

# Injury and poisoning

- There are around 3,400 injury-related deaths and 140,000 injury-related hospitalisations each year in NSW.
- Injury and poisoning is the leading cause of death among people aged 1 to 45 years.
- The most common causes of injury-related deaths are suicide, motor vehicle crashes, falls and poisoning.
- The most common causes of injury-related hospitalisations are falls, motor vehicle crashes, self-harm and interpersonal violence.
- In recent years, death rates have declined for:
  - injuries and poisonings overall;
  - motor vehicle crash injuries;
  - alcohol-related injuries;
  - drowning;
  - firearm-related deaths.
- Hospitalisation rates have decreased for:
  - unintentional poisoning;
  - scalds in young children.
- Hospitalisation rates have increased for:
  - injuries to motorcycle riders;
  - fall-related injuries;
  - injuries caused by interpersonal violence;
  - alcohol related injuries.
- Males have much higher rates of death and hospitalisation than females for all major injury causes, except for falls among older people.
- Rates of death and hospitalisation from injury and poisoning are higher in remote areas than in metropolitan areas.

## In this chapter

- Deaths with projections
- Leading causes of deaths
- Hospitalisations with projections
- Leading causes of injury hospitalisations
- Motor vehicle crash deaths and hospitalisations
- Motor vehicle crash injuries by road user type
- Alcohol attributed injury deaths and hospitalisations
- Fall-related deaths
- Drowning deaths and hospitalisations
- Unintentional poisoning hospitalisations
- Interpersonal violence-related deaths and hospitalisations
- Firearm injury deaths and hospitalisations
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- Sports and leisure injury hospitalisations
- Workplace injury hospitalisations

## Introduction

In 2000, around 5 million people died from injury or poisoning worldwide. This equates to almost 14,000 people dying each day, and gives a rate of 83.7 per 100,000 of population. For each person who dies of injuries, there are several thousand individuals who survive and are left with permanent disabilities (Peden et al, 2002).

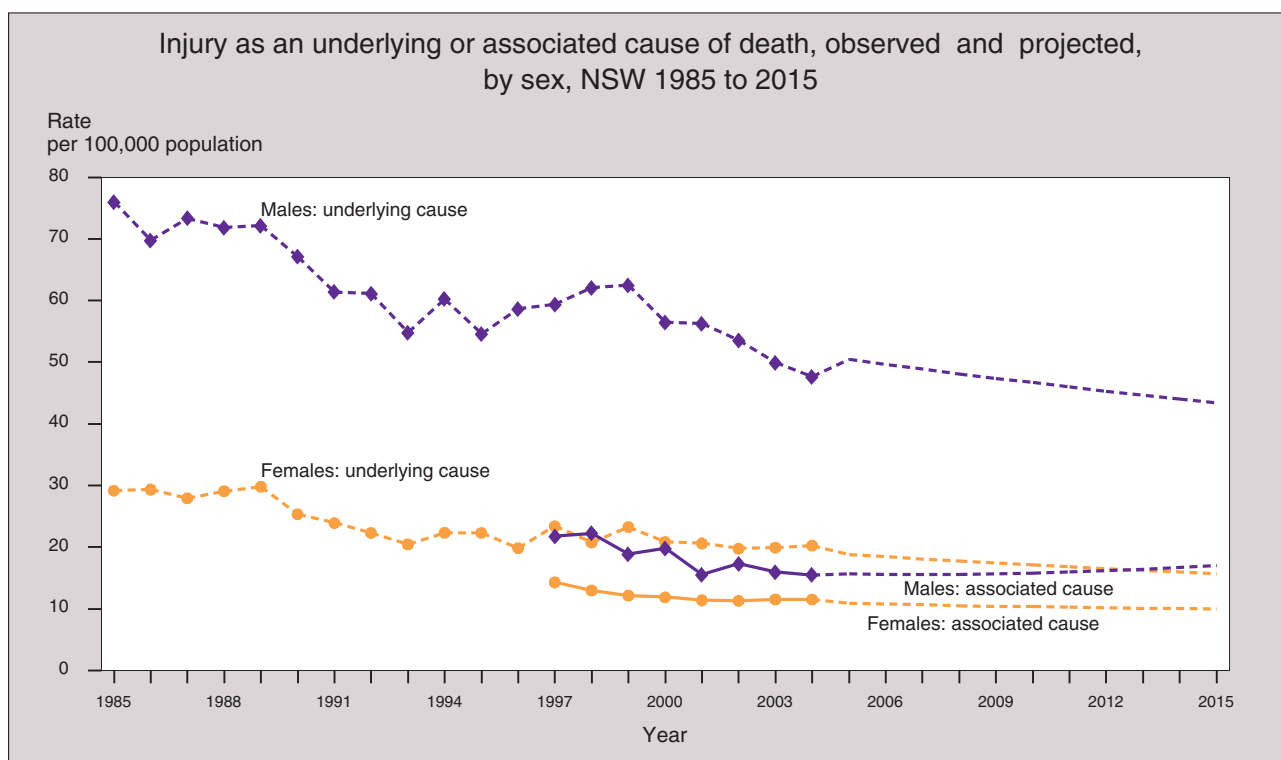
In Australia, injury remains a leading cause of death, illness, and disability. In 2002, injuries (including poisoning) accounted for 6% of all deaths (Kreisfeld et al, 2004). Injury was the leading cause of death in people aged 1–44 years, and caused half of all deaths in this age group. A total of 7,820 deaths (5,271 males and 2,549 females) were registered as being due to injury or poisoning and 31.3% of these deaths were of males aged between 20 and 44 years (Kreisfeld et al, 2004).

Approximately 436,513 hospital separations in Australia in 2001–02 were attributed to injury and poisoning (Kreisfeld et al, 2004). Nationwide, inpatient health system costs due to injury are \$4.0 billion per annum, around 8.0% of total recurrent health expenditure (AIHW, 2005). In NSW, the total direct health-system cost due to injuries is estimated to be around \$1.16 billion per year (Potter Forbes and Aisbett, 2003).

Injuries are preventable. Effective injury prevention strategies have been developed for a wide-range of potential causes of injury. For example, balance and strength training is effective in reducing falls in older people, and seat-belt and drinking-driving legislation and other measures have greatly increased road safety.

The NSW Department of Health contributed to the development of National Injury Prevention and Safety Promotion Plan: 2004–2014 (NPHP 2004), which identifies priority population groups and issues for injury prevention and aims to build capacity through partnerships and development of the injury prevention and safety promotion workforce. This plan is accompanied by complementary plans that focus on the needs of Aboriginal people (National Aboriginal and Torres Strait Islander Safety Promotion Strategy (NPHP 2004)), and falls prevention in the elderly (National Falls Prevention for Older People Plan: 2004 Onwards (NPHP 2004)). The collaboration of governments, the private sector and communities is emphasised in order to create safer environments and cultures.

This chapter describes trends in deaths and hospitalisations due to injury and poisoning in NSW. For details of the methods used for analysing death and hospitalisation data, refer to the Methods section. Note that in this chapter hospitalisation data excludes those records ending with transfer or “statistical discharge”, in order to reduce multiple counting of hospitalisation episodes relating to the same incident of injury.

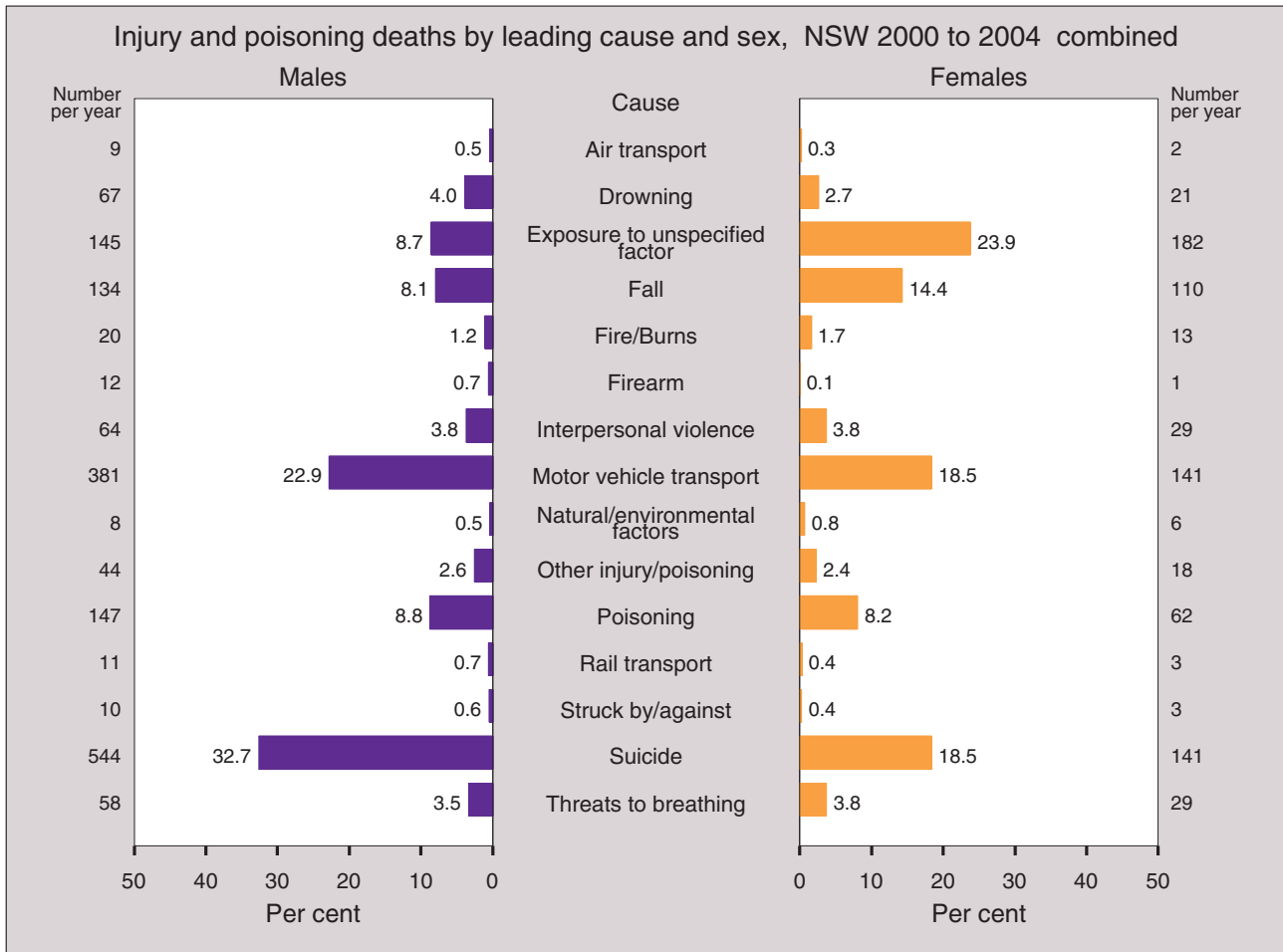


	Cause of death	Sex	1995	2000	2004	2005	2010	2015
Number	Injury as underlying cause	Persons	2278	2467	2348	2410	2410	2410
	Injury as associated cause	Persons		1020	995	1000	1140	1340
	Total	Persons		3487	3343	3410	3550	3750
Rate per 100,000 population	Injury as underlying cause	Persons	37.9	37.9	33.7	34	32	29
	Injury as associated cause	Persons		15.7	13.4	13	13	13
	Total	Persons		53.6	47.1	47	44	43

Note: Deaths were classified using ICD-9 up to 1998 and ICD-10 from 1999 onwards. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for 2004 include an estimate of the small numbers of deaths that were registered in 2005, that were unavailable at the time of production. Data on associated causes of death are available only from 1997.

