

South Australian Alcohol and Other Drug Strategy 2017-2021

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EXECUTIVE SUMMARY

RAA is the State's peak motoring body, representing the views and interests of more than 660,000 South Australian motorists. RAA is the principal advocate for road users on a very broad range of mobility-related issues, in particular road safety.

RAA supports the South Australian Government's commitment to reducing the impact of alcohol and other drugs in South Australia. However, RAA would like to highlight the exclusion of linkages between road trauma and alcohol and other drug usage in the draft strategy, and the significant impact of road crashes on individuals and community.

The impact of drink-driving and drug-driving contributes significantly to road crashes, with the statistics highlighting that 22 per cent of crashes were directly attributed to Driving Under the Influence (DUI) in the past 10 years.

If the single element, DUI, was removed from all road crashes South Australia could reach the Towards Zero Together 2020 target of less than 80 fatality crashes per year.

Recent increases in the detection of illegal drugs in road users is of significant concern, this is heightened by the identified risks placed on passengers and other road users. RAA unreservedly condemns road users who adopt an irresponsible attitude to alcohol and/or drug use.

Recidivist behaviour and the anecdotal evidence that some members of the community are prepared to regularly drive while under the influence of alcohol and/or drugs needs to be addressed, with clear targets established with the aim of reducing the incidence of drink and drug affected drivers being involved in crashes.

RECOMMENDATION

RAA recommends the inclusion of alcohol and drug strategies to reduce the number of drivers continuing to drive with alcohol and/or drugs in their system.

The aim of the strategy is to "***Reduce the harms caused by alcohol and other drug problems to the South Australian community***". The harm and cost to our community of drug and alcohol related crashes is significant. Each of the five identified draft objectives resonate with supporting the reduction of drug and alcohol driving.

RAA supports the following considerations in reducing DUI crashes, which if totally eliminated, could ensure South Australia meets the Towards Zero reduction of fatalities on South Australian roads.

Considerations for the Draft Alcohol and Other Drug Strategy 2017-2021:

- Inclusion of statistics on the impact of alcohol and drug driving on our roads
- Inclusion of effects of alcohol and drug driving in school curriculum
- Increased testing for drug driving
- Inclusion of holistic approach to offenders, including recidivists
- Inclusion of specific targets for lowering alcohol and drug driving crash incidents on our road and the clear link to reaching the 2020 Towards Zero target
- Inclusion of pedestrians as they form part of the road statistics. While on one hand they are making a positive decision to not drive, if under the influence they are still making risky decisions
- recidivist behaviour and social implications
- Addressing the clear male gender bias associated with drink driving

DISCUSSION

Background/Overview

RAA regularly analyses crash data for South Australia, in the most recent analysis a ten year reduction of 13 per cent (2006:117, 2015:102) is positive, slightly less than the 19 per cent reduction in the previous 10 year period (1996-2005).

The Department of Planning, Transport and Infrastructure (DPTI) 2015 data reported:

2015 Crash Data	
Total crashes	15 432
Fatal crashes	96
Serious injury crashes	657
Minor injury crashes	4 616
Property damage claims	10 063
Fatalities	102
Serious injuries	759
Minor injuries	5 800

DPTI have estimated the cost of crashes in 2015 on the community to be \$1.75 billion. Therefore any strategy to reduce the number of crashes has both an individual and community benefit.

Driving Under the Influence

In the past decade there were a total of 213 fatal crashes that occurred where the driver was under the influence, the second highest crash factor, representing 22 per cent of all fatal crashes. DUI crashes represent 26 per cent of all fatal crashes in regional South Australia and 16 per cent in metropolitan areas. While alcohol was the influential factor in the stated crashes there was, in a number of the crashes, a combination of alcohol and illicit drugs.

Media has highlighted concerns raised by South Australian Police around the increased numbers of illicit drug detections around schools at drop off times. This is of great concern not only for other motorists and passengers but also reflects the behavioural acceptance of risky driving decisions these adults are teaching the minors they are responsible for.

In regional South Australia, Hit Fixed Object fatal crashes account for 39 per cent of all fatal crashes in that region. In terms of fault, the most common reason for crashes of this type occurring is DUI, accounting for 43 per cent of fatal crashes.

Predominantly, road users who were responsible for Hit Fixed Object fatal crashes were found to have high levels of alcohol and drug concentrations in their systems. The median alcohol reading for these people was 0.184, which is more than three and a half times above the current legal blood alcohol limit of 0.05.

