



Submission to the Inquiry on Personal Choice and Community Safety

Select Committee
Legislative Council
October 2018



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Select Committee on Personal Choice and Community Safety
Parliament House
4 Harvest Terrace
West Perth WA 6005

5 October 2018

Dear Select Committee Members,

It is with pleasure that Injury Matters provides the following response to the Select Committee on Personal Choice and Community Safety, which was established in the Western Australian Legislative Council on 29 August 2018.

Injury Matters leads the way in preventing injury and supporting recovery by providing programs and services that enable Western Australians to live long and healthy lives. We make this submission as we are supportive of the implementation and enforcement of any legislation that has been introduced across Western Australia that goes to reduce the incidents and occurrence of injury in the community. Additionally, we will highlight why public health is important and why governments play a key role in public health measures even in areas where measures appear to restrict personal choice.

Western Australians suffered approximately 227,000 injuries leading to fatalities, hospitalisations, and emergency department visits in 2012 (1). That same year saw injury events cost the WA health system almost \$1.2 billion. (1). When quality of life costs, loss of paid productivity, and long-term care costs are included, the cost of injury in WA in 2012 expands to \$9.6 billion (1).

This submission will address the following terms of reference as set out by the Select Committee on Personal Choice and Community Safety (the Select Committee):

- (1) risk-reduction products such as e-cigarettes, e-liquids and heat-not-burn tobacco products, including any impact on the wellbeing, enjoyment and finances of users and non-users;
- (2) outdoor recreation such as cycling and aquatic leisure, including any impact on the wellbeing, enjoyment and finances of users and non-users; and
- (3) any other measures introduced to restrict personal choice for individuals as a means of preventing harm to themselves.

Additionally, included with this submission is a Position Statement endorsed by partners for consideration by the Select Committee which emphasises the public health and injury prevention benefits of evidence-based policies, programs and legislation when considering personal choice and community safety.

As the fourth most common cause of both death (2007 to 2011) and hospitalisation (2008 to 2012) in Western Australia (2), injury is a public policy priority that needs coordinated action across all areas of government and the public sector. One action that supports a coordinated response is via the passage of legislation through Parliament that goes to remove risk and increase community safety.

The highest rates of injury in WA in 2012 were in the 10-14, 15-19, 20-24 and the 85 and above age groups. Mean cost of injury increased with age, from around \$11,000 per injury event for younger people to over \$200,000 for the 85 years and above age group. (1) To reduce the cost of injury to the Western Australian community, legislation and control, as well as education, prevention and early intervention services must become a priority.

Injury Matters trusts this inquiry will recognise that sensible regulation via legislation results in better and fairer cost-effective and long term social outcomes for everyone. We appreciate the opportunity to make this submission and request that should the Select Committee require additional information or a presentation on the extent of injury across Western Australia please feel free to contact Emily Anderson, Policy and Sector Support Manager on eanderson@injurymatters.org.au.

Yours sincerely

Sandy Lukjanowski

Chief Executive

Position Statement

Submission to the Inquiry on Personal Choice and Community Safety

We the undersigned injury prevention and public health organisations affirm the importance of governments' role in society to introduce legislation to ensure that all members of society have the opportunity to reach their potential to live long and happy lives.

The notion that we should reduce and remove regulations in support of individual freedom ignores the reality that we live in a complex and modern society. Unfortunately, people rarely factor in the consequences of their behaviour (on themselves and on others) and all too often it is community, family and Governments who are left to provide support and care for poor individual decision making.

As the fourth most common cause of both death (2007 to 2011) and hospitalisation (2008 to 2012) in Western Australia (1), injury is a public health priority that needs coordinated support and legislation across all areas of government.

Injury across the age span can be predicted and prevented through coordinated evidence-based policies, programs and legislation. Ongoing investment in these measures is imperative to improving the lives of Western Australians and critical for reducing the cost and burden of injury in Western Australia.



About Injury Matters

Injury Matters leads the way in preventing injury and supporting recovery by providing programs and services that enable Western Australians to live long and healthy lives. Priority injuries both unintentional and intentional in Western Australia (WA) include drowning, road trauma, falls, suicide and self-harm, poisoning, violence and burns.

As the state-wide agency involved in injury prevention, harm reduction and safety promotion Injury Matters is well placed to comment on the Inquiry on Personal Choice and Community Safety. Injury Matters is a not-for-profit organisation that empowers people, communities, professionals and agencies to modify factors to prevent injury and support recovery. Injury Matters achieves this through a variety of ways including delivery of our three flagship programs: Stay On Your Feet®, Know Injury, and Road Trauma Support WA.

