REGIONAL REPORTS

Better late than ever: confronting Greece's major health problem

It is frequently said that neither individuals nor nations can learn from the experience of others—they have to pay their own price before they recognize a problem and master their resources to confront it. Motor vehicle accidents have become major epidemics in most western countries before measures were successfully implemented to reduce the burden of death, disability, and unhappiness generated by these injuries. In Greece, mortality from motor vehicle accidents increased from 11 per 100 000 persons in the 60s to more than 23 per 100 000 persons in the late 90s, when Greece was competing with Portugal for the unenviable position of leading the European Union member states in the death toll from motor vehicle injuries. For over two decades the reaction of officials as well as lay people has been at best fragmented, sporadic, and uncoordinated and at worst inexcusably passive. During the 90s, however, it has become apparent to most people and political leaders that injuries in general, and motor vehicle injuries in particular, represent the number one health problem for Greece, a country that has been blessed with very low mortality from cardiovascular diseases and most forms of cancer. In 1991 several influential public health officials argued that the human factors were just as important as the poor road infrastructure in the web of causation of motor vehicle accidents. As a result the Center of Research and Prevention for Injuries among the Young (CEREPRI) was established.

In 1997 CEREPRI took coordinating responsibility for a nationwide campaign to highlight the importance of road traffic accidents as a public health problem. Specifically, the campaign, that was supported by the Division General for Transportation (DG 7) of the European Commission and the European Transport Safety Council, targeted seat belt use as the most cost effective measure in reducing motor vehicle mortality.

The campaign was one of the largest ever launched in Greece, since the antimalaria campaign in the early 50s and the vaccination campaign in the 60s. The results were carefully evaluated and, although the resources available to the campaign organizers were limited, it was effective in increasing seat belt use. Details about the organization and the evaluation of this program project are awaiting publication in the *American Journal of Public Health*¹ and further analysis focusing on specific components of the campaign are currently under examination. An unexpected, but welcome, consequence was that several individuals and organizations who were key contributors in the broad "Coalition for Life" that launched the CEREPRI coordinated campaign was subsequently independently energized in their own fields of specific responsibility, competence, or expertise. Thus, injuries in general and motor vehicle injuries in particular are now widely recognized as a health priority in Greece allowing some optimism that the beginning of the new

century will coincide with the long delayed turning point in the increasing secular trend of motor vehicle mortality.

It is worth mentioning the positive role of the mass media, legislative initiatives, including among others upgrading the seriousness of non-compliance with the mandatory seat belt use and substantial increase in the respective fine, intensification of enforcement of seat belt law, and a movement towards introducing road traffic education in the school curriculum.

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1 Petridou E, Trichopoulos D, Stappa M, *et al* and the Hellenic Road Traffic Police Department. Effectiveness of a comprehensive multisectoral campaign to increase seat belt use in Greater Athens area, Greece. *Am J Public Health* (in press).

Helmets in Malaysia

The Malaysian Helmet Initiatives has been recognised by the World Health Organisation (WHO) as a Cooperative Helmet Initiative Program (CHIP) for a period of two years from 1999 to 2000. It is the first such program in a developing country and is a multicentre and multisectoral program. The organisations involved are the University of Malaya, University of Science, National University of Malaysia, Universiti Putra Malaysia, Ministry of Health, Royal Malaysia Police, and the National Road Safety Council. The program is funded by a research grant under the Intensification of Research in Priority Areas scheme of the government. A summary of the WHO/CHIP program is given below (taken from www.sph.emory.edu/Helmets/initiative.html).

In 1991, the WHO/CHIP program was created to promote the use of bicycle and motorcycle helmets world wide. By promoting helmet use, the helmet initiative will ultimately reduce the number of head injuries from cycle crashes. It serves to stimulate public health agencies to address injury control issues and to promote effective interventions. The WHO/CHIP program is based at the Center for Injury Control of the Rollins School of Public Health, Emory University located in Atlanta, Georgia. The initiative has adopted four strategies to promote universal helmet use. These strategies are complementary and were chosen as key collaborative elements in the world program.

