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australasian injury
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To whom it may concern,

SUBMISSION TO THE NATIONAL ROAD SAFETY STRATEGY 2011-2020

Thank you for the opportunity to provide a submission to the Inquiry into progress under the National Road Safety Strategy 2011-2020. This submission is on behalf of the Australasian Injury Prevention Network (AIPN). The Australian Injury Prevention Network (AIPN) was established in 1996, and is the peak national body advocating for injury prevention and safety promotion in Australia. In 2017, the network extended its activities to New Zealand and became the Australasian Injury Prevention Network ('the Network').

Through national conferences, publications, events, advocacy activities and research, the Network benefits from its high profile, influential membership base of leading injury prevention researchers, and those working to reduce the incidence of injury and harm throughout Australia and New Zealand.

Terms of Reference

1. Identify the key factors involved in the road crash death and serious injury trends including recent increases in 2015 and 2016.
2. Review the effectiveness of the National Road Safety Strategy (NRSS) 2011-2020 and supporting 2015-17 Action Plan, with particular reference to the increase in deaths and serious injuries from road crashes over the last two years.
3. Identify issues and priorities for consideration in development of a post-2020 national road safety strategy and 2018-2020 action plan, focusing on how Australia can recognise and move towards a safe road transport system which minimises harm to all users.
4. Advise on arrangements for the management of road safety and the NRSS, looking at best coordination and use of the capacity and contributions of all partners.

Our response to the terms of reference are as follows:

With respect to the effectiveness of the National Road Safety Strategy 2011-2020, it is unlikely that the target of reducing road traffic fatalities by 30 per cent and serious injuries by 30 per cent will be met by 2020. Nationally, increases in the number of road traffic fatalities have been observed in

2015 and 2016 (BITRE, 2017). Furthermore, serious injury rates (defined as major trauma) have not declined, and have in fact risen in pedal cyclists (Beck et al, 2017). It is clear that a renewed focus on primary and secondary prevention efforts is required.

With respect to the development of the post-2020 National Road Safety Strategy and 2018-2020 action plan, we submit the following. The National Road Safety Strategy ('the Strategy') should be developed to be applicable to, and used by, all agencies and organisations with a shared interest in safe road use in Australia. Consideration should be given to the full spectrum of stakeholders, from Federal and State governments, private industry, non-government organisations, local governments, community groups and individual road users. In particular, the Strategy should be inclusive of sub-populations where the road trauma burden is over-represented (e.g. Aboriginal and Torres Strait Islander people, rural and remote populations, young males).

Furthermore, the Strategy should encourage close collaboration with local governments, non-government organisations, community groups and sub-populations at high risk of road related injury, to ensure that funding opportunities and communication campaigns are disseminated widely and are accessible and meaningful. The Strategy should direct agencies seeking to encourage behaviour change in local communities to consult broadly with their target demographic and tailor programs to meet the needs of the users.

The Strategy should build on the successes of the previous National Road Safety Strategy and take into account new evidence, policy and legislation changes and relevant developments internationally.

The Strategy should also take a broad public health, or systems approach, and link in meaningfully with national plans on urban design and public transport. This is entirely in line with the current Safe Systems approach, which highlights the need to plan road use and design for safety. In particular, there is an important need for land use planning that reduces the need for private vehicle travel and matches road function with land uses, and for mobility planning that makes cycling and walking safe, and emphasises mass transit. We also urge expansion and subsidies of ride and car sharing programs that minimise private car use. Furthermore, the Strategy should consider opportunities to address the broader societal factors that affect road user behaviour. For example, there is a need to address the underlying issues of drug misuse and addiction in order to tackle the problem of driving under the influence of illicit or prescription drugs (Salmon et al, 2017).

In line with this, the Strategy should also link into the National Alcohol Strategy 2018–2026 and work with the approaches in this strategy. This includes PRIORITY 1: IMPROVING COMMUNITY SAFETY AND AMENITY and also PRIORITY 3: SUPPORTING INDIVIDUALS TO OBTAIN HELP AND SYSTEMS TO RESPOND. There is an important need for road authorities to help reduce alcohol advertising, advocate for supply side initiatives, and also to ensure that recidivist drink drivers are supported to attend treatment programs in addition to traditional deterrence approaches.

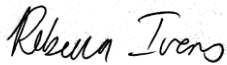
Aboriginal and Torres Strait Islander people have been consistently over-represented in road crash and serious injury data for many years, with limited investment by state or national governments in prevention. Any initiatives in this field should be developed and implemented in partnership with communities and their representative bodies, respecting the diversity of the Indigenous population. There is also a dearth of data to inform prevention programs with no state or territory collecting accurate data on Indigenous status in licensing or crash data. This is a significant gap and requires urgent action. Indigenous status can be appropriately collected at point of licensing by use of the self-reported Standard Indigenous Question (Ivers et al, 2012).

Given the often significant health, social and economic consequences of non-fatal road traffic crashes, there is also a need for the Strategy to consider optimisation of post-crash care and long-term rehabilitation to maximise functional outcomes, health-related quality of life and return to work.

Finally, it is critically important that a national linked database be established with timely reporting on road fatalities but also on serious injury, using a standard definition across jurisdictions. This should facilitate calculation of accurate costings of injury and allow evaluation of prevention efforts. This data set should also include geospatial data on crashes linked to health records to enable timely identification and prioritisation of road sections with high risk of fatal or serious injury crashes.

Thank you for the opportunity to raise these important issues with you.

Yours sincerely



Professor Rebecca Ivers

President, Australasian Injury Prevention Network

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