

Model workplace suicide prevention program Effective in Montreal police force

By Brian Mishara
Centre de recherche et d'intervention sur le suicide et l'euthanasie (CRISE)

Members of police departments often have higher than average suicide rates and this is usually explained by the stress of their work, their "macho" tradition to solve problems by themselves and the fact that they have easy access to a means of suicide in crisis situations, their service revolver. The Montreal Police Department, with 4174 officers, has had an average of 1.6 deaths by suicide each year from 1980 to 1996.

Based upon previous studies which have shown that providing information on the identification of suicide risk, training of colleagues to help in suicidal crises and sensitizing persons at risk to using alternative forms of help, a specialized suicide prevention program was developed for the Department as a collaborative effort of the police administration, police union, and researchers in suicidology. Every police officer participated in a half day suicide prevention training session, all supervisors and union representatives received a full day training in how to identify and help a suicidal worker, a volunteer telephone helpline run by and for police officers was established and a publicity campaign on suicide prevention was initiated.

An in-depth evaluation of the implementation and effects of the program was undertaken by Brian Mishara and colleagues at the Centre for Research and Intervention on Suicide and Euthanasia at the University of Quebec at Montreal. Besides identifying some areas for improvement, the evaluation indicated significant changes in attitudes, knowledge and increased use of help resources. Furthermore, in the 7 years since the program was initiated there has only been one suicide by a police officer, compared to 25 suicides in the 17 years before the program began. The program has been improved based upon the research findings and continues in the Department. Based on these findings the RCMP has begun development of a similar suicide prevention program using this program as a model.

Researchers warn of burn hazards to children this winter

By Amy Zierler
Safe Kids Canada

With frigid temperatures taking place across most of the country this week, Safe Kids Canada is reminding parents to protect young children from dangerous sources of heat that can cause severe burns.

"We are concerned that in cold weather, children are at an increased risk of being burned by heating devices, such as gas fireplaces," says Allyson Hewitt, executive director at Safe Kids Canada, the national injury prevention program located at The Hospital for Sick Children. "All it takes is a few seconds for a curious child to get severely burned. A toddler's skin is thinner and burns more quickly than an adult's."

In the case of gas fireplaces, most children burn their hands and fingers from contact with the glass barrier at the front of the gas fireplaces. This often happens when toddlers fall towards the gas fireplace and push up against the hot glass for balance or touch the glass out of curiosity, resulting in serious third degree burns. The glass barrier can heat up to over 200°C (400°F) in about six minutes during use and it takes 45 minutes for the fireplace to cool to a safe temperature after being turned off. Between 1995 and early 2003 there were 150 cases of gas fireplace-related injuries reported at 15 hospitals across the

Reducing availability of means for suicide is an effective prevention strategy: results of the UK analgesic pack legislation.

By Brian Mishara
Centre for Research on Interventions for Suicide and Euthanasia (CRISE)

Research has shown that reducing availability of specific methods of suicide can not only result in fewer suicides but that method but also a reduction in overall suicide rates. There are indications that changes in gun control legislation is related to suicide rates and research has shown that when barriers are constructed on bridges to stop suicides by jumping there is little substitution by other means. One new area of prevention is suggested by recent research from the United Kingdom. During the 1980s and early 1990s the frequency of self-poisoning with paracetamol (acetaminophen) rose steadily in the United Kingdom and reached a third to a half of all overdoses presenting to hospitals. Paracetamol-induced liver damage became a common reason for liver transplantation and the number of deaths due to overdose had risen to over 200 per year.

country.

To prevent burns from occurring to your child at home, Safe Kids Canada recommends the following:

- Never leave a young child alone near a gas fireplace; they can be burned before, during, and after use.
- Create a barrier around the gas fireplace. Safety guards can be installed to keep your child at a safe distance at all times.
- Consider not using the fireplace if you have young children less than five years of age, using it only after your children have gone to sleep, or consider turning the unit off completely, including the pilot flame, whenever the unit is not in use.
- Keep hot drinks and food out of reach of young children and avoid drinking hot liquids while holding children.
- Reduce your home water heater temperature to 49°C (120°F) in order to prevent tap-water scalds.
- Be aware that children can suffer burns from many sources – such as irons, curling irons, radiators, older oven doors, and wood-burning stoves and fireplaces.

