

Comparative Analysis of Gun Control Policies in the EU and USA

From the Perspective of Public Health and Security

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Abbreviations

AWB – The Federal Assault Weapons Ban

CDC – Centers for Disease Control and Prevention

DMDB – European Detailed Mortality Database

GCA – Gun Control Act of 1968

MS – Member States

NFA – National Firearms Act

NHTSA – National Highway Traffic Safety Administration

NICS – The National Instant Criminal Background Check System

NVSS – National Vital Statistics System

PAS – The Pediatric Academic Societies

SAAMI – The Sporting Arms and Ammunition Manufacturers' Institute

U.S.C. – United States Code

WHO – World Health Organisation

Executive summary

The following paper presents the results of the comparative analysis of gun control policies in the EU and USA from the perspective of public health and security. The specific scope of the research was on teenagers and children under the age of 14 years. The initial hypothesis suggesting that the EU gun control policy is superior to the one in the USA was proven to be accurate. The paper includes both qualitative and quantitative research, including thorough study of the databases with statistics on death rates in different countries. The desk research covered publications of Harvard School of Public Health, Harvard Injury Control Research Center, Small Arms Survey research group, European Detailed Mortality Database and National Vital Statistics System reports.

The analysis was made on 4 different levels. First, general statistics on death rates due to firearm injuries and global firearm distribution was presented. The subsequent chapters compared death toll due to firearm accidents, suicides and homicides. It was proven that on all 4 levels the MS of the EU were showing significantly less casualties than the USA. In addition to the statistics each chapter was supported by several case studies on firearm injuries. The information gathered allowed positively answer the central question of the research - **can the European approach to gun control policy guarantee public health and security in the USA?**

The European approach to gun control policy results in lower death toll due to the firearm injuries by virtue of lower exposure to the firearms in everyday life. Despite being obvious, this principle however, was not applied in the USA and exposure to the firearms remains very high. It is especially dangerous for adolescents and children who also get affected by gun violence. Parental negligence is number one cause for firearm injuries for children living in the households with guns. The research suggests a few possible solutions for injury preventions including compulsory safe storage and precautionary measures (trigger locks, gun safes etc., prohibition of gun hunting for juveniles, announced and random inspections in the households with registered firearm owners etc.

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Introduction

Public health and security is a key element in the prosperity and well being of society. Protecting their own nation is supposed to be a top priority for any given government in the world. Unfortunately, that is often not the case. A lot of internal and external factors may distract a government from prioritizing interests of their own people. Financial profit, fear politics, diplomatic concerns, dictatorship and political influence are just a few of the factors that can make security and health of the nation seem less important for the government of the country. In the ideal world when the threat for the public security arises the government is supposed to eliminate any possible source of danger and guarantee security for the public.

Following the logic, firearms do represent danger for the society therefore access to them should be restricted or even banned. The solutions is evident and simple, no guns - no deaths from firearms. However, the world is not simple and it is not ideal, restricting access to everything that may harm society can lead to an absurd situation when everything is banned and restricted. This would be an obvious violation of freedom of choice. Little by little access would be restricted to liquor, public transport, personal vehicles and even food. At some point people would have to get a permit to buy and consume a hamburger.

At the same time, if governments stop engaging in protecting publics from dangerous products it may lead to a social disaster. No safety regulations, no compliances with governmental standards, it means no support provided for the people. The general knowledge of the public on what is healthy and safe is not sufficient to make a well thought through decision. It is important to know that for instance, seat belt legislation requiring the drivers to use safety belt was introduced in the USA only in 1984, in Germany in 1976 and in France between 1973 and 1979. The European Union introduced the directive on the approximation of the laws of the MS relating to compulsory use of safety belts in 1991 and it was put into force only in 1992 (European Council, 1991). Taking into consideration that the use of the seat belt can reduce car-related injuries and traumas by 50% (NHTSA, 1984), it can definitely be considered a success story for all the public health and security specialists.

This is where the major dilemma between public safety and freedom of choice arises. From one point of view, the government is supposed to prioritize safety and health of the nation and provide all possible regulations and restrictions on potentially dangerous and harmful products and goods. From the other point of view, it is up to individuals to decide

what is dangerous or unhealthy for them. This is where public health and security policies need to step in and bring balance in the conflict. Prevention is the key element in the balance establishment. It is not necessary to ban cars just because they may potentially lead to car incidents, what is necessary is to take measures to prevent the injuries such as introduce compulsory use of seat belts. Public policies should not get engaged in people's choice but they should get engaged with people's safety.

European response to public health and security issues is often considered to be “socialist”, especially when it comes to health care, education and different types of allowances. A lot of republicans and generally conservative people in the United States see European politics as too restrictive and engaging in the public affairs (Fischer, 2012). In their perspective, individuals have a right of choice for the purchases they make and decisions they take. While firearms regulation in the European Union is categorized as restrictive, in the United States firearms regulation is permissive meaning that most people are able to meet the requirement in order to get the license (Newton, 1969, p.83).

This dissertation is serving a purpose of comparing two different approaches to gun control regulation from the perspective of public health and security. The central question of the paper is **can the European approach to gun control policy guarantee public health and security in the USA?** The issue will be treated in comparison with the European experience. All the statistical data will not only be compared between the EU and USA in general but also between the MS of the EU. The hypothesis of more successful public health and security approach within the European Union will be proven through statistics and later on, the conclusion will be made on whether the European approach has a better chance to reduce death toll due to firearm injuries. In order to narrow down the scope of the research, the paper will be vastly devoted to health and security of children and teenagers under 14 years of age. For this reason all the case studies presented in the paper will be devoted to the injuries of children and teenagers both in the USA and in the MS of the EU.

The specific scope of this paper on public health and security brings valuable contribution to the entire gun control discussion. While most of the academic works on the gun control issue concentrate primarily on the legal and political aspect of the question; there is little understanding of the actual impact on the society. Public health and security approach does not seek for legal or political explanations and reasons. The objective is to reduce as much as it is possible the risk level for the society. In order to present a clear picture this paper will be primarily concentrating on statistical data that will give an overview for the

scale of the problem. The average number of people dying on the regular basis due to the firearm injuries can be far more explicit than any other political or legal discourse. In addition, statistical data will be followed up by case studies that will specifically treat the problem of children health and security in relation to gun control discussion.

The work will be divided in four separate chapters. First chapter is going to provide the reader with general information on firearm distribution in the world and death rates. This chapter will also cover the legal aspect of the problem by listing different regulations and legal acts that are put into force in order to control the acquisition and possession of weapons both in the United States and in the countries of the EU. Chapter one is meant to provide the reader with general understanding of the scope of the problem and start the comparative analysis between two different approaches – European and American.

The second chapter of the paper will be entirely devoted to unintentional gun injuries and gun accidents. This chapter will include case studies on fatal firearm accidents that took place in the USA and in Finland, as it is a country of the EU that has a relatively high number of average firearms per 100 people. Third chapter will cover gun suicide rates and case studies on adolescent gun suicides caused by parental negligence. The last chapter of the dissertation will talk about homicides and will treat the case studies on Sandy Hook Elementary School shooting in December 2012 and Winnenden school shootings in 2009. Each part of the paper will include interim conclusion. The final conclusion together with future recommendations and limitations to the research will be presented at the end of the paper.

Justification of Research Methods

In order to construct a comprehensive comparative analysis of gun control situations in the MS of the EU and USA from the perspective of public health and security, significant amount of secondary research has been conducted. Desk research allowed narrowing down the scope of the problem and finding the aspects of the issue that were not covered sufficiently by other academic papers. Primarily, the desk research covered academic journals such as Journal of Trauma, Aggression and Violent Behavior and American Journal of Public Health. In addition, separate attention has been paid to the publications of Harvard School of Public Health and Harvard Injury Control Research Center as leading specialists of public health and security issues in the USA. Primary research was not conducted for this work.

The paper covered both qualitative and quantitative research, including thorough study of

the data bases with statistics on death rates in different countries. This part of the research allowed making objective comparisons between countries of the EU and USA basing the conclusions on figures and facts. All the graphics and tables were created in accordance with the information provided in different databases. Despite the fact that this paper is not aiming to present legal perspective of the issue it was still important to research federal jurisdiction of the USA, firearm regulations of the EU and national legislation of the members of the EU. Apart from the theory, it was also important to find illustrations and examples of firearm injuries and their effect on the society. Hence, a separate research was conducted to identify the most explicit case studies for each part of the paper.

Key terms

Assault weapon – Primarily but not exclusively, semi-automatic firearm that is able to accept detachable magazines (AWB).

Firearm – Any portable barrelled weapon that expels, is designed to expel or may be converted to expel a shot, bullet or projectile by the action of a combustible propellant (European Council, 1991).

Firearm accidents – Include any unintentional firearm discharge.

Firearm homicides – Assault by handgun, rifle, shotgun, larger firearm discharge or any other unspecified firearm discharge.

Firearm suicides – Intentional self-harm by discharge of the firearm.

Handgun – A short-barrelled firearm designed to be held and fired with one

hand (SAAMI).

Policy – a course or principle of action adopted or proposed by an organization or individual (Oxford Dictionaries).

Rifle – weapon designed or redesigned, made or remade, and intended to be fired from the shoulder and designed or redesigned and made or remade to use the energy of an explosive to fire only a single projectile through a rifled bore for each single pull of the trigger (18 U.S.C. § 921).

Shotgun – a weapon designed or redesigned, made or remade, and intended to be fired from the shoulder and designed or redesigned and made or remade to use the energy of an explosive to fire through a smooth bore either a number of ball shot or a single projectile for each single pull of the trigger (18 U.S.C. § 921).

