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Protective Headgear for Young Cyclists Bill

Bill 21 of 2003/04

The Bill would make the wearing of cycle helmets on roads and in public places compulsory for the under-16s. It will be an offence for a person to allow a child under 16 to ride a cycle on the road without protective headgear. The Bill is presented by Eric Martlew, who came seventh in the ballot for Private Members' Bills. The second reading debate is on 23 April.

The Bill covers the whole of the UK.

Fiona Poole

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Summary of main points

The *Protective Headgear for Young Cyclists Bill* makes it an offence to allow a child under 16 to ride a bicycle on the road or in a public park or recreation ground without protective headgear. The offence will apply to anyone with responsibility for the child, the owner of the bicycle if they are over 15 and anyone over 15 having "custody" or "possession" of the bicycle immediately before the child rides it. The offence is liable to a level 1 fine (£200). The secretary of state may make regulations to exempt certain groups, to prescribe the protective headgear to be worn and to prescribe how it is to be worn.

The Bill's sponsor, Eric Martlew, is supported by Members of all parties. The Bicycle Helmet Initiative Trust and Headway, the brain injury association, have both lobbied the government to make helmets compulsory and support the Bill. The pro-bicycle helmet group base their argument overwhelmingly on one major point: that there is scientific evidence that, in the event of a fall, helmets substantially reduce head injury.

Those opposed to the Bill draw on several different arguments, that compulsory helmet wearing leads to a decline in cycling, risk compensation theory negates health gains, scientific studies are defective and the overall road environment needs to be improved.

The government supports the wearing of cycle helmets but so far has been opposed to legislation. It cites two recent pieces of research. A study commissioned by the department for transport to look into the effectiveness of cycle helmets, published in November 2002, found that overall the evidence suggests that cycle helmets are effective at reducing the severity of brain and upper facial injuries for all ages, and especially children (Road safety research report no 30). Second, a survey undertaken by the Transport Research Laboratory to measure wearing rates in 2002 found that the rate for all cyclists on built-up major roads was 25 per cent. The general wearing rate has increased since 1994 when it was 16 per cent, with the exception of boys under 16 where the rate has fallen from 16 per cent in 1994 to 12 per cent in 2002. At these levels, the government consider making helmets compulsory would cause enforcement difficulties and, without greater public acceptance, could have an effect on levels of cycling. It continues to monitor wearing rates by all ages and has said it will review the option of compulsory wearing from time to time.

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I Compulsion or not

Helmets for cyclists began to be produced towards the end of the 1970s although few were seen in Britain until the mid 1980s. Early helmet promotion was largely by the helmet manufacturers but this changed with the publication of reports in the late 1980s suggesting that the likelihood of head injury would be substantially reduced if cyclists wore helmets. The promotion of the wearing of helmets then became one of the main policies of road safety practitioners and legislators.

A. The Bill

The Bill makes it an offence to allow a child under 16 to ride a bicycle on the road or in a public park or recreation ground without protective headgear. The offence will apply to anyone with responsibility for the child, the owner of the bicycle if they are over 15 and anyone over 15 having "custody" or "possession" of the bicycle immediately before the child rides it. The offence is liable to a level 1 fine (£200). The secretary of state may make regulations to exempt certain groups and to prescribe the protective headgear to be worn and how it is to be worn.

The wording is very similar to that in the *Horses (Protective Headgear for Young Riders) Act 1990*. Section 1 makes it an offence for various persons (a parent, a guardian, an owner of a horse, a person who has custody of a horse immediately before a child rides it, an employer of a child) to cause or permit a child under the age of 14 to ride a horse on a road unless the child is wearing protective headgear.[1]

The Bill's sponsor, Eric Martlew, is supported by Members of all parties. A number of children's safety charities are campaigning to make the wearing of helmets compulsory for children. The Bicycle Helmet Initiative Trust (BHIT) and Headway, the brain injury association, have both lobbied the government to make helmets compulsory and support this Bill. They argue that while child cyclists account for only 6.6% of the total number of cyclists, statistics show that of 133 cyclist deaths in 2002, 28 involved children (21%). The Bill is backed by Dr Andrew Curran, a leading child neurologist at Alder Hey Hospital in Liverpool, who says wearing a cycle helmet reduces the risk of brain injury by 80%.

However, the Bill is opposed by a number of cycling groups who claim making helmets compulsory could lead to reduced cycle use and would undermine the health benefits of the sport.

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[1] This was a Private Members Bill introduced by Harry Greenway MP

B. The government's view

The government views cycling as an economical, environmentally friendly and healthy mode of transport and one the government is encouraging through the National Cycling Strategy. However cyclists, especially children, are among the most vulnerable road users and it recognises the need to improve their safety. A key component in making cycling more popular is to make it a safer and more pleasant activity.[2] Ministers have focused on reducing traffic speed and introducing road engineering measures such as cycle tracks and lanes to make the roads safer, but stress that cyclists can also help themselves by wearing an appropriate cycle helmet. Cycle helmets are effective at reducing head, brain and upper facial injuries, so encouraging the use of cycle helmets is one of many approaches to improving the safety of cyclists on the roads. However, the government believes the most effective way to increase the relatively low levels of helmet wearing is through encouragement rather than compulsion.

The government recommends the wearing of helmets but has no plans to introduce legislation to make them compulsory although it has said it will review the position from time to time. Its position on whether legislation should be introduced was set out in answer to a PQ in January 2003: [3]

> **Mr. Donaldson:** To ask the secretary of state for transport what plans he has to introduce legislation to compel cyclists to wear personal protective equipment; and if he will make a statement.
>
> **Mr. Jamieson:** We have no current plans to make the wearing of personal protective equipment by cyclists compulsory. The Highway Code advises cyclists to wear clothing which will make them visible and which is appropriate for cycling. It also advises them to wear helmets. (…)

And in response to a PQ in October 2003:[4]

> **Mr. Jamieson:** A study commissioned by the department to look into the effectiveness of cycle helmets, published in November last year, found that overall, the evidence suggests that cycle helmets are effective at reducing the severity of brain and upper facial injuries for all ages, and especially children. This reinforces our view that helmets should be worn by children.
>
> A survey undertaken by the Transport Research Laboratory measuring wearing rates in 2002 found that the rate for all cyclists on built-up major roads was 25 per cent. The wearing rate is continuing to increase, with the exception of boys under 16, where the rate has reduced from 16 per cent. in 1994 to 12 per cent. in 2002. At these levels, making helmets compulsory would cause enforcement

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2 HC Deb 24 February 2003 c287W.
3 HC Deb 28 January 2003 cc 725-6W
4 PQ HC Deb 15 October 2003 c238W

> difficulties, and without greater public acceptance, could have an effect on levels of cycling. We are making special efforts to persuade adolescents, and especially boys, to wear helmets. We will continue to monitor wearing rates by all ages and review the option of compulsory wearing from time to time.