- The **Stay On Your Feet®** program, funded by the State Government through the Department of Health, provides information, education, and support to community members and health professionals to reduce falls and fall-related injuries among older adults living in the community.
- The **Know Injury** program, funded by the State Government through the Department of Health, enhances the capacity of practitioners and organisations to deliver evidence-informed injury prevention activities by providing knowledge, training, resources, and networking opportunities.
- **Road Trauma Support WA**, funded through the Road Trauma Trust Account, provides information, training, resources and free counselling to reduce psychological and social distress for anyone affected by road trauma in Western Australia.

Injury has a significant impact on the community in Western Australia.

Definition of Injury

In public health practice, injury usually means physical harm to a person's body. Common types of physical injury are broken bones, cuts, brain damage, poisoning and burns.

Physical injury results from harmful contact between people and objects, substances, or other things in their surroundings. Examples are being struck by a car, cut by a knife, bitten by a dog, or poisoned by inhaled petrol.

Some physical injuries are the intended result of acts by people: harm of one person by another (assault, homicide etc.) or self-harm. Most injuries are not intended and these are often described as accidental. Whether intended or accidental, most physical injuries can be prevented by identifying their causes and removing these, or reducing people's exposure to them. (3)

Definition of Injury Prevention

Injury prevention is an effort to prevent or reduce the severity of bodily injuries caused by external mechanisms, before they occur. Injury prevention is part of public health and its goal is to improve the health of the population by preventing injuries hence improving the quality of life. Among the general public, "accidents" is often used to describe these events.

However, "accidental" implies the causes of injuries are random in nature –not predictable and not preventable. Researchers use the term "unintentional injury" to refer to injuries that are non-volitional but nevertheless preventable and "intentional injuries" to describe injuries that arise out of an intent to harm. Injury control aims to reduce or minimize harm. "Injury Prevention and Control" encompasses both efforts to prevent injuries from happening in the first place, and also efforts to control further damage once the injury has occurred using strategies such as effective emergency response, acute care and rehabilitation. (4)

Snapshot of injury in WA

To reduce the cost of injury to the Western Australian community, legislation and control, as well as education, prevention and early intervention services must become a priority.

- The highest rates of injury in WA in 2012 were in the 10-14, 15-19, 20-24 and the 85 and above age groups. Mean cost of injury increased with age, from around \$11,000 per injury event for younger people to over \$200,000 for the 85 years and above age group. (1)
- Injury-related fatalities and hospitalisations occur at a greater rate among socioeconomically disadvantaged Western Australians (1).
- Alcohol is a key contributing factor to injury. Alcohol was involved in 17.5% of injury-related fatalities and 32% of injury-related emergency department visits in WA in 2012 (1).
- Injury has a disproportionate impact on Aboriginal people. Aboriginal people experienced more than double the rate of fatal injury and more than triple the rate of injury-related hospitalisation than other Western Australians in 2012 (1).
- Injury occurs at a greater rate in regional areas of WA (1). The Kimberley, Wheatbelt, and Goldfields regions had more than double the rate of injury events (i.e., fatalities, hospitalisations, and emergency department visits) than metropolitan areas in 2012 (1).
- While the age-standardised rate of fatal injury remained stable between 2003 and 2012, the rate of injury-related hospitalisations increased from 17.3 per 1000 in 2003 to 20.5 per 1000 people in 2012 in WA (1).

Terms of Reference

As previously outlined, Injury Matters, will be responding to all three Terms of Reference in this submission with a particular focus on the need to maintain and where possible, strengthen measures that go to protect public health and reduce injury in our community.

(1) Risk-reduction products such as e-cigarettes, e-liquids and heat-not-burn tobacco products, including any impact on the wellbeing, enjoyment and finances of users and non-users

Electronic cigarettes, also known as e-cigarettes or vapour cigarettes deliver nicotine through a battery powered hand held system. They are often made to resemble the look of cigarettes and produce a mist for inhalation to simulate the act of cigarette smoking. Heated Tobacco Products or Heat-Not-Burn products are tobacco products that produce aerosols containing nicotine and other chemicals which are inhaled.

Until now, e-cigarettes have been marketed as healthier alternatives to cigarettes since they do not produce tobacco smoke. Instead, they have cartridges filled with nicotine and other chemicals. The types or concentrations of chemicals a person is exposed to will vary by brand, type of device, and how it is used.

