

Firearms Control

(Update 2021)

See also Backgrounder to [CMA Policy Firearms Control](#)

Rationale

The objective of this policy is to provide guidance to governments and other stakeholders about education/prevention, regulation and research related to firearms control in Canada.

Guidelines are provided to assist physicians in firearm injury prevention strategies and the identification and counselling of patients at risk of firearm-related injuries and deaths related to unsafe behaviours. The policy is informed by a large body of evidence described in the accompanying *Background Firearms Control (2021)* document.

Physicians have a long history of advocacy regarding public health issues (e.g., vaccines, nicotine, asbestos, social determinants of health) leading to beneficial changes in policy and population health. As a health and safety advocate for patients as well as the public at large, the medical profession has a responsibility to advocate for the prevention of injuries and deaths including those resulting from intentional and unintentional injuries related to firearms.

Firearm-related injuries and fatalities are a major cause of premature and preventable death in Canada. Canada has among the highest rates of suicides by firearms in the developed world.¹ There is robust scientific evidence that a firearm in the home is associated with a higher risk of suicide and that safe storage of firearms is associated with a lower risk of completed suicides and unintentional injuries.

One-third of all police-reported violent crime in 2017 was attributable to intimate partner violence (95,704 of 316,378 cases).² Women are disproportionately the victim of intimate partner violence and intimate partner homicide at the hands of a male partner. The most frequently reported method of killing is by firearm and the most common place a woman is killed is in or near her home.³

Gang involvement is a significant risk factor for firearm-related youth crime and homicides. In 2017, 87% of gang-related homicides involved a firearm. Investments in youth gang intervention projects in communities across Canada have shown improvements in attitudes (i.e., understanding crime-associated risks) and behaviours (gang involvement, need for police intervention) and lessening of risk factors (racism, lack of educational and employment opportunities).

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.⁴

Canada should strive to have among the lowest rates of firearm-related injury and mortality worldwide. An evidence-based public health approach should be applied to ensure responsible use and restriction of firearms that seeks to minimize harm, injury and death from firearms. The underlying problems of violence in society need redress, in concert with these recommendations, to be truly effective.

A large majority of firearm owners are responsible and are committed to ensuring their legally required storage and safe use. For some communities, including Indigenous, northern and rural communities, the use of traditional hunting rifles is a common means to support food security or to protect livestock. It is recognized that there are existing laws and regulations governing firearm ownership and use in Canada (see Background document); however, this policy is an expression of the CMA's position on firearms control intended to ensure public safety and promote the health of populations.

Education/prevention

The absence of firearms from homes and communities is the most reliable and effective measure to prevent firearm-related injuries. Therefore, careful consideration of the risks and benefits of possessing firearms is urged. Safe storage, education about firearm safety, training, and responsible use are essential to mitigate the risk to all populations. Applying stringent controls and enforcement on firearms must be undertaken along with addressing the underlying causes of violence in society.

Training in safe handling and storage of firearms should continue to be a mandatory requirement for all first-time firearm users, and there should be an expectation for regular refresher training for inactive licensees made accessible at a variety of locations.

Firearm owners should adhere to laws, regulations and best practices for use, storage, acquisition and transportation of firearms to reduce the risk of injuries or deaths from firearms.

They must ensure that their firearms cannot be accessed by those who do not have the appropriate licence or who could be at risk of harming themselves or others.

While individuals under 18 years of age may obtain permission to hold a firearm licence or use a firearm, the CMA stresses that the use of firearms poses an increased risk of injury or death, especially for children and adolescents, necessitating direct supervision by an adult who already holds a Possession and Acquisition Licence. There should also be direct adult supervision in the use and storage of non-powder firearms (i.e., powered by air, spring or gas-CO₂/nitrogen) for those under 18 years of age.

