



*Fostering communication, networking, professionalism and advocacy in road safety*

# 2015/2016 ACRS Pre-budget Submission

**Boosting Australia's productivity and international  
standing through collaborative action to  
expedite road trauma reductions**

## ***About the Australasian College of Road Safety***

The Australasian College of Road Safety was established in 1988 and is the region's peak organisation for road safety professionals and members of the public who are focused on saving lives and serious injuries on our roads.

The College Patron is His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd), Governor-General of the Commonwealth of Australia.

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## 1.0 Executive Summary

Road trauma is arguably the highest ranking public health issue we face as a nation today. Each week in Australia more than 20 people die and 600 are seriously injured, and the ripple effect of each road trauma event to our families and communities is enormous.

The causes and consequences of road trauma continue to have a serious impact on Australia's productivity, estimated by the federal government to cost our economy \$27bn per year - equivalent to 18% of health expenditure (BITRE, 2014) and 2.6% of the national GDP (OECD, 2014) (or 1.8% of GDP (2012-13) (BITRE, 2014)).

By the time we reach the final year of Australia's National Road Safety Strategy 2011-2020, and assuming Australia's 30% target reduction is reached, **road trauma will still have cost the Australian economy a staggering \$264 billion dollars.** In addition, **Australia's performance in achieving road trauma reductions is declining on the international stage.** Australia's performance has not improved to the same degree as many Organization of Economic Cooperation and Development (OECD) countries since the year 2000.

The recent OECD IRTAD Annual Report 2014 reports that 'Success in improving safety levels over the decade since 2000 continues to be unequally spread, both across countries and across transport modes. The ... least success was recorded for the United States (-20.0%) and Australia (-28.5%) as well as in a number of observer countries' (OECD, 2014).

Compounding our decline in terms of relative global performance, it is also becoming apparent that **the number of serious injuries from road crashes in Australia is increasing each year.** 'Between 2000 and 2011, the number of (Australian) people hospitalised due to road crashes increased from 26 963 to 34 082' (OECD, 2014). Therefore we are currently 'in reverse' in our efforts to meet the 30% serious injury reduction targets. If this trend continues we are in danger of increasing the cost and societal burden of serious injuries significantly by the time we reach 2020.

The impact of road trauma is felt across all federal departments, and exists regardless of which party makes up the majority in Parliament. Therefore a united effort is required to adequately address this serious issue, arguably one of the highest ranking public health issues we have in Australia today.

Three of the top measures suggested by road safety experts—research, management and leadership—are strategic and were not amenable to economic analysis in the recent BITRE report 'Impact of road trauma and measures to improve outcomes'. These important strategic issues are to be addressed in the broader, yet to be published, Review of the National Road Safety Strategy (Austroads, Forthcoming).

The OECD 2014 IRTAD report includes the following statement:

### Organisation of road safety (in Australia)

In Australia's federal system, government responsibilities for road safety vary across jurisdictions. The Australian Government is responsible for regulating safety standards for new vehicles, and for allocating infrastructure resources, including for safety, across the national highway and local road networks.

State and territory governments are responsible for funding, planning, designing and operating the road network; managing vehicle registration and driver licensing systems, and regulating and enforcing road user behaviour.

Local governments have responsibilities for funding, planning, designing and operating the road networks in their local areas.

Notably absent in the definition of ‘Organisation of road safety’ in Australia is the beneficial impact that the numerous other stakeholders, outside government agencies, can and do have on reducing road trauma. In this submission the College calls for additional support so that we can recognise, reward, collaborate and coordinate the efforts of these many stakeholders - from economists to researchers to medical professionals, carers and disability advocates - to improve road trauma outcomes substantially beyond the capacity of government action.

As stated above, road trauma currently costs the economy 2.6% of GDP (OECD, 2014). The College has an extensive network of member organisations and relationships with stakeholders, and has an excellent track record in bringing all groups together to collaborate to enhance our road safety outcomes. The College is therefore best placed to provide the government and Australian communities with well-planned, efficient and coordinated support to bring us back to being a leader on the world stage in terms of road trauma reductions.

In our submission, the College requests a total of \$4.65m over 3 years to fund activities aimed at substantially increasing Australia’s road trauma reduction rate – an investment by the Australian government that will have ripple effects across the economy and society for many years.

