

## Good Practices Guide to Prevention of Injuries among Young People

September 2008



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This report provides an overview on good practices in the field of injury prevention for adolescents. Furthermore case studies are presented concerning promising measures in this field.

The following AdRisk deliverables are available at [http:// www.adrisk.eu.com](http://www.adrisk.eu.com) :

- Document: Injuries and risk-taking among young people in Europe – The European Situation analysis.
- Document: Tackling injuries among adolescents and young adults: strategy and framework for action.
- Document: Injuries and risk-taking among young people in Europe – Data summary of European situation analysis.
- Document: A Guide for initiating national action on adolescents and injury prevention in Europe.
- Toolbox.

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	National Center for Health Care Audit and Improvement	Hungary	Workpackage 3: Evaluation
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## **1. Introduction**

Injuries are the leading cause of mortality and morbidity for young people in Europe. Unintentional and intentional injuries account for 65% of all deaths among young people [1]. According to WHO, injuries are the leading cause of the burden of disease for under 30-year-olds when measured with disability adjusted life years (DALYs), years of life lost to disability, or premature death [2]. Those aged 15–29 have the highest proportion of DALYs lost due to injuries, their share is more than one third of the DALYs lost from all injuries. Moreover, injury prevention among young people has received relatively less attention than injury prevention among children or older people. [2].

### **AdRisk Project**

The Community Action on Adolescents and Injury Risk (AdRisk) project responds to the call for an integrated approach to prevent injuries and reduce the injury risk among young people between the ages 15–24. AdRisk project as a whole focuses on national policy and strategy development, situation analysis, network development and provision of tools and good practices.

AdRisk project is funded by the Public Health Programme of the European Commission and by five national organisations. The project is coordinated by the Austrian Road Safety KfV (Austria), the other partners are: ULSS 20 Verona-Regione Veneto (Italy), National Institute of Public Health (Hungary), Consumer Safety Institute (the Netherlands) and National Public Health Institute KTL (Finland). The Finnish team was responsible for the development of this Good Practice Guide and the European Situation Analysis Report (published separately).

### **Good Practice Guide**

The aim of this Good Practice Guide is to help professionals find evidence-based and practical ways to prevent injuries among young people in Europe – with partial focus on risk-taking behaviour. In other words, the guide describes what is known to work in injury prevention when targeting young people. The focus of interventions is on prevention of intentional and unintentional injuries and risk-taking behaviours among young people. Interventions can focus on prevention of injuries and risk-taking behaviour (e.g. dangerous driving) or just reducing the harm associated with risk-taking behaviour (e.g. some sports).

The guide is meant to be a practical handbook for professionals working in the field of injury prevention among young people between the ages 15–24. The guide includes conclusions grounded on evidence-based findings from scientific literature. Additionally, the idea is to provide practical information and examples on how to implement useful and effective actions in order to prevent

injuries among young people. The guide is targeting European authorities, public health professionals, teachers, youth workers, health educators, project leaders and people working in NGOs as well as decision-makers at local, national and international level.

This Guide was developed using the concepts and the framework of the "Child Safety Good Practice Guide: Good investments in unintentional injury prevention and safety promotion" of the European Child Safety Alliance, including their definition of good practice, the adoption of the "good practice at-a-glance" tables and case study reporting.

### **Definitions**

In this guide the concept of injury includes both unintentional and intentional injuries, and young people are defined as 15-24-year-olds. The main focus of good practices is on primary prevention.

*Unintentional injury* is a physical harm caused unintentionally by external factors. Unintentional injuries are subdivided by their causal mechanism. *Intentional injuries* are deliberately inflicted and include self-inflicted injuries, interpersonal and collective violence such as poisoning, drowning, falls, road traffic injuries etc. *Self-inflicted injuries* are caused by the person himself or herself. *Interpersonal violence* includes injuries caused intentionally by another person. Injuries caused by collective violence are due to e.g. war, civil insurrection or acts of terrorism. [2].

*Risk-taking* is a contested term which is not used in a uniform way across the literature. There is an on-going debate of the causes of risk-taking behaviour and whether it can be used as a homogenous concept [3]. In this report, risk-taking is understood to contain certain behaviours considered to be associated with heightened injury risk. Such behaviours are drinking and driving, alcohol use in general, self-harm, violent behaviour, reckless driving, unsafe sex, cannabis use, and risky sports.

This guide uses the same definition of *good practice* that has been developed in the Child Safety Good Practice Guide [4]:

- 1) *A prevention strategy that has been evaluated and found to be effective (either through a systematic review or at least one rigorous evaluation) OR*
- 2) *A prevention strategy where rigorous evaluation is difficult but expert opinion supports the practice and data suggest it is an effective strategy OR*

3) *A prevention strategy where rigorous evaluation is difficult but expert opinion supports the practice and there is a clear link between the strategy and reduced risk but a less clear link between the strategy and reduced injuries AND*

4) *The strategy in question has been implemented in a real world setting so that the practicality of the intervention has also been examined.*

This definition of good practice was originally also used for the case studies of this guide. However, most case studies presented in Chapter 4 do not fulfil this definition, because they have not been evaluated (see text describing the process of collecting and selecting case studies). Therefore case studies here have been defined as *promising practices* meaning ‘*practices that represent new, innovative, and potentially sustainable ways of working that have not yet received rigorous evaluation or had their effectiveness demonstrated.*’ It is encouraged that those considering adoption and implementation of these strategies build strong evaluation components to ensure that the body of evidence regarding these strategies is enhanced.

### ***Published evidence-based studies “at a glance”***

Evidence-based findings from scientific literature concerning injury prevention interventions are presented in Chapter 3. In order to identify interventions with evidence of good practice, systematic and other reviews were searched from the electronic databases. A systematic review uses a predefined, explicit methodology identifying relevant studies, selecting them for inclusion, and collecting and combining their data regardless of their results. If no review was available in the databases, the aim was to find several good studies about the issue.

The literature search started from the newest publications in Pub Med, Web of Science, PsycInfo and Cochrane library. The search was started by using different topics of injuries as keywords (e.g. traffic, work, sports, risk-taking behaviour, poisonings, drowning, falls, violence, self-directed violence) and then imposing limitations on each search (e.g. young people, age of target group, intervention). Next, background templates were filled including information about: main topic, type of intervention, objective, country, target group, setting, study design, methods, description, outcomes, conclusions and reference. At the end, only the main findings of the evidence-based injury prevention interventions were included in this guide.

## **Case studies**

The case studies are presented in Chapter 4. Compared to the good practices from the literature presented in Chapter 3, the case studies are more detailed examples from practice. Case studies have been assessed to be promising practices by people who are carrying them out. Only parts of the case studies in this guide are evaluated by process or outcome evaluation.

The methods used to collect the case studies were as follows:

- The structure of the questionnaire was defined to collect useful information about implementation of good practices.
- The case study questionnaire was e-mailed to a total of approximately 200 people working in the field of injury prevention in Europe:
  - a) The questionnaire was disseminated to relevant people / organisations in Europe: AdRisk stakeholders and to some network members of the EuroSafe and the European Child Safety Alliance.
  - b) In order to identify the national injury prevention policies in the European countries, an earlier survey had been conducted for WHO Focal points of injury and violence prevention (the results are presented in the AdRisk European Situation Analysis Report). The questionnaire of the Focal point survey included a question about the key people implementing good practices. Using the obtained contact data, the case study questionnaire was then sent to these key people.
- Finally, eighteen case studies were received. However, most of these had not been evaluated – even though this was one original criterion in the survey and part of the definition of good practice as taken from the Child Safety Good Practice Guide. The case studies were, nonetheless, interesting and innovative, and it was decided to omit only two of them on the grounds that their content was not related to injuries.

## **Recommendations**

In Chapter 5, a set of recommendations are given. They are based on the most important findings derived from scientific literature and from the recommendations of international organisations like the EU and WHO, and presented in the previous chapters of this guide and the European Situation Analysis Report.

## 2. Good practice approaches

Intervention approaches have been divided into four categories: 1) education, 2) enforcement (legislation, policy), 3) engineering (modification of products and environment), and 4) cross-cutting strategies (combination of different approaches) to promote safety of young people.

Traditionally, the important outcomes that such interventions aim to achieve are reduction in accident rates, in the severity of injuries resulting from accidents, or both [5]. There are often methodological difficulties to study or demonstrate this kind of effect. However, within the approaches to health promotion and primary prevention, reduction of injuries is not the only measure of effectiveness. For example, educational programmes can be successful if positive changes can be found to result in attitudes, beliefs or risk factors. Success depends on the programme objective, which in turn should be realistic in relation to each programme. Because of the rather small number of well-designed and effective studies specifically focusing on injury prevention interventions among 15-24-year-olds, it was appropriate to enlarge the original scope of this guide to encompass both evidence-based *and* promising approaches (case studies).

### **2.1 Education**

Educational approach is aimed at increasing the skill and knowledge of awareness of injury risk factors in order to reduce risky or dangerous behaviour. Educational measures include, for example, skill training, mass media campaigns or targeted education courses. [6]. One of the aims of educational approach is to increase awareness of injury risk or importance of risk-reducing behaviours. This may include media broadcasts, public service announcements, classroom instruction, or written material. Behavioural strategies have the same goal and may involve incentives, negative feedback and modelling. [7]

#### ***Life Skills Training***

The Life Skills Approach was developed by Botvin et al [8] in the 1980s, and it builds on the Theory of Social Learning [9] and the Theory of Problem Behaviour [10]: Both theories are social-psychological conceptions. Life skills education differs from conventional approaches to teaching health and other social interventions in schools. It is a student-centred, participatory process of learning and applying new skills in a supportive classroom environment. This approach reinforces existing educational programmes. [11].

WHO states: *“Life skills education is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate way; it contributes to the promotion of personal and social development, the prevention of health and social problems, and the protection of human rights”* [12]. WHO has developed the criteria for the development of Life Skills Programmes [11].

A list of 10 life skills, described as generic life skills for psychosocial competence, was identified by WHO as containing the core life skills applicable across a wide range of contexts in daily life and risk situations:

- ◆ self-awareness
- ◆ empathy
- ◆ communication skills
- ◆ interpersonal skills
- ◆ decision-making
- ◆ problem-solving
- ◆ creative thinking
- ◆ critical thinking
- ◆ coping with emotions
- ◆ coping with stress

Life skills training has been found to be effective in substance abuse prevention programmes to help young people to develop essential skills found to significantly reduce tobacco, alcohol and drug abuse, and violence [13]. On the other hand, substance abuse has been found to be associated with injuries among young people [14-16] so the substances can be seen as mediators for injuries.

## **2.2 Enforcement**

Legislation or regulation can be used to reinforce safety practices; enforcement means to ensure that legislation is applied. The strongest approach to preventing injuries among young people is provided by studies on the impact of legislation and regulatory change. Those have been successful approaches particularly for road and sport safety. Examples of enforcement are the legal drinking age, wearing of helmets for motorcyclists, and rule modification in rugby union to address tackling. [17]. Legislation and enforcement have been effective interventions in preventing accidental injury to young people [18].

A major factor in the success of regulatory/legislative measures rests with their levels of enforcement and awareness rising. There are roles for non-governmental organisations in awareness rising on [19] relevant laws and rules both among young people and those “authority figures” in a position to enforce them. [17].

### **2.3 Engineering**

The goal of engineering interventions is to alter the physical environment or modify the design of safety devices. The physical environment can be modified, for example, by placing speed bumps on neighbourhood streets or by installing smoke detectors in homes. An example of safety devices is a bicycle helmet. [7]. Engineering interventions can be further divided into: 1) environment and product modification (passive) and 2) personal/individual protection (active). Active prevention presupposes that the person makes a decision to utilise the proposed procedure or device. By contrast, a passive preventive device is, for example, built into a vehicle, or a situation. [19].

Evidence on engineering interventions for preventing injuries to young people was considered to be of reasonable quality to support, for example, full-face helmets for motorcyclists and use of mouth guards in contact sports [17]. Furthermore, city planning, measures such as provision of late-night transport, improvements to street lighting, and use of circuit television can help reduce violence and crime [15, 20]. Interventions that use environmental measures and protective equipment have been shown to be effective in preventing injuries to young people in this age range [18].

