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 super visors and union representa tives 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 Ouebec at Montreal. Besides identifying some areas for improvement. the evaluation indicated significant changes in attitudes. knowledge and increased use 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

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 tod-

dler'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 fire-

place to cool to a safe tempera

ture after being turned off

Between 1995 and early 2003

there were 150 cases gas fire-

place-related injuries reported

at 15 hospitals across the

200 per year.

With frigid temperatures country taking place across most of the To prevent burns from country this week, Safe Kids occurring to your child at Canada is reminding parents to home. Safe Kids Canada recprotect young children from ommends the following dangerous sources of heat that · Never leave a young child can cause severe burns. alone near a gas fireplace; they can be burned before, during "We are concerned that in cold weather, children are at an and after use.

decline, improvements become gic objectives were re-affirmed · Create a barrier around the more difficult to facilitate. Putting seat belts in vehicles However, a number of new targas fireplace. Safety guards and increasing usage rates gets were created including an can be installed to keep your combined with the decreasing child at a safe distance at all number of impaired drivers on times the road were relatively

 Consider not using the fire. place 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.

· Keen 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 tapwater 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.

safety, parents can call 1-888-SAFE-TIPS or visit www.safekidscanada.ca

baseline period of 1996-2001. contributed to the improve-In addition, RSV 2010 has nent in road safety over the past twenty-five years. Newer increased the specific objecsolutions are very likely going tives beyond the original drink ing and driving and occupant to be more difficult to develop restraint targets to include and costly to implement. It will be very important that speed/intersections, vulnerable these solutions be scientifically road users, high risk and young drivers, commercial vehicle based and appropriately evaluated to ensure maximum bene- transportation and rural road safety. Each domain has a spefit and effective use of limited cific target and the responsible resources The Canadian Road task force reports annually to the Council of Ministers on Safety Vision

well as paracetamol) there was

a marked decline in the num-

bers of deaths from paraceta-

mol and salvcilate poisoning,

liver transplants, and large

overdoses of both paracetamol

and salycilates. Their study of

the 4 years following introduc-

tion of the legislation found

that reducing the amount of

readily available medication

frequently used for self-poison-

ing can have significant bene-

fits on the dangers of overdos-

es, both non-fatal and fatal.

They concluded that the princi-

ple of reducing availability of

means for suicide must be

key factor in national suicide

prevention strategies. This

research finding should be the

basis of efforts to introduce

similar legislation in Canada

and other countries where

paracetemol and salycilate

overdoses are frequently used

straightforward solutions that

Road Safety

Continued from front page

to provincial/territorial groups

uch as regional safety coun-

cils and/or road safety adviso-

by grassroots organizations.

ry committees, to local efforts

While this cooperative

framework has been success-

ful, it is not clear how success-

ful it will be in the future. As

the numbers and rates of fatal-

ly and serious injured persons

In 1996, the Council of progress towards the target. Ministers responsible for trans- Further information portation and highway safety available at www.ccmta.ca. endorsed the Canadian Vision

INURY TIMES To learn more about child Keeping you up to date or research and prevention

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 Based upon research with (which included salycilates as other methods showing reducing availability of specific methods of suicide can not decreased suicide deaths when only result in fewer suicides by access to lethal means was limited, the UK legislation passed that method but also a reduction in overall suicide rates. laws in 1998 which limit pack There are indications that sizes of analgesics to address changes in gun control legislathe problem of suicide by tion is related to suicide rates paracetamol overdose. Keith and research has shown that Hawton, a noted suicide researcher from Oxford when barriers are constructed on bridges to stop suicides by University studied the effects jumping there is little substituof this legislation. They examined the following data tion by other means. One new area of prevention is suggested sources: mortality statistics for by recent research from the deaths in England and Wales: United Kingdom. During the liver unit presentations and transplantations for paraceta-1980s and early 1990s the frequency of self-poisoning with mol-induced hepatotoxicity; paracetamol (acetaminophen) self-poisoning presentations to rose steadily in the United general hospitals; sales of analgesics to pharmacies. Deaths Kingdom and reached a third to a half of all overdoses preand overdoses with ibuprofen, senting to hospitals. whose pack size was not limit-Paracetamol-induced liver ed, were used to investigate possible substitution damage became a common of reason for liver transplantation method. Hawton found that in the and the number of deaths due to overdose had risen to over

in suicides and are involved in first year after legislation numerous accidental poisonings.



