EDUCATION AND HEALTH STANDING COMMITTEE

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

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 20 OCTOBER 2010

SESSION TWO

Members

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

Hearing commenced at 10.05 am

HOLMAN, PROFESSOR CASHEL D'ARCY JAMES
Independent Chairperson, Road Safety Council of Western Australia, examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee I would like to thank you for your interest in the committee hearing 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. You have been provided with a copy of the committee's specific terms of reference. At this stage I would like to introduce myself, Dr Janet Woollard, Mr Peter Abetz, Mr Ian Blayney and Ms Lisa Baker; and our research officers, Dr David Worth and Ms Lucy Roberts. This committee is a committee of the Assembly. This hearing is a formal procedure. Even though we will not ask you to provide evidence on oath or affirmation, any deliberate misleading of the committee may be regarded as a contempt of Parliament.

Hansard is making a transcript of the proceedings for the public record. If you refer to any document during your evidence, it would assist Hansard if you could provide the full title for the record.

Before we proceed to the questions that we have for you, I need to ask: have you completed the "Details of Witness" form?

Prof. Holman: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form?

Prof. Holman: Yes, thank you.

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

Prof. Holman: Yes.

The CHAIRMAN: Do have any questions in relation to being a witness?

Prof. Holman: No, thank you.

The CHAIRMAN: Thank you. We are quite happy to use first names; are you quite happy, D'Arcy, if we use first names?

Prof. Holman: Yes; thank you very much.

The CHAIRMAN: D'Arcy, because you have previously presented to the committee wearing another hat, you would be aware that this inquiry has been going on now for almost 18 months. We have had hearings in metropolitan and regional areas, including in the Kimberley. When this inquiry first started, the committee was not looking at the social costs of alcohol. We included the social costs approximately six months ago because it came up as a major factor at the different hearings. In fact, at each place we went to, when we asked what the problems were, all we heard about was alcohol and the social cost problems.

Perhaps we might throw the hearing open and ask you to make your presentation to the committee, and then we can come back to you with some questions.

Prof. Holman: Thank you very much, Janet.

I am aware that the committee has heard evidence from Iain Cameron, the chief executive of the Office of Road Safety on 26 May 2010—that was some time ago. I have read Mr Cameron's

evidence because I wanted to make certain that I did not simply duplicate what the Office of Road Safety had to say. The Road Safety Council is distinct from the Office of Road Safety, but works closely with it and is supported by it. Therefore, what I have to say has been prepared very much from the point of view of a relatively new independent chairperson of the Road Safety Council; I am just coming up to my first 12 months in the role.

It was only when I read *Hansard* about the establishment of the Road Safety Council, and the parliamentary debates that occurred at that time, that I began to realise what an incredibly important role being the independent chairperson is. It was clear that Parliament's intention, on both sides of the house, was that the independent chairperson should be a spokesperson for road safety without fear or favour, and to be able to say the sorts of things that perhaps others in government frameworks and circles might find difficult to say. It is really with that in mind that I have prepared some comments that I would like to make about what I have observed in relation to alcohol and road crashes in Western Australia.

I hope you will be pleased to know the first point that I wish to make is that we cannot regard the problem of alcohol and road crashes as something that begins and ends at the kerbside of the road. It is a problem that is very much a part of the general community issues surrounding alcohol. My approach to making this presentation to the committee today probably differs in emphasis from Iain Cameron's in especially taking that broader whole-of-community perspective on alcohol, but focusing, of course, on road crashes.

I am sure that you are aware that just over one-quarter of road fatalities involve at least one driver with an illegal blood alcohol concentration; in fact, when we come to pedestrian-related accidents that cause death, it is two out of every three. The people who are killed in crashes in Western Australia involving an illegal blood alcohol concentration have increased in number. The statistics are quite frightening. If we compare the four-year period, 2002–05, to the more recent four-year period, 2006–09, what we have is 159 people killed in a crash involving at least one driver with an illegal blood alcohol concentration in the first period, and that number increases to 257 people killed in the second period. Of course the population has increased during that time. However, if we relate those figures to our growth in population as a rate of people killed in an alcohol-related crash per million person-years, the rate goes up from exactly 20 in 2002–05 to 29.8, almost 30, in 2006–09. Even after taking into account population growth, we have a 50 per cent increase in the rate of alcohol-related road deaths.

