

EDUCATION AND HEALTH STANDING COMMITTEE

**INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF
PREVENTION AND TREATMENT SERVICES FOR ALCOHOL AND
ILLCIT DRUG PROBLEMS IN WESTERN AUSTRALIA**

**TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
WEDNESDAY, 26 MAY 2010**

SESSION TWO

Members

Dr J.M. Woollard (Chairman)
Ms L.L. Baker (Deputy Chairman)
Mr P.B. Watson
Mr I.C. Blayney
Mr P. Abetz

Hearing commenced at 10.40 am

CAMERON, MR IAIN
Executive Director, Office of Road Safety,
examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee, I would like to thank you for your interest and your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia. You have been provided with a copy of the committee's specific terms of reference. At this stage I would like to introduce myself, Janet Woollard, Mr Peter Abetz, Mr Ian Blayney, Mr Peter Watson and Ms Lisa Baker. We also have our principal research officer, Dr David Worth, and Hansard with us today.

This committee is a committee of the Legislative Assembly of the Parliament of Western Australia. This hearing is a formal procedure of the Parliament and therefore commands the same respect given to proceedings in the house itself. Even though the committee is not asking you to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing. Hansard will be making a transcript of the proceedings for the public record. If you refer to any document or documents during your evidence, it would assist Hansard if you could provide the full title for the record.

Before we proceed to the questions we have for you today, I need to ask a series of questions. Have you completed the "Details of Witness" form?

Mr Cameron: I have.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

Mr Cameron: I do.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

Mr Cameron: I received it and read it.

The CHAIRMAN: Do you have any questions in relation to being a witness at today's hearing?

Mr Cameron: No.

The CHAIRMAN: Thank you for the submission that you made to this inquiry. Together with the information you provide today, your submission will form part of the evidence to this inquiry and may be made public. Are there any amendments that you would like to make to the submission?

Mr Cameron: Not at this time, but depending on inquiries today, if you would like some further information, we may revise or add to that because we provided it some time ago.

The CHAIRMAN: You will have noticed that apart from our initial terms of reference, we added the social costs of alcohol fairly recently. I am sure you have had a good look at the full terms of reference, including the last one. We might let you make some opening remarks and then the committee will ask you some questions.

Mr Cameron: I am very happy to do that and take any questions that the committee may wish to examine further. Just by way of brief introductory remark, on behalf of the Road Safety Council and

the people involved, we appreciate the opportunity to present. Road trauma is still about a \$2 billion problem for this state. The driver behaviours in that are certainly contributing factors. Of those driver behaviours, Western Australia, like most jurisdictions, continues to be concerned about the presence of alcohol and other drugs in the systems of drivers. Typically still, between 20 and 30 per cent—it does fluctuate a bit from year to year—of drivers and riders involved in serious or fatal crashes have a blood alcohol level above the legal limit of 0.05. That is usually alcohol alone, though often there are other drugs in combination as well. There are, equally, statistics that we are aware of showing us that up to about one-third of serious crashes involve the presence of illegal drugs. I stress “the presence of drugs” whereas with alcohol, we have a defined risk curve. For example at 0.05 per cent blood alcohol, which is a defined legal limit, we know that the increased risk to that driver or rider is about double compared with a sober driver, whereas with the presence of illicit drugs we do not have that. The science will take many years to get there. We will talk about the presence of those drugs in the system. There is no inference that that is causation; it is simply presence.

Jurisdictions, Western Australia included, have added roadside drug testing in recent years. From memory, Western Australia was about the fifth jurisdiction in the world; Victoria was the first. This defines quite high levels of the presence of illegal drugs where the research would support that that would be of concern as a contributing factor to road crashes. From a road safety point of view, the total cost of road trauma is about \$2 billion to this community. I draw the attention of the committee to the fact that Australia generally still values road trauma crashes fairly conservatively. The Road Safety Council has recently recommended the adoption of a different model called “willingness to pay”. The UK, New Zealand and others value a road death, for example, much higher than Australia does typically. A report from the Bureau of Transport Economics refers to road crash statistics 2006 and outlines the difference in the two methodologies. Essentially, when we look at the social costs, the willingness to pay methodology outlines a methodology where they determine what the community is prepared to pay to offset or to prevent a road death from occurring. It is an economic modelling method that varies from the human capital cost method that we typically use across Australia at the moment. It is fairly early days but New South Wales has commenced this journey. As I say, the Road Safety Council has recently recommended that we begin to look at how we might —

The CHAIRMAN: Are those costs in terms of quality of life measures or are they costs that look at the total cost in relation to maybe alcohol and accidents, being the total cost to the family et cetera?