- (1) Collect and distribute better data.
- (2) Develop a generic program to promote the use of helmets.
- (3) Evaluate legislative approaches to assist in the promotion of helmets.
- (4) Encourage international collaboration for the promotion of helmets.

The WHO/CHIP program maintains a library of helmet resource information on the internet through the world wide web. An international network of helmet promotion programs is being established to expand and strengthen world wide helmet promotion activities. Cooperating CHIP centres of excellence are chosen by the WHO/CHIP program (based on the application by the centre) in recognition for their efforts to promote and helmets and their ability to serve

others as a resource for information on helmet promotion.

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News from Australia and New Zealand

More Safe Communities and a communities conference

New Zealand and Australia have significantly increased their representation of communities and centres affiliated with the WHO Safe Communities. In 1999 the New Zealand Communities of Waitakere and Waimakariri and the Australian Communities SHOROC and Ryde have been inducted into the movement and the Royal Children's Hospital Child Safety Centre (Melbourne) has been inducted as a Safe Community Affiliated Support Centre.

The details of the programs that were the basis of acceptance as Safe Communities are available from the secretariat, which is based at the Department of Public Health Sciences in the Karolinska Institute, Stockholm, Sweden (www.ki.se).

The Waitakere Community, a city within Auckland, was inducted at a ceremony conducted as part of the Community Safety Conference, Pacific Rim 1999. The conference was a great success, not least because Waitakere City is a diverse community with very strong links to Maori and Pacific Islander communities.

Associated with the conference was meeting in which New Zealand colleagues continued their efforts toward the development of a network of people and organisations interested in injury prevention. At the time of writing it is hoped that the network will be established in the second half of 1999.

Efforts to increase cross-Tasman cooperation

Following the Pacific Rim conference there have been conscious efforts to increase the linkage between New Zealand and Australian injury prevention groups and individuals. The Australian Injury Prevention Network has established a liaison group to foster exchange. Suggestions as to how this might be done are most welcome. Current efforts centre on ensuring that information is shared; for example, Injury Network minutes and documents are to be cross posted, web sites are being asked to cross link and so forth.

Details of the Australian Network, including a strategic plan, can be found at www.nisu.flinders.edu.au or by writing to the Secretariat c/o Child Safety Centre, Royal Children's Hospital, Flemington Road, Parkville, Victoria 3052, Australia.

Australian National Injury Prevention Conference

The Third National Injury Prevention Conference was conducted in Brisbane in May and held by all to be a resounding success. The conference, under the title "The Challenge of Integration" broke new ground by being co-hosted by centres for accident research and road safety and for research on disability and rehabilitation medicine. The Australian Injury Prevention Network ran the conference with principal sponsorship provided by the national Department of Health. With 200 presentations and 500

delegates, about 50 of whom were international visitors, the conference generated what convenor, Professor Rod McClure, called a "buzz" of excitement.

Noting the challenge to do better in presenting conferences that John Langley wrote about in his December 1998 editorial there were some interesting points about administration. Specific time set aside for posters with brief presentations by authors worked extremely well. Extra effort to support technical equipment ensured that sessions ran well and attracted strong positive comment.

The profile of delegates has varied between injury conferences. The previous conference, also a success, specifically attracted and catered for grassroots practitioners, with low costs and specific sessions. The Injury Network is actively seeking ways to cater for both researchers and practitioners in the next conference in the year 2000.

Compensation to victims for governments' failure to act?

One of the papers at the Australian conference followed directly from a Barry Pless editorial in *Injury Prevention*. In the September 1998 issue, Barry used legal cases where governments were held accountable to victims for their failure to act on hepatitis C and were made to pay compensation, to ask why this is not occurring in relation to preventable injuries. This editorial inspired quite some discussion and the NSW Injury Council acted by seeking out an interested lawyer to consider exactly this issue in a paper to the injury conference.

In the Australian context it is usual for "regulatory impact statements" to be prepared before the introduction of any regulation and these usually encompass some form of cost benefit analysis. The Chair of the NSW Council, Craig Patterson, together with fellow lawyer Louise Sinclair and Pam Albany from NSW Health wrote a paper exploring whether, and how, potential legal liability should be taken into account when these regulatory impact statements are prepared. Details will have to wait for the published paper but the interest was intense and the discussion vigorous.

