

STATES OF JERSEY



COMPULSORY WEARING OF CYCLE HELMETS (P.4/2010): COMMENTS

**Presented to the States on 8th March 2010
by the Minister for Transport and Technical Services**

STATES GREFFE

COMMENTS

1. INTRODUCTION

- 1.1 Deputy Green has asked that I bring forward legislation to ensure that cyclists are required to wear a suitable safety helmet whilst cycling in the case of –
- (a) persons aged under the age of 18 years;
 - (b) persons aged 18 years and over.
- 1.2 The comments on the Proposition have been drafted in consultation with the Ministers for Health and Social Services and Home Affairs.

2. BACKGROUND

- 2.1 Priorities 7 and 11 in the Strategic Plan are “*Protect the public and keep our community safe*” and “*Enhance and improve health care provision and promote a healthy lifestyle*”.
- 2.2 Transport and Technical Services (TTS) has responsibility in the Strategic Plan to –
- Develop a sustainable internal transport infrastructure.
 - Persuade people out of cars by providing practical alternatives such as improved bus services, cycle tracks and footpaths.
 - Implement a Sustainable Transport Policy “*including targets, policies and timescales that reflect best practice globally*”.
- 2.3 Health and well-being of our population is a crucial aspect of the Strategic Plan and promoting a healthy lifestyle is key to this.
- 2.4 As Minister for Transport and Technical Services, I have responsibility for most aspects of the Road Traffic (Jersey) Law 1956. In this Law, “road” –
- “means any public road, any other road to which the public has access, any road administered by the Minister for Housing, any of the roads on the Rue des Près Trading Estate, any bridge over which a road passes and any sea beach”.*
- 2.5 Any legislation I promote can only apply to a road, as defined above or to any public parking place.
- 2.6 The Minister for Home Affairs is generally responsible for ensuring that people adhere to the Road Traffic Law and other laws in force, in Jersey.

3. MATTERS FOR CONSIDERATION

3.1 Does using a cycle helmet make cycling safer?

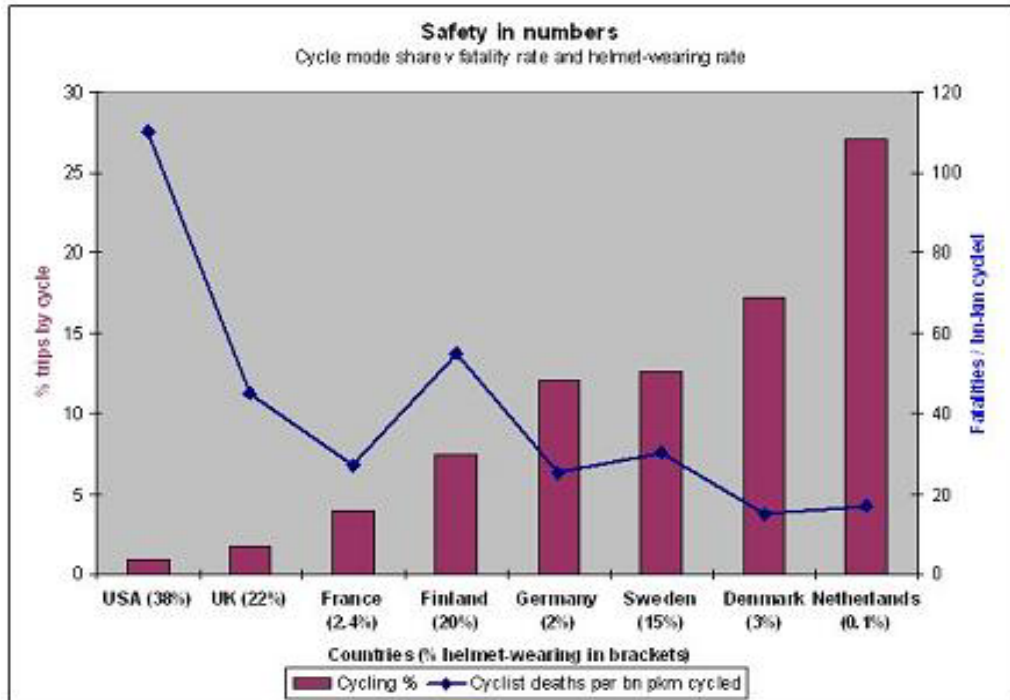
The balance of evidence would suggest that for an individual cyclist, if involved in a cycle accident, particularly if the accident does not involve another vehicle, wearing a cycle helmet will reduce the incidence and severity of head, brain and upper facial injury. While effective in reducing injury for cyclists of all ages, evidence suggests using a helmet is more beneficial for a child cyclist.