	DUI Readings	% of Hit Fixed Object Fatal Crashes caused by DUI
Low Range (0.05-0.079)	4	5%
Mid-Range (0.08-0.149)	23	25%
High Range (0.15 +)	64	70%

All of the rural fatal crashes that were caused by drivers or riders that were DUI at the time of the crash registered blood alcohol levels that were in excess of the 0.05, although some also recorded positive drug tests.

In rural Hit Fixed Object fatal crashes, not only is alcohol/drugs a significant contributory factor, but compliance regarding seatbelt and/or helmet wearing is also a factor. As a result of the 211 fatal crashes of this nature, there were 233 fatalities. Of those, 211 were either a driver or passenger in a car, 21 were riders of a motorbike and 1 was a pedestrian. Of those who were a driver or passenger, at least 70 (33%) were found to have not been wearing a fitted seatbelt¹. Compliance with the law in this regard may still have resulted in a casualty for these crashes, but could have prevented a number of fatalities. This highlights the complexity of additional risky behaviour when in a car under the influence of alcohol and/or drugs.

Pedestrians

Between 2006 and 2015 the third most common fatal crash type in South Australia was Hit Pedestrian, behind Hit Fixed Object and Head On crash types. The table below highlights crash type between metropolitan and rural settings. While Hit Pedestrian is the third highest crash type in total, it is the second highest metropolitan crash type.

Crash Type	Metro	Rural	TOTAL
Head On	38	97	135
Hit Animal	0	9	9
Hit Fixed Object	135	211	349
Hit Object on Road	1	1	2
Hit Parked Vehicle	9	0	9
Hit Pedestrian	105	28	133
Left Road – Out of Control	0	3	3
Other	4	3	7
Rear End	24	18	42
Right Angle	55	50	105
Right Turn	34	7	41
Roll Over	12	98	110
Side Swipe	17	10	27

Over the past 10 years there were four times as many Hit Pedestrian fatal crashes in the metropolitan area than there were in rural South Australia. RAA analysis shows that of the 105 Hit Pedestrian crashes in metropolitan areas there were:

- 132 casualties, 107 of which were fatal
- 73 of the crashes were linked to the pedestrian being at fault for the crash
- 44 of the fatal crashes inattention was the main cause and
- 28 occasions the pedestrian at fault was drunk.

Gender

The findings from the Illicit Drug Reporting System (IDRS) provides valuable information on trends associated with illicit drug use. The 2012 South Australian report clearly demonstrates males dominate the statistics. This is reflected in the DUI fatal crash statistics.

Of the 213 people who were responsible for a fatal crash in South Australia in the past 10 years who were found to be DUI, 191 (90%) were male, with the remaining 22 being female.

IDRS indicates 81 per cent of recent drivers² reported driving after the consumption of illicit drugs in the six months prior to the interview, with a reported median of 18 driving occasions

¹ For a further 33 fatalities it was unknown whether a seatbelt was being worn or not.

² Recent drivers refers to self-reported driving by those on the illicit drug reporting system

in the prior six month period. The IDRS sample for 2012 indicated 59 per cent of participants were male.

When considering the probability of IDRS, self-reporting drivers and, the actual fatal crash stats, there is a greater chance that males will be involved in DUI related crashes.

Key Information to Note

RAA's Traffic and Road Safety Analyst has considered each of the elements that make up a collision, and through listing these (crash type, intersections and apparent error) a picture can be built up of the prominent features for each fatal crash in South Australia. With DUI being a contributing factor there can be no exclusion of a target in the proposed Alcohol and Other Drug Strategy.

Metropolitan:

Crash Type	Intersection/ Open Road	Apparent Error	No. Of Fatal Crashes	% of Total	% of Metro
Hit Fixed Object	Mid-Block	Inattention	53	5.5%	12.2%
Hit Pedestrian	Mid-Block	Inattention	45	4.6%	10.3%
Hit Fixed Object	Mid-Block	DUI	38	3.9%	8.7%
Right Turn	Intersection	Fail to Stand	29	3.0%	6.7%
Head On	Mid-Block	Fail to Keep Left	25	2.6%	5.8%
Hit Pedestrian	Mid-Block	Drunken Pedestrian	23	2.4%	5.3%

Rural:

