Hon Aaron Stonehouse MLC
Chairman
Select Committee on Personal Choice and Community Safety
Parliament House
4 Harvest Terrace
WEST PERTH WA 6005

Dear Mr Stonehouse,

Submission to the Select Committee on Personal Choice and Community Safety

I write to you in response to the establishment of the Select Committee on Personal Choice and Community Safety, as a citizen who values the role injury prevention plays in public health. I would like to make comment on the terms of reference guiding this inquiry, more specifically the topics of mandatory helmet legislation and the use of lifejackets for recreating on and around waterways. I stand by the belief that individual decisions can cause far reaching outcomes and that we, as citizens, should prioritise population wide protection as opposed to only taking accountability for ourselves.

Mandatory helmet legislation

It is evident that cycling can result in significant physical health benefits, as well as contributing to positive mental health through participating in outdoor activities and reducing vehicle pollution and congestion. Cycling is a popular form of active transport and leisure time activity for people of all ages. Mandatory helmet legislation (MHL) was introduced in Australia in 1990 with the aim of preventing and reducing the severity of head and face injuries of cyclists^{1, 2}. Head injuries are common among cyclists and often result in serious impairment or death³. Australia compares well to other countries, such as the Netherlands, where MHL is not enforced, with significantly fewer serious head injuries resulting from cycling³.

Injury is the number one cause of death in children aged one to sixteen in Australia⁴. Head injuries were ranked as the number one injury cost for children between 2002 and 2012, costing an estimated \$469 million⁴. Pedal cycling was reported in the top 3 mechanisms for

injuries in children in this age range at the expense of approximately \$131 million dollars over this ten-year period⁴.

The Hon. Aaron Stonehouse stated that "personal choice goes hand in hand with personal responsibility" however we cannot rely on all citizens to practice preventative and protective measures, and certainly cannot presume this of children. Children cannot be expected to assess risks and take protective actions in the same logical manner that adults can. Children and adolescents are regarded as high-risk populations for bicycle injuries due to the frequency they cycle, including to and from school each day, and their lack of experience and awareness of traffic environments. Role modelling by adults is, therefore, important to establish safe health behaviours in children. Studies have found that children are more likely to wear a helmet if they are riding with a helmeted adult⁵, and it is also observed that the attitudes and opinions of parents are adopted by children and influence health behaviour.

Wearing a helmet does not affect a person's ability to ride a bicycle for physical activity and active transport. The most commonly listed reasons in the argument against wearing helmets include discomfort, unattractiveness and the cause of sweating in warm conditions⁵. Each of these reasons are superficial and do not outweigh the safety and protective benefits that a helmet enables. Studies have outlined a reduction in cycling participation since the introduction of MHL, however, it can not be concluded that overall physical activity has decreased, as cycling may be substituted for other forms of physical activity².

Political and environmental strategies have been implemented in our local communities to assist in creating supportive environments to encourage cycling. We have recently seen new passing distance laws introduced to better support and protect cyclists from other vehicles on our roads. Bike paths have also been installed in most of our major cities and towns to provide cyclists with an alternative route that is free from vehicles. MHL adds to this multi-strategy approach to improve cycling rates and prevent injury among cyclists.

Like wearing a seatbelt, it can become second nature to buckle up a helmet before cycling. All that is required is a shift in people's attitudes from what is socially accepted towards what is good preventative and protective health behaviour.

Lifejacket regulations

There were 238 people affected by drowning in Western Australia between July 2016 and June 2017⁶. Thirty-nine of these drownings were fatal, and were estimated to cost Australian society \$4.56 million each⁷. The remaining were non-fatal drowning incidents that required hospital admission or an emergency department visit⁶. The top three activities undertaken at the time of drowning were fishing, boating and swimming⁶. Wearing a lifejacket is an

appropriate measure to reduce the risk of drowning in both boating and fishing. The regulations regarding lifejacket use differ between states and territories in Australia. In Western Australia all vessels must carry a compliant lifejacket for each person on board, however there are only regulations for wearing a lifejacket for children under 10 years⁸. Studies have found that wearing a lifejacket doubles a person's chance of survival once immersed in water⁸.