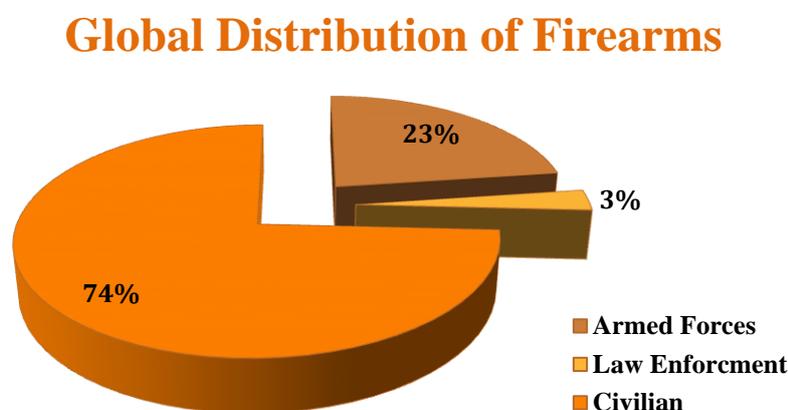
Chapter 1 Introduction to the subject

“The death toll from small arms dwarfs that of all other weapons systems — and in most years greatly exceeds the toll of the atomic bombs that devastated Hiroshima and Nagasaki. In terms of the carnage they cause, small arms, indeed, could well be described as ‘weapons of mass destruction.’” — Kofi Annan, UN Secretary-General, March 2001

In order to proceed with particular aspects of comparative analysis, there is a need to present a general overview of gun control situation both in the European Union and USA. This chapter is meant to give a general introduction to the subject and outline the scope of the problem. First, global statistics will be presented and further on, the EU legal framework will be compared to the U.S. legal framework together with the figures on death rates in different regions.

According to the analysis conducted by Small Arms Survey research group there are 875 million firearms in the world from which only 200 million are used by official armed forces and 26 million are in possession of law enforcement structures e.g. police (Karp, 2010, p. 102). The remaining 650 million firearms are in possession of civilians this means that more than 2/3 of world's firearms are under control of civilians (see Figure 1). The United States of America hold the first place in civilian firearm possession with 270 million firearms owned by civilians. This makes the average of 88,8 firearms per 100 people in the country. Meanwhile, in all the MS of the EU civilians own around 78,94 million firearms which makes it an average of only 15,72 firearms per 100 people (Karp, 2007, Annexe 4).

Figure 1. Global distribution of firearms



(Source: Small Arms Survey, 2009)

Third and fourth places are held by Switzerland and Finland accordingly, however the numbers in these two countries are significantly lower comparing to the USA. In Finland there are only 2,4 million firearms, although this still should be considered as a high number of weapons if taking into consideration the population of Finland and the average of firearms per 100 people is 45,3. These general figures are leading to the conclusion that civilians acquire the vast majority of all the firearms in the world and it is definitely the point of concern for all the public health and security specialists. There is a need for legislation that will protect people and most importantly prevent injuries and traumas.

EU legal framework

The main legislative act of the EU treating the issue of control of the acquisition and possession of weapons is directive 91/477/EEC that has been amended in 2008 by directive 2008/51/EC. The goal of the directive is to set certain minimum conditions for the circulation of civil firearms within the EU. According to the directive the person desiring to acquire and possess a firearm in one of the MS of the EU needs to have a good cause, he or she should not present a danger to him/herself or the society and must be over 18 years old with the rare exceptions (European Council, 1991). In addition, the directive requires all the MS to establish a digital data system to keep a record of information on firearms, their owners and sellers. Despite the fact that national legislations may vary from country to country, for instance in Lithuania where in order to be an owner of a firearm a person need to reach the age of 21, generally the record keeping and licensing criteria are similar in all the countries of the EU. In most of the EU countries the applicants are obliged to state the purpose of acquiring and possessing the firearm.

There are also some particularities in mental health assessment within European countries. In the United Kingdom applicants for the possession of the firearms licence are required to indicate whether they have ever been treated for depression or any other mental illness. Moreover, a UK applicant in order be licensed for firearm possession has to give a consent for the authorities involved to contact relevant doctors in order to make a decision on the applicant's state of health. At the same time doctors in the UK, in spite of the confidentiality obligations, are authorised to contact the authorities if they have a reason to believe that the patient who is in possession of a firearm might be dangerous for the society or him/herself. The same system is going to be implemented in Finland where medical professionals will be required to report any suspicion of potential danger coming from the patients in possession of a gun (Parker, 2011, p. 16).

There are also certain regulations on physical condition of the applicant in order to reduce

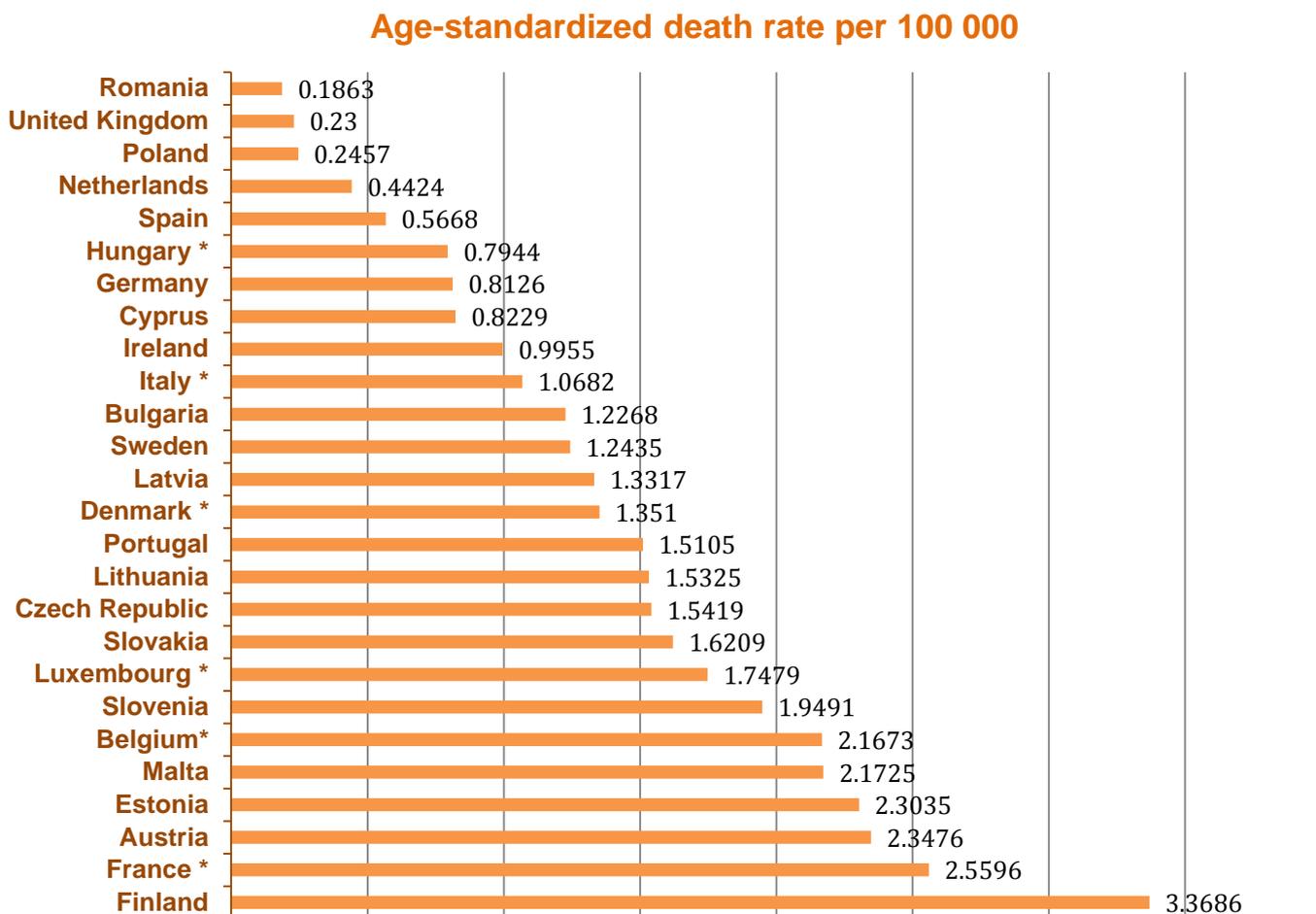
the risk of accidents and unintentional injuries. This includes medical condition, addictions and age restrictions (in some countries elders are obliged to re-pass medical examinations). For instance, in the United Kingdom the applicants for the license are required to indicate whether they have alcohol or drug dependency which will influence decision on granting of a license. Of course, this measure could not prevent gun owners from getting intoxicated however, in some European countries e.g. Lithuania, using alcohol or narcotic substances while being in possession of a firearm is a criminal offence even if it does not result in any harm. In Estonia if the weapons permit owner is caught operating any vehicle while being intoxicated by drugs or alcohol, apart from getting suspension of the driving license the person also gets a year suspension of weapons permit. Certainly in all the MS any criminal record can influence decision of the authorities during licensing for firearm possession however, special attention is paid to violent crimes especially related to interpersonal, sexual, domestic or family violence.

Some European countries require the applicant to pass an examination regarding the firearm laws covering acquisition, storage, registration, carrying, transfer, and legal use of weapons and the provision of first aid to a victim with a shooting injury (Weapons examination, n.d.). In certain cases competency tests are also required. Moreover, sometimes, apart from the most typical criteria used during licensing process, there are other conditions that are taken into consideration such as lifestyle and domestic environment, partner with criminal record living together with the applicant, previous loss of firearm or the license and employment history (Parker, 2011, p. 20).

