

Injuries among Youth Age 15-24 in Eeyou Istchee

An overview of the death and hospitalization statistics, 1985-2007

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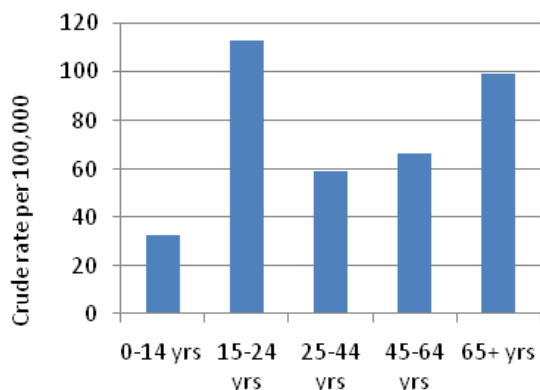
Youth are the group at highest risk for almost every type of injury. What are these injuries, and what can be done to prevent them?

“Injuries” can refer to unintentional injuries like falls and drowning, or intentional ones like suicide and assault.

How big is the problem?

Injury rates are higher at ages 15-24 than at any other time in the life span (Figure 1). This holds true in Eeyou Istchee and elsewhere in Canada. It is especially true of certain kinds of injuries, like suicides or suicide attempts and assaults.

TABLE 1: INJURY DEATH RATE OVER THE YEARS 1985-2006, BY AGE GROUP



What are these injuries?

The main injuries among youth 15-24 are motor vehicle crashes, suicide or attempted suicide, assaults, and drowning.

MOTOR VEHICLE CRASHES

Most of these crashes happen on the road system, with cars and trucks; but for youth in Eeyou Istchee, about a fifth of the crashes involve snowmobiles or ATVs.

The statistics suggest that, for youth, about one in seven of the serious road crashes is fatal. Over the past 22 years (1985-2006), 16 youth have died in traffic crashes on the road system, and many more have had to spend time in hospital. We do not have all the details on these crashes, but it looks like the youth was the driver in about half the fatal crashes. When we look just at the crashes that end up in hospital, the youth was more often a passenger than the driver.

What happens in these crashes? Based on the information we have, it seems that from a quarter to a half of the crashes involve loss of control on the highway. Few involve collision with another vehicle.

There are also crashes with snowmobiles and ATVs. These are less likely than car crashes to be fatal, but still put people in hospital.

Males are at much greater risk than females of being involved in a crash. Young men are at least twice as likely as young women to be injured in a road traffic crash. And the snowmobile and ATV crashes happen almost exclusively among males.


SUICIDE AND SUICIDE ATTEMPTS

Eeyou Istchee's rate of suicide is not unusual: it is at or below the Québec average. But suicide is always a concern, and it is especially a concern among youth.



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Over the 22 years from 1985-2006, 19 youth committed suicide. Of these, 63% were males. This is a fairly typical pattern: in all western countries, rates of completed suicide are higher in males, while rates of attempted suicide are higher in females. In fact, had we looked before 2004, the proportion of males would have been even higher. But in 2004-2005, there was an unexpected “cluster” of suicides in which eight young women took their own lives, all by the same method. Since then, the female rates seem to have fallen back to zero.

Suicide attempts are far more frequent than completed suicides. In the five years 2001-2005, 52 youth had to be hospitalized after a suicide attempt. Over 80% of these were young women. Most commonly, these young women had taken an overdose of medication.

DROWNING

Almost half the drownings in Eeyou Istchee over the past 22 years have involved youth 15-24. All of them were males.

We lack details for some of these incidents, but it seems that at least a third of these drownings were due to mishaps with boats rather than during swimming.

ASSAULT

“Assault” means any kind of intentional violence against another person. This includes fights, brawls, homicide, rape, domestic violence, and child abuse.

Over the five years 2001-2005, 41 youth were hospitalized for injuries resulting from an assault. Males made up about 60% of the victims. Most of these assaults were fights. Although the assailant often seems to have used objects, use of firearms is not mentioned in any of the hospital records.

What can be done to prevent these injuries?

REDUCING MOTOR VEHICLE INJURIES

Individuals can...

- ◆ Reduce speed.
- ◆ Make sure they don’t drink and drive.
- ◆ Wear seatbelts in cars and trucks. Seatbelts reduce the risk of death in a crash by 45-60%.¹ And they reduce the risk of serious injuries to the head, chest, and limbs by at least 50%.²
- ◆ Take Driver’s Education.
- ◆ Wear helmets on snowmobiles and ATVs. Helmets reduce the risk of serious head injuries.³ A 2003 survey⁴ found that more people than before are wearing helmets on ATVs, and that young men are especially likely to do so. But there is still room for progress.
- ◆ Use caution when driving snowmobiles on ice and when visibility is poor (darkness, white-outs).
- ◆ Carry safety equipment on snowmobiles (throw ropes, flotation devices, GPS, survival kits).
- ◆ Seek advice from knowledgeable people on weather, ice conditions, and ice thickness before travelling over ice.

Communities and health departments can...⁵

- ◆ Pay attention to planning intersections and regulating traffic.
- ◆ Promote the use of safety equipment.
- ◆ Take action to reduce drinking and driving—such as training waiters, or having “ride” services or designated drivers.
- ◆ Enforce the laws on traffic safety.
- ◆ Establish separate trails for snowmobiles and ATVs. This prevents collisions with cars and other vehicles.



