




This is a quarterly publication published by EuroSafe and supported by the European Commission

## “Working together to make Europe a safer Place”

### Contents

Breaking news	1
EuroSafe news	3
Eu news	3
	
<b>FOCUS on Product Safety</b>	4
Interview with Dirk Meijer	5
Child safety	7
Consumer Safety	8
Injury Database	10
Adolescents & Risk-taking	12
Community Safety	13
Safety for Seniors	13
Sport Safety	14
Violence Prevention	15
Vulnerable Road Users	16
Work Safety	19
Cross-cutting issues	19
WHO update	21
Events	22

## ► Breaking news

### Austrian Government officially adopts conclusions and recommendations from 1st European Conference on Injury Prevention and Safety Promotion

EuroSafe is honoured with the news that the Austrian Government, in its capacity as President of the European Union from January to June 2006, has officially adopted the conclusions and recommendations from the 1st European Conference on Injury Prevention and Safety Promotion. The conclusions and recommendations were presented to the European Council in a meeting on 8 September (see EU news) and add a welcome boost to the growing momentum of political awareness of injury prevention in Europe.

The conclusions and recommendations are listed below:

#### Conclusions

- The conference highlighted available evidence as regards both the size, nature and impact of injury in Europe and the availability of simple and cost-effective solutions. The statistics confirm that the injury issue is still a large problem and burden for European society but we have learned over the past decades that focused actions, such as those taken over the past decades in relation to the area of traffic safety and work safety, can save many lives, public money and human suffering. Similar focused actions are needed in other priority areas.
- The policy initiatives taken by the European Commission and World Health Organization-Office of the European Region, highlighting injury prevention as a major health priority for the coming years, provide a strong impetus for actions in view of reinforced safety promotion planning and actions within countries in Europe. Current available resources, infrastructures and networks, although

fragmented and sparsely funded as they are, need to be realigned towards the common objective of creating a safer Europe.

- The public health sector needs to facilitate intersectoral exchange and collaboration by applying public health values and approaches and by strengthening systems through integration and network building. It needs to provide leadership by identifying priority issues and cost-effective good practices to address them. Joint national planning and action needs to be facilitated. This requires enhanced advocacy and communication efforts under the leadership of European bodies, including EuroSafe, and their partner organisations in the Member States.
- The conference delegates identified a great number of actions to be developed with regards to the various specific areas of concern, such as injury data collection and reporting, sharing and dissemination of good practices, and specific safety themes, such as child safety, adolescent risk-taking, interpersonal violence, consumer safety, and safety for seniors. These suggestions and recommendations for actions will be considered by the respective Task Forces and Programmes within EuroSafe, in partnership with EC and WHO-Europe.

#### Recommendations

As regards the role of international organisations, such as EC, WHO and EuroSafe in supporting regional, national and local actions on injury prevention, the conference delegates recommend the following actions in particular:

### 1. Strategy and national planning

- Continue to have policy directions and priorities as defined by EC, WHO and EuroSafe, being in line with each other;
- Help governments to implement the commitments made in recommendations and resolutions (including the commitment to develop and implement national action plans) by providing guidance and support;
- Make countries' progress and bottlenecks transparent by requiring annual national progress reports, that provide the input for annual European progress reports;

### 2. Enhanced injury data and good practice information

- Work to have more up to date and more comprehensive injury data (including data on disabilities) available, that is specific enough as regards risk group and risk factors and encompasses all countries in the region;
- Ensure proper injury data clearance at European level and public access to these data. Have a centre for analysis and advocacy being established in each of the countries as well as at European level;
- Coordinate the access to and dissemination of good practices as well as the tools and intervention methods that are promising in prevention;
- Increase the knowledge of cost-effectiveness of cost efficiency of safety measures in order to allow resources to be allocated where the greatest gains can be achieved;
- Report regularly to stakeholders and media on injury risks identified through national injury reporting and European data exchange and on solutions that work, and strongly encourage them into actions related to these risks;

### 3. Development and research

- Promote joint explorative studies (mapping exercises) into areas of interest that are

relatively new for the injury field: try to define the role of public health in preventing violence or in preventing suicide and self-harm;

- Improve the methodologies for identifying and recording good practices for safety practitioners; ensure a more consistent documentation and sharing of these good practices;
- Help to develop tool kits for practitioners in countries in view of assisting them in proper documentation of prevention measures, their selection, implementation and outcomes;
- Provide a forum of debate between researchers, practitioners and policy makers in view of aligning their research activities towards the common objectives with respect to creating a safer Europe.

### 4. Action and capacity-building

- Promote coalition building efforts within countries by providing guidance to these processes based on previous experiences and good practices;
- Assist in national capacity-building through the promotion of Teach-VIP and the introduction of training and mentoring programmes at national level;
- Facilitate the creation of European wide networks that are dedicated to one of the priority themes identified by EC and WHO and that serve roles analogous to EuroSafe's European Child Safety Alliance.

The conference delegates expressed their commitment to reinforce national and local actions in the framework of the strategies proposed by European Commission and the World Health Organization. They call upon EC and WHO as well as EuroSafe to provide joint leadership to the process at European level and to ensure proper facilitation and coordination to pan-European exchange and collaboration in view of injury prevention and safety promotion.

Visit our website at  
[www.EuroSafe.eu.com](http://www.EuroSafe.eu.com)

**SIGN UP  
NOW!**

### EuroSafe 'Who is Who' on-line expert directory

The Who is Who expert directory is a networking tool for all involved in injury prevention and safety promotion. It is also an important tool for EuroSafe to be able to

identify and invite experts in specific areas to participate in expert consultations around various EuroSafe activities and products.

If you are an expert in a particular field please click on the link below and sign up for the directory.

<http://www.EuroSafe.eu.com/csi/EuroSafe2006.nsf/wwwVwContent/I2whoiswhoexpertdirectory-.htm>

## ► EuroSafe news

### Joint meeting (WP-AI & Governmental Experts Group) on October 12, 2006

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In line with the Commission's intention to maximise injury prevention efforts, the next meeting of the Working Party on Accidents and Injuries (WP-AI) will be held together with the Governmental Experts Group on Accidents and Injuries on 12 October, 2006. This meeting is supported and coordinated by EuroSafe in its role, as from May 2006, as the coordinating body for the communications and support activities of the Commission's injury prevention network.

In short, the following issues are on the agenda at the meeting:

- Update on the developments concerning the EC-Communication "Actions for a Safer Europe" and the proposed Council Recommendation on Injury prevention and Safety promotion (see EU News article).
- Progress report on work in view of strengthening IDB (Injury Database) injury information.
- Sharing good practices and creating a knowledge base.
- Exchange of views on the development of national action plans for injury prevention in general and of specific programmes dealing with issues like child safety and safety of seniors.
- Communication and networking actions through EuroSafe in the framework of the contract 2006-2007
- Progress reports on priority issues: Child safety, Risk taking adolescents, Elderly safety, Vulnerable road users, Interpersonal violence, Sport safety
- Priorities for the work plan 2007.



*"EuroSafe's vision is working together to make Europe a safer place."*

## ► EU news

### EC Communication discussed at Council meeting on 8 September

The EC Communication "Actions for a Safer Europe" was discussed with the Permanent Representatives of the Member States at the Council meeting held on 8 September. The Communication was enthusiastically received by the Permanent Representatives who praised it as a positive initiative. Concerns were also voiced that duplication of actions should be avoided and working together with other existing European programmes, such as work safety, should be encouraged. The issue of possible financial consequences

for the Member States was also raised. These and other issues will be discussed at the following Council meeting in October.

Another interesting development is that the Communication will be discussed in the European Parliament by the Environment Committee on October 12.

*More information on these developments will be placed on the EuroSafe website in the coming weeks.*

## Health-EU Portal

The Health-EU Portal is the official public health portal of the European Union and is an initiative of the Health and Consumer Protection Directorate-General. Launched in May 2006 the Portal offers a wide range of information and data on health-related issues and activities at both European and international level. The main objective of this thematic Portal is to provide European citizens with

easy access to comprehensive information on Public Health initiatives and programmes at EU level. The portal is intended to help meet EU objectives in the Public Health field by positively influencing behaviour and promoting the steady improvement of public health in the 25 EU Member States.