### **2.4 Cross-cutting approach**

Cross-cutting or multi-factorial injury prevention approach uses a combination of measures across various approaches by means of simultaneous utilisation of diverse activities, such as information, training, environmental changes, regulation and enforcement, and price incentives [21]. The potential of cross-cutting approaches seems greater than that of the more narrowly-based approaches [5].

A well known cross-cutting injury prevention model is community-based injury prevention. Community-based interventions are targeted at groups of individuals or geographic communities but not at single individuals. Communities could be e.g. cities, municipalities, or schools. Excluded are interventions delivered in clinical settings and interventions targeting areas as large as states or countries. [7].

Community-based interventions include a broad array of methods of educational, engineering and enforcement strategies. Interventions are more effective when they are integrated into the community and when approaches are tailored to address unique community characteristics such as ethnicity or socio-economic status. [7].

Encouraging results from community-based approaches suggest that a cross-cutting strategy combining a variety of interventions may be a promising approach to prevention. Community-based approaches may be effective in all age groups. [5]. Another important characteristic of success is an intervention with long duration, such as programmes lasting for several years [21].

### 3. Good practice ‘at-a-glance’

The results presented in this chapter derive from the scientific literature, reviews and single studies. The aim was to find scientifically evaluated interventions with evidence of good practice in the field of unintentional (3.1) and intentional injuries (3.2). There are symbols on the ‘at-a-glance’ tables showing the level of evidence: for the review-level evidence or policy-level recommendation (▲) or for the single publication (Δ). The target group of the interventions consists of young people aged 15-24 years. However, most studies do not cover exactly this age range, but they cover at least part of it.

#### 3.1 Unintentional injuries

Symbol for the review-level evidence or policy-level recommendation: ▲

Symbol for the single publication: Δ

##### 3.1.1 Education

Topic or setting	Measure, action	Evidence statement
Traffic	The use of safety belt	Laws mandating seat belt use should be backed up by public education campaigns. Such campaigns may focus on young people, and can be used both to increase awareness and to help make wearing seat belts a social norm. [40] ▲
Traffic	Graduated driver licensing programmes	Graduated driver licensing (GDL) with three-stage model is effective in reducing the crash rates among teenage drivers [18], [22], [40] ▲  Although driver education has long been used as a road safety strategy, there is considerable concern that pre-driver education to students in school and college may also encourage teenagers to obtain a driving license and start driving sooner than they would in the absence of driver education [18]. ▲
Traffic	School-based programmes for reducing riding with drinking drivers	School-based instructional programmes can impact passenger choice not to ride with a drinking driver. [23] ▲
Traffic	Behaviour change counselling to change injury-related risk behaviour and the risk of re-injury.	Behaviour change counselling (BCC) contributed to a positive change in seat belt and bicycle helmet use among 12-20-year-olds undergoing treatment for an injury in emergency department. Interventions were brief discussions that strategically directed the patient to explore why one might change the target behaviour, rather than prescribing skills for how to change. The goal is to achieve behaviour change by increasing the patient’s motivation to change. [24] Δ
Sports	Balance board training	Ankle disc (wobble board / balance board) has been consistently shown across different sports to reduce the risk of ankle injuries among players

		<p>[23].▲</p> <p>Home-based balance training using a wobble board is effective in improving static and dynamic balance. The programme is also effective in reducing sports-related injuries among healthy adolescents, and there was evidence that it may also reduce the risk of ankle sprain. [25]. Δ</p> <p>Training programme with wobble board reduced significantly the incidence of anterior cruciate ligament (ACL) injuries among soccer players [26].Δ</p>
Sports	Multi-intervention balance training with balance board	<p>Multi-interventions that included balance board training showed a significant reduction in the number of injuries among young female handball players [27].▲</p> <p>Balance training programme can reduce the rate of ankle sprain among basketball and soccer players [28]. Δ</p>
Sports	Other multi-intervention training programmes	<p>Sport injuries can be prevented by programmes including warm-up exercises and balance training among young athletes [27, 29]. ▲</p> <p>Plyometric conditioning (conditioning of muscles, connective tissues and nervous system) and pre-conditioning in conjunction with balance training has been shown to reduce the risk of knee injuries [23]. ▲</p> <p>Intervention designed to reduce the incidence of soccer injuries was effective in low-skill amateur soccer teams. The programme included improvement of warm-up, regular cool-down, taping of unstable ankles, adequate rehabilitation and promotion of the spirit of fair play. [30]. Δ</p> <p>A neuromuscular training programme reduced the incidence of severe anterior cruciate ligament (ACL) injuries in female soccer players. The training programme included warm-up activities, stretching techniques for the trunk and lower extremities, strengthening exercises, plyometric activities and soccer-specific agility drills. [31]. Δ</p>
Sports	Training	<p>The reduction of frequency, duration and distance of training among endurance runners can reduce soft-tissue injuries in lower limbs. It appears that training load of 1–3 days a week results in a lower incidence of overuse injuries compared to 5 days a week. Also, people who train daily for 15–30 minutes have significantly lower injury rates than those training daily for 45 minutes [44]. Δ</p> <p>Technical and proprioceptive training are effective methods of preventing ankle sprain in volleyball players who have suffered this injury four or more times during their career [33]. Δ</p>
Sports	Jump training	<p>The jump training programme decreased the incidence of serious knee injury among high-school female athletes [34]. Δ</p>
Work	Safety cutter training for young grocery store workers	<p>A 15 minutes training session to adolescent grocery store workers decreased cutting injuries [35]. Δ</p>
Water safety	Swimming and water safety training.	<p>Swimming and water safety skills are associated with reductions on drowning fatalities. [2]. ▲</p>
Alcohol-related injuries	Counselling in clinical setting	<p>Interventions among problem drinkers were effective in reducing both injuries and events leading to injury (such as falls, motor vehicle crashes, and suicide attempts). Most commonly the intervention was brief counselling in clinical setting [36].▲</p>

		<p>Alcohol-positive older adolescents who received a motivational interview (MI) during a visit to emergency department were significantly less likely to report involvement in alcohol-related injury, driving after drinking, or having had alcohol-related problems than those who had standard care in emergency department. [37] Δ</p> <p>Brief motivational intervention with booster session (patients had a return visit to the hospital 7 to 10 days after initial session) reduced alcohol-related negative consequences and alcohol-related injuries more than standard care [38]. Δ</p>
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### 3.1.2 Enforcement

Topic or setting	Measure, action	Evidence statement
Traffic	Cycle helmet legislation	<p>Legislation making cycle helmet use mandatory is effective in increasing the proportion of cyclists who wear a helmet, in decreasing the number of head injuries among cyclists and the overall number of bicycle accidents of any kind. The impact of legislative or regulatory measures is likely to be further enhanced through enforcement measures, multimedia campaigns, and other supportive strategies such as facilitating access to bicycle helmets. [18] ▲</p> <p>Bicycle helmet legislation can increase bicycle helmet use. The largest effect sizes are observed in studies with lower baseline helmet use, and in those where helmet laws apply to all ages in the community [39]. ▲</p>
Traffic	Raising the legal driving age	Raising the minimum driving age had a substantial positive impact on driver accident rates in Canada and the USA [18]. ▲
Traffic	Legislation for the safety belt use	Seat belt legislation has been linked with significant reduction in road trauma. [18] ▲
Traffic	Raising the legal drinking age	Raising the legal drinking age to 21 years has reduced drinking, driving after drinking, and alcohol-related crashes and injuries among youth in the USA [40]. ▲
Traffic	Legislation limiting the blood alcohol concentration (BAC)	<p>Setting and enforcing legal blood alcohol concentration limits have been shown to lead to lower alcohol-related crash rates [40]. ▲</p> <p>Lower BAC limits (usually between zero and 0.02 g/dl for under the age of 21 years) can lead to reduction in crashes among young or novice drivers [18], [40]. ▲</p>
Traffic	Curfew law	Laws that prohibit young people from driving during late evening or early morning hours have been effective in reducing young driver accident rates in the USA [5]. ▲
Traffic	Enforcement programmes to improve compliance with legislation	The impact of legislative or regulatory measures is likely to be further enhanced through enforcement measures, e.g. campaigns [18]. ▲
Traffic	Random breath testing	A random breath testing has led to reductions in alcohol-related traffic injuries. [18], [40]. ▲

Traffic	To reduce speeding among drivers	Setting and enforcing upper speed limits, regulating traffic and making the overall speed more consistent have shown to be effective means to improve road safety. Speed limits should be enforced in such a way that drivers believe there is a high chance of their being caught if they speed. [40]. ▲  Other measures taken to reduce the risk of traffic crashes will often also have positive effects on driving speed. Restrictions on alcohol consumption by youth behind the wheel, on driving at night and on passengers carried while driving can complement measures directly aimed at speeding. [40] ▲
Traffic	Speed cameras	Speed cameras are associated with significant reductions in road trauma [18]. ▲
Traffic	Inducement: bus fare pricing	Changes in bus fare pricing have been effective in reducing the number of casualties per kilometre travelled in the U.K. [18]. ▲
Sports	Fair play rules	Development of fair play rules in addition to regular rules can decrease injury rates [41]. ▲
Sports	Changes in sporting rules/ regulations	The changes to the rules of some sports –such as introduction of rules mandating compulsory face protectors and mouth guards in American football and ice-hockey, or introduction of rules governing tackling and spearing in American football and rugby union – have significantly reduced the incidence of injuries in the sport setting [18]. ▲
Work	Work Permits	Young workers with work permits received two and a half times more often safety training and were four times more often informed of their legal rights than those without permits. Teens with work permits were, however, no less likely to be injured than those without permits. [42] △
Alcohol-related	Regulate the supply and use of alcohol	Alcohol is a risk factor for more than one injury type. Preventive policies that regulate the supply and use of alcohol can reduce morbidity and mortality from more than one cause [14]. ▲

### 3.1.3 Engineering

Topic or setting	Measure, action	Evidence statement
Traffic	Cycle Helmet	Helmets are effective for cyclists of all ages and provide protection against all types of crashes whether or not a motor vehicle is involved [43]. ▲  Wearing a helmet is the single most effective way of reducing head injuries and fatalities resulting from motorcycle and bicycle crashes. [40]. ▲  Helmet use is associated with a reduced risk of head and upper facial injury in cycle accidents whether or not a motor vehicle is involved. This effect increases with the robustness of the helmet design. The full-face helmets can reduce the risk of facial injury in motorcycle accidents compared with 'traditional' helmets. [18]. ▲
Traffic	Air bags in a car	Car air bags are effective in reducing the number of driver fatalities in frontal impacts by about 15% [18]. ▲
Traffic	Infrastructural engineering measures for	The area-wide traffic calming (e.g. speed humps, mini-roundabouts, designated pedestrian crossings, or pedestrian islands, road surface treatment, changes to road lighting, blocking roads, creating one-way

	speed reduction	streets) is a promising way of reducing the number of road traffic injuries [40]. ▲
Traffic	Conspicuity	The motorised two-wheelers that use daytime running lights have a crash rate of up to 29% lower than those not using them [40]. ▲
Sports	External joint supports	<p>The use of external ankle supports provided beneficial protection against traumatic ankle injuries [27]. Ankle bracing (semi-rigid) has been shown to reduce the risk of ankle injuries particularly among players with a previous ankle injury [23]. ▲</p> <p>The use of knee supports showed a preventive effect on knee injuries in military cadets while they were playing football [27]. Wearing a knee brace with a patellar support ring may be effective in the prevention of anterior knee pain caused by running [44]. Δ</p> <p>Ankle taping, particularly when used in combination with high-top shoes, has been effective in the primary prevention of ankle injuries [18]. ▲</p>
Sports	Helmets	Use of helmets has been successful in preventing severe head injuries in American football and in ice hockey [41], [45]. ▲
Sports	Facial protective equipment	<p>Custom-made mouth guards offer considerable protection against sport-related dental and oral injuries. [18], [27], [41], [46] ▲</p> <p>Mandatory use of a face protector for minor ice hockey players decreased significantly the rate of eye injuries [41].▲</p> <p>Eye protectors are effective in preventing sports related eye injuries [18]. ▲</p> <p>Full-face/head protection plus mouth guards could be considered at least promising in reducing eye, dental and other facial injuries based on significant risk reduction among ice-hockey players [23]. ▲</p>
Sports	Use of insoles	Use of shock absorbing inserts in footwear has been effective in reducing lower extremity injuries and stress fractures in military personnel [27]. Δ
Sports	Modifications to the sports environment	Modifications to the sports and play areas (such as gymnastic landing mats, or baseball or softball bases) may be effective in reducing injuries in organised sports [18]. ▲
Sports	Modifications to the baseball ball	Softer balls have been shown to reduce the risk of head injury compared with standard ball in baseball [45]. ▲
Fire safety	Smoke detectors	Installing a smoke detector on each level of the home is an effective, reliable and inexpensive early warning method which reduces injuries in residential fires provided that the devices are properly maintained [47]. ▲

