



## Appendix I:

### Section 4: Methodology for case studies

The case study examples that are included in this document are considered a 'first round'. We set out to provide case studies to illustrate implementation examples of good practice and a more detailed analysis of lessons learned to assist those considering implementing the strategy in their own setting. However the reality is that many programmes have not been examined with respect to their effectiveness and it is even less likely that they will have been evaluated using a rigorous research design that includes a comparison group and a look at behavioural and injury outcomes. As a result many programmes could not be included as case studies in this version, but it is anticipated that as more programmes receive adequate evaluation additional examples can be added.

Case studies were sought and selected based on the following criteria:

- Example programme addresses issues of priority within Europe (based on injury burden).
- Example programme met our definition of good practice.
- Example programme corresponds with one of the good practices identified.

- Example programme has been implemented and evaluated (both process and outcome evaluations completed) in a European setting and found to be effective.

In addition to the selection criteria, where possible we also attempted to select case study examples that reflected a range of resource intensities (e.g., a range of costs to implement) and implementation levels (e.g., national, regional or local). Case studies were also selected to try and reflect the efforts from as many areas of Europe as possible. Case study examples were sought in a snowball approach through various sources including members of the European Child Safety Alliance and other child injury prevention and safety promotion experts. In addition, internet searches and selective reviews of the recent literature were used to identify additional potential case studies.

For each potential case study selected, a contact person was identified and a research associate contacted him or her to ascertain that the potential case study met the inclusion criteria. Once this was established, available documentation was examined and a standardised interview was conducted that sought and summarised the following information:

- Implementation level (at what level was the strategy focussed – national, regional or local?)

- Strategy approach (which of the 3 E's was used – education, engineering, enforcement or a combination?)
- Setting of intervention (where did the intervention take place?)
- Target audience for the intervention (at who was the intervention aimed?)
- Resource intensity – an indication of the resource intensity required [€ = up to €20.000/year, €€ = €20-90.000/year, €€€ = €100-299.000/year, €€€€ = €300-999.000/year, €€€€€ = €1.000.000 plus/year]\*
- Background for the initiative (including rationale, driving force, timeframe and major partners)
- Aim & objectives of intervention
- Key steps / actions in intervention
- Evaluation of intervention
- Lessons learned (including barriers and facilitators, advice to countries and issues around transferability)

\*The resource implications provided should be interpreted carefully. First they do not include in-kind support which in many cases far outweighs the actual budget spent on the implementation of a strategy. Second although the resource intensity estimates provided come from the project personnel themselves, it is important to remember that costs vary by country for many things such as people's time, printing of resources, etc. As a result the resources required when looking at transferring a strategy from one setting to another may vary from what is reported here.





- References
- Contact information for intervention

Following each interview, the case study was written up in a consistent format, which included the addition of the evidence statement supporting the strategy. Case studies were then returned to the contact for confirmation and clarification before being added to the guide. Of note, three of the cases studies - Safe Road to School in Faro, Portugal; Bicycle Helmet Campaign, Denmark and Child Resistant Packaging for Chemicals, Netherlands - are enhanced expansions of case studies originally collected for the WHO for the Children's health and environment case studies summary book<sup>93</sup>

Finally it is important to note that the cases studies included in the following section are an initial attempt to illustrate examples of existing good practice. The European Child Safety Alliance invites submission of additional case study ideas that meet the criteria described above for inclusion in future editions. Please forward case study ideas to [secretariat@childsafetyeurope.org](mailto:secretariat@childsafetyeurope.org)



# Road Safety Strategy France

<b>IMPLEMENTATION LEVEL</b>	National
<b>APPROACH</b>	Enforcement, Engineering, Education
<b>SETTING</b>	National
<b>TARGET AUDIENCE</b>	Drivers, government officials, businesses, medical professionals, higher education schools and students, head injured patients and their families
<b>RESOURCE IMPLICATIONS</b>	€€€€€
<b>EVIDENCE BASE:</b>	Countries with the best road safety record have national implementation plans which comprise a wide range of measures: low speed limits, speed reduction measures, promotion of secondary safety and publicity aimed at both children and their parents and drivers. <sup>1</sup>

## Background

A multi-year road safety strategy was launched on 18 December 2002 by the Interministerial Road Safety Committee (CISR).<sup>2</sup> This strategy includes the following themes:

Increase controls and sanctions in order to change behaviour and ensure compliance with legislation. This includes implementing an automated system of control and penalties.