The Coalition have shown they are interested in improving road trauma outcomes. The Coalition’s Road Safety Policy recognises that the rate of progress in road trauma reductions has slowed in recent years. The Policy sets out a plan to increase our combined efforts to reduce road trauma:

*Under a Coalition government the Transport Minister will work closely with all stakeholders to encourage a collaborative approach to research, innovation and the delivery of new programmes to help save lives and reduce injuries on our roads. This will include existing road safety researchers and bodies such as the Australian Research Council, the National Health and Medical Research Council, and the **Australasian College of Road Safety** to build scale in research and assist in the development of road safety initiatives.*

The Coalition has committed expenditure in road safety through Departmental programs which include Black Spot funding, supporting State specific activities through COAG, support of Local Government road safety awards, the AAA Keys to Drive Program, participation in ANCAP, support for the Bicycle Council, Vehicle safety research, various NTC programs as well as some AID road safety programs. The College supports and encourages continued funding of these.

The College does not believe that any new money is required for the funding, as the value of the programs proposed could be funded adequately as an almost “rounding” figure within the current national roads budget. A relatively small reallocation is necessary. We believe there is little value in the Federal Government funding State and Local Government roads unless there is national leadership and programs to ensure that those funds are committed to ensure a reduction in road trauma. The economic benefits which will accrue across so many Federal as well as State and Local Government portfolios will be much greater than the outlays proposed here. Benefits of various specific improvements alone are set out in the recent BITRE report.

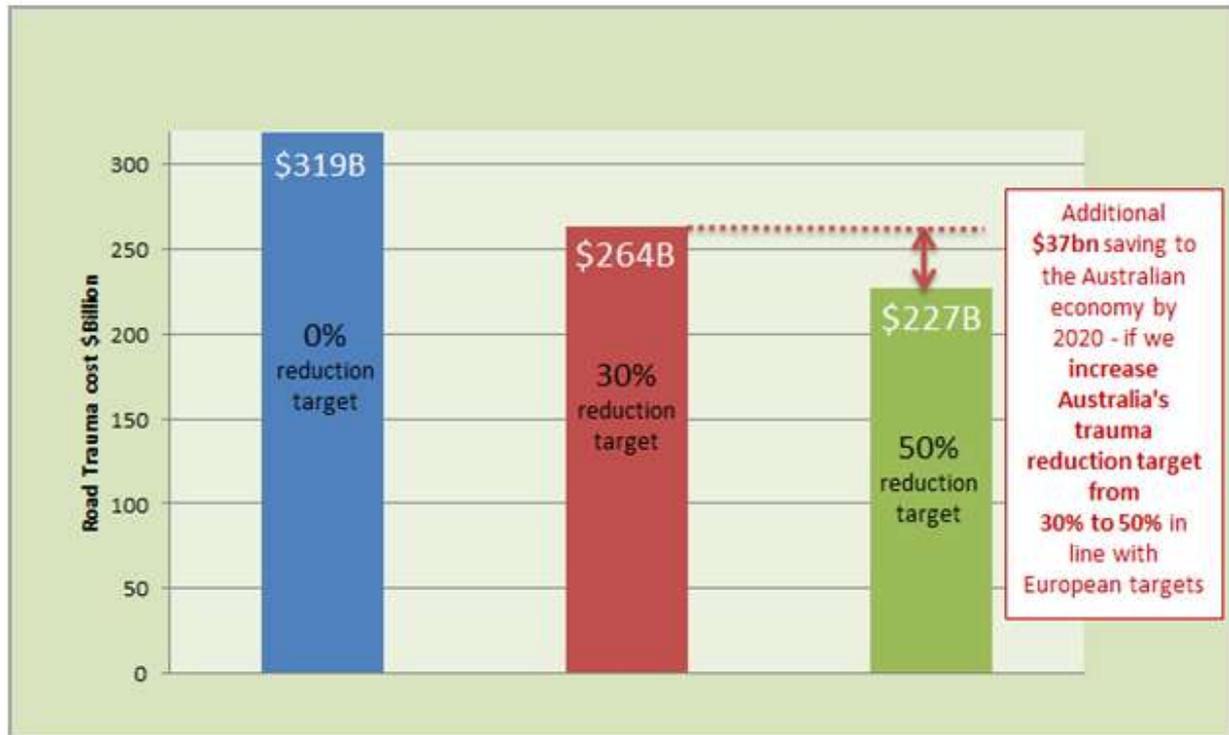
However to be most effective a multifaceted national program which covers the five major road safety action pillars is necessary. This program should allow us to lift our target reduction in deaths and injuries by a further 20% at least, to bring us in line with the targets of the majority of OECD countries, representing a saving of \$37b by 2020 (ACRS, 2014).