To learn more about child safety, parents can call 1-888-SAFE-TIPS or visit www.safekidscanada.ca

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Road Safety

Continued from front page to provincial/territorial groups such as regional safety councils and/or road safety advisory committees, to local efforts by grassroots organizations.

While this cooperative framework has been successful, it is not clear how successful it will be in the future. As the numbers and rates of fatalities and serious injured persons decline, improvements become more difficult to facilitate. Putting seat belts in vehicles and increasing usage rates combined with the decreasing number of impaired drivers on the road were relatively straightforward solutions that contributed to the improvement in road safety over the past twenty-five years. Newer solutions are very likely going to be more difficult to develop and costly to implement. It will be very important that these solutions be scientifically based and appropriately evaluated to ensure maximum benefit and effective use of limited resources.

The Canadian Road Safety Vision

In 1996, the Council of Ministers responsible for transportation and highway safety endorsed the Canadian Vision

of having the safest roads in the world and Vision 2001 was created with four strategic objectives; raising public awareness of road safety, improving communications and cooperation among road safety partners, toughening enforcement measures and improving road safety data collection and two key objectives, reducing impaired driving and increasing occupant restraint and correct child restraint use.

In 2000, the Vision and strategic objectives were re-affirmed by the Council of Ministers. However, a number of new targets were created including an overall target of a 30% reduction in fatalities and serious injuries during the period of 2008-2010 compared to the baseline period of 1996-2001. In addition, RSV 2010 has increased the specific objectives beyond the original drinking and driving and occupant restraint targets to include speed/intersections, vulnerable road users, high risk and young drivers, commercial vehicle transportation and rural road safety. Each domain has a specific target and the responsible task force reports annually to the Council of Ministers on progress towards the target. Further information is available at www.cemta.ca.

Innovation in examining the adult spinal cord

By Michele Crîtes Battîe
University of Alberta

A University of Alberta (David Bennett's CIHR-funded laboratory recently developed a novel in vitro model of spinal cord injury, which now allows for the first time detailed studies of cellular changes in whole adult mammalian spinal cord. The model has already led to a new understanding of the origins of spasticity and its pharmacological treatment. It promises to be a useful tool in accelerating our understanding of spasticity and development of effective treatment of this significant problem faced by spinal cord injured persons and their rehabilitation care providers.

After a long term injury to the lower sacral cord of rats (many months), which affects only the tail muscles, the whole spinal cord below the injury is transferred to a recording chamber where detailed electrophysiological and pharmacological studies are carried out in the live sacral spinal cord.

SPECIAL EDITION

THE INJURY TIMES

Road safety is a shared responsibility

By Paul Boase
Transport Canada

Over the past number of decades, there has been a significant improvement in road safety as measured by fatalities and serious injuries resulting from motor vehicle collisions. In 2002, the latest year for which we have accurate data, approximately 3,000 people were killed on Canadian roads. This represents a steady decline in the number of deaths over the past 25 years, from almost 5,900 people killed in 1979. Injuries have also been reduced, although not to the same extent. When the increasing number of drivers, vehicles and kilometers travelled as well as the changing demographics are considered, these improvements are all the more significant. There are many

reasons for these reductions in deaths and serious injuries. Vehicle and roadway engineering and trauma treatment have been significantly improved and governments and the public are less willing to accept the status quo in terms of the human consequences of collisions.

Despite these reductions in fatalities and injuries, the human, social and financial consequences of collisions are still unacceptably high. Approximately 10 per cent of motor vehicle users do not use their seat belts in urban areas, a figure which increases to about 15 per cent in rural areas and approximately 30% in young males driving pickup trucks. Child seat use, especially correct and appropriate use, is still a dynamic issue. Alcohol is still

found in over one-third of drivers who have been killed. In addition, a number of emerging issues are being identified such as aggressive driving, driver distraction, an ageing population, vehicle configuration and the environmental impacts of motor vehicles to name a few.

