

Prevention of Injuries

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ISBN 0-929129-34-2

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TABLE OF CONTENTS

	Page
Introduction	1
Injury Prevention Primer	7
The Action Steps	23
Prevention of Cyclist Injury in the 5 - 15 Year Age Group	45
Prevention of Injuries to Motor Vehicle Occupants	55
Prevention of Falls in the Elderly Population	71
Sources of Resources	79
Tables:	
Evaluation Questions	39
Publicity Tools	41
Table A - Motor Vehicle Traffic Injury Prevention Strategies	15
Table B - Suicide Prevention Strategies	16
Table C - Falls Prevention Strategies	17
Task Checklist	43
Windows of Opportunities	14

PREVENTION OF INJURIES TO MOTOR VEHICLE OCCUPANTS

In your community, traffic deaths may not occur very often. When they do, they may seem like infrequent, isolated events. Traffic injuries occur more frequently. Even so, the situations from which each results may appear isolated in time and cause. However, when the annual Ontario road statistics are released, these individual events are reported in total. They indicate a major problem.

Each year over 1000 people die prematurely in traffic-related crashes and collisions. Over 100,000 are injured. Many are left with life-long disabilities. 1991 is the first year that injuries number less than 100,000. In fact, there has been a 10% decrease in injury from 1990.¹

Motor vehicle injury affects all age groups:

- o Children as passengers
- o Adolescents and young adults, especially males, as drivers and passengers (16-24)
- o Adults as drivers
- o Elderly drivers

Three aspects of motor vehicle occupant injury prevention will be described in this section:

- o People aged 16-24 as a target population.
- o The use of occupant restraints.
- o Community response to the problem of impaired driving.

Because of the disproportionate concentration of severe and fatal injury in people aged 16 to 24, members of this age group have become essential targets for injury prevention strategies.

Adolescence and early adulthood are times of rapid change and constant challenge. The evolution from child to adult requires the learning of new behaviours and skills while moving from dependence to independence. Unfortunately, some of the essential aspects of this evolution - experimentation, limit-testing, and thrill seeking - when associated with too little skill and too much confidence, have consequences that are immediate, disastrous, and often long-term.

The outcome is that many of our youth become injury and fatality statistics. In particular, young drivers, and especially males, are over-represented in motor vehicle crashes and collisions relative to their share of the licensed driver population.

¹. Ministry of Transportation (Ontario), Ontario Road Safety Annual Report 1991, Toronto: 1992.

THE FACTS

In 1991

- o Drivers under 25 make up 14% of the driving population, but account for nearly 24% of all driver fatalities and 23% of all fatalities.²
- o Motor vehicle crashes are the leading cause of death in Ontario for the 16-24 year age group.³
- o Young people under 21 years of age represent
 - 20% of the road users killed on Ontario roads
 - 13% of drivers injured
 - 14.5% of drivers killed
 - 15% of pedestrians killed⁴
- o Almost one-third of fatal collisions happen during the months of June, July and August.⁵
- o Drivers of all ages with less than two years' experience have collisions three times as frequently as the general driving population.⁶
- o Approximately 1 in 8 drivers age 16 and 17 were involved in a collision in 1991.⁷
- o In 16% of all fatal collisions, excessive speed continues to be the leading driver action. Other driver actions, such as failure to yield the right of way, loss of control and following too closely, continue to be the most frequently reported driver errors.⁸

The facts indicate that the future of young people is significantly affected by driving behaviour, especially in combination with risk behaviours such as impaired driving and speeding. Inexperience appears to play a part as well. However, some experience with risk is essential to adolescent growth and development. The possibility of danger implies a variety of potential benefits from the adolescent's viewpoint: the acceptance by peers, a change in the relationship with authority, the promise of independence and a means to cope with feelings of inadequacy or anxiety.⁹

Risk is then much more attractive to adolescents than to many adults. Safety can easily be perceived as dull, restrictive, and (even more deadly still) boring. Use of the word "safety" is not appropriate when working with teens. It implies something already done to or for the individual, and therefore outside the realm of personal control. The phrase "risk reduction" is preferable. "Risk" leaves room for anticipation; an active weighing of the positive and negative outcomes. It allows for individual manipulation of a situation, and therefore choice and control.

² Ministry of Transportation (Ontario), Ontario Road Safety Annual Report 1991, Toronto: 1992.

