

BOOST 'EM BEFORE YOU BUCKLE 'EM

BOOST 'EM BEFORE you buckle 'em, because one size does not fit all. That's the message of the new "booster seat" law, which becomes effective on January 1, 2002. This law requires drivers to use approved booster seats that elevate children aged 4–6 years and 40–60 lbs. to make standard seat belts fit the kids properly. Violation of this law is a Class D traffic infraction carrying a \$77 penalty. Much of the success of this measure will depend on parents demonstrating "who's the boss" when confronted by a four-year-old who doesn't want to sit in the "baby seat."

This *CD Summary* reviews the problem in Oregon and provides some strategies you as clinicians can use to help parents "boost" the number of children using booster seats.

THE PROBLEM

Motor vehicle crashes are a leading cause of death in Oregon children. Child Fatality Review data from 1997–1999 show that 13 children 4–6 years of age died in motor vehicle crashes. Only one of them was restrained in a belt-positioning booster seat, and that device was used incorrectly. Hospital discharge data from 1997–1999 indicate that 124 Oregon children aged 4–6 years were hospitalized due to injuries sustained in motor vehicle crashes. Although not using a booster seat likely contributed to some of these injuries, we are unable to evaluate this because booster seat use is not generally included in hospitalization records.

Children aged 4–6 years die or are seriously injured in motor vehicle crashes principally because they are not restrained in a booster seat or are inadequately restrained in a seat belt designed for an adult. The typical

adult seat belt rides up over the stomach of a child, and the shoulder belt cuts across the neck. In a crash, a child can slide out from under the seat belt to hit a windshield or the seat in front of them, or be ejected from the car. If the belt catches the child in the abdomen, it can cause internal injuries.¹ Children cannot be safely and properly restrained with lap or shoulder belts designed for adults until they are 70–80 lbs. in weight and 4'9" in height.

A belt-positioning "booster seat" raises the child so that the shoulder belt fits across the chest and the lap belt lies low and flat across the thighs. It is more comfortable for kids because it allows them to bend their legs properly over the seat.

As we all know, seat belts and child safety seats save lives. Studies have shown seat belts to be 45% to 65% effective in reducing crash-related injury or death among adults,² and child safety seats reduce the risk of death in kids by 55% to 70%.³ While Oregon has some of the highest safety restraint use in the nation, (91% among adults and 69% among children aged 0–4 in 2001), and general knowledge that these devices are effective is high, the use of booster seats is very low.⁴ After age 4 years, the percentage of children riding unrestrained or improperly restrained is widespread because many parents are unaware of the need for additional protection that booster seats provide.

THE SOLUTIONS

Parents need to find a belt-positioning booster seat that fits both the car and the child.⁵ Parents will also need "backbone-building" support to strengthen their resolve to win the war of the booster seat with their 4–6

year olds, who are often opponents to initiating this new safety behavior. The most common reasons that booster seats are not used include:

- Parental misconceptions about safety equipment;²
- Parents believe the child is large enough and no longer needs a booster seat;
- Parents are using some other safety device like an adult seat belt;
- There is a hassle or problem with using the seat;
- Child does not like the seat.¹

This is where YOU come in. Counseling about the importance of booster seats for a child's safety can encourage parents to buy and use them. Guidance to parents should include:

- Information about state law requiring booster seat use;
- Description of how a booster seat protects better than an adult seat belt;
- Encouragement to purchase, install and consistently use booster seats;
- Exploration of strategies to employ with resistant kids.

RESOURCES

- Oregon's Child Safety Seat Resource Center, 1-800/772-1315 in Oregon and 503/656-7207 in Portland, or visit <http://www.actsoregon.wego.com>
- Adrienne Greene, the Child Injury Prevention Coordinator in the Injury Prevention and Epidemiology Program at the Department of Human Services Office of Disease Prevention and Epidemiology at: 503/731-4241, or visit <http://www.ohd.hr.state.or.us/ipe/child.htm>.



If you need this material in an alternate format, call us at 503/731-4024.

If you would prefer to have your CD Summary delivered by e-mail, zap your request to cd.summary@state.or.us. Please include your full name and address (not just your e-mail address), so that we can effectively purge you from our print mailing list, thus helping to save trees, taxpayer dollars, postal worker injuries, etc.

