INJURY ISSUES MONITOR

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In this issue ...

Injury 2000: Prevention and Management

A catchy title? It symbolises a new concept in Australian injury conferencing ... well read on!

This issue of the *Monitor* contains several reports about the very successful 3rd National Conference on Injury Prevention and Control. It is readily apparent from these just how important such a national forum is for exchanging ideas and building networks.

Number four in the conference series is to be held in Canberra towards the end of next year and will build on the experience of the previous three meetings. But there'll be something very special about the next event. The extent to which injury prevention and control is intersectoral is well recognised and this has been a key consideration in the organisation of previous conferences. This year, that will be taken a step further as the injury conference becomes part of a 'package' in which a week-long series of offerings is made available to the injury community. In furthering their own efforts to develop a stronger focus on prevention and population health, the Australasian College of Emergency Medicine (ACEM), the Australasian Society of Emergency Medicine (ASEM), and the Australasian Trauma Society (ATS) have entered into a collaboration with the Australian Injury Prevention Network (AIPN). The result is that, next year, all four organisations will cluster their meetings under the overarching theme *Injury 2000: Prevention and Management.*

On the 19th November, the week will kick off with the 17th Annual Scientific Meeting of The Australasian College for

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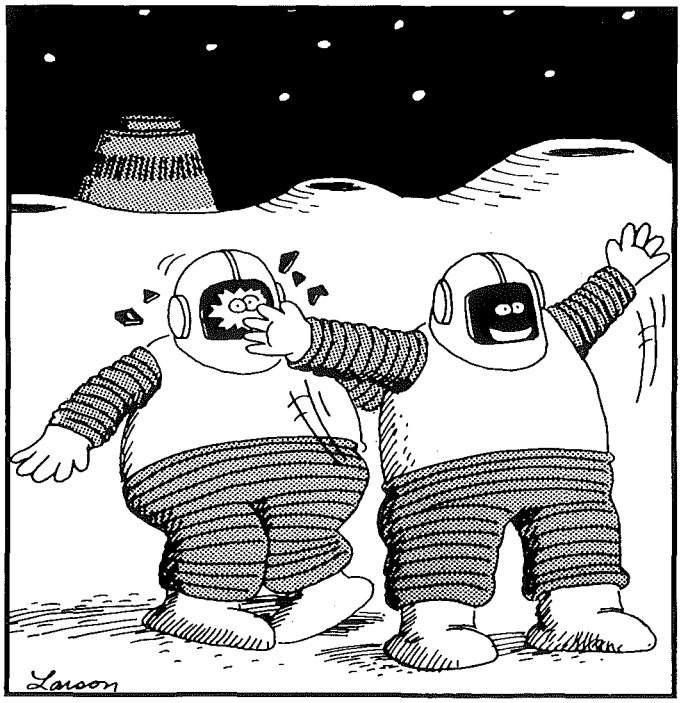

"We've made it, Warren! ... The moon!"

The Far Side by Gary Larson © FarWorks, Inc. used with permission. All Rights Reserved.

NIPAC News

It's been a while since the Monitor carried an item on the work of the National Injury Prevention Advisory Council ... the following briefing from the Council's Secretariat will bring our readers up to date:

The National Injury Prevention Strategic Plan

Falls in older people, falls in children, poisoning in children, drowning and near drowning have been selected as the four priority areas for action in 2000 to 2002 in a draft National Injury Prevention Strategic Plan, which has been developed by the National Injury Prevention Advisory Council (NIPAC).

Since the launch of the *National Health Priority Area Report on Injury Prevention and Control* last year, NIPAC has been working towards finalising the Strategic Plan.

Selection of the four priority areas for immediate attention was based on the evidence of injury burden and potential gains, effectiveness, cost-benefit and acceptability of a range of interventions with a clear, actionable role for the health sector.

The Strategic Plan has been considered by the National Public Health Partnership (NPHP) and will now require collaboration and consultation with State and Territory Governments and key stakeholders. A complementary Implementation Plan will be developed under the auspices of

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Injury 2000: Prevention and Management

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Emergency Medicine, incorporating the 21st Annual Meeting of the Australasian Society for Emergency Medicine. In this, there will be a strong emphasis on trauma systems and trauma registries. From the 23-25 November, the Australian Injury Prevention Network (AIPN) will present the 4th National Injury and Control Conference concurrently with an acute care and biomechanics clinical meeting of the Australasian Trauma Society.

The Conference planning will be managed by an Overseeing Committee with representation from all parties. And who better to co-ordinate the injury prevention component than Mary Sexton, a Canberran, and long-time member of the staff of the Commonwealth Department of Health and Aged Care's Injury Unit? (Mary's decision to resign from the Public Service made her available for an approach from the AIPN to act as the Convenor for the next National Conference on Injury Prevention and Control.) Membership of the Overseeing Committee for *Injury 2000* comprises Mary Sexton (AIPN), Robin Anderson (ACT Transport), Drew Richardson (ACEM/ASEM); and Damian McMahon (ATS). The Overseeing Committee will be helped by Rod McClure who so effectively handled the Brisbane event. Mary will also be assisted by the AIPN's Executive which will act as her Reference Group in working through the ideas, needs and expectations for the next meeting. Mary is in the process of establishing a Scientific Committee to deal with the development of the Conference Program.

It is expected that the first Conference Announcement will be available in October.

Further inquiries can be directed to Intermedia, Tel: 07 3369 0477; E-mail: Injury2000@ im.com.au

NIPAC News

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the NPHP. The package will be forwarded to the Australian Health Ministers' Advisory Council (AHMAC) and the Australian Health Ministers' Conference (AHMC) for endorsement in 2000.

Injury to Indigenous People

A complementary, strategic approach to address injury to indigenous people is also being developed in consultation with OATSIH and NACCHO. In the first instance, a focus on improving the injury prevention skills of indigenous health workers is being explored. NIPAC's Indigenous Peoples Reference Group will assist with developing the strategic approach.

Falls Prevention in Older People

In this year's Federal Budget, the Commonwealth committed $6.6 million over four years to contribute towards preventing falls in older people. As part of this, the Department of Health and Aged Care will provide national leadership in falls prevention, promote nationally consistent, evidence-based approaches and support research where gaps in knowledge are identified.

The first step will be to undertake a national audit of existing programs, research and projects. Following this, it is expected that the following activities will take place:

- identification of best practice in falls prevention activities;
- pilot programs in falls prevention strategies and programs, where there is convincing evidence to endorse their use;
- promotion to engender awareness of falls in older people in both the community, acute and residential aged care; and the
- development of workforce training programs for those caring for older people in the community, acute care and residential settings.

These activities will be undertaken in consultation with key stakeholders and will take into account the roles and responsibilities of the States and Territories. The implementation phase will involve collaboration with all jurisdictions to provide continuity and consistency of approaches and to strengthen the infrastructure.

The National Injury Prevention Advisory Council (NIPAC) held its final meeting under the current term of appointment in Canberra on 9 August 1999.

For further information, contact Alison Sewell, Director, Injury Prevention Section, Primary Prevention and Early Detection Branch, Tel: (02) 6289 7186; E-mail: alison.sewell@health.gov.au

3rd International Conference

Measuring the Burden of Injury

15-16 May 2000

Baltimore, Maryland

Preliminary Agenda:

Health status and quality of life measures; Psychosocial measures; Coding and classification of non-fatal injuries; New developments in cost of injury; cost/effectiveness, cost/benefit.

SportSafe

In 1995, an Australian Sports Injury Prevention Taskforce was established (see *Monitor* 8). On completing its work, the Taskforce was disbanded, leaving behind a legacy of recommendations for the future of sports safety in Australia. Amongst these was the recommended establishment of a program to promote the identification and funding of quality sports injury prevention research.

That program, known as SportSafe Australia, came into being recently. It is a joint initiative of Commowealth Department of Health and Aged Care and the Australian Sports Commission (through its Active Australia Participation Division).

The SportSafe program will be delivered through the National Organisation of Sports Medicine Australia.

Dr Caroline Finch of Deakin University has been appointed as the Chair of SportSafe.

SportSafe will:

- be the major advocate for sports safety at a national level;
- work towards providing and encouraging an evidence-based approach to sports safety;
- develop national approaches to sports safety; and
- undertake and facilitate some strategic research in this area.

