NEWS AND NOTES

In addition to the internet addresses described by Rivara in his ISCAIP column, another way to keep in touch with others interested in injury prevention is to use e-mail to join a listserv called Injury-L. To subscribe send a message to listproc@wvnwm.wnet.edu saying Subscribe Injury-L followed by your name. Be sure to remove your "signature," if any, at the bottom of this e-mail message.

Among various topics of interest appearing on Injury-L is a recent discussion about the role of truck (lorry) drivers. (This may have been prompted by a spate of serious injuries arising from poorly maintained trucks, included several resulting from wheels falling off!) One question raised was whether alcohol was a special risk factor and it appears it is not. A second topic discussed was the effect of the repeal (again!) of motorcycle helmet use laws in some states—perhaps a reflection of the antiregulatory mood of the present US Congress. It is, therefore, timely to consider a recent paper by Kraus, Peak, and Williams. (Am J Public Health 1995; 85: 96–9.)

The conclusion of this study based on a comparison of observations made before and after the introduction of an unrestricted helmet use law in California in 1992 is that helmet use increased... to more than 99%, throughout 1992. ‘With adequate enforcement, unrestricted helmet use laws can achieve almost 100% compliance’. If true for these rugged young adults, why not for child bicyclists?

A report by Kraus et al published in JAMA 1994; 272: 19 also sheds light on the effectiveness of legislation in injury control. ‘The year after California enacted a motorcycle helmet use covering all riders... crash deaths declined 37.5%. There was also a decrease in the number and severity of head injuries among (these) riders’. ‘Some of this may have been due to the number of high risk drivers who chose not to use a motorcycle...’

In the February Status Report is a scholarly refutation of an often quoted favourite of control sceptics—the theory of "offsetting behaviour" or "risk homeostasis"—as applied in this case to air bags. It is a reply to a study by Hoffer et al, economists at Virginia Commonwealth University, that suggests ‘that the air bag does not reduce the probability of death. The increased aggressiveness tends to negate the effectiveness of the air bag’. In their rebuttal, the editors of Status Report challenge the data, misaplication of national statistics, the basic theory, and most compelling of all—the logic that would lead a driver to reason that his or her new car, with more safety features including an air bag, can now be driven more aggressively and thus not care whether the car gets smashed up in the process.

In light (no pun intended) of the interest in the effect of daylight saving time and injury prevention, especially in the UK, readers may be interested in a recent report by Ferguson et al (Am J Public Health 1995; 85: 92–6). The analysis uses an elegant comparison of fatal crash occurrences involving pedestrian or vehicle occupants for 6-hour periods around sunrise and sunset, from... before the fall change to standard time until 9 weeks after... the change to daylight saving time’. The conclusion is ‘An estimated 901 fewer fatal crashes (727 involving pedestrians, 174 involving vehicle occupants) might have occurred if daylight saving time had been retained year-round from 1987 through 1991’.

A report in the American Journal of Public Health (1994; 84: 1605–6) makes two interesting points: first, that the cost of trauma in the US is more than $100 billion each year, and second, that ‘nearly one-third of trauma-related deaths could be prevented by appropriate prehospital and in-hospital care’. Sadly, the report goes on to explain that care may be provided ‘less generously to uninsured patients’. The main difference appears related to the likelihood of having surgery because of its expense. Although these data refer only to the East, the pattern is an important one for those in governments anywhere who doubt the value of a system of truly comprehensive, national health insurance.

In contrast to recent developments in the reverse direction in the UK and the US, several countries have recently introduced new Consumer Protection Acts. These include Greece (enacted November 1994), Malta (1994), and Belgium (1994). Many of these have arisen in response to the European Directive on General Product Safety. Of related interest is the release of findings of a survey ‘Safety information on dangerous products in the home’ based on a survey conducted in eight member states by 16 organizations, mostly women’s or family associations, affiliated with COFACE (Confederation of Family Organizations in the European Community). Attention is drawn to EC mandated safety labelling information on cleaning, do-it-yourself, and gardening products. Eight per cent of the 4000 respondents stated they had had accidents with products of this kind during the past five years but only 1.4% knew... all the dangers. A plea is made for more down-to-earth and easier to understand labelling of these products.