Source: ABS mortality data and population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

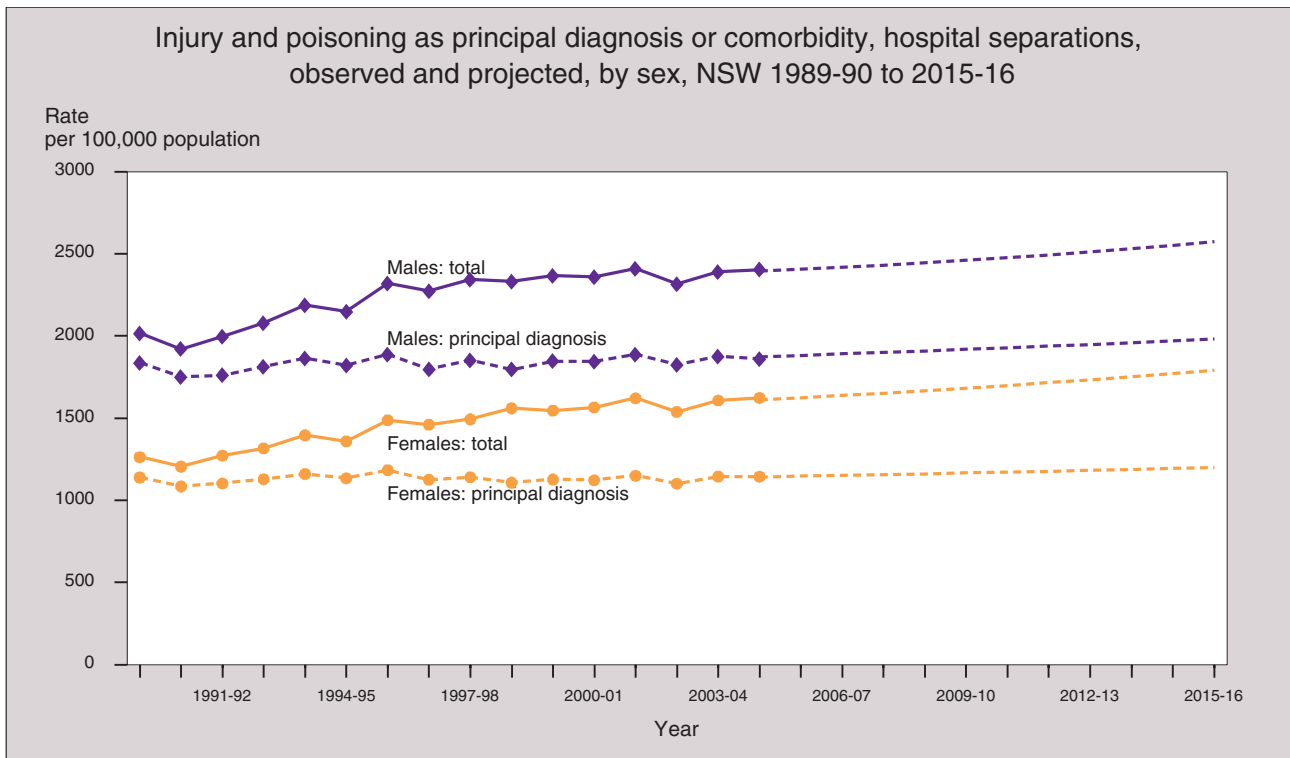
- In 2004, 3,343 people died in NSW due to injury and poisoning, a death rate of 47.1 per 100,000 people. For the majority of these deaths (2,348) injury or poisoning was recorded as the underlying cause of death, with the remainder (995) having injury or poisoning recorded as a contributing cause of death.
- Males have a substantially higher rate of death from injury and poisoning than females. In 2004 the injury death rate for males was 63.2 per 100,000 compared to a rate of 31.8 per 100,000 for females. Compared with other states in Australia, In 2002, NSW had the fourth highest age-adjusted rate of injury and poisoning deaths in males, and the lowest death rate in females (Kreisfeld et al, 2004).
- The four most common causes of injury-related deaths during 2000 to 2004 were suicide (28%), motor vehicle crashes (22%), falls (10%), and poisoning (9%).
- The overall death rate from injury and poisoning declined between 1985 and 2004. However, injury and poisoning remains the leading cause of death in people aged 1–44 years (Schmertmann et al, 2004). In NSW over the period 1986 to 2002 there were declines in the rate of deaths due to: motor vehicle transport, interpersonal violence, drowning, fire/burns, natural/environmental factors, rail transport, air transport, machinery and firearms (Schmertmann et al, 2004). Death rates increased for poisoning and showed no significant change for mechanisms such as falls and suicide.
- It is projected that there will be 3,750 deaths from injury and poisoning in the year 2015.
- Indigenous Australians have more than double the rate of injury deaths than non-indigenous Australians (Trewin and Madden, 2005).



Note: Deaths were classified using ICD-9 up to 1998 and ICD-10 from 1999 onwards. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for 2004 include an estimate of the small numbers of deaths that were registered in 2005, data for which were unavailable at the time of production. All injuries known to be intentional were classified as suicide or interpersonal violence, regardless of the cause of the injury.

Source: ABS mortality data and population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

- In NSW in the period 2000–2004, the leading causes of death from injury and poisoning were suicide (28.3% of injury/poisoning deaths), and motor vehicle crashes (21.5%) followed by “exposure to an unspecified factor” (13.5%), falls (10.1%) and poisoning (8.6%).
- The most common causes of injury deaths vary somewhat by age group and sex. In the 0–14 year age group, motor vehicle crashes (35.6%), drowning (20.8%), unintentional threats to breathing (such as choking and accidental strangulation or suffocation, 11.2%), and interpersonal violence (7.4%) were the leading causes of injury death in both sexes. Motor vehicle crashes and drowning contributed slightly higher proportions of injury deaths in males than in females in this age group.
- For both the 15–44 year and 45–64 year age groups, suicide, motor vehicle crashes, and unintentional poisonings were the leading causes of injury death in both sexes. While the proportions of injury deaths due to these causes were similar for males and females, the actual numbers of deaths were much higher for males. Interpersonal violence was the next most common cause for the 15–44 year olds and falls for the 45–64 year old group.
- In persons aged 65 years and over, “exposure to unspecified factors” (34.9%), falls (22.7%), motor vehicles crashes (13.1%) and suicide (13.0%) were the most common causes of injury death. Suicide was responsible for 19.3% of male injury deaths in this age group, compared with only 6.4% of female deaths. “Exposure to unspecified factors” was responsible for a far higher proportion of female deaths than of male deaths. A high proportion of deaths in this “unspecified factor” category have a fracture as a contributing cause of death, and it is likely that a large number of these deaths are in fact due to falls (Kreisfeld et al, 2004).