The initial budget is about $150,000 over two years, of which 30-50% will be earmarked for strategic research and evaluation projects.

Further information is available from Caroline Finch at the School of Human Movement, Deakin University, Tel: 03 9251 7084; E-mail: cfinch@deakin.edu.au

Update on sports injury surveillance

James Harrison

Research Centre for Injury Studies

Sports injury is common. Fortunately, the great majority of cases present little or no threat to life. Nevertheless they cause considerable discomfort and disruption, and account for a substantial fraction of the acute costs of injury, and perhaps a larger share of the long-term burden of injury (eg chronic consequences of acute joint injuries).

Most sports injuries are musculoskeletal. Brain injuries, spinal cord injuries and other internal injuries are much less common, but carry greater risk of death or other serious and long-lasting consequences.

The extent of sports injury is difficult to measure, for several reasons. First, there is not a very clear-cut distinction between "sport" and other activities, such as play or recreation. Second, injury surveillance often depends on data collected about people who attend clinical services for treatment. Sports injuries are treated in a wide range of settings, including the scene of injury, at sports injury and sports medicine clinics, general practices, emergency departments and in hospitals. The number and diversity of the sites complicates surveillance.

As a step towards improving the situation, the Australian Sports Injury Taskforce convened the Australian Sports Injury Data Working Party in 1997. The Working Party, chaired by Dr Caroline Finch, consulted on information needs and priorities, and produced the *Australian Sports Injury Data Dictionary*. The *Dictionary* is a resource for organisations and researchers who want to undertake systematic collection of data on sports injuries, providing case definitions, data items and classifications. (The *Dictionary* can be found on the Web at www.ausport.gov.au/partic/datadict.html).

Some sports injuries, particularly more severe cases and those requiring surgery, result in admission to a hospital. Until recently, the classifications used for admitted cases had very limited potential to identify and describe sports injury cases. Two coding changes are improving the potential to identify sports injury cases among all cases admitted to hospital. These are a special external causes code (E889) added to the final Australian version of the 9th revision of the International Classification of Diseases (ICD-9-CM) and the classification of "activity when injured" that is part of the 10th revision of the ICD. Associated with these changes has been the addition to the Australian ICD of a short list of types of sport, provided to give some insight into the sports in which admitted sports injury cases occur.

These are useful improvements, but the available data are still limited. For example, the hospital in-patient data for the first year in which the E889 category was available are difficult to interpret because some jurisdictions had only partly changed from previous non-standard coding practice. For this and other reasons it is not yet possible to produce meaningful national trends. These problems may resolve with experience and as the hospital data provided by State and Territory systems become more comparable.

Data on sports injury experience from sources such as this can only provide part of the information needed for sports safety. Information is needed to guide program planning and implementation. The former purpose needs information characterising distribution of injuries and injury risk. The latter tends to require data to monitor progress in implementation and changes in injury rates. Information requirements (and practicalities) differ for national or State programs and for local management of sports safety (eg in a club or a school). Attention to improving the match between the information available and the information needed is one of the concerns of SportSafe.

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3rd National Injury Conference

As promised in the last issue, we're including some reports on the conference held in Brisbane in May this year by the Australian Injury Prevention Network with the generous support of the Commonwealth Department of Health and Aged Care.
People from all kinds of sectors were there and we've asked just a few of them to share with our readers what the highlight of the Conference was for them.

Malinda Steenkamp

Research Centre for Injury Studies

It was a pleasure to attend this conference which was marked by excellent organisation, an overall high standard of presentations, and outstanding technical support. The organising committee, in particular A/Prof Rod McClure (convenor), deserves a commendation.

In regard to the conference content, there were a number of highlights, of which I list a few below:

- The first was a controversial statement by A/Prof John Langley, the Director of the Injury Prevention Research Unit at the University of Otago. He raised the issue that "theoretically, hospital emergency department data have serious limitations in terms of guiding and evaluating prevention efforts" and that "in New Zealand there are more important national ... and local surveillance ... priorities". He argued that priorities for injury surveillance should be similar to priorities for injury prevention and that he sees injuries resulting in death or hospital admission as priorities for actions.
- The session on road safety, with a focus on the role of speed and alcohol, was also very interesting. Here most of the speakers focussed on recidivist drink-drivers. Currently about 30% of fatal crashes in Australia are associated with alcohol use and, of these, about 30% involve repeat drink-driving offenders. The message for me is that population-based strategies seem to have good returns in the beginning, but as rates of an injury decrease it appears as if a number of specific individuals warrant special attention.
- One of the most interesting talks of the conference was a presentation by Prof Ross Homel, Justice Administration, Griffith University, on preventing violence in licensed environments through responsive regulation. He presented a model for community-based intervention that "draws on criminological theories of responsive regulation and

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Mary Sheehan

Centre for Accident Research
Queensland University of Technology

The Third National Conference on Injury Prevention and Control was held in Brisbane in May and was a most important and stimulating experience for those people fortunate enough to attend it. The theme of the conference was *The Challenge of Integration*, and this was developed and maintained in a number of areas. In the first instance it was most interesting and remarkable to be at a conference in which workers in both rehabilitation and prevention met and presented papers. This particular integration could encourage dynamic and productive communication links between practitioners working with persons who have suffered injury, those scientists trying to develop measures of injury severity, and those concerned with models and interventions for prevention. The potential for synergism and two-way linkages of actions and insights arising from these associations is new and untried but must bode well for the future.

An important example of this stimulating co-location of speakers, interests and ideas was the final outstanding plenary session attended by a very large audience.They heard Professor Evelyn Vingilis, Director of the Population and Community Health Unit at the University of Western Ontario, speaking on the macro-social forces directing the focus of injury control and Professor Ellen MacKenzie, Director of Injury Control at Johns Hopkins School of Hygiene and Public Health, providing a scientific analysis of the strengths and weaknesses of new developments in injury severity measures. At the same session, Ms Anna Bligh, the Queensland Minister for Family Services also gave a particularly well developed talk on the major weaknesses in the areas of rehabilitation services.

Another very exciting and newly emerging focus for integration in the conference was the presentation of a very strong stream of road safety research papers. Road safety and the prevention of road trauma related injury has been one of Australia's success stories. It was useful for other workers in emerging areas of injury research to see the directions and the bench marks that are now able to be set by road safety researchers. For example, it was possible for one paper in the road safety stream to indicate successful and well tested interventions such as speeding and drink driving controls. The researcher was able to reliably model the decreases in injury and fatalities that could be predicted over differing periods of time given hypothetically differing

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Malinda Steenkamp

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situational prevention", as well as evidence on the effectiveness of the model based on evaluations done in Surfers Paradise, Cairns, Townsville and MacKay. They found that there were significant decreases in violence and other problems after the implementation of various interventions, but that conclusions about direct causality could not be drawn. The bottom line for me was that it is difficult to identify 'critical' components and that one model won't fit all communities. A tailor-made approach may be the way to go in different communities.

- Shyamala Nada-Raja, Injury Prevention Research Unit, University of Otago, described their development of a model "which integrated common and specific predictors in adolescence for assault victimisation and suicidal ideation in young adulthood". This model flowed from a longitudinal study on a birth cohort of 1,037 individuals. The researchers found that there was a difference in predictors for males and females. For females, involvement in delinquent activities was positively associated with assault victimisation and symptoms of depression were linked with increased suicidal ideation. Weak attachment to parents was a common risk factor for both outcomes. For young males, both outcomes were linked to delinquent activities and a prior injury, whereas weak attachment to parents or peers and a self-perceived distorted body image were significant risk factors for suicidal ideation. The present study is one of few studies that attempted to integrate the predictors for both the experiences of assault and suicidal thoughts. This indicates that there are common risk factors and factors that are specific for different types of intentional violence in young people.

All in all, it was a very worthwhile conference to attend. My only criticism is that I would have liked some discussion time during the various sessions. A possibility may be to include one less presentation in the various sessions and then use this time for questions and comments.

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Mary Sheehan

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levels of implementation of these controls.The strength of this research, and the policy base that supports it, is a useful model for workers in other areas of injury. It is clear that, given time, these can be achievable outcomes in other areas as well. It is also extremely useful for the researchers in road safety to be more closely linked with the concerns of rehabilitation practitioners and with the practical and research stimulants that can arise for both parties from this cross fertilisation.