Crash Type	Intersection/ Open Road	Apparent Error	No. Of Fatal Crashes	% of Total	% of Rural
Hit Fixed Object	Mid-Block	DUI	83	8.6%	15.5%
Head On	Mid-Block	Fail to Keep Left	70	7.2%	13.0%
Hit Fixed Object	Mid-Block	Inattention	70	7.2%	13.0%
Roll Over	Mid-Block	Inattention	42	4.3%	7.9%
Roll Over	Mid-Block	DUI	36	3.7%	6.7%
Right Angle	Intersection	Disobey Give Way Sign	32	3.3%	6.0%

DUI factors in the top three reasons for why a crash type occurred in three of seven age groups, which shows the significance of alcohol and drugs and the lasting effect on our communities cannot be categorised as just a road safety issue. RAA calls for holistic and coordinated approaches to alcohol and drug strategies, and the inclusion of clear recommendations in the proposed strategy.

Age Group	Top 3 Crash Types & Why They Occurred		
0-15	Hit Pedestrian (Inattention)	-	-

16-24	Hit Fixed Object (DUI)	Hit Fixed Object (Inattention)	Hit Fixed Object (Excessive Speed)
25-34	Hit Fixed Object (DUI)	Head On (Fail to Keep Left)	Hit Fixed Object (Excessive Speed)
35-44	Hit Fixed Object (Inattention)	Hit Fixed Object (DUI)	Head On (Fail to Keep Left)
45-54	Hit Fixed Object (DUI)	Head On (Fail to Keep Left)	Hit Fixed Object (Inattention)
55-64	Hit Fixed Object (Inattention)	Hit Pedestrian (Inattention)	Hit Fixed Object (DUI)
65-74	Hit Fixed Object (Inattention)	Roll Over (Inattention)	Hit Pedestrian (Inattention)
75+	Hit Pedestrian (Inattention)	Hit Fixed Object (Inattention)	Right Angle (Disobey Give Way Sign)

NB: 'Hit Pedestrian' crashes indicate that they were the pedestrian that got hit in the crash and were deemed to be at fault.

RAA Comment/Position

RAA unreservedly condemns road users who adopt an irresponsible attitude to alcohol and/or drug use, and has a strong and comprehensive policy position on this issue.

Random Breath Testing (RBT) should be carried out at both non-specific locations and at times and places where problems are known to exist. RBT should be maintained at a level to ensure motorists perceive a real risk of detection if they exceed the prescribed legal Blood Alcohol Concentration (BAC) limit and should be supported by appropriate publicity and public education campaigns to reinforce the perceived risk of detection, including being part of the school curriculums.

Suitable penalties should be imposed on road users who drink and drive with blood alcohol concentrations in excess of the legal limit.

RAA acknowledges illicit drugs such as THC (tetrahydrocannabinol, the active component of cannabis) and methamphetamines are known to adversely affect users and have the potential to increase the number and severity of road crashes, particularly when used in combination with alcohol. Therefore, RAA supports the legislation empowering the Police to require drivers to submit to a drug screening test where the driver has submitted to an alcotest.

Drivers convicted of a second or subsequent drink/drug-driving offence, or detected as having a blood alcohol concentration exceeding 0.15, should be referred to appropriate health authorities for assessment of their alcohol or drug dependency and subsequent rehabilitation. Adequate facilities should be established for this purpose.

Procedures for the referral of drunk-drivers to rehabilitation centres should be uniform as should the content and structure of rehabilitation courses. Each of the courses should be evaluated on an ongoing basis, prior to restoring licences to convicted drink-drivers with an evaluation of the driver's aptitude to hold a licence established.

RAA believes that independent specialised research is necessary to ensure that countermeasures to address such behaviour have scientific authority and will, therefore, secure public acceptance.

Summary

RAA supports the South Australian Government's commitment to reducing the impact of alcohol and other drugs in South Australia. However, RAA believes that the correlation between road trauma and alcohol and other drug usage should be included in the draft

strategy, together with targets to reduce the impact of road crashes on individuals and the community.

This will send a clear message that the proposed strategy is not just for South Australian Police to combat, but involves the community to reinforce the dangers of this behaviour. Without a holistic strategic focus and targets, the issue of DUI driving on our roads remains the second biggest killer.

The statistics cannot be ignored. DUI is clearly an issue as it's a primary cause of fatal crashes, with a clear gender bias. Enforcement alone cannot eliminate the issue. Education and rehabilitation are required and the draft Alcohol and Other Drug Strategy 2017-2021 provides this opportunity.