

Racial Equity and Social Justice (RESJ) Impact Statement

Office of Legislative Oversight

BILL 36-23: SALE OF FIREARMS OR AMMUNITION – SUICIDE AWARENESS AND FIREARM EDUCATION (SAFE) ACT

SUMMARY

The Office of Legislative Oversight (OLO) finds the racial equity and social justice (RESJ) impact of Bill 36-23 is indeterminant since there is no data on gun purchasers in the County by race and ethnicity. Additionally, no research was found on the impact of suicide awareness and firearm education literature on gun suicides. OLO offers one policy option for Council consideration.

PURPOSE OF RESJ IMPACT STATEMENTS

The purpose of RESJ impact statements (RESJIS) is to evaluate the anticipated impact of legislation on racial equity and social justice in the County. Racial equity and social justice refer to a **process** that focuses on centering the needs, leadership, and power of communities of color and low-income communities with a **goal** of eliminating racial and social inequities.¹ Achieving racial equity and social justice usually requires seeing, thinking, and working differently to address the racial and social harms that have caused racial and social inequities.²

PURPOSE OF BILL 36-23

Suicides, and in particular gun suicides, are a serious and growing public health problem in the United States.^{3,4} According to provisional data from the Centers for Disease Control and Prevention (CDC), gun suicides accounted for 56 percent of gun-related deaths in 2022.⁵ Further, researchers at Johns Hopkins found the gun suicide rate reached all-time highs in recent years following steady growth since 2006.⁶ Many jurisdictions have turned to gun safety policies to address the growing concern of gun suicides.⁷

If enacted, Bill 36-23 would require the Montgomery County Department of Health and Human Services (DHHS) to prepare and distribute literature to each gun shop in the County regarding gun and firearm safety; gun and firearm training; suicide prevention; mental health; and conflict resolution.⁸ Each gun shop would be required to make the literature visible and available at the point of sale and to distribute the literature to each customer upon a sale of a gun, firearm, or fixed ammunition. According to the Bill's sponsor, these steps are intended to "reduce harm by providing potentially lifesaving information when someone is purchasing a firearm or ammunition."⁹

Failure of a gun shop to display or distribute the literature would be a Class A civil violation, which currently carries a maximum penalty of \$500 for an initial offense and \$750 for a repeat offense.¹⁰ DHHS representatives would be authorized to issue a civil citation to an owner of a gun shop for noncompliance.¹¹

Bill 36-23, Sale of Firearms or Ammunition – Suicide Awareness and Firearm Education (SAFE) Act, was introduced by the Council on September 26, 2023.

In August 2022, OLO published a RESJIS on Expedited Bill 21-22, Weapons – Firearms In or Near Places of Public Assembly.¹² Please refer to this RESJIS for more information on gun violence and racial equity.

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MENTAL HEALTH AND RACIAL EQUITY

As described by the Office of Disease Prevention and Health Promotion (ODPHP), the social determinants of health “are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”¹³ ODPHP groups the social determinants of health into five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.¹⁴

A deep history of oppression and marginalization of Black, Indigenous, and Other People of Color (BIPOC) in the United States has created structural racial inequities in the social determinants of health. As described in “How Structural Racism Works – Racist Policies as a Root Cause of U.S. Racial Health Inequities:”

“As a legacy of African enslavement, structural racism affects both population and individual health in three interrelated domains: redlining and racialized residential segregation, mass incarceration and police violence, and unequal medical care. These examples, among others, share certain cardinal features: harms are historically grounded, involve multiple institutions, and rely on racist cultural tropes.”¹⁵

Structural racial inequities in the social determinants of health cause racial disparities across a range of health conditions and compound the consequences of health conditions for BIPOC.¹⁶ Particularly on mental health and substance use disorders, a study of 2020 survey data by KFF found that BIPOC were less likely than White people to report experiencing any mental illness or substance use disorders.¹⁷ However, the researchers noted that BIPOC may be underdiagnosed due to a “lack of culturally sensitive screening tools that detect mental illness” and structural barriers, such as inequities in health care access and treatment. For example, a Blue Cross Blue Shield study of 3.1 million medical claims of people with major depression found that:¹⁸

- Major depression goes undiagnosed and untreated at disproportionately greater rates in majority Black and Latinx communities;
- The presence of more mental and behavioral health providers in Black and Latinx communities is associated with higher diagnosis rates for major depression; and
- When treated for major depression, Black and Latinx communities have a lower frequency of both prescription drug treatment and counseling.