One of the features of this conference was the emergence of large numbers of new and younger researchers across the wide variety of interest areas. If one takes account of the fact that injury has only been profiled relatively recently the development of a cohort of early career researchers working in this area is very exciting and bodes well for the future. A fascinating aspect of the work of some of this new group of researchers is that their papers showed an emerging breakdown of the old barriers and defences between what is called 'qualitative' and 'quantitative' research. Many of the papers presented at the conference show-cased the work of researchers who moved from one methodology to the other with no apparent need to justify the value of either type of method over and above its applicability to the topic area and research question being examined.

Finally, another pleasing factor to emerge in the conference was the strong representation of overseas researchers and of researchers and policy makers from insurance and related industries. This is a new, and a very welcome, phenomenon. Injury prevention is a field in which there has previously been a perception that the insurance industry is unconcerned with the causes and outcomes other than ensuring liability and actuarial balancing. It is an important and very positive step to see these representatives taking account of the potential for major impacts in human welfare that can be achieved if research attention is directed to issues of both rehabilitation and prevention.

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Injury on the Internet

Safety for Seniors

If you are working to prevent injury amongst older people, pay a visit to the Health Canada website!

www.hc-sc.gc.ca/seniors-aines/seniors/english/map.htm

A couple of the resources available at the site are:

The Safe Living Guide

Available in WordPerfect format or as a *pdf* file, the *Guide* is organised into two sections:

Section 1 focusses on the home environment and includes a home safety checklist, suggestions of various consumer products that can add to safety, as well as ideas for renovation planning.

Section 2 discusses how seniors can modify their personal lifestyle to reduce their risk of injury by looking at physical activity, attitudes and the use of medications.

The *Guide* also contains several stories that show how people who have made changes in their homes, or in their lives, have benefited from them. Practical information in the form of fact sheets and tips, as well as a resource section, complete the *Guide*.

Medication Matters: How You Can Help Seniors Use Medication Safely

This kit, developed by Health Canada, aims to help health professionals give older people the information they need to use medication safely. It includes advice on helping seniors keep track of their medication, alternatives to medication, what they should be telling their doctor, nurse or pharmacists about their medication use, etc.

John Alexander

Australian Bureau of Statistics, Brisbane

As the Manager of the Health and Vitals National Project Centre (NPC) within the Australian Bureau of Statistics (ABS), I and a number of my colleagues from the Queensland Office attended the Third National Conference for Injury Prevention and Control in Brisbane with a variety of aims in mind.

As a representative of the Centre responsible for the production of national mortality statistics, I certainly had a very real interest in much of the subject matter of the Conference. I tried to select sessions which focused on aspects of mortality as a result of injury, and found the limited number of sessions I was able to attend to be both interesting and informative. The presentations on suicide prevention were of particular interest to some of my NPC colleagues.

A strong personal source of motivation, though, was the opportunity to network with those interested in the field of injury prevention and control, to become aware of new developments requiring statistical input, and to discuss relevant ABS statistical activities. Given my interest in making people aware of the ABS contribution through the production of relevant national statistics, I was delighted to accept an invitation from A/Professor James Harrison (Research Centre for Injury Studies, Flinders University), to join him in preparing and presenting a poster on recent and planned developments in national mortality statistics.

From the very first evening of the Conference, I was surprised and impressed with the diversity of the participants and their wide ranging interests. The spread of commercial and research involvement was quite enormous.The poster presentation session was extremely interesting and was particularly effective in highlighting the wide ranging interests represented at the conference. During the Conference, I met a variety of people both from Australia and from overseas. Each had a different story to tell and many spoke with a real passion for the work they were doing.

I enjoyed my attendance at a variety of sessions, but I personally believe that I benefited most from the networking opportunities the Conference offered me. I spent quite a lot of time during the scheduled breaks in close proximity to the poster James and I had prepared, and was encouraged by the number of people I spoke to who showed an interest in the work the ABS was doing in improving mortality statistics. As expected, there was also useful feedback on the deficiencies of official national statistics and this has provided considerable food for thought. I invited a number of people back to the ABS Queensland Office where we and other ABS staff were able to discuss relevant statistical issues in more detail. We were also able to demonstrate the US sourced software the ABS is currently using to code causes of death.

I have not had the opportunity to attend the previous national Injury conferences, so am unable to comment on how the concept has developed since the first national Conference. However, I congratulate the organisers of this particular event on what I would consider to be a most notable success.

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Maria Orifici

Goldfields Public & Community Health Service, WA

I was fortunate enough to attend the 3rd National Injury Prevention Conference. I represent one of the regional Public Health Service organisations in Western Australia, based in Kalgoorlie-Boulder.

There is no place on earth like Kalgoorlie-Boulder. Love it or hate it, Kalgoorlie-Boulder has its own unique history and culture, and owes its origin to a precious metal which is still the *raison d'être* of this hot and growing town—gold. Unfortunately, within our region, injury rates are extremely high and accidents are common. Even today work is difficult. Miners work 12 hour shifts, six days a week. Injuries cover a broad spectrum including from work related injuries to those associated with alcohol. They say the gold will never run out in Kalgoorlie-Boulder, nor do I believe the number of injuries within the community will be alleviated overnight. This forecast was reason enough for my decision to attend the conference.

The opportunity to participate in the conference not only highlighted the relationships that make injury prevention and control an effective activity, but reinforced the efforts currently being undertaken to move forward in minimising injury-related harm. Attendance covered various disciplines and included policy makers, administrators, practitioners, researchers, and consumers. There was an abundance of information from all backgrounds.

I had the privilege of meeting distinguished speakers and individuals who possessed a wealth of information far beyond that of the novice project officer. The challenge not only included that of integration, but also indirectly posed the following:

- the development of collaborative partnerships;
- adoption of capacity building strategies (eg workforce development, organisation support, resource allocation);
- increasing networking opportunities to provide support and exchange of ideas and strategies which work at the system level and focus on organisational development and change;
- opportunity to better access injury control information via the facilitation of professional and informal communication among injury professionals;
- the provision of better access to organisations and individuals that currently have poor access to such information.

Although Goldfields Public Health is a small contributor to the effort in minimising injury, the overall approach is nation wide. We want to make a change and empower the community, and this will depend on how well we integrate our services, not only within our State but within Australia.

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Jean Simpson

Injury Prevention Research Unit
University of Otago

The National Conference on Injury Prevention and Control held in Brisbane was notable for a number of reasons. Not least of these was that, although it was only the third national conference the Australian Injury Prevention Network (AIPN) had held, over 400 participants attended. This was in spite of the openly acknowledged leaning towards the research perspective. It augurs well for the future of injury prevention in Australia, and by association, in Aotearoa New Zealand.

Like many others, I went to the conference with an agenda. As one of a group of people in Aotearoa New Zealand wanting to develop a national injury prevention network, an important item on my agenda was the hows and wherefores of establishing such a network. I wanted to hear about the AIPN's development, to identify what its foci were, to understand some of its strengths and weaknesses, and to see how it operated.

There were useful lessons to be learnt. Firstly, and most importantly, there was confirmation of the value of a network. Secondly, hard work by key individuals had fostered effective working links between various sectors working to reduce injury, and that task would never end. The AIPN experience reinforced that people, communication and collaboration, and working at achievable goals, were vital components. Unfortunately, as the breadth of the Conference proceedings reminded me, there are numerous issues which demand attention.There was a timely reminder for us, as we consider what we want our network to be and to achieve, that no organisation is perfect. Organisational imperfection, however, should not prevent working collectively to advocate for injury prevention at a national level.The advocacy being undertaken in Australia, particularly by the National Injury Prevention Advisory Council (NIPAC), is something to which I would aspire.

I brought some expectations to the Conference from an Aotearoa New Zealand perspective. One was that there would be indications of a developing partnership with the indigenous people of Australia. Even at a superficial level, however, there was no visible local Aboriginal presence, for example, in the formal parts of the Conference. While I am not conversant with the protocols, that surprised me. While such a presence could be interpreted as merely a token acknowledgement of

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Lynne Galanti

City of Hume

Overall, the conference was inspiring. The integrated setting of this year's conference—injury prevention, acute care and rehabilitation—served as a stark reminder of what we are trying to achieve—a lower incidence of injury and related disability, cost, grief and suffering. It was heartening to see that so much is happening within injury prevention and that this field is beginning to receive more attention at a national policy level. The conference once more demonstrated the vital role for conferences, injury databases and other initiatives to continue tracking and consolidating the expertise in this area.