Priority budget spending areas recommended in this report are designed to support the government’s current work as well as the recommendations outlined in the Coalition’s Road Safety Policy. These key recommendations support the wider government actions as well as improved outcomes for Australian society a whole. We believe this program can be used to leverage greater involvement in other related contributions and activities by various businesses.

## 2.0 Supporting data

The 2014 ACRS Submission to the Australian Road Safety Community outlined concerns over the continued cost of road trauma to the Australian economy and societal well-being as a whole.

**Figure 1: Cost of road trauma to the Australian economy**  
\$Billion cumulative 2011-2020 (ACRS, 2014)

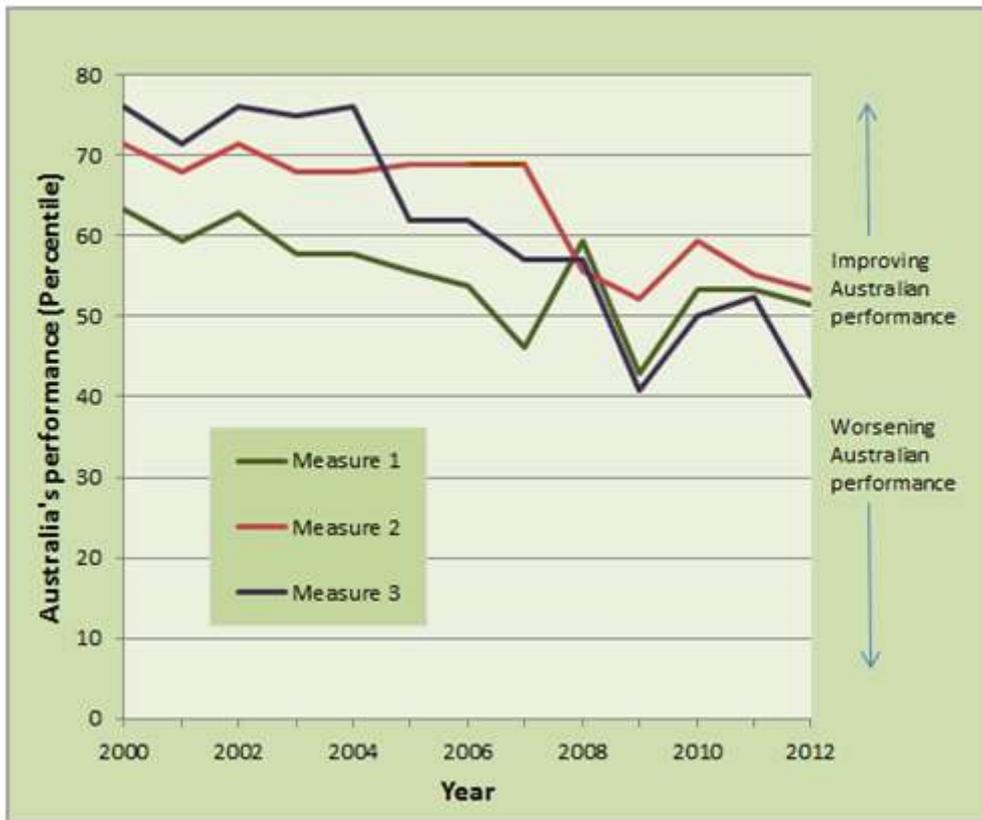


**Table 1: Australian road trauma costs 2011-2020**  
Potential additional savings with a 50% vs 30% reduction target (ACRS, 2014)

Year	Deaths saved (No.)	Injuries saved (No.)	Cost saving \$b*
2011	28	650	0.56
2012	56	1,300	1.15
2013	84	1,950	1.77
2014	112	2,600	2.43
2015	140	3,250	3.13
2016	168	3,900	3.87
2017	196	4,550	4.65
2018	224	5,200	5.47
2019	252	5,850	6.34
2020	280	6,500	7.26
<b>Total</b>	<b>1,540</b>	<b>35,750</b>	<b>36.62</b>

\* assumes 3% CPI, and utilises \$27b figure estimate in NRSS 2011-2020

**Figure 2: Australia's performance in lowering the national road toll**  
 Comparison with performance of other OECD countries 2000-2012 (ACRS 2014)



As outlined in our *2014 Submission to the Australian Road Safety Community (ACRS, 2014)*, although there are many good examples of effective road trauma reduction programs occurring in organisations across Australia, there is a fragmentation and disconnection that detracts from Australia achieving the maximum benefit and effect of these programs. This is hindering the potential gains that Australia can make.

