



# Reducing Firearm Injury & Death: What Clinicians Can Do

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# Why Firearms Curriculums for Healthcare Providers?

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- Firearms injury and death are public health problems
- Physicians feel counseling is within clinical responsibilities
- Patients say generally appropriate
- Physicians often report needing more information
- Lethal means safety saves lives

# BulletPoints Learning Objectives

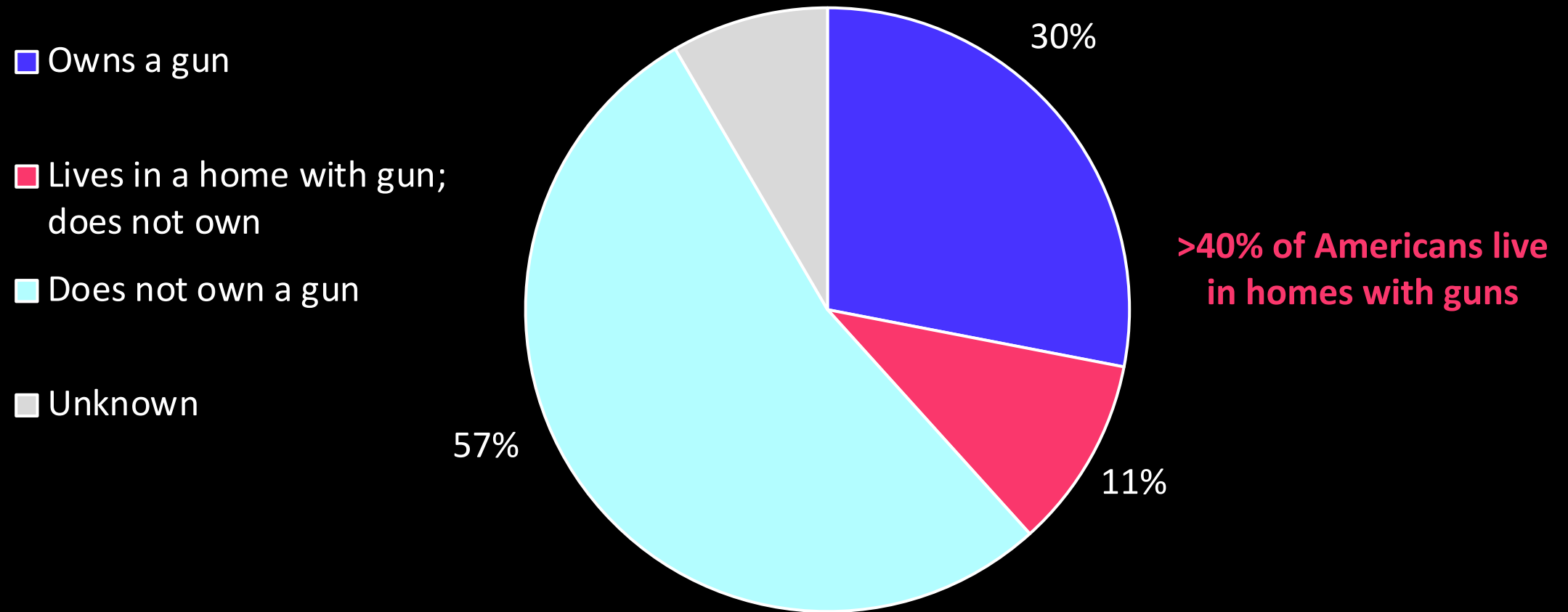
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- ▢ Identify risk for firearm-related harm and ways to engage with patients to reduce that risk
- ▢ Understand how to have culturally appropriate and respectful conversations with patients and their families to reduce risk
- ▢ Describe available interventions for patients at risk of firearm-related harm

