SELECT COMMITTEE ON PERSONAL CHOICE AND COMMUNITY SAFETY

INQUIRY ON PERSONAL CHOICE AND COMMUNITY SAFETY

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
FRIDAY, 22 FEBRUARY 2019

SESSION TWO

Members

Hon Aaron Stonehouse (Chair)
Hon Dr Sally Talbot (Deputy Chair)
Hon Dr Steve Thomas
Hon Pierre Yang
Hon Rick Mazza

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Hearing commenced at 11.31 am

Mr IAIN CAMERON
Chair, Road Safety Council, sworn and examined:

The CHAIRMAN: On behalf of the committee, I would like to welcome you to the meeting. Before we begin, I must ask that you take either the oath or affirmation.

[Witness took the oath.]

The CHAIRMAN: Would you please state the capacity in which you appear before the committee.

Mr Cameron: I appear as the Chair of the Road Safety Council. When the committee initially approached me, I was the Acting Commissioner of Road Safety. For continuity's sake I appear today, but my ongoing role is Chair of the Road Safety Council. That is how I appear today, not to be confused with my current role of Acting Managing Director of the Department of Transport. You have a separate hearing with the Department of Transport next week, I think.

The CHAIRMAN: You will have signed a document entitled "Information for Witnesses". Have you read and understood that document?

Mr Cameron: I have.

The CHAIRMAN: These proceedings are being recorded by Hansard and broadcast on the internet. A transcript of your evidence will be provided to you. To assist the committee and Hansard, please quote the full title of any document you refer to during the course of this hearing for the record. Please be aware of the microphone and try to talk into it. Ensure that you do not cover it with papers or make noise near it. I remind you that your transcript will become a matter of public record. If for some reason you wish to make a confidential statement during today's proceedings, you should request that the evidence be taken in closed session. If the committee grants your request, any public and media in attendance will be excluded from the hearing. Please note that until such time as the transcript of your public evidence is finalised, it should not be made public. I advise you that publication or disclosure of the uncorrected transcript of evidence may constitute a contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege.

Would you like to make an opening statement to the committee?

Mr Cameron: No, I have explained how I appear today and that was probably the most important context.

The CHAIRMAN: Can you please provide the committee with the number of infringement notices and warnings issued by Western Australian police and any court action commenced under regulations 222 and 223A of the Road Traffic Code for the 2017–18 reporting year?

Mr Cameron: No, I cannot provide that. I was asked through email before I appeared and I did advise that that is a matter for WA police. As the chair of the council there are a large number of agencies that sit around the table. That inquiry or that information is best sourced from WA police.

The CHAIRMAN: Can you provide the committee with the number of accidents involving a cyclist, whether involving another vehicle or a single-person incident for that 2017–18 reporting year?

Mr Cameron: Yes, I can. I am not a statistician so I may pause at times. I have some tables and some information here. I have looked at it and I can talk to you about it. I am not sure that that is by

financial year though; it is by calendar year. Perhaps if I start and then you can ask me if you want a split of both of those across those years.

By way of background, within government and within the community, road crash data comes into the domain of a number of agencies. As you have asked in your opening question, WA police have some information about crashes; they obviously have some information about enforcement activity. The Department of Transport has information, as does Main Roads Western Australia that feeds into their crash database system. The Insurance Commission of Western Australia is also involved. For a number of those agencies—I will stop there before I mention Health—the common source is there around the involvement of a motor vehicle, particularly, for example, in relation to insurance matters, third party insurance, there are those. In the matter of cycling incidents and crashes, we also are increasingly looking to the health database; typically that is hospital admissions. The reason I give you that background is that there are some different figures in the public domain and I want to attempt to clarify how that comes together. The simple divide in all of this is that the health system generally is capturing everybody who is admitted to hospital. In the case of cycling crashes, that will involve people injured or seriously injured, or in some cases killed, with a motor vehicle involved. But it also includes a large number of other crashes where there is no motor vehicle involved. However, all of the crashes that the Road Safety Council looks at by definition involve a road or road-related area. Under the act we are not looking so much at perhaps a cycling injury that occurred in the private backyard of someone's residence or something like that. Although that is an injury and it would be reported, our health information and transport agencies and police information is road and road-related areas. It is a bit longwinded, and I apologise, but there are lots of figures that go out in this space.

