I affirm,

# Part one is Framework:

There are two types of reasoning- desire-based and value-based. Desire-based theories claim moral rules stem from an agent’s desires, whereas value-based theory claims that the action is right based on states of affairs that give rise to reasons, independently of the particular person. Only a value-based theory can truly give reasons to act. **Parfit:** Derek Parfit, *On What Matters.*

Subjectivists cannot, however, make such claims. These claims appeal to differences between the reason-giving features of the objects of these desires or aims. If we make such claims, we have moved to an objective theory, which appeals to such object-given reasons. Subjectivists cannot distinguish in these ways between desires or aims that do or dont give us reasons. We are considering cases in which we know all the relevant facts. In such cases, we can argue: If we have desire-based reasons for acting, all that would matter is whether some act would fulfil the telic desires that we now have after ideal deliberation. It would be irrelevant what we want, or would be trying to achieve. Therefore Either all such desires give us reasons, or none of them do. **If** all such **desires gave us reasons, our desires could** give us decisive reasons to **cause ourselves to be in agony for its own sake, to waste our lives, and to try to achieve** countless other bad or **worthless aims.** We could not have such reasons [because that would be illogical]. Therefore **None of these desires gives** us any **reason[s].** We have no such desire-based reason to have any desire, or to act in any way. We can call this the All or None Argument. Similar arguments apply to aim-based and choice-based reasons. When we want to avoid agony, or to be happy, or we have other good or rational aims, we do indeed have reasons to try to fulfil these desires and achieve these aims. But these **reasons are provided,** not by the facts that these acts would fulfil or achieve these desires or aims, but **by the features of what we want,** or have as our aims, **that make these events good or worth achieving.**

Desire-based theories of reason make a mistake by confusing meta-hedonic desires with hedonic likings and dislikings. Something isn’t good merely because we want it. **Parfit 2:**

Since these claims are controversial, we can return to those non- aesthetic sensations that people like or dislike. Though these sensations are not in themselves good or bad, they are parts of complex mental states that are good or bad. When we are in pain, what is bad is not our sensation but our conscious state of having a sensation that we dislike. If we didn’t dislike this sensation, our conscious state would not be bad. What these sensations feel like may in part depend on whether we dislike them. Such sensations might be claimed to be in themselves bad when their quality is affected in certain ways by our disliking them. On this view, it would still be true that, if we didn’t dislike these sensations, neither they nor our conscious state would be bad, nor would we be failing to respond to some reason. When we are having some sensation that we intensely like or dislike, most of us also strongly want to be, or not to be, in this conscious state. Such desires about such conscious states we can call meta-hedonic. Many people fail to distinguish between hedonic likings or dislikings and such meta-hedonic desires. But these mental states differ in several ways. What we dislike is some sensation. What we want is not to be having a sensation that we dislike. Our desire could be fulfilled either by our ceasing to have this sensation, or by our continuing to have it but ceasing to dislike it. No such claims apply to dislikes, which, unlike desires, cannot be fulfilled or unfulfilled. Another difference involves time. Suppose that some flame is moving towards our hand, threatening us with great pain in the near future. **Most of us would strongly want to avoid** this **future pain. But we cannot now dislike** this **future pain.** Nor can we now like some future pleasure**.** Unlike our meta-hedonic desires, our **hedonic** likings or **dislikings cannot be aimed at the future,** or at what is merely possible. That is another reason why I do not call these mental states desires.If we call these states desires, we should remember that, given the differences between these states and our other desires, true claims about these states may not apply to our other desires. There are some other important and often **[These] ignored differences between these states and our meta-hedonic desires**. First, **[cause] many people [to falsely] believe that our desires can** create or **confer value** or disvalue. Korsgaard, for example, writes that something can be ‘objectively good as an end because it is desired for its own sake’. On this view, we create value by valuing things, and things matter by mattering to us. This view may seem to be supported by the examples of pleasure and pain. Our hedonic likings and dislikings do, as I have said, make some of our conscious states good or bad. If we fail to distinguish between these likings or dislikings and our meta-hedonic desires, we may believe that these desires make their objects good or bad. That may seem to support the general view that our desires can create value. Korsgaard’s remarks provide one example. To illustrate her claim that something can be good ‘because it is desired for its own sake’, Korsgaard writes: [that] ‘chocolate gets its value from the way it affects us. We confer value on it by liking it.’ Such examples do not, I believe, show that our desires can create or confer value, or disvalue, by making what we want to have, or to avoid, good or bad. Our future pleasures or pains are not made to be good or bad by our present desires to have these pleasures, and to avoid these pains. And **when we are in great pain**, by having some sensation that we intensely dislike, **what makes our conscious state bad is our** intense **dislike, not our present desire not to be having the sensation that we dislike**. Since our meta-hedonic **desires do not make their objects good or bad**, the[any] examples of pleasure and pain do not decisively, or even, I believe, strongly support the view that our other desires have such value-creating power. Though it is good to have sensations that we like, **nothing is good merely because we want this** thing.¶