Deaths by Suicide. Depression and other mental illnesses are among the individual risk factors for suicide.¹⁹ For the last twenty years, Native American and White people have consistently experienced the highest rates of death by suicide overall and particularly by firearms in the U.S.^{20,21} Similarly, between 2017 and 2019, White people had the highest suicide mortality rate in the County at 11.3 per 100,000 people, compared to 6.1 for Black people, 5.7 for Asian people, and 3.7 for Latinx people.²²

National data however points to suicide rates increasing among BIPOC. While national suicide rates for White people have decreased in more recent years, suicide rates for Native American, Black and Latinx people have increased.²³ Specifically, between 2018 and 2021, the suicide rate among Black children and young adults between the ages of 10 and 24 increased by 37 percent. Further, in the same time period, suicide rates for Native American, Black, and Latinx adults between the ages of 25 and 44 increased by 34 percent, 23 percent, and 19 percent, respectively.²⁴ On gun suicides, researchers at Johns Hopkins found that Black and Latinx people saw the sharpest increase in gun suicide rates from 2020 to 2021.²⁵ Additionally, researchers at Johns Hopkins recently found the gun suicide rate among Black children and teens ages 10 to 19 surpassed the rate among White children and teens for the first time on record in 2022.²⁶

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ANTICIPATED RESJ IMPACTS

To consider the anticipated impact of Bill 36-23 on RESJ in the County, OLO recommends the consideration of two related questions:

- Who are the primary beneficiaries of this bill?
- What racial and social inequities could passage of this bill weaken or strengthen?

For the first question, OLO considered the demographics of constituents purchasing firearms, as they would benefit from literature on suicide awareness and firearm education. However, there is no data on race and ethnicity of constituents purchasing firearms in the County.

For the second question, OLO considered how the Bill could impact racial and ethnic disparities in gun suicides. OLO referred to RAND's "Gun Policy Research Review," a resource that contains a systematic review of research on gun policies and their impact on gun use outcomes, including on suicides.²⁷ RAND's resource did not include a review of research on the impact of educational literature on gun use outcomes. OLO also could not locate research on this topic beyond RAND's resource.

Taken together, OLO finds the RESJ impact of Bill 36-23 is indeterminant.

RECOMMENDED AMENDMENTS

The Racial Equity and Social Justice Act requires OLO to consider whether recommended amendments to bills aimed at narrowing racial and social inequities are warranted in developing RESJ impact statements.²⁸ OLO finds the RESJ impact of Bill 36-23 is indeterminant. As such, OLO does not offer recommended amendments. However, should the Council seek to improve the RESJ impact of this Bill, OLO offers one policy option for discussion and consideration:

- **Commission a comprehensive study of suicide trends and suicide prevention in the County by race and ethnicity.** While County data demonstrates that suicide rates are highest among White constituents, national data suggests that suicide rates are increasing among BIPOC. Further, structural racial inequities in community level risk factors, such as access to health care,²⁹ could make BIPOC at increased risk of suicide. The Council could commission a study on suicides in the past five to ten years to understand local trends in suicides by race and ethnicity. The study could also review suicide risk factors impacting constituents by race and ethnicity and protective factors that could mitigate the risks. Findings from the research could be used to inform targeted policy solutions by race and ethnicity to help reduce suicide rates among all constituents.

