



AUSTRALIAN INJURY PREVENTION NETWORK

Draft National Road Safety Strategy for 2011 – 2020

Comments from the Australian Injury Prevention Network

The Australian Injury Prevention Network (AIPN) is the peak national body advocating for injury prevention and control in Australia.

The AIPN was formed in 1996 in order to establish a framework for collaboration between injury researchers, policymakers and practitioners and to provide a coordinated voice among injury prevention professionals. The AIPN is a not-for-profit, non-government organisation with membership from all sectors of the injury prevention community.

The main goal of the AIPN is to facilitate the minimisation of injury-related harm throughout Australia for all vulnerable population groups by coordinating the expertise of injury prevention researchers, practitioners, and policy makers. AIPN members include many who have specific interests in road safety.

The AIPN would like to congratulate the Australian Transport Council on the release of the draft 2011 National Road Safety Strategy. We applaud the inclusion of targets in both serious injury and fatalities, and in the inclusion of a Safe Systems approach.

Road safety is an important area of concern for injury prevention practitioners and researchers as well as the wider public health community. It is the health sector that bears the brunt of the cost of road traffic injury and yet is often the least involved in road safety campaigns to prevent injury. Road safety is traditionally seen as the responsibility of the transport and law enforcement sectors however the health sector and public health professionals have an important role to play in road traffic injury prevention.

Road safety needs public health injury prevention practitioners and researchers in order to achieve the goals of the 2011 National Road Safety Strategy. Injury prevention practitioners and researchers provide data and insights into road safety problems through the following:

- *developing the evidence base for effective practices in preventive interventions, emergency practices, trauma care and rehabilitation;*
- *developing injury information systems based on hospital data and supporting the reconciliation of injury data from different sources;*
- *developing good practices and guidelines on essential trauma care and emergency services;*
- *identifying appropriate indicators to monitor various risk factors;*
- *estimating the social costs of road traffic injuries (including health care costs, costs to families and the loss of income and productivity) and using these in advocacy and in identifying cost effective measures; and*
- *defining and articulating key factors and mechanisms for effective policy implementation, such as identifying the enabling factors for various stakeholders to*

take action to prevent injury and understanding policy-making and decision-making in the context of injury prevention.

(Preventing Road Traffic Injury: A Public Health Perspective for Europe.
WHO, Geneva, 2004)

However, in lacking any acknowledgement of the role of a public health approach in road safety the strategy document is severely limited. The strategy pays scant attention to the need for multi-sectoral collaboration, yet there is very good evidence of the benefits to road safety of coordination and communication across agencies such as health, liquor licensing, Aboriginal affairs, occupational health and safety, and transport. There is also no mention of the important need to minimize driving exposure, by urban design that reduces the demand for road transport and by efficient and integrated public transport systems, which have subsequent benefits on improvements in on-road casualties as well as rates of physical activity and reductions in air pollution. There is no integration with existing Government policies and strategies on some of these fundamental issues that impact on road safety.

Further, there is very limited development of initiatives that address road safety for disadvantaged populations, and those living in rural and remote locations. There is a significant socioeconomic gradient in road injury, with the poorest and most vulnerable in Australia being most at risk, and the strategy fails to address this issue. In particular, there are distinct challenges relating to improvements in road safety for Aboriginal and Torres Strait Islander people, and these require both significant investment and leadership at the national level. These issues must be clearly addressed in the new strategy.

The strategy also appears limited in recommendations relating to interventions that were modeled in the background paper. Although modeling provides significant opportunities to examine likely effectiveness, it is limited by available data. There is an important need to consider broader and more innovative interventions than those available in the current road safety toolbox. We encourage the ATC to broaden the scope of the strategy to integrate programs and policies in area such as alcohol management (supply side initiatives, restriction of advertising, alcohol treatment and rehabilitation), in Aboriginal affairs, in environment and land use management, and promotion of public transport including interstate rail.

We note that the report states that “Everyone must share responsibility and work together towards the elimination of death and serious injuries on our roads.” The AIPN looks forward to engaging with the Department of Infrastructure and Transport and other federal, state and territory transport organizations in order to assist in fulfilling the vision of a reduction in the deaths and injuries that occur on Australian roads.