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EuroSafe Alert

European Association for
Injury Prevention and Safety Promotion

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"Working together to make Europe a safer Place"

Contents

EuroSafe news

2nd European Conference in Paris, October 9-10, 2008

The 2nd European Conference on Injury Prevention and Safety Promotion will be held in Paris on October 9-10, 2008. The conference is being organised by EuroSafe in collaboration with the French Consumer Safety Commission (Commission de la Sécurité des Consommateurs) under the auspices of the French presidency of the EU Council.

The Conference will be a milestone opportunity to take stock of developments in injury prevention and safety promotion and, in particular, help move the implementation of the EU Council Recommendation forward, which was adopted in May 2007.

The conference aims to engage national public health authorities and related networks for safety and health promotion to work towards implementing injury-related public health policies and actions. These policies should address, in particular, the priority issues as identified in both the EU Council Recommendation, adopted by the Council in May 2007, and the World Health Organization's Regional Committee Resolution RC55/R9.

Major target groups are senior policy makers in government, public health and safety institutes, NGOs and interest groups representing high risk groups and victims, regulators, enforcers and those working in standardisation and product design, product and business compliance experts, private sector representatives and businesses, health professionals and consumer protection officers, injury prevention experts and safety promotion practitioners, researchers and academia.

The conference will have strong educative and network building objectives. Plenary sessions will alternate concurrent workshops and training sessions. The topics of the sessions will be related to the seven priority areas identified by the EU Council Recommendation: children and youth, elderly people and people with disabilities, vulnerable road users, sports and leisure accidents, safety of products and services, prevention of self harm and suicides, and the prevention of interpersonal violence. The conference will also cover work safety and cross-sectional issues.

A call for registration and abstracts for poster presentations will be sent out in November.

More info: http://www.eurosafe.eu.com

Joint initiative on sports injury prevention

The Ruhr-University in Bochum, Germany, and EuroSafe have successfully submitted a proposal to the European Commission under the 2007 Work Plan for a project that will develop and implement safety management schemes for high-risk sports. The contract negotiations need to be finalised by the end of the year and the project should start at the beginning of 2008.

Physical exercise improves fitness and health and promoting it is an integral part of the EC strategy for health promotion. At the national level physical exercise is also widely promoted. However, studies have demonstrated that more than 50% of the health benefits are lost by injuries. Sports injuries are also a very frequent reason for giving up sporting activities. Consequently, strategies for promoting physical exercise and injury prevention should be combined as far as possible.

Health benefits can be significantly increased by reducing the frequency of sports injuries, particularly with regard to popular sports. Football and handball have therefore been selected for the project as they are practiced all over Europe by a significant number of people. These sports also have the greatest frequency of injuries and thus can be identified as high-risk sports.

As sports injury prevention has to be sport-specific and cross-national, prevention measures should be disseminated as widely as possible in collaboration with European sports associations. The project aims at developing and implementing effective preventive measures in collaboration with UEFA (Union of European Football Associations) and EHF (European Handball Federation) as well as other associations. In light of the project results general guidelines and recommendations on how to develop and implement safety management schemes in other sports will be elaborated.

Prof. Petra Platen and Dr. Thomas Henke from the department of Sports medicine and sports nutrition at the Ruhr-University in Bochum, Germany, will be leading the project. Over the past years they have worked together with ARAG Sports Insurance and have vast experience in sports medicine and injury prevention. This collaboration has resulted in, for example, a huge database on sports injuries in Germany containing almost two hundred thousand data. The university department is a member of the EuroSafe-Taskforce on Sport Safety which is led by the Swiss Council for Accident Prevention (BfU) in Bern.

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

EU news

Programme of Community Action in the Field of Health 2008-2013

The Second Programme of Community Action in the Field of Health 2008-2013 will come into force from 1 January 2008. This follows the first Programme of Community action in the field of public health (2003-2008) which financed over 300 projects and other actions. The total budget of the Second Programme is € 321,500,000.

Objectives

1) To improve citizens' health security:

- Developing EU and Member States' capacity to respond to health threats, for example with health emergency planning and preparedness measures;
- Actions related to patient safety, injuries and accidents, risk assessment and community legislation on blood, tissues and cells.

2) To promote health, including the reduction of health inequalities:

- Action on health determinants – such as nutrition, alcohol, tobacco and drug consumption, as well as social and environmental determinants;
- Measures on the prevention of major diseases and reducing health inequalities across the EU;
- Increasing healthy life years and promoting healthy ageing.

3) To generate and disseminate health information and knowledge.

- Action on health indicators and ways of disseminating information to citizens;
- Focus on Community added-value action to exchange knowledge in areas such as gender issues, children's health or rare diseases.

The Health Programme 2008-2013 is intended to complement, support and add value to the policies of the Member States and contribute to increased solidarity and prosperity in the European Union by protecting and promoting human health and safety and by improving public health.

Under the new Programme, participation and consultation with stakeholders will be promoted.

Financing mechanisms

To ensure full participation in the Programme by organisations which promote a health agenda in line with the Programme objectives, a wider variety of financing mechanisms are offered. These include:

- Cofinancing of projects intended to achieve a Programme objective;
- Tendering actions to achieve a Programme objective;
- Cofinancing of the operating costs of a non-governmental organisation or a specialised network;
- Joint financing of a public body or non-governmental organisation by the Community and one or more Member States;
- Joint actions with other Community programmes, which will generate coherence between this instrument and other Community programmes.

Source and more info: http://ec.europa.eu/health/ph_overview/pgm2008_2013_en.htm

European Parliament rallies behind European emergency number 112

The European Parliament has united with an all-time historic majority for an efficient European emergency number 112 and increased safety for its citizens.

On Thursday 6 September, the European Parliament adopted a Written Declaration requesting an evaluation of the quality of the operation of "112", the little known European emergency number. This declaration was championed by a cross-party coalition consisting of Vice Presidents Diana Wallis, Gérard Onesta and Alejo Vidal-Quadras MEP and by Marc Tarabella et Dimitrios Papadimoulis MEP. The Declaration, adopted with the largest majority ever to have been attained, sends a clear political signal to the Commission and Council at the start of this parliamentary year.

Speaking in Strasbourg, the five MEPs said: "The tragic natural disasters which occurred in Europe this summer should remind us how important it is for all of our citizens to know this emergency number, which is already in operation in all 27 Member States. Another crucial aspect is that all calls should be properly dealt with. Unfortunately, a large majority of European citizens are not familiar with the 112 number, and too many transposition problems persist in the Member States, who often lack the necessary technology or organisation".

Indeed, despite legislation going back 16 years and several problems areas identified, the European Commission has only published one document evaluating the implementation of 112, and even this turned out to contain inaccuracies.

The MEPs continued: "Now that the Parliament as a whole has endorsed our declaration, we fully expect the European Commission to create a European day to promote awareness of "112" (on 11 February), and to proceed without delay to an evaluation of all 112 services in Europe…..To this day, only Portugal, currently holding the rotating Presidency of the Union, has made such an evaluation. We hope that it will show leadership and encourage the other Member States to go through the same process."

More info: http://europa.eu/50/news/theme/070202_en.htm

112.eu

European emergency number association

▶ FOCUS on skiing safety in Europe

By Gianmarco Pagani and Caterina Polla, Ulss 20, Verona, Italy

During each winter sport season the Alpine slopes in Europe attract a multitude of skiers, snowboarders and skiboarders. While the majority have a great time practising their preferred sport or hobby, an estimated 250,000 people are injured each year. An alarmingly high figure for an injury area in which little research has been done and for which general awareness of the need for injury prevention actions is rather limited. As the popularity of skiing, and in particular, snowboarding and skiboarding continues to rise, the EC co-financed project Be.Pra.S.A., Best Practices in Prevention of Skiing Accidents in Europe: The New Challenge, is leading the way at the European level.