### 3.1.4 Cross-cutting

Topic or setting	Measure, action	Evidence statement
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Traffic	Use of seat belts	“Community projects can employ parents and peers to encourage young people to wear seat belts” [40]. ▲
Sport	Interventions with a variety of approaches	Interventions comprising a variety of approaches – such as installing warning signs combined with providing free safety equipment, or a package comprising standardised warm-up, ankle taping and particular design of shoe, leg guards and controlled rehabilitation – have been effective in reducing the incidence and severity of sports injuries [18]. ▲
Sports	Community-based programmes	An evidence based multi-intervention programme based on local safety rules and educational programmes can reduce the burden of physical exercise-related injuries in the community [48]. ▲
Home and work	Community-based programmes	A community programme involving the cooperation of local authorities, agencies and individual citizens, and comprising changes to the physical environment, information, education and supervision have been effective in reducing accident rates in home and work settings in a rural municipality in Sweden [18]. ▲
Work	Computerised tracking system for work schedule	A computerised tracking system can be used to ensure that young workers are not scheduled to work too many hours during school week. It can also verify that young people are not scheduled to work late-night hours without supervision. In addition, more experienced young people could be hired to serve as mentors for new young employees [49]. Δ
Fire Safety	Community-based multi-faced campaigns	A multi-faced campaign for the enforcement of legislation (spreading information on school and media, new legislation and vigilance by police) decreased firework burn injuries among young adolescents aged less than 17 in USA and Italy. In both cases the intervention was designed to target known risk factors in the individual communities and the campaigns employed a focus-targeted message. [47]. ▲
Fire Safety	Smoke detector programmes	Combination of legislation, i.e. requirement of installation of smoke detectors in new and existing housing, multi-factorial community campaigns and reduced price coupons, seem to be the best way to increase the use of smoke detectors. Smoke detector give-away programmes targeting high-risk areas have proven successful [47]. ▲  Studies demonstrating effectiveness of smoke detector programmes are clearly relevant to 15-24 age group [5]. ▲

## **3.2 Intentional Injuries**

### **3.2.1 Education**

<b>Topic or setting</b>	<b>Measure, action</b>	<b>Evidence statement</b>
Youth violence	School-based interventions	School-based violence prevention interventions are most effective when they support other changes in the community, e.g. legislation or enforcement, are narrow in focus, are a part of the whole school curriculum, are combined with other supportive curricula, are run over multiple sessions and are presented in various ways involving the family and community. [17, 50.] ▲
Youth violence	Emphasising social competence and skills	Social development programmes that concentrate on emphasising social competence and skills can prevent youth violence. These programmes are more effective if they are delivered to children in preschool or primary school settings rather than to secondary school students. [51.] ▲

Youth violence, delinquency	Teaching problem-solving skills	Interpersonal Cognitive Problem-Solving (ICPS) and Providing Alternative Thinking Strategies (PATHS) aim at teaching problem-solving skills to youth. Both attempt to counter early antisocial behaviour by encouraging cognitive development and teaching social skills. Short-term evaluations of both programmes show that participants have less behaviour problems than before and their problem-solving skills have improved. [47.] ▲
Youth violence	Incentives to complete secondary schooling	The programmes provided incentives for youths at high risk for violence to complete secondary schooling. These programmes have been demonstrated to be effective in reducing youth violence or risk factors for youth violence. [51.] ▲
Youth violence	Mentoring young people	The objective of the mentoring programmes is to help young people develop skills via a sustained relationship with someone who is their role model and guide. A mentor can be an older classmate, teacher, counsellor, police officer or another member of the community. Mentoring programmes “can significantly improve school attendance and performance, decrease the likelihood of drug use, improve relationships with parents and reduce self-reported forms of antisocial behaviour”. [51.] ▲
Youth violence	Preschool education	<p>Preschool educative programmes have been effective for youth violence and delinquency prevention. Preschool programmes are also cost-effective. Education programmes aim to strengthen children’s bonds to school by improving school achievement through social reinforcement of the student role. [52.] ▲</p> <p>Perry Preschool programme provides high-quality early childhood education to disadvantaged children in order to improve their later school and life performances [54]. The programme was effective in youth violence prevention. High-risk children enrolled in the programme had considerably less delinquent behaviour at ages 15 and 19 than the controls. [52.] ▲</p> <p>Syracuse Family Development programme included home visitation with parent training, educational child care and parent organisation, child cognitive development activities, social support, linkage to social services, and a book and toy lending library. Those who participated had less criminal offences at age 15. Programme participants who had criminal record had committed milder offences than those in the control group. [52.] ▲</p>
Disruptive behaviour	Good Behaviour Game	In the "Good Behaviour Game" programme conducted in the U.S. teachers monitor groups of children who compete to see which group can achieve the best score by reducing episodes of disruptive behaviour. Tangible rewards are provided to the group with the best score. The game is initially played for brief periods of time, and then progressively lengthened. Students randomly selected for the game had fewer behaviour problems and were less shy than control students. Boys in the experimental group who were rated as aggressive in the first grade improved more than aggressive boys in the control group, even after controlling for first grade behaviour. [47.] ▲
Dating violence	School-based interventions	<p>The intervention consisted of a five session dating violence curriculum and it used a skills-based approach focusing on changing the attitudes and enhancing skills. The aim of the programme was to treat courtship aggression as a multidetermined phenomenon. There were significant changes in attitudes towards the use of violence in dating relationships in the treatment group. Attitudes justifying male to female violence changed significantly during the treatment period. There was a greater impact on girls, and no significant impact was observed for boys. [17, 54.] ▲</p> <p>“Safe Dates” programme was conducted in the U.S. in a school setting for students in grades 8 and 9. The programme aims to challenge dating norms and gender stereotypes, improve conflict management and help-</p>

		<p>seeking skills and cognitive factors associated with seeking help. The programme consists of 10 lessons, a student led play and various community activities (including promotion of support services, materials for parents and service provider training). [56.] The programme was effective in increasing conflict resolving skills and knowledge on violence. In addition the programme appears to have an effect on norms of violence within an intimate relationship. [51.] The programme proved to be as effective for adolescents regardless of gender or colour [55]. Δ</p> <p>A programme targeting dating violence conducted in the US in a school predominated by African-American students consisted of five educational sessions. The aim of the programme was to make young people aware of the dangers of abusive relationships, understand the causes and build resistance to such relationships. The intervention proved to be most effective among academically advanced students; academically advanced males scored the highest results in this programme. Boys' attitude towards forced sex improved, however, it was still significantly lower than girls' responses. [56.] Δ</p> <p>A knowledge-based intervention targeting dating violence was provided to approximately 350 grade 11 students in Canada. The aim of the programme was to increase the knowledge of the risks of violence and the laws related to assaults and sexual assaults and to empower adolescents to seek help for interpersonal violence. Students who attended the intervention learned practical information with no attitude backlash. The study suggests that students learn only in assemblies of smaller groups, i.e. classroom settings but not in large assemblies. [57.] Δ</p> <p>An intervention targeting school and community consisted of an educational package on dating norms and safe dating and of comprehensive prevention activities in the community to promote antiviolence and safe dating. The programme was targeted at adolescents in grades 9–13 [51], and was effective especially in girls, as shown by significant changes at the post test in behaviour and attitudes. Boys reported significantly fewer changes than girls. [58.] Δ</p>
Violence by intimate partners	Media, education	In the Soul City project different communication and educational activities aim at raising awareness of partner violence and behavioural change. The project was conducted in South Africa and it combined programmes presented in prime-time television and radio with other educational activities. One component was specifically designed to address domestic violence. Promising results were found, the knowledge and awareness of domestic violence had increased, attitudes and norms were changed and the project's audience was more willing to take action after the intervention. [51.] Δ
Suicides	Enhancing the knowledge of responsible personnel	Programmes that aim at enhancing responsible personnel's knowledge of suicides in specific environments (military, prisons). There was a reduction of suicides in Greece, Lithuania, Norway and Ukraine. [59.] ▲
Depression	Abbreviated version of the Adolescent Coping with Stress Course	Young people aged 13–18 years were included in the intervention. Inclusion criteria for the participants: at-risk offspring of adults treated for depression in a health maintenance organisation. Participants took part in an abbreviated version of the Adolescent Coping with Stress Course, which consisted of 15 sessions, each lasting for one hour. The course was delivered by a therapist with a master's degree, who had received training for the course. [53.] Δ

### 3.2.2 Enforcement

Topic or setting	Measure, action	Evidence statement
Violence	Reducing access to alcohol	Interventions addressing access to alcohol can reduce both young people's consumption levels of alcohol and violence. Legislative and restrictive measures in the U.S. (higher taxation) and Brazil (prohibition of alcohol sales after 23.00 hrs) have proven successful [15] ▲
Violence	Gun control	Control of access to weapons can decrease gun-related violent deaths [14, 47, 52, 60]. ▲  The Kansas City Police Department evaluated the impact of deploying a special unit to confiscate illegally-carried firearms in a neighbourhood plagued by high rates of gun-related violence. During two intervention periods when this unit was actively looking for illegally-carried guns, firearm-related crime in the intervention neighbourhood declined by almost 50%. There was little or no displacement of crime to surrounding neighbourhoods. [47.] Δ

### 3.2.3 Engineering: environmental modification

Topic or setting	Measure, action	Evidence statement
Suicides	Control the means of suicide	There is proof from several studies that controlling the means of suicide can prevent suicides and suicide attempts [14, 47]. Preventive measures have included: restricting access to substances (e.g. barbiturates, paraquat), removal of carbon monoxide from domestic gas and car exhaust fumes with catalytic converters [14], safe storage of guns, fences on bridges, restricting drugs and poisons, and other restrictions on guns [40, 59]. Control of the means of suicide have been shown to be effective in prevention of suicidal acts in susceptible individuals [59]. ▲
Violence	Different measures addressing alcohol-related violence	Measures such as provision of late-night transport, improvements to street lighting and use of circuit television have been shown to help reduce alcohol-related violence around licensed premises [15]. ▲
Crime	Controlling the environment by making it safer	Lighting, placements of surveillance cameras, physical environment, city planning [20]. ▲

