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EuroSafe Alert

European Association for
Injury Prevention and Safety Promotion

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

"Working together to make Europe a safer Place"

Contents

Welcome note

New' EuroSafe Alert

EuroSafe is pleased to present the first issue of the new EuroSafe Alert, a combination of the WP-AI newsletter and the former Alert.

The integration of these two newsletters is the first visible change reflecting EuroSafe's new role, as from May 2006, as the coordinating body for the communications and support activities of the Commission's injury prevention network under the Public Health Programme. Since the late nineties this function has been carried out by rotating secretariats, the last of which was co-ordinated by the University of Athens who have recently completed their term in office.

The appointment of EuroSafe in this role makes it possible to integrate communication activities with those already developed through EuroSafe, its website, newsletters and other publications. As a professional and representative body EuroSafe can provide an open and participative structure for all who want to be involved, and who are interested, in the activities that are being developed with financial support from the Commission under the Public Health Programme.

EuroSafe would like to thank the European Commission, WHO and all the past secretariats for supporting and managing the WP-AI newsletter and the earlier versions such as the IPP newsletter. A strong foundation has been built which, together with the former EuroSafe Alert, will create a consolidated and effective communication tool.

Justin Cooper, who has been the Editor of the WP-AI, the IPP newsletters and the former Alert for the last five years will also serve as the Editor of the new EuroSafe Alert. By building on the past and maximising current resources EuroSafe will strive to use the new Alert as an effective tool to promote injury prevention in Europe and, in so doing, reach a wider audience of interest groups connected with developments in policy, research and practices relevant for injury prevention.

Rupert Kisser,
Chairman of EuroSafe

Breaking news

Communication on injury prevention on the agenda of the Council of Ministers meeting in second half of 2006

Early June this year, Robert Madelin, director DG Health and Consumer Protection of the European Commission signed the Communication titled "Actions for a Safer Europe". It has been sent to the College of Commissioners for endorsement and released to Member States' governments for discussion during the next meeting of the Council of Health Ministers, planned in the second half of 2006.

A timely initiative of the Commission

Originally it was planned to have the Communication and proposal for a Council Resolution being discussed and agreed during the Austrian Presidency of the Council, but due to other priority issues and an already overloaded health-agenda, it was decided to keep both documents on hold. Nevertheless, the Commission's

initiative has been very much welcomed in previous consultations with representatives from Member States' authorities and with national experts. EuroSafe wholeheartedly supports the initiative to engage in a stronger European exchange and collaboration on injury prevention and safety promotion. The proposals seem to clearly reflect the priorities as identified by injury prevention professionals and foreshadow actions that will create synergy and a better sharing of knowledge and resources.

Major highlights

The Communication focuses on the prevention of accidents and injuries in Europe by public health actions. It is intended to provide a strategic framework which is needed to help all Member States prioritise their actions to reduce accidents and injuries. These actions shall be undertaken in the framework of the Community Public Health Programme (2003-2008), the Consumer Policy Strategy (2003-2006) and successive Community programmes.

In the Communication the Commission highlights the role of the health sector in injury prevention by quantifying the problems, reporting risk factors, advocating primary prevention, disseminating evidence-based strategies, increasing the professional capacities for advising people at risk, leading national action plans and informing the public about hazards and safety precautions.

The Commission proposes to have a Community information system on accidents and injuries being developed which will provide all stakeholders with the best available information about the magnitude of the problem including high-risk population groups as well as major risk determinants and risks linked to certain consumer products and services. This information is a prerequisite for policy-making, gearing of actions and the evaluation of outcomes.

The Commission also pleas for a community wide sharing of information on prevention measures that have been proven to be successful. The effective exchange of experiences will avoid duplication of work, facilitate maximum utilisation of available knowledge and secure greater benefits from limited resources.

Although the Community injury information system in not complete yet, projects carried out with support of the Public Health Programme and analyses of general health statistics can be used as a basis for defining broad priorities. Key priorities for actions on injuries have been determined by the Commission, based on the social impact of injuries in terms of the number, severity and consequences of the various categories of injury, evidence regarding the effectiveness of interventions and feasibility of successful implementation of interventions within Member States. This has led to the identification of the following seven priority areas:

- Safety of children and adolescents;
- Safety of elderly citizens;
- Safety of vulnerable road users;
- Prevention of sports injuries;
- Prevention of injuries caused by products and services;
- Prevention of self-harm;
- Prevention of interpersonal violence.

The Commission proposes that community public health campaigns should be developed in order to inform the public about the quantity of the problems, demand for better primary prevention, disseminate good practices, support networks and provide health administrations of Member States with policy tools for national action.

Next step: Council response

The Commission has proposed that the Council respond to the Communication by adopting a recommendation to the Member States and the Commission on the prevention of injury and the promotion of safety.

For that purpose the Commission has drafted a Council Resolution that endorses the Communication and the initiative taken by the Commission and gives directions as regards the roles that the Commission and the Member States can play in implementing the initiative.

Although the final versions of both documents are not yet authorised, the latest version as released during the consultations late last year can still be accessed on EuroSafe's website (http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l4injuryprevention.htm)

EuroSafe news

EuroSafe Business plan in consultation

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

The draft business plan of EuroSafe has been made available for comments and suggestions from all relevant stakeholders. In the business plan the European Association for Injury Prevention and Safety Promotion identifies its mandate, work focus and operational business plans for the next seven years.

The business plan's purpose is to give direction and work guidance to the EuroSafe organisation, its staff and members. It also meant to inform EuroSafe partners and potential funders about EuroSafe's ambition and the goals to be achieved, as well as the way we want to undertake our business. The business plan is the result of a series of consultations of key stakeholders. The 1st European Conference on Injury Prevention and Safety Promotion will be used as an opportunity to fine-tune the business plan in accordance with the needs voiced by the delegates at the conference.

Past achievements

During 1985-2004 the European Consumer Safety Association (ECOSA), the predecessor of EuroSafe, succeeded in bringing together a range of partners and stakeholders in the field of consumer safety and injury prevention.

With the continuing support of its member organisations ECOSA succeeded in making consumer safety policy an issue at the national and EU-level. The work of the European Child Safety Alliance, launched in 2001, has also contributed to this process.

In 2005 the decision was made to broaden ECOSA's mission to include all injuries and to continue to work under the name EuroSafe. This decision was in response to the call for a more comprehensive and collaborative approach to the injury problem in Europe by the EC. Tying together the various domains of safety interests will align priorities, reduce duplication and help profile the burden of injury and the challenges of safety promotion within national and European policies.

By combining strengths and capacities it will be more successful in preventing injuries and promoting safety.

EuroSafe's vision

EuroSafe and its members want to make life safer for European citizens. This requires consistency of policies, legislation and business standards used throughout Europe that impact the safety of European citizens, as well as continuous awareness raising among professionals and risk groups and assistance in having them to make the right choices for ensuring safety in their professional and daily lives. EuroSafe's vision is "working together to make Europe a safer place."

