



SOUTH AUSTRALIA

**AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC.**

ABN 91 028 693 268

19 August 2021

Dr Matthew McConnell
Chair, AMA Public Health Committee
E: mattjmc_connell@yahoo.com

Dear Matthew

Re: Blood alcohol content and traffic accident risk

I write as Chair of the AMA(SA) Road Safety Committee, which, as you may be aware, is the only state-based road safety group within the AMA.

The AMA(SA) Road Safety Committee feels strongly that action must be taken to advocate to governments across Australia for a lowering of the blood alcohol content (BAC) that is legally permissible when operating a motor vehicle. We are initially bringing this to your attention as Chair of the AMA Public Health Committee because we consider that this action requires national advocacy and promotion, and that the Federal AMA is the obvious group to begin this discussion across Australia.

Our request comes after we considered evidence at our July 2021 meeting 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. The Committee was provided with this evidence by new Committee member Associate Professor Jeremy Wooley of the Centre for Automotive Safety Research (CASR) at the University of Adelaide.

Associate Professor Wooley referred us to research by his CASR colleague, Dr Matthew Baldock. Dr Baldock's evidence points to the 2016 findings of Lacey et al.¹ in the US that a BAC of 0.5 g/100 ml produced an approximate doubling of accident risk. Lacey found an increase of risk of about 40 per cent at 0.04 g/100 ml, and 15 per cent at 0.03 g/100 ml. He found no increased risk at 0.02 g/100 ml.

Alcohol remains a major public health issue, with more than 4,000 deaths² and many more cases of injury and ill-health attributed to alcohol in Australia each year. Given the vision of Australian governments to eliminate fatal and serious road traffic injury by 2050, we ask that consideration be given to the AMA examining this matter in more detail, with the intention of developing a new national policy and associated public campaign based on the 0.02 g/100 ml BAC limit.

If introduced, we suggest a lower drink driving limit will have the practical effect of discouraging people from drinking any alcohol before driving, as most drivers will not feel confident of their capacity to judge their own BAC before driving, even after a pause between drinking alcohol and driving. We suggest this will also have the practical effect of reducing alcohol consumption to safer levels, and thereby have a positive flow-on impact on the incidence of all other alcohol-related harms.

¹ Lacey, J.H., Kelley-Baker, T., Berning, A., Romano, E., Ramirez, A., Yao, J., Moore, C., Brainard, K., Carr, K., Pell, K. and Compton, R. (2016). *Drug and alcohol crash risk: A case-control study* (Report No. DOT HS 812 355) Washington DC: National Highway Traffic Safety Administration

² Causes of Death, Australia, 2017 - Deaths due to harmful alcohol consumption in Australia (ABS, Canberra 2018)

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While we understand this will be a major cultural shift in Australia, and is likely to be politically unpopular, we do believe that the AMA has the profile and the platform – particularly after so many months of standing up for evidence-based public health policies during the pandemic – to lead such a campaign and galvanise change. It will be extremely helpful to understand the AMA position on this before our committee considers our own steps at a state level.

Please contact me at any time if you wish to discuss any of the issues raised in this letter, on 0412 208 369 or at monikmoy@optusnet.au, or by contacting Mrs Catherine Waite of the AMA(SA) Secretariat on 8361 0105.

Yours sincerely



Dr Monika Moy
Chair, AMA(SA) Road Safety Committee