REDUCING SUICIDE AND ATTEMPTED SUICIDE

At least three types of actions can help to prevent suicide: 6-10

1. Improving life in the community, so people never feel the need to attempt suicide. This can mean building communities in which residents

- ◆ Have a sense of where they belong in life.
- ◆ Have networks of people who can help them.
- ◆ Feel connected to their traditions.
- ◆ Know how to be good parents.
- ◆ Know how to cope with problems.

Possible actions include courses for youth on how to communicate and solve problems; parenting courses; or cultural activities to maintain pride in traditions.

2. Helping people who are having problems and are at risk of suicide. This can mean

- ◆ Helping them to talk about their problems.
- ◆ Helping them to avoid alcohol, which is often involved in suicides.
- ◆ Keeping medicines and firearms locked away. (Firearms should be stored in a public firearm-storage facility, or in a locked cabinet separate from the ammunition.)
- ◆ Providing hot lines and crisis counselling.

3. Supporting the family and friends of a person who has attempted or committed suicide.

REDUCING DROWNING

Boaters can reduce the risks by...

- ◆ Avoiding alcohol.
- ◆ Checking the weather before setting out.
- ◆ Observing load limits—not overloading the boat.
- ◆ Having a lifejacket for every person on board, and being sure to wear it if the water is cold. Cold water makes muscles weak, and may make it hard to put on a lifejacket.

- ◆ Wearing a floater suit (survival suit) if the water is very cold.¹¹
- ◆ Obtaining their Boat Safety certificate.

People travelling over ice on snowmobiles can reduce their risk by...

- ◆ Measuring the ice thickness first, or speaking with someone who did measure it.
- ◆ Wearing a floater suit.
- ◆ Skidooing with someone else, not alone.
- ◆ Carrying a throw rope and survival gear, so they can help the other person if he/she goes through the ice.¹²

REDUCING ASSAULT¹³⁻¹⁴

Preventing assault can involve actions such as:

- ◆ Making communities aware of the problem.
- ◆ Working with families to reduce conflict and improve parenting and communication.
- ◆ Educating people who are at risk (for instance, teaching youth how to resolve conflicts without using force, or offering programs or workshops to prevent bullying).
- ◆ Training people who might deal with assaults, such as teachers, nurses, clergy, or youth workers.
- ◆ Providing forums where the different groups that deal with assault can share their knowledge.
- ◆ Changing policies and bylaws (for instance, changing gun-control laws, alcohol laws, or how offenders are rehabilitated).

About these statistics

The statistics in this factsheet are drawn from a larger report called *Injuries in Eeyou Istchee: Analysis of Mortality and Hospitalization Statistics 1985-2007*. They are based on mortality records for the years 1985 to 2006, and hospitalization records for the fiscal years 1987-88 to 2007-08. The report was prepared for the Public Health Department of the Cree Board of Health and Social Services of James Bay.



References

1. Evans, L. (1986) cited in Auer [see reference 6 below].
2. Sundstrom, I. (1994) cited in Auer [reference 6 below].
3. Auer, Anna (2002). *Preventing Motor Vehicle-Related Injuries: Taking a Look at What Works*. Health Canada, unpublished.
4. Légaré, Gilles, and Yvonne Robitaille (2008). *Injuries and Transportation Safety. Canadian Community Health Survey Cycle 2.1, Iiyiyu Aschii 2003*. Cree Board of Health and Social Services of James Bay and Institut national de la santé publique du Québec.
5. Santé et services sociaux Québec, *Québec Public Health Program 2003-2012*. Québec : Ministère de la santé et des services sociaux.
6. Advisory Group on Suicide Prevention, *Acting on What We Know: Preventing Youth Suicide in First Nations*. Health Canada, 2003.
7. Yoder, Kevin A., Les B Whitbeck, Dan Hoyt and Teresa LaFromboise (2006). "Suicidal ideation among American Indian youths." *Archives of suicide research* 10: 177-190.
9. Kirmayer, Laurence J, Gregory Brass, Tara Holton, Ken Paul, Cori Simpson, Caroline Tait (2007). *Suicide Among Aboriginal People in Canada*. Ottawa: Aboriginal Healing Foundation.
10. Niezen, Ronald (2009). "Suicide as a way of belonging: causes and consequences of cluster suicides in Aboriginal communities." in L. Kirmayer and G. Guthrie Valaskakis (eds), *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*. Vancouver: University of British Columbia Press: 178-195.
11. Canadian Red Cross (2003). *What we have learned: 10 years of pertinent facts about drownings and other water-related injuries in Canada, 1991-2000*. Ottawa: Canadian Red Cross Society.
12. Auer, Anna (2002). *Working together to reduce snowmobiling injuries*. Unpublished document prepared for the First Nations and Inuit Health Branch of Health Canada.
13. Thornton, Timothy, et al (2002). *Best Practices of Youth Violence Prevention: A Sourcebook for Community Action*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia.
8. White, Jennifer and Nadine Jodoin (2004). *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies*. Calgary: Centre for Suicide Prevention.
14. World Health Organization (2002). Youth Violence. Resource available at www.who.int/violence_injury_prevention/violence/world_report/factsheets/en/youthviolencefacts.pdf



Copies of this factsheet may be found at:
<http://www.creehealth.org>

