

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”

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EuroSafe admitted into official relations with WHO

At the 120th session of the World Health Organization's Executive Board, held earlier this year, EuroSafe has been admitted into official relations with WHO.

A mutually agreed three-year plan for collaboration is the basis of an official relationship between an NGO and WHO. The objectives of WHO's collaboration with NGOs are to:

- promote the policies, strategies and programmes derived from the decisions of the Organization's governing bodies;
- collaborate on jointly agreed activities to implement these strategies; and to

- play an appropriate role in ensuring the harmonising of intersectoral interests among the various sectoral bodies concerned in a country, regional or global setting.

EuroSafe looks forward to strengthening its collaboration with WHO in the coming years.

More information on the collaboration between Who and EuroSafe will be posted on the EuroSafe website during the course of this year:

<http://www.eurosafe.eu.com>

Public Health Actions for a Safer Europe (PHASE)

The EuroSafe PHASE project, Public Health Actions for a Safer Europe, is scheduled to start in the Spring/Summer of this year. PHASE will be co-financed by the 2006 Public Health Programme budget and responds to the need for enhanced information exchange on the size, nature and societal impact of accidents and injuries and on the evidence of effective measures and good practices.

In addition to the above, PHASE will provide a significant impetus to the implementation of the EU-strategy for injury prevention as defined in the Commission's Communication and adopted Council Resolution. It will also contribute to the initiative of the European regional Office of the WHO with respect to the prevention of violence and injuries in the region.

The objectives of PHASE are to enhance the injury data exchange and use at Community level for injury prevention programming and actions in the Member

States. PHASE will reinforce current health-sector related networks and activities in Member States that address the priority issues of child safety and aims to develop a stronger Public Health response to interpersonal violence in the EU.

PHASE will build on the work carried out under previous PHP work plans for developing the Injury Data Base (IDB) in partnership with the National Data Administrators (NDA) in Member States. This will be under the leadership of the Commission with the Austrian Road Safety Board as the main coordinating body. Previous work on comprehensive data presentation will provide useful direction for linking IDB data with other data sources (ESTAT, CARE, ESAW and WHO-Euro). The work on injury information and reporting will eventually result in an Injury Data Clearing House providing comprehensive injury data.

The work on Child Safety Action Plans (see also separate article on CSAP on page 10 carried out by the European Child Safety Alliance will be continued and further developed under the PHASE project. This will result in increased capacity in EU Member States for child safety promotion and the development of Child Safety Action Plans in 12 new countries, while the implementation activities in the current countries will be facilitated. In addition, the work on Good Practices, and the web-based directory of child safety practitioners, researchers and policy-makers in Europe will be extended and continuously updated.

For addressing the issue of interpersonal violence, a mapping exercise will be performed (see separate article on this on page 20. This will result in a systematic documentation of current public health information on the size and impact of violence in society as well as successful prevention interventions initiated in the public health sector.

Source and more information: EuroSafe Secretariat, secretariat@eurosafe.eu.com

2007 Work Plan



“EuroSafe’s vision is working together to make Europe a safer place.”

The Commission has adopted the 2007 Work Plan for the implementation of the Public Health Programme (2003-2008). A Call for Proposals has been published on 16th February subsequent to the adoption of the annual work plan. This 2007 Call for Proposals will be the most important means of implementing the 2007 Work Plan and the main financing instrument for the Programme’s activities. The following items, relevant to injury prevention, are mentioned in the Work Plan 2007:

Operating the health information and knowledge system

- Pilot studies on health examination surveys as part of the feasibility study.
- Creation or improvement of morbidity registers covering all Member States on major and chronic diseases (including feasibility and costing) for which a solid indicators base definition exists and for those not yet covered by existing projects.
- Further evaluation of methods used in health interview surveys.
- Implementation of the Injury Data Base (IDB) in all Member States, in particular data collection and processing of data on all injuries, in accordance with the new harmonised coding system.

Disease and injuries prevention

Projects on injury prevention should prioritise the following:

- Develop and implement safety management schemes for high risk sports activities in collaboration with European sports associations;
- Develop action-oriented tools, in close co-operation with the EU Health and Safety Agency, to address injury prevention among young employees;
- Support implementation actions towards the development of national action plans on child safety, with an emphasis on advocacy and intensive communication;
- Promote information and knowledge exchange through expert panels, consultation and by providing a sustainable “clearing house” type of activity on good practices.

EuroSafe will respond to this call for proposals and invites Members to contact the secretariat for suggestions and expressions of interest for collaboration on one or more of the above mentioned topics.

Projects proposed by EuroSafe will be developed in consultation with the active involvement of the respective networks in EuroSafe, such as those on injury data, child safety, sport safety and work safety. See the EuroSafe website for the contact addresses of each of these networks.

For more information: http://ec.europa.eu/health/ph_programme/howtoapply/call_for_propal_en.htm

► EU news

7th Framework Programme (FP7)

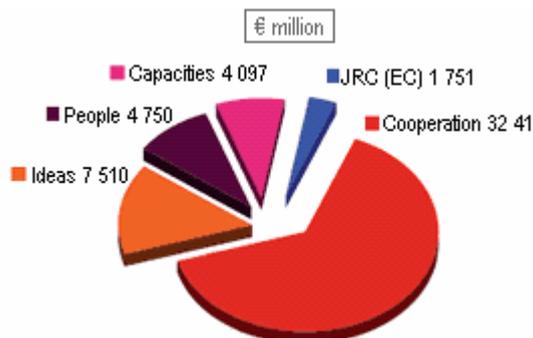
'Framework programmes' (FPs) have been the main financial tools through which the European Union supports research and development activities covering almost all scientific disciplines. FPs are proposed by the European Commission and adopted by Council and the European Parliament following a co-decision procedure. The FP7 is the short name for the Seventh Framework Programme for Research and Technological Development. This is the European Union's main instrument for funding research in Europe and it will run from 2007-2013. It will be fully operational as of 1 January 2007 and will expire in 2013.

FP7 is also designed to respond to Europe's employment needs, competitiveness and quality of life. Indeed, FP7 is a key tool to respond to Europe's needs in terms of jobs and competitiveness, and to maintain leadership in the global knowledge economy.

It is designed to build on the achievements of its predecessor towards the creation of the European Research Area, and carry it further towards the development of the knowledge economy and society in Europe.

The programme has a total budget of over € 50 billion, the division of which can be seen in Figure 1. The most part of this money will be spent on grants to research actors all over Europe and beyond, in order to co-finance research, technological development and demonstration projects. Grants are determined on the basis of calls for proposals and a peer review process, which are highly competitive.

Figure 1: Division of total budget



In order to complement national research programmes, activities funded from FP7 must have a "European added value". One key aspect of the European added value is the transnationality of many actions.

Calls related to injuries in FP7

FP7 Cooperation Work Programme: Theme 1 – Health

- Call identifier: FP7-HEALTH-2007-A
- Date of publication: 22 December 2006
- Deadline: 19 April 2007, at 17.00, Brussels local time

Call: HEALTH-2007-4.2-3: Research to assess the economic dimension of occupational health and safety.

FP7 Cooperation Work Programme: Theme 7 – Transport (Sustainable Surface Transport)

- Call identifier: FP7- SST – 2007- RTD-1
- Date of publication: 22 December 2006
- Deadline: 3 May 2007 at 17.00h (Brussels local time)

Call: SST.2007.3.1.1. New mobility concepts for passengers ensuring accessibility for all

CSA (coordinating)

- SST.2007.4.1.1. Safety and security by design
- CP (small or medium scale focused research), CSA (coordinating)
- SST.2007.4.1.2. Human physical and behavioural components
- CP (small or medium scale focused research), CSA (coordinating)
- SST.2007.4.1.3. Crisis management and rescue operations
- CP (small or medium scale focused research), CSA (coordinating)
- SST.2007.4.1.4. Integral system solutions for safety
- CP (large-scale integrating projects), CSA (coordinating)
- SST.2007.4.1.5. Integrated safety and security for urban rail
- CP (small or medium scale focused research)
- SST.2007.4.1.6. Intelligent Road Restraint system (RSS)
- CP (small or medium scale focused research)
- SST.2007.4.1.7. Socio-economic research for the deployment of safety systems
- CP (small or medium scale focused research)

The core of FP7, representing two thirds of the overall budget, is the **Cooperation programme**. It fosters collaborative research across Europe and other partner countries through projects by trans-national consortia of industry and academia. Research will be carried out in ten key thematic areas: Health; Food; agriculture and fisheries, and biotechnology; Information and communication technologies; Nanosciences, nanotechnologies, materials and new production technologies; Energy; Environment (including climate change); Transport (including aeronautics); Socio-economic sciences and the humanities; Space; and Security.