EU gun related deaths

According to the European Detailed Mortality Database (DMDB) in 2010 there were in total 6,002 firearms deaths registered in countries of the EU (data from Greece is not available, data from Belgium and Denmark from 2006, Luxembourg, Italy, Hungary and France 2009). On the average it makes 1.39 death rate per thousand people in the EU with Finland having the highest rate of 3.37 death rate per thousand people and the lowest rate in Romania with 0.18 deaths (see Figure 2). At the same time, as stated in DMDB within the same period of time there were 38 deaths registered of teenagers and children between 0 and 14 years old. Latvia is holding the leading position with 0.31 death rate per thousand population of 0-14 years of age (1 death in 2010) while Slovenia, Luxembourg, Malta, Cyprus, Lithuania, Ireland, Estonia, Austria and Czech Republic registered 0 deaths of teenagers and children.

Figure 2. Age-standardized firearm death rate in the countries of the EU



(Source: DMDB, WHO regional office for Europe)

USA gun related deaths

In 2011 in the United States there were 32,163 deaths due to firearms injuries registered (Hoyert, 2012). This makes the death rate of 10.3 per thousand people in the entire country. The number of firearms deaths within the USA has increased by 1.52% since 2010. In 2009 the number of children and teenagers between age of 0 and 14 that died of firearm injuries was 355 (Kochanek, 2011). Thus the total number of deaths by firearms in the USA exceeds total number in the countries of the EU over 5 times. At the same time, the number of children under age of 14 who died of firearm injuries exceeds almost 10 times the number in Europe. This should be taken into consideration together with the fact that combined population of the European Union is around 500 million and population of the USA is 313,9 million.

USA legal framework

The right to keep and bear arms guaranteed by Second Amendment to United States Constitution is the milestone of gun control discourse. Adopted in 1791, this legislative act is serving as a ubiquitous argument for all the pro-gun policy supporters. The first federal gun-control legislation of in the USA was the National Firearms Act (NFA) of 1934 which is still in force. This act mainly treated the questions of classification of weapons and taxation for manufacturers. Second federal legislation - Gun Control Act (GCA) of 1968 is primarily addressing regulation and restrictions on importation of firearms. Both legislative acts do not have the goal to protect the public, these are guidance legislations in order regularize firearm production and movement. The Federal Assault Weapons Ban (AWB) however did prohibit manufacturing of semi-automatic weapons for the civilian use. The ban expired in September 2004 and was not renewed ever after due to “the insufficient evidence to determine the effectiveness of any of the firearms laws reviewed for preventing violence” (Hahn, 2003). The complication with the gun control policy in the USA is that federal, state and local authorities regulate firearms and often these regulations vary on many different levels. Some states do not even recognize weapons permit from certain other states.

The USA does not have a national database to keep record of firearms, their owners and sellers. It is even against the federal law to use the National Instant Criminal Background Check System to create any system of registration of firearms or firearm owners; all the records of authorized firearms transfers must be destroyed in order to avoid profiling, harassing, or abusing law abiding citizens. According to the federal law, the age limit for acquisition and possession of firearms in the USA is 18 years, however in some states the age limit is 16 (Vermont) or 21 (New Jersey) depending on the region. A lot of criteria that are used in the MS of the EU for firearm licensing procedure are applicable also for the United States however, the rules do not always have a direct impact on the legislation of the different states and vice versa. For instance, in California and Massachusetts there are certain training requirements for the applicants in order to acquire firearm license or permit, even though federal law does not require gun owners to have completed specific training (Parker, 2011, p. 19).

Another margin of discretion in federal law of the USA is private sales of firearms. There are no specific rules on the private transactions in terms of background checks, the only rule that is imposed on federal level is that the seller cannot sell or transfer a firearm to someone who does not live in the same state as the seller (Parker, 2011, p.24). This way in the states of Florida, Arizona and Texas an owner of a firearm can easily sell or give

his/her gun to another person without any background check which may result in gun related injuries both intentional and unintentional. All in all, it is clear that federal law on gun control in the USA does not have a lot of impact on the state's policy. It works both ways when policy of a particular state is more permissive or more restrictive comparing to the federal law.

Conclusion

This chapter presented the evidence of the gravity of the issue. About 74% of all the firearms in the world are in the possession of civilians more than 1/3 of those firearms are in the USA. This is definitely a point of concern for all the public health and security specialists since this situation creates a safety hazard for the society. In 2010, 6,002 people died in the EU due to firearm injuries 38 of those were children and teenagers. The number of firearm deaths in the USA is much higher; in 2010 Unites states lost around 31,000 people. Simple conclusion can be drawn from these facts, fewer guns – less gun related deaths.

Gun control legislation plays an important role in publics' protection from the firearm injuries. The only reasonable approach to this legislation is prevention. In European jurisdictions, gun possession is seen as a privilege, and the states have greater restrictions on the ownership therefore establishing more restrictive firearm regulation. Moreover there is a requirement for all the MS to keep a standardized digital registry system to keep a record of information on firearms, their owners and sellers. Any variation within national legislation and supranational regulations is in favor of even stricter firearm control. Meanwhile in the USA possession of the firearm is a basic right guaranteed by the constitution so accordingly, regulation of guns is categorised as permissive. Federal law of the USA has little power over state's legislation and there is no national database to keep record of firearms, their owners and sellers. Permissive strategy of the gun control policy in the USA has little success in terms of health and security of the publics. Yet another simple conclusion can be made, stricter gun control legislation fewer gun related deaths.

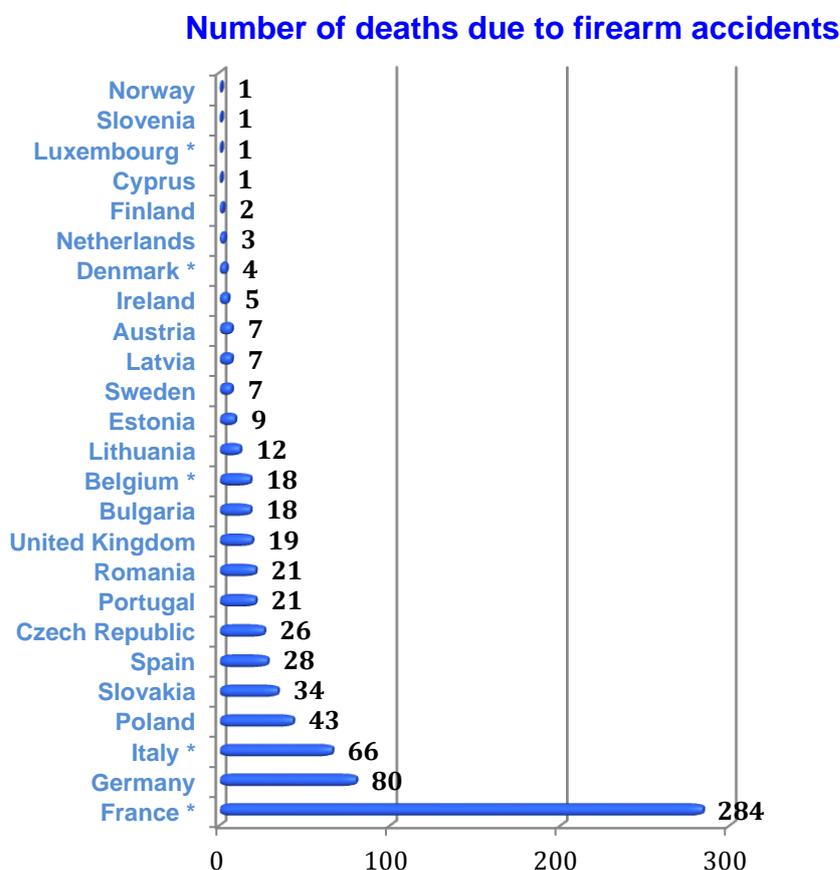
Chapter 2 Firearm accidents

Now, when there is an understanding of the scope of the problem and general overview of the issue is presented, it is time to proceed with specific aspects of comparative analysis. The following chapter is going to present figures and facts on lethal firearm accidents in the MS of the European Union and USA. Firearm accidents include any unintentional firearm discharges that cannot be classified as an assault or intentional self-harm (suicide). The last part of the chapter will present case studies on lethal firearm accidents both in the MS of the EU and USA.

Fatal Firearm accidents in the EU

Data from the European DMDB indicates that in 2010 in all the MS of the EU (data from Greece is not available, data from Belgium and Denmark from 2006, Luxembourg, Italy, Hungary and France 2009) in total 718 people died due to unintentional firearm accidents. The highest number of deaths was registered in France with 284 deaths, at the same time Slovenia, Luxembourg, Norway and Cyprus registered the least numbers of deaths (see Figure 3).

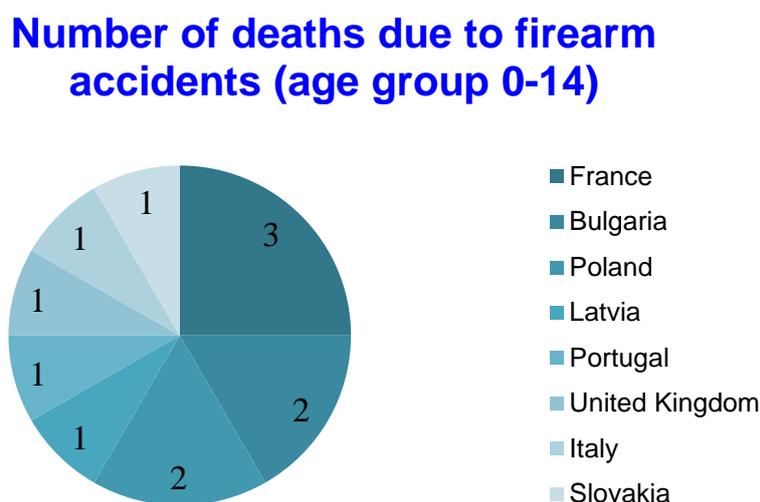
Figure 3. Number of deaths due to the firearm accidents in the EU



(Source: DMDB, WHO regional office for Europe)

Analysing causalities for the age group between 0 and 14 years, within the same period of time 12 children died in Europe as a result of firearm accident. Once again France has the highest number of deaths within this age group (see Figure 4) with 3 deaths while 17 MS registered 0 gun related deaths of children within the same period of time.

