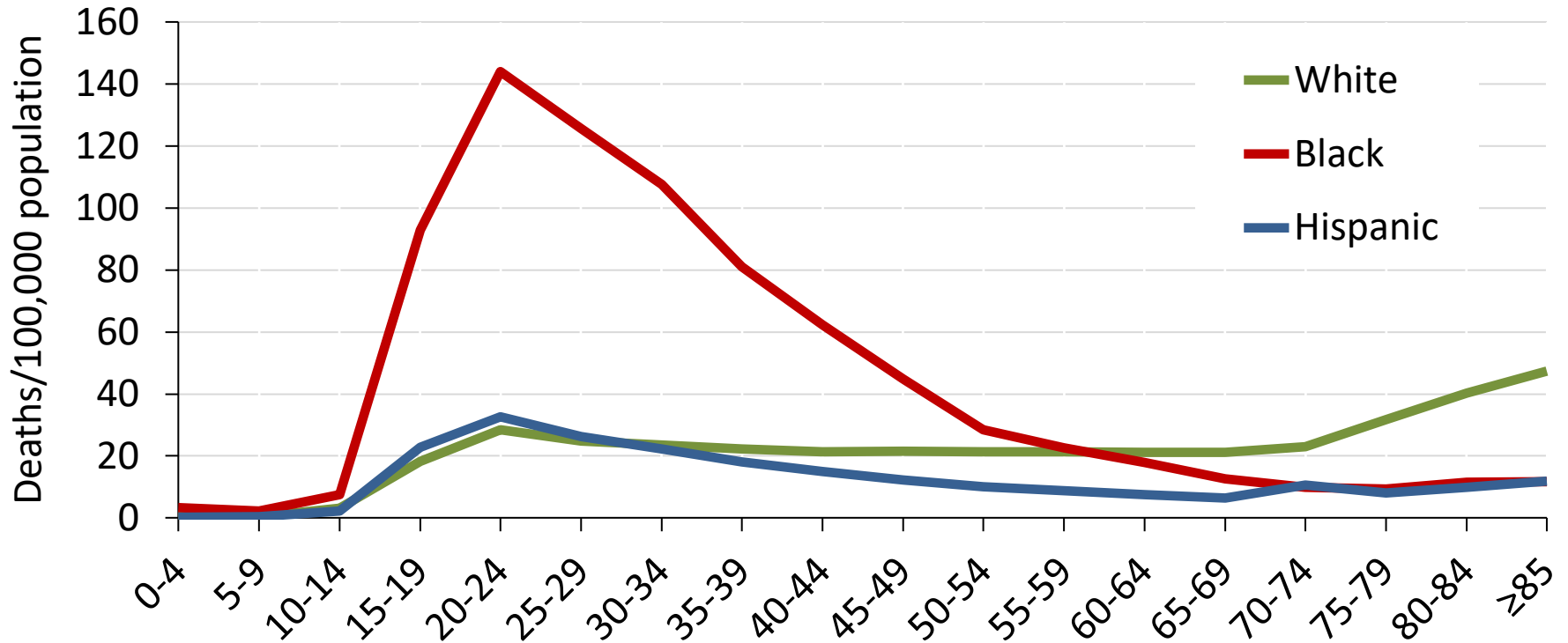
Death rates from firearm homicide, males, 2020