Promote a road safety culture, and involve all relevant parties. This includes better surveillance of drivers, and mobilising partners and developing new approaches.

The strategy has multiple components reflecting themes, including:

- **Photo radar cameras.** From 2003-2006, the first phase of the programme involves placing 1000 photo radar cameras throughout France. This also involves creating a structure to process tickets. It is expected that revenue from the tickets will finance other road safety initiatives.

Data from the photo radar system are expected to help targeted enforcement of driving under the influence of drugs or alcohol, seat belt wearing, and identification of times and places where infractions are most common.

Owners of vehicles who commit infractions are liable for fines unless they can prove their cars have been stolen, or provide

contact information for the driver of the car. Penalties include driving suspensions for particularly serious infractions.

- **Greater police presence and reliable equipment on roads.** Additional unmarked police vehicles will circulate through traffic to enable random enforcement. Helicopters and police vehicles will be equipped with cameras to detect infractions and dangerous driving. Electronic blood alcohol detectors will be provided for more reliable results. These will also be placed within police cruisers to allow testing at the scene.
- **Increase penalties for manslaughter and causing serious injury.** Greater penalties for involuntary manslaughter and serious injuries committed while driving will be added to the penal code. These laws are intended to allow for more severe penalties for deaths caused by circumstances such as driving without permission, driving under the influence of alcohol or drugs, or driving at speeds in excess of 50 km/h over the speed limit.
- **Increased penalties for basic infractions.** There will be greater sanctions for driving under the influence of alcohol, not wearing seat belts (both in the front and back seats), not wearing motorcycle helmets, and use of mobile phones while driving. Penalties will consist of increased demerit points on drivers' licences.
- **Increased penalties for repeat offenders.** In addition, new penalties will be implemented for makers, importers and distributors of radar detectors, or kits for modification of motorcycles that allow for inappropriate speeds.
- **Closing loopholes.** Not allowing motorists who receive a licence suspension to apply for early reinstatement for any reason, including professional reasons.
- **Protection of new drivers.** New drivers will drive on a probationary licence for three years. New drivers can receive up to 6 demerit points before their licence is suspended (compared with 12 points for experienced drivers).
- **Protection of older drivers.** All drivers older than 75 years will be required to have medical examinations every two years. Depending on physical capabilities, some limitations on older drivers could include time of day or location.
- **More rigorous driving tests.** Additional driving inspectors will be recruited to improve the quality of driving lessons and to extend the practical driving test to 35 minutes (from 22 minutes).
- **Increased coordination between state and territorial governments.** Departments and local councils will include road safety as a priority. A programme of removal of dangerous obstacles (trees, posts, etc.) will occur regularly throughout the year.





- **Refined road safety educational material for universities and colleges.** Content to be taught in civil education, math, life sciences, etc. will be standardised and inspected by National Education.
- **Improved road safety in work situations.** Protect workers by implementing prevention measures and ensuring all work vehicles are safe and fully equipped with safety equipment.
- **Road safety treated as a public health issue.** Improve information and dissemination regarding the effects of alcohol, prescription and illicit drugs on driving ability. Launch a national information campaign and improve visibility and readability of warning notices on medications that indicate effects on vigilance and other factors that could impact driving performance. Improve the detection of alcohol and drugs among road casualties in hospitals.
- **Research on road casualty prevention developed through a partnership between the Research and Transport Ministries.**
- **Improve conditions for patients with head injuries and their families.** Better organisation of transport, treatment and rehabilitation of patients, and improved support for their families.