Figure 4. Number of deaths due to the firearm accidents in the EU (age group 0-14)



(Source: DMDB, WHO regional office for Europe)

Despite the fact that gun related accidents still occur in the EU, the numbers are comparatively small and most importantly children and teenagers do not appear to be in the risk group. This can be considered as a success for all the European public health and security specialists.

Fatal Firearm Accidents in the USA

According to National Vital Statistics Report published by NVSS in October last year, in 2011 there were 1072 firearm accident deaths registered out of them 2 deaths of infants under the age of 1. This number includes both accidental discharge of firearms and discharge with undetermined intent. There is a clear negative tendency in death rates within this category, since 2009 the number of deaths due to firearm accidents increased by 26.6%. At the same time National Vital Statistics Report from October 2011 states that in 2009 in total 56 children under the age of 14 died of the same cause. Once again death rate in the Unites States exceeds death rate in the MS of the EU. Even though, these numbers do not seem to create a major threat for the society it is still important to bear in mind that these causalities are regular and over the decades the death rate will be correspondent to the one during an armed conflict. This chapter covers only fatal

accidents while there are also firearm accidents that result in serious injuries and disabilities. For instance, each day around 30 US citizens are accidentally shot with firearms (Hemenway, 2006, p. 60). Therefore, there is an evident need for adequate regulation over gun accusation and possession.

Case studies on Firearm Accidents

Most of the firearm accidents occur due to simple negligence of the gun owners. The case when the gun was left loaded in the reachable for children place resulting in injuries is more than just common. In the following part of the chapter a few case studies will be discussed. All of them are addressing the accidents within the age group of 0 to 14 years. For the purpose of more sufficient results, from all the European countries Finland was chosen for this particular case study analysis due to the high number of firearms per capita in the country.

In January 2013, a 13-year-old boy, Will May from Tuscaloosa, Alabama died after a gun accidentally went off during a rabbit hunt (Pow, 2013). According to the report the boy unintentionally shot himself putting away the gun that he thought at that moment was discharged. Another hunting accident in December 2012, a 12-year-old boy James Lee Parker from Wake Forest, North Carolina who died after he was unintentionally shot during a deer hunt with his relatives (Minnick, 2012). It is important to mention that Alabama holds fifth place in the USA with the death rate of 17.4 per 100,000 people due to the firearm injuries while the average rate for the USA is 10.3 per thousand people. North Carolina is on place 23 with the death rate of 11.7 (Kochanek, 2011, p.87).

In August 2012, in Närhilä, Finland 2 brothers, age five and eight, found their father's gun in the house. The loaded firearm went off and hit the five-year-old boy in the head. He died the same day in the hospital. The same month, in Vehmersalmi, Finland during a hunting trip with his father an 11-year-old boy died because of the rifle bullet that hit him in the abdomen (*"Interior Minister calls for improved firearms safety..."*, 2012). Out of all the MS of the EU, Finland is facing the most casualties per thousand people. According to the Finish law a weapons permit can be acquired by a person who reached 18 years, however section 88 (Supervised use of a firearm) of the Firearm Act 1/1998, amendments up to 804/2003 included, allows supervised use of firearms by a person under 18 years. The text goes as follows: "A person who has reached the age of 18 and who has the right to possess a firearm may allow the use of the firearm under his or her immediate supervision, provided that the person is able to efficiently supervise and guide the user of

the firearm so that the use **is not likely** to cause any danger". Hunting incident that happen on the regular basis with children under the age of 18 years prove the fact that even supervisory use of firearms for children is not recommended.

These study cases prove the fact that simple negligence of the gun owners can end dramatically for the people around them. When it comes to children there is no guarantee that something will not go wrong because there are too many factors that should be considered. Even under supervision of elders, juveniles still are in the risk group during hunting trips or any other activities involving firearms. Lack of experience, physical and mental condition all these factors constitute the risk group, which includes children and teenagers under the age of 18 years. The solution to the problem is quite simple there is a strong necessity to reduced exposure of juveniles to firearms that will reduce unintentional firearm injuries. Firearms in the households should be stored in the places unreachable for children, unloaded, disassembled and with trigger locks. At the same time hunting should be restricted for children and firearms should not be available for juveniles even under immediate supervision of elders.

Conclusion

Every year Europe loses around 700 people due to unintentional firearm injuries, 1.6 % of them are children and teenagers under 14 years of age. The United States of America yearly casualties constitute around 1000 people and 5.2 % of them are in the age group of 0-14 years. These numbers may not seem dramatic in comparison with armed conflict death rates or car accidents injuries rates however, these are regular casualties that may be reduced or even eliminated if certain measures are adopted. In terms of firearm related activities such as hunting or target shooting, children under the age of 18 should not be allowed to participate. Physical training and mental stability of children do not correspond to these dangerous activities; in addition lack of experience may cause supplementary risks for juveniles.

It is a commonly known safety rule that sharp objects and explosive substances should be kept out of the reach of children. Parents usually hide matches and sharp knives somewhere on the top shelves, in the locked cupboards. While keeping the gun away from children is supposedly common sense, a lot of gun owners prefer to hang their firearms on the walls, exposed to the reach of third persons. Sometimes guns are left loaded and without trigger lock creating a potential danger for any inhabitant of the

household. In order to eliminate any danger from the firearms for children in the house, parents should not keep any firearms inside the house. In case this measure is unachievable the firearm should be kept in the gun safe unloaded, disassembled and with a trigger lock.

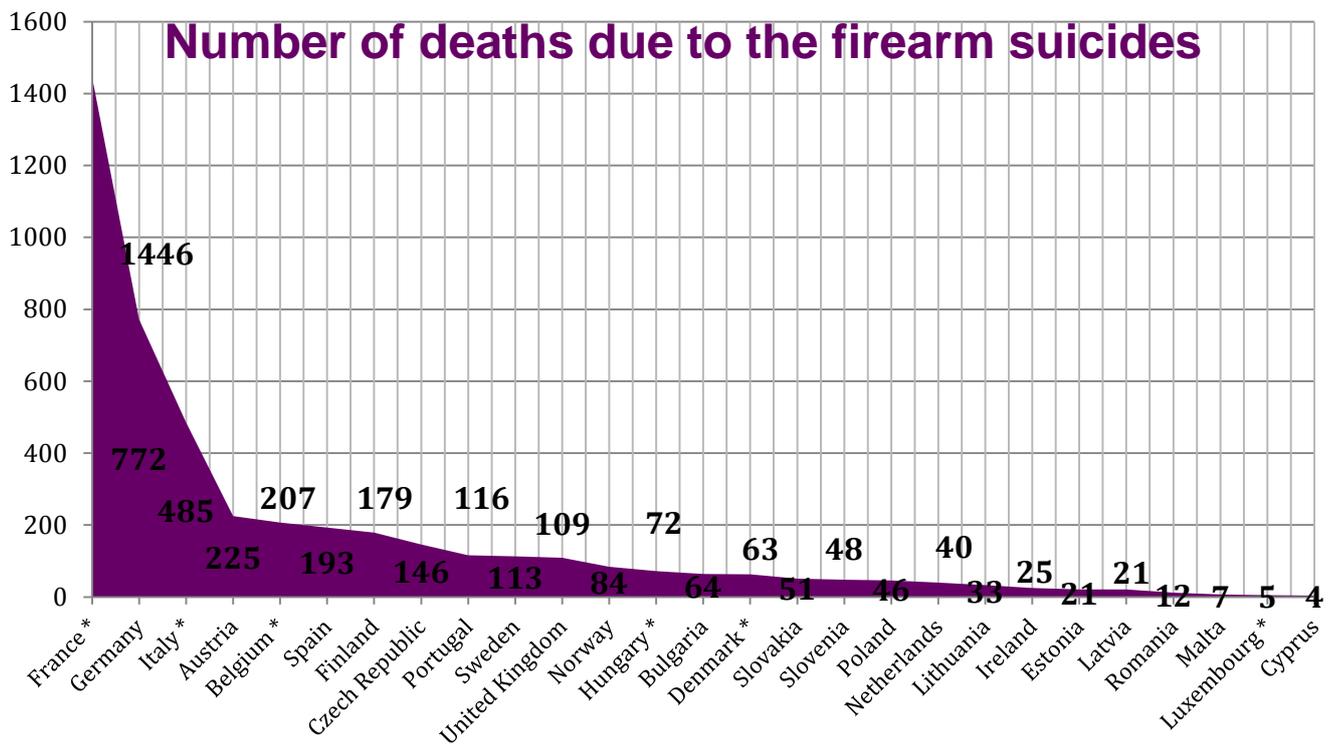
Chapter 3 Firearm suicides

Third chapter is entirely devoted to intentional self-harms by discharge of the firearm. Once again death rates in the MS of the EU will be compared to the rates in the USA. In this particular chapter the age group of children and teenagers will be expanded up until 24 years of age in order to include young people over 18 years who are in the risk group for the gun suicides. Suicide rates both in the European Union and USA are comparatively high, however gun suicides deserve special attention due to the fact that level of lethality of suicide attempts reaches 85% (Vyrostek, 2004). The chapter will also present 2 case studies on adolescent firearm suicides in the USA.

