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 provides 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[93]

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

Child Resistant Packaging for Chemicals
Netherlands

IMPLEMENTATION LEVEL	National
APPROACH	Enforcement
SETTING	National
TARGET AUDIENCE	Children under 5 years
RESOURCE IMPLICATIONS	UNKNOWN
EVIDENCE BASE:	Legislation of child resistant packaging reduces the incidence of poisonings.[1, 2]

Background

In January 1986, legislation came into effect in the Netherlands requiring that most corrosive products and liquid petroleum products sold to the general public be packed in child resistant packaging. The decree refers to household chemicals with identification marks 'very poisonous', 'poisonous', or 'corrosive'. Also products with identification marks 'harm causing: may result in lung damage after choking.' The decree for household chemicals was extended in 1994 to preparations containing 3% or more of methanol, or 1% or more of dichloromethane.

In 1989, a decree for child resistant packaging for pharmaceuticals was implemented. The decree refers to pharmaceutical products in small packages, containing the following substances:

- acidum acetylsalicylicum
- acidum salicylicum
- paracetamolum.

Policy Background/Driving Force

Hospitalisations in the Netherlands for accidental poisonings due to household chemicals and pharmaceuticals were high among children under 5 years: in 1982/83, there were about 1,300 cases due to pharmaceuticals and about 1,600 cases due to other substances. This is a rate of over 320 poisonings per year per 100,000 children under 5 years. In addition, the rate of emergency treatments per year was about 230 per 100,000. Discussion about the Decrees led to a gradual introduction of child resistant caps before 1986.

Partners

- Dutch Ministry of Health
- Welfare and Sports
- Consumer Safety Institute
- National Poison Information Centre
- Inspectorate for Commodities

Aims & Objectives

- To reduce the problem of accidental poisonings.
- To make child-resistant packaging compulsory for household chemicals and pharmaceuticals.

Evaluation

Pharmaceuticals are increasingly distributed in small (blister) packages.[3]

Increased consumer enquiries by parents indicate that the introduction of child resistant packaging has alerted parents to the risk of poisoning.[3] One study published in 1991 showed a decrease in the number of hospital treated accidental poisonings in children over a ten-year period.4 Specifically, hospitalisations due to poisonings from ingestion of drugs, cleaning products, disinfectants, petroleum products and corrosive products decreased. The authors conclude that decreases likely resulted from child-resistant packaging, but that further decreases could be achieved through educating parents of young children regarding safe use and storage, as well as general practitioners regarding treatment of poisoning victims.

An evaluation report published in 2000 by the Consumer Safety Institute and the National Poison Information Centre also showed a reduction in the number of hospitalisations of children under 5 years due to poisoning.[3]

Key Steps

- In 1980, the former state secretary of the ministry of Health and Environment decided to promote rules on child resistant packaging. At the time, there was no Dutch norm on this issue, thus initial work involved developing this. An international ISO norm was also being developed at the time, but work went ahead on the Dutch norm.

Lessons Learned

Barriers

- Drafting legislation is time consuming.
- Demonstrating effectiveness requires prolonged collection of standardised data with sufficiently detailed classifications.
- Resources are required for lobbying politicians for the regulation, as well as staff capacity and testing facilities for enforcing it once it is in place.

Facilitators

- Objective data clearly indicating the extent of the problem and the need for legislation.
- The European and international standards for child resistant packaging were drafted by a large number of international experts.

Advice to Countries/Transferability

- National regulations may trigger discussions about barriers to trade. It is important that international standards for testing the performance of child resistant packaging are produced and that several countries adopt regulations.

References, Additional Information

1. Harborview Injury Prevention and Research Center. (2001). Best practices. Seattle: University of Washington. Available at http://depts.washington.edu/hiprc/practices/index.html

2. Towner, E., & Dowswell, T., Mackereth, C., & Jarvis, S. (2001). What works to prevent unintentional injury amongst children? An updated systematic review. London: Health Development Agency. Available at http://www.hda.nhs.uk/downloads/pdfs/prevent_injuries.pdf

3. World Health Organization. (2004). Child resistant packaging for chemicals. In Children's health and environment case studies summary book: Work in progress. Nemer, L., Von Hoff, K., Simonelli, F., Pinilla, M. J. C., & Majer, K. (Eds.). (2004). Available at http://www.euro.who.int/Document/CHE/CHECSSBook.pdf

4. Thien, W. M. A. H., & Hofstee, A. W. M. (1991). Vergif in huis. Inventarisatie van accidentele vergiftigingen bij jonge kinderen door huishoudelijke producten en geneesmiddelen. Amsterdam: Consument en Veiligheid.

See also:

- Joossen, J. J. J. (1988). Evaluatie-onderzoek warenwetbesluit kinderveilige verpakkingen. Tussenrapport. Amsterdam: Consument en Veiligheid.
- Besluit van 11 december 1984 houdende regelen met betrekking tot kinderveilige verpakkingen van huishoudchemicalien. 's Gravenhage: Staatsuitgeverij, 1984.
- Besluit van 24 oktober 1989, houdende regelen met betrekking tot kinderveilige verpakkingen van geneesmiddelen. 's Gravenhage: Staatsuitgeverij, 1990

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