A value-based theory of reasons justifies a rule-consequentialist perspective.

1. No one would be able to present a value-based reason to reject an optimific principle. **Ross:** Jacob Ross, “Derek Parfit.”

The Kantian Contractualist Formula presupposes that there are principles whose universal acceptance each of us would have sufficient reason to will, or to choose, were we in a position to choose the principles that are to be accepted by everyone. But whether there are any such principles depends on what our reasons are, and on the strength of these reasons. Suppose, for example, that our only reasons are prudential reasons. In this case, it is unlikely that there would be any principles whose universal acceptance everyone would have sufficient reason to choose, since everyone would have decisive reason to choose the universal acceptance of principles that would be optimal in relation to her own interests, and it is unlikely that any principles would be optimal in relation to everyone’s interests. Suppose, however, that apart from any prudential or other partial reasons we may have, we also have impartial teleological reason to choose outcomes that are best from a point of view that is valid for everyone. And suppose, further, that it is always rationally permissible (though perhaps not rationally obligatory) to give significant weight to these impartial reasons. In this case, Parfit argues, there will be principles whose universal acceptance everyone would have sufficient reason to will. **And** these will be precisely those principles whose universal acceptance would have the best consequences from an impartial point of view; that is, these will be the rule-consequentialist principles. **For these** rule-consequentialist principles are **the** ones **that** each agent would have strongest impartial reason to choose, and these **impartial reasons** would **in each case** constitute sufficient, though perhaps not decisive, reason for the agent in question to choose these principles. But if the acceptance of these principles would not make things go best from an impartial point of view, then there will always be someone who has decisive reason not to choose their universal acceptance. Thus, the only principles that everyone has sufficient reason to choose that everyone accept are the rule-consequentialist principles. And so it follows **from Kantian Contractualism** that one acts rightly just in case one acts on rule-consequentialist principles.

The standard is *rule-consequentialism,* defined as the principles whose universal acceptance would have the best consequences from an impartial point of view.

# Part two is offense:

**Inherency:** Federal law doesn’t treat alcohol abuse the same as other drugs, and there isn’t any overarching criterion for who could even be considered an alcohol abuser. **Webster and Vernick[1]:** Keeping firearms from drug and alcohol abusers DW Webster, JS Vernick Injury Prevention (2009), 15:6 425-427; http://injuryprevention.bmj.com/content/15/6/425.full