For more information: <http://health.europa.eu>

## ► FOCUS on product safety

### Product safety enforcement in Europe and the UK

*Ron Gainsford is Chief Executive of the UK Trading Standards Institute and EuroSafe Executive Board Member*

The EU and wider European consumers of this millennium demand high standards of performance, quality and safety in the full range of products and services they are purchasing. They require information, knowledge and continuing education to empower their consumer choice. The modern consumer expects the modern market to be competitive, fair and safe and today's and tomorrow's economies must reflect these consumer demands if they are to flourish. Certainly the safety of consumer products in a vibrant EU economy and single market must be a priority for each of the 25 Member States. Improved access to consumer, product and market intelligence and data will increasingly drive targeted, risk assessed enforcement in support of this priority.

The role of PROSAFE, the Product Safety Enforcement Forum of Europe, grows in importance to the challenges of a modern EU market. In its second decade of operation PROSAFE informally but effectively brings together product safety enforcers and stakeholders from all Member States, the Commission, EFTA, ANEC, EuroSafe and more. The EU Enforcement Cooperation Regulation is further establishing the imperative of cohesion and collaboration between enforcement authorities. PROSAFE oils the wheels of this and other formal enforcement mechanisms specified by the GPSD and other Directives. The Commission has facilitated PROSAFE implementation of a major project on Best Practice Market Surveillance to enhance product safety enforcement techniques.

The priority that EuroSafe, PROSAFE, the Commission and others continue to give to product and consumer safety is driven not only by the desire to further raise safety levels in Europe but also to upwardly drive the safety culture in other global economies. The 19th September announcement that Commissioner Kyrianiou and People's Republic of China Minister Li Changjiang had signed a "Roadmap for safer toys" is a welcome development in this regard. Almost half the dangerous consumer products detected in the EU are imported from China. 1 in 4 RAPEX notifications concerns toys (171 out of 701 in 2005) and 85% of these toys came from China.



*"Certainly the safety of consumer products in a vibrant EU economy and single market must be a priority for each of the 25 Member States."*

#### RAPEX product recall example

This parrot on a string with sound does not comply with the Toys Directive and the European standard EN 62115. It was recently removed from the market as there is no screw on the toy enabling easy access to batteries. Young children can easily put the batteries in their mouths posing a risk of choking.





Examples of novelty lighters that have been recalled in the EU. Photos: <http://www.europa.eu>

The Roadmap will aim to stem this tide of unsafe products by the exchange of information, better training and more EU/China enforcement collaboration.

The pursuit of safety in Europe is relentless. The economic, personal and social burden of 7 million accidents based hospital admissions, and some 235,000 EU deaths every year demands that it is. EuroSafe and all will welcome the Commission Communication and Action Plan adopted on 23rd June. This followed the adoption on 24th May of the EU Consumer Action Programme and a EURO156.8m budget for the 2007-13 period. This will support EuroSafe, PROSAFE and wider consumer and enforcement organisations and goals.

In the UK and other EU countries the maintenance and improvement of consumer protection must sit alongside the importance of better regulation objectives and the drive for economic success. They are highly compatible priorities and objectives. Safer products mean safer consumers, fewer accidents, increased productivity and savings to the national purse. The recent decision for

example of the UK Consumer Minister Ian McCartney to ban imports of dangerous novelty lighters reflects the fact that in the UK in 2004, 286 fires were caused by cigarette lighters ignited by children resulting in 8 fatalities and 198 non-fatal injuries. Cigarette lighters are the ignition source for 1 in 5 of the child deaths from house fires in the UK. The new ban will enhance consumer safety, reduce burdens on the State, and support good business and good products. The ban will be effected in the UK by the 204 Local Authority Trading Standards Service applying GPSD requirements to implement the Commission Decisions to ban non child-resistant lighters and novelty lighters from the EU market from 11th March 2007. The Trading Standards Institute and our member professionals implementing product safety and a wide range of public protection and better business regulation in the UK will welcome these EU and UK decisions in their quest for a better UK and a better Europe.

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## ► INTERVIEW with Dirk Meijer



*Dirk Meijer is the Regional Director of the Dutch Food and Consumer Product Safety Authority (VWA) in the South West region of the Netherlands. The VWA is the market surveillance organisation in the Netherlands for food safety, product safety and veterinary legislation. The South West region is especially responsible for developments in product safety and import. Dirk has been active in the field of product safety for a long time and during his career has gained a lot of experience by having worked in different functions. He is also Chairman of PROSAFE. In this interview with Dirk we have focused on Prosafe, EuroSafe and the challenges on product safety in general.*

### 1. Could you briefly explain what PROSAFE is and your role within this Forum?

PROSAFE is an informal organisation of market surveillance organisations in Europe (EU, EFTA, candidate Member States). The field of interest is product safety and especially enforcement of the General Product Safety Directive (GPSD). PROSAFE was established in 1990. There are two meetings each year in which exchange of information is one of the main items. Most members bring there products to the meeting to discuss the risks and the way to proceed. PROSAFE can quickly supply the Forum with knowledge on the safety of products, dangerous products and the way to get these off the market. As chairman of PROSAFE and with my expertise

on product safety and enforcement I can bring this knowledge into the Forum.

### 2. What are the shortcomings and challenges for product safety in Europe?

I would first like to say that Europe has made tremendous efforts in the field of product safety in the last decade. A lot of regulations have been put into action. Furthermore, the knowledge on risks and the methodology is becoming quite impressive. In other words a lot has already been achieved. Most activities however are still on a national level. To make a major step forward we need harmonisation of market surveillance and enforcement on European level and may be even internationally. Therefore, it is a pleasure to say that PROSAFE is now carrying out the "Best Practices in Market Surveillance Project".

Also in the International Consumer Product Safety Caucus (ICPSC, an international organisation of regulators and enforcers on product safety) is becoming more and more the international platform for cooperation.

### **3. Could you explain the role and importance of controlling product safety through legislation?**

Legislation and adequate enforcement play a certain role in achieving a safer environment. Those aspects that can be regulated in a proper way will benefit from being included in legislation and enforcement. In this perspective the fundamental safety requirements of products can be mentioned, such as small parts for toys, live parts in electrical equipment and safety features of machinery. On the other hand a specific aspect in product safety is the way the products are used. By using a safe product in an unsafe way, almost every product will become dangerous. That means that influencing the attitude of people is also a very important part of striving towards a safer society. Enforcement is not a useful instrument in this change of attitude.

### **4. Do you think that the General Product Safety Directive (GPSD) can be expanded to include the safety of services and if so, when do you expect this to happen?**

The GPSD formally includes the safety of services, but the definition of "services" is limited. This can be well understood when we realise that the way in which services are provided and carried out plays an even more important role in determining the safety of the situation than is the case with products. Of course the services that are supplied should be safe, but we are still in the beginning of learning to understand how we should deal with this. In my opinion it will take several years to develop our knowledge on the safety of services to such a level that it is beneficial to include in legislation. As services are not as clearly defined as products, the way the service is applied determines how safe the service is. In this respect the attitude of the user or supplier of a service is especially important, even more so than with products.

### **5. Could you explain why product safety can vary so much across Europe? For example, once a toy has been notified as being dangerous it can be taken off the market quite quickly in some European countries while in others, the toy remains on the market for a much longer time?**

As I already said market surveillance and enforcement is still very much a national

issue within the Member States. We are beginning to exchange information to get a more harmonised approach. Also the initiatives in this area in the revision of the "New and Global Approach" by DG Enterprise of the Commission are promising. The "Best Practice Project" carried out by PROSAFE is another instrument to achieve more unity regarding the right way to exclude unsafe products from the European Market. The next step will be an even more international approach, since non-food consumer products are traded globally.

### **6. The subject of consumer responsibility has become more important in recent years. How can empowering the consumer's sense of responsibility for his or her own safety be improved? Does this sense of consumer responsibility vary from European country to country?**

When you focus on the three main players on product safety, i.e. the producers, the government and the consumers, you will see that the responsibility of the consumer has been under exposed in the last decennia. This has led to a feeling that products (in a broad sense) do not pose any risk to the consumers as one assumes that governmental bodies are ensuring that products on the market are safe. This is of course an unrealistic situation which has to be changed. In other words, we have to re-educate the consumer to be able to perceive risks in the right way and consequently make decisions based on the consumer's general knowledge of the risks. The consumer has to know what risks are and how to deal with them. That can be to abolish, avoid or accept the risk, depending on the seriousness of the risk and the ability of the consumer to deal with the risk. When you go bungee jumping for instance, you know that the cord can break. If you do not want to accept that risk you will decide not to go bungee jumping. This knowledge will be more than just scientifically based risks. The knowledge of risks will also include more cultural elements. In other words, the approach will differ between different cultures, although some basic elements will remain the same.

