Conclusion

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Injury is the leading cause of death and acquired disability in the UK in young people. The costs to the nation are of the order of £15 billion per annum of which at least £1.5 billion is direct treatment costs. This alone should signal the need for major investment in policy development, in coordinated injury surveillance, and in the search for effective interventions to address this issue. By comparison with coronary heart disease or cancer, our resource commitment to this problem in the UK is minimal.

To be on a par with the USA or Australasia, we need to greatly expand our injury prevention programmes within health and local authorities. Implementing what is known and bringing the necessary investment in injury prevention to bear in those socially deprived communities at most risk is a task which crosses the boundaries between government departments and should become a central duty for collaborative action between local and health authorities. *Our Healthier Nation* and the equivalent initiatives in Scotland, Wales, and Northern Ireland, with their strategic recognition of the public health importance of unintentional injury, offer an opportunity to consolidate this work within the remit of a single government agency and resource stream. We propose that this challenge requires nothing less than our own equivalent to the US National Center for Injury Prevention and Control.

Although we appear to compare well with other European countries, this does not alter the magnitude of the UK problem. Indeed there is some evidence that our relatively good record for injury mortality rates among young people may have less to do with successful prevention than with a progressive restriction in walking and cycling, allied with rapidly improving case fatality rates once the seriously injured reach trauma care. Our knowledge of the underlying frequency of non-fatal injuries is so crude that we don't even know if they are increasing or decreasing over time. There is also the worrying possibility that improvements in survival from potential fatal injury may be bought at the price of a presently invisible increase in long term injury disability. One element of our future strategy must therefore be a major commitment towards the development of accurate and comprehensive surveillance of injuries and their sequelae. We propose the establishment of national centres for injury surveillance, covering all age groups and all types of injury in the four UK countries.

The relationship between prevention activity and injury outcomes among young people has only recently come under the scientific microscope. Although there are some well proven interventions, the evidence has been found lacking. We also lack an understanding of the vital connections between multisectoral responsibility, local data, and community action which characterise genuinely "safe" communities in some parts of continental Europe. We should invest therefore in a comprehensive research strategy to improve our understanding of the aetiology of injury (especially social deprivation), the effects of preventive interventions, the requirements for successful dissemination, and the processes which lead to a strong culture of safety for young people. To achieve this, we propose that multidisciplinary injury research centres should be established in at least five UK universities.

We need to act with others—there is a growing recognition in Europe that this is a problem for us all. We can learn much, contribute, and maybe lead, but we must collaborate. Many of the most effective solutions will require collective action and may meet powerful and organised opposition. We must also recognise the authoritative and vital contribution of the trauma treatment services. We cannot understand injury prevention outcomes without including actions taken after injury, as well as before. There is a potentially powerful alliance of clinical specialties, together with professionals from public health, transport engineering, product safety, environmental planning, and socioeconomic regeneration, who could work with policy makers to establish the principle that freedom from the threat of injury is a fundamental and achievable requirement for civilised growth, development, and life. In each of the home countries, we propose national standing committees for injury prevention and control with strong links to our European counterparts.

This then is the vision—injury is a public health problem of such scale that it merits a response at least equivalent to infectious disease. The specific components of this action that need an urgent response are:

- A commitment to a dedicated agency to implement national programmes of injury prevention and control.
- Coordinated national surveillance of injury.
- Rapid expansion of our academic research capacity in injury prevention and control.
- National standing committees for injury prevention and control.

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