As at the first and second AIPN conferences, there was ample opportunity to network and to share experiences. I gathered some excellent information from many varied sources and attended over 40 sessions. I now look forward to using this to enhance my own program work and that of my colleagues. (Although visiting Brisbane for the first time, I could not draw myself away from the sessions, as the conference program was of such high quality—so I still do not know what Brisbane looks like in the daytime!)

There was a greater sense of cohesion between the various disciplines than ever before. The research papers provided food for thought and many reinforced the concept that a combination of strategies must be employed if we are to plan and implement successful interventions. Several key speakers spoke of the value of educational strategies and awareness-raising campaigns as integral components of any prevention program. Future research will provide community safety practitioners with much more specific statistics about the demographics and known causes of injury than ever before, which will assist in the planning and implementation of more effective interventions.

I presented a paper about the strategic approach that Hume City Council has taken to integrating children's safety as a permanent part of Council's core business, and discussed the many benefits of having a permanent child safety role located within local government, which has extensive links into the community. Issues relating to children's safety can easily become an integral part of the many services and facilities which local government provides for the community.

I also co-presented, with Mark Hennessy, Hume City Council's video *Child safety .... made easy*. This video resource highlights the main causes of childhood injuries and shows simple steps that parents and carers of young children can take towards the prevention of these injuries. Sales of the video through the Safety Shop at the Royal Children's Hospital in Melbourne have increased since the conference publicity and resulting profits from sales will go

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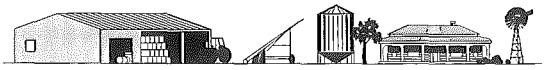
Farm Injury in South Australia



A newly published report from the Australian Centre for Agricultural Health and Safety, based in Moree NSW, provides a profile of injury and death due to farm related work activity and other health issues current to the farming community of South Australia.

South Australia is the fifth largest state in Australia, with a population of 1,427,936 in 1996. In 1990-1991, Australian Bureau of Statistics data recorded the farm population to be 45,875, residing on 14,482 agricultural holdings. Therefore the farming population represents approximately 3.2% of the state population. The most commonly produced commodities include sheep and lambs, cereal crops for grain, and meat cattle.

South Australian farmers had a death rate 50% higher than the Australian male rate for the period 1990-1993. For the period 1991-1996, there was a total of 55 farm injury related deaths, of which 20% were children aged less than 15 years. These data suggest that on average there are nine deaths on all South Australian farms per annum. Machinery in operation was the largest external cause of death, with mobile farm machinery, plant and tractors predominating. Children aged less than 15 years accounted for 11 deaths in South Australia, of which five involved machinery in operation.

Injuries are also described in terms of workers compensation claims. Australian agriculture pays higher insurance premiums in comparison to other industries. South Australia had 962 workers compensation claims for the period 1995/6-1997/8. On average this represents approximately 320 claims per annum. Farm hands/assistants and shearers represent the largest occupational groups seeking compensation. The largest numbers of claims involve sprain and strain injuries and muscular stress while handling objects other than lifting, with upper extremities of the body being predominantly involved. The majority of claims were by people aged between 20-49 years.

South Australian Ambulance data pertaining to farm injury are also provided, however the data includes injuries sustained in the forestry and mining industries and, therefore, conclusions are limited. This database describes 349 cases of injury where the location was agriculture, forestry, or mining, the majority of which were industrial or work related. The average age of cases was 43 years, with the most common injuries being limb and hand injuries. Primary causes were predominantly blunt trauma, falls, crush injuries and penetrating injuries.

Admissions data from South Australian hospitals was also used to further establish patterns of farm related injury. Using a selection of E-Codes identified by Farmsafe Australia for the purpose of monitoring farm injury, there were 447 relevant injuries in 1996. The largest numbers of injuries were due to cutting and piercing. Causes identified included farm machinery, farm vehicles (including ag-bikes), and animals (including horses). Of these injuries, 118 involved children less than 15 years of age, with most injuries resulting from cutting/piercing and motorcycles. Trends relating to the day and month of injury are also given.

Other local sources of data are outlined to provide further information about injury in the South Australian farming community. The Eyre Peninsula Division of General Practice data obtained from hospitals, GPs and physiotherapists, provides information relating to farm injury. In comparison to other studies, these estimates are relatively low. This may be attributable to collection methods and participation rates. For the period 1997-1998 there were 145 farm injuries reported. The main occupation represented was farmer/farm owner, predominantly from sheep and grain farms. The most common injuries reported were cuts and lacerations to upper extremities.

The Yorke Peninsula Division of General Practice recorded injuries through 7 medical practices. There were 75 people with agricultural injuries who presented to GP surgeries between 1996-1998. These injuries occurred predominantly to males aged 25-34 years, with the mechanism of injury being fall/struck. Lacerations to the hand were the most common injuries. For 58 of these cases, no hospitalisation was required. Collection methods suggest that this number is an under-representation of farm injuries in the Yorke Peninsula.

The nature of noise-related injury is described, including the nature and effects of exposure and current screening strategies. Recommendations from the collected data, include issues relating to improved data collections and reporting. Key issues addressed in farm injury prevention programs in South Australia should include:

- Tractors
- Farm machinery
- Farm vehicles
- Motor cycles
- Animal handling
- Children
- Manual handling
- Ladders
- Falls
- Hand injuries
- Major agricultural industry groups.

For details about obtaining a copy of this report, see 'Something to Read' on page 14.

Malinda hits the ICE!

In Monitor 14 we reported on the ICE meeting held in Amsterdam during May 1998. Here, Malinda Steenkamp, who attended the most recent ICE Symposium in Washington during June this year, provides an update on this initiative.

The Symposium was held from 2-3 June 1999 and was chaired very competently by Dr Lois Fingerhut, (National Centre for Health Statistics (NCHS) and Chairperson for ICE on Injury Statistics). The packed program consisted of about 20 interesting presentations.

John Langley (University of Otago, New Zealand) gave the keynote address entitled "Determining priorities for injury surveillance". He identified priorities and key issues in injury surveillance from an international perspective and stated that "less severe attendances to accident and emergency departments are not important in terms of incapacity, impairment, disability, quality of life or threat to life. There are higher priorities than collecting information on minor cases and these include the collection of better information on deaths and serious injuries, as well as the severity and disablement following serious injuries". He argued strongly that people working with injury data should "get the best out of what we already have, by including narratives in data systems as coding frames do not provide all the answers and some countries do not code data for various reasons". The address was followed by a lively debate and ultimately spurred a decision that a Round Table discussion provisionally entitled "Priorities for emergency department surveillance" will be held at the 5th World Conference on Injury Prevention and Control (5WCIPC) in May 2000. John Langley volunteered to be the convenor of the Round Table.

> The International Collaborative Effort (ICE) on Injury Statistics is one of several international activities sponsored by the Centers for Disease Control and Prevention's NCHS. The purpose is to improve international comparability and quality of data in order to ultimately provide the data needed to better understand the causes of injury and the most effective means of prevention.

Following the keynote address, an update was given about the testing of the draft International Classification for External Causes of Injury (ICECI) and Will Pickett (Queen's University, Canada) presented his findings which arose from the use of the ICECI in a WHO survey on the health behaviour of school-aged children.

Johan Lund (Norwegian Safety Forum, Norway) presented the background and a model based on experiences from Norway, Syria, Canada and the Caribbean, for a minimum data set for injury monitoring. This also stimulated vigorous debate and resulted in a decision to have another Round Table discussion at the 5WCIPC. This session will probably be entitled "Guidelines for injury monitoring" and Johan, together with Yvette Holder (CDC), will convene the session.

Donna Pickett (NCHS) presented the findings of a comprehensive evaluation to assess whether ICD-10 was a significant improvement over ICD-9-CM. It was found that the ICD-10 is not significantly better than ICD-9-CM for morbidity applications and that a clinical modification of the ICD-10 would be a significant improvement. She highlighted some modifications made to the injury and external cause chapters in the ICD-10 CM. For the injury chapter, these include six digit codes, the addition of laterality (ie left or right side), as well as greater specificity in open and superficial wounds.

