



Public Health Association
AUSTRALIA

Public Health Association of Australia submission on Review of the National Road Safety Strategy 2011-2020

Contact for recipient:

National Road Safety Strategy
Australian Transport and Infrastructure Council
E: roadsafetystrategy@infrastructure.gov.au

Contact for PHAA:

Michael Moore – Chief Executive Officer
A: 20 Napier Close, Deakin ACT 2600
E: phaa@phaa.net.au T: (02) 6285 2373

2 March 2018

Contents

Preamble	3
The Public Health Association of Australia	3
Vision for a healthy population	3
Mission for the Public Health Association of Australia	3
Introduction	4
Discussion	4
NRSS results so far	4
Analysis and recommendations	5
Driver impairment through use of alcohol and drugs	5
Speed, dangerous driving and enforcement	5
Mobile phone distraction awareness campaigns	6
Vulnerable road users – young people.....	6
Vulnerable road users – motorcyclists	7
Vulnerable road users – cyclists	7
Heavy vehicle safety	7
Local community transport choice	7
Other matters	8
Broader strategic considerations	8
Conclusion and recommendations	9
References	10

Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia. The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society.

The Australian Government, in collaboration with the States/Territories, should provide a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Introduction

“No person should be killed or seriously injured on Australia's roads”
– the guiding vision of the National Road Safety Strategy

The PHAA welcomes the opportunity to provide input to this Review of the National Road Safety Strategy (NRSS).

Australia has fundamentally developed around the use of cars for personal transport, and the creation of the road network on which cars move. As a result, road safety is a major public health, economic and wellbeing concern.

Good evidence is essential to public health policy-making. Australian authorities track road deaths data well. The road death toll is a rightly regarded as a major public health statistic. However as the NRSS Implementation Status Report of November 2017 indicates, similar data about non-fatal injuries in road incidents is less readily available.

The PHAA believes that the Review should address include the wider issues of mobility, equity and sustainability, rather than road safety in isolation.

Besides the road death and injury toll, other adverse effects of the dominance of cars are inequity of access to transport options. One of the reasons that too few people are achieving adequate physical activity is because too few people use active transport.

Wider environmental issues include significant carbon emissions from road travel and congested urban centres.

Road safety is one of many issues that must addressed by governments adopting forward-looking transport and access plans focusing on active and public transport and the use of telecommunications to avoid the need for unnecessary travel.

In 2017 PHAA prepared a detailed submission to the Northern Territory consultation on a new Road Safety Action Plan in the Northern Territory (Towards Zero – Road Safety in the Northern Territory). The submission paid special attention to NT conditions, but the document's arguments are entirely relevant to the current Review of the NRSS. This document is included at an [attachment](#) to the current submission.

Discussion

NRSS results so far

We note the evidence provided by the NRSS Implementation Status Report of November 2017. It is welcome that of the suite of road fatality outcome measures compared to the 2008-10 baseline, many are tracking well as at results for the 2016 year. For example, deaths in single vehicle crashes are down 12%, crashes involving a young driver are down 25%, and deaths involving cyclists are down 10%.

However, amidst these improvements, it is also important to note that results against some measures are actually worsening. These include fatalities involving older drivers (worsened by 25%) and by motorcyclists

(worsened by 8%). The report also indicates that there is an increase in fatalities where use of drugs by the driver (other than alcohol) is a factor.

In addition, we note that there are indications that on a number of measures the years 2015 and 2016 saw worse outcomes than the years immediately preceding them. These results need to be scrutinised carefully and quickly to determine whether they are merely ordinary statistical variations within short time-frames, or constitute a worrying trend. We appreciate that 2017 data – which may clarify the trends – is not yet available.

The PHAA notes that this primary data only applies to measures of fatalities. There is less useful data available in regard to non-fatal harms, which are far from minor considerations. For this reason, the PHAA urges governments to provide for better data collection on the non-fatal element of road harms. A system of national data linkage between hospitals and police for all crashes would be a valuable resource.

