

Splinters & Fragments

A recent paper summarizing 14 observational studies on the use and effectiveness of cameras to catch speeders and reduce collisions has created a small flap in the UK. Less than a week after the article was published, 17 rapid responses had been generated online, many critiquing the authors' conclusions that although existing research shows that speed cameras are effective, "the level of evidence is relatively poor". Read the article and the responses for yourself. Pilkington P, Kinra S. Effectiveness of speed cameras in preventing road traffic collisions and related casualties: systematic review. *BMJ* 2005;**330**:331-4. <http://bmj.bmjournals.com/cgi/content/full/330/7487/331?ehom>

A case-control study of firearm storage practices has found that locked or unloaded guns were significantly less likely to be used by children and youth to either shoot themselves or to unintentionally shoot others. Hospital and medical examiner cases were compared with households, identified through a telephone survey, in which there was at least one firearm and children living or visiting. An accompanying editorial places this study in the context of other studies, firearm ownership in the US and the need for additional research. Grossman DC, Mueller BA, Riedy C, *et al.* Gun storage practices and risk of youth suicide and unintentional firearm injuries. *JAMA* 2005;**293**:707-14. Cole TB, Johnson RM. Storing guns safely in homes with children and adolescents [editorial]. *JAMA* 2005;**293**:740-1.

Many injuries occur in the home, but until now few studies have examined the costs of unintentional residential injuries. A cost analysis estimate found that these injuries, particularly falls, cost US society at least \$217 billion in 1998. The largest cost was the value of lost quality of life, followed by indirect and medical costs. The article describes the costs, lists costs by cause, and shows the 10 leading products by age group for the year 2000. Zaloshnja E, Miller TR, Lawrence BA, *et al.* The costs of unintentional home injuries. *Amer J Prev Med* 2005;**28**:88-94.

Are helmets effective for reducing head and neck injuries in skiers and snowboarders? An examination of cases and controls in 19 ski areas in Quebec found that helmets did protect against head

injuries. Neck injuries were more difficult to assess; the authors could not "rule out the possibility of an increased risk of neck injury...but the estimates...are imprecise". This is only the second case control study to examine the protectiveness of ski and snowboard helmets and it confirms earlier findings on head injuries. Hagel BE, Pless IB, Goulet C, *et al.* Effectiveness of helmets in skiers and snowboarders: case-control and case crossover study. *BMJ* 2005;**330**:281-3.

Accident or injury? Injury prevention or safety promotion? The language that we use to describe our work can help us be most precise and careful, or can obfuscate our true intentions. Within epidemiology, injury prevention terms are often used in specialized or unique ways. If we aren't understood by our colleagues, how can injury prevention epidemiology be regarded as a serious and mature field? A brief glossary offers insights into how these terms are applied, and where controversy surrounds some of them. Pless IB, Hagel BE. Injury prevention: a glossary of terms. *JECH* 2005;**59**:182-5.

The US is experiencing a rise in deaths caused by drug poisoning. One analysis of these deaths in Utah found that the largest increase was due to non-illicit drugs, principally methadone and other prescription narcotics (oxycodone and hydrocodone). This does not mean that the drugs were being used as prescribed, nor is it attributable to an increase in drug addiction treatment programs. These findings are consistent with previous findings in other states and point to a real need to investigate poison deaths, ensure safe use of medications, and foster collaboration between poison control and addiction treatment professionals. Increase in poisoning deaths caused by non-illicit drugs—Utah, 1991-2003. *MMWR* 2005;**54**:33-6.

In 1992, a study of 233 domestic violence victims in emergency departments (EDs) in Singapore was published. Five years later, legal protections for women were improved. Now, the authors have re-surveyed 163 women presenting to EDs with injuries from domestic abuse. Although there were no demographic differences between the two groups, the proportion of current patients who knew where to seek help had more than doubled

over the decade. Foo CL, Seow E. Domestic violence in Singapore: a ten year comparison of victim profile. *Singapore Med J* 2005;**46**:69-73. <http://www.sma.org.sg/smj/4602/4602a2.pdf>

Last year, the second Qatar International Trauma Care, Disaster & Emergency Medicine Conference was held. Eight guest lectures, 30 oral abstracts, and 24 poster abstracts are now presented on the website of the *Middle East Journal of Emergency Medicine*. The contributions are from Iran, Qatar, Oman, Bahrain, Saudi Arabia, Iraq, Jordan, Israel, Bangladesh, and the UAE, as well as Austria, Australia, Hong Kong, Italy, Russia, the UK, and the US. The proceedings give us a good overview of new developments in trauma and trauma care in this region of the world that is so often under-represented in Western journals and meetings. *Middle East Journal of Emergency Medicine* 2004;**4**(2). <http://www.hmc.org.qa/mejem/sept2004/>

What happens to poor, remote people when they are permanently disabled by injury? This newsletter article does not address prevention, nor was it published in a peer reviewed article. But it does describe an innovative community program to improve the lives of Navajos with spinal cord injuries in an area that has 47% unemployment and only 20% telephone service. The program provides health care monitoring, advocacy, physical rehabilitation, and social opportunities to increase independent living. One injured teen indicated that participating in the program was the first time she had left her home since her injury 18 months earlier. We are left to wonder how the injuries incurred and what more can be done to prevent them. Rothman EL. A community-based intervention to improve the quality of life of Navajo patients living with spinal cord injuries in Indian Country. *IHS Primary Care Provider* 2004;**29**:273-6. <http://www.ihs.gov/PublicInfo/Publications/HealthProvider/issues/prov1204.pdf>

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