### **7. Which role can the public health sector play in improving consumer safety?**

The public health sector is in my opinion essential for establishing the change of attitude in risk perception of the consumer. Especially the NGO's can play a very crucial role in this aspect. Training programmes, educational programmes and disseminating information can all be very helpful in creating

*"By using a safe product in an unsafe way, almost every product will become dangerous. That means that influencing the attitude of people is also a very important part of striving towards a safer society."*

change in the way in which consumers perceive risks.

### 8. What role can EuroSafe play in helping PROSAFE realise its goals?

As may already be clear PROSAFE is trying to achieve more harmonised market surveillance and enforcement to create a safer Europe, an ultimate goal which is also shared by EuroSafe. Therefore, by capitalising on each other strengths, i.e. PROSAFE as a market surveillance organisation with a lot of knowledge on product safety and EuroSafe

as an organisation with a broader scope (safety promotion in general) we can achieve our goals. If EuroSafe requires input from the field of market surveillance PROSAFE is available for further collaboration on this issue. When EuroSafe and PROSAFE will underpin the need for a balanced approach, consisting of safety promotion, change of attitude, setting up regulations and market surveillance and enforcement, Europe will become a safer place.

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## ► Child safety

### Home safety campaign materials

The European Child Safety Alliance is in the process of finalising a series of home safety fact sheets which will be made available very shortly online. The fact sheets are part of the home safety campaign which the Alliance is undertaking throughout Europe in partnership with its member countries. The aim of this campaign is to increase awareness of the injuries occurring to children in the home and the proven strategies that can be used to prevent these injuries.

The Alliance defines home injuries as those occurring in or around the home, including the garden, garage and driveway, and excluding the sidewalk, street or community playground. The fact sheets which will soon be online are on the following injury areas:

- Child Burns and Scalds
- Child Choking, Strangulation and Suffocation
- Child Falls
- Child Homicide
- Child Poisoning
- Child Suicide
- Child Water Safety



To complement the factsheets a series of parent tipsheets is also being prepared and will be online by the beginning of November. In addition, the Alliance is finalising a 'Guide to Potentially Dangerous Products for Children' which will be made available on-line by the end of the year. Keep up-to-date with these developments by visiting: <http://www.childsafetyeurope.org>

### Health and environment network changes its name

Europe's leading non-governmental voice on health and environment has recently changed its name. As from September 26, 2006, the former European Public Health Alliance Environment Network (EEN) will be known as the Health and Environment Alliance.

"We have made the change because 'Health and Environment Alliance' is shorter, easier to translate and explains much better who we are - but we are still the same organisation," says Génon Jensen, Executive Director. "It also represents an opportunity to boost

understanding of how the environment affects our health."

The Health and Environment Alliance aims to raise awareness of how environmental protection improves health. It achieves this by creating opportunities for better representation of citizens' and health experts' perspectives in the environment and health-related European policy-making.

For more information:

<http://www.env-health.org>

### Fourth meeting of CEHAPE Task Force, 16 - 17 October 2006

On 16-17 October 2006, the CEHAPE Task Force will hold a meeting in Cyprus focussing on the progress being made to implement the Children's Environment and Health Action Plan for Europe (CEHAPE) Regional Priority Goal 1. This is to "prevent and significantly reduce the morbidity and mortality arising from gastrointestinal disorders and other health effects, by ensuring that adequate measures are taken to improve access to

safe and affordable water and adequate sanitation for all children".

In particular, this fourth meeting of the CEHAPE Task Force will also dedicate substantial time to discussing the Intergovernmental Midterm Review Meeting of June 2007 and the methodology to be used for reporting back by countries and organisations.

Source and more information: <http://www.env-health.org/a/2270>

### Thousands seeking information on new child seats law in UK

Thousands of parents have contacted the Royal Society for the Prevention of Accidents (RoSPA) for information on the new child car seat law which came into force on 18 September in the UK.

Kevin Clinton, RoSPA Head of Road Safety, said: "The interest has been phenomenal. It does show that people are aware that changes are on the way and they need to be prepared for them. The law makes it compulsory for children to use child car seats or booster seats. In the past, most children in cars have only had to be in an appropriate child restraint 'if available'. That loophole disappeared on September 18 meaning children under 12 will no longer be able to wear an ordinary seatbelt (with very few exceptions) in a car until they are over 4ft 5in (1.35m).

The Government estimates that if people comply with the changes, the legislation could save about 2,000 injuries a year among children on Britain's roads. Those who ignore the law face a £30 fixed penalty notice or £500 fine if the case goes to court.

"But it shouldn't take the threat of punishment to ensure children are as safe as possible in cars," Kevin Clinton said. "Adult seatbelts are designed for adults and not children and will not offer the same protection as a child car seat or booster seat or cushion. Parents should see this as a piece of positive legislation designed to reduce the likelihood or severity of injuries in a crash."

Also on September 18, new regulations were introduced requiring coach, bus and minibus passengers over 13-years-old to wear seatbelts where fitted.

For more information see RoSPA's special website: <http://www.childcarseats.org.uk>

## ► Consumer safety

### ANEC Position Paper on the Revision of the New Approach

ANEC has recently issued a genuine position paper on the revision of the New Approach to Technical Harmonisation as proposed by the European Commission. The New Approach aims to improve the balance between the respective public and business interests.

ANEC acknowledges that the New Approach has contributed to the completion of the Internal Market, product safety, and consumer protection. Nonetheless, many problems have been faced in defending consumer interests in the field of standardisation and in ensuring an adequate level of safety. For instance, in a recent enquiry

carried out by the European Commission regarding the

publication of references of standards in the Official Journal that fall under the scope of the General Product Safety Directive, ANEC opposed the publication of 7 out of 9 standards, dealing with childcare articles, due to significant flaws in the specifications.

The problems are generated by inherent shortcomings of the New Approach system, for instance, that it is almost entirely based on standards bodies. Also, in Technical Committees at European level, industry is normally in the majority, reflecting an imbalance in representation in many national





standards bodies. This does not ensure balanced decision-making, and particularly, the set up and processes of the Standards Bodies disadvantage minority positions.

Therefore, ANEC believes that a fundamental review of the New Approach is needed, going beyond the Commission's current proposal, in order to improve the balance between public and business interests - for instance by strengthening the role of public authorities when developing detailed specifications. Standardisation ought to be complemented by the option to task a Committee of Member States (Comitology), supported by an expert group (stakeholder advisory forum), to set limit values or other key requirements, to resolve problems encountered in the standards bodies and to react on market developments quickly. This procedure needs to be open to all stakeholders, including public interest stakeholders, such as consumers.

Furthermore, ANEC is convinced that a democratic reform of the European Standards Organisations is needed. In relation to this, ANEC has developed a catalogue of measures to improve public interest stakeholder participation in CEN and CENELEC (ANEC-GA-2006-G-004).

Finally, ANEC reiterates that consumers do not endorse the extended use of the New Approach in policy areas such as the environment, energy, food and health, unless such reform has been implemented. The New Approach should not be considered as the general model applicable in the whole products or services area. Specific standardisation projects in these areas can be useful, but this should be decided on a case-by-case basis.

*Source and more information:*

<http://www.anec.org/attachments/ANEC-GA-2006-G-036.pdf>



### **Commission urges Member States to take action on mini-motorbikes**

In recent months, the Commission has been alerted to the increasing number of inexpensive mini-motorbikes being imported into the European market. These products are reduced – scale copies of normal motorbikes. Several Member States have reported serious or even fatal accidents involving such products and have detected major design and construction defects. Moreover, these products are often used on public roads despite the fact that such use is not permitted.

The Commission does not consider these products to be toys, since they are not designed or intended for use by children under 14 years of age. Nor do they fall under the EU legislation relating to the type-approval of two or three wheel motor vehicles.

Mini-motorbikes therefore fall within the scope of the Machinery Directive, as well as the Directive on electromagnetic compatibility (Directive 2004/108/CE). In addition, as mini-motorbikes are products intended for consumers, certain provisions of the General Product Safety Directive may be used.