This previous Conservative government shared this view. It publicly encouraged the wearing of cycle helmets and advertised their benefits but decided that rather than make them compulsory, it was "more effective at the present stage for the government to promote the voluntary wearing of helmets".[5] Steve Norris, then minister of transport, speaking in an adjournment debate in 1995, acknowledged the clear benefits to be gained from wearing a cycle helmet, but he went on:

> When introducing measures to protect people from injury...experience shows that there needs to be a high degree of public acceptance and voluntary wearing before compulsion can be considered if it is to be successful. [6]

In its road safety strategy, published in March 2000, the government said:[7]

> **Cycle helmets**
> 9.24 Cycle helmets can reduce the severity of head injuries. Research by the Transport Research Laboratory in 1994 provided international evidence of their worth. More recently, a report by the British Medical Association (*Cycle Helmets*, June 1999) strongly recommended them and urged government, health and cycling organisations to promote them.
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> 9.25 The wearing rate in Great Britain is about 18%. At this level making helmets compulsory would cause enforcement difficulties and without greater public acceptance could have an effect on levels of cycling. We will monitor wearing rates and review the option of compulsory wearing from time to time but strive to advance through persuasion.
>
> 9.26 We recommend cycle helmets in the *Highway Code*, the *Highway Code for Young Road Users* and the National Cycling Forum's leaflet, *Safety Framework for Cycling*.

In 2003 the government launched a new advertising campaign under the THINK! road safety banner targeted at teenage boys. Details were given in a press notice:[8]

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5 PQ HC Deb 8 July 1996 cc 71-2W

6 Adjournment debate on bicycle helmets HC Deb 3 May 1995 cc 413-422

7 DETR, *Tomorrow's Roads – Safer for Everyone: The Governments road safety strategy and casualty reduction targets for 2010*, March 2000

8 DfT Press Notice, *More people wearing cycle helmets*, 16 June 2003.
http://www.gnn.gov.uk/gnn/national.nsf/TL/DCE86723EC20933680256D4700383E5C?opendocument
Further details of this campaign are given on its internet site: http://www.cyclesense.net/fset.htm

> New research for the department for transport has revealed a growing trend for wearing cycle helmets. Wearing rates for the population as a whole are up from 16% in 1994 to 25% in 2002. Teenage boys appear to be the only exception to the rule with their rates dropping from 16% to 12%. Alongside data showing that deaths and serious injuries for boy cyclists are about 5 times the rate for girls, this research endorses the need to encourage teenage boys to wear cycle helmets. The government is already targeting teenage boys with a new advertising campaign under the THINK! road safety banner, launched in May this year.
>
> David Jamieson, minister for road safety said, "It's great news that cycle helmets are catching on but disappointing that teenage boys do not appear to be getting the message. We've geared this new campaign to them, so I hope it succeeds in encouraging boys to enjoy the fun and health benefits of cycling safely. We want to encourage more children to cycle but to do so in a safer manner. Cycle helmets can be effective at reducing the severity of injuries to the head in the event of an accident, and we encourage all cyclists to wear one. I hope that by making cycling safer, more people will take to their bikes."
>
> The new campaign has been tested with the teenage audience to ensure they will be receptive to it and undeterred from cycling. Surveys revealed that they preferred it to softer approaches. The new ads show the importance of wearing a cycle helmet and how helmets can help protect cyclists in the event of an accident. Featuring cartoon x-rays with helmets, the new adverts call for young cyclists to "put a lid on it" and encourage them to check out bike safety advice online.

£25,000 was spent on the campaign in 2002-03 and £137,000 in 2003-04. There is also a Cyclesmart campaign aimed at 7 to 11 year olds. £25,000 was spent on this in 2002-03 and £26,000 in 2003-04.[9]

The government have also given grants to other projects.[10] The BHIT's *Guidelines for Setting up Community Based Bicycle Helmet Programmes* (May 2002) was the result of three years work funded by a joint package from the DfT with the department of health of £100,000. BHIT also received funding to produce a similar set of guidelines for schools, which were sent to all schools in July 2003. The DoH gave BHIT funding over three years - £32,000 in 2002–03, £25,000 in 2003–04, and will be giving £20,000 in 2004–05 for their Helmet Your Head project. The project was funded as part of the DoH's target for the Health Service to contribute to accident prevention and especially injury reduction among children. The DfT have also given grant aid to other organisations who are pursuing initiatives which support the aims of our road safety strategy, such as RoSPA, for their *Guidelines for Child Cycle Training* and the CTC for their *Adult Cycle Training Schemes Guidelines*.

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9 PQ HC Deb 4 March 2004 c1132W
10 PQ HC Deb 30 March 2003 c1320W

C. Other organisations

Almost all interested organisations support the wearing of helmets but not all support making it obligatory.

1. Bicycle Helmet Initiative Trust

One of the Bill's main supporters is the Bicycle Helmet Initiative Trust (BHIT). The Trust has been running a cycle helmet promotion scheme in Reading since 1992. During that time, cycle helmet use by children has trebled, from 23% to 69%, and there has been a 45 per cent reduction in the number of hospital treated head injuries.

Its aims are set out on its website http://www.bhit.org/home.html as:

- To increase the level of bicycle helmet wearing above the current level of 18% nationally among the under 16 age group.
- To significantly reduce the number of young pedal cyclists suffering head and brain injuries.
- To increase the level of awareness for safety when cycling and to promote cycling as a healthy activity.
- To act as a national resource centre for bicycle helmet awareness and promotion.

It considers that:

- Accidents are a major cause of death and disability affecting young people. Eight out of ten children in this country ride bicycles. It is an activity that should be encouraged with attention paid to promoting safe cycling.
- A child is twice as likely to fall off their bicycle than an adult. This is due to immaturity and lack of their perception to dangers. Head injury is known to be the main cause of disability and death (70%) resulting from bicycle accidents.
- The under 16 year olds account for over 60% of those attending casualty departments for bicycle related injuries. 11 to 15 year olds are at greatest risk of severe injury /death.
- 90% of child cyclist injuries occur off road.
- Bicycle helmets have a proven potential for reducing head injuries and deaths. Properly worn bicycle helmets have been shown to reduce the risk of head injury by 85% and the risk of brain injury by almost 90%, and are effective in all forms of crashes including those involving a motor vehicle.
- Bicycle helmet use is widely regarded in the injury prevention field as an effective means to significantly reduce morbidity and mortality. Yet, only 18% of cyclists aged 15 years and under use bicycle helmets.