A somewhat special injury prevention program is needed for children living in countries with abundant snow where the increasingly popular sport of snowboarding was estimated to involve approximately 1.5 million people worldwide in 1989, 40% of whom were North American. In a special issue of Childhood Injury Control published by the Edmonton (Alberta) Board of Health attention is drawn... to the extent and seriousness of this problem. The report concludes with three basic safety tips: the need to be physically ready; to use good equipment; and to take lessons and learn on the hill (Dr Wayne Luton, Edmonton, Board of Health). A good example of how health boards can and should be involved in injury prevention.

The December 1994 issue of Hazard, the publication of the Victorian Injury Surveillance System (VISS) and Monash University Accident Research Centre, featured articles on domestic violence, and smoking related injuries. The latter, by Julie Valuri, is based on 165 regular reports... and includes 31 smoking related and eight match related deaths. It draws attention to five prevention strategies: child resistant cigarette lighters (mandatory in the US); the need for car seat use of lighter-weight child seats to restrict access to children (a child resistant matchbox has been developed in the UK); the need for smoke detectors; the importance of reducing smoking in general; and the importance of pressure for the more widespread adoption of self extinguishing cigarettes.

*Matchguard originated from an idea of Carol Ainge, a mother concerned about the ease of access to matches by children. The product is manufactured in the UK by Kid Rapt Ltd, 14 Lothair Road, Stopsley, Luton LU2 7XB.

Injury Issues Monitor is the publication of the National Injury Surveillance Unit (NISU) which is part of the Australian Institute of Health and Welfare. In its December 1994 issue injury goals, targets, and strategies are mentioned as one of the four focus areas identified as part of the country’s national health goals and targets. (Other items of interest include a publication entitled Farm Safety: Research to Guide Action Groups and a report on roller blading injuries in the US.)

An accompanying bulletin from NISU includes a fascinating study to draw to the attention of its readers. The study examines the spatial distribution of injury deaths in Australia. The widely observed urban versus rural or remote difference is examined closely and reveals a strong gradient for men. Those in rural areas have more than twice the death rate than those in capital cities. With both sexes combined, the gradient holds for most causes. American readers will be interested to note that firearm deaths generally follow the same pattern, both for suicide and for interpersonal violence. (For more information contact: John Dolnis (editor), NISU, Mark Oliphant Bldg, Lafer Drive, Bedford Park, South Australia 5042.)

The Centers for Disease Control and Prevention in the US supports seven Injury Prevention Research Centers (IPRC). One of these is at the University of North Carolina (UNC) under the leadership of Dr Carol Runyan, a member of the editorial board of Injury Prevention. The fall issue of IPRC News announces that UNC has been awarded IPRC official ‘center’ status; a well deserved token of academic recognition. The lead article summarizes many of the remarkable achievements of IPRC. One of these is The TBI Prevention Book, aimed at educating the public about ways to prevent traumatic brain injury.

Two Dutch associations held a conference on playground safety last November. The main outcome was the development of new safety standards in the form of a guide and check lists for use on site. Rules for layout, inspection and upkeep are included, and one of the groups, SCV, the Consumer Safety Foundation, intends to inspect playgrounds and inform authorities of potential hazards.

SafeKids News is a publication of Starship Children’s Health, which, in turn, operates under the auspices of Starship Children’s Hospital in Auckland, NZ. The inaugural issue introduces the Safe Kids team under the direction of Reena Kokotailo; describes their impressive Information and Resource Center; has a feature on buildup and the roles partnerships for prevention; and another that draws attention to poisonings. ‘Pharmaceutical
manufacturers provide child resistant packaging for liquid paracetamol products sold over the counter but when prescribed and decanted by the pharmacist these bottles . . . do not need child resistant containers'. An anomaly indeed!

The main targets of this year's Safe Kids Campaign were bike helmets and bike safety; scald burn prevention; child passenger safety; residential fire detection; poison control; all terrain vehicles; playground safety; pedestrian safety; farm safety; and ski safety.

An important source of information for those with a particular interest in road safety is the European Newsletter on Road Safety, published by the European Road Safety Federation (ERSF). I was particularly interested in the news reports section in the first issue, for example black spot detection and remedies (Denmark); traffic calming in York (including graphs showing a substantial fall from an average of seven accidents/year before calming to fewer than one/year after schemes were introduced); and enforcing speed limits in built up areas (Luxembourg). The second issue includes an article that addresses the growing concern about School Transport Safety following several crashes involving minibuses. The issue is being examined are driver competencies, vehicle management, and vehicle standards.

The AA Foundation for Road Safety analyzes pedestrian casualties by using as a denominator the distance walked and has found that children 5-9 years are involved in 897 accidents 10 km walked. This exceeds the figure for pedestrians in general (411/10 km walked) but also for car drivers (34/10 km traveling), motorcyclists (591), and cyclists (526).

