



AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC.

ABN 91 028 693 268

30 August 2021

Ms Carol Nightingale
Manager, Road Safety Policy and Projects
Department for Infrastructure and Transport
E: DIT:RoadSafety@sa.gov.au

Dear Ms Nightingale

Re: Consultation Draft 'South Australia's Road Safety Strategy to 2031'

On behalf of the AMA(SA) Road Safety Committee ('the Committee'), thank you for the opportunity to provide feedback on the Consultation Draft 'South Australia's Road Safety Strategy to 2031'. We commend the efforts of the department and the state government to draft a strategy that sets out an evidence-based approach to reducing road trauma. In particular, we applaud the vision to have 'zero lives lost on our roads by 2050', and the consultation around developing the Strategy and its themes.

The Australian Medical Association in South Australia (AMA(SA)) places great importance on road safety in contributing to the health and safety of people living and visiting in this state. This is demonstrated in its commitment to having a dedicated road safety advisory group – the only state-based road safety group within the AMA. As a group of medical practitioners and road safety professionals, we are extremely concerned that road trauma is a major cause of death and serious injury in South Australia, and we recognise the enormous health, social and economic cost of road deaths and injuries to individuals and the community.

As doctors, AMA members see daily the impact of road trauma on the health system; its cost to the system, its toll on mental health, and also the opportunity cost of directing health resources to road accidents when these resources could be used to support others in need. The economic costs of road trauma are significant – \$30 billion per annum in Australia according to the National Road Safety Strategy 2021-30. Costs to the health system are great – both in terms of acute care and ongoing care. In 2017, Economic Connections modelled the costs of Australian road trauma for the Australian Automobile Association and found hospital, medical and paramedical costs for the 2015 year for which there was complete data totalled \$1.631 billion and emergency services costs were \$336.5 million. They estimated that the costs of disability support including appliances and equipment were over \$2 billion.¹ Thus, there is a clear potential benefit in investing in comprehensive road safety strategies to reduce not only the number of lives lost but also injuries.

In this context, we have reviewed the draft Strategy, looking for an approach that addresses our concerns about road safety. As a general comment, the Committee finds much to agree with in the draft, ranging from the social model approach to changing the culture around road safety, and addressing the socio-economic factors that contribute to unsafe road use,

¹ Economic Connections, The Cost of Road Trauma in Australia, Report for the Australian Automobile Association, Canberra, 2017, https://www.aaa.asn.au/wp-content/uploads/2018/03/AAA-ECON_Cost-of-road-trauma-summary-report_Sep-2017.pdf Econ, 2017

to investment in road infrastructure. However, there are areas we consider should be reviewed if the ambitious goals are to be achieved. We draw your attention to the following issues.

1. Speed limits and the human impacts of speed

Speeds limits are too high in some places and should be subject to a detailed review to ensure they are appropriate for the situation, given the evidence that the risk of involvement in a fatal crash doubles with every 5 km/h increase in speed over the limit in a 60km/h zone.² The AMA(SA) recommends a general reduction of speed limits on all types of roads - supported by monitoring, detection and enforcement, as well as vehicle technology - based on the evidence that shows this is likely to lead to better safety outcomes. Reducing speed is particularly indicated for regional and remote roads where it is found to be a causal factor in most serious crashes.

While the Strategy identifies the need to address speed as a cause of road trauma, it does not clearly identify how it will target speed limits or whether it will reduce them. Similarly, in the 'Principles for decision making and investment' outlined on page 16, there is discussion about how infrastructure will be designed and maintained, but no indication of the relationship between this and speeding or other driver behaviour. The Committee strongly recommends that speed limits should factor into 'decision making frameworks' and 'policy settings'.

2. Blood alcohol levels

The AMA(SA) strongly believes that the legally permissible blood alcohol content (BAC) for operating a motor vehicle should be lower. There was no mention in the draft guidelines of any proposed reduction, just discussion of education, deterrence, and enforcement of current limits. However, the Committee has considered evidence from the Centre for Automotive Safety Research (CASR) that highlights the difference in traffic accident risk between a BAC of 0.05 g/100 ml and a BAC of 0.02 g/100 ml. A 2016 study in the US found that a BAC of 0.05 g/100 ml produced an approximate doubling of accident risk.³ The study found an elevated risk of an accident of about 40 per cent at 0.04 g/ 100ml and 15 per cent at 0.03 g/100 ml yet no increased risk at 0.02 g/100 ml.