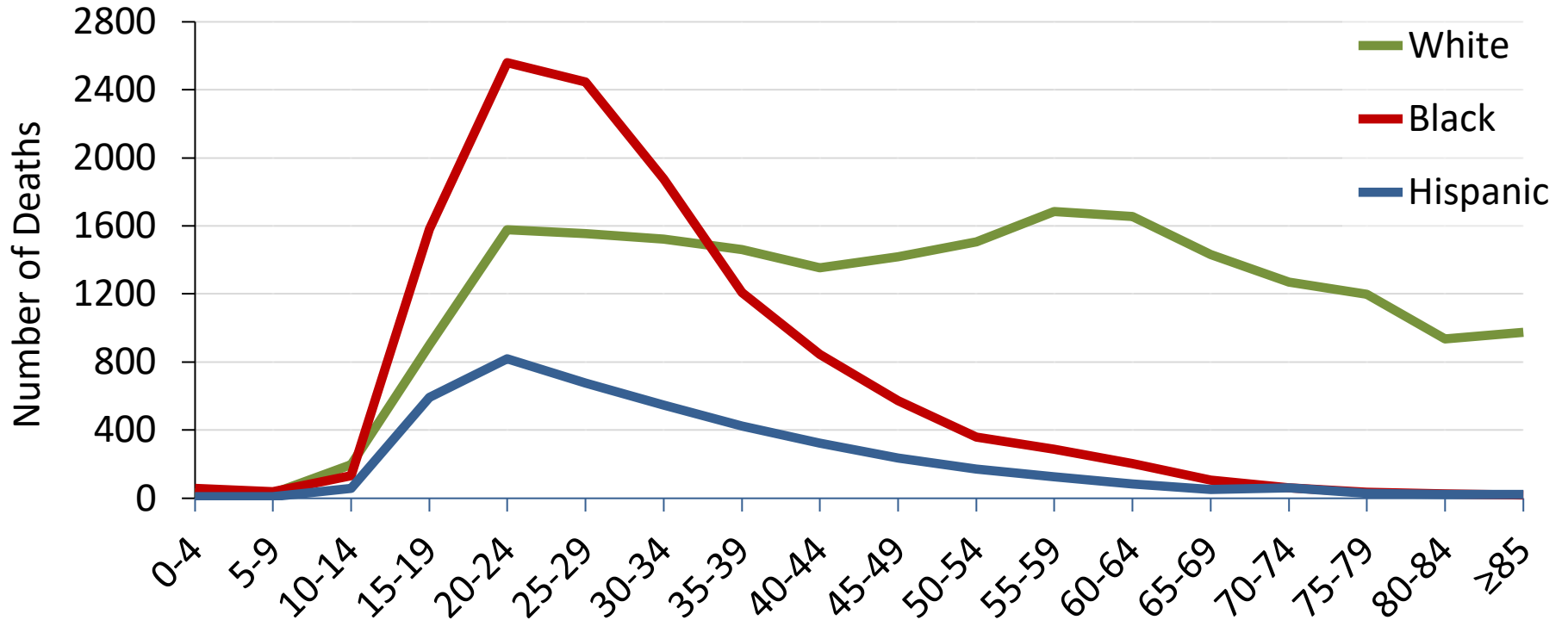
Death rates from firearm suicide, males, 2020