A valuable source of information about child prevention activities in the US is the Children's Safety Network (CSN), funded by the Maternal and Child Health (MCH) Bureau. One of its regular publications is entitled State MCH Injury Prevention Profiles. These list National and Targetted Resources Centers and state by state profiles. Other regular publications include a weekly update. CSN's Economics Insurance Information Resource Center has issued a series of fact sheets on the cost of injuries and prevention. Specific topics include: bike helmets, safety seats, poison control, gunshot wounds, and counselling by pediatricians (using TIPP sheets), adolescents and young adults. The CSN National Injury and Violence Prevention Resource Center also makes available a publication on bike safety which includes descriptions of the network, bibliographies and directories, conference proceedings, needs assessment, and other publications.

Surprise! An article in Status Report earlier this year states: 'Running red lights and other traffic violations and 'yellow lights' are the most frequent cause of urban crashes'. More interestingly, it adds that the violators are younger and less likely to use safety belts compared with people who comply with traffic signals and that 'red light runners also have worse driving records'. Another item notes that cameras that photograph the rear of cars running lights 'have been shown to reduce traffic violations and right-angle crashes' (in the US).

The Canadian Bike Helme Coalition, under the umbrella of the Canadian Institute of Child Health (CICFH), has designed a local neighbourhood resource kit for 'getting the message out on bike helmets'. This involves a three pronged approach including school assemblies, a parent information night, and helmet fitting and sale. For further details contact the Canadian Bike Helmet Coalition at CICH, 885 Meadowlands Drive East, Suite 512, Ottawa, ON K2C 3N2.

The CICF Newsletter contains a summary of Canadian experience on injuries related to infant pacifiers based on CHIRPP (Canada's injury surveillance system) data, as well as a market survey of pacifiers conducted by Health Canada. A fascinating tirib from the CHIRPP data is that nearly 60% of the pacifier related injuries involved males!

CHIRPP, the Canadian Hospitals Injury Reporting and Prevention Program, constructed around all the injuries in Canada is an information system about injured children seeking hospital care, usually at the emergency room (accident and emergency department) level. The program is celebrating its fifth birthday and the recent issue of CHIRPP includes a feature summarizing its development and evolution. The database now includes more than 400 000 records, mostly describing children's injuries, based on 15 hospitals reporting. CHIRPP is described by Dr Don Wright, the Director of the Bureau of Chronic Disease Epidemiology at Canada's Laboratory Centre for Disease Control as 'one of LCDC's biggest and most important issues for disease surveillance'. Reports from this database on 17 topics are now available, ranging from bathtub injuries to dog bites.

The National SAFE KIDS Campaign in the US promoted a Family Safety Check during its Safe Kids week (May 6-13) this year. The campaign is run by the newly started program, CYCLE SMART, which includes detailed steps to gain support for passage of mandatory bicycle helmet laws. Another major accomplishment of the campaign is a conference that brought 102 children from all 50 states to 'tell their . . . stories of childhood injury' to members of congress in hopes of persuading the lawmakers of the need to include injury prevention in health care reform plans. Media coverage of this high profile event was 'outstanding'. Furthermore, the summit helped promote child safety legislation supported by the campaign, and led to congressional approval of the Child Safety Protection Act requiring manufacturers 'to place warning labels on small toys that pose . . . a choking hazard', also mandates federal safety standards for bike helmets, as well as other measures to promote helmet use.

CIRPAE stands for Centre d’Information et de Rencontre Pour La Prevention Des Accidents d'Enfants. Its President, Professor Bernard Leveque, is a member of our editorial board. In January 1995 'Lettre' Leveque’s editorial reports on a WHO and Comité Français d’Education pour la Santé initiative. Together they sponsored a meeting last October in Paris of French speaking professionals concerned with injury prevention.

Part of the discussion related to the Quebec government's bike helmet use as well as the Canadian child health committee's objections to the use of the term 'accident'—a no-no in most North American injury control circles. Unfortunately, there is no precise equivalent for injury in French: both 'traumatisme' and 'blessure' have different shades of meaning.

Of particular interest was a news item in the 'Lettre' describing a parliamentary petition drafted by CIRPAE asking for new laws to reduce automobile speeding and motorways. A full draft of the letter is reproduced and 26 parliamentarians have already replied.