³ Ministry of Health (Ontario), Opportunities for Health, Report of the Chief Medical Officer of Health, Toronto: 1992.

⁴ Ibid, fn. no. 1.

⁵ Ibid, fn. no. 2.

⁶ Mayhew, D.R. and H.M. Simpson, New to the Road - Young Drivers and Novice Drivers: Similar Problems and Solutions?, Ottawa: Traffic Injury Research Foundation of Canada, 1990.

⁷ Ibid, fn. no. 2

⁸ Ministry of Transportation (Ontario), Ontario Road Safety Annual Report 1991, Toronto: 1992.

⁹ Jessor, Richard, Risk Behaviour in Adolescents: A Psycho-Social Framework for Understanding and Action, Journal of Adolescent Health 1991; 12: 597-605.

Preventions proven to be effective in reducing the risk of injury and death in adolescents include the use of seatbelts, sober driving and graduated licensing.

Community action programs that assist young people to recognize risk, assess risk and make acceptable choices, and programs that develop the anticipatory and decision making skills for road use will be more attractive to the target than prescribing safety or prohibiting risk.

From a community perspective, programs that are easily do-able and have potential for success are recommended as first projects. Therefore, programs designed for adolescents before or just as driving attitudes and behaviours are developing hold more promise than trying to change long established practices.

Targeting your message requires the ability to make contact with the people who comprise the group. However, targeting the 16-24 year age group presents some challenges for community action initiatives, as it is made up of at least two distinct groupings, divided partially by age, but

especially by school participation. Those people still in school, be it high school or post-secondary, are identifiable and easier to reach. Persons out of school tend to be older, are disbursed throughout the community and difficult to reach as a group.

They must be reached through a more varied approach: by the media, their work places, at leisure and sports events, licensed premises and video outlets. The alternative is to adopt community campaigns that target *all* ages. Some examples of programs targeted to this older age group include server intervention programs and designated driver programs offered through local pubs and bars.

For those still in school, **OSAID (Ontario Students Against Impaired Driving)** targets high school students throughout the province. University and college "responsible use" programs sponsored by BACCHUS¹⁰ or the campus pubs, as well as "alcohol on campus" guidelines, offer venues through which to address this portion of the target. In the high school and university programs, the making of appropriate choices in all risk situations is the underlying theme of programming.

¹⁰. Box 312, Station D, Toronto, Ontario, M6M 4R5. Tel: (416) 243-1338. Fax: (416) 243-2339.

Strategies proven to have a positive outcome in decreasing traffic injury and death for all age groups are related to driver and occupant behaviour. They are:

1. correct and continuous use of occupant restraints, and
2. concerted effort to decrease the incidence of impaired driving.

1. OCCUPANT RESTRAINTS

THE FACTS

Based on 1991 Ontario Road Safety Annual Report statistics for drivers and passengers involved in fatal and personal injury crashes,

- o Unbelted drivers are:
15 times more likely to be killed
5 times more likely to be hospitalized than are belted drivers.
- o Unbelted passengers are:
5 times more likely to be killed
4 times more likely to be hospitalized than are belted passengers.
- o Belted drivers are twice as likely to escape injury.
- o Correctly restrained children are 14 times more likely to escape death or major injury than unrestrained children.
- o Seatbelt use is higher among female drivers (90%) than male drivers (81%).

- o Passengers sitting in the rear central position have the lowest rate of seatbelt use at 57%.

Observation of child safety seats according to the Ministry of Transportation roadside survey.

- o more than 90% of infants observed were restrained in some way. *However, just over one-third were restrained correctly in a rear facing safety seat.*
- o for 88% of toddlers, some attempt was made at restraint. *However, 79% of those in seatbelts and child safety seats were not restrained correctly, usually because the tether straps were not anchoring the seat.*

When a vehicle comes to an unexpected stop, unrestrained occupants and objects within the vehicle continue to move with equivalent force until they hit the interior of the vehicle, other occupants or, are ejected. This is called the *second collision*.

Occupant restraints, such as seatbelts and child safety seats, protect occupants from the potentially destructive energy released by sudden slowdown. They hold the occupant in place, and dissipate some of the unleashed destructive energy by spreading it over a larger area of the body.