Reducing and preventing firearm injuries and death in Canada will require a combined effort of many stakeholders at the system level, including but not limited to all levels of governments, law enforcement professionals, the public and health care professionals. CMA supports:

- evidence-based education programs aimed at the prevention of firearm violence for children, youth and adults;
- inclusion of firearm-specific materials within programs aimed at education on suicide prevention, as suicide attempts by firearms are highly lethal and can be prevented by limiting access to firearms;
- the development of strategies to prevent firearm use in intimate partner violence including increasing public awareness of the risk and harm associated with firearms in unsafe homes;
- improving timely access for Canadians to a comprehensive range of publicly-funded mental health services; and
- evidence-based, appropriately funded programs aimed at improving the social determinants of health to support children, youth and young adults at high risk for gang involvement. This can include building coalitions and community groups to inform the development of strategies that will improve community and youth health and wellness and prevent firearm injury and death.

The public, law enforcement professionals and the media should take steps to eliminate notoriety of shooters in the coverage of gun-related mass shootings.

Regulation

Exposure to firearms is recognized as a risk to individuals and populations, through suicide, homicide, domestic violence and unintentional injury. Firearm regulation needs to be regularly reviewed to be effective and responsive.

A. Acquisition and possession of types of firearms

Canada's legislative and regulatory firearms framework should reduce the prevalence of firearms, through restrictions on civilian ownership. The CMA supports the continued prohibition of the sale and possession for civilian use of all automatic and semi-automatic firearms with the capacity to kill or maim many people in a short duration of time. This includes semi-automatic firearms that can be converted to automatic modes, as well as those with the

ability to accept large-capacity magazines. The CMA further supports the prohibition from civilian use of large-capacity and detachable magazines and limits on the number of firearms and amount of ammunition that can be possessed by any one person. This includes semi-automatic handguns capable of accepting large-capacity, detachable magazines. An evergreening mechanism is necessary to ensure new models of semi-automatic weapons are captured in existing regulatory frameworks.

Governments should implement a strategic approach to reduce the illegal acquisition and import of firearms. This should include effective controls at Canadian ports of entry to prevent their illegal import, appropriately severe penalties for trafficking in illegal firearms, and programs to disincentivize the use of firearms in criminal activity.

A robust and accurate background check process to screen would-be purchasers and successful completion of a rigorous and standardized accredited training course in firearm safety are essential prerequisites to the issuing of a firearms licence (Possession and Acquisition Licence) for all new licensees.

Eligibility to maintain a valid licence, purchase a firearm or receive a firearm as a gift or transfer should be determined from a public safety perspective given their lethal nature, specifically, whether it is desirable and in the interest of the safety of the applicant or any other person (e.g., whether the person is at risk of harm to self or others including threatened or attempted harm), and in the case of a gift or transfer, whether the applicant possesses the required licence.

Red flag/extreme risk protection orders have been shown to decrease firearm-related suicide, domestic homicide and mass shootings.⁵ In Canada, such a law exists — Anastasia’s Law in Quebec.⁶ Appropriately written legislation/regulation coupled with public education and allocation of resources is an important harm reduction strategy.

B. Supply and storage

CMA advocates that secure, legally required storage methods must be in place for all firearms and ammunition rendering them inoperable and thereby making them inaccessible to children or those acting on violent impulses including self-harm. Appropriate resources should be made available for regular verification of safe storage of firearms in households.

Central storage — the storage of firearms in a central location such as a police station or shooting range (handgun) — should be promoted as a best practice to firearm owners who wish to do so.

There should be strong record-keeping requirements for firearms retailers, distributors and private sellers to help prevent the illegal acquisition and use of firearms and to assist police in tracing firearms used in crimes.

Governments should consider having systematic and regularly recurring amnesty and buy-back programs to recover illegal firearms currently in circulation, as well as for unwanted firearms.

On an ongoing basis, police and governments should consider education and awareness campaigns to assist residents to turn in firearms in a safe and effective way.

The CMA supports the development of firearm technology that would significantly reduce the risk of self-harm, prevent unintentional discharge and prevent unintended use by someone other than the registered owner of the firearm. Further, it supports legislation and regulations that ban:

- the manufacture in Canada and import into Canada of non-metallic and/or not readily detectable firearms;
- the production of 3D-printable or otherwise untraceable firearms; and
- kits destined to be assembled to make a firearm.

The CMA supports having non-powder firearms whose projectile velocity is great enough to cause eye or skin penetration classified as firearms under Canada's *Firearms Act* as these types of firearms can cause serious or lethal injury to children and youth. Those with lower projectile velocities should continue to be regulated under the *Canada Consumer Product Safety Act*.