### Policy Background/Driving Force

In 2001, there were 116,745 road traffic crashes involving injury, with 7,720 people killed and 153,945 people seriously injured. An estimated 60% of automobiles and 70% of motorcycles exceed the speed limit.<sup>2</sup> In 2001, more than 31% of deadly road traffic crashes involved drunk drivers. Research also showed that half of all mobile phone calls were placed while in a vehicle.

Because of weak enforcement of road legislation in France, many drivers felt they could commit infractions with impunity.<sup>2</sup>

### Partners

- Interministerial Road Safety Committee (CISR) which includes multiple ministries, such as Transport and Research Ministries
- Local councils, including town and county councils
- National Education inspection bodies
- Insurance companies
- National Health Board (Sécurité Sociale)
- National Institute for Prevention and Health Education (INPES)
- French Health Product Safety Agency (AFSSAPS)
- Hospital and Care Directorate (DHOS)
- National Health Accreditation and Evaluation Agency (ANAES)
- Businesses
- Non-governmental organisations, including road victims associations and road users associations
- National Council for Road Safety (CNSR)

### Aims & Objectives

- To reduce road crash fatalities.
- To increase and improve control of traffic.
- To increase enforcement of legislation.
- To universalise penalties for all drivers, regardless of circumstances.

- To allow courts to deal with the most severe cases rapidly and efficiently.
- To simplify and speed-up procedures for enforcing penalties, to ensure motorists learn from their mistakes.
- To establish a culture of safer driving.
- To make road safety a priority for local and national governments and to increase coordination between governments.
- To alter infrastructure to improve safety.
- To modernise road safety education and increase the role of schools/universities.
- To involve businesses in the protection of their workers.
- To inform doctors and users about the effects of alcohol, prescription drugs and illicit drugs on driving.
- To improve surveillance of drug- and alcohol-related road casualties.
- To develop a programme of research to investigate mechanisms, epidemiology and prevention of road traffic injuries.
- To improve conditions for head injured patients and their families.

### Evaluation

Evaluating a large-scale initiative such as this one is difficult in its own right. However, it has been made more difficult by a lack of targets and timelines for different components of the strategy. What limited evaluation data exist look promising, but considerably more work needs to be done to get a better sense of the impact.

Statistics published in September 2004 indicate significant decreases in both the number of road crashes and casualties.<sup>3</sup>

In 2002, the number of people killed on the roads was 7,400 per year. This decreased by 22% to 5,750 in 2003, and by an additional 14% to 4,900 by 2004. Reasons proposed for the decrease in casualties include:

- a 40% decrease in average speeds;
- a 17% improvement in behaviours related to alcohol;
- an 11% improvement in seat-belt use;
- a 10% reduction in traffic congestion.

Significant decreases in speeding occurred before the installation of the first speed cameras in October 2003. This implies that publicising increased enforcement and general “fear of police” may have had a more significant effect than enforcement itself.<sup>4</sup>

It is important to note that some of the proposed strategies as outlined above have not yet been implemented and are unlikely to be realised in the short- or perhaps even long-term. For example, medical examinations for older drivers have not been mandated because of lobbying pressure from older voters, and the technical difficulties of selecting and training medical boards that would be in charge of examinations.

To date, most activities related to the road safety strategy have focused on increased enforcement – particularly of speed limits.<sup>4</sup> In order to ensure continued improvements in accident reduction, other measures must be implemented. For example, approximately 40% of road fatalities occur in rural areas. Prevention must include engineering and other solutions.

### Key Steps

To implement an automated enforcement system:

- Using photo radar cameras to detect and record infractions related to speed, tail gating and running red lights.
- Automatic transmission of data to a central database that is capable of cross-checking with national matriculation records.

