



17 April 2012

PUBLIC CONSULTATION ON AN EU STRATEGY TO REDUCE INJURIES RESULTING FROM ROAD TRAFFIC ACCIDENTS

1. CURRENT SITUATION:

Road safety strategies traditionally focus on reducing fatalities. Injuries, however, are overlooked and have become a major health problem. In 2010, about 1 500 000 people were injured on the roads of the European Union, at huge economic and human cost to society.

Reducing the number and the severity of road traffic injuries is one of the strategic objectives outlined in the Policy Orientation on Road Safety 2011-2020 and a priority for EU action. Accordingly, the Commission is developing a comprehensive strategy of action concerning road traffic injuries and emergency services, with the help of all relevant actors. Initially, it will seek to find a common understanding of definitions and concepts relating to casualties (in particular, the definition of serious and slight injuries), improve data collection and identify courses of action to improve prevention and intervention, including their socio-economic impact.

Based on feedback from the first stage of the proposed strategy, specific or tailor-made actions might be identified with a view to increasing the accuracy of existing databases on road injuries.

2. SCOPE OF THE QUESTIONNAIRE

The present questionnaire will provide input for the drafting of a strategy to reduce the severity of injuries caused by road traffic accidents. The questionnaire addresses general issue related to road safety and more specific issues on how to improve the data available on victims of accidents and their collection at EU level, and on how to target some specific groups of road users.

The European Commission will take stock of all the relevant information on this subject with a view to develop the comprehensive strategy on road traffic injuries.

3. HOW TO REPLY TO THIS CONSULTATION

Stakeholders may reply to this consultation via the Commission's online interactive policy-making tool or by submitting their replies either by e-mail or by post to the addresses indicated below. All questions are of multiple choice - type with an optional possibility for comments. Responses submitted by any of these means will be taken into consideration but stakeholders are encouraged to fill in the questionnaire online as it will

facilitate processing of the replies. Contributions are welcome from citizens, organisations and public authorities.

You are strongly advised to prepare your contribution in advance before filling in the questionnaire online. We recommend that you download the PDF file of the questionnaire, to allow you to draft your answers to the open text questions carefully. After preparing all your answers, please open the online questionnaire and fill it in.

Please note that the online version of the questionnaire will go live the **17 April 2012**. Respondents will be able to access it through the European Commission's Interactive Policy Making website at:

<http://ec.europa.eu/yourvoice/ipm/forms/html/index.html>

A PDF version of this consultation document can be downloaded from the following website:

http://ec.europa.eu/transport/road_safety/take-part/public-consultations/road_injuries_en.htm

Respondents can send an electronic copy of their replies to the following e-mail address:

MOVE-ROAD-SAFETY-CONSULTATION@ec.europa.eu

Respondents can also send a paper copy of their replies to the following postal address:

European Commission

Directorate-General for Mobility and Transport

Unit C4 – Road Safety

DM24 4/100

Rue de Mot 24

B – 1049 Brussels

The contributions received from stakeholders will be published on the Commission's website, unless requested otherwise by their authors. A consent box is provided at the end of the questionnaire.

4. CONSULTATION PERIOD

The consultation period **lasts 10 weeks**. Questionnaires should be returned by **22 June 2012** at the very latest. However, stakeholders are warmly invited to submit their contribution already by early **June 2012**

5. IMPORTANT NOTICE

Please note that this document has been drafted for information and consultation purposes only. It has not been adopted or in any way approved by the European

Commission and should not be regarded as representing the view of the Commission. It does not prejudge, or constitute the announcement of, any position on the part of the Commission on the issues covered. The European Commission does not guarantee the accuracy of the information provided, nor does it accept responsibility for any use made thereof.

6. QUESTIONNAIRE

6.1. Information about participants

(1) Please provide your name, surname and email address.