Supplemental protection in head-on collisions only (25% of all crashes), can be provided by the use of airbags. The airbag further distributes the energy more evenly over the upper body in an inflation sequence that occurs in less than "a blink" and begins to deflate in less than a second. Seatbelt use is still essential in order to maintain the

occupant in position for the airbag to be effective and to protect in the event of a non-frontal collision.

Based on observational studies by Transport Canada in October 1992, Ontario has a seatbelt usage rate of 84% This is a 1% increase over the previous year, but well behind Newfoundland at 95%, and Saskatchewan, Quebec and British Columbia all above 90%.

Occupant restraints for children

Special car seats designed for infants and children under 18 kg (40 lb), when correctly installed and used, prevent a child from being thrown about or ejected during sudden slowdown.

Choice of an appropriate seat is complicated by the great variety of models. To be sure of effectiveness, users should ensure that the safety seat is:

- o an approved model, bearing the Canada Motor Vehicle Safety Standards (CMVSS) label
- o appropriate to the size of the child
- o anchored correctly

[Information on correct usage of seatbelts and car safety seats can be obtained from the Canadian Automobile Association at 416-771-3170 or 1-800-268-7068.](#)

According to the fatality statistics for 1990, if everyone had been correctly buckled up at the time of collision, it is estimated that 180 lives could have been saved.

Occupant restraints are a secondary form of protection. Some crashes are unsurvivable. Until the risk of crash can be further reduced, occupant restraints are our best protection.

2. THE PROBLEM OF IMPAIRED DRIVING

THE FACTS

- o In 1991 just under 15,000 drivers involved in collisions had been drinking alcohol beforehand.¹⁰
- o Drivers who had consumed alcohol accounted for 6% of drivers in crashes resulting in personal injury and 23% of drivers involved in fatal crashes.¹¹
- o In 1991, of the drivers killed whose alcohol level was measured, 45% had been drinking. Of this group, 62% had a blood-alcohol concentration that was nearly twice the legal limit.¹²
- o For all drinking drivers in collisions:
 - 88% are male
 - 38% are aged 25-35
 - 23% are aged 19-24¹³
- o Drinking drivers crashed more frequently on weekends (64%) than weekdays (36%). One-quarter of all drinking drivers crashed on Saturday.¹⁴

Driving is a very complex activity, requiring a set of well-developed manual and procedural skills and the ability to anticipate, to process information quickly and accurately, and to respond appropriately. The task is so complex that there is no leeway for the dulling of any of these capabilities.

Any set of circumstances that dulls these capabilities can be considered to impair the ability to drive. Therefore, intense mood, a poor attitude, aggressive behaviour, illness, fatigue or distraction, as individual factors, or in combination with alcohol or drugs, can impair the ability to anticipate and respond with the necessary competence.

[Programs aimed at teens should include this variety of impairments in discussion of the risk of injury related to impaired driving.](#)

Although alcohol consumption remains the single most significant factor in traffic fatalities, over the last several years we have seen a reduction in alcohol involvement in traffic crashes. There has been a 47% decrease in crash-involved drinking drivers in the years between 1982 and 1990, but a slight increase in 1991.¹⁵

Gains have been made, but challenges remain.

The Challenge

In Ontario there are over 6 million licensed drivers and over 7 million registered vehicles. Yearly, over 400,00 vehicles are involved in more than 200,000 collisions.¹⁶

The thought of dealing with drivers and vehicles that number in the millions, and crashes that number in the hundreds of thousands, may seem an overwhelming and impossible challenge to your community

group. But these numbers represent all communities. As each community consistently and cumulatively takes on a piece of the problem, as confidence grows and networking between communities increases, the problem can be systematically whittled away on many fronts.

The community of Sault Ste. Marie proved that consistent, cumulative and constant community activity can make a difference. Their effort, sustained over six years, resulted in a period of two years, less two weeks, during which there were no alcohol-related motor vehicle fatalities in their community.

WHAT CAN A COMMUNITY DO TO ADDRESS THE PROBLEM OF IMPAIRED DRIVING OR TO INCREASE THE USE OF OCCUPANT RESTRAINTS ?

Some communities have chosen to target impaired driving and non-use of seatbelts separately. Other communities have targeted risk behaviour that includes impaired driving and non-use of seatbelts as components of a single problem. As you assess your community, you will determine local perceptions and needs and will be able to make decisions about your goals and objectives, knowing what will be do-able and successful in your community.