EuroSafe believes in the added value of cross-cutting activities to benefit all domains and settings in view of increasing their efficiency in reducing injuries. This is in particular to be done by enhancing the quantity and quality of information on the size, nature and main determinants of injury as well as information on good practices: Facts are basic to prevention.

Role of EuroSafe

EuroSafe is dedicated to the transfer and translation of existing knowledge on injuries, risk factors and prevention into practice and creation of new knowledge by synthesising good practices and prevention. The role of EuroSafe is to support country partners in their work by:

- increasing the awareness of key decision makers in Europe as regards the impact of injury in our society and cost-efficient measures to reduce that burden;
- enhancing the availability and the informative quality of injury data at European and its comparability at country level;
- facilitating exchange of good practices in injury prevention and its implementation in countries;

- promoting collaborative actions among various partners in Europe and capacity building by organising seminars, conferences and training events;
- ensuring proper communication with major stakeholders and partners in Europe on developments and the challenges to address.

Partners

EuroSafe's primary partners are European and national decision-makers, practitioners, and academics who can influence policies, standards and regulations, research programmes and infrastructures to support safety promotion and capacity building to reducing injuries.

"EuroSafe is dedicated to the transfer and translation of existing knowledge on injuries, risk factors and prevention into practice and creation of new knowledge by synthesising good practices and prevention."

In partnership with the national partners and agencies in member states, EuroSafe promotes the dissemination of information on injury burden and risks and on good practices to the relevant national target audiences, being policy-makers at national and local level, and practitioners and researchers working in national and local agencies.

Goals for 2013

- By 2013 EuroSafe wants to have created a solid, comprehensive and sustainable programme of activities within EuroSafe that more comprehensively meets the needs of our partners. This will be achieved by:
- Ensuring a better understanding of the size and the societal impact of the injury issue as well as prioritising the major causes which need to be addressed;
- Improving stakeholder access to information on evidence-based good practices in
- Injury prevention and safety promotion;
- Influencing public health policies and enhancing funding opportunities for injury prevention and safety promotion; and
- Creating and maintaining networks for sustainable collaboration on actions in injury
- Prevention and safety promotion in Europe.

Invitation to comment on draft

All stakeholders in government, business, academics, and intervention practice are invited to comments on the draft business plan before 1 August, 2006. All comments will be reviewed and will serve as input for the final version that will become available in Autumn 2006.

The EuroSafe Business Plan is available at:

http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l2businessplan.htm

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 (e.g. researcher, practitioner, policy-maker or other stake-holder) in a particular field please sign up for the directory. To register please go to the EuroSafe website (see link below) and fill in the registration form and send this to the secretariat at secretariat@eurosafe.eu.com

SIGN UP NOW!

http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l2whoiswhoexpertdirectory-.htm

FOCUS on child safety

The time is right to invest in saving children's lives in Europe.

By Joanne Vincenten, Director of the European Child Safety Alliance - EuroSafe

"It is imperative for society to ensure the safety of children as a fundamental human right."

The opportunities to make a difference in the lives of European children could not get better by addressing the number one killer of children.

The need to tackle the child injury epidemic

Injury to children is the number one cause of death for children in every Member State in Europe, not cancer, not respiratory or heart illnesses, or meningitis. Child injury accounts for 36% of all deaths and has the largest environmental burden of disease, with an average of 20,000 deaths for children less than 15 years of age, every year. That is 3 children dying from injury every 3 hours. Yet the impact of injury goes even further. A study in the Netherlands demonstrated that for each child and adolescent death another 150 are hospitalised, another 2,700 treated in emergency departments and still a further 5,000 have a general practice visit for care. For most countries road accidents are the leading cause of injury deaths, yet in some countries in Central and Eastern Europe drowning is the number one cause of child injury deaths.

Children in low and middle income countries are at 4 times the risk of dying from injuries than children in high income countries within Europe, with a ten fold difference between countries with the highest and lowest injury death rates. If all countries in Europe had the same child injury death rate as Sweden (3.6 per 100,000) then over 15,000 child deaths could be prevented. A study in the United Kingdom demonstrated that for children living in the most deprived conditions versus the least deprived conditions the risk of injury is 5 times higher for pedestrians, 16 times higher for fires, 7 times higher for falls, 6 times higher for drowning and 6 times higher for homicides.

The Convention on the Rights of the Child, the most universally embraced human rights treaty in history states that the child has the right to the highest attainable level of health and the right to a safe environment. Therefore, we have a duty to ensure children's rights to safety, and in particular for the following reasons:

- Children do not have access to adequate information, and are not capable of understanding all the implications of such information even if they had it, about the products they use and the environments in which they live, play and travel.
- Very often, many of the environments they have to be in, like roads, schools, playgrounds, and even homes, are not by their own choice or their parents'. The socio-economic conditions they live in determine these options to a large extent.
- It is not possible for children or their parents to judge the potential hazards of many of the modern technological products, especially chemicals.

Therefore, it becomes imperative for society to ensure the safety of children as a fundamental human right. The convention also states "in all actions concerning children…the best interests of the child shall be a primary consideration": that means actions to improve the lives of children should take precedence over the blocking arguments used by vested interests, such as "this measure will be too expensive" or "the time is not right for that action."

Proven good practice works

Injury is predictable and preventable. Research has validated proven good practices that reduce injury deaths and disability, most often through a combined approach of education, engineering and enforcement measures. Action needs to be taken to adopt and implement what has been proven to work.

- Injuries from road accidents have been more than halved for example with reduced speed limits, traffic calming, safer car fronts for pedestrians and cyclists, child passenger restraints and bicycle helmets, where these measures have been enforced.
- Drowning deaths have been reduced with the use of pool fencing and personal floatation devices.
- Burns and scalds have been more than halved with the use of smoke detectors,

water temperature regulators, child resistant cigarette lighters, and clothing that does not easily catch on fire or burns more slowly.

- Fall injuries and deaths have been reduced with the use of window and balcony guards and stair gates. As well, but to a lesser extent, reduction of serious head injuries in playgrounds through the relationship between height of equipment and impact absorbing surfacing in playgrounds.
- Poisonings have also been reduced by one third using child resistant packaging, safe storage units and education programmes.
- Choking, suffocation and strangulation have been reduced with product and environment modifications/redesign that have been researched and prepared for standards and regulations.

Evidence also exists that many of these proven good practice strategies are also cost effective and provide a large opportunity to save lives and money.