More on the cost of injury in Australia

In 1997 the Victorian Department of Health funded the Monash University Accident Research Centre to estimate the lifetime cost of injury to the Victorian community. The work included estimates of the direct costs of care and indirect costs and was published as Report 124 from the centre. Using this work, Jerry Moller has since estimated the cost of injury for Australia as a whole and these tables are available from the Centre for Injury Studies at Flinders University, Adelaide (incorporating the National Injury Surveillance Unit, NISU). The Monash study can be found at www.general.monash.edu.au/muarc and the NISU tables at: www.nisu.flinders.edu.au/pubs/injcost.

Update on indigenous injury

Two new pieces of work illustrating both the degree of increased injury risk faced by indigenous peoples and some of the creative means available to address them have been published in New Zealand and Australia. *Injury to Maori: Does it really have to be like this?*, is a report of research into the level and pattern of injury to Maori that brings together both science and art. By blending

statistical analysis with contemporary Maori writing the report is intended to draw attention to the statistics in a meaningful, human way. Copies of the report can be obtained from Injury Prevention Unit, ACC, PO Box 242, Wellington, New Zealand.

The second report is a *Study of Injury in Five Cape York Communities*. Cape York is the northern peninsula in eastern Australia and the report covers the means used to document injury in five small remote communities. It shows how a range of information gathering techniques can provide a profile of injury that compliments existing data. The report can be obtained through the NISU in Adelaide (www.nisu.flinders.edu.au).

Criminal liability and intoxication

In 1997 Australia was enlivened by the public debate that followed the acquittal of a well known football player on charges of assaulting two women on the grounds that he was too drunk to be responsible, that he was too drunk to know what he was doing, and could therefore not form the intention of committing assault.

The Federal Attorney General urged his state counterparts to "do something" about the so-called drunk's defence. The Law Reform Committee of the Victorian Parliament undertook a detailed examination of the issue and has released a report entitled *Criminal Liability for Self-Induced Intoxication*. The committee's recommendation is that evidence of self induced intoxication should continue to be used in determining questions of criminal intent and "voluntariness". The committee Chair, and most of those that gave submissions to the review, is of the view that the problem is not one of law but of poor decision making and that the magistrate's decision in dismissing the charge against the football player was in error.

As a solution to what they see as a justified public concern over this matter they suggest that in all serious offences, the "defence" of self induced intoxication must be heard before a judge and jury. The idea being that a defendant must convince a jury. The full report can be obtained from the Law Reform Committee, Level 8, 35 Spring Street, Melbourne 3000, Australia or downloaded from www.lawreform.org.au.

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LETTER TO THE EDITOR

Injury prevention in the Republic of Ireland

EDITOR,—We would like to draw your attention to a successful injury prevention initiative in the Republic of Ireland. Eye perforations are a distinct form of trauma unrelated to severe general injuries and fatal accident¹; perforations follow low speed crashes, usually with impact against stationary objects.² They are due almost exclusively to fracturing of toughened glass windscreens, often with

explosive effect.³ Collision at low speed allows time for a motorist's feet to press the floor and head to hit the windscreen; if it shatters, the head ploughs through the broken fragments of glass. Typical ocular injuries are corneoscleral perforation, uveal prolapse and lens opacification or dislocation. While safety belts reduce the risk of windscreen injury, many patients have still presented with ocular perforations, who claimed to be wearing seat belts and have demonstrated corresponding patterns of trunk ecchymosis. In February 1979 legislation was passed compelling motorists to wear safety belts. Compliance was poor, as it still is, and so the number of eye injuries continued to increase to a national rate of 90–100 per annum.