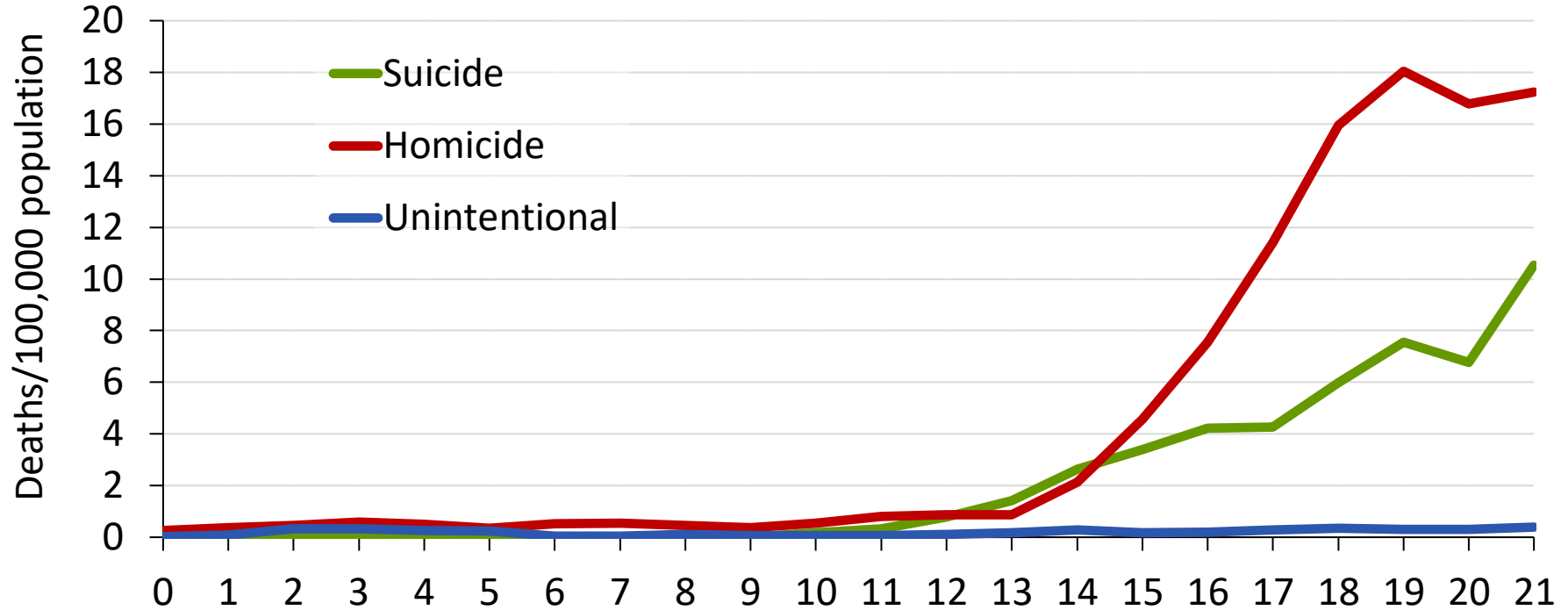
Death rates from firearm violence, males, 2020



Deaths from firearm violence, males, 2020



Firearm death rates by year of age and intent, 2020



Ownership and storage, US households with children

- 2015: ownership, 33%
 - 21% of these, firearm(s) loaded and unlocked
- 2021: ownership, 40%
 - 29% of these, firearm(s) loaded and unlocked

Miller & Azrael. *JAMA Netw Open*. 2022;5(2):e2148823.



The only thing necessary for the triumph of evil is for good people to do nothing.

- After Edmund Burke

#ThisIsOurLane — Firearm Safety as Health Care’s Highway

Megan L. Ranney, M.D., M.P.H., Marian E. Betz, M.D., M.P.H., and Cedric Dark, M.D., M.P.H.

On November 6, 2018, in response to a position paper on firearm injuries and death from the American College of Physicians,¹ the National Rifle Association (NRA) fired off a tweet admonish-

ing “self-important anti-gun doctors to stay in their lane.” Physicians — many of whom are also gun owners — quickly responded that the topics of gun violence and firearm-injury prevention are squarely within our lane. Then, less than 12 hours after the NRA tweet, another mass shooting took place, in Thousand Oaks, California. On November 7 and 8, the Twitter hashtag #ThisIsOurLane went viral (see figures).

The hashtag exploded beyond the usual confines of #medtwitter in part because it was inclusive. #ThisIsOurLane calls attention to the role of physicians from many walks of medical life — emergency medicine, radiology, anesthesiology, surgery, physical medicine, rehabilitation, psychiatry, and forensic pathol-

ogy. It encompasses our other colleagues as well: paramedics who face carnage in the field, nurses who provide massive transfusions, housekeeping staff who clean blood-soaked floors, pharmacists who assist with ICU medication dosing, and everyone who helps survivors piece their lives back together and helps families recover from loss. This is their lane, too.

The hashtag was also visceral, inspiring responses that went beyond words. Photographs of blood-stained scrubs, face masks, and skin peppered the Internet and news broadcasts, exposing the public to the gruesome reality that we health care providers know too well. And #ThisIsOurLane is personal, as tragically highlighted by the November 19 shooting





The BulletPoints Project

Clinical tools for
preventing firearm injury



What you can do 1:1 with patients

- Make the commitment
- Study up
- Raise the issue when appropriate
- Be tailored, flexible, respectful
- Concrete goals
 - Prevent acquisition
 - Improve storage
 - Reduce access at times of crisis



You can ask; here's when

- Intent to harm; imminent risk
- Individual risk factors
 - Present or prior violence
 - Alcohol abuse
 - Serious mental illness not meeting 5150 criteria
 - Cognitive impairment
 - The spouse? Parent? G-parent?
- Demographics



Public support for docs asking

- 68% (52% of owners) “at least sometimes” appropriate
- 90% ($\geq 85\%$ of owners) appropriate when any risk
- 84% (70% of owners) when kids in home
- 85-90% (owners, too) support intervention when risk imminent

Pallin et al. *Health Affairs*. 2019;38(10):1744.



