



AdRisk:  
Community action on adolescent and injury risk

***Risk taking is fun:  
better be safe than sorry***





## About us (all the relevant info on the project)

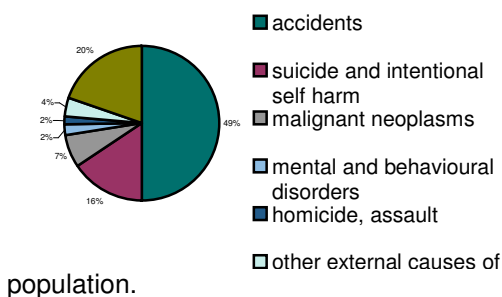
### The AdRisk project

The Community Action on Adolescents and Injury Risk (AdRisk) project responds to the call for an integrated approach to reduce the injury risk among adolescents. AdRisk defines adolescents as young people aged 15-24. The project focuses on national policy and strategy development, situation analysis, network development and the provision of tools and good practices. AdRisk refers to the 2006 EC Communication "Actions for a safer Europe" which defines injury and accident prevention as a priority for the Public Health Programme.

### The rationale

In Europe unintentional and intentional injuries account for 65 % of all deaths among adolescents. Injury is also the leading cause of hospitalisation in this age group accounting for 20 % of all visits to Accident & Emergency departments in most EU-Member States. For example, the mortality rate of adolescents in accidents (39,5/100,000) is considerably higher than the mortality rate of the whole population (34,6/100,000). In addition, the mortality rate of adolescents in attempted suicides (ranked third in the categories of causes of death among young people aged 15-24) and other causes of injury is also slightly higher than that of the whole

According to Eurostat, within the EU25 there are 58 million young people aged 15-24 which is 12,7 % of the total population. Road accidents, sport and leisure activities such as drowning, interpersonal violence, work related accidents and self-harm are the five main causes which have been identified. Whereas significant progress has been made in preventing injury deaths and disability in most other age groups, adolescents remain at excess risk from injury. For instance, for work injuries youth incidence rates are twice as high as that of adult employees. For traffic injuries, the rate of injury per kilometres driven is many times higher for adolescents than for adults and their susceptibility to alcohol intoxication related crashes is far higher than among adults. Inexperience, as well as physical, cognitive and emotional developmental characteristics play an important part in the risk of injury that youth are facing in their physical and social environments.



population.

Figure: Mortality (%) among 15-24-year-olds in the EU25 in 2003 (Eurostat, population and social conditions).

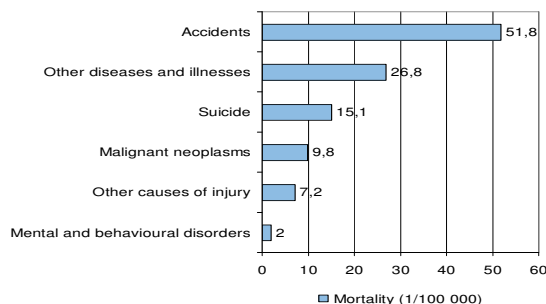
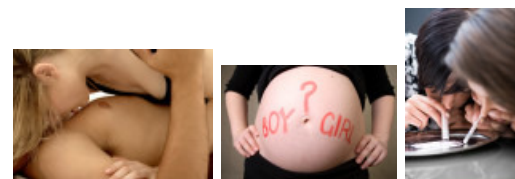
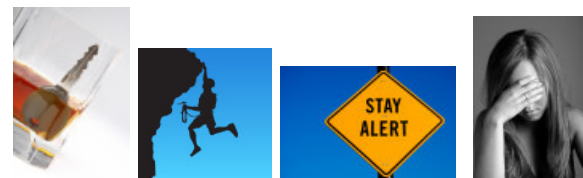
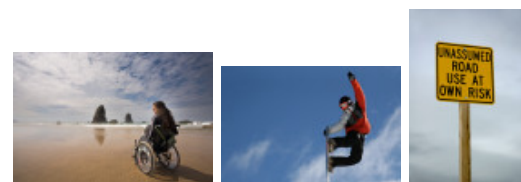


Figure: Mortality rate (1/100 000) among 15-24-year-olds in the EU25 in 2003 (Eurostat, population and social conditions).



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Our mission is to enhance the quality of life of adolescents aged 15-24 by encouraging the creation of stimulating environments and learning opportunities where they can fully explore and develop their physical, psychological and social skills and competencies, without undue injury risks. Our vision statement is:



## *Risk taking is fun: better be safe than sorry!*

### The scope

Adolescent's high mortality and morbidity in injuries can be partly explained by their risk-taking behaviour and lifestyles which may include experimentation with and consumption of alcohol and drugs, and their vulnerability to violent acts and emotional crises. In order to understand the nature of risk-taking behaviour a thorough understanding is required of the problems and situations facing adolescents. Addressing this issue is at the heart of the AdRisk project.