Mr Cameron: They look at the cost of a road death and the cost of a serious road injury, and minor injuries as well. They use a methodology that covers all those things. It is the immediate emergency care, medical, enforcement, public health system costs et cetera, all of those direct costs. But then it also includes calculations that are more down to those quality of life issues—loss of earnings and all the rest of it. While we calculate those now, this methodology goes to the community and through a fairly detailed methodology gets an estimate of those values from what the community is saying it is prepared to pay to avoid that road death from occurring.

The CHAIRMAN: You said that that research has been done in the UK and is currently underway in New South Wales.

Mr Cameron: It is more than research in the other countries. The UK, New Zealand and other countries will value a road death or serious injury according to a willingness to pay method. In Australia we have traditionally used the human capital cost method, which is a more conservative method of valuing. For example, I think a road death in New Zealand, notwithstanding exchange rates, would be valued somewhere between \$3 million and \$4 million and possibly higher. If that same New Zealander died on an Australian road, that road death would be put at about \$1.8 million or \$2 million. We have to be careful with a community involvement that we do not confuse people with figures. For a committee like this looking at perhaps trying to get some understanding of road

trauma and how it might be calculated, I would commend the Bureau of Transport Economics report. While it is still using human capital cost methods, it has outlined what those values might be if you went down. There is a perfect comparison opportunity in that report. It is a significant piece of work.

Mr P. ABETZ: Would it be fair to say that of that \$2 billion, being the cost of road accidents in WA, say, 30 per cent is attributable to drugs and alcohol?

Mr Cameron: Not attributable. We would go along the lines that alcohol and other drugs are a factor in about 30 per cent of road crashes. Certainly, the involvement of alcohol and other drugs is a contributing factor in up to 30 per cent of all road crashes.

[10.50 am]

Mr P. ABETZ: I guess what I am trying to drive at is in terms of being able to make a case, what is the alcohol factor costing us? Say, if somebody is driving down the road and a child jumps out in front and the child is killed, the person may have had a glass of wine beforehand so in a sense alcohol is involved, but even if it had not have been the child still would have been killed—if you understand what I am trying to drive at—because it jumped at a point where even if you had perfect reaction time it would not have been possible to stop. So I am just trying to get a figure of what would be a reasonable proportion of that \$2 billion that is directly attributable to alcohol. Some road crashes are on a straight road but the person is so drunk they just run off and slam into a tree. They have an alcohol level of 0.2 or something like that. To me, that is definitely an alcohol cost even though you could say speed was involved because he was driving and all those things. Do you know what I am trying to say? Have you any idea of how to narrow that down a little?

Mr Cameron: While I am just trying to get my head around that, I think what you are asking is—we obviously have a legal limit of 0.05, so we can give you the exact representation of that. But just over one in three deaths in WA, as I said earlier, involved at least one driver who was over that 0.05 limit. So legally, if that person lived, there would be a prosecution or a case that would be brought. What I think you are getting at is the difference between someone who has no alcohol in their system and some alcohol in their system, and that is more difficult. Is that what you are asking about—because there is some presence of alcohol?

Mr P. ABETZ: Basically, how much of that is directly attributable to alcohol? What proportion of the \$2 billion? I guess when police investigate a death, if somebody has 0.4 or 0.2 alcohol, a single car accident or for that matter wandered head on into somebody else, that to me is pretty straightforward; that is an alcohol-caused road accident.

Mr Cameron: Sorry, I am not with you. How are you —

Mr P. ABETZ: What proportion of the deaths is where alcohol is believed to be the major contributing factor?

Ms L.L. BAKER: Peter, you can only use the legal requirement at the moment, but you are asking for a judgement about any level of alcohol. I would not think you could make that judgement.