Continued on page 10

What a Gang!

Here's a photograph Malinda took of the people who came from far and wide to be part of the ICE meeting.

Jean Simpson

(continued from page 7)

the issues facing indigenous people in Australia, it would give a clear indication as to where in the world we were meeting, and acknowledge that there are other world views. While we may not have resolved yet how we should best address it, I think the process of developing a viable partnership between Maori and non-Maori will be one of the strengths of an Aotearoa New Zealand network.

Talking of strengths, I took away from the Conference a much appreciated sense of willingness on the part of AIPN members to support efforts to develop an injury prevention network in Aotearoa New Zealand and enthusiasm for developing the Trans-Tasman links. This reinforced for me those essential ingredients of any conference: exchanging and debating ideas, and networking. Despite all the electronic advances of which we can take advantage, there is still no substitute for the intensive few days in which to meet face-to-face, debate issues, and develop the sense of a common purpose and how we, individually and collectively, contribute to that purpose.

Professor Jean Simpson is a Research Fellow in the Injury Prevention Research Unit at the University of Otago, PO Box 913, Dunedin, New Zealand. She can also be contacted on Tel: +64 3 479 8338 or by E-mail: jsimpson@gandalf.otago.ac.nz

Lynne Galanti

(continued from page 7)

towards support materials and translations of the video in languages other than English.

The conference organisers are to be congratulated for their fine work, notably the decision to provide the technologically-challenged with excellent IT support! The provision of quality audio visual facilities and helpful assistance was invaluable and the wide variety of support material made the sessions professional, interesting and memorable.

The conference dinner proceeded as expected ... but then comedian 'Dr Stress' broke the ice with his unusual electronic effects. By the time the 'hip-hop' band revved into their great versions of some 70s & 80s classics (The Love Shack, etc) people were becoming fairly uninhibited. Ironically, we were all at risk of injury as quite a crowd stomped around on the dance floor!

Access to the conference sessions on audio cassette is a wonderful development. Perhaps a major organisation could purchase a couple of full sets of the tapes on injury prevention topics so that they may be circulated in this field. A full set would be too dear for small budget programs to finance, but would be a valuable resource for many, including those who were unable to attend this worthwhile conference.

Lynne Galanti, Children's Safety Promotion Officer at Hume City Council, Victoria, can be contacted on Tel: 03 9333 2595 or by Fax: 03 9309 0109.

Malinda hits the ICE!

Continued from page 9

In regard to the external cause codes, these will no longer be "E-codes", because they will range between codes V01-Y98. Also the fourth and fifth digit codes have been expanded. (See www.cdc.gov/nchswww/about/otheract/icd9/icd9hp2.htm)

Two injury morbidity matrices were presented. Ellen MacKenzie (Johns Hopkins School of Public Health, USA) presented the American model and Vita Barell (Gertner Institute, Israel) the one developed in Israel.

Other presentations included:

- Results from the Mortality and Classification Questionnaire;
- International Occupational Injury Mortality Comparisons;
- Overview of Morbidity Issues; and
- Multiple cause of injury and death.

The Symposium was accompanied by several meetings. Members of the ICECI testing group met on the day before the ICE symposium. On the evening of 3 June there was a meeting to discuss the compatibility between ICD and the draft ICECI. On the morning of 4 June, there was a meeting by the core ICE group (see photo), as well as a meeting by the ICECI working group in the afternoon.

For further information, contact Malinda Steenkamp or James Harrison at RCIS, Tel: 08 8374 0970, E-mail: malinda.steenkamp@nisu.flinders.edu.au For more information on ICE see: www.cdc.gov/nchswww/about/otheract/ice

Editor's Note

The Injury Issues Monitor is the journal of the Research Centre for Injury Studies at the Flinders University of South Australia. The Centre incorporates the National Injury Surveillance Unit (NISU).

Letters to the Editor are welcome.
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MEASURING THE BURDEN OF INJURY

James Harrison
Research Centre for Injury Studies

Injuries ain't injuries. They range from trivial to devastatingly severe. Their consequences may be brief or lifelong and may cost nothing or millions of dollars. Tasks such as assessing levels and costs of injury, and evaluating whether interventions are effective, require measures that go beyond just counting cases.

People involved in developing and using measures of injury and its consequences have begun meeting to discuss issues, methods and progress on "Measuring the burden of injury".

A series of international conferences began in 1996 when the Perth-based Road Accident Prevention Research Unit convened a meeting in Fremantle, Western Australia, before the 3rd International Conference on Injury Prevention and Control. Another was held in the Netherlands in association with the 4th World Conference on Injury Prevention and Control in 1998. A third international conference on measuring the burden of injury has been announced. It will be held in Baltimore in the United States in May 2000. (Further information can be obtained from Anitra McLanahan, amclanahan@nhtsa.dot.gov)

Regional and national meetings have also been held on the same theme. A "Workshop on Measuring the Burden of Injury" was part of the 3rd National Conference on Injury Prevention and Control in Brisbane, in May 1999. James Harrison, Rod McClure and Delia Hendrie convened that meeting. The level of interest in the topic is indicated by the fact that about 60 people were willing to spend a long Sunday at a meeting that had not been promoted aggressively.

The Workshop had three sessions: *Examples of current Australian work*; *Weighting and valuing*; and *Getting value from administrative data*. Keynote participants (Professor Ellen MacKenzie, Dr Theo Vos and Professor Nicholas Belamy) reflected on other presentations as well as presenting their own ideas and findings. Each session included energetic discussion.

The range and depth of matters considered at the workshop is not easy to summarise. Much of the discussion can be seen in relation to three issues:

1 The *source data* from which estimates of burden are derived;
2 *Measurement of health states* that are relevant to the burden of injury;
3 *Weighting, valuing and combining* components of burden.

Source data

These are the foundation of all estimates of burden. Source data always seem to be less than desired (in terms of quality, scope, timeliness, etc). Information is often expensive and the cost of information should not be overlooked. Data availability on types of injury may not match their contribution to burden. For example, non-fatal permanently disabling injuries contribute greatly to total burden, yet information about them—particularly the circumstances of occurrence—is often lacking or inaccessible. A particular limitation of data classified according to the ICD is that certain distinctions which relate to the likely burdensomeness of an injury cannot be made adequately (eg partial/complete amputation; proximal/distal nerve damage). More generally, data requirements for measuring injury burden should be a consideration when developing and revising of health classifications.

Measurement of health states

Consensus does not exist on which measures should be used to assess health states associated with injury, nor whether existing instruments are sufficient for this purpose. Nevertheless, the situation is far from chaotic, and the number of methods in common use is not very large. The investment already made to develop and validate existing tools—notably SF-36—encourages their use for injury. Are they adequate for this purpose? SF-36 has a weakness in that it is less sensitive for cognitive deficits than some other instruments, such as the Functional Capacity Index (FCI). This is important because cognitive defects, though concentrated in a small proportion of cases, have been found to account for a large proportion of injury burden. SF-36 is an example of a measure that covers a wide range of aspects of health. For some purposes, particular aspects are of special interest, such as the functional consequences of injury. The FCI is tailored to measure this aspect. The upshot seems to be that established general-purpose measures of health states will play a large part in measuring health states related to injury, though they probably need to be complemented by special purpose instruments.

Weighting, valuing and combining

Longstanding approaches to ascribing values to health states (eg human capital, willingness to pay) continue to be used and to be criticised for their evident shortcomings. Variations and elaborations may be emerging, but this continues to be a troublesome aspect of measuring the burden of injury. Radically different approaches can be imagined, but can they be applied? (For example, observing choices and behaviours in the community.) Despite apparently fundamental limits of existing methods, their utility can be improved by greater standardisation of methods, by indicating uncertainty as well as point estimates, and by basing valuations on the assessments of more (and more representative) panels. Some controversies (eg on distributional assumptions) might be resolved with better empirical evidence. What should be the scope of cost models? Broad scope has the appeal of inclusiveness. However, investigators typically find that data are most available and of better quality for direct health costs and related components. Consequently, models restricted to such components tend to require fewer and less bold assumptions than more inclusive models. Even where models have a wider scope, consideration should be given to reporting estimates in a manner that enables a well-defined set of direct costs to be distinguished.