The AdRisk project will facilitate and encourage national NGOs and youth-related agencies to develop national programmes for action on injury prevention among adolescents and integrate youth into existing programmes. Ultimately, the project will support the implementation of country programmes and activities that should contribute to reducing the high toll of injuries among adolescents in EU Member States and candidate countries.

### The objectives

1. **A**dvocate the importance of injury prevention and safety promotion for adolescents aged 15-24 at both European and national level, and for consistency of policies and educational programmes used throughout Europe that impact on the safety of young people.
2. **M**ediate the different interests in society regarding youth injury prevention and safety promotion with coordinated actions by all concerned: governments, health, and other social and economic sectors, nongovernmental and voluntary organisations, local authorities, business, and the media.
3. **P**rovide strategy recommendations and tools to different stakeholders to promote injury prevention among adolescents with specific focus on risk taking behaviour.
4. **S**trengthen actions for empowering young people to cope with risks and to explore their potential without undue injury risks.

### Glossary

**Adolescent:** adolescents and young adults – 15 to 24 years old

**Exposure** “The parallel concept for risk is exposure, which means the extent of being exposed to the hazard **Injury** defined to include unintentional injuries, violence and self harm...”

**Risk** “The concept of risk is usually defined as a combination of the probability of damage and the seriousness of the consequences...”

**Risk-taking** defined as voluntary and conscious exposure to danger. Three elements are present in risk taking 1) The voluntary aspect, i.e. a possibility to choose or avoid the action, 2) negativity of outcome, and 3) chance of realization of negative consequences. “In risk-taking the subject has an active, choosing role, whereas risk and exposure are based on calculations in which the role of the subject is passive”.

### The structure

The work of the Ad-Risk project is divided into the following 6 working packages:

#### Work package n° 1 “Coordination of the project” (KfV-Vienna)

The coordinating office will provide the team with precise instructions as regards administrative and evaluative reporting duties, based on previous experience with European collaborative projects. The coordinating office will carry out all administrative work related to the entire project, with monthly monitoring of progress of work and the allocation of funds in accordance to progress reported. Regular telecalls and e-mail based communication and exchange of information will contribute to streamlining activities and facilitating rapid response to unforeseen conditions that might endanger the implementation of the project as originally conceived. The coordinator will ensure a firm and consolidated approach towards the overall project and its constituent components. Who is Who in this Workpackage? (a link to the Who is Who file when it will be completely developed)

#### Work package n° 2 “Dissemination of the results” (Ulss20 Verona)

This team will coordinate the proper dissemination of the products delivered by the project, basically developed under work packages 4, 5 and 6, in particular reports, technical guidebooks, manuals, audiovisuals and so on. Most publications will be



made available in an electronic format that is easy to distribute at low cost. The different target groups and dissemination partners will be defined according to the project profile and approach, and the methods of dissemination/ materials will be consequently adapted to the target audience. Through the on-purposedly developed website ([www.adrisk.eu.com](http://www.adrisk.eu.com)), the work package will promote the implementation of tools and guides delivered by the project and disseminating them as widely as possible.

Who is Who in this Workpackage? (a link to the Who is Who file when it will be completely developed)

### **Work package n° 3 “Evaluation of the project” (Hungarian NIPH)**

The work will mainly be focused on the evaluation of the implementation process of this action driven project, as well as the internal resource mobilization, the assessment of the involvement of third parties in the implementation of actions and the resource mobilisation, and an overall evaluation of the achievements of the project and its components in terms of deliverables and outcomes (before starting and after termination of the project).

Who is Who in this Workpackage? (a link to the Who is Who file when it will be completely developed)

### **Work package n° 4 “Development of the European Situation Analysis Report” (Finnish NIPH)**

The objective of this team is to produce a comprehensive European situation analysis of injury risks among adolescents and their prevention and to use the resulting report for developing an evidence-based national response to youth risk taking behaviour on behalf of the Member States. The main deliverable of this work package will be a document on the major injury risks adolescents (15-25 years) in Europe are exposed to, assessing the main determinants of risk exposure and identify models of good practices in injury prevention in adolescence. This report will be addressed to European and national authorities and interest groups that have a role to play in preventing predictable and avoidable injuries among adolescents.

