



Australian Hotels Association

Submission in response to: Draft National Road Safety Strategy 2011-2020

National Road Safety Strategy
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About the AHA

The Australian Hotels Association (AHA) is a federally registered organisation of employers in the hotel and hospitality industry. Its membership of more than 5,000 licensed hotel businesses includes three, four and five-star accommodation hotels and pub-style hotels located in each state and territory. The AHA has branches located in every Australian capital city and a Canberra-based national office.

The sale of alcoholic beverages is the major source of revenue for many of the AHA's members, and as such the industry is sensitive to drink driving and is supportive of policies aimed at reducing its occurrence in Australian society. It is in every hotel's best interests for their patrons to be able to travel to and from the venue safely and efficiently.

The BAC system has been an outstanding success

As the Draft Strategy notes, "Australian has achieved substantial reductions in road crash fatalities over the last 30 years despite a 50 per cent growth in population and a two-fold increase in registered motor vehicles. Between 1979 and 2009, the nation's annual road fatality rate declined from 24.2 to 6.9 deaths per 100,000 people", a 71.4% reduction.

This significant reduction is attributed to the impact of random breath testing and the effectiveness of ongoing public awareness campaigns which have successfully turned drink driving into a socially unacceptable behaviour.

While the AHA supports ongoing initiatives to further reduce drink driving, it is important to acknowledge the almost universal acceptance of the current legal framework and its success in achieving fundamental change drivers' attitudes over time.

Serious risk of lowering the BAC limit

The Draft Strategy raises the option of lowering BAC limits from the current 0.05 to 0.02 on the basis that this occurred in Sweden and corresponded with a 10 per cent reduction in drink driving fatalities and an unsubstantiated claim that "reducing the legal BAC limit from 0.05 to zero (or 0.02) for young drivers up to the age of 26 would prevent a significant number of deaths and serious injuries per year across Australia."

The AHA has serious concerns about the impact lowering the BAC limit to 0.02 would have on public acceptance and adherence to drink driving laws. A significant part of the community's move away from drink driving has come from the reasonable nature of the BAC system. Significant time, money and energy has been devoted to educating the community on the concept of standard drinks and how they relate to the 0.05 limit – two drinks in the first hour and one per hour thereafter for men, and one drink in the first hour and one per hour thereafter for women. This guide, while not providing rigid certainty in any individual case, has become well understood. It has been provided as a guide to the community through nearly every state/territory transport department website as well as many alcohol and road safety websites such as the Australian Drug Foundation, RACV and many others. More importantly, it is accepted as a reasonable measure of restraint and responsibility.

A BAC limit of 0.02 would effectively mean that most women would be over the limit after consuming just one drink. The risk of imposing such a radical change is that the impost it places on people would increase the likelihood of the laws being flouted. The ability of the vast majority of law-abiding citizens who may desire to have a couple of social wines or beers with or without a meal during a night out would be denied that ability, even though they are demonstrably not part of the drink driving problem or the target group of offenders.

Over the past three decades, millions of Australians have modified their behaviour to comply with the 0.05 BAC limit, and it is highly likely that reducing this further would be seen as a 'bridge too far', an unnecessary and unwarranted intrusion by Government into peoples' lives which fails to address the real problem of blatant and recidivist offenders.

Other strategies would be more effective in deterring drink driving

A significant proportion of drink driving cases involve people who display a blatant disregard for the law. Many of these people make no attempt to moderate their alcohol intake to stay under the limit. These people drink excessively and drive because they do not believe they will be caught, and because they believe it is worth the low risk of being caught.

The AHA has consistently supported moves for tougher penalties for drink driving offences as a deterrent. The ACT Government is to be commended for its decision in 2010 to strengthen its penalty regime for drink driving, including making it more difficult for disqualified drivers to regain their licence following suspension. This, along with more frequent RBT patrols, will provide a greater deterrent by challenging the attitude that drink driving is worth the risk.

The AHA also points out the need for a range of transport options in entertainment precincts as part of the planning process. Providing patrons with safe, efficient means of getting home after their night out plays a major part in deterring drink driving. Taxi services, late night buses, trains and other options need to be adequate to meet the local communities demand for non-driving transport.

No research base supporting lower BAC limits

Good policy and regulatory intervention is based on and supported by clear and credible evidence, and the AHA will fully support any reasonable harm minimisation measures, including improved drink driving laws, which are supported by appropriate research and evidence. It is an accepted principle of public policy development in Australia that (regulatory) measures should be introduced or repealed only where there is clear evidence or broad stakeholder consensus that the measure is respectively effective or ineffective in achieving its objectives.

The Draft Strategy points to a 10% reduction in drink driving fatalities in Sweden as the sole justification for a 60% reduction in the Australian BAC limit which would impact on the daily existence of millions of Australians. The paper does not cite examples from other European nations, such as Poland, which has one of the worst road safety records in the OECD despite sharing Sweden's 0.02 BAC limit. Poland's rate of deaths per 10,000 registered vehicles (14.7) is nearly

double that of Australia's (7.6), while its deaths per 10,000 registered vehicles (2.9) is nearly three times higher (2.9 to 1.1).¹

As the RACQ noted in its submission to the 2010 Queensland drink driving inquiry, "the road safety record in (Sweden, Poland and Estonia) shows that BAC limits are by no means a 'silver bullet' to reducing road fatality rates."² There does not appear to be any empirical, or even anecdotal, evidence that would suggest an increase in road safety that would justify such a significant intrusion into the lives of Australian citizens.

The AHA believes research into drink driving occurrences would find that people who are significantly over 0.05 are over-represented. This would indicate that a small minority of deliberate offenders are the cause of most of the problems associated with drink driving. It is doubtful that people with BAC readings of between 0.021 and 0.05 are "the problem" that the community seeks to address with regard to drink driving. The problem lies with deliberate and recidivist offenders and any regulatory intervention, must be an effective and reasonable means of achieving behaviour change in this target group while minimising the impact on the broader population.

Impact of a lower BAC limit on the Australian hotel industry

The AHA represents more than 5,000 hotel businesses across all states and territories which combine to generate between \$11 billion and \$14 billion in economic activity each year and employ almost 200,000 people.³ The majority of these businesses derive most of their revenue from the sale of alcoholic beverages, and a lowering of the BAC limit to 0.02 would decimate the industry.

A 0.02 BAC limit would effectively mean that having even one drink would put many responsible Australians 'over the limit' and at risk of losing their drivers licence if pulled over. The inevitable result of this would be a reduction in hotel patronage, at risk to employment and investment in the industry.

Conclusion

The AHA is prepared to support initiatives aimed at increasing the safety of Australian roads, including measures designed to reduce instances of drink driving. The final Strategy should include a commitment to pursue consistency across the states and territories in making it tougher for drink driving offenders to regain their driving licences, tougher penalties for drink driving offences, and more robust enforcement of drink driving laws. For the reasons outlined above, the AHA is fundamentally opposed to any suggestion to lower the 0.05 BAC limit, which has been an outstanding success story for Australian road safety over many years and is widely accepted within the community.

¹ Department of Infrastructure, Transport, Regional Development & Local Government (2009) *International road safety comparisons: The 2007 report*

² RACQ (May 2010) Submission in response to *Drink driving in Queensland: A discussion paper*, p10

³ PricewaterhouseCoopers (2009) *Australian hotels: More than just a drink and a flutter*

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