Visit the new Alliance website at www.childsafetyeurope.org

(integrated in the new EuroSafe website but still accessible with the former web address)

- € 1 spent on smoke alarms saves € 69
- € 1 spent on bicycle helmets saves € 29
- € 1 spent on child safety seats saves € 32
- € 1 spent on road safety improvements saves € 3
- € 1 spent on prevention counselling by paediatrician saves € 10
- € 1 spent on poison control services saves € 7

Source: CDC, 2000

Political climate is ready to invest in child safety

Many governmental commitments have been made in the past to support child injury prevention, but never have so many agencies and countries officially and in public signed their responsibility to honour these declarations and resolutions as recently:

- World Health Assembly and United Nations resolutions on violence and traffic safety
- Regional Committee Resolution on Children's Environment and Health Action Plan for Europe: priority goal 2 to reduce injuries
- Regional Committee Resolution on Prevention of injuries in the WHO European Region
- Regional Committee Resolution on a European strategy for child and adolescent health and development; including injury
- European Commission draft Communication and Council Recommendation for injuries (to be soon official)

In addition their has been Ministry of Health focal points for injury established in Member States, a United Nations Secretary General's study on violence against children, a UNICEF regional consultation meeting and commitment to address violence and injuries to children, release of a child safety good practice guide of the European Child Safety Alliance - EuroSafe, development of a global strategy for Child Injury Prevention released this year and a World and European Report on Child Injury Prevention slated for 2008.

Seize the time for commitment and action

If we are truly sincere about caring for children then we will all need to meet our commitments and take real action to protect and promote their health and safety, which includes allocation of money, people and policy now against other vested interests. Let us deal with what is killing our children today – injury. The timing is right. Proven injury prevention strategies exist, good case examples have been undertaken, prevention has proven to be cost effective, government commitments have been made to support action, momentum is building throughout Europe and children need our actions to now follow our words.

More information: Joanne Vincenten at J.Vincenten@childsafetyeurope.org

INTERVIEW with Elsa Rocha

Elsa Rocha is a pediatrician in Faro, Portugal and works as a volunteer for APSI (Portuguese Association for Child Safety Promotion) a member of the European Child Safety Alliance of EuroSafe.

"Pediatricians have a critical role to speak out to improve the health and well-being of children and are uniquely positioned to take an active role in injury control and prevention and to reduce the burden of injuries."

1. Historically how have pediatricians been involved in child injury prevention?

Pediatric injury prevention is now one of the most important and challenging aspects of child health care. The principle that runs through the history of pediatrics has always been the need to advocate on behalf of children's health. For the last 30 years the rising proportion of child health problems rooted in emotional, social, economic and environmental conditions requires a new approach to training pediatricians to enable them to work not only as clinicians at the bedside, but to also serve as advocates in the community. Child injury and chronic illnesses have replaced infectious pathologies as the leading causes of childhood morbidity and mortality as a result of improved nutrition, sanitation and medical science.

Historically in many countries injury prevention was lead and undertaken primarily by pediatricians. Nowadays, advocating on behalf of children means advocating first for child safety as injuries are currently a major cause of death and disability throughout the developed world. In their daily practices pediatricians deal with the real world of mortality and morbidity caused by injuries placing them in a leading position to recognise the need for safer environments for children and to advocate closing the gap between the scientific-established good practices, community awareness and current legislation.

2. Why do pediatricians play an important role in child injury prevention?

Pediatricians have a critical role to speak out to improve the health and well-being of children and are uniquely positioned to take an active role in injury control and prevention and to reduce the burden of injuries. Due to their collective position in society as respected authorities on health and their individual interaction with patients, pediatricians can be facilitators in helping families adopt healthier ways of living. Because pediatricians spend more then 60% of their consultation time with well-child care they have an excellent opportunity to motivate parents and patients to adopt healthier ways of living.

There are several areas where pediatricians can have a major impact either directly or through implementing effective injury control strategies: education, screening, hazard identification, research, advocacy and policy-making, treatment, closing the gap between the epidemiological/scientific knowledge of injury prevention and what is happening in the real world.

In addition, pediatricians are optimally suited to bring together and facilitate diverse groups to focus on a comprehensive approach to injury prevention. Pediatricians can lead such groups because of their unique ability to manage, coordinate and supervise the entire spectrum of pediatric care. Finally, pediatricians are also needed to speak out for continued and improved funding of injury prevention activities.

3. How can pediatricians be involved in educating parents and caregivers on child safety?

Pediatricians are the health care providers with the most access to parents and children. During the first 3 years of life, approximately 11 "well-child" visits are recommended in Portugal for example and 6 more until 18 years old, making well-child care the most common type of pediatric consultation. In regard to education and counselling, a pediatrician is key to influencing parental behaviour to reduce risk of injury. Effective counselling is developmentally focused, prioritising injuries for the particular age group receiving counselling. Research has indicated that patients are influenced by medical advice to take appropriate action.

Parents must be convinced that active injury prevention is worthwhile and the most appropriate times for offering prevention advice are during child health surveillance clinics and during treatment of an accident, which become key 'teachable moments" If parents trust their child's pediatrician they are more likely to follow the doctor's advice and

change their behaviour. Examples of efforts being made in pediatricians' practices and community health centers include the following:

- provision of anticipatory guidance
- brochures and fact sheets in the waiting areas
- posters and information on the walls
- staff trained to provide counselling on proper child safety seat and booster seat use and installation

In addition to the important role of pediatricians to promote injury prevention to individual patients and families, clinics, emergency departments and hospitals they can also join injury prevention coalitions in their communities.

4. What role can pediatricians play in achieving laws and standards to increase children's safety (i.e. bike helmet legislation, installation of smoke alarms, seat belt enforcement, use of pool fencing, etc.)?

As I mentioned before, the principle that runs through the history of pediatrics is the need to advocate on behalf of children. As children have little or no political voice of their own, they rely on the proxy voice of others, including pediatricians to speak out on their behalf. Pediatricians can collaborate with their unique knowledge on child development and can provide accurate data for research including information on how the injury occurred and what happened to the child. By describing the accident and showing the link between a product or situation and the severity of such an injury pediatricians can advocate for effective interventions.

There is a connection between pediatric clinical work and advocacy. Pediatricians see the pain and problems created by injuries. They become effective advocates for injury prevention because the strongest advocacy is created by those closest to the problem and most aware of what is needed. Pediatricians can be very effective and convincing speakers with the media, politicians and industry since they are recognised as respected medical professionals protecting the interests of children.

5. How can child injury prevention specialists support or assist pediatricians to be stronger advocates for child safety?

Although most pediatricians may believe that injury prevention is part of their role, they often recognise they are not active enough in this area. This is often attributed to lack of time, lack of knowledge, lack of resources (such as printed materials designed for parent education, a regular publication of data on childhood injury mortality) and sometimes fear of parental reactions.

Injury epidemiology and prevention are under emphasised in medical education. Child injury prevention specialists should have a place on residency programmes to help improve the knowledge and skills of pediatricians so this knowledge can be applied in practice. Child advocacy training should also be included in pediatric curricula. Pediatricians have an awareness of issues confronting children in particular on local level, so they need to gain an understanding of the political framework of the issue, how change can occur and how they can contribute to bring about the necessary change. This is the role of the child injury prevention specialist.