US **federal law prohibits** the **transfer of firearms to** a person who is “an **unlawful user[s of]** or addicted to any controlled substance”17 **(illicit drugs)**, and such people are also proscribed from possessing firearms**.** Federal regulations specify the evidence needed to infer that someone is an unlawful user of a controlled substance including “a conviction for use or possession of a controlled substance within the past year; multiple arrests for such offenses within the past 5 years if the most recent arrest occurred within the past year; or persons found through a drug test to use a controlled substance unlawfully, provided that the test was administered within the past year.”18 Twenty-eight US states also have statutes that prohibit firearm sales to drug addicts or persons who abuse controlled substances. Two additional states prohibit firearms sales to persons under the influence of controlled substances. **[But] despite** the **evidence** that **[against] alcohol abusers** are at increased risk of violence**,** US **federal law does not bar [them]** alcohol abusers **from acquiring firearms. Only 16** of 50 US **states** and the District of Columbia **have** statutes that include **firearms prohibitions for persons who abuse alcohol [**due to]. Theses statutes generally bar “habitual drunkards” or “alcoholics” from having guns. Carr et al in this issue (see page 409) found evidence that alcohol consumption can significantly impair a person’s ability to adeptly handle a gun, and they draw analogies with drunk driving. Consistent with this notion, several additional states prohibit firearm sales to individuals who are intoxicated. But the gaps in US gun laws that allow drug and alcohol abusers to legally obtain, possess andcarry concealed firearmsare even broader than what is suggested by simple tallies of state laws**.** For firearms prohibitions to be useful, statutory law or regulations must provide sufficiently precise definitions of the disqualifying criteria to allow those conducting background checks of prospective firearm purchasers, or those checking the legality of ongoing firearm possession, to determine readily whether a person falls into a prohibited category. With a few exceptions, [While] background checks for firearm purchase applications in the USA are based on searches of administrative databases, primarily of criminal convictions[,] or actions taken by courts (eg, issuance of protective orders for domestic violence, adjudications of mental incompetence)**.** Some **[Even under these] state laws** prohibit drug and alcohol abusers from purchasing firearms, but do not provide objective disqualifiers that could be used for most background checks [as]. For example, an Alabama statute states “no person who is a drug addict or a habitual drunkard” may possess a handgun.21 However, neither Alabama statutory nor administrative law defines these terms. Similarly, in New Jersey, permits to purchase a handgun may not be issued “to any drug dependent person … or to any person who is presently a habitual drunkard.”22 But the **definitions for** “drug dependent persons” and **“**habitual **drunkard”** in the statute **do not provide** the sort of **objective criteria**, such as a history of past convictions, **needed by law enforcement to** uniformly and efficiently **enforce** this **[a] prohibition.** Abusers of illicit drugs account for 10% of all persons denied applications to purchase firearms through background checks conducted by the US Federal Bureau of Investigation, 13% of the applications processed by local law enforcement agencies, but only 3% processed by state agencies.23 Although alcohol abuse is more strongly associated with lethal violence than is illicit drug abuse,4 24 **the** US **Bureau of Justice** Statistics **does not** specifically **report denials for firearm purchase** applications **due to** alcohol abuse or **alcohol-related offences.**

Thus the plan: Resolved: The U.S. federal government in coordination with the 50 states, will ban possession of handguns for anyone convicted of multiple alcohol violations within a five-year span. The system is currently used in Pennsylvania and Washington D.C., and has a tremendous amount of support. **Wintemute ‘14[1]:**Broadening Denial Criteria: New Developments Garen J. Wintemute (2014) https://www.americanbar.org/content/dam/aba/images/gun\_violence/Program%20materials%203.pdf#page=19

**A history of alcohol abuse has repeatedly been proposed as grounds for a firearm prohibition. Under federal law, alcohol is specifically excluded from the definition of controlled substances; neither addiction to nor unlawful use of alcohol prohibits firearm ownership. A 2013 review by the Law Center to Prevent Gun Violence identified three states (Indiana, Maryland, and Pennsylvania) with firearm prohibitions related to multiple convictions for driving under the influence or related offenses.4 Other states used less well defined criteria to identify a population of alcohol abusers to whom a firearm prohibition might apply. No data on enforcement or effectiveness were available. There is conclusive evidence, however, linking current and prior alcohol abuse or dependence to risk for committing violence against others or oneself. For example, approximately 37% of persons incarcerated for violent crimes are intoxicated when those crimes are committed, by their own report.5,6 About one third of homicide and suicide victims test positive for alcohol, and at least 60% of those meet legal criteria for intoxication.7 Multiple large-scale surveys have shown substantial increases in risk for future violence related to a prior history of alcohol abuse or dependence.8,9 Studies of DUI offenders have found a very high prevalence of alcohol dependence and increased rates of criminal activity.10,11 In January 2013, the Summit on Reducing Gun Violence in America working group convened by Johns Hopkins University recommended a 10-year firearms prohibition for persons convicted of DUI or similar offenses on two or more occasions within three years.12 Such legislation was passed by the California legislature but vetoed by the governor. In his veto message, the governor stated that he was “not persuaded that it is necessary to prohibit gun ownership on the basis of crimes that are non-felonies, non-violent and do not involve misuse of a firearm.”13 Research now in development will assess the risk for future criminal activity associated with a prior history of alcohol abuse or dependence among firearm owners. The Consortium for Risk-Based Firearm Policy—a group of experts in gun policy, mental health, psychiatry, epidemiology, law, and law enforcement— recently endorsed five-year prohibitions against firearm possession for violent misdemeanants and persons with multiple convictions related to alcohol or controlled substance abuse.14 A new survey of federally licensed firearm retailers (gun dealers and pawnbrokers) in 43 states found strong support for such polices. Majorities favoring prohibitions based on convictions for specific crimes were as follows: 84.8% for publicly displaying a firearm in a threatening manner, 80.7% for possession of equipment for illegal drug use, 70.7% [support] for multiple DUI convictions, 67.4% for assault and battery not involving a lethal weapon or serious injury, and 53.1% for resisting arrest.15 Nine of 10 retailers (90.1%) supported a firearms prohibition for persons with “alcohol abuse and repeated cases of alcohol-related violence.”**