The *Ideas programme* will support "frontier research" solely on the basis of scientific excellence. Research may be carried out in any area of science or technology, including engineering, socio-economic sciences and the humanities. This part of the programme is implemented via the new European Research Council (ERC). The *People programme* provides support for researcher mobility and career development, both for researchers inside the European Union and internationally. The *Capacities programme* strengthens the research capacities that Europe needs if it is to become a thriving knowledge-based economy. It covers the following activities: Research infrastructures, research for the benefit of SMEs, regions of knowledge, research potential, science in society and specific activities of international cooperation. Finally there is a programme for *nuclear research and training*.

Funding

The basic principle of funding in FP7 is co-financing. This means that, in general, the Commission does not "purchase" research services by placing contracts and paying a

price. Rather, it gives grants to projects, thus contributing a certain percentage to the overall costs.

The maximum reimbursement rates to the costs of a project depend on the funding scheme, the legal status of the participants and the type of activity. The standard reimbursement rate for research and technological development activities is 50%.

General provisions for participants

Any company, university, research centre, organisation or individual, legally established in any country, may participate in a collaborative project (known as an indirect action) provided that the minimum conditions laid down in the Rules for Participation in FP7.

While FP7 participants can in principle be based anywhere, there are different categories of country which may have varying eligibility for different specific and work programmes:

- Member States: The EU-27;
- Associated countries: with science and technology cooperation agreements that involved contributing to the framework programme budget;
- Candidate countries: currently recognised as candidates for future accession;
- Third countries: the participation of organisations or individuals established in countries that are not Member States, candidates or associated should also be justified in terms of the enhanced contribution to the objectives of FP7.

Source and more info:

<http://www.cordis.europa.eu>

Consumer Policy Programme 2007-2013

The Consumer Programme 2007-2013 was adopted by the Council and the European Parliament on 18 December 2006.

The main objectives are:

- To ensure a high level of consumer protection, notably through improved information on consumer-related data, better consultation and better representation of consumers' interest.
- To ensure the effective application of consumer protection rules notably through cooperation between authorities and organisations responsible for the

implementation of consumer legislation, information, education and dispute resolution of consumer complaints.

The implementation of the Programme will be through the combination of eleven actions listed in Annex I of the Programme according to the priorities set out in the annual Programme. The financing for the Consumer Programme amounts to € 156, 8 million over the period 2007-2013.

Source and more information: http://ec.europa.eu/consumers/overview/cons_policy/index_en.htm#programmes



EU European Health Portal

Health-EU – the European health portal covering a vast range of health topics, is now available in 20 European languages at <http://health.europa.eu>. The portal was first launched in May 2006 by the European Commission's Directorate General for Health and Consumer Affairs, and is a 'one stop shop' for Europeans wanting to find out what's happening across a broad range of health issues in their own countries and across Europe. Initially available only in English, it can now be accessed in 20 different official European languages. Health-EU is aimed at everybody interested in health, as well as healthcare professionals, scientists and policy makers.

The languages available are now: Czech, Danish, Dutch, English, Estonian, Finnish, French, German, Greek, Hungarian, Italian, Latvian, Lithuanian, Maltese, Polish, Portuguese, Slovakian, Slovenian, Spanish and Swedish.

Healthier choices

One of the main goals of the Portal is to help people take responsibility for their own health, to raise awareness about health issues and to provide news of health related events and developments across Europe in one easy 'dose'. There are six major thematic areas in the portal which provide reliable and easily accessible information and statistics on topics such as:

- 'My Health' e.g. prenatal health monitoring, nutrition and physical activity, food and product safety.
- 'My Lifestyle' e.g. nutrition, alcohol, drugs and tobacco, travel, sports and leisure, and sex.
- 'My Environment' e.g. environmental health and consumer safety, physical, biological and chemical risks, road safety, and bioterrorism.

- 'Health Problems' e.g. mental health, HIV/AIDS, influenza, cancer, heart disease and other non-communicable diseases.
- 'Care for Me' e.g. patient safety, mobility, long-term care, treatment, and carers.
- 'Health in the EU' e.g. policies, programmes, research, prevention and promotion, health indicators, and statistics.

Gateway to a healthy EU

A Member States' section gives access to health and health-related policies of all EU governments and health-related sections on European NGOs and international organisations give details of their work. Visitors will also find facts about the latest news, events, statistics and health indicators at European level, in addition to legislation and publications relevant to their health topic of interest. Moreover, there is information from all European agencies with a role in health, for instance those working on communicable diseases, drug prevention, medicines and health and safety at work.

Background

The Health-EU project is an initiative of the EU Public Health Programme 2003-2008 with financial support from the EU funding programme 'Interoperable Delivery of European eGovernment Services to public Administrations, Businesses and Citizens', which aims to promote greater involvement of the public, institutions, organisations and associations in health. The Portal also matches the aims of the e-Europe Action Plan – providing citizens with simple, clear and scientifically sound online information.

Source and more information: http://ec.europa.eu/health-eu/index_en.htm

► FOCUS on vulnerable road users

New priorities in road safety

by Claudia Körmer, leader of the EuroSafe Task Force on Vulnerable Road Users



New priorities in road safety: higher injury risk for pedestrians and two-wheelers for having a single accident as assumed in the past in the EU 25.

A new report to be published soon by the Austrian Road Safety Board will show that most of the accidents incurred by vulnerable road users such as pedestrians and two-wheelers are single accidents on public roads. Single accidents are accidents without a counterpart. Modes of transport such as walking and cycling are improving physical health but can only be promoted by the public health sector if they are as safe as possible on Europe's public roads.

In times of increasing motorisation modes of transport such as walking and cycling become more important. The number of motorised two-wheelers is increasing due to life-style reasons. Therefore, the aim of the report 'Burden of injuries to Vulnerable Road Users (VRU) in the EU 25' is to estimate the actual scope of injuries of vulnerable road users on public roads especially taking into account single accidents.

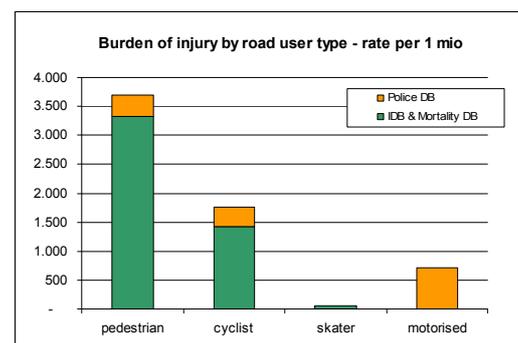
This groundbreaking report will give a broader view of injuries to vulnerable road users in the public transport area by combining statistical data of the "European Injury Database (IDB)", mortality data of the "WHO Statistical Information System (WHOSIS)" and road traffic databases based on police records such as the "International Road Traffic and Accident Database (IRTAD)" and the "Community Road Accident Database (CARE)". The report is one of the results of the umbrella project "Strategies and best practices for the reduction of injuries (APOLLO)", co-financed by the European Commission (DG SANCO).

Key facts and figures

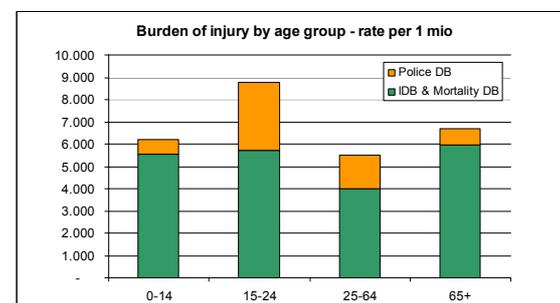
The first result of the collaboration between the public health and the transport sector shows that an estimated 2.8 million pedestrians and two-wheelers suffer from an unintentional injury in the EU 25 per year. According to CARE only 600,000 of these injuries are reported to police authorities. Around 2 million vulnerable road users out of the total of 2.8 million are having a single accident on public roads each year.

In the group of vulnerable road users pedestrians have the highest incidence rate (3,700 per million) of getting injured on public roads, followed by cyclists.

Burden of injuries to VRU: Incidence rates by road user type (1:1.000.000)



Burden of injuries to VRU: incidence rates by age group (1:1.000.000)



Young adults and elderly people are the vulnerable road users most at risk.

Current priority issue

To reduce this high number of injuries of vulnerable road users in the EU 25 the following has to be considered at this stage:

- Injury prevention experts have to be informed about the estimated size of the problem and the results have to be discussed and criticised by them.

The way ahead

Further results of this project will be

- Information on good practices describing policy tools for policy makers at EU and national level.

Who is a vulnerable road user?

Vulnerable road users are road users without an external protection shield comprising e.g. pedestrians, cyclists and motorised-two-wheelers using public roads.

- A “resource book” which shows examples on good practices for practitioners at local level.