More awareness of injury prevention good practices could be promoted to pediatricians through the existing pediatric associations and introduce opportunities for involvement in injury prevention advocacy issues through national injury organisations.

As a pediatrician, I have to say that I've done all my training on child injury prevention, not in medical school or during my residency training but working as a volunteer for an NGO, APSI (Portuguese Association for Child Safety Promotion) for the last 6 years, receiving training on community work and putting it into practice.

Working with APSI has helped me develop an arsenal of tools that together with my clinical skills have facilitated my advocacy activity on child injury prevention. It has been a challenge but very rewarding both for my professional and personal life.

For more information please contact Elsa Rocha at: elsarocha@hdfaro.min-saude.pt

▶ Child safety (project updates)

Child Safety Action Plan Project (CSAP) Update

The CSAP Project is progressing well, with 17 of the 18 countries providing project updates at the recent European Child Safety Alliance Steering Group Meeting May 2006. Four countries now have draft plans in various stages of completion: Austria, Czech Republic, Germany and Portugal. Scotland has completed a country-wide consultation process with stakeholders and several other countries, including,

Belgium, Hungary and Poland have multi-sectoral groups, including participation from government in place to advise CSAP development. However, all acknowledge that engaging government has been the most challenging task of the project. CSAP countries also reported progress on Regional Priority Goal of the Child Environment and Health Action Plan for Europe (CEHAPE) at the WHO CEHAPE Taskforce

Meeting in Dublin, Ireland in March 2006 and the European Environment and Health Committee (EEHC) Meeting in Oslo, Norway in May 2006. These meetings provided CSAP coordinators the opportunity to pass on highlights of their progress on their national CSAP development to their country representatives for these meetings. In addition, Joanne Vincenten, Director of the European Child Safety Alliance presented an overview of the project to the EEHC participants. Feedback from both meetings indicated that the CSAP project received both good coverage and a great interest.

The Child Safety Good Practice Guide, one of the tools developed to support country level action planning is complete and will be launched at the 1st European Conference on Injury Prevention and Safety Promotion in late June. Following the launch, the document can be downloaded from the Alliance website:

http://www.childsafetyeurope.org

Home Safety

The European Child Safety Alliance in partnership with its member countries is undertaking a home safety campaign throughout Europe.

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 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. This will be done by disseminating consistent facts and information messages on child home safety throughout Europe with our country partners, as well as engaging in advocacy work on this issue at European level. The campaign will be launched in the fall of 2006 with support of numerous countries across Europe. As each country in Europe is unique, each partner will chose an aspect of child home injuries which is most important in their country.

Topics will range from improvements in home design to home safety checks, home safety product use or focus on particular home injuries such as bathtub burns, pool drownings or house fires, for various ages of children ranging from 0 to 17 years of age.

The Alliance is currently preparing campaign materials in the form of home injury fact sheets, home safety tips, product safety information and a European Home Safety Report, which will be disseminated across Europe. Advocating for proven good practice will also be an active part of the campaign and countries are currently prioritising strategies to be undertaken.

For more information on this campaign contact the Alliance secretariat at: secretariat@childsafetyeurope.org.

▶ Consumer safety

Essential questions in risk assessment products

The EuroSafe Working Group on Risk Assessment was set up in 2005 to provide a knowledge base for others who aim at producing practical methods of risk assessment. During the 2nd meeting held on 3 March 2006, the principles of risk assessment were divided into the following nine categories of questions:

- Questions to clarify the objective of the assessment
- Questions about (mechanism of) reported injuries and complaints
- Questions about exposure
- Questions about product hazards and product characteristics
- about causes / factors not inherent to the product
- Questions about effects or consequences
- Questions about likelihood or probability
- Questions about risk level
- Questions about decision-making

After agreeing on the nine categories, it was decided that one or two WG members would further investigate each category of questions and produce a list of what they see as essential questions in their category.

The results of this process will be discussed at a meeting to be held on 27 June in Vienna.

More info: Carian van der Sman, Secretary of the Working Group on Risk Assessment (c.vandersman@consafe.nl)

Leading consumer affairs and Trading Standards event in Europe

The UK Trading Standards Institute's Annual Conference & Exhibition recently held on 20-22 June in London attracted in excess of 1500 attendees, 100 exhibitor displays and hosted 34 mini theatre sessions as well as main platform plenary sessions. The award for the Young Consumer of the Year Competition was also presented.

Attendees included Trading Standards professionals from throughout the United Kingdom, senior leaders and decision makers from local and central Government including - Government Ministers, the Office of Fair Trading, Department of Trade & Industry and LACORS - as well as representatives of business and commerce together with consumer organisations.

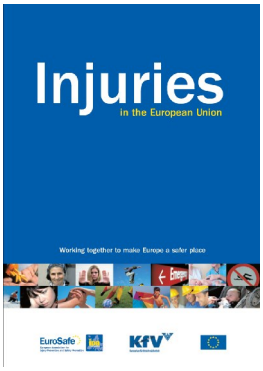
Source and more info: http://www.tsi.org.uk

▶ Injury Database

Towards a European Injury Reporting System

A main target of the EUROSAFE programme on “Injury data” is to provide comparable data in the EU for all sectors of injury prevention (e.g. home and leisure time, traffic, workplace, suicide and violence with a focus on vulnerable groups and settings of high risks). The EU Injury Database (IDB) as an EU-wide injury surveillance system based on injuries treated in selected Member State hospitals presents the core element of the envisioned injury information system and the focus of current PHP data projects. The IDB currently provides unique insight into the main external causes and patterns of home and leisure accidents and the products involved. This data is aggregated at EU level in a standardised way and stored in a central database. In future data on all injuries of hospital treated injuries will be available.

A first step towards a comprehensive injury information system comprises the compilation of a report on “Injuries in the European Union”. This report aims to give a comprehensive view on injuries in Europe at one glance and to combine most of the available injury data and statistics on EU-level. As a first attempt data on fatal injuries and hospital discharges of the different sectors (traffic, work and home, leisure and sports) is being analysed. A special focus is on the analysis of the IDB data currently available on injuries in the field of home, leisure and sports of the years 2002 until 2004. The report will be published at the First European Conference



on Injury Prevention and Safety Promotion in Vienna and will be available for download at the IDB Homepage: https://webgate.cec.eu.int/idb/ and at http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/I2injurydatabase.htm

In order to tackle the lack of comparable injury data of the different sectors (traffic, workplace, home, leisure and sports and intentional injuries) pilot data on all hospital treated injuries was collected in the course of the IDB project under the PHP2003. The first results are already available and are currently subject to a comprehensive evaluation which should be finished by September 2006. Examples of data on "all injuries" are also part of the report mentioned above.

