

GUN CONTROL AND THE LONG GUN REGISTRY

STATEMENT FROM CANADIAN HEALTH ORGANIZATIONS

April 2010

Firearms Control and Injury Prevention: The gun registry is a good investment

The recent discussion surrounding gun control has tended to focus on the problems of urban violence, gangs, and handguns. This however ignores the fact that most firearm deaths in Canada are suicides and the guns most often used are rifles and shotguns.

Over the years, members of the health community have fought for stronger controls on firearms because of the staggering burden of preventable gun death and injury: almost 1400 Canadians died of gunshots in 1991, close to half the number killed in automobile crashes. The vast majority of firearm deaths in Canada are not gang related but occur when an ordinary citizen becomes suicidal or violent, often under the influence of alcohol or drugs, or during a personal crisis such as marital breakdown or job loss. When firearms are available, domestic homicides are more likely to involve multiple victims and end in suicide.

While it is true that there are more guns in rural areas, and therefore more opposition to gun control, it is equally true that there are higher rates of gun deaths in rural communities and western provinces. The Yukon, a hotbed of opposition to gun control, has a firearm death rate that is three times the national average. In fact, in spite of all the focus on urban criminal gangs, police officers are most at risk in rural communities.

Positive impact of the law

We are therefore encouraged to see positive results since the latest waves of legislative reforms. In 2005, there were 818 firearms related deaths in Canada. This represents an astonishing decrease of 43% of all gun deaths since 1991¹.

Not surprisingly, the areas where we have seen the greatest progress are in the deaths associated with rifles and shotguns — weapons that have been subject to most of the new measure (handguns have been registered since the 1930s). For example, most cases of suicides with firearms among 15-35 years olds involve firearms that were easily accessible in the home. These have decreased by 64% in nine years (from 329 in 1995 to 121 in 2005)² with no evidence of substitution with other methods.³ Along with murders committed by rifles and shotguns, murders of women with firearms as well as lethal gun-related accidents (most of which involve long guns) have declined more rapidly than other types of fatal injuries. In contrast, homicides with handguns, fuelled in part by the illegal trade, have remained relatively stable.

Stronger measures work

This impressive reduction in gun deaths is no doubt due to stronger gun control measures. For one, screening and renewable licenses for gun ownership reduce the risk that dangerous or suicidal people will get access to firearms. To date more than 2 million gun owners have been licensed. Licensing — and frequently renewing the licences — is a critical component to assessing potential risks. In fact, there have been 22,523 licenses refused or revoked between 1999 and 2008 from individuals deemed a potential risk to themselves or to others⁴.

Licensing and registration work hand in hand to keep legal guns in the hands of legal gun owners. Because it allows guns to be traced back to their last legal owner, registration helps prevent illegal sales or straw purchases to unlicensed (and potentially dangerous) individuals. Licensed gun owners are also

more likely to safely store their firearms if they know their name is attached to each gun. Studies have shown that in the US, states with both licensing and registration (versus one or the other) had fewer guns diverted from legal to illegal markets.⁵ It also helps police with the temporarily removal of firearms in households where there may be a risk for suicide or violence. This is why the Supreme Court maintained that the registration component is critical to enforcing licensing provisions and cannot be severed from the system⁶. Moreover, registration is a one time only gesture. The 7 million guns which have been registered do not have to be registered again unless they are traded or sold.

Worthy investment

The opponents of the registry have deliberately misrepresented the costs. It is true, too much money was spent setting up the system. But at this point the savings that would be obtained from dismantling the registry are less than \$3 million a year. This is a trivial amount considering that the system is used by police thousands of times each day. This small investment is dwarfed by economic benefits of reducing gun death and injury, estimated at nearly \$1.4 billion annually.⁷

Prevention is a priority

Health organizations have fought to pass improvements to the law in 1991 as well as in 1995.⁸ Scientific research shows that progressive controls on firearms have resulted in a reduction in firearm death and injury. Canada's law has been cited as a model of effective legislation worldwide, particularly in combating violence against women. It is also consistent with global norms including the recently announced European Firearms Directive which establishes uniform standards for all European Union countries and includes the registration of all firearms.