News from Australia

The First National Injury Prevention and Control Conference was held in late February. The conference brought together a wide range of sectors and received substantial support at professional, political, federal and state government level. Organisers and those involved in planning the 1996 international conference were buoyed up by the degree of interest and by the fact that the conference was substantially over subscribed.

Planning for the Third International Conference on Injury Prevention and Control (18–22 February 1996, Melbourne) is well advanced. For information about the conference see the inside back cover of the journal.

An associated child injury meeting will be held to coincide with the international conference. Jointly organised by Kidsafe Australiia and ISCAIP the meeting will probably take place on Friday 23 February 1996 and take the form of interactive workshops. Contact: Ian Scott, Kidsafe; fax: +61 3 670 7616; e-mail: iscott@peg.apc.org.

Two major reports providing baseline information and future directions for Australian injury prevention were published in late 1994. Better Health Outcomes for Australians, subtitled National Goals, Targets and Strategies for Better Health Outcomes Into the Next Century, was developed by the Federal Department of Health and provides detailed material on the four issues designated as national health priorities, including injury. Injury in Australia: An Epidemiological Review, edited by James Harrison and Raymond Crimp from the National Injury Surveillance Unit, is a wide ranging and comprehensive review of current and historical injury data in Australia. Organised under 10 major subject headings from transport injury to interpersonal violence it was prepared to assist the Health Department in its development of national goals and targets. Contact: Australian Government Publishing Service, PO Box 84, Canberra ACT 2601; fax: +61 6 295 4455; $A25 each.

A study on children involved in motor vehicle accidents has confirmed the efficacy of dedicated child restraints and of seat belts in general. Among other conclusions the Henderson Report, Children in Car Crashes, estimates that unrestrained children were five times more likely to be injured in the event of a crash as restrained children. Dr Henderson was concerned at the number of children fatally or seriously injured while riding in an adult's arms. He found that in all cases a
properly restrained child would have escaped injury. Contact: Kidsafe, cost $225.

IAN SCOTT
Kidsafe, Melbourne

News from South Africa

In South Africa we are beginning to emerge from the social and political vacuum that followed the significant events of 1994. A new legitimate government is in power and the broad issues of ‘child health’ and ‘primary health care’ have been identified as priorities within the government’s Reconstruction Development Programme.

The focus of work in the field of child safety are concerned that, while problems such as immunization and infant nutrition are receiving the attention they deserve, the national epidemic of childhood injury seems not yet to have penetrated the collective political consciousness. And while State President Mandela did well to outline strategies for reducing levels of civilian violence, he has not touched on the current session of parliament, the urgent and specific needs of children were not alluded to. As I write this report three children with severe gunshot injuries are lying in the Trauma Unit at Red Cross Children’s Hospital in Cape Town. Such injuries were rarely seen in previous years. Non-statutory organisations such as the Child Accident Prevention Foundation of South Africa (CAPPSA) and the recently formed South African Management Task Team on Injury, Violence and Health will be obliged this year to lobby vociferously at local and national government level in order to guide the child safety issue onto manifesto of the individuals and departments (namely education, transport, and health) who have the real power to improve the health and survival of South African children.

A summer school course on violence, injury, and safe communities was held at the University of the Western Cape School of Public Health from 6–10 February 1995, and was co-convened by Professor Philip Graitter (Emory University School of Public Health) and local delegates (see separate report).

In December, The Medical Research Council’s National Trauma Research Programme launched its Guide to Rural Injury Data Capture. This guide marks the completion of phase I of the Rural and Injury Surveillance Study (RiSS) in the Western Cape and provides a practical model by which affordable and accurate rural injury data capture can be undertaken in other parts of the country. Some of the main findings of the study are also included. Copies of the manual can be obtained by writing to: The National Trauma Research Programme, Medical Research Council, PO Box 19070, Tygerberg 7505, South Africa.

DAVID BASS
CAPPSA, Cape Town

Summer School on Violence, Injury, and Safe Communities

A course aimed at providing a grounding in injury epidemiology and community based injury control methodology was held on 6–10 February 1995 at the University of the Western Cape.

Themes covered were: injury epidemiology; injury control; injury surveillance; intentional injuries — interpersonal violence, violence against vulnerable groups, suicide, gun control; unintentional injuries — childhood injuries, train injuries, transportation injuries, fires; intersectoral issues — alcohol, law enforcement, community participation, safe communities; and a practical field trip on injury control.