Raising awareness of the need for injury prevention actions is dependent on a number of factors of which arguably the most important is reliable and comparable data. In this respect, developing skiing injury epidemiology resources can be seen as an example of the challenge the EC has started to address in recent years by co-funding the Be.Pra.S.A. project. Be.Pra.S.A. is working towards harmonising the different data collection systems in place within and between the Member States. This also entails being able to make cross-country comparisons of both injury data and data on prevention measures. The specific activities of the Be.Pra.S.A. project can be summarised as follows:

- Establishing a network of experts;
- Compiling and editing a wide literature review on skiing injuries;
- Conducting a pilot data collection on skiing injuries (abbreviated to SIMON);
- Conducting a pilot data collection on injury prevention measures adopted at selected ski-resorts; and
- Promotion and dissemination of the Turin Charter on Skiing Safety.

On the injury data front, there are currently only a few Member States using nation-wide surveillance systems to detect skiing injuries, such as in Slovenia and Italy. More often Member States typically collect data on a regional basis which due to the different source and data collection systems is not always easily comparable. This creates an 'information gap' at both national and European levels that illustrates the following difficulties and challenges the field of skiing injury epidemiology is facing:

- setting up a reliable and consistent data collection system for skiing injuries;
- defining the real exposure to the risks faced by skiers, snowboarders and skiboarders; and
- identifying standard injury prevention measures.

However, based on the data analysis work that Be.Pra.S.A. has done to date, it is possible to highlight some important findings which support both the results of international studies and those of SIMON, the pilot surveillance system financed by the project and implemented on the Italian slopes by ISS, the Italian National Health Institute.

Most of the skiing regions of the world have similar patterns of injuries rates. These are 1-2 injuries per 1000 skiers for alpine skiing and 3-4 per 1000 for snowboarding and skiboarding. This data is largely backed up by the SIMON pilot surveillance system (see Tables 1 and 2) although a lower incidence rate has been identified for snowboarders (1.27 per 1000 snowboarders).

Table 1. Skiing injury rates per age group

Age Groups (years)	No. of injuries	Skiers	Sampling Rate (x 1.000) (1)	Recalculated rate(2)	Rate per skier days (3)
4-14	1.746	413.219	4,225	11,48	1,148
15-24	1.596	218.654	7,301	19,84	1,984
25-34	1.787	444.720	4,018	10,92	1,092
35-44	2.104	411.366	5,114	13,90	1,390
45-54	1.614	218.654	7,383	20,07	2,007
54+	1.345	146.387	9,19	24,98	2,498
TOTAL	10.192	1.853.000	5,50	14,95	**1,495**

1. Sampling rate refers to a 'sample' made up of all and only the cases reported by the police.
2. Recalculated rates are obtained multiplying the sampling rate by the parameter 2.717813325. This parameter is calculated dividing the overall estimated number of ski/snowboarding injuries (105,000) for the 3 year-period 2004-2006 by the number of ski/snowboarding injuries sampled (38,634) for the same period
3. Calculated considering an average of 10 skiing days per skier

Data source: rough data by 'Centro Alpino Polizia di Stato di Modena' and 'ACNielsen SITA Research' for ASSOSPORT. Data elaboration by ISS (Italian National Health Institute)

Table 2: Snowboarding injury rates per age group

Age Groups (years)	No. of injuries	Skiers	Sampling Rate (x 1.000) (1)	Recalculated rate (2)	Rate per skier days (3)
4-14	239	74.221	3,216	8,74	0,874
15-24	944	130.463	7,233	19,66	1,966
25-34	804	170.570	4,712	12,81	1,281
35-44	134	68.228	1,964	5,34	0,534
44+	33	17.518	1,884	5,12	0,512
TOTAL	2.153	461.000	4,67	12,69	**1,269**

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Data source: rough data by 'Centro Alpino Polizia di Stato di Modena' and 'ACNielsen SITA Research' for ASSOSPORT. Data elaboration by ISS (Italian National Health Institute)

Another result which seems common to most of the studies is that the total injury rate for females is lower than for males. Also the rate of incidence per injury type seems to differ between the sexes. For example, in Italy 42.1% of injuries among women are sprains compared to 23.7% among men. The rate of incidence per injury type is distributed in a more balanced way among men.

It can also be determined that skiing and snowboarding cause different type of injuries (see table 3): ski users are more prone to injuries to the lower extremities while snowboarders have more frequent injuries to the upper extremities.

Table 3: Different body parts injured according to different sports

Country	Sport	Upper extremities	Lower extremities
Austria (1)	Ski	From 26.5% to 39%	From 42% to 66%
	Snowboard	From 46% to 54%	From 27% to 31%
Slovenia (2)	Ski	31%	51%
	Snowboard	74,2%	12,9%
Italy (3)	Ski	16.3%	52.3%
	Snowboard	44.4%	23.8%

The range of values reported in the cells of the table refers to the different results obtained in different researches.

Source: Be.Pra.S.A. literature review

Besides the analysis of injury data, Be.Pra.S.A. has been carrying out a comparison of the different data collection forms/questionnaires adopted by rescue services in selected Member States (Austria, France, Italy, Scotland, Slovenia) for profiling skiing/snowboarding accidents and injuries. To address the problem of incomparable data Be.Pra.S.A. has developed a Minimum Data Set (MDS) questionnaire which will be tested in selected ski-resorts in the partner countries. The questionnaire will be used for the forthcoming skiing season as well being applied to the available data from the previous season.

Be.Pra.S.A. is also responsible for the promotion and dissemination of the Turin Charter on Skiing Safety, a guideline-document prepared by a panel of international experts that gathered in Turin on February 5, 2006 in the context of the XX Olympic Winter Games, under the patronage and coordination of the Olympic Games Committee. The Charter has already been endorsed by numerous international experts in the field and has been presented at several international conferences including the recent 17th International Research Symposium of ISSS (International Society for Skiing Safety) held in Aviemore, Scotland, in May 2007. A website is currently being developed where all the information on the Charter can be found and an online endorsement of the document will be available. More on this in the next issue of the Alert.

Furthermore, since the inception of the project more than 200 institutions have joined the Be.Pra.S.A. network and other existing networks are collaborating in a fruitful exchange of experience and information. For example, information is being collected on existing measures to prevent skiing injuries and an extensive literature review on skiing injuries at regional, national and international level is underway.

If future research and projects can build on the work of Be.Pra.S.A. and the Turin Charter the future of preventing injuries among skiers, snowboarders and skiboarders will definitely be brighter.

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INTERVIEW with Jean-Dominique Laporte

Jean-Dominique Laporte is President of 'Medecins de Montagne', a French association composed of 300 on-site mountain and ski resort doctors. Founded in 1953, 'Medecins de Montagne' aims to improve medical care in ski resorts, to advocate important aspects of medical mountain practice and to instigate studies to improve the safety of skiing, snowboarding and skiboarding, otherwise known as short ski. The association monitors skiing accidents through its Skiing Safety Network that consists of 70 volunteer physicians located in 52 ski resorts.

How did you personally become involved in the rescue business?

I started actively working in this field in 1984 when I participated at the SITEMSH congress (Société Internationale de Traumatologie et de Médecine des Sports d'Hiver) in Val d'Isere. In the same year I started working with the President of "Médecins de Montagne", Dr. M.H. Binet, and a famous Spanish surgeon, Dr Jose Figueras, who became my mentor for skiing safety. At the beginning of the eighties Dr. Figueras conducted a skiing safety television campaign in collaboration with the national Spanish skiing team. In 1992 Dr. Binet and I set up the skiing Safety Network of "Médecins de Montagne".

How does the Skiing Safety Network monitor skiing accidents?

Each winter season the Network monitors both injured skiers and a control group. Since 1992 a standardised form is used to document each injury and data analysis is performed using specific software. The control group is monitored in collaboration with twelve ski resorts where skiers are interviewed at the bottom of the slopes. The results of this skiing safety network represent one of the most important data bases in the world, with 436,000 documented winter sports injuries. This network allows us to:

- measure the incidence of injuries;
- accurately determine the evolution of winter sports injuries;
- observe the habits of the population exposed to the risks of winter sports;
- help determine priority settings for national prevention campaigns (e.g. children wearing a helmet to prevent head injuries and setting the bindings according to the norms to prevent knee sprains); and
- evaluate the impact of those campaigns.

What are the key facts and figures that have been compiled by the Skiing Safety Network (e.g. injury incidence, number of rescue operations, major risk-groups).

