REGIONAL REPORTS

UK

Gun control: much more than massacres

The trouble with injury prevention is that it's worthy but dull. Worthy, because preventing death and long term disability is undoubtedly a good thing. Dull, because when prevention goes as planned, nothing happens. Thanks to the recent worthy but dull House of Commons vote to ban handguns, a number of things will not happen in the UK. Of course, everyone hopes that there will never again be a tragedy on the scale of the Dunblane massacre. But some other, less widely publicised things, also won't happen, and these too deserve a mention.

Someone's teenage son will not put a gun to their head and kill themselves. Even though the driving force behind the recent gun control legislation was the public outrage following the massacre at Dunblane, it is likely that the most important effect of the gun ban will be the prevention of youth suicide. Teenagers in the US are four times more likely to die by suicide than teenagers in England and Wales, almost certainly because of the wider availability of handguns in the US. Between 1985 and 1995, there were 181 gun deaths among children and teenagers in England and Wales, of which 81 were suicides. There were a further 35 deaths in which it was impossible to tell whether it was deliberate or accidental, but most of these will also have been suicides. Research in the US has shown that the presence of one or more guns in the home is associated with a fivefold increased risk of suicide. But surely if someone is intent on killing themselves they will find a way to do it even if there are no guns around? Not so. The destructive power of the gun gives no second chances—overdoses and slit wrists do. Firearm regulations in North America have been shown to have a direct effect on suicide rates. A comparison between Seattle (where handguns can be bought over the counter) and neighbouring Vancouver (where guns are tightly regulated) showed Seattle has considerably higher teen suicide rates. People who own guns should welcome the Government's initiatives—it could save the life of their teenage son or daughter.

Someone's 6 year old will not 'accidentally' shoot themselves while playing with the handgun they find at the bottom of the sock drawer. Currently, most accidental gun deaths involve shotguns or hunting rifles. The children involved can be as young as 4 years old, and are nearly always boys. Accidents account for 16% of all gun related deaths in children and teenagers. The more guns around the greater the risk.

And what about the problem of handgun homicide? Our gun toting friends across the Atlantic would doubt that we have a problem at all. In the States handgun violence takes on epidemic proportions. More teenagers are shot on an average Saturday night in the States than all year round in Britain. The overall homicide rate in children and teenagers in the US is 18 times the rate in Britain, mostly due to the difference in firearm deaths. A teenager in Boston is about 80 times more likely to be shot dead than a teenager in Bristol. But there is no room for complacency. Between 1985 and 1995, teenage homicide rates in England and Wales increased by over 75%. Guns and violence are an integral part of US culture. Thanks to the recent House of Commons vote they should never be part of ours. The Firearms Bill is worthy legislation, we would be dull not to appreciate that.

IAN ROBERTS
Child Health Surveillance Unit,
Institute of Child Health,
30 Guilford Street,
London WC1N 1EH
e-mail: ian.roberts@ich.bpmf.ac.uk

South Africa

More on gun control

As happened in the countries of the ex-Soviet Union, it was inevitable that a sudden liberalisation of law and order in South Africa would create an ideal culture medium for the social plagues that threaten the lives of ordinary citizens—namely violent crime, drug abuse, and fraud. One of the most urgent problems impacting upon children is the unchecked owenership of firearms in South African cities—most of these being acquired illegally and very cheaply too. Military weapons stockpiled during the civil wars that previously raged in Angola and Mozambique are now smuggled into South Africa where an unused Kalishnikov automatic rifle may be bought on the 'informal' market for as little as R50 ($11.00), and handguns for much less.

Recently, the Minister for Safety and Security appointed a parliamentary committee to develop new policy for the control of legal firearms (while the battle against illegal weapons has been delegated to South Africa's rather stressed out police service). The Parliamentary Committee's recommendations thus far are all encompassing, including revision of licencing procedures, decentralisation of firearm registers, creation of a firearm injury database, and a voluntary firearm surrender programme. It just might be that these recommendations are too intricate to be implemented in South Africa dependent as they would be on the integrity of police and legal infrastructures—all a bit shaky at present. Another factor which will likely colour this process is the emerging voice of pro-gun lobbies in South Africa—not yet as galvanised as in the US, but likely to become so if and when the debate on firearm policy goes public. However, this process develops, much credit must go to non-governmental organisation 'Gun Free South Africa' for its furious, incessant lobbying in and outside the corridors of power over the last 18 months. Contact gunfree@wn.apc.org.

Injury and Violence Control Network

The South African Injury and Violence Control Network (SAIVCN) was set up in March to

- Promote the development of specialist skills in the field of injury and violence prevention through regular training courses
- Act as an advocacy body lobbying for resources and policy support
- Develop a register of individuals, agencies, and funders who operate in the area of intentional injuries
- Facilitate project based collaboration at the levels of research, direct service and public health education
- Encourage the development of a Southern African violence/injury surveillance and information management system.