If I lose plan focus or it isn’t T, then the plan just operates as a generic advantage to affirming. Voting me down is too harsh a sanction because running a plan just determines the ground that exists, setting the burdens for both sides. This means that I’m not gaining any structural advantage except for prep skew which is mitigated by the fact that the plan is on the wiki under other teams and my own.

**Advantages:**

# Adv 1: Suicide and Homicide

There is a proven correlation between risky alcohol use and risky gun use. Gun owners who abuse alcohol are much more likely to be dangerous. **Wintemute ’11[2]**: Association between firearm ownership, firearm-related risk and risk reduction behaviors and alcohol-related risk behaviors Garen J Wintemute *Injury Prevention* (2011) http://www.waveedfund.org/sites/waveedfund.org/files/wintemute%20guns%20alcohol\_0.pdf

**Compared with respondents with[out]** no **firearms** at home (table 2)**, firearm owners were more likely to use alcohol** (OR 1.66; 95% CI 1.54 to 1.80), to consume $5 drinks on one occasion (OR 2.01; 95% CI 1.81 to 2.23), **[and] to drink and drive** (OR 2.42; 95% CI 1.90 to 3.09) and to consume $60 drinks per month (OR 2.39; 95% CI 1.95 to 2.93)**.** No such increases were seen among non-owners with household exposure to firearms. **Firearm owners who engaged in firearm-related risk behaviors were** in most cases **at highest risk for alcohol-related risk behaviors** (table 2)**.** Firearm **[while] owners who did not engage in firearm-related risk behaviors** were at intermediate risk. For example, for drinking and driving the risk was highest among firearm owners who drove or rode in a vehicle with a loaded firearm (OR 4.30; 95% CI 2.89 to 6.40) and lower (but still increased) for those who did not (OR 2.12; 95% CI 1.62 to 2.76).Conversely, firearm owners who attended **[such as attending] a safety workshop were** somewhat **less likely** than were those who did not **to drink and drive** or consume $60 drinks per month. Multivariate models In multivariate models (table 3) firearm owners were more likely than persons with no firearms at home to consume alcohol (OR 1.34; 95% CI 1.21 to 1.47), to consume $5 drinks on one occasion (OR 1.32; 95% CI 1.16 to 1.50), to drink and drive (OR 1.79; 95% CI 1.34 to 2.39) and to consume $60 drinks per month (OR 1.45; 95% CI 1.14 to 1.83). Firearm owners who engaged in firearm-related risk behaviors were again generally more likely than others to report alcohol-related risk behaviors, and were in all cases more likely to do so than were persons with no firearms at home. Firearm owners who attended a firearm safety workshop remained less likely to engage in alcohol-related risk behaviors than were those who did not. DISCUSSION In this study population, firearm owners were more likely to report alcohol-related risk behaviors than were persons with no firearms at home and were generally at higher risk for these behaviors than were non-owners who lived in homes with firearms. Among firearm owners, those who engaged in firearm-related risk behaviors were in most cases more likely than others to engage in alcohol-related risk behaviors. Firearm owners who engaged in a firearm-related risk reduction measure were less likely than others to engage in alcohol-related risk behaviors. Previous findings **These findings are in agreement with those of earlier** and more limited **studies**.11e17 In perhaps the first such study, firearm owners were more likely to become ‘drunk several times a month or more’ than were non-owners.11 Persons who were planning to obtain a ‘concealed gun licence’ were more likely than others to drink frequently and/or heavily.12 Among young adult college students, firearm ownership was associated with several alcohol-related risk behaviors and adverse events.13 14 In Oregon, storing loaded and unlocked firearms at home was associated with heavy episodic and chronic alcohol consumption.15 In the 2001 National Gun Policy Survey, persons who carried firearms were more likely than others to ‘sometimes drink more than they should’. 16 In the National Comorbidity Study replication, **[which found that] threatening others with a firearm was more common among persons with histories of alcohol abuse** or alcohol dependence**.**