We do not have local data on something that I regard as very important; certainly, I am going to try to ensure that we have this sort of date in future. Drawing an analogy to comparable jurisdictions, we would expect that the ratio of sporadic drink drivers to habitual drink drivers in their contribution to these deaths would be approximately 2 to 1; that is, twice as many sporadic drink drivers contributing to the deaths as there would be habitual or repeat drink drivers. In other words, the majority of these deaths are attributable to the person who does not actually have a record of repeat drink driving; whereas a still significant minority, one-third, is attributable to the repeat drink driving situation.

In further developing my thoughts—and I will pause to make certain that I am not just talking without you asking questions— I would very much like to talk about these as two separate areas; that is, the problem of the sporadic drink driver and the problem of the repeat drink driver. The first area is about general community issues concerning alcohol and the second type of problem, which accounts for one-third of the deaths, is about a person who really requires rehabilitation and treatment.

The CHAIRMAN: D'Arcy, are you happy if we interject as you go along?

Prof. Holman: Absolutely; in fact, I will pause now.

The CHAIRMAN: In that case, can we take you right back because at the very beginning you said two out of three pedestrians.

Prof. Holman: Yes.

The CHAIRMAN: What did you mean?

Prof. Holman: Pedestrian deaths. They are not large in number, but I just wanted to give you a feeling for the range of circumstances. Also, we tend to forget about pedestrian deaths.

Mr I.C. BLAYNEY: Did you mean that two-thirds of pedestrians killed had been drinking or that two-thirds of the drivers who hit them had been drinking?

Prof. Holman: The statistics are compiled in a certain way. When a fatal crash occurs the police undertake an investigation to determine if any of the drivers in the crash, those in command of a vehicle, had an illegal blood alcohol concentration. These statistics relate to the number of crashes or the proportion of fatal crashes in which that was indeed the case.

Mr I.C. BLAYNEY: So it was the driver?

Mr P. ABETZ: It was the driver, not the pedestrian.

Prof. Holman: Yes. It will be the driver; not the pedestrian.

Mr P. ABETZ: And what about the pedestrians? Do the police check them?

Prof. Holman: We do not know.

The CHAIRMAN: Do we have any statistics on intoxicated pedestrians causing accidents?

Prof. Holman: I am not aware of them.

The CHAIRMAN: Right. You spoke about repeat offenders: do we have any statistics that show whether the number of repeat offenders in Western Australia is worse than in other countries where it is compulsory to have the interlock devices; that is, the devices fitted to a car that test for the driver's blood alcohol level and the car will not start if the blood alcohol reading is above 0.5?

Prof. Holman: I certainly would like to talk about interlock devices. However, in terms of fatal crashes—as I have already said—we do not actually have local statistics on the contribution of repeat drink drivers as opposed to the sporadic drink drivers. I can only make an analogy to comparable jurisdictions. We do not actually have those figures.

Mr P. ABETZ: Were the figures you quoted for Western Australia?

Prof. Holman: They were the actual number of deaths; that is, 159 in the first half of the decade and 257 in the second—divide it by the population increase and you still get a 50 per cent increase. Essentially, the view that I have come to is that we are not just failing to win the battle with alcohol-related road trauma, we are actually losing it. And I have a number of views as to why we are losing that battle.

[10.18 am]

Mr P. ABETZ: It will be interesting to hear them.

The CHAIRMAN: How far are we from making it compulsory for these drivers to have the interlock devices?

Prof. Holman: I guess this goes to the repeat drink driver strategy, which has been recommended by the Road Safety Council to —

The CHAIRMAN: Is that part of your talk?

Prof. Holman: Yes.

The CHAIRMAN: Then keep going, if you are going to come to that.

Prof. Holman: I am very happy to do it in any order the committee wants; I think you would prefer me to —

The CHAIRMAN: No, keep going. We just need to know why we are losing the battle, but I am sure you are going to come to that.

Prof. Holman: Yes. If I may, I would like to talk about the sporadic drink driving problem first, remembering that we suspect, on the basis of comparable jurisdictions, that this accounts for perhaps approximately two-thirds of the problem. In other words, I would not want the committee or members of the public to believe that if we just tackle the high risk repeat drink drivers we are going to be tackling most of the problem. We will tackle a significant part of the problem, but two-thirds of the problem is sporadic drink drivers.