The main aims of the “EuroSafe” task force on Vulnerable Road Users, coordinated by the Austrian Road Safety Board are to ensure

the exchange of knowledge and to facilitate future collaboration between the transport and the public health sector.

For further information contact Claudia Körmer, Austrian Road Safety Board: Claudia.koermer@kfv.at



► INTERVIEW with Francesca Racioppi: Towards the First UN Road Safety Week



Francesca Racioppi is coordinating activities related to Violence and Injury Prevention for the WHO European Region and is based at the WHO European Centre for Environment and Health in Rome. She is directly involved in activities related to the prevention of violence and unintentional injuries in the European Region and has led the preparation of the European report "Preventing road traffic injury: a public health perspective for Europe" for World Health Day 2004. She also manages the WHO programme on Transport and Health. She is currently coordinating the European activities for the first UN Road Safety Week which will be celebrated from 23-29 April across the world.

What is the major focus of Road Safety Week in the European region?

Road Safety Week will focus on young road users. This theme is of particular relevance to Europe, where children and young people aged between 5 and 24 years constitute the most vulnerable group to road traffic injuries, and account for a large part of the total 127,000 road traffic injury victims in the Region, males being 80% of these deaths. This is part of the evidence that WHO/Europe will release on the occasion of the UN Road Safety Week as contribution of the European Region to the global picture.

In spite of improvements achieved by many countries over the past two decades, the numbers are impressive, and remind us that we still have a long way to go to reduce the toll that society implicitly seems to accept to pay to road traffic: estimates suggest that almost half the road traffic fatality could be averted if all countries in the Region were to have the same mortality rate as the country with the lowest.

Indeed, a closer look at the situation reveals that improvements have been uneven across Europe: for example, there is a six-fold difference in road traffic injury mortality rates in children aged 0-14 years in countries reporting the highest rates compared to those

with the lowest. Even within countries which have achieved the greatest reductions in mortality from road traffic injuries, large differences exist between groups from different socio-economic backgrounds: several studies from different countries show that pedestrian children from lower social classes are four-five times more likely to be killed on the road than those from higher classes.

Young road users are often also vulnerable road users and represent a large proportion of victims among pedestrians, cyclists and motorcyclists. Young novice drivers also pose a major cause of concern. Understanding their specific patterns of exposure and vulnerability to road traffic is very important to target the leading risk factors with appropriate and effective measures.

For example, children do not possess yet the capacity to make correct judgments about traffic speeds and to negotiate the road with other users. In addition, their short height makes them less visible and more likely to crash with vital body parts against a colliding vehicle. Therefore, making road education an isolated pillar of child safety and expecting children to “behave correctly” in traffic environment finds its limitation in the physiology of the cognitive and physical development of children, who cannot be expected to behave with the wisdom of “small adults”. Instead, creating road environments which are inherently safer, for example by reducing speed through traffic calming schemes and providing safe infrastructure for child pedestrians and cyclists, can be a highly effective way to reduce exposures and severity of outcomes in case of collision, while supporting physical activity in children and young people. In this context, education of children and other road users can bring additional value to a comprehensive prevention effort.

This is the reason why the First United Nations Global Road Safety Week offers an unique opportunity to advocate for such

action, building on the global advocacy efforts started on World Health Day 2004. During the Week, young people will make their voices heard: the Youth Assembly (23-24 April, Geneva) will discuss and adopt a road safety declaration for and by youth. In Europe, a key event taking place on the occasion of the Week will be the celebration by the European Commission of the First European Road Safety Day, on 27 April 2007 in Brussels (Belgium), focusing on young drivers.

We are also working with the WHO network of National focal persons for violence and injury prevention, WHO country offices and other national stakeholders and non-governmental organisations to support the celebration of the Week all around Europe.

Following Road Safety Week what are your expectations towards national governments and road safety agencies as regards follow-up activities in the coming years?

We expect that national governments will respond positively to this renewed call to save young people from premature death by further increasing their political support and mobilising the necessary resources towards the implementation of the commitments taken to reduce road traffic injuries.

These include the commitment taken by the European Union, to halve the number of road traffic injuries by 2010 and by Member States at the global level to implement the UN General Assembly resolutions on improving global road safety, as well as the World Health Assembly Resolution (WHA57/10) on road safety and health.

In some countries, heightened political commitment has already started to make a difference: in France, since President Chirac made road safety a priority of his administration in 2002, a reduction of 30 % in the number of deaths was reported in 2004, compared to 2002. This was mainly due to a reduction of the average speed, improvement of drink-driving behaviour, and improved seatbelt use. In the Russian Federation, President Putin has identified road safety as a national priority in his speech to the Nation in 2006, and this is setting in motion a comprehensive process of review of existing road safety policies and institutional settings, with the involvement of many relevant ministries.

We also expect that governments will be motivated to action by the recognition that addressing road injuries, particularly among young people is also a very sound investment for the development and prosperity of our societies, which at the moment are sustaining

a very high cost, in most countries estimated in the order of 2.0 % of the Gross Domestic Product per annum, i.e. several hundreds billions of euros at the Regional level.

Which role does WHO contribute to non-governmental organisations in their policies and actions for road safety, in particular, vulnerable road users?

Non-governmental organisations (NGO) are a key partner in the global fight against road traffic injuries. Many of them have exceptional capacity to advocate road safety and give a voice to victims and vulnerable road users, particularly children. They are uniquely positioned to influence government decisions: they often have privileged communication channels with opinion leaders and political leaders, which can dramatically shorten the "time to action"; their communication capacities, access to the media and credibility can lead to shifts in public opinion and mobilise vast sector of civil society to take action and support policies for road safety. NGOs can bring information closer to the "point of use", as it has been the case with the Child Safety Action Programme coordinated by the European Child Safety Alliance, which has developed a user-friendly guide on evidence-based practices to reduce child injury, including road traffic ones, or with the establishment within EuroSafe of a Task Force on vulnerable road users in order to facilitate collaborations of the transport and the public health sector.

There are several means for WHO to support NGOs efforts and work in partnership with them to achieve shared goals. These include facilitating access to and dissemination of evidence-based information; documenting the magnitude of the problems in ways that allow international comparisons; identifying leading risk factors and most affected groups; pooling together a scientifically solid base of compelling evidence that can substantiate advocacy in front of policy makers and the public; monitoring progress achieved by Governments towards implementing the commitments taken, particularly through World Health Assembly and Regional resolutions; acting as a "transmission gear" at the interface between science and policy making.

4) What are your personal experiences and views on road safety as an amateur cyclist (during holidays in different European countries) and as a daily cyclist in the city of Rome?

I have enjoyed the great experience of spending several unforgettable vacations cycling across Europe. I discovered that in the Netherland not only there is a most

impressive network of safe and comfortable cycling paths, but cyclists have the possibility of reaching their destinations by choosing between “green” panoramic routes or “red” express lanes, much like motorways for bicycles! In Germany drivers would patiently wait for me riding, sweating and panting up a steep hill. In Austria the cycling paths along the Danube river took me through a “cycling wonderland” which from the German borders in Passau got me safely into the very heart of Vienna. In Scotland and Ireland sheep and cattle on the road were normally the most likely cause of concern, except for a big car, which on the shores of a romantic loch tried to take over us on a narrow one-lane road, honking: what a disappointment when we found that it was driven by holiday-makers from my own country!

By contrast, being a daily cyclist in Rome is a real challenge: to be honest, I only dare cycling to work in August, when many Romans are on vacation, or on Sundays, when traffic is not as hostile as in normal week-days. This is a pity, considering that I

live just 5.3 km away from the office, that the ride would take a maximum of 20 minutes and that instead it takes me nearly an hour to make this journey on foot and by public transport. Over the past couple of years I have seen in the streets more commuting cyclists than in the past, but I do not have the feeling yet that this has reached that “critical mass” beyond which it is possible to influence other drivers’ behaviour.

For further information on the UN Road safety week: <http://www.who.int/roadsafety/week/en/index.html>

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

► Child safety

Child Road Safety

Road traffic injuries are the leading cause of death and severe injuries among children aged 0–14 years and are the cause for 34% of child injury deaths annually. This includes pedestrians, cyclists and motor vehicle passengers. An estimated 200,000 families per year suffer from the death or lifelong disability of at least one family member due to a road traffic injury in the European Union (EU). EU Member States are performing very differently in regards children’s road safety. This explains why there is almost a 10 times greater risk of a child dying due to a road traffic injury in Lithuania, Estonia and Latvia than the best performing countries in Europe, such as Sweden.