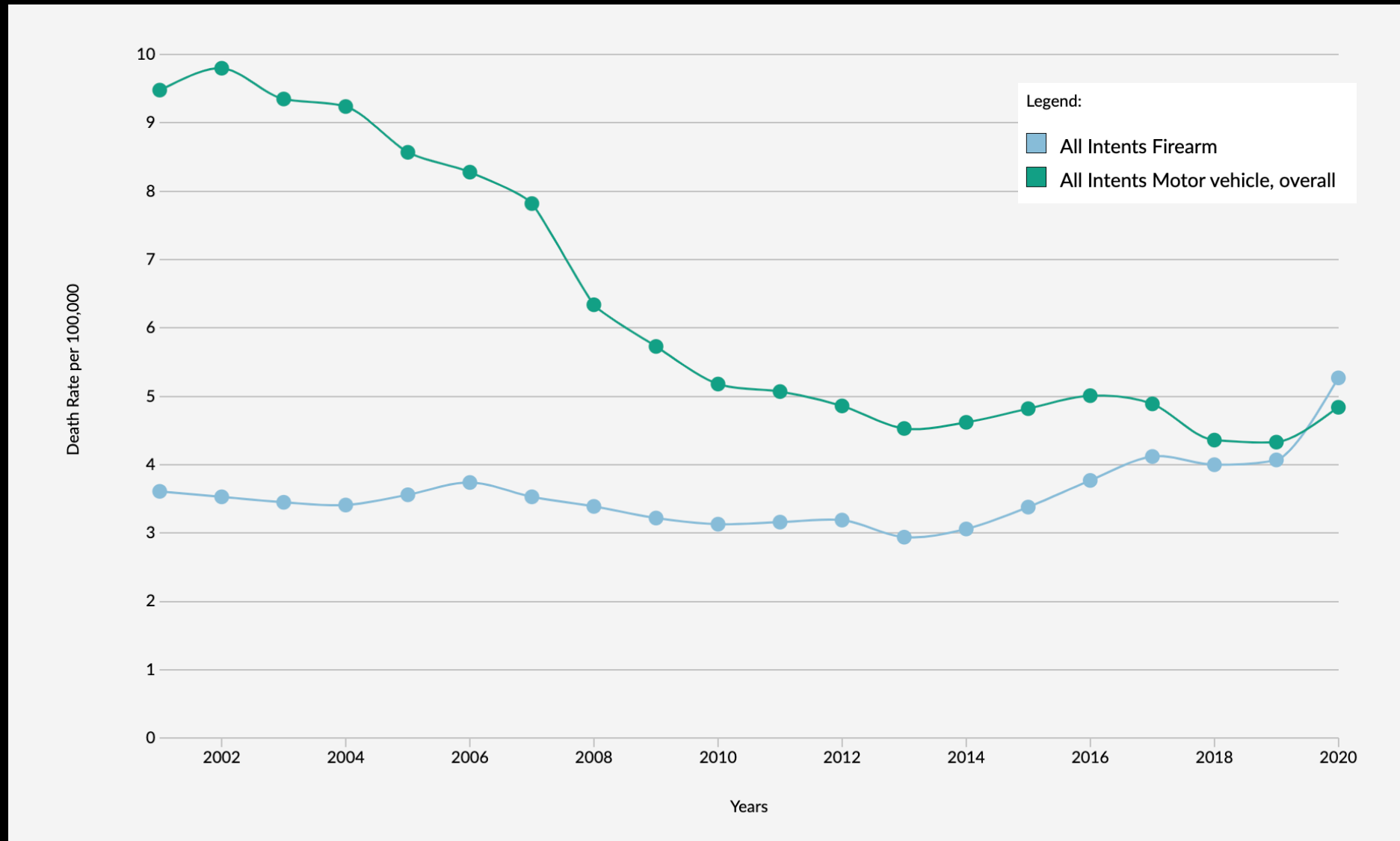
Americans make up 4.25% of the world's population, but own 46% of privately owned firearms.

# Household Firearm Ownership in the United States, 2017

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# MVCs versus Firearms Deaths in American Youths



# Epidemiology of Firearm Violence and Injury

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# Socioemotional consequences



*Image adapted from the Violence Policy Center*



# What You Can Do

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**Assess risk** and **talk with**  
**patients** about risk and access to  
firearms when it's **clinically relevant**

# Lethal Means Safety

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One of the most effective ways to reduce suicide risk is to put time and distance between the at-risk person and lethal means



There are no state or federal statutes  
that prohibit clinicians from talking  
with patients about access to  
firearms.

# What do patients think?

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A majority report  
conversations about  
firearm safety  
appropriate



66% of respondents



54% of gun owning  
respondents

and especially when  
someone in the home  
is at increased risk







90% for thoughts of suicide



84% when children or teens in  
home

# The 3A's

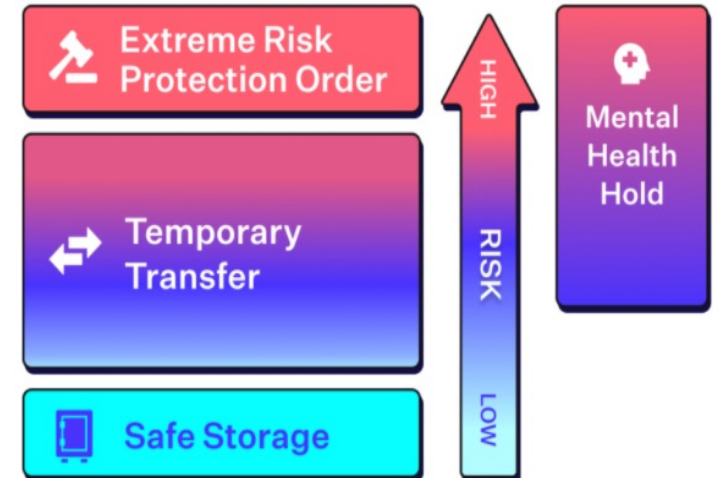
## Approach

-  Informed
-  Respectful
-  Harm Reduction Focused
-  Individualized

## Assess


-  Risk Factors
-  Ideation or Threats
-  Access to Guns
-  Willingness to Collaborate

## Act







# The 3A's

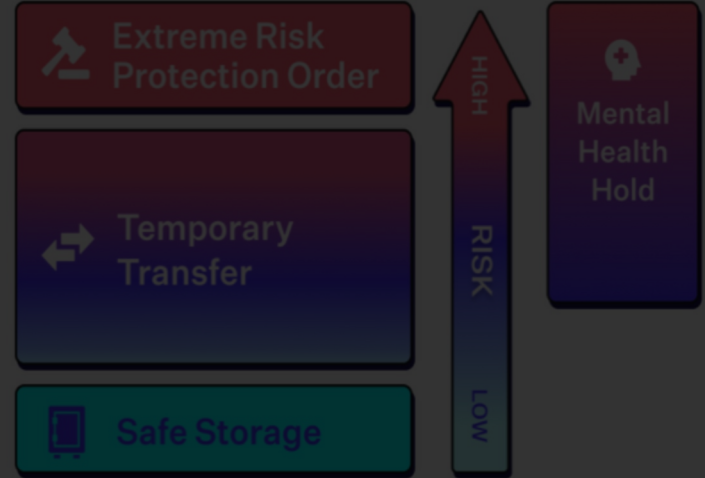
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# Be informed

