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 record 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 underutilized 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, are now recognized as a major public health problem for Greece, a country that has been blessed in recent years 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 and the development of a 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 evaluation of this program project are awaiting publication in the American Journal of Public Health and further analysis focusing on specific components of the campaign are currently undergoing examination. An unexpected, but welcome, consequence was that several individuals and organizations who were key contributors to 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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Helmet in Malaysia

The Malaysian Helmet Initiatives has been recognized by the World Health Organisation (WHO) as a WHO Child 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/~helmet/initiation.htm).

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 use of helmets. 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 of 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 Waiatare 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 Waiatare 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 Waiatare 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 participants...
Injury Prevention followed directly from a Barry Pless editorial in to act?
Compensation to victims for governments’ failure
conference in the year 2000.
Network is actively seeking ways to cater for
injury conferences. The previous conference,
in which there were some interesting points about
presenting conferences that John Langley
in a paper to the injury conference.
Injury to Maori: Does it really have to be like
published in New Zealand and Australia.

In 1997 the Victorian Department of Health
injury for Australia as a whole and these
Report 124 from the centre. Using this work,
Research Centre to estimate the lifetime cost
Victorian community. The
of injury to the

compared before the introduction of any regula-
tion and these usually encompass some form of
cost benefit analysis. The Chair of the
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
fund 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/
uarc and the NISU tables at:

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
measures 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 docu-
ment injury in five small remote communi-
ties. 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
drunken 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 Parlia-
ment 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 download from

LETTER TO THE EDITOR
Injury prevention in the Republic of Ireland
EDITORS,—We would like to draw your attention
to a successful injury prevention initia-
tive in the Republic of Ireland. Eye perfora-
tions follow low speed crashes, usually
from 1986 all new
had to be fitted with laminated wind-
screens. An immediate reduction in eye
perforations was seen, with a fall to 70 in
1987, 30 by 1991, and 13 in 1997. From per-
sonal 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
cause death and disability in Ireland it is
effort is being made to demonstrate the
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
2 Blake J, J. Eye injuries from vehicle accidents:
A challenge to our profession. Proceedings of XXV

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,

Christoffel and Gallagher have written this
new book for a very specific audience—
practitioners of injury prevention, particu-
larly 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

http://injuryprevention.bmj.com/ on September 14, 2023 by guest. Protected by copyright.
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 draw on their experience. 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 pedagogical 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, documented 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 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. Christo 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.


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 recyclable child resistant containers compared with non-recyclables (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 1KB, Canada (tel: +1 514 593 4303, e-mail: OSDE.OPCR@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@aol.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 AKM Fazlur Rahman, Institute of Child and Mother Health, Mualial, 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 110005, India (tel: +91 11 6919377, 6849399, 6911312, fax: +91 11 6848343, 6929541, e-mail: awconfer@dcl2.vsnl.net.in).