Therefore the European Child Safety Alliance will be supporting action to promote road safety for children as part of the Global Road Safety Week April 23-29, 2007. A Child Road Safety Fact Sheet has been prepared and will be communicated by our Country partners

throughout Europe to complement national action that is taking place. The Alliance is also partnering with the VOICE network for Vulnerable Road Users and will select and promote 2 awards during this week in the prominent European Voice Magazine in Brussels that will feature children and youth road related action. In addition the Alliance is also supporting our business partner Johnson and Johnson Europe to enhance their company safe fleet programme to ensure additional attention for children’s road safety is part of their actions during this Road Safety Week. It is hoped that the additional actions the Alliance and its country partners take over this Road Safety Week will help to raise the needed awareness for enhanced road safety for children.

Source and more information: *European Child Safety Alliance*

<http://www.childsafetyeurope.org>



Child Safety Action Plans

With the official funding for the Child Safety Action Plan (CSAP) project ending March 31, 2007, country partners are busy working on moving as far along their action planning process as possible. While the 18 countries remain at different stages in the process the Alliance is pleased that several countries have completed their plans and working on obtaining government endorsement. Although the action plans are the final goal there are many other useful deliverables coming out of project. A set of core indicators including action indicators and socio-demographic measures with associated data collection tools has been developed and will report on those for the 18 participating countries, the Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion has been written and released, an action planning process and workshop for countries has been developed, la Directory of Child Safety Programmers, Researchers and Policy Makers has been launched and a feasibility study looking into conducting a burden of child injury study for Europe has been conducted. Finally the Alliance is preparing a final report that examines what has been achieved and what the partners have learned

through participation in the process. However the end of funding does not mean the end of the CSAP project. Country partners will continue to work on completing their action plans in 2007 and the Alliance will continue to support them as they move from planning to working with their national partners to implement the plans. The Alliance is also looking forward to the opportunity to report on the project at the Intergovernmental Mid Term Review (IMR) Conference of the Budapest Declaration and the Children's Environmental and Health Action Plan for Europe (CEHAPE) that will take place 13-15 June in Vienna. Hosted by the Austrian government and organised by the World Health Organisation, the Conference will provide an opportunity to share the contribution the CSAP project has made to Regional Priority Goal II of the CEHAPE in the participating countries and to launch a number of CSAP related advocacy products.

Source and more information: CSAP Project secretariat

secretariat@childsafetyeurope.org

UK Government must heed call to stop childhood accidents

RoSPA, the Royal Society for the Prevention of Accidents, is urging the UK Government to stop the unnecessary suffering caused by accidents to two million children each year by backing recommendations in a new report from the Audit Commission and Healthcare Commission.

Janice Cave, Director of Public Affairs at the Royal Society for the Prevention of Accidents, welcomed the publication of 'Better Safe Than Sorry: Preventing Unintentional Injury to Children'.

She said: "This is sending a clear message to the Government for a more coherent approach to accident prevention for children....This report is a much needed breath of fresh air and echoes RoSPA's pleas for such action ever since the Accidental Injury Task Force said the same thing five years ago. We are particularly pleased that the report recommends the reversal of the disastrous decision to stop collecting data via the Home and Leisure Accident Surveillance

System. At a time when many other countries were increasing their data collection, we lost a vital tool in understanding what was going on with accidents in the UK. The service was stopped after 2002 and without accurate figures it becomes increasingly difficult to spot trends and target problems.

"The fragmentation of accident prevention work also makes it hard to gather the necessary resources to reduce the injury toll. Clearer direction and focus as suggested in the report will help... Encouraging key players in injury prevention to come together has been shown to work and will prevent accidents, injuries and deaths. Now we need the Government to take the lead in ensuring everything possible is being done throughout the country to pool information and reduce suffering."

Source and more information:

<http://www.rospa.com>

► Consumer safety

European Commission's third report on the Product Liability Directive



Background to report

The European Commission's third report (referred to as the 'Report') on Directive 85/374/EEC (referred to as the 'Directive') was published on 14 September 2006. The Report took into account two studies carried out for the Commission, namely Lovells' 2003 report on the application of the Directive, and the 2004 Fondazione Rosselli report on the development risks defence and concluded that, at present, no reform is required to the Directive. This is by and large a positive development for producers, since some of the proposed amendments would have increased their exposure to product liability claims.

The Report was prepared against the background of proposals for the Directive's reform. Those proposals began with the European Commission's 1999 Green Paper on Liability for Defective Products, which invited comment on a number of possible amendments, including in relation to the development risks defence and the burden of proof. Response to the Green Paper was inconclusive, and in its Second Report on the Directive in 2000, the Commission concluded that further work was necessary in order to obtain more data about the practical impact of the Directive across the EU. That conclusion resulted in the Lovells and Rosselli studies, and the formation of two working groups whose purpose was to monitor the functioning of the Directive.

The Lovells study

The Lovells study was the largest and most comprehensive of its kind and involved a survey of hundreds of participants, including producers, consumer representatives, lawyers and academics. It sought to analyse the extent to which the Directive was being used, and the impact it was having on consumer protection across the EU.

The Lovells report found that there was experience of the Directive being used in almost all Member States, and that it offered a common basis for protection for consumers and liability of producers throughout the EU. Those surveyed made no uniform call for major reform of the Directive, and the Lovells report highlighted that it was important to look at the Directive as one part of a broader

system involving product safety and consumer protection laws, judicial procedures and social factors.

Other influences

The Report also considered the Fondazione Rosselli study, which focused on the question of the economic impact of the development risks defence contained in Article 7(e) of the Directive. The study concluded that the development risks defence was an important feature of the Directive and that its removal could stifle innovation. The Report also considered the input of working groups established to monitor the Directive, and who had indicated that they saw no demands for major reform.

The Commission's report

The conclusion of the Commission's Report, consistent with Lovells' study, was that "the Directive works by and large in a satisfactory way" and that there is "no need for amendments at present".

The Report recommends ongoing monitoring of certain key concepts of the Directive, in light of the sometimes contrasting approaches of Member States' courts. These include the burden of proof, the concept of defect and the development risks defence.

Burden of proof

Article 4 of the Directive states that the claimant must prove "the damage, the defect and the causal relationship between defect and damage".

There has been a debate about whether the burden should be reversed once the claimant has established damage and defect, such that the producer effectively has to show the lack of a causal link between the two. Producers and insurers have expressed concerns that if the burden of proof is relaxed then this may give rise to spurious claims.

In practice, what many courts have done in interpreting this requirement to date is infer the existence of a defect in circumstances where the product fails without explanation. For example the approach generally taken by the Austrian courts is that the more obvious a product's failure is, the less burden there is on the claimant to establish its exact cause.

This is in line with the so called "malfunction doctrine" applied by many US courts and formulated in §3 of the Restatement (Third) of Torts – Product Liability.

The concept of defect

The Directive defines "defect" by reference to "the safety to which a person is entitled to expect". The Report notes that the subjective nature of this test makes the concept incapable of precise definition. It is true that interpreting the meaning of defect has proven difficult for courts in certain cases, and English courts in particular have struggled with whether to have regard to the conduct of the defendant in assessing defect.

In addition to questions of the defendant's conduct, the Report also raises the question whether a risk/benefit analysis should be undertaken in considering the level of safety that a person is entitled to expect. This analysis has been used in the United States in relation to strict product liability laws when the defect in question relates to the product's design. However it is extremely difficult for courts to consistently and objectively decide what a reasonable person's expectations are in relation to novel or complex products or products that carry inherent risks.

Development risks defence

The Commission acknowledges in its Report that, despite the European Court of Justice's best attempts to clarify matters, there has been some difficulty in the interpretation of the defence in Article 7(e).

The test in Article 7(e), which exonerates a producer who can show that the state of technical knowledge at the time the product was marketed "was not such as to enable the existence of the defect to be discovered", gives rise to two possible interpretations. The first is that it applies only when the scientific and technical knowledge was not such that anyone knew of the particular risk that materialised. The second is that it applies where knowledge of the particular risk did exist, but its discovery in any single product was not possible.

On its face, the second reading seems to be both a more natural interpretation of the clause and to offer a more realistic defence but, until recently, the majority of jurisprudence to date has opted for the first interpretation. However there is now evidence that the second interpretation is being used by the courts. For example the Italian Court of Brescia (No. 1256 of 21 April 2006) upheld an equivalent of the development risk de-

fence in a case which involved a transfusion using HIV-infected blood. The Court concluded that when HIV was contracted the risk of the virus was not yet discoverable even with the most advanced screening tests available. If the second, more accessible, interpretation of the defence continues to be relied upon, it may begin to be regarded as more than simply token.

Other matters

The Report considered a "defence of regulatory compliance", which could be made available to producers who fully comply with applicable safety regulations governing the placement of their products on the market. If the defence was introduced in this absolute form, it would be a bar to claims under the Directive against those whose products comply with all relevant safety regulations. Even if a full defence was not introduced however, the Directive could still be amended to provide that, where all relevant regulations are complied with, there is a presumption of non-defectiveness, which can be rebutted. At present however, the Commission does not intend to amend the Directive in this way.

