



**“Responding to private member’s Bill C-391 an Act to Amend the Criminal Code
and the Firearms Act”**

January 8, 2010

Submission To:
Standing Committee on Public Safety and National Security
Attention: Roger Préfontaine
Clerk of the SECU Committee
House of Commons
Sixth Floor, 131 Queen Street
Ottawa, ON K1A 0A6

Submitted by
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BACKGROUND:

The Ontario Public Health Association (OPHA) is a not-for-profit organization that provides a strong, unified independent voice for all citizens – Public Health professionals and volunteers – committed to improving the health of all Ontarians. Since 1949, OPHA has served as a catalyst for development in the Public Health sector. OPHA galvanizes communities, governments and decision makers to manage current Public Health challenges and new initiatives in a responsive and accountable manner.

OPHA formally recognized **violence** as a public health issue in 1997. A decade later, in 2007, OPHA constituent members overwhelmingly supported and adopted a resolution “Reaffirming the importance of strict firearm regulation in preventing firearm deaths and injuries.” [See Appendix A]

ISSUE:

We purport that firearms imposes a significant burden on the health of Canadian in terms of death, disabling injury and emotional trauma. Research has demonstrated that stringent regulation of firearms, including safe storage, helps to prevent hundreds of firearms-related deaths, injuries and emotional trauma. In addition, effective firearm regulation is also part and parcel of strengthening injury prevention, suicide prevention and domestic violence. The private member’s Bill C-391 an Act to Amend the Criminal Code and the Firearms Act which is currently being examined by your committee is intended to eliminate the need to register rifles and shotguns poses serious public health impact and safety issues.

RECOMMENDATIONS:

1. The Committee upholds the registration of rifles and shotguns within Canada’s Firearms Act. Ongoing licensing, renewal and registration of all firearms are paramount in addressing public health and safety issues.

STRENGTHENING THE REGULATION OF FIREARMS:

We propose that strengthening the regulation of firearms warrants an integrated strategy to address firearm violence and should include:

- Addressing the root causes of violence through social programs and early interventions aimed at reducing risk factors for suicide and violence.
- Ensuring awareness in the community and among health, education and other professionals concerning the risks associated with firearms in the hands of depressed or potentially violent individuals. Too often, AFTER a tragedy, individuals come forward to say that they had concerns.
- Carefully screening and licensing firearm owners to reduce the chances people who are a risk get firearms.

- Registering firearms to increase gun owner accountability and reduce the chances of diversion of legal guns to illegal markets.
- Controlling the sale of ammunition. A licence is required to legally purchase ammunition but these laws are not well-enforced.
- Enforcing safe storage laws. Currently gun theft is a major source of illegal guns and unsafe storage is a risk factor for suicide and unintentional injury particularly among children and youth.
- Monitor gun collectors and dealers. Often collectors have hundreds of firearms. Powers to inspect these collections are seldom used because the police lack the resources.
- Apply the existing legal powers to prohibit all semi-automatic assault weapons. The list of prohibited guns has not been updated since 1995.

IMPACT OF FIREARM USE ON THE HEALTH OF CANADIANS:

Firearm use imposes a tremendous burden on the health of Canadians in terms of death, disabling injury and emotional trauma. The latest aggregated data (2003) shows that 792 Canadians were killed with firearms (2.5 per 100,000), the majority of them in suicides. Approximately 1000 Canadians require hospitalization for firearms injuries each year. Rates of firearm death and injury tend to be higher in rural areas and in provinces with higher rates of firearm ownership. In spite of the attention focused on urban violence involving handguns, most Canadians who die from gunshots are killed with rifles and shotguns as these are the firearms most often found in homes where suicides, domestic homicides and unintentional injuries are most likely to occur. In Canada there are over 7 million legally owned rifles and shotguns along with almost 1 million legally owned handguns, military assault weapons (classified as restricted and prohibited firearms).

In Ontario, more than 200 people are killed with firearms each year, more than 70% of them suicides. Research from the Ontario Injury Prevention Resource Centre showed that in 2004/2005 there were 624 visits to emergency departments and 199 hospitalizations for firearm injuries in Ontario with a peak among 21-24 year olds.¹

Public perceptions of the risks of firearm violence are at odds with the reality. While urban crime attracts considerable media attention, rates of firearm death and injury are higher in rural areas. Moreover, while random violence dominates the press, most homicides involve individuals who are known to each other. More than 85% of women who are murdered, for example, are killed by their intimate partners and when firearms are involved there are more likely to be multiple victims. More than 50% of domestic homicides with firearms are accompanied by suicide. The problems of youth suicide are largely ignored and most parents are unaware of the risks associated with firearms in the home.