Mr Cameron: I can provide the committee with a risk curve, which shows you comparing someone who has no alcohol in their system with the relative risk. There is a risk curve that is in the research that shows you. The quote I gave you before, countries have different legal limits for all sorts of reasons. Some of those can be societal. New Zealand, for example, has a 0.08 limit and we know that certainly in many circles they would like to lower that, but then their community needs to get behind that, obviously. We have 0.05. When you look at 0.05 on that risk curve that is saying with everything else the same, someone who has at least 0.05 in their system is statistically twice as likely to be involved in a serious or fatal crash as someone who has no alcohol. So there is a risk curve. The other part of that factor is there is also a risk curve that shows for younger and less experienced drivers that risk curve is exacerbated because they have less experience to go on. So

some alcohol in a more experienced driver is relatively lower risk—I am not dismissing it—but the risk curve quickly escalates for an inexperienced driver with youth and all those other factors —

Ms L.L. BAKER: Speed, I guess.

Mr Cameron: — speed, other people in the car and all those sorts of things. So if that is helpful, I can provide a risk curve that will show you.

The CHAIRMAN: That will be useful because we know that in America now several states have moved from 0.05 to 0.02, so it will be interesting to look at the local data that you are able to provide us and see whether the decrease in the blood alcohol level could equate to so many lives saved.

Mr Cameron: I can certainly provide you with the information that basically shows—I am looking at a table here—our crashes, the highest BAC level in the rider or driver, so I have things like greater than zero to less than 0.05, so we can show you that, and then from 0.05 to 0.08 we can show you the fatal and serious. These go back to 2007; we do have a lag because we wait for police and health data to come through. The best data I can give you at the moment is 2007 but it will show you that. As I say, it varies a bit from year to year but that will show you that.

Also, just picking up the point you made, I refer the committee to—I will have to provide it; I do not think I have it here—an article that was recently in the *Medical Journal of Australia*, 19 April 2010. It is some work by Hall. You made that statement about looking at what some other countries have done. They have analysed —

The CHAIRMAN: And should we be following their example.

Mr Cameron: In road safety terms I am aware of the US. I am also aware Sweden, for example, has a lower BAC limit. There are different ways, as you know, from a public policy point of view that you could often get the same outcome. I commend this piece; it is a commentary in the medical journal but it is referring to some work that has been done by some people looking at the Australian situation and comparing it with that US example that you gave me and how we can reduce alcohol-related harm in the community, of which road trauma is a part. I guess the interesting thing that they have looked at is not only lowering that BAC to zero for all drivers, but also the effect of making the BAC zero up to about age 21 or age 25. The summary point they make in that report is that in Australia, if we enforced a zero BAC of up to the age of 25, that could reduce the number of deaths across Australia by about 50, which they believe is the same effect as lowering the BAC to zero for all drivers. So there are two policy options. I have only summarised that.

The CHAIRMAN: Lowering to?

Mr Cameron: Zero for all drivers.

Ms L.L. BAKER: So you have just as much impact by lowering the BAC for up to 25-year-olds to zero as you would by the whole population to zero?

Mr Cameron: Yes. That report is a commentary article in the medical journal but they are referring to a fairly significant piece of work that has been done by Australian health researchers looking at the various public policy options Australia might have.

The CHAIRMAN: So what position is the Office of Road Safety taking on this?

Mr Cameron: We have only just become aware of that; that is a 19 April 2010 article. What we do is continually monitor emerging research from around the world, so we will look at this and then we will put some information together for the Road Safety Council. But I cannot give you a position; we do not have a policy position as such.

The CHAIRMAN: We would be quite happy to at a later stage hear from you, even by way of a letter to the committee, when the council has had an opportunity to look at this, on what their considered opinion might be.

Mr Cameron: Certainly, the short answer is: it is of interest and it is our responsibility to have a look at what that means for Western Australia and to have that considered further.

The CHAIRMAN: I might just ask you about the social impact. This is a new term that we have put into our terms of reference. Do you believe the social impact of alcohol, especially in terms of road trauma, has got worse or better over the past 10 years? I guess you are one of the few people who can give us that based on statistics you probably have in front of you. For most people it is a general opinion.