- Name (optional): Ayse
- Surname (optional): Sumer
- Organisation (optional): ANEC (European consumer voice in standardisation)

Organisation type: Selection (one)

(2) Please provide some information about your organisation

- Private individual
- International organisation
- Public authority (policymaking organisation in the field of road safety)
- Other public authorities
- Insurance & financial services
- Health, rehabilitation and emergency service industry
- Police and other enforcement bodies
- Road transport service provider
- Infrastructure manager
- Vehicle manufacturing
- Road users' or victims' association
- Road safety expert, research and university
- Other – open

(3) Geographical representation : Selection (one)

- EU wide (EU/ EEA)
- Member States (country list added)
- Other — please add (EU wide (EU/EEA) + Croatia and Turkey)

6.2. Road safety: a global and a European social emergency

Each year more than 1 million people worldwide die as a consequence of road accidents. In 2011 around 30 500 people lost their lives on the EU road network, which corresponds to a medium-sized town, while around 1.5 million were injured. In the last decade (2001-2010), thanks to the third Road Safety Action Plan, fatalities decreased by 43 %, but the

total number of accidents decreased by only 24%, and the total number of injuries by 26%. Moreover, some areas need specifically targeted action: a growing percentage of the victims are vulnerable road users (pedestrians, cyclists and motorcyclists), or young and elderly people. The number of victims of road accidents remains unacceptably high.

Road traffic accidents should be considered not only a transport issue, but also a social and public health concern and therefore a scientific and rigorous approach should be adopted. The WHO has estimated that road accidents are the third biggest cause of mortality and although injuries in general represent only 12% of the worldwide disease burden, road traffic injuries dominate amongst the individual categories of trauma.¹ The burden for the whole of society has been roughly assessed at 130 billion euros,² but this cost is likely to be underestimated as it does not capture some features of road traffic accidents apart from the cost of material damage. Severe injuries or even death of road users - especially if they are young³-, also have an impact on the economy of the all society, in particular when considering that EU population is ageing at the fastest pace in the world.

Despite tighter public and private budgets, road safety should remain high priority in any political agenda. Still other areas are perceived as being more urgent and road safety might thus facing the risk of postponing and slashing investments. A correct estimation of the cost to society of road traffic accidents, in particular for casualties of non-fatal crashes, will highlight the high social return of investment in road safety. Additionally it will contribute to internalisation of the social costs generated by accidents with the effect of making people aware of the consequences of their behaviour. A number of studies and publications at international level have been produced on injuries from road traffic accidents to make estimations of the cost to society of such accidents.

In its '*White Paper for the future of transport*'⁴ the European Commission committed itself in pursuing a 'zero-vision' in road safety and for this intends '*to develop a comprehensive strategy of action on road injuries and emergency services, including common definitions and standard classifications of injuries and fatalities, in view of adopting an injuries reduction target*'. This strategy will be reflected by and implemented through the principle of shared responsibility among public authorities - EU Member States, public and local authorities- and private stakeholders - companies, road users, and NGOs. The EU will be focusing only on the area in which its contribution can give the best added value according to the proportionality and subsidiarity principles. Tailor-made solutions and actions will be developed at national and local levels.

Once a definition of "*serious/slight injury*" generated by road accidents is agreed at EU level and reliable statistics are available, deliverables might be considered. Establishing a target can be useful for monitoring progress and encouraging coordinated action at any level, as it has already been done for fatalities. Target reduction might be general or specific, to address some critical issue such as vulnerable elderly road users or young drivers. Another possible option at EU level could be setting a benchmarking value for

¹ WHO(2004), World report on road traffic injury prevention.

² Based on the cost of a statistical life calculated by the HEATCO study (Sixth Framework Programme for Research and Technological Development).

³ In 2011, 2 500 young car drivers lost their lives, which corresponds to 25 % of all drivers killed on EU roads.

⁴ COM(2011) 144: Roadmap to a Single European Transport Area – Towards a competitive and resource efficient transport system.

certain kinds of practices against which each country's performance would be tested by the EU. Peer reviews between Member States on annual national road safety plans under an EU coordination framework could enhance national performance. Other areas of possible EU support are more traditional such as research funding, proposing legislative solutions and data analysis.

