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**ECONOMIC COMMISSION FOR EUROPE**

**INLAND TRANSPORT COMMITTEE**

Working Party on Road Traffic Safety  
(Forty-third session, 22-25 September 2003,  
agenda item 6)

**FUTURE WORK**

**Use of seat belts**

Transmitted by the United States of America

**Background**

Motor vehicle crashes represent a major cause of fatality and injury, both in highly motorized as well as developing countries. This is an issue that is a major public health problem, predicted to become even more of a global challenge over the next several decades. The use of safety belts and child restraint systems are the most effective means of reducing fatalities and serious injuries to vehicle occupants. In the United States, research has found that lap/shoulder safety belts, when used, reduce the risk of fatal injury to front-seat passenger car occupants by 45 per cent and the risk of moderate-to-critical injury by 50 per cent. Among occupants over 4 years old, safety belts saved an estimated 12,144 lives in 2001. If the US safety belt use rate was comparable to the high rates reported in other countries, safety belts in 2002 could have saved an additional 4,610 people. If the average safety belt usage rate in the 15 European Union member States were increased to 95 per cent, around 7000 lives in those countries could be saved annually. Increasing the use of safety belts is also promoted as the most effective defensive step individuals can take to reduce serious injury from the reckless behaviour of drunk and drugged motorists and drivers displaying aggressive behaviour on the roadways.

Through the Buckle Up America campaign, a national initiative to increase safety belt use throughout the US, safety belt use in America has increased from 61 per cent in 1996 to 75 per

cent in 2002. To achieve these results, the Buckle Up America campaign is built upon a four-point strategy: enacting strong legislation; promoting active, high visibility enforcement; continuous public education and awareness; and the formation of effective partnerships among all levels of government and non-governmental organizations.

The gains achieved in the past several years have levelled off, making conversion to safety belt use by the hard core non-wearers ever more difficult. Claims of personal freedom and the questioned role of government to protect individuals from their own foolish behaviours are often cited as reasons that government should not be pushing for aggressive methods to get everyone buckled up. Escalating health care costs and the economic burden of injury are often used as counter arguments for the government's activist role.

No other remedy has the greatest potential for reducing death and injuries than wearing safety belts. It should be in the interest of WP. 1 to promote global road safety and acknowledge that using occupant restraint systems is a principle remedy to improve public health, particularly in highly motorized countries.

### **Recommendation for WP.1 Action**

1. Establish a working group to study the extent of the problem among member and candidate member States;
2. Identify countries with high safety belt use rates;
3. Identify those countries' successful programmes, outreach campaigns and practices.
4. Based on the successful examples, develop strategies that could be adopted by other member States and non-member States.

As part of the Action Plan, one task of the working group would be to develop and distribute a questionnaire to other member States including, in part, the following issues:

- Fatality and injury rates due to vehicle occupants not wearing their safety belt at the time of the crash;
- Enforcement policies:
  - Legislation for safety belt use in front seats and rear seats;
  - Primary or secondary enforcement of existing laws;
  - Sanctions for violations;
  - Programmes or campaigns designed to increase safety belt use.

Timeframe (estimated):

September 2003	Establish working group
April 2004	Develop and distribute questionnaire
September 2004	Present preliminary results and recommend further course of action to WP.1 members.

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