Firearm suicides in the EU

In total in 2010, there were 4,587 intentional self-harms by firearms registered in the MS of the EU (data from Greece is not available, data from Belgium and Denmark from 2006, Luxembourg, Italy, Hungary and France 2009) (DMDB, 2010). Only 7.88% of all the suicides in the countries of the EU are committed with firearms. The highest death rate due to firearm suicides of 3.05 per 100,000 population is in Finland with 179 deaths (see Figure 5). France, however, is the leader in the numbers of suicides committed with the firearms – 1446 deaths. Nonetheless, the number of deaths appears to be decreasing every year, for Finland decrease of 1.1% since 2009 and for France 6.5% since 2008. At the same time there were only 7 firearm suicides registered in the EU within the age group of 0-14 years. Expanding the research scope for the reason of more efficient results, the age group was expanded to 24 years and within this age group in the EU there were 217 deaths. The leading European country in youth firearm suicide death rate is again Finland (1.3 per 100,000 people) with 22 deaths.

Figure 5. Number of deaths due to the firearm suicides in the EU

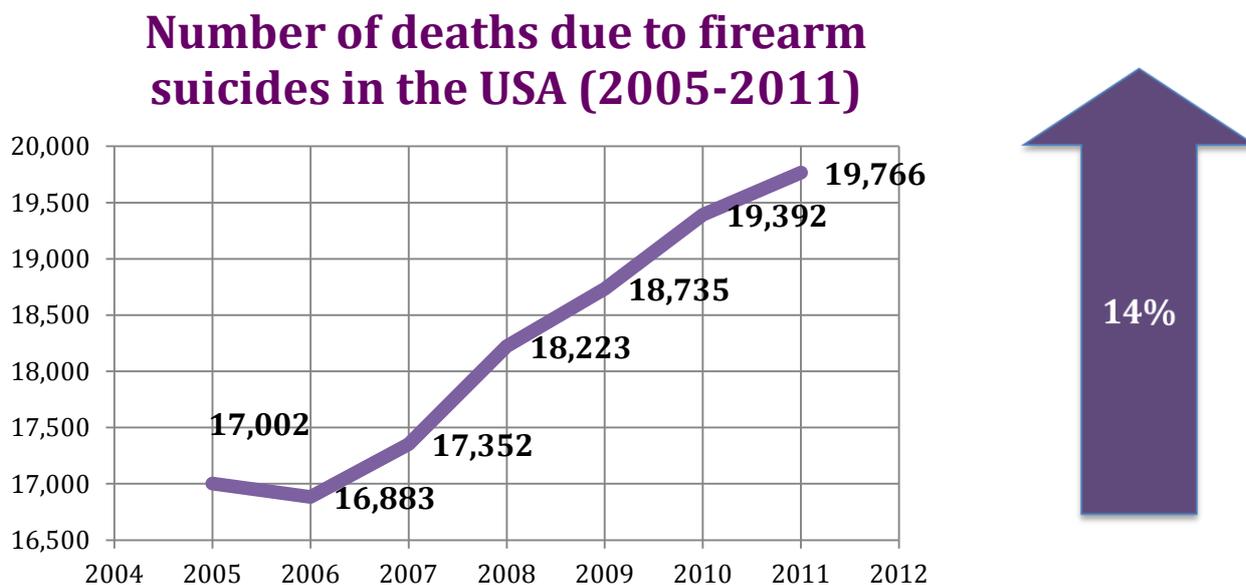


(Source: DMDB, WHO regional office for Europe)

Firearm suicides in the USA

As reported by NVSS in 2011, the number of firearm suicides in the USA reached 19,766 deaths, which makes the death rate in the country 6.3 per 100,000 population. This results in the fact that more than half of all the suicides in the USA are committed with firearms (Kochanek, 2011). Since 2005 the increase of intentional self-harms by discharge of the firearm amounts in 13.98% (see Figure 6). These numbers are very alerting and the tendency of average yearly increase of over 2% is a point of concern for public health and security specialists.

Figure 6. Number of deaths due to the firearm suicides in the USA



(Source: National Vital Statistics Reports, 2006-2011)

In the age group of 0-14 years of age in 2009 there were 64 firearms suicide deaths registered in the USA. Including the youth up until 24 years there were 2,002 firearms suicides that makes the death rate of 4.6 per thousand people within this age group.

Case studies on Firearm Suicides

Several studies have shown that household gun ownership can increase the chance of one of the household members committing suicides by 5 times (Kellerman, 1992). Firearm availability in the house is a risk factor for both adults and children. Despite the obvious precautionary measures that are supposed to be taken by parents of adolescents with suicidal tendencies, according to the Pediatric Academic Societies (PAS) 20% of teenagers in the USA with acute and chronic emotional disturbances have access to guns in their houses (PAS, 2013). Hence, the fact that the vast majority of adolescent firearms suicides are committed with a gun owned by one of the parents is rather consequent (Johnson, 2010). Another important fact to bear in mind is that suicide attempts are mostly impulsive, especially when it comes to juveniles and youth and the period of heightened risk for suicidal behaviour in the majority of the cases is minutes or hours long (Hawton, 2007, p. 5). Together with the fact that gun suicide attempts result in 85 % of lethality, this makes gun ownership potentially dangerous not only from an accident perspective but also from a deliberate self-harm perspective.

In October 1998, in a small city of Arkansas, an 8-year-old boy, Christopher Park reached the gun that was hanging on the wall and shot himself “while his mother was outside getting a switch to whip him because of a bad report card” (*“National News Briefs...”*, 1998). Despite the fact that this dramatic incident happened almost 15 years ago it is a good example of parental negligence and emotional instability of children. It is also an example that proves the point stated earlier, the period of heightened risk for suicidal behaviour last for a short period of time from a couple of minutes to hours. The tragedy could have been avoided if not for the loaded gun that was stored in a reachable place for a child. A very recent adolescent suicide happened in Kern County, California. In April 2013, a 13-year-old teenager, Nigel Hardy committed suicide with his father’s handgun because of the bullying in his new school (*“Boy, 13, killed himself with his father's gun...”*, 2013). Once again, clear case of parental negligence and juvenile vulnerability that resulted in dramatic consequences. In 15 years there was little done in order to minimize the risks for teenagers with suicidal tendencies

Conclusion

To summarize this chapter, intentional self-harm by discharge of the firearm in the EU constitutes only 7.8% of all the suicides. In the countries with the highest death rate and the number of deaths due to firearm suicides in general there is a decline in deaths over the years. In comparison to the MS of the EU, the United States are not doing as good. The death rate is very high and since 2005 there was a persistent increase of around 14.5% in the number of deaths due to intentional self-harm by discharge of the firearm. The death rate amongst the youth under 24 years of age is dangerously high.

While for the EU gun suicides are not considered to be the top priority, for the USA this is the number one concern for the public health and security specialists. The ugly truth that needs to be faced is that the majority of adolescents are committing suicides using their parents’ firearms. Vulnerable and unstable as teenagers are, they are exposed to the firearm in their daily life and in the moments of weakness when there is a higher risk for suicidal behaviour, they have access to the firearms that are often not properly stored. Parents that are the owners of the guns should always keep in mind that suicidal behaviour is often unpredictable and undetectable. Safety violations can result in tragedy for the family so in order to minimize the risk it is absolutely vital to reduce exposure to the firearms in the house.