The elected committee of SAIVCN includes representatives from South Africa, Mozambique, and Zimbabwe. Contact psych@icon.co.za or @eagle.mrc.ac.za.

Booze bus and Australian road safety videos

Lastly, some interesting road safety initiatives bear mentioning. Jan Shield kindly sent me an Australian newspaper clipping announcing the sale of a heavy duty 'Booze bus' to the Kwazulu-Natal provincial government. Acquisition of this all purpose safety, enforcement, and alcohol detection vehicle is one arm of the province's road safety strategy developed in conjunction with the national Department of Transport. Unfortunately, 26 Australian road safety videos well known in the State of Victoria and featuring spine-chilling images of accident victims have not made it on to our TV screens despite having been donated free of charge more than two years ago. No reasons for this have been offered in spite of repeated calls for road safety organisation 'Drive Alive' to test these one-minute messages on SATV.

Another strategy being considered is the staggering of school summer vacation dates in order to decrease traffic density during the Christmas holidays. Predictably, stakeholders in the hospitality industry have slammed the idea on the grounds that hotel accommodation packages, cinema programmes, and airline tariffs would be thrown into disarray. Clearly the nation as a whole is not yet sensitive to the tragic wastage of 10 000 road traffic deaths which occur annually in South Africa.

DAVID BASS
Department of Paediatric Surgery,
Red Cross War Memorial Children's Hospital, Rondebosch 7700,
South Africa
fax: +27 21 689 1284
e-mail: daveb@redxch.wcape.gov.za

Australasia

Fencing domestic swimming pools—New Zealand and Australia

Drowning in domestic swimming pools has been a significant cause of death in Australia and New Zealand across two decades. Those at risk are toddlers aged 2, 3, and 4—old enough to escape immediate adult supervision. Drowning is the single largest cause of death in Australian children of these ages and in one of the worst areas pool drowning and near-drowning rate ran at 70.2 per 100 000 children at risk. In New Zealand the national pool drowning death rate peaked (in 1981) at 6.8 per 100 000 children under 5.

Because the need for change in the fencing of pools became a public issue once children were drowning in significant numbers, intervention needed to cover two areas: pools already in existence and new pools. The approach in both countries has been to use both building codes and specific legislation to set minimum requirements for fencing. Requirements in the building code operate on construction permits and can influence new and substantially altered pools. Such codes cannot, however, deal with existing pools and so legislation is required by the appropriate authority to affect the requirements for them.

Australia has an additional complication in that it is a federated system and regulation is

in the hands of each state and territory. To date only Queensland and Victoria have enacted provisions that address all pools. Both states introduced regulation for new pools and lesser requirements for existing pools with time to comply. In both countries, local councils or authorities are the bodies responsible for practical implementation of the code and any laws through the building approval and inspection processes.

The general approach under building codes is to stipulate performance requirements and the form of words is: 'barriers to restrict access of young children to the pool and the immediate pool area'. What constitutes such barriers can be clarified by reference to standards or guidelines issued by relevant government departments. In New Zealand such barriers are to restrict children under 6, in Australia it is children under 5.

How well are these requirements working?

The Injury Prevention Research Unit was recently commissioned by the New Zealand Water Safety Council to undertake a survey to check on the current state of compliance and enforcement of the pool fencing requirements. A postal survey was responded to by 60 out of 74 territorial authorities and follow up interviews were conducted with 12. Around half (46%) of the pools identified by the authorities were known to comply, 18% were known NOT to comply, and the status of the rest (36%) was unknown. Few authorities had procedures for locating and inspecting pools, apart from the building permit process. Two thirds did not have reinspection programs to ensure on going compliance.

In New Zealand, according to the New Zealand Water Safety Council figures, pool drowning among children under 5 averaged eight per year before the Swimming Pools Act was introduced and four per year in the period since its introduction.

The Australian State of Queensland was the first jurisdiction to require fencing of all pools; existing pools were subject to lower requirements and an extended period within which to comply. There was a substantial fall in the number of child drownings in pools around the time existing pools were required to be fenced. In absolute terms the numbers of deaths fell from around 13 per year before the legislation (1991) to one in the first year after full compliance was required. Initially this was regarded as evidence of both compliance and effectiveness but subsequent increases in the number of deaths (to around five per year) has resulted in some rethinking. The debate over the introduction of fencing regulations was acrimonious and inescapable and undoubtedly had an educative effect which has reduced over time. The degree of compliance with the legislation is being investigated.