Mr I.C. BLAYNEY: But there is a separate issue, is there not?

Prof. Holman: Yes.

Mr I.C. BLAYNEY: I would assume that repeat drink drivers would be only a smallish pool of people, whereas sporadic drink drivers would be a huge pool of people.

Prof. Holman: Absolutely.

Mr I.C. BLAYNEY: You are saying that one-third is due to the repeat drink drivers, but they are only a small number, so I would assume that the incidence of them being involved in accidents is far higher than the sporadic drink drivers.

Prof. Holman: Exactly correct, yes. That is correct. This illustrates what is known in my field of public health as the prevention paradox. We see the prevention paradox in all sorts of areas, including, for example, in the road safety area, with speeding; but it is seen in many different areas of prevention. Essentially it is that the majority of injury or health problems tend to arise from the great bulk of the population who place themselves at a certain moderate level of risk, while a smaller proportion of problems will arise from a much smaller group of people, who nevertheless place themselves at a very huge level of risk. That is what we see with drink driving, and the same with speeding and many other areas of injury and disease prevention; it is called the prevention paradox. In terms of designing interventions, we have learned that there is a tendency always to focus only on the high risk end of the spectrum, forgetting that the majority of the actual burden of these problems on society actually comes from fairly ordinary people like you and me who take smaller risks, but because we are so numerous, we account for the majority of the problem.

In terms of the sporadic drink driver, I would like to ensure the committee is aware that the World Health Organisation has recommended that action be taken to effectively regulate or ban alcohol advertising and sponsorship of sporting and cultural events, particularly those that have an impact on young people. Also, the National Preventative Health Taskforce, of which the committee might be aware that Professor Michael Daube from Western Australia was the deputy chairperson, has recommended a reduction in alcohol advertising and sponsorship of sporting and cultural events. Also, the Australian Medical Association has supported a phasing out of alcohol sponsorship of sporting events, youth music events and other events that might attract young people. I refer to all that for the reason that we at the Road Safety Council have come to the conclusion that we can no longer tackle this runaway problem of alcohol deaths on our roads without being part of a much broader community and government coalition that deals with alcohol problems generally in the community. The apparent relationship between sport, especially, and alcohol promotion is deeply concerning to us. Unfortunately, the people that we consider in our road death statistics are exactly the sorts of people who are going to be enjoying sports events and youth music events. We believe that it is part of the problem we face that these events are increasingly associated with the heavy promotion of alcohol.

The CHAIRMAN: In relation to that, could I ask you whether you are aware of other states or countries where alcohol advertising is already banned at sporting or cultural events?

Prof. Holman: No, I am not; I am sure that the committee will have access to other experts who will be able to tell you in detail about that. The Road Safety Council does not consider things as specific as that, obviously. I guess we have come to the conclusion that, in terms of the things that, under legislation, we are entitled to advise on, we are limited because what really needs to happen is probably not something about which we have a statutory duty to advise.

The CHAIRMAN: That is fine; we are happy to accept your recommendation.

Prof. Holman: It was on 21 January 2010 that the council formally ratified communiqué 11 from 2009. That communiqué is on the Office of Road Safety website and is available to the public, and it contains a council resolution that supports general community strategies to restrict high-risk availability and promotion of alcohol. That is probably about as far as we, as a council, can go, but it certainly shows that the mindset of the Road Safety Council is now very much cognisant that we can no longer effectively deal with alcohol deaths on the road, certainly with sporadic drinkers, through a view of the problem that stops at the kerbside. Unless something is done more broadly about the promotion of alcohol in our society, I fear that these statistics are going to get worse rather than better.

There is also another aspect of the sporadic drink driver that is of increasing concern to a number of members of the Road Safety Council, including me as independent chairperson. I would like to bring this area to this committee's attention, but I must explain that at this point the Road Safety Council has not had a definitive debate on this issue. It is the issue of how we implement random breath testing in Western Australia. I believe that we need to have a review of how random breath testing is implemented. The way that random breath testing works is that there are two aspects to it. There is a detection aspect, where we want to actually detect the people who are breaking the law and really get them off the road if they habitually do it; but also, there is a very important, separate, general deterrence aspect of RBT, which is not about catching people, but actually about stopping people from having a high blood alcohol concentration while driving in the first place. So one is primary prevention—that is the deterrence aspect, where we want to stop people being on the road in the first place—and the other is the secondary prevention aspect where, if they are out there, we want to detect them and get them off the road.