Each winter sport season approximately 8.8 million skiers and snowboarders ski on the French slopes. Based on the figures for 2006 there are 150,000 winter sport injuries per season of which 94% are treated locally by the mountain and ski-resort doctors. 30.1% of all injured skiers and snowboarders are transported from the scene of the accident by ski patrollers.

Interestingly enough, the incidence rate of winter sports injuries has increased in France since 1992. The question is why? An explanation can be found in the increased popularity of more adventurous forms of winter sports and off-piste skiing which have a higher incidence rate of injuries than other winter sports. Please see Box 1 for additional facts and figures:

Could you give examples of successful campaigns to reduce winter sport injuries?

In 1993 a national campaign was carried out to encourage children to wear helmets while skiing. This led to an important decrease in severe head injuries among children under 14. The number of children wearing a helmet increased from 15% in 1995 to 71.9% in 2006. This resulted in a considerable decrease in the number of head injuries caused by collisions, in particular among children under the age of 11. In 1995 head injuries caused by collisions represented 15% of all injuries and in 2006 this figure had been reduced to 2.6%.

Secondly, a TV campaign was conducted in France in 2000 and 2001 to promote the correct use of ski bending setting releases in accordance with ISO and AFNOR safety standards. The campaign was carried out by

Box 1: Additional facts and figures

- The Incidence rate of winter sports injuries increased from 1992 to 2004. However, in the period, 2005-2006 the rate stabilised to 2.8 injuries per 1000 days of practice.
- Sprains and fractures represent 63.5% of all winter sports injuries.
- The alpine skiing incidence rate of ruptures of the Anterior Cruciate Ligament (ACL), found in the knee, increased a lot from 1992 to 2000. Following a two year prevention campaign the incidence rate for ACL ruptures stabilised at 0.33 per 1000 days of practice (2006).
- The alpine skiing incidence rate of ruptures of the Medial Collateral Ligament (MCL), also found in the knee, decreased from 1992 to 2006. Based on the last figures from 2006 the incidence rate is now 0.36 per 1000 days of practice. This is a significant result.
- Knee sprains represent 21% of all lesions and are the most frequent lesion in alpine skiing, especially among women over 25.
- Snowboarding has a high rate of wrist fractures among beginners (less than 7 days of practice)
- Skiboarding is the sport with the lowest risk.

INPES, Institut National pour la promotion et l'Education de la Santé, Ministère de la Santè, and Médecins de Montagne. During the period in which the campaign was broadcasted, 2000-2002, the number of knee injuries decreased.

What role can public health professionals play in helping people who practice winter sports be better prepared for the ski slopes?

The work of Médecins de Montagne proves the importance of the role public health professionals can play in making winter sports safer. In addition to the above campaigns I can give you another example of how public health professionals can make a difference. Médecins de Montagne carried out a survey on skiboarding, a relatively new sport on the ski slopes. We looked at the risk of leg fractures and identified specific risks for beginners and children under 15. On the basis of the results of the survey we provided retailers with information so they could instruct people to use short skis as safely as possible. This led to a significant decrease in the incidence rate of fractures.

The role of health professionals is therefore an important and exciting challenge.

What impact could the Turin Charter have on your work? What needs to be done to enhance this?

I personally came across the Charter by reading a very short article in a French medical publication during the Winter Olympic Games and most recently by a presentation in Scotland during the ISSS (International Society for Skiing Safety) meeting. Médecins de Montagne would definitely like to be part of such a Network to prevent injuries. I look forward to opportunities for collaboration.

▶ Child safety

National report cards pinpoint options for child safety

The European Child Safety Alliance will launch a major review of child safety in 18 countries in Europe on Tuesday, 20 November 2007. The launch will take place in the European Parliament, Brussels and will be hosted by MEP Arlene McCarthy, Chair of the Committee on the Internal Market and Consumer Protection.

Simultaneous launches will take place in participating countries. National Child Safety Report Cards and Country Profiles will be made available for Austria, Belgium, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Italy, Netherlands, Northern Ireland, Norway, Poland, Portugal, Scotland, Spain and Sweden.

The Report Cards describe: 1) how well a country is doing to make it safe for children, 2) what priority issues need to be addressed, and 3) which good practices should be adopted to prevent accidental injuries and to save more children's lives.

They assess the extent of safety measures provided to children and adolescents by examining and grading the adoption, implementation and enforcement of national level evidence-based policies. The 18-Country Summary Report Card provides a multi-country overview to facilitate European-level planning to support national level efforts.

The 12 policy topics comprise:

Nine areas of safety relevant to children and adolescents

- Passenger safety
- Motor scooter and moped safety
- Pedestrian safety and
- Cycling safety
- Water safety/drowning prevention
- Fall prevention
- Burn prevention
- Poisoning prevention
- Choking/strangulation prevention

Plus three areas of strategy to support child safety efforts

- Leadership
- Infrastructure and
- Capacity

The Report Cards are designed to provide not only a baseline on which to assess progress but also a tool for identifying current policy gaps and suggesting priorities for action.

The aim of the launch is to communicate the review findings to influential policy makers and stakeholders at both the EU and national level so that they can galvanise action. All 18 participating countries have committed themselves to developing plans as part of the Child Safety Action Plan (CSAP) initiative of the European Child Safety Alliance.

CSAP is funded by the European Commission and implemented with the help of the Health & Environment Alliance (HEAL), UNICEF, World Health Organization (WHO) and 18 national partner organisations.

The launch date, 20 November 2007, is International Day of the Child 2007. On 20 November 1989, the United Nations Charter on the Rights of the Child was signed in New York. The "child rights" approach taken by this UN Convention provides a broad umbrella for all other commitments to which the national Child Safety Action Plan contributes. For example, ensuring children's rights means ensuring the child safety action plan is integrated into WHO Children's Environment and Health Action Plan for Europe and Declaration, UN Millennium Development Goals and World Fit for Children Report, WHO Resolution on Injury Prevention, WHO resolution on Child and Adolescent Health and the European Commission's Recommendation for Injury Prevention.

For more information:
http://www.childsafetyeurope.org

Matell toy recalls lead to a review of current EU toy safety controls

Examples of recalled Matell toys

Source: *http://www.europa.eu*

The toy recalls announced in Europe by Mattel Inc. in August and September, concerning excessive lead levels and lose magnets, have generated a lot of media attention and the issue has been fiercely debated by Members of the European Parliament. In response, the EU Commissioner for Consumer Affairs, Mrs. Meglena Kuneva, has announced a two-month stock-taking exercise of the consumer product safety mechanism in place in the EU.

Following the recalls, information on the products in question was immediately distributed to the national enforcement authorities of all Member States via RAPEX (European rapid alert system for non-food dangerous consumer goods). National authorities were requested to closely monitor these recalls and to provide information on the recall success rates in each country. The Commission also asked the market surveillance authorities to extend their investigations beyond the items identified by the manufacturers in the various recent recalls of toys with lead paint and magnets.

The toys with lead paint were recalled because 52 parts lead/1,000,000 were found in the painted coating of the toys while current EU safety standards specify that a maximum of 50 parts lead/1,000,000 is allowed. The toys in which lose magnets were found also failed to comply with EU safety standards. Child safety toy expert, Martine Hoofwijk, from the Consumer Safety Institute in the Netherlands explains why lose magnets in toys pose a serious health threat to children: “If a child swallows two magnets or a magnet and something else made of metal, and data shows that this actually happens, the two will stick together in the child’s intestines. If part of the intestine is caught between the two magnets it can tear or twist causing serious health problems. Surgery is often the only solution in the case of children swallowing magnets.”

Speaking at a meeting of the European Parliament’s Committee for Internal Market and Consumer Protection (IMCO) on 12 September, Ms. Kuneva defended the consumer product safety mechanism in place in the EU and rejected demands for new toy safety legislation. This summer’s toy recalls were not a wake up call, she said. "We were already awake. …..Currently, 50% of alerts for unsafe goods concern Chinese products. China has been the priority for the European Commission in terms of consumer product safety for three or four years,” she said.

The Commission will use the case study of toy safety to review the strengths and weaknesses of the current system. Ms. Kuneva defended the existing general product safety directive, and its "rapex" alert system for dangerous goods, which she noted would be reinforced under pending proposals on the EU’s so-called "new approach".