^{10.} Ministry of Transportation (Ontario), [Ontario Road Safety Annual Report 1991](#), Toronto: 1992.

^{11.} Ibid, fn. no. 10.

^{12.} Ibid, fn. no. 10.

^{13.} Ibid, fn. no. 10.

^{14.} Ibid, fn. no. 10.

^{15.} Ibid, fn. no. 10.

^{16.} Ibid, fn. no. 10.

Refer to the *Action Steps* for ideas that will help you through this process.

This guide is intended to assist you to get started on your first project. As your interest in injury prevention expands, your need for more information will grow. Additional information about community action can be found in the Community Mobilization Manual. The section *Action on Alcohol* will provide you with many ideas and methods to develop integrated activities that will also have effect on the alcohol/crash problem.

Involving your community

A recent tragic incident may have focused opinion and caused a reaction in your community. If you want to use this occurrence to build awareness about a particular kind of injury or injury in general, be sure that the people most directly affected by the event are consulted about your plans. They may not be ready or able to use this misfortune even for such worthy purposes. Respect their distress with compassion and a time for healing, before you request their participation in your cause.

[Alternatively, you may want to take a proactive approach to promoting injury prevention by stimulating awareness and rallying community action.](#)

Some examples

HEROES

Several communities have used the *HEROES* Program, an award winning presentation devoted to teen injury awareness, as the "centrepiece" for a project that supports and is supported by other injury prevention activities. This multi-image presentation uses a quadrasonic sound system and many computer controlled slide projectors focused on an 8 metre screen. It also includes live presentations from students, injury survivors and paramedics. The program targets youth but can involve the whole community in many aspects of the project. *HEROES* is a production of SMARTRISK Foundation¹⁷ (formerly the Canadian Injury Prevention Foundation). Information packages about the *HEROES* Program and other projects are available through the Foundation.

PETERBOROUGH INJURY PREVENTION COMMITTEE

Peterborough organized an Injury Prevention Week in May of 1992, involving *HEROES* in the event. Since then, the Peterborough Injury Prevention Committee has developed a "Do It Right" manual that documents their experience and outlines steps and timelines. This very useful manual is available at local District Health Council offices (see the Sources of Resources section).

Other Ideas

You can also approach educational and entertainment institutions to incorporate injury prevention with their regular activities. For example, the Ontario Science Centre, in partnership with the Metro Toronto Injury Prevention Coalition devotes a week in June to the prevention of sport and motor vehicle injury. The target population is children aged 8-12.

¹⁷ 658 Danforth Ave., # 301, Toronto, ON, M4J 5B9.
Tel: (416) 463-9878. Fax: (416) 463-0137.

Let your imagination wander as you think up new non-traditional alliances. The direct link to injury prevention may not be obvious at first. Think about the places your target population frequents, or the activities they do and how you can use these venues to develop activities that address injury prevention. For example, people interested in powerful cars can be reached at auto shows, races, and by role models in the sport-racing world. Your injury prevention activity can be approached from the aspect of risk reduction, rather than that of potential consequence.

Assessing your community

There are many people and groups who can help you to find necessary information, provide varied expertise and put you in touch with other people working in the area.

These groups are made up of individuals who are concerned about what happens to people in their community - your community. They are your potential partners in:

- o building coalitions
- o sharing resources
- o disseminating information
- o developing innovative, non-traditional approaches to the problem or concern

People or Groups to Contact
Police Community Services Officer
Local hospital, Public Affairs Department
Ambulance service
Family Physician
Health Unit (adolescent health)
District Health Council
Municipal Council
Counselling offices at community schools
Youth Groups
Ministry of Transportation Regional Offices
Recreation Department
Community Alcohol and Drug Committees
Community Service Clubs
Local Media
Local Head Injury Associations
Canadian Paraplegic Association Office
Places of employment
Religious or cultural groups
Insurance companies and agents
Taxi companies
Funeral Homes
Safety or first aid instruction groups
Children and youth clubs
Sports associations
Driving educators
Sports equipment stores
Clothing stores
Restaurants
Bars and taverns
Car dealerships
Service agencies
Music stores
Theatres

Start by developing a picture of the injury problem in such a way that it will be relevant to your community. For example, work with your local newspaper to access reports of collisions and crashes over the past few years. Create a collage of these incidents. This can be used as a visual reminder of the incidence of collision and injury in you community. Follow-up with the other sources of injury data outlined in the *Action Steps*.