Modern, streamlined lifejackets are now available which do not interfere with the physical movements required to carry out water-based activities such as fishing, boating, canoeing and kayaking. Although it may be argued that these lifejackets are expensive to purchase, it should be noted that people from areas of high socio-economic advantage accounted for the majority of fatal drowning cases⁶. This high socio-economic population may have the best capacity of purchasing modern lifejackets. If maintained correctly, lifejackets can last several years, making the investment not only beneficial to people's safety, but also cost effective.

Coastal locations including the ocean, harbour and beach are the leading locations that drowning occurs⁶. These locations are heavily impacted by local weather conditions, enabling water conditions to change in a short amount of time. It is not safe to presume that all water users monitor weather conditions before and during their time on the water, and it is not uncommon for a sudden change in conditions to catch water-goers off guard.

A common reason people express for not wearing a lifejacket is that they are familiar with the environment in which they are recreating and therefore don't believe they are at risk of drowning. This is an example of individuals assessing the risks and practicing personal choice, however it has been found that fatal drowning is most likely to occur within 10 kilometres of the person's residence⁶. This finding illustrates that individuals are not at a lower risk of drowning due to having local knowledge.

Almost half (46.2%) of fatal drowning cases result from individuals unintentionally becoming immersed in water, for example slipping, falling, being swept in or becoming submerged in a vehicle⁶, outlining that being unprepared can have severe consequences. Introducing lifejacket regulations that are consistent, nationwide, may have a positive impact on drowning rates, particularly reducing the likelihood of drowning in those individuals who become immersed unintentionally. Wearing a lifejacket at all times while participating in water-based activities is a practical and efficient measure to reduce the risk of drowning.

Conclusion

It makes good economic sense to prevent injuries and deaths such as those from cycling and water-based activities. Protective and preventative measures are available which have

been designed to complement the activity, while implementing safety measures. Although individuals may be capable of making responsible choices to protect their own safety, individuals cannot control external factors in the environment surrounding them. Spare a thought for the people working in emergency services and first responders of injuries and fatalities. A simple personal choice can have far reaching impacts on the people of the community as well as the economy. Maintaining and enhancing the use of protective and preventative measures can safeguard you and the whole community from injury, trauma and death.

Kind regards,

1 October 2018

References

- Rissel, C., & Wen, L. (2011). The possible effect on frequency of cycling if mandatory bicycle helmet legislation was repealed in Sydney, Australia: a cross sectional survey. *Health Promotion Journal of Australia, 22*(3), 178-183. Retrieved from: http://search.proquest.com.dbgw.lis.curtin.edu.au/docview/912390174/fulltextPDF?ac countid=10382
- 2. de Jong, P. (2012). the health impact of mandatory bicycle helmet laws. *Risk Analysis,* 32(5), 782-790. doi: 10.1111/j.1539-6924.2011.01785.x
- Yilmaz, P., Gabbe, B. J., McDermott, F. T., Van Lieshout, E. M. M., Rood, P. P. M., Mulligan, T. M., Patka, P., & Cameron, P. A. (2013). Comparison of the serious injury pattern of adult bicyclists, between South-West Netherlands and the State of Victoria, Australia 2001-2009. *Injury*, 44(6), 848-854. doi: 10.1016/j.injury.2013.03.007
- 4. Mitchell, R., Curtis. K., & Foster K. (2017). A 10-year review of the characteristics and health outcomes of injury-related hospitalisations of children in Australia. Day of Difference Foundation. University of Sydney.
- Dennis, J., Potter, B., Ramsay, T., & Zarychanski, R. (2010). The effects of provincial bicycle helmet legislation on helmet use and bicycle ridership in Canada. *Injury Prevention*, 16(4), 219-224. doi: 10.1136/ip.2009.025353
- 6. Royal Life Saving Society WA. (2018). WA drowning report 2017. Perth, Australia
- 7. Royal Life Saving Society Australia. (2018). Royal Life Saving national drowning report 2018. Sydney Australia.
- 8. Department of Transport. (2018). Lifejackets. Retrieved from: https://www.transport.wa.gov.au/imarine/life-jackets.asp