In 1983 therefore the first author published statistics on the incidence and severity of eye injuries on our roads over the preceding 20 years, and stressed the need for mandatory fitting of the safer laminated windscreens in all cars registered in this country. Submissions were made to government ministers directly and appropriate legislation was eventually passed; from 1 January 1986 all new cars had to be fitted with laminated windscreens. An immediate reduction in eye perforations was seen, with a fall to 70 in 1987, 30 by 1991, and 13 in 1997. From personal experience these few, but significant, persisting perforations arise in cars registered before 1986 and fitted with toughened glass windscreens, or from shattering of non-laminated side windows in lateral impacts.

While road traffic accidents continue to cause death and disability in Ireland it is encouraging to be able to demonstrate success in the prevention of one potentially devastating sequel.

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- 1 Blake J, Kelly G, Fahy C, *et al*. Eye injuries in road traffic accidents. *Ir Med J* 1983;76:120–4.
- 2 Blake J. Eye injuries from windscreens—a challenge to our profession. Proceedings of XXV International Congress of Ophthalmology, 1986.
- 3 Blake J. Road blindness. *BMJ* 1986;287:626–7.

BOOK REVIEWS

Injury Prevention and Public Health: Practical Knowledge, Skills, and Strategies. Tom Christoffel and Susan Scavo Gallagher. (Pp 402; \$US 50.00.) Aspen Publishers, Gaithersburg, Maryland, 1999. ISBN 0-8342-840-7.

Christoffel and Gallagher have written this new book for a very specific audience—practitioners of injury prevention, particularly those working in public health agencies at the state and local levels. The content and style draw on the enormous experience of the two authors as practitioners and scholars in the field of injury. The work updates and advances the approach taken by the National Committee on Injury Prevention and Control in its "blue book," *Injury Prevention: Meeting*

the Challenge (1989). The volume would be highly effective as an introductory text for teaching public health students in the classroom and for orienting new public health agency employees to their work in the field.

The greatest strength of *Injury Prevention and Public Health* is that it draws on the practical knowledge and experience of the authors. Thus the most effective section is part III, "Practical Knowledge, Skills and Strategies", followed by part II, "Basic Concepts of Injury Prevention". Throughout the chapters located in these two sections of the book, the authors identify agencies, processes, and experiences that are critical to the development and implementation of injury prevention activities of all types. Throughout these chapters they use specific examples of injury programs from both published literature, reports, and personal knowledge. They address barriers and obstacles to effective program implementation. They weigh alternative approaches to preventing injury. They cover a broad range of issues in the field, within the context of public health and add the depth of their personal knowledge and experience. The specific examples provided in text boxes throughout the work are excellent.

Each chapter is organized along that old pedagogic principle of "tell 'em what you're going to tell 'em; then tell 'em; and then tell 'em what you told 'em!" The appendices are excellent, providing a reference location to important, but often difficult to find, documents like the *Year 2000 Objectives for the Nation* and the proposed matrix for assigning E codes to injury deaths.

There are also some problems with *Injury Prevention and Public Health*. Part I, covering the magnitude, concepts, and epidemiology of intentional and unintentional injury is superficial and uneven in its treatment of the problem. Students and practitioners who are new to the field will need to consult another source to get a more solid grounding in the nature of the injury problem. The epidemiology chapter suffers from the problem of attempting to explain the major concepts of epidemiological methods, inadequately. The reporting of "successful" programs is spotty and often not convincing. The writing style of including long quotations from other sources becomes annoying.

Injury Prevention and Public Health defines and operationalizes an important part of the injury field while recognizing that there are other domains of the field in criminal justice, motor vehicle and highway safety, and other related fields. Christoffel and Gallagher provide a mandate, place, and a set of activities for public health practitioners to play their part in the broad societal effort toward improving the health and safety of populations. The injury field benefits from their knowledge and experience.

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Another review of this book will appear in a later issue.

Paediatric Toxicology Handbook of Poisoning in Childhood. Edited by N Bates, N Edwards, J Roper, and G Volans. (Pp 411; £59.) Published in the USA by Stockton Press, 1997. Published in the UK by Macmillan Reference Ltd, 1997. ISBN 0-333-60951-4.