### 3.2.4. Cross-cutting

Topic or setting	Measure, action	Evidence statement
Prevention of alcohol use and violence	Regulation, community	Modifying drinking settings, i.e. improving management and staff practice, implementing codes of good practice, strictly enforcing licensing legislation creates environments less conducive to violence [15]. ▲  A programme aiming at modifying environmental factors related to violence consisted of improving state regulation, developing a mechanism for community support regulation, and facilitating self-regulation among bar and club management. The intervention helped to reduce the arguments, verbal abuse and threats in bar and club settings. [61.] Δ
Bullying	School, class,	The intervention comprised raising awareness and involvement in anti-

	individual and home.	bullying at different levels for an extended period of time. There was a significant change in the prevalence of bullying in school during and after the intervention programme had started. The best results were found two years after the intervention had started. The results applied to both genders and all ages (10–15) studied. The intervention also improved the general school ambience, brought more discipline and positive attitude towards studying and school, and helped to create more positive relationships among pupils and teachers. Moreover, after the intervention had started also general antisocial behaviour, i.e. vandalism, fighting, theft, drunkenness and truancy were reduced. [62.] Δ
Youth violence	Community and school	D.A.R.E Plus curriculum consists of prevention strategies at school, family and neighbourhood to prevent violence and create safer school and neighbourhood environments. Participants of the intervention were in the middle school in the U.S. The programme had an effect on males' behaviour, expectations and beliefs on violence. Males reported less physical violence, lower expectations for violence, and more reasons not to be violent than the control group or the group that had attended D.A.R.E only curriculum. There was no difference in females across all three conditions. [50.] Δ
Violence, risk-behaviours	Adult support and friendship to youth	Big Brothers Big Sisters of America programme (BBBSA) was conducted in the U.S.). BBBSA typically targets youth (aged 6 to 18) from single parent homes. Service delivery is by volunteers who interact regularly with a youth in a one-to-one relationship. Agencies use a case management approach, following through on each case from initial inquiry through closure. The case manager screens applicants, makes and supervises the matches, and closes the matches when eligibility requirements are no longer met or either party decides they can no longer participate fully in the relationship. In the post test participating youth were less likely than control youth to initiate drug use during the study period, to initiate alcohol, or to hit someone. The participants were better than control youth in academic behaviour, attitudes, and performance. The participants were also more likely to have higher quality relationships with their parents or guardians and peers than control youth. [53.] Δ
Youth violence, conduct disorder and socialised aggression	Family therapy, home visitation	<p>Family approaches to juvenile delinquency have been found to be more effective than other strategies or no treatment at all [47, 52]. The most successful family interventions targeting violence are those which appear to affect more than one risk factor, or support different strengths in the family. Early childhood interventions that have achieved long-term reductions in antisocial behaviour and delinquency include home visitors as an essential feature, along with early education. [47.] ▲</p> <p>Evaluation research suggests that preventive approaches applied between the prenatal period and age 6 reduce juvenile violence, delinquency and crime more effectively than programmes implemented later in life. In these programmes, weekly to monthly home visits provided parenting information, emotional support, counselling and referrals to appropriate outside agencies. [47.] Δ</p> <p>Functional Family Therapy (FFT) programme was conducted in the U.S. and it targeted youth aged 11–18 at risk for and or presenting with delinquency, violence, substance use, conduct disorder, oppositional defiant disorder, or disruptive behaviour disorder. The programme consists of 8–15 sessions of direct service time for youth and their families, and 26 total sessions of direct service for the most severe problem situations. The programme was found effective in reducing maladaptive behaviours and in preventing further incidence of the problem. [53.] Δ</p> <p>Brief Strategic Family Therapy (BSFT) adopts a structural family systems framework to improve youth behaviour problems by improving family interactions that are presumed to be directly related to the child's symptoms. BSFT is a short-term, problem-focused intervention with an emphasis on modifying maladaptive patterns of interactions. Typical</p>

		sessions last from 60 to 90 minutes, with 12–15 sessions over three months. The target population in general are children and adolescents between 8 and 17 years of age displaying or at risk for developing behaviour problems, including substance abuse. Participants showed significant reductions in Conduct Disorder and Socialised Aggression. [53.] Δ
Anti-social behaviour	Multisystemic Therapy (MST)	Multisystemic Therapy (MST) programme conducted in the U.S. is an intensive family- and community-based treatment that addresses multiple determinants of serious antisocial behaviour in juvenile offenders. MST targets chronic, violent, or substance abusing male or female juvenile offenders, ages 12 to 17, at high risk of out-of-home placement, and the offenders' families. The usual duration of MST treatment is approximately 60 hours of contact over four months, but frequency and duration of sessions are determined by family need. Evaluations of the intervention have demonstrated for serious juvenile offenders: reductions in long-term rates of re-arrest and out-of-home placements, extensive improvements in family functioning, decreased mental health problems for serious juvenile offenders [53]. Δ
Suicides	Medication	There is proof from several studies that treatment of mental disorders can prevent both suicide and suicide attempts. Antidepressants are used for depression, lithium for bipolar disorders, and neuroleptics for schizophrenia and other psychotic illnesses. [59, 60]. ▲
Suicides	Problem-solving therapy	Problem-solving therapy can reduce symptoms of depression, anxiety, and hopelessness, and improve problems compared with usual care. [63] Problem-solving therapies, the use of emergency help cards, giving easy access to treatment are good examples of how repetition of attempted suicide can be prevented [59, 64]. ▲
Self-harm	Dialectical behaviour therapy	Dialectical behaviour therapy is very intensive and consists of weekly group meetings and individual therapy for one year and 24-hours access to the therapist. Promising results were found for females with borderline personality disorder who had a history of deliberate self-harm. [64.] Δ
Alcohol	Reduction of alcohol use among college students	BASICS (Brief Alcohol Screening and Intervention of College Students) programme is a selective or indicated alcohol abuse prevention programme for college students. The intervention was conducted in the U.S. targeting 18–24-year-old students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems. The intervention consists of two structured interviews delivered by using motivational interviewing, a counselling modality that is empathetic and accepting rather than confrontational or judgmental. Before or after the first interview, the student completes a self-report questionnaire. The second interview, which occurs 1-2 weeks after the initial interview, provides the student with personalised feedback about each piece of information gathered in the assessment session. The intervention has been shown to reduce drinking and alcohol-related consequences in two randomised controlled trials conducted at the University of Washington. [53.] Δ
Alcohol	Community intervention	Project Northland is a community-wide intervention designed to reduce adolescent alcohol use. The programme includes six years of programming spanning seven academic years and is multi-level, involving individual students, parents, peers, and community members, businesses, and organisations. The project is a universal intervention designed for sixth, seventh, eighth, ninth, eleventh and twelfth grade students. No programming is delivered in the tenth grade. It has been successfully implemented in rural, lower-middle class to middle class communities in the US. The success of this programme lies in its comprehensive and long-term design. Each of the six years has a specific theme and incorporates individual, parent, peer, and community training. An evaluation conducted at the end of the third year of intervention found significant benefits for intervention students, compared to control students. [53.] Δ

### **3.3 Useful web-pages**

There are many useful web-pages on injury prevention. Below are presented some of them:

EuroSafe, the European Association for Injury Prevention and Safety Promotion:

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

WHO. Department of Violence and Injury Prevention and Disability (VIP):

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

The Harborview Injury Prevention and Research Center:

<http://depts.washington.edu/hiprc>

Youth Safe, Australia:

<http://www.youthsafe.org>

Publication: Interventions to prevent accidental injury to young people aged 15 - 24: Evidence briefing. National Institute for Health and Clinical Excellence, UK:

[http://www.nice.org.uk/niceMedia/pdf/accidents\\_v7\\_FINAL.pdf](http://www.nice.org.uk/niceMedia/pdf/accidents_v7_FINAL.pdf)

Centers for Disease Control and Prevention (CDC):

<http://www.cdc.gov/InjuryViolenceSafety>

National Health Promotion Associates, USA

Evidence-based Prevention Programs for Schools, Families, and Communities:

<http://www.lifeskillstraining.com>

Center for the Study and Prevention of Violence (CSPV):

Blueprints for violence prevention, selected model programmes from a review of over 600 violence prevention programmes.

<http://www.colorado.edu/cspv/blueprints/model/overview.html>

European Child Safety Alliance (ECSA):

<http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l2europeanchildsafetyalliance.htm>

## 4. Good practice case studies from Europe

The case studies are examples of unintentional and intentional injuries from several European countries. The description of methods to collect the case studies is presented in the Introduction chapter. Altogether 16 case studies from 10 different European countries are included in this guide.

### **4.1 Safe community**

#### **4.1.1 Safety in the streets: The Night Owls - DENMARK (Faeroe Islands and Greenland)**

**IMPLEMENTATION LEVEL:** National, in collaboration with Swedish, Norwegian and Latvian organisations

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**APPROACH:** Education and Cross-cutting

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**SETTING:** Community

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**TARGET GROUPS:** 10–24-year-olds

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#### ***Aims & objectives***

- To help adolescents to act more safely in the streets,
- To improve integration, better networks etc,
- To motivate adolescents to better usage of their spare time,
- To improve knowledge about the school system, work etc.

#### ***Background***

The project was run by professionals who train, supply and support volunteers in 197 local areas to 'be there for the adolescents', and to act as good role models, helping them with personal problems – in cooperation with professionals in the public sector. In addition, voluntary football, sports, dancing, cooking, and scouts clubs etc. were set up in order to increase safety in the streets. Groups of 'yellow jackets' were formed. Social foundation was organised with a professional board including some CEOs, who provided the funding (government financial support was avoided). Since 1998, more than 16 000 volunteers have been active across Denmark, the Faeroe Islands, Greenland, Northern Germany and Latvia, while today some 7 000 are engaged in volunteer activities.

#### ***Practical key steps***

- Train volunteers,
- Support and motivate adolescents,
- Build up new competencies and generate new volunteer-based activities for adolescents,
- Create networks for adolescents,
- Combine activities and create partnerships between the public sector, CSR-oriented companies and the volunteer resources.

### **Evaluation**

Adolescents were glad to participate. Vandalism went down with approximately 50%. The experience from the whole of Scandinavia showed that the work of the 'Night Owls' (Natteravnen) increased the feeling of neighbourhood security. Their presence normally damped down over-exuberant behaviour, and adolescents appreciated the interest and concern shown in them.

### **Lesson learned**

- Easy to transfer to other countries,
- Hard to win favour with ethnic groups (working on new concepts for the group including mentor arrangements).

### **Partners**

- Danish SSP-system, local police, social workers in the municipalities, building societies,
- The Crime Prevention Council, GODA,
- Ministry of Integration, Ministry of Social welfare,
- Ministry of Justice,
- Cooperation with the steering committee of the Night Owls (Natteravnene) in Norway and Sweden,
- The Night Owls were very pleased with the good cooperation received from local authorities, the police etc.

### **References/ Additional information**

[www.natteravnene.dk](http://www.natteravnene.dk)  
[www.socialtansvar.dk](http://www.socialtansvar.dk)

### **Contact**

Name: General secretary Erik Thorsted, B.Com  
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Address: Natteravnene Pasteursvej 2  
DK 1778, Copenhagen V, Denmark  
E-mail: [et@natteravnene.dk](mailto:et@natteravnene.dk)  
URL: [www.natteravnene.dk](http://www.natteravnene.dk) (For English version)

## 4.1.2 Street safety and protection of the environment - ALBANIA

**IMPLEMENTATION LEVEL:** National

**APPROACH:** Education

**SETTING:** School, traffic and meetings with people from different religious backgrounds (Muslim, Catholic and Orthodox people).

**TARGET GROUPS:** 10–25 years old

### ***Aims & objectives***

- To prevent injuries caused by car accidents among adolescents,
- To give a better life to adolescents,
- To create trust in a better future among adolescents.

### ***Background***

The rate of car accidents in Albania is higher than in other European countries. Most victims are principally young people (aged 10–25) who are drivers or passengers. The programme wants to implement street education at schools. Also, the fast migration of people from the villages into the city has created many problems to the environment. The number of young people or children who fall ill or die because of the polluted environment is 2–3 times higher than in other European countries.

### ***Practical key steps***

- Activities were organised with the traffic police,
- Prevention efforts were taken to control the usage of alcohol and drugs which are major causes of car accidents,
- Meetings were arranged with teenagers and teachers in their schools and in religious institutions,
- A week was set during which people from different religious groups came together in memory of the people they lost in car accidents,
- Guide bus with young people and specialists stopped in places where accidents took place, and there the participants defined the causes of the accidents and thought how to prevent them from happening again,
- Materials were prepared that will help to prevent injuries, printing them as well as studying them,
- Concrete activities were organised for implementation of these materials and promoting them in mass media,
- Environmental issues were taken into account when planning activities concerning traffic,
- Also material describing green and clean environment was distributed (e.g. Little ecologist).

### ***Evaluation***

Not currently published/ available.

### ***Lesson learned***

There were not enough sponsors or financial support from the government and also, the support from the government could not continue.

### **Partners**

- Ministry of Health, Ministry of Education and Science, Ministry of Transport, Ministry of Environment
- NGOs at schools, School parliaments,
- Police,
- Driving schools,
- NGOs like UNICEF, PAMECA, OBSH, OSBE PNUD in Albania,
- Insurance companies.

### **References/ Additional information**

- Practical guide for street users on the right way of driving cars - Manual of Car Driving,
- Magazine called Street Safety

### **Contact**

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### 4.1.3 Preventing risk-taking behaviour in adolescents: Split the Risk - **THE NETHERLANDS**

**IMPLEMENTATION LEVEL:** National

**APPROACH:** Education

**SETTING:** School and Home/leisure

**TARGET GROUPS:** 12–18-year-olds

#### ***Aims & objectives***

- To prevent injuries related to (everyday) risk-taking behaviour among adolescents by making them aware of the risks they take,
- To emphasise to the adolescents that it is important to think before acting.