Who is Who in this Workpackage? (a link to the Who is Who file when it will be completely developed)

### **Work package n° 5 “Strategy document” (KfV-Vienna)**

The coordinator of the project is the leader of the package in charge of developing a strategy document, with the assistance of the WP leaders who have been involved in previous strategy development processes such as for the Working Party on Accidents and Injuries Strategy.

A consultation process, based on the recommendations gathered by work package 4, will be initiated. Experts, representatives of youth groups, international organisation representatives and EU policy makers will be invited and included in such a consultation in order to properly assess the perception and beliefs of young people with regard to safety issues and injurious risk taking behaviour. The national partners will be regularly consulted in order to fine-tune the choice of strategies and interventions according to their appropriateness, acceptability and effectiveness for the groups being targeted, as well as the availability of infrastructures and resources.

Who is Who in this Workpackage? (a link to the Who is Who file when it will be completely developed)

### **Work package n° 6 “Toolbox for campaign activities on youth injury prevention available” (CSI-The Netherlands)**

The group will primarily focus on raising awareness on the issue of adolescents and their risk-taking behaviour among the relevant authorities, NGO's and interest groups and on empowering these stakeholders (by providing them the tools) in developing an adequate response to the injury challenge by designing national programmes for prevention and promotional activities. General awareness raising efforts directed to the target group of adolescents will be a secondary spin off as a result of the campaign efforts, that is to say the expansion of a network of national partners dedicated to the AdRisk project and initialisation of European concerted actions addressing injury risks among adolescents in view of facilitating the process of reducing youth injuries in Member States.

Who is Who in this Workpackage? (a link to the Who is Who file when it will be completely developed)



## AdRisk in Europe



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### Adolescents and risk-taking behaviour, a scientific explanation (European Situation Analysis)

It is notorious that involvement in risky behaviour is always a trade off between short term gains and potential long term consequences (Baumeister and Scher, 1988), and the decision making process depends a lot on the capabilities and knowledge of the individual (Baumeister and Scher, 1988). For example, involvement in risky driving such as speeding with a car might seem attractive to an adolescent who wants to impress her peers despite the possible long-term effects such as a car crash or an injury. Risk-behaviour tends to start in early adolescence.

In general boys are likely to become more involved in risk-taking behaviour than girls (Michael and Ben-Zur, 2006).

Adolescents are more prone than adults to take risk, and risk-taking seems to be a normal and inevitable concern inherent to the adolescence, due to an apparently heightened need for the stimuli that it creates to adolescents. Therefore interventions ought to focus on reducing the harm associated with risk behaviour rather than intending to minimise the risk taking behaviour itself (Steinberg, 2004). Because it is not necessarily that adolescents are ignorant of the risks but rather that they do not perceive the possibility of an injury in their everyday practises (Johnson et al., 2002; Millstein and Halpern-Felsher, 2002a). In any case, it has to be said that adolescents do perceive themselves as vulnerable to risks; in fact younger adolescents perceive themselves as more vulnerable to risks than older adolescents, and risk perception decreases with age.

### Risk perception and assessment

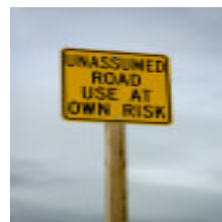
It is important to take into account that individual risk perception and risk assessment is bound to be biased and subjective (depending on past experiences, motivations, the present mood and emotions), and that human beings are not always able to make accurate objective calculations of situations. Some people may try to avoid risks because of some unpleasant past experiences

and some people may want to keep a certain level of thrill in their lives by accepting risks as part of their daily lives. Five dimensions are commonly seen to affect individual ability for decision making on risk:

- 1) Physical (consists of speculating whether a person will be harmed by the action),
- 2) Financial (consists of speculations whether a person will gain or lose from committing an act),
- 3) Psychological (consists of ego considerations 'whether a person's self-esteem will be improved or worsened by the action' and social considerations 'whether a person's social status will increase or decrease in the situation')
- 4) Functional (consists of speculations whether a person can achieve the set goal by the action and whether she will benefit from taking action), and
- 5) political/career (consists of considerations whether one's career prospects will improve by taking the action (Glendon, 1998.).

For example when a driver is overtaking a car she has to take into account the other drivers, relative speeds and distances of other cars, oncoming traffic and other traffic that might be hidden from the view. If a person is in a more aggressive mood than usual or if she is in a hurry she might be more eager to overtake other cars than she normally would. Furthermore personal traits affect risk taking (Glendon, 1998.).