In light of the reported accidents and the serious risks for consumers, the Commission has invited Member States to conduct market surveillance concerning mini-motorbikes and to report the outcome to both the Commission and other Member States by the end of December 2006.

In addition, Member States have been invited to urgently take all necessary measures to protect the safety of consumers, such as:

- providing guidance for the authorities in charge of market surveillance for machinery, consumer protection, customs and road safety;
- giving advice to manufacturers, importers and distributors;
- making information available to the public;
- sampling and testing mini-motorbikes, and
- ensuring the withdrawal from the market of unsafe products.

*More information is available at:*

[http://ec.europa.eu/consumers/cons\\_safe/news/index\\_en.htm](http://ec.europa.eu/consumers/cons_safe/news/index_en.htm)

## Intertek RAM Product Safety Training

Intertek Risk Assessment & Management understands the role of risk in moving business forward. When an unsafe product is released to the market, it poses a risk to consumers and to a company's reputation. By practicing essential product safety in the first stages of design, a company can create an essential competitive advantage in the marketplace.

In product safety, knowledge is power. The more you know, the more you can apply to the development and distribution of your product.

Intertek RAM, the world's leading expert on product safety, is offering a Product Safety Training course that addresses key issues involved with integrating safety into business processes. Presented by leading experts in the field of safety, including international safety attorneys and product testing authorities, Intertek RAM Product Safety Training provides you with the tools to enhance brand value and improve market performance.

Product Safety Training courses are being offered:

- September 19, 2006 in Dusseldorf, Germany (in German)
- September 20, 2006 in Nuremberg, Germany (in German)
- September 27-28, 2006 in Brussels, Belgium

The Product Safety Training Course is appropriate for anyone involved in the production of products consumed by the general public. The content introduces key safety principles, and outlines the components necessary for companies and professionals to implement a process that will produce the safest products possible.

This course features interactive lectures and activities addressing topics such as injury data analysis, foreseeable use, and human factors.

To register online please visit <http://www.ramestraining.com> or call 00 44.20.7491.6480

## ► Injury Database

### IDB update: a system is only as strong as its members

This saying also holds true for the European Injury Database (IDB) approach to injury surveillance: Dedicated organisations in the Member States implement an IDB compatible injury surveillance system for national purposes and provide a common EU part of the data set as their IDB contribution. Ideally, IDB compatibility implies a representative sample of hospitals apt for extrapolation of sample results to national level. The EU part of the IDB system provides central support (data upload, training and maintenance of common tools) and dissemination of results (public database access, EU report, newsletter etc.) through DG Sanco and Community Action Programmes, currently the Public Health Programme (PHP).

At the beginning of the IDB project in 2004 organisations from seven countries (AT, DK, FR, GR, NL, PT, SE) were collecting data on home and leisure accidents. A specific goal of the project was to promote the expansion of the IDB to as many old and new EU Member States as possible in order to

strengthen the role of the IDB in EU injury surveillance.

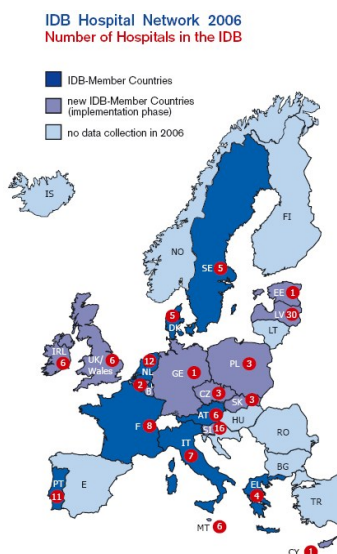
Furthermore, the scope of the injury surveillance system was to be expanded from the collection of home and leisure accidents to the collection of all injuries in order to increase the efficiency of IDB data collection and the utility of IDB data.

### Status of IDB implementation 2006 – a mid-term balance

Now, two years after the start of the IDB project an additional four "old" and eight "new" Member States started "all injuries" IDB pilot implementations (CY, CZ, EE, LV, MT, PL, SI, SK) or resumed IDB data collection (BE, GE, IT, IE). In addition, UK-Wales and Turkey are willing to launch IDB start-ups (TR) or to adjust existing injury surveillance systems (Wales), and more countries are expected to follow during the course of the succeeding IDB projects. Despite this remarkable balance the IDB implementation in the new IDB partner countries is still fragile and its continuation depends on future



national finances and/or national legislation – which in turn depends on political commitment of national governments.



### Political commitment wanted

Only recently a Communication from the European Commission to the Council of Health Ministers and the European Parliament was prepared by DG Sanco that is calling upon the Member States for increased efforts in injury prevention, and thus also in injury surveillance. The adoption of the Communication as a recommendation to the Member States is foreseen under the Finnish presidency and is expected to raise political commitment of national governments also towards the IDB as a cost-effective and cost-sharing model for both national and EU level injury surveillance. The recommendation will be accompanied and followed up by respective Community projects in order to keep up the momentum and to reach the critical mass of IDB participation.

### Sticking to the law – IDB Data protection policy

The primary source for the dissemination of IDB results at EU level is the public IDB access at the IDB website: <https://webgate.cec.eu.int/idb>. The public IDB access allows for interactive analysis of an aggregated and completely “de-personalised” extract of the original single record data as submitted by the National Data Administrators (NDAs), and does not contain any

personal data at all (“personal data” refers to any information relating to an identified or identifiable natural person; an identifiable person is one who can be identified, directly or indirectly, in particular by reference to an identification number or to one or more factors specific to his or her physical, physiological, mental, economic, cultural or social identity). Based on user feedback the public IDB access will be constantly improved and shall eventually provide answers to the majority of IDB requests.

For reasons of flexibility of data aggregation and for in-depth studies the original single record data is also stored at DG Sanco. Even though it is almost impossible to identify a patient “behind” an IDB record it is still considered personal data (“case data”) and hence subject to respective EU and also national legislation.

DG Sanco has therefore recently issued a data protection policy for the IDB that implements the Data Protection Directive 95/46/EC on the protection of individuals with regard to the processing of personal data. This policy also reflects the result of the study “IDB Ownership Rights, Rules of Dissemination, and Data Protection Needs” by the University of Athens, as part of the IDB project. Basically, the IDB data protection policy restricts the access to single record IDB data to:

- the IDB data suppliers;
- the head of Public Health Programme Management Unit at the EC;
- the head of Product and Service Safety Unit at the European Commission; and
- service providers, that are temporarily linked to the EC by contract.

The IDB Data Protection has been sent out for comments to the IDB National data Administrators.

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## ► Adolescents & risk taking



### Tackling injuries among adolescents

The AdRisk project responds to the Public Health Programme Work Plan 2005 that calls for an integrated project that 'analyses national policies and strategies to reduce risk-taking behaviour among young people (aged 15–24) and to identify existing models of good practice'. The project is co-ordinated by KfV (the Austrian national institution in charge of injury prevention and safety promotion) in collaboration with four European organisations - the National Public Health Institute Finland, the National Centre for Public Health in Hungary, the Azienda ULSS 20 Verona and the Consumer Safety Institute in the Netherlands. It is supported by the EuroSafe network.

In Europe unintentional and intentional injuries account for 65% of all deaths among adolescents. Injury is also the leading cause of hospitalisation in this age group accounting for 20% of all visits to Accident & Emergency departments in most EU-Member States. For example, the mortality rate of adolescents in accidents (51.8/100,000) is considerably higher than the mortality rate of the whole population (34.6/100,000). In addition, the mortality rate of adolescents in attempted suicides (ranked second in the categories of causes of death among young people aged 15–24) and other causes of injury is also slightly higher than that of the whole population.

Adolescents' high mortality and morbidity in injuries can be partly explained by their risk-taking behaviour and lifestyles which may include experimentation with and consumption of alcohol and drugs, and their vulnerability to violent acts and emotional crises. In order to understand the nature of risk-taking behaviour a thorough understanding is required of the problems and situations facing adolescents. Addressing this issue is at the heart of the AdRisk project.

According to Eurostat, within the EU25 there are 58 million young people aged 15–24 which is 12.7% of the total population. Road accidents, sport and leisure activities such as drowning, interpersonal violence, work related accidents and self-harm are the five main causes which have been identified. Whereas significant progress has been made in preventing injury deaths and disability in most other age groups, adolescents remain at excess risk from injury. For instance, for work injuries youth incidence rates are twice as high as that of adult employees. For traffic

injuries, the rate of injury per kilometre driven is many times higher

for adolescents than for adults and their susceptibility to alcohol intoxication related crashes is far higher than among adults. Inexperience, as well as physical, cognitive and emotional developmental characteristics play an important part in the risk of injury that youth are facing in their physical and social environments.

