



Hygieia

MORE COURSE, LESS CRASH

Formal education for teenage learner drivers needs an overhaul if it is to reduce their high crash risk, as a welter of published studies shows that it is ineffective (*Injury Prevention* 2002;**8**(suppl II):ii3–8). The widely applied standard programme of 30 hours of class and six hours of on road instruction is too short and too narrowly focused. Future programmes need to counter a widespread fallacy that driving is a simple exercise. They should foster the higher order psychomotor, perceptual, and cognitive skills important in safe driving that teenagers lack and show learners their own limitations to counteract their tendency to overconfidence. Teaching needs to emphasise the value of practices to driver safety and relevance to teenage drivers, and training must be flexible enough to cater for individuals with different competencies.

GRADUATED LICENSING WORKS...

Extending the learning period for teenage drivers before their test—by graduated driver licensing (GDL)—reduces their crash rates, according to a review of published research, but why and how it does so is less clear (*Injury Prevention* 2002;**8**(suppl II):ii32–8). GDL provides a buffer before becoming fully licensed—to gain more experience while “protected” from known crash hazards. At least some of its components are known to work. These are extended learning, early intervention in driving violations, and restricted night driving, and passenger numbers. Questions like optimum length, how GDL might be improved, and whether benefits are long lasting—as well as a deeper appreciation of its influence—must await suitably designed studies now under way.

...BUT COULD BE EVEN BETTER

One expert's view is that the rationale for graduated driver learning should address a much wider range of risks to have a bigger impact on unsafe driving among teenage learner drivers (*Injury Prevention* 2002;**8**(suppl II):ii9–16). He advocates a conceptual framework to explore the broad context of crashes by research and to suggest potential interventions. It would include components of the social environment, such as parental involvement and monitoring; norms and behaviours of teenage drivers' family, peers, and community; and media influences. A

raft of driver characteristics would be considered—sex, knowledge, competence, personality, attitudes, and perception of risk. Isolating the variables at work in teenage crashes is complex, and a conceptual framework would help to form a sharper picture on which to base future policy.

ADOLESCENCE IS A RISK...

A US researcher has already started to identify age related factors that might contribute to the high national crash risk among teenage learner drivers (*Injury Prevention* 2002;**8**(suppl II):ii17–23). He has argued that stark behavioural differences between adolescent drivers (aged 16–17 years) and drivers of 18 and over—not just inexperience—account for the drastically higher rates for the younger cohort. Adolescent drivers are particularly influenced by the power of friends, optimistic bias, tendency to extreme mood swings, and male risk because of their circumstances—being still at school, without the freedoms of most 18 year olds. Many more cross sectional and longitudinal studies are needed to clarify the arguments and cross national comparisons to gauge environmental (culture and public policy) influences and disclose universal risk taking behaviours.

...BUT PARENTS CAN COUNTERACT

A programme to boost parents' say in their teenagers' early driving habits looks promising in reducing risk. Whether it translates to lower crash rates, though, is too soon to say. The first randomised controlled evaluation of the Checkpoint Program in Connecticut showed raised parental limits on teenage driving in hazardous conditions (*Injury Prevention* 2002;**8**(suppl II):ii24–31). The programme teaches parents through distance learning how to influence teenagers' behaviour and provides a driving contract between both parties to limit risky driving. The evaluation compared parental control once the driving licence was granted and three months after in over 400 driver-parent pairs randomly allocated to the programme or to receive general traffic safety information. Parents are well placed to manage teenage driving, though many do not, and few aids are available.

NON-COMPLIANCE IN OLDER PEOPLE

Older people living in residential care homes show poor compliance with wearing hip protectors. The rate of falling

among those living in institutions is high, with 5%-7% suffering a resultant fractured hip. Researchers have shown hip protectors to be extremely efficient at preventing fractures during a fall. Cryer *et al* investigated hip protector compliance in people aged over 65 in care homes in East Kent (*Injury Prevention* 2002;**8**:202–6). Nursing staff measured compliance via diary cards over six months. Compliance was better during the day (37%) and poor at night (3%). Compliance fell from an initial 47% to 30% at months 5 and 6. While hip protectors have proved efficacy it seems that the main problem will be getting people to wear them on a long term basis.

INSTALLING CAUTION EARLY

Teaching children about preventing brain and spinal cord injuries may have an impact on public health. THINK FIRST FOR KIDS is a six week injury prevention programme for primary students, which is integrated into their normal school curriculum (*Injury Prevention* 2002;**8**:257–8). The programme was evaluated by comparing pre-test and post-test scores in control and treatment schools. Children in treatment schools were found to have a significant increase in knowledge of injury prevention. Although long term knowledge and observed behaviour were not measured, providing education and creating awareness in younger children may reduce risk taking behaviour when they are adolescents.

GUN INJURY RATES DROP

A study in the United States has found that firearms, BB and pellet gun related injury rates have decreased similarly since the early 1990s, coinciding with an increase in efforts to reduce unsupervised access to guns and youth violence (*Injury Prevention* 2002;**8**:185–91). Non-fatal injury data for all BB/pellet gun related injury cases (1985–1999), firearm related injuries (1993–1999), and firearm related deaths (1985–1999) were obtained using the electronic injury surveillance system and national census of death certificates. BB/pellet gun related injury rates rose from the late 1980s (24 injuries /100 000 population) to peak in 1992 (32.8/100 000 population) and declined thereafter (18.3 in 1999). This trend was also seen for fatal (4.5 in 1985, 7.8 in 1993, and 4.3 in 1999) and non-fatal firearm (38.6 in 1993, 16.3 in 1999) related injury rates. The study suggests that further evaluation at state and local levels are needed to obtain true associations.