2. BMA and others

Compulsory helmets are backed by the Royal College of Nurses[11] but the BMA thinks use should be voluntary as legislation may do more harm than good. The Royal Society for the Prevention of Accidents (RoSPA) advocates the use of cycle helmets, but would only support compulsion if enough people were already wearing them to make the law enforceable.

The BMA report of 1999 on cycle helmets concluded that as current helmet wearing rates are low, extensive helmet promotion is needed to increase these rates prior to legislation being introduced. Accordingly it recommended that "comprehensive cycle helmet promotion campaigns including mass media publicity should be undertaken by the government, Health Education Authority, cycling organisations and other agencies to increase awareness and use of cycle helmets by cyclists of all ages." The report's summary says:[12]

> **Summary**
> Instead of making the wearing of cycle helmets compulsory when on the public highway, a more effective way forward at this time would be through national and local campaigns to promote cycle helmet use, so that helmet wearing becomes more acceptable and part of the cycling culture. However, this should not be done in such a way as to place entire responsibility for cycle injuries on the individual. One study which sought to identify the 'responsibility' for cycle-motor vehicle collisions found that almost two-thirds of adult cyclists (aged 20 and over) were involved in accidents where the motorist was 'responsible'. McCarthy has commented that much of the literature on child cycling takes an adult-centred approach leading to the idea that children should protect themselves with helmets, and are to blame if they are injured. However, children should have the freedom to cycle in safety, and to achieve this requires a change in the behaviour of adults, rather than "suits of armour" for children. While most fatal accidents among cyclists occur as a result of being hit by a motor vehicle, a certain number of accidents will be caused by careless cyclists, or by motorists who have no time to take avoiding action due to driving conditions such as poor visibility.
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> Current helmet wearing rates in the UK are low and consequently, as occurred in countries such as Australia, extensive helmet promotion would be needed in order to raise awareness and wearing rates prior to the introduction of any legislation. Focussing on cycle helmets as the answer to reducing cycle accidents could detract resources from other more effective means of accident prevention. The promotion of cycle helmet wearing should, therefore, form only one part of a

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[11] The Royal College of Nursing's 1999 annual congress in Harrogate backed a resolution calling on its leaders to lobby government to introduce legislation for the compulsory wearing of cycle helmets in March 1999.

[12] BMA *Cycle helmets*, 1999 http://www.bma.org.uk/ap.nsf/Content/Cycle+helmets+-+%28m%29 http://www.bma.org.uk/ap.nsf/Content/Cycle+helmets+-+%28m%29%5CScience+-+Cycle+helmets+-+Summary?OpenDocument&Highlight=2,cycling,policy

broader strategy to promote cycling as a healthy, physically active, mode of transport. It should be accompanied by other measures for reducing the number and severity of cycle accidents, such as reducing vehicle speeds and traffic volume in urban areas, and the provision of a safer environment for all cyclists, including riders of tandems and tricycles. This is current government policy as contained in the Integrated Transport White Paper which states that "in many areas radical changes are needed to create safer cycling conditions". In 1997 the BMA identified a number of key measures to reduce injury and promote health through transport policy including the promotion of positive images of cycling as a culturally acceptable mode of transport which is environmentally benign and health promoting.

Cycling has many advantages to the individual in terms of improved health and mobility, as well as to society via, for example, reduced air pollution and traffic congestion. The BMA's earlier report found that even in the current hostile traffic environment, the benefits gained from regular cycling are likely to outweigh the loss of life through cycling accidents for regular cyclists. One of the most important reasons why it could be disadvantageous to make helmet wearing compulsory at the present time, is the risk that it may discourage cycling. The European Commission has noted that in terms of road casualties, "It is important to ensure that an increase in road safety is brought about through making it safer for people to move around — not by curtailing that movement".

Cycle helmets can be effective in reducing the risk and severity of head injury. However, they are only designed to protect the head during low speed impacts, (e.g. 13 mph) such as would occur in a fall to the ground from a bicycle, rather than in an impact with a motor vehicle. They do not prevent injury to other parts of the body. Helmets may be manufactured to different safety standards, which vary quite considerably in their test severity. A greater level of enforcement of cycle helmet standards is needed to protect the public against potentially misleading safety claims. Ultimately, civil law suits may also be an important driving force for manufacturers to establish effective quality control systems.

In the absence of guarantees, helmet standards can be a useful guide and as a minimum standard, helmets should be certified to the European Standard, EN 1078, but preferably, in terms of overall safety performance, be certified to the higher Snell B95 standard. To be effective, cycle helmets must fit properly and not move excessively in normal use. It is also important that they are replaced after an accident. Guidance to consumers, such as that given on page 18, should be more widely available. Importantly, an individual who wears a helmet by choice may be more selective about the quality of helmet purchased and take the time to fit it correctly, than someone wearing a helmet only to comply with legislation and avoid prosecution. This is should be taken into account in any consideration of compulsory helmet legislation.

In practical terms, making the wearing of helmets compulsory is likely to lead to problems of enforcement and policing the law. Legislation is unlikely to extend to off-road use where the cyclist is not on the public highway and where the majority of child accidents are likely to occur. More information is needed on the

degree of off-road cycling and the level of accidents which occur in this cycling environment.

Cycling proficiency education for all children is essential and road safety should be recognised as part of the national curriculum. This should include basic cycle maintenance, and safety precautions, such as lights, reflective clothing and cycle helmet use. The wearing of cycle helmets should be actively promoted at organised charity and sports cycling events. Other cyclists, e.g. Post Office workers, police and parents, should wear cycle helmets for their own protection and in order to set a good example. In addition, newsagents should require cycle helmets to be worn by all children on paper-rounds.

Action to reduce injury and encourage participation in cycling as a healthy leisure activity and alternative mode of transport should now be taken. This must include the creation of a safer cycling environment, the provision of cycling training for all children, reductions in vehicle speeds and traffic volume in urban areas, and the promotion of good quality, correctly fitting cycle helmets to be worn by all cyclists, especially children. Steps must also be taken to ensure that good quality helmets are available at a reasonable cost.

