

# Firearms Control (Update 2021)

See also [CMA Policy Firearms Control](#)

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## Introduction

Firearm injuries and deaths are an important public health issue. From 2013 to 2017, 3,703 Canadians of all ages died from firearm injuries.<sup>1</sup> This number includes both unintentional (accidental) and intentional (suicides and homicides) firearm injuries. A total of 504 of these deaths occurred in youth aged 24 years and under. From 2006 to 2016, 75% of firearm deaths in Canada were from self-harm (i.e., suicide) while 20% of deaths were from homicide. An Ontario study of firearm injuries found that the rate of self-harm was the highest among older rural-dwelling men.<sup>2</sup>

The 2017 homicide rate (1.8 per 100,000 population) was at its highest point since 2009, and this increase, according to Statistics Canada, “was driven by an increase in firearm-related and gang-related homicides.”<sup>3</sup> Handguns, which are either restricted or prohibited firearms in Canada depending on the model, are the most frequently used type of firearm in homicides in Canada, representing 57% of all firearm-related homicides in 2018.<sup>4</sup>

A study of firearm mortality rates in 23 high-income countries showed Canada ranked fifth highest overall in the firearm death rate. Canada’s firearm death rate (2.3/100,000) was more than twice as high as the rates in Germany (1.1), Ireland (1.0), Australia (1.0) and England (0.2).<sup>5</sup> A 2016 international review found similar results.<sup>6</sup>

Health care providers observe the serious lifelong health challenges faced by patients who survive firearm injuries. They include chronic pain, disability and disfigurement (e.g., brain injury, spinal cord injury, loss of limbs), as well as economic hardships resulting from inability to return to work or school. These effects are profound, as many victims of gun violence are young. Furthermore, the mental health consequences are enormous, leading to such conditions as post-traumatic stress disorder, depression and substance use disorders. Finally, firearm injuries often result in domino effects with serious consequences — psychological, emotional, economic and financial — for family members, their loved ones and the affected community.<sup>7</sup>

## Children and youth

Firearm injuries are a significant and preventable cause of injuries in Canadian youth.<sup>8</sup> Young males are at disproportionate risk of firearm injuries — of all firearm deaths among 15- to 24-year-olds, 93% were in males. From 2013 to 2017, males in this cohort were more likely to die from firearm injuries (504 deaths) than from fires, falls and drowning combined (284).<sup>1</sup>

Children and adolescents have developmental characteristics that put them at increased risk for firearm injury.<sup>9 10</sup> Adolescents are especially vulnerable to the risks of having a lethal method accessible in the home. Impulsivity is an important factor in adolescent suicide, and the majority of persons who fail a suicide attempt do not go on to die by suicide.<sup>11 12 13</sup> Since firearms carry the highest case-fatality rate of all suicide methods (approximately 90%) it is not surprising that the availability of a firearm in the home has been shown to be a strong risk factor for adolescent suicide completion.<sup>14 15 16 17 18 19</sup>

Gang involvement is an important risk factor for firearm-related youth homicide. Youth accused of homicide are more likely to be involved in gang-related homicides than adults. In 2017, 87% of gang-related homicides involved a firearm, compared with 27% of homicides that were not gang-related. Investments in youth gang intervention projects in communities across Canada have shown improvements in attitudes (i.e., understanding crime associated risks), risk factors (lack of attachment to the workforce) and behaviours (gang involvement, police contact).<sup>20</sup>

While school shootings represent only a small fraction of homicides, they have a tremendous impact on the schools in which they occur, the community and the nation. “Targeted school violence” is a term that was developed to describe homicidal violence in which the school is specifically selected as the site of the attack, and the target may be a specific individual or a group or category of individuals.<sup>21</sup> In all, there have been six incidents of youth-perpetrated targeted school violence in Canada since 1975, resulting in 25 dead and 59 injured.

Interventions to address targeted school violence should include: training students and teachers to identify and report threats of and planning for school violence; addressing bullying in schools; providing mental health services that can identify and respond to students with depression and suicidal ideation; not keeping firearms in homes of adolescents and children; and prohibiting the sale or possession of semi-automatic firearms to reduce the lethality of incidents.<sup>22 23</sup>

## Intimate partner violence (IPV)/Intimate partner homicide (IPH)

IPV is defined as violence against spouses or other intimate partners in current or former relationships. Women are disproportionately the victim of IPV and IPH at the hands of a male partner, with IPV being the most common form of violence against women in Canada. Based on 2017 Statistics Canada reports, one-third of all police-reported violent crime was attributable to IPV (95,704 of 316,378 cases).<sup>24</sup> Firearms are the most common weapon used in IPH.<sup>25</sup> The presence of firearms also plays an important role in IPV events, both as a significant risk factor for homicide and as a non-lethal weapon used to control and terrorize the victim.