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- ▢ Understand who owns guns and why, be aware of implicit biases
- ▢ Know the safest way to store guns and other appropriate recommendations
- ▢ Be aware of relevant policies in your area
- ▢ Use appropriate language

# Be informed: Language matters

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- ▢ “Reducing access”
- ▢ “Temporary”
- ▢ “During time of crises” or “risk”
- ▢ When possible, “voluntary and collaborative”



# Be respectful and take a harm reduction approach

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- ▢ Keep personal politics out of the conversation
- ▢ Put this in context of risk and safety, not right or wrong
- ▢ Remember that acceptable recommendations that reduce risk are more effective than unacceptable ones that eliminate risk




# Individualize your approach

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- ▢ Who's in the home
- ▢ Who's at risk
- ▢ What type of risk
- ▢ Reasons for ownership



A healthcare professional, a Black man with glasses and a beard, wearing blue scrubs and a stethoscope, is smiling and talking to a woman and a young girl. The woman has long brown hair and is wearing a grey top. The young girl has brown hair in pigtails and is wearing a pink shirt. They are in a clinical setting with a white wall and a poster in the background.


I ask all caregivers about things that pose a risk to their families: water heaters, pools, medications, firearms. What steps do you take to reduce access to firearms for those who shouldn't have it?


# The 3A's Framework

## Approach

 Informed

 Respectful

 Harm Reduction Focused

 Individualized

## Assess

 Risk Factors


 Ideation or Threats

 Access to Guns


 Willingness to Collaborate

## Act

 Extreme Risk Protection Order

 Temporary Transfer

 Safe Storage

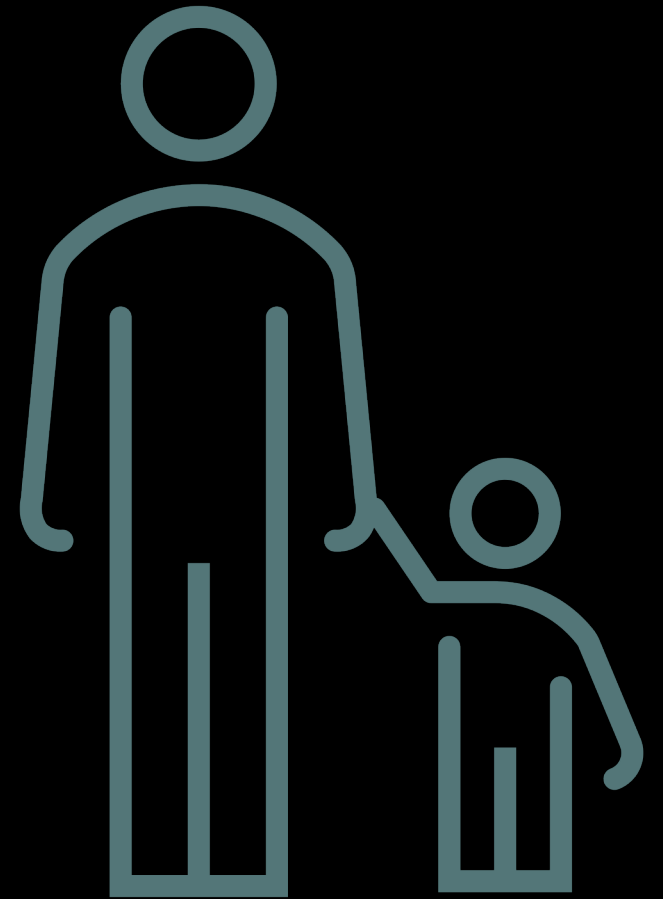
 Mental Health Hold



# Youth and Firearms

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- ▢ Males ages 10-19 at highest risk of unintentional firearm injury and death
- ▢ Most firearm suicides and mass shootings by teens are w/ family member's gun
- ▢ Youths have access in the home more often than parents/caregivers think
- ▢ ~1/3 firearm owners living with youths store all firearms in the safest way



