

**To the Select Committee on Firearms Legislation and Policy
Parliament of Tasmania**

I am making this submission as an individual with professional and personal experience of firearm-related harms.

Professionally, I am a registered medical practitioner in Australia. I have worked professionally as a rural medical practitioner in rural Queensland and rural Tasmania. I am also a public health physician and epidemiologist. For over 10 years I was the Director of Population Epidemiology and Specialist Medical Advisor in Population Health in the (then) Tasmanian Department of Health and Human Services.

Personally, I was raised in rural Queensland. I handled firearms regularly throughout my childhood and early adult years for agricultural management. My father and two brothers hold gun licenses and still live in rural Queensland.

I understand the terms of reference of the Committee relate to:

- (a) current and future firearms licensing regimes, including training and testing, licence renewal, licence infringements and licence categories;
- (b) compliance with the provisions of the National Firearms Agreement;
- (c) the roles of Tasmania Police, Firearms Services (FAS) and creation of a broad-based consultative group;
- (d) consideration of public submissions to the Legislative Council firearms laws inquiry in relation to (a), (b), and (c) above; and
- (e) any other matters incidental thereto.

I wish to make my submission in relation to (a) and (e).

Licensing regimes

The current licensing regime for firearms in Tasmania has been effective in reducing firearm-related deaths. Analysis of population statistics before and after the Port Arthur homicides in April 1996, and subsequent enactment of the National Firearms Agreement, demonstrate an association between the enactment and decreased firearms-related mortality in Tasmania.

Prior to this, between 1980 and 1995 there were 10,150 firearm-related deaths in Australia¹. These accounted for 0.5% of all deaths reported. However, given the young age of many people whose deaths were firearms-related, these deaths account for 2.4% of total years of potential life lost before age 76. Young men are over-represented in these statistics.

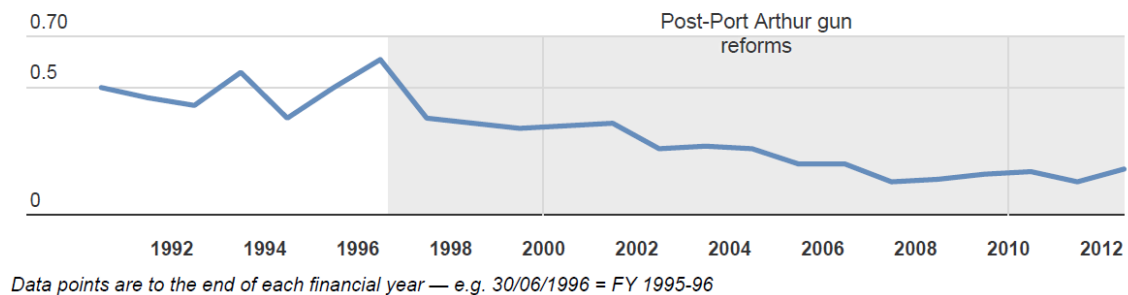
These deaths have public health and clinical significance. Between 1980 and 1995 analysis of ABS mortality data indicates that firearms were involved in one quarter of all suicides and one fifth of all homicides. We were not doing well in Tasmania in curbing this public health issue prior to the National Firearms Agreement was enacted.

¹ Australian Bureau of Statistics. Firearms Deaths, Australia, 1980 to 1995

Tasmania and the Northern Territory were the two areas with the highest rates of firearms-related deaths. While many jurisdictions experienced a decline in deaths between 1980 and 1995, Tasmania's death rate showed little change.

Since 1996 the rate of suicide by firearm has fallen by 67 per cent from 2.1 deaths per 100,000 population to 0.7 deaths per 100,000 in 2014. The most recent National Homicide Monitoring Program report shows a steady decrease in deaths from gunshot wound since the National Firearms Agreement was enacted².

Homicide victims, cause of death from gunshot wound (rate per 100,000)



The basis of the National Firearms Agreement is restricted legal possession of automatic and semi-automatic firearms, restrictions in the legal importation of some firearms and, importantly, a firearms registration scheme. The requirement for all persons possessing and using firearms to obtain a license was the main impact on most gun owners, including my family, as was making sure our guns were safely stored.

Before the Agreement, our guns were stored under my brother's bed. We owned shotguns and rifles, depending on the reason we were going shooting. Because my sister was a toddler at the time the ammunition was stored away from the guns in my father's wardrobe as this seemed safer. This was not unusual practice in our community. Gun storage was lax and probably contributed to the deaths in rural areas that I later attended as a medical practitioner and to the deaths of school mates.

Firstly, the deaths I attended professionally. As a rural medical practitioner, I have attended patients who have attempted and, in some cases, successfully committed suicide. Successful resuscitation of a patient with a major gunshot wound with limited clinical equipment in a rural area is a distressing and difficult task. The resuscitations I performed were traumatic for emergency services and clinical staff involved.

One such case was a boy in his early teens. His family was experiencing financial pressure. According to his mother, his father made a comment 'you are just another mouth to feed' to his son in a family argument. The young boy went and got the shotgun from his father's bedroom and shot himself through the head. Ambulance services brought him into the rural hospital I was working in. He was still alive. I was unable to resuscitate him. I cannot help but think he might still be alive if his father's gun had been appropriately locked away and if the boy had not been taught at a young age how to use it.

Personally, I lost school friends to accidental firearms-related deaths. Some were

² <http://crimestats.aic.gov.au/NHMP/homicide/>

accidental deaths associated with kangaroo and pig shooting for crop and infrastructure protection on farms. Others were from suicide and self-harm. One School friend was accidentally shot through the head when shooting on the farm with his father. His father was driving a utility with his son on the back tray. The gun in the cabin was unfortunately still loaded and discharged through the roof of the utility, killing his son. His father later committed suicide.

The impacts of these deaths on our community and family were substantial. My family members are gun owners and do not have any problems with the requirements for gun ownership under the current arrangements. Both brothers have young children of their own. When we reflect on our own upbringing, we realise we had a very relaxed attitude to gun ownership that could have resulted in harm to our loved ones.

I believe the current arrangements for gun ownership are responsible public policy and an effective public health strategy to reduce firearms-related harm. As such, they should be maintained.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Kelly Shaw', with a stylized, cursive script.

Dr Kelly Shaw

MBBS, MPH, PhD, FRACGP, FAFPHM