



808-180 Elgin Street
Ottawa, ON K2P 2K3
(613) 523-3343
(800) 463-1158
(613) 523-0190
www.caep.ca

CAEP Brief to the Senate on Bill C-71: April 1, 2019

The Canadian Association of Emergency Physicians (CAEP) is the national specialty society for Emergency Medicine with over 2200 members.

I am Alan Drummond, co-chair of the Association's Public Affairs Committee and I am a rural physician in Perth, Ontario. With me by video link is Dr. Howard Ovens, an emergency physician at Mt. Sinai in Toronto, academic Professor of Emergency Medicine at the University of Toronto and one of the lead authors of our last position paper on gun control.

In our view, Canada has a gun problem. You are aware of the OECD ranking that places Canada as the fifth highest nation for gun deaths per capita.

Our members, and Canadians, don't need more studies before we act on the strong evidence currently available.

Canadian hospitals now routinely practice Active Shooter Protocols and our trainees no longer have to travel to large American cities to learn how to manage penetrating trauma from handguns.

While the political and media focus seems to be on gangs and guns, it is important to remember that 80% of all firearms deaths are secondary to suicide.

Therefore, we see gun control through the lens of public health, suicide prevention and a reduction in intimate partner violence.

Suicide:

Canada has one of the highest rates of suicides by firearms in the developed world.

Five hundred (500) Canadians commit suicide with guns on an annual basis. Many of these are rural Canadians who use a perfectly legal and accessible long gun.

These are preventable deaths.

There is strong and robust scientific evidence that a gun in the home is associated with a higher risk of suicide. It has been shown that for every 10% decline in gun ownership, firearm suicide rates dropped by 4.2% and overall suicide rates decreased by 2.5%.

Regarding suicide, it is clear that suicides are impulsive, and the suicidal crisis is temporary. Most people, who attempt suicide never repeat it. More than 90% of people who survive a suicide attempt do not go on to die by suicide. There is often no substitution of method when guns are removed.

Of course, in some, and regrettably so, substitution of method can occur but the effect is not as much as one would think with a good number of studies showing relatively little substitution effect.

Study after study has conclusively shown that access to firearms increases the risk of suicide and that a reduction in access to firearms reduces both the risk of suicide by firearm and overall suicide rate.

Any legislation aimed at reducing access to firearms can reasonably expect a reduction in the number of suicides.

Intimate Partner Violence:

Every 6 days in Canada, a woman is murdered by her current/former partner, many of whom by gun. All had a past history of domestic violence.

The risk of death to a victim of intimate partner violence is significantly higher when there is access to a firearm. A firearm in the home increases a woman's risk of death five-fold and is such an important risk factor that a partner's access to a firearm is a question in the well-validated "Danger Assessment" for risk of death from partner violence.

Rural women are particularly vulnerable to homicide by firearms

Rifles and shotguns appear to be the weapon of choice and are used in 62% of spousal homicides.

Firearms are not only used for homicide in intimate partner violence. Gun owners enrolled in a Massachusetts batterers' intervention program described intimidating their partners by threatening to shoot them, a pet or someone they loved; cleaning, holding or loading the gun during an argument; or firing the gun during an argument.

Again, this is an issue of keeping the guns out of the hands of individuals at risk.

Bill-C71:

Our response to the proposed legislation changes is one of overall support while noting that in our view, the bill does not go far enough.

The enhanced screening provisions and background checks, or at least the expansion of the timeline for seeking clinical red flags, resonates with us. We agree entirely that there must be rigorous screening and restriction of licensing for those individuals deemed at risk.

We have encouraged the government, however, to take that one step further and suggest that there be mandatory reporting by physicians of those individuals at risk by virtue of untreated severe mental illness and those identified at risk of intimate partner violence.

This would allow for identification of individuals at temporary risk and limit access to firearms until the mental health or social crisis has been deemed to have been resolved.

It would be a very small step in the right direction but has the potential for saving lives. Any Canadian life saved, in our view, is worth the effort.