Comment

As Lovells' report noted, the Directive is only one part of a wider system of laws, rules and culture contributing to the risks that both consumers and producers face in relation to products. Given this, and the general satisfaction expressed by those surveyed, the conclusion of the Report that no major amendments are required is unsurprising.

Although there have been no major developments relating to the substance of the Directive, it is worth noting that EU litigation is constantly evolving. Since the last Commission report, the revised General Product Safety Directive has been universally implemented, there have been calls for an EU wide legal aid directive, twelve new Member States have joined the EU, and most recently there have been proposals in multiple Member States for more widely available group or representative actions. These developments, as the Lovells' report noted, can have as much of an impact on product liability risks as the substantive laws themselves.

Source and more information: This is a summarised version of an article published in Lovell's European Product Liability Review, Issue 25, December 2006, provided by the authors: Matthew Hibbert, Lovells London (matthew.hibbert@lovells.com) and Stefan Lenze, Lovells Munich (stefan.lenze@lovells.com)

Visit EuroSafe's website at
www.EuroSafe.eu.com

Stakeholder dialogue session on risk assessment

A stakeholder dialogue session gathering members of SANCO Scientific Committees, a range of industry representatives and NGOs will take place on 22 March, 2007, 15:00 – 17:30.

Scientific risk assessment plays a fundamental role in the EU policy making process in relation to issues concerning consumer and public health and the environment. Advice is provided by various risk assessment bodies such as EEA (European Environment Agency) and the three scientific Committees, Committee on Health and Environmental Risks (SCHER), Scientific Committee on Consumer Products (SCCP) and Scientific Committee on New and Emerging Risks (SCENIHR).

These three Scientific Committees provide the Commission with the sound scientific advice needed for the preparation of policy and proposals in relation to consumer safety, public health and the environment. They deal with issues such as the safety of cosmetic products, toys, textiles, clothing, personal care products, domestic products and con-

sumer services such as tattooing. The Committees also address questions in relation to new and existing chemicals, the restriction and marketing of dangerous substances, biocides, waste, environmental contaminants, plastic, drinking water, indoor and ambient air quality.

Finally, they study questions concerning emerging or newly-identified risks, for example, potential risks of nanomaterials and on broad, complex or multi-disciplinary issues requiring a comprehensive assessment of risks to consumer safety or public health and related issues not covered by other Community risk-assessment bodies.

The meeting is an excellent opportunity to become familiar with these committees, their functioning, their programme and current work. During the session, ways to improve engagements with stakeholders will be assessed.

For more information please contact Marina Marini (tel.: 32 2 229 33 07)

► Injury Data

“ECHI-I”: European Community Health Indicators - Injuries

The goal of the European Community Health Indicators (ECHI) project is to achieve comparability of health information in all Member States. The coordination of this process within the DG Sanco Public Health Programme is entrusted to the Working Party on Indicators and its scientific secretariat (<http://www.ECHIM.org>).

At the 3rd ECHIM meeting in December 2006, all Working Parties were invited to present an update on their ECHI related work. Health information projects of the Working Party on Accidents & Injuries (WPAI) have focused so far on the EU Injury Database (IDB), a large scale developmental project, and the comprehensive assessment of the burden of injuries in the EU based on routine statistics. The ECHI short list already foresees a number of injury indicators based on routine injury data, like the ‘gobal’ Cause of Death and Hospital Discharge statistics. Unlike mortality data, available routine morbidity statistics hardly contain information about the external causes of injuries which are a prerequisite for meaningful injury

monitoring. The IDB represents a promising public health approach for a systematic reporting of external causes, especially for the broad area of home and leisure injuries.

The Injury Data Task Force of the WPAI reflected on the feedback received at the meeting and communicated a number of ‘principles’ for ECHI based injury reporting to Pieter Kramers, who will co-ordinate the work between ECHIM and this WPAI Task Force. The principles are as follows:

1. The Cause of Death data shall serve as the main source for indicators on injury mortality
2. The Injury Database (IDB) shall serve as the main source for indicators on injury morbidity
3. Both sources need to be complemented by other data sources according to a data model (see table)
4. All indicators have to provide incidence rates at least at Member State level by age and sex, and most relevant external causes



Table: Current Injury Indicators in ECHI short list by preferred data sources.

[1] Incidence rates by age and sex, and main external causes. [2] A. most specific source, B. and C. accessory sources. Abbreviations: CARE: Community Road Accident Database. COD: Cause of Death Data (WHO-ICD). EHIS: European Health Interview Survey. ESAW: European Statistics on Accidents at Work. IDB: Injury Database at Home, and Leisure Accidents and All Injuries. HDR: Hospital Discharge Register - ES-TAT / APOLLO Internet Query Database.

Indicator [1]	ECHI Chapter	Mortality - Preferred Data Source [2]	Morbidity - Preferred Data Source [2]
All Injuries (all causes, selected external causes)	Health Status / Health Services	A. COD	A. IDB B. HDR ext. causes
Road Traffic	Health Status	A. CARE B. COD	A. CARE B. HDR ext. causes C. EHIS
Work Place injuries	Health Status	A. ESAW B. COD	A. ESAW B. EHIS
Home and Leisure Accidents	Health Status	A. COD	A. IDB B. EHIS
Violence	Health Status	A. COD	A. IDB B. HDR ext. causes
Suicide attempt	Health Status	A. COD	A. IDB B. HDR ext. causes

It is important to state that these goals are describing a future scenario. In particular, issues of Member State participation and data representativeness are still challenging "principle no 2", the full implementation of the IDB. However, as the establishment of specially designed injury surveillance systems is widely advocated as a prerequi-

site for the development and evaluation of injury prevention strategies, this should be possible also in the EU. We are looking forward to a fruitful discussion of this proposal at the next WPAI meeting.

Source and more information : Austrian Road Safety Board, robert.bauer@kfv.at

► Adolescents & risk taking

Risk behaviour in adolescents. Results of a Dutch pilot in the classroom

The Consumer Safety Institute (CSI) in the Netherlands has developed a pilot research intervention aimed at preventing risk behaviour that causes injury among adolescents. CSI is also one of the partners in AdRisk, the Community Action on Adolescents and Injury Risk, which aims to use the pilot as an example of how a prevention campaign on risk behaviour can be set up, developed and implemented with the participation of the target group

The first steps in creating the CSI pilot

First, a global analysis was made on the issue of risk behaviour among adolescents. Statistics of adolescents treated at Emergency Departments (EDs) in the Netherlands were investigated and scientific literature was studied. This revealed that 220,000 adolescents between the ages of 12 and 24 are treated at EDs yearly (analysis done over the years 2000-2004). Furthermore, about 17,400 young people are hospitalised and 350

adolescents die per year. Even though risk behaviour plays a significant role in these injuries, it is not clear to what extent. Literature shows that adolescents engage in risk behaviour and are more at risk to be involved in accidents. Interviews with experts revealed that the participation of the target group is an important condition to make an intervention work, especially with adolescents.

Therefore, as a second step, a study was conducted with 126 adolescents. They provided answers to questions such as: What do you think risk behaviours are and why? These adolescents thought that behaviours involving alcohol (and drugs) are particularly risky. In a smaller group, consisting of eleven young people, a discussion was held on how adolescents could be reached through a campaign about risk behaviour. The group thought that a program at the school could have the most impact. In this way, adolescents cannot escape the intervention while messages on television and the internet can be too easily



ignored. In addition, an interactive theatrical production about risk behaviour was recommended as a possible intervention so that students could be directly involved.

Intervention

Thirdly, based on the findings of the previous research, an intervention was developed and tested. The intervention consisted of conversations with students in the classroom about risk behaviour. The students were 15-17 years old and they attended a school for lower general secondary education. Four classrooms with a total of 80 students participated in this pilot. To get the conversations going, short films found on the internet about young people engaging in risky behaviour (such as undressing in front of a webcam, surfing on a car) were shown.



Consumer Safety Institute

The conversations provided evidence that adolescents are interested in the following topics: risk behaviour through internet (webcam), drugs, alcohol and lover boys. These are boys that seduce (young) girls to prostitute themselves. However, it also became apparent that risk behaviour in sports and traffic were less interesting subjects. The target group also thought that information campaigns for the prevention of risk behaviour should be a lot more confrontational, ruthlessly showing the bad consequences of risk behaviour. The effectiveness of such a campaign is however ambiguous.

The participating students also filled out a questionnaire to evaluate the intervention. The results of this questionnaire showed that the adolescents really appreciated the conversations. They especially liked the short internet films. Most participants said that they had learned something by taking part in these conversations, namely to think before acting. Furthermore, some students indicated that they now realise what risk behaviour implies: some people thought that only smoking and drinking were considered risk behaviours, but

now they also see that for instance surfing on a car (jumping on a hood of a car and 'surfing' along) and taking big risks in sports are also considered risk behaviours.