[11.00 am]

Mr Cameron: I will not give you a general opinion. As you say, unfortunately, because of the number of road crashes, there are a lot of statistics. We never lose sight of the fact that those statistics are people. The human response to that answer is that we are talking about people and if they do not die, their lives are changed forever. That is the qualitative remark. Certainly, we can look at the trends in alcohol involvement in crashes. In 2005 we had our lowest number of road deaths. Off the top of my head, it was 153. In 2006 and 2007 we saw a 30 to 40 per cent dramatic increase in the number of road deaths. I am not sure whether you remember that. It was at the same time that Peter and many others were involved in community forums with us consulting on the Towards Zero strategy. Last year, thankfully, that turned and it dropped to about 20 per cent. So far this year road deaths are down again. In that time, interestingly, some of the key indicators—people unbelted, not wearing restraints, people with alcohol involvement and speed-related crashes—went up in that time.

Mr I.C. BLAYNEY: When was that?

Mr Cameron: That was in 2006–07. In 2008, as that started to correct again, I can tell you the reverse is true. We started to see less involvement of alcohol, speeding and the non-wearing of restraints. I would point out to the committee, though you may be aware, that the alcohol indicator and the non-wearing of seatbelts indicator are closely linked. The theory generally goes that if someone has had a few drinks, their normal automatic reflex to put a seatbelt on may be affected. We know that alcohol-related crashes often involve a co-factor of seatbelt-related crashes as well. There is that compounding effect. I can give you the trends. Typically each year the alcohol involvement has been between 25 and 30 per cent of our serious and fatal crashes. I would note in that two-year period when road crashes went up, and deaths went up particularly, we saw an increased involvement. It went from the low 20 per cent to 30 per cent alcohol involvement in those crashes. You cannot rule out the potential link between alcohol involvement and speeding because the factors are not often present on their own; a multiplicity of factors come together. Sometimes we cannot separate those. That gives you an indication that in those two years there was a sudden increase in deaths. We saw some alarming indicators with alcohol-related crashes. I can give you those details.

Mr I.C. BLAYNEY: Do you have any idea what sat behind that?

Mr Cameron: Yes. I will not give you a definite but I will give you some of the common factors that come into play. There are economic forces in the background. We cannot say one way or the other but we are aware that when there are economic factors at play, that does affect road crashes. It is something about people's capacity to buy and consume alcohol and then travel distances and things like that. One of our best responses to alcohol involvement in crashes is our enforcement response. That is the quickest reaction we get. We know that police have begun to be even more targeted in their operations and we fully support that because that is giving a strong deterrent message as well. Our role at the Office of Road Safety is to provide that general education and awareness so we continue to put out those drink-driving campaigns. Our focus in the drink-driving campaigns is around reminding people that they will get caught. For those who do not believe that it is a health issue, we have reminded them that there is a legal penalty. Equally, we continue to work on trying to change the community's mindset around their attitude towards alcohol and driving.

The CHAIRMAN: Is the Towards Zero strategy still progressing as an educational campaign? Is that what you are saying?

Mr Cameron: No. Towards Zero is the state strategy overall.

The CHAIRMAN: Are you part of that?

Mr Cameron: Yes, we are a part of that, as are the police. My office's role is that we do the policy development for the strategic elements of that, putting the strategy together. We have a role to monitor and report on it. The deliverables from my office largely are around those campaigns—education and awareness. We do the policy work. What the community would see from us is the mass media—television, radio and print advertising. We do that in partnership with the police. We need to remind the community that the police are out there. For those who ignore all those messages, we are pleased that the police will be targeting and getting more intelligence around the way that they track and deal with those offenders. It is the same with the drug-driving side of things. If you look at some of the statistics, the hit rate of drug-driving detection in Western Australia is high. That does not mean that we have a bigger problem. We have a problem like every other jurisdiction in terms of emerging drug use. But that means that our police have been very intelligent and they are targeting those offenders in particular.

I come back to your comments. Towards Zero is a very holistic approach that relies on us dealing with human behaviour but it also relies on us recognising that people make mistakes that do not relate to alcohol and drugs; that is a different issue. We are saying that a lot of road crashes are due to people just making a mistake, an error, a misjudgement, a miscalculation. You need your road and roadside environment in good shape, you need safer vehicles and you need people travelling at good speeds appropriate to the road environment. That does not diminish our need to deal with people who are breaking the law and detect them and deter them. One of the areas that the Road Safety Council has recommended and that has been progressed is that we have relied in WA on that education and enforcement response, and that has been effective, as it has in other jurisdictions. A 0.05 limit, now a zero BAC for novice drivers, has been introduced in the past two years. It was 0.02 before but this allows us to give virtually a very clear message: if you are a novice driver in that period of having your P-plate, you should not mix drinking with driving at all. The comments earlier about extending that BAC to age 25, while that is a matter for public policy and for governments to look at down the track, we are certainly looking at whether that is one of the other options that we need to consider.