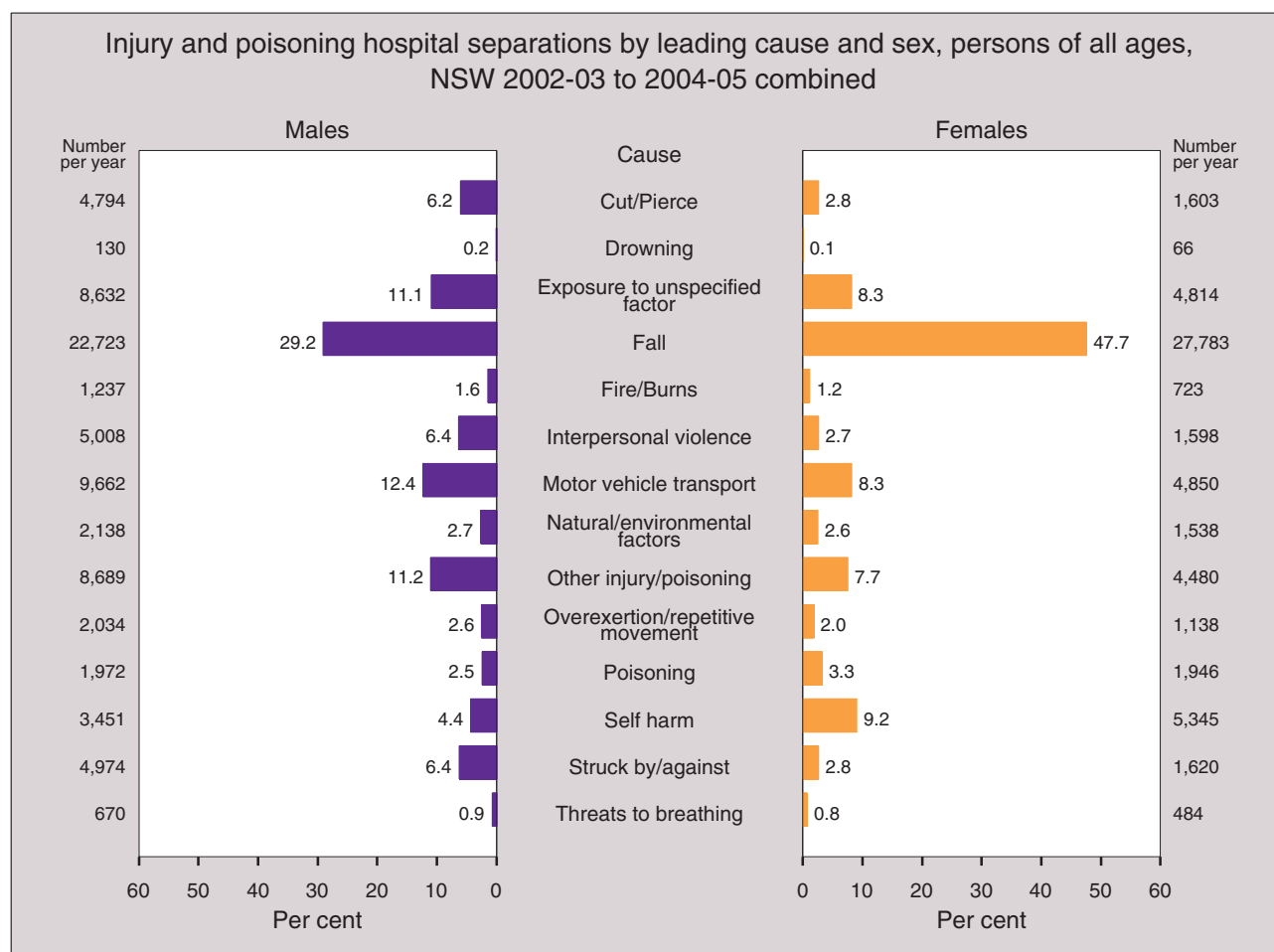


	Diagnosis category	Sex	1995-96	2000-01	2004-05	2005-06	2010-11	2015-16
Number	Principal	Persons	95577	97958	103264	105240	113270	121560
	Co-morbidity	Persons	22337	31820	36736	36770	43790	53880
	Total	Persons	117914	129778	139999	142010	157050	175440
Rate per 100,000 population	Principal	Persons	1553.3	1498.0	1513.9	1526	1560	1599
	Co-morbidity	Persons	370.4	482.9	515.3	505	540	594
	Total	Persons	1923.7	1980.9	2029.1	2031	2100	2193

Note: Hospital separations were classified using ICD-9-CM up to 1997-98 and ICD-10-AM from 1998-99 onwards. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for 2004-05 include an estimate of the small number of interstate hospitalisations, data for which were unavailable at the time of production. All injuries known to be intentional were classified as self harm or interpersonal violence, regardless of the cause of the injury.

Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

- In 2004-05 there were almost 140,000 hospitalisations of NSW residents as a result of injury or poisoning, giving a hospitalisation rate of around 2,029 per 100,000 people. Males had a higher injury hospitalisation rate than females (2,404 per 100,000 for males compared with 1,623 per 100,000 for females).
- The majority of injury or poisoning hospitalisations have a principal diagnosis of injury and poisoning (103,264 in 2004-05), but there are also a substantial number of hospitalisations where injury or poisoning is an additional diagnosis (36,736 in 2004-05). 'Rehabilitation' was the most common principal diagnosis for these hospitalisations.
- Rates of hospitalisation for injury vary by age group. The highest rates of hospitalisation are in people aged 65 years or older (most commonly due to falls) and those aged 15-24 years (most commonly due to motor vehicle crashes and falls) (Hayen and Mitchell, 2006).
- Nationally during 2001-02 there were 333,449 hospitalisations with an injury principal diagnosis, a rate of 1,717.6 per 100,000 population. This represented 5.2% of all hospitalisations in Australia (Berry et al, 2006).
- During the period 1989-90 to 2004-05, the overall hospitalisation rate for injury and poisoning in NSW rose gradually. In NSW, if recent trends in injury hospitalisation rates continue, it is projected that in the year 2015-16 there will be 175,440 hospitalisations due to injury and poisoning, a rate of 2,193 per 100,000 population. Males will continue to have higher rates of injury hospitalisations than females.

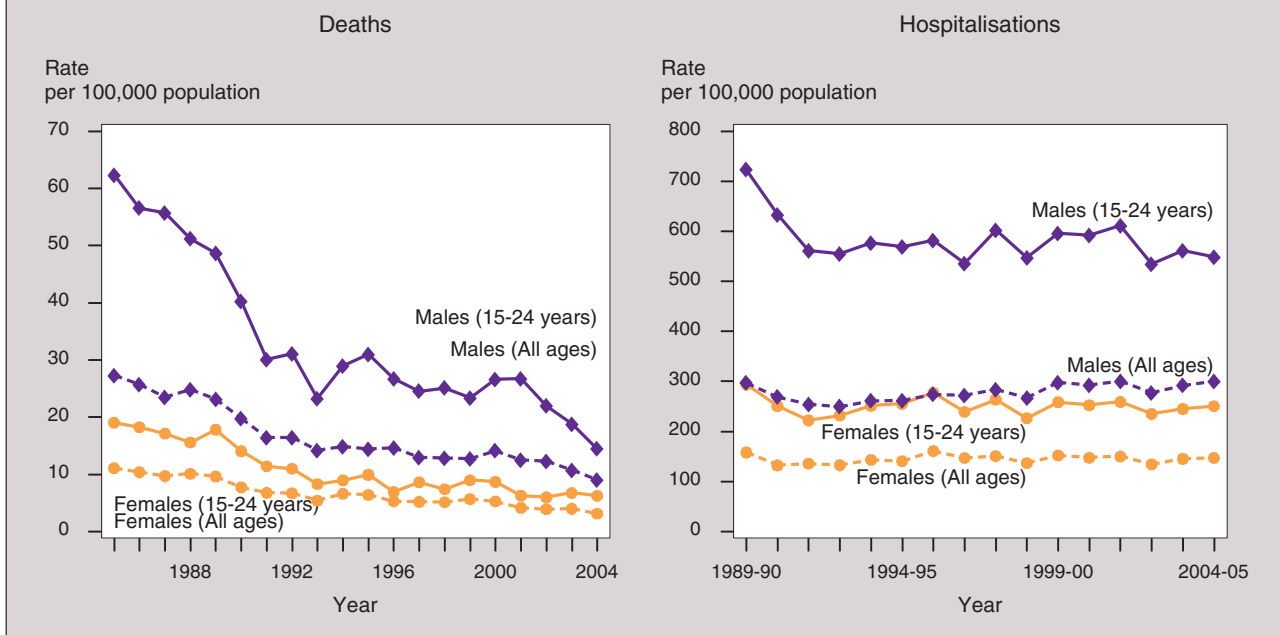


Note: Hospital separations were classified using ICD-10-AM. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for 2004-05 include an estimate of the small number of interstate hospitalisations, data for which were unavailable at the time of production. Records relating to acute hospital transfer and statistical discharge were excluded.

Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

- During the period 2002-03 to 2004-05, the most common specified causes of injury-related hospitalisations were falls (37% of injury-related hospitalisations), motor vehicle crashes (11%), self-harm (7%), and interpersonal violence (5%). There was also a substantial proportion of injury-related hospitalisations due to exposure to 'unspecified factors' (10%). The pattern of injury causes varied with sex and age.
- In the 0-14 age group the most common specified causes of hospitalisations for both sexes were falls (41%), being unintentionally struck by or against an object or person (8%), motor vehicle crashes (7%), and cut/pierce (4%). In the 15-44 year age group, the most common cause of injury hospitalisation in males was motor vehicle crash (16%) but in females it was self-harm (23%). Falls were a common cause in both males (15%) and females (16%). Motor vehicle crashes were the next most common cause in females (15%). Interpersonal violence was responsible for a greater proportion of injury-hospitalisations in males (11%) than in females (7%).
- Among 45-64 year olds the most common specified cause of hospitalisation was falls (38% in females and 26% in males) followed by motor vehicle transport (12% in males and 11% in females), self-harm (5% in males and 10% in females). Unintentional cutting or piercing injuries caused 7% of injury hospitalisations in males and 3% in females.
- Among people aged 65 years and over fall was the most common cause of hospitalisation in both sexes at 72%, followed by motor vehicle crashes (5%). This is the one age-group where there are greater numbers of females than males hospitalised as a result of injury. The age-standardised rate of injury hospitalisation is also greater in females than males in this age-group (Hayen and Mitchell, 2006).

Motor vehicle crash deaths 1985 to 2004 and hospital separations 1989-90 to 2004-05, by sex, persons of all ages and 15-24 years, NSW



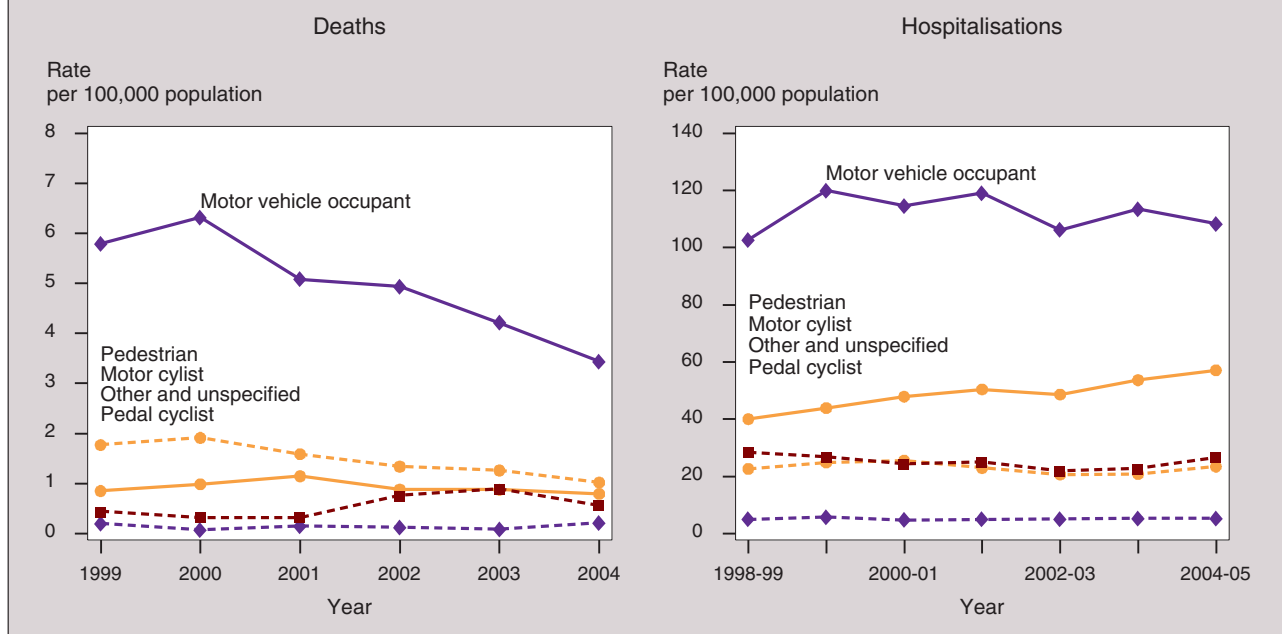
		Age (years)	Sex	1996	1997	1998	1999	2000	2001	2002	2003	2004
Deaths	Number	15-24	Persons	152	146	143	141	155	147	126	117	96
		All ages	Persons	608	563	563	581	624	545	535	495	410
	Rate	15-24	Persons	17.0	16.7	16.4	16.3	17.9	16.7	14.2	12.9	10.5
		All ages	Persons	9.8	9.0	8.9	9.1	9.6	8.3	8.0	7.3	6.0
		Age (years)	Sex	1996-97	97-98	98-99	99-00	00-01	01-02	02-03	03-04	04-05
Hospitalisations	Number	15-24	Persons	3429	3790	3367	3721	3721	3879	3483	3697	3687
		All ages	Persons	13148	13720	12912	14515	14369	14941	13697	14670	15162
	Rate	15-24	Persons	390.0	436.4	390.1	430.7	425.7	438.8	388.2	406.7	402.8
		All ages	Persons	209.5	216.8	202.6	225.4	220.6	225.4	206.2	219.1	224.0