SPECIAL EDITION

Road safety is a shared responsibility By Paul Boase Transport Canada

Over the past number of reasons for these reductions in decades, there has been a sigdeaths and serious injuries. Vehicle and roadway engineernificant improvement in road safety as measured by fataliing and trauma treatment have ties and serious injuries resultsignificantly improved and ing from motor vehicle colligovernments and the public are less willing to accept the status sions. In 2002, the latest year for which we have accurate quo in terms of the human data, approximately 3,000 consequences of collisions. people were killed on Canadian roads This reprefatalities and injuries the sents a steady decline in the human, social and financial number of deaths over the past consequences of collisions are 25 years, from almost 5,900 still unacceptably high. people killed in 1979. Injuries Approximately 10 per cent of have also been reduced, motor vehicle users do not use although not to the same their seat belts in urban areas, a extent. When the increasing figure which increases to about number of drivers, vehicles 15 per cent in rural areas and and kilometers travelled as approximately 30% in young well as the changing demomales driving pickup trucks. graphics are considered, these Child seat use, especially corimprovements are all the more rect and appropriate use, is still significant. There are many

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 vehi-Despite these reductions in cles 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).



a dynamic issue. Alcohol is still See Road Safety, page 4

Magnitude and scope of the injury problem

By Margaret Herbert Injury and Child Maltreatment Section, Health Canada

quent among the older Injuries are an important public health issue in Canada. Canadians. All too often seri-Unintentional injuries comous injury results in impairbined with intentional injuries ments and disabilities includ-(suicide and homicide) are the ing blindness, paralysis and leading cause of death for intellectual deficit due to brain Canadians between the ages of injury. Injury-related disabili-1 and 44 years. Injuries rank ties among seniors frequently fourth among causes of death deprive them of the independ for all ages and accounted for ent lifestyles they cherish. 13.059 deaths in 2000. They Suicide is a particularly note are a major cause of premature worthy problem. Worldwide it mortality often striking down causes more deaths than war, adolescents and young adults. terrorism and murder com-In 1999, injuries were the leadbined. Canada, with an annual suicide rate of 14 per 100,000 ing cause of Potential Years of population ranks in the middle Life Lost (PYLL) in Canada before the age of 70 and, folof 22 industrialized countries. lowing cancer, the second leadwhose rates range from 3.4 to ing cause of PYLL before the 22 per 100,000. Unlike some age of 75. Motor vehicle Scandinavian countries, the crashes and suicide are the U.K. and the U.S. that have inileading causes of injury tiated national suicide promortality grams and are experiencing The toll of non-fatal injuries declining trends, suicide rates is also high. Between 1 April in Canada have remained rela-2000 and 31 March 2001, tively stable over the past 10 246,856 people were admitted years. Suicide has overtaken to hospital in Canada because motor vehicle traffic fatalities of injuries, accounting for as the leading cause of injury 8.4% of all hospitalization. death for some age groups and Falls predominate among the in some provinces. One of the causes of injury hospitalization most disturbing trends is the and falls are particularly frerecent 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 cardio-

vascular diseases, muscu-

loskeletal diseases and cancer.

and ahead of respiratory dis-

eases. Another economic study

estimated that unintentional

injuries alone costs Canada

more than \$8.7 Billion annual

ly 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

lowest death rate for all est injury rates and there is considerable room for injuries, excluding adverse improvement. An international events in medical care, and the comparison of mortality rates 7th lowest rate for suicide in 11 developed countries shows Canada with the 5th

Studies reveal the enormous economic burden of injury By Phil Groff Smartrisk

Studies conducted bv SMARTRISK and the Ottawa-based Hygiea group revel 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 million) earnings, and the equivalent 1998). 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 attribut able 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 (SMARTRISK.

See Burden, page 2



spinal cord

By Michele Crites Battié

A University of Alberta

(David Bennett's) CIHR-fund-

ed laboratory recently devel-

oped a novel in vitro model of

spinal cord injury, which now

allows for the first time

detailed studies of cellular

changes in whole adult mam-

malian spinal cord. The model

has already led to a new under-

standing of the origins of spas-

ticity and its pharmacological

treatment. It promises to be a

useful tool in accelerating our

understanding of spasticity and

development of effective treat-

ment of this significant prob-

lem faced by spinal cord

injured persons and their reha-

bilitation care providers.