The ACRS continues to strive for increased collaboration and a more coordinated collective response to combat road trauma. ACRS initiatives have included encouraging national political parties to develop road safety policies, building new alliances such as with companies and national health research bodies, carer and disability organisations etc, expanding communication networks and publications, and compiling comprehensive submissions to government and the road safety community.

Increased collaborative efforts in the community sector, especially with the young and elderly, vulnerable road users, etc show what can be achieved, often with relatively small investment. These efforts can occur in tandem with the development and implementation of major infrastructure and technological changes that can support long-term change.

The collaborative development of sound overarching frameworks such as the recently developed National Road Safety Research Framework (NRSRF) should be considered a top priority to achieve the goals of the NRSS. This would help to elevate Australia's ranking in comparison to other OECD countries, as well as increasing Australia's productivity – provided we can address the existing disparity across Australian jurisdictions in road safety performance.

Encouraging and supporting collaborative organisations, particularly those with a proven track record, is important for a number of reasons. Primarily it empowers Australia's collective road safety community to make greater gains in road trauma reductions. Importantly it also increases efficiency and reduces potential duplications across competing or fragmented programs that have similar aims. A renewed focus on supporting collaboration will benefit Australia's road trauma outcomes, and will have flow on effects to the economy and social well-being of our nation.

The proposals outlined in this Pre-budget Submission are aimed at significantly increasing Australia's achievements in reducing road trauma, in line with recommendations in the Coalition's Road Safety Policy, the National Road Safety Strategy 2011-2020, and the UN Decade of Action for Road Safety 2010-2020.

## 2.0 Priority Budget Spending Areas

1. Communicate with all road safety stakeholders through to the general public, by **expanding ACRS's already successful communication networks** to reach a wider audience. This could include specific seminars, site visits and distribution materials for the recently formed Friends of Road Safety in the Parliament. (In line with Section 7 of the Coalition Policy).  
Contribution requested: \$240,000 over 3 years.
2. Develop and implement with government agencies, including the transport and health sectors, an agreed **Communications & Marketing Plan** to coordinate the often mixed road safety messages to the general public. (In line with Section 7 of the Coalition Policy).  
Contribution requested: \$360,000 Term: 3 years
3. In conjunction with the NHMRC and ARC, **Implementation and monitoring of Australia's National Road Safety Research Framework**, developed in conjunction with all existing road safety stakeholders and in particular encourage a major collaboration with new technology providers Include development of a National Road Safety Research Plan.  
Contribution requested: \$1,500,000 over 3 years.
4. **Coordinating the focus on injury data collection and reporting**, in collaboration with the Bureau of Infrastructure, Transport and Regional Economics (BITRE), to meet OECD reporting guidelines of estimates of serious injuries (with a Maximum Abbreviated Injury Score – MAIS - of 3 and more).  
Contribution requested: \$1,500,000 over 3 years.
5. **Encouraging constituency across the community** – an innate desire to expedite trauma reductions. Engagement programs with stakeholders.  
Contribution requested: \$240,000 over 3 years.
6. **Rewarding the achievers:** Continue and expand the tradition of recognising our greatest achievers and advocates by expanding the Australasian Road Safety Award Program to reward a larger number of stakeholders and sectors for their valuable efforts to reduce road trauma.  
Contribution requested: \$360,000 over 3 years.
7. Support **increased international collaboration across all stakeholder sectors**. In the first instance this would include participation by a key stakeholder 'taskforce' at the 2<sup>nd</sup> International Road Safety Summit to be held in Brazil in late 2015. This would include attendance of up to 10 key road safety stakeholders/sector representatives/experts, and presentation of a comprehensive report to government and stakeholders of outcomes and recommendations for future non-government collaboration to expedite road trauma reductions across the Australasian region and globally. This will benefit not only Australia but also our role in assisting other Countries.  
Contribution requested: \$450,000 over 3 years.