There is a balance to be struck in the way that random breath testing is implemented between these two separate aspects of prevention. In order to be successful at primary prevention—the deterrence aspect—we have to actually test large numbers of the general public in conspicuous locations associated with marketing and promotion, so that everyone is aware that it goes on and everyone has the notion, "Well, if I'm going to drink, I'd better not drive because I'm going to get caught". If we are going to focus mainly on detection, however, and use our resources efficiently to detect as many drink drivers on the road as possible, we will not take that approach; we will focus our testing in areas, for example around the corner from hotels and so forth, where we are going to have a high hit rate, a high detection rate per numbers of tests actually performed. It will not be so conspicuous, because the numbers will be less and the visibility of where we go with the testing will not be so great. WA Police have, in recent times, been going down the direction of increasing the detection aspect of RBT and reducing the deterrence aspect, so that the number of tests is actually going down, but the hit rate is going up.

[10.30 am]

A number of us on the Road Safety Council, including myself, are starting to get quite concerned about whether we have this balance correct. Our concern is certainly not improved by the fact that from our community survey work, we know that public perceptions of the likelihood of being caught if drink-driving are diminishing. So we know that from our survey research done by Synovate; we have a rolling system of surveys and we know that for a fact. Our concern is further increased because in August 2010, the Road Safety Council commissioned three international road safety experts, Eric Howard, Jeanne Breen and Tony Bliss, and we asked them to undertake a

review of Western Australia's capacity to implement our Towards Zero strategy. I would like to read you a section from their report. It is section 4.1.4 from the report of these international experts and they said —

> The reduction in alcohol testing levels and the survey evidence of public perception that testing has diminished is of concern. WA Police are encouraged to conduct a review of drink-driving enforcement activity seeking the best balance for WA between detection and deterrence policing, utilising expert input with supporting education campaigns that focus on enforcement and also tackling community attitudes and beliefs about alcohol and driving.

So I think the time is soon to come when we on the Road Safety Council need to facilitate a major review of this balance.

The CHAIRMAN: D'Arcy, from the research that has been conducted, what proportion of drivers think that they will not be caught?

Prof. Holman: I do not have that figure in front of me but I can certainly get that to you, including the trend over time, from the Office of Road Safety.

The CHAIRMAN: I would very much appreciate if you can supply that information to us as a committee, and I would also very much appreciate if you could supply that information to me as an Independent member.

Prof. Holman: Most certainly.

The CHAIRMAN: Thank you.

Prof. Holman: I think that is the area where certainly the Road Safety Council's concerns and responsibilities to advise directly impinge on the problem. I would like, if I may, to just preface my remarks there by saying that while I feel that there is a debate to be had about this area and it does involve a matter of, I suppose, policing policy, I just do want to say that the police and their representation on the Road Safety Council has been the most impressive area of the Road Safety Council. I have been extremely pleased with the quality of representation and participation of the police in the work of the Road Safety Council. But that does not mean that I do not disagree with them on some things, and I do think that we need to have a proper objective review of this balance because it may not be correct.

If I may, I would like to also comment on the repeat drink-driving aspect of the problem, if that is okay. Here I think again the problem does not stop at the kerbside, but unlike the sporadic drink-driver, where it is virtually beyond the control of the road safety authorities to ultimately deal with the problem because so much of it is to do with the place of alcohol and its level of promotion in our society, I think in this area it could almost work in reverse. What do I mean by that? I think that the identification of repeat drink-drivers on the road is something that should be seen as an opportunity for intervention that goes well beyond protecting the public from crashes on the road. In other words, this is potentially a surveillance system to pick up people in need of treatment and rehabilitation and to help prevent the wider range of social ills that arise from people who have a chronic alcohol problem in their lives. This is what the council's repeat drink-driving strategy is really all about. It is a strategy that accepts that principle that there is opportunity here for broader prevention that would advantage not only road safety but society as a whole in reducing alcohol-related harm. Part of this also is a view that relies on harm minimisation as part of the way in which we deal with the problem. I think traditionally we have sort of seen repeat drink-drivers as people at whom we should just throw the book and punish them quite severely. I am not arguing against that; it is just that if that is all you do, it does not seem to be working all that well. So the repeat drink-driving strategy is very much about a broader range of supports and interventions for these people.