# Alcohol and Firearms

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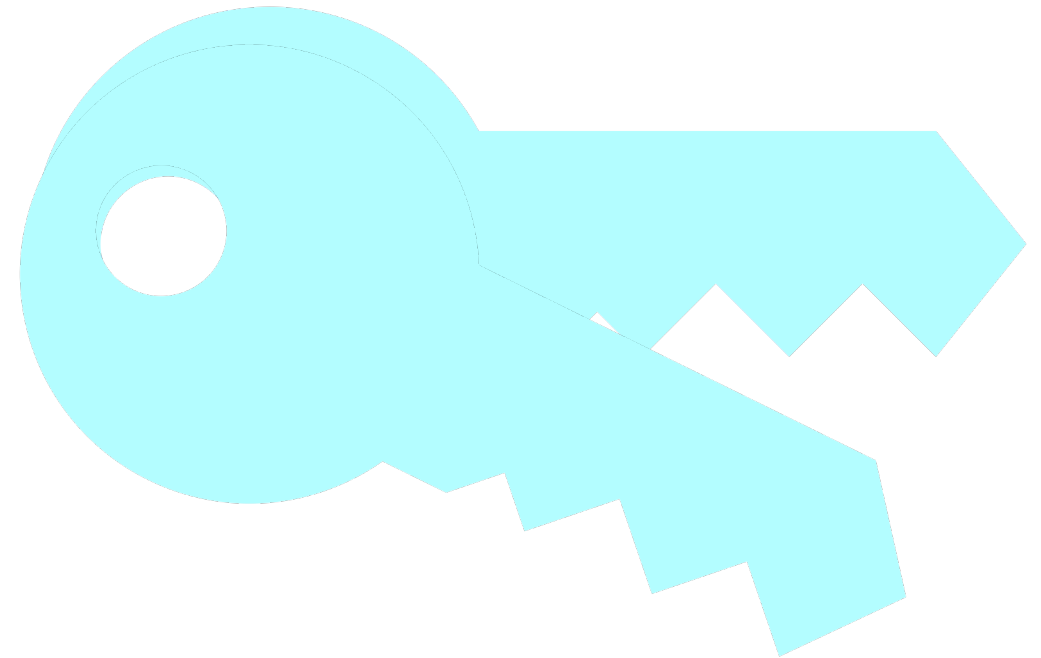
- ▢ 1/3 of people who died by suicide tested positive for the presence of alcohol
- ▢ Alcohol intoxication more strongly associated with firearm suicide than less lethal methods
- ▢ Alcohol-related conviction + handgun purchase > 2x the risk of suicide (90% by firearm)
- ▢ Alcohol-related conviction + handgun purchase > 3x the risk of arrest for violent crime including IPV



# Dementia and Firearms

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- ▢ 35-60% of people with dementia (PWD) live in homes with firearms
- ▢ Dementia can increase risk of suicide, homicide, and unintentional injury
- ▢ Conversations about gun access can mirror those about driving or cooking





# Intimate Partner Violence and Firearms

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- ▢ ~50% of female homicides are from intimate partner violence
- ▢ When an abusive partner has firearm access, victim's risk of death ↑ 5x
- ▢ Firearms also used to coerce, threaten, terrorize
- ▢ DV = precipitating factor for many mass shootings