- Carla Levinski at Oregon Department of Transportation at: 503/986-4199, or visit www.odot.state.or.us/transafety/Occupant_Protection/occupant_protection_main.htm.
- The National Highway Transportation Safety Administration's website includes a brochure entitled: "A Parent's Guide to Booster Seats" at: http://www.nhtsa.dot.gov/people/injury/childps/booster_seat/page1.html.
- The text of Oregon's "booster seat" law that will go into effect on January 1, 2002 at: <http://www.leg.state.or.us/01reg/measures/hb3100.dir/hb3155.en.html>.

REFERENCES

1. Ramsey A, Simpson E, Rivara FP. Booster seat use and reasons for nonuse. *Pediatrics* (serial online) 2000; 106:e20. Available at: <http://www.bpediatrics.org/cgi/content/full/106/2/e20>.
2. National Highway Traffic Safety Administration. *Traffic safety facts 1999: children*. Washington, DC: US Department of Transportation, National Highway Traffic Safety Administration, 2000; publication no. DOT HS 809 087.
3. National Highway Traffic Safety Administration. *Traffic safety facts 1999: occupant*. Washington, DC: US Department of Transportation, National Highway Traffic Safety Administration, 2000; publication no. DOT HS 809 090.
4. Oregon Department of Transportation. 2001 Occupant Protection Observation Study. Available at: http://www.odot.state.or.us/transafety/Occupant_Protection/occupant_protection_main.htm.
5. Centers for Disease Control and Prevention. Motor-vehicle occupant injury: strategies for increasing use of child safety seats, increasing use of safety belts, and reducing alcohol-impaired driving. *MMWR* 2001;50(RR-07).

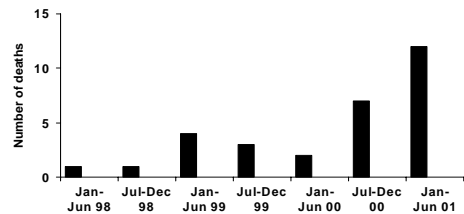
Oxycodone Deaths in Oregon

Oxycodone is a God-send for people with moderate to severe pain, but, because of its potential for abuse, it is also gaining notoriety and inspiring headlines like "Deaths linked to painkiller raise fear,"¹ and "Oxycontin abuse puts medical personnel on alert."²

Oxycodone, also called "oxycotton" and "hillbilly heroin," is a semi-synthetic opioid analgesic that has gained infamy throughout the US as a highly addictive recreational drug of abuse. The timed-release preparation, also known as Oxycontin™, received FDA approval in 1996. It was developed to be taken orally once every 12 hours, but is now also being crushed and snorted or injected intravenously to cause an intense high. Abuse of this drug and other related prescription medications appears to be increasing dramatically throughout the country. A recent report from the National Institute on Drug Abuse (NIDA) documents that in a national sample of 21 cities, emergency department visits that mention the abuse of oxycodone almost doubled from 3,395 visits in 1993 to 6,429 in 1999.³

Like the rest of the US, Oregon is suffering an increase in deaths from oxycodone abuse. Between January 1998 and April 2001, 30 died in association with oxycodone overdose.

Deaths associated with oxycodone overdose, Oregon, Jan. 1998–Jun. 2001



The median age of decedents was 40.5 years, with a range from 4 years to 86 years, including one child and two teens. Fourteen decedents (47%) were male, and 27 (90%) were white. Deaths have been reported in residents of eight Oregon counties.

County	Cases: Number	Percent
Clackamas	2	(7)
Deschutes	1	(3)
Douglas	2	(7)
Lane	5	(17)
Marion	1	(3)
Multnomah	11	(37)
Washington	7	(23)
Yamhill	1	(3)

When used appropriately, medications such as oxycodone can improve the quality of life for Americans with debilitating pain. Physicians will need to balance the imperative to treat pain aggressively with the potential for abuse.

REFERENCES

1. Philadelphia Inquirer. July 15, 2001.
2. Baltimore Sun. September 23, 2001.
3. National Institutes of Health, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse: Advance Report*. December 2000.