The BMA recommended:[13]

1. The BMA does not consider that the wearing of cycle helmets by all pedal cyclists when on the public highway should be made compulsory at present, but strongly recommends that all cyclists, especially children, wear proper fitting helmets, which as a minimum, should be certified to the EN 1078 standard, but preferably, in terms of overall safety performance, certified to the Snell B95 standard.
2. Comprehensive cycle helmet promotion campaigns including mass media publicity, should be undertaken by the Government, Health Education Authority, cycling organisations and other agencies to increase awareness and use of cycle helmets by cyclists of all ages. In particular, the wearing of cycle helmets should be actively promoted at all organised cycling events.
3. Information on current cycle helmet standards and the level of protection they provide, should be more easily accessible to consumers, to enable them to make informed choices about helmet usage and type of product to purchase.
4. Trading and Advertising Standards officials should ensure that the public are protected against misleading safety claims from manufacturers and that only helmets conforming to the highest safety standards are available for sale in the UK.
5. Further studies should be carried out in the UK to obtain reliable and accurate data on cycle injuries according to helmet-wearing status during on and off-road use. Evidence is also needed, particularly from large, representative samples from different areas and across all age groups, to show current attitudes to voluntary

[13] http://www.bma.org.uk/ap.nsf/Content/Cycle+helmets+-+%28m%29%5CScience+-+Cycle+helmets+-+Recommendations?OpenDocument&Highlight=2,cycling,policy

and compulsory cycle helmet wearing among cyclists and non-cyclists. Data is also required to more clearly demonstrate the health benefits of cycling.

6. Cycle manufacturers and retailers should consider supplying a free cycle helmet (or helmet voucher) with every bike sold.

7. Helmet costs should be reduced substantially, e.g. through Government subsidy schemes, and the reassessment of VAT on safety products on a European wide basis.

8. Cycling proficiency education is essential and road safety should be recognised as part of the curriculum for all school children. This should include basic cycle maintenance, and safety precautions (e.g. lights, reflective clothing etc), information on the health benefits of cycling, as well as encouraging cycle helmet use.

9. Schools should recommend cycle helmets for journeys to and from school and during school cycling activities (including those off road) for all pupils. Schools, youth clubs and other relevant organisations should consider sponsorship arrangements and purchasing helmets in bulk, in order to make helmets more widely accessible.

10. The Road Traffic Act 1988 Section (39)(2) and the Road Traffic (NI) Order 1995 should be strengthened to specifically place a duty on local authorities to ensure all children have the opportunity to receive cycling proficiency training and additional financial resources should be made available for this.

11. In order to place public health at the heart of the Government's Integrated Transport Policy, cycle helmet wearing should form one part of a broader strategy to promote cycling as a healthy, physically active mode of transport. The Government should urgently provide Local Authorities with the necessary resources to improve the conditions for cyclists, with more dedicated cycle paths, road traffic reduction and calming measures, together with the provision of secure cycle parking facilities at bus and rail stations, as recommended in the BMA's reports Cycling Towards Health and Safety and Road Transport and Health.

12. Driver training and the National Driving Test should specifically include and test driver awareness of cyclists and other vulnerable road users.

3. Cycling organisations

Organisations such as the CTC (Cyclists Touring Club) argue that much of the campaigning of the Bicycle Helmet Initiative Trust is based on emotion rather than research. The CTC argues that the wearing of helmets may give a false sense of security as they provide limited protection and that it should be up to the individual whether they are worn. It is also concerned that following the introduction of compulsory helmet wearing in Australia, the numbers cycling dropped considerably. The organisation questions claims by supporters of the Bill that head injuries account for more than 50% of all child cycling injuries. Mr Geffen of the CTC says analysis of department of health data suggests that of child cyclists admitted to hospital in England in 2002/3, 37.6% had head injuries. This compared with an equivalent figure of 43.7% for child pedestrians. Of all children's admissions to hospital in that year 34.2% had head injuries. CTC argues that 15% of children aged between six and 15 were obese in 2001, numbers which are expected to rise to one fifth of boys and a third of girls by 2020. While obesity shortens life expectancy

by about nine years, cycling increases life expectancy by about two years, the group claims.[14]

The CTC published their views on the wearing of helmets in 2001. Many of their conclusions are based on a paper, *The effectiveness of cycle helmets*, by John Franklin.[15] The main points made by the CTC are:[16]

> **The common perception that "cycling is dangerous" needs to be placed in perspective.** Whilst we would clearly welcome any reduction in the 136 cyclists who died on Britain's roads in 2001, this still a very small number compared with around 45,000 people who died that same year from heart disease relating to physical inactivity. At a time of alarming rises in obesity rates, the last thing we should be doing is scaring people into not cycling.
>
> **It is in any case doubtful how many (if any) lives would be saved through increased helmet wearing.** To start with, helmets obviously cannot prevent crashes from occurring, and are not designed to withstand impacts with moving traffic. Furthermore, all evidence suggests that, wherever efforts to increase helmet-wearing (or worse still, laws banning cycling without helmets) have reduced the number of cycle casualties, this is because cycle use has fallen, usually by an even greater amount. Valuable health benefits have been lost, while the risk per cyclist for those who remain has actually got worse. It follows that there must be hazards associated with helmet wearing, which must equal or outweigh any benefits they may have. For instance, there is evidence that, where a bare head might have suffered a glancing blow or even a near-miss, the forces inside a helmet can cause neck injuries or rotational head impacts which are often the cause of serious brain damage. Moreover, some cyclists – teenagers particularly – are known to take greater risks when helmeted, due to a "false sense of security". This makes it all the more important not to make unjustified safety claims for cycle helmets.
>
> **CTC believes that helmet campaigns are at best ineffective, and at worst damaging, in terms of public health and cyclists' safety.** By alarming people about the supposed risks of cycling, they threaten the Government's own objectives and targets to encourage more people to cycle more often. And the evidence suggests that the risks for those who continue cycling are if anything made worse, not better.
>
> **To achieve the dual aims of increasing cycle use and at the same time improving cyclists' safety, the Government should tackle the source (not the symptoms) of the problem by**:

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14 http://news.bbc.co.uk/1/hi/uk_politics/3563671.stm
15 http://www.lesberries.co.uk/cycling/helmets/effectiveness.pdf
16 http://www.ctc.org.uk/resources/Campaigns/0305CTChelmetpromotion1.doc

> • Creating a more attractive cycling environment, using physical, legal and awareness-raising measures to reduce the risks posed to cyclists by high traffic volumes and speeds;
> • Providing quality cycle training that gives cyclists and would-be cyclists of all ages the confidence and skills they need to ride safely and comfortably in normal traffic.
>
> **In other European countries** with high cycle use and attractive cycling conditions, such as the Netherlands and Denmark, cycling is perceived as an entirely "normal" activity requiring no special clothing or equipment, and cycle helmet-wearing is virtually unknown. CTC believes this is the situation that we should be aiming for in the UK, where the cycling environment both on and off road is safe, so as to maximise the health, transport, social, air quality and other environmental benefits of encouraging more people to cycle more often.