As health professionals, we know the importance of investing in prevention, whether in road safety or prevention of infectious diseases. It is true that one cannot easily measure prevention, but we can certainly measure the effects of ignoring it. Six different coroner's inquests recommended the licensing of gun owners and registration of all firearms. Indeed, our daily practice informs us of the very real risks associated with firearms and of the value of a strong gun control law.

That is why we must speak out against Bill C-391, the private member's bill currently before the House of Commons which aims to abolish the long gun registry.

Signed by:

GROUPS (28) :

Jean-Yves Frappier, MD, FRCPC, MSc
President
Canadian Association for Adolescent Health

Chris Evans, MD
President
Canadian Association of Emergency Physicians

Ms. Linda Silas
President
Canadian Federation of Nurses Unions

Dr. Robert Cushman
Chief Executive Officer
Champlain Local Health Integration Network

Marie Adèle Davis
Executive Director
Canadian Paediatric Society

Ms. Debra Lynkowski
Chief Executive Officer
Canadian Public Health Association

Carol Timmings
President
Ontario Public Health Association

Dr Dale Dewar, MD, FCFP
Executive Director
Physicians for Global Survival

Dr Geneviève Bécotte, MD, CCMF (MU)
 President
Quebec Association of Emergency Physicians

Bruno Marchand
 Executive Director
Quebec Association for suicide prevention

Lucie Thibodeau
 President
Quebec Public Health Association

Dr. David McKeown
 Medical Officer of Health
Toronto Public Health

Elizabeth Taylor, PhD OT(C)
 President
Canadian Association of Occupational Therapists

Dr Jean-François Dorval, MD, LMCC
 Spokesperson on gun control
**Regional Strategy Committee for Action on Suicide
 of Bas-St-Laurent**

Quebec Public Health Departments (14):

Dr Réal Lacombe
 Directeur de santé publique
**Direction de santé publique d'Abitibi-
 Témiscamingue**

Dr Robert Maguire
 Directeur de santé publique
Direction de santé publique du Bas-St-Laurent

Dr François Desbiens, MD, MPH, FRCPC
 Directeur de santé publique
**Direction de santé publique de la Capitale-
 Nationale**

Dr Reynald Cloutier
 Directeur de santé publique
Direction de santé publique de la Côte-Nord

Dr Louise Soulière
 Directrice de santé publique
Direction de santé publique de l'Estrie

Dr Christian Bernier
 Directeur de santé publique
**Direction de santé publique de la Gaspésie-Îles-de-
 la-Madeleine**

Dr Jean-Pierre Trépanier, MD, MSc, FRCPC
 Directeur de santé publique et d'évaluation
Direction de santé publique de Lanaudière

Dr Blandine Piquet-Gauthier, M.D., M.Sc., FRCPC
 Directrice de santé publique
**Direction de santé publique des Laurentides
 Direction de santé publique du Nord-du-Québec**

Dr. Nicole Damestoy
 Directrice de santé publique
Direction de santé publique de Laval

Dr Gilles W. Grenier
 Directeur de santé publique
**Direction de santé publique de la Mauricie-Centre-
 du-Québec**

Dr Jocelyne Sauvé, M.D., FRCPC
 Directrice de santé publique
Direction de santé publique de la Montérégie

Dr Richard Lessard
 Directeur de santé publique
Direction de santé publique de Montréal

Dr Hélène Dupont M.D.
 Directrice de santé publique
Direction de santé publique de l'Outaouais

Dr Donald Aubin
 Directeur de santé publique
**Direction de santé publique du Saguenay-Lac-Saint-
 Jean**

INDIVIDUALS (33):

Dr Neil Arya
 Director, Office of Global Health
 Schulich School of Medicine & Dentistry