Note: Deaths were classified using ICD-10 from 1999 onwards. Hospital separations were classified using ICD-10-AM from 1998-99 onwards. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for 2004 and 2004-05 include estimates of the small number of deaths and interstate hospitalisations, that were unavailable at the time of production.

Source: NSW Inpatient Statistics Collection, ABS mortality data and population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

- Motor vehicle transport was the second leading cause of injury death in NSW. The rate of deaths due to motor vehicle crashes has declined substantially in NSW, particularly in males aged 15-24 years. Nevertheless, those aged 15-24 years, together with those over 80 years, had the highest rates of death due to motor vehicle crashes (Schmertmann et al, 2004).
- The hospitalisation rate for injuries due to motor vehicle crashes was also the highest in 15-24 year olds in NSW in 2004-05.
- The number of people killed in road crashes in NSW in 2004 was the lowest since 1947, despite large increases in the size of the NSW population and the usage of motor vehicles. A wide-range of road safety initiatives are likely to have contributed to these improvements including legislation for compulsory seat-belt and helmet use, drink-driving laws, improved enforcement methods, improvements to vehicle design and roads and increased public awareness (FORS, 1998). Advances in emergency retrieval and trauma management also reduce the numbers of fatalities following a crash.
- The NSW Government has developed the Road Safety 2010 ten-year strategic framework in order to further reduce the death and injury caused by motor vehicle crashes. At a national level there is also The National Road Safety Strategy 2001-2010.

Motor vehicle crash deaths 1999 to 2004 and injury hospital separations, 1998-99 to 2004-05, by road user type, NSW



		Road user	Sex	1999	2000	2001	2002	2003	2004
Deaths	Number	All	Persons	581	624	545	535	495	410
	Rate	All	Persons	9.1	9.6	8.3	8.0	7.3	6.0
		Road user	Sex	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05
Hospitalisations	Number	All	Persons	14515	14369	14941	13697	14670	15162
	Rate	All	Persons	225.4	220.6	225.4	206.2	219.1	224.0

Note: Deaths were classified using ICD-10 from 1999 onwards. Hospital separations were classified using ICD-10-AM from 1998-99 onwards. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for 2004 and 2004-05 include estimates of the small number of deaths and interstate hospitalisations, that were unavailable at the time of production.

Source: NSW Inpatient Statistics Collection, ABS mortality data and population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

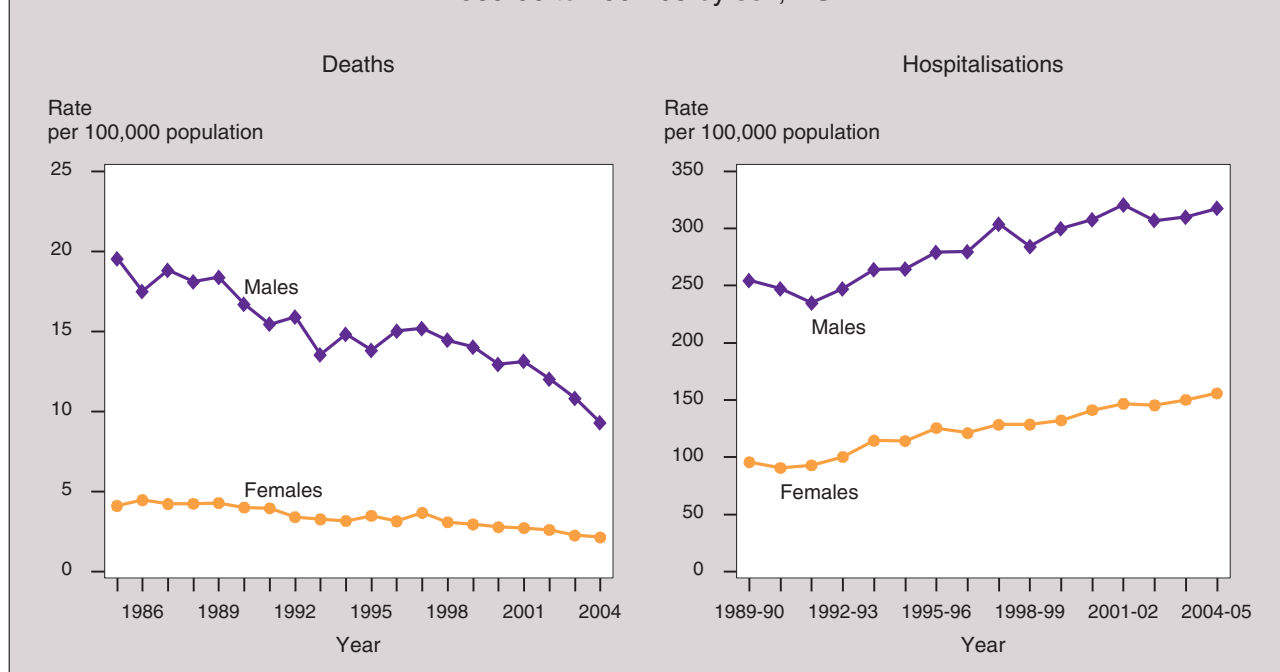
- In 2004 the greatest number of deaths due to motor vehicle crashes in NSW residents were among motor vehicle occupants (234), followed by pedestrians (71), motor cyclists (53) and pedal cyclists (14). There were also 38 deaths where the person's mode of transport was 'other or unspecified'. Motorcycles have a much higher risk of being involved in a crash than do cars (RTA, 2005; ATSB, 2006).
- The rate of death declined substantially for motor vehicle occupants in NSW from 1999 to 2004, with less obvious changes in the rates for other road users. As these rates are calculated among the whole population, and not only among those who engaged in these activities, they are influenced by both the number of each road user type as well as the level of risk to each road user type.
- In the year 2004-05 there were 15,162 hospitalisations of NSW residents for injuries due to motor

vehicle crashes, a hospitalisation rate of 224 per 100,000 population. The greatest number of these hospitalisations were for motor vehicle occupants (7,377), followed by motor cyclists (3,786), pedestrians (1,599) and pedal cyclists (359). There were also 1,821 hospitalisations where the injured person's mode of transport was 'other or unspecified'.

- The NSW Government's Road Safety 2010 framework, together with the National Road Safety Strategy 2001-2010, aims to reduce the death and injury caused by motor vehicle crashes.

All data tables for this report, and more indicators on these and other subjects, are available in the web version of "The Health of the People of NSW" at [www.health.nsw.gov.au/public-health/chorep/](http://www.health.nsw.gov.au/public-health/chorep/)

Alcohol attributed injury deaths 1985 to 2004, and hospital separations, 1989-90 to 2004-05 by sex, NSW

