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## Too Young To Drive, Too Young To Ride

By Kathy Holgate, Data and Communication Coordinator, Kidsafe Connection, Stollery Children's Hospital

Every year in Alberta children and teens are killed riding all terrain vehicles (ATVs). Hundreds more are injured. In 2006, there were 22 deaths in Alberta related to ATVs. Of those 22, six were under the age of 19. Four were children under the age of 16. Last year, Capital Health's emergency departments saw 228 patients under the age of 19 with injuries related to ATVs, an increase of approximately 43 from the previous year. In recent years, ATVs have also become a leading cause of serious pediatric injuries relating to sport and recreation activities in this province.

Recognizing the need for an increase in public awareness regarding the risks associated with ATV use, Kidsafe Connection - Stollery Children's Hospital, Capital Health and the Northern Lights Health Region have launched a radio, print and poster campaign *Too Young To Drive, Too Young To Ride*. The key message of the campaign is that children and teens under 16 years of age do not have the strength, skills or judgment to operate an ATV.

This campaign was launched May 28 with extensive coverage by television, radio, and print media. The first year of the campaign will run until September 2008 with an increase in profile before each long weekend. *Too Young To Drive, Too Young To Ride* and the strong partnership between the Capital and Northern Lights health regions was also featured during the Northern Lights Hospital Foundation's radiothon in June.

While it is planned to continue the *Too Young To Drive, Too Young To Ride* campaign into future years, there have been indications of early successes.

- Although this campaign originated as a partnership between Capital Health and Northern Lights, other regions have implemented the campaign, further increasing the public's awareness of the issue.

- Parkland County, a county within Capital Health, has strengthened their Off Highway Vehicle (OHV) Bylaw to require OHV operators be 16 years of age and in possession of a Class 5 Driver License.

While very real risks remain with the use of these recreational vehicles, for those teens and adults who choose to operate an ATV, injuries can be prevented by following these recommendations:

- ATVs should only be operated by drivers 16 years of age or older.
- All drivers should take an approved training course.
- ATVs should be registered and licensed.
- Do not carry a passenger on an ATV unless recommended by the manufacturer.
- Wear an approved ATV or motorcycle helmet, eye protection, and appropriate clothing.
- Never use alcohol or drugs while operating an ATV.
- Drive the ATV at a safe, controlled speed.
- Parents must be involved when their teen begins driving an ATV. This includes: actively supervising, controlling access to the ATV, teaching safe driving habits, providing opportunity for practice and setting and enforcing rules.

The *Too Young To Drive, Too Young To Ride* campaign is generously supported by the Stollery Children's Hospital Foundation and Northern Lights Regional Health Foundation.

For more information about this campaign, visit [www.capitalhealth.ca/safeATV](http://www.capitalhealth.ca/safeATV).

## Updates, news and resources

### **New and updated ACICR resources**

ACICR has produced a new brochure reporting head and spinal cord injury hospital admissions in Alberta, 2003-2005. The brochure provides an overview of cause of injury and age breakdown for head and spinal cord injuries.

ACICR has also updated the ATV Injuries in Alberta brochure to include deaths in 2007. Check out the *Injury Facts/Data Reports* section on the ACICR website at [www.acicr.ualberta.ca](http://www.acicr.ualberta.ca).

### **One in five collisions linked to drowsy driving**

New Canadian research suggests almost one in five fatal collisions or about 500 deaths per year, may be linked to drowsy driving. According to the Canadian Council of Motor Transport Administrators (CCMTA) the percentage of fatigue-related collisions follows closely behind the published percentages of fatal injuries related to speed and alcohol. For more information visit [www.fatigueimpairment.ca](http://www.fatigueimpairment.ca).

### **Sustaining injury and violence prevention programs**

Strategies for Sustaining State Injury and Violence Prevention Programs, published by the Education Development Center and State and Territorial Injury Prevention Directors Association (STIPDA), presents results from interviews with representatives from 26 injury and violence prevention programs. The report provides recommendations on how to improve, enhance and expand these programs. To view the executive summary, visit [www.stipda.org/displaycommon.cfm?an=8](http://www.stipda.org/displaycommon.cfm?an=8).

## **Give your colleagues a pat on the back!**

The deadline is coming so get your nominations in for the Alberta Injury Control Awards.