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.

After a long term injury to

University of Alberta

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 col-

lection and two key objectives.

reducing impaired driving and

increasing occupant restraint

and correct child restraint use.

In 2000, the Vision and strate-

by the Council of Ministers.

overall target of a 30% reduc

tion in fatalities and serious

injures during the period of

2008-2010 compared to the

Graduated driver licensing: safety grounded in research By Daniel R. Mayhew, Herb M. Simpson and Douglas Beirness

ed driving.

raffic Injury Research Foundation

Young drivers have a higher are empirically based on known risk of collision than older. more experienced drivers. Both age- and experiencerelated factors contribute to this over - representation because risk declines with increases in age, as young drivers mature out of their risky lifestyle and improve in driving skills. Recognition of the influence of these factors on the crash risk of beginners has prompted many provinces/ territories in Canada and states in the U.S. to implement graduated driver licensing. A fundamental purpose of graduated licensing is to provide new drivers with the opportunity to gain driving experience under conditions that minimize

exposure to risk. This premise was explicitly recognized over 25 years ago in a publication from the Traffic Injury Research Foundation (TIRF), "The Young Driver Paradox", which argued that experience was critical to the development of driving skills. Increased experience decreases the risk of collision so beginners need to drive as much as possible; paradoxically, this exposes them to the risk of a collision. What is needed is a means for them to gain experience with minimized risk. This is a basic tenet of graduated licensing.

ticeship program, graduated licensing eases the novice into the full range of traffic conditions. The program provides a protective way for new drivers to gain experience. Exposure to more demanding situations is phased in, as experience and competency are gained. Graduated licensing also addresses age-related or lifestyle factors by minimizing the opportunities for young drivers to engage in risky behaviors or encounter risky situations (e.g., provisions for zero BAC and limits on the number or ages of passengers). Although there is considerable variability in the features of the systems that have been implemented in North

learner's phase, which involves a period of supervised driving, followed by an intermediate phase that imposes certain restrictions on driving. The supervised learner's period is critical, cannot be bypassed and must be held for a certain minimum period of time - usually several months. In the intermediate stage, graduated licensing imposes restrictions on the novice driver that relate to when they can drive, where they can drive, with whom, and how. All such restrictions

restrictions risk factors. The restrictions are removed systematically, so that the novice enters the driving task progressively, earning the privilege of full unrestrict-

Graduated licensing is certainly not new. It was first formally described in the early 1970s in the United States and a model system developed by the National Highway Traffic Safety Administration in 1977 but this model was never adopted by any of the states at that time.

However, more tangible progress was occurring elsewhere in New Zealand where the first truly graduated licensing system was introduced in August of 1987. Graduated licensing in New Zealand was much heralded in North America and cited extensively as a legislative initiative to

emulate particularly given the early positive results from its evaluation. In North America during the early 1990s a case was being made for graduated licensing clearly articulating its empirical foundations and creating a receptive public climate for change. As a result of these efforts in April 1994, the Ministry of Transportation for the Province of Ontario introduced the first graduated

licensing system in Canada fol-Somewhat like an appren lowed very shortly by the Province of Nova Scotia. This was a watershed in the history of graduated licensing not only in Canada but also in North America. During the next five years, an additional four ovinces introduced graduated licensing and, 23 states introduced it. To date. 10 Canadian provinces/territories and 47 U.S. states have enacted one or more elements of graduated licensing. A key factor in the effective ness of graduated driver licensing is the level of support it

receives. If parents do not support the program, they might not enforce its restrictions or ensure that their sons/daughters are acquiring the needed prac-America, each typically has a tice. If teenagers themselves do not support the program they might drive unsupervised and not comply with the other

However, research in Canada has shown that the level of support for the overall graduated licensing program is high.