¹ Groff, Philip ed., Firearm Injuries, Compas, 3 (11) November 2006

The Canadian Paediatric Society has identified firearms as an important cause of injury among children and youth. Firearms are the third leading cause of death among Canadians from ages 15-24 following motor vehicle crashes and suicide by other means. Firearms kill more youth in this age group than cancer, drowning and falls combined.² A Statistics Canada study of family violence between 1991 and 1999 found that the majority of Canadian child and adolescent homicide victims are killed by family members.

The health burden of firearms extends beyond the deaths or injuries as these are often accompanied by reduced physical and emotional health on the part of survivors as well as by the family and friends of victims. The effects can include short and long term physical disability, reduced emotional health, loss or reduction of work and income, and considerable stress for affected individuals and families. As well, the treatment costs related to firearms injuries, disabilities and emotional trauma place a significant burden on the health care system. In 1993, the costs of firearm injury and death in Canada were estimated to be 6.6 billion dollars³ However, recent studies suggest that these costs have been reduced dramatically over the last decade, in part because of stronger firearms legislation.⁴

Stronger regulation of firearms in recent years has reduced access to firearms in Canadian homes and has contributed to significant declines in firearm death and injury. Increased regulation, including better screening and monitoring of firearm owners, increased accountability and more stringent storage requirements, have reduced the risk that potentially violent or suicidal people have access to firearms. These measures have also reduced inappropriate access to firearms by children and youth. While firearm death and injury rates continue to represent a significant burden on health, they have declined by 50% since 1991 in part, because of progressively stronger firearms regulation. In 1991 1444 Canadians were killed with firearms (5.2 per 100,000). By 1995 this had fallen to 1125 (3.8 per 100,000) and in 2003, the year of the most recent data there were 792 deaths (2.5 per 100,000). Most of this decline is as a result of a substantial reduction in suicides with firearms, murders of women with firearms and unintentional injuries with firearms. The disaggregated data shows that the declines in deaths with firearms, particularly with rifles and shotguns (the focus of legislation in 1977, 1991 and 1995), were significantly greater than declines in deaths from other means. Homicides of women with firearms have fallen from 85 per year in 1991 (0.6 per 100,000) to 32 (0.2 per 100,000) in 2004 while murders of women without firearms have declined by much less from 1.3 to 1.04 per 100,000.

Recent research has shown that the decline is particularly pronounced in firearms deaths among adolescents. Injury deaths from firearms dropped from 8.4 deaths per 100,000

² Leonard, K.A. "Firearm Deaths in Canadian Adolescents and Young Adults." Canadian Journal of Public Health, March/April 1994. vol. 85, no. 2.

³ Miller, T.R. and Cohen MA Costs of gunshot and cut/stab wounds in the United States with some Canadian Comparisons, *accede. Anal. Prev.* 1997, 29: 329-41.

⁴ Small Arms Survey, Geneva, IIS, 2006.

teens in 1979 to 2.3 deaths in 2003. The research indicated that stronger firearms laws played a role in this decline.⁵

Generally homicides with rifles and shotguns (the focus of the legislation in 1977, 1991, and 1995) have declined dramatically (from 0.37 per 100,000 in 1991 to 0.16 per 100,000 in 2005, a 56% decline, while homicides WITHOUT firearms decreased by only 23% (from 1.73 per 100,000 to 1.32 per 100,000). During the period, homicides with other firearms – particularly handguns – declined by only 26% (from 0.6 per 100,000 to 0.44 per 100,000) in large part because of gang violence fuelled by illegal guns in urban centres. Firearm homicide data for 2006 are not yet available but are expected to show a further decline as 2005 rates were affected by a large spike in Toronto. In 2005 there were 52 firearm homicides there compared to only 28 in 2006. , Although legal guns are often diverted to illegal markets through theft and illegal sales, much of this violence is fuelled by the illegal trade in firearms from the USA.⁶

Addressing the root causes of suicide and inter-personal violence is critical, however, there is strong evidence to suggest that controlling access to firearms reduces the lethality of suicide attempts as well as violent assaults and is part of an integrated harm reduction strategy. Suicides with firearms have high levels of lethality (93%)⁷ and firearms are one of the top five indicators of risk for domestic homicide.⁸

There is strong evidence to suggest that implementation of the law can be strengthened and that many more of deaths can be prevented. While considerable attention has been focused on the costs of firearms regulation, the cost of firearm violence are far higher.