### Summary:

- Contribution sought per year: \$1,550,000
- Term: 3 years
- Total Contribution sought: \$4,650,000

**Table 1:** Contribution sought by ACRS to improve road trauma reduction outcomes

<b><u>Program</u></b>	<b><u>2015/16</u></b>	<b><u>2016/17</u></b>	<b><u>2017/18</u></b>	<b><u>Total over 3 years</u></b>
1. Road safety stakeholder expansion	\$ 80,000	\$ 80,000	\$ 80,000	\$ 240,000
2. Road safety Communication & Marketing Plan	\$ 120,000	\$ 120,000	\$ 120,000	\$ 360,000
3. Progressing the National Road Safety Research Framework	\$ 500,000	\$ 500,000	\$ 500,000	\$ 1,500,000
4. Assisting with injury data harmonisation	\$ 500,000	\$ 500,000	\$ 500,000	\$ 1,500,000
5. Increasing constituency across the community	\$ 80,000	\$ 80,000	\$ 80,000	\$ 240,000
6. Rewarding the outstanding road trauma reduction achievers	\$ 120,000	\$ 120,000	\$ 120,000	\$ 360,000
7. Promoting international collaboration with key stakeholders	\$ 150,000	\$ 150,000	\$ 150,000	\$ 450,000
<b><u>Total per year</u></b>	<b>\$ 1,550,000</b>	<b>\$ 1,550,000</b>	<b>\$ 1,550,000</b>	<b>\$ 4,650,000</b>

## Bibliography

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4. OECD. (2014, October 02). *OECD IRTAD Annual Report 2014*. Retrieved January 15, 2015, from [www.internationaltransportforum.org/pub/pdf/14IrtadReport.pdf](http://www.internationaltransportforum.org/pub/pdf/14IrtadReport.pdf)

## Attachments

### *Attachment 1 – ACRS Membership*

The Australasian College of Road Safety membership consists of the following:

- All Australian and New Zealand road safety research agencies
- Australian and New Zealand universities
- Injury prevention, brain injury and neuroscience research organisations
- Australasian medical representative groups
- Australian federal government road safety & health promotion agencies
- State and Territory road transport agencies
- Local government agencies
- Policing agencies (both federal and state)
- Emergency services agencies
- Road safety research funding organisations
- Medical associations
- Safety promotion and training agencies
- Carer advocacy groups and associations
- Independent road safety consultants
- State vehicle and personal insurance agencies
- Driving schools and instructor associations
- Road safety advocacy groups, including motorcycles, children, youth, pedestrians, cyclists
- Road industry groups, including vehicles, trucks, roads
- International road safety consultants, agencies and advocacy groups
- Fleet safety associations
- Independent economist consultants and companies
- Engineers & engineering associations
- Legal firms
- Trucking companies
- Vehicle manufacturing companies
- Vehicle safety advocacy and testing organisations
- Other public or private companies interested in or working in the field of road safety
- Secondary, tertiary and post-graduate students currently studying in the road trauma field
- Interested members of the public

**Imagine the consequences...**

**Imagine** if our nation was providing defence forces to combat war overseas, and that *25 soldiers were dying and 600 being seriously injured each week - week after week, year after year*. Imagine if there was no end in sight, and the wartime fatalities had increased in the last calendar year compared to the year before. The public and political pressure to end these mass casualties would be immense.

**Imagine** if there were 5 Boeing 737 crashes every week in Australia, with *25 passengers dying and 600 being seriously injured each week*. The public outcry would be enormous, the effects on our nation soul destroying. Every effort would be made to stem this tide of death and injury.

**Imagine** if there was an epidemic which consistently, year after year, was the leading cause of casualty in our population for 1-44 year olds. Imagine if it was the leading cause of death and injury in our young people between the ages of 15-24. The forces mobilised to counteract this epidemic would be enormous.

**Imagine** the effects on health system if our hospitals were dealing with the injured from these plane crashes, war events or epidemics – *over 600 people per week* - reaching the emergency doors with serious injuries, enduring lengthy hospital stays and for some a lifetime of disability.

**Imagine** the strain on our disability services and community support structures if our communities were dealing with these injured people – *over 600 people per week* – some requiring extensive and costly lifetime support.

**Imagine** the consequences of these deaths and injuries on our communities – the 25 deaths per week resulting in outpourings of grief from our families and communities, and the 600 people each week who are released from hospital to be cared for by families and communities in the longer term.

**Imagine** if the annual costs to our economy of these plane crashes, wartime efforts or epidemics was estimated to be over \$27 billion. This is more than Australia's current annual defence budget of \$26 billion. The political and social pressure to solve this problem would be enormous.