Suzelle Beaulieu
 Agente de relation humaine
 CSSS de Matane (CLSC)

Serge Bélanger
 Directeur
 Trajectoires hommes du Kamouraska—Rivière-du-
 Loup—Temiscouata—Les Basques

Dr Bruno Bernardin, MD
 Médecin d'urgence
 Hôpital général de Montréal

André Boudreau

Directeur
C-TA-C (Contre Toute Agression Conjugale)

Dr Ron Charach, MD, FRCP

Psychiatrist
Author of *Cowboys & Bleeding Hearts, Essays on Violence, Health and Identity*

Nathalie Clavette

Directrice des programmes santé mentale, dépendances et jeunes en difficulté
CSSS du Témiscouata

Dr Georges Desrosiers

Professeur émérite
Département de médecine sociale et préventive
Faculté de médecine de l'Université de Montréal

Dr. Alan Drummond, MD, CM, CCFP(EM)

Emergency Physician
Medical Director of the Emergency Department at the Perth and Smith Falls District
Chair, Public Affairs Committee of Canadian Association of Emergency Physicians

Dr Annie Duchesne, Ph. D.

Psychologue
Université du Québec à Rimouski

Mélanie Dumont

Intervenante et formatrice
Centre de prévention suicide du Kamouraska—
Rivière-du-Loup—Témiscouata—Les Basques

Dr Harold N. Fisher

Clinical Research Physician
Associate Vice-President
Eli Lilly Canada

Maria Fortin

Coordonnatrice des dossiers santé mentale, services psychosociaux généraux, suicide et dépendances
Agence de la santé et des services sociaux du Bas-St-Laurent

Dr Allan J. Fox, MD, FRCPC, FACP

Chair of the Neuroradiology Section
Ontario Medical Association

Dr Thérèse Gagné, Ph. D.

Psychologue
Cégep de Matane

Nathalie Gagnon

Intervenante sociale
Agente de planification et de programmation en dépendances
Agence de la santé et des services sociaux du Bas-St-Laurent

François Gamache, M. Ps.

Directeur
Centre de prévention du suicide et d'intervention de crise du Bas-St-Laurent

Gaétan Gauthier

Intervenant - Services Hommes
L'arrimage (Réhabilitation alcoolisme et toxicomanie)

Catherine Geoffrion, M. A.

Responsable des services éducatifs complémentaires
Direction régionale du Bas-St-Laurent et de la Gaspésie-Îles-de-la-Madeleine

Dr Abel Ickowicz, MD, FRCPC

Psychiatrist-in-Chief
Hospital for Sick Children

Dr Barbara Kane, MD, FRCP

Psychiatrist
Prince George Regional Hospital

Dr Andrew W. Kirkpatrick, CD, MD, FRCSC, MHSc, FACS

President
Trauma Association of Canada

Corrine Langill, RN, BScN

Manager, Health Promotion and Injury Prevention
Children's Hospital of Eastern Ontario

Gilles Lapointe

Agent de planification, de programmation et de recherche
Agence de la santé et des services sociaux du Bas-St-Laurent

Dr Sarvesh Logsetty MD, FRCS(C), FACS

Director Manitoba Firefighters Burn Unit and Associate Professor
Department of Surgery, University of Manitoba

Caroline Morin, erg.

Chef
L'Estran (Centre régional réadaptation en dépendances)

Esther Otis, B. Sc. Inf.