After you develop your goals, objectives, targets and strategy, the opportunity to develop a creative approach is all yours. Projects in most communities have small beginnings. Enthusiasm grows with success. As the community begins to take ownership for the issue, the energy and capability that empowerment unleashes becomes available to focus on the desired change.

COMMUNITY STORIES

The following stories are examples of what communities can do.

SAULT STE. MARIE

History

A tremendous effort has been expended in the City of Sault Ste. Marie since 1987. This effort has resulted in a period of time just short of two years in which there were no alcohol related fatalities. This achievement arose out of tragedy.

On Easter weekend 1986, a young woman was fatally injured as she crossed the road. She had been struck by a car operated by an impaired driver. When the driver, who had a previous conviction for impaired driving, was sentenced to two years less a day, the young woman's family moved from despair into action.

[In an attempt to prevent similar situations from occurring again, Carol Orchard, a sister of the woman who died, drew up a petition soliciting support for more stringent and fitting penalties for impaired driving. She wanted her sister's life to have counted for something, for some good to have come from her death.](#)

The Chief of Police offered to work with her to raise public awareness and develop programs aimed at reducing drinking and driving. His knowledge of government and the criminal justice system was a good match with her determination and tenacity. Together they researched current programs and concluded that for their community, a partnership of citizens would be the best approach.

Drinking Driving Awareness Committee¹⁸

As a result, the Drinking Driving Awareness Committee was formed and became recognized as an official committee of the Sault Ste. Marie City Council. The committee has met monthly since 1987. With a present membership of 18, the committee includes secondary and post-secondary students and school board representatives, police, educators, representative of business, health, law, insurance, industry, corrections, audio visual and technical services and City Council representatives.

¹⁸. 132 Parkland Cres., Sault Ste. Marie, Ontario, P6A 6M3, (705) 945-9229.

Committee mandate

The mandate of the committee is to prevent or reduce the incidence of drinking and driving and to provide support, assistance and referral services to surviving victims of impaired driving crashes. They have filled their calendar year with integrated community activities, varying from two to six each month. Summer, the time when injury rates traditionally increase, is specifically selected.

Projects and activities

Some of the projects and activities of the committee are listed as follows. If any of these ideas catch your interest, or would be suitable for your community, you might build on what you see here or call the Sault Ste. Marie program directly.

Activities targeting students and youth

- o C.A.R.E. Program (Community Alcohol Reduction and Education), a lecture and discussion program for school students
- o Various programs and projects to support local OSAID Programs: Valentine Candy-Grams; Milkshake Madness; T-Shirt campaign; city-wide car rally with a non-drinking driving theme; Safe Grad Program; and Unity Day with the community program

Activities targeting adults

- o Holiday Season Red Ribbon Campaign for sober driving
- o Designated Driver Salute in participatory hotels and bars
- o Distribution of decals to all licensed and non-licensed establishments, "In Soo We CARE, Don't Drink and Drive" (rest rooms, donut shops, 24-hour restaurants)

Activities targeting the community-at-large

- o holiday media campaign
- o fundraising Christmas raffle
- o fundraising barbecue and carwash with the fire department
- o parade float
- o Community Day celebrity dunking booth
- o Cornfest, a family fun day, Banner Signing Campaign
- o The Art of Impaired Driving Sculpture, displayed at a prominent tourist location

Community partnerships

- o July as R.I.D.E. Month
- o Mayor's Proclamation of July as Arrive-Alive Month
- o "mock" crashes on city streets, followed by inquests and trials to reinforce the educational component

Media and public education

- o construction of a portable publicity/logo sign for events
- o community information and awareness displays in conjunction with other groups' events
- o statistics billboard, erected at a prominent cross-roads, denoting traffic fatalities and alcohol related traffic fatalities, traffic injuries and charges (updated monthly)

WHAT IS THE RESULT OF ALL THIS ACTIVITY?

In 1991, for the first time in more than 35 years, there were no alcohol-related traffic fatalities in Sault Ste Marie. As well, since 1987, there has been a steady decrease in alcohol related collisions where injury occurred (from 60% to 25%).