- Automatic ticket writing.
- Automatic transmission of the ticket to a payment centre.
- Automatic recording of demerit points on drivers’ licences and flagging of repeat offenders.
- Key steps in the implementation of other strategies have not been provided in available documentation.

### Lessons Learned

#### Barriers

- CISR has not set up quantitative targets or programme milestones, making commitments vague and open to interpretation, and evaluation of the initiative more difficult.<sup>4</sup>
- Police enforcement levels have decreased since speed cameras were introduced and penalties for “minor” speed violations have lessened, giving the impression that speed limits are negotiable.<sup>4</sup>
- Recent changes in government have meant a decrease in road safety as a priority.
- Lobby groups have resisted certain measures.<sup>4</sup> For example, older voters oppose mandatory medical examinations.

#### Facilitators

- Past policies paved the way for this road safety strategy.<sup>4</sup>
- In 2002, the Road Safety and Traffic Directorate of the Ministry of Transport (DSCR) began publishing a monthly “road safety barometer” of road fatality figures. This increased awareness and influenced public opinion on road safety.<sup>4</sup>
- The World Health Organization’s (WHO) World Health Day on 7 April 2004 on the prevention of road violence was hosted

in Paris. This put road safety in the headlines and suggested that it remained a government priority.<sup>4</sup>

- Policies and actions initiated at the local level contribute to overall safety gains.

### Advice to Countries/Transferability

- Political commitment at the highest level is necessary to make road safety a priority for all in government and society. It is also important to encourage media coverage.<sup>4</sup>
- Political commitment must be followed by implementation and effective action (e.g., institutional organisation, coordination of actors, funding, training, etc.).<sup>4</sup>
- A close and long-term relationship must be established between research, decision-making and operational work to ensure that road safety measures and programmes based on the best evidence are implemented.<sup>4</sup>
- Achieving sustainable progress in road safety requires constant feedback between policy-making, and public opinions and attitudes.<sup>4</sup>
- Building a general “road safety culture” requires high quality information to be disseminated to the public and professionals and sharing of successful interventions to show what can be achieved.<sup>4</sup>
- Short and long term strategies should be planned holistically, linking to each other and a long term vision.<sup>4</sup>
- Implementation of road safety policies needs planning to ensure effectiveness and sustainability, and process evaluation should be included to feedback into the system.<sup>4</sup>
- Adequate resources are required in terms of quantity, quality (trained staff, tools, etc.) and distribution over time.<sup>4</sup>



- Good intersectoral organisation and institutional flexibility is required for effective cooperation.<sup>4</sup>
- Coordination with local decision-makers is required to ensure that national policies are implemented at the local level.

### References, Additional Information

1. Christie, N., Towner, E., Cairns, S., & Ward, H. (2004). Children's road traffic safety: An international survey of policy and practice London: Department for Transport. Available at [http://www.dft.gov.uk/stellent/groups/dft\\_rdsafety/documents/page/dft\\_rdsafety\\_030570.pdf](http://www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/page/dft_rdsafety_030570.pdf)
2. Comité Interministériel de Sécurité Routière. (2002). Available at <http://www.securiteroutiere.gouv.fr/infos-ref/politique/organisation/cisr/cisr-18-12-02.html>
3. Chapelon, J. (2004). France: Recent developments in the field of road safety. French National Observatory of Road Safety. Available at <http://www.securiteroutiere.gouv.fr/IMG/pdf/FRD1.pdf>
4. Muhlrاد, N. (2004). Road safety management in France: Political leadership as a path to sustainable progress? In GAMBIT, National Road Safety Programme. International Conference Gambit 2004. Gdansk, Poland: Gdansk University of Technology.

### Contact

Name: Nicole Muhlrاد  
Research Director

Address: INRETS, UMRESTTE  
Joinville  
94114 ARCUEIL Cedex  
France

Tel: (office) +33 1-47 40 71 63  
(mobile) +33 6-80 40 14 34

E-mail: [nicole.muhrad@inrets.fr](mailto:nicole.muhrad@inrets.fr)