One of the areas that is still progressing that we need to deal with more effectively is repeat drink-driving offenders. It comes down to police enforcement and road safety. They often get caught in a road traffic situation but often there is an underlying health issue. I am not an expert on this but the evidence tells us that often repeat drink-drivers have an underlying alcohol dependency problem of some sort. Perhaps the first time they are caught is in a traffic situation. If they are alcohol dependent, we are advised that basically whatever you do to them, they will continue to drink and drive. The police will give you these figures but the figures that I have been provided with show that within a recent year there were about 19 000 drink-driving convictions in Western Australia. About 6 000 of those were repeat offenders.

Mr P. ABETZ: What percentage was that?

Mr Cameron: About 6 000 of those were repeat offenders. I think the figure is 18 500 total drink-driving convictions and 6 000 of those were repeat offenders. That is important for looking at our strategies overall. The Road Safety Council reviewed that and recommended that a repeat drink-driving strategy be implemented.

The CHAIRMAN: In 2008 the then Premier said to Parliament —

Repeat drink drivers will also be targeted. Under the repeat drink-drivers legislation, repeat offenders will be required to participate in an alcohol ignition interlock scheme in order to

regain their licence ... these laws will also enable police to impound or confiscate cars of repeat drink-driving offenders and those who drive without a valid licence.

What has happened to those measures?

Mr Cameron: As far as driving without a valid licence is concerned, those measures have been introduced. I have heard from police that they are having quite some effect. They have provided some information on that. My office is currently finalising some work on the repeat drink-driving legislation in collaboration with the other agencies. That is around another review and looks at the costings associated with that so we can provide that information to the Minister for Road Safety.

The CHAIRMAN: Is that still in relation to the alcohol ignition scheme?

Mr Cameron: Yes.

The CHAIRMAN: Has that been introduced in other states?

Mr Cameron: Yes.

The CHAIRMAN: Which other states have introduced that?

[11.10 am]

Mr Cameron: Off the top of my head, South Australia, Queensland either have or are about to, New South Wales, Victoria, Tasmania, and I think also the ACT either have or they have made the announcement that they are going to. In the Northern Territory I think it is under consideration. I am not sure; I will need to check whether they have actually implemented or not. An important part of the way forward for Western Australia is that we need to recognise that those repeat offenders perhaps have an underlying health issue of alcohol dependency and that is best dealt with the alcohol interlock. From a road safety point of view, the alcohol interlock will separate the acts of drinking and driving. Like any other system it will be effective for the majority of people. I am not saying that it will solve the problem; there is no silver bullet.

The important thing, though, for this committee's attention is that it is the important link between what that monitoring then does, if that alcohol interlock triggers any failures, if you like, or shows a pattern of behaviour by the person, that should then trigger a response to enable that person to be assessed for the need to have health counselling and ongoing treatment. The alcohol interlock system basically provides downloadable data, so the person who has been prescribed with an alcohol interlock will be given an endorsement on their licence that shows they are permitted to drive legally while holding an alcohol interlock licence and a vehicle that is fitted with an alcohol interlock. That machine requires them to provide a breath sample before they start the car and then randomly at various times. The data system in the black box will actually track how that person performs, so if I try to start my car after a few drinks and the system locks me out, that will be recorded. If I fail to provide a sample when requested as part of a journey or at the end of a journey randomly, I get time to pull over and all the rest of it, once somebody might say, "Yes, that was a mistake" or whatever, but it shows a pattern of behaviour. Equally, if I am then assessed as needing counselling treatment, I then go along and have health counselling for my alcohol problem, I might say, "Yes, I'm over it; I've got through it." The counsellor then has access to a log set of data: "Well, Mr Cameron what happened on this day or that day?" It is actually separating drinking and driving but providing support to enable that person to get health counselling and treatment.

When we did the focus groups we had a company interview a lot of repeat drink-drivers. A number of them did say that in hindsight if they had been referred earlier as a result of their drink-driving conviction, if they had had a stronger message to actually seek health counselling treatment and there was some compulsion to do so, they felt that might have made some difference for them. The Road Safety Council at the time in recommending that did note the potential flow-on effects into the community. Apart from road trauma reduction, I guess the notion of more people becoming identified and then where appropriate seeking and needing health counselling, perhaps, would help

reduce domestic violence, assaults and those other things as well. So while it is a road safety–driven initiative initially, it requires heavy commitment and support from the health sector and the counselling treatment services.

