PostScript

LETTERS

Emergency department data suffer similar threats to validity as police data

Shepherd and Sivarajasingam¹ provide a range of reasons for why police records of violence should not be used to measure underlying trends in violence. Essentially there are several major threats to validity. They do not discuss whether these threats can be reduced or eliminated by, for example, some form statistical adjustment. They also identify significant similar threats to validity of emergency department data but once again do not discuss how these threats may be reduced. They then conclude without any justification: "Governments should use emergency department data as an objective indicator of violence of health related harm ...". In the absence of strategies to address the sources of threats to validity, indicators based on police and health data both run a high risk of being misleading. That being the case, could the authors advise readers why they advocate for emergency department in preference to police data?

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Reference

- 1 Shepherd J, Sivarajasingam V. Injury research explains conflicting violence trends. *Inj Prev* 2005;11:324-5.

Suicide prevention is not just about treating depression

We highly appreciated the "1,000,000 lives campaign" proposed by Rivara and Mock.¹ We nonetheless do not agree that a 20% reduction in deaths by suicide (160,000 lives saved) could be achieved through the management of depression. Depression is indeed one of the major risk factors for suicide; however, a recent review indicated that in general antidepressant treatment is not effective in suicide prevention.² The study cited by Rivara and Mock to support the argument was not about the treatment of depression, but compared the efficacy of clozapine versus olanzapine on the prevention of suicide attempts among schizophrenic patients.³

Suicide as a way out arises from a myriad of social contexts—social fragmentation and

economic downturn, the stigmatization of mental illness, disorganization within the mental healthcare system, elements of the media "glamorizing" suicide, and the easy accessibility of lethal suicide methods. All of these social conditions may act independently or in various combinations. A thorough suicide prevention program should therefore include education, environmental modifications, and policy/law enforcement programs.⁴ That is the reason why there are 11 goals and 68 objectives in the US national strategy for suicide prevention—the first goal is to promote awareness that suicide is a preventable public health problem.⁵

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- 1 Rivara FP, Mock C. The 1,000,000 lives campaign. *Inj Prev* 2005;11:321-3.
- 2 Mann JJ, Apter A, Bertolote J, et al. Suicide prevention strategies: a systematic review. *JAMA* 2005;294:2064-74.
- 3 Meltzer HY, Alphas L, Green AJ, et al. Clozapine treatment for suicidality in schizophrenia: International Suicide Prevention Trial (InterSePT). *Arch Gen Psychiatry* 2003;60:82-91.
- 4 Goldsmith SK, Pellmar TC, Kleinman AM, et al. *Reducing suicide: a national imperative*. Washington, DC: The National Academies Press, 2002.
- 5 US Department of Health and Human Services. *National strategy for suicide prevention: goals and objectives for action*. Rockville, MD: US Department of Health and Human Services, 2001.

CALENDAR

1st International Traffic Expert Congress: Fit To Drive

3-5 May 2006, Berlin, Germany. The Congress is a contribution in aiming to halve road traffic fatalities within the EU to around 25 000 by 2010. It will focus on topics including prevention in preschool, school and driver education and training; general prevention through legislation and enforcement, demerit point systems; secondary

prevention with special focus on the hardcore drink driver; risk assessment in medical and psychological issues; driver counseling and rehabilitation. Further information: <http://www.fit-to-drive.com/>.

Speed 2006

4 May 2006, London, UK. A conference organized by Brake, the road safety charity, for road safety professionals, covering government update on speed policy, statistical analysis of speed interventions, international best practice, 20mph zones, speed cameras, in-vehicle technology, safe routes to school and child safety audits, home zones and quiet lanes, effective education campaigns, and best practice enforcement. Further information: <http://tinyurl.com/gha3a>.

XVI Canadian Multidisciplinary Road Conference

11-14 June 2006, Winnipeg, Canada. Further information from <http://tinyurl.com/7fpss>.

1st European Conference on Injury Prevention and Safety Promotion: Challenges for a Safer Europe

25-27 June 2006, Vienna, Austria. Further information: <http://www.ecosa.org/csi/ecosa2003.nsf/events>. Secretariat: Mrs Joke Broekhuizen, tel: + 31 20 5114 513; secretariat@eurosafe.eu.com

Australian Injury Prevention Network 8th National Injury Prevention Conference

27-29 September 2006, Sydney, Australia. Visit www.aiipn.com.au/conference.html for further information.

9th National Safe Communities Conference: Honor our Roots, Celebrate our Future,

1-3 October, 2006, Chatham-Kent, Ontario, Canada

The 2006 conference theme, Honor Our Roots, Celebrate Our Future, acknowledges the 10th anniversary of the Safe Communities Foundation, and encourages participants to reflect on the past, present and future of the Safe Communities movement in Canada. The conference is co-hosted by the Safe Communities Foundation and the Chatham-Kent Safe Communities Coalition. Further information: <http://www.safecommunities.ca/home.htm>.

20th World Congress of the International Traffic Medicine Association (ITMA 2006)

16-18 October, Melbourne, Australia. Further information: www.trafficmedicine.org.