that the majority of students who attended a SMARTRISK Heroes program:

- expressed a new awareness of the implications of risk as it relates to injuries
- indicated a willingness to modify certain behaviours to reduce the prospect of sustaining an injury
- learned and retained core messages and had a better understanding of risk as it relates to causing injury well after the Heroes presentation.
- 2. Our work with the Ontario Ministry of Health and Long-Term Care has nothing to do with the Heroes program. Government funding is usually clearly defined and earmarked for very specific activities to meet certain objectives. It is not for us to dictate to any government ministry or agency how it should spend its money; rather, our job is to ensure that injury prevention programs and initiatives continue to move ahead in breadth and scope.
- 3. Sharing evaluations "through peer-reviewed publication" is a noble concept that is more an academic exercise than a professional necessity. Most well-conducted evaluations of programs actually do not appear in peer-reviewed journals. Evaluations of our programs are shared widely through conferences and other appropriate fora. The point, simply, is that it is more important to

have sound, reliable, accessible and ongoing evaluations than to have the satisfaction of authoring a paper.

4. Pless notes that the "main target" of his article was the ministry, not SMARTRISK. As professionals committed to preventing injuries and saving lives, we should not be "targeting" any person or organization. Rather, governments, academics, the not-for-profit sector and the private sector should be working together, more closely than ever, to help individuals and organizations change attitudes and behaviours to further reduce unnecessary injuries.

Carol Jardine

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Risk is an everyday reality of life¹ and there is a general understanding that youth risk behaviours are an in-

tegral part of development.^{2,3} Hence the need to understand risks and how to manage them.⁴ From the tone, academic content and examples used by Barry Pless in his commentary,⁵ a reader might conclude that he believes we should stop taking risks instead of learning to become better risk managers.

Prevention efforts could be informed by furthering our understanding of the complexity of risk behaviour. A challenge faced by health promotion personnel in general is to make young people aware of the possibility of the various dangers in their lives, particularly when these dangers are part of normal life experiences.6 Research has demonstrated that people in general are poor estimators of personal risk⁷ and tend to rely on heuristics to deal with everyday life experiences.8 Adolescents are also subject to these limitations, with the added challenge of having to cope with multiple developmental forces.9,10

Pless' commentary could have opened a critical debate on a key policy area, that of risk and its management, and focused it on injury prevention. Two recent publications underscore the importance of the risk-management policy debate. 11,12 Through various initiatives, including its Research Advisory Committee, SMARTRISK is working

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to advance this area with respect to injury prevention.

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[The author replies:]

John Lewko is partly correct in thinking I am convinced we should stop taking risks.¹ But I don't view the issue as a choice between this course of action and "becoming better risk managers." Reducing risk-taking seems the only logical option until there is evidence that someone has discovered the Holy Grail of successful risk management. And it remains the only option until it has been proven that risk management can be taught to others, especially adolescents. To be clear, I advocate the "precautionary principle."

I have not read all that Lewko cites but I would be astounded if any of these sources offer the needed assurances. Certainly this issue is complex and the debate he proposes is long overdue. I am surprised that others have not joined in the discussion and encourage them to do so.

It is not difficult to agree in principle with some of what Lewko argues. But what we now need is evidence. Consequently, I challenge him and his colleagues to apply their considerable resources and expertise to provide the answers and hope they will accept the obligation to share what they learn with others. In the meantime, responsible safety organizations have no option but to encourage the public to minimize risk-taking.

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Corrections

In a recent commentary, Dr. Chockalingam's first name was incorrectly indicated as "Allan." His first name is "Arun."

Reference

 Kendall H, Chockalingam A, Best A, Walsh G. Technology-enabled knowledge translation: building a framework for collaboration [editorial]. CMAJ 2003;168(6):710-1.

In a recent Practice section article on occupational asthma, on page 869, column 1, fourth paragraph, third sentence, the line should read "Employers in Canada are required to have an MSDS [material safety data sheet] available on site for any hazardous products, including material that contains at least 0.1% of a known respiratory sensitizer."

Reference

 Tarlo SM, Liss GM. Occupational asthma: an approach to diagnosis and management. CMAJ 2003;168(7):867-71.

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