The CHAIRMAN: By way of supplementary information, could you provide us with a copy of that research and the report from the research?

Mr Cameron: Yes.

The CHAIRMAN: That would be appreciated.

Mr I.C. BLAYNEY: So did that happen or is that still sitting on the shelf?

Mr Cameron: The Road Safety Council did the initial work in 2003. The first recommendations were made to government from the Road Safety Council in 2004. It is complex because it is a multi-agency response; it is not just my office or anything like that. We have looked at international best practice about what needs to be done. The fact that other jurisdictions have now implemented in Australia has then given us an opportunity to see what others are doing. A lot has happened in between 2003 and now, but where it has come back to is that there is now some final work to just I guess recheck the costings through Treasury. We have been required to go to the agencies again and just recheck the costings for that, but the Minister for Road Safety is very keen to progress that as a matter of priority.

The CHAIRMAN: Has the reducing Indigenous imprisonment fine default licensing strategy that was adopted in 2007 led to a reduction in Indigenous people being imprisoned for traffic offences? Do you have that data?

Mr Cameron: I do not have that off the top of my head; we would need to find that for you.

The CHAIRMAN: Are you able to then —

Mr Cameron: I need to check and find out where we would get that information from. We can make those inquiries, yes.

The CHAIRMAN: Thank you. What about the School Drug Education and Road Aware program; the review that you conducted last year? Firstly, can we have a copy of that review? Can you also tell us the outcome from that review? Where are things heading now?

Mr Cameron: What review were you —

The CHAIRMAN: This was the School Drug Education and Road Aware program that was to be introduced from a review that was conducted by you I believe in 2009.

Mr Cameron: I am not quite sure what that is referring to. Many years ago we did a comprehensive review of the need to have support for road safety education in schools, so that gave rise to that program you are referring to.

The CHAIRMAN: It was in your initial submission that you mentioned it.

Mr Cameron: That might have been in combination with—I am not sure that there is a full report as such. We have been working with the education people. That program has been in operation for a number of years and they have wanted to make sure that it continues to be most effective. I have been pleased to get feedback from around the world. That is a world-class program. The curriculum materials start from kindergarten and go right through to year 12; there is a pre-driver component—there are elements all the way through.

We have identified that the uptake by schools vary, so you have these world-class materials and teacher training materials available, but the decision to use those materials and the uptake of those materials is variable across schools, as you would expect. From a road safety point of view, the Insurance Commission and through the Road Trauma Trust Fund now, we provide technically about \$2.5 million a year to the education systems and sectors; that is, Catholic education, independent

schools and the government schools all work together on this project, which is terrific. So we are happy with the materials and with them we have been looking at what else can be done to improve the rate of uptake. It is no good having the materials if they are not being maximised, so that is probably the reference we have made there; that we have been working with those education systems and sectors. The result of that is that they are making some management changes so that they can keep effectively operating that program. The funding support continues through the Road Safety Council. The Road Safety Council has Rose and Ros from education systems and sectors who will be able to provide us with updates on how that —

The CHAIRMAN: So at the moment is it maybe at some of the high schools if a teacher wants to take that on and maybe there might be an opportunity in the future to have volunteers helping in schools with that program?

Mr Cameron: I am not aware of what they are looking at there but, essentially, we are looking at what else can be done to improve the rate of uptake. You are always going to need trained and qualified teachers who know their students involved, but it is looking at what else can be done. The involvement of parents is really important as well because, as you know, it is a partnership. So the program is looking at how we can more actively involve the parents in this, particularly in relation to young and novice driver training where we know we need to deal with alcohol and drug related issues in driving in school programs but, equally, we know young people need to get a lot of experience behind the wheel before we let them go solo, but that is I guess getting into road safety more generally.