The main part of this excellent book is based on the experience of the National Poisons Information Service, London, and consists of 78 chapters on poisonous drugs or chemicals, or groups of substances. Plants, fungi, and snakes are also included. Each chapter is similarly structured, with key points of presentation and management, followed by a description of the substance and its use, its toxicity, clinical effects and case reports, treatment, and references etc. There are 29 very clear pictures of poisonous plants and berries and a surprisingly long list of non-venomous snakes. Not being a toxicologist, I cannot comment on the completeness or accuracy of the information given in this main section, but the expertise of the various authors would appear to guarantee that the information given is comprehensive and practical as well as correct.

The initial chapter of this book looks at more general aspects of poisoning. There is a detailed chapter on risk assessment and management of the poisoned child, with a list of clinical effects (for example, arrhythmias) and the agents that may cause them and also a guide to the paediatric doses of common agents used in the treatment of poisoning. The pros and cons of the major methods of management are examined—emesis and gastric lavage, whole bowel irrigation, together with the use of syrup of ipecac and activated charcoal. This is an excellent chapter.

There is also a chapter on the epidemiology of poisoning. Considering that the book is presumably for use in the USA and Canada as well as in Australia and New Zealand and presumably Europe and elsewhere, perhaps more details could have been given of the incidence of the different types of poisons in these different countries, though the relative important inquiries to the UK and USA poisons centres are mentioned.

The third chapter relates to the prevention of poisoning. Here again, the different approaches to the legislation on child resistant packaging in the different countries could have been mentioned, and there is no discussion on the current controversy on the use of reclosable child resistant containers compared with non-reclosables (strip and blister packs). The difficulties of carrying out and evaluating community programmes and of the education of individuals is rightly stressed.

Altogether a very useful, high quality, and well produced book.

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CALENDAR

4–5 October 1999. 8th International Conference on Safe Communities, Vienna, Austria. The theme of the conference is networking for safe communities. *Further information:* Imperial Tours, Conference Department, Dr Karl Lueger Ring 8, A-1014 Vienna, Austria (tel: +43 1 535 6970, fax: +43 1 534 11202, e-mail: office@imperial-tours.com, web site: www.imperial-tours.com).

13–15 October 1999. Children and Violence—Our Individual, Family and Collective Responsibilities, Montreal, Canada. *Further information:* Organization for the Protection of Children's Rights, 5167 Jean-Talon East, Office 370, St Leonard, Quebec H1S 1K8, Canada (tel: +1 514 593 4303, e-mail: OSDE.OPCR@sympatico.ca).

31 October–3 November 1999. American Rehabilitation Association Meeting, New Orleans, USA. *Further information:* National Association of Rehabilitation Facilities, 1910 Association Drive, Reston, VA 22091, USA (tel: +1 703 437 4377, web site: http://www.naranet.org).

5–7 November 1999. Society for Public Health Education (SOPHE) Annual Conference, Chicago, USA. *Further information:* SOPHE, 1015 Fifteenth St NW, Suite 410, Washington, DC 20005, USA (tel: +1 202 408 9804, fax: +1 202 408 9815, e-mail: sopheauld@aol.com).

11–14 November 1999. 13th World Congress of the International Federation of Physical Medicine and Rehabilitation, Washington DC, USA. *Further information:* American Academy of Physical Medicine and Rehabilitation, One IBM Plaza, 25th Floor, Chicago, IL 60611, USA (tel: +1 312 464 9700, web site: hppt://www.aapmr.org).

26–28 February 2000. 9th International Conference on Safe Communities, Dhaka, Bangladesh. The theme of the conference is setting child safety priorities within a safe community framework. *Further information:* Dr A K M Fazlur Rahman, Institute of Child and Mother Health, Matuial, Dhaka 1362, Bangladesh (tel: +880 2 9122509, fax: +880 2 822679, e-mail: fazlur@citechco.net).

5–8 March 2000. 5th World Conference on Injury Prevention and Control, New Delhi, India. *Further information:* Ms Arati Walia, CONFER D-1, Kalindi Colony, New Delhi 110065, India (tel: +91 11 6919377, 6849399, 6911312, fax: +91 11 6848343, 6929541, e-mail: awconfer@del2.vsnl.net.in).