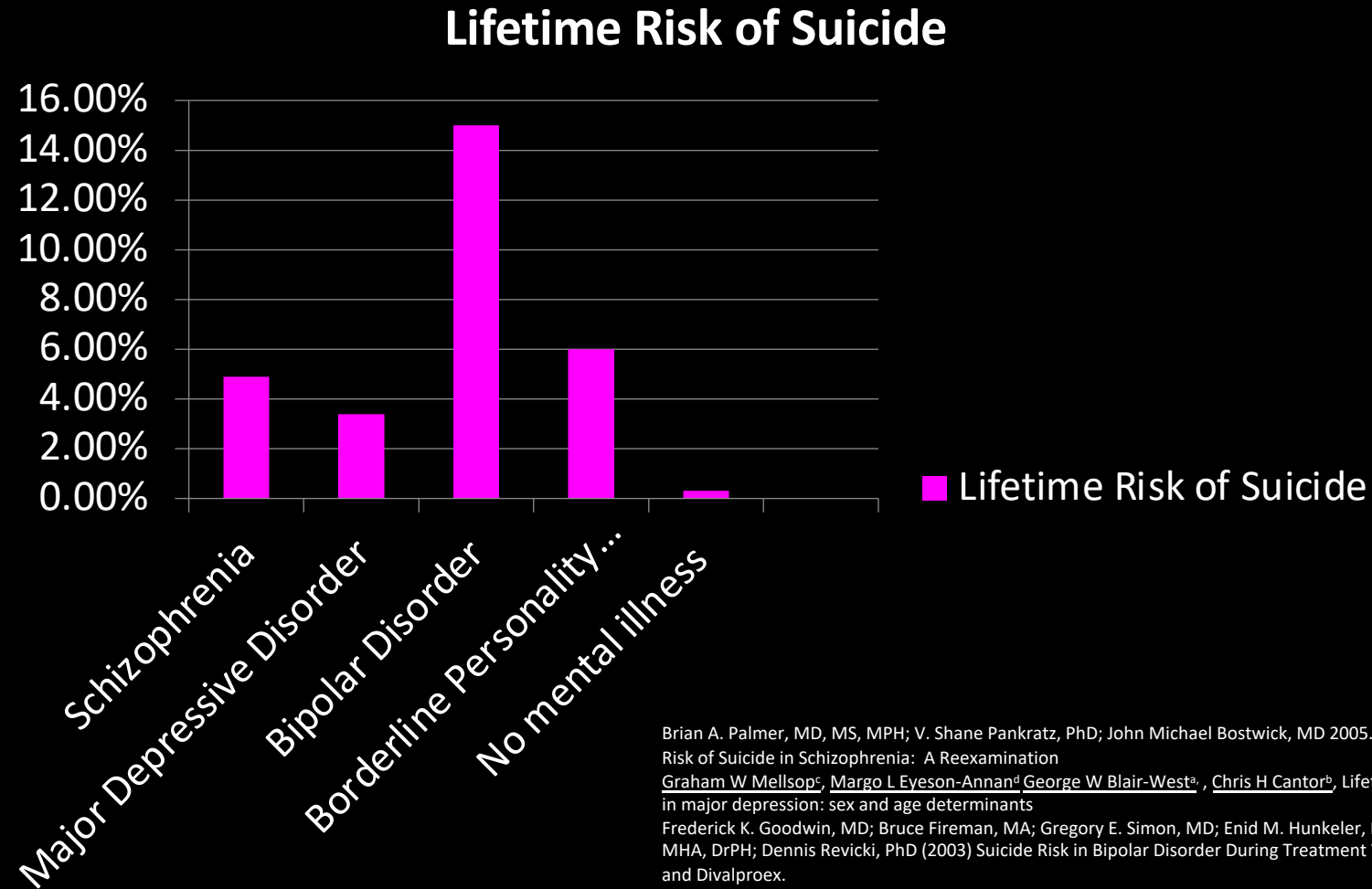


# Mental Illness

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- ▢ About 4% of mass shooters thought to have psychotic disorders (higher for women)
  - ▢ Others commonly have symptoms of:
    - ▢ Depression
    - ▢ Autism spectrum disorder
    - ▢ Personality disorders
- ▢ About 4% of community violence attributable to mental illness alone
- ▢ Mental illness stronger risk factor for suicide than violence

# Mental Illness and Suicide



Brian A. Palmer, MD, MS, MPH; V. Shane Pankratz, PhD; John Michael Bostwick, MD 2005. The Lifetime Risk of Suicide in Schizophrenia: A Reexamination  
Graham W Mellso<sup>c</sup>, Margo L Eyeson-Annan<sup>d</sup>, George W Blair-West<sup>a</sup>, Chris H Cantor<sup>b</sup>, Lifetime suicide risk in major depression: sex and age determinants  
Frederick K. Goodwin, MD; Bruce Fireman, MA; Gregory E. Simon, MD; Enid M. Hunkeler, MA; Janelle Lee, MHA, DrPH; Dennis Revicki, PhD (2003) Suicide Risk in Bipolar Disorder During Treatment With Lithium and Divalproex.  
Paul H. Soloff, G. Lynch, Thomas M. Kelly, Kevin M. Malone, J. John Mann (2000) Characteristics of Suicide Attempts of Patients With Major Depressive Episode and Borderline Personality Disorder: A Comparative Study  
Holmstrnad et al 2015

# Firearms in the Home

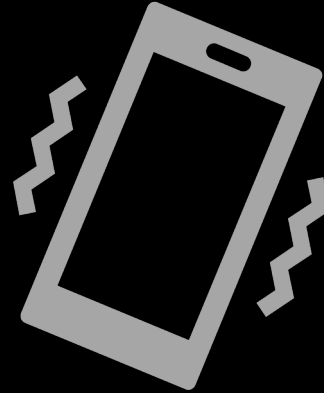
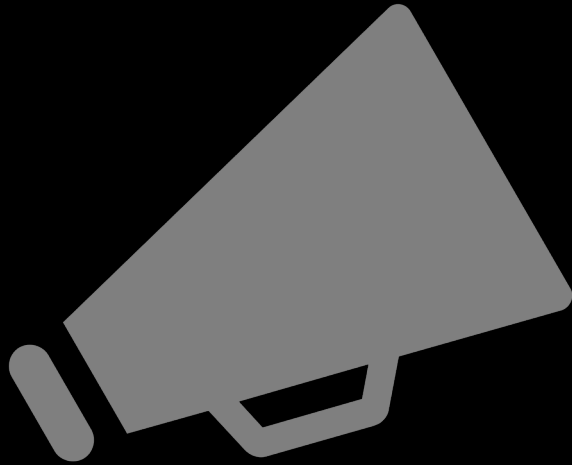
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- ▢ Homicide rates **>2x higher** among cohabitants of handgun owners
- ▢ Homicide rates by intimate partner / spouse **>7x higher** among cohabitants of handgun owners (84% of these victims female)
- ▢ No protective effect against homicide by strangers at home