The CHAIRMAN: Would that include bicycle paths?

Mr Cameron: A road or road-related area—if they are in the public domain and near a road, yes, I think they will in most cases.

The CHAIRMAN: For instance, a bicycle path that goes along a beachfront or something like that that is quite a way from a road may not be captured in the statistics you have?

Mr Cameron: I would need to check that, if it is road or a road-related area. Road-related area does include some aspects of driveway aprons and things like that as well.

The CHAIRMAN: To give you a practical example, what I am thinking of is that along Warnbro Beach there are carparks, quite a distance of sand dunes and then some paths that run along the top of the sand dunes. They are quite separated from the road but they do link the various carparks together. If you could provide that as supplementary information later —

Mr Cameron: I can provide that supplementary definition. As I say, I am not the statistician or the definite expert, but from a policy point of view, we are very much focused on a road or road-related area where it is open to the public and involves a motor vehicle as well, generally. But I will check, as you have requested, that definition there.

In relation to your question, with that clarification, I have data from the Main Roads database, which I will talk to you about, and then I also have information that we source from Health. I must stress that we are not the owner of the data, we are a user of the data, so the integrity of the data, the issues with the data is certainly very much something that we work with those agencies on.

Hon Dr SALLY TALBOT: May I interrupt before we get to the substance of the data? It occurs to me listening to that very interesting explanation that it might be that you collect data on areas where people are required currently to wear bicycle helmets.

Mr Cameron: Yes.

Hon Dr SALLY TALBOT: Is that going to help us? Is that a distinction that we can bear in mind as we listen to the rest of your presentation?

Mr Cameron: No, our focus is public road or road-related area.

Hon Dr SALLY TALBOT: Are there places that are public road or road-related areas where there is currently a requirement to wear a bike helmet?

Mr Cameron: All of those, if I am hearing the question correctly.

Hon Dr SALLY TALBOT: No: are there areas that are not—because on a public road or road-related area, you would be required to wear a helmet.

Mr Cameron: Yes.

Hon Dr SALLY TALBOT: Are there areas where you do collect data where people are not required to wear a bike helmet?

Mr Cameron: Not to my knowledge.

Hon Dr SALLY TALBOT: That might clarify things.

[11.40 am]

Mr Cameron: Apologies for the complication, but I guess the nature of road safety is that there are many data sources. Under the act we are very much about road trauma, and that is road and road-related. We are still on a journey of getting better information and better understanding of the data. Historically in the cycle safety area, the pedestrian safety area and the motorcycle safety area, there traditionally has been an underreporting of data, for a number of reasons. Sometimes there was not a motor vehicle involved. Other times it was relatively minor and the pedestrian, cyclist or motorcyclist chose not to report it or did not attend and so has just dealt with it privately, so there are still limitations in the data. With that context, the latest current calendar year I have is 2017. From the Department of Health, which would be all the health admissions to hospitals for a pedal cyclist, there were 733 cases in 2017. The Main Roads actual in its database—as I say, that will typically be a much smaller subset because it is largely around the involvement of a motor vehicle—is 108. In 2016 there were 739 in the health record system and 86 in the Main Roads system. The other key fact of relevance here is that most of those cycling injuries, serious injuries and deaths, occur in 50 and 60-kilometre-an-hour zones. About 60 per cent of all of those crashes are in a 50 or 60 kilometre zone. That has been pretty consistent over 20 years, since 1997, and that profile has not really changed much from year to year.

Hon Dr SALLY TALBOT: Is that calendar 2017?

Mr Cameron: Calendar 2017, calendar 2016.

The CHAIRMAN: So Health is giving these numbers based on hospital admissions?

Mr Cameron: Hospital admissions, yes.

The CHAIRMAN: Of those hospital admissions, can they be tied back to some kind of cycling injury?

Mr Cameron: In the coding system, there is a code that relates to it having to be, by definition, a road or road-related area. This is not all cycling injuries. As I say, it would exclude ones that do not have a road or road-related definition to them.

The CHAIRMAN: With the Main Roads data, how does Main Roads collect that data?

Mr Cameron: Typically, that data is derived through police and then Insurance Commission sources. As I say, it is a generalisation, but, generally, it would mean that more than likely there was a motor vehicle involved. Again, a single cycling incident, I hit the kerb, or I came off the bicycle for whatever

reason, without the involvement of a motor vehicle—if there are injuries, there are requirements for people to report those crashes, so we tend to get better reporting of those. But if a single cyclist on their own has an injury and there is no licensed motor vehicle involved, we know there is an under-reporting that goes with that, in all states of Australia, not just WA.