CURRENT CONTEXT:

Handguns have been restricted in Canada since the 1930s. In 1977 Firearms Acquisition Certificates (FAC) were introduced for rifles and shotguns and fully automatic weapons were prohibited. In 1991 screening processes for all firearm owners were strengthened, safe storage requirements were better defined and some additional assault weapons were prohibited. However, there were gaps in the law. Six separate inquests, five of them in Ontario (Yeo, Smith, Kassonde, OC Transpo, May) recommended licensing all firearm owners and registering all firearms in order to reduce the risks dangerous individuals would have access to legally owned firearms. As a result of advocacy efforts by more than 300 health, safety and community groups, new legislation was introduced in 1995 that required all firearm owners to be licenced by January 1, 2001 and firearms to be registered by January 1, 2003. It banned many more military assault weapons and some

⁵ Pan. S.Y. et. al., “Adolescent Injury Deaths and Hospitalization in Canada: Magnitude and Temporal Trends, (1979-2003) *Journal of Adolescent Health* 41 (2007) 84-92..

⁶ Cukier W. and V. Sidel, *The Global Gun Epidemic*, New York: Praeger, 2006.

⁷ Chapdelaine, Antoine. “Firearms injury prevention and gun control in Canada.” *Canadian Medical Association Journal* 155, no.9 (1996): 1285-1289.

⁸ Campbell, J.C., Webster, D.W., J. Koziol-McLain, et al. Risk Factors for Femicide Within Physically Abusive Intimate Relationships: Results from a Multi-site Case Control Study. *American Journal of Public Health*, 93, 2005 p. 1089-1097 See also Ontario Coroners Report, 2005.

handguns. Under the old law, the Firearms Acquisition Certificate was required to buy firearms. A certificate was not required to possess them. Consequently only one third of firearms owners had valid FACs. Under the new law, all firearms owners required a licence to possess firearms. By the deadline almost 2 million licences were issued. Not only did the new legislation improve screening for a licence but it allows continuous eligibility checks. In other words, if an individual obtains a licence and then exhibits behaviour which suggests that he may present a risk, there are mechanisms for flagging the licence, revoking it and removing the firearms temporarily or permanently. The registration provisions of the law record who owns what guns and are intended to reinforce the licensing and safe storage provisions by increasing gun owner accountability, to facilitate enforcement of prohibition orders by allowing police to know what firearms they need to remove and to reduce diversion to illegal markets by linking firearms to their legal owners. By 2003, almost 7 million firearms were registered; over 6 million of them unrestricted rifles and shotguns. Police report using the system 5000 times a day across Canada and along with health professionals; have reported many cases where it has allowed firearms to be removed from potentially dangerous or suicidal individuals.⁹

While opponents to the legislation challenged it in the courts, it was ruled constitutional in a unanimous decision by the Supreme Court of Canada, in June 2000. Although many improvements have been made and costs have been stabilized, opponents have been vocal and the current federal government has introduced an amnesty for people who do not renew their firearm licenses or register their rifles and shotguns. It has also tabled legislation to eliminate the need to register rifles and shotguns. Major public health and safety organizations including the Canadian Public Health Association, the Canadian Paediatric Society, the Canadian Association of Chiefs of Police, the Ontario Association of Interval and Transition Houses (OAITH), and victims' organizations oppose these changes and strongly support the existing law. Some, including the Government of Ontario, are pressing for stronger controls including a complete ban on handguns.

⁹ See for example, Letter to Stephen Harper from Dr. Barbara Kane, Psychiatrist, Prince George, April 2006, letter from CPHA to Stephen Harper, May 17, 2006 and letter to Stephen Harper from ASPQ, October, 2006.

APPENDIX A:

Reaffirming the importance of strict firearm regulation in preventing firearm deaths and injuries¹⁰

RESOLUTION

WHEREAS the use of firearms imposes a significant burden on the health of Canadians in terms of death, disabling injury and emotional trauma;

WHEREAS the development and implementation of injury control strategies is a public health mandate;

WHEREAS research has demonstrated that stringent regulation of firearms, including safe storage, helps to prevent hundreds of firearms-related deaths, injuries and emotional traumas;

BE IT RESOLVED THAT OPHA continue working with the Canadian Public Health Association, ALPHA, the Coalition for Gun Control and the Canadian Association for Suicide Prevention (CASP) to advocate with the Federal government to preserve Canada's current Firearms Act, to advocate for public education, to promote the safe storage of all firearms, to ensure the law is supported by adequate resources, and to ensure that it is enforced effectively in communities;

BE IT FURTHER RESOLVED THAT OPHA advocate that effective firearm regulation is part of the strategy for injury prevention, suicide prevention and domestic violence prevention.

BE IT FURTHER RESOLVED THAT OPHA continue to advocate with the provincial government for effective primary violence prevention strategies that are adequately resourced and implemented.

¹⁰ Initial resolution **Stricter Gun Control Regulation**" adopted at the 1994 OPHA Annual General Meeting **Code:** 1994-06 (RES) **Status:** Archived