C. Appropriate penalties

Firearms owners are responsible for the acquisition, safe storage, use, transport and criminal misuse of their firearms.

The CMA supports meaningful consequences (e.g., penalties, educational or restorative measures) for the improper storage of a firearm, and appropriate criminal prosecution and penalties for:

- offences such as the use of a firearm in the commission of a crime or an act of violence, including family violence;
- those in possession of an illegal firearm;
- the smuggling of firearms from other jurisdictions into Canada; and
- those who sell firearms illegally and those who legally purchase firearms and subsequently sell or give to those who are banned from having or not permitted to have them.

Research

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.⁷ The research also shows that civilian access to firearms with rapid-fire capability results in an increased incidence of mass shootings (defined as more than three people injured or killed in the same incident). The CMA supports ongoing research (through funding and infrastructure) to understand the Canadian landscape in several areas including but not limited to the following:

At-risk populations:

- studying the risk factors such as the role of social determinants of health (poverty, racial discrimination, structural inequities and social isolation) on firearm violence, and the risk factors for school and gang-related violence

- studying the impact of access to mental health services for those populations at risk of firearm violence/suicide (e.g., youth, older males) and the efficacy of violence prevention programs
- studying gun violence as a public health issue and through the lens of public health (including the study of gun violence as a disease⁸ with its own epidemiology, risk factors, prevention and mitigation strategies and treatments)
- identifying at-risk individuals for self-harm or harm to others including the impact of drugs and alcohol on firearm injury/death rates
- studying the impact of antecedent history of violence on domestic violence with a firearm or societal violence with a firearm

Longitudinal studies:

- studying the long-term impacts of firearm violence on individuals, families and communities and on the public health system
- studying the impact on firearm injury/death rates of adolescents and young adults due to normalization of violence and firearm ownership in popular media, media and toys directed at children, and access to media via the Internet by children and youth — as a parallel to smoking, which used to be more commonly observed in various media including movies

Evaluation of policies, programs and strategies:

- identifying effective education and prevention programs that promote safe handling, use and storage of firearms
- studying the impact of various legislative frameworks that exist worldwide to address firearm violence including limiting civilian ownership of highly lethal firearms and prohibitions of various categories of firearms (e.g., semi-automatic handguns, those with high capacity to kill and maim many people in a very short period), high-capacity magazines and accessories that increase the lethality of firearms on injury/death rates and on the health of populations
- establishing where illegal firearms originate and identifying effective prevention strategies of firearms trafficking and smuggling
- assessing the effectiveness of existing mechanisms and methods (e.g., red flag laws) for health professionals and others to identify at-risk individuals, identify whether or not firearms are located in the home, and initiate a process whereby firearms can be immediately removed from the home when individuals are acutely suicidal or in a situation of domestic abuse

Firearm surveillance is an important foundation for research and includes national tracking and mandatory public reporting of firearm-related injuries, types of firearms and classes of ammunition and circumstances.

Role of the physician

Physicians, as advocates for the health of Canadians, can help reduce firearm-related harm and address the concomitant social determinants that may lead to interpersonal violence and crime. This can involve advocating for nonviolent conflict resolution and policies directed at improving the underlying social and economic determinants of the health of Canadians and informing firearm legislation/policy based on research.

The CMA supports the development of curricula and training for physicians (including learners) on suicide and violence risk assessment and prevention, assessment of violence toward others and screening for those at risk for gang involvement. This should include direct questioning about firearms in the home as part of a preventive health strategy, not limited only to circumstances of violence or suicidal ideation. Physicians should be trained and well-equipped with the resources they need to facilitate conversations with patients (e.g., inquire about potential risks that a patient may pose or be exposed to) and how patients can access education materials.