And in addition the CTC make the following points:

- Cycling is a highly accessible form of physical activity which provides a range of health and fitness benefits.
- Efforts to increase helmet use, whether through legal requirements or promotional campaigns, actually have the effect of reducing cycle use (particularly among teenagers) and increasing injury risks for those who continue cycling.
- Attempts to reduce cyclists' injuries by promoting helmet-wearing are therefore counter-productive.
- Cycling is not a hazardous activity such that it merits special treatment.
- The benefits of helmets are widely over-estimated and are frequently exaggerated in helmet promotion campaigns.
- Helmeted cyclists are more likely than others to have falls or collisions in which they sustain injuries.
- The reasons for the lack of safety benefits from cycle helmets may lie in changes in the behaviour of either cyclists or other road users.
- Helmets themselves may increase certain risks, including that of serious brain damage due to rotational impacts.
- Promoting helmets for walking, car travel and other activities could potentially prevent far more injuries and save far more lives.
- A better way to reduce cyclists' injury risks – whilst maximising the health and other benefits of cycling – would be to increase cycle use, by improving cycling conditions.

The National Cycling Strategy Board is not opposed to helmet wearing, but the group is against compulsion. The acting chair said: "It would dramatically reduce the number of cyclists and, as such, be the worst possible step to take when we are also concerned about the desperate health problems arising from obesity."[17]

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[17] http://news.bbc.co.uk/1/hi/uk_politics/3557721.stm

4. Risk transfer

There are some, for example Mayer Hillman, who argue against the introduction of helmets on the grounds of risk transfer, that is the view that one feels more comfortable and safe if protected and so will ride less carefully. Mayer Hillman argues that the wearing of a helmet will involve a change in behaviour. Cyclists will feel less vulnerable and so ride less cautiously and be more likely to have an accident. He argues that calling on cyclists to increase their safety by wearing a helmet shifts responsibility away from drivers who normally cause the accidents to cyclists who are usually the victims. The emphasis should not be on making people dress up in body armour to cycle but on making the roads safer.[18]

II Research

The government, usually through the Transport Research Laboratory (TRL), has published work on the rate of helmet wearing and the effectiveness of helmets in preventing head injuries. RoSPA published in June 2003 a useful summary of the various publications in *The effectiveness of cycle helmets: a synopsis of selected research papers and medical articles* although it does not come to any conclusions. It can be seen at: http://www.rospa.com/pdfs/road/cycle_helmets_2003.pdf

The government is to initiate further research to explore the possible relationship between cycling casualties and cycling levels. This may give more information of the number of head injuries and helmet use. At present it is not possible to monitor this because the casualty data does not identify injury by specific parts of the body. [19]

A. Helmet wearing

Research by the Transport Research Laboratory (TRL) set out to establish a baseline helmet wearing rate against which future counts could be compared.[20] The 1994 survey revealed that 16% of cyclists on major built-up roads wore a cycle helmet, and that a greater proportion of females wore helmets in both the adult and child groups.

A repeat survey was conducted in the autumn of 1996.[21] This found cycle helmet wearing had increased to 17.6%. The report included an assessment of local authority initiatives to promote cycle helmet wearing and observed wearing rates but did not provide sufficient evidence to draw any firm conclusions about the effect of promotional campaigns on the levels of cycling.

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18 Mayer Hillman *Cycle helmets- the case for and against* Policy Studies Institute, September 1993
19 PQ HC Deb 18 March 2004 c404w
20 S B Taylor and M E Halliday *Cycle helmet wearing in Great Britain* TRL report 156, 1996
21 K Bryan-Brown and S Taylor *Cycle helmet wearing in 1996* TRL Report 286, 1997

In 1999 the helmet wearing rate had increased by a quarter to 21.8%. This was due to an increase in adults wearing helmets with no significant increase among children.[22] Additional observations were carried out on minor built-up roads, where 8.2% of cyclists wore helmets.

In June 2003 the TRL published *Cycle helmet wearing in 2002*, setting out further research commissioned by the department for transport on helmet wearing rates. This found that the rate for all cyclists on built up major roads was 25.1%, but the increase was again due to increased use amongst adults. On minor roads the rate was 9.5%. The study found that helmet wearing rates varied depending on age, sex, type of bicycle ridden and time, but rates for the population as a whole were going up except among teenage boys, where the rate had reduced from 16 per cent in 1994 to 12 per cent in 2002.[23]

B. Attitudes

Another TRL study looked at the attitude of cyclists to the wearing of helmets.[24] It found that cycle helmet use was unpopular, mainly because helmets looked unattractive and unfashionable, but also because they were uncomfortable, inconvenient to carry around and in a few cases, considered to be expensive.

C. Effectiveness

While helmets do not prevent accidents, a TRL hospital study in 1989 estimated that if the cyclists in the study had been wearing helmets, 30% of the slightly injured would have been uninjured, 18% of the serious casualties would have been slight and 11% of the serious casualties would have been uninjured.[25]

In 1994 the government commissioned the TRL to review international research on the subject.[26] The author concluded that wearing a helmet could substantially reduce the risk of severe head injuries to cyclists who were unfortunate enough to be involved in an accident. She cited various studies including an Australian one that found that half the cyclists killed on the roads in that country would probably not have died if they had been wearing helmets. In the United States over a five-year period it was estimated that more than three-quarters of cyclists' head injuries could have been avoided if the cyclists had worn helmets. And a Swedish survey similarly reckoned that more than 70% of the injuries to cyclists studied would have been less severe if the victims had worn helmets.

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22 K Bryan-Brown and S Taylor *Cycle helmet wearing in 1999* TRL Report 487, 2001

23 K Gregory, C. Inwood and B. Sexton *Cycle helmet wearing in 2002*, TRL report 578, 2003. http://www.trl.co.uk/1024/mainpage.asp?page=142

24 M E Halliday (TRL Ltd) and C White, H Finchin and K Ward (Social & Community Planning Research) *Attitudes to cycle helmets — a quantitative study* TRL report 154, 1996

25 Paula Mills *Pedal cycle accidents – a hospital based study* TRL research report 220, 1989

26 Merry Royles *International literature review of cycle helmets* TRL project report 76, 1994

The department for transport more recently commissioned another independent review of the effectiveness of cycle helmets. The study, *Bicycle helmets: review of effectiveness,* was published in November 2002. This found that overall the evidence suggests that cycle helmets are effective at reducing the severity of brain and upper facial injuries for all ages, and especially in children.[27] The authors summarised their findings as follows:

Section 1: The epidemiology of bicycle injuries in Great Britain

- On average between 1998/2000 inclusive in Great Britain 28 children and 123 adults were killed as pedal bicyclists each year.
- For each child killed, there were 26 serious and 189 slight injuries and for each adult killed there were 17 serious and 106 slight injuries.
- There is some evidence of under reporting of bicycle injuries, particularly in children.
- Males are four times as likely to be killed or injured as females.
- Most bicycle injuries occur in teenage children or young adults.
- Head and face injuries make up a significant proportion of all bicycle injuries.
- There have been great declines in the distance cycled in Great Britain between 1985/1992.
- Bicycle helmet wearing rates in Great Britain have increased steadily in the last decade but are still low. In 1999 on busy roads the wearing rate was 22 per cent and on minor roads 8 per cent.