The CHAIRMAN: There are costs that you are aware of on a regular basis related to accidents on the road because of alcohol. With our current boom if more money is made available, what initiative do you think the government could introduce to reduce the impact of alcohol consumption, particularly in relation to younger drivers because it seems to be at that earlier age that there are more accidents? Is it the 18 to 35-year-olds more than —

[11.20 am]

Mr Cameron: We have got to be very careful. For a number of years, we have been quite concerned that the community has a very clear message about young drivers, and it is an appropriate one. Young drivers are over-represented in serious and fatal crashes. They are involved in about 28 per cent of all serious crashes, yet they are only 14 per cent of licence holders. Of that, 80 per cent are young males. We have a skewed result. We are all aware of that—the night-time news, the comments about high-powered cars, alcohol, drugs, risk-taking. From a road safety point of view, the community is well aware of that. We need to remind ourselves, without dismissing it, that that is 28 per cent of our road trauma problem. There is still alcohol involvement in a wider range, predominantly of males, but it goes well into the 20s. In actual fact, you will see that in those first couple of years of driving the alcohol involvement of young drivers is actually lower, and then into their early 20s, it starts to increase. They are off P-plates, they have a bit more driving experience, perhaps they have got a job or a bit more money—who knows—but when you look at it the alcohol involvement of very young drivers is low for those first couple of years and then increases in the early 20s, and then there are problems still into the 30s and late 30s.

Back to your question: I thought you might ask a question along those lines. I might just go back a little bit. I do not think it is a question so much of government, but if you step right back, Towards Zero is a lot more than branding. Towards Zero is talking about the community and the government, with opposition support, has committed to a long-term journey. We do not accept road trauma, and we are serious about, in the longer term, trying to get as close as we can to almost eradicating it as a big problem. That is clearly not going to happen in the next couple of years, but more than the labelling, it challenges us to consider some of the longer term ultimate destinations we would like to reach. If you ask the road safety people in relation to alcohol, if the community decided that it was no longer acceptable; if the community thought that you should not be able to drive a car unless it

has an alcohol interlock fitted, that is not a punitive measure. If it is seen as a punitive measure, it would not be accepted, but if the community took a decision in the future that alcohol is something we enjoy in moderation and responsibly, but it should not be mixed with driving a motor vehicle in any shape or form—if the community decided, and asked for alcohol interlocks, albeit they would need to be user friendly—the technology is there, or just about there—you could virtually eliminate drink-driving as a road trauma problem. For us all, if occasionally we lapsed, just to be reminded that I cannot start this car or I should not drive this car—whether that is a monitoring or a lock out, is another issue, but I stress that that is not an issue for a government to come down on top of. If you look at a couple of countries like Sweden and a couple of others, they have started to provide the wider application of alcohol interlocks in heavy transport vehicles, buses, taxis, some fleets, not as a punitive measure. It is a quality assurance measure, to say to the community, “When you get into this vehicle, you can be assured that the operator will not be affected by alcohol. It is a quality assurance. It is an occupational health and safety measure. Towards Zero talks about all those possibilities. That is not beyond this community, or a community. The technology will not stop us. It is just, does the community want to do that; does the community want to have that perspective.

How you get there is not a government legislating, or saying “You will do this” because clearly you would need the support to do that, but perhaps by providing the market, the parents of young children would be interested in having that. In the UK there are insurance schemes now where black boxes with monitor vehicle performance in terms of the hours it is driven, and in terms of alcohol involvement in some cases, and also the speeds at which those vehicles travel. There are ads on our televisions now about drive as you pay insurance, and the same thing can apply here. If I fit an alcohol interlock to my vehicle, would I get an insurance discount, or if my vehicle was being driven by a young person under the age of 25, as the premium holder, would it get a discount because we are reducing that level of risk. That car is not being driven between midnight and 5.00 am. It is the same thing; that would be lowering the risk. There are all of those possibilities. Saab a few years ago introduced an alco-key. You could provide a breath sample and it would give you the feedback as to whether you were fit to drive that vehicle. Often we hear from the community about getting breath-testing machines in licensed premises or whatever. There are lots of issues with those, because they have got to be calibrated and they have to be tested. Whose responsibility is it? Your alcohol level continues to rise after your last drink. It is quite complex, but certainly on the same principle, we could separate drinking and driving if the community decided that we accept having a user-friendly alcohol device in every vehicle.

The CHAIRMAN: How much would it cost if you bought a vehicle that has one of these locks already fitted compared with taking a car along and asking for one of these locks to be fitted? Do we have the option of doing this now?