Q1 How do you rank the following threats to society?

- **Terrorism**
- **Unemployment**
- **Transport accidents**
- **Organised crime**
- **Pandemic diseases**
- **Demographic changes**
- **Corruption**
- **Nuclear risks**
- **Natural disasters**
-[**Comments – optional**] It is difficult to rank these threats on the same scale. They need to be considered in terms of real or perceived threat, cost benefit basis and who can fund/influence changes. Within the ANEC network no consensus could be reached on the ranking as the threats to society is perceived differently in different countries, e.g. while unemployment is ranked in one Member State as the third important threat it is ranked in another country as less important.

Q2 Should road safety in your opinion be a top priority at all political levels (EU, national, local authorities)?

- **Yes / No / Don't know**
-[**Comments – optional**] According to the World Health Organisation Data, nearly 3,500 people die on the world's roads every day. Tens of millions of people are injured or disabled every year. Injuries are a serious problem and burden for the injured person and the families as well as the society in view of the expenses for the treatment. Hence it is essential that necessary measures are taken for the prevention of road traffic accidents and serious injuries. This issue needs to be influenced and implemented at all three political levels.

Q3 Do you see EU added value in setting up a strategy to reduce injuries from road accidents?

- **Yes / No / Don't know +reasons**
-[**Comments – optional**] If there is a European strategy with strongly defined goals, the governments have more possibilities to prioritise the subject at any level. However, a blanket "ruling" will not be effective in all regions; therefore the strategy should take account of national/local differences in circumstances and solutions.

Q4 If yes, how do you rank the following in terms of appropriateness of action at EU level?

- **Target-setting (1)**
- **Benchmarking**
- **Best practices exchange**
- **Research / project funding (2)**
- **Legislation (4)**
- **Analysis of data (3)**
- **Providing for peer review**
- [other, please specify]
- [other, please specify]

Comments: It is difficult to provide a consolidated ranking to the above among our member states as the options can be considered more or less important depending on the application. Considering a time sequence based ranking, target setting comes first to be followed by research and data analysis. Only after these steps it would be possible to legislate, while taking into account that some issues have to be addressed in law and others in target-setting. Also best practise exchange is important, no need to 're-invent the wheel'. Additionally, accident data collection and analysis need to be harmonised in Member States.

Q5 With a view to reducing the number of injuries resulting from road traffic accidents, what is the most effective option among setting a general target, setting a specific target or not setting any target?

- **General target**
- **Specific target, please choose from the following options:**
 - **Elderly drivers**
 - **Cyclists**
 - **Powered two-wheel vehicles**
 - **Urban areas**
 - **Motorways**
 - [other, please specify] **Vulnerable road users, e.g. children and elderly road users**
 - [other, please specify] **(Child)car occupants**
- **Target not necessary**

Comments: ANEC believes that a general target as well as specific targets is necessary.

Q6 If a target is needed, at which level, in your opinion, is it most suitable to set it?

- **Global**
- **EU**
- **National**
- **Local**

Q7 Do you think the social cost of injuries should be internalised as much as possible, notably by increasing significantly the insurance premium after an accident, to make road users aware of the consequences of their behaviour?

- **Yes / No / Don't know**
-[reason – optional] Safety should come first, so in the first place necessary measures need to be taken to reduce road accidents and injuries. Furthermore the implementation of such a penalty could be rather biased as it cannot be applied to cyclists or pedestrians who could be the cause of the accident (as they do not require insurance) or when the road design is the cause of the accident.

6.3. Towards a strategy to reduce injuries resulting from road traffic accidents: statistical definition.

Unlike fatalities, injuries caused by a road traffic accident are not recorded in an equal way across the European Union because of different definitions adopted at national level. An injury considered slight in one Member State might be regarded as a serious injury in another Member State. Therefore, on the one hand data on traffic-related injuries are not directly comparable among Member States. On the other hand the internationally adopted statistical definition of serious injury caused by road traffic accidents, namely ‘any injury that requires at least 24 hours of hospitalisation’ is not the most suitable to fully capture the real impact of the seriousness of the injury. Indeed, Member States’ treatment practices differ in terms of length of time spent in hospital. Furthermore, some forms of trauma might entail a permanent reduction in work capability, while others might have only short-term consequences.