An additional new tool on the way to an easily accessible injury information system presents the IDB Public Access. One of the primary goals of the IDB is to make the injury data collected in the Member States available to a wide range of users at EU level. An analysis of injury patterns, incidence rates and national estimates on EU-level is easily enabled through the IDB Public Access for all interested parties. With the public access to these data at EU level an added value response to the information needs of the injury prevention and consumer safety community can be facilitated. You can access the public IDB via the IDB homepage.

More information: please contact Robert Bauer (robert.bauer@kfv.at)

▶ Adolescents & risk taking

Adolescents' and Young Adults' Injuries in Europe – AdRisk, a new project to start this year

Adolescents' injuries account for a great loss to healthy life expectancy in Europe both due to premature death and due to millions of sick days caused by both unintentional and intentional injuries. In order to reduce the burden of injuries in Europe the European Commission has approved a grant for a European wide programme targeting adolescents' health in Europe.

The specific objectives of the programme are:

- to produce a comprehensive European situation analysis of injury risks among adolescents and their prevention;
- to develop a European strategy for injury prevention among adolescents as well as to present a related communication plan; and
- to initiate European concerted actions for injury prevention programmes in member states addressing injury risks among adolescents.

Statistical information

In the EU25 there are 58 million young people aged 15–24 and they account for 12,7 % of the total population. While the most common causes of death for the total EU25 population are diseases and malignant neoplasms, young people die mostly in accidents.

Young people's mortality in unintentional injuries, in suicides and in other causes of injury is considerably higher than that of the whole population. In year 2002 more than 8,200 adolescents died from an injury. Road accidents are the major cause of injury mortality in this age group.

There are significant differences in the injury incidence rates, lifestyles and health behaviours among adolescents between different parts of Europe.

Risk factors for injuries

Risk factors are diverse for different types of injuries, e.g. the risk factors for sports injuries and intentional injuries stand apart to a large extent. Moreover, gender differences are prevailing; boys are more likely to be injured than girls and the injury risk is strongly connected with adolescents' health behaviour, alcohol and drug use and smoking.

There is a strong link between risk-behaviour and probability of being injured: those indulged in risk-taking behaviour are 10 times more likely to experience traumatic injury. Several studies have indicated that adolescents from families with low socio-economic status have more injuries and take more risks than adolescents from families with high socio-economic status. Positive relationships with parents and adolescents' conventional values seem to decrease the likelihood to engage in risky behaviour.

The first phase of the project

The first phase of the project, producing the situational analysis, consists of gathering information on the causes of injuries, their risks and problem identification and on the

preventive policies, programmes and actions. The information provided in the situational analysis will be later used to design a strategy for injury prevention.

The first phase of the project is conducted in Finland in the Injury Prevention Unit of KTL, the National Public Health Institute. The staff currently involved in the project consist of Meri Paavola as the project manager and researcher Heli Kumpula with the support of Anne Lounamaa, the head of the Injury Prevention Unit.

Source and more information: Meri Paavola and Anna Lounamaa, Injury Prevention Unit of KTL, the National Public Health Institute (meri.paavola@ktl.fi)

▶ Burden of injuries

Measuring the Burden of Injuries in Europe

In the framework of the APOLLO project, Strategies and best practices for the reduction of injuries started in December 2005, Work Package 2 “Measuring the Burden of Injuries in Europe” is well underway. Thanks to the participation of 24 countries spread across Europe and the efforts of all contributing members we are reaching our milestones in a steadily pace, particularly in regards to the so-called “core” activities of this project.

Regarding these “core” activities, at present most countries are about to begin to analyse their 2004 Hospital Discharge Data using standard computerised algorithms that we have developed over the past months at the Universidad de Navarra (ES). These algorithms will allow us to take the ICD-based data provided in the discharges (whether ICD9CM or ICD10) and derive body region and type of injury categories using the Barrell matrix approach. They will also derive severity of injuries using the Abbreviated Injury Severity scale, and severity of the injured by computing the Injury Severity Scores and the New Injury Severity Scores. In addition, these algorithms will also create mechanism of injuries categories that are standard regarding the intent of the injurious event as well as the vehicle/vector transmitting the energies. (These algorithms have been developed in SPSS and STATA to accommodate the preferred software programs of the participating researchers).

The augmented hospital discharge data, together with the rest of the data contained in the Hospital Discharge datasets, data from the Census, and data on the broader context of Hospital Discharges for each country will allow for the computation of, so far, 30 indicators (20 more if one counts age and gender-subcategories of the first 30 ones), including all the indicators currently recommended by international bodies.

These indicators will be made available in an open-to-the-public web-query system later in the year. With a selection of these indicators, we will also produce a graphic atlas.

Also in the next 6 months, we will produce some findings regarding the extent of burdens in injury as evaluated by the health interview surveys available in 20 of the participating countries.

Last, but not least, during the 1st European conference for injury prevention, we will present other findings from these “core” activities related to the availability and comprehensiveness of population-based data sources with injury information in these 24 countries. If you are attending the conference please stop by the poster summarising the findings.

For more information on the project, please visit http://www.unav.es/preventiva/traffic_accidents/pagina_4.html or contact us at apollowp2core@unav.es

▶ Community safety

National Injury Free Days in the Czech Republic

A Seminar on child traffic injuries held on June 1 in the Czech Republic was the occasion for the launch of the National Injury Free Days 2006 campaign which ran from 1 to 11 June, 2006.

The seminar chaired by Alena Steflova brought together experts from all ministries involved (Public Health, Interior, Transport and Education) in addition to the Centre of Injury Prevention, Transport Research Centre, universities and, last but not least, the National Healthy Cities Network. This network presented their activities in the field of traffic injury prevention to local road safety practitioners.

The main topics of the Czech National Injury Free Days, was road safety of child pedestrians and cyclists. Various national and local pro-jects, e.g. “Safe Route to School” and “Ride Your Bike with a Helmet on Only” were carried out. In addition, the Ministry of Transport presented its brand new project “The Action” aimed at road safety among teenagers.

The seminar has proved that the multi-sectoral co-operation and implementation of the WHO injury prevention community based programmes is the right way to solve child traffic injury problems in the Czech Republic.

▶ Safety for seniors

Elderly safety in Europe

Every year 100,000 elderly citizens (>65) of the European Union (EU-25) die of injury. Despite the fact that this age group consti-tutes about 20% of the population, it ‘contributes’ to almost half of the total number of deaths due to unintentional injuries. In Europe there are a lot of initiatives at national level to improve elderly safety, however, these are mostly fragmented in approach and structure. At European level there has been very little exchange of information and collaboration in the past. It is only in recent years that this has started to change.

In order to create some European synergy in the scientific approach towards fall injuries among seniors, the ProFane network was created three years ago. This network aims to bring together workers from around Europe to focus on a series of tasks required to develop multi-factorial prevention pro-grammes to reduce the incidence of falls and fractures among elderly people.