#### ***Background***

Adolescents think the chances of getting hurt are very small. Therefore they show hardly any interest in injury prevention, especially when it concerns everyday situations like sports and traffic. An accident is not just about wrong time and wrong place, but it also includes wrong action. It is important to remind the adolescents to think consciously and to be more aware of the risks they take in traffic, sports, home and leisure time activities, at school, at work etc. Because these everyday risks are not a very 'sexy' subject to talk about, a balance between them and the more appealing risks is needed. Themes such as acting tough, getting bored, exploring borders, getting angry, using alcohol and drugs are therefore part of the campaign.

#### ***Practical key steps***

- 2005–2007 research: literature, pilot with You-Tube videos, situation analyses,
- 2007 strategy development,
- 2007–2008 campaign development: online game & lunching, television items, teachers' materials, broadcasting television items, promotion activities, press release, implementing teachers' materials, evaluation,
- 2009–2011 prolonging the campaign,
- 2012 evaluation of the project.

#### ***Evaluation***

Not currently published / available.

#### ***Partners***

- Governmental Department of Health
- Noise Communication Agency: Strategy development and online game
- MTV/TMF: Television items
- Podium: Development of teachers' materials

#### ***Contact***

Ine Buuron  
Consumer Safety Institute, P.O. Box 75169  
1070 AD Amsterdam, The Netherlands  
[i.buuron@veiligheid.nl](mailto:i.buuron@veiligheid.nl), [www.veiligheid.nl](http://www.veiligheid.nl)



#### 4.1.4 Violence prevention - **SWITZERLAND**

**IMPLEMENTATION LEVEL:** Local

**APPROACH:** Education

**SETTING:** Leisure activities (e.g. sport, music or culture)

**TARGET GROUPS:** 7–17-year-olds, especially girls

##### ***Aims & objectives***

- To increase accessibility of disadvantaged children and adolescents to activities, and favouring their physical and mental health,
- To promote the existing ‘resilience strengthening’ resources by bridging them to the target public (especially hard-to-reach children and adolescents),
- To identify and mobilise community leisure groups with possible ‘resilience strengthening effects’ in order to increase their accessibility in a sustainable and equitable way; a specific support device will be created for that purpose.

##### ***Background***

The project has been running since December 2006 and aims at increasing the participation of children and adolescents from deprived areas in activities with positive impact on their well-being and development. Social groups dedicated to leisure activities such as sports, music or culture are acknowledged as powerful approaches to explore and develop capacities and problem-solving skills. Such activities are largely available in Switzerland for children coming from well-integrated families but access is poor for children and adolescents living in socially deprived and vulnerable contexts.

##### ***Practical key steps***

- Project implementation: Constitution of the scientific committee & accompany group & direction committee,
- Project promotion: Edition and diffusion of brochure,
- Pilot trial: Identification of leisure groups and target populations, to create and support selected activities,
- Impact evaluation: Quantitative and qualitative evaluation, writing a guide on actions management,
- Diffusion and sustainability: Recruitment of new partners and diffusion of activities.

##### ***Evaluation***

Not currently published / available.

##### ***Partners***

- A direction committee: presided by the Chief of Department of Health and Social Affairs.
- An accompanying group: representatives of cultural associations, area associations, leisure centre activities, informal groups’ activities.
- A scientific committee: health researchers and evaluation experts.
- Group activities in Fribourg (scouts groups, dance groups, circus groups, football teams etc.).



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## **4.2 Traffic safety**

### **4.2.1 Intervention targeting two-wheelers - GREECE**

**IMPLEMENTATION LEVEL:** Regional

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**APPROACH:** Education

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**SETTING:** School

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**TARGET GROUPS:** 15–18-year-olds

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#### ***Aims & objectives***

- To increase students' knowledge on the magnitude of the problem,
- To emphasise the benefits conferred by helmets,
- To provide instructions on the correct use of helmets,
- To promote helmet use as a socially accepted norm.

#### ***Background***

Road traffic injuries involving two-wheel motorised vehicles (TWMVs) comprise more than 25% of all road traffic injuries in Greece. The majority of TWMV riders involved in road accidents are adolescents, who generally tend to engage in riskier driving behaviours than adults, such as non-use of helmet, despite existence of mandatory legislation.

#### ***Practical key steps***

- For active participation of high school teachers and students in the identification of facilitators, and barriers to motorcycle helmet use.
- An educational programme aiming to promote motorcycle helmet use among high-school students, comprising active participation on the part of the students and their teachers, was developed by the Centre for Research and Prevention of Injuries (CEREPRI).
- The programme is divided into four sessions, with estimated one month duration in each participating school.

#### ***Evaluation***

The programme's impact on changing students' knowledge, attitudes and behaviour towards helmet use will be assessed with pre- and post-questionnaires. The programme is currently in the implementation phase and the results of the evaluation are going to be available upon completion.

#### ***Partners***

- High-school students
- Health education school consultants
- Centre for Research and Prevention of Injuries (CEREPRI),
- Dept. of Hygiene, Epidemiology and Medical Statistics, Athens University Medical School, Athens, Greece

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## 4.2.2 Intact in Life - FINLAND

**IMPLEMENTATION LEVEL:** National

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**APPROACH:** Education

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**SETTING:** School

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**TARGET GROUPS:** 16–19-year-olds

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### ***Aims & objectives***

- To encourage young people to make their own choices and also think of the consequences of these choices,
- To include elements that convey facts and appeal to young people's feelings,
- To offer young people some practical methods, such as wearing seat belts, having zero tolerance towards alcohol, avoiding high speeds and curbing their need to show off.

### ***Background***

There are relatively few projects in schools directed at young people given the fact that they are the most likely age group to suffer bodily injuries in traffic. The 'Intact in Life' project offered schools a 40-minute presentation on the basis of which teachers were able to initiate discussion in the classroom.

The main element of the 'Intact in Life' presentations was the story of a young person who was disabled in a traffic accident. The presentations included a multimedia segment (photographs, texts and music) to spread information about traffic risks. The photographic material comprised pictures provided by Traffic Accident Investigation Boards which depicted vehicles from serious accidents. The local police participated by speaking for example about the consequences of drunk driving. At the end of the presentation, clear instructions were given on how young people can avoid the most typical traffic-related risks.

The 'Intact in Life' project was carried out in 2005–2007. A total of 109 presentations were organised all over Finland in 51 cities or towns. Approximately 18 700 young people participated in the presentations. According to media follow-up, over 150 newspaper articles and radio inserts were published on the project, in addition to a few television news presentations.

### ***Practical key steps***

- The Central Organisation for Traffic Safety (Liikenneturva) regional offices offered 'Intact in Life' presentations to selected schools in some regions. The regions have formed a meaningful state-wide tour,
- The Central Organisation for Traffic Safety (Liikenneturva) regional office in question and the local police participated in the tour,
- The Central Organisation for Traffic Safety (Liikenneturva) produced the multimedia material used in the presentations as well as background materials to assist teachers in classroom work. Also a series of large screens were made illustrating the traffic risks of young people to be used in connection with the presentations and to inform the public about the project both nationally and locally.

## **Evaluation**

The Psychology Department of the University of Turku studied in 2005 how the 'Intact in Life' project progressed and its effects. A survey was used to map out the views of the youth regarding the functionality and effectiveness of the 'Intact in Life' presentations. In addition, the traffic behaviour of the youth was outlined before and after the traffic safety presentations.

The risks were more common among vocational school students. The campaign appealed to the youth and it was well-received. The story of the young man badly injured in a car crash was assessed to be the element with the most impact. Both the students and the teachers estimated that the campaign can have an effect on young people's traffic behaviour. For example, 70% of the youth who quite often before the campaign travelled without seat belt assessed that the campaign had an effect on their seat belt use. The presentation sparked conversation both in the class with the teachers afterwards and also in the peer groups. The presentation given in the spring was still remembered very well in the autumn. Two thirds of the people who answered the autumn survey estimated that the presentation had affected their traffic behaviour.

## **Lesson learned**

- In other Nordic countries, schools have held assemblies in which young people disabled in traffic accidents have spoken of their accident and its consequences.
- Activities in which young people interact with each other have received positive feedback from the involved. It is essential to include the topic in schools' own activity.
- Over 70% of teachers reported having discussed the topic with students. About 80% of students reported that the presentation had inspired discussion among their friends.

## **Partners**

- The project was planned and funded by the Central Organisation for Traffic Safety (Liikenneturva) in Finland.
- The practical arrangements of the presentations were carried out in cooperation with participating schools.

## **References/ Additional information**

Laapotti, Keskinen: Intact in Life (Ehjänä elämässä)  
Research report 102/2005. Liikenneturva

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## **4.3 Sports injuries prevention**

### **4.3.1 Risk'n'fun - AUSTRIA**

**IMPLEMENTATION LEVEL:** International and National

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**APPROACH:** Education

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**SETTING:** School, Sports and Home/leisure

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**TARGET GROUPS:** Young snowboarders and skiers

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**SUBJECT:** Sports injuries Prevention

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#### ***Aims & objectives***

- To increase awareness and understanding of risk-taking behaviour among snowboarders and skiers on the Alpine slopes.

#### ***Background***

As the winter sport season approaches the Risk'n'fun project of the Austrian Alpine Association starts 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. Working groups are organised to be discussive and to give the participants a view of potential warnings, useful information, and standard security and safety measures. Also issues like peer pressure and the temptation of taking risks are covered.

Risk'n'fun is one of the most successful projects regarding accident prevention in the field of high-risk sports. After a pilot phase from 2000 to 2002, the project became a core part of the programmes of the 'Youth of the Austrian Alps' Club. Soon after its introduction, it was renown in the national and international free rider scene. Since then, 'Risk'n'fun' has developed into a three-phased concept of qualification: "trainings session," "next level," and "backcountry pro". Regardless of the level, all courses share similar teaching methods and tools which make 'Risk'n'fun' so successful with young free riders. Field exercises mixed with expert, first-hand advice and lots of fun while skiing and snowboarding is how 'Risk'n'fun' operates. As participants complete each level, they gain more experience and valuable knowledge.

#### ***Practical key steps***

**Level 1** Training session: In 5-day training sessions, participants, Risk'n'fun trainers and mountain guides work together to develop personal power strategies. They use existing strategies, such as the Austrian Alpine Association's "stop or go" strategy, as a fundamental starting point. Trainers work intensively with participants on various subjects that will allow them to better assess and judge risks and optimise decision-making "off piste" - outside the secured slopes.

**Level 2** Next level: Classes focus on planning and implementing extended tours and tackling issues such as; how does each person take risks, and how do they go about making decisions.

**Level 3** Backcountry pro: This winter, a tour week called the "Backcountry Pro," will be offered.

Finally, “chill out”: At the end of the season, all participants, trainers and mountain guides meet up again for the traditional “chill out,” where various refresher workshops are offered such as searching for avalanche transceivers and short or extended tours.

### **Evaluation**

The latest results will be available in spring 2008. The qualitative evaluation project of Risk’n’fun started in November 2007 under the guidance of an expert, who assesses the influencing terms and conditions of peer group education in the free riding scene. The aim is to find a method to measure the transfer of competence within peer groups and its influence on existing behavioural patterns within those groups.

### **Lesson learned**

Because of its unique teaching approach Risk’n’fun has had influence in the field of pedagogy for some years now. The results of the pilot project have been published in a Manual. A DVD was released during the “European Year of Education through Sports” and speeches and lectures in Austria and abroad have cited the project. Internationally, the programme know-how has been incorporated in various fields of preventative work.

### **Partners**

- Risk’n’fun is a programme of the “Youth of the Austrian AJS” Club (“Alpenvereinsjugend”)
- “Alpenvereinsjugend Südtirol” (AJS),
- The project is sponsored by the Austrian Ministry for Social Agendas and the Austrian Authority for Youth Work and various other Partners.

### **References/ Additional information**

DVD/ROM Video: “ALPINE PROFESSIONALS mit risk’n’fun”  
RISK + FUN Peer group Education manual

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### 4.3.2 Surfing to sports injury prevention – THE NETHERLANDS

**IMPLEMENTATION LEVEL:** National

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**APPROACH:** Education and Cross-cutting

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**SETTING:** Sports

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**TARGET GROUPS:** 18–35-year-olds sport participants

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#### ***Aims & objectives***

- To increase the use of sport-specific preventive measures through positively influencing behavioural determinants.
- With the aim to decrease incidence of sports injuries; the Dutch Ministry of Health, Welfare and Sports has laid out a targeted sports policy plan: a reduction of 10% in sports injury incidence by 2010, i.e. an incidence drop from 1.0 to 0.9 sports injuries per 1000 sporting hours.