Current statistics are also not accurate because of *misreporting* — overestimation or underestimation of the seriousness of an injury — and *underreporting* — not all the injuries resulting from road traffic accidents are recorded by the police, as pointed out in several EU-funded projects⁵ and by the OECD.⁶

Misreporting is linked to the fact that accident data are often recorded by the police, who initially assess the severity of casualties, typically distinguishing between ‘serious’ and ‘slight’ injuries. Police forces cannot evaluate from a medical viewpoint the severity of a traffic-related injury. Injuries are assessed by the emergency services, hospitals or health services which, based on scientific scales (such as the MAIS — Maximum Abbreviated Injury Scale), draw more accurate conclusions on degree of severity than the initial assessment made by the police.

Underreporting: not all road traffic casualties are reported on the accident database. This is not limited only to slight accidents that are not always notified to the police (and in which police are not bound to intervene), but also happens because admissions to hospital as a consequence of road traffic accidents are not reported properly. Indeed, data recorded by hospitals are based on medical criteria and in many cases do not provide information about their origin or the accident details. Moreover, data collected by hospitals are often based on local practices and not standardised, thus not comparable.

To address this issue therefore, the most urgent step to be taken involves establishing a common definition of ‘serious/slight injury’, also to tackle both misreporting and

⁵ http://ec.europa.eu/transport/road_safety/specialist/knowledge/postimpact/index.htm.

⁶ OECD (2011) Reporting on Serious Road Traffic Casualties-Combining and using different data sources to improve understanding of non-fatal road traffic crashes.

underreporting with a view to having better knowledge of the link between accidents and injuries and the magnitude of the phenomena.

A definition of ‘seriously injured’ can be based on different criteria such as the time spent in hospital. This method is the simplest to be put in place (the police can follow up the patient post-hospitalisation) but it does not capture the permanent consequences of the accident. Another method could be proposed taking into account the severity and the permanent loss of quality of life or work capability. In this case the interruption of usual activities can become the indicator of the consequence of the injury. Alternatively, the application of a medical score on severity of injury can be used to estimate the disability generated by a road accident. Data will be obtained linking the police file with the health care file (and even the hospitalisation data) either case by case or applying a coefficient on a sample. Finally, a *caveat* should be explicitly mentioned: any common definition of ‘serious/slight injury’ should be realistic and not increase, more than is necessary, the administrative burden for the competent entities (e.g. health staff and police).

Data on injuries will then be made available at aggregate level to the stakeholders, such as vehicle manufacturers, public authorities, infrastructure managers, automotive industry and the health industry, to further boost technological research with a view to developing devices and managerial solutions to mitigate or lower the consequences of road traffic accidents.

Q8 **Nowadays in several Member States accident data are collected by the police or other enforcement bodies in on-site intervention. However, this can lead to misreporting (a serious injury cannot always be correctly detected) and underreporting (police do not record all accidents). In your opinion who would be the competent authority to collect the data?**

- **Police or equivalent enforcement authorities**
- **Emergency — First aid staff**
- [other, please specify] Police data should be used but ideally there should be a requirement to confirm the severity of the crash against the medical outcome as recorded by the Hospital records before the police accident record is logged. Additionally, the Emergency-First aid staff’s contribution to the database is essential since they could provide a good link between the accident cause and the injury. Furthermore, a real-world in-depth data collection should be conducted on a sampled basis in all/several Member States. This is necessary in order to validate the police data and better understand more details about accident and injury causation which is normally not possible from the police data (except e.g. in fatal cases).

