



## Firearm Injury Prevention

Gun violence is a major public health problem that threatens our health, safety, and welfare. While mass shootings are the most visible instances of gun violence, firearm deaths and injuries occur on a daily basis in Washington through suicide, homicide, assault, and unintentional shootings.

In 2016, there were 682 firearm deaths in Washington, including 512 deaths by suicide and 145 deaths from homicides.

In 2016, there were 434 nonfatal firearm hospitalizations in Washington, including 195 from firearm accidents, 158 from assaults, and 48 from intentional self-harm.

Firearms are the third leading cause of injury-related death in Washington behind deaths from poisoning and falls. Since 2008, there have been more annual deaths from firearms than from motor vehicle traffic accidents.

Governor Jay Inslee issued Executive Order 16-02 on January 6, 2016, recognizing the need to take a public health approach to reduce firearm fatalities and suicides. The executive order introduced the Washington State Suicide Prevention Plan. In addition, the Washington State legislature has passed several bills to reduce gun violence.



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Interventions the department has supported include:

- Creating the Safer Homes Coalition
  - 43 partners, including the department, Forefront Suicide Prevention, the Second Amendment Foundation, and Washington State Pharmacy Association
  - Focusing on safe storage of medications and firearms to reduce deaths by suicide
  - Safer Homes Coalition programs include:
    - “Safer Home, Suicide Aware” social marketing campaign
    - Distributing firearm locking and medication storage/disposal devices
    - Training firearm retailers and instructors on firearm safety and suicide training
    - Training pharmacy professionals on suicide awareness and referral
- Requiring hospitals to submit data to the department for analysis and injury surveillance through the Rapid Health Information Network
- Requiring suicide prevention training for healthcare professionals
- Providing data to University of Washington and the public to support research on firearms and behavior risk factor surveillance systems

More can be done. Federal funds to make changes at a systems level would include:

- Resources for schools and the construction industry (which has the highest number of suicides by occupation) to improve suicide prevention, including more behavioral health staff in K-12 and higher education
- Programs which maintain social connectedness for people at high risk during transitional periods, including post-hospitalization, military service members and veterans, college students, and those leaving incarceration
- Physical and behavioral health integration to connect those who are at high risk to appropriate services

**Rate of Suicide by County (per 100,000 people)  
2012 – 2016**