Further, in her recent visit to the People’s Republic of China in July, Commissioner Kuneva made it clear that it is in the interest of both countries to build a strong co-operation and to expand and improve the EU-China product safety monitoring system. According to the latest RAPEX report, in 2006 most notifications concerned toys (24%), and overall the People’s Republic of China was the country of origin in almost half the cases (48%). However, RAPEX figures do not fully reflect the level of non-compliance with safety requirements, since the degree of control varies between Member States and is based on sample checks.

During the summer the Commission also held two public consultations concerning the safety of toys. ANEC, the European Consumer Voice in Standardisation, and BEUC, The European Consumers Organisation attended both.

The first consultation was on the impact of revising the chemical requirements of the Toy Safety Directive. Both ANEC and BEUC stated that chemicals of very high concern should be prohibited in toys. In addition, the exposure to other potentially dangerous chemicals should be minimised taking into account other sources of exposure and the particular vulnerability of children. Only chemicals for which sufficient toxicological and eco-toxicological data are available and which have been fully assessed should be used in toys. This principle of using only approved and evaluated chemicals should apply particularly for toys for children under three years of age.

The second consultation was on the general revision of the Toy Safety Directive. ANEC and BEUC reiterated the need for a Comitology Procedure to be implemented. This would allow flexible adjustments of the Directive by detailing essential requirements such as chemical limit values, and it would make it possible to determine the scope of the Directive, i.e. which toys require an EC type approval. ANEC and BEUC also requested that an EC-type examination be imposed for toys deserving special attention

such as toys for children under three and those which pose a serious threat to a child's health. Both organisations proposed that toys should be labelled with warnings on their inherent hazard. Warnings indicating which part may cause harm (e.g. "small balls") or what the toy contains (e.g. phthalates) are not meaningful to consumers. Additional warnings such as "choking hazard" or "chemical hazard" must be included. Safety instructions should be given to reduce the risk during use and foreseeable misuse. An annex should list warnings and conditions of use.

In the light of all these developments in the field of toy safety one message is very clear - there should be no compromise on the safety of consumers particularly when it comes to child safety.

Source: http://www.europa.eu, http://www.endseuropedaily.com/register/index.cfm and http://www.anec.org

▶ Consumer safety

New website to make firework celebrations safer

The Royal Society for the Prevention of Accidents in the UK has launched a new website to help people enjoy fireworks safely. The sale of fireworks started in the UK on October 15 in preparation for Bonfire Night on November 5 where firework celebrations take place across the country.

RoSPA's www.saferfireworks.com has all the information people need to make sure their firework parties are fun rather than fraught with danger.

But if anyone does have an accident, or is the victim of people using fireworks irresponsibly, they are invited to tell their story through the site so that others can learn from what went wrong.

Errol Taylor, RoSPA Deputy Chief Executive, said: "Big public displays are not available to everyone and some families have to have their fireworks at home. We hope this website will contribute towards making celebrations safer and more enjoyable."

As well as the Firework Code, the site includes a guide on how to organise a display and how to deal with specific types of fireworks from rockets to Catherine Wheels.

The law on fireworks and the penalties for breaching it are detailed - there are different regulations in Northern Ireland where Halloween is celebrated and there is a licensing scheme in place. There are also sections on first aid for burns and caring for pets.

Figures for 2005 showed that about 1070 people in the UK went to hospital after a firework injury with about 180 being admitted for treatment - the average length of stay was three days.

Half of firework injuries involve people under the age of 18 who should not be getting their hands on fireworks, as it is illegal for under-18s to even carry fireworks in a public place. There are still concerns about irresponsible traders and adults selling or passing fireworks on to children. About a quarter of accidents happen in places such as the street where fireworks should not be let off, showing that far too many people fool around with them.

"People should not be tempted to buy from street traders or people at car boot sales who could be selling dangerous fireworks," Errol Taylor said. "If you want to enjoy fireworks whether for Halloween, Bonfire Night, Diwali, Chinese New Year or New Year, www.saferfireworks.com is the place to start."

More info: http://www.saferfireworks.com

▶ Injury Data

Injuries in the European Union – EU27 update

The second edition of "Injuries in the European Union" contains an up-to-date summary of current injury statistics for the EU-27. European injury data from international data providers like Eurostat or WHO is combined with recent results of the EU Injury Database (IDB) on home and leisure accidents with a threefold objective:

Firstly, this report quantifies the detrimental impact of injuries on public health within the EU:

- Injuries in the EU are killing over 250,000 people each year;
- Injuries are the leading cause of death in children, adolescents and young adults;
- Injury mortality greatly varies between EU Member States; and
- Injuries consume almost 10% of hospital resources.

Whereas these "superficial" key figures are useful for overall country benchmarking and monitoring changes, more detailed data are needed to prioritise injury prevention activities and help steer policy-making. Therefore, the second objective of this report and its underlying database is to provide unique information on which injuries occur, when, where, how, why, and to whom, especially for the growing domain of home and leisure injuries. This kind of detailed information is only provided by the Injury Database (IDB) that is available online since June 2006. See: (https://webgate.cec.eu.int/idb/).

Did you know, for instance, that in terms of injuries:

- homes are quite unsafe places?
- more people are admitted to hospital with injuries caused by housekeeping and do it yourself activities than work-related injuries?
- sports' injuries are mainly affecting males?
- football (soccer) is the most injury prone sport?

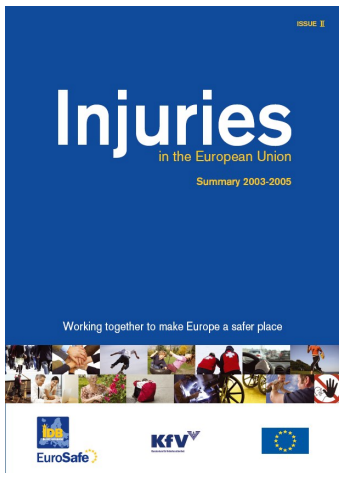
Thirdly, this report introduces a new cross-sectoral approach, or "comprehensive view", to injury reporting. Traditionally, injury prevention in the EU Member States was separated into independent sectors such as traffic, work, consumers and violence. This created a division of data. The comprehensive view on injuries in this report allows for a comparison of major injury outcomes by injury sector, providing added value information for public health and cross-sector injury prevention. For example:

- Statistically, one fatal injury is accompanied by over 200 non-fatal cases. The number of disabled persons is therefore continually rising.
- Traffic injuries account for approximately 20% of fatal injuries but only for 6% of non-fatal injuries;
- "Home and leisure" is the biggest injury sector by far, but provides the lowest insurance cover for its victims; and
- EU-wide two thirds of all injuries are treated in hospitals making these an important setting for injury surveillance.

Roughly 60 million out of 500 million EU citizens are medically treated for injuries each year. This report shall contribute to raising awareness about this epidemic and to facilitate the reduction of these injuries.

Download the report at: http://www.eurosafe.eu.com (available in November 2007) or order your free copy: nina.zimmermann@kfv.at

More information: Robert Bauer, Austrian Road Safety Board, Department of Home, Leisure & Sports, Austria: robert.bauer@kfv.at



▶ Adolescents & risk taking

Alpine Risk'n'Fun

Source:
http://www.weknowsnow.com

As the winter sport season approaches the Risk'n'fun project of the Austrian Alpine Association will soon start in Austria and South Tyrol, Italy. Risk'n'fun is all about increasing awareness and understanding of risk-taking behaviour among adolescents on the Alpine slopes. The initiative focuses on snowboarders and skiers who want to get off the beaten track and away from the well-groomed monitored pistes. This is called backcountry skiing and covers all kinds of skiing done in the wild, where there are no direct lifts, pistes, lodges, patrols, or other comforts.

The Risk'n'Fun project gives courses facilitated by trainers and mountain guides to teach the basics for backcountry skiing and snowboarding in a way that involves active participation from the target group. The participants actually work together with the Risk'n'Fun trainers and mountain guides to develop personal powder strategies. Powder is the term used for freshly fallen, untouched, soft snow and is the 'crème de la crème' of skiing surfaces.