In 2004, prevention practitioners launched the EUNESE project. This European project aims to improve the safety of elderly by creating a network of professionals that provides sharing of knowledge of good practices in preventing injuries among elderly at home and in residential settings. EUNESE wants to link human resources and stakeholders from existing injury prevention and safety promotion projects among elderly and act as a clearing house of evidence based information. The ultimate goal is to disseminate the knowledge gained in this field to all decision makers involved in social and health care of elderly.

Eurosafe is connected with both initiatives. For instance, EuroSafe leads the EUNESE working group that is responsible for constructing the network of prevention practitioners and policy makers relevant for senior safety. As part of this EuroSafe has helped to create the website for the EUNESE project (http://www.eunese.org) and will organise a European conference on Safety for Seniors in 2007.

EuroSafe will continue to team up with both networks and will help to build a solid knowledge base on injuries among elderly and their prevention for dissemination and facilitating implementation in countries.

In view of the above EuroSafe will be active in creating and maintaining networks for sustainable collaboration in promoting safety for senior citizens in Europe by:

- advertising the magnitude of the problem and the life and cost saving impact of preventive measures;
- disseminating quality data on injury incidence and rates in European countries and main risk factors involved;
- identifying good practices in injury prevention among senior people and case studies on effective interventions;

- producing and regularly updating state of the art fact sheets on major injury risks among seniors;
- Initiating collaborative actions and campaigns for senior safety, complementary to existing programmes and policies in these domains; and
- communicating existing guidelines and protocols on fall prevention and developing (e-learning) training programmes for home visitors and for professionals working in residential care settings.

If you are interested in participating in the EuroSafe Task Force on Safety for Seniors please contact Hannelore Schouten at h.schouten@consafe.nl or tel. + 31 20 511 45 31.

▶ Sport safety

Surfing to Sports Injury Prevention. An online (tailored) sports injury intervention in the Netherlands.

In the Netherlands 7.7 million people (out of a population of 16 million) participate in sports each year and an average of 1.4 million people are injured during sporting activities. Almost 50% of these injuries need medical treatment (average costs each year: € 590 million). As previous interventions had failed to accomplish the aimed 10% decrease in sports injuries the need for personal sport-specific information became apparent. This led to a new strategy for 2005-2008: the intervention 'Surfing to Sports Injury Prevention', an initiative aimed at developing an accessible, reliable and complete internet website with (specific) information about sports injury prevention using tailored health advice.

For individuals participating in sports, information on injury prevention is difficult to find and is spread over numerous sources. With the help of an internet site, it is possible to bring all the available information on the subject to the attention of a broad audience. To achieve a positive change in behaviour, part of the internet site is a tailoring system. Through answering sport related questions, visitors receive personalised advice which is specific to their sport. During 2005-2006 the internet site has been developed for the following sports: field hockey, running, tennis, soccer and fitness. In 2006-2007 the sports volleyball, skiing, snowboarding and korfball will be added.

This is the first online (computer-)tailored sports injury prevention programme that is being developed and is therefore considered a pilot intervention. A systematic approach is used to develop the modules for each sport before going 'online'. During the entire process structural involvement of relevant experts, sports alliances and people participating in sports (all stakeholders) is essential. Hereby a network is created for each sport. With the input of these participants a basis for the successful implementation of the intervention can be created and the content optimised. Important for developing a tailoring system is first of all a good preliminary analysis of behavioural determinants (per sport). Secondly, the use of good, easy maintainable software to build the actual tailoring application. Finally, evaluation of the intervention plays an important role during the process, pre-testing preliminary concepts as well as evaluating the internet site after being 'online' for a while.

The growing group of people participating in sports without a trainer or any guidance will not receive injury prevention information through the usual channels. Therefore, the online tailored system appears to be a promising approach for sports injury prevention and is a relatively easy way to reach a broad range of people and still give personal advice. Other existing online (computer-)tailored health messages, e.g. smoking prevention, nutrition education and promotion of physical activity have already showed promising results. Therefore, expectations are high for sports injury prevention.

For more information please contact Saskia Kloet, Consumer Safety Institute, The Netherlands, s.kloet@consafe.nl

▶ Suicide & self-harm

Suicide and deliberate self harm across Europe: The extent of the problem and priorities for prevention

Suicide and Deliberate Self Harm (DSH) are major public health problems in many countries. In terms of socio-demographic groups at risk, different patterns are found across European countries. Overall, suicide rates are highest in Nordic and Central European countries (e.g. Lithuania, Latvia and Estonia) and lowest in Southern Europe (e.g. Portugal, Italy and Greece). In most European countries, there has been a strong increase in suicide among young men (15-34 years) since the early nineties.

"In most European countries, there has been a strong increase in suicide among young men (15-34 years) since the early nineties."

European pattern

In general, the European pattern of deliberate self harm rates, based on medically referred cases also shows increasing trends. However, in most countries, deliberate self harm is more common among females, with a strong increase in adolescent and young adult females (15-24 years) since the early nineties. In addition to medically referred cases of DSH, recent findings from population based surveys show that an even higher proportion of DSH appears to be "hidden" from health care services.

"In most countries, deliberate self harm is more common among females, with a strong increase in adolescent and young adult females (15-24 years) since the early nineties."

The pattern of suicide and deliberate self harm across Europe reflects major cross-cultural differences which so far have not been fully explained. However, in developing and implementing evidence based suicide prevention programmes, these differences should be addressed. Finland was the first country to implement a national suicide prevention strategy in 1992. This initiative has been followed by other countries, such as Norway, Sweden, Denmark, the United Kingdom, Ireland, France and Belgium. The World Health Organisation has identified suicide prevention as a public health priority and has published guidelines to support the development of national suicide prevention programmes.

Common priorities of suicide prevention strategies

Common priorities of suicide prevention strategies in different countries are stigma reduction and mental health promotion, the development of an effective service response for people who have engaged in deliberate self harm or who are acutely suicidal, the implementation of training programmes to increase awareness of suicidal behaviour and related mental health problems among community facilitators, limitation of access to means and methods of deliberate self harm and suicide, and ensuring an effective response by relevant professionals and agencies when a death by suicide occurs.

Programme evaluation

The evaluation of national suicide prevention programmes is a complex issue. Currently, only a few programmes have been evaluated in terms of reduced rates of suicide and deliberate self harm. So far, the available findings do not show a consistent pattern of reduced rates of suicide and deliberate self harm. Developing evidence based suicide prevention strategies requires comprehensive evaluation procedures. This should be one of the priorities in developing national prevention strategies.