E-cigarettes have been readily available globally since 2006. European Addiction Research undertaken in 2014 (5) reported that e-cigarettes are 95% less harmful than tobacco cigarettes, however this finding has been largely discredited because it was based on opinion rather than empirical evidence.

Incident of e-cigarette injuries

Injury Matters considers that if the popularity and access to e-cigarettes were to increase in Western Australia without legislative intervention and regulation, injuries from e-cigarettes would undoubtedly increase in both occurrence and severity. Children exposed to e-cigarette liquid nicotine have 5.2 times higher odds of a health care facility admission and 2.6 times higher odds of having a serious medical outcome than children exposed to cigarettes. (6)

Until recent years, nicotine poisoning was a relatively rare occurrence and tended to be linked to exposure to insecticides, however, the rising popularity of e-cigarette use internationally has also corresponded with an increasing number of reported nicotine poisonings due to exposure to or ingestion of e-liquids. The effects of exposure range from relatively mild, including irritation of the eyes and skin, nausea and vomiting, to severe life-threatening illness, and in some cases, death.

A 2016 published article referenced a report of a child's death after unintentional exposure to liquid nicotine for an electronic cigarette, (7) highlighting the increasing use of e-cigarettes with little awareness of liquid nicotine's toxicity. In this case, even though all attempts were made to maintain the child's vital signs, hypoxic brain damage was fatal and irreversible. Although serious events or fatal overdoses of nicotine used in e-cigarettes has rarely been reported, this case highlights that even a small dose of this highly toxic substance can be fatal to children. Therefore, Injury Matters recommends to the Select Committee that all efforts should be made to increase public awareness of nicotine toxicity and in turn legislate to restrict access, to prevent such incidents occurring in the future.

In July 2018 the Medical Journal of Australia published the results of a study conducted by the Australian Poisons Information Centre network (which includes WA) from 2009 to 2016 of all reported exposures relating to nicotine and non-nicotine containing electronic cigarettes and their refills. The study revealed that over the 7-year period there were 200 cases of nicotine related poisonings of which 40% involved children under 15 years of age. (8)

Poisoning however is not the only risk of injury and personal safety associated with e-cigarettes with the CEO of the National Health and Medical Research Council (NHMRC) (9) reporting there have been over 200 cases in the US and UK of e-cigarettes overheating, catching fire or exploding, causing serious and in some cases life threatening injury, disability and disfigurement.

E-cigarette injuries in WA

Closer to home, the WA Poisons Information Centre (WAPIC) provides services on the management of poisonings or suspected poisonings not just to those living in WA but also provides freely available advice to the general public and health professionals in the Northern Territory and South Australian. In 2016 WAPIC handled 15 cases involving e-cigarettes. The main exposure circumstances ranged from intentional to unintentional ingestion through to cutaneous as well as mismanagement, with all cases presenting to a health facility for management. (8)

Even more alarming is that already in 2018, the WAPIC has reported eight cases of poisoning from e-cigarettes in WA alone, with those exposed ranging in age from 6 months to 46 years with un-intention poisoning occurring in 6 of the 8 instances. (10) Injury Matters argues that as a minimum, regulations supporting injury prevention and harm reduction could include improved packaging and labelling, standardised container designs, and improved legibility.

Nicotine is an extremely toxic substance, with liquid nicotine used in e-cigarettes posing a serious risk for young children in our society. Injury Matters considers that additional regulation of these products is warranted to reduce the risk of injury and death.

(2) Outdoor recreation such as cycling and aquatic leisure, including any impact on the wellbeing, enjoyment and finances of users and non-users

Injury Matters' submission in relation to this area will look specifically at bicycle helmet and pool fencing regulation, two matters that were flagged for consideration during discussions in the Legislative Council as well as within media articles that appeared during the establishment of the Select Committee.

Bicycle Helmet Laws

Cycling is a popular past-time among West Australians and is highly beneficial as a means of transport and exercise. However, cycling related injuries are common and can be severe, particularly those injuries that are to the head.

1990 saw Australia become the first country in the world to introduce uniform all-age mandatory bicycle helmet legislation. Bicycle helmets have been advocated as a means of reducing the severity of head injuries, and as such after Australia's lead, a number of jurisdictions world-wide have mandated their use. These laws have proved to be controversial for some, with opponents arguing that the laws may dissuade people from cycling. Injury Matters puts forward that bicycle helmet laws are of critical importance in the reduction of road trauma and do not impinge upon individual's personal liberties.