By working together methods are explored allowing young participants to better assess and judge risks and optimise their ability to make sound decisions outside the monitored pistes. Working groups are organised in order to cover all the questions the participants may have and to give them a view of potential warnings, useful information, and standard security and safety measures. The workshops also take the time to deal with issues like peer pressure and the temptation of taking risks.

Maria Noisternig, a backcountry skier and participant in one of the Risk'n'Fun courses shared what she learned from the course: "I have developed a completely and profoundly different attitude towards backcountry skiing. I am sure I'll be much more conscientious in the future in making decisions and will therefore be a lot safer. There's no question that peer pressure and group dynamics play a huge role when it comes to making decisions on the slopes. Before this course, I was more likely to leave making a decision up to someone else, someone I felt was 'more competent'. I have learned it's important for me to play an active role in the decision-making process and to share what I know and what I've learned with the others in the group! I'll stick to what's less risky!"

Tom Greil, a Risk'n'Fun trainer, sports scientist and boardercross coach, which is a style of snowboarding, explains the concept behind the courses: "Our programme and its contents are quite different to other courses. Risk'n'Fun is not just an Alpine course, our courses are a blend of hard skills and soft skills. Our risk'n'fun trainers are specialised in teaching soft skills. We work on our participants' perception and use role-play games to really show them how group dynamics and peer pressure come into play in decision-making processes. Our mountain guides convey the hard skills, like how to use emergency equipment properly or how to interpret avalanche warnings and bulletins. We see both parts of the training as equally important and always stay true to our core values when teaching and learning: openness, mutual respect and information exchange".

"In the end it's up to each individual person to decide what they want to do. I just think it's really important to have a good, solid basis on which to base your decisions. By that I mean background knowledge on things like the external factors (snow pack, avalanche warnings, terrain,etc.) and being able to assess your own capabilities (your level of skill, how big a risk you're willing to take…)" Maria Noisternig continues.

Tom Greil further explains that participants develop their backcountry strategies together with the trainers and mountain guides. "We don't just throw knowledge at them, we don't preach – everyone needs to play an active part, ask questions, discuss, debate. That's where we achieve real results, this is the really good stuff. Thanks to all the input during the courses, it's not just the participants who learn, so do our trainers and mountain guides. Mount, descent, discussions, powder rides and so on…. this all helps everyone develop a better feel for good lines while skiing or snowboarding, and of course awareness of the dangers and risks involved".

More info: This article has been compiled by the AdRisk project team that is dedicated to making the lives of adolescents safer. Any feedback, comments or suggestions are very welcome, in particular concerning other good practices: http://www.adrisk.eu.com

For more information on Risk'n'fun please go to http://www.risk-fun.com

▶ Safety for seniors

International day of older persons: WHO launches Global Age-friendly Cities Guide

On 1 October the World Health Organization (WHO) released the first Global Age-friendly Cities Guide in London and in Geneva on the occasion of the International Day of Older Persons. The guide, which is based on consultations with older people in 33 cities in 22 countries, has identified the key physical, social and services attributes of age-friendly urban settings. Istanbul, London, Melbourne, Mexico City, Moscow, Nairobi, New Delhi, New York, Rio de Janeiro, Shanghai, and Tokyo are included along with many other regional centres and towns.

Following the launch other events took place in Buenos Aires, New York and Rio de Janeiro for a period of ten days. Cities that have collaborated in the WHO project are planning to address the barriers that have been identified and many others are lining up to adopt the guide. Led by New York, other cities are exploring what makes cities more age-friendly for increasing older migrant populations.

"Age-friendly cities benefit people of all ages, not just older people and WHO is committed to disseminating and promoting the implementation of the Guide worldwide," said Mrs Daisy Mafubelu, WHO Assistant Director-General for Family and Community Health.

The guide is aimed primarily at urban planners but also older citizens who can use it to monitor progress being made towards more age-friendly cities. At its heart is a checklist of age-friendly features. For example, promoting city walking and enjoying urban green spaces, an age-friendly city has sufficient public benches that are well-situated, well-maintained and safe, as well as sufficient public toilets that are clean, secure, handicap-accessible and well-indicated. Other key features of an age friendly city include:

- well-maintained and well-lit sidewalks;
- public buildings that are fully accessible to people with disabilities;
- city bus drivers who wait until older people are seated before starting off and priority seating on buses;
- enough reserved parking spots for people with handicaps;
- housing integrated in the community that accommodates changing needs and abilities as people grow older;
- friendly, personalised service and information instead of automated answering services;
- easy to read written information in plain language;
- public and commercial services and stores in neighbourhoods close to where people live, rather than concentrated outside the city; and
- a civic culture that respects and includes older persons.

Population ageing is a firmly established trend; the proportion of people aged 60 in the global population is predicted to double from 11% in 2006 to 22% in 2050. At the same time, our world is growing increasingly urban: as of 2007, more than half of the global population are urban dwellers and by 2030 about three out of every five people in the world are expected to live in cities.

These trends are occurring at a much faster rate in the developing world: currently, the absolute number of older people living in developing countries is about twice as large as that in developed countries. By 2050, some 80% of the world's older people will be living in less developed regions.

"Older people are concentrated in cities and will become even more so," said Dr Alex Kalache, Director of the WHO Ageing and Life Course Programme. "Today around 75% of all older people living in the developed world are urban dwellers - expected to increase to 80% in 2015. More spectacularly, in developing countries the number of older people in cities will increase from 56 million in 2000 to over 908 million in 2050."

The Guide is already being used in several parts of the world to initiate age-friendly city development. Networks are being developed in Brazil, Canada, Japan, Spain, the UK, the Caribbean Region and the Middle East.

For more information: Ms Carla Salas-Rojas, Communications Officer, Ageing and Life Course, WHO, e-mail salasrojasc@who.int

All press releases, fact sheets and other WHO media material are available at http://www.who.int

▶ Suicide & self-harm

Joining Forces Across Europe for Prevention and Promotion in Mental Health

Conference logo

The European conference "Joining Forces Across Europe for Prevention and Promotion in Mental Health" recently took place in Barcelona on September 13-15, 2007.

The conference aimed to build upon the prevention and promotion components of the WHO Declaration and Action Plan for Mental Health, and to support action on mental health stimulated by the European Commission, including that highlighted in the Green Paper on Mental Health, and to support the implementation of the expected European Commission strategy on Mental Health.

The four main themes of the conference were:

- From evidence to practice for policies and programmes;
- Implementation: developing dissemination, implementation and management plans;
- Financing and engaging settings and stakeholders in mental health; and
- Building capacity and training.

To capture these themes, the conference was organised around 6 strands:

- depression and suicide prevention
- children and adolescents mental health promotion
- policy development
- support to implementation
- social inclusion and empowerment, and
- stakeholders and settings

Participants included 381 professionals from over 35 countries with different backgrounds such as policy makers, programme implementers, health promoters, researchers, prevention specialists and planners working at all levels of European society. Given the inter-sectoral nature of mental health, participation of delegates from the education, justice, employment, and other sectors was encouraged and achieved throughout plenary and parallel sessions.

A detailed report about the conference and the resulting recommendations will be produced in the coming weeks.

More info: A first draft of the summary points and identified action areas during the conference can be accessed at: http://www.imhpa.net/conference

World Mental Health Day focuses on the special needs of young people

The message of UN Secretary-General, Kofi Annan on the occasion of World Mental Health Day, 10 October was very clear: Governments must ensure adequate attention for special needs of young people.

This year's Mental Health Day focused on the special needs of some of the world's most vulnerable individuals - children and adolescents with mental, emotional and behavioural disorders.

The burdens associated with these disorders are increasingly understood as a threat to the healthy development and well-being of children and adolescents worldwide. These young people, who are already so deeply vulnerable, may be subjected to stigma and discrimination; they may receive inadequate care; they may not have adequate opportunities for education; they may never get the chance to build the future which they, like all young people, deserve.

Developing and developed countries alike have a duty to do all they can to ease these burdens, by improving diagnosis, treatment, public awareness and education. Governments must live up to their obligation under the United Nations Convention on the Rights of the Child, the most widely ratified international legal instrument in history, to ensure "the development of the child's personality, talents and mental and physical abilities to their fullest potential".