The CHAIRMAN: There would be an element of overlap, I suppose. In 2017, the 108 Main Roads–reported cycling injuries or incidents, they may be accounted for in that 733 or some portion of them may be accounted in that 733 reported by Health?

Mr Cameron: Correct. So the 108 in 2017 in Main Roads would largely be a subset of the 733. The information I have been advised is that that is a relatively accurate match. In other words, the Health and the Main Roads data, with the presence of a motor vehicle, there is a relatively close match on those. So, you are right: generally, I would regard that as not another dataset; it is a subset of the total.

The CHAIRMAN: So if we were looking for the most accurate number that represents the total number of cycling injuries, Health's data would be the most informative?

Mr Cameron: Correct, and that, again, on a road or road-related area. There would be others, perhaps my school playground or my backyard at home where they are injured, but they would not be in these figures.

The CHAIRMAN: What the committee is interested in, I think, is the circumstances in which people are experiencing these injuries, so information like 60 per cent are being attributed to areas within 50 or 60 kilometres is helpful to us.

[Interruption.]

The CHAIRMAN: Apologies for that; we have a committee member who is connected through teleconference and has unmuted his line.

What I was just articulating is that the committee is looking for the circumstances in which some of these incidents arise. We are examining the issue of, say, the efficacy of mandatory bicycle helmet laws. Perhaps this will come out in the Health data, but do you have any data on the percentage of those incidents that have resulted in a head injury in those financial years?

Mr Cameron: Yes, I do. I have probably got a couple of comments to make. I thought I understood that you would like to sort of try and form a picture of what is happening, and this is not a complete picture by any means, but some of the key pieces of information we have. I have already mentioned that most of those cyclists injured in road or road-related areas are in 50 and 60-kilometre-an hour zones. That, by logic, would appear to be sensible because local streets, local roads, are where, from a road safety point of view, we expect and see the most people cycling. When the roads get higher traffic volume, higher speed, there is often an opportunity for the person to be separated from that traffic, so there will be a cyclepath, as you were saying before, that is separate and away from the road carriageway. So it does stand to reason for us that that appears logical—that most of that data is reflecting those injuries. Again, using the Health data, of those 733 that were admitted to the health system, or hospitals specifically—I should add I do not think this data includes going to your GP or presenting there; this is hospital admissions data, so there will be another set that we are not talking about today—head and neck injuries is 31.82 per cent, or approximately 32 per cent; thoracic injuries is 15.81 per cent, or approximately 16 per cent; abdominal injuries is 6.08 per cent; and extremities, which I presume means hands, feet, legs and arms, is 46.29 per cent. I would hazard a guess that there would be overlaps between those. I am not sure how they would just divide that up. Someone may have a head injury; they may also have a thoracic injury.

Hon RICK MAZZA: In your opening remarks you state that you actually wear a couple of hats. You are the current chair of the Road Safety Council, and I think you have some involvement with the Road Safety Commission.

Mr Cameron: That was my former role; I was the chief executive of that agency.

Hon RICK MAZZA: Right. What else are you involved in now—just the council?

Mr Cameron: That is an unpaid role, an appointment by cabinet. My paid role is as a public servant, and I am the acting managing director of the Department of Transport. But I do not appear here today in that capacity.

Hon RICK MAZZA: Understood.

The mechanics of developing legislation for road safety, can you explain a bit how that takes place? There is obviously a lot of information gathering from the health department and other areas that do that. The relationship between the Road Safety Council, the Road Safety Commission, the Department of Transport and the Department of Health, at what point do you then start to formulate legislation or advise the government that maybe we should have bike helmets or seatbelts or whatever the case may be? What is the relationship?

Mr Cameron: I am very happy to talk through that. Just by quick way of background, the Road Safety Council is a legislated body. Its primary functions—to simplify it down to two areas—are to take data, research and evidence and experience from other jurisdictions, and look at road trauma trends, patterns of road trauma trends, and then look at what might be effective solutions. There are often responses that people may suggest that intuitively seems like a good idea but often there are practical difficulties, or the evidence points to the fact that while that is a good idea, we do not have any evidence that it would work. The Road Safety Council is a very evidence-driven body. Unfortunately, as we are hearing here, there is a lot of road trauma, and there are a lot of patterns of road trauma behaviour that we are able to observe.