CAVEATS

Two caveats to this racial equity and social justice impact statement should be noted. First, predicting the impact of legislation on racial equity and social justice is a challenging analytical endeavor due to data limitations, uncertainty, and other factors. Second, this RESJ impact statement is intended to inform the legislative process rather than determine whether the Council should enact legislation. Thus, any conclusion made in this statement does not represent OLO's endorsement of, or objection to, the bill under consideration.

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CONTRIBUTIONS

OLO staffer Janmarie Peña, Performance Management and Data Analyst, drafted this RESJ impact statement.

¹ Definition of racial equity and social justice adopted from “Applying a Racial Equity Lens into Federal Nutrition Programs” by Marlysa Gamblin, et.al. Bread for the World, and from Racial Equity Tools. <https://www.racialequitytools.org/glossary>

² Ibid.

³ [Facts About Suicide](#), Centers for Disease Control and Prevention, Last reviewed May 8, 2023.

⁴ [Suicide and Self-Harm Injury](#), National Center for Health Statistics, Centers for Disease Control and Prevention, Last reviewed September 19, 2023.

⁵ [“CDC Provisional Data: Gun Suicides Reach All-time High in 2022, Gun Homicides Down Slightly from 2021,”](#) John Hopkins Bloomberg School of Public Health, July 27, 2023.

⁶ Ibid.

⁷ Kathryn R. Fingar, et. al., [“Two Decades of Suicide Prevention Laws: Lessons from National Leaders in Gun Safety Policy,”](#) Everytown for Gun Safety, September 29, 2023.

⁸ [Introduction Staff Report for Bill 36-23](#), Montgomery County Council, Introduced September 26, 2023.

⁹ Council President Glass comments during introduction of Bill 36-23, September 26, 2023.

¹⁰ [Montgomery County Code § 1-19](#)

¹¹ Introduction Staff Report for Bill 36-23

¹² [RESJIS for Expedited Bill 21-22](#), Office of Legislative Oversight, August 5, 2022.

¹³ [Social Determinants of Health](#), Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.

¹⁴ Ibid.

¹⁵ Zinzi D. Bailey, et. al., [“How Structural Racism Works — Racist Policies as a Root Cause of U.S. Racial Health Inequities,”](#) The New England Journal of Medicine, February 25, 2021.

¹⁶ [Racism and Health](#), Centers for Disease Control and Prevention.

¹⁷ Nirmita Panchal, et. al., [“Five Key Findings on Mental Health and Substance Use Disorders by Race/Ethnicity,”](#) KFF, September 22, 2022.

¹⁸ [Racial Disparities in Diagnosis and Treatment of Major Depression](#), Blue Cross Blue Shield, May 31, 2022.

¹⁹ [Risk and Protective Factors](#), Suicide Prevention, Centers for Disease Control and Prevention, Last reviewed November 2, 2022.

²⁰ Rajeev Ramchand, et. al., [“Trends in Suicide Rates by Race and Ethnicity in the United States,”](#) JAMA Network Open, May 26, 2021.

²¹ Lindsay J. Young and Henry Xiang, [“US Racial and Sex-based Disparities in Firearm-related Death Trends from 1981–2020,”](#) PLoS One, December 14, 2022.

²² [Health in Montgomery County, 2010-2019](#), Department of Health and Human Services.

²³ Deborah M. Stone, et. al., [“Recent Changes in Suicide Rates, by Race and Ethnicity and Age Group — United States, 2021,”](#) Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, February 10, 2023.

²⁴ Ibid.

²⁵ [“New Analysis: Guns Drove the Increases in Homicides and Suicides from 2019 to 2021,”](#) John Hopkins Bloomberg School of Public Health, October 10, 2022.

²⁶ “CDC Provisional Data: Gun Suicides Reach All-time High in 2022, Gun Homicides Down Slightly from 2021”

²⁷ [Gun Policy Research Review](#), RAND.

²⁸ Bill 27-19, Administration – Human Rights – Office of Racial Equity and Social Justice – Racial Equity and Social Justice Advisory Committee – Established, Montgomery County Council

²⁹ Risk and Protective Factors, Suicide Prevention