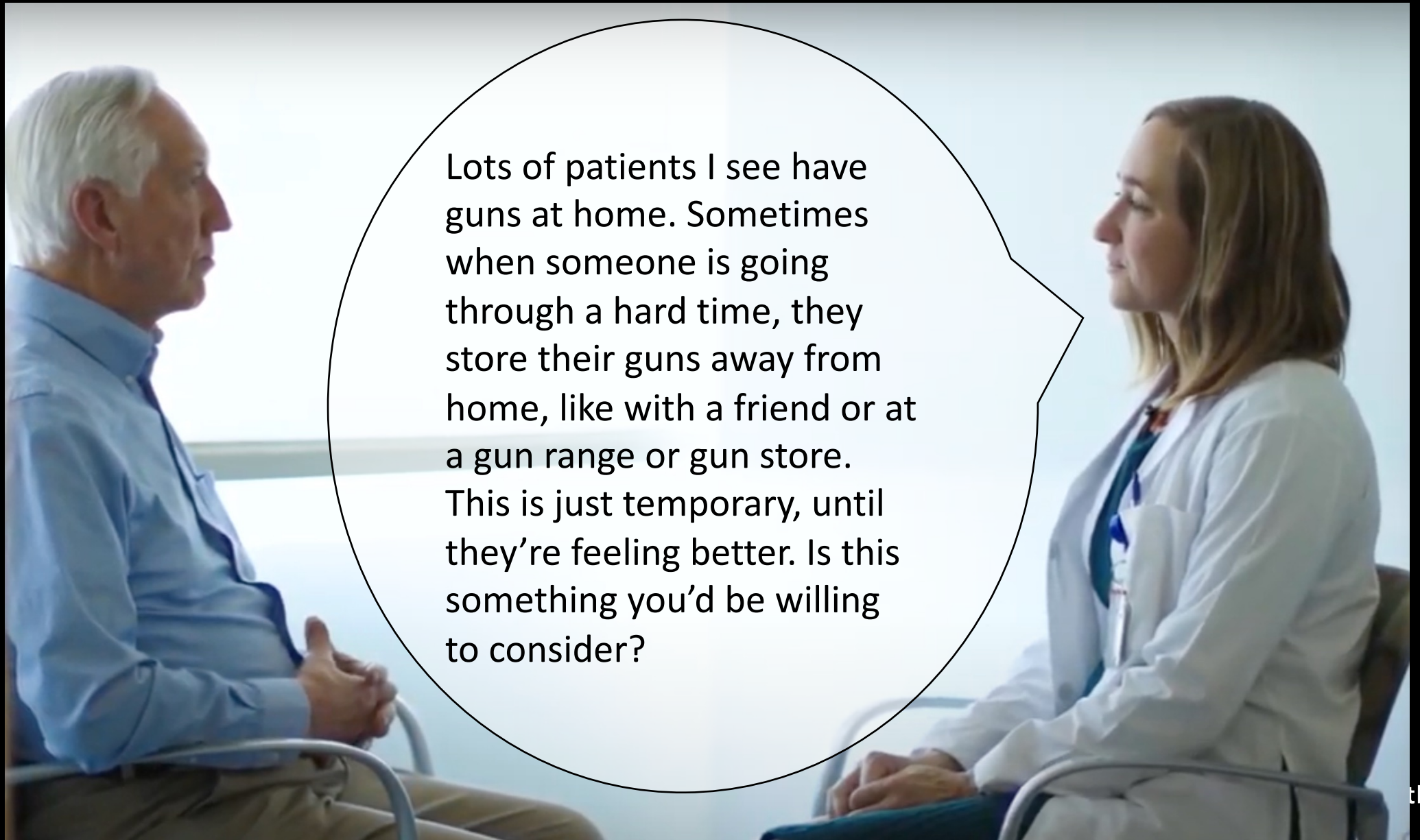
# Ideation or Threats

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# Access to Firearms and Willingness to Collaborate


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Lots of patients I see have guns at home. Sometimes when someone is going through a hard time, they store their guns away from home, like with a friend or at a gun range or gun store. This is just temporary, until they're feeling better. Is this something you'd be willing to consider?

# The 3A's Framework

## Approach

 Informed

 Respectful

 Harm Reduction Focused


 Individualized

## Assess


 Risk Factors

 Ideation or Threats

 Access to Guns

 Willingness to Collaborate

## Act

 Extreme Risk Protection Order

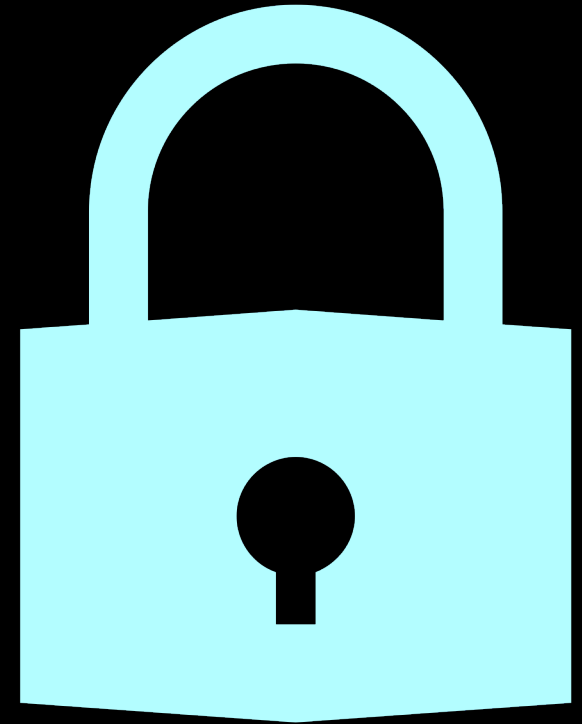
 Temporary Transfer

 Safe Storage



 Mental Health Hold

When no one is at **imminent** risk,  
safe storage is the appropriate  
recommendation.



The safest way to store a firearm:



**Unloaded**



**Locked up** using a locking device



**Separate** from ammunition

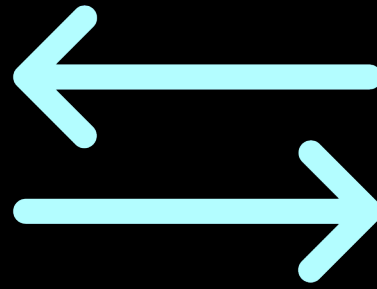


**With keys and combinations inaccessible** to children and others at risk



# Temporary Transfers

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**Used when removing firearms from the home is the safest option, and the person is willing to collaborate.**

- ▢ Temporary transfer to family or other trusted person
  - ▢ Background check requirements vary
  - ▢ In some places, these policies are in flux
- ▢ Temporary, voluntary storage at a gun range, store, or with a law enforcement agency\*



**If a patient at high risk is not willing to collaborate, emergency interventions may be necessary to prevent harm.**

# Emergency interventions

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- ▢ If the person needs mental health treatment, consider a mental health hold
- ▢ If the person is not willing to relinquish their firearms, consider an Extreme Risk Protection Order for temporary, involuntary removal of guns