[11.50 am]

Traditionally, it is fair to say we have heavily relied on road trauma statistics and hospital admissions, but then we use evidence of various scientific studies locally and internationally around what other jurisdictions have done that we believe may translate into an effective response in Western Australia. We take that and we provide advice under the act to the Minister for Road Safety as the representative of government. The responses now are multifaceted. Historically, Australia, including Western Australia, has had what we would call largely behavioural responses. That means we either educate or we enforce, and with enforcing we have had to have legislated in the first instance—whether that be for seatbelts, bicycle helmets or mobile phone use. Where we have evidence and practice elsewhere, we would recommend or provide advice to the government of the day to make those changes. They may be legislative responses. As I say, there are some examples of how these generally evolve. I was not around for the start of bike helmets or seatbelts, but I have been around long enough to see the start of mobile phone responses. As an example to your question, mobile phones first appeared on the scene probably in the late 80s or early 90s. I came into road safety in the late 90s and we had educated responses to that. They were not the connected devices that they are now. If you remember, they were about the size of a house brick and they were largely voice only. Then I got a flip one that had a calendar and things like that in it. Technology moved rapidly and I think I have adapted with it—not to be flippant. We had an educated response. I remember meeting with telecommunications companies about this was what we were doing to promote safe use and all the rest of it. We had a number of years of responses where we were continually educating, yet we had concerns about the road trauma or crashes that were occurring.

This is going back nearly 20 years now. Western Australia, along with the other states, progressively then began to legislate, and then we had an enforcement response to that. The reason we did that is because part of the community had responded and had taken the educational messages and had decided they would not use a mobile phone in a motor vehicle situation. There were others that did not. In experience across other areas, you find that once you do legislate, regulate and then provide some enforcement to go with that, that your wearing rates or your improved behaviour increases. Is that the process you were looking for?

Hon RICK MAZZA: That gives me a fairly good idea. Is that quite typical of how some of this legislation comes about—that you start off with an education process to try to educate the public to change their habits when using the road?

Mr Cameron: Yes.

Hon RICK MAZZA: If that is not as effective as you would like it to be, then you move to the next step —

Mr Cameron: This is an oversimplification, but it will reach a point and then we have to look at other options and generally that is a legislative one. Another example would be around seatbelts. Again, this predates me, but there would have been education campaigns—Victoria first and then we followed. Australia was a world leader. Australia has very high seatbelt-wearing rates, but then rather than just rely on education and enforcement and looking at more legislation, we then worked with the auto industry to look at seatbelt reminders in the vehicles—you and I get a beep in the car now. To finish my answer, what has changed is that we are no longer looking at just educative and enforcement or legislative responses. We are very much now looking at it as a system. Two things have changed now. One is that we used to see people deliberately taking risks with drink-driving, speeding and not wearing a seatbelt. That now is about 30 per cent of the problem, and 70 per cent of the problem is you, me or an average person who is otherwise compliant and educated just making a mistake or lacking in concentration. If you follow that logic that 70 per cent of us are not deliberately doing the wrong thing, we are now trying to provide a safer system and a safer culture all round—that is, vehicles, speed limits, road infrastructure, technology in vehicles, and motorbike and cycle helmets et cetera.

Hon RICK MAZZA: I suppose one of the most recent safety issues that has come up has been around mobile phones, and legislation has been put in around that. Once those laws are put in place, do you then continue researching to see whether the incidence of people having accidents while using a mobile phone has decreased? What have the statistics shown in recent times since that legislation has come in? Are we finding that rates are starting to fall?