The British Medical Association (BMA) advises, “*cycle helmets do not prevent all types of injury or death; they play a significant role in reducing head injuries. They are most effective at low impact speeds (approximately 13mph or less), such as when a cyclist falls from a cycle without the involvement of other vehicles*”.

Standards for cycle helmets have changed over time and the differences between standards make it difficult to be confident that cycle helmet effectiveness studies from different regions will be comparable. Since 1997, the UK has adopted one standard for adults and older children with a further standard for younger children. The impact drop height for the current standard was increased to 1.5m from 1.0m used in previous standards. So provided the helmet fits and is secured properly, more up to date helmets will provide a greater level of protection.

Some have contended that wearing a cycle helmet increases the risk of being involved in an accident whether this be due to cyclists having an increased sense of security and riding less safely (Hillman) or drivers passing closer to cyclists wearing helmets than to those not wearing a helmet (Walker).

The more cyclists there are, the safer cycling becomes. That is not to say cycling is a dangerous activity – it is not. The following chart compares the number of trips by bicycle for a number of countries to the number of cyclist fatalities. It also shows the cycle helmet wearing rate for those countries.



Thus the more trips made by bicycle, the safer cycling becomes, suggesting that increasing the number of people that cycle is the greatest influence on safer cycling for everyone. It has been stated that doubling cycle use will reduce the risk of being involved in an accident by one third.

3.2 Helmet use in Jersey

Information on helmet use in Jersey is very limited. The Road Safety Training Officer has collected some information over the past 6 years. In 2009, the observations indicated that 19% of adults wore a helmet while 61% of those under 16 years old wore a helmet. The counts took place in the summer and were on the Esplanade and Railway Walk.

In the 2009 JASS survey, 34% of cyclists said that they always wear a cycle helmet. (Respondents in the JASS survey are at least 16 years old).

Jersey General Hospital Accident and Emergency Department reports that 40% of cyclists attending the Department, following an accident, had been wearing a cycle helmet. (The figure covers all age groups).

3.3 Cycle accidents in Jersey

Accident data collected by the States of Jersey Police indicates that between 2001 and 2007 –

- 278 accidents (6%) on public roads involved cyclists;
- 30 accidents resulted in serious injury to the cyclist;
- 80 cyclists (29%), had been wearing a helmet;
- 68% of accidents involved male cyclists.

Information gathered by Child Accident Prevention Jersey (CAPJ) shows that in 2009, around half of the children treated at Accident and Emergency for activity associated injuries had been cycling while 21% had been trampolining and 16% had been skateboarding or rollerblading. Further information from CAPJ on child cycling accidents in 2009 shows –

- there was an 11% increase in cycle helmet use of children attending due to a cycle related accident;
- Cycle related injuries were seen in upper limbs (32.9%), head injuries (29.5%) and lower limbs (18.5%);
- 65% of children aged 0 to 4 years sustained an injury to their head;
- 39% of 6 to 11 year olds sustained an injury to their head;
- 20% of 11 to 16 year olds sustained an injury to their head;
- 78% of those attending were boys;
- There were 15 bicycle related road traffic accidents (one third of children wearing a cycle helmet) and 159 off road accidents;
- 28% of children seen because of a bicycle related accident required further hospital treatment after their first A&E attendance;
- 7 children were admitted into hospital because of a bicycle related accident, all of them off road.

It would seem, therefore, that in the case of children, there are significantly more cycling accidents take place off road than on.

The Accident and Emergency Department reports that each year, on average, 64 cyclists attend the Department with an injury due to a traffic accident.

In the 2009 JASS survey, 2% of respondents that cycled reported having an accident whilst cycling in the past 5 years.

It is difficult to make a fair comparison between Jersey and elsewhere in terms of cycling accidents as information is not readily available and the manner of presenting information varies. However, in 2007, the UK recorded 4.3 cyclists per 100,000 population killed or seriously injured in road traffic accidents whereas In Victoria, Australia, the figure was 0.9 cyclists per 100,000 population. In Jersey, in 2007, 3 cyclists were seriously injured in a road traffic accident.

3.4 **The Health and Economic Perspective**

Deputy Green's Report highlights that the cost to the Island of caring for a young man who suffers a life changing head injury is conservatively estimated at £2.7 million. Tragically, Deputy Green has first hand experience of the effect a life changing head injury has on a young person. However, other than his son, no figures have been presented for cyclists who have been so badly injured and have required such a level of support. Such an event could happen tomorrow but statistically, this economic argument is weak.