The AdRisk team recently came together in Vienna on September 4–5 for a kick off meeting and will, in the following 30 months, work together and contribute to the development of specific interventions. As former European projects and collaborations have shown, much can be gained in efficiency and effectiveness by tapping into existing knowledge and expertise, in particular, with respect to efforts aimed at raising awareness and making risk communication more effective. For this reason, the AdRisk project will facilitate and encourage national NGOs and youth-related agencies to develop national programmes for action on injury prevention among adolescents and integrate youth into existing programmes. Ultimately, the project will support the implementation of country programmes and activities that should contribute to reducing the high toll of injuries among adolescents in EU Member States and candidate countries.

The overall vision of the project is that adolescents (living in a transitory period of their lives) need tools to understand that their lifestyle and behaviour make them subject to risks, and therefore to injuries, and the accompanying burden. Adolescents need to be included and integrated in interventions. Ideally, young people should be provided with arguments and tools to allow them to assess and cope with risk-taking in order to reduce the toll of injuries.

In the last few decades the life of young people in Europe has undergone certain changes: transition from education to working life has slowed down as young people stay longer in education and leave their parental homes later. Furthermore they also wait longer before they get married and form their own families. Within this context, adolescence and the transitory period of so-called youngish behaviour is extended.

It is not necessarily the case that adolescents are ignorant of risks, as risk perception is

strongest when one is young and decreases with age, but rather they fail to perceive the possibility of an injury in their everyday activities. If risk-taking is defined as a voluntary and conscious exposure to danger, three elements are to be taken into account: the voluntary aspect (i.e. a possibility to choose or avoid the action), the negativity of the outcome and in the third place, the chance of realisation of negative consequences. In risk-taking the subject has an active, choosing role, whereas risk and exposure are based on calculations in which the role of the subject is passive.

Many of the prevention programmes aimed at adolescents are repressive and see young

people as passive subjects, failing to involve the target group in a constructive way. A new approach is needed to prevent injuries among young people. The AdRisk project is addressing this problem and wants to tackle injuries among adolescents by empowering young people to help themselves in making the right choice when dealing with risks.

*For further information please contact:  
AdRisk Project: Ursula Löwe, Project Coordinator ([Ursula.Loewe@kfv.at](mailto:Ursula.Loewe@kfv.at)) or Euro Safe Task Force Adolescents and Risk taking: Task Force Leader Anne Lounamaa ([anne.lounamaa@ktl.fi](mailto:anne.lounamaa@ktl.fi)).*

## ► Community safety

### **Making Communities Safer: 11-12 October, 2006 in Copenhagen**

Making communities safer is the joint responsibility of national and local authorities. It is also the joint responsibility of police, fire, medical and emergency management, homeland security, and even defence agencies. Moreover, making communities safe is not only a government responsibility but also a private sector concern and the duty of all citizens.

Communities face a wide array of threats to safety, including natural disasters, epidemics, fires, accidents, crime, and disorder. Today, the additional threat of terrorism has surged to the head of the list in the United States and many other countries.

The “Making Communities Safer” conference will bring together Nordic and American experts and officials from all safety and security fields, representing government and the private sector, to share experiences and new developments and to consider how best to make communities safe in the post-9/11 world, and which strategies for collaboration we can find. The emphasis will be on international perspectives and multi-disciplinary solutions.

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## ► Safety for seniors

### **New research sheds light on falls prevention among elderly**

To readers of the Alert it is probably a well-known fact that falls are the most common cause of unintentional accidents of elderly people in the EU. To address this problem a lot of fall prevention programmes have been developed, evaluated and reviewed during the last decade.

One of the big ‘challenges’ a lot of these programmes have faced is how to involve the elderly in an active way. Fortunately, recent

research carried out by Chris Todd and Dawn Skelton from the University of Manchester, UK, on behalf of ProFane (Prevention of Falls Network Europe) has shed new light on the way injury prevention practitioners have to communicate with elderly about falls and fall prevention.

The results of this research were presented by Todd and Skelton in a breakout session at the first EuroSafe Conference on Injury



Prevention and Safety Promotion held in Vienna last June. Their research shows that elderly people don't want to be conscious of the risks of falling. They think that fall prevention advice is for other people who are much older, sicker and/or more disabled than they are themselves. In addition, they find it humiliating that they are seen as being old, frail and dependent. And last but not least: agreeing to follow the advice does not lead to taking action!! Take the example of a nice elderly woman who agrees that it is totally irresponsible to stand on an unstable chair to get something from the top shelf, but will probably keep doing it for the rest of her life.

Health promotion practitioners tend to respond to this behaviour by doubling their efforts to make elderly aware of the risks of falling. Home visits are made, peer education initiatives are carried out and more leaflets and checklists are produced, but this is probably all counterproductive.

Instead of trying to convince the elderly of the risk of falling, Todd and Skelton suggest abandoning the advice on risks altogether

and replacing it with promoting activities that improve the elderly people's fitness, balance and mobility. For example, focus on improving the convenience of the home environment or the positive effects on their well-being by reducing medications.

During the break-out session at the Conference it became very clear it is not only important to know what kind of interventions work to prevent unintentional accidents among elderly. It is maybe even more important how the message is communicated!

For more information on this subject: <http://www.ProFane.eu.org> (work package 4)

'Don't mention the F-word. Advice to practitioners on communicating fall prevention messages to older people' (<http://www.helptheaged.org.uk>)

For guidelines on good practice, please download the good practice manual on the EUNESE website (<http://www.eunese.org>)

## ► Sport safety

### Sports injuries in France: Results from the Permanent study on home and leisure injuries (Epac network)

Published by the Institut de Veille Sanitaire in July 2006, the 'Permanent study on home and leisure injuries' reveals the results of the French Injury Surveillance System (Epac network) in 2004. In this issue of the Alert we take a closer look at sports injuries in France.

Sports injuries were responsible for 22% of Home and Leisure Injuries (HLIs) in France in 2004. A total of 16,1824 injuries were recorded, almost half of which (43%) were team sports, notably football (62% of all team sports). Sports involving a non-motor vehicle were being practiced in 21% of all HLIs, 73% of which involved bicycles. Winter sports were the cause of 10% of HLIs. The fourth most common type of sport being practised was combat sports (5%), followed by athletics, gymnastics, sports involving animals (4% each), racket sports (such as

tennis or badminton), water sports and other sports (3% each).



The majority of people practising a sport when they suffered their injury were aged between 5 and 29 years (79%). The 10 to 14 age group alone included 30% of the injured people. More than two-thirds of all sports injuries were suffered by males (70%).

For more information on sporting and all other types of injuries in France please go to <http://www.invs.sante.fr>, "Dossiers thématiques", "Accidents de la vie courante".

Source: Thélot B., Ricard C. 'Results of the permanent study on home and leisure injuries, 2004. Epac network. Institut de Veille Sanitaire, July 2006.

## ► Violence prevention

### Violence Prevention Alliance Working Group on Club Health: Youth Violence, Alcohol and Nightlife

The World Health Organization (WHO) Violence Prevention Alliance (VPA) has created a Working Group for professionals interested in the prevention of violence associated with youth in nightlife settings (the VPA Working Group on Club Health: Youth Violence, Alcohol and Nightlife). The links between youth violence and alcohol are well documented, although internationally uniform data on alcohol-related youth violence in nightlife is uncommon. Nevertheless, research and surveys conducted in a number of countries do provide some insight into the levels of alcohol-related youth violence in nightlife settings (Box 1). The functions of the Working Group include:

- Developing an email network to share experience and practice internationally;
- Collating useful documents;
- Providing basic advice and signposting to those wishing to learn from experience elsewhere;
- Producing fact sheets bringing together the latest research, policy and evidence on the development of safer nightlife environments.