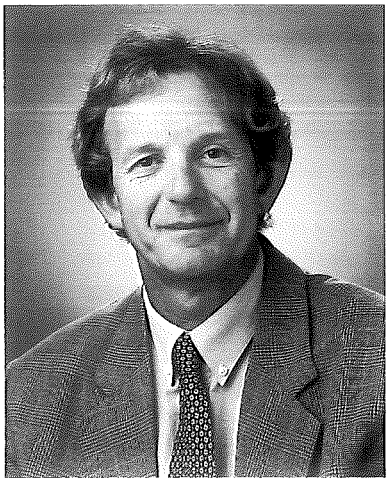
Purposes for measuring the burden of injury are diverse, and include support for clinical management decisions, clinical outcomes research, health service resource allocation, monitoring of health status and advocacy. Different purposes place different demands on measures of burden. Accordingly, it is necessary to be clear about purposes and to select appropriate methods for a particular purpose.

In summary, measuring the burden of injury is a challenge. There is strong demand for findings. Methods and theory are improving, but important weaknesses remain.

For further information, contact James Harrison, Tel: 08 8374 0970; E-mail: james.harrison@nisu.flinders.edu.au

Peter Mills

Country Fire Service, SA



As the State coordinator (school education), formerly with the Country Fire Service, now the Emergency Services Administration Unit, I attended the May 1999 National Conference on Injury Prevention and Control in Brisbane.

My purpose was to identify successful strategies used in high profile injury issues presented at the conference and to apply these to South Australia's fire, burn and scald accident and injury prevention programs.

The enthusiasm of the informed presenters soon became contagious amongst the 432 registered delegates eager to re-affirm or establish contacts and networking opportunities, during regular coffee and cake breaks.

Some of the strategies that I found to be of significance were:

1 Source relevant State and National injury data, indicators and codes of practice. Identify and format information as prevention strategies and highlight service providers.
2 Identify best practices in consultation with service providers, health services and medical practitioners.
3 Assist in the education of service providers on relevant injury prevention issues in order to be better focused and able to provide current prevention information to the community.
4 Recognise and work to implement an appropriate mix of injury prevention awareness and education programs/ modules to link with regulations and enforcement policies.
5 Recognise the need for multi disciplinary health groups to work together and develop a framework for public health information.
6 Identify and link with registers, both current and potential, on relevant injury and mortality data (ie emergency service departments, hospital in-patients, general practice, deaths population surveys).
7 Survey exposures to risk and determine risk protection factors. Make relevant issues identifiable as public agenda items.

Peter Mills can be contacted on Tel: 08 8204 3333; Fax: 08 8204 3410; E-mail: cfshq@cfs.org.au

Judy Carman

Research Centre for Injury Studies

Being newly arrived to the field of injury, I found the Brisbane Injury conference invaluable.

I started at the conference on Sunday, where I moved between the two workshops, one as a member of the audience (Burden of Injury) and the other as a tutor (Epidemiology). I thoroughly enjoyed both. Monday began with an outline of the various institutes and what they were doing. I found this to be a very good way to start the main part of the conference. I spent much of the rest of my conference time focussing on my major injury research interests. For example, I found the theme of the relationship between alcohol and injury most worthwhile, particularly the sessions on drink-driving and workplace consumption. I also found the thread that ran through the conference on burns and fires, including representation from Fire Brigades to be most useful. Another interesting session discussed how to work towards a more sophisticated model of injury control. I found the discussion on how to influence governments and how to work with the 3-year political cycle particularly interesting.

Of considerable importance in any conference is the making of new collegial links and catching-up with existing colleagues. The highlight of this for me at this conference was the excellent dinner that I and others from the Research Centre for Injury Studies shared with our colleagues from Monash. The food, wine and conversation were all excellent.

Finally, having gone to many conferences over the years in a number of different areas, I would like to say how impressed I was with the quality of this Conference. I think the organisers deserve all the praise that they have rightfully obtained.

Judy can be contacted at RCIS, Tel: 08 8374 0970; E-mail: judy.carman@nisu.flinders.edu.au

New on the RCIS Website:

- *Needs and Opportunities for Improved Surveillance of Burns* by Peter O'Connor and Raymond Cripps.
- *Eye injuries in the workplace occurring while wearing recommended and approved eye protection* by Jerry Moller and Stan Bordeaux.

Injury News from Abroad

New Soccer Goal Standard

The US Consumer Product Safety Commission (CPSC) and the US soccer goal industry have helped to develop a new safety standard that will reduce the risk of soccer goal tip-over. Since 1979, CPSC has learned of 23 deaths and 38 serious injuries from soccer goals tipping over and crushing children who climb on them or hang from the crossbar.

The *Provisional Safety Standard and Performance Specification for Soccer Goals* (ASTM-PS-75-99) requires that movable soccer goals, except very light-weight goals, not tip over when the goal is weighted in a downward or horizontal direction. The Standard also specifies warning labels that must be attached to the goal, such as: "Warning: Always anchor goal. Unsecured goal can fall over causing serious injury or death."

Most of the deaths and injuries occurred with unanchored homemade goals including those assembled by high school workshop classes and community businesses. People were killed when they climbed on the soccer goal or while attempting to do chin-ups, pulling the goal down. All goals, whether homemade or manufactured, should be properly secured to the ground to avoid injuries or deaths associated with tip-over.

There are several different ways to properly anchor soccer goals. The number and type of anchors used will depend on factors such as soil type and goal weight. Anchor types include:

- Auger-style anchors that are screwed into the ground.
- Semi-permanent anchors, which require a permanently secured base that is buried underground combined with the use of tethers or bolts to secure the goal.
- Peg, stake or j-hook style anchors that are driven into the ground.
- Sandbags or counterweights for indoor facilities.

CPSC has developed the safety guidelines for soccer organizations, schools, and recreation departments to use to help prevent tip-over of soccer goals.

The CPSC's website can be found at www.cpsc.gov

Trying to make contact?

When you need to contact a colleague in the Injury field, don't forget the *Directory of Australian Injury Control Personnel.*

The *Directory* can be found at

www.nisu.flinders.edu.au

If your own name is not currently listed there, but you'd like to have it added, contact Renate Kreisfeld at the Research Centre for Injury Studies, Tel: 08 8374 0970;E-mail: renate.kreisfeld@nisu.flinders.edu.au

ICECI Developments

In *Monitor* 12 we reported on the status of the International Classification for External Causes of Injury (ICECI). Since then, there have been many exciting developments.

What is the ICECI?

The ICECI is intended to provide coding structures and definitions to enable the identification of 'injury' cases among all cases attending particular health services; as well as the classification of identified injury cases according to important aspects of their causes and the circumstances in which they occur.

The latest developments

The first draft of the ICECI was released at the 4th World Conference on Injury Prevention and Control held in Amsterdam during May 1998.

- After comments were received, an updated draft of the ICECI was distributed in January 1999.
- Following further comments and the ICECI Testing Group's meeting in June 1999 (see accompanying article on ICE), another draft of the ICECI was released.
- This June draft is currently being tested in order to assess how well it performs, as well as to guide further revision and development.

More about the testing of ICECI

The testing consists of three parts:

1. **Reviews** of the ICECI by experts on coding structures. They are examining the ICECI and then completing a structured questionnaire.
2. **Field-testing**—volunteers are testing how the ICECI performs in emergency department settings.
3. **Case scenario testing**—volunteers are coding 100 selected case scenarios using the ICECI.

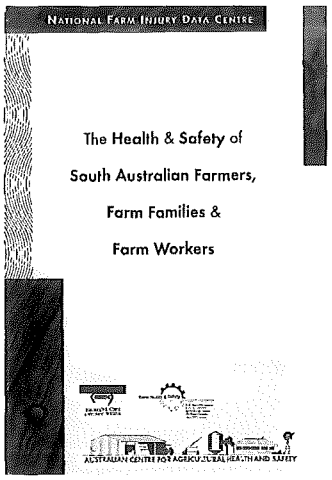
The reviews and field-testing are coordinated by Saakje Mulder and Anneke Bloemhoff of the Consumer Safety Institute in the Netherlands. For further information on these two aspects, please contact Saakje Mulder at Tel: +31 20 511-4552 or by E-mail: s.mulder@consafe.nl

The case scenario testing is co-ordinated by Malinda Steenkamp, RCIS. The scenarios were based on real injury cases that attended emergency departments in the USA, Australia and Canada. Testing started on 1 August 1999 and at the time of writing there were 31 participants.

