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 1 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 being the most western countries before measures were taken to reduce the number of road-related deaths.

For over two decades the reduction of official statistics 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 a genuine public 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 (CEREPR) was established.

In 1997 CEREPR 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 and was undertaken as a response to the extraordinary increase in 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 (CEREPR) was established.

To provide community level injury prevention programs and to disseminate information on injury prevention, the WHO/CHIP initiative was undertaken. The initiative has been successful in many countries, and the WHO/CHIP program has been adopted by the European Commission and the European Transport Safety Council, targeted seat belt use and was undertaken as a response to the extraordinary increase in 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, the WHO/CHIP program was created to promote the use of bicycle and motorcycle helmets worldwide. 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 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 of 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 1990 the New Zealand Communities of Waikatere and Waimakariri and the Australian Communities SHOROC and Ryde have been induced into the movement and the Royal Children's Hospital Child Safety Centre (Melbourne) has been induced 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.ksi.se).

The Waikatere 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 Waikatere 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 for cross-Tasman exchange. Suggestions as to how this might be done are most welcome. Current efforts are undertaken at 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 25 presentations and 500
Injury Prevention: Meeting to act?

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 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 Victorian 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.

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 accident; perforations follow low speed crashes, usually with impact against stationary objects. They are due almost exclusively to fracturing of toughened glass windscreens, often with explosive effect.1 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 corresponded pattern of blown glass ejection. 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 screens. 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 fitted 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 sequela.

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BOOK REVIEWS


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 how to get a more solid grounding in the E codes to injury deaths.

There are also some problems with Injury Prevention and Public Health. Part I, covering the 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.

BERNARD GUYER
Johns Hopkins School of Public Health, Baltimore, USA

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


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 poison 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.

HUGH JACKSON
Child Accident Prevention Trust, London, UK

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 1KB, Canada (tel: +1 514 593 4303, e-mail: OSDE.OPC@sympatico.ca).


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@sol.com).


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 8222679, 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 6913377, 6849399, 6911312, fax: +91 11 6848343, 6929541, e-mail: awconfer@d2.vsnl.net.in).