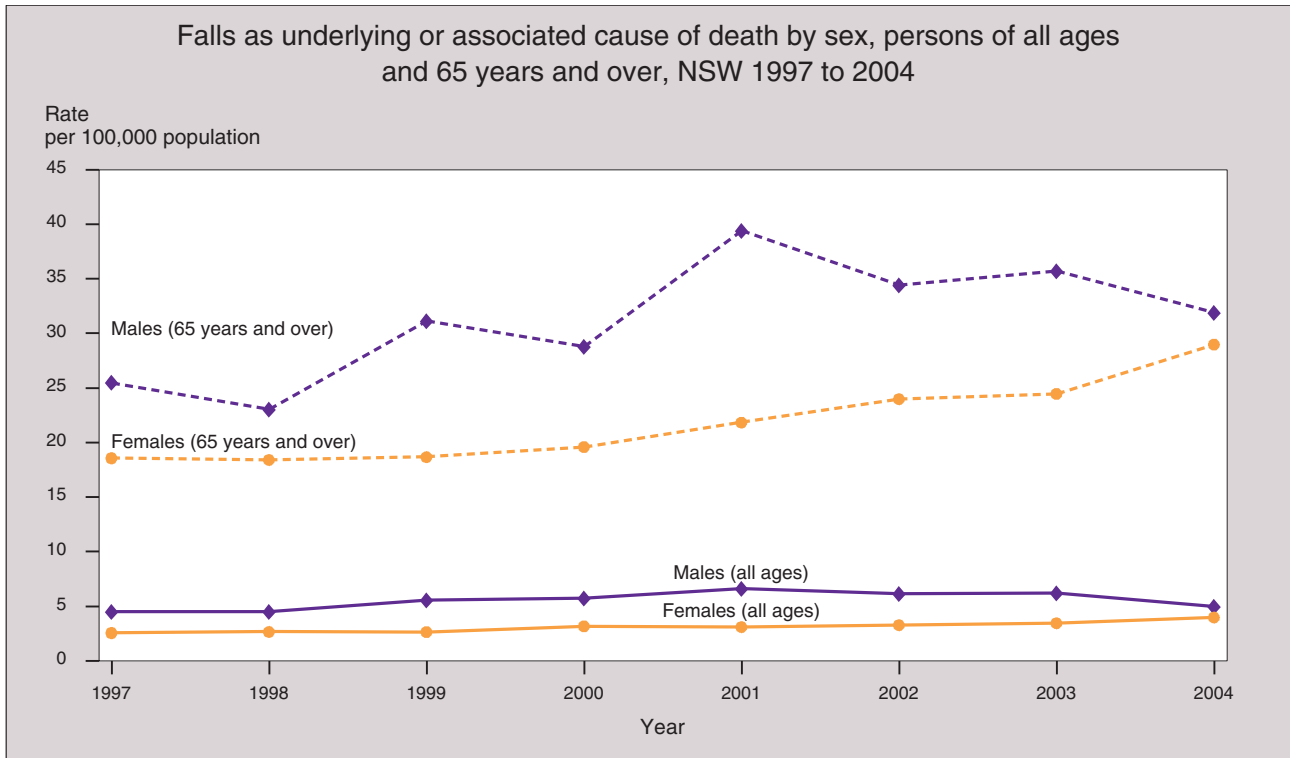


		Sex	1996	1997	1998	1999	2000	2001	2002	2003	2004
Deaths	Number	Persons	551	577	543	533	503	513	481	432	385
	Rate	Persons	8.9	9.2	8.6	8.3	7.8	7.8	7.2	6.4	5.7
Hospitalisations	Number	Persons	12392	13478	12973	13750	14490	15312	15003	15455	16082
	Rate	Persons	198.7	214.1	204.1	213.6	221.9	231.1	223.6	227.5	233.8

Note: Deaths and hospital separations attributable to alcohol were calculated using age- and sex-specific aetiologic fractions from AIHW, 2001. Deaths were classified using ICD-9 up to 1998 and ICD-10 from 1999 onwards. Hospital separations were classified using ICD-9-CM up to 1997-98 and ICD-10-AM from 1998-99 onwards. Numbers for 2004 and 2004-05 include estimates of the small number of deaths and interstate hospitalisations, that were unavailable at the time of production. Rates were age-adjusted using the Australian population as at 30 June 2001. Deaths are for calendar years. Hospitalisations are for financial years.

Source: Australian Institute of Health and Welfare (aetiologic fractions), 2001. NSW Inpatient Statistics Collection data and ABS mortality data and population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

- Alcohol use increases the risk of a range of injuries, particularly motor vehicle and motorcycle crashes, falls, interpersonal violence and water-related injury (Pointer et al, 2003). Alcohol slows down functioning of the brain, causing loss of balance, reduced ability to judge speed and distance, impaired decision-making, and increased aggression. Even low levels of alcohol can affect performance and judgement (NHMRC, 2001).
- In 2004, there were 385 deaths from injury attributed to alcohol in NSW residents, with 80% of these in males. The rate of injury deaths attributable to alcohol declined, particularly in males, between 1985 and 2004.
- In contrast, there has been a steady increase in injury-related hospitalisations attributable to alcohol in NSW over the period 1989-90 to 2004-05. In 2004-05, there were 16,082 alcohol-related injury hospitalisations. The rate of alcohol-related injury hospitalisations was 233.8 per 100,000 population, with the rate in males double that in females.
- The National Alcohol Strategy 2006 – 2009 focuses on reducing the prevalence of drinking to intoxication, for example through targeting alcohol availability, service practices and social norms, and also on minimising impacts when intoxication does occur for example through strategies to further reduce drink driving. Actions to address alcohol-related injury are also included in both The National Injury Prevention Plan (NPHP, 2004) and the National Aboriginal and Torres Strait Islander Peoples Safety Promotion Strategy (NPHP, 2004).



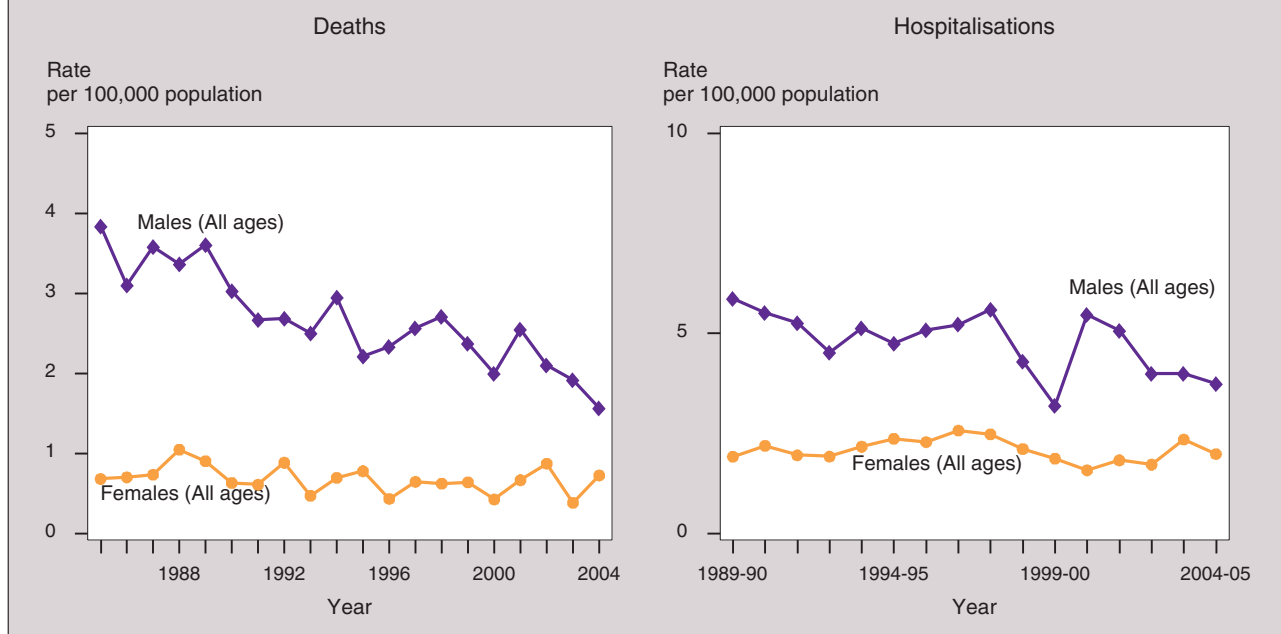
	Age (years)	Sex	1997	1998	1999	2000	2001	2002	2003	2004
Number	65 and over	Persons	158	156	187	189	244	251	268	291
	All ages	Persons	205	218	250	281	312	322	340	336
Rate	65 and over	Persons	21.3	20.2	23.5	23.0	28.5	28.3	29.1	30.5
	All ages	Persons	3.5	3.5	3.9	4.3	4.6	4.6	4.7	4.5

Note: Deaths were classified using ICD-10. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for 2004 include an estimate of the small numbers of deaths that were registered in 2005, data for which were unavailable at the time of production. Data include deaths where falls were the principal (underlying) cause or a contributing (associated) cause of death. Data on associated causes of death are available only from 1987.

Source: ABS mortality data and population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

- In the period 2000 to 2004, unintentional fall-related deaths accounted for 10% of all injury related deaths in NSW. In 2004, a fall was recorded as the underlying or associated cause of death in 336 NSW residents (4.5 deaths per 100,000 population). This is likely to be an underestimate of the actual number of deaths associated with falls, particularly in older people (Kreisfeld et al, 2004). Overall, the rate of fall-related deaths in NSW increased over the period 1997 to 2004.
- Older people are at the highest risk of a fall-related death (Kreisfeld et al, 2004; Schmertmann et al, 2004). In 2004, 87% of all fall-related deaths were in people aged 65 years and older (31 deaths per 100,000 population).
- In NSW, no other single cause of injury, including road trauma, costs the health system more than fall-related injury. In NSW the total lifetime cost of fall related injury in 1998–99 was estimated at \$644 million (Potter Forbes, et al., 2003). This figure includes direct costs to the health system of \$333 million and mortality and morbidity costs of \$311 million.
- The NSW Department of Health is implementing a management policy to reduce fall-related injury among older people, which aims to establish a long-term coordinated approach to falls prevention in the community, supported aged care, and acute care settings. Strategies include increasing physical activity to avoid reductions in strength and balance in older people and assessing and managing falls risk factors in those older people at immediate risk of fall injury. Partnerships will be required between those government and private groups whose activities impact on the lives of older people, such as all levels of the health system, aged-care providers, local government and the fitness and leisure industry. The NSW Department of Health also contributed to the development of the National Falls Prevention for Older People Plan: 2004 onwards (NHPH, 2004).

Unintentional drowning deaths 1985 to 2004 and near drowning hospital separations 1989-90 to 2004-05 by sex, NSW