Mr Cameron: Yes, that is a very good question. The simple answer is yes, and I will go back through it. We do a lot of different things depending on the issue, but that is a good example to work through. There were two stages of legislation across Australia. There were a number of years where we had the legislation in place. There were some court challenges in South Australia, which identified that in some cases the legislation was not robust enough to enable police to prosecute. I would say that when we introduced the legislation, while there is often a lot of focus from people on police enforcement and how many tickets and how much is the penalty, the biggest benefit society gets is when it moves from education—we might get a certain population response. The fact that we then make it a law, most of us follow that law. Then the enforcement bit is really to serve as a reminder. There are a lot of those, but essentially it is not just about the number of infringements, but more about the potential for somebody to be infringed and to be able to give messages. Our communication message has changed. We are no longer trying to convince people that you have to do behaviour A. We are now reminding people that it is enforced, and if you do the

wrong thing, you are liable to be penalised. The rationale behind that is that most people underappreciate the risks. I do not believe that when I get in my car to leave this committee, I will have a crash on the way back to my office—I could do. I know there are laws that I should put a seatbelt on, so I am generally going to comply with that whether I think—I probably am not thinking—I am going to have a crash or not. That is the rationale. We then monitor it.

To go back to your question, in relation to mobile phones, at the moment we look at crash trends. It is difficult to get data in some cases on whether the mobile phone was involved. Police can get a mobile phone record in some cases, but then that does not always necessarily—unless there was a texting example occurring right at the time of the crash, it is quite difficult for them to match that. In addition to that, the Road Safety Commission is increasingly segmenting the market. For seatbelts, drink-driving, speeding and mobile phones we have divided the market into nine segments—essentially, those who believe and those who are doing the right thing form the left-hand three columns. The right-hand three columns are people who give us an attitude or provide an attitude to us that means that they are not convinced, they do not believe and they do not comply. If you look at a nine-cell diagram, traditionally they might have been called laggards or resistors in one segment, and then the majority of people are in this segment, who, for whatever reason, have heard the messages and basically support it and go along with it. That means we have to then target our communications differently.

At the moment if I jump to, say, seatbelts, you will see that we do less mass-media advertising now for seatbelts because 98 per cent of the community wear seatbelts. Two per cent do not wear seatbelts. I have had radio debates on air with people who, for whatever reason, tell me that they buckle up and sit on the outside of the seatbelt.

Hon RICK MAZZA: Just on that point, was there not some recent media around a demographic of young men who were not using seatbelts in recent times?

Mr Cameron: Yes.

Hon RICK MAZZA: Has the commission moved towards trying to educate that group?

[12 noon]

Mr Cameron: We do, and I guess for the digital options we have now beyond the traditional TV and radio, we do segment and we try to find out if they are young men. In road safety—what is the figure now? I would think last year in the order of 80 per cent of all fatalities were a male, and that has been pretty consistent across Australia for the last few years. Young males traditionally were a high-risk group and they are not the only one now. Motorcyclists are young and they are also old. Cycling injuries involve not only children, they also involve people in their 40s and 50s. In our submission that we made through the council, and I will have to check it, it basically said that people in their 40s and 50s who are injured riding a bicycle are doing that at twice the rate that children are doing it at. It is exposure. Road trauma generally follows an exposure pattern.

Back to your question: yes, we are using that 3 x 3 table to look at what our strategies are with different players. The challenge with that when we answer letters for the minister or we respond to public comment is that you or I may not see those messages because we have targeted them. Does that answer your question?

Hon RICK MAZZA: Yes, that does answer my question. Just gathering these statistics, does the road council then filter that down to, say, the Department of Transport when the it comes to vehicle safety standards? If you look at a demographic or a type of vehicle, like the power-to-weight ratio of vehicles, is this something that the—so the council does advise the Department of Transport about that. When you use those statistics that trickle down to motor vehicles, like power-to-weight

ratios, how exact are they? We had some evidence last week from the modified vehicles association or group—I cannot remember the exact name of them now—where the maximum power-to-weight ratio did not match some data that we got from an insurance company. How does the safety council trickle that down to the Department of Transport?

Mr Cameron: That is a good question. I can talk about power-to-weight in a road trauma sense as well. The way this works is that there are 10 members of the Road Safety Council. The Department of Transport is one, and there is education; health; police; local government, through the WA Local Government Association; RAC, who represents road users; the Insurance Commission; and—I have forgotten the others but we can provide that. The Department of Transport is one of the members that not only receives information but is participating, so as the chair I have eight to 10 agencies around the table. Depending on the topic, some of those agencies are a source of the data and the information. As you have illustrated in the example of vehicles, depending on what we are looking for, we would source some of that data from the Department of Transport—the licensing database or something like that. We would also look at information from elsewhere. The Road Safety Commission acts like a secretariat; they are the researcher and the supporting body that pulls together that information, formulates some recommendations, and the council looks at those. It is not just a trickle down. Because those agencies are at the table, they are contributing data. Equally, they are participating in the discussion and the recommendations that the council makes. That was the idea of the council originally—that it is very rare that just one issue falls within the remit of one agency. The RAC, for example, would have an interest and would be able to contribute in the vehicle safety space as well.

