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## **Evidence of the Standing Committee on Public Safety and National Security, Hearing on Bill C-391, Thursday, May 27, 2010**

### **Dr. Katherine Austin Leonard (Member, Canadian Paediatric Society):**

I'm Dr. Katherine Austin Leonard. I'm a pediatrician. With me is Ms. Marie Adèle Davis, executive director of the Canadian Paediatric Society. Thanks very much for asking us to testify today.

I am representing the Canadian Association for Adolescent Health as well as the Canadian Paediatric Society. These two organizations appeared in favour of the legislation that created the long-gun registry, and we're here to encourage you to maintain the long-gun registry, as it is important for the safety and well-being of Canadian children and adolescents.

It's been several years since we discussed these matters, so I want to review for you the problem of firearm injuries in Canadian youth.

Developmental qualities of childhood and adolescence make kids more vulnerable to the risks of having a firearm in the home. Impulsivity, difficulty comprehending the consequences of their actions, lack of experience, sensitivity to peer pressure, experimentation with substances—all of these problems make kids less safe around guns. We recommend to parents that guns not be kept in homes with children and teenagers. If they must be kept, they should be stored in strict concordance with the safe storage provisions of the federal regulations.

We divide firearm deaths into three categories: suicides, homicides, and accidental deaths. We call the accidental deaths "unintentional injuries". Males are disproportionately affected. In 2005, 87% of the Canadian youth firearm victims were males, and adolescent males were especially hard hit. More 15- to 19-year-old boys died from firearm injuries in 2005 than from cancer. More died from firearm injuries than from falls, drowning, fires, and unintentional poisoning combined. Of the firearm deaths in youth in Canada, suicides are the leading category, followed by homicides, and then unintentional deaths.

We argued in 1995 that registration of long guns would result in better compliance with the safe storage regulations due to an increased sense of personal responsibility on the part of the firearm owners. Also, we felt that the registry would likely result in a decline in home ownership of firearms. An Angus Reid study at the time had shown that half of Canadian gun owners had not used their gun in the previous year, and we postulated that many gun owners would reconsider home ownership if asked to register their firearm. We predicted that safer storage practices and reduced home ownership of firearms would result in reduced availability of firearms to teens and children, thus lowering their firearm death rates.

In 1995, that year, there were 105 deaths from firearms in Canadians under the age of 19. In 2005, the most recent year for which statistics are available, there were 62. Youth mortality from all types of firearm injuries—suicides, homicides, and unintentional injuries—have decreased in recent years.

In a study of firearms mortality in Canada published in the *Journal of Adolescent Health*, Dr. Pan, from the Centre for Chronic Disease Prevention and Control in the Public Health Agency of Canada, analyzed this decline in firearm deaths in young Canadians and found that it was statistically significant. The firearm suicide rate declined significantly. There was actually some increase in suicide by other methods, but it was not enough to compensate for the decline in firearm suicides. So the overall suicide rate in 15- to 19-year-olds declined.

An adolescent suicide attempt is often an impulsive act, and the availability of a firearm is a risk factor for successful completion of the attempt. If a lethal method is not available, the adolescent may either reconsider the attempt or use a less lethal method, increasing the likelihood of survival.

The significant decline in adolescent suicides in the last 15 years is consistent with the theory that reduced availability of firearms would prevent some adolescent suicides. The study I quoted earlier confirms that both the firearm suicide rate and the total suicide rate in adolescents declined, along with declines in firearm homicides and unintentional deaths.

I'd like to point out some important changes in the pattern of firearm homicides in Canada. In 1990 two-thirds of firearm homicides were committed with long guns. That was always the traditional pattern. However, since that time, long-gun homicide rates have declined and handgun homicide rates have increased. So now, two-thirds of firearm homicides are committed with handguns and one-third with long guns. This pattern of change in the types of homicides is also consistent with what we originally predicted would be the outcome of tightened control over long guns. The rifle and shotgun registry would not be expected to have an effect on handgun violence.

 (1630)

Pediatricians understand that violence in the home affects children even if they're not physically injured. It's very important to note that the majority of homicides in Canada are not gang or crime related. They're committed by a family member or acquaintance.

To quote from a Statistics Canada publication, *Juristat*, in "Homicide in Canada, 2008", of all the solved homicides that year, "about 40% of victims were killed by an acquaintance and 33% by a family member". The result of the violence between acquaintances and family members is devastating for children and their families. That same *Juristat* publication also noted an encouraging finding, that in 2008 there was the lowest number of female homicide victims ever, and spousal homicides had declined significantly.

Clearly there were problems with implementation of the registry, but especially considering that it was expensive to set up, all the more reason not to do away with it now. The online registry is being used extensively by police. The cost savings of abolishing the registry have been estimated to be only \$4 million a year. A *Canadian Medical Association Journal* study estimating the costs of firearm injuries in 1991 in Canada concluded that because of firearm injuries, \$6.6 billion that year was spent on services that included medical and mental health care, public services such as police investigations, and productivity losses, as well as funeral expenses.

I'd also like you to compare the cost of the registry to the cost of some other life-saving governmental initiatives. The cost of seasonal influenza immunization in Ontario alone is \$40 million a year. In 2007 the federal government budgeted \$278 million to help the provinces pay for human papillomavirus immunization programs. The Public Health Agency of Canada spent \$403 million last year to purchase H1N1 vaccine.

As physicians....

I'm concluding.

 (1635)



**The Vice-Chair (Mr. Mark Holland):**

I'm just letting you know that you have two minutes.



**Dr. Katherine Austin Leonard:**

Oh, okay. Thank you.

As physicians, we recognize that preventive and public health measures are as important as and more cost-effective than medical treatments. The long-gun registry is a preventive measure. In children and teenagers, suicides, homicides, and unintentional deaths have declined. Spousal homicides and homicides with women victims have declined.

The cost of the registry is extremely reasonable compared with the cost of other public health measures. We urge you to maintain this sensible public health and safety measure.

Thank you.