The elements of the strategy are, first of all, an alcohol ignition interlock scheme. This would of course probably result in them getting back on the road quicker than they would otherwise do under a more punitive regime, so this is a different approach. It is sort of a supervised structured

environment that does not take away their ability to go to work easily and their motor vehicle, but at the same time takes out or supervises the aspect of their driving that is a particular problem for all of us. Vehicle sanctions are important and they include impounding and confiscating vehicles, particularly of chronic repeat offenders, but, importantly, another element of the program is rehabilitation for repeat drink offenders; in other words, a system of referral for people who are identified through detection regimes to counselling and treatment services for their alcohol addiction, and even having penalties that give the courts greater opportunity to be able to refer people to compulsory treatment for their chronic alcohol-related problems. The final aspect of the package, just to be comprehensive, is an initiative to limit unlicensed driving by making it compulsory for people to carry their licence. The fear that the Road Safety Council has is that what happens at the moment is people are convicted of repeat drink-driving offences, they lose their licence, but we are fooling ourselves if we believe that that always takes them off the road. They are actually back on the road as unlicensed drivers. We want to do everything possible to either make certain that they really are off the road or, if they are on the road, that they are on the road with an alcohol ignition interlock device.

The CHAIRMAN: In relation to the alcohol ignition interlock device, I remember when Iain Cameron came earlier this year—did he mention two places in Perth that could fit these devices? Do you remember? What is happening about that now? Were there two places?

Mr P. ABETZ: I think any auto-electrician can fit them.

The CHAIRMAN: Can they?

Mr P. ABETZ: A qualified auto-electrician can fit them here.

Prof. Holman: In fact, these devices are available. Just thinking a bit more futuristically, there is a case to be made—I know that Sweden is closely looking at this—to promote these devices to the general public not as a sort of mandatory thing but as a voluntary thing in that most of us observe a culture of legality and we actually do not want to be on the road if we are alcohol-affected, and if we have a device that reminds us that by meaning that we actually cannot start the car, some of us will welcome that.

The CHAIRMAN: So parents can just have it fitted on cars? Oh! I am going to be popular!

Prof. Holman: I think there is a broader way of thinking about these devices and their role in society, which does not see them only as something that is relevant to people who have been very, very bad and now they have to have this alcohol interlock device. I think it would actually be helpful to us to ultimately promote these devices as something that many people would be voluntarily happy to have fitted to their vehicle.

The CHAIRMAN: I will be putting a media release out to my local community, as soon as I am able to, letting people know that they can have these fitted. I will find out where they can be fitted and I will be advising people about them.

Prof. Holman: In fact, I think promoting biofeedback generally about one's blood alcohol concentration after certain numbers of drinks is something that we could do a lot more. This is actually my personal experience: when I became chairperson of the Road Safety Council I asked if I could have access to a handheld breathalyser, because I wanted to see for myself what it was like to have one of those and what sorts of readings I got after certain social opportunities where I might have, say, a drink. It has been extremely eye-opening. I must say that my levels have never been very high at all, but I have been impressed by the difference between myself and my wife—we are the only two people who have used this device—but it has really brought home to me the huge difference between men and women. In fact, my wife's reading is just about always twice as high as mine; mine might be .01 and hers might be .02 and we have drunk the same. I think that that sort of information being more readily available to the community is certainly part of the general

preventative approach to the sporadic drink-driver. It is hard for people to make decisions if they do not have the biofeedback.

The CHAIRMAN: You said earlier that, I think, the council was going to discuss a review of random breath testing. We currently have a road traffic amendment bill on the table—I think a series will be coming before the house over the next few months. Over the past 12 months they have been using the deterrence rate—where they go in the areas where the police know they will pick up people. There were, I might be slightly out, but I believe something like 11 676 people were picked up with a blood alcohol level of .08, so that is more than 11 000 people being processed in our courts using those higher numbers. I believe that is why the Minister for Police has, within the current bill that is on the table, the new formula so that if someone has a blood alcohol level of .08, they will immediately have their licence suspended for two months. I am actually going to move an amendment suggesting that if their blood alcohol level is .09—I cannot think of the section of the act, but there is a section of the act where it has the penalties, so .08 might be two months' suspension, .09 might be three months, .10 might be four months, and it goes up to maybe six months. My amendment is going to suggest that—I know it is page 80 of the act—the suspension that they lose their licence for is the equivalent period that they have in the table, so that it is a greater deterrence and it fits with what we have in that table.