We invite more people to participate in the case scenario testing, but please note that the deadline for completing them is the end of October 1999. For further information, contact Malinda Steenkamp at Tel: 08 8374 0970 or by E-mail: malinda.steenkamp@nisu.flinders.edu.au

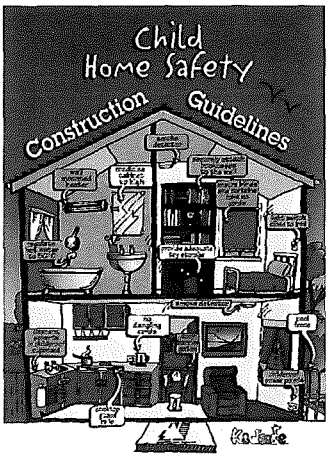
Something to read ...?

Farm Health & Safety



Full details about the contents of this report are given in our page 8 article. Copies of the report are available for $45.00 (including postage and handling costs) from the Australian Centre for Agricultural Health and Safety, PO Box 256, Moree NSW 2400;
Fax: 02 6752 6639.

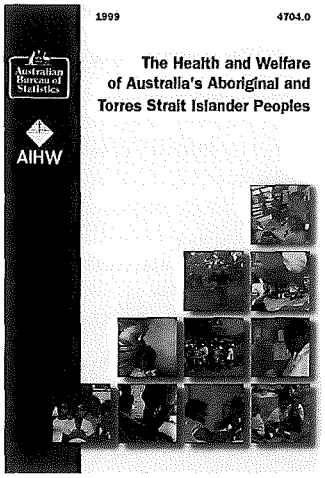
Child Home Safety Construction Guidelines



Produced by Queensland Health's West Moreton Public Health Unit, this 28 page booklet is intended for anyone involved in the design, construction, modification and renovation of homes as well as those involved in distributing child home safety products and parents and carers of young children. It provides an easy to follow, room by room guide, to addressing hazards in the home.

Copies are available, free of charge, from theWest Moreton Public Health Unit, Tel: 07 3818 5023; Fax: 07 3818 5050; Email wmphu@health.qld.gov.au

Indigenous Health



If your concern is with improving the health status of our Indigenous population, then two recent publications are a must.

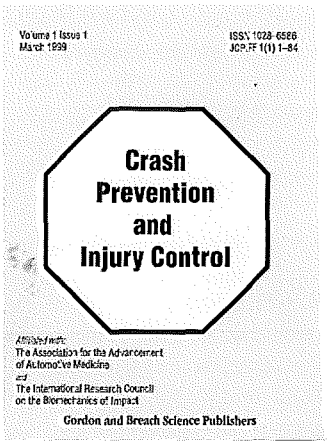
The pictured report, a second edition of a joint AIHW/ABS publication first released in 1997, provides a comprehensive (222 page) statistical overview, largely at the national level, of Aboriginal and Torres Strait Islander health and welfare. The topics covered include mortality; ill health; risk factors; access to, and use of services; and recent developments in health and welfare information.

Copies of the above report are available through the Austalian Bureau of Statistics at a cost of $41.00. Contact:
Tel: (02) 6252 5249 or
Fax: (02) 6251 6009.

A second publication is another joint AIHW/ABS publication *The Aboriginal and Torres Strait Islander Health Information Plan...This time, let's make it happen*. It reports on a project initiated by the Australian Health Ministers' Advisory Council which made funds available to the AIHW to develop a national Indigenous health information plan. Work commenced in mid-1996 with national consultation to gather information about current activities and issues. The final result is a report on gaps in data about the health of Aboriginal and Torres Strait Islander Peoples and the identification of limitations of current efforts in Indigenous health information. These findings underpin a series of recommendations aimed at developing a supportive base and infrasturcture for improving Indigenous health information and improving the technical aspects needed to ensure that such information is of good quality.

This publication is being distributed, free of charge, by the Australian Bureau of Statistics. Further information can be obtained by using their toll free number: Tel: 1300 366 323.

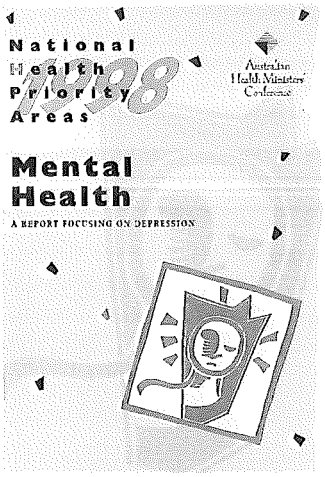
Crash Prevention and Injury Control



The first edition of this journal came out in March of this year. It will be published quarterly. The first edition includes articles on whether it is safest to travel by bicycle, car or big truck; the biomechanics of brain and spinal-cord injury; and the epidemiology of transportation related injuries in rural Africa.

Further information about the journal is available at the publisher's website: www.gbhap.com or by sending them an E-mail: info@gbhap.com They can also be contacted by sending a fax to one of their offices: +44 118 956 8211 (United Kingdom); +65 741 6922 (Singapore).

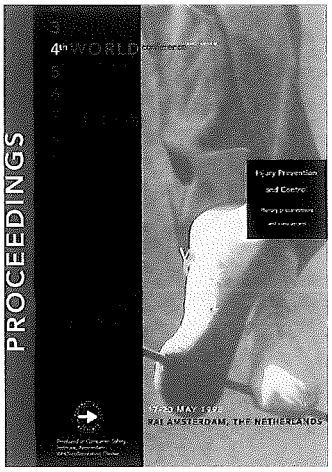
Focussing on Depression



The *First Report on National Health Priority Areas 1996* focused on the health of Australians by documenting progress towards goals and targets for the five priority areas of cardiovascular health, cancer control, injury prevention and control, mental health, and diabetes mellitus. *National Health Priority Areas: Mental Health 1998* focuses on depression and builds on the data and trends provided in the first report, provides overviews of mental health, summarises the current status of mental health activity in Australia and proposes a framework for future collaborative action between all stakeholders.

The full contents of the report are available at the AIHW's Website: www.aihw.gov.au/publications and can be downloaded in *pdf* format. For information about obtaining a printed copy, which costs $19.95, contact the AIHW's Publications Officer.
Tel: 02 6244 1032; Fax: 02 6244 1044;
E-mail: pubs@aihw.gov.au

4th World Injury Conference Proceedings



Proceedings of the plenary sessions of the Fourth World Conference on Injury Prevention and Control held in Amsterdam in May 1998 are now available. Information about ordering a copy is available from the Consumer Safety Institute, Fax: +31 20 511 45 10; E-mail: ecosa@consafe.nl

National Drug Strategy Household Survey 1998

1998 National Drug Strategy Household Survey: First Results presents summary data collected in Australia's most comprehensive national survey on drug issues. Key results are presented on drug-related awareness, knowledge, attitudes and behaviour. Comparisons with the 1995 survey are presented and population estimates of the numbers of consumers of both licit and illicit substances are also provided. This report is the first in the Australian Institute of Health and Welfare's Drug Statistics Series. Future survey-related reports in the series will cover correlates of drug use, the physical and mental health of drug consumers, and State and Territory comparisons. This first report and others in the series will be useful resources for policy planners and researchers interested in drug-related matters.