#### *Alcohol-related youth violence in nightlife settings*

A range of factors can increase young people's risks of becoming both victims and perpetrators of alcohol-related youth violence (see EuroSafe Alert, Vol 1 Issue 1). Specifically related to nightlife, these include being male, being young (e.g. age 16-29; England and Wales) and drinking frequently and in large quantities. Furthermore, alcohol-related violence in nightlife is often associated with drinking venues that are crowded and uncomfortable (e.g. untidy, noisy, smoky, poorly ventilated), poorly managed (e.g. untrained staff, aggressive door supervisors) and that have an overall 'permissive' attitude. Outlet density and poor availability of public transport have also been identified as factors that increase the potential for violence, while areas such as fast food outlets and taxi ranks that attract large crowds of intoxicated young people are often the scene of violent incidents.

Alcohol-related youth violence in nightlife settings places huge burdens on individuals, communities and wider society. Severe physical injury can result from alcohol-related

violence, with one study in Wales finding 72% of assault

patients presenting at an Accident and Emergency department at weekend nights had some form of facial injury. Furthermore, across the UK 8% of facial injuries sustained in assaults were inflicted by the use of a glass or bottle, potentially causing permanent scarring and emotional and psychological trauma. Consequences are also placed on perpetrators of alcohol-related youth violence in nightlife, through judicial penalties, which may impact on future educational and employment prospects. Furthermore, public perceptions of high levels of anti-social behaviour lead to increased fear of crime and prevent people from visiting town and city centres at night, hampering efforts for diversification of nightlife settings and regeneration. In the USA, the total costs of violent crime related to youth drinking have been estimated at \$29 billion in 1996 (1998 prices).

Addressing these risk factors for alcohol-related youth violence in nightlife is essential in reducing the huge burdens on individual health, public services and communities. Prevention programmes that aim to reduce access to alcohol or modify drinking and nightlife environments can reduce alcohol-related youth violence in nightlife. Such interventions include improving management and staff practice in drinking venues through training programmes, providing safe late night transport, improvements to street lighting and use of closed-circuit television in nightlife areas. The VPA Working Group on Club Health: Youth Violence, Alcohol and Nightlife will be producing a number of fact sheets bringing together the latest research, policy and evidence on the development of safer nightlife environments that protect and promote health and ultimately reduce alcohol-related youth violence in nightlife settings.

*(For space considerations the references in this article have been removed. To read this article with references please go to <http://www.EuroSafe.eu.com/csi/EuroSafe2006.nsf/www/VwContent/13news-asdffasf.htm>)*

**For further information or to become a member of the working group please contact:**

Professor Mark A. Bellis, Chair of VPA Working Group on Club Health: Youth Violence, Alcohol and Nightlife:  
[m.a.bellis@ljmu.ac.uk](mailto:m.a.bellis@ljmu.ac.uk) or go to



#### Box 1

##### Levels of alcohol-related youth violence in nightlife settings

- In a community sample of 18–30 year olds in the USA, almost 25% of men and 12% of women had experienced violence or aggression in or around a licensed bar during the previous year.
- In England, a study of 17 to 35 year olds visiting a large city centre nightlife area found 19% had been involved in a fight in or outside a pub or club in the last year: seven in ten of these had consumed alcohol.
- Research found one in twenty young pub-goers in Amsterdam had been involved in a fight whilst on a night out during the last year.

## ► Vulnerable road users

### EuroSafe Task Force on Vulnerable Road Users

Vulnerable Road Users are defined by the Organisation for Economic Cooperation and Development (OECD) as those unprotected by an outside shield namely pedestrians and two-wheelers. Vulnerable Road Users especially elderly and children have a greater risk of mortality than other road users. Half of all pedestrian fatalities in Europe concern elderly and road transport injuries are the leading cause of death among 5-14 year old children.

Therefore the European Commission highlighted the safety of Vulnerable Road Users in the "Communication from the Commission to the European Parliament and the Council on Actions for a Safer Europe" as one of seven priority areas. To correct the huge underreporting of injuries of vulnerable road users in road injury statistics and define good practices on Member State and local level the work package "Initiatives for interventions of the public health sector to prevent accidents among vulnerable road users", part of the joint project of the EC "Strategies and best practices for the reduction of injuries (APOLLO)" started 2006 and will end in 2008.

EuroSafe is creating a Task Force on Vulnerable Road Users to accompany these developments on the European level. This Task Force will concentrate on the following issues:

- Establishment of a network of experts in the field of injury prevention for Vulnerable Road Users from a Public Health point of view;

- Exchange of information between this Task Force and already existing networks in particular in the field of road traffic safety;
- Sharing of knowledge on correct injury data, priority areas and indicators of Vulnerable Road Users as well as good practices from a Public Health point of view with the involved networks;
- Dissemination of latest results of European projects dealing with Vulnerable Road Users from a Public Health point of view through the EuroSafe website and the EuroSafe Alert;
- Initiating projects on injury prevention for vulnerable road users involving European injury experts from the Public Health as well as the transport sector to facilitate action on injury prevention on vulnerable road users at Member State level.

The EuroSafe Task Force on Vulnerable Road Users will bring together experts from the field of Public Health as well as the transport sector to facilitate a network of exchange of already existent results and good practice. The overall aim of the Task Force is to improve the safety of vulnerable road users on European streets by using the possibilities provided by the Public Health Sector.

*If you are interested in joining the EuroSafe Task Force on Vulnerable Road Users please contact Claudia Körmer at [claudia.koermer@kfv.at](mailto:claudia.koermer@kfv.at) or by phone +43-577077- 1306*



### Improving global road safety

United Nations General Assembly resolution A/60/5 on Improving global road safety, adopted in October 2005, invited the UN regional commissions and WHO to jointly organise the first United Nations Global Road Safety Week. The Week is to be held from 23-29 April 2007, with a theme of "young road users" – as young people constitute a major group at risk of death, injury and disability on the road. The objectives of the Week are to: raise awareness about the societal impact and costs of road traffic injuries and to promote action around key factors which have a major impact on preventing road traffic injuries (helmets, seat-

belts, drink driving, speeding and infrastructure). The slogan for the Week is "Road Safety is No Accident" which highlights the fact that improving road safety does not happen by accident, but requires deliberate efforts on the part of many sectors of society – governmental and non-governmental alike.

During the Week it is envisaged that a large number of international, national and local events will be hosted all over the world. These may include high-level policy discussions on road safety, launches of new road safety strategies or plans of action, implementing new legislation related to road safety, or other advocacy events, including some involving national media. Many



partners will participate including governments, United Nations agencies, civil society organisations and the private sector.

The main global events for the Week will be hosted at the Palais des Nations in Geneva, Switzerland, and will include the following:

- World Youth Assembly for Road Safety: The Assembly will be modelled on the format of the United Nations General Assembly, involving delegations of young people from around the world. Delegates will develop a road safety resolution, and use the forum to exchange ideas and

experiences on ways to promote road safety in their countries.

- Second Global Road Safety Stakeholders' Forum: The Forum will convene representatives of governments, United Nations agencies, civil society and the private sector to share experiences and define ways to contribute collectively towards advancing road safety efforts around the world.

*For further information, please visit:*

<http://www.who.int/roadsafety/projects/week/en/index.html>

### Launch of the report of the Commission for Global Road Safety

On 8 June the report from the Global Commission on Road Safety was launched in London. This Commission was created by the FIA-Foundation for the Automobile and Society in 2005. The Chair person is Lord Robertson, former Secretary-General of NATO.

"Every day 3000 people are killed in road crashes. We know that many of these deaths are preventable. But we need political leadership from the G8 and a significant increase in resources if we are to make roads safe." Lord Robertson, Chairman of The Global Road Safety Commission.

The objectives of the Commission's Report are to frame road safety as a development issue and bring it to the attention of the leaders of the G8 and other key policymakers dealing with development issues.

The Commission Report uses the WHO/ World Bank World report on road traffic injury prevention as its basis and advocates for greater support for the implementation of its recommendations.

The main recommendations of the report are directed to the G8 leaders and the international community in general. They are invited to:

- re-commit support to the implementation of the WHO/ World Bank World report on road traffic injury prevention, including by increasing funding for its implementation efforts to 300 million USD over 10 years;

- support the call for a Conference of Ministers of Transport, Health and Interior, to be organised by the United Nations in 2008;
- support the creation of a Global Road Safety Charter to which stakeholders can pledge their support to the implementation of the World Report; and
- contribute to the development of a global action plan for road safety.

Lord Robertson and David Ward (Director General FIA-F) presented the Report at an event held at the Queen Elizabeth II Conference Centre in London, UK. Responses and comments were provided by Etienne Krug (WHO), Tony Bliss (World Bank) and Carla Gonzales (Minister of Transport Costa Rica) and David Njoroge, AA Kenya.