The Alberta Centre for Injury Control & Research (ACICR) created the Alberta Injury Control Awards to recognize the innovative, high quality injury control work occurring in Alberta. Those involved in the field of injury prevention and control are invited to nominate individuals, organizations and community groups that have exemplified their commitment to addressing injury through programming, advocacy and action.

The following six award categories are open for nominations:

1. Excellence in Injury Control Strategies - Recognizes outstanding injury control programs and projects.
2. The Community Action for Safety Award - Recognizes a community's collective efforts and commitment to

- reduce the frequency and severity of injuries occurring to its members.
3. The Injury Control Champion Award - Recognizes the action and excellence of individuals and organizations who work in the field of injury control.
4. Media Award for Excellence in Injury Control Reporting – Recognizes excellence in responsible reporting of injury control issues.
5. Dr. John H. Read Award - Recognizes excellence and longstanding commitment to injury control research programming and advocacy.
6. The Joanne A. Vincenten Injury Control Student Scholarship - Recognizes students with an interest in continuing their studies in the area of injury control.

The deadline for nominations is September 19, 2008. For more information and a nomination package, visit the ACICR website at [www.acicr.ualberta.ca](http://www.acicr.ualberta.ca).

## **What's in a word? The language of suicide**

Provided by Alberta Health Services/Alberta Mental Health Board.

The Alberta Mental Health Board wants to increase awareness of the need to change the language used around suicide and suicide prevention with the goal of reducing the stigma. Language that instills a caring, understanding and non-judgmental viewpoint offers hope for family members and communities grieving a death by suicide of a loved one.

Each year more than 400 people die by suicide in Alberta. Suicide claims more lives annually than motor vehicle collisions. As a result, many Albertans have been impacted by losing someone to suicide.

Survivors - people who have lost someone to suicide - indicated the language used to describe suicide deaths further stigmatizes a tragic situation for those grieving and coping with the suicide death of a loved one. This stigma makes it more difficult for people to reach out for help or for others to reach in to assist them.

The terms "committed suicide" or "completed suicide" have been used to

describe these tragedies. The word "commit" presents a particular problem since it is also used for criminal offenses such as homicide and assault. Suicide is not a criminal act. "Death by suicide", "died by suicide" or "suicide" more accurately describe the reality and respects the needs of those left behind.

The term "successful" used to describe a suicide death does not reflect the reality. Every suicide is a tragedy. Likewise, to describe a suicide attempt that does not result in death as a "failure" is also misleading.

Changing the language used to describe suicide is not easy. For such change to occur, the involvement of many stakeholders to help lead and support this change is essential. The outcome is well worth it – helping to reduce the stigma and barriers to supporting survivors through the tragedy of a death by suicide.

For more information visit, [www.amhb.ab.ca](http://www.amhb.ab.ca).

## Conference registration now open

Register now for *Driving Home Safety: Community and Industry Working Together!*

The Alberta Centre for Injury Control & Research, Alberta Health and Wellness, Alberta Transportation, and Work Safe Alberta, together with a number of other traffic safety stakeholders, are hosting the upcoming Injury in Alberta XIII conference. This exciting traffic safety event will be held at the Delta Edmonton South in Edmonton, Alberta from November 18 to 20, 2008.

The *Driving Home Safety* conference will be an information sharing experience for a wide-range of professional groups and disciplines that have a stake in traffic safety, focusing on the priorities of Alberta's traffic safety plan and solutions at the community and industry levels. The Steering Committee has aimed to design a very

practical conference program that will challenge experienced professionals and offer opportunities for newcomers to expand their network and skills. More details about the speakers and sessions will be posted as they are confirmed on the ACICR website at [www.acicr.ualberta.ca](http://www.acicr.ualberta.ca).

The conference organizers are pleased to offer a discount for early registrations completed by September 12. A block of guest rooms has been set aside at the Delta Edmonton South at a reduced rate for *Driving Home Safety* delegates. Registrations and hotel reservations can be made online by visiting the ACICR website.

For more information about *Driving Home Safety*, visit the ACICR website or call Liza Sunley, Conference Coordinator, at (780) 418-7141.

## Project seeks stories of people who choose to live following a suicide attempt

A new website, [www.thereasons.ca](http://www.thereasons.ca), has been launched to collect stories from people who have attempted suicide, and have since changed their thinking from wanting to die, to choosing to live.