### Some factors that may help adolescents



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Knowledge about the possible consequences of risky behaviour does not necessarily diminish risk-taking behaviour (Cook and Bellis, 2001.; Steptoe et al., 2002a).

Providing youth with the information on the actual risks probably is not the most fruitful approach in trying to diminish adolescents' risk-taking. The actual negative outcomes of many risky behaviours are relatively small, thus concentrating on the actual risks could lead adolescents to minimise their importance. Rather the educators ought to concentrate on translating small probabilities into real probabilities (Millstein and Halpern-Felsher, 2002b.).

And then, adults have a tendency to exaggerate youth problems and see the issue as from their own risk perception. For example, when in Finland adolescents' use of alcohol and drugs was decreasing the adult population thought it was increasing (Siurala, 1994). If the discourse of the



youth and their problems is seen from an adults perspective, it will not take into account adolescents' perception of what represents and what in fact is a risky behaviour, what young people see and feel as important (Honkatukia et al., 2006).

Even though adolescents do consider the risks before indulging in risky behaviours risks appear to play only a secondary role in their risk assessment.

And finally, risk activities especially during adolescence are not individual activities; adolescents are more susceptible to peer pressure than adults. Most of the risk behaviour is conducted together with other friends, while being in a group, e.g. drinking, risky driving and sexual risk taking (Steinberg, 2004.).

## by injury topics

1. Unintentional injuries (traffic injuries, sport injuries, work injuries)
2. Violence (youth violence, intimate partners' violence, family violence, sexual violence)
3. Intentional self-harm

## Current activities

It is foreseen the uploading of agendas of the meetings, minutes of the meetings and a number of internal documents, such as the grant agreement, in view of transparency.

## Future activities

### How we will work

The AdRisk project will collaborate with partners in Member States for the exchange of information on good practices and actual policies within the framework of a partner network, supported by our web platform Youth – Risk - Injury Prevention on [www.adrisk.eu.com](http://www.adrisk.eu.com)

Based on the situation analysis, strategy recommendations will be provided to the governments. National and youth-related agencies will be encouraged to develop national programmes for action on injury prevention among adolescents and integrate youth into existing programmes.

Ultimately, the project will support the implementation of country programmes and

activities that should contribute to reducing the high toll of injuries among adolescents in EU Member States and candidate countries.

### How national partners will be supported

The project will provide guidelines for national action plans. Competent national stakeholders will be supported with know how and seed money to develop a national consultation process and national action plans on youth and injury prevention.

### How can you benefit from the AdRisk network:

- **Be part of a unique project:** by contributing to the knowledge transfer within AdRisk you can be part of a **unique European wide project and platform** under the umbrella of Eurosafe, an unbiased third party made up solely of injury prevention and safety promotion practitioners. Via our network you get **your voice heard in Europe** in view of enhancing the reputation and scope of your own organisation.

- **Improve your networking:** you can take advantage of the EuroSafe platform and annual conferences and seminars to meet your peers in Europe, to exchange information, to develop contacts through networking that are extremely beneficial for benchmarking research, intervention practices and as a resource to validate your policy decision-making, implementation and monitoring processes.

- **Access to information:** You will get a one-stop site for information professionals to quickly find useful information on injury risks and safety practices through EuroSafe's website and networks (<http://www.eurosafe.eu.com>, [www.adrisk.eu.com](http://www.adrisk.eu.com)). You will be informed about recent research, good practices, prevention strategies, tools and guidelines collected all over Europe, and benefit from lessons learned in other Member States.

## Good practices and the Eurotoolbox

The project will provide a toolbox consisting of resource materials, products, videos and training guides that can be used for national campaigns. The toolbox will be ready in 2008, pilot materials will be made available as from September 2007



**How could you help us?** Share experience:

- ❖ **Leadership opportunities:** The experience you may have acquired in the field of injury prevention among adolescents and the activities you may have undertaken with a view to influence risk taking behaviour and changing attitudes may be exchanged, shared and spread through our network. The second step is to make this knowledge and expertise available throughout Europe.
- ❖ **Give your input:** You could help us identify relevant operators and practitioners, actions, programmes, projects, campaigns or any kind of initiative, as the knowledge transfer is crucial in setting up effective and efficient actions throughout Europe.

## Recommended literature

- Blum, R. W. and Nelson-Mmari, K. (2004) "The health of young people in a global context". *Journal of Adolescent Health* **35**, 402-18.
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- Schopper, D., Lomard, J. D. and Waxweiler, R. eds (2006) *Developing policies to prevent injuries and violence: guidelines for policy-makers and planners*. World Health Organization, Geneva.
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## Directory of contacts

### Project coordinator and partners

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