Alcohol remains a major public health issue with more than 4,000 deaths and many more cases of injury and ill-health per annum.⁴ Given the vision to eliminate fatal and serious road traffic injury by 2050, we recommend that consideration be given to lowering the legal BAL from the current 0.05 limit to 0.02 g/100 ml in the light of research evidence that the crash risk is doubled at 0.05.

The Committee believes a lower drink driving limit will have the practical effect of discouraging people from drinking any alcohol before driving as most will be wary in judging their own BAC before driving. This has the potential to have a positive flow-on impact in reducing the incidence of all other alcohol-related harms.

² National Road Safety Strategy 2021-30, Fact sheet Movement and place and speed management | Office of Road Safety, <https://www.officeofroadsafety.gov.au/nrss>

³ Lacey, J. H., Kelley-Baker, T., Berning, A., Romano, E., Ramirez, A., Yao, J., ... & Compton, R. (2016, December). Drug and alcohol crash risk: A case-control study (Report No. DOT HS 812 355). Washington, DC: National Highway Traffic Safety Administration. Lacey et al, 2016

⁴ Australian Bureau of Statistics, 3303.0 - Causes of Death, Australia, 2017, 26/09/2018, ABS, 2018

3. Older drivers

Given the aging population, further attention must be given to how the fitness of older drivers is assessed. Currently medical practitioners (usually general practitioners) are required to assess the fitness of older drivers to hold a licence without objective measures. This requires doctors to make very subjective judgments which leads to errors and also has the potential to undermine the doctor's relationship with their patient. Fully funded research is required to establish objective measures of cognitive and physical capabilities.

4. Star Ratings for Roads

The AMA(SA)'s Committee supports the proposals to invest in road infrastructure that is forgiving of driver error. To support this, we recommend a system of star ratings for roads similar to the well-known Australian New Car Assessment Program (ANCAP). We note that such a system already exists in principle in the form of the Australian Road Assessment Program (AUSRAP) but this has not been implemented.

A star rating system would increase transparency and accountability in providing safer road infrastructure and would also inform the public of the risks of using a particular road, potentially changing driver behaviour.

5. Collision Avoidance Systems as standard for all new cars

Collision avoidance technology has progressed rapidly over the past few years and we are now fortunate to have proven, effective collision avoidance systems available. These include, among others, forward collision avoidance technology (also known as autonomous braking) and lane maintenance technology. Such systems mitigate risks for drivers, cyclists and pedestrians in our community, but, unfortunately, uptake of these technologies by vehicle manufacturers has not been universal.

A detailed study of Australian crashes found that forward collision avoidance systems would have reduced the number of fatalities and the severity of injuries. It is estimated that there could be a 20-40 per cent reduction in the number and severity of fatal crashes with the use of this technology.^{5 6} The benefits can be measured in lives, injuries and money saved. Thus, the social, health and economic advantages are clear. We recommend that all new vehicles sold in SA must be fitted with collision avoidance technology. The mandated technology should be determined by an expert panel with regulations updated as additional new technologies emerge and are proven effective.

6. Independent Commissioner for Road Safety

While the strategy has many laudable objectives, it is unclear how these will be achieved without clear lines of accountability and monitoring. One of our major concerns is that it does not have a framework for implementation, assessment and accountability.

⁵ Queensland Department of Transport and Main Roads, 2017, <https://www.tmr.qld.gov.au/sitecore/content/internetHome/Safety/Vehicle-standards-and-modifications/Vehicle-standards/Forward-collision-avoidance-technology.aspx>

⁶ DW, 'Automatic brakes stopped Berlin truck during Christmas market attack', 28/12/2016 <https://www.dw.com/en/automatic-brakes-stopped-berlin-truck-during-christmas-market-attack/a-36936455>

If the ambitious target for road safety is to be reached, this strategy will need to be actively managed and reviewed against milestones and therefore we recommend that an *Independent Commissioner for Road Safety* should be established to oversee its implementation. This should be supported by a statutory body dealing with road safety (an Office of Road Safety). This entity would report directly to parliament, would be apolitical and be responsible for the following

- Road safety strategy, planning and policy development
- Monitoring and evaluating road safety performance, commissioning research and development projects
- Administering a road safety fund comprised of (at least) the traffic fines paid by motorists
- Promoting and communicating road safety and a systems-based response to road traffic injury.

In summary, the Committee commends the government for a comprehensive approach to reducing road fatalities and serious accidents, but we believe the practical measures recommended here are required to achieve the goal.

Please contact me at any time if you wish to discuss any of the issues raised in this letter by contacting Mrs Catherine Waite of the AMA(SA) Secretariat on 8361 0105.

Yours sincerely



Dr Monika Moy

Chair, AMA(SA) Road Safety Committee