REGIONAL REPORTS

Kidsafe Week a hit in New Zealand

In 1996 a number of national agencies concerned about the high rate of child unintentional injury and death in New Zealand came together to plan a Kidsafe Week, to encourage national and local action to prevent child injuries. Other successful "child safety weeks" from around the world were considered as models, and a uniquely New Zealand approach was created with ideas borrowed from parts of other successful campaigns internationally. The inaugural week was so well received that the national agency group has worked together annually to bring Kidsafe Week to New Zealand again and again.

After recently taking place for the fourth time, New Zealand's Kidsafe Week is now firmly established as a high profile, popular annual event, which brings the issue of child unintentional injury into the spotlight, and highlights its predictable and preventable nature. Kidsafe Week also clearly emphasises the part that all members of the community have to play in child safety—not just parents and caregivers. Kidsafe Week strategies and messages are aimed at government and organisations, as well as parents and carers. Over the time that it has evolved, the central aim with which Kidsafe Week was initiated remains very much the same—to create action nationally and locally to prevent injuries to children. Kidsafe Week has excelled at meeting this objective. Nationally, there have been up to 10 key national agencies, with interests in child injury prevention (including generalist agencies, and those with specific interests, such as water safety, electrical safety, or road safety) that have come together to pool resources and expertise to plan the week.

In addition, over the last four years, more than 80 local Kidsafe Week Coalitions, which operate in communities throughout New Zealand, have also developed. These coalitions operate within their own communities delivering the Kidsafe Week messages and resources in the ways most appropriate to their communities. The coalitions are made up of paid and voluntary child injury prevention workers, public health workers, road safety workers, and others committed to improving the child safety of their local communities. The growth in the number of people involved in local Kidsafe Week Coalitions and in the number of local coalitions themselves has been much faster and greater than expected. It is the role of New Zealand's Safekids, as the coordinating agency of Kidsafe Week, to support and encourage the growth and development of coalitions, and ensure that Kidsafe Week meets their needs. Safekids also coordinates the national agency planning group, and ensures that the plans made and resources developed will meet the needs of coalitions and their communities. Every year, a comprehensive coalition process evaluation is carried out to ensure that Kidsafe Week meets coalition needs, and to seek

input on ways of improving current Kidsafe Week practice.

In 1999, for the first time, an external evaluation of Kidsafe Week is being undertaken. The Injury Prevention Research Centre of Auckland University is undertaking the evaluation, which will seek information directly from the target groups of Kidsafe Week 1999, including the parents of preschool children, local government elected representatives, and school management. The evaluation was completed in October this year, and information about the impact of New Zealand's Kidsafe Week, which has evaluated very positively in terms of process, is available to those interested.

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Risk taking in young males—the NSW Young Males Project

The New South Wales Injury Prevention Forum, a "whole of government" group, is developing a Young Males Project (YMP). Driven by concern at the extent and serious nature of injuries experienced by young men, the project aims to inform policy makers and practitioners on aspects of risk taking behaviours that may be amenable to intervention. These may be at a policy level via changes to the environment, as may happen with access to transport or safety in public places, or at the community level with provision of youth service, or improvement to environmental safety.

The project aims to increase advocacy for collaborative approaches to address injury prevention with young males and young people, improve the description of the injury problem, gain a better understanding of the factors that may be involved with risk taking, and develop (collaboratively) appropriately designed and targeted policies and interventions.

The YMP has three major areas of activity currently in place:

(1) A literature review to gather information on risk taking behaviours and risk management across a broad range of youth related areas (for example drugs, alcohol, sexuality, mental health, and injury).

(2) An audit of services and organisations that are addressing youth risk taking as a component of their client service. The objective here is to gain insight into "what's working" and compile a profile of best practice initiatives.