*More information:*

*Make Roads Safe launch*  
[http://www.fiafoundation.com/commissionforglobalroadsafety/make\\_roads\\_safe\\_report\\_launched.html](http://www.fiafoundation.com/commissionforglobalroadsafety/make_roads_safe_report_launched.html)

*The Commission Report is available at*  
<http://www.makeroadssafe.org>

*Source: The Road Ahead Newsletter:*  
[http://www.who.int/violence\\_injury\\_prevention/en/](http://www.who.int/violence_injury_prevention/en/)

## Helmet use saves lives: Increasing helmet use promoted as an effective method of reducing road injuries and deaths

Each year about 1.2 million people die as a result of road traffic crashes, and millions more are injured or disabled. Most of the deaths are preventable. In many low-income and middle-income countries, users of two-wheelers - particularly motorcyclists - make up more than 50% of those injured or killed on the roads. Head injuries are the main cause of death and disability among motorcycle users, and the costs of head injuries are high because they frequently require specialised medical care or long-term rehabilitation.

Wearing a helmet is the single most effective way of reducing head injuries and fatalities resulting from motorcycle and bicycle crashes. Wearing a helmet has been shown to decrease the risk and severity of injuries among motorcyclists by about 70%, the likelihood of death by almost 40%, and to substantially reduce the costs of health care associated with such crashes.

The World Health Organization (WHO) is intensifying efforts to support governments, particularly those in low-income and middle-income countries, to increase helmet use through a new publication, *Helmets: a road safety manual for decision-makers and practitioners*.

The manual is a follow-up to the World report on road traffic injury prevention, published in 2004 by WHO and the World Bank, which provided evidence that establishing and enforcing mandatory helmet use is an effective intervention for reducing injuries and fatalities among two-wheeler users. The manual has been produced under the auspices of the UN road safety collaboration, in collaboration with the Global Road Safety Partnership, the FIA Foundation for the Automobile and Society, and the World Bank, as one of a series of documents that aim to provide practical advice on implementing the recommendations of the World Report.

The importance of increasing helmet use follows dramatic growth in motorisation around the world, largely from increasing use of motorised two-wheelers, particularly in Asian countries. In China, for example,

motorcycle ownership over the last ten years has increased rapidly. In 2004 it was estimated that more than 67 million motorcycles were registered in the country, and approximately 25% of all road traffic deaths were among motorcyclists and their passengers.

"We want to make helmet use a high priority for national public health systems," says Dr. Anders Nordström, Acting Director-General of WHO. "We need to stress not only the effectiveness of helmets in saving lives, but the fact that helmet programmes are good value for money. Countries will recoup their investment in these programmes many times over through savings to their health care systems, as well as savings to other sectors."

Many countries have succeeded in raising rates of helmet use through adopting laws that make helmet use compulsory, enforcing these laws, and raising public awareness about the laws, as well as the benefits of helmet use. This new helmet manual draws on such examples.

In Thailand, for instance, 80% of the 20 million registered motorised vehicles are motorcycles. In 1992, when helmet use was not mandatory, 90% of deaths resulting from traffic injuries were among motorcycle users, almost all due to head injuries. Legislation passed in the north-eastern province of Khon Kaen to make helmet use mandatory, supported by enforcement and publicity programmes, led to a 40% reduction in head injuries among motorcyclists and a 24% drop in motorcyclist deaths within the two years.

This new manual provides technical advice to governments on the steps needed to assess current helmet use, and then design, implement and evaluate a helmet use programme. The manual addresses specific issues pertinent to many low-income and middle-income countries, such as:

*In addition to the publication of this manual, WHO has also established a network of experts working to increase helmet use, and supports helmet programmes directly in its country work on road safety.*

*The helmet manual can be found at: [http://www.who.int/violence\\_injury\\_prevention/publications/road\\_traffic/en/index.html](http://www.who.int/violence_injury_prevention/publications/road_traffic/en/index.html)*

## ► Work safety

### Work place safety in the Veneto Region

The Veneto region of Italy, home to ULSS20, a local health authority and lead institute of EuroSafe's Task Force on Work Safety, produces 9% of Italy's total national GDP. Only Lombardia with 20.3% and Lazio with 9.9% score higher. In addition, the Veneto region – with around 2 million workers - has a share of 9.1% of the total national number of work units, one work unit being one person working a full year on a full-time basis.

Research carried out by the European work-related project, INTERREG III, among the Enlarged Alpine Territory regions shows that in 2003 the Veneto region had the highest number of worked hours per person – a total of 1,748 hours. The Enlarged Alpine Territory includes all of Austria, Slovenia and parts of France, Germany and Italy and two non-Members States, Switzerland and Liechtenstein.

These few but meaningful figures give a clear picture of the importance of the work safety issue in the Veneto Region and the role of ULSS20 in providing health services to more than 450 thousand people in Veneto (10% of the entire regional population).

In order to effectively tackle the work safety issue in Veneto a consolidated collaboration

exists between the statistics' and regional health institutions. This makes it possible to obtain a wide database of reliable, homogeneous and comparable work safety data which has, in a relatively short period, become a fundamental tool for policy makers, practitioners, managers and other stakeholders in defining sound work safety policies, taking decisions and drafting guidelines.

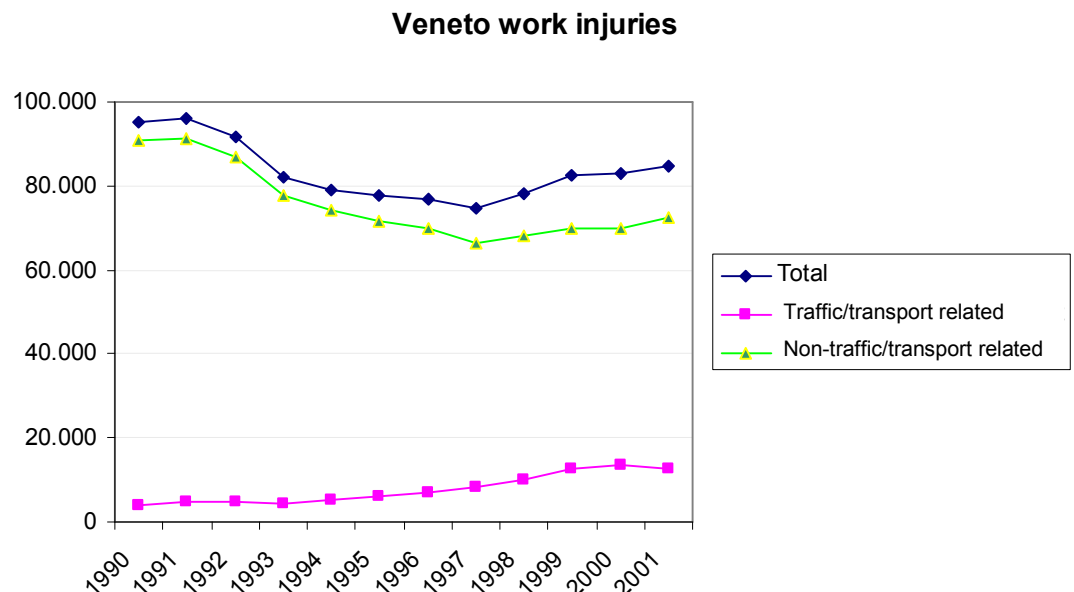
The 'Atlas of workplace injuries in the Veneto Region 1990-2001' (original title 'Atlante degli Infortuni sul lavoro nella Regione Veneto, anni 1990-2001) published in February 2006, is one of the most complete pieces of Italian regional research in the field of work safety and is considered a milestone in the process of the diffusion of a safety culture.

In Veneto it is possible to identify a decreasing trend in the number of injuries up to 1997, partly explained by the economic crisis of this period (see graph 1). From 1998 the trend changes and the number of injuries start to increase again. The reason for the trend changes can be explained by a variety of factors, all of which are discussed in the above study. The most important factors are listed below:

1. A certain degree of economic growth.



**Graph 1:** Injuries recorded (successful claims) by the Work Injuries National Insurance Institution (INAIL) in the Veneto Region



2. Insurance policies were extended to cover new subjects and new type of risks;
3. The improvement of legislation in the field of road accidents during work time led to identifying a greater number of road accidents as 'work-related road accidents'. This was the single most important factor explaining the increase in work injuries.
4. The increase of new types of injuries connected to a new division of work tasks (e.g. more specialisation, different types of specialisation etc) and to the introduction of new technologies.
5. The introduction of new types of employment contracts and the continuing change of the characteristics of the work force.