In particular, Injury Matters concurs with the following recommendations in support of road trauma reductions, with a particular emphasis on cycling and the wearing of bike helmets as put by Australian College of Road Safety, the Royal Australian College of Surgeons and the Australian Injury Prevention Network (12) in their submission to the Senate Economics Reference Committee Inquiry on Personal Choice and Community Impacts in 2015.

- Mandatory helmet legislation and supporting measures (enforcement and public awareness) are important road safety and public health initiatives aimed at reducing head injuries as a result of a cycling-related crash.
- Given the effectiveness of bicycle helmets in reducing head injury in the event of a crash, helmets should be encouraged for all cyclists, both on and off road.
- Legislation requiring use of cycle helmets for all cyclists including children is effective at increasing helmet wearing rates, and should be in place in all Australian jurisdictions.
- Appropriate educational programs, social marketing and police enforcement is necessary to support cycle helmet legislation and should be appropriately resourced.
- Resources should be made available for improved and supportive cycling environments/infrastructure, including cycle ways that take cyclist safety into account.
- Research should be encouraged into helmet design and improvement and any other devices to protect the vulnerability of cyclists on roads.
- Continued research to develop an evidence base for potential road safety countermeasures to reduce cyclist injury and promote increased participation should be supported.

Effectiveness of bicycle helmets

Over recent years in WA, numerous serious injuries involving cyclists not wearing helmets has provided injury prevention organisations such as Injury Matters the opportunity to highlight to the community the dangers of going riding without adequate protective gear.

Non-compliance of not wearing a bicycle helmet may be the difference between minor injury and a serious or fatal head injury.

A 2017 Australian literature review of studies assessing bicycle helmet effectiveness to mitigate serious head, face, neck and fatal head injury in a crash or fall, found that bicycle helmet use reduced the odds of;

- head injuries by 51%
- serious head injuries by 69%
- face injuries by 33%
- fatal head injuries by 65%. (13)

Dr Michael Dinh, the Co-Director of Trauma Services at the Royal Prince Alfred Hospital highlighted the following in 2013. (14)

“When an ambulance arrives at an emergency department with a cyclist injured on the road, a clinician needs to first know a few important details. How old is the patient? What are the vital signs? And finally... were they wearing a helmet?”

That’s because ambulance officers, doctors and nurses have known for a long time that if a helmet is not being worn at the time a head strikes the road, pavement or cycle way, the chances of severe head injury are much higher.”

Incidence of cycling injuries in WA

In Western Australia, like most other states in Australia, cyclists have the same rights and responsibilities as drivers of motor vehicles and thus must obey the same road rules as motor vehicles. However, those riding bicycles are also considered “vulnerable users” along with motorcyclists so the need for added protection, such as the wearing of helmets should continue to be supported.

In Western Australia from 1995 to 2010, there were 13,616 cases of cycling injuries recorded in hospital admission and/or death records. Of these cases 80% were male, 59% were aged under 18 years of age and 73% resided in the Perth metropolitan area. In Police-reported crash records, where the helmet status was recorded (n=1,052), helmets were recorded as being worn in 64.2% of cases. (14)

Tragically in WA in 2017, three of the seven cyclists who were killed on WA roads were not wearing a helmet at the time of the crash. (15) Additionally, over the five-year period from 2012 to 2016, the cost of crashes where cyclists have been killed or seriously injured was around \$160 million. Noting that all of the payments were not in relation to cyclists and helmets, in 2016-17 the Insurance Commission of WA made 647 payments to cyclists, costing \$60.3 million.(16).

Pool Fence Regulations

Injury Matters is supportive of reducing the drowning risk to young children and their families in relation to swimming pools through the implementation and enforcement of pool fencing regulations in WA. In WA it is the Building Regulations 2012 that requires all private swimming pools that contain water more than 300mm deep to have a compliant safety barrier installed.

Injury Matters contends that to remove or reduce pool fencing regulations would put children at unnecessary risk of drowning and it is up to legislators in part to protect children from this risk.

Effectiveness of pool fencing

It cannot be denied that swimming pool barriers, like the regulated pool fencing mooted for consideration by the Select Committee, act as a second line of defence for when a child is to be in, on, or around water.

Furthermore, a 2016 study undertaken in New South Wales (17) identified that most fatal drowning incidents in private swimming pools occur where there is no barrier or a faulty barrier between the residence and the swimming pool area.