#### ***Background***

The growing interest and tendency among the Dutch population to participate in sporting activities without a trainer or coach together with the high number of injuries and high costs of treatment have led to a national campaign, “Surfing to sports injury prevention” together with sport-specific (medical) experts, sports alliances and branch organisations (e.g. NOC, NSF). The Consumer Safety Institute developed a comprehensive web based programme focusing on sport-specific information on primary injury prevention. To influence the behavioural determinants of preventive behaviour related to sports injury, visitors of the website (below) receive tailored advice on how to prevent sports injuries. ‘3D animations’ give an inside view of the body on how a few common injuries actually occur.

In addition, by doing a test, one can receive tailored advice on how to prevent sports injuries. For example, what soccer players can do to strengthen the most important muscles needed for soccer. Participants of the following thirteen sports can now receive personalised advice: soccer, field hockey, tennis, running, fitness, korfbal, volleyball, mountain biking, bicycle racing, (inline) skating, skateboarding, skiing and snowboarding.

#### ***Practical key steps***

A systematic approach is used to develop the modules for each sport before going ‘online’. Using the phases of the Precede-Proceed model (Green & Kreuter, 2005) the following practical key steps are taken for each sport:

- Problem analysis (injury rates, risk factors, preventive measures),
- Research on the behavioural determinants (that play a role in prevention) and information needs of the target group,
- Gathering all possible sport-specific information on injury prevention,
- Creating structural collaboration with relevant sport-specific experts and alliances,
- Development of the intervention (creative design and tailored content),
- Implementation of the intervention,
- Evaluation of the intervention (on process and effects).

During the entire process, structural involvement of relevant experts, sports alliances and people participating in sports (all stakeholders) is essential. Important for developing a tailoring system is first of all a good preliminary analysis of the behavioural determinants (per sport). Secondly, the use of easily maintainable software to build the actual tailoring application is needed. Finally, evaluation

of the intervention plays an important role during the process, including pre-testing the preliminary concepts as well as evaluating the website after being 'on-line' for a while.

### **Evaluation**

A first retrospective evaluation (N=312) of the website and perceived effects showed some positive results. Respondents highly valued the content, usability and design of the website. Almost all respondents thought that the advice given was practicable (some advice 25%, most advice 46% and all advice 19%). It appears the website generates the intended effects: sportsmen and women are more aware of the risks of injuries and more aware of how to prevent them. Of the respondents, 76% intended to act and 60% had already acted on the advice given.

### **Lesson learned**

- A systematic approach is needed to develop a tailored health education intervention.
- Structural involvement of relevant experts is needed (for content as well as implementation).
- Good preliminary analysis is necessary as a basis for the tailoring system (otherwise one cannot give personalised advice).
- Well-working, easily maintainable software to build a tailoring application is needed.
- Evaluation is important to optimise the intervention and make sure it is appreciated by the target group.
- Depending on the sport and behavioural determinants of prevention, the concept of this intervention is easy to transfer to other countries.

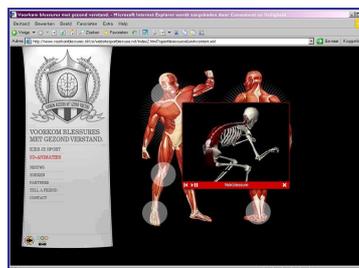
### **Partners**

- Dutch Ministry of Health, Welfare and Sports,
- NOCNSF – the Dutch National Olympic Committee combined with the Dutch Sport Federation, VSG – the Dutch Association for Sports Medicine, NGS – the Dutch Alliance for Sport Masseurs,
- Various national sport alliances and branch organisations (one or two for each sport, e.g. KNVB, KNHB, KNLTB, Athletics union, EFAA etc.).

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## **4.4 Occupational safety**

### **4.4.1 Safe Start - AUSTRIA**

**IMPLEMENTATION LEVEL:** National

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**APPROACH:** Education

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**SETTING:** School

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**TARGET GROUPS:** 14–19-year-olds

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#### ***Aims & objectives***

- To implement a counselling initiative launched in the companies devoted to the "supervision of young workers involved in dangerous work", such as work at dangerous machines.
- To make young people aware of a multitude of issues related to occupational safety and health in cooperation with schools on a national scale.

#### ***Background***

Every year, the Bilbao-based European Agency for Safety and Health at Work organises a "European Week" in all the member states, accession countries and EFTA states on a specific topic regarding occupational safety and health. The 2006 campaign concerned young people at the beginning of their working lives. On the occasion of the European Week 2006, the Austrian Labour Inspectorate has enhanced its activities related to youth occupational safety and health.

#### ***Practical key steps***

- June 2005: beginning of the preparations for the campaign,
- March–June 2006: activities with the schools and regional closing events concerning the following issues:
  - Pre-vocational schools and the world of work,
  - Occupational safety and health in retailing,
  - Working in the hotel and restaurant business,
  - Occupational safety and health in the construction business,
  - Training for safety representatives,
  - Protective measures created by apprentices,
  - Safe Start to Working Life,
  - Safety4youth,
  - Explosion protection in Mills,
  - Entering the World of work,
  - Working conditions in practical training,
  - Apprentice planning for apprentices,
- June 2006: launch of the European Week 2006, publications on website below,
- October 2006: final report, presentation at the international conference "Integration of health and safety at work into vocational education" (presentation, posters),
- March 2007: presentation at the closing ceremony of the European Week.

### **Evaluation**

Fourteen technical, pre-vocational and vocational schools participated (altogether 300 students). There was an improved standard of knowledge concerning Occupational Safety and Health (OSH) and Labour Inspection (students and teachers), as well as practical experience concerning OSH measures.

### **Lesson learned**

Most schools confirmed that they want to continue this kind of cooperation with the Labour Inspectorates. The school projects were awarded by the Federal Ministry of Economics and Labour.

### **Partners**

- Austrian Schools: Polytechnische Schule Währing, Vienna Spar Akademie, HTL Donaustadt, HTL Mödling, HTL Wiener Neustadt, Landesberufsschule Graz-Sankt Peter, Polytechnische Schulen in Eisenerz, Knittelfeld and Leoben, Upper Austrian Vocational Training Institute, the BFI, Secondary College for Food Technology and Grain Cultivation in Wels, Hermann Wielandner Hauptschule, HLW Kufstein,
- Companies, e.g. Spittelau District Heating Station in Vienna, discotheque "Nachtschicht", Voestalpine,
- Other relevant OSH institutions, e.g. Thalheim Technical Supervision Agency, Lower Austrian Chamber of Labour, construction guild, bakers' guild.

### **References/ Additional information**

<http://www.arbeitsinspektion.gv.at/NRrdonlyres/4B3A8D52-3653-4659-92A2D2569B6A15E4/0/safestart.pdf> (English):

<http://www.arbeitsinspektion.gv.at/AI/Personengruppen/Jugendliche/jugend030.htm>

<http://www.arbeitsinspektion.gv.at/AI/Arbeitsinspektion/Aiberichte/2006/berichte0020.htm>

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## 4.4.2 Passport for health and safety skills - FINLAND

**IMPLEMENTATION LEVEL:** National

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**APPROACH:** Education and on-the-job training

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**SETTING:** School and Work

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**TARGET GROUPS:** Less than 20-year-olds

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### ***Aims & objectives***

- To promote safety and health in general vocational education through resources and integrating it into skills competitions.
- To plan practical tools for promoting occupational safety and health in the education of young people in vocational schools and in on-the-job training.
- To raise students' awareness of safety and teach them to appraise their own health and safety knowledge and skills,
- To make students familiar with the central safety issues of the trade concerned;
- To analyse the safety of the workplace and to develop students' and workplaces' ways of action,
- To develop students' health and safety knowledge and skills for skills competitions.

### ***Background***

Work competence covers not only working efficiently and carefully but also safely and without endangering one's own or any other person's life. Occupational safety and health (OSH) issues should therefore be integrated into instruction and work guidance. This process needed to be stimulated and the promotion of occupational safety and health needed practical tools for vocational schools and for on-the-job training. In Finland, vocational education is traditionally provided by educational establishments, but it was not always easy to transfer and apply the knowledge and skills acquired in educational establishments to working life.

### ***Practical key steps***

To achieve the above aims, special emphasis was placed on developing methods for achieving effective cooperation in health and safety between young people, workplaces and educational establishments. Planning started in spring 2004 and the objectives of the health and safety passport were established:

Unit I: The students appraised their health, safety knowledge and skills, and charted out areas to be developed. The aim of the *task card 1* was to identify the strengths and weaknesses of the student's knowledge and skills and to set improvement goals.

Unit II: The aim of the *task card 2* was to get to know the occupational safety and health factors involved in the student's work and trade so that students know how to use and apply this information comprehensively, particularly in preventive action.

Unit III: The subject areas related to workplace safety were studied. The *task cards 3-6* were prepared in cooperation with the workplace (coaching business, on-the-job training place) representative. The study goals for each task card are given below:

- *Task card 3*: Introduction to occupational safety and health – enabled the student to learn about the employee's and the employer's basic rights and obligations concerning occupational safety and health, and orientate themselves to the safety organisation and safety procedures of the workplace.

- *Task card 4:* Well-being at work – provided the student with an understanding of the comprehensiveness of mental well-being and how the employee and the workplace can maintain and improve it.
- *Task card 5:* Ergonomics – required the student to identify ergonomic hazards in their work and how to reduce them.
- *Task card 6:* Personal protective equipment – enabled the student to understand the importance of protective equipment in preventive action, to know the factors to be taken into account when selecting the equipment, and to recognise situations when the equipment itself can present a hazard.

Unit IV: The *Task card 7* of this unit could be used when preparing for a skills competition or a skills test through a self-assessment of performance and working from the safety aspect (competition and practice situations).

### **Evaluation**

An educational package – ‘Passport to health and safety skills’ – was developed in the project ‘Top Excellence in Health and Safety at Work (2004–2005)’, coordinated by Skills Finland. The coordinator chose the promotion of occupational safety and health as one of the themes for World Skills 2005. The theme received a great deal of positive attention and was highly commended nationally and internationally. The importance of occupational safety and health as part of occupational skills was highlighted during the project.

### **Lesson learned**

For the first time in the 50-year history of the World Skills competition, explicit safety instructions were drawn up and occupational safety and health was a significant factor in the evaluation process. Running competitions and coaching young competitors was found out to be an excellent method for promoting OSH issues. The competitions involved enterprises and educational establishments from different trades, and they promoted cooperation between schools and businesses. Through this cooperation both partners became more aware of the importance of OSH issues at work and for workers’ health. Young competitors are good examples for students in vocational education and for other young people at the start of their working careers.

### **Partners**

- Cooperation with the Finnish Institute of Occupational Health.
- Funded by the Finnish Work Environment Fund and the Veto Programme of the Ministry of Social Affairs and Health.

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## **4.5 Violence prevention**

### **4.5.1 Intimate Partner Violence (IPV) Prevention: Sensitisation of young male population on IPV issues - GREECE**

**IMPLEMENTATION LEVEL:** Implemented in several European Countries

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**APPROACH:** Education

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**SETTING:** Community

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**TARGET GROUPS:** 18–24-year-olds

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#### ***Aims & objectives***

- To develop IPV sensitisation material (PowerPoint Presentations, Trainer's, manual, Trainee's handouts, IPV informational leaflet), Pilot testing of the developed IPV sensitisation material,
- To raise awareness of young men on IPV issues by emphasising the negative effects of patriarchal societies and stereotypical gender roles on men,
- To approach young men as allies and not as perpetrators or potential perpetrators by providing them information on how to intervene when witnessing an IPV incident.

#### ***Background***

In Europe, statistics attributed to IPV remain staggering. In 2004 the Committee on Equal Opportunities for Women and Men of the Parliamentary Assembly of Europe, reported that over a quarter of the violent incidents reported in Europe are a matter of assault by a man on his wife or companion and that, within the EU15, every fifth woman has been a victim of her companion's violence - 95% of the cases occurring at the conjugal home. The WHO Regional Office for Europe published a report in 2006 addressing injuries and violence in Europe. This report states that the precise number of deaths attributed to IPV is not known, but studies suggest that it may account for up to 40-70% of all homicides. The need to combat IPV is imperative and has been addressed by numerous governments worldwide.