In any case, this data on fatalities is useful – both the good and the bad – in guiding policy and infrastructure responses by governments.

Analysis and recommendations

Driver impairment through use of alcohol and drugs

From the perspective of road safety, driver impairment through alcohol remains one of the primary issues. Such driver behaviour should continue to be addressed through a range of responses including:

- blood alcohol limits
- education
- random driver testing
- penalties for driving while impaired by alcohol
- seizure of vehicles as a penalty

Road trauma is one of many health, social, and economic problems caused by alcohol. However, the focus on road safety provides an opportunity for other alcohol-related harm to be discussed.

Road safety should be considered as only one of many benefits of effective alcohol policy. Effective policies to reduce alcohol related harm are: increasing alcohol taxation, setting a minimum unit alcohol price, and reducing alcohol availability. These policies are most effective against those that drink the most alcohol, suffer the greatest harm and those of lower socio-economic status. That is, they are highly effective among the poorest people and young and heavy drinkers.

Similar driver impairment through the use of other drugs is also a significant issue, and we note that it is one of the metrics which the 2017 Implementation Status Report identifies as tracking below target.

Driver impairment through the use of legal prescription drugs is also perhaps an issue which has not received adequate attention.

Speed, dangerous driving and enforcement

Surveys internationally show that up to 90% of drivers believe that their driving ability is above average.⁽¹⁾ This being so, a comprehensive community approach is needed, rather than focusing only on individual acts of speeding and driving dangerously.

Many people wrongly believe that modern vehicles are constructed to be safe when driven at high speeds. While vehicle manufacturers are rightly placing a strong emphasis on safety technologies, this misconception needs to be confronted.

Targeting blackspots as well as areas where lower speeds are required (such as schools or residential areas) with speed cameras, speed humps, and revised speed zones will help reduce speeding as part of an overall strategy which looks at travel patterns, environmental modifications (e.g. divided roads, barriers, etc).

Greater enforcement of speed limits by means of cameras may itself contribute to education. However since the most likely outcome of speeding is a fine and demerit points, rather than a crash, fear of harm does not appear to be an adequate motivator of behaviour change, and therefore education should be complemented by penalties that are high enough to deter speeding. Ensuring that the fine is closer to the time of the action is also likely to create an environment where people can modify their behaviour with strong awareness of their wrongdoing.

All the current forms of road use monitoring are low-cost ways to save lives. A campaign based on 'freedom from accidents and disability' would complement such a policy.

The introduction of driverless vehicles may reduce speeding, and provide a source of awareness about safe speeds. However such vehicles may create other safety issues and their introduction needs to be considered cautiously.

Mobile phone distraction awareness campaigns

Using mobile phones while driving is dangerous. The significant increase over the last years of texting – even when driving – has raised a new safety hazard. Both the likelihood of being apprehended and the penalties should be increased.

However, this should be complemented by education to increase community awareness that even using mobile phones hands-free is not safe because they are qualitatively different from – and more distracting than – conversations with passengers.^(2,3) Effective means to enforce legislation around mobile phones, or phones that were disabled when in a moving vehicle is required.

Such campaigns are likely to be a cost-effective means to reduce crashes, but also need to be combined with appropriate enforcement strategies, and community support.

Vulnerable road users – young people

The main current strategies targeted towards younger drivers include:

- encouraging the purchase of safer vehicles, or delay in purchase until the person can afford a safe vehicle
- reducing night driving
- reducing distracted driving with a number of friends in cars
- targeting alcohol, speeding, fatigue, and risk-taking behaviours

All of these appear to be appropriate responses, and are already being pursued. Yet younger drivers remain a key category of concern. The PHAA argues that current strategies should continue to be delivered vigorously, because otherwise results will worsen.

Considering transport, mobility and equity as goals alongside safer roads may lead to better overall outcomes than focussing on road safety or driver training in isolation.