I will make another declaration here that has now become relevant. I am also a board member of the Australasian New Car Assessment Program. That is an unpaid role. The reason I declare that is because we are talking about vehicle safety. ANCAP receives funding from state and territory governments and motoring clubs. The remit as a not-for-profit organisation is, basically, to purchase vehicles, crash-test them, examine their safety features and provide advice to the community. The reason I mention that is there is an example then that if we are aware of—for example, the introduction of electronic stability control in vehicles that was mandated by the federal government in 2008. That is a legislative response federally. In the years leading up to that, ANCAP was able to award safety points. As a manufacturer, if you wanted to get a five-star car, and consumers are now looking for five-star cars, we used an educative market-driven approach to influence purchasing patterns. The community is now very tuned into the safety of vehicles. Before, in the federal sense, you needed to demonstrate market failure before you would regulate or intervene in a regulatory sense. What ANCAP is able to do is to move ahead of vehicle safety standards and regulatory processes and to work with the market and encourage the consumer to ask manufacturers and to be prepared to buy cars with stability control. The rate of adoption of stability control was then on a curve up. There were predicted curves and actual curves which matched, and then at some point with the industry, the federal government is able to step in and look at the regulatory environment and say, “Right, the market has largely moved and 85 or 90 per cent of the market is providing that feature. We will now regulate and legislate that all vehicles must have that feature.” With various safety features, that is how they are now introduced. The educative, market-driven response enables us to get more safety in the community to buy into it. The manufacturers respond. At some point, not in all cases, then the federal government will regulate.

The most recent example that is now just over 12 months old is in relation to motorcycle anti-lock braking systems. A regulatory impact statement goes out: what are the costs and benefits of introducing this regulation? In the vehicle space, WA would not do that because that is a federal

government responsibility, but we would perhaps be consulted or we would be involved in the federal government —

Hon RICK MAZZA: That is probably moving away from my question. I get that with new cars and the ANCAP rating that modern vehicles are quite safe.

Getting back to the modified vehicles, which are obviously older cars that are re-engineered and that have engineering certificates, how does the Road Safety Council influence the Department of Transport on what guidelines there are around those older modified cars?

Mr Cameron: From a road safety point of view, trauma follows exposure. Unless we have a significant issue—there are many issues in road safety and you are highlighting one. There are many issues in road safety that we do not pursue as a matter of priority because we are trying to tackle the areas where we have most trauma. Generally, you will find that individuals in older vehicles are more individually exposed. That is not just around power-to-weight but around the vehicle safety. A 1960s vehicle is not as safe as a current vehicle, and that stands to reason. However, there are many less older vehicles on the road and very many less people that drive them. From a population point of view, the Road Safety Council is focused on: where are the biggest problems and where are the biggest gains? In that case, vehicles over the age of 25 years or 20 years—yes, there is high individual risk but, depending on the vehicle, often they are only driven limited distances in the metropolitan area. I am answering your question to say that those issues do not always come onto the radar of the Road Safety Council. If we are asked, the council might provide some advice to the department.

Hon RICK MAZZA: That was the point that I was trying to get at, so thanks very much for that.

Mr Cameron: The only other comment I would make is around power-to-weight and young people. There is an example of where the community, from time to time, will ask government or the Road Safety Council or question why are we not legislating to ban young people from high-powered cars. There is an example of the due diligence that we would do. In that case, when it was last looked at in Western Australia, a number of other states went that way. We did not because we were able to identify that, essentially, a young driver is at risk for their youth and inexperience and their propensity to take risks. They will do that in any vehicle, and often a vehicle with a higher power-to-weight might have also had more advanced safety features as well. The evidence that we looked at to impose that sort of change on the community may have made a difference, but we could find, I think at the time, a fraction of a percentage point. While we would like no deaths and serious injuries, we are very mindful that if you are going to introduce something on the entire community, we would want to have reasonable evidence that we think it will make enough of a difference for a number of people.

Hon RICK MAZZA: It has to stack up.

Mr Cameron: Yes, it has to stack up.