#### ***Practical key steps***

- To conduct reviews of literature and related sources/materials,
- To build National IPV Networks in each participating country,
- To create a website for the project,
- To develop IPV Sensitisation Material,
- To design and conduct a Feasibility Study in each participating country,
- To organise and implement IPV Sensitisation Programmes in military settings in Greece, Finland, Norway, and in technical school settings in Germany,
- To conduct internal and expert evaluation studies,
- Dissemination activities.

#### ***Evaluation***

Eleven IPV experts responded to a formal evaluation questionnaire assessing the project materials. The sensitisation material was assessed as a promising tool for future trainers aiming to sensitise male population on IPV issues. It was also evaluated to be 'quite' or 'very' useful and

comprehensive, as well as user-friendly and attractive. The evaluation included measures for the following domains:

- Personal satisfaction with the Sensitisation Programme: Implementation in the technical school settings was rated higher than in the army settings, and participants in small groups were more satisfied with the implementation.
- Self-perceived usefulness of the project: The usefulness of the project was assessed positively by both the recruits and the technical school students. Trainees believed that, in the future, they will utilise the knowledge obtained in their relationships, and help victims and perpetrators. In addition, a significant number of trainees would recommend this type of programme to others.
- Attitudes and false beliefs corrected due to the programme: In all three groups, many of the trainees declared that some of their attitudes had changed after the implementation. The greatest resistance against attitude changing appeared in the Greek group.
- Magnitude of the IPV problem and exposure to IPV (indirect and direct measures): IPV problem was assessed mainly through indirect measures, which showed that trainees were aware that verbal abuse is very common in all three countries, and that physical and sexual abuse, while less prevalent, also exist.

### ***Lesson learned/ Transferability to Countries***

Barriers:

- The bureaucracy of military settings caused a lot of delays in the implementation and permitted neither implementation in small groups of recruits nor lengthier sensitisation programmes.
- Matching the questionnaires completed by each participant before and after the programme proved to be the strongest methodological barrier to the evaluation study. As a result, in all countries of implementation, questionnaires remained unmatched for a large percentage of participants; Out of 1525 participants, only 697 (46%) questionnaires were successfully matched.

Facilitators:

- Small groups and lengthier duration of the programme seemed to have a beneficial impact on the sensitisation results.
- It seems that once the participants were convinced that they were not being treated as perpetrators but as allies, the group dynamic worked in favour of the sensitisation programme and both prevented disruptions during discussions and encouraged young men to openly express their interest and some even dared to admit that they knew of specific IPV cases.

Transferability:

- The programme is well transferable both to different countries and different settings.
- Even though participants' attitudes regarding IPV issues seemed to be different in the different countries, the results, as regards the effectiveness of the programme, seemed to be comparable.

### ***Partners***

- GREECE – Athens
  - [Centre for Research and Prevention of Injuries \(CEREPRI\)](#),
  - Department of Hygiene and Epidemiology,
  - Medical School, National and Kapodistrian University of Athens,
  - [Army Hospital of Athens](#) - Department of Psychiatry, Orestis Giotakos
- FRANCE – Paris, [Foundation Jean at Jeanne Scelles](#),
- ITALY – Milano, Istituto di Ricerche Farmacologiche "Mario Negri",
- GERMANY – Berlin, [SPI Forschung gGmbH](#) (Social Pedagogical Institute),
- NORWAY – Drøbak, [Karolinska Institutet](#),

- FINLAND – Helsinki, State Provincial Office of Southern Finland.

### **References/ Additional information**

IPV informational leaflet for the general population in 6 languages: English, German, French, Finnish, Norwegian, and Greek: <http://www.euroipn.org/daphnenew/daphne2/leaflet.htm>

[http://www.euroipn.org/daphne\\_new/daphne2/material.htm](http://www.euroipn.org/daphne_new/daphne2/material.htm)

Petroulaki, K., Dinapogias, A, Morucci, S., Petridou, E. (2006). Sensitising male population against intimate partner violence (IPV): Trainee's Handouts. Athens: Centre for Research and Prevention of Injuries (CEREPRI), Department of Hygiene and Epidemiology, School of Medicine, Athens university (ISBN: 960-7019-57-4).

[http://www.euroipn.org/daphne\\_new/daphne2/material.htm](http://www.euroipn.org/daphne_new/daphne2/material.htm)

The Final Report and the Evaluation: <http://www.euroipn.org/daphnenew/daphne2/archive.htm>

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<http://www.euroipn.org/daphnenew/daphne2/archive.htm>

## 4.5.2 Prevention and fight against domestic violence - **ROMANIA**

**IMPLEMENTATION LEVEL:** Local

**APPROACH:** To prevent and fight domestic violence through the establishment of shelters for victims of domestic violence or through the support of shelters already active but lacking funding

**SETTING:** Family

**TARGET GROUPS:** victims of domestic violence, regardless of age

### ***Aims & objectives***

- To develop a unitary specific social service system to help prevent and fight domestic violence, taking into account the complexity of the phenomenon and the specific needs of the beneficiaries.
- To support the specialised service system by financing partnership projects for the development and also to support units working for the prevention and fight against domestic violence in the national interest programme in order to:
  - Facilitate the access of domestic violence victims to these units;
  - Develop specialised services offered by these centres (e.g. temporary shelter, medical assistance, psychological care);
  - Involve the local public institutions and NGOs into providing support and social services for the victims of domestic violence.

### ***Background***

Acknowledgement of the domestic violence phenomenon and its seriousness led to the need of developing public social services to help prevent and fight domestic violence. Under these circumstances, the legal framework in the field was settled through the adoption of certain laws concerning different administrative sectors. In 2003, the National Agency for Family Protection was established as the specialised unit subordinated to the Ministry of Labour, Family and Equal Opportunities. By the Government decision, two national interest programmes (2006–2008) were initiated in order to finance the establishment of shelters for the victims of domestic violence, as well as to ensure financial support for the shelters already existing, and to finance the establishment of centres for the assistance of family offenders.

### ***Practical key steps***

- Identifying the necessities in the field of domestic violence,
- Elaborating the project proposal for the Government approving the national interest programmes,
- Approval of the Government,
- Organising the selection of accredited social service suppliers,
- Signing the contracts with the selected accredited social services suppliers monitoring the projects.

### ***Evaluation***

Evaluation not currently published/available. However, the National strategy's operational objective to create a specific social services system has been implemented through the national interest programmes. Nine new centres for sheltering the victims of domestic violence were established, as well as other five already existing shelters were financially supported.

### ***Lesson learned***

- The importance of good promotion of the programmes in order to succeed in involving the local authorities and the NGOs,
- The necessity of identifying local financial, material and human resources in order to co-finance the projects,
- To ensure that the quality standards are respected and the beneficiaries receive the appropriate help,
- Lessons learned for further financing actions.

### ***Partners***

- The national interest programmes address the public services of social assistance of the county or the local level.
- Other specialised public services of the county or the local level, public institutions that organise a social assistance department, or private social services suppliers without patrimonial interest and legally recognised, such as associations, foundations or religious cults.
- The main idea of the programmes is that of supporting the local authorities or NGOs to develop social services and to encourage partnerships among them.

### ***Contact***

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### 4.5.3 Suicide and self-harm prevention: “This is me, health promotion & prevention programme” - **SLOVENIA**

**IMPLEMENTATION LEVEL:** National

**APPROACH:** Education and Cross-cutting

**SETTING:** School and internet

**TARGET GROUPS:** 13–18-year-olds

#### ***Aims & objectives***

- To provide support in the development of a stable self-image,
- To boost social skills that help young people e.g. to solve problems, set goals, manage stress, build good interpersonal relations, develop empathy, take responsibility, express emotions, and develop mental stability,
- To improve classroom (group) atmosphere and interpersonal relationship.

#### ***Background***

A young person needs a multitude of skills to get by in life. Feeling good about oneself equips people with tough protective armour, which helps them to stay in control of their lives when under pressure and facing challenging circumstances. This is why the Institute of Public Health of Celje developed a youth prevention programme “This is me”, in 2000.

The main focus of the programme is to develop young people’s social skills, self-image, and other important elements of mental health. The programme provides support to adolescents on their way to adulthood and helps them in solving problems. It is focused on the development of a positive self-image as the main supporting asset in the process of growing up. A dialogue with young people was opened on two levels: 1) Prevention workshops in school setting (working with groups) and 2) Web communication and on-line counselling (counselling methods).

#### ***Practical key steps***

- Prevention workshops: ‘10 steps to a better self-image’ key stages:
  - Preparation of an educational programme (lecturers and workshop moderators) and event planning,
  - Promotion of ‘This is me’ education programme,
  - Recruiting interested participants,
  - Preparation of printed materials for adolescents (postcards, fold-out leaflets etc.)
  - Implementation of ‘10 steps to a better self-image’
  - Evaluation of implemented workshops together with participants in the education programme,
  - Implementation of prevention workshops in schools,
    - Workshop 1: “I respect and accept myself”
    - Workshop 2: “I set goals for myself and work on attaining them”
    - Workshop 3: “I cooperate with others and accept them; I have friends”
    - Workshop 4: “I do not avoid problems – I try to solve them”
    - Workshop 5: “I am learning how to deal with stress”
    - Workshop 6: “I think positive”
    - Workshop 7: “I accept responsibility for my behaviour”
    - Workshop 8: “I know I am a special and unique individual”.
    - Workshop 9: “I stand my ground”

- Workshop 10: "I recognise, accept and express my emotions"
  - Annual evaluation of work carried out in the school settings.
- The web communication and on-line counselling: provides the adolescents with a fast, simple access to a free expert. The main features are:
    - Adolescents get a chance to take part in anonymous counselling sessions with experts from different fields free of charge.
    - The principle of mutual trust is exercised between counsellors and adolescents.
    - The questions that adolescents ask come from a broad range of topics; mainly the questions cover everyday teenage problems, but also cases of serious personal distress are dealt with. Web counselling cannot however replace personal counselling and help.
    - Web counselling site is based on a network and successful cooperation of organisations and persons who work with young people.
    - All experts – web counsellors – are volunteers and work without financial compensation.
    - Key stages of web communication and on-line counselling are:
      - Development of counselling network,
      - Recruitment of staff, acquisition of equipment and space,
      - Obtaining funds,
      - Preparation of content for website,
      - Setting up website, supported by powerful software which enables stable and reliable e-communication,
      - Opening of the web counselling site for young people,
      - Promotion of website and e-counselling site throughout the expert and lay public,
      - Daily editorial work and communication with web counsellors,
      - Evaluation of web communication (daily, monthly, annual).

### ***Evaluation***

After six years of simple process evaluation used on the prevention workshop in the school environment, an introduction into an advanced evaluation of the effectiveness and efficiency of the 10 steps to a better self-image programme was also carried out. During the course of the testing various techniques and tools were used (e.g. questionnaires for teachers / moderators and students). The experimental and control groups were compared. The result of the trial evaluation gives two conclusions; 1) Classroom atmosphere and interpersonal relations were clearly better, and 2) the overall self-image of the entire classroom improved. Improvement of self-image was registered in the fields of social and emotional self-image.

### ***Lesson learned***

Prevention workshop – 10 steps to a better self-image programme: Organised care for the self-image has an extremely important preventive and curative effect. Also, an individual benefits from positive effects in almost all of the most important aspects of life. Introduction and development of the 10 steps to a better self-image programme is therefore reasonable. Preventive workshops can be carried out in any ethnic or school environment. Once the manual on workshop execution is prepared, a translation will also be possible.

Web communication and e-counselling site "This is me": The web counselling site is a specific form of "safety net", which soothes the pain and stress of growing up. It is an additional form of support, augmenting the existing sources of help.

The advantages of web counselling and communication:

- Anonymity,
- Direct and quick access to experts,
- Interdisciplinary nature of counsellors' expertise and approaches,
- The usefulness of a single reply to numerous users (by posting a single reply, the counsellor thus helps many),
- Insight into experience of others and their problem-solving approaches,
- The ability to have a say,
- 'This is me' health promotion programme has also been awarded

The disadvantages of web counselling and communication:

- Lack of personal contact,
- Reduced modality of communication,
- Reduced opportunities to set up a meaningful therapeutic relationship,
- The uncertainty of on-line relationship (disturbances, technical problems),
- Inadequate data of the help-seekers and insufficient description of the problem,
- The dilemma of authenticity of the virtual identity and possible manipulations,
- Unrealistic expectations of seekers of help.