Active transport options for young people may reduce their need to drive. Reducing the need for travel, particularly high risk travel, will enhance the safety of young people. This includes promoting and incentivising active and public transport. Promoting both urban and inter-urban public transport as relevant for young people may reduce the pressure on them as drivers.

Targeted strategies to strengthen the licensing system by imposing night driving or peer passenger restrictions would reduce the vulnerability of young and novice drivers. These should be promoted as liberating people from the risks of trauma and life-shortening injury.

Lengthening probationary periods, reducing speed for probationary drivers, restricting night time driving and peer-age passengers can all be effective, and have been successfully implemented in some Australian jurisdictions.

Education and enforcement are complementary, and governments should invest more in our education programs and online tools. Education programs and online tools should be locally developed and subject to on-going evaluation.

Road safety education campaigns for children should also be critically evaluated for effectiveness and cost-effectiveness. Education programs aimed at increasing active transport and encouraging use of public transport may also benefit for the community.

Vulnerable road users – motorcyclists

As noted above, motorcyclist fatalities are identified in the NRSS Implementation Status Report as one of the measures which is tracking significantly below target.

Public awareness campaigns should focus on:

- vehicle drivers' alertness to the presence of motorcyclists
- ensuring they are wearing the appropriate safety gears
- reducing alcohol and drug use, speeding and fatigue
- increasing driver training

Further research is needed to determine the effectiveness of these strategies in improving road safety. As with other vulnerable road users, creating a culture of 'road sharing' among all road users will also help address issues of awareness and road behaviour.

Vulnerable road users – cyclists

There are multiple health benefits for all people from cycling. Changing aspirations from car ownership and driving, to bike ownership and cycling will have short and long term healthy, mobility and environmental benefits.

A significant increase in the proportion of trips made by cycle would increase safety. Providing priority road use for cyclists; reducing urban speed limits; ensuring adequate, weather-protected facilities for bike storage and changing clothes would all increase the appeal of cycling.

Strategies are needed to increase the safety of cyclists, potentially leading to positive feedback allowing more people to feel safe when cycling.

Environmental modifications which take cyclists off the road and onto cycle paths should also be considered. Evaluation of when footpaths can be used safely by cyclists, and when this presents unnecessary risks to pedestrians. Road verges should be made wider to allow for cyclists and be kept clean and tidy, and pleasant to use.

Heavy vehicle safety

Wherever possible the nation's transport system should make greater use of rail services, which are much more cost-effective and environmentally sound in addition to being safer than road transport. Significant adjustments to licensing costs could provide an incentive for businesses to use rail rather than road for freight.

Local community transport choice

Greater investment in public transport and active transport infrastructure to reduce road use is a better overall health investment than driving safer vehicles. Helping people to move from older and poorly maintained vehicles is also of value.

Each cyclist and pedestrian reduces vehicles and emissions, normalises active transport, and reduces health burden related to lack of physical activity, exhausts, and ultimately climate change.

Australia should invest in research to create a greater understanding of the attitudes and behaviours of our road users. This should be continued over a long timeframe with enduring financial support.

Other matters

We refer the Review to other material in our June 2017 submission to the NT road safety review relating to:

- the use of seatbelts and child restraints in limiting the harms from road crashes
- dangerous driving on flooded and damaged roads
- design and construction of roads and roadsides
- use of IT to provide real-time road safety information to drivers

Broader strategic considerations

The comments made above reflect the realities of the road use system as it currently stands. However, that approach is largely limited to considering road safety and reducing death and injury on our roads as an issue in isolation. The PHAA suggests a broader review of the issues surrounding accessibility and transport.

With improved telecommunications, there may be less need for travel. With options for shift work and flexible hours there may be opportunities to spread the transport over a longer period so there are less vehicles on the road during peak periods.