Section 2: Bicycle helmets standards

- Bicycle helmets aim to reduce the risk of injury due to impacts on the head.
- Bicycle helmets perform three functions: reduce the deceleration of the skull, spread the area over which the forces of impact apply, and prevent direct impact between the skull and impacting object.
- A range of different helmet standards have been developed in different countries but they are substantially similar. The main differences relate to the impact energy during the drop tests.
- Only the Australian/New Zealand and Canadian standards take serious account of the requirements of children, whose tolerances are lower.
- There is little evidence that helmets of different standards perform better in protecting the wearer.

Section 3: Observational studies

- Bicycle helmets have been found to be effective at reducing the incidence and severity of head, brain and upper facial injury.
- Bicycle helmets have been found to be effective in reducing injury for users of all ages, though particularly for children.

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[27] Elizabeth Towner et al., *Bicycle helmets: review of effectiveness*, DfT Road safety research report 30, November 2002. http://www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/page/dft_rdsafety_507998.hcsp

- While most studies indicate that helmets offer protection from head injury, the relative risk of injury in helmeted and unhelmeted bicyclists has varied in different studies.
- There is equivocal evidence relating to the link between helmet use and neck injury.
- There is very little evidence relating to helmet use and cycling style.
- There is considerable heterogeneity in the studies relating to definitions of head and brain injury, choice of controls, target group and context in which cycling takes place.
- Only one of the studies has been conducted in Great Britain.

Section 4: Evaluated intervention studies related to promotion of bicycle helmets

- Most bicycle helmet educational campaigns have been targeted at children.
- Bicycle helmet education campaigns can increase the use of helmets.
- Younger children and girls showed the greatest effects from the campaigns.
- Reducing the costs of helmet through discounts, and give-away programmes facilitates uptake and use.
- Only two of the studies have been conducted in Great Britain.

Section 5: Bicycle helmet legislation: evaluated studies and detailed case studies

- Bicycle helmet legislation has been associated with head injury reductions.
- Bicycle helmet legislation with supporting educational activities is an effective means of increasing observed helmet use.
- Compulsory helmet wearing may discourage some bicyclists leading to decreased bicycle use.
- In Australia, New Zealand and Canada, legislation has not been introduced until high levels of helmet wearing have been attained in the population.

Section 6: Barriers and facilitators of helmet use

- Most of the literature on barriers and facilitators of helmet use has focused on children and teenagers.
- Over time, helmet use has increased, but there remain differences in helmet-wearing rates between and within countries.
- Barriers to helmet use include age (teenagers), social background (lower income), geographical factors, group effects associated with companionship, cost and discomfort.
- Attitudinal barriers to helmet use include low risk perception, peer pressure and parental influence.

Section 7: Opinion pieces

- The pro-bicycle helmet group base their argument overwhelmingly on one major point: that there is scientific evidence that, in the event of a fall, helmets substantially reduce head injury.

- The anti-helmet group base their argument on a wider range of issues including: compulsory helmet wearing leads to a decline in cycling, risk compensation theory negates health gains, scientific studies are defective, the overall road environment needs to be improved.
- The way in which the debate has been conducted is unhelpful to those wishing to make a balanced judgement on the issue.

The authors sought to reach conclusions for bicycle helmet wearing in Britain from the evidence they had looked at. They used the four criteria identified by Unwin in his paper on legislation, that should be met before bicycle helmet wearing could be enforced:[28]

(1) There must be a high level of scientific evidence that bicycle helmets are effective in reducing the rate of head injury to bicyclists.

(2) The benefits to society and others of mandatory bicycle helmets must be convincingly demonstrated, mandatory bicycle helmets cannot be justified simply to protect individual adult bicyclists.

(3) There must be widespread agreement, ideally by a large majority, that the potential benefits of compulsory bicycle helmets outweigh the infringement of personal liberty and other disbenefits.

(4) There must be good evidence to suggest that compulsory helmet wearing would not make the public health benefits of increased levels of bicycling significantly harder to obtain.

It was also suggested that mandatory bicycle helmets for children may be justified for their own protection.

The authors concluded that:

> The first of these criteria has been met. There is now a considerable amount of scientific evidence that bicycle helmets have been found to be effective at reducing head, brain and upper facial injury in bicyclists. Such health gains are apparent for all ages, though particularly for child populations (Section 3). Criterion 2 is less easy to demonstrate and must relate to a broader debate about the whole bicycling environment: bicycle helmet promotion and legislation needs to be seen as one part of a broader package of measures which enhances bicycling safety. The experience of countries such as Australia and New Zealand suggests that this process takes time. Barriers to helmet use can be overcome (Criterion 3). An infrastructure which promotes bicycling and provision for bicycle helmet is needed (for example employers, schools providing facilities for bicycle helmet storage).

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[28] Unwin N. "Cycle helmets: when is legislation justified?" *Journal of Medical Ethics* 1996

In relation to Criterion 4 there is some evidence that legislation may have resulted in decreased levels of bicycling (for example in Victoria, Australia) but there are confounding factors and no clear long-term trends. Attention needs to be paid to enhancing the bicycling environment generally rather than concentrating solely on the individual approach of wearing helmets.

Finally, is there a case for mandatory helmets for children rather than all age groups? The UN convention on the rights of a child asserts that the child has a right to a safe environment. In the barriers and facilitators to helmet wearing section, we noted when children and adults bicycle in groups, children are more likely to wear a helmet if adults also do so. The role model effect of adults is an important factor in enhancing helmet wearing in children. It is also more difficult to enforce a law for one age group. Countries such as New Zealand or States or Provinces which have enacted universal legislation have attained high wearing levels. There may also be problems of enforcement if legislation relates to one environment, for example on-road rather than off-road because different sectors of a bicycle journey may encompass both on-road and off-road environments.