On the other hand, it has been established there is an increase in the numbers of people who are overweight or obese. Obesity increases the risk of a range of chronic diseases including coronary heart disease, stroke, cancer, type 2

diabetes and arthritis. It has been estimated that the costs to society attributable to overweight and obesity will reach £960 per person per year by 2050. This would equate to an extra cost to Jersey of £87 million each year. (Public Health Department)

Encouraging more people to cycle regularly will not only significantly improve their health, reduce the likelihood of being overweight and so reduce the likelihood of suffering from these chronic diseases but it will also significantly reduce these likely extra costs to society.

Interestingly, a model was developed by the Department of Actuarial Studies, Macquarie University, New South Wales, “Evaluating the health benefit of mandatory bicycle helmet laws”. The model indicates that introducing a compulsory cycle helmet law in the UK would lead to a net health cost of £400 million per year.

3.5 **Should wearing a cycle helmet be compulsory?**

Worldwide, there are significant divisions on the issue. Generally, the argument in favour of compulsory cycle helmet use is that put forward by Deputy Green –

- there is scientific evidence that, in the event of a fall, helmets substantially reduce head injury.

Those against compulsory cycle helmet use have several approaches but the main arguments are –

- making helmets compulsory leads to a decline in cycling;
- the scientific studies promoting helmet use are flawed;
- helmets are a secondary prevention measure; efforts should be focussed in improving safety in the overall road environment.

As pointed out in the Report, a number of jurisdictions have introduced legislation that requires people to wear cycle helmets. Most of the jurisdictions have targeted compulsory use of cycle helmets at youngsters, although most of Australia, New Zealand and several provinces in Canada require all cyclists to wear a cycle helmet.

As might be expected, particularly as enforcement was applied, the evidence is that cycle helmet use has increased in these jurisdictions. As also might be expected, reported head injuries reduced after helmets were made compulsory. However, this is where the evidence becomes confused and confounded.

There is a difference between the hospital based studies quoted in the Proposition, which tend to show a significant protective effect from cycle helmets, and population studies which tend to show a lower and in some cases, no effect.

The questionable nature of some studies is most readily demonstrated by looking at one of the more recent papers mentioned in Deputy Green’s Report,

from Canada (*Effect of Legislation on the Use of Bicycle Helmets: Canadian Medical Association Journal, Vol 166 (5), 2002, J C Leblanc et al*).

This study in Nova Scotia, which makes cycle helmet use compulsory for all, “found a dramatic increase in helmet use after provincial legislation was passed and mass education conducted....”. The results reported the rate of helmet use rose “from 36% in 1995 and 38% in 1996, to 75% in 1997, 86% in 1998 and 84% in 1999. The proportion of injured cyclists with head injuries in 1998/99 was half that in 1995/96 (7/443 [1.6%] v. 15/416 [3.6%]) ($p=0.06$). Police carried out regular education and enforcement. There were no helmet promoting mass media education campaigns after 1997.”

However, looking at the results in the study, when observing cyclists to determine helmet use, “In 1995/96, 1494 cyclists were observed on 17 days. In 1997, 636 cyclists were observed on 19 days. In 1998/99, 672 cyclists were observed on 13 days.” As can be seen, before helmets were compulsory, an average of 88 cyclists were observed each day. Following legislation, the number dropped to 52 cyclists per day in 1998/99, a fall of 41%. This endorses the arguments made by those who claim that the studies are flawed and that compulsory helmet use reduces cycling. It may also confound the head injury figures as it would be assumed there should be an overall reduction in cycle injuries if the number of cyclists had reduced so significantly. However, as can be seen, while the number of cyclists observed in 1998/99 reduced by 41%, the number of cycle injuries increased by 6%.

A factor that does seem to be significant in the timing of introducing enforcement is the proportion of cyclists who wear a helmet voluntarily. All of the jurisdictions had a reasonable proportion of cyclists wearing helmets before compelling others to do so. The following table outlines the helmet wearing rates for adults in jurisdictions before and after legislation was introduced.

Jurisdiction	Pre-legislation	Post-legislation
Victoria, Australia	36%	84%
British Columbia, Canada	47%	72%
New Zealand	39%	95%
Western Australia, Australia	37%	82%

Interestingly, the full quotation from the British Medical Association referred to in section 2 of Deputy Green’s Report is –

“The BMA, as part of its policy to improve safe cycling supports compulsory wearing of cycle helmets when cycling for children and adults. The Association wants to see an increase in voluntary use prior to the introduction of cycle helmet legislation and supports initiatives that so increase such use.”

The BMA goes on to say later “It appears to be that a good watershed level for when to progress from non-legislative interventions to mandatory legislation is around 40 percent voluntary wearing.”

As outlined in section 3.2 and 3.3, the evidence on helmet wearing rates in Jersey is limited and inconsistent. There is a need to establish robust figures on the levels of voluntary wearing of cycle helmets in Jersey in order to progress.