These two are not mutually  
exclusive

# Mental Health Holds (5150)

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- ▢ In emergency situations, mental health holds can bring someone at risk of harming themselves or others into mental health treatment
- ▢ Federal firearm prohibitions do not occur until person committed in court

An emergency mental health hold or even a hospitalization does not guarantee the person won't have continued firearm access

# Extreme Risk Protection Orders

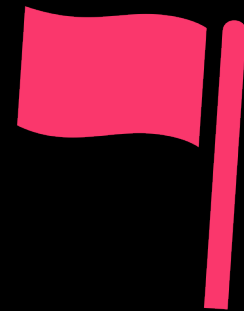
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# Extreme Risk Protection Orders

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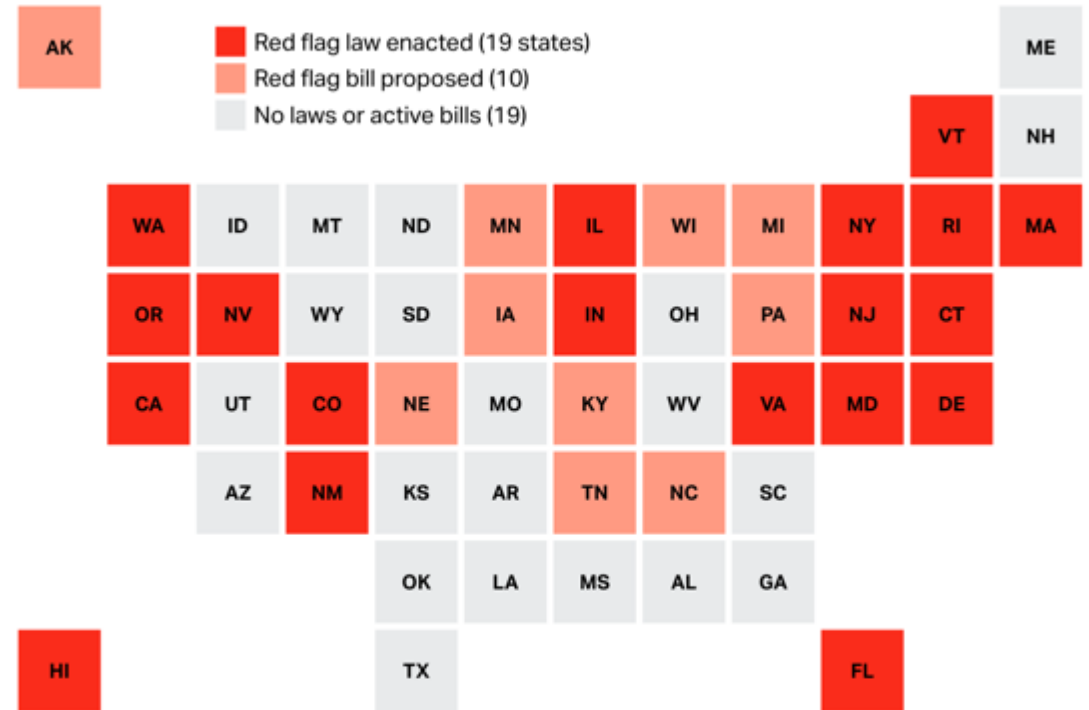
- ▮ Allows family members or police to petition to have a person's guns removed based on a concern for violence in the near future
- ▮ Modelled closely after DVRO
- ▮ No criminal activity required
- ▮ No mental health evaluation or history required



# ERPOs in the US

- 19 states & DC currently have ERPO-type laws in effect
- All but 2 have been implemented since 2016
- Only 2 allow (HI, MD) healthcare providers to petition

## Status of State 'Red Flag' Laws



Last updated: April 13, 2020

Source: State legislatures; [Ballotpedia](https://www.ballotpedia.org). [Graphic: Daniel Nass]



