

LETTERS

Codesigning a public health approach to preventing firearm-related suicide deaths with rural communities

Dr. Gomez and colleagues offered much-needed insight into the geographic patterns of firearm injuries in Ontario, Canada.¹ They found that assault-related injuries were concentrated in cities, and rates of self-harm-related injuries were highest in rural areas. We support the authors' call for context-specific public health interventions and wish to offer an additional perspective on rural suicide prevention and the role of guns in rural communities.

Although the authors did not evaluate differences by ethnic origin, the north-south disparities in self-harm may reflect differences in suicide rates between Indigenous and non-Indigenous populations. Compared with southern areas, northern regions in Canada have proportionately larger Indigenous populations; suicide rates tend to be higher in many northern areas, including in Ontario.²⁻⁴ Assessing possible differences in rates of self-harm between Indigenous and non-Indigenous peoples within rural or northern areas may help further tailor interventions.

The limited data about household firearm ownership in Canada show that the prevalence is higher in rural areas, and in the territories and Atlantic provinces.^{5,6} Although we recognize the relationship between firearm access and suicide,⁷ most firearms in rural households are rifles and shotguns,⁵ and hunting is the main reason many rural families in Canada own a gun.^{5,6} Given the high rates of food insecurity in rural and Indigenous communities,⁸ it is important to understand that firearms support household access to country foods such as birds, moose, caribou and seal. As a matter of equity, this context needs to be part of discussions about the role of firearm policy in suicide prevention.

Local interventions that support the safe storage of firearms⁹ may offer practical opportunities for suicide prevention in rural and northern areas. This could include counselling for safe firearm storage when people who are suicidal visit the emergency department;¹⁰ providing households with gun cabinets;¹¹ setting up community firearm storage lockers; or creating voluntary, out-of-home firearm storage plans with retailers or law enforcement agencies for people who are at acute risk of self-harm.¹² In Nunavut, for example, the territorial government established a firearm safety program, which involved distributing free trigger locks via hunting associations, wildlife offices and police detachments.¹³

From a public health perspective, it is important to avoid viewing rurality as a homogeneous context. A key direction for suicide prevention research in Canada is to assess the effectiveness of firearm safety interventions in diverse rural settings. We hope the study from Ontario¹ will support efforts to prevent firearm-related suicide with a process that is not only "rural proofed,"¹⁴ but also designed by the families and stakeholders who have the most to gain from rural suicide prevention.

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