

War on the roads: two years on

Road traffic injuries have a higher public health profile but sustained advocacy is needed

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Two years ago the *BMJ* published a theme issue on road traffic crashes under the banner "war on the roads."¹ The title was purposely provocative. In the aftermath of the attacks on the World Trade Center in which 3000 people died, US President Bush and UK Prime Minister Blair had declared a war on terror. Using the same war rhetoric for a public health issue that claimed the same number of lives, but on a daily basis, seemed reasonable to us. Two years on, what progress has been made?

If the personal view by an emergency doctor from Belgium is anything to go by the conditions on the front line leave no room for complacency (p 903).² His accounts of road trauma indeed read like the dispatches of a war correspondent. This is where political will can make a difference. According to Jacques Chirac, the French president, in his preface to *The World Report on Road Traffic Injury Prevention*, mobilisation of the French government reduced road deaths in France by 20%, saving about 1500 lives each year.³

A 1996 report from the World Health Organization compared the level of global funding for research and development for a range of public health issues with the projected burden of disease in 2020.⁴ Funding for road traffic injuries of less than \$1 per disability adjusted life year (DALY) was at the bottom of the league table compared with \$26 per DALY for HIV/AIDS at the top of the table. Unsurprisingly researchers are disillusioned in view of the low level of investment (p 895).⁵ Others have shown that the correlation between numbers of participants in randomised controlled trials and burden of disease is worst for injuries as is the correlation between the number of systematic reviews and burden of disease.^{6,7}

Around 3500 people die on the roads in the United Kingdom each year, with about 10 times as many seriously injured. No current pharmacological treatments for acute traumatic brain injury have been shown to be effective, and fluid resuscitation is still in the days of expert consensus because of the lack of evidence from randomised controlled trials.^{8,9} The Medical Research Council's CRASH trial (www.crash.lshtm.ac.uk), the first large scale trial in head injury, has now recruited close to 10 000 patients. It will more than double the total number of participants in randomised trials in

this neglected area, but this must not be the first and last such trial.^{10,11}

After losing his daughter to a speeding driver, Marcel Haegi established the European federation of the victims of road traffic crashes to campaign for road safety and justice for road injury victims (p 899).¹² He would have agreed that preventing violent death in a high impact road crash is as important as preventing violent death in a bomb attack. Two years on, road traffic injuries are somewhat more prominent in the considerations of public health practitioners, but for that message to reach politicians, industry, and the public will require sustained and effective advocacy (p 888).¹³

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