IAN SCOTT
Kidsafe Australia,
10th Floor, 123 Queen Street,
Melbourne, Victoria 3000,
Australia
fax: + 61 3 670 7616
e-mail: iscott@peg.pegasus.oz.au

DAVID CHALMERS
Injury Prevention Research Unit,
Universityof Otago,
Dunedin,
New Zealand
e-mail: dchalmers@gandalf.otago.ac.nz

Further reading

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Office of the Commissioner for Children. *Under five year old domestic swimming pool drownings since the 1987 Fencing of Swimming Pools Act.* Wellington: Office of the Commissioner for Children, 1991: 2.

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Malaysia

Making Vellore roads safe

While on sabbatical leave in Vellore, South India, Regional Editor Dr R Krishnan organised the workshop described in the attached report taken from *The Hindu* newspaper.

Shifting of the bus stand the wholesale business and automobile workshops to the outskirts of Vellore, shifting of the PATC depot in Krishna Nagar to a different location, introduction of the spot fine system to enforce traffic discipline, staggering of school working hours and introduction of the shift system in schools in order to reduce peak hour traffic congestion, improvement of the roads, removal of all encroachments, and making helmets for two wheeler riders compulsory were some of the steps that were recommended in order to ensure road safety and prevent road accidents at a one day workshop on 'Traffic—in and around Vellore town' organised by the North Arcot Ambedkar district administration at the CHAD hospital campus. The workshop was divided into four groups: policy and administration, enforcement, education and engineering.

Dr R Krishnan, a paediatrician from Malaysia, who had done research on traffic in Malaysia highlighted the need for engineering and architectural changes and innovative methods in order to reduce the incidence of deaths and injuries due to accidents. Stressing the principle that 'accidents do not happen, but are caused', he said the condition of roads and the condition of vehicles needed to be given adequate importance in order to prevent accidents caused by bad roads and ill maintained vehicles. He wanted the use of helmets for two wheeler riders to be made compulsory in order to reduce the severity of injuries during accidents and to prevent fatal injuries.

The workshop had been organised in order to prepare an action plan to ensure traffic safety and prevent accidents. Dr VI Mafhan, Director, CMC Hospital welcomed the gathering.

R KRISHNAN
Department of Primary Care,
Faculty of Medicine,
University of Malaysia,
50603 Kuala Lumpar,
Malaysia
fax: +60 3 757 7941
e-mail: rajamk@medicine.med.um. edu.my

LETTERS TO THE EDITOR

THINK FIRST program

EDITOR,—In your June 1997 issue, a notice was published announcing the expansion of the THINK FIRST program into Mexico and Russia (p 83). You included an editorial comment citing a 1995 study which questioned the efficacy of the THINK FIRST high school program,[1] and implied that the expansion was ill advised in light of that report.

It is important to note that the paper you cited as being critical of THINK FIRST actually was initiated through our own Foundation. Our Board of Directors realized, early on, that it was important to evaluate this program objectively in order to make modifications that would improve efficacy. THINK FIRST underwent dramatic changes, based in large part on the information gleaned from this and other studies.[2]

Most significant was our shift in emphasis from the high school students to elementary grade children. In 1996, we premiered the THINK FIRST For KIDS program which is directed towards first, second, and third graders. The program is delivered over six weeks and encompasses basic anatomy, as well as prevention strategies in five distinct areas including: vehicular safety, water safety, sports and recreation safety, bicycle safety, and violence (weapons avoidance and conflict resolution). The program is a multimedia presentation using animated videos, classroom posters, color and black and white comics, an extensive curriculum manual for teachers with reproducible worksheets, and an online THINK FIRST web site (www.thinkfirst.org). Extensive reinforcement activitites throughout the community are also included.

In response to the findings of the efficacy studies on the teen program, we developed new videos, modified the existing presentation, moved toward a more intimate classroom format, rather than large assemblies, and included innovative year long reinforcement activities. Efficacy studies are currently underway to gauge the effects of these modifications, as well as to evaluate the new THINK FIRST For KIDS program.

Few, if any, programs associated with injury prevention have been so self scrutinizing and concerned with efficacy as THINK FIRST. This no doubt reflects the fact that the foundation was created by organized neurosurgery and retains several neurosurgeons on its board of directors. With our collective scientific backgrounds, we feel compelled to continue to prove that what we are doing works.

It seems only fair that the THINK FIRST Foundation should be lauded for its commitment to efficacy and its willingness to modify its approach, rather than be derided on the basis of a single paper published in your journal in the past. Our mission is to prevent injuries and, thus, save lives, and we will continue to pursue that goal undaunted.

JEFFREY M LOBOSKY
Medical Director,
THINK FIRST Foundation,
American Association of Neurological Surgeons,
22 South Washington Street,
Park Ridge,
IL 60068-4287, USA

1 Wright M, Rivara FP, Ferse D. Evaluation of the Think First head and spinal cord injury prevention program. *Injury Prevention* 1995; **1:** 81–5.

2 Barnett PA, Greene A, Neuwelt EA. THINK FIRST: a decade of prosperity and challenges for the new millenium (in submission).