**This is the road trauma reality – 25 people dead and 600 seriously injured every week.**

**Week after week.**

**Year after year.**

The impact of road trauma is all-encompassing, covering the full spectrum of the political agenda. A much stronger focus on saving lives and injuries on our roads, covering all age groups and user groups, and including all facets of road crashes such as trauma services and post-crash care, would have a major impact on our economic and social well-being. Many solutions are simple and cost-effective.

# Appendices

## Appendix 1

**Appendix 1: Australian road trauma costs 2011-2020**  
Comparison of costs (\$b) – 30% vs 50% reduction targets

Year	Road Trauma cost baseline figures (assuming annual trauma reduction = 0)			30% reduction target against NRSS baseline figures				50% reduction target against NRSS baseline figures			
	Deaths (No.)	Injuries (No.)	road trauma cost \$b*	% reduction**	Deaths (No.)	Injuries (No.)	road trauma cost \$b*	% reduction**	Deaths (No.)	Injuries (No.)	road trauma cost \$b*
NRSS baseline	1,400	32,500	27		1,400	32,500			1,400	32,500	
2011	1,400	32,500	27.81	3%	1,358	31,525	26.98	5%	1,330	30,875	26.42
2012	1,400	32,500	28.64	6%	1,316	30,550	26.93	10%	1,260	29,250	25.78
2013	1,400	32,500	29.50	9%	1,274	29,575	26.85	15%	1,190	27,625	25.08
2014	1,400	32,500	30.39	12%	1,232	28,600	26.74	20%	1,120	26,000	24.31
2015	1,400	32,500	31.30	15%	1,190	27,625	26.61	25%	1,050	24,375	23.48
2016	1,400	32,500	32.24	18%	1,148	26,650	26.44	30%	980	22,750	22.57
2017	1,400	32,500	33.21	21%	1,106	25,675	26.23	35%	910	21,125	21.58
2018	1,400	32,500	34.20	24%	1,064	24,700	25.99	40%	840	19,500	20.52
2019	1,400	32,500	35.23	27%	1,022	23,725	25.72	45%	770	17,875	19.38
2020	1,400	32,500	36.29	30%	980	22,750	25.40	50%	700	16,250	18.14
<b>Total</b>	<b>15,400</b>	<b>357,500</b>	<b>318.81</b>		<b>11,690</b>	<b>271,375</b>	<b>263.88</b>		<b>10,150</b>	<b>235,625</b>	<b>227.26</b>

\* assumes 3% CPI, and utilises \$27b figure estimate in NRSS 2011-2020

\*\* assumes linear reduction over 10 years i.e. 42 deaths and 975 serious injuries (30%), and 70 deaths and 1,625 serious injuries per year (50%)

Appendix 2: Australian road trauma reduction performance  
In comparison to OECD countries, 2000-2012

Year	Fatalities per 100,000 pop				Fatalities per 10,000 registered vehicles				Fatalities per 100 million vehicle km			
	Rate	Position (rank)	No. OECD Countries	Percentile*	Rate	Position (rank)	No. OECD Countries	Percentile*	Rate	Position (rank)	No. OECD Countries	Percentile*
2000	9.5	11	30	63	1.5	8	28	71	0.9	5	21	76
2001	8.9	11	27	59	1.4	9	28	68	0.9	6	21	71
2002	8.8	10	27	63	1.3	8	28	71	0.9	5	21	76
2003	8.2	11	26	58	1.2	9	28	68	0.8	5	20	75
2004	7.9	11	26	58	1.2	9	28	68	0.7	5	21	76
2005	8.1	12	27	56	1.2	9	29	69	0.8	8	21	62
2006	7.8	12	26	54	1.1	9	29	69	0.7	8	21	62
2007	7.6	14	26	46	1.1	9	29	69	0.7	9	21	57
2008	6.8	11	27	59	0.9	12	27	56	0.7	9	21	57
2009	6.8	16	28	43	1.0	11.0	23	52	0.7	13	22	41
2010	6.05	14	30	53	0.8	11.0	27	59	0.6	11	22	50
2011	5.72	14	30	53	0.8	13.0	29	55	0.6	10	21	52
2012	5.72	16	33	52	0.8	14.0	30	53	0.6	12	20	40

Source Data [https://www.bitre.gov.au/publications/ongoing/files/irsc\\_2012\\_AllTables.xls](https://www.bitre.gov.au/publications/ongoing/files/irsc_2012_AllTables.xls)

\*Percentile = percentage of OECD countries that rank below Australia in terms of Fatality rate