Q9 **A common definition of ‘serious/slight injury’ does not exist at European level. Therefore, current statics do not reflect uniformly the situation, because the aggregated data are not collected on a**

homogeneous way. In your opinion, is there a need for a common EU statistic definition?

- **Yes / No / Don't know**
- [please give reasons] Yes (work is currently in progress in EU funded projects SafetyNet and DaCoTa)

Q10 If a common EU statistic definition is to be developed, please rank the following criteria on which the common European definition of 'serious/slight injury' should be based. (1 most suitable – 4 least suitable).

- *Time-related criteria – Health: days in hospital* (4)
- *Time-related criteria: interruption of normal activities (working / school days etc.)* (3)
- **Degree of permanent reduction of ability** (1)
- **Medical score on the severity of an injury (Maximum Abbreviated Injury Scale or other medical score)** (2)
-[Comments – optional]

Q11 In the case of time-related criteria, in your opinion, which is the best time span to define a 'serious injury'?

- **More than 1 day**
- **More than 7 days**
- **More than 15 days**
- **More than 30 days**

Q12 An accurate and reliable analysis of serious injuries caused by road traffic accidents could be ensured by linking police and hospital data files, which requires a different administrative effort. What do you think is the most appropriate?

- **Complete link following each individual accident**
- **Partial link (representative sample + coefficient)**
- **No link between hospital and police data**

Comments: The most appropriate in our view is "Complete link following each individual accident". This is the best method as it is the most robust and also requires two systems to cooperate. However, it is very costly to link these databases. Instead, with a good set of emergency department data and structural analysis of this data there could be sufficient information.

Q13 Do you agree that information on injuries and trauma caused by accidents should be used by a number of stakeholders (such as insurers, vehicle manufacturers, etc.) to lower the consequences of a road accident?

- **Yes / No / Don't know**
- [please give reasons] Information on injuries and trauma outcome is crucial for the development of preventive measures and for improving the treatment of trauma.

Q14 If you agree with Q13, which of the following stakeholders could benefit the most from use of the aggregate data files on frequent trauma caused by road traffic injuries? Please rank.

- **Vehicle manufacturer**
- **Infrastructure manager**
- **Automotive industry**
- **Health and rehabilitation industry**
-[other, please indicate] Governments at all levels (national, regional, local)
- [other, please indicate] Insurance companies

Comments: ANEC Members believe that a ranking is not suitable. All of the above stakeholders could benefit in different ways- a holistic and combined use of the data is necessary.

6.4. Other Questions

Q15 Please list references to any studies or documents of relevance to this consultation on injuries resulting from road accidents, with links for online download where possible.

- EU funded DaCoTA project
- Latest IRTAD report about the topic
- For data on injuries and methods of estimating costs of injuries see the attached document; Incidence and costs of injuries in The Netherlands, Meerding at all 2006
- For Data on functional status and health related outcome several months after injury, see the attached document: Functional outcome at 2.5, 5, 9, and 24 months after injury in the Netherlands / S. Polinder, E.F et al.

Q16 If there is any additional issue you wish to raise in this context, please provide us with a general case assessment

- [Comments – optional] In the accident data collected by the police it is important that restraint use is recorded where possible (i.e. yes, no, not known) for vehicle occupants. It is currently not possible to identify if occupants are restrained or not. This makes analysing police data for prioritising injury reduction solutions difficult and sometimes meaningless. For example, when

understanding how many children are injured as car occupants we can find how many there are but not if/how they were restrained. As the use of restraints by children (seatbelt only or child restraint system - CRS) varies greatly between regions it is difficult to determine whether priority of effort should be getting them to use a seatbelt (education/enforcement) or improving CRS selection and installation (education/product improvement). Restraint use should also be recorded in coaches.

Q17 **Received contributions, together with the identity of the contributor, will be published on the Internet, unless the contributor objects to publication of personal data on the grounds that such publication would harm his or her legitimate interests. In this case the contribution may be published in anonymous form. Do you consent to the publication of your response by the European Commission?**

- **Yes /Yes, but anonymously/No**
- **Thank you for your participation!**