Conclusions

Throughout this process it became clear that adolescents find it very important to be taken seriously: participation of this target group offers involvement and commitment and facilitates the development of effective interventions. By consulting young people, insight can be gained into which subjects are important to them and on how they want to be approached with information on risks and injuries.

By approaching adolescents at school, they are almost compelled to stop and think about risk behaviour for a longer period of time. However, it is very important that the panel chairperson who is leading the discussion is someone who makes adolescents feel at ease. It could be awkward for young people to talk about risk behaviour, in particular their own risk behaviour, with a teacher.

Besides the information provided at school, the internet can provide support in the form of a platform where films can be watched, young people can share their stories on risk behaviour anonymously, and possibly get advice on how to have fun without getting injured. Panel chairpersons can also use this platform to get more attuned with the target group.



Consumer Safety Institute

Finally, talking about risk behaviours in general is a useful approach to get the injury prevention message across. Adolescents appreciate the subject and the related discussion and besides the more popular topics such as drugs and lover boys, risks connected to sport and traffic can also be covered. In short, it is very feasible to get a broader injury prevention message across.

Source and more information: Consumer Safety Institute, The Netherlands, m.schutten@consafe.nl

Film, 'I giorni perduti', raises awareness of the problem of alcohol consumption among youth

On 4 February, Verona and its prestigious Palazzo della Gran Guardia had the honour of hosting the *premiere* of the film "I Giorni perduti" (The Lost Days), produced by Media Italia Srl and sponsored by the Italian Ministry of Health, Veneto Region and all the local public health units in the Region. The overall aim of the project behind the realisation of this film is to raise public awareness of the problem of alcohol consumption, especially among youth and adolescents.

"In Veneto the problem of alcohol consumption is getting bigger and bigger," says the regional health councillor, Mr. Tosi. "Here are just two simple figures of the relevance of the issue highlighted by the Regional Observatory for Dependence: 51.5% of youth between 14 and 19 consumes alcohol regularly and 41% of them admits to getting drunk at least one or twice a month. One other alarming statistic is that the Veneto Region is now ranked second, after Lombardy, in road fatalities due to drunk-driving which represent 17% of all car accidents in Italy. 35% of the drink drivers in the Veneto region are aged between 18 and 30 and in Italy, as is the case in the rest of Europe, alcohol related car accidents are the leading cause of death for young people aged between 15 and 29."

These data are the source of concerns of both regional councillors for health and social affairs and provide the rationale for making the film which not only makes a contribution to the public debate but also serves as a prevention tool for both youth and adolescents as well as policy makers.



The *première* was preceded by a discussion on the prevention of alcoholism in combination with taking other substances, mainly ecstasy and cannabis. This creates a lethal mixture for adolescents who are not always able to assess and cope with the risks of driving under the influence of such substances.

Vips from television reality shows like "Vip Island" and "Big Brother", as well as regional level politicians and businessmen, have been actively involved in the film in order to strengthen the media message. In addition, the AdRisk project has welcomed the request from the producers to make the video material available on its website, as soon as it is ready.

More information: [ULSS 20, Verona, Italy, mensunza@ulss20.verona.it](mailto:mensunza@ulss20.verona.it)

Young drivers, risks and effective countermeasures. Is there a road to safety?

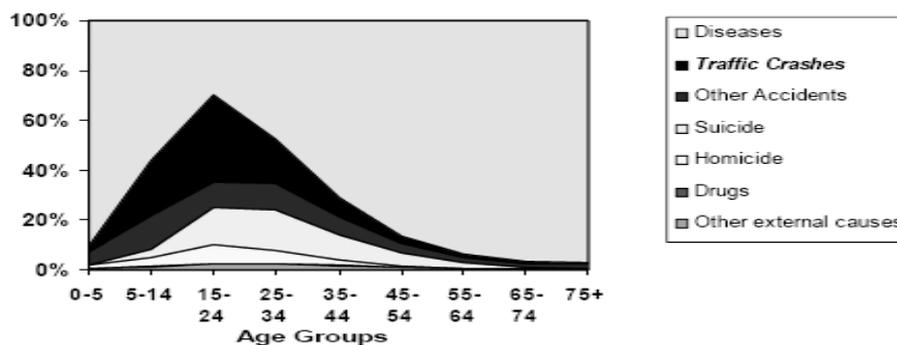
The Organisation for Economic Co-Operation and Development (OECD) has recently published a Policy Brief on "Young Drivers: The road to Safety" based on the work of the Joint Transport Research Centre of the OECD and the European Conference of Ministers of Transport (ECMT).

The safety of young drivers is a matter of vital importance for European wide governments if they hope to reduce the overall impact of road transport on human health. Road crashes are the single biggest killer of 15-24



year-olds in industrial countries and more than 9,000 young car drivers die in the 30 countries that belong to the OECD every year

Figure 1. Causes of Death by Age Group, OECD Countries

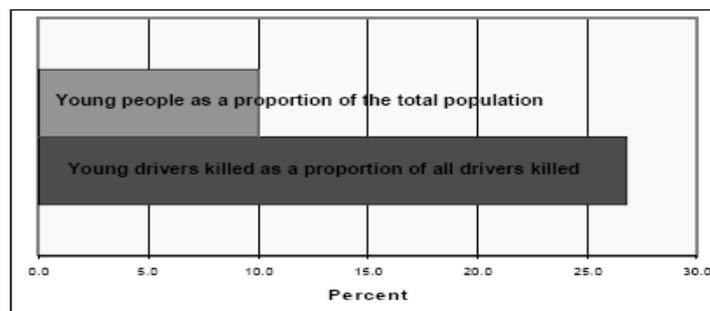


(over 750 in Germany, 645 in France, and over 300 in Spain). Worldwide, road crashes are the single greatest cause of death for men aged 15-29 and second greatest for 15-29 year olds overall according to World Health Organisation (WHO, 2002) figures.

It is not only a matter of terrible human cost, but also a heavy social and financial burden (calculated around one million euros). Young drivers account for about 27 % of driver fatalities across OECD countries, although

people in the same age group represent only about 10 % of the population. Crash death rates for drivers under 25 are roughly double those of older ones, and young men are three times more at risk than women are. But young drivers, as highlighted both in the policy brief and in the ECMT's document, are not only a risk and a danger to themselves, but also to passengers and other road users that also die or get seriously injured in the same crashes.

Figure 2. Proportion of Youth in Traffic Fatalities and Population OECD Countries, 2004



Source: IRTAD. Refers to persons under 24 and old enough to drive solo. Data from earlier years used when 2004 not available. Data lacking from some OECD countries

A lethal mixture of age, inexperience, gender, lifestyle, physical and emotional immaturity is at the origin of young drivers, especially males, which result in taking risks on the road and in traffic. The policy brief states "Good drivers are made, not born" which is very true. There are no shortcuts to experience, one of the three key factors that could help remedy the situation. Being young means being physically and emotionally less mature and therefore less able to assess risk and cope with it than older drivers. It is a time of testing boundaries and asserting independence, enjoying an intense social life especially at night time and during the weekends, being inclined to show off and being susceptible to peer pressure and

underestimating safety issues or overestimating driving abilities that can lead to fatal accidents and injuries on the road. Alcohol and driving without seatbelts remain key factors in young driver crashes and resulting deaths and injuries.

Although most young drivers are not deliberately unsafe, all the above mentioned factors contribute to the higher risk for young drivers. And it is in this perspective that the European Conference of Ministers of Transport and the governments are looking for ways and initiatives to be proposed and undertaken in order to help young drivers gain experience and safety awareness.

As it is highlighted by the OECD, there is no single solution to the problem; hence, an assortment of different countermeasures (adapted to the customs, circumstances and legal traditions of each country) and a combination of different levels and areas of government, stakeholders, and actors such as young drivers and parents themselves is needed in order to combat the problem.

One thing is sure, reducing the number of accidents and fatalities will require a focused and coordinated approach including elements such as higher overall road safety levels, effective legislation and enforcement (particularly dealing with speed, alcohol, drugs and seatbelts), non-road safety measures, such as the availability of public transport at reasonable cost, can also affect

young driver risk exposure. Education and training, together with persuasive communication campaigns may turn out to be effective countermeasures with a view to changing attitudes and creating greater understanding of risk behaviours. Important new reductions in young driver risk could also result from technological applications. However, more research which is particularly focused on the impact on young drivers is required in this area.