The full report is available, in *pdf* format, at the AIHW's Website: www.aihw.gov.au/publications Further information about obtaining a printed version is available from the AIHW's Publications Officer, Tel 02 6244 1032; Fax: 02 6244 1044; E-mail: pubs@aihw.gov.au

Diary

Note: Where available, internet addresses have been provided below for Conference websites. For those meetings that don't have their own website, detailed descriptions of the events are normally available at our website:
www.nisu.flinders.edu.au/events/

8th International Conference on Safe Communities
7-8 October 1999
Vienna, Austria
Contact: Manuela Kis, Sicher Leben, Tel: +43 1 715 6644; Fax: +43 1 715 6644 10
E-Mail: sicher.leben@kfv.telecom.at
Website: www.sicherleben.at/communities/index.htm

Behavioral Safety Now Conference
5-8 October 1999
Las Vegas, USA
Contact: Suzanne Bell, Conference Coordinator, Tel: +1 281 497 8288;
E-mail: bsn@hsegroup.com
Website: www.hsegroup.com.bsn/bsn99.htm

3rd National Men's Health Conference
5-8 October 1999
Alice Springs, Northern Territory
Contact: Michael Bentley, Chief Planning & Research Officer, Hills Mallee Southern Regional Health Service, c/- Strathalbyn Hospital, 14 Alfred Place, Strathalbyn SA 5255; Tel: 08 8536 2333; Fax: 08 8536 3510
E-Mail: hmsrhs@compuserve.com

Australian and New Zealand Burns Association Conference
7-10 October 1999
Hobart
A pre-conference course on the Emergency Management of Severe Burns will be held on 5-6 September.
Contact: ANZBA Conference Secretariat, Tel: 03 6224 3773; Fax: 03 6224 3774;
E-Mail: mail@cdesign.com.au

Second International PhD Course on Safety Promotion Research
11-22 October 1999
Stockholm, Sweden
Contact: Moa Sundstrom, Karolinska Institute, Tel: +46 8 517 779 48;
Fax: +46 8 3346 93;
E-mail: moa.sundstrom@socmed.sll.se
Website: www.ki.se/phs/education/

Global Symposium on Violence and Health
12-15 October 1999
Kobe, Japan
Contact: WHO Kobe Centre,
Tel: +078 230 3100; Fax: +078 230 3178;
E-Mail: wck@who.or.jp
Website: www.who.or.jp/

Best Practice Interventions for Indigenous People
14-15 October 1999
Adelaide
Contact: Conference Coordinators,
Tel: 02 6292 9000; Fax: 02 6292 9002;
E-mail: confco@dynamite.com.au
Website: www.aic.gov.au

13th Annual California Conference on Childhood Injury Control
23-27 October 1999
San Diego, California, USA
Contact: California Center for Childhood Injury Prevention, Tel: +1 619 594 3691
E-mail: kmjones@mail.sdsu.edu

Diary

20th Congress of the International Association for Suicide Prevention
6-10 November 1999
Athens, Greece
Contact: Easy Travel, Fax: +30 3625 572;
E-mail easytravel@hol.gr

Reform, Redesign or Revolution: Health Agendas for the 21st Century
11-12 November 1999
Melbourne
Contact: Australian International Health Institute, Tel: +61 3 9341 5000;
Fax: +61 3 9341 5055;
E-mail: j.powell@medicine.unimelb.edu.au

Summer School Program, University of Western Australia
22 November to 5 December 1999
Perth
Short Courses: Scientific Basis of Health Services; the Epidemiology and Control of Communicable Diseases; Health Research Methods; Economic Evaluation of Health Programs. Workshops---Aboriginal Health: The Historical and Social Context and How to Move Forward; Clinical Nursing Research; Practical Data Management; Modelling in Economic Evaluation.
Contact: Serena Angelo,Tel: 08 9380 1259;
Fax: 08 9380 1510;
E-Mail: serena@dph.uwa.edu.au
Website: www.publichealth.uwa.edu.au/events/summer/

Green Light for the Future
26 November 1999
Perth
Conference on Road Safety convened by the Insurance Commission of Western Australia.
Contact: Peter Beard, Manager Public Relations, Transport's Office of Road Safety, 441 Murray Street, Perth WA 6000; Tel: 08 9320 9517;
E-mail: pbeard@transport.wa.gov.au

1999 Road Safety Research, Policing and Education Conference
28-30 November 1999
Canberra
Contact: Jenny Morris, Federal Office of Road Safety, GPO Box 594, CANBERRA ACT 2601
E-Mail: jennifer.morris@dotrs.gov.au

International Travelling Seminar on Injuries and Safe Communities
15-25 February 2000
Bangladesh
Attendance is limited to 20 persons.
Contact: Dr AKM Fazlur Rahman, Tel: +880 2 9122509; E-mail: fazlur@citechco.net

9th International Conference on Safe Communities
26-28 February 2000
Dhaka, Bangladesh
Contact: Dr AKM Fazlur Rahman, Tel: +880 2 9122509; E-mail: fazlur@citechco.net

International Workshop on Traffic Calming
2-3 March 2000
New Delhi, India
Contact: ICTCT-Secretary Ralf Risser, +43 1 5041546; Fax: +43 1 5041548;
E-mail: ralf.risser@aon.at

International Course on Injury Control and Safety Promotion
2-4 March 2000
New Delhi, India
Attendance is limited to 30 persons.
Contact: Mr MK Gaur, Tel: +91 11 6858703;
Fax: 91 11 6858703;
E-mail: maheshgaur@hotmail.com

International Workshop on Critical Issues in Pre-Hospital Care
3 March 2000
New Delhi, India
Contact: Dr Sudhir Joseph,
Tel: +91 11 398 3574; Fax: +91 11 293 2412;
E-mail: ssh@nda.vsnl.net.in

Workshop on Biomechanics of Vulnerable Road Users
3-4 March 2000
New Delhi, India
Attendance is limited to 50 persons.
Contact: Ms Bhuvaneshwari Jayaraman,
Tel: +91 11 464 7810; Fax: +91 11 464 8222;
E-mail: aiam@nda.vsnl.net.in

International Workshop on People's Right to Safety
3-4 March 2000
New Delhi, India
Contact: Mr Tapan K Bose,
Tel: +977 1 541 026; Fax: +977 1 527 852;
E-mail: south@safhr.wlink.com.np

Introductory Workshop on Injury Scaling
4 March 2000
New Delhi, India
Attendance is limited to 50 persons.
Contact: Elaine Petrucelli,
Tel: +1 847 390 8972, ext. 12;
Fax: +1 847 390 9962;
E-mail: AAAM1@aol.com

International Conference on Housing Safety
3-4 March 2000
New Delhi, India
Contact: Mr Kulwant Singh,
Tel: +91 11 469 1834; Fax: +91 11 469 1292;
E-mail: kulwants@nda.vsnl.net.in

5th World Conference on Injury Prevention and Control
5-8 March 2000
New Delhi, India
Contact: Ms Arati Walia, Tel: +91 11 691 9377; Fax: +91 11 684 8343; E-mail: awconfer@del2.vsnl.net.in

RoSPA Road Safety Congress 2000
6-8 March 2000
Plymouth, United Kingdom
Contact: Kevin Clinton, Tel: +44 121 248 2125
E-mail: kclinton@rospa.com
Website: www.rospa.comsouth@safhr.wlink.com.np

Australian Pacific Healthy Cities Conference
8-10 March 2000
Canberra
Deadline for Abstracts: 22 October 1999
Contact: Healthy Cities Conference Secretariat, ConSec, PO Box 3127, Belconnen Delivery Centre, ACT 2617,
E-mail: consec@spirit.com.au
Website: www.healthycitiescanberra.org.au

International Conference on Child and Adolescent Injury Prevention in the Under Privileged
9 March 2000
New Delhi, India
Contact: Dr R Krishnan,
Tel: +60 3 750 2306; Fax: +60 3 757 7941;
E-mail: rajamk@medicine.med.um.edu.my

International Conference on Product Safety
10-11 March 2000
Ahmedabad, India
Tel: +91 79 663 9692; Fax: +91 79 660 5242;
E-mail: nid@vsnl.com

4th International Conference on Fatigue and Transportation
19-22 March 2000
Fremantle, Western Australia
Contact: Laurence Hartley, Conference Convenor, Psychology, Murdoch University, Western Australia 6150; Fax: +61 8 9360 6492;
E-Mail: hartley@socs.murdoch.edu.au

Measuring the Burden of Injury
15-16 May 2000
Baltimore, Maryland, USA
Contact: Anitra McLanahan, NPP-12
National Highway Traffic Safety Administration, 400 7th Street SW, Washington DC 20590, USA;
E-Mail: amclanahan@nhtsa.dot.gov
Web Site: www.nhtsa.dot.gov

Vehicle Safety 2000
7-9 June 2000
London, United Kingdom
Contact: Jonathan Narbett C567
Conferences and Events Department, Institution of Mechanical Engineer, 1 Birdcage Walk, London SW1H 9JJ, England