"On this World Mental Health Day, let us rededicate ourselves to translating into reality the rights of children as enshrined in the Convention. Let us vow to give the mental health of young people all the attention it deserves," said Kofi Anan.

World Mental Health Day on 10 October reminds us that there is no health without mental health. This year's focus on culture and diversity is timely for the Portuguese EU Presidency initiatives on health and migration.

"Good mental health and well-being is crucial to the quality of life of European individuals and communities. We know that 14 % of the global burden of disease is directly attributable to mental disorders. That underestimates the real burden: there is growing evidence of links with physical health problems and the impact is vast on many more people as carers, relatives or friends, " said Clive Needle, Director of EuroHealthNet, a network of health promotion and public health agencies in Europe.

Needle states: "The moral case for action is clear. So too is the need to promote good mental health to help achieve social cohesion and economic goals. At EU level this has long been recognised in successive action programmes, not only in public health but also for research, anti discrimination, employment, education and other initiatives. Networks have been established, good practices exchanged, problems considered. But much more remains to be done."

The EC is seeking to define its role, priorities and capabilities to support Member States and civil society. The follow up to a consultation on a Green Paper is keenly anticipated.

Source: http://www.un.org/News/Press/docs/2003/sgsm8919.doc.htm and

http://ec.europa.eu/health-eu/newsletter/3/newsletter_en.htm

WHO urges increased investments and services for mental health

The World Health Organization (WHO) is appealing to countries to increase their support for mental health services. The appeal is part of a series of six reviews on global mental health which were published in the journal, The Lancet, in September. WHO has worked closely with the journal The Lancet to generate the evidence and formulate the call for action.

Mental disorders are common but as many as half of all people with severe mental disorders and a vast majority of those with mild or moderate disorders worldwide do not receive any treatment. Even when treatment is available, it is often delivered in institutional settings which in many countries are associated with stigma and human rights violations.

The reasons for this bleak situation are clear: mental health services are being starved of both human and financial resources. WHO's Mental Health Atlas database shows that a majority of countries in Africa and South-East Asia spend less than 1% of their health budget on mental health. Low income countries have an average of 0.05 psychiatrists and 0.16 psychiatric nurses per 100,000 population (about two hundred times less than in high income countries); these extremely low rates make it impossible for satisfactory services to be delivered in these countries.

WHO is supporting a call for action to increase the coverage of mental health services for mental disorders in low- and middle-income countries. The call is targeted at public health planners and urges them to assign a higher priority to mental health.

"This topic should matter to everyone, because people living with mental disorders in low- and middle-income countries are systematically locked out of the benefits of development that are open to others. When not addressed, mental disorders deprive people of opportunities to escape from poverty and deny them a voice to claim their rights," said Dr Catherine Le Galès-Camus, WHO Assistant Director-General for Noncommunicable Diseases and Mental Health.

"The current situation means that people with mental illnesses are at best ignored and at worst actively discriminated against in many countries. We can only improve the services available to people with mental disorders if there is a major and rapid increase in investment in this area," said Dr Benedetto Saraceno, WHO Director of Mental Health and Substance Abuse.

Estimates show that the amount of money required to deliver a core package of mental health care is approximately USD 2 per person per year in low-income countries and USD 3-4 in lower-middle income countries. This package, based on treatment of mental disorders in primary health care and in community-based facilities would increase the treatment coverage to 80% for severe

mental disorders and 25-33% for less severe ones. These targets are currently the best attainable level for most low- and middle-income countries given the current poor infrastructure and scarcity of human resources for mental health care.

The Call for Action further reinforces WHO's global action programme on assisting low- and middle-income countries in providing mental health care.

More info: Shekhar Saxena, Coordinator, Mental Health: Evidence and Research, WHO Geneva, e-mail: saxenas@who.int

All press releases, fact sheets and other WHO media material may be found at: http://www.who.int

▶ Violence prevention

Provision of safe late night transport

The provision of safe late night transport can be a key factor in preventing alcohol-related violence.

In many nightlife areas, transport services are inadequately equipped to cope with large numbers of individuals leaving bars and clubs at night, meaning large crowds of intoxicated individuals congregate in the streets. This creates opportunity for violent encounters, which is increased through frustration over long waits, and competition for late night transport, with taxi ranks and bus stops often being hotspots for violence. These circumstances can persuade people to try alternative ways of getting home which may be more hazardous, including drink driving, accepting lifts from strangers and walking home through poorly lit and unfamiliar areas, where they may be vulnerable to assault, rape, and road traffic accidents. Successful management of the flow of people from nightlife areas to their homes is therefore a major issue in preventing nightlife violence and injury.

Several countries have addressed these issues using a broad range of strategies. Additional late night bus services have been provided in several countries including France and the UK, with services often being developed through partnership working between transport services, local authorities and police. In the Netherlands, nightlife venues themselves have provided shuttle buses to help get customers home safely at the end of the night. To prevent violence at transport points (e.g. bus stops and taxi ranks), many areas in England have used security staff to control crowds and help ensure customer and bus driver safety. Awareness raising campaigns have also been used to highlight the dangers of using illegal taxicabs and thus reduce sexual assaults. These sorts of measures have proved effective at reducing violence (Box 1). Other policies that can contribute to safer taxi use include those that require taxis to be of a standard design (e.g. yellow and black in Barcelona, Spain) and drivers to display photo identification.

Box 1

TaxiSafe, Manchester (England).

In Manchester security staff have been introduced at taxi ranks to help manage queuing, maintain order and increase safety. They have also had the ability to communicate with Police and CCTV operators. The scheme made both taxi users and drivers feel safer, and it helped cut crime at marshalled ranks by 50% compared with the previous year.

Safer Travel at Night (STAN), London

This campaign raised the awareness of the dangers of illegal taxis through use of a multimedia advertising campaign. The campaign was associated with a drop in sexual assaults related to illegal taxis from 212 in 2002 to 140 the following year.

The presence of crowds of intoxicated revellers on streets in nightlife hours also has serious implications for road traffic accidents: in Northern Sweden half of pedestrians who were involved in a fatal incident at night tested positive for alcohol and in Britain 80% of pedestrian deaths at peak weekend nightlife hours had blood alcohol levels above the legal drink drive limit. Strategies to reduce this risk include increasing street lighting (which also reduces vulnerability to

assaults) and traffic calming. To reduce road traffic crashes in a busy nightlife area of Ibiza (Spain), a number of improvements have been implemented including providing footbridges over roads, blocking pedestrian access to roads and increasing the number of traffic lights to reduce vehicle speed. A similar lighting project in Australia, the “Dwell on Red” scheme, has proven effective at reducing traffic speed in nightlife settings.

Provision of adequate safe late night transport will aid dispersal at the end of a night and reduce the number of people who choose other risky methods of travelling home. However, even cities with excellent late night transport links experience violence at the end of the night out, for example at other congregation points such as fast food outlets. The wide variety of circumstances that contribute to the risk of night-time violence indicate that transport measures should be seen as a key part of a wider strategy to provide a safer nightlife environment, reduce risky drinking behaviours and prevent the risk factors for violence. Any strategy will ultimately require the cooperation and involvement of a range of bodies such as police, government, nightlife industries, and transport services.

More info: Please see Factsheet 3 on Late night transport published by the Violence Prevention Alliance Working Group on Youth Violence, Alcohol and Nightlife. The fact sheet is available at http://www.who.int/violenceprevention/en/. For other information please contact Mark Bellis, Centre for Public Health, Liverpool John Moores University, England: m.a.bellis@ljmu.ac.uk

▶ Vulnerable road users

Casualty figures show need for drivers to improve skills

Britain's road casualty figures recently released show the need for drivers to take refresher training and not just rely on the skills they picked up when they passed their test, the Royal Society for the Prevention of Accidents said.

The Department for Transport report shows that failing to look properly was a contributory factor in 35 per cent of all accidents and four of the six most frequently reported contributory factors involved driver or rider error or reaction. Loss of control was involved in 35 per of fatal accidents.