Australia

The study included an evaluation of the compulsory legislation in Victoria, Australia. Victoria introduced a state-wide law on 1 July 1990 requiring all cyclists to wear an approved safety helmets. This led to increased helmet wearing:

Helmet wearing rates following legislation in Victoria			
	Pre-legislation	**1991**	**1992**
Children (5-11 years)	65%	78%	77%
Teenagers (12-17 years)	21%	45%	59%
Adults (18+ years)	36%	74%	84%

As well as increased rates of helmet wearing, post legislation there was a marked decrease in casualty rates. Across the state the number of bicyclists killed or admitted to hospital after sustaining a head injury decreased by 48 per cent in the first year following legislation and by a total of 70 per cent by the second year. In the metropolitan area of the state capital, Melbourne, the number of bicyclists admitted to hospital having sustained a head injury following a motor vehicle collision fell by 66 per cent in the same period.

However there was also a smaller reduction in the number of bicyclists admitted to hospital who did not sustain head injuries, suggesting a reduction in the amount of bicycle usage. Another factor which may have had an impact on reduced rates of head injury was the introduction of major drink/driving and speeding campaigns in 1989 and 1990 respectively. Following these campaigns there was a reduction of 12 per cent in the

number of people killed or admitted to hospital as a result of all types of road accident. It is likely that this could account for some of the reduction in cyclist injury rates following helmet legislation. However it is likely that decreased activity had some impact on reported gains in helmet wearing rates and lowered casualty rates. The greatest reduction by far was that of teenage bicyclists, and those teenagers who did cycle still had the lowest rates of helmet law compliance. The author concludes "Taking into account teenagers negative attitudes towards bicycle helmets it can be argued that helmet legislation could be responsible for their choosing not to cycle."[29]

III Casualty figures[30]

There are no official figures relating to the number of cyclists in the country. Instead, a figure for billion kilometres travelled tends to be used to define popularity and for use as a comparator. The following table shows the decrease in cycling since 1985 compared with the behaviour of other modes.

Road traffic by type of vehicle: 1985-2002

Billion vehicle-kilometres

Year	Cars and taxis	Motor cycles etc	Larger buses & coaches	Light vans	Goods vehicles	All motor vehicles	Pedal cycles
1985	250.5	7.4	3.7	28.6	19.6	309.7	6.1
1986	264.4	7.1	3.7	30.0	20.1	325.3	5.5
1987	284.6	6.7	4.1	32.7	22.3	350.5	5.7
1988	305.4	6.0	4.3	36.2	23.8	375.7	5.2
1989	331.3	5.9	4.5	39.7	25.5	406.9	5.2
1990	335.9	5.6	4.6	39.9	24.9	410.8	5.3
1991	335.2	5.4	4.8	41.7	24.5	411.6	5.2
1992	338.0	4.5	4.6	41.2	23.8	412.1	4.7
1993	338.1	3.8	4.6	41.6	24.1	412.2	4.0
1994	345.0	3.8	4.6	43.4	24.7	421.5	4.0
1995	351.1	3.7	4.9	44.5	25.4	429.7	4.1
1996	359.9	3.8	5.0	46.2	26.2	441.1	4.1
1997	365.8	4.0	5.2	48.6	26.8	450.3	4.1
1998	371.4	4.1	5.3	50.9	27.9	459.6	3.9
1999	377.0	4.5	5.3	51.6	28.1	466.5	4.1
2000	376.3	4.6	5.2	52.3	28.2	466.5	4.1
2001	382.3	4.8	5.2	53.6	28.0	473.9	4.2
2002	392.4	5.1	5.2	55.0	28.3	485.9	4.4

Source: Department for Transport

[29] Op cit Elizabeth Towner et al., *Bicycle helmets: review of effectiveness*, p45 http://www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/page/dft_rdsafety_507998.hcsp

[30] Figures prepared by Matthew Whittaker, Social and General Statistics Section, House of Commons Library

The following tables show the number of accidents (includes reported accidents where no one is hurt) or casualties per 100 million kilometres travelled.

Number of accidents

- Total of 17,532 accidents involving pedal cycles in 2002, down 31 per cent from 1995 level;
- 141 fatal accidents involving pedal cycles in 2002, down 38 per cent from 1995 level.

Pedal cycle involvement in accidents: by severity

	Fatal		Fatal or serious		All severities	
	Number	Rate (per 100 million vehicle kilometres)	Number	Rate (per 100 million vehicle kilometres)	Number	Rate (per 100 million vehicle kilometres)
1995	229	5.5	4,180	101	25,497	617
1996	214	5.3	3,984	98	25,102	617
1997	199	4.9	3,795	93	25,200	619
1998	167	4.2	3,485	88	23,423	593
1999	187	4.6	3,351	82	23,482	577
2000	141	3.4	2,937	71	21,055	507
2001	145	3.4	2,823	67	19,497	462
2002	141	3.2	2,583	59	17,532	398

Source: *Road casualties Great Britain 2002: Annual Report*, DfT, Table 9

Number of casualties

- Total of 17,107 pedal cyclists casualties of road traffic accidents in 2002, down 31 per cent on 1995 level;
- 130 pedal cyclists killed in motor traffic accidents in 2002, down 39 per cent on 1995 level.

Pedal cycle casualty rates

	Killed		Killed or seriously injured		All severities	
	Number	Rate (per 100 million vehicle kilometres)	Number	Rate (per 100 million vehicle kilometres)	Number	Rate (per 100 million vehicle kilometres)
1995	213	5.2	3,967	95	24,945	597
1996	203	4.9	3,789	92	24,584	597
1997	183	4.5	3,592	87	24,636	599
1998	158	4.0	3,312	83	22,923	574
1999	172	4.2	3,367	77	22,840	555
2000	127	3.1	2,770	66	20,612	491
2001	138	3.3	2,678	63	19,114	447
2002	130	3.0	2,450	56	17,107	389

Source: *Road casualties Great Britain 2002: Annual Report*, DfT, Tables 5c & 8

Information on the percentages of adults and children wearing helmets is not held centrally.

Casualties by gender

- Four-fifths of all pedal cyclist casualties in 2002 were male, little changed from 1995.

Pedal cycle casualty rates: by gender

	Male			Female		
	Killed	Killed or seriously injured	All severities	Killed	Killed or seriously injured	All severities
1995	183	3,219	19,888	30	748	5,048
1996	165	3,072	19,645	38	717	4,913
1997	151	2,872	16,623	32	720	4,996
1998	125	2,667	18,216	33	645	4,682
1999	148	2,583	18,235	24	593	4,577
2000	104	2,250	16,318	23	518	4,275
2001	120	2,182	15,342	18	495	3,740
2002	109	2,009	13,750	21	439	3,345

	Male			Female		
	Killed	Killed or seriously injured	All severities	Killed	Killed or seriously injured	All severities
1995	85.9%	81.1%	79.8%	14.1%	18.9%	20.2%
1996	81.3%	81.1%	80.0%	18.7%	18.9%	20.0%
1997	82.5%	80.0%	76.9%	17.5%	20.0%	23.1%
1998	79.1%	80.5%	79.6%	20.9%	19.5%	20.4%
1999	86.0%	81.3%	79.9%	14.0%	18.7%	20.1%
2000	81.9%	81.3%	79.2%	18.1%	18.7%	20.8%
2001	87.0%	81.5%	80.4%	13.0%	18.5%	19.6%
2002	83.8%	82.1%	80.4%	16.2%	17.9%	19.6%

Source: *Road casualties Great Britain 2002: Annual Report*, DfT, Tables 5a & 5b

Casualties by age

- Two thirds of pedal cyclists killed or seriously injured in road traffic accidents in 2002 were aged 20 and over;
- Among younger age groups, those aged 12 to 15 are most likely to be killed or seriously injured.