It would appear that almost every group and organization in Sault Ste. Marie has interacted with or supported the Committee in various projects over the years. The committee works with the Salvation Army, the Ontario Provincial Police, the Health Unit, Addiction Research, local corporations, the John Howard Society, the Indian Friendship Centre, the Ambulance Service, the Fire Department, MADD Canada, driving schools, local media, service clubs, both school boards, and the local college and university.

[Carol Orchard and many of the original members continue with this committee. Individually and as a group, they have been recognized by their community and by the province for their outstanding leadership and contribution. From a community injury prevention perspective, we recognize the committee and the community as a whole, for providing the standard for what is possible when a community embraces the challenge for change.](#)

COUNCIL ON ROAD TRAUMA

History

The **Council on Road Trauma (CORT), Hamilton Ontario**,¹⁹ was formed in 1981, through the efforts of a group of physicians concerned about the toll of road trauma in their region. Membership in the council includes physicians, nurses, public health, lawyers, the Hamilton Automobile Association, police, ambulance, insurance agents and student groups. Members have changed over the years but the achievements of the council live on.

Activities

Initially, under the leadership of Dr. Peter Knight, CORT crafted a "Drive Dry" campaign, a child safety seat program (RISK-Restrain Infants/Secure Kids), the CRASH video (instruction for persons who are the first to arrive at a crash scene) and a bicycle helmet safety program.

Results

Through the efforts of the original council, a second council has been formed to facilitate the development of community injury prevention programs in the Central West region of Ontario. Based in Hamilton, the council and its full-time coordinator will be developing programs to reduce pedestrian and bicycle injuries, motor vehicle injury focusing on 16-24 year olds and falls in the population over age 65. This is a pilot project, funded until 1995.

SUDBURY

History

The community of Sudbury has also been extremely active for many years. In 1984, Peter Wong, then Mayor of Sudbury, attended the first Countermeasures Conference. There he met a Sudbury couple who had started a PRIDE Chapter as a result of losing a son to a drinking/driving crash. On return to Sudbury, Mayor Wong called a community meeting to determine the degree of public interest in the drinking/driving problem.

19. Hamilton General Hospital, 4th floor, East Wing, 237 Barton St. E., Room 241, Hamilton, Ontario, L8L 2X2, (905) 528-8300. Fax: (905) 525-4994

Activities

A committee was struck, with the goal to reduce drinking and driving in the region. In order to serve both English and French populations, a dual-language slogan "Action Sudbury"²⁰ was chosen. The committee includes regional police, media, community volunteers, and OSAID chapter representatives in the area. Over the years, many projects have been taken on. Sub-committees for Youth Awareness, Law and Community Awareness and Education in Schools have been operating.

Results

Gains have been made in community awareness, especially among youth, and a curriculum has been developed that addresses drinking and driving issues. Signs have been posted on roads into the city, indicating community alcohol-related traffic fatalities and injuries. The police gather the statistics and regularly update the signs, while the committee (through sponsorship), pays for the cost of maintenance.

Over all, drinking/driving fatalities have decreased (some years more so than others) and awareness has increased considerably. More recently, the committee has moved to include leisure activities such as snowmobiling and boating in their campaigns.

While still Mayor of Sudbury, Peter Wong introduced the idea of a Community Safety Council that would affiliate with the Community Safety Councils of Ontario. It was thought that the advent of a safety council would ensure introduction of a broader spectrum of safety issues. This development has not happened as rapidly as anticipated, but there is optimism that such a safety council can form in the near future.

A Word of Advice

Advice from Action Sudbury is to be persistent, work hard and not become discouraged with the ups and downs of community action; to keep the issue in the public eye and "friend-raise" as well as fundraise.

20. Peter Wong (President OCCID), *Action Sudbury*, 2069 Elderwood Dr., Sudbury, Ontario, P3B 2A7. Tel: (705) 566-5147. Rolly Mousseau (Regional Director, OCCID), Coordinator, *Action Sudbury*, Bag 3700, Station A, Sudbury, Ontario, P3A 5W5. Tel: (705) 673-2172, ext. 219. Fax: (705) 675-1716.

OSAID: ONTARIO STUDENTS AGAINST IMPAIRED DRIVING²¹

Originally called SADD, Students Against Drunk Driving, the new organization was incorporated in 1987 with the support of the Drinking/Driving Countermeasures Office, Ministry of the Attorney General.