Alcohol abusers who own guns are twice as likely to commit homicide and suicide. **Rivara et Al: Frederick P. Rivara, MD, MPH; Beth A. Mueller, DrPH; Grant Somes, PhD; Carmen T. Mendoza, MSPH; Norman B. Rushforth, PhD; Arthur L. Kellermann, MD, MPH “Alcohol and Illicit Drug Abuse and the Risk of Violent Death in the Home”; 1997; file:///Users/Paul/Downloads/jama\_278\_7\_039%20(1).pdf**

**Standard descriptive statistics were used to summarize information related to the scene of each violent death and personal characteristics of the subjects. Analysis of site-specific data to compute risk estimated for the associations of alcohol and other drug use with homicide and suicide within each geographical lo¬ cation determined that the magnitude of these risks did not measurably differ across sites. Multivariate analyses using conditional logistic regression8 with data for all sites were conducted to estimate the risks ofviolent death associated with the presence of various histories of alco¬ hol and illicit drug use (marijuana, co¬ caine, heroin, barbiturates, or amphet¬ amines) and behaviors reported in the questionnaire. These included patterns and extent of substance use and abuse by case or control, and by other mem¬ bers oftheir respective households. Be¬ cause of the manner in which the ques¬ tions were asked, many items were evaluated separately for subjects who lived alone and those living with others. Factors that were considered as potentially affecting the relationship of substance use and violent death included living alone, history ofpsychiatric illness or depression in the case or control ("was the individual depressed or having psy¬ chiatric problems at the time ofdeath?"), possible criminal history of the case or control(asindicatedbywhetherthe subject, by respondent report, had ever been arrested), and presence of a gun in the home. In addition, the potential ef¬ fects ofalcohol use by the case or control were considered in the risk estimates for drug use and vice versa. Only those vari¬ ables that meaningfully altered the risk estimates were retained in the final es¬ timates. Human Subjects The study method was reviewed and approved on an annual basis by the in¬ stitutional review board of each partici¬ pating university. A $10 incentive was offered to eligible respondents to en¬ courage participation, and informed con sent was obtained before each interview. Respondents were assured that their an¬ swers would be kept confidential and that they could terminate or revoke the interview at any time. When a telephone interview was requested, written con¬ sent was obtained by mail. All of the information collected for this study is protected by a federal certificate of con¬ fidentiality. RESULTS Study Population There were 1860 homicides and 803 suicides in the study counties during the study period. Of these, 444 homicides (23.9%) and 565 suicides (70.4%) took place in the home of the victim. After excluding the younger victims in 25 in¬ cidents of multiple deaths, 1 delayed death, 5 late changes to the death cer¬ tificate, 3 cases excluded by the medical examiner staff, and 2 deaths not re¬ ported to the study team, there were 420 homicides and 554 suicides available for study. Interviews were obtained with proxies in 389 (92.6%) of the homicide cases and 442 (79.8%) ofthe suicide cases. The households that agreed to be interviewed did not differ from the house¬ holds of those who refused with respect to the age, sex, or race of the victim or the method of death. Interviews with a matching control or proxy were obtained for 99% of the cases, yielding 388 matched pairs for ho¬ micide and 438 for suicide. Three hun¬ dred fifty-seven homicide pairs and 404 suicide pairs were matched for all 3 vari¬ ables; 27 and 33, respectively, for 2 vari¬ ables; and 4 and 1, respectively, for 1 variable (sex). The demographic charac¬ teristics of the cases and controls were fairly similar, with the exception that twice as many cases as controls within each group were found to live alone. Most homicide (63.1%) and suicide (71.9%) victims were male (Table 1). Ho¬ micide victims were generally slightly younger than suicide victims, with nearly one half (47.7%) being between the ages of 25 and 44 years. Differences in race were also observed between the 2 groups; most (89%) suicide victims were white, compared with 32.9% of ho¬ micide victims. The heads of households for suicide victims were somewhat bet¬ ter educated than those of homicide vic¬ tims and had higher socioeconomic sta¬ tus on the Hollingshead score. Homicide Subjects who reportedly drank alco¬ hol, were ever in trouble at work from drinking, or who were ever hospitalized because of a drinking problem were at increased risk of violent death by homicide (Table 2). Reported use of illicit drugs or ever being arrested were also associated with an increased risk of ho¬ micide. Subjects who reportedly used both alcohol and drugs were at markedly increased risk of homicide, relative to those who used neither substance (odds ratio [OR], 12.0; 95% confidence interval [CI], 5.7-25.4). Having a "psychiatric problem or depression" at the reference date was associated with a nearly 3-fold increased risk ofhomicide (OR, 2.7; 95% CI, 1.7-4.3). This risk, however, was con¬ fined to those who were not reportedly receiving medication for a psychiatric illness (OR, 4.0; 95% CI, 2.2-7.4). All estimates were adjusted for reported use of illicit drugs and/or alcohol. The risk of homicide associated with drinking among males was 3.0 (95% CI, 1.9-4.7), whereas a modest elevation not reaching statistical significance was noted among females (Table 3). This pat¬ tern was also observed when the risk of homicide associated with illicit drug use was examined separately for males and females. Use of alcohol was associated with approximately 2-fold increased risks of homicide within all age groups examined.  Factors noted to be associated with risk elevations for death by homicide were generally also associated with suicide occurrence (Table 2). Drinking alcohol was associated with a nearly [and a] 2-fold increased risk of suicide (OR, 1.8; 95% CI, 1.3-2.5), and problem drinking associated with trouble at work or resulting in hospitalization was associated with 6- and 10-fold increased risks. Reported use ofdrugs was associated with a 7-fold increased risk of suicide. The highest el¬ evation in risk was observed for those who reportedly used both alcohol and il¬ licit drugs (OR, 16.6; 95% CI, 7.0-39.2). Subjects who reportedly had a psychi¬ atric problem or depression, with or without use of psychiatric medications, were at greatly increased risk of suicide (OR, 106.6; 95% CI, 33.2-342.1), unlike the case forhomicide, where the risk was restricted to those who reportedly were not receiving medication for their con¬ dition. Among males, the risks of suicide as¬ sociated with use ofalcohol was 2.3 (95% CI, 1.5-3.4); among females the risk was modest and did not reach statistical sig¬ nificance (Table 3). The risks of suicide associated with use of illicit drugs, how¬ ever, were markedly elevated among both males and females. A modest, but not statistically significant, increased risk of suicide associated with drinking alcohol was**