Pedal cyclists killed or seriously injured: by age

Number	1995	1996	1997	1998	1999	2000	2001	2002
0 to 4	19	21	15	18	21	9	8	8
5 to 7	163	148	136	120	137	81	66	66
8 to 11	432	423	354	281	302	254	212	193
12 to 15	635	639	511	496	490	414	388	327
16 to 19	375	365	352	324	281	204	229	178
20 to 24	399	321	288	279	244	203	198	170
25 to 59	1,578	1,524	1,562	1,484	1,389	1,337	1,279	1,233
60 and over	321	307	340	258	258	210	245	220
All age groups	3,967	3,789	3,592	3,312	3,176	2,770	2,678	2,450

Percentage	1995	1996	1997	1998	1999	2000	2001	2002
0 to 4	0.5%	0.6%	0.4%	0.5%	0.7%	0.3%	0.3%	0.3%
5 to 7	4.1%	3.9%	3.8%	3.6%	4.3%	2.9%	2.5%	2.7%
8 to 11	10.9%	11.2%	9.9%	8.5%	9.5%	9.2%	7.9%	7.9%
12 to 15	16.0%	16.9%	14.2%	15.0%	15.4%	14.9%	14.5%	13.3%
16 to 19	9.5%	9.6%	9.8%	9.8%	8.8%	7.4%	8.6%	7.3%
20 to 24	10.1%	8.5%	8.0%	8.4%	7.7%	7.3%	7.4%	6.9%
25 to 59	39.8%	40.2%	43.5%	44.8%	43.7%	48.3%	47.8%	50.3%
60 and over	8.1%	8.1%	9.5%	7.8%	8.1%	7.6%	9.1%	9.0%
All age groups	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: *Road casualties Great Britain 2002: Annual Report*, DfT, Table 6c

People aged 20-40 most likely to be pedal cycle casualties

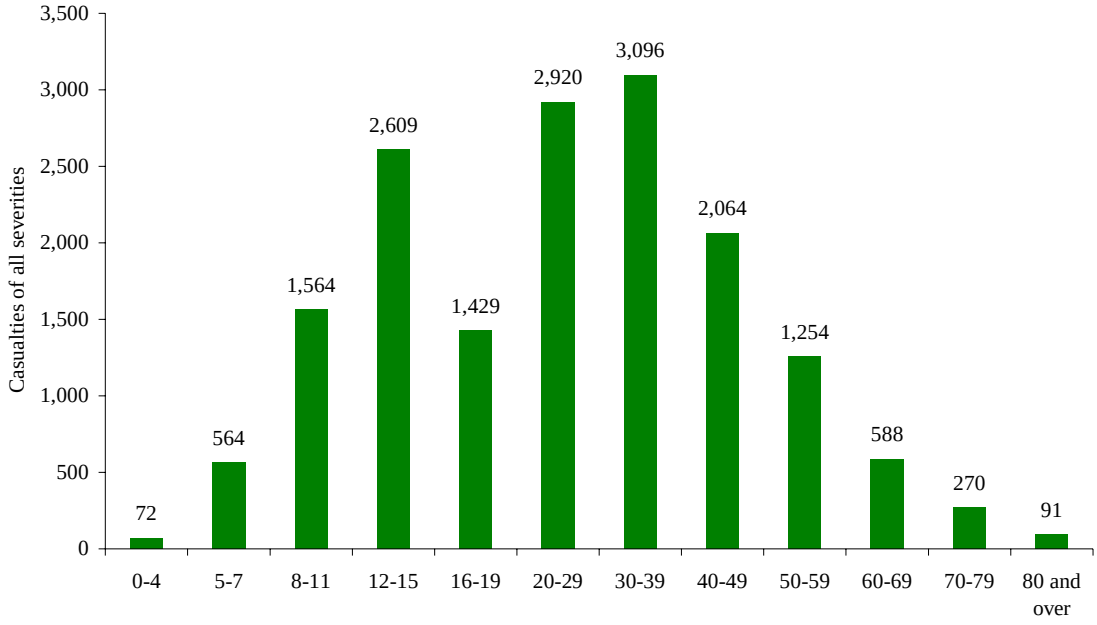

Chart 1: **Pedal cycle casualties by age band: 2002**
Source: *Road casualties Great Britain 2002: Annual Report*, DfT, Table 29a

IV Parliamentary efforts

In Parliament Jean Corston introduced a Ten Minute Rule Bill to "promote the wearing of protective headgear by cyclists" on 2 November 1999.[31]

In April 2001 the Government removed VAT from adult cycle helmets, to encourage road safety and cycle use. Prior to this only children's cycle helmets attracted a zero rate of VAT.[32]

Ben Chapman initiated a debate on cyclists and measures to encourage lawful cycling 14 May 2003.[33]

Various Early Day Motions have been put down over the past few years. For example:

EDM 764 2003/04
http://edm.hclibrary.parliament.uk/edmdata/html/printable.html/ref=764

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31 HC Deb 2 November 1999 cc 100-2
32 For more details see, *VAT on children's clothes*, Library Standard Note SN/BT/1123, 8 May 2003 http://hcl1.hclibrary.parliament.uk/notes/bts/snbt-01123.pdf
33 HC Deb 14 May 2003 c100WH

EDM 1783 2002/03
http://edm.hclibrary.parliament.uk/edmdata/html/printable.html/EDMI_SES=02/ref=1783

EDM 1168 1999/00
http://edm.hclibrary.parliament.uk/edmdata/html/printable.html/EDMI_SES=99/ref=1168

EDM 1114 1999/00
http://edm.hclibrary.parliament.uk/edmdata/html/printable.html/EDMI_SES=99/ref=1114

EDM 764 1999/00
http://edm.hclibrary.parliament.uk/edmdata/html/printable.html/ref=764

EDM 1708 1997/98
http://edm.hclibrary.parliament.uk/edmdata/html/printable.html/EDMI_SES=97/ref=1708