More info: ULSS 20 Verona, Italy, mensunza@ulss20.verona.it

Source: CEMT/CM April 2006 and OECD Observer Policy Brief "Young Drivers: The road to Safety" October 2006

► Burden of injuries

Guidelines for the Conduction of Follow-up Studies Measuring Injury-Related Disability

Disabilities (i.e. reduced levels of functioning resulting from diseases or injuries) are increasingly seen as an important component of a population's health. This has been recognised in the field of injury prevention and trauma care, where the number of survivors of severe injury has rapidly risen. Moreover, many survivors are young people, whose daily activities may greatly and/or permanently suffer from the consequences of trauma. However, comparable and representative epidemiological data on the incidence, severity and duration of injury-related disabilities are still scarce and incomplete.

Over the past decade, a variety of measures has been used at various moments in different study populations. However, guidelines are needed to increase comparability between studies.

Hence, from 1995-2005 the Working Group on 'Quantifying post-injury levels of functioning and disability', part of the EuroSafe Task Force on Burden of Injury, conducted a literature review of empirical studies into injury-related disability. The review included injury from all levels of severity as well as selected studies using generic health status measures with both short-term and long-term follow-up. The results were used as input for a consensus procedure towards the development of guidelines for defining the study populations, selecting the health status measures, selecting the timings of the assessments, and data collection procedures.

The group reached consensus on a common core of health status measures and assessment moments. The group advises to use a combination of two health status measures (i.e. EuroQol-5D and Health Utilities Mark III) in all studies on injury-related disability. This combination covers all relevant health domains, is applicable in all kinds of injury populations and in widely different age ranges, and has several practical advantages (e.g. brevity, availability in different languages). For specific types of injury, the two health status measures may be supplemented by injury specific measures. The group advises to measure health status at 1, 2, 4 and 12 months after injury.

It is recommended that these guidelines be tested to help pave the way for more improved and consistent epidemiological data on the incidence, severity and duration of injury-related disability.

More information: The EuroSafe 'Working Group on 'Quantifying post-injury levels of functioning and disability', s.mulder@consafe.nl

Source: The Guidelines are available at <http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/14reportsresults-25.htm>. In addition, a paper has just been published in the February issue of the Journal of TRAUMA: <http://www.jtrauma.com/pt/re/jtrauma>



► Safety for seniors

Networking to improve elderly safety

In order to build a strong network with active participants, the European Network for Safety among Elderly (EUNESE) will hold a conference in Brussels on May 14-15, 2007. This conference provides professionals working in the field of preventing injuries among the elderly the opportunity to meet and exchange knowledge with colleagues from all over Europe.

EUNESE was set up in 2004. The aim of this network is to stimulate the exchange of knowledge and experience and to disseminate information and good practices within the field of elderly safety.

The network is targeted at a broad group of interested parties such as researchers, policy makers and professionals that are concerned with implementing safety promotion programmes.

During the last two years the project management, together with 32 European Partners, have worked hard to try and build a network based on the results of a questionnaire compiling the needs and expectations of the po-

tential network members. In addition, four pilot projects have started, a good practice manual has been published and the network's website <http://www.eunese.org> has been launched.

The next step is the European Conference in Brussels where the emphasis will be on creating real networking between people and organisations, a network whereby the whole is greater than the sum of its individual parts. In addition to European organisations working in the field of elderly safety such as EuroSafe and WHO Europe a lot of national organisations are still putting their resources into their own individual pilots and projects without really learning from one another. Therefore, a strong European network is essential to improve the safety of elderly at both the national and European level.

Do you want to improve the safety of the elderly in your country without reinventing the wheel? Go to <http://www.eunese.org> and register for the EUNESE conference!



► Sport safety

Turin Charter and BePraSa project at ISSS 17th International Research Symposium in Scotland

The BePraSA project (Best Practices in Prevention of skiing accidents in Europe: The New Challenge) and EuroSafe have made an important step in their mission to disseminate the Turin Charter to a growing audience of international stakeholders.

Claudio Detogni of ULSS20 Verona, BePraSA project leader, has successfully submitted the Charter to the scientific

committee of the ISSS (International Society for Skiing Safety) for oral presentation at the 17th International Research Symposium on Ski Trauma and Skiing Safety to be held in Aviemore, Scotland 13th -19th May 2007.

The ISSS is a multidisciplinary organisation founded in 1974, with members from all over the world, that advances safety issues and injury care in snow sports through education, research and development in all related fields.

The conference is a biannual symposium and the world's leading forum for research into the causes and systems of prevention of snow sport accidents and injuries. A worldwide network of experts will gather to exchange views and ideas on a host of research topics including injury epidemiology, case reports, treatment of snow sport injuries, new equipment design and testing, evaluation of



Lidia Costantiniã



protective equipment, injury prevention campaigns and ski area factors.

The participants of the symposium form a key international target audience for disseminating the universal principles of the Turin Charter and to present the first results of the studies - conducted within the framework of the Be.Pra.S.A. project - over skiing and

snowboarding accidents in selected EU countries in the Alpine area (Austria, France, Italy and Slovenia). This event will also constitute a great opportunity to further widen the Be.Pra.S.A. network at European and International level.

For more information: ULSS 20, Verona, Italy, pollac@ulss20.verona.it

► Violence prevention

EuroSafe tackles Interpersonal violence

EuroSafe will address the theme of Interpersonal Violence in its project PHASE (Public Health Public Health Actions for a Safer Europe) due to commence this Spring 2007, with co-financing from the European Commission.

Ulss20 Verona, an Italian local Public health Authority, together with the Italian National Observatory for Domestic Violence (ONVD), will lead this work package which looks at the problem of Interpersonal Violence from the public health perspective.

The work package leader will work in a coordinated way with an extensive team of leading European experts to carry out the identified project tasks. The team of European experts is divided into four categories broadly representing the four sub areas of intervention of interpersonal violence, namely 1) Intimate partner 2) Child 3) Youth 4) Elderly. Key Institutions such as WHO will also offer their expertise to the project. In addition, in order to ensure the quality of the whole project process, an advisory committee will be set up. The members of the committee represent a cross-section of interests and perspectives from the medical, social, legal and political arenas.

In 2002, Interpersonal violence killed about 73,000 people in the European Region. In addition to the loss of human life, interpersonal Violence is expensive. Estimates of the cost of violence in the USA reach 3.3% of the gross domestic product.

Violence often creates a burden larger than the initial act of violence itself in the form of a physical or psychological disability. For this reason, healthcare benefits most from the prevention of violence.

In order to assess the magnitude of the burden, the collection of accurate information is essential. However, there is a wide variety of sources of information on the subject of

violence (Police data, judicial record, information from shelter services, schools, health sector and social services). In addition, there are methodological issues related to definitions and classification, case definition and development of proper indicators, data collection and sampling issues and data reporting and mapping issues. Finally, there are also problems related to the identification of risk factors and main determinants of violent behaviour and the circumstances of its occurrence.

Public health can play a complementary role in violence prevention, in particular with regard to overcoming the deficiencies in information on the size and impact of the issue as well as in the identification and dissemination of good practices in prevention. The public health sector can help in:

- providing information from accident and emergency services and other health sector intelligence related to violence
- training public health service staff and capacity building in view of early identification and prevention of violence;
- enhancing collaboration among the various sectors involved within the health arena and other sectors such as voluntary groups, ethnic and community groups, educations, social work and media, complementary to the traditional sectors such as justice and police
- reinforcing support structures for parents and young children as well as for vulnerable groups in society
- identifying cost effective programmes for preventing violence and the dissemination of good practices

Three principal results are foreseen as outcomes of Work Package 6 as follows:



1. Currently available public health information on interpersonal violence in EU+ is collected and disclosed systematically.
2. Information on public health initiated violence prevention interventions and strategies currently undertaken by member states (EU+) and the success factors in implementing these interventions is collected and disclosed systematically.
3. Informed network of public health intelligence on interpersonal violence across EU+ with an established mechanism for electronic information exchange is set up.

This project is due to start in Spring 2007.

Source and more information: ULSS20, Verona, Italy, rdavis@ulss20.verona.it

► Vulnerable road users

Improved website for the European Road Safety Observatory

ERSO, The European Road Safety Observatory has a new improved and updated website (<http://www.erso.eu>) which will help policy-makers, researchers, politicians and road safety professional to find their way around the European road safety world.

The website offers high quality information on for example alcohol, speed and novice drivers. You can find statistics on fatalities in Europe and easily interpret and analyse traffic safety data. In addition, an overview of

European traffic safety organisations, projects and authorities is provided.

ERSO is one of the SafetyNet final results. SafetyNet is an integrated project and co-funded by the European Commission within the Sixth Framework Programme (2002 - 2006).