Physically active personal transport has multiple benefits over private motor vehicle transport. These include individual and population health goals through increased physical activity and reduced air pollution. Having fewer vehicles on the road will:

- increase local amenity
- reduce the cost of road maintenance
- reduce the need for provision of parking, reduce congestion
- reduce noise and increase safety of pedestrians

With the introduction of self-driving vehicles and the possibility of shared vehicles it will be important to ensure that overall results lead to reduced overall vehicle use, rather than these displacing public transport.

Making walking a preferred form of travel can be increased through:

- enhancing infrastructure (walkways, traffic indicators, green spaces and car free zones)
- public education linking multiple benefits of walking
- prioritisation of pedestrian ways
- provision of water fountains including water- bottle filling stations

People who usually walk to and from work each day experience considerable health benefits, including 25% lower death rates than people who drive.⁽¹⁾

However pedestrian safety is an important consideration. Pedestrians are disproportionately represented in the road toll. Australia-wide, pedestrians have benefited less from increasing road safety over recent decades. Pedestrian safety can be enhanced through reducing driver alcohol consumption, reducing cars and speed on roads, enhancing pedestrian infrastructure, and greater public awareness.

Cycling can be increased through bike hire schemes, bike carriage capacity on buses, education and awareness. Cyclist mortality is about 40% lower than that of drivers. Rather than educating about safer car

use, education about avoiding car use altogether will achieve many co-benefits.⁽¹⁾ Building cycle ways is also part of the solution.

Better public transport will also increase road safety, and this includes both urban and inter-urban travel.

Increasing the frequency of public transport will increase safety, reduce road construction and maintenance costs, and reduce emissions.

Fatigue has been widely considered a contributor to road crashes, often in combination with other factors such as youth, alcohol, long-haul driving and unfamiliar routes. Interventions to reduce fatigue include education around better journey planning, sharing driving responsibilities and breaking up the journey. These may be particularly relevant for tourists. The government funded free-coffee for driver intervention may well have been effective, yet it was ended without evaluation despite evidence that caffeinated beverages can reduce crash risk.^{(4), (5)}

Conclusion and recommendations

The PHAA supports the continued implementation of the National Road Safety Strategy.

The PHAA message to all Australian policy-makers, especially governments, emphasises the need to:

- ensure that the overarching goals of mobility, equity and sustainability are borne in mind in setting the road safety strategy
- make provision for a comprehensive approach to better data collection on non-fatal road harms
- link road safety strategy to mutually supporting policy, such as reducing alcohol consumption overall
- widen the focus beyond road safety to the issue of transport access, because reducing the need for motorised travel will have benefits in many sectors
- provide investment in active travel infrastructure that will reduce road death and injury, complemented by benefits in reduced rates of cancer and cardiovascular disease, safer roads, less air pollution, greater urban amenity, greater equity and reduced crime

The PHAA appreciates the opportunity to make this submission. Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



Michael Moore AM
Chief Executive Officer
Public Health Association of Australia



Richard Franklin
PHAA Injury Prevention
Special Interest Group

2 March 2018

References

1. Celis-Morales CA, Lyall DM, Welsh P, Anderson J, Steell L, Guo Y, et al. Association between active commuting and incident cardiovascular disease, cancer, and mortality: prospective cohort study. *BMJ (Clinical research ed)*. 2017;357:j1456.
2. Ishigami y, Kelein, Raymond, M. Is a hands-free phone safer than a handheld phone? *Journal of safety research*. 2009.
3. Drews FA, Pasupathi M, Strayer DL. Passenger and Cell-Phone Conversations in Simulated Driving. *Proceedings of the Human Factors and Ergonomics Society Annual Meeting*. 2004;48(19):2210-2.
4. A R. Territory turns off tap of free coffee for drivers: ABC news; 2011 [updated 17/08/2011. Available from: <http://www.abc.net.au/news/2011-08-17/20110817no-free-coffee/2843282>.
5. Sharwood LN, Elkington J, Meuleners L, Ivers R, Boufous S, Stevenson M. Use of caffeinated substances and risk of crashes in long distance drivers of commercial vehicles: case-control study. *BMJ (Clinical research ed)*. 2013;346:f1140.