(3) A series of focus groups with young men (aged 12–25 years) in urban, regional, and rural settings to gather information on risk and risk perceptions that may influence young males' behaviour. Of particular interest are the factors that may "protect" against risk or injury, the factors that may operate to influence youth towards risk taking behaviours (for example peer preference, access to transport, parental expectations), and information on how "risk" and "risk taking" are perceived by youth (for example a necessary

part of life, just part of growing up, or something that can be avoided).

The findings from these key elements of the project will inform a consensus workshop at which researchers will present their findings. The workshop participants will frame consensus "action statements" to guide future directions with injury prevention with young males. A discussion paper will be generated from the workshop, and circulated widely for comment.

Further details: Greg Allen, NSW Injury Prevention Forum (tel: +61 2 9256 5464, fax: +61 2 9252 3310, e-mail: hp@racp.edu.au). *Unintentional Injury in Young Males*, a 1997 national paper, can be downloaded in PDF format from publications of www.health.gov.au/nhmrc.

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New drunk-driving law in Taiwan

To reduce the annual number of 3000 alcohol related traffic accidents in Taiwan, the legislature passed a new drunk-driving law in March 1999. The law makes driving under the influence of alcohol or drugs punishable by either a maximum of one year imprisonment or a fine not exceeding US\$1000.

The new law, however, does not specify a blood alcohol concentration (BAC) with which law enforcers can determine whether a drunk driver should be prosecuted. When the law took effect in April 1999 the Ministry of Justice, which has received complaints from law enforcers, recognized the ambiguity of the law and later recommended a BAC of 0.55 mg/l as the point beyond which it is unsafe to drive.

Over the four months since the law went into effect, judges of traffic and summary courts in Taiwan have been inundated with drunk-driving cases. Taipei District Court alone has seen over 300 drunk-driving cases from May to August.

On 9 September 1999, a Taipei Summary Court judge acquitted four men prosecuted under the new drunk-driving law on the grounds that the law is ambiguous as to what constitutes "dangerous driving". The judge overturned charges made against the four men who were charged solely on the basis of breathalyser test results. The judge argued that the law did not specify the BAC, and an ordinance from Ministry of Justice could not be used to convict the men.

The ambiguity of the law in stipulating a standard measure of drunkenness is just one problem: others regarding the enforcement of the new law include questioning the reliability of the breathalyser, whether other tests like a balance test should be added to gain more information, and the shortage of police and prosecutor manpower.

I do hope that readers of the journal will share their experiences of how to effectively enforce drunk-driving laws.

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LETTER TO THE EDITOR

Injury and violence: a public health perspective

EDITOR,—Your editorial in the June 1999 issue of *Injury Prevention* contained a brief review of my Population Bulletin entitled *Injury and Violence: A Public Health Perspective*.¹ In general, the comments were extremely positive, for which I am most grateful. But I am puzzled by the charge that the bulletin dwells on the mechanics of injury control at the expense of the “public health...spirit”.

My target audience comprises two main groups. The first is students in the population sciences, medicine, and public and allied health. The second group is public health professionals who are unfamiliar with the field of injury control. While I readily concede that I was motivated to introduce them to the mechanics, I also endeavoured to share the public health spirit that is so pervasive in the field. The latter effort can be illustrated through reference to some of the ideas and material contained in the bulletin.

In documenting the magnitude of injury and violence, I computed rates from cause of death and population counts published in *The Global Burden of Disease*.² This marks the first time to my knowledge that truly global injury mortality rates have been presented in the literature. Building on the data accumulation by the World Health Organization, similar data on injury and disease should be routinely compiled and made easily accessible. They would assist many countries in assessing whether given cause-specific injury mortality rates are excessive, and, where so, in making the case for an appropriate public health response. As we know too well, the public health pie is far from infinite.

Your editorial implied that the bulletin's stress on surveillance systems and other data sources was *prima facie* evidence of my mechanical approach to the topic. But overlooked was the concomitant focus on data quality. The bulletin's target audience contains future change agents, people who can inspire and educate users to view injury and other public health data through a critical lens. Acquisition of accurate data is the *sine qua non* for sound scientific research, including risk group and risk factor identification and intervention evaluation.