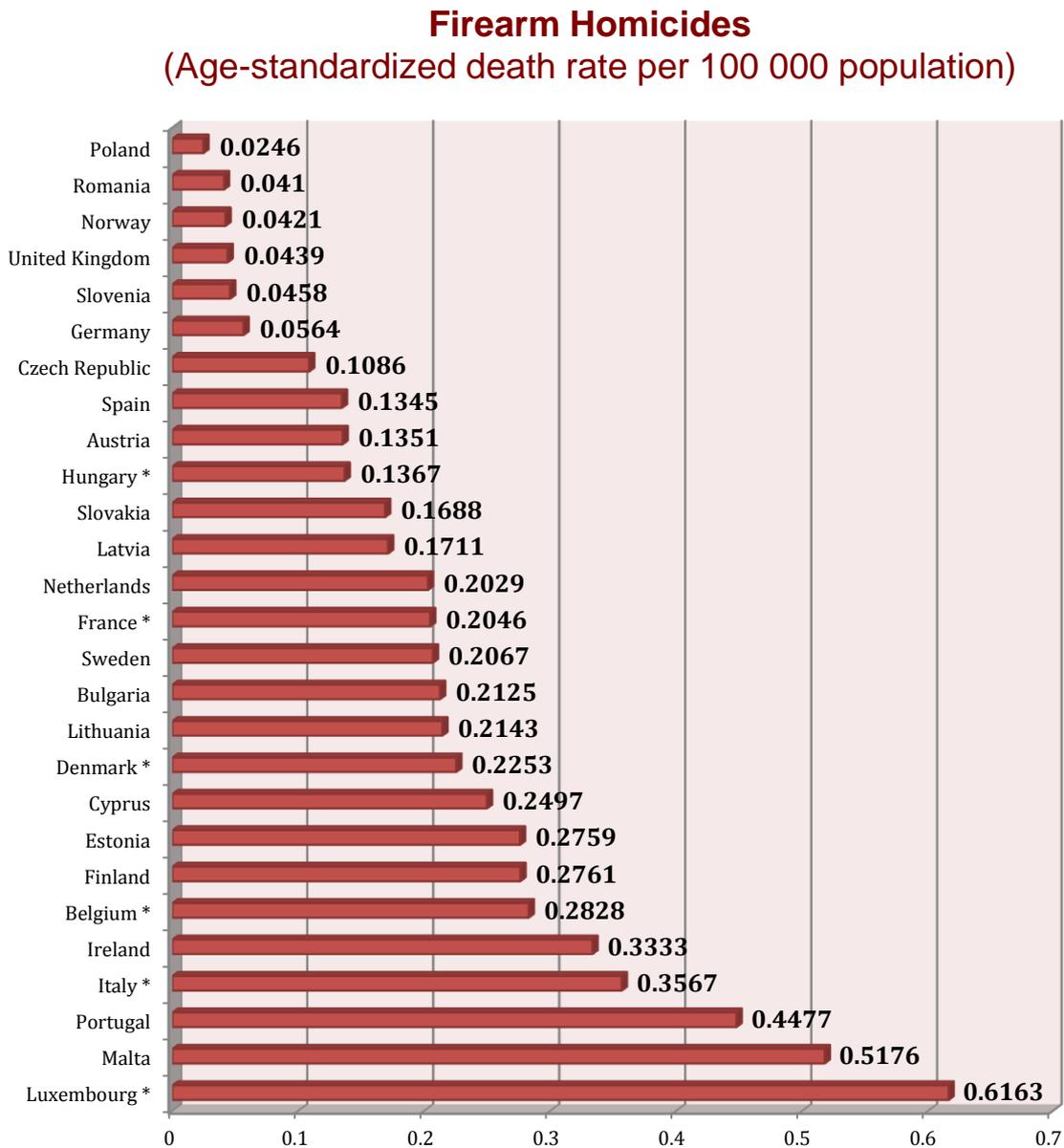
Chapter 4 Firearm homicides

The following chapter is the final part of the comparative analysis and it is going to cover firearm homicides including all the assaults by firearm discharge. It is a crucial part of the analysis as it presents data on intentional harm caused to the population. Firearm homicides occur ubiquitously and it is a matter of concern not only for the gun owners or their families but also people not involved in firearm related issues. First, statistics from the MS of the EU will be presented followed by the data from the USA. The chapter will continue to present 2 case studies on school shootings. First case is on Sandy Hook Elementary School shooting in Newtown, Connecticut in December 2012, the second case on Secondary School shooting in Winnenden, Germany in March 2009. Both cases were selected due to their relevance to the subject and high death toll of the incidents. The chapter will be ended by a short summary and conclusion.

Firearm Homicides in the EU

Out of all the assault categories registered in 2010 in the MS of the EU (data from Greece is not available, data from Belgium and Denmark from 2006, Luxembourg, Italy, Hungary and France 2009) firearm homicides constitute 18.1% of them, which is 784 deaths in total (DMDB, 2010). The leading country in death rate per 100,000 population is Luxembourg with 0.61 death rate (3 deaths registered) (see Figure 7). The country with the highest death toll within the EU is Italy with 218 deaths and 0.35 death rate per 100,000 people. However, since 2007 in Italy firearm homicide mortality has decreased by almost 19 %. The average death rate for the MS of the EU is only 0.21.

Figure 7. Firearm Homicides in the EU (age-standardized death rate per 100 000 population)



(Source: DMDB, WHO regional office for Europe)

Firearms homicides in the age group of 0 to 14 years of age represent 10.27% of all the homicides registered. All together in the EU within the same period of time only 19 children died. France, the Netherlands and Italy registered 3 deaths of children under 14 years each and this is the highest number for firearm homicides within this age group. Fortunately, there were 0 deaths registered in all the MS for the infants under the age of 1.

Firearm Homicides in the USA

The situation in the USA with assaults by firearm discharge is rather dismal compared to the EU. Overall in 2011, out of all the assault categories in the USA 69.58% of them were firearm homicides. There were 11,101 deaths registered in total for assaults by firearm discharge, the death rate constitutes 3.6 per 100,000 population. Despite the fact that the death toll is very high in the USA there is a tendency for decrease. Since 2005 the numbers dropped by 10.12% (see Figure 8). Though, it is not a lot there is an obvious positive trend.

Figure 8. Number of death due to firearm homicides (2005-2011)



(Source: National Vital Statistics Reports, 2006-2011)

The number of deaths due to the firearm homicides within the age group of 0-14 years registered in 2009 is 234. This number is to be considered very high comparing with the numbers in the MS of the EU. More importantly, there are cases of infant homicides under the age of 1 and in 2010 there were 11 infants killed by firearm, in 2011 6 deaths registered. Declining tendency in the number of deaths might appear to be a self-occurred solution. However, the decrease in firearm homicides has demographic explanation, there is a shrinking proportion of high-crime ages - between 15 and 20 years of age (Van Dijk, 2007). Another possible reason to be considered is better policing or increased imprisonment. Nonetheless, the decreasing trends are noted both in the countries of the EU and USA, so there is still a problem of disproportionately high death toll for the United States.

Case studies on Firearm Homicides

Causes for gun violence in education institutions all over the world can be categorized in 3 levels - Individual causes and qualities, community context and social/cultural context (Muschert, 2007, p. 69). These levels can include vast scope of different categories starting with mental illnesses of the shooter ending with culture of violence. There are hardly any real answers that could explain human nature and sudden violent behaviour. Yet the purpose of this research paper is not to rationalize violent behaviour of humans but to present accurate data on the issue that will allow making certain conclusions on firearm exposure amongst adolescents. There could be various reasons for certain violent behaviour and of course, it is highly important to prevent escalation of this behaviour. However, it is even more important to cut the means for possible aggressor and prevent large number of deaths due to firearm assaults.

Sandy Hook Elementary School

In December last year, Newtown, Connecticut a 20-year-old man Adam Lanza shot his mother Nancy Lanza, took her Bushmaster rifle, drove to the Sandy Hook Elementary School where he committed a mass murder of 20 students and 6 teachers. After being spotted by police officers, the man shot himself in the head with the handgun. Apart from his mother's rifle, Adam Lanza was in possession of 2 handguns and one shotgun. The under age victims of the incident were all between 6 and 7 years of age. The entire incident took place in less than 30 minutes after Adam Lanza killed his mother.

The background history of the perpetrator does not indicate any technical prerequisites for committing mass murder. He did not have any previous criminal record; toxicological tests have shown that he was not on drugs or alcohol. At the same time, he was a very enthusiastic gun owner with related interests e.g. video games, target shooting (Bankoff, 2012). Adam also had a sensory integration disorder and a personality disorder that are believed to be characteristics of autism (James, 2013). As a result of this devastating incident in April, 2013 in the state of Connecticut local authorities adopted stricter gun control regulation. Another 100 assault weapons have been added to the list of banned firearms as well as the number of rounds in the magazine has been limited to 10 (O'Leary, 2013). There are just half-measures that can possibly reduce amount of victims but they do not aim to eliminate the danger. There is an urgent need for a real legislation that could reduce the risk to an acceptable minimum.

Winnenden school shooting

In March 2009, Tim Kretschmer, a 17-year-old boy from Winnenden, Germany committed a mass murder with the handgun of his father in the secondary school of his hometown, killing 7 people in the school followed by shootings in the nearby town Wendlingen where he killed another 2 people. After that he committed suicide by shooting himself. The youngest victims of Tim Kretschmer shooting spree were 15 years old. The incident lasted for about 4 hours and according to certain sources the perpetrator has announced his shooting spree plans hours before the incident in the Internet chat conversation (Davies, 2009).

The same as the above-mentioned aggressor, Tim Kretschmer did not have a previous criminal record but he did suffer from continuous clinical depression and has been seeing therapists ("*Tim Kretschmer suffered from depression...*", 2009). He had interest in guns, violent video games and target shooting. In addition, the boy lived in the household full of firearms. His father legally owned 15 different guns as a member of German marksmen club (Von Dörries, 2010). All of the weapons were kept in the gun safe except from the handgun that subsequently was used by Tim Kretschmer. This handgun was kept in the open reach for the family members in the parent's bedroom.

Jörg Kretschmer, the father, was persecuted and found guilty of "involuntary manslaughter, bodily harm caused by negligence, and the negligent abandonment of a weapon" ("*Winnenden father found guilty of manslaughter*", 2011). He got suspended sentence of a year and nine months. This measure is more administrative than anything else, especially not beneficial for the future safety improvement. The real response came in June 2009 when German government adopted new legislation on gun control. The new regulations included establishment of digital nation-wide weapons registry that goes in line with Directive 2008/51/EC mentioned in Chapter 1. Also the age limit has been increased from 14 to 20 years for large-caliber weapons. One of the most feasible and productivity measures adopted in 2009 is announced and random inspections in the households with registered firearm owners in order to check on the safe storage of the weapons in the house ("*Bundestag billigt verschärftes Waffenrecht*", 2009). This measure is specifically targeted for firearm injuries prevention and works for developing discipline amongst firearm owners.

Conclusion

Firearm violence has decreased in most of the Western countries for the past years including the EU and USA. Nonetheless, this tendency should not lead to a conclusion that the problem of gun violence will be solved by itself with the time. Despite the positive trend, the death toll in the United States is disproportionately high comparing to the numbers from the MS of the EU. Of particular interest are the figures for children and teenagers death rates where even infants under age of 1 get affected by the firearm homicides. In this respect, countries of the EU are doing significantly better than the United States where firearm assaults are the majority of all the assault happening yearly. There is a reason to believe that key to European significantly lower death rate is in low gun availability in the society.