[OSAID grew from a few high school student groups to an organization representing over 500 chapters throughout the province. Though student focused, many chapters also work with adult community groups to target drinking/driving behaviours in the community-at-large.](#)

OPERATION LOOKOUT: PEEL REGION

History

In the tradition of successful community involvement, programs such as "Neighbourhood Watch" and "Crime Stoppers", ADD (Against Drunk Driving) and the Peel Regional Police recently launched Operation Lookout to encourage citizens to report impaired drivers. The objective of the program is to make drinking drivers aware that not only the police but all members of the public are watching for them.

Activities

Operation Lookout posters have been placed in key areas throughout Peel Region - donut shops, convenience stores, gas bars, liquor and beer outlets and drinking establishments. The posters ask the public to call police immediately when they observe an impaired driver and provide instructions on the type of information the police require in taking such reports. Operation Lookout will be a year round program that will supplement other activities currently in place to reduce the incidence of impaired driving.²²

MILTON

In the community of Milton, the local Kelsey's Restaurant, the Ontario Provincial Police, Coca Cola and State Farm Insurance worked together to develop a designated driver program. The program has been so successful from the restaurant's point of view that it has been instituted in all of the Kelsey's chain, and in some affiliates.

²¹ P.O. Box 101, 264 Queen's Quay W., Toronto, Ontario, M5J 1B5. Phone and Fax: (416) 248-5324.

THUNDER BAY

History

The community of Thunder Bay has developed a Community Traffic Awareness Committee (C-TAC).²³ It came about through the initiatives of the City Police and the Regional Office of the Ministry of Transportation. It was formed to co-ordinate initiatives, but soon expanded its mandate to include people from the city (planners and transit workers), industry (driving schools, automobile insurance), and the general public.

Committee mandate

Their mandate is to develop a strategy to reduce motor vehicle collisions and improve traffic safety, through education, public awareness and enforcement.

Activities

Since their inception in mid-1992, they have developed a cooperative police/transportation truck safety inspection program, a comprehensive seatbelt campaign, anti-drinking driving initiatives, a school bus safety week and an ongoing traffic engineering forum. The success of these activities appears to be in the community-supported partnership between the Ministry of Transportation and the Thunder Bay Police Service.

[The seatbelt campaign offered the 900 people charged with seatbelt infractions \(over a period of four weeks\) the option of paying the fine or attending a seminar. Over 95% opted for seminars. Each seminar featured a testimonial by an injured community member and participation by members of the committee. Related activities included a media campaign, a mall display, seatbelt seminars for high school students and the launching of the annual provincial seatbelt strategy from Thunder Bay.](#)

Results

Since the seatbelt campaign, there has been a 10% increase in seatbelt wearing rates. In another related project, local collision reports are being used to obtain data on the most frequent driver errors.

²² Operation Lookout, contact Against Drunk Driving, Box 397, Station "A", Brampton, Ontario, L6V 2L3. Tel: (905) 793-4233.

²³ J. Rooke, Ministry of Transportation, C-TAC Co-Chairman, 615 South James St., P.O. Box 1177, Thunder Bay, ON P7C 4X9. Tel.: (807) 473-2041. Fax: (807) 473-2133.

The committee and the media are about to open a public dialogue that will bring attention to these errors and offer ways of preventing them. As well, several more agencies and individuals are wanting to join or work in partnership with C-TAC.

BRACEBRIDGE

History

Judy Moore is well acquainted with the 16-24 year age group. As owner-operator of the Muskoka Ambulance Service,²⁴ she is reminded daily of the positive and negative effects of risk behaviour on the health of young people. Motivated by this concern, she approached the injury prevention project (PARTY) at Sunnybrook Health Science Centre, to consider adapting the program for use in Bracebridge. PARTY Program (Prevent Alcohol and Risk Related Trauma in Youth) was developed in 1985 at the Regional Trauma Centre to respond to a request from students to see what really happens when people are injured. Its purpose is to provide young people with information about injury that is practical, relevant, subtle and useful, in a manner that is respectful of youth values, perspectives and culture. The program targets teens over 16 and explores the relationship between choice, independence and injury. The day-long program takes place in a health care setting and follows the course of injury from event through treatment, rehabilitation and return to community.