Given the risks associated with a firearm in the home of children and adolescents, anticipatory guidance by health care providers is essential. Physicians should counsel families that firearms should not be present in homes or environments in which children and adolescents live and play and that when a firearm is present, it must be stored according to the regulations under Canada's *Firearms Act*: unloaded, locked and separate from its ammunition.⁹

While it is not always possible to identify people at risk of violent or self-destructive behaviour, physicians should do the following:

- They should be alert to warning signs that a patient may be at risk and manage that patient accordingly (e.g., always ask depressed patients about suicidal and homicidal thoughts and plans — asking will not plant ideas; refer to appropriate and available mental health services).
- If determined necessary and available, physicians should take appropriate steps to ensure acutely suicidal patients are assessed at the hospital, where their admission to hospital can be considered, including involuntary admission if applicable legal requirements are met.
- When possible, physicians should counsel the family to ensure that the firearms are properly secured to prevent use by the patient and/or alert police to the presence of a firearm in the home of a patient at risk. Physicians should consider whether the risk of harm to society (or a third party) posed by a patient outweighs that patient's right to confidentiality.
- Physicians should know the legislation in their province or territory. Divulging patient information is permitted if there is an imminent, credible risk of serious bodily harm to a recognized individual or group of individuals. Guidance should be provided by government and privacy commissioners to enable a supportive reporting environment.
- When there is concern regarding intimate partner or family violence, physicians should always inquire about the presence of firearms in the home. If one is present, it should be removed. The patient should be counseled about ways to keep herself/himself safe, including leaving the home.

A physician may be asked for a reference related to a Possession and Acquisition Licence or renewal. Physicians should refer to their provincial or territorial regulatory authority (college) for any guidelines or policies, as well as information provided by the Canadian Medical Protective Association (CMPA), concerning the completion of such third-party reports.¹⁰

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¹ Our World in Data. *Suicide rate by firearm, 2017*. Oxford: Our World in Data; 2017. Available: <https://ourworldindata.org/grapher/suicide-rate-by-firearm> (accessed 2021 Jan 29).

² Burczycka M, Conroy S, Savage L. Family violence in Canada: a statistical profile, 2017. Ottawa: Statistics Canada; 2018 Dec 5. Available: <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2018001/article/54978-eng.pdf?st=leVqDvjC> (accessed 2021 Jan 29).

³ The Canadian Femicide Observatory for Justice and Accountability. *#Callitfemicide: understanding gender-based killings of women and girls in Canada 2019*. Guelph (ON): Canadian Femicide Observatory for Justice and Accountability; 2019. Available: <https://femicideincanada.ca/callitfemicide2019.pdf> (accessed 2020 Sep 21).

⁴ Centers for Disease Control and Prevention. *Firearm violence prevention*. Atlanta: Centers for Disease Control and Prevention; 2020. Available: <https://www.cdc.gov/violenceprevention/firearms/fastfact.html> (accessed 2021 Feb 8).

⁵ Johns Hopkins Center for Gun Policy and Research. *Extreme risk protection orders*. Baltimore, MD: John Hopkins Centre for Gun Policy and Research; 2020. Available: <https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-policy-and-research/research/extreme-risk-protection-orders/> (accessed 2021 Feb 4).

⁶ CBC News. *Quebec introduces gun bill dubbed Anastasia's law*. Montreal: CBC News; 2007 Jun 15. Available: <https://www.cbc.ca/news/canada/montreal/quebec-introduces-gun-bill-dubbed-anastasia-s-law-1.651739> (accessed 2021 Jan 8).

⁷ Canadian Medical Association (CMA). *CMA Backgrounder to Firearms Control* (Update 2020). Ottawa: The Association; 2021. Available: <https://policybase.cma.ca/en/permalink/policy14401> (accessed 2021 June 15).

⁸ Hargarten SW, Lerner EB, Gorelick M, et al. Gun violence: a biopsychosocial disease. *West J Emerg Med* 2018;19(6):1024–27. Available: <https://doi.org/10.5811/westjem.2018.7.38021> (accessed 2020 Sep 21).

⁹ Canadian Paediatric Society. *The prevention of firearm injuries in Canadian youth*. Ottawa: Canadian Paediatric Society; 2018. Available: <https://www.cps.ca/en/documents/position/the-prevention-of-firearm-injuries-in-canadian-youth> (accessed 2020 Sep 21).

¹⁰ Canadian Medical Protective Association. *Physicians and the Firearms Act: a dilemma*. Ottawa: Canadian Medical Protective Association; 2008. Available: <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2001/physicians-and-the-firearms-act-a-dilemma> (accessed 2021 Jan 8).