[10.45 am]

But if you want them to be conducting more tests, then this measure that he is introducing may have a greater effect. But I also think that them actually losing their licence automatically for that period of time, I am hoping, will have an effect on their drinking habits, and I am hoping that the government will accept my amendment when I put my amendment up.

But I might just move back to some of your research which has focused on the ageing population in Australia. What do you expect will be the impact of drug and alcohol abuse on the population as it ages and are we sufficiently prepared for an increase in demand for such services within the aged-care sector? I know you have come here with one hat, but we do not like to miss out on all the other hats that you wear as well.

Prof. Holman: Are you referring to the contribution of alcoholic dementia to the problems of aged care? Is that what is motivating your question? I am just trying to understand the connection with alcohol treatment and rehabilitation and prevention.

The CHAIRMAN: Yes, the dementia caused by alcohol, but we are also seeing now the link well established with alcohol and cancer, alcohol and dementia; so there is alcohol and numerous diseases.

Prof. Holman: Yes.

The CHAIRMAN: Has a cost analysis been done in terms of alcohol and, I guess, the chronic disease cost to the community in years to come?

Prof. Holman: Certainly there are excellent examinations of the role of alcohol in the wide range of different chronic diseases, including cancers, pancreatitis, cirrhosis of the liver, mental health problems, and obviously injuries as the sort of acute shorter term effects of alcohol. In fact historically, I guess, I was the person who developed the methodology that actually is applied in Australia to estimate those numbers of people, in our country and in Western Australia, who die or are hospitalised as a result of these alcohol-induced diseases and injuries. So that is certainly all there. I have not actually conducted that sort of analysis myself for about 20 years, even though I developed the original methodology. So I cannot tell you at this point in time exactly what the latest trends show. I am also aware that there have been economic analyses done which flow from this body of work. Again I am not at this point in time able to point to exactly where it is, but I could easily find it. It is not something I have been involved with directly in recent years, so I cannot answer your question directly.

The CHAIRMAN: That is fine. The other thing was again going back to the advertising, and we will certainly look at the council's page for January that you mentioned, because the various groups are certainly mounting a very strong campaign to keep the advertising campaign running. But in some advertising, for instance, Bundy bear had a Facebook page with their Bundy bottle, and there are other advertising things that they do on the internet. So, apart from banning advertising by sporting companies, to whom should the government be turning to look at this kind of huge advertising campaign that is hitting the community, and the government too? We have a fantastic public health department that is trying to combat the messages that are coming, but there is just so much coming from everywhere.

Prof. Holman: What we have here is a major public health problem, but also a major political problem. I do understand the challenge that community leaders such as yourselves face in this area, especially in regard to sports sponsorship. Sport is an Australian icon. It enjoys huge popularity and is engaged in, particularly as spectators, by large proportions of the population, and the sports lobby groups wield enormous power. So, for a government to take on this sector and its alliance with the alcohol industry is going to be no easy political task. It is going to take a very high level of, I guess, leadership and ethics to do what is right. I think one of the things that we can learn from is the success with which similar types of issues with tobacco were dealt with and the way that with tobacco it was possible to eventually ban advertising and sponsorship; but, combining that with increasing tobacco taxes and then hypothecating those taxes so that one could create a funding stream through government to the sports organisations and the cultural arts organisations who were then effectively denied, I guess, their historical reliance on tobacco money. So, I do believe, certainly judging by what is happening in the level of deaths on our roads and serious injuries caused by alcohol, and what I observe as a citizen in regard to alcohol-related harm generally in the community, that we are at the point where these types of measures are going to have to be considered. And we do have very credible bodies like the World Health Organization, Australia's national Preventative Health Taskforce and the Australian Medical Association all telling us that sponsorship and advertising by the alcohol industry is something that requires much greater further regulation. And it would seem to me that some form of increased taxation and then returning those funds back to the sporting clubs would at least deal with many aspects of the political problem. You could not expect the alcohol industry to be happy but perhaps it would at least make it easier to deal with the huge power and prestige of the sporting lobby.