Students interact with a multidisciplinary team consisting of nurses, a physician, a paramedic, persons who provide family support and people who have been injured. Each member of the team shares aspects of injury and injury prevention as defined by their personal experience. As well as looking at the impact of injury, the program asks participants to consider events before injury occurs and to think of activities and approaches that might avoid or reduce injury.

Prepared with this model, Judy invited her staff to consider a team approach to the development and maintenance of a similar program. With their support, she approached the community hospital, made presentations to the high school student council and the teachers, the Health Unit and the community drug

awareness project. This interaction provided a community perspective and secured the necessary support.

Although PARTY Program was first developed for a tertiary care setting, the program has adapted well to the broader community. The Muskoka PARTY Program engages local examples, resources and services. It has become a community project, affiliated with, but distinct from other PARTY Programs. This program is run by volunteers and maintained on monies it has raised in the community. This accomplishment is due to exceptional leadership, a team approach, and an awakening commitment to injury prevention that this group has been able to stimulate in others. Early in the planning process, local media was invited to join with students in a PARTY day experience. This event and subsequent media coverage, as well as the program's participation at many community functions, has helped it stay visible.

Results

As often happens, leadership attracts challenge and opportunity. The Muskoka Ambulance Service soon became recognized as the lead agency around which injury prevention activities coalesced.

Traditionally a part of community functions, they increased the scope and frequency of their activities in the community, highlighting an injury prevention profile at every opportunity. Members of the staff, not much older than the people targeted in their prevention efforts, became recognized as positive role models. As news of the program spread to near-by communities, requests for assistance with similar programming have been received.

Once community ties are established, the road to further collaboration is paved. Building on the complementary working relationship established through the PARTY Program, South Muskoka Memorial Hospital in Bracebridge was approached by Sunnybrook to consider hosting an *Injury Prevention Day*. Even though lead time was short and the project was proposed for the busy summer season, the hospital agreed. The project soon evolved into a collaborative event, shared by the ambulance service, members of the community, the hospital and Sunnybrook.

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[Events included public activities as well as a networking forum for health providers from nearby communities.](#)

Injury Prevention Day

In order to raise awareness of injury around summertime activities, the day was organized to follow events resulting from a *mock* boating incident involving an adolescent male. Situations unique to regions that accommodate a large sport and leisure population during vacation times, such as water rescue, emergency response to out-of-the-way cottages, and the necessity of sending community members away to large cities and institutions for intensive care, were some of the aspects of the injury picture that were explored. The program included other groups such as Community Police, Red Cross, Farm Safety and a bike helmet parade organized by a family physician. The media was involved early enough to provide opportunities for pre-event promotion as well as press and TV coverage on the event day. The community hospital considered the event a success, and it has created interest, excitement and has generated enquiries and requests from other hospitals for help with similar projects.

OTHER EXAMPLES

Building on the Bracebridge experience, the Peterborough Community Injury Prevention Committee, referred to earlier, produced a week-long Injury Prevention Festival in May of 1992.

In February 1993 Kelowna, B.C., built upon the Peterborough experience by presenting a slightly different festival that involved participation of over 60 community agencies and organizations.

In the latter two examples, the Canadian Injury Prevention Foundation and HEROES assisted in shaping the events and attracting the adolescent population.

[The interest in injury prevention is growing by the day. In other communities, similar activities have developed. As was mentioned at the outset, these examples represent only the tip of the iceberg of activity that is happening around the province.](#)

From Challenge to Change

The most important fact in all these community stories is that one person or group takes the lead and begins the movement. Often there is some change, and some improvement, and also periods of seeming stagnation; but activity has begun. Others gain by each community's experience.

Positive results can sometimes be difficult to recognize or measure. Discouragement develops when there is a long delay between action and outcome. This can be avoided if objectives are specific, measurable, and attainable. It is important to be realistic about expectations and the time required to effect change. It is easy to become caught in the enthusiasm and expectation of a funding agency and promise more than is achievable within a given time frame. If you want lasting change, planning interventions that suit the capability of your community is the priority.

LET US KNOW WHAT YOU ARE DOING

Please call or write the office of Ontario Public Health Association to report what you are doing or to describe other projects that have not been mentioned here. This information will provide the beginnings of a database and a tool for networking.

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