The tragedies that happened in the USA and Germany are vivid examples of consequences to constant exposure to the firearms. Both perpetrators were living in the households with a lot of weapons. Having troubles with mental and emotional stability, both assaulters got to exercise their violent intent in the most dangerous for the society way - with firearms. There is no reason to believe that they would not attempt to harm their targets if they did not have firearms nonetheless, there would have been less casualties and less damage caused for the social environment. Aftermath that followed both incidents had different impacts on the safety and security of the people. In Germany the legislation was adopted in 3 months after the incidents and the goal of the legislation is actually to reduce risk level for the society making the ownership of the firearm quite difficult for the individual. While in the USA the legislation was adopted 4 months after the tragedy and the measures of this legislation are rather superficial and do not provide long term solution in terms of public health and security.

Conclusion

In conclusion, the comparative analysis has proven the initial hypothesis to be accurate. Gun control policies within the EU are more successful in terms securing life and well being of the citizens. Under all 3 categories of gun control injuries (Accidents, Suicides and Homicides) the MS of the EU are showing considerably lower death rates than in the Unites States. Taking into consideration the fact that the most of the world's firearms are in possession of civilians and 1/3 of these "civil firearms" are property of the US citizens, this leads to the conclusion that exposure to the firearms in the USA is very high and regulation of the firearms in the country indeed can be categorized as permissive. With lower death toll due to the firearm injuries, the EU shows much lower exposure to the firearms with rather restrictive gun regulation policy. It is simply hard to be an owner of a firearm in the EU. The procedures and background checks are thorough and complicated. They include criminal record, mental health assessment, physical condition and even social environment of the applicant. The logical chain - fewer guns in possession of the civilians, less firearm injuries can be traced on the example of the EU. As simple as it is this principle has not been applied in the USA, any further procrastination in gun policy renovation means more innocent deaths.

Therefore, the answer to the central question of the research is positive. European approach to gun control policy can guarantee public health and security in the USA. The comparative analysis not only proved the superiority of the EU policies but also provided explanations for lower death rates in the MS. Moreover, the specific scope on teenagers and children under the age of 14 years allowed the research to present the situation from the perspective of the citizens who do not have a voice in society yet. Children cannot choose their environment and cannot make the decision on firearm discussion. This is why it is up to adults to ensure security for the children up until the moment when they can decide for themselves if they are willing to posses a gun or live in the household with a gun. The situation in the USA is rather dramatic, death rates of children are high and even infants are getting affected. There are simple measures that can be rather affective for firearm injuries prevention that were listed in the chapters:

- Reduce exposure to the firearms of the children
- Safe storage and precautionary measures (trigger locks, gun safes etc.)
- Prohibition of gun hunting for juveniles
- Announced and random inspections in the households with registered firearm owners

Limitations & Recommendations

The research conducted for this dissertation has revealed certain limitations in terms of coverage of the subject. Due to the time framework and workload it was impossible to cover all the aspects of the firearm discussion. Legal, political, cultural and economical perspectives were left out this paper. For the future research on the subject the recommendation would be to cover these perspective because they can bring new arguments for both pro-gun and anti-gun control advocates. One of the important steps to be taken in the future is to analyze precociously the legislation for all the states in the USA in order to make a conclusion on possibility of gun control alterations. Also it would be extremely useful to compare European and American gun cultures since it does influence a lot public opinion and therefore, social acceptance of the firearms in the civil life.

In addition, apart from the secondary research it would be advantageous to conduct a survey in order to find out public opinion on the issue both in the USA and EU. This survey could be useful to determine how strong and deep rooted is gun culture in society. The survey should be conducted amongst the EU and the US citizens. Moreover, the interviews with public health and security specialists could expand the vision on the subject due to their in depth knowledge. For this paper, the major specialists in the field of gun control were contacted such as David Hemenway, PhD director of Harvard Injury Control Center, Sarah Parker, Senior Researcher at Small Arms Survey research group and Deborah Azrael, PhD director of research of Harvard Injury Control Center, all publishing academics with a lot of experience on the subject. Unfortunately, the interview candidates were not able to give an interview for this paper.

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Appendices

Appendix I Table 1. All firearm deaths in the EU (2010*)

Country	Year	Age-standardized death rate per 100 000	Crude death rate per 100 000	Number of deaths	% of all the deaths	Population
Austria	2010	2.3476	2.9448	247	0.32	8387742
Belgium*	2006	2.1673	2.427	256	0.2557	10547962
Bulgaria	2011	1.2268	1.3472	99	0.0914	7348448
Cyprus	2010	0.8229	0.8336	7	0.1376	839751
Czech Republic	2010	1.5419	1.759	185	0.1731	10517247
Denmark*	2006	1.351	1.4537	79	0.1431	5434567
Estonia	2010	2.3035	2.537	34	0.2154	1340160
Finland	2010	3.3686	3.6358	195	0.383	5363352
France*	2009	2.5596	3.0001	1864	0.347	62130519
Germany	2010	0.8126	1.1045	903	0.1052	81757471
Hungary*	2009	0.7944	0.8481	85	0.0652	10022649
Ireland	2010	0.9955	1.0316	46	0.1696	4459305
Italy*	2009	1.0682	1.2776	769	0.1307	60192698
Latvia	2010	1.3317	1.4292	32	0.1064	2239008
Lithuania	2010	1.5325	1.6125	53	0.1258	3286820
Luxembourg*	2009	1.7479	1.808	9	0.2486	497793
Malta	2010	2.1725	2.1635	9	0.299	415990
Netherlands	2010	0.4424	0.4574	76	0.0559	16615394
Poland	2010	0.2457	0.2566	98	0.0259	38186860
Portugal	2010	1.5105	1.7682	188	0.177	10632481
Romania	2010	0.1863	0.196	42	0.0162	21431298
Slovakia	2010	1.6209	1.7492	95	0.1778	5431024
Slovenia	2010	1.9491	2.4399	50	0.2687	2049261
Spain	2010	0.5668	0.6251	288	0.0754	46072831
Sweden	2010	1.2435	1.4715	138	0.1525	9378126
United Kingdom	2010	0.23	0.2508	155	0.0276	61791956

*The most recent data available. Source: DMDB, WHO regional office for Europe

Appendix II Table 2. All firearm deaths in the EU, age group 0-14 (2010*)

Country	Year	Death rate per 100 000	Crude death rate per 100 000	Number of deaths	% of all the deaths	Population
Austria	2010	0	0	0	0	1239538
Belgium*	2006	0.0538	0.0557	1	0.1374	1796916
Bulgaria	2011	0.2028	0.2046	2	0.2342	977701
Cyprus	2010	0	0	0	0	141318
Czech Republic	2010	0	0	0	0	1506095
Denmark*	2006	0.0906	0.0986	1	0.3021	1013988
Estonia	2010	0	0	0	0	204237
Finland	2010	0.1062	0.1126	1	0.4348	888002
France*	2009	0.0608	0.0616	7	0.1713	11357836
Germany	2010	0.0249	0.0273	3	0.0861	10979480
Hungary*	2009	0.0741	0.0674	1	0.1381	1484728
Ireland	2010	0	0	0	0	937752
Italy*	2009	0.0456	0.0473	4	0.1355	8453326
Latvia	2010	0.3159	0.3248	1	0.5208	307840
Lithuania	2010	0	0	0	0	493597
Luxembourg*	2009	0	0	0	0	88855
Malta	2010	0	0	0	0	64140
Netherlands	2010	0.0962	0.1031	3	0.2988	2909996
Poland	2010	0.0523	0.052	3	0.1037	5773180
Portugal	2010	0.1181	0.1235	2	0.4255	1619801
Romania	2010	0.0302	0.0309	1	0.0326	3241295
Slovakia	2010	0.2214	0.2406	2	0.396	831246
Slovenia	2010	0	0	0	0	289041
Spain	2010	0.0148	0.0144	1	0.0428	6924393
Sweden	2010	0.1292	0.1284	2	0.4587	1557197
United Kingdom	2010	0.0273	0.0278	3	0.0631	10795602

*The most recent data available. Source: DMDDB, WHO regional office for Europe

Appendix III Table 3. Fatal firearm accidents in the EU (2010*)

Country	Year	Age-standardized death rate per 100 000	Crude death rate per 100 000	Number of deaths	% of all the deaths	Population
France*	2009	0.4077	0.4571	284	0.0529	62130519
Germany	2010	0.0782	0.0979	80	0.0093	81757471
Italy*	2009	0.0993	0.1096	66	0.0112	60192698
Poland	2010	0.1126	0.1126	43	0.0114	38186860
Slovakia	2010	0.5842	0.626	34	0.0636	5431024
Spain	2010	0.0569	0.0608	28	0.0073	46072831
Czech Republic	2010	0.2106	0.2472	26	0.0243	10517247
Portugal	2010	0.1826	0.1975	21	0.0198	10632481
Romania	2010	0.0911	0.098	21	0.0081	21431298
United Kingdom	2010	0.0279	0.0307	19	0.0034	61791956
Bulgaria	2011	0.2416	0.2449	18	0.0166	7348448
Belgium*	2006	0.1588	0.1706	18	0.018	10547962
Lithuania	2010	0.355	0.3651	12	0.0285	3286820
Estonia	2010	0.6018	0.6716	9	0.057	1340160
Sweden	2010	0.0608	0.0746	7	0.0077	9378126
Latvia	2010	0.3086	0.3126	7	0.0233	2239008
Austria	2010	0.0769	0.0835	7	0.0091	8387742
Ireland	2010	0.1061	0.1121	5	0.0184	4459305
Denmark*	2006	0.0799	0.0736	4	0.0072	5434567
Netherlands	2010	0.0174	0.0181	3	0.0022	16615394
Finland	2010	0.0388	0.0373	2	0.0039	5363352
Cyprus	2010	0.1252	0.1191	1	0.0197	839751
Luxembourg*	2009	0.2056	0.2009	1	0.0276	497793
Slovenia	2010	0.0275	0.0488	1	0.0054	2049261
Norway	2010	0.0226	0.0205	1	0.0024	4889253