Mr I.C. BLAYNEY: You are on the Road Safety Council; what is your relationship with the Office of Road Safety?

Prof. Holman: The Road Safety Council is established by an act of Parliament. The act makes no mention of the Office of Road Safety, other than one of the members of the council is the public servant who is responsible for working for the government in the area of road safety. They are not the exact words, but it is that sort of idea. And so through that, the chief executive of the Office of Road Safety becomes a member of the Road Safety Council. Other than that, it is just what has historically developed. So the way it has developed historically has been that the Office of Road Safety actually provides the secretariat for the Road Safety Council and, indeed, supports its activities, and overall I have to say that it seems to work quite well. I am very conscious as an independent chairperson that there are times when I have to fulfil my duties in a way that might be challenging or difficult for the government. I might have to say something critical or we have to do something and: "Why is the government dragging its feet"? In those sorts of situations we have to take a very professional approach with the Office of Road Safety because they are public servants and they are required by law to serve the interests of the government. At those times I find myself being relatively separate from the Office of Road Safety, but it does not cause any tensions or difficulties; we all understand how this process works.

Mr I.C. BLAYNEY: Do you have a website of your own?

Prof. Holman: No. You will read about the Road Safety Council within the Office of Road Safety website, and you will be able to read our communiqués, which are really records of our meetings which contain the council's resolutions on the website, which is available to the public.

Mr P. ABETZ: What proportion of road deaths are actually attributable, or at least partially attributable, to alcohol? From the figures you gave us earlier in the piece, what percentage is it roughly?

Prof. Holman: The way it works is that the relative risk of having a crash doubles at just over .05 to .08. Over .08 it goes up tenfold—something like that—and once you get up over .08 it is a very, very high risk. The simple calculation is you basically take the relative risk and you divide it by the relative risk plus one. So, at .05 to .08, where it is double, it becomes basically 50 per cent of the crashes where there is one driver that has that level of alcohol in their bloodstream: 50 per cent of those crashes are actually caused by alcohol. Once you get up to over .08 it is almost 100 per cent because the relative risk is so high. So, if you take those figures and you apply them to the distribution of the number of fatalities with different blood alcohol levels—I actually have those figures right here; you have asked for a rough estimate and strangely enough I did this just before I came—my rough estimate is about 85 per cent. The reason for that is because most of the fatalities actually do have relatively high blood alcohol concentrations. For example, of the total of 416 alcohol-involved deaths in 2002 to 2009—that is, the whole eight-year period—only 47 of those involved a concentration of between .05 and .08; whereas the number that involved a concentration of over .15 is 230. So, over half of them are over .15. So, the actual distribution of the blood alcohol concentration is very highly skewed towards the higher levels. These are the deaths. It is less so in the serious injuries.

The CHAIRMAN: I have to bring the proceedings to a halt because we have one more person to hear from. But can you tell me in two minutes, if we had money for one new initiative from the government, where do you think that money should go?

Prof. Holman: My top priority that I would recommend is to do something about the sporadic drink-driver as the top priority. In a way we can solve, to the extent we can, or we can do something helpful about the repeat drink-drivers more through use of existing resources and legislation. So it is really the way we go about things more so than new program. Most of the problem is due to the sporadic drink-driver and most of that in my opinion is due to excessive promotion of alcohol through advertising and sponsorship in the community.

The CHAIRMAN: So, that would be the way of tackling this sporadic drink-driving?

Prof. Holman: Yes. My top priority is to tackle the excessive advertising and sponsorship of alcohol in the community, particularly in the sports arena, to reduce deaths on our roads caused by alcohol.

Mr I.C. BLAYNEY: Do you have evidence to support that linkage?

Prof. Holman: I presented the evidence that leads me to that judgement.

The CHAIRMAN: Thank you very much for your evidence before the committee today. A transcript of this hearing will be forwarded to you for the correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from 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 and the sense of 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 of evidence.

I am sorry that we had only one hour with you. Thank you very much for coming along this morning.

Prof. Holman: My pleasure.

Hearing concluded at 11.00 am