Statistics from the 2018 Royal Life Saving Drowning Report (18) – and other similar studies over the years – indicate very low levels of drownings when the pool barrier is compliant with the vast majority of drownings occurring in pools with defective barriers or those with no barrier at all.

Where no barrier exists, such as is the case on farms, statistics released in 2016 (19) showed an average of 5 to 6 children drown in farm dams and water bodies each year in Australia. Most are under five years of age and a third are visitors to the farm. The most common situation is that a toddler wanders away from supervision unnoticed, finding their way into a farm dam having only been missing only after a few minutes. A securely fenced house yard, supported by active supervision, is one of the best ways to help prevent a toddler drowning.

Four-sided exclusion fencing makes home pools safer, and increasing the numbers of pools which comply with the Building Regulations 2012 would go a long way to making children safer, as well as reducing the significant costs of fatal and non-fatal home pool drowning.

Incidence of Drownings in private pools in WA

Private swimming pools were the leading location for drowning in Western Australia in 2017, accounting for 19% of all deaths. Falls into water were the leading activity immediately prior to drowning. (18)

In 2017, the WA Ombudsman conducted an investigation into ways to prevent or reduce deaths of children by drowning. The investigation looked at drowning deaths in children under five in WA over a six-year period from 1 July 2009 to 30 June 2015. The Ombudsman's report found that, for 16 (47%) of the 34 children who died by drowning and 170 (66%) of the 258 children who were admitted to a hospital following a non-fatal drowning incident, the incident occurred in a swimming pool. (19)

In addition, the report found that, of the 16 children who died by drowning following an incident in a private swimming pool:

- six (38 per cent) children died by drowning following an incident in a private swimming pool with a three-sided barrier;
- two (12 per cent) children died by drowning following an incident in a private swimming pool with a four-sided barrier;
- two (12 per cent) children died by drowning following an incident in a private swimming pool with a temporary barrier;
- four (25 per cent) children died by drowning following an incident in a private swimming pool without any barrier; and
- for two (12 per cent) children, the presence of a barrier was not recorded. (19)

Western Australia has an inspection regime conducted by local government whereby all pools are inspected every four years for compliance. The program is conducted by the local council using either council officers or contracted inspectors. Injury Matters believes compulsory fencing requirements cannot work in isolation, with enforcement and public education also necessary to create effective and safe barriers.

When combining the fact that WA has the highest rate of pool ownership as well as the strictest pool barrier legislation in the nation it is apparent that pool fencing does not hinder, restrict or impact on pool users' wellbeing or enjoyment. On the contrary, it ensures that pools are a safe and enjoyable addition to a household.

(3) Any other measures introduced to restrict personal choice for individual as a means of preventing harm to themselves.

Injury Matters is supportive of health-driven, evidence-based legislation and policies and supports appropriate legislation and regulations that reduce injury in our community. All too often it is family members, communities and governments who are left to provide support and care for poor individual choices.

Injury prevention interventions such as legislation aimed at reducing harm are uniquely cost-effective and represent significant value for money.

A range of injury prevention interventions are cost-saving in that they cost less to implement than the resource costs they save (20). Research suggests that cost-saving injury prevention interventions include: anti-driving while under the influence media campaigns; pool fencing, youth offender programs to prevent violence, such as multi-systemic therapy; brief alcohol interventions; poison control centre telephone services; and paediatrician counselling for parents to reduce child injuries (20). Injury prevention interventions can therefore represent significant value for money.

Some of the successful safeguards on our health, safety and quality of life that have received necessary stewardship via the implementation of legislation and regulation include:

- Access to Drugs – Pharmaceutical Benefit Scheme
- Access to Health Care – Compulsory Third Party
- Building Standards – Smoke Alarms
- Child Protection – Background checks for staff working with Children
- Disability – Disability Parking Permits
- Environmental Health – Backyard Burning Controls
- Food Safety – Food Labelling
- Infection Control – Immunisation Standards
- Occupational Health – Asbestos Building Ban
- Product Safety – Ban on Lead (and other heavy metals) use in Toys
- Professional Standards – Health Worker Registration
- Public Safety – Gun Laws
- Road Safety – Speed Limits
- Tobacco Control – Smoke Free Public Transport

The above examples illustrate the impact and diversity of public health legislation which may be viewed by some as diminishing personal freedom however, Injury Matters considers the social, economic and public health benefits from such regulation to be of greater value to Australian society as a whole. Injury Matters supports the continued role of Parliaments undertaking a stewardship role in public health initiatives.

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