*The most recent data available. Source: DMDB, WHO regional office for Europe

Appendix IV Table 4. Fatal firearm accidents in the EU, age group 0-14 (2010*)

Country	Year	Death rate per 100 000	Crude death rate per 100 000	Number of deaths	% of all the deaths	Population
France*	2009	0.0254	0.0264	3	0.0734	11357836
Bulgaria	2011	0.2028	0.2046	2	0.2342	977701
Poland	2010	0.0364	0.0346	2	0.0691	5773180
Latvia	2010	0.3159	0.3248	1	0.5208	307840
Portugal	2010	0.059	0.0617	1	0.2128	1619801
United Kingdom	2010	0.0088	0.0093	1	0.021	10795602
Italy*	2009	0.0114	0.0118	1	0.0339	8453326
Slovakia	2010	0.1107	0.1203	1	0.198	831246
Norway	2010	0	0	0	0	919721
Finland	2010	0	0	0	0	888002
Ireland	2010	0	0	0	0	937752
Estonia	2010	0	0	0	0	204237
Belgium*	2006	0	0	0	0	1796916
Lithuania	2010	0	0	0	0	493597
Luxembourg*	2009	0	0	0	0	88855
Netherlands	2010	0	0	0	0	2909996
Germany	2010	0	0	0	0	10979480
Denmark*	2006	0	0	0	0	1013988
Czech Republic	2010	0	0	0	0	1506095
Romania	2010	0	0	0	0	3241295
Cyprus	2010	0	0	0	0	141318
Slovenia	2010	0	0	0	0	289041
Spain	2010	0	0	0	0	6924393
Sweden	2010	0	0	0	0	1557197
Austria	2010	0	0	0	0	123953

*The most recent data available. Source: DMDB, WHO regional office for Europe

Appendix V Table 5. Firearm suicides in the EU (2010*)

Country	Year	Age-standardized death rate per 100 000	Crude death rate per 100 000	Number of deaths	% of all the deaths	Population
France *	2009	1.9472	2.3274	1446	0.2692	62130519
Germany	2010	0.678	0.9443	772	0.0899	81757471
Italy *	2009	0.6122	0.8057	485	0.0824	60192698
Austria	2010	2.1356	2.6825	225	0.2915	8387742
Belgium *	2006	1.7256	1.9625	207	0.2068	10547962
Spain	2010	0.3753	0.4189	193	0.0505	46072831
Finland	2010	3.0538	3.3375	179	0.3516	5363352
Czech Republic	2010	1.2227	1.3882	146	0.1366	10517247
Portugal	2010	0.8802	1.091	116	0.1092	10632481
Sweden	2010	0.9759	1.2049	113	0.1248	9378126
United Kingdom	2010	0.1583	0.1764	109	0.0194	61791956
Norway	2010	1.5605	1.7181	84	0.2027	4889253
Hungary *	2009	0.6577	0.7184	72	0.0552	10022649
Bulgaria	2011	0.7727	0.8709	64	0.0591	7348448
Denmark *	2006	1.0458	1.1592	63	0.1141	5434567
Slovakia	2010	0.8679	0.939	51	0.0954	5431024
Slovenia	2010	1.8757	2.3423	48	0.2579	2049261
Poland	2010	0.1086	0.1205	46	0.0122	38186860
Netherlands	2010	0.2222	0.2407	40	0.0294	16615394
Lithuania	2010	0.9631	1.004	33	0.0783	3286820
Ireland	2010	0.5562	0.5606	25	0.0922	4459305
Estonia	2010	1.4258	1.567	21	0.1331	1340160
Latvia	2010	0.8521	0.9379	21	0.0698	2239008
Romania	2010	0.0543	0.056	12	0.0046	21431298
Malta	2010	1.6548	1.6827	7	0.2326	415990

*The most recent data available. Source: DMDB, WHO regional office for Europe

Appendix VI Table 6. Firearm suicides in the EU, age group 0-24 (2010*)

Country	Year	Death rate per 100 000	Crude death rate per 100 000	Number of deaths	% of all the deaths	Population
France*	2009	0.2577	0.2703	52	0.7094	19235647
Finland	2010	1.3092	1.4217	22	3.7479	1547490
Germany	2010	0.0785	0.0942	19	0.2938	20171125
Austria	2010	0.6071	0.7082	16	1.726	2259173
Italy*	2009	0.1013	0.11	16	0.306	14544387
Spain	2010	0.0853	0.0938	11	0.301	11728200
Czech Republic	2010	0.3253	0.3926	11	1.0009	2801570
United Kingdom	2010	0.0521	0.0578	11	0.1425	19016061
Norway	2010	0.492	0.5145	8	1.5123	1554815
Belgium*	2006	0.183	0.1953	6	0.4658	3072068
Denmark*	2006	0.3771	0.3693	6	1.0526	1624541
Bulgaria	2011	0.2262	0.2733	5	0.3695	1829732
Sweden	2010	0.1566	0.1783	5	0.5618	2804499
Hungary*	2009	0.1539	0.1824	5	0.3931	2741380
Lithuania	2010	0.3077	0.4056	4	0.625	986164
Ireland	2010	0.2732	0.263	4	0.626	1521177
Netherlands	2010	0.0572	0.0607	3	0.1966	4944900
Slovakia	2010	0.1614	0.1869	3	0.3488	1605258
Romania	2010	0.0274	0.0324	2	0.0419	6170219
Poland	2010	0.0134	0.0179	2	0.0341	11150653
Cyprus	2010	0.5526	0.7264	2	2.1505	275330
Portugal	2010	0.0681	0.0711	2	0.2153	2814047
Slovenia	2010	0.1506	0.1914	1	0.5618	522497
Estonia	2010	0.2496	0.2575	1	0.4762	388313
Luxembourg	2009	0	0	0	0	147824

*The most recent data available. Source: DMDB, WHO regional office for Europe

Appendix VII Table 7. Firearm assaults in the EU (2010*)

Country	Year	Age-Standardized Death rate per 100 000	Crude death rate per 100 000	Number of deaths	% of all the deaths	Population
Luxembourg*	2009	0.6163	0.6027	3	0.0829	497793
Malta	2010	0.5176	0.4808	2	0.0664	415990
Portugal	2010	0.4477	0.4797	51	0.048	10632481
Italy*	2009	0.3567	0.3622	218	0.037	60192698
Ireland	2010	0.3333	0.3588	16	0.059	4459305
Belgium*	2006	0.2828	0.2939	31	0.031	10547962
Finland	2010	0.2761	0.261	14	0.0275	5363352
Estonia	2010	0.2759	0.2985	4	0.0253	1340160
Cyprus	2010	0.2497	0.2382	2	0.0393	839751
Denmark*	2006	0.2253	0.2208	12	0.0217	5434567
Lithuania	2010	0.2143	0.2434	8	0.019	3286820
Bulgaria	2011	0.2125	0.2313	17	0.0157	7348448
Sweden	2010	0.2067	0.1919	18	0.0199	9378126
France*	2009	0.2046	0.2157	134	0.0249	62130519
Netherlands	2010	0.2029	0.1986	33	0.0243	16615394
Latvia	2010	0.1711	0.1787	4	0.0133	2239008
Slovakia	2010	0.1688	0.1841	10	0.0187	5431024
Hungary*	2009	0.1367	0.1297	13	0.01	10022649
Austria	2010	0.1351	0.1788	15	0.0194	8387742
Spain	2010	0.1345	0.1454	67	0.0175	46072831
Czech Republic	2010	0.1086	0.1236	13	0.0122	10517247
Germany	2010	0.0564	0.0624	51	0.0059	81757471
Slovenia	2010	0.0458	0.0488	1	0.0054	2049261
United Kingdom	2010	0.0439	0.0437	27	0.0048	61791956
Norway	2010	0.0421	0.0409	2	0.0048	4889253

*The most recent data available. Source: DMDB, WHO regional office for Europe

Appendix VIII Table 8. Firearm assaults in the EU, age group 0-14 (2010*)

Country	Year	Death rate per 100 000	Crude death rate per 100 000	Number of deaths	% of all the deaths	Population
France*	2009	0.0268	0.0264	3	0.0734	11357836
Netherlands	2010	0.0962	0.1031	3	0.2988	2909996
Italy*	2009	0.0342	0.0355	3	0.1016	8453326
Sweden	2010	0.1292	0.1284	2	0.4587	1557197
Belgium*	2006	0.0538	0.0557	1	0.1374	1796916
Portugal	2010	0.059	0.0617	1	0.2128	1619801
Romania	2010	0.0302	0.0309	1	0.0326	3241295
Hungary*	2009	0.0741	0.0674	1	0.1381	1484728
Poland	2010	0.0158	0.0173	1	0.0346	5773180
Spain	2010	0.0148	0.0144	1	0.0428	6924393
United Kingdom	2010	0.0097	0.0093	1	0.021	10795602
Germany	2010	0.0088	0.0091	1	0.0287	10979480
Czech Republic	2010	0	0	0	0	1506095
Latvia	2010	0	0	0	0	307840
Lithuania	2010	0	0	0	0	493597
Luxembourg*	2009	0	0	0	0	88855
Malta	2010	0	0	0	0	64140
Estonia	2010	0	0	0	0	204237
Norway	2010	0	0	0	0	919721
Finland	2010	0	0	0	0	888002
Austria	2010	0	0	0	0	1239538
Bulgaria	2011	0	0	0	0	977701
Slovakia	2010	0	0	0	0	831246
Slovenia	2010	0	0	0	0	289041
Cyprus	2010	0	0	0	0	141318

*The most recent data available. Source: DMDB, WHO regional office for Europe