Source and more information: Dr Ella Arensman, Director of Research, National Suicide Research Foundation, Cork Ireland (Ella.nsrf@iol.ie)

▶ Violence prevention

Youth violence and alcohol: World Health Organization Fact Sheets

This month the World Health Organization (WHO) is publishing a range of policy briefings and fact sheets on alcohol and interpersonal violence, including WHO Facts on Youth Violence and Alcohol. Alcohol is one of a number of contributors to violence identified by the WHO in the World Report on Violence and Health and, as the region with the highest consumption of alcohol, one that is especially pertinent to Europe. Facts on Youth Violence and Alcohol highlights the strong links between alcohol and youth violence (Box 1), and the major impacts alcohol-related violence among young people has on individual health and society at large. Consistent with other WHO documents on violence globally and in Europe, it promotes a public health approach to violence prevention that uses a wide range of data and research to develop understanding of the extent, causes and risks of violence and to implement evidence-based interventions through collective action.

In many European countries, levels of alcohol consumption among school-children are increasing, while heavy episodic drinking (binge drinking) is typically highest among young adults (e.g. age 18–24). Levels of youth violence vary between countries, yet research consistently links violence to alcohol consumption. For example:

- In Finland, 45% of all violent incidents reported by 12–18 year olds involved drinking by the perpetrator and/or victim.
- In England and Wales, 18–24 year old males who report being drunk at least monthly are more than twice as likely to have been involved in a fight in the previous year, and females more than four times as likely, than regular but non-binge drinkers.

The WHO document identifies a range of factors that have been found to increase young people's risks of becoming both victims and perpetrators of alcohol-related youth violence. These include individual factors such as being male, low educational attainment and involvement in other forms of anti-social behaviour; relationship factors such as having delinquent peers; and community or situational factors such as drinking in venues that are poorly maintained, uncomfortable (e.g. crowded) and permissive towards anti-social behaviour. Alcohol consumption is itself a risk factor for youth violence, and individuals who begin drinking at an early age, drink frequently and drink in large quantities are at increased risk of being both victims and perpetrators of youth violence.

Addressing these risk factors for violence is essential in reducing the huge burdens on health, public services and communities that arise through alcohol-related youth violence. A range of prevention programmes targeting parents and children from infancy to adolescence have shown success in reducing youth violence, such as pre- and post-natal services, home visiting during pregnancy and social development training. Furthermore, prevention programmes that aim to reduce access to alcohol or modify drinking and nightlife environments can reduce alcohol-related youth violence. 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.

Development of safer nightlife environments (including prevention of violence in nightlife settings) is one of the themes of the forthcoming Club Health 2006 conference. The event is being held in Piran, Slovenia, 20th-22nd September 2006, and will provide a forum for the exchange of information on the latest research, policy and evidence on protecting and promoting health and preventing crime in night time environments.

For more information:

WHO Department of Injuries and Violence Prevention (http://www.who.int/violence_injury_prevention),

WHO Regional Office for Europe, Violence and Injury Prevention (http://www.euro.who.int/violenceinjury/violence/20050208_1)

World Report on violence and health (http://www.who.int/violence_injury_prevention/en/)

Clubhealth
http://www.clubhealth.org.uk

Source: Mark A. Bellis, Karen Hughes & Zara Anderson, Centre for Public Health, Liverpool John Moores University, Liverpool, L3 2AY, UK (m.a.bellis@ljmu.ac.uk)

Box 1
Links between alcohol and youth violence

- The direct effects of alcohol on cognitive and physical function can increase young drinkers' vulnerability to being both perpetrators and victims of violence.
- Individual and societal beliefs about the effects of alcohol (e.g. increased confidence and aggression) can mean young people drink to prepare for involvement in violence.
- Uncomfortable, crowded and poorly managed drinking venues contribute to increased aggression among drinkers.
- Alcohol and violence in young people may be related through a common risk factor (e.g. anti-social personality disorder) that contributes to the risk of both heavy drinking and violent behaviour.
- Alcohol and violence can be linked ritualistically as part of youth gang cultures.
- Pre-natal alcohol exposure (resulting in fetal alcohol syndrome or effects) is associated with behavioural and social problems, including delinquent behaviour.

▶ Vulnerable road users

Initiatives for Interventions of the Public Health Sector to Prevent Accidents among Vulnerable Road Users

Road transport injuries are the leading cause of death among 5-14 year old children. Older pedestrians account for nearly half of all pedestrian fatalities in Europe. However, injuries of vulnerable road users such as children and elderly pedestrians (as well as two-wheelers, persons with a disability and accidents without counterpart) are often not registered by the police. Therefore there is a huge underreporting of injuries of vulnerable road users in usual road injury statistics which are based on police reports. For a comprehensive view on road injuries a better balance of prevention measures is required and tailor made actions to improve the surveillance of such injuries need to be carried out. In addition, recommendations for public health actions are needed.

Photo:copyright KFV

Under the EU Public Health Programme, work plan 2004, the umbrella project "Strategies and best practices for the reduction of injuries (APOLLO)" led by the University of Athens has been contracted. One work package (led by the Austrian Road Safety Board in Vienna) deals with the potential role of the public health sector for a better protection of vulnerable road users. One added value of public health sector involvement is that it can provide additional statistical information on road transport injuries as reported in health databases, in particular in the EU injury Data Base (IDB). It can also actively promote safety by helping to influence public opinion through the medical fraternity and by providing health facilities for prevention activities. The main aims of the work package "Initiatives for interventions of the public health sector to prevent accidents among vulnerable road users" are:

- to estimate the total number of injuries of vulnerable road users in the European Union;
- to develop indicators for the injury burden of this group; and
- to develop a method how corrected data can be integrated in routine statistical reporting about road accidents in the future.

Furthermore the project aims to identify priorities for prevention actions, to collect information on good practices on all political levels, and to test a practical decision making model to analyse potential intervention options.

The two main project deliverables are an intervention report with recommendations to policy makers at European and Member State level, as well as a resource book on good practices for safety practitioners at the regional and local level. These deliverables will be disseminated to decision makers and experts in the field. A newsletter describing the progress of work will be published in August 2006. Yousif Rahim from the Karolinska Institute in Stockholm is in charge of the resource book for communities. The decision making model will be developed and tested by Jack Dowie from the London School of Hygiene. Two interventions, one for child pedestrians in Austria and another one for two-wheelers in Greece, will be evaluated during this process.

The APOLLO project started in December 2005 and the final results and reports will be available by 2008.

Source and more info: Mag. Claudia Körmer, KFV, Austria (Claudia.koermer@kfv.at)

▶ Work safety

Work safety in Europe

Work safety is important both because work related accidents entail huge socio-economic costs and because it represents a key factor for improving the competitiveness of the European economy.

The 2000/2001 EuroStat figures show that one European Union (EU) worker becomes a victim of an accident at work every 5 seconds and one worker dies every two hours. 55 billion Euros is the estimated cost of accidents at work in EU15 in 2000.

Action in health and safety at work in the EU today represents one of the most important and most advanced areas in social policy of the Union. More than 18 directives adopted by the Council and the European Parliament have come into force since 1992. Moreover, the Commission has widened the scope of its activities in cooperation with the European Agency for Health and Safety at Work and the European Foundation for the improvement of working and living conditions.