Responsable du dossier Info-Santé et Info-Social
Agence de la santé et des services sociaux du Bas-St-Laurent

Dr Louis Peltz, MD, MSc, FRCPC
Chief of the Department of Psychiatry
Credit Valley Hospital

Dr I. B. Pless, CM, MD, FRCPC, FRCPCH (Hon), FCAHS
Professor
Pediatrics, Epidemiology and Biostatistics
McGill University
Editor Emeritus - Injury Prevention

Dr Jacques Ramsay
Coroner
Bureau du coroner du Québec

Dr Tarek Razek, MD FRCSC FACS
Trauma Director
Assistant Professor of Surgery
McGill University Health Centre

Dr Sandro Rizoli, MD PhD FRCSC FACS
Associate Professor of Surgery
University of Toronto

Dr Ronald D. Stewart, OC, ONS, BA, BSc, MD, DSc
Professor of Emergency Medicine; Professor of
Anaesthesia; Professor Emeritus in Medical
Education
Dalhousie University, Halifax

Dr Brian Sweeney

Surgeon and assistant professor
Children's Hospital of Eastern Ontario

Claire Sylvain

Directrice
Cégep de Rivière-du-Loup

Carol Tremblay

Directeur
Centre prévention suicide du Kamouraska—Rivière-
du-Loup—Temiscouata—Les Basques

Dr Michael Vassilyadi, MD, CM, MSc, FRCS(C),
FACS, FAAP

Associate Professor of Surgery and Pediatrics and
Ottawa Chapter Director for *ThinkFirst* Canada
Division of Neurosurgery
University of Ottawa

Dr Fernand Turcotte, MD, M.P.H., FRCPC

Professeur émérite de santé publique et médecine
préventive
Département de médecine sociale et préventive
Faculté de médecine Université Laval

Dr Donald Wasylenki, MD, FRCPC

Chair of the Department of Psychiatry
University of Toronto

-
- ¹ **Department of Justice**, "Firearms Statistics Updated Table," 2006; Statistics Canada, "Mortality, Summary list of Cause 2005", March 2009.
- ² **Department of Justice**, "Firearms Statistics Updated Table," 2006; Statistics Canada, "Mortality, Summary list of Cause 2005", March 2009.
- ³ **Department of Justice**, "Firearms Statistics Updated Table," 2006; Statistics Canada, "Mortality, Summary list of Cause 2005", March 2009.
- ⁴ **Canada Firearms Center**, "2007 Commissioner Report," 2008; **Canada Firearms Centre**, "Facts and Figures Canadian Firearms Program October-December 2008," January 2009
- ⁵ **Webster DW**, Vernick JS, Hepburn LM. "Relationship between licensing, registration, and other gun sales laws and the source state of crime guns." *Inj Prev* 2001;7(3):184-9. <http://injuryprevention.bmj.com/content/7/3/184.full>
- ⁶ **Supreme Court of Canada**, *Firearms Act* (Can.), [2000] 1 S.C.R. 783, " The registration provisions cannot be severed from the rest of the Act. The licensing provisions require everyone who possesses a gun to be licensed; the registration provisions require all guns to be registered. These portions of the *Firearms Act* are both tightly linked to Parliament's goal of promoting safety by reducing the misuse of any and all firearms. Both portions are integral and necessary to the operation of the scheme. » <http://csc.lexum.umontreal.ca/en/2000/2000scc31/2000scc31.html>
- ⁷ **Graduate Institute for International Studies** Geneva. *Small Arms Survey 2006*. Oxford University Press, USA; Revised edition (August 3, 2006)
- ⁸ Recent support for the Firearms Act include: "Reasonable control: gun registration in Canada," **Canadian Medical Association Journal** (CMAJ) 168 (4), February 18 2003; **Canadian Association of Emergency Physicians**, "CAEP Position Statement on Gun Control", *CJEM* 2009;11(1):64-72, January 2009; **Canadian Association for Adolescent Health**, "Letter to Prime Minister Stephen Harper", March 18 2009; **Association pour la santé publique du Québec** " La sécurité des Canadiens menacée : la Loi canadienne sur le contrôle des armes à feu en péril," Press Release, October 30, 2009; **Directrices et Directeurs régionaux de santé publique du Québec**, "Énoncé de principes de la santé publique du Québec au regard du contrôle des armes à feu," October 2009; **Canadian Association of Emergency Physicians**, "Canadian Emergency Physicians opposed to repealing the Long-Gun Registry," Press Release November 9, 2009.