The availability of a firearm to a perpetrator is a risk factor for fatal IPV.<sup>26</sup> Compared with other methods such as knives or bodily force, the use of a firearm in a family or intimate assault is

associated with a higher likelihood of a fatal outcome including spousal murder-suicides and murder-suicides involving children and youth victims.<sup>27</sup> These findings are borne out in population-level studies, where efforts to reduce access to firearms are associated with significantly lower rates of firearm-related IPH.<sup>28,29</sup>

Intimate partner homicide frequently occurs on a background of recurring intimate partner violence. Therefore, health care encounters represent an important opportunity to identify and intervene in these scenarios including screening for the presence of a firearm in the home and, if one is present, recommending its removal.

## Firearms regulation

Firearms in Canada are regulated by the *Firearms Act*<sup>30</sup> and Part III of the *Criminal Code*.<sup>31</sup> All individuals who currently possess firearms or intend to purchase firearms and/or ammunition must have a valid firearms licence — a Possession and Acquisition Licence (PAL), renewable every five years. First-time licence applicants must pass the Canadian Firearms Safety Course before applying for a PAL, which includes a written and practical test, background verifications and other components.<sup>32</sup> A minor's licence is available for those 12–17 years of age that allows for the borrowed use of non-restricted firearms for approved purposes (e.g., learning about the use of firearms, organized shooting competitions, hunting or target practice). Alternatively, a minor is permitted to use a firearm without a licence if they are under the direct and immediate supervision of someone who is licensed to have that firearm.

Firearms in Canada are categorized into three classes:<sup>33 34</sup>

- non-restricted firearms – typically shotguns and long guns
- restricted firearms – most handguns and certain semi-automatic firearms
- prohibited firearms – fully automatic firearms and certain semi-automatic weapons (e.g., “assault-style firearms”)

All restricted and prohibited firearms in Canada must be registered. Applicants who wish to register a firearm must already have a firearms licence allowing them to possess the corresponding class of firearm.

A proportion of handguns and other firearms used in homicide and gang violence are unregistered, obtained via theft from individuals or businesses within Canada, straw purchasing (i.e., the legal purchase of a handgun or other firearm by a licensed individual who then diverts the firearm to the illicit market) or smuggling.<sup>35</sup> However, most firearm-related injuries and deaths (e.g., suicide) are with the use of legally possessed firearms. From a public health perspective, the greater the availability of firearms — regardless of their origin — the higher the per capita rates of firearm injuries and deaths.

An abundant body of international research shows that on a population basis, poorly regulated access to and proliferation of firearms results in avoidable harm, injury and death, from firearm-related suicide, femicide, homicide, and intentional and unintentional injury. Gabor and

colleagues studied mortality from unintentional firearm injury in Canada and found a strong positive correlation between death rates from unintentional firearm injuries and provincial rates of firearm home ownership, strongly suggesting that the presence of a firearm in the home is a risk factor for firearm-related unintentional death.<sup>36</sup> Grossman and colleagues found that four practices — keeping a gun locked, keeping it unloaded, storing ammunition locked and storing it in a separate location from the gun — were each associated with a protective effect on unintentional injuries and suicides in children and adolescents.<sup>37</sup>

Firearms with rapid firing capability increase the potential of numbers of victims in shooting incidents. For example, the weapon used in the Ecole Polytechnique shooting in 1989 and in the Mayerthorpe, Alberta, shooting of four police officers in 2005 was a semi-automatic Ruger Mini-14, which was available to purchase in Canada. These firearms and 1,500 models of semi-automatic weapons were prohibited by the federal government in May 2020.<sup>33</sup>

Restrictions on the sale of semi-automatic weapons in other countries have been shown to reduce the numbers of victims of mass shootings. In Australia, after the Port Arthur massacre of 1996, federal, state and territorial governments instituted several reforms including firearm amnesties and bans on the sale of semi-automatic firearms. These measures have proved effective in reducing firearms in the community and firearm fatalities have halved in the 20 years since 1998.<sup>38 39</sup>

Air guns and BB guns that shoot a projectile at less than 182 metres per second are not considered “firearms” for the purposes of the licensing, storage and transportation regulations of the *Firearms Act*. However, some modern-day air guns and BB guns have projectile velocities only slightly under 182 metres per second. Many of these achieve velocities adequate to penetrate the eye and skin. Multiple case series of air and BB gun injuries have shown that they can cause serious injuries to the heart, head, brain, eye and neck and may result in death. Non-powder firearms should not be considered toys, and their injuries should be promptly assessed and managed like gunshot wounds. In Canada, air guns and BB guns are not regulated by the *Hazardous Products Act* despite their potential to cause serious bodily harm or death.