### **Partners**

- The professional network of the web counsellors is composed of 32 experts from 12 institutions (counselling centre, social services centre, institute of public health, psychiatric hospital, employment agency, institute for health protection, and others),
- The part of the programme dedicated to implementation of prevention workshops relies upon good cooperation with schools. The programme is funded from various funds, but presently financed by the Ministry of Health of the Republic of Slovenia.

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#### 4.5.4 Intervention to prevent exclusion among young men: Time out! Getting Life Back on Track - **FINLAND**

**IMPLEMENTATION LEVEL:** National

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**APPROACH:** Cross-cutting

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**SETTING:** Defence Forces

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**TARGET GROUPS:** 18–28-year-olds

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##### ***Aims & objectives***

- To develop a psycho-social support programme for preventing the process of exclusion among young men,
- To develop models for organising the necessary services for this target group.

##### ***Background***

The call-up for the compulsory military service applies to all 18-year old males in Finland. In the call-up process and also during the period of service, about 20% of the conscripts gain an exemption, half of them on mental health grounds. The conscripts who are exempted from service experience more alcohol and drug abuse, psychiatric symptoms and suicidal thoughts and have less protective factors (e.g. self-reliance, hopefulness about the future, social support, hobbies) compared to those entering military or civil service normally. These young men form a psychosocial risk group in which the need for support is clear, but previously there were no programmes to offer help for them. Therefore a support programme was developed to reach out for this target group in the 'Time out!' project. For each man participating in the support programme, a designated counsellor is provided. The counsellors are professionals working in health and social services. Together with the client, the counsellor aims to clarify his life situation, personal resources and need for guidance and services.

##### ***Practical key steps***

The opportunity to offer information about this support programme to all young men attending the call-up is utilised. In 2007, the intervention is offered to 10 000 men attending the call-up by 130 trained counsellors in 52 municipalities in Finland. In addition, the support programme is offered to those young men who gain exemption during the service.

##### ***Evaluation***

During a one-year follow-up, the psychosocial well-being of the intervention group improved statistically significantly when compared to the control group. Fifty-eight percent (n=40) of the clients participating fully in the programme felt that their life situation had improved due to the support programme.

Final evaluation not currently published / available. However, two research reports and one report describing the intervention will be published in the beginning of 2008.

##### ***Lesson learned***

The existing national policies and programmes recognising this risk-group and need for action have facilitated this work. The programme is transferable to other settings e.g. for schools. In 2008, 'Time out!' support programme for school drop-outs will be developed.

### **Partners**

- National Research and Development Centre for Welfare and Health (Stakes),
- Defence Forces,
- Ministry of Labour,
- Ministry of Health and Social Affairs, participating communities.

### **Contact**

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#### 4.5.5 Awareness of the effects of drinking alcohol among under age “Talk about Alcohol” – **The United Kingdom**

**IMPLEMENTATION LEVEL:** National

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**APPROACH:** Education

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**SETTING:** School

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**TARGET GROUPS:** 11–16- year-olds

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##### ***Aims & objectives***

- To improve young people's understanding of alcohol and its effects on the immature body,
- To increase knowledge and awareness of the risks associated with alcohol consumption by those who are under age,
- To raise awareness among young people of the laws restricting the consumption of alcohol, and why these exist,
- To raise awareness of the choice not to drink as a choice in relation to alcohol.

##### ***Background***

In the United Kingdom, adolescents are drinking more frequently and in greater quantities than in the past. Binge drinking is a problem among young people. Up to 70% of all admissions to hospital accident and emergency departments in England are linked to alcohol misuse. Around 17 million working days are lost each year through alcohol-related absence. The ‘Talk about Alcohol’ website has been developed to the 11–16-year-olds. At this age young people may begin to become inquisitive about alcohol and its effects, experiment drinking with their peers, and in some cases establish patterns of drinking, including drinking in order to get drunk. Also, the school curriculum includes the requirement to teach about alcohol. Research suggests that teachers believe they have a role in educating young people about drinking. However, many of them lack appropriate teaching resources to help them do so.

##### ***Practical key steps***

- Contact will be made in the classroom via curriculum-based teaching material,
- There is also a section developed specifically for use of young people in their own time,
- In addition, information and advice for parents is provided in a separate section to help them to address alcohol issues with their children.

##### ***Evaluation***

‘Talk about Alcohol’ has undergone a rigorous research, development and piloting process. During the pilot, teachers, students and parents in three European countries gave a very high approval rating to the website below.

##### ***Partners***

The original programme was developed by EFRD and EACA with the support of a team of education experts, teachers and young people, in partnership with the following organisations:

- The European Association of Teachers (AEDE),
- The Confederation of Family Organisations in the European Union (COFACE),
- Generation Europe Foundation (developed for the UK by the Portman Group)

**References/ Additional information**

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Strategy for England, March 2004  
The European Forum for Responsible Drinking, MMVI,  
European School Survey Project on Alcohol and other Drugs (ESPAD) study report,  
(2003).

**Contact**

[www.drinkaware.co.uk](http://www.drinkaware.co.uk)  
[www.talkaboutalcohol.co](http://www.talkaboutalcohol.co)  
Portman group ([www.portmangroup.org.uk](http://www.portmangroup.org.uk))  
EFRD ([www.efrd.org](http://www.efrd.org))  
EACA ([www.eaca.be](http://www.eaca.be))  
AEDE ([www.aede.org](http://www.aede.org))  
COFACE ([www.coface-eu.org](http://www.coface-eu.org))  
Generation Europe Foundation ([www.generation.Europe.org](http://www.generation.Europe.org)).

#### 4.5.6 “A Chance is inside you”- Preventing social exclusion & promotion of social well-being among adolescents in difficult life situations” - FINLAND

**IMPLEMENTATION LEVEL:** National and local

**APPROACH:** Supported spare-time group activities for young people: Instructor training for adults and financial support for youngster’s own projects.

**SETTING:** Home/leisure

**TARGET GROUPS:** 13–17-year-olds in difficult life situations

##### ***Aims & objectives***

- To prevent social exclusion and to promote social well-being by supporting groups of adolescents aged 13–17,
- To commit young people to a free-time activity and through it to find ways of gaining control over their lives,
- To promote social empowerment. The problems involving the adolescents may be related to for example their own or their parents’ intoxicant use, dislike of school or dropping-out, financial problems in the family, or loneliness.

##### ***Background***

The lives of young people in the late 1990s were marked by uncertainty. The problems caused by the economic recession for families were reflected in young people. Research showed that young people reflected a world of a new kind that seemed fragmentary and unpredictable and the future looked threatening. For many, uncertainty brought mental and social problems.

“A Chance is inside you” (‘Mahis’) initiative sprang from a desire to help young people discover their own potential amid the threats that faced them. It therefore prefers projects steered by the young people themselves. Being able to decide the objectives and modes of operation, they are motivated and committed to the project. In one group there are often young people in different life situations, i.e. also ‘ordinary’ young people. Peer-group socialisation, i.e. the support and example of the other youngsters in the group, occupies an important role in Mahis, as does the adult support. The projects last about six months.

##### ***Practical key steps***

- Projects always have a trained adult instructor who supports and encourages them. It is the instructor’s job to establish a trusting relationship with the young people, to help them change their way of life, to prevent their problems from worsening, and if necessary to introduce them to suitable support services,
- Projects with a Mahis instructor can apply for a grant of €600 towards the costs of a project they have planned, executed and evaluated themselves,
- The young people are active subjects in the activities and the adults merely provide background support. This mode of action inspires enthusiasm even in young people who usually remain outside organised activities,
- For the adult instructors, Mahis represented a new and unofficial way of operating across sector borders.

## **Evaluation**

Two assessments of Mahis have been made. The first was completed in 2000 and the other in 2006. Assessments have been made ever since the initiative began and the initiative has been developed according to the feedback from youngsters and instructors and the research findings (such as those on the intoxicant perspective and work aimed at immigrants). One condition of success is ensuring financial support for youngsters' projects. Corporate partnerships have ensured grants worth €600 for about 100 groups a year.

## **Lesson learned**

Adolescents get enthusiastic if they are allowed to plan and carry out activities by themselves. Project-like action on their own terms appeals to them. So far it has been possible to secure sufficient operating funds for groups. Raising corporate funds is however time-consuming. The network of adult instructors is broad at national level (over 1200 trained adults all over Finland). In order to support, motivate and commit the network, it would be good to be able to offer more personal support, further training and supervision. Maintaining the network takes up considerable time and money.

Mahis has got young people enthusiastic about school, because it has given their lives rhythm and content. It has given many an idea of what to study, which has in turn motivated them to get their school leaving certificate. It has also introduced many young immigrants to Finns of their own age and activities. The young people's projects (almost 1200 all over Finland) have been of good quality and they have seldom been abandoned at the start or half way (about 5% of projects). Mahis has succeeded in reaching out and drawing in young people in difficult life situations. The experiences of success and achievement generated by the projects have strengthened the adolescents' self-esteem activity.

After being in a Mahis group, many of the young people have been involved in either a follow-up project or some other activity. Mahis has brought new resources into the area in between youth and social work and is a unique nationwide mode of action. It has also succeeded in crossing the sector borders between the traditional institutions and voluntary work.

## **Partners**

In building Mahis there has been a broad NGO front, public sector experts (social welfare and youth authorities) and a researcher. Youth Academy's member NGOs are:

- Centre for Education and Youth Work / Evangelical Lutheran Church of Finland
- Finnish School Sport Federation
- Finnish Nature League
- Mannerheim League for Child Welfare
- Young Finland Association
- Finnish 4H Federation
- Finnish Youth Association
- Finnish Youth Co-Operation Allianssi
- Guides and Scouts of Finland
- Finnish Red Cross
- Finnish Workers' Sports Federation
- Swedish Study Centre
- Mahis works also with the central organisation for Finnish traffic safety work (Liikenneturva), Alko (whose basic function is to be a responsible retailer of alcoholic beverages in Finland) and the Federation of the Brewing and Soft Drinks Industry

- The Mahis groups are usually backed by two or more organisations, most often the municipal youth office, school, 4H club, church and municipal welfare office.

### References/ Additional information

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## **5. Recommendations**

The recommendations here are based on the most important findings from literature concerning injury-related interventions, research and policies among young people in Europe. These recommendations also support earlier recommendations made by the EU and WHO.

### **RECOMMENDATIONS CONCERNING INTERVENTIONS:**

1. Prevention of injuries among young people ought to receive more attention, because injuries are the major cause of mortality and morbidity for young people.
2. There is strong evidence that enforcement and legislation approaches are successful in the prevention of injuries and therefore they should be promoted especially nationally but also internationally.
3. School programmes should include the following elements: part of the whole-school curriculum, multiple interactive sessions, focus on skills learning and single issues, delivery by trained teachers, part of larger community programmes.
4. In order to test successful interventions from other countries, interventions and studies should be tailored for different cultural environments.
5. Interventions that target a variety of aspects, as e.g. community-based programmes (including education, enforcement, and engineering), are most likely to be effective and should therefore be promoted.

### **RECOMMENDATIONS CONCERNING RESEARCH:**

1. There is a need to have more studies and funds on injury prevention among young people in general, but especially relating to home and leisure time injuries like sports and out of school activities.
2. Methods are needed to bridge the gap between research and practice; too often research evidence has no influence on preventive practices.
3. More research is needed to find out how risk-taking behaviour is linked to injuries and injury prevention.
4. Cost-effectiveness of injury prevention programmes among young people should be studied more, as the role of such arguments is important especially for policy-makers.

5. More European studies are needed, because most of the available studies on injury prevention are from North America and translating findings to Europe may not be straightforward.

***RECOMMENDATIONS CONCERNING POLICY:***

1. Strategy development and action plans on injury prevention among young people at international, national and local levels are needed.
2. Intersectoral collaboration should be promoted by integrating injury prevention into different policies.
3. Better international and national, even local surveillance systems, are needed to give a basis for successful action.
4. Policy decisions should be based on the most up-to-date research evidence and dissemination of evidence-based experience should be strengthened.
5. Capacity building in the field of injury prevention for policy makers and professionals should be strengthened.

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