Plan solves, bans for people with risk behaviors solved in the past. **Gan summarizes Wintemute:** Carole Gan summarizes Garen J. Wintemute, professor of emergency medicine, founding director of the UC Davis Violence Prevention Research Program and expert on gun violence as a public health problem; 2015; https://www.ucdmc.ucdavis.edu/publish/news/newsroom/10054;

**Federal and state policies are largely ineffective in restricting firearm access for people who misuse alcohol**, Wintemute writes. Federal statute prohibits individuals who are unlawful users of or addicted to any controlled substance from the purchase or possession of firearms, but the statute specifically excludes alcohol from its definition of a “controlled substance” and leaves alcohol-related restrictions for individual states to consider. **While 37 states** with jurisdiction over 65 percent of the U.S. population **have some restrictions on acquiring**, possessing or using **firearms by those who are intoxicated** or have a history of alcohol misuse, **many of these policies are unenforceable because they rely on vague**, inherently subjective **definitions** of intoxication or misuse, such as ‘habitual drunkard,’  ‘habitually in an intoxicated condition,’ ‘chronic alcoholic’ and ‘addicted to alcohol,’” Wintemute said. Wintemute noted that in the few locations that more specifically define alcohol misuse by number of convictions for DUI or other alcohol-related offenses over time (Maryland, Pennsylvania, Indiana, and the District of Columbia), the data on enforcement are unavailable or suggest that enforcement is lacking. “**Policies that restrict firearm access by persons with other risk factors for violence have been shown to be effective**,” said Wintemute, who also is the first Susan P. Baker-Stephen P. Teret Chair in Violence Prevention at UC Davis Health System.   “**In California, prohibiting persons convicted of violent misdemeanors for 10 years following their convictions reduced their risk of arrest for a firearm-related** or violent **offense**. **The evidence strongly suggests that properly-crafted** and well-enforced **policies**, like modern laws for drinking and driving, **would help prevent firearm-related violence**,” he said.