This was the first summer school on violence, injury, and safe communities to be held in South Africa. The morning sessions were lead by Professor Graitter who used American data (from the Center of Disease Control in Atlanta, Georgia) to illustrate the themes outlined above. The afternoon sessions (Monday–Wednesday) were devoted to the presentation of local data in an attempt to illustrate the didactic components presented in the morning. One whole day was devoted to the practical discussion of safe communities and how to draw up injury control strategies. A field trip to the Woodstock park was included on the last day in order to assess the safety of this park and draw up an injury control program that had been learnt in class and the previous day’s practical exercises.

A substantial amount of reading was given to participants in the form of 3 state-of-the-art articles on injury, violence, and safe community issues. Further reading matter, case studies, and a written practical exercise on injury prevention were included. Participants were expected to attend at least 80% of the course and hand in a handwritten assignment in order to graduate.

PHILIP GRAITTER
Emory University, Atlanta

Alberta SAFE KIDS Campaign

DRAWSTRING DANGERS

The Alberta SAFE KIDS program is encouraging people to remove all drawstrings from the clothing of children under 15 years of age. It also suggests that parents refuse to buy clothing with drawstrings because of the risk of strangulation from these cords.

Presently in Canada there is no legislation regulating drawstrings. ‘We recommend that parents and family members be informed of how to ensure the safety of their children’ said Alan Lowe, SAFE KIDS Coordinator. First, remove the drawstrings from all children’s clothing, including jackets that are in storage for the winter. Second, refuse to purchase children’s clothing that have drawstrings. Children’s clothing, which is often an imitation of adult’s, does not require the same drawstrings that are often useful on adult clothing.

Innovative designers have begun to eliminate drawstrings on children’s clothing completely. They use alternative methods of closure that are as effective as drawstrings, without the dangers of loose strings and dangling toggles.

In June 1992, a 6 year old child died when the drawstring of her jacket became caught on a playground slide. Her death was preventable. There are many children who are also at risk of injury or death unless parents and family members take a stance against drawstrings on children’s clothing. There were five childhood deaths on playground equipment in Canada in 1992.

Alberta SAFE KIDS is part of a national injury prevention campaign initiated to address the leading cause of death and disability for children in the province. Alberta was the first province to establish SAFE KIDS programs operating in Edmonton, Calgary, and Cape Town.

News from CAPT

CHILD SAFETY WEEK 1995

The Child Accident Prevention Trust (CAPT) will be running its popular Child Safety Week Initiative again in 1995 from 3–9 July and is already beginning to make plans for 1996. A wide ranging evaluation of the 1995 week perfectly adequate. Those participated were enthusiastic for there to be further Child Safety Weeks along the same lines. So this year’s week will not have a specific theme but will simply provide a national umbrella under which local practitioners can do whatever they feel is appropriate for this locality.

The evaluation, undertaken for the CAPT by the Transport and Road Research Laboratory, showed that the views and actions of about half the people who had purchased the starter pack. The response rate to the postal questionnaire was 60%. Three quarters of the respondents found the pack useful and virtually everyone said that Child Safety Week was a good idea. The reactions of the government departments and commercial sponsors were also sought through personal and telephone interviews. One unexpected finding was that the commercial sponsors thought that the new materials produced by the trust to support local work were not of high enough quality; in contrast the local practitioners felt that thel week was perfectly adequate. Who participated generated over 1000 local and national press mentions, including eight page supplement in one of Britain’s largest circulation national daily newspapers.

The evaluations did not seek the response of the public to the campaign as it was not a specific objective of the trust to reach this target audience. Reaching the public was regarded as the role of the local practitioners. Nevertheless, market research carried out by the Health Education Board for Scotland showed that the campaign had a high penetration among parents.

CAPT’s Child Safety Week 1995 is being sponsored by seven companies and four government departments and agencies. To meet the wishes of the sponsors, the week is directed more closely at parents through health, government, and voluntary sector workers at local levels. A new campaign handbook gives guidance on how to plan, evaluate, fund, and publicise a local event. It also includes an up-to-date directory of the child safety resources that are available in the UK. To facilitate networking between practitioners everyone purchasing the pack is able to access the name and address database (with telephone facility for those not wishing to have their information disclosed).

The national week idea has extended beyond the UK. There is a similar initiative in Sweden and parts of Australia have their own child safety days.

For further information about Child Safety Week 1995, contact Lesley Corner, Child Accident Prevention Trust, 100 Harrington Lane, London EC1R 3AU, UK.

MIKE HAYES
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