For example, a TIRF survey of 520 Ontario parents whose teenagers were in the graduated licensing program found that 83% approved of it. Eightynine percent of parents agreed with the supervision requirement; almost eight out of ten

parents said that the program is adequately preparing their teenagers for full driving privileges. A similar level of support

was found in Nova Scotia not only among parents but teens as well. For example, 66% of learners agreed with the requirement for supervision Several decades of research

underlie the concept of and the principles of graduated licensing. This alone should provide confidence that such a system will effectively reduce deaths and injuries. However, there is clearly a need to validate this belief, and a growing body of evaluation studies on the effeciveness of graduated licensing have been appearing in the literature - all published evaluations conducted to date have reported positive safety benefits. Studies on the safety effect

tiveness of graduated driver licensing in Canada have shown overall reductions in crashes ranging from 17% to 37% In Nova Scotia, TIRF found

a decline of 37% in the overall number of crashes involving 16 year olds and a 34% reduction in their per capita casualty crash rate. Across all novice drivers, regardless of age, there was a 19% reduction in crash rates. In Ontario, crash rates declined b 31% among 16-19 year old and the casualty rate dropped by 24% across all novice drivers, regardless of age. More recently, in Quebec, the injury rate across all novice drivers was found to decline by 17%

Concern about the elevated crash risk of beginning drivers. particularly young ones, has resulted in the implementation of some version of graduated driver licensing in Canada and other countries. Such programs are supported by decades of research on the risk factors that need to be controlled. There is also growing scientific evi dence demonstrating the safety

benefits of graduated driver licensing. These positive findings are not entirely surprising given that graduated licensing addresses the two critical fac tors that give rise to the over representation of young drivers in crashes - experience-related factors and age-related or lifestyle factors.

www.trafficinjuryresearch.com

Young children on Canadian farms at high risk for serious injury

By Rob Brison Canadian Agricultural Iniury Surveillance Program

eleased

group!

These injuries to young farm

children are fully preventable.

Children must be kept well

away from farm work sites and

on Canada's farms.



Preschool aged children on water hazards. Young children Canadian farms experience a should never be allowed near fatal injury rate at least 50% operating farm machinery and higher than the national rate. equipment. Also, children This comes from Agricultural should not be allowed to ride as Injuries in Canada: 1990-2000 passengers on tractors and other farm machines. a summary research report just

Dr. Will Pickett, co-director by the Canadian of the Canadian Agricultural Agricultural Injury Surveilance Program. This compre-Injury Surveillance Program hensive report describes the states that, "Children need to be occurrence of serious injuries kept away from the farm work site, especially at a young age Between 1990 and 2000, 84 when they do not have the hildren aged 1-4 were killed skills to assess danger. Young on Canadian farms and ranchchildren should never be per es An additional 450 were hosmitted as extra riders on farm pitalized for agricultural vehicles. Fencing off dangerniuries. The most frequent ous work areas and water hazcauses of fatal injuries in these ards and providing safe fenced children were from being run play areas are strategies that over by a tractor and from could result in fewer injuries to drowning. In fact, these two voung children." causes of injury accounted for The Canadian Agricultural 70% of all fatalities in this age

Injury Surveillance Program is a novel surveillance program unique to Canada. More information on the program, and its research findings can be found at www.caisp.ca.

even more alarming, with Burden Health Canada estimating the economic burden of all injuries in Canada at \$12.7 Continued from front page billion (Health Canada Similar studies conducted by SMARTRISK and Hygeia 2002) These studies are not only for various provincial partners have revealed similar concerned with the magniresults at the provincial level. tude of the problem however. Specific strategic scenarios The economic burden of were run in each of the unintentional injury in Ontario is estimated at \$2.9 SMARTRISK studies billion (SMARTRISK 1999), demonstrating the potential cost-effectiveness of preven-British Columbia \$2.1 billion (SMARTRISK, 2 0 0 1). tion efforts. For example, by Saskatchewan \$595 million implementing known best practices from other jurisdic (SMARTRISK: 2 0 0 1). Alberta \$1.8 billion (SMARtions to reduce falls among seniors by 20%, it would be TRISK, 2002), and the four possible to reduce direct Atlantic Provinces at \$1.2 billion (SMARTRISK, 2003). costs freeing almost \$200 It must be remembered million of health care system capacity (SMARTRISK, that the above figures are 1999). A small investment in conservative estimates, not research to demonstrate the only because lost income is applicability of these known the only indirect cost measbest practices to the ured, but also because these studies have focused on Canadian context, and their unintentional injury solely. ability to be taken to scale in Canadian society, could thus Once one includes injuries that result from violence and potentially yield grea suicide, the numbers become dividends