The website is part of a larger project called *The Reasons to go on Living*, developed by researchers in the Mental Health and Addictions Program at St. Joseph's Healthcare, Hamilton, and the Department of Psychiatry and Behavioural Neurosciences at McMaster University. People are invited to submit their stories anonymously to the website. The researchers will then analyze the stories in order to get a better understanding about how people find reasons to go on living after a suicide attempt. The project is also intended to help inform health care professionals who treat people considering suicide, as well as to be a source of public education and support.

Although there has been much research done on identifying risk factors for dying of suicide, very little attention has been directed to those who choose to go on living either during or after a suicide attempt. The project intends to use the

internet to explore this issue. The researchers believe that the use of a website to gather the stories will encourage people who have an illness associated with stigma or disability to share personal information, which they may not have done in a face-to-face setting.

For more information about the project or to share a story, visit [www.thereasons.ca](http://www.thereasons.ca). For information about the Mental Health and Addictions Program at St. Joseph's Healthcare, visit [www.stjoes.ca](http://www.stjoes.ca).

## CALENDAR

**Summer Fire Safety Campaign**  
Alberta Emergency Management Agency  
May 1-August 31, 2008  
Phone: (780) 427-2732  
Website: [http://aema.alberta.ca/pa\\_campaigns.cfm](http://aema.alberta.ca/pa_campaigns.cfm)

**World Suicide Prevention Day**  
International Association for Suicide Prevention  
September 10, 2008  
Phone: +33 562 29 19 47  
Website: [www.med.uio.no/iasp/english/wspd/wspd\\_index.html](http://www.med.uio.no/iasp/english/wspd/wspd_index.html)

**World First Aid Day**  
Canadian Red Cross  
September 13, 2008  
Phone: (780) 423-2680

**Yellow Ribbon Suicide Prevention Week**  
Light for Life Foundation  
September 14-20, 2008  
Phone: (780) 992-0299

**Public Health & the Agricultural Rural Ecosystem (PHARE) - Sixth International Symposium**  
October 19-23, 2008  
Delta Bessborough Hotel  
Saskatoon, SK, Canada  
Phone: (306) 966-7888  
Email: [phare.symposium2008@usask.ca](mailto:phare.symposium2008@usask.ca)  
Website: <http://cchsaccsma.usask.ca/pharesymposium2008/>

**Driving Home Safety - Community and Industry Working Together**  
**13th Injury in Alberta Conference**  
November 18-20, 2008  
Delta Edmonton South  
Edmonton, AB  
Phone: (780) 492-6019  
Email: [acicr@ualberta.ca](mailto:acicr@ualberta.ca)  
Website: [www.acicr.ualberta.ca](http://www.acicr.ualberta.ca)

**BC Injury Prevention Conference, 2008**  
November 19-20, 2008  
Coast Plaza Hotel & Suites  
Vancouver, BC  
E-mail: [conference2008@cw.bc.ca](mailto:conference2008@cw.bc.ca)  
Website: [www.injuryresearch.bc.ca](http://www.injuryresearch.bc.ca)

In Alberta, over a 3 year period from 2003 to 2005, on average there were 119 spinal cord injury-related hospital admissions each year.

Males accounted for 76 per cent of the spinal cord injury hospital admissions with an average of 90 admissions each year. Females accounted for the remaining 24 per cent with an average of 29 admissions each year.

Overall, motor vehicle collisions were the leading cause of spinal cord injury hospital admissions accounting for 35 per cent of the admissions with an average of 42 admissions each year.