Here's how

- Be selective: risk factors first
- Access, storage, acquisition
- 5 L's: **L**ocked? **L**oaded? **L**ittle children?
Feeling **L**ow? **L**earned owner?
- Be nonjudgmental, non-prescriptive
- Be honest about evidence and gaps



You can disclose

- HIPAA: Disclosure permitted when “necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and...is to a person or persons reasonably able to prevent or lessen the threat”
- Extreme risk protection orders



Benefits

- Improved storage
 - Including an RCT of SBIRT
- Decreased access to high-risk persons in household
- Decreased weapon carrying among adolescents
- More work needed!



Barriers

- Lack of familiarity with firearms
- Lack of familiarity with risks and benefits
- No time
- Concern for effectiveness
- Concern for reaction
- Personal belief ('no problem'; 'docs shouldn't do this')



Laws and their effects

May decrease outcomes

Mental illness prohibitions

Background checks

Domestic violence prohibitions

Surrender by prohibited possessors

Child-access prevention laws

Waiting periods

Minimum age requirements

Licensing, permitting requirements

AW, hi-cap mag bans

May increase outcomes

AW, hi-cap mag bans

Permissive CCW laws

Stand-your-ground laws

Outcomes

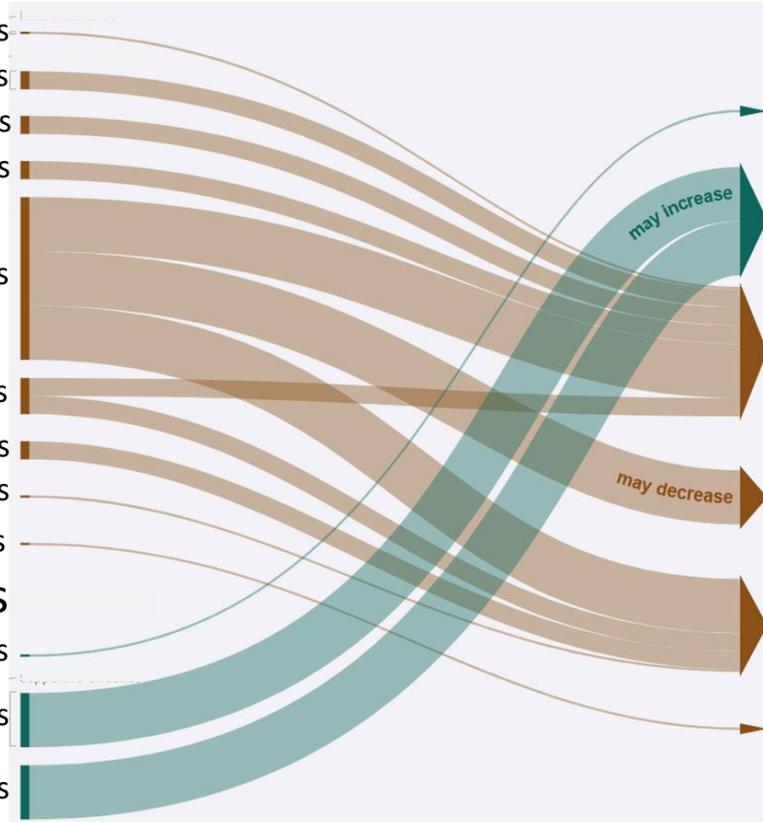
Price of banned firearms

Violent crime

Unintentional injury and death

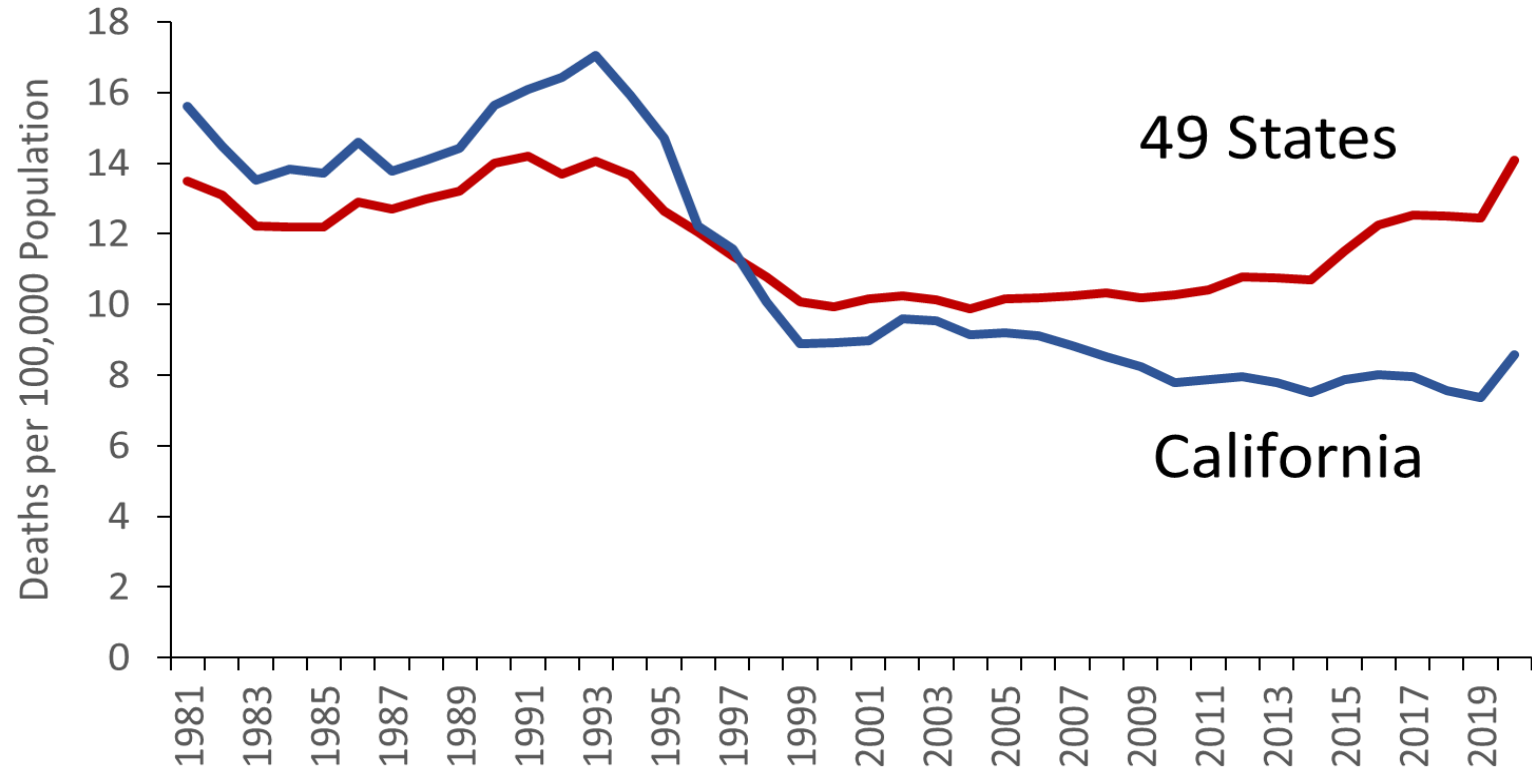
Suicide

Mass shooting

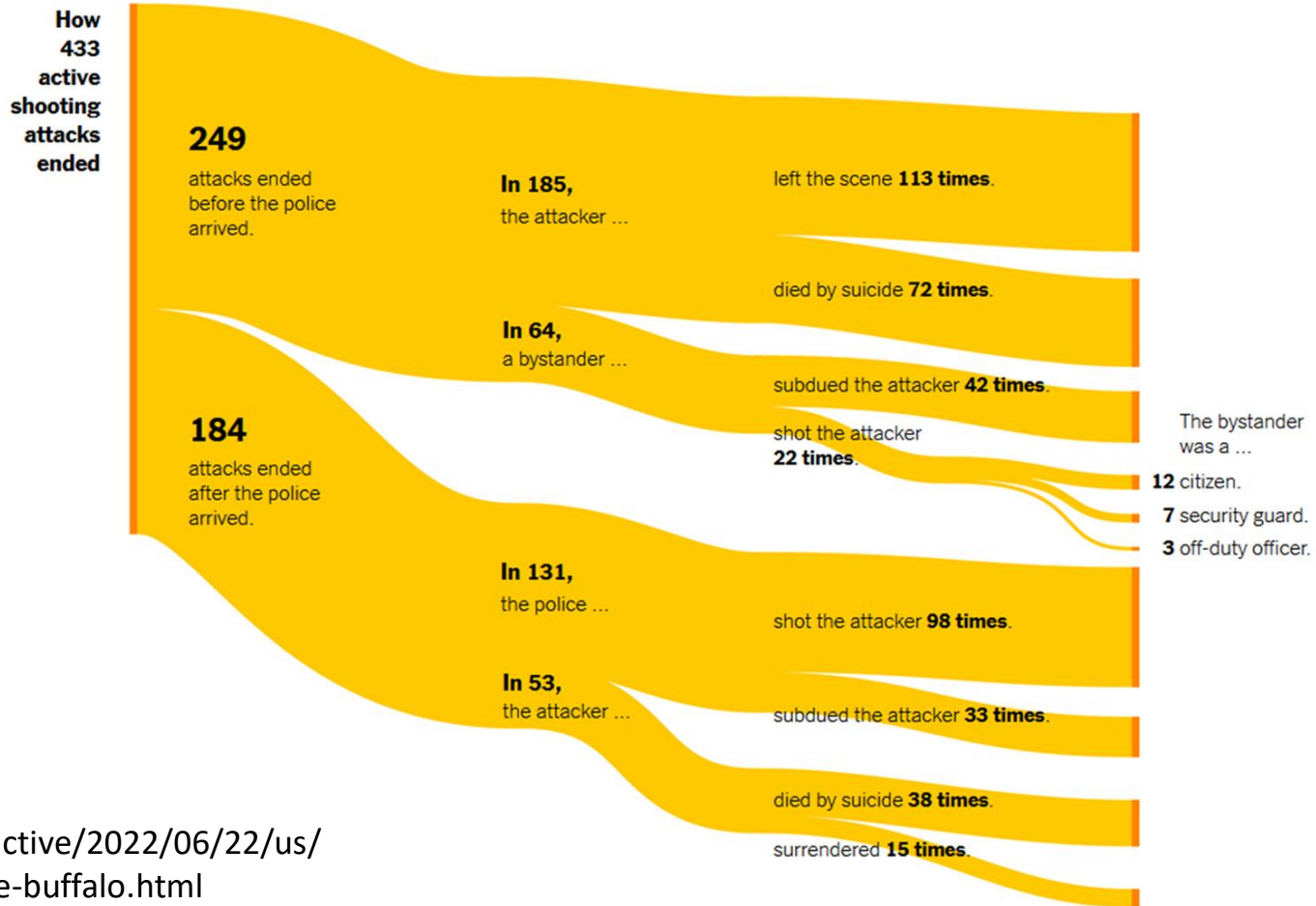


<https://www.rand.org/research/gun-policy.html>

Trends in firearm mortality, 1981-2020



Who stops a bad guy with a gun?



<https://www.nytimes.com/interactive/2022/06/22/us/shootings-police-response-uvalde-buffalo.html>

Thank you

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<https://ucdmc.ucdavis.edu/vprp>



<https://www.bulletpointsproject.org/>