Kevin Clinton, RoSPA Head of Road Safety, said: "These are things that refresher training can help motorists to overcome. Even when a crash was not directly a driver's fault, better skills behind the wheel may have helped to avoid the accident.

"We all need to take a look at our driving and there is a lot of help available. Organisations such as RoSPA offer advanced training and driver assessments and many employers are now investing in driver training because they see how it can help to reduce accidents.

"The 540 deaths linked to drink driving is still far too high, and again training and specific courses can help people with this problem."

Last year the number of people killed in road accidents fell by one per cent to 3,172. There were 31,845 killed or seriously injured, down one per cent, and the total road casualty figure was down five per cent to 258,404. But there were big increases in deaths among child pedestrians (up 13 per cent) and child pedal cyclists (up 55 per cent), as well a five per cent jump in motorcycle fatalities.

"Poor driving and riding is responsible for far too many of those accidents," Kevin Clinton said. "For most drivers, the only formal training they take is that needed to pass their test. But in the following years they may well develop bad habits without even realising their weaknesses.

"More training can benefit everyone, helping people to enjoy their driving more while making them safer on the road. It can range from quick and easy lessons that focus on specific skills to longer courses leading to full advanced driving tests."

More info: With support from the Department for Transport, the Society has produced a Promoting Refresher Driver Training Toolkit to help groups offering training to publicise the benefits. See: http://www.rospa.com/roadsafety/refreshertoolkit/

▶ Work safety

Hearts and minds at work in Europe

Working life can act as a risk factor for the health of employees and their families. However, there is also an inverse effect as an individual's state of health can have a tremendous impact on work. Private companies as well as public services are affected by diseases through employee absenteeism or reduced productivity, irrespective of the cause of the disease. Workplace health is therefore a public health issue as well.

Health reporting is regarded as a suitable instrument to point to priority fields in public health policy and considerable efforts have been undertaken in the European Union to establish a health monitoring system at European level. However, up to now working life issues have played only a minor role in traditional public health monitoring schemes. Existing monitoring systems from the occupational health and safety perspective usually focus on "traditional" aspects such as occupational diseases and work accidents.

Against this backdrop, the WORKHEALTH project was started in 2002 - funded by the European Commission and co-ordinated by the Federal Association of Company Health Insurance Funds, Germany. The first phase of the project was devoted to the establishment of indicators that can be used in a future work-related health monitoring system to adequately reflect the impact of work on public health. A second phase of the project was carried out to compile a first European work-related public health report which reflects the impact of work on public health in Europe. For this report cardiovascular diseases and mental ill health were selected because of their high public health relevance.

Cardiovascular diseases (CVD) and mental ill health are diseases which put a major sickness burden on European workers, economies and social security systems. Cardiovascular disease is the main cause of death in the European Union accounting for over 1.9 million deaths each year. Mental ill health is experienced by more than 27% of the adult EU population during any given year. This means that nearly 83 million people suffer from mental disorders every year. Almost every second person in the EU has been affected by mental disorders at some point in his or her lifetime. Finally, it is well known that mental disorders can be risk factors for CVDs and that CVDs increase the risk of mental disorders.

Both diseases share common risk factors in the working environment. There is scientific consent that stressful psychosocial work environments are associated with a reduction in mental and physical health. Stress occurs in many different circumstances, but is particularly strong when a person's ability to control the demands is threatened. Insecurity about successful performance and a fear of negative consequences resulting from failure to perform may evoke powerful emotions of anxiety, anger and irritation. Stress can be caused by psychosocial hazards such as work design, organization and management; high job demands and low job control, and issues like harassment and violence at work as well as physical hazards, such as noise and temperature.

In general, cardiovascular diseases and mental ill health have multiple causes. They are associated with working and living conditions, individual characteristics and socio-economic status. Health promotion and prevention activities must therefore take a multi-disciplinary approach. However, there is still a tendency in some areas to tackle CVD and mental ill health in isolation. This report emphasises that sustainable health promotion and prevention calls for collaboration across different professions and policy fields. The report emphasises that interventions to improve workplace health, although embedded in different concepts, have common goals, characteristics and benefits. These interventions can effectively reduce risk factors and diseases and show a positive return-on-investment.

The improved health of workers should be sufficient reward in itself for any organisation to introduce workplace prevention measures; if any further incentive were needed, for every €1 spent on health promotion and intervention programmes, potentially € 5 can be saved due to reduced absenteeism, quite apart from substantial savings in medical treatment costs. In other words, workplace health promotion is a hard-headed business decision with an attractive payback – for companies as well as for societies.

Co-operating partners in WORKHEALTH are experts from public health sciences as well as experts representing the field of occupational health and safety, labour inspectorates and social insurance institutions. The consortium emphasizes that sustainable health promotion and prevention calls for collaboration across different professions and policy fields.

More info: The report as well as an executive summary and a factsheet are available from WorkHealth@bkk-bv.de. Electronic versions can be downloaded from http://www.enwhp.org

150 new health inspectors to address accidents and injuries on construction sites in the Veneto region of Italy

The Italian Ministries of Health and of Labour, in agreement with the provincial bodies of the Veneto Region, have recruited 150 new health inspectors to tackle the increasing number of accidents and injuries on construction sites in the region.

The health inspectors will reinforce existing operations carried out by a Task Force assigned to monitor construction sites and will have the authority to enforce safety regulations and norms to help ensure that construction sites are a safer place in which to work.

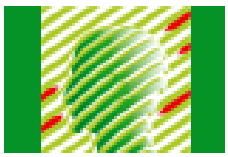
The Veneto Region is the only region in the north of Italy where work-related accidents are still increasing. Within a recent period of nine months 80 fatal accidents were recorded, an alarming figure which has been attributed to changing working environments and a boom of immigrant workers, mostly coming from Romania. The authorities suspect that a lot of the immigrant workers are earning black money and do not receive the same level of work safety as their Italian counterparts.

With the addition of the new health inspectors the number of people in charge of injury prevention and safety promotion in the work place in the Veneto region has doubled. This should help:

- increase awareness of and respect for health and safety norms;
- tackle the problem of illegal workers and poorer conditions;
- lay down the ground for increased safety conditions;
- increase public awareness of the problem;
- create closer collaboration between the health inspectors, trade unions, entrepreneurs, related sectors and public administrations.

Source and more info: Maider Ensunza Arrien (mensunza@ulss20.verona.it)

A+A 2007 Trade Fair shows that the work safety sector is on the way up



A+A logo

At the recent 'A+A 2007' international trade fair for safety, security and health at work, held in Düsseldorf on September 18-21, it was evident that awareness for safety and health risks at the workplace has risen.

The "A+A" fair is a recognised and affirmed communication platform for all prevention-related topics, serving as an indicator for safety and security trends for the pan-European market.

"After years of stagnation, the German market for protective products is finally growing again. Obviously, safety and security-related subjects are increasingly becoming the focus of attention for top management. At A+A 2007 there were noticeably more decision-makers present than in previous years", said Gerd Zeisler, President of the A+A 2007 Advisory Board and Director of Sales Europe for Dräger Safety AG & Co.

At the A+A 2007 opening ceremony, Franz Müntefering, the Federal Minister for Labour and Social Affairs, underlined that "safety and health are indispensable prerequisites for maintaining and promoting employees' performance and increasing productivity. This

affects all of us - companies but also social security funds and politicians".

This year's event was entitled "Decent Work as a Global Goal and National Reality" and attracted delegates from 65 nations. Fifteen different workshops were held under the theme 'Safety and Health at Work International' and new products designed to enhance safety were presented such as a novel bio-feedback diagnostic device for diagnosing muscle tensions caused by incorrect posture. A satellite congress held by the International Labour Organisation (ILO, a UN organisation) was also integrated into the A+A 2007 Trade Fair.