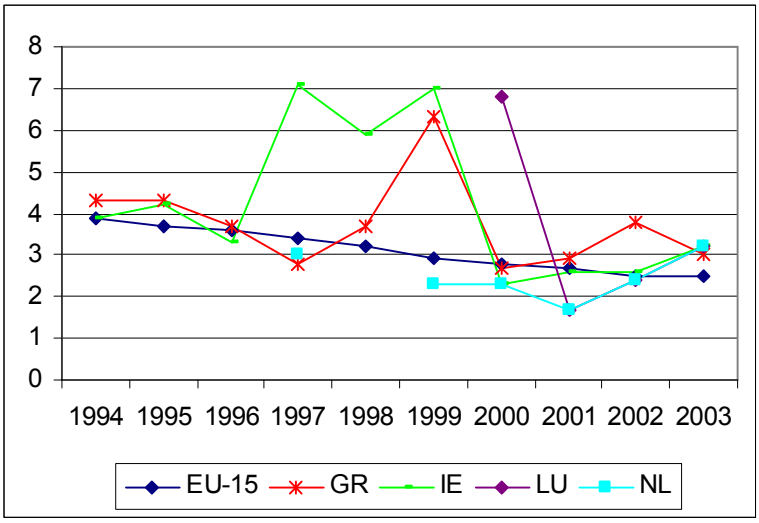
Tracing a picture of work related accidents across Europe in the last decade reveals a wide range of different national and sub-national situations each of them characterised by different incidence rates of accidents at work. Although the EC launched a scheme in 1990 to harmonise collected data on accidents at work, known as ESAW and on occupational diseases, known as EODS, data availability and comparability still represent key problems which need to be completely solved.

Analysing data from Eurostat reveals that the number of serious and fatal accidents at work has fallen steadily from 1994 to 2001 thanks to the implementations of the EU health and safety laws (- 31% in fatal accidents at workplace and -15% in serious accidents). However, there are still high rates of occupational accidents in specific sectors such as fishing, agriculture and construction which have an incidence rate 30% higher than the average. Moreover, it seems that the enterprise size is also an important variable influencing the incidence rate: incidence rates of accidents at work are higher for Small Medium Enterprises (SMEs).

These few considerations help to illustrate how the intrinsic socio and economic diversity of the EU represents a key factor to be taken into consideration when planning prevention and promotion policies. The very different incidence rates registered in the various sectors at both national and local economy level reveal a wide array of work-related risks.

It is important that European actors working in the field of work safety pay adequate attention to the local epidemiological situation when implementing prevention campaigns. Targeting actions is perhaps even more relevant in the context of the recent and future enlargement of the EU. Therefore, setting in place a network of regional institutions dealing with safety promotion may significantly help the convergence of work accidents figures across the EU countries.

Source and more info: Gianmarco Pagani, ULSS 20 Verona, Italy (gpagani@ulss20.verona.it)



Trend in the incidence rate (x100.000) of fatal accidents at work in Europe. Data source: Eurostat.

WHO update

WHO supports Member States on preventing violence and unintentional injuries. Salzburg, Austria, 22-23 June 2006

This workshop responds to the need expressed by European national focal persons to receive support from WHO in the area of strengthening capacity for prevention. The workshop includes sessions on national plans, surveillance, prevention, partnerships, media and advocacy, and using TEACHVIP, a curriculum developed by the WHO to build capacity on injury and violence prevention, and to effectively engage other partners.

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

The focus is on joint projects and on 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 (EUR/RC55/R9) adopted in 2005.

http:www.euro.who.int/violenceinjury/network/20060420_1

A new WHO publication: Injuries and violence in Europe. Why they matter and what can be done

After the presentation of a summary last September, this major report by WHO/Europe will be launched on 26 June at the 1st European conference on injury prevention and safety promotion. The report provides detailed data, describing injuries by cause and setting and violence by type. It shows that the injury burden in the WHO European Region spans extremes: it includes some of the safest countries in the world and some with very high rates of death and disability from injuries and violence. The book identifies unique opportunities for policymakers, civil society organisations and professionals in the health and other sectors to improve health by reducing the burden of injuries.

http:www.euro.who.int/violenceinjury/publications/20050218_1

Reviewing progress on reducing child injuries across the European Region

The spring meetings of the Task Force implementing the Children's Environment and Health Action Programme for Europe (CEHAPE) and of the European Environment and Health Committee (EEHC), the body monitoring the implementation of commitments made by Member States in Budapest at the 4th Ministerial Conference on Environment and Health, discussed progress in the implementation of regional priority goal 2 about reducing child injuries. The debate touched upon inequalities in the Region and on the large potential to transfer cost-effective prevention programmes to improve safety.

More info on both meetings at http:www.euro.who.int/eehc

Road safety performance national peer review: Russian Federation presented at the first meeting of the new Russian Governmental Interministerial Commission on Road Traffic Safety in Moscow, 26 April 2006

This review of the Russian Federation's road safety policies and practices was prepared by the European Conference of Ministers of Transport, the World Bank and WHO with the active assistance of road safety experts from the Russian Federation. It provides an overview of the Russian dimensions of the health burden of traffic-related injuries, including an analysis of the main risk factors, strategies and effective interventions to avoid most of them. The report is available in English and Russian. A road safety plan has been adopted and road safety was given high priority by President Putin in his annual address to the Federal Assembly.

http:www.euro.who.int/violenceinjury/injuries/20060425_1

Source: F. Racioppi, D. Sethi and I. Baumgarten, WHO Regional Office for Europe on the prevention of unintentional injuries and violence (violenceinjury@ecr.euro.who.int) and http://www.euro.who.int/violenceinjury.

AGENDA

2006

25-27 June, Vienna, Austria
1st European Conference on Injury Prevention and Safety Promotion

Secretariat: Mrs Joke Broekhuizen
Tel.: + 31 20 5114 513
E-mail: secretariat@eurosafe.eu.com
Web: http://www.eurosafe.eu.com

5-7 July, Bristol, England
Planning and designing healthy public outdoor spaces for young people in the 21st century
Website: http://environment.uwe.ac.uk/publicspaces/conference

2-6 September in Paris, France
International Conference on Environmental Epidemiology and Exposure
Location: La Villette Conference Centre More information: Mrs. A. Pittman
E-mail: Adrienne.pittman@afsset.fr
Website: http://www.afsset.fr
Tel.: + 01 56 29 19 30

12-15 September, The Netherlands
3rd International Conference Working on Safety
International Network on the Prevention of Accidents & Trauma at Work
Contact: Conference secretariat:
Tel. +31 (0)70 3766 733
Website: http://www.workingonsafety.net

13-15 October 2006, Melbourne, Australia
The 3rd International Conference on Healthy Ageing & Longevity
Email: 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 / traffic-med@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

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

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