All these considerations provide a hint of the complexity of the matter and even more importantly, the dynamic aspect of the phenomenon of 'work injuries' which is tightly linked to the economic, social, cultural, and environmental situations that are constantly changing. This reinforces the importance of continuously monitoring the variables involved in order to better understand the degree of correlation and to be able to 'anticipate', to a reasonable extent, the future needs of 'work safety'

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## ► Cross-cutting issues

### UK East Midlands Regional Action Plan

With one of the highest death rates from accidents in the UK, the East Midlands Avoidable Injury Strategic Overview Group (EMAISOG) has recently started implementing its regional action plan to make the East Midlands region a safer place.

EMAISOG's action plan builds on the release of a national report from the Accidental Injury Task Force to the Chief Medical Officer in which it was recommended that action be taken in four key areas:

- Reducing the number of slips, trips and falls in the elderly.
- Reducing the number of road traffic casualties.
- Improving safety in the home by reducing fires and thermal injuries.
- Reducing the number of deaths and injuries from recreational activity.

The Task Force's report makes it clear that the responsibility for avoidable injury work rests with many organisations, for example the National Health Service, Local Authorities, Police, Fire and Rescue Services and schools. A partnership approach to promoting safety is required to make the most impact.

The voluntary and community sectors can also make an important contribution to promoting safety by providing knowledge, expertise and experience of local issues and a link into communities through which safety messages can be communicated. Local

partnerships should recognise and embrace this contribution.

There is a significant level of activity being undertaken in the East Midlands region which has been recently identified in a mapping exercise, the results of which can be found at <http://www.avoidinjury.org>. The exercise showed that there are opportunities to reduce duplication and to join-up activities. Local leadership is essential to make this happen and that should come through local strategic partnerships and the development of local area agreements.

EMAISOG's leadership at regional level involves delivering a range of actions to assist and inform local delivery of reductions in avoidable injury. In particular, the following:

- Advocacy for avoidable injury reduction, championing the issue to local decision makers and to national policy makers.
- Development and dissemination of the evidence base, through commissioning research, encouraging evaluation of local schemes and publishing information on the above-mentioned website.
- Development of a support network for those involved in accident reduction work across the region.

*For more information:*  
<http://www.avoidinjury.org>



## ► WHO update

### WHO supports Member States on strengthening capacity for violence and unintentional injuries. Salzburg, Austria, 22-23 June 2006

The workshop was designed to provide the European national focal persons for violence and injury prevention with tailored support on strengthening capacity for prevention, building on the WHO TEACH VIP curriculum. 38 Focal persons from 27 Member States of the WHO European Region attended the workshop, run by representatives of WHO Headquarters and WHO/Europe and a guest lecturer. Participants provided a very positive feedback on the relevance of the course to their daily work. The workshop was kindly hosted by the American Austrian Foundation, with support of the Austrian Federal Ministry of Health and Women

[http://www.euro.who.int/violenceinjury/network/20060428\\_2](http://www.euro.who.int/violenceinjury/network/20060428_2)

### 2nd meeting of European national focal points for violence and injury prevention. Salzburg, Austria, 23-24 June 2006

This meeting, attended by 45 participants from 37 countries and by a representative of the European Commission, focused on working on joint projects, and establishing a mechanism to report to the WHO Regional Committee for Europe in 2008 on progress made in implementing the resolution on prevention of injuries in the WHO European Region, passed in 2005. At the meeting, the network agreed on:

- developing web-based tools:
  - a searchable inventory of policies and interventions at the national level to provide access to information on activities going on in different countries
  - a common scheme to facilitate monitoring and reporting on the implementation of Resolution EUR/RC55/R9
- establishing small thematic working groups, to deal with different priority aspects of injury prevention and provide mutual support;
- undertaking joint advocacy activities, notably in the fields of violence prevention and road traffic safety, in view of the 1st

UN Global Week on road safety (April 2007).

The meeting was kindly hosted by the American Austrian Foundation and the Austrian Road Safety Board (ARSB) Department of Home, Leisure & Sports, with the support of the European Association for Injury Prevention and Safety Promotion (EuroSafe) and of the Austrian Federal Ministry of Health and Women.

[http://www.euro.who.int/violenceinjury/network/20060420\\_1](http://www.euro.who.int/violenceinjury/network/20060420_1)

### Reducing inequalities from injuries in Europe

Death and disability from injury are rising in eastern Europe. In this article published by the Lancet, WHO/Europe points out that people in low-to-middle-income countries in the Region have a much higher risk (3-6 times) to die from injuries than those in high-income countries. It also illustrates how half a million lives in the Region could be saved by using recent knowledge to prevent injuries and thus redress social injustice in this area.

*Lancet*, 2006 DOI:10.1016/S0140-6736(06)68895-8

[http://www.euro.who.int/violenceinjury/publications/20060718\\_1](http://www.euro.who.int/violenceinjury/publications/20060718_1)

### Violence against children: two major publications coming out in October

The final report of the UN Secretary-General's Study on Violence Against Children will be launched, together with a number of related documents, on 11 October 2006 during the United Nations General Assembly. WHO has provided extensive technical support for the study, drawing upon the violence prevention knowledge and experience brought together by the World report on violence and health and the Global Campaign for Violence Prevention. To complement the UN report, WHO has developed a specific document to assist countries to design and deliver programmes for the prevention of child maltreatment by parents and caregivers. Preventing child maltreatment: a guide for taking action and generating evidence will be launched on 16 October 2006.

[http://www.who.int/violence\\_injury\\_prevention/violence/activities/](http://www.who.int/violence_injury_prevention/violence/activities/)

For more information about the work and publications of the WHO Regional Office for Europe on the prevention of unintentional injuries and violence, please refer to:

<http://www.euro.who.int/violenceinjury>

e-mail: [violenceinjury@ecr.euro.who.int](mailto:violenceinjury@ecr.euro.who.int)

## ► AGENDA

### 2006

13-15 October 2006, Melbourne, Australia  
**The 3rd International Conference on Healthy Ageing & Longevity**  
 Email: [info@longevity-international.com](mailto:info@longevity-international.com)  
 Website : <http://www.longevity-international.com>

16-18 October, Melbourne, Australia  
**20th World Congress of the International Traffic Medicine Association (ITMA 2006)**  
 Tel: +61 3 98878003  
 E-mail: [convention@optusnet.com.au](mailto:convention@optusnet.com.au) / [trafficmed@vifm.org](mailto:trafficmed@vifm.org)  
 Website: <http://www.trafficmedicine>

16-18 October, Stuttgart, Germany  
**EU Conference Child in the City**  
 More information: Child in the City Foundation, P.O. Box 822, 3700 AV Zeist, The Netherlands.  
 Tel: +31 (0)30 6933 489  
 Fax: +31 (0)30 6917 394  
 Website: <http://www.europoint-bv.com/child2006>

15-18 November, Montreux, Switzerland  
**EUPHA conference**  
 Website: <http://www.eupha.org>

### 2007

26-28 February, Stratford, UK  
**Road Safety Congress 2007 : Encouraging Education in Road Safety**  
 72nd Road Safety Congress: Call for Papers  
 Date: 26-28 February 2007,  
 Location: Holiday Inn, Stratford Upon Avon  
 Website: <http://www.lapri.org/fundo11.htm>  
 More info: [events@rospa.com](mailto:events@rospa.com)

27-28 March, Telford, UK  
**IOSH 07 conference & exhibition**  
 Health and Safety: the changing world of work  
 Location: Telford International Centre, Telford  
 Tel: +44 (0) 20 7017 5455  
 Website: <http://www.ioshconference.co.uk>  
 Email: [enquiries@ioshconference.co.uk](mailto:enquiries@ioshconference.co.uk)

17-21 September, Paris, France  
**23rd World Road Congress**  
 Paris 2007: The choice for the sustainable development  
 Website: <http://www.paris2007-route.org>

11-13 June, Tehran, Iran  
**16th International Conference in Safe Communities**  
 Website: <http://www.safety2007.info>  
 E-mail: [amoghisi@hbi.ir](mailto:amoghisi@hbi.ir)

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