3.6 **Legislation and enforcement**

The Highway Code for Jersey is the “Official Highway Code” issued by the Department of Transport in the United Kingdom, modified in accordance with a leaflet that I produce. Rule 59 in the Code states that cyclists should wear –

- “A cycle helmet which conforms to current regulations, is the correct size and securely fastened”.

There is no penalty for not complying with the Highway Code but I wholly endorse this rule.

Deputy Green has asked that I introduce legislation to make wearing a cycle helmet compulsory. As mentioned in 2.4 and 2.5, my powers are limited to public roads and so any legislation would only apply to those using public roads. This would not affect those that seem most vulnerable to cycling accidents, children, cycling but not wearing a cycle helmet, somewhere other than on a public road. If the States decide that children must wear such head protection, it would seem sensible to make this a requirement for all similar situations such as skateboarding and rollerblading which would probably require an amendment to the Children (Jersey) Law 2002, (a matter for the Minister for Health and Social Services).

If legislation is introduced, there must be enforcement to ensure that people conform to the law, otherwise the law falls into disrepute. It is difficult enough for the authorities to ensure that cyclists have and use the required lighting equipment on their bikes, that cyclists adhere to other traffic laws such as not riding on footways, or through red traffic lights, never mind add to this burden. Standards for helmets vary and it would be necessary to establish which categories of helmets are suitable for use in Jersey in order that cyclists can comply with requirements. Of course, this can then lead to issues for visiting cyclists, unless we move into the areas of exemptions.

I believe the legislation would also have to be amended to accommodate, the Deputy’s fixed penalty proposal. Even if this was to be accommodated and we found the resources to enforce the legislation, what happens when it is a youngster who is caught not wearing a helmet; who becomes responsible for the fine? What if a person who strongly believes and can argue the legislation is flawed, refuses to pay the fixed penalty. Will we imprison that person?

Our enforcement authorities are already under pressure to deal with infractions that the public sees on a regular basis; speeding, holding a mobile ‘phone when driving, under age drinking, public nuisance, etc. When most people see the sense in doing something and do it themselves, that is when legislation is needed to make the few comply.

4. CONCLUSION

- 4.1 It is accepted that cycle helmets do reduce the likelihood of cyclists incurring a serious head injury, if involved in a cycling accident, particularly children. Wearing cycle helmets should be supported and encouraged at every level. However, it is not accepted that introducing legislation to compel all cyclists to wear cycle helmets will make cycling safer, reduce health costs and is necessary to ensure that the Sustainable Transport Plan “does not result in increased death and disability”.
- 4.2 The balance of evidence indicates that introducing compulsory use of cycle helmets does lead to a significant increase in compliance amongst cyclists. However, this evidence has been gathered from jurisdictions that have spent a considerable effort to increase voluntary helmet use in the years prior to introducing legislation and once legislation is introduced, promote and enforce the legislation vigorously. Jersey is not yet in the position where it should promote cycle helmet legislation.
- 4.3 We need to establish robust voluntary wearing rates and then take the necessary action. This may be community based campaigns, including free or subsidised helmets, to encourage greater wearing rates or indeed, if wearing rates are found to be high, further educational campaigns while the direction of any necessary legislation and enforcement is evaluated.
- 4.4 The potential benefits offered by increased cycling to reduce congestion, protect the environment and improve public health are significant and should be strongly encouraged. There appears to be a significant risk that introducing mandatory use of cycle helmets now would have a negative impact on the numbers cycling, would risk reducing support for sustainable transport policies at a critical time and severely compromise these potential benefits.
- 4.5 Regulations mandating the compulsory wearing of cycle helmets would be problematic to police, be resource intensive and if introduced at an early stage could bring the law into disrepute.
- 4.6 Education provides a more effective tool for capitalising on the overall benefits of cycling in terms of safety, improvements in health, reduced congestion and safer roads, and a better environment for the Island.
- 4.7 Prioritising resources to promote active travel, educate cyclists and other road users and encourage safe and responsible road use by pedestrians, cyclists, drivers and riders, particularly in the younger age groups, should form an integral part of the States’ Health, Education, Road Safety and Transport policies and will help achieve the priorities in the Strategic Plan and meet our responsibilities.
- 4.8 The Proposition is not supported.

5. RESOURCE IMPLICATIONS

- 5.1 It is likely that increased resources or a shift of focus from other priority work would be required to ensure the development, and effective and consistent enforcement of any new legislation resulting from the Proposition.

5.2 As outlined in 3.4, the savings resulting from a healthier population are potentially significantly greater than any indicative saving outlined in the Report and Proposition.