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We need to treat gun violence like an epidemic

In an interesting bit of timing, just one month before the tragic shooting at the Marjory Stoneman Douglas High School in Parkland, Florida, the *AMA Journal of Ethics* devoted its entire January issue to the role of physicians in preventing violence. Part of the discussion centered on the idea of treating gun violence as an infectious disease epidemic.¹

Dr. Gary Slutkin, an infectious disease specialist and former Centers for Disease Control and Prevention epidemiologist, is a proponent of this approach. His research

Imagine it—a day when violence goes the way of polio.

has demonstrated that epidemic disease control measures are effective in reducing violence and violence-related deaths.²⁻⁵

Just look at incidence. Violent deaths in the United States are at an epidemic proportion, just like deaths due to narcotic overdoses. In 2015, there were approximately 33,091 deaths due to narcotic overdoses and 36,252 deaths due to gun violence.^{6,7}

Geographic and social factors. Like infectious disease epidemics, violence tends to cluster in certain geographic areas and social networks. The cause of violence is multifactorial, just like other infectious disease epidemics, such as tuberculosis. Poverty, poor education, and inadequate family structure act as modulating factors that increase the rate of violence in those exposed to it.

Enlisting the community. This contagious disease prevention approach uses community health workers to map areas of high transmission, reach out to those exposed, and intervene to reduce risk factors. For example, gang-related deaths are often due to retaliation. A thorough investigation of a patient who arrives in the emergency department (ED) with a gunshot wound can reveal the next likely perpetrators and victims. Then community violence prevention workers can go directly to these people and others in their social networks, such as parents and friends, to attempt to prevent the next shooting. This approach, dubbed “Cure Violence” (CureViolence.org), has resulted in up to a 70% decrease in violence in some areas of Chicago.² Some neighborhoods of Baltimore and New York have seen similar reductions.³⁻⁵

What can family practitioners do? Dr. Slutkin believes his approach could be expanded from EDs to other health care settings, like primary care, where we can identify people at risk and refer them to community violence prevention resources. **Imagine it—a day when violence goes the way of polio.**

- Slutkin G, Ransford C, Zvetina D. How the health sector can reduce violence by treating it as a contagion. *AMA J Ethics*. 2018;20:47-55.
- Skogan WG, Hartnett SM, Bump N, et al. *Evaluation of CeaseFire-Chicago*. Evanston, IL: Northwestern University Institute for Policy Research; 2008. Available at: <https://www.ncjrs.gov/pdffiles1/nij/grants/227181.pdf>. Accessed September 11, 2017.
- Webster DW, Whitehill JM, Vernick JS, et al. Evaluation of Baltimore's Safe Streets program: effects on attitudes, participants' experiences, and gun violence. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health; January 11, 2012. Available at: http://baltimorehealth.org/wp-content/uploads/2016/06/2012_01_10_JHSPH_Safe_Streets_evaluation.pdf. Accessed September 11, 2017.
- Delgado SA, Alsabahi L, Wolff K, et al. Demoralizing violence: the effects of Cure Violence in the South Bronx and East New York, Brooklyn. John Jay College of Criminal Justice Research and Evaluation Center. Available at: <https://johnjayrec.nyc/2017/10/02/cvinsobronxeastrny/>. Published October 2, 2017. Accessed November 15, 2017.
- Picard-Fritsche S, Cerniglia L. Testing a public approach to gun violence: an evaluation of Crown Heights Save Our Streets, a replication of the Cure Violence Model. *Center for Court Innovation*; 2013. Available at: https://www.courtinnovation.org/sites/default/files/documents/SOS_Evaluation.pdf. Accessed November 28, 2017.
- Murphy SL, Xu J, Kochanek KD, et al. Deaths: Final Data for 2015. *Natl Vital Stat Rep*. 2017;66:1-75.
- Rudd RA, Seth P, David F, et al. Increases in drug and opioid-involved overdose deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep*. 2016;65:1445-1452.

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