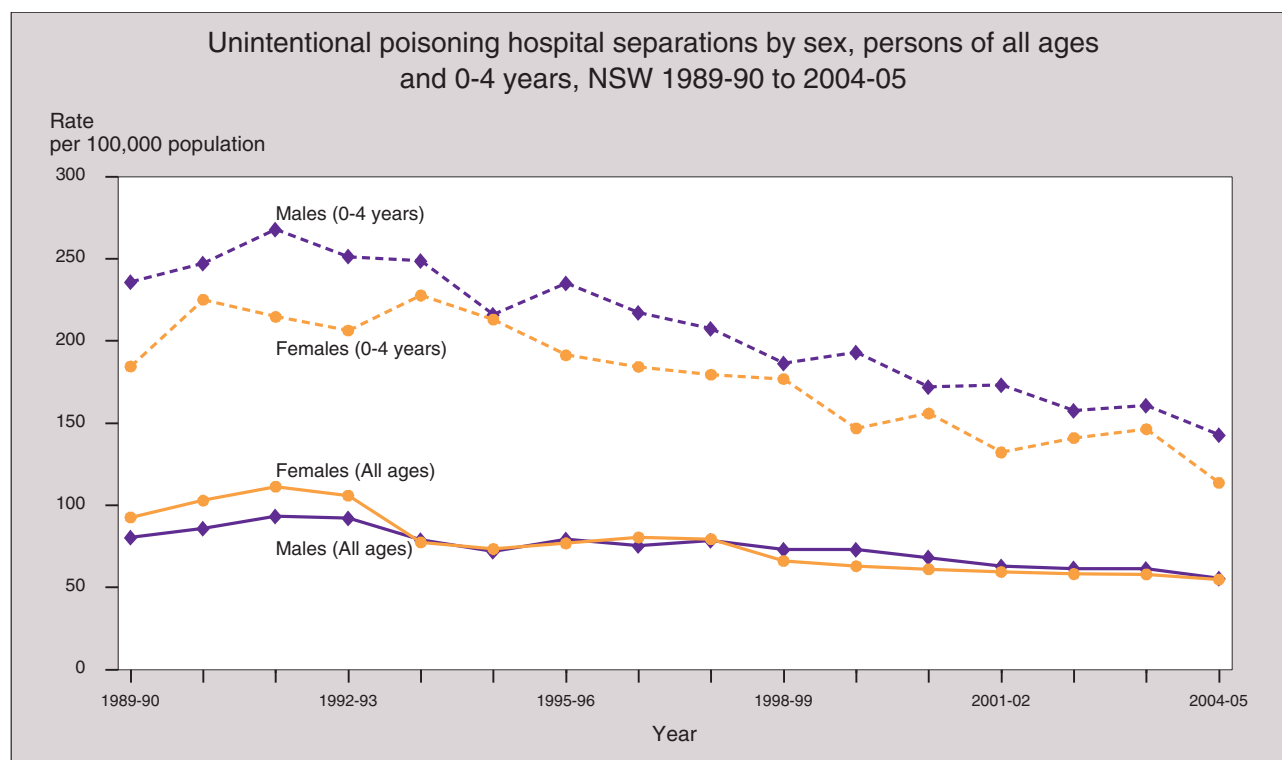


		Age (years)	Sex	1996	1997	1998	1999	2000	2001	2002	2003	2004
Deaths	Number	0-4	Persons	7	17	18	16	14	11	17	11	13
		All ages	Persons	83	102	104	96	79	107	98	76	78
	Rate	0-4	Persons	1.6	3.9	4.1	3.7	3.2	2.5	3.9	2.6	3.1
Hospitalisations	Number	All ages	Persons	1.4	1.6	1.6	1.5	1.2	1.6	1.5	1.1	1.2
		0-4	Persons	92	98	76	68	116	118	74	84	78
	Rate	All ages	Persons	252	260	207	165	235	230	189	210	189
		0-4	Persons	20.9	22.3	17.4	15.6	26.5	27.1	17.2	19.6	18.3
		All ages	Persons	3.9	4.0	3.2	2.5	3.5	3.5	2.9	3.2	2.9

Note: Deaths were classified using ICD-9 up to 1998 and ICD-10 from 1999 onwards. Hospital separations were classified using ICD-9-CM up to 1997-98 and ICD-10-AM from 1998-99 onwards. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for 2004 and 2004-05 include estimates of the small number of deaths and interstate hospitalisations that were unavailable at the time of production.

Source: NSW Inpatient Statistics Collection, ABS mortality data and population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

- In 2004, there were 78 deaths caused by drowning in NSW residents and 13 of these deaths (16.7%) were in children under 5 years. The drowning death rate decreased substantially in males, from 3.9 deaths in 1985 to 1.6 deaths per 100,000 population in 2004, but it still remained much higher than the drowning death rate in females in 2004 (0.7 deaths per 100,000).
- Out of 189 hospitalisations following near-drowning, 78 (41.3%) were in children under 5 years.
- The most common location of drownings and near-drownings leading to hospitalisation in children under 5 years were swimming pools and bathtubs (Williamson et al., 2002; Hayen et al., 2006). Natural water, such as the ocean and lakes, were a common location for drowning and near-drownings in adolescents and adults, along with swimming pools (Schertmann et al., 2004).
- The NSW Department of Health is a member of the NSW Water Safety Advisory Council. The Council brings together government agencies and peak water safety groups to work together to ensure there is a strategic and coordinated management of water safety in NSW. The Australian Water Safety Council has developed the National Water Safety Plan 2004-07. The plan focuses on water safety education, water safety research, improving risk management practices at a range of aquatic locations and targeting action at specific population groups at highest risk of drowning.



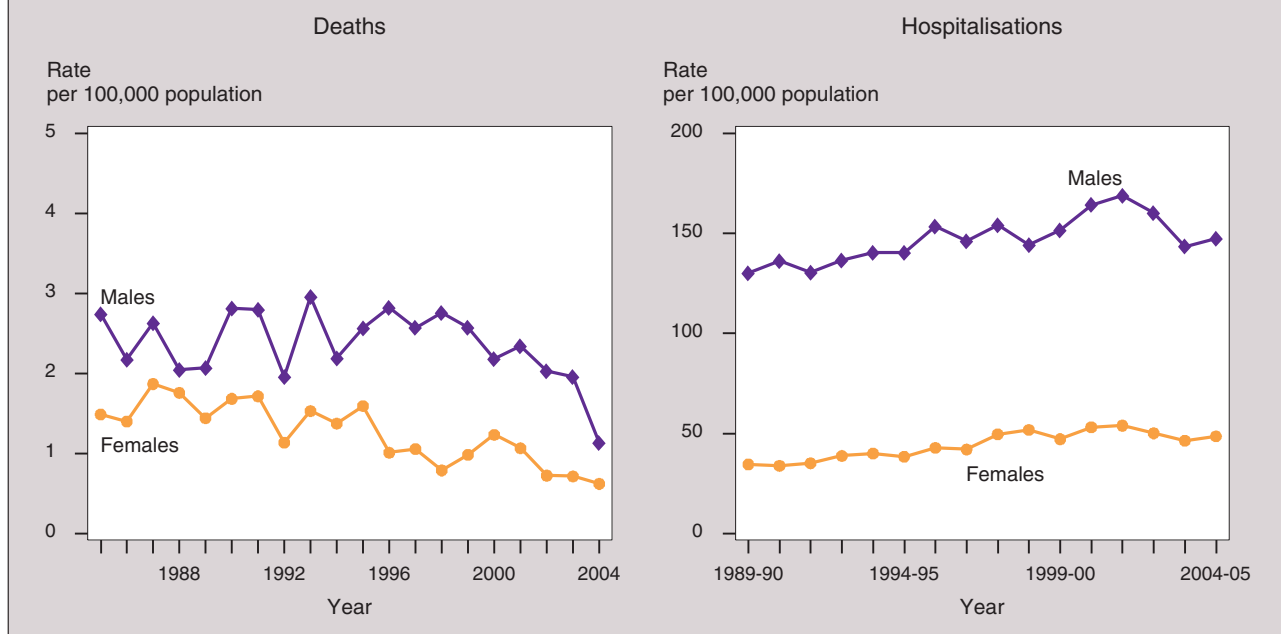
	Age (years)	Sex	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05
Number	0-4	Persons	940	885	851	795	743	718	667	644	658	548
	All ages	Persons	4903	4936	5030	4473	4398	4243	4048	3997	4015	3743
Rate	0-4	Persons	213.8	201.2	193.8	181.9	170.6	164.2	153.2	149.6	153.8	128.8
	All ages	Persons	78.1	77.9	78.8	69.6	68.0	64.7	61.1	60.0	59.9	55.2

Note: Hospital separations were classified using ICD-9-CM up to 1997-98 and ICD-10-AM from 1998-99 onwards. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for 2004-05 include an estimate of the small number of interstate hospitalisations, data for which were unavailable at the time of production. Records relating to acute hospital transfer and statistical discharge were excluded.

Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

- There were 3,743 hospitalisations due to unintentional poisoning in NSW residents in 2004-05. Hospitalisation rates declined from 86.5 in 1989-90 to 55.2 hospitalisations per 100,000 population in 2003-04.
- Children aged 0-4 years had the highest rates of hospitalisation for unintentional poisoning, followed by young adults aged 15 to 29 years and elderly people aged 85 years and over (Hayen and Mitchell, 2006).
- From 1998-99 to 2004-05, the most common category of agents specified in records of hospitalisation for poisoning in children under 5 years were sedative-hypnotic and psychotropic drugs (including anti-depressants) (18.8%) and non-opioid analgesics (including paracetamol) (15.0%). In young adults aged 15-24 years, the most common specified agents of poisoning were sedative-hypnotic drugs (31.9%) and narcotics and hallucinogens (16.6%). A further 6% percent of hospitalisations were due to alcohol poisoning. The most common category of agents specified for those aged 65 years and over was sedative-hypnotic and psychotropic drugs (16.4%)
- Child-resistant packaging is a substantial measure in reducing the risk of poisoning of young children (O'Connor, 2001). However such packaging is not entirely child-proof and care must be taken to ensure toxic substances are stored in places not accessible to young children. In the event of possible poisoning, the NSW Poisons Information Centre (PIC) provides a twenty-four telephone hotline service offering expert advice on how to respond following ingestion of or exposure to toxic substances, to both the public and health professionals.

Interpersonal violence-related deaths 1985 to 2004 and hospital separations 1989-90 to 2004-05 by sex, NSW