Safe Kids Canada

Has helmet legislation

other injuries. (If fewer people

were cycling, all kinds of

injuries would be expected to

factors examined (age, gender,

socioeconomic status, status of

Alberta

The

Safe Kids Canada supports validate this concern by reportbicycle helmet legislation as a ing a drop in cycling activity proven strategy, in conjunction among children in the first two with sustained education and years after the helmet law enforcement programs, to precame into effect. However, vent head injuries and deaths these results have been hotly We believe legislation should debated, and evidence from cover all cyclists -- both adults Canada now disputes them. In and children -- because all Ontario, observations of child cyclists are at risk of head cyclists shows that riding has injury. We also support the not declined since helmet legneed to provide safe environislation began. Cycling activiments for cyclists: the developty by children in the Toronto ment of bike paths and desigregion studied has varied nated lanes, along with traffic between 1993 and 1999 calming measures, are imporaccording to these annual tant means of protecting observations, but it does not cyclists from motor vehicle show a downward trend. In traffic. fact, cycling in 1999 was the

What is the status of bike highest of all the years studied. helmet legislation in Canada? reduced head injuries and About 30% of Canadians are deaths among cyclists?

covered by bike helmet legisla-Yes. This is the most importion today. Five provinces curtant question and there is rently have province-wide legpowerful evidence now that islation, but only three of these the answer is yes. The crosscover all ages. In addition, Canada study by Alison some municipalities have McPherson and colleagues enacted local by-laws requirdemonstrates that head injury ing cyclists requiring helmets; rates among child and youth some of these by-laws cover cvclists are about 25% lower children only and some cover in provinces with helmet legisages (see chart). lation, compared to provinces Has bicycle helmet use without legislation. increased as a result of authors are confident that this

helmet laws? decline is not the result of Yes. Research from reduced cycling because their provinces with legislation study compares cyclists with shows that helmet use has head injuries to cyclists with increased - in some cases dramatically - since the laws came into effect Safe Kids Canada supports bicycle heldecline equally.) Of the many

met legislation as a proven strategy, in conjunction with sustained education and enforcement programs, to prevent head injuries and deaths We believe legislation should cover all cyclists -- both adults and children -- because all cyclists are at risk of head injury. We also support the need to provide safe environments for cyclists; the develop ment of bike paths and designated lanes, along with traffic calming measures, are important means of protecting cyclists from motor vehicle traffic Has bicycle helmet use increased as a result of helmet laws? Yes. Research from

provinces with legislation shows that helmet use has increased - in some cases dramatically - since the laws came into effect. Has helmet legislation dis-

couraged people from cycling? No. This is an important concern among some people

who oppose mandatory helmet legislation. One article from Australia in 1996 appeared to

commercial fishing boat on helmet legislation), only the which he was working took on presence of a bicycle helmet water. The boat, which had no law in the child's province was lifesaving equipment, was six significantly associated with a miles from shore Jared lower rate of hospitalization Dietrich died after he was for head injury among young pulled into a machine with , inadequate guarding. He was cyclists. Over the 4-year peri alone at the time. Michael R. od studied, 687 hospitalizations for head injuries to child Eddy died after falling 30m cyclists could have been prefrom a scaffold. He had been vented if every province had working without a harness. The common factors? Age bicycle helmet legislation. and inexperience. Burton, 17, Do Canadians support bike helmet legislation? was on his first day of work; Yes. National public opin Jared, 19, on his second day; ion research in July 2002, fol Michael, 22, on his sixth day.

lowing Safe Kids Week, found All three deaths could have that 79% of parents support been easily prevented. If we helmet legislation for both adults and children. Similar surveys in Quebec, Alberta and Manitoba also found about

Research in Canada and from other countries shows that legislation is effective by · increasing helmet use reducing head injuries · not decreasing the number of people who ride bikes. Experience worldwide strongly suggests that education programs alone, even if broad and sustained, are effect tive in bringing helmet use to only about 50% of the population at best. Legislation, in conjunction with ongoing edu

the 50% barrier and bring bike

helmet wearing into the realm

of a social norm.

