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**LESSON LEARNT IN INJURY CONTROL: AFTER 30 YEARS
WHAT WOULD I DO DIFFERENTLY?**

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Our current view of injury prevention is shallow, narrow and unfocused. We may need to re-examine our approach to injury control to include a more holistic approach that is essentially based on the social determinants of health. Injuries do not happen in isolation. Like the layers of an onion, it is a combination of interplay between various pathophysiologic pathways; constitutional factors; individual risk factors and choices; social relationships; living conditions; neighbourhoods and communities; institutions and finally social and economic policies that contribute to injury causation. From the moment we are conceived and especially up to the age of 18 months our nurturing impacts us for the rest of our lives. We have a choice to invest the time and resources when the infant's brain is most malleable or by default continue to spend too late and at a greater cost in social services, welfare, judicial systems and health care expenditures. Without a doubt, our chances of achieving greater health are directly linked to the strengthening of the social determinants of health: genetics, gender, housing, education (literacy), income and social status, personal health practices, resilience, nutrition, employment conditions, physical environment, culture, child development, spirituality and strong social support networks.

Our inability to acknowledge the importance of 'love' and 'happiness' in our lives makes the required new thinking of injuries difficult for the majority of injury prevention leaders. The current desire for instant versus delayed gratification in our society directly leads to the need for an expensive, ineffective health care system. The very actions that give us *instant gratification* also give rise to disease and injury. *Fatty foods* give rise to obesity, diabetes, heart disease, and injury. *Drug use* gives rise to overdoses, addictions, mental illness, crime and injuries. *Alcohol use* gives rise to cirrhosis, mental illness, violence, injuries and crime. *Inactivity* gives rise to obesity, poor health, and disability. *Salt use* gives rise to hypertension and cardiovascular problems. *Sex* gives rise to sexually transmitted diseases, unwanted pregnancies, fetal alcohol syndrome and sexual assaults. *Smoking* gives rise to cancer, chronic obstructive pulmonary disease, bronchitis and injuries.

It is estimated that 50% of all deaths in developed countries are preventable. That for those under the age of 44, injury is the leading cause of death. For those under the age of 34 motor vehicle related injuries are the leading cause of death. And finally, injuries kill more 1–19-year-olds than all other diseases combined.

Let us broaden our approach to injury prevention by boldly linking our discussions to include 'love', 'happiness', 'instant versus delayed gratification' and the 'social determinants of health' as we search for solutions to this seemingly elusive problem—injuries.