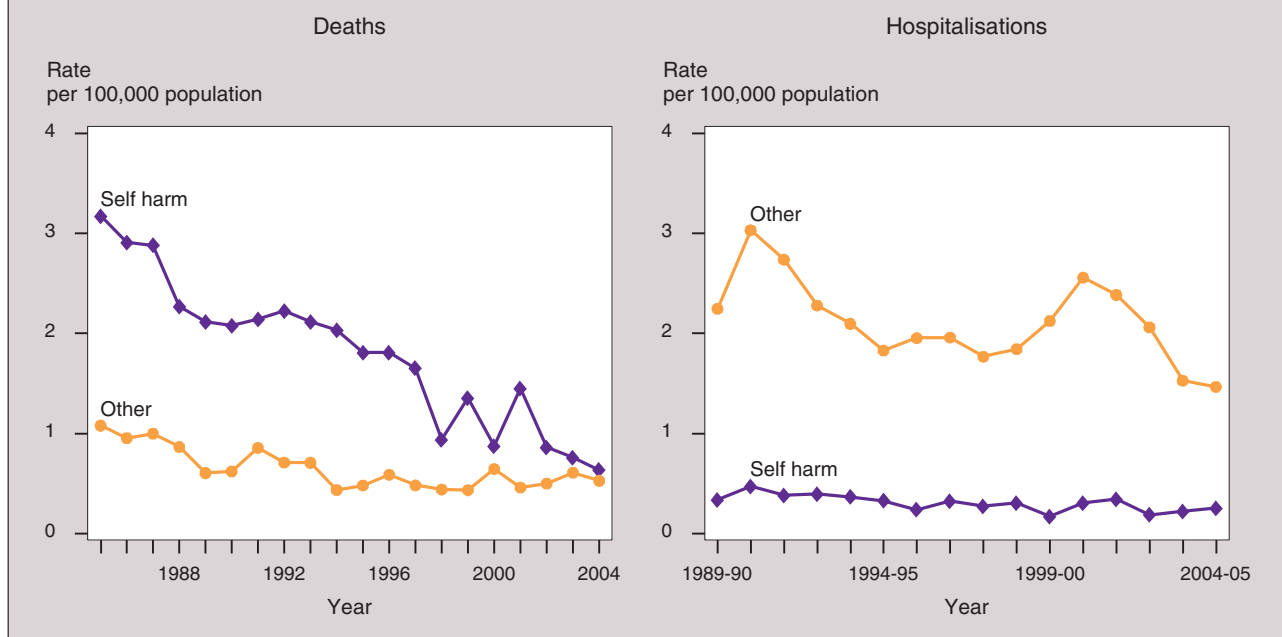
		Sex	1995	1997	1998	1999	2000	2001	2002	2003	2004
Deaths	Number	Persons	128	114	113	116	110	112	91	89	59
	Rate	Persons	2.1	1.8	1.8	1.8	1.7	1.7	1.4	1.3	0.9
		Sex	1995-96	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05
Hospitalisations	Number	Persons	6255	6526	6296	6429	7088	7360	6959	6312	6547
	Rate	Persons	98.6	102.2	98.2	99.8	109.0	111.8	105.5	95.2	98.3

Note: Deaths were classified using ICD-9 up to 1998 and ICD-10 from 1999 onwards. Hospital separations were classified using ICD-9-CM up to 1997-98 and ICD-10-AM from 1998-99 onwards. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for 2004 and 2004-05 include estimates of the small number of deaths and interstate hospitalisations that were unavailable at the time of production..

Source: NSW Inpatients Statistics Collection, ABS mortality data and population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

- In 2004, 59 NSW residents died as a result of interpersonal violence (homicide). The death rate in males was almost twice that in females. People aged 30-34 years had the highest death rate in both sexes between 2000 to 2004. While the number of deaths fluctuated considerably from year to year, there was a downward trend in the NSW murder rate, particularly since 1999 (Moffatt et al, 2006).
- Across Australia homicides most commonly occurred as a result of a dispute on residential premises. Females were most likely to be killed by a male intimate partner, while males were most commonly killed by a friend or acquaintance. Young children were most commonly killed by a parent or other family member (Mouzos, 2005).
- In 2004-05, there were 6,547 hospitalisations of NSW residents as a result of interpersonal violence and 78% of those hospitalised were males. Rates of hospitalisation were gradually increasing for both sexes.
- The prevention of violence involves a broad range of agencies including those within the crime prevention, welfare and health sectors. NSW Health initiatives include the NSW Policy for Identifying and Responding to Domestic Violence (NSW Department of Health, 2003). This includes a 'statement of principles' that underpin all departmental policies, programs and procedures on domestic violence. The Policy aims to reduce the incidence of domestic violence through primary and secondary prevention approaches, and to minimise the trauma that people living with domestic violence experience.

Firearm injury deaths 1985 to 2004 and hospital separations 1989-90 to 2004-05 by intent, NSW



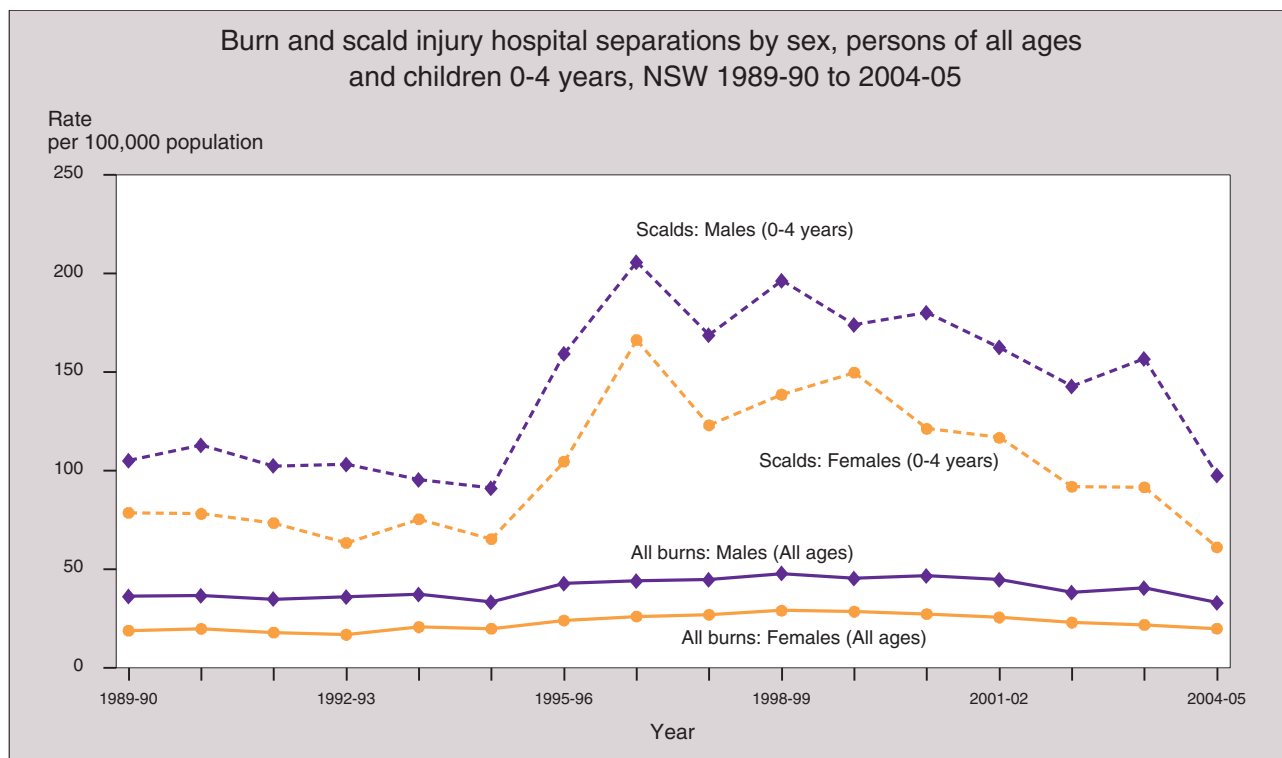
		Intent	Sex	1996	1997	1998	1999	2000	2001	2002	2003	2004
Deaths	Number	All	Persons	146	133	88	115	99	126	91	93	79
	Rate	All	Persons	2.4	2.1	1.4	1.8	1.5	1.9	1.4	1.4	1.2
		Intent	Sex	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05
Hospitalisations	Number	All	Persons	143	130	138	148	186	181	149	116	114
	Rate	All	Persons	2.3	2.0	2.2	2.3	2.9	2.7	2.2	1.8	1.7

Note: Deaths were classified using ICD-9 up to 1998 and ICD-10 from 1999 onwards. Hospital separations were classified using ICD-9-CM up to 1997-98 and ICD-10-AM from 1998-99 onwards. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for 2004 and 2004-05 include estimates of the small number of deaths and hospitalisations that were unavailable at the time of production.

Source: NSW Inpatient Statistics Collection, ABS mortality data and population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

- In 2004, there were 79 deaths of NSW residents from firearms. Males had a rate of death from firearms seven times greater than females.
- Over the period 2000 to 2004, the most common cause of the firearm deaths were suicides (65%), followed by homicides (23%), unintentional firearm deaths (13%) and undetermined intent or the result of legal intervention (1%). Ninety percent of all firearm deaths were in males. The death rate decreased by almost three quarters from 1985 to 2004, mostly due to a decrease in the rate of firearm related suicides.
- In 2004-05, there were 114 hospitalisations of NSW residents for firearm injuries and 109 of those hospitalised (87.7%) were males. The pattern of intent was different than in firearm-related deaths. The

most common type of firearm-related hospitalisation was for unintentional firearm injuries (42%), followed by firearm-related assaults (40%) and intentional self-harm (12%). The age patterns for hospitalisations during the period 1995-6 to 2004-05 was similar to the pattern for deaths. Males aged 70 years or over had the highest hospitalisation rate for firearm-related self-harm (1.1 per 100,000) and males aged 15-29 years had the highest hospitalisation rate for injuries from firearm related assaults (4.5 per 100,000). Males 15-34 years (3.6 per 100,000) had the highest hospitalisation rate for unintentional firearm injury.