[12.10 pm]

The CHAIRMAN: I am not sure if you would be able to provide this, but does the Road Safety Council collect data related to incidents that involve a single-person cycling accident, if it is reported to WA police? Does your data management system have the capacity to flag bicycle helmet incidents? What I am looking for is information on incidents where a bicycle helmet was not used as opposed to incidents where a bicycle helmet was used; incidents such as someone on a bike being hit by a car as opposed to crashing into pedestrians or hitting a kerb and falling off themselves. Is that kind of data captured by Health or by police or the insurance commission?

Mr Cameron: Yes. We could refine that. I would probably take that on notice to be more specific, but I can make a couple of general remarks. We did touch upon that earlier. I am just trying to think through the detail of your question, so I will ask you maybe in a moment to repeat it. There are a couple of aspects to that. There are approximately 733. Of those, 108 more often would involve a motor vehicle. There is a broad indicator for you. The majority of those others would not involve a motor vehicle. It may involve the cyclist and no other impact; it may involve the cyclist and a tree, a road sign or something like that. We could look into the health data. We are not the owner of it and we could see what specifically they record. I suspect you will not get all of the detail you are looking for because it would not record all of that. What I can say, and refer the committee to, is when I was preparing for today, I looked at—I think for Hansard I need to give a full description—the Australian government publishes an annual statistical report. The one I am referring to is "Road trauma Australia 2017 statistical summary", produced by the Bureau of Infrastructure, Transport and Regional Economics. This is produced each year. Figure 1.8 on page 17 records that approximately 77 per cent of pedal cyclists wore a helmet when they were killed. I think I said that. It is recorded under "Safety device wearing rates for killed road users 2014–2016" that about 75 to 77 per cent had worn a helmet in a fatal crash. I do not know whether or not that is just with a motor vehicle only.

In our submission, if it helps, there is some research we referred to from the Netherlands that identifies that at different points the cycle helmet is providing considerable benefits to the user. The committee would have also seen recently—I am referring to a media article dated 8 February; this was from the University of New South Wales and the headline is "Cycling fatalities almost halved since introduction of mandatory helmet laws". This refers to a piece of research that was published in the *International Journal of Epidemiology*, essentially saying that since the helmet laws were introduced, the rate of bicycle fatalities per 100 000 population reduced by 46 per cent relative to the pre-legislated trend. They estimated that is 1 332 fewer fatalities, and they have also then controlled for the fact that there were general improvements occurring over that time and that the bicycle fatalities declined by 36 per cent relative to pedestrian fatalities. As we have changed speed limits, as vehicles have got safer, you get an overall safety effect.

There are many studies around and your committee would have looked into the history of that. I mentioned this one because the *International Journal of Epidemiology* is one of the quality peer-reviewed journals that we would refer to.

Hon PIERRE YANG: Mr Cameron, I know that only a handful of countries have helmet laws. Are there any comparable studies in those countries looking at the reduction in the numbers of deaths?

Mr Cameron: Off the top of my head, I am not aware. We did reference a number in our submission. The Netherlands certainly does, and has done some research. They do not have helmet-wearing laws, but they have certainly looked into it as a matter of safety. That is then culturally—I guess I should backtrack and make one comment: Australia, internationally, is regarded in the road safety space. We are not "the" leader; we are mid-table in terms of the OECD countries. What Australia is recognised for compared to most other countries is what we have done to educate and encourage our people to undertake safer behaviours. With our combination of education and enforcement of legislation, not only for helmets but for drink-driving, speeding, wearing seatbelts, Australia is recognised internationally for, I guess, how we have encouraged our road users to act much more safely. We are quite different to the US, for example, where they have a very different culture around road use. Australia, I guess, with our very low population base, we probably have not had some of the opportunities that, for example, the Netherlands and those denser European counties have. They have got a very high taxpayer base, which means they generate a whole lot of revenue and they have got small countries so they are able to spend a lot more on their infrastructure and

increase the quality of that. We do that, but we do that in a different way because we have got a very large country geographically and relatively low investment. To answer your answer, the Netherlands is certainly one that has published quite a bit in this space.

Hon Dr SALLY TALBOT: If I could just ask about a certain aspect of that research you referred to, with which you will be much more familiar than the committee members, obviously, because you do it professionally —

Mr Cameron: I am a user of the research. I am not a researcher, but I certainly use it, yes.