# Adv 2: IPV

An alcohol drinker makes intimate partner violence eight times more likely. **Sharps et Al:** Sharps, P.W., J. Campbell, D. Campbell, F. Gary, and D. Webster. 2001. “The role of alcohol in intimate partner femicide.” American Journal of Addictions 10(2): 122–135.

**The first set of logistic regression analyses was performed to estimate the association between the alcohol variables and the risk of intimate partner abuse a**mong the control sample **after controlling for age, sex, race, education, and employment status** of women and their intimate partners.Of the drinking frequency and amount consumed-per-episode variables (severity) for the women and their partners, the partner’s drinking four or more times per week was associated with more than a three-fold increase in the odds of abuse (eb ˆ 3.69, p ˆ .0001), and consuming more than 5 drinks per drinking episode was also associated with more than a three-fold increase in the odds of abuse (eb ˆ 3.27, p ˆ .011 for 5- 6 drinks per episode; eb ˆ 3.50, p ˆ .015 for 7 or more drinks per episode). Because many respon- dents could not provide speci®c data on the frequency and severity of the current or former partner’s alcohol consumption but could report their perceptions about whether their partner was a ``problem drinker,’’ we estimated another model that used the problem drinker variable in the model rather than the speci®c consumption variables. By using problem drinker variables rather than the consumption variables, we retained an additional 60 cases in the analysis and avoided problems with multicolinearity. This **analysis indicated that having a partner who was believed to be a problem drinker increased the risk of abuse more than eight-fold (eb ˆ 8.24, p < .0001). In another set of regressions, we examined the association between alcohol use patterns and lethality of abuse, contrasting Femicide/Attempted Femicide cases with ontrols who reported being physically abused or threatened with physical abuse by a current or former intimate partner. After controlling for the demographic differences between these two groups, partners who were reported to have consumed alcohol 4 or more times per week were twice as likely as partners who drank less frequently to in¯ict lethal or near lethal violence on their intimate partners. However, the number of drinks the partner consumed per episode was not signi®cantly related to the lethality of abuse. When the ``problem drinker’’ variable was substituted for drinking frequency and intensity variables, there were 74 additional cases used in the regression analysis. Partners who were considered to be ``problem drinker’’ were more than twice as likely as partners who did not having a drinking problem to in¯ict lethal or near-lethal violence (eb ˆ 2.39, p ˆ .001). Victim alcohol use was unrelated to the lethality of abuse after controlling for demographic factors and partner alcohol use.**

Handguns are the abuser’s weapon of choice and are almost never used for self defense. **Sorenson:** Susan B. Sorenson – U Penn Professor of Social Policy and of Health and Societies, Senior Fellow in Public Health, Director, PhD Program, Director, The Evelyn Jacobs Ortner Center on Family Violence; Douglas J. Wiebe – U Penn Associate Professor of Epidemiology in Biostatistics and Epidemiology: “Weapons in the Lives of Battered Women” American Journal of Public Health. 2004;94(8):1412-1417.IG 12/5/1

**T**he first column of Table 1 ▶ lists objects that had ever been used as a weapon by an intimate partner to hurt, threaten, or scare the respondent. Almost all of the respondents had had words and hands or fists used against them. The majority had had a door (e.g., slammed against body or limb) or wall (e.g., they were shoved against a wall), feet, or some type of household object used against them. Household objects identified most often were telephones or telephone cords (19.9), pots/pans (9.8), and plates/dishes (9.4). Other objects used against the respondents included, but were not limited to, ashtrays, brooms, furniture, knives (nonkitchen), pillows, scissors, bottles, and irons. Among the 22.8 who reported that an intimate partner had used a tool against them, hammers and screwdrivers were most commonly reported (41.1 and 36.8, respectively). Wrenches, pliers, and axes were among the other tools specified. More than one third reported that an intimate partner had used a motor vehicle as a weapon against them. **Among the 36.7 who reported that a firearm had been used against them, victimization by a handgun was reported twice as often as that by a long gun.** Whether a firearm was used against the respondent was positively associated with the number of weapons used (t test = 17.1, P  .001). **Women who had been victimized with a firearm and those who had never been victimized with a firearm reported that an average of 8.1 and 4.6 types of weapons had been used against them, respectively.** By battered women against an intimate partner. Battered women were substantially less likely to use a weapon against an intimate partner than to have it used against them (see the second column of Table 1). Words were the most common weapon used against a partner, followed by hands or fists, feet, and household objects. Few of the women had used a motor vehicle or a firearm against an intimate partner. By battered women in self-defense. Although few women had used objects as weapons to harm an intimate partner, it was common for them to have used objects in self-defense (see the third column of Table 1). The use of words, hands or fists, and feet was common. A substantial minority had used a door or wall, household object, or motor vehicle in self-defense. Few of the respondents reported having used a gun in self-defense. There was some overlap between using a gun in self-defense and using a gun in aggression. **Of the 15 women who had used a firearm in self-defense, 5 had also used a firearm aggressively against a partner.**