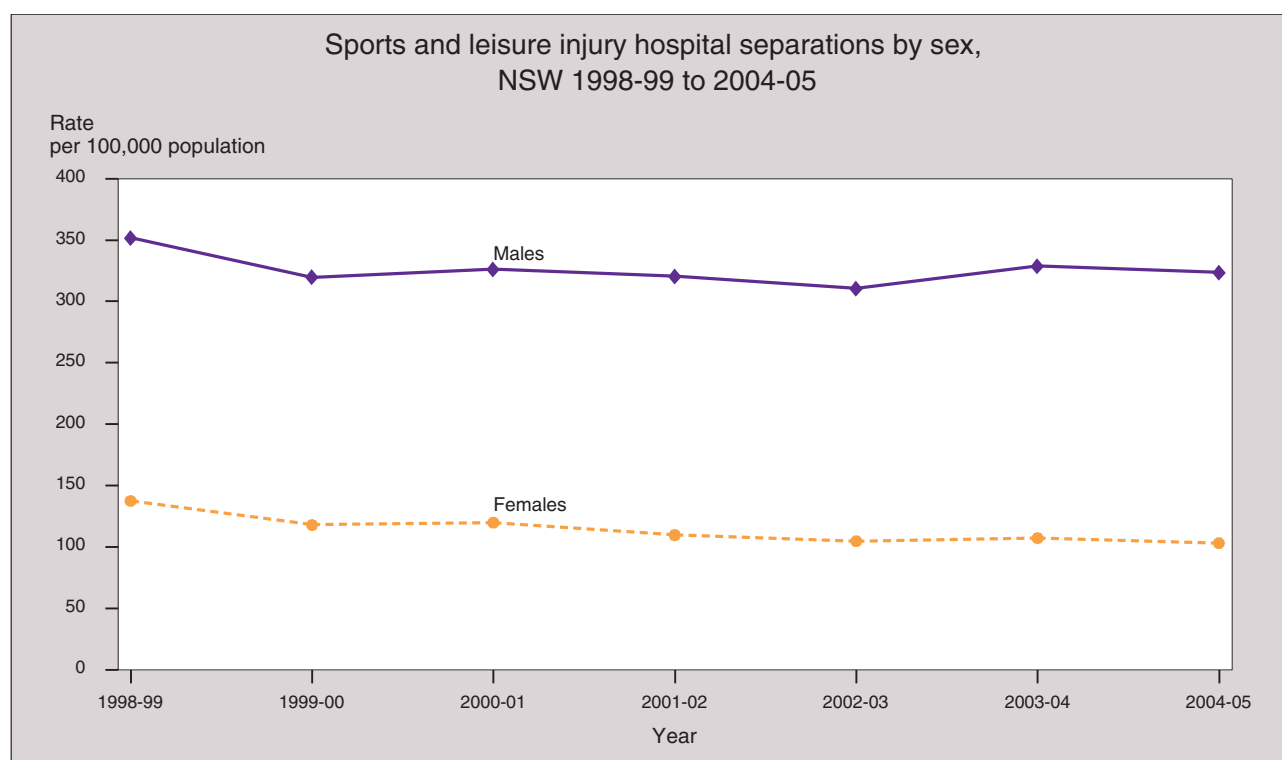


	Diagnosis	Age (years)	Sex	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05
Number	Scalds	0-4	Persons	820	643	735	706	662	610	508	535	340
	All burns	All ages	Persons	2252	2299	2481	2400	2433	2322	2032	2073	1776
Rate per 100,000	Scalds	0-4	Persons	186.5	146.4	168.2	162.1	151.4	140.1	118.0	125.0	79.9
	All burns	All ages	Persons	35.1	35.8	38.4	37.0	37.1	35.1	30.7	31.3	26.6

Note: Hospital separations were classified using ICD-9-CM up to 1997-98 and ICD-10-AM from 1998-99 onwards. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for 2004-05 include an estimate of the small number of interstate hospitalisations, data for which were unavailable at the time of production. Records relating to acute hospital transfer and statistical discharge were excluded.

Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

- In 2004-05, there were 1,776 hospitalisations of NSW residents for injuries resulting from burns and scalds. In recent years there has also been an average of 34 deaths per year from this cause. The rate of hospitalisation for burns was 1.6 times higher in males than in females.
- From 2000-01 to 2004-05 in NSW, children 0-4 years old had the highest rates of hospitalisations for burns (161.3 per 1000,000, 76% for scalds), followed by persons aged 85 years and older (49.6, 50% for scalds) and males aged 15-24 years (41.4 per 100,000, 24% for scalds). National data indicate that young males were more commonly burnt by highly flammable materials such as petrol, while young children were often burnt in the home by hot beverages, hot tap water, and saucepans of hot liquids including fats and oils (Harrison et al., 2006).
- In 2004-05 approximately half of all burns hospitalisations were for scalds, and over half (63%) of these scalds were in children aged 0-4 years.
- The hospitalisation rate for scalds in 0-4 year olds has declined over the past five years. The sharp increase in the hospitalisation rate for scalds in this age group between 1994-95 and 1996-97 was largely due to a change in admission practices and patterns of care rather than an increase in the actual rate of burns and scalds in the community.
- A wide range of actions can be taken to reduce the risk of burns. Smoke alarms are now compulsory in all homes in NSW. Standards and regulations that reduce hazards include reducing the temperature of water delivered to bathing areas and reducing flammability of clothing. Increasing community awareness of potentially hazardous situations, such as hot liquid in reach of young children, and ways to avoid these, is also important, as is public awareness of specific first aid recommendations (McCormack et al, 2003).



Sex		1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05
Number	Persons	15715	14169	14595	14263	13759	14503	14285
Rate	Persons	246.2	220.3	224.6	216.8	209.2	219.8	215.3

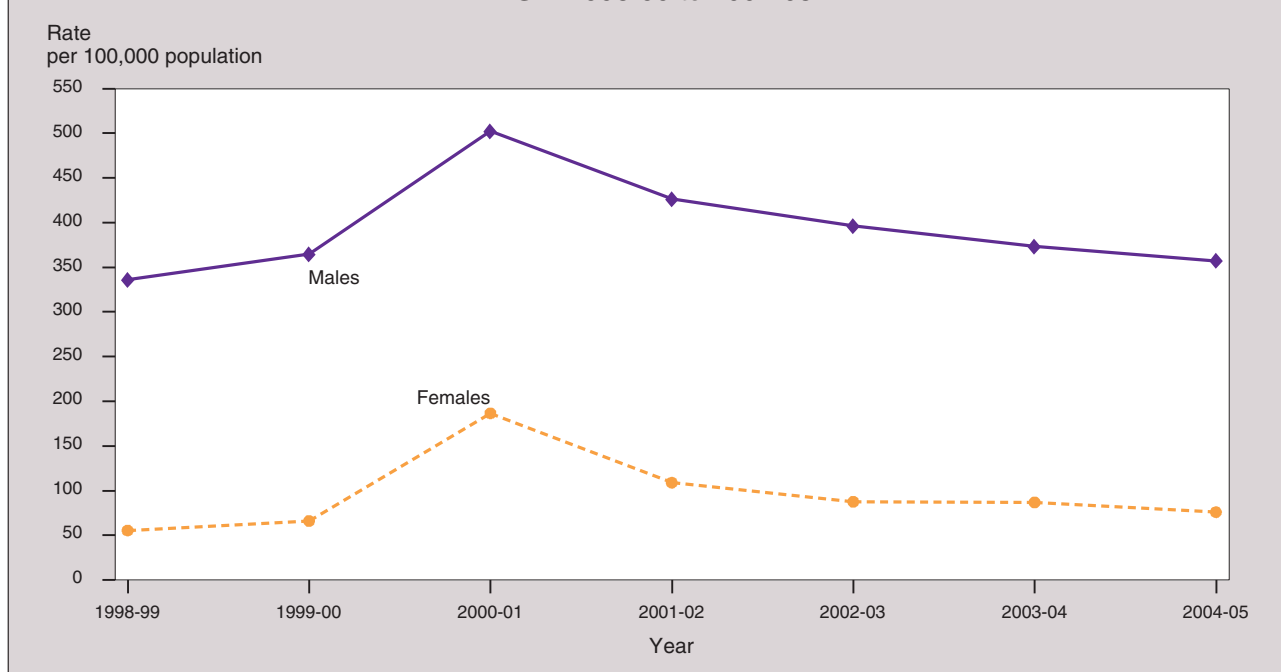
Note: Hospital separations were classified using ICD-10-AM. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for 2004-05 include an estimate of the small number of interstate hospitalisations, data for which were unavailable at the time of production. Records relating to acute hospital transfer and statistical discharge were excluded.

Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

- In 2004-05, there were 14,285 hospitalisations of NSW residents identified as due to sport and recreation injuries. The hospitalisation rate for these injuries was around three times higher among males (323.7 per 100,000) than females (103.3 per 100,000). Changes to the coding systems used in hospitalisation data make it difficult to accurately describe trends in sporting injuries separately from other recreation related injuries.
- In NSW the activities most commonly related to sport and recreation hospitalisations are football codes (32% of all hospitalisations), and cycling, motorcycling, skating and rollerblading, equestrian sports, netball and ice and snow sports (Boufous et al 2006). The number of hospitalisations is related to the number of people involved in each activity as well as the level of injury risk involved in the activity.
- Hospitalisation rates for sport and recreation injuries were highest among 10 to 19 year olds, and decline with age in adults. This pattern may reflect participation levels.
- One strategy for reducing the risk of sport injuries is the development of local sport safety plans for community sport clubs, involving assessment and management of a wide range of factors that impact on injury risk. One initiative currently under evaluation in NSW is the Youthsafe SafeClub initiative, which works with community sport administrators to increase the capacity of community sports clubs to develop such risk management plans.

All data tables for this report, and more indicators on these and other subjects, are available in the web version of "The Health of the People of NSW" at [www.health.nsw.gov.au/public-health/chorep/](http://www.health.nsw.gov.au/public-health/chorep/)

Workplace injury hospital separations, people aged 15 to 64 years, by sex, NSW 1998-99 to 2004-05



Sex		1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05
Number	Persons	8343	9268	14991	11797	10764	10319	9797
	population	196.3	215.9	345.0	268.1	242.5	230.6	217.3

Note: Hospital separations were classified using ICD-10-AM. Rates were age-adjusted using the Australian population as at 30 June 2001. Numbers for 2004-05 include an estimate of the small number of interstate hospitalisations, data for which were unavailable at the time of production. Records relating to acute hospital transfer and statistical discharge were excluded.

Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

- In 2004-05, there were 9,797 hospitalisations of NSW residents aged 15 to 64 years identified as due to workplace injuries. The male hospitalisation rate (357.2 per 100,000) for these injuries was over four times the female rate (76.0 per 100,000). Because hospitalisation rates for workplace injury were calculated amongst all residents aged 15 to 64 years, the rates are an underestimate of the true rate of injury in the working population. In 2001, approximately 60% of people aged 15 years and over in NSW were in paid employment (ABS, 2003).
- For males, the highest rates of hospitalisation following a workplace injury were among those aged 25-44 years. For females, the highest rates occurred in those aged 45-54 years. Among hospitalisations identified as being work-related, the most common principal diagnoses were open wounds, fractures and muscular or tendon injuries of the wrist or hand, and back pain (Muscatello at al., 2001).
- There were a total of 49,749 'employment injuries' (injuries arising as a result of employment and occupational diseases) reported to Workcover NSW in 2004-05. These included 125 work-related deaths, of which 62 were the result of traumatic injury while at work, 40 due to traumatic injury while away from work (such as when commuting), and 23 were from diseases caused or aggravated by work. Industries with the highest fatality rates were agriculture, forestry and fishing and transport and storage.
- The New South Wales Occupational Health and Safety Act 2000 aims to protect the health, safety and welfare of people at work. It lays down general requirements for health, safety and welfare, which must be met at all places of work in New South Wales. The Act covers self-employed people as well as employees and employers (Workcover NSW, 2001).

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