Bicycle Helmet Legislation in Canada

(as of May 1st. 2003)

aou nne no provincial legislation Yorkton has municipal by-law local advocacy efforts towards other municipal by-laws

no provincial legislation pertains to those < 18 (originally passed to pertain to all ages but scaled back before law took effect) 575 fine

no provincial legislation some municipal by-laws (Mount Pearl and St.John's has bike helr by-laws effective since 1994 for children under the age of 12; St

bylass effective since 1934 for children under the age of 12; SL. John's Holyorod bylas pertaints to all ages on bikes, skatebaards and roler biades; 150 fmc; effective December 1, 1934) territorial legislation permits municipatines to pass helmet bylaws frow has bylaw, pertains to all ages, 125 fmc boying of 2002; honger d 2002; no territorial legislation on territorial legislation

summer consolidated requiring any-vis and skateboards to wear a safeti

Bicycle Helmet Legislation

pertains to all ages
\$100 fine
effective Sept, 1996

pertains to those < 18
effective May 01, 2002

effective October 1, 1995

effective December 15, 1995 pertains to all ages \$25 fine

iet. incial legislation for all ages rovincial legislation

ezo tine
effective July, 1997
Effective May 1st 2003, reg
using in-line skates, scoter

some municipal by-pertains to all ages \$21 fine

Yukon • no territorial legislati

75% of people interviewed support helmet legislation in their provinces In summary: cation and enforcement pro grams, is necessary to break

were to apportion blame, my vote would go to our ignorance of the factors that put our most vulnerable workers at the greatest risk. Young workers from the ages of 15 to 24 are the most likely to experience a workplace injury. This year, over 60,000 young Canadian workers will be injured seriously enough to require time off work. Fifty will likely die Research has already provided us with useful information, such as the type of injury, what industries pose the great est risks and, in general terms, what young workers need to know to protect themselves. We also know that: 1. Many young workers aren't getting any health and safety training. Ellen Olfert,

ed numbers, and a false under standing of the issues. · help to assign age ranges to specific work tasks. · identify gaps in young worker orientation training, and how to fill them · produce a model of what executive director of the healthful employment for Workers of Tomorrow Safety youth would comprise Centre in Winnipeg, estimates create a compelling busithat up to 98 percent of stuness case for implementing the dents that the centre interacts model. "It's the right thing to with, and who have or had do" just doesn't cut it. jobs, had no workplace safety • engage all stakeholders -training, and don't know very employers, parents, youths, much at all about specific educators, medical providers, workplace safety issues. The and others -- in the risk reduccentre has extensive experition process. "We need to ence in delivering interactive encourage a more safety-conhealth and safety presentations scious culture," says Lynda to Manitoba students. Kolly, Burton Reimer's moth-2. Young workers want er, and a volunteer with more information and train-Threads of Life, a not-forprofit organization that pro-

ing, and will use this information if provided at work. vides support and referrals to 3. Youth are not young families who have experienced adults. Based on research cona workplace tragedy. ducted by the U.S. National Young workers are the most Institute for Occupational likely age group to be injured Safety and Health: or killed at work, and have the · their anatomy and physiology are different, which may

occupational exposures

that a poor fit between

machines and youth's physical

dimensions and strength may

increase their risk of injury

as they look, so that young

workers may be emotionally of

cognitively unprepared for

· they're often not as mature

most years ahead of them in the workplace. The sooner we translate into unique risk facprotect them, the lower their tors for injuries, and different risk of injury or death, and the degrees of susceptibility to greater the benefits to their families, their employers, and · they're a different size, so their community.

Between now and 2007, no less than two million new jobs will be created in Canada many filled by young workers. How ready will these workers be to take on their health and safety challenges? Only research can tell us for sure

tasks they've been assigned to

or may also lack the experi-

ence to know whether they can

complete the task safety

that the rest of us won't.

They may be afraid to ask

questions or say no. They may

also have a poor sense of the

risk involved. A deadly mix.

empowered to appreciate

workplace risks will they

begin to adopt self-directed.

self-monitored, safe work

practices. For this to happen,

we need research that will

· provide comprehensive

statistics on work related

iniuries and illnesses among

voung workers, including

industry sectors and kinds of

work that pose the greatest

risks. For example, says Alec

Farguhar director of Ontario's

Office of the Worker Adviser.

my understanding is that rates

of young worker injury in

small business are much high

er than in larger workplaces.

And, while workers compen-

sation board have statistics

based on reported injuries, not

all workplaces are required to

file reports. The result: distort-

Only when youth are

4. Youth will take risks

Research could promote

safety of young workers

By Maureen Shaw

ndustrial Accident Prevention Association

Burton Reimer died after the

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