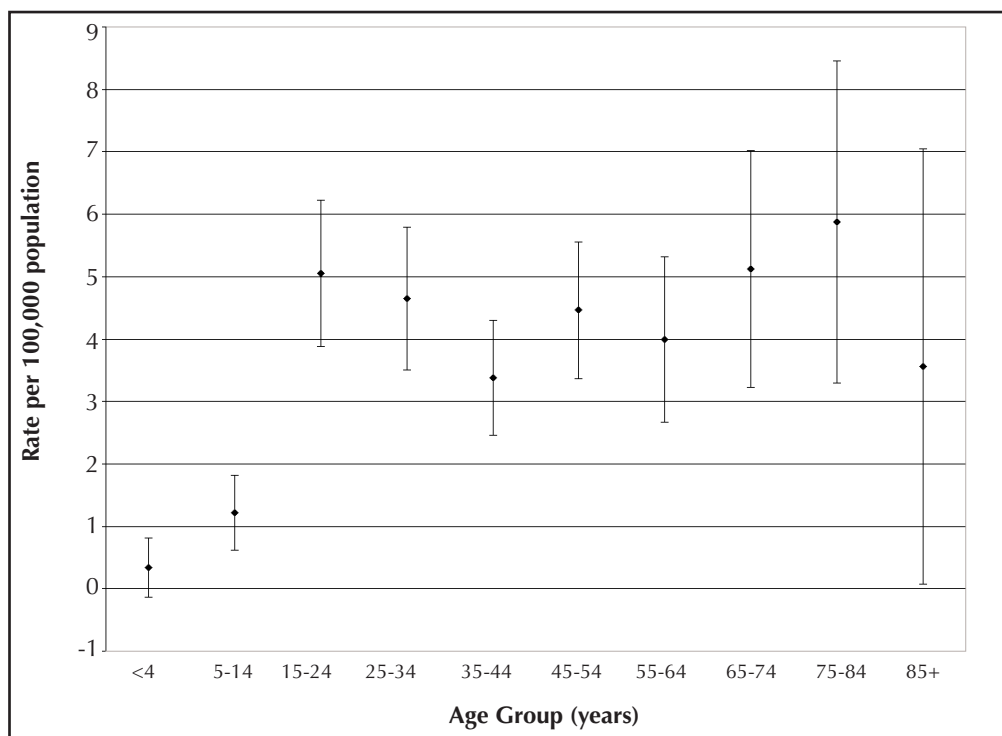
- For males, motor vehicle collisions were the second leading cause of spinal cord injury hospital admissions accounting for 30 per cent with an average of 27 admissions per year.
- For females, motor vehicle collisions were the leading cause of spinal cord injury hospital admissions accounting for 49 per cent of the admissions with an average of 14 admissions each year.

Overall, falls were the second leading cause of spinal cord injury hospital admissions accounting for 33 per cent of the admissions with an average of 39 admissions each year.

- For males, falls were the leading cause of spinal cord injury hospital admissions and accounted for 34 per cent of the admissions with an average of 31 admissions each year.
- For females, falls were the second leading cause of spinal cord injury hospital admissions and accounted for 29 per cent of the admissions with an average of 8 admissions each year.

## Spinal cord injuries, Alberta, 2003-2005

### Hospital admission rates per 100,000 population (age-standardized)



Albertans between 15 and 24 years of age had the highest number of spinal cord injury admissions with an average of 8 admissions each year and a rate of 5.05 admissions per 100,000 population. However, seniors between 75 and 84 years of age had the highest hospital admission rate with a rate of 5.87 admissions per 100,000 population and an average of 7 admissions each year.

### Other Facts<sup>1</sup>

- Injuries to the brain and spinal cord are the number one killer of children to age 24.
- Approximately 50 per cent of spinal cord injuries result in quadriplegia (loss of movement and some feeling in the arms and legs).
- Incidents involving brain and spinal cord injuries involve alcohol in almost 1/3 of the cases.
- Using seat belts or child restraints reduces the risk of death in a motor vehicle collision by 75 per cent and reduces the chance of injury by 55 per cent.
- In Canada from 2001 to 2002, spinal cord injuries accounted for \$61 million in hospital care costs.<sup>2</sup>

1. ThinkFirst Foundation of Canada. *Facts you need to know.* [cited 2008 June 25]. Available from: [http://www.thinkfirst.ca/know\\_facts.asp](http://www.thinkfirst.ca/know_facts.asp).
2. Canadian Institute for Health Information (CIHI), *The burden of neurological diseases, disorders, and injuries in Canada*, (Ottawa: CIHI, 2007). [cited 2008 June 25]. Available from: [http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=AR\\_1689\\_E](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_1689_E).

Source: Canadian Institute for Health Information, *Trauma E-reports. Head and Spinal Cord Injuries-Cause of Injury by Age, Sex, Discharge Status, and Province/Territory.*

For ICD-10CA code includes of head and spinal cord injuries please go to the CIHI website, *Trauma E-Reports Technical Notes, NTR MDS Definition of Head and Spinal Cord Injuries UID.* Available from: [https://eservices.cihi.ca/NTR\\_MDS/pub\\_login\\_ntr\\_mds\\_Tech\\_Meth\\_Notes\\_e.jsp?page=techNotes](https://eservices.cihi.ca/NTR_MDS/pub_login_ntr_mds_Tech_Meth_Notes_e.jsp?page=techNotes).