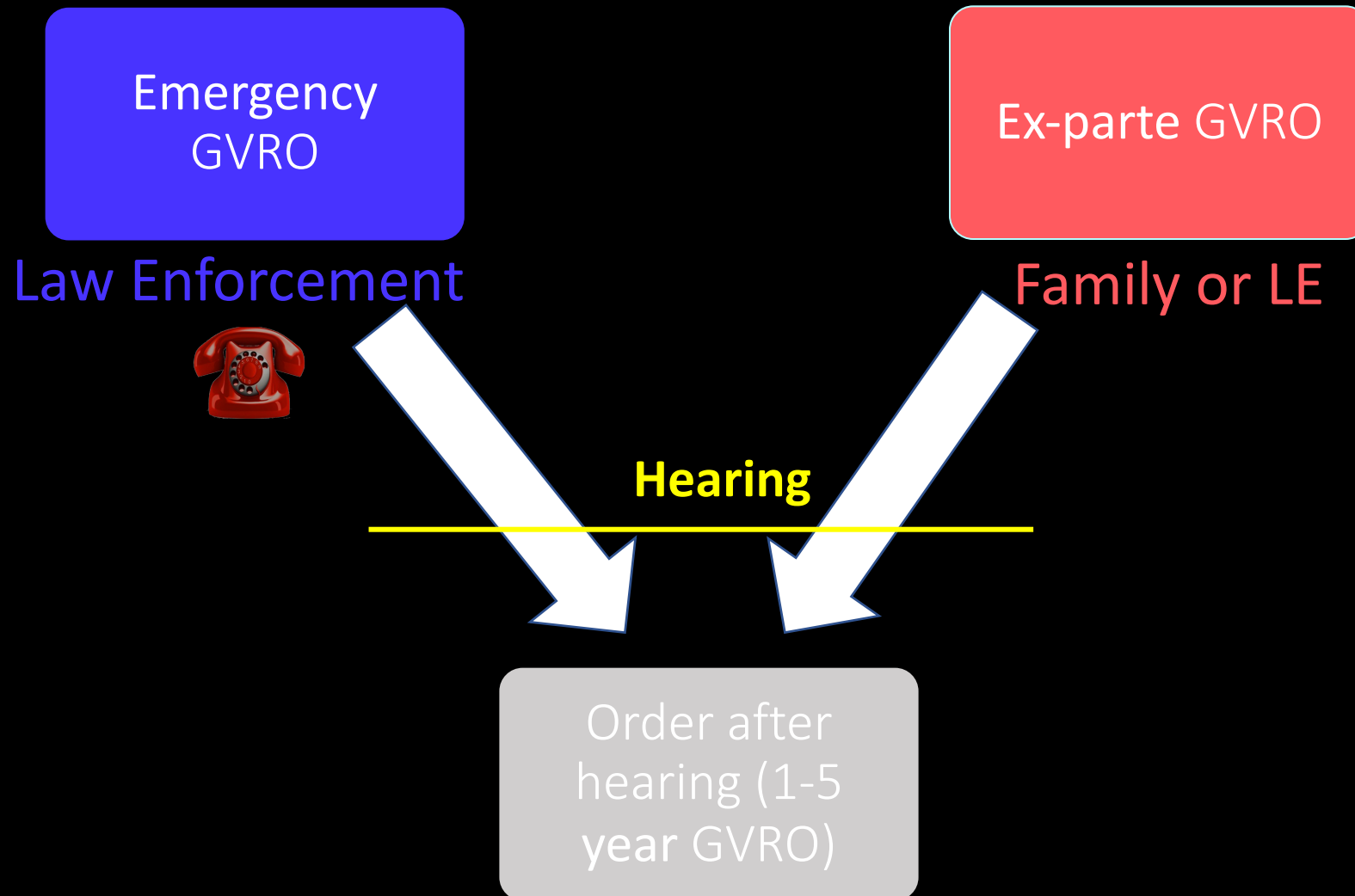
# HIPAA

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- ▢ If a patient makes a “serious and imminent threat” of violence, the clinician may disclose PHI that “(1) is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others and (2) is to a person(s) reasonably able to prevent or lessen the threat”
- ▢ “HIPAA expressly defers to the professional judgment of health professionals in making determinations about the nature and severity of the threat to health or safety posed by a patient.”



# Extreme Risk Protection Orders



For every 10-20 risk warrants issued  
for suicidality, **one life is saved**

# Hospital-based Intervention Programs

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- ❑ Connect injured individuals to violence intervention specialists, community resources, and natural supports
- ❑ Provide extended care, including mental health services, after hospital discharge to support holistic recovery
- ❑ Address the determinants associated with violence risk through relationship-based mentoring and culturally humble, individualized case management
- ❑ Promote safe reintegration into the community through a gradual transition of support and connection to resources

[The Health Alliance for Violence Intervention](#)

# Recap

- ▢ Firearm violence is a public health problem
- ▢ Clinicians are in a unique position to intervene
- ▢ The 3A's can help reduce risk in the clinical setting you should:
  - ▢ Approach
  - ▢ Assess
  - ▢ Act

# For More Information

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[www.bulletpointsproject.org](http://www.bulletpointsproject.org)



[hs-bulletpoints@ucdavis.edu](mailto:hs-bulletpoints@ucdavis.edu)



[@BulletPtsProj](https://twitter.com/BulletPtsProj)



[The BulletPoints Project at UC Davis](#)



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! Read our [new blogpost](#) with school nurse [health.](#)



Suicide

Veterans

Unintentional Injury

Intimate Partner Violence

Mass Shootings

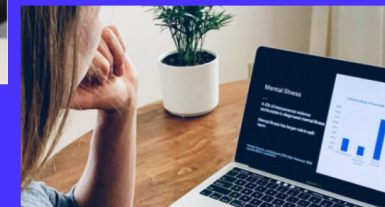
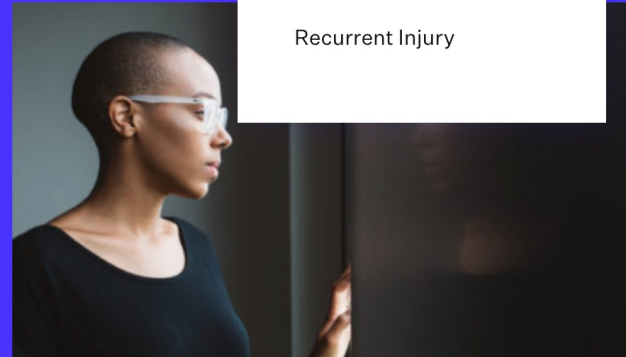
Dementia

Community Gun Violence

Recurrent Injury

# The BulletPoints Project

Clinical tools for preventing firearm injury



# Online Continuing Ed Course

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*Continuing Medical Education Course*

## Preventing Firearm Injury: What Clinicians Can Do

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Questions?

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