that attention to injury morbidity and mortality has increased in direct proportion to the deemphasis on the vague and misleading term “accident.” Among the first to avoid the word “accident” were railroaders, who commonly held that all injuries or wrecks were due to improper working procedures or less than optimally designed equipment. For instance, during the early 1970s, a large sign identifying Chicago’s Potato and Onion Mart on North Western Ave proclaimed “Safety Is No Accident.”

In 1978, it was proposed that medicine take the lead in disposing of the terms “accident” and “accidental injury” and that “injury” replace those words; the idea of the proposal was that, according to common medical usage, injuries are less likely to be considered random occurrences not amenable to prevention. It is noteworthy that even the journal Accident Analysis and Prevention has stated that the terms “accident” and “accident prevention” should be avoided. Several years ago, an editorial published in the British Medical Journal pointed out that the word “crash” is more descriptive than “accident” in terms of those unexpected, unfortunate events that may occur on roads; according to the editorial, the apparently long-lived appeal of “accident” may be that it helps some people avoid any sense of responsibility for such events.

Still, use of the term “accident” is more widespread than one might wish. For instance, a select president’s commission prepared a report on loss of coolant in 1979 at a nuclear power plant and called it The Accident at Three Mile Island. On the other hand, 10 years later, an elite, multidisciplinary panel considering the risks of nuclear power avoided using the misleading words “accident” and “accidental radiation release.” Recently, several publications have disavowed use of “accident” or moderated their definitions of it.

The historical review cites the well-known booklet Accident Facts as an example of a publication that continues to use the ill-advised term “accident.” On the contrary, those who prepared the 1994 edition of that useful publication stated their intention to avoid that word, thus joining all who are attempting to develop a clearer understanding of the real issue: injuries and their causes and prevention.

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References


Hepatitis C Virus Infection among Alaskan Drug Users

Hepatitis C virus infects 1% of the population worldwide, and there are 170,000 new cases each year in the United States. Hepatitis C virus is associated with cirrhosis, end-stage liver disease, hepatocellular carcinoma, and several extrahepatic syndromes. Hepatitis C virus infection is the leading cause of liver transplants. Of all US cases, 42% involve a history of injection drug use. Sexual transmission is less efficient than percutaneous transmission.

Recent studies have documented problems with injection drug use in Alaska. Knowledge of hepatitis C virus is sparse, partly as a result of the recency with which it became a reportable disease (January 1996). The purpose of the present study was to identify the prevalence of and predictors for hepatitis C virus among drug users in Anchorage, Alaska. Previous studies describing hepatitis C virus risk factors have used risk behavior data from clinical settings. The current design was unique in that data were collected at a nonclinical location from drug users who were not involved in drug treatment at the time.

This research was part of a multisite study of out-of-treatment drug users. Participants provided informed consent, and data were collected under a federal certificate of confidentiality. The participants were at least 18 years old and (1) reported no drug treatment in the preceding 30 days; (2) reported injecting cocaine, opiates, or amphetamines and presented recent needle marks; or (3) reported smoking cocaine and produced urine that tested positive for cocaine metabolites. The participants received urinalysis screening for cocaine metabolites, morphone, and amphetamine metabolites (ONTRAK; Roche Diagnostic Systems, Nutley, NJ).

Predictor variables were drawn from the Risk Behavior Assessment, a structured interview that elicits demographic, substance use, drug treatment, sexual behavior, health, criminal activity, and income information. The instrument has good reliability and validity. Ethnobotany was performed, and serum was tested by SmithKline Beecham Clinical Laboratories. Antibodies to the recombinant hepatitis C virus antigens C100-3, HC-31, and HC-34 were determined by an enzyme immunoassay method (Abbott Laboratories, Chicago, III).

The study sample (n = 501) consisted of 71% men and 29% women. The mean age of participants was 34.5 years (SD = 7.2); 48% were White, 29% were Black, and 17% were American Indian/Alaska Native. Forty-one percent of the participants reported injection drug use within the previous 30 days; the mean number of times injected in the last month was 18.6 (SD = 51.1). Ninety-two percent reported smoking cocaine. There was a significant bivariate association between hepatitis C virus positivity and injection drug use status (χ2[1, n = 532] = 122.80, P < .001). Positivity among those reporting only injection drug use was high (81%).

The results of the study (see Table 1) indicate that risk factors for hepatitis C virus were (1) injected drugs in last 30 days, (2) ever injected cocaine, (3) ever used speedball, (4) ever used heroin, (5) number of days in jail (two terms), and (6) number of sex partners in last 30 days (two terms). Protective factors were (1) living with a partner of the opposite sex, (2) perceived homelessness, and (3) use of alcohol in the previous 30 days. The Hosmer–Lemeshow goodness-of-fit test demonstrated an adequate model fit.

These findings indicate that Anchorage, a small city in the largest rural US state, has hepatitis C virus prevalence rates similar to those found in metropolitan areas.
TABLE 1—Estimated Coefficients, Odds Ratios, and 95% Confidence Intervals for the Multiple Logistic Regression Model Predicting Report of Hepatitis C Infection: Anchorage, Alaska

<table>
<thead>
<tr>
<th></th>
<th>β</th>
<th>Odds Ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injected any drug in last 30 days</td>
<td>1.68</td>
<td>5.34</td>
<td>3.21, 8.89</td>
</tr>
<tr>
<td>Ever injected/shorted cocaine</td>
<td>1.50</td>
<td>4.50</td>
<td>1.24, 16.41</td>
</tr>
<tr>
<td>Ever used speedball</td>
<td>0.95</td>
<td>2.59</td>
<td>1.40, 4.79</td>
</tr>
<tr>
<td>Ever in drug treatment</td>
<td>0.66</td>
<td>1.94</td>
<td>1.22, 3.07</td>
</tr>
<tr>
<td>Ever used heroin</td>
<td>0.60</td>
<td>1.82</td>
<td>1.07, 3.10</td>
</tr>
<tr>
<td>Live with sex partner (opposite sex)</td>
<td>-0.76</td>
<td>0.47</td>
<td>0.23, 0.93</td>
</tr>
<tr>
<td>Perceived homelessness</td>
<td>-0.64</td>
<td>0.43</td>
<td>0.26, 0.71</td>
</tr>
<tr>
<td>Used alcohol in last 30 days</td>
<td>-0.93</td>
<td>0.40</td>
<td>0.17, 0.92</td>
</tr>
<tr>
<td>One or more days in jail (ever)</td>
<td>0.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. days in jail (ever)</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One or more sex partners in last 30 days</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. sex partners in last 30 days</td>
<td>0.10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Hosmer–Lemeshow goodness of fit: $y^2(8) = 5.096, P = .7472$. Interaction tables available from the authors upon request.

hepatitis C virus infection in noninfected injection drug users. 

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