Compiled by Maider Ensunza Arrien (mensunza@ulss20.verona.it)

▶ WHO update

Developments reported by the Violence and Injury Prevention (VIP) Programme at WHO Regional Office for Europe

The EURO VIP team has had a busy time so far and are anticipating some exciting developments in the forthcoming months. One of the main thrusts of work will be to prepare for feeding back to the WHO Regional Committee in September 2008 on progress made in implementing the *WHO Resolution EUR/RC55/R9 Prevention of injuries in the WHO European Region.* Part of this commitment consists of providing support to Member States in their initiatives in the key areas of policy development, surveillance, capacity building and evidence-based practice. To achieve this objective WHO is working together with the European Commission and April 2007 saw the kick off of the 3 year DGSANCO funded project *Implementation of the Council Recommendation on the Prevention of injury and the promotion of safety and the WHO Resolution EUR/RC55/R9 Prevention of injuries in the WHO European Region.* This project is concerned with supporting Member States in the implementation of these European policy initiatives. To deliver on this WHO EURO will be recruiting a new staff member. As part of this project a joint WHO/EC workshop has been organised at the EUPHA conference in Helsinki on 11 October, and a web based policy inventory and reporting tool is being developed. WHO is working closely with Ministry of Health focal persons in VIP to push this area of work forward.

The *Third Network Meeting of the Violence and Injury Prevention Focal Persons* has been organised for 21-22 November 2007 in Lisbon, and is being co-hosted by the Ministry of Health of Portugal and WHO EURO. There are now focal persons from 49 of the 53 Member States of the WHO European Region. The main objective of the meeting will be to consider the web based inventory of country profiles and policy initiatives, that WHO is developing, and to plan the next steps in preparing the report for feedback to the Regional Committee in 2008. Attendance is also expected by DGSANCO and civil society such as Eurosafe.

Another exciting development is funding for a global road safety status report as part of a broader road safety initiative being coordinated by WHO HQ. The European part of the project is concerned with conducting a survey of road safety practices in the 53 countries. This will describe on a country-by-country basis the situation based on a standard list of items, such as crash incidence; existence of legislation on seat-belts, motorcycle helmets, and blood alcohol concentration; seat-belt and motorcycle helmet-wearing rates; and the existence of a national plan of action on road safety and priorities in transport policy. Data will be collected in countries through key individuals based at governmental agencies, non-governmental organisations and academic institutions. The report will serve as a useful tool in advocating for increased focus and investment on road safety at both national and international levels. WHO EURO will be recruiting a Russian speaking regional data collection coordinator to help deliver on this project.

As part of its commitment to capacity building, a *TEACH-VIP Training Workshop* was organized in Minsk, Belarus on 27 September 2007, by the VIP EURO team, with support from Headquarters. The training audience consisted of 25 participants coming from a diverse range of backgrounds, including trauma care doctors, representatives from national and regional institutes of trauma, the Red Cross, other NGOs, and government representatives from Ministries of Health,

Interior, Emergency, Transport, Labour and Social Protection. Lessons were given in Russian using the TEACH-VIP curriculum and manual, which has been recently translated. The instruction covered general principles, surveillance, research, road traffic injury, violence, and multisectoral partnerships. There was great interest by most participants in the material and subject. Approximately five individuals from training backgrounds were identified who could potentially attend the upcoming *Workshop on training of trainers for TEACH-VIP* in Salzburg on 6-8 November 2007. This workshop has been organised by WHO EURO at Schloss Arenberg in Salzburg, Austria on 6-8 November 2007 and is being kindly hosted by the American Austrian Foundation, with support of the Austrian Federal Ministry of Health and Women. This workshop will be held for about 30 potential trainers from the 12 Russian speaking Member States of the European Region and will be held in Russian and English.

A European Region consultation on the *World report on child injury prevention* was organised by WHO and held on 2-3 July 2007 at the Consumer Safety Institute in Amsterdam. There were over 30 child injury prevention experts from a range of European countries, as well as members of the editorial team and UNICEF. Positive comments were given on the report, and along with feedback from other Regional consultations, will influence the development of the next draft of the Report due in December 2007. The launch of the World report as well as a smaller European report is expected in autumn 2008. WHO EURO will soon be consulting with European colleagues to progress the European work. Support for this important project is kindly being provided by the Ministry of Health of the Netherlands.

For more information contact Dr Dinesh Sethi (DIN@ecr.euro.who.int).

▶ Cross-cutting issues

New version of HIS/HES website online

The HIS/HES website represents an inventory of nationally and internationally administered health surveys in EU Member States, EFTA countries and some countries of other regions (USA, Canada and Australia) and is part of the Commission's Health Monitoring Programme.

The inventory contains surveys from 1991 onwards which are incorporated into the "European Health Surveys' Database: Health Interview Surveys (HIS) and Health Examination Surveys (HES).

The National Public Health Institute (KTL), Finland and the Central Bureau of Statistics (CBS), the Netherlands initiated the development of the database in 1999-2000. KTL and the Scientific Institute of Public Health (IPH), Brussels then upgraded, adapted and updated the database in 2001-2002. The website has recently been upgraded again and is available at https://hishes.iph.fgov.be. To access the website you have to create an account.

More info: https://hishes.iph.fgov.be

Regional Stakeholder Workshops on European Climate Change

As part of the EU adaptation policy consultation process to European Climate Change, a series of workshops for European Stakeholders is being established to present and discuss the proposals of the Commission's Green Paper on adaptation and stimulate a discussion on these findings.

Climate change is an issue which affects us all and one which brings increased risk of accidents and injuries as has been the case this summer with floods in England, forest fires in Southern Europe and record temperatures in Central and Eastern Europe.

The workshops held in Helsinki 27-28 Sep 2007, Budapest 15 Oct 2007, London 29-30 Oct 2007 and Lisbon 5-6 Nov 2007, will cover both aspects of the Green Paper and a debate on broader climate change issues, focusing on the specific climate change impacts and challenges for adaptation in the different geographical regions of Europe. Each workshop has break-out sessions on particular thematic issues, which will be different in each region.

For further information and to apply for attendance please go to: https://www.synergyregistrations.com/registrations/ECCPII

Please direct any queries concerning these workshops to Laurens Bouwer: laurens.bouwer@ivm.falw.vu.nl

▶ AGENDA

2007

10-17th November 2007 in Skopje, Republic of Macedonia
Youth in Action Program
More info: http://www.youthforum.org/Downloads/home/Invitation_Youth_Council_NGOs.pdf
Email: nola@macedonia.eu.org

13 November 2007 in London, UK
Reducing the harm caused by alcohol
More info: http://www.epha.org/IMG/pdf/Alcohol_conference_flyer.pdf
Email: conferences@rcplondon.ac.uk

14-16 November 2007 in Bangkok, Thailand
14th International Conference on Road Safety: Road Safety on Four Continents
More info: http://www.vti.se/templates/Page____3566.aspx
Email: vti@vti.se

18-21 November 2007
11th ISPCAN European Regional Conference on Child Abuse and Neglect
More info: http://www.ispcan.org/euroconf2007/
Email: euroconf2007@ispcan.org

2008

29 January 2008 in London, UK
Climate change and its impact on health
More info: http://www.rcplondon.ac.uk/event/details.aspx?e=947
Email: genon@env-health.org

13-16 April 2008 in Amsterdam, the Netherlands
ICPAPH, 2nd International Congress on Physical Activity and Public Health
More info: http://www.icpaph08.org/
Email: paog@vumc.nl

7th -10th September 2008 in Hong Kong SAR, China
XVII-th ISPCAN International Congress on Child Abuse and Neglect
More info:
http://www.ispcan.org/congress2008/
Email: congress2008@ispcan.org

10-18 September 2008 in Turin, Italy
8th IUHPE European Conference on Health Promotion and Health Education Towards the Future: New Frontiers on Health Promotion
More info: http://www.hp08torino.org/
Email: iuhpe@iuhpe.org

30 September – 3 October 2008 in Crete, Greece
Prevention and Occupational Accidents in a Changing Work Environment
More info: http://workingonsafety.net/
Email: wos2008@heliotopos.net

9-10 October 2008 in Paris, France
2nd European Conference on Injury Prevention and Safety Promotion
More info:
http://www.eurosafe.eu.com
Email: secretariat@eurosafe.eu.com

17-19 March, Coventry, UK
5th Warwick Healthy Housing Conference
More info: http://www2.warwick.ac.uk

15-17 March, Merida, Mexico
9th World Conference on Injury Prevention and Safety Promotion. Safety 2008
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/wwwVwContent/l2whoiswhoexpertdirectory-.htm

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