Source and more info: <http://www.erso.eu>



► Work safety

Lighten the load, a European campaign on musculoskeletal disorders (MSDs)

The European Agency for Safety and Health at Work has launched its 2007 campaign, "Lighten the load". The overall aim of the European campaign on musculoskeletal disorders (MSDs) is to support both employers and employees, prevention and safety promotion representatives and practitioners, as well as policy and decision makers and any other stakeholders that may contribute to improving MSD prevention at workplace level.

Why is it a European issue?

Facts and figures: MSDs are the most common work-related problem in Europe covering a broad range of health problems which should be considered as adverse health outcomes and not as hazards or risks. Examples of such health problems are a group of painful disorders of muscles, tendons, and nerves, and carpal tunnel syndrome, tendonitis, thoracic outlet syndrome, and tension neck syndrome.

Frequent and repetitive work activities, or activities with awkward postures cause are very often at the origin of these disorders which may be painful during work or at rest.

Almost 24% of the EU-workers report suffering from backache and 22% complain about muscular pains, with a higher prevalence among the new Member States. Taking into account that many working activities include the use of the arms, the hands or the legs, most MSD affect the hands, wrists, elbows, neck, and shoulders, legs, hips, ankles, and feet. Moreover, some back problems also result from repetitive activities that include continual repetition of movements, fixed body positions, forces concentrated on small parts of the body, and lack of sufficient rest between tasks, being the source of lost of work.

Although MSDs affect millions of European workers across all employment sectors,



notably in construction, service and retail, education and healthcare, hotels, restaurants and catering, much of the problem could be prevented and the socio-economic burden of it reduced by putting in place existing measures such as health and safety regulations, as well as preventive good practices, provided that there is evidence of their effectiveness. For instance, prevention should focus and aim at eliminating the repetitiveness of the work by proper job design where possible. Otherwise, preventive strategies such as good workplace layout, tool and equipment design, and proper work practices should be considered. In fact, early recognition of these disorders is of utmost importance, as medical treatments are unlikely to be effective once these injuries become longstanding.

The campaign that is backed by the German and Portuguese presidencies in 2007, and by

the European Parliament and Commission, seeks at promoting an integrated management approach to tackle the MSDs embracing prevention, retention, rehabilitation and reintegration of workers who already suffer or are subject to suffer from such a disorder.

The campaign will culminate in the European Week of Safety and Health at Work from 22 to 26 October 2007, and a “good practice award” at the closing event to be organised in Bilbao (Spain) later in March 2008. This annual award will recognise companies and organisations that will have made outstanding and innovative contributions to the promotion and prevention of MSDs.

More information: [ULSS 20, Verona, Italy, mensunza@ulss20.verona.it](mailto:ULSS20@ulss20.verona.it) and lmarchiori@ulss20.verona.it

Source: <http://ew2007.osha.europa.eu>

European Safe Start Summit in Bilbao

The Summit will close a one-year campaign dedicated to the safety and health of young people throughout Europe and will take place on 22nd March 2007 at the Euskalduna Conference Centre in Bilbao, Spain. It provides an opportunity to hear from professionals, practitioners and participants about what has been achieved during the campaign and the lessons learned to ensure that we protect the workforce of tomorrow by

taking action today. It will be an unequalled opportunity to review the activities and events that took place throughout Europe during the campaign and an opportunity to present the winners of the Good Practice and Video Competitions with their awards.

Source and info: <http://ew2006.osha.europa.eu/europeansummit/>

► Cross-cutting issues

The waifer of paper that could save 1000 lives



On 28 February a Hearing on Fire Safer Cigarettes took place at the European Parliament. The event was hosted by Arlene McCarthy MEP, Chairwoman of the European Parliament Committee on the Internal Market and Consumer Protection, and the EU RIP Alliance, of which the European Child Safety Alliance is a member. After the Hearing politicians and members of civil society signed a pledge to pursue Europe-wide implementation of a standard for fire safer cigarettes.

Already law in Canada and an ever growing list of US states, RIP (Reduced Ignition Propensity) cigarettes look like other cigarettes, taste like other cigarettes and cost the same as other cigarettes. But, unlike other cigarettes, they are designed to go out

when they are left unattended. MEPs are backing a proposal before the European Commission to require manufacturers to sell only cigarettes that comply to the standard. London Fire Commissioner Val Shawcross told the committee that the measure could reduce by two thirds the number of domestic fire deaths. European Commission experts have estimated that 1000 lives would be saved across the European Union every year.

How cigarette manufacturers meet the standard is up to them. They could change the chemical make up of the cigarettes or the paper or they could change the density of the cigarettes but the most popular solution so far has been to introduce two wafer thin bands of paper that act as “speed bumps”. Inhaling as

normal, the cigarettes will burn as normal but left unattended the thickened paper chokes out the flame. This, say campaigners is enough to protect sleepy smokers and their families.

The panel also took evidence from Dr Jacques Latarjet, Former President of the "Société Française d'étude et traitement des brûlures" and former President of the European Burn Association who shocked the committee with case studies of burns victims said,

'For many industrialised countries cigarettes are the leading cause of deadly fires. I have had to treat many cases of burns victims and people cannot imagine the extent to which

their injuries are horrific and painful. Many of these people will be impaired for the rest of their lives. Since it is possible to modify these cigarettes to reduce their ignition propensity, we have to do everything we can to prevent these tragedies. The European Union must act as quickly as possible"

Speaking after the hearing Arlene McCarthy said, "There is no such thing as a safe cigarette but RIP cigarettes would be an effective, low cost way to reduce fires and fire deaths across Europe."

For more information:

<http://www.childsafetyeurope.org>

► AGENDA

2007

27-28 March, Telford, UK

Health and Safety: the changing world of work

IOSH 07 conference & exhibition

Location: Telford International Centre, Telford

Website: <http://www.ioshconference.co.uk>

Email: enquiries@ioshconference.co.uk

26-27 March, Wuppertal

4th International Transport Conference

Website: <http://www.traffic-transport.org>

16-17 April, Bratislava, Slovak Republic

European Public Health Alliance's 2007 International Conference

Website: www.conference2007.epha.org

Email: registration@epha.org

Tel: +32 (0) 2 233 38 88

Fax: +32 (0) 2 233 38 80

16-18 April, Toronto, Canada

Innovative Strategies for Safer and Healthier Workplaces

Website: <http://www.iapa.ca/conference2007-03-06>

26th April, Brussels, Belgium

Transport Safety Seminar PEPPER

Website: <http://www.pepper-eu.org>

Email: velli-pekka.kallberg@vtt.fi

14-15 May, Brussels, Belgium

1st EUNESE Conference

Website: <http://www.eunese.org>

13-19 May, Aviemore, Scotland

ISSS 17th International Symposium on Ski Trauma and Skiing Safety

Website: <http://www.iss2007.com>

More info: info@iss2007.com

9-10 June, Tehran, Iran

Pre Conference workshop on Road Safety: "Safer Road Transport"

Location: Tehran, Iran

Website: <http://www.safety2007.info>

More info: amoghisi@hbi.ir

10 -12- June, Vienna, Austria

4th International Conference on Children's Health and the Environmental: "Reducing environmental risks for our children"

Location: Vienna, Austria

Website: <http://www.inchesnetwork.net>

More info: inches@umit.at

11-13 June, Tehran, Iran
16th International Conference on Safe Communities

Date: 11-13 June 2007
 Location: Tehran, Iran
 Website: <http://www.safety2007.info>
 More info: amoghisi@hbi.ir

18-21 June, Montreal, Canada
11th International Conference on Mobility Elderly and Disabled Persons (TRANSED)

Website: <http://www.tc.gc.ca/pol/en/Transted2007/home.htm>
 More info: transted@tc.gc.ca

17-19 July, Kincardine, Scotland
Global Campaign for Violence Prevention Third Milestones Meeting

Location: Kincardine, Scotland.
 More info: + 41 22 791 4001

3-5 September, Halmstad, Sweden
The Tylösand Conference

Website: <http://www.tylosandconference.com>
 More info: info@mhf.se

17-21 September, Paris, France
23rd World Road Congress Paris 2007: The choice for the sustainable development

Location: Paris, France
 Website: <http://www.paris2007-route.org>

2008

15-17 March, Merida, Mexico
9th World Conference on Injury Prevention and Safety Promotion. Safety 2008

Location: Merida, Mexico
 Website: <http://www.safety2008mx.info>

SIGN UP FOR WHO IS WHO!

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 go to the Contact Directories section of the EuroSafe website:

<http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/www/VwContent/I2whoiswhoexpertdirectory-.htm>

Editor & Design: Justin Cooper
 (j.cooper@eurosafe.eu.com)

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EuroSafe Secretariat

EuroSafe, PO Box 75169, 1070 AD, Amsterdam, The Netherlands
 Tel.: +31 20 5114513/ Fax: +31 20 5114510
 E-mail: secretariat@eurosafe.eu.com



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