### Policy from national medical associations

The CMA’s policy on Firearms Control was last updated in 2001.<sup>40</sup> Other national medical associations have released position statements on firearms control in recent years.

The Australia Medical Association’s Firearms position statement supports the 1998 Commonwealth Government’s National Firearms Agreement (NFA) in response to the Port Arthur massacre.<sup>41</sup> The Australia Medical Association statement addresses such issues as the sale, registration, training, security and storage of firearms. This includes tighter restrictions for applications to own a firearm, a strengthening of current firearms legislation that prohibits high-powered semi-automatic weapons and pump or lever action rifles, and legislation that bans the manufacture and possession of 3D-printed firearms. The New Zealand Medical

Association has supported the Australian Medical Association's policy, as well as new regulations banning military style semi-automatic firearms adopted by the New Zealand government following the 2019 Christchurch mosque shootings.<sup>42</sup>

Several national medical organizations in the United States have adopted positions on firearms control.<sup>43 44</sup> The American Medical Association recognizes that uncontrolled ownership and use of firearms, especially handguns, is a serious threat to the public's health given they are one of the main causes of intentional and unintentional injuries and deaths.<sup>45</sup> The Health and Public Policy Committee of the American College of Physicians notes that the medical profession has a special responsibility to speak out on prevention of firearm-related injuries and deaths, just as physicians have spoken out on other public health issues. It encourages physicians to discuss with their patients the risks that may be associated with having a firearm in the home and recommends ways to mitigate such risks, including best practices to reduce injuries and deaths. The college cautions against broadly including those with mental illness in a category of dangerous individuals.

A Firearm Strategy Team (FAST) created by the American College of Surgeons Committee on Trauma issued a report with several recommendations to reduce firearm injury, death and disability.<sup>46</sup> FAST recommends a research agenda that would include such areas as: identifying intervention programs and strategies to prevent actions of violence involving a firearm; the effect of media content (i.e., social media, television, movies and video games) on interpersonal violence; effective forms of safe storage and safe guns; the effectiveness of restricting access to firearms by violence-prone individuals; and the epidemiology of the highest-risk populations for suicide, homicide, mass shootings, IPV, unintentional injury and other subsets of firearm violence.

In Canada, the Canadian Paediatric Society adopted its position statement on firearm injuries in Canadian youth in 2018.<sup>47</sup> It notes that the availability of firearms to youth is an important factor in adolescent suicide, unintentional firearm deaths, gang homicide and school shootings. It recommends firearms not be kept in homes or environments where children and adolescents live or play, and that screening be undertaken for the presence of a firearm in the home as an essential part of the safety assessment of a depressed or suicidal youth. Legislative measures are recommended to strictly control the acquisition, transport, ownership and storage of firearms and to reduce smuggling of firearms.

Canadian Doctors for Protection from Guns (CDPG) issued a statement in 2019 noting that countries with stricter firearm ownership and safety laws feature markedly less injury and mortality from firearms than countries with less strict firearm control legislation.<sup>48</sup> The group calls upon the federal government to address this public health crisis by way of two specific actions:

- introducing legislation and other tools to reduce the prevalence of firearms, such as restrictions on ownership, amnesty or buy-back programs to recover firearms currently in circulation, and a strategic approach to reduce the illegal sale of firearms and the

- importation of firearms from other jurisdictions; and
- funding and infrastructure for research on the epidemiology of firearm injury and death including the role of societal determinants such as poverty, mental illness, racial discrimination and social isolation; as well as the effectiveness of strategies to reduce firearm-related injuries and deaths.<sup>49</sup>

This statement has been subsequently endorsed by 15 health care organizations including the College of Family Physicians of Canada, the Canadian Association of General Surgeons, the Canadian Association of Emergency Physicians, the Ontario Medical Association and the Federation of Medical Women in Canada, as well as three national women's organizations. CDPG subsequently advocated for the successful passage of Bill C-71 aimed at addressing gaps in existing Canadian firearm legislation and for the May 1, 2020, federal ban on 1,500 types of semi-automatic weapons.<sup>50</sup>

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See also [CMA Policy Firearms Control](#)

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