In Canada, road safety is a shared responsibility. It is shared in the areas of transportation, enforcement, environment, health and injury prevention by various levels of governments. It is shared by non-government organizations ranging from national groups such as the Mothers Against Drunk Driving (MADD) and the Canada Safety Council (CSC).

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Magnitude and scope of the injury problem

By Margaret Herbert

Injury and Child Maltreatment Section, Health Canada

Injuries are an important public health issue in Canada. Unintentional injuries combined with intentional injuries (suicide and homicide) are the leading cause of death for Canadians between the ages of 1 and 44 years. Injuries rank fourth among causes of death for all ages and accounted for 13,059 deaths in 2000. They are a major cause of premature mortality often striking down adolescents and young adults. In 1999, injuries were the leading cause of Potential Years of Life Lost (PYLL) in Canada before the age of 70 and, following cancer, the second leading cause of PYLL before the age of 75. Motor vehicle crashes and suicide are the leading causes of injury mortality.

The toll of non-fatal injuries is also high. Between 1 April 2000 and 31 March 2001, 246,856 people were admitted to hospital in Canada because of injuries, accounting for 8.4% of all hospitalization. Falls predominate among the causes of injury hospitalization and falls are particularly fre-

quent among the older Canadians. All too often serious injury results in impairments and disabilities including blindness, paralysis and intellectual deficit due to brain injury. Injury-related disabilities among seniors frequently deprive them of the independent lifestyles they cherish.

Suicide is a particularly noteworthy problem. Worldwide it causes more deaths than war, terrorism and murder combined. Canada, with an annual suicide rate of 14 per 100,000 population ranks in the middle of 22 industrialized countries, whose rates range from 3.4 to 22 per 100,000. Unlike some Scandinavian countries, the U.K. and the U.S. that have initiated national suicide programs and are experiencing declining trends, suicide rates in Canada have remained relatively stable over the past 10 years. Suicide has overtaken motor vehicle traffic fatalities as the leading cause of injury death for some age groups and in some provinces. One of the most disturbing trends is the recent rise in suicide rates

among 10-14 year-old children. Among those who attempt suicide and survive, almost 10% of women and 8% of men try again and, according to World Health Organization estimates, 10% of those hospitalized for a suicide attempt will eventually die by suicide.

All of this comes at enormous cost to injured Canadians, their families and our society. Health Canada has estimated the total economic costs of injury in 1998 to be \$12.7 billion, or 8.0% of the total economic burden of illness in Canada. Injury ranked 4th among 17 specific diagnostic categories, behind cardiovascular diseases, musculoskeletal diseases and cancer, and ahead of respiratory diseases. Another economic study estimated that unintentional injuries alone cost Canada more than \$8.7 Billion annually and a New Brunswick study estimated the average cost of a suicide death to be \$850,000. In comparison with other developed countries Canada is not among those with the low-

est injury rates and there is considerable room for improvement. An international comparison of mortality rates in 11 developed countries shows Canada with the 5th

lowest death rate for all injuries, excluding adverse events in medical care, and the 7th lowest rate for suicide.

Studies reveal the enormous economic burden of injury

By Phil Groff
Smartrisk

Studies conducted by SMARTRISK and the Ottawa-based Hygiea group reveal that unintentional injuries cost the Canadian economy an estimate \$8.7 billion annually. \$4.2 billion of that figure are direct costs to the Canadian healthcare system, while the remaining \$4.5 billion are indirect costs, incurred through lost human capital, including lost earnings, and the equivalent market value of unperformed homemaking services. It is

thus a conservative estimate of the true cost to the Canadian economy incurred due to predictable and preventable injury incidents. The most expensive attributable causes of injury are falls at more than \$2.3 billion, motor vehicle collisions at \$375 million, then poisoning (\$116 million), fires (\$15 million) and drowning (\$11 million) (SMARTRISK, 1998).

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