Mr Cameron: At the moment you can fit things after market. I am not aware of too many manufacturers that are providing those as standard fit-out at the moment. That is a little about, perhaps, demand. If the demand began to emerge, manufacturers will respond; manufacturers clearly have to sell motor vehicles. If no one is asking for a particular feature, they will not impose something that they believe people do not want. While we need to continue to legislate where it is needed, for example, repeat drink-driving legislation and programs for that et cetera, it is fair to say that in road safety if we are moving to a safe system, some of the more advanced countries are not looking to continually legislate but to shift the focus to creating the demand for more safety features. We can get higher levels of safety in our vehicles. We can get features like alcohol interlocks; and for speed-related crashes, we can get devices now that tell us either the speed in the vehicle or how that relates to the speed limit. If we were worried about some individuals, we could limit the speeds of vehicles, but that is an issue for the community to begin to look at.

The CHAIRMAN: Who in Perth now would fit these, if someone wanted them?

Mr Cameron: After market, in relation to the alcohol interlock scheme, once that is approved, that would be a contract for the health and punitive program that we are talking about. There are a number of providers at the moment. I think there are about three or four in Australia that can provide and operate that sort of service. That is not the same as having them fitted originally; that is an add-on feature. They are providing that service in other states.

The CHAIRMAN: Do you have details of who might take this up and WA?

Mr Cameron: What do you mean, when you say “who”?

The CHAIRMAN: If the government moved along these lines, could any auto-electrician fit them?

Mr Cameron: I am not sure of the details of fitting that, but I would imagine it would involve an auto electrician. There are providers who provide the alcohol interlock technology. I will not quote one brand name because that would ignore the other three. There are three or four companies worldwide, including in Australia, that provide alcohol interlocks. Then there is the whole issue of being able to access somebody who can help download that data and then provide it to the health counselling treatment service. We have looked at that. In a state like Western Australia that would create challenges because of the huge distances. The proposed scheme is saying that these devices will be fitted, except where they are more than 150 kilometres from being able to access a provider who can manage those services. That will not cover many people, because they will be able to provide those services in country towns provide throughout the state. The other part of the alcohol interlock scheme is the recommendation that we provide an incentive for people to drive with an interlock earlier. Instead of serving a hard licence suspension to some people and rather than providing extraordinary licences because of work purposes of whatever, as we do now—which is subject to the magistrate’s decision—it would be possible to enable people to drive with an alcohol interlock. Rather than providing an extraordinary licence, you could substitute an alcohol interlock and enable them to drive with that. Rather than suspending them for a three-month period or whatever, you could make this the encouragement for them to continue to drive for work purposes or whatever, but have their vehicle fitted with an alcohol interlock.

The CHAIRMAN: In the eastern states, is it the case that people who have been charged can only drive a car that has the interlock system? Is that the way it works? Does this stop them from using someone else’s car?

The CHAIRMAN: Legally, yes. One of the biggest challenges of alcohol interlock schemes is the low uptake. The good thing in Western Australia now is if someone drives contrary to the conditions of their licence, at roadside now their vehicle can be confiscated. That would also apply to driving with an alcohol interlock. We have to increase the incentives not to drive illegally. Often the repeat drink drivers are driving, and we are reliant upon the police catching them the next time in order to detect this. We know that these people drive at the moment. Some concern has been expressed that we are going soft on drink drivers. I absolutely want to convey to the committee that that is ignoring the fact that at the moment some of those people can drive now anyway. Yes, they could go and get another vehicle. If they do that and they are caught driving that vehicle, the ramifications get more severe.

The CHAIRMAN: Before I close, because members have to go as Parliaments starts soon, I will ask you about speeds in residential areas. Does the Road Safety Council have any evidence about speed in high density areas? I know there were some discussions 12 to 24 months ago around reducing the speed limit to 40 kilometres an hour in high density areas—and I would appreciate anything you could give us, possibly by way of supplementary information.

Mr P. ABETZ: That is not relevant to our inquiry. It is interesting but it is not relevant to our inquiry, which is about alcohol and drug use.

The CHAIRMAN: It might be, because it shows the number of accidents for each 10 degrees lower.

I would like to thank you for your appearance before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days of the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added by these corrections, in the sense that your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript. Thank you, once again.

Mr Cameron: Thank you for the opportunity.

Hearing concluded at 11.33 am