The editorial mentions my discussion of macroepidemiology in a section on future directions. I believe this section clearly reflects the public health spirit. In it I advocate the need for macroepidemiology to add injury and violence to the mix of adverse health outcomes to be investigated in relation to gross environmental shifts. Not mentioned

in the editorial, but also reflecting the public health spirit, is the space devoted to injury control's historical roots. These roots continually inform current initiatives and, equally important, challenge us to revolutionize the ways we confront and anticipate injury problems, intentional as well as unintentional.

Editorial decisions and spatial constraints precluded greater elaboration of injury prevention strategies and countermeasures in the bulletin. And injury policy does receive less attention than it warrants. But to help offset these deficiencies, I hope the bulletin conveys to readers both a sense of the rationalism and optimism of the injury control field and appreciation of the abundant career and avocational opportunities that our field affords.

In closing, and consistent with the aim of the bulletin, I applaud your decision to make *Injury Prevention* inclusive. This augurs well for the development and longevity of the journal.

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1 Rockett IRH. *Injury and violence: a public health perspective*. Population Bulletin 1998;53(4) (40 pages). Washington, DC: Population Reference Bureau, 1998.

2 Murray CJL, Lopez AD. *The global burden of disease*. Vol 1. Cambridge, MA: Harvard University Press, 1996.

BOOK REVIEW

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.

Injury prevention remains a neglected aspect of health policies in many countries round the world. An important reason for this is that many health professionals are unaware of the magnitude of the injury problem and lack the knowledge, skills, and strategies to tackle it successfully. *Injury Prevention and Public Health: Practical Knowledge, Skills, and Strategies* attempts to provide such a resource for public health professionals, by bridging the gap between research and practice and enabling them to implement injury prevention measures in real world settings. Tom Christoffel and Susan Scavo Gallagher have distilled nearly 40 (combined) years' experience of working in the injury field in the United States and have produced an excellent

practical addition to the literature. It is focused on injury problems in the United States and acknowledges that an international perspective is not presented.

The book does not assume that the reader is already expert in the field of public health. In part I, it provides background information on the magnitude, concepts, and epidemiology of both intentional and unintentional injury. Part II considers the basic concepts of injury prevention and examines educational, environmental, and legislative approaches. What emerges is a balanced view of the need for a variety of approaches. One of the authors is a lawyer by training and the chapter on “The role of the Law” leads the injury prevention professional through the “unplanned hodgepodge or patchwork” of injury prevention laws to enable them “to steadily push this flawed system towards a more rational, comprehensive future”. Part III is concerned with programme effects to reduce injury: “the practical knowledge, skills and strategies” of the book's subtitle. This practical application section is not relegated to a final chapter, instead it takes up half the book.

The great strength of this book is in its applied orientation. The chapter of injury surveillance presents a 10 step plan to define what data are needed and how one can establish a good surveillance system, how data can be disseminated and translated into action. There is a useful summary of national sources of data in the United States. Another chapter examines the barriers to injury prevention in the real world context. This includes an interesting section on advocacy, including a number of practical tips (start with a focus on children, the group that needs the most protection...), providing case studies of past successes, such as hot water heaters and opening up a debate about whether health professionals should involve themselves in advocacy efforts. In an appendix a helpful listing of injury related world wide web sites is provided.

My one criticism of this book is that it does not attempt to come to grips with the underlying causes of injury. On page 349 we are told that, “injury and injury prevention are extremely political” and that, “injury prevention can only be properly understood within a political, economic, and sociohistorical framework”. But the authors chose not to explore questions about social control or power in society, saying that these issues lie behind the discussions but would require far more space to do the subject justice. Within the index “poverty” receives two mentions and “race” one; such areas could have been explored in more depth to provide more of a challenge to the health professionals.

Nevertheless this is a clearly written, well organised book, with a well chosen useful reference list and illustrated by practical case studies. I believe it will prove to be an essential text for health professionals in the United States and internationally.

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