# Part Three is Reflective Equilibrium:

Accept a reflective equilibria perspective on the framework debate, meaning we attempt to find the moral theory that best coheres with general moral principles Scanlon: An Interview with Tim Scanlon. Interviewed by Yasha Mounk. The Utopian. 2012. http://www.the-utopian.org/T.M.-Scanlon-Interview-2

This is what we were talking about earlier with debate. A lot of people, at least a lot of students,[say] tell you that if you can’t come up with an argument that some imagined opponent would have to accept on pain of some kind of contradiction, then who’s to say what’s right? And I think that’s the sort of thing that debate encourages. It belies the fact that the question, at the end of the day, isn’t: is this person actually going to accept it? The question is: do they actually have good reason to accept it, or not? And that’s a judgment that you yourself have got to make. That’s unavoidable. But I think people lose sight of the fact that philosophy is mostly about deciding what to think, rather than about trying to convince other[s] people what to think.¶ This bring to mind a line in the first edition of John Rawls’ Theory of Justice, the section on reflection equilibrium. It’s a passage I particularly love. Unfortunately Rawls took it out in the second edition. Why he did, I don’t know. I asked him late in his life and he said he couldn’t remember, that it seemed fine to him. But, anyway, he says: Moral philosophy is Socratic. Even if we come up with a set of principles that fully accounts for our considered judgments in a given area, that might itself give us reason to change those judgments once we see that these are the only principles that would support them – even if the fit is perfect. If that’s what’s going on, then it doesn’t stand up to critical examination. I always thought that was a really great point.

Thus, reasons to prefer an argument are not sufficient to reject my considerations. Reflective equilibrium requires the negative to give specific counter-examples as reasons to reject a theory. Even if a theory is proven “true” according to some other general consideration, a counter-example has more weight since it shows general dischord with our judgments. Counterexamples sever the link from these arguments to reflective equilibrium since they prove that we should reject that general principle. **And,** to defeat RE the neg must provide a counter-methodology from a qualified moral source about how to come to general moral judgments. Meta-ethical arguments like naturalism aren’t competitive with my aff interpretation since they say where we get beliefs from, not why those beliefs are justified. Further prefer methodologies supported by authors in the lit since positions not in the lit have low credence if nobody in academia took them seriously in the last ten billion years. Lastly, rule-consequentialism coheres with our judgements in reflective equilibria. Hooker: Brad Hooker, Ideal Code, Real World*.*

Does rule-consequentialism accord with the convictions we share about moral permissibility and requirement? **Rule-consequentialism selects rules on the basis of expected value, impartially calculated.** Thus the theory is clearly impartial at the level of rule selection. As I shall argue later, the impartial assessment of rules **[But this] will favour rules that** (a) **allow partiality**, within limits, **towards self and** (b) require partiality, within limits, towards **family**, friends, etc. **This partiality** towards self and loved ones **will** then be allowed to **guide** a great number of people’s **day to day decisions** (not all, of course). Therefore, while rule-consequentialism is purely impartial at the foundational level where a code is selected, the code thus selected makes demands on action that are moderate and intuitively plausible. Rule-consequentialism is fundamentally impartial, but not implausibly demanding. // Rule-consequentialism [It] also accords with common moral beliefs about what we are prohibited from doing to others. As I observed, most of us believe morality **[and] prohibits** physically **attacking innocent people,** taking or harming the possessions of others, **breaking our promises,** telling lies, **and so on. Rule-consequentialism endorses prohibitions** on these kinds of act, since on the whole **the consequences**, considered impartially, **will be far better if such prohibitions are widely accepted.** (In Chapter 6, I argue that rule-consequentialism’s implications