Hon Dr SALLY TALBOT: You know of course that at the most simplistic level the argument about not mandating the compulsory wearing of helmets is that that research does not control for the number of people cycling. You can reduce the number of deaths or injuries by half by reducing the number of cyclists by half. Is there any particular piece of research you can point us to that does take account of the fact or substantiates the claim that people do not cycle—which would be good for them—because they have to wear helmets; therefore, in a net sense, the outcome is worse for them?

Mr Cameron: Yes, I am aware of that. I will make a couple of comments. There is some research we have referred to in our submission. Forgive me; I will have to refer to that in a moment. That is one of the, I guess, strong dilemmas in the 20 years that I have been involved in this issue. The research will get published from time to time. There was a report by an Australian researcher some years ago that really swung the pendulum to yes, the public health cost in terms of obesity and all of these things and people not exercising far outweighs the helmet side of it. The difficulty for us, from a road safety point of view, is that changing or relaxing these, the result would be that trauma will go up. We will have to face that issue as a community that our trauma will go up as a result. Those helmets are offering protection. They are offering, in the case of what I referred to earlier, 32 per cent, particularly around the head and neck injuries, not only with a motor vehicle where the consequences still may have been serious or fatal but also largely because of the large number of them that are not involving a motor vehicle. We have got a public health problem as well as a road trauma problem.

There has been a number of surveys I have seen over the years that referred to the fact that wearing a helmet was a significant barrier to participation. The argument follows: participation is affected and you get less public health outcomes and benefits. Certainly in my time—it is 20 years ago now—more of those surveys were around. The surveys that I have seen in more recent years, the major concern that I have seen in a number of public surveys—these are not our surveys; it is just surveys I have become aware of—the biggest issue that people talk about now in relation to cycling non-participation has more been around their perception of safety. The helmet, or having to wear a helmet, is not in the significant responses that they refer to. Their perceptions around safety are that they are having to ride a bicycle in close proximity to a motor vehicle travelling at relatively high speed.

Hon Dr SALLY TALBOT: So it is a perception of lack of safety.

[12.20 pm]

Mr Cameron: Yes, it is a perception of a lack of safety. My earlier comments about it is that it does stand to reason that most people, unless they are very confident—we have a full range of cyclists from people who cycle professionally to recreational people who cycle with the kids on the weekend—generally will choose environments where they feel safest, so the local streets with 50 and 60-kilometres-an-hour roads, and paths away from traffic, for example. If this helps, it is quite some time since I have seen surveys or strong comments that it is the bike helmet that is a barrier to someone participating. I will acknowledge that I saw those 20 years ago. They were

promoted by interest groups at the time and we would look at those surveys. Those surveys now are really about people's perception of being worried about safety, and the helmet does not rate in those surveys.

The CHAIRMAN: I am looking at your submission that you gave to us, on page 7. The context in which I ask this is that when we are looking at the data, we are trying to form a picture of the impact bicycle helmets have on rider behaviour and on the severity of the injuries that they suffer, and we are trying to form a picture of the types of incidents that cyclists are involved in. It is very difficult at times. Hopefully you can provide us with some of that supplementary information later.

Mr Cameron: We will try, Chair. I am not familiar with the data. It will certainly record "road" or "road-related", and I am hoping that we can provide you with "helmet worn/not worn", at least.

The CHAIRMAN: But it seems that there are, perhaps, some gaps in the data for us to form this full picture of exactly what is happening to cyclists on our roads. So looking at page 7 of your submission, you reference the Senate Economics References Committee of the Australian Parliament of 2016. Your submission states —

> The committee recognises that the efficacy of bicycle helmets is contentious …

And that —

> The lack of comprehensive data has added to the contention.

The committee recommended that a consistent and comprehensive national dataset should be established and a national assessment of mandatory bicycle helmet laws, once a national dataset of sufficient quality is established. Do you agree with the committee's assessment that a national dataset needs to be developed for mandatory bicycle laws to be examined?

Mr Cameron: That is a big question. The short answer is that I am not sure; I do not know. I was not involved directly in road safety at that time. I had a couple of years away. So, generally, I would have had some involvement around those discussions so I do feel that it is probably not appropriate to make a judgment. What I would say is that in a lot of areas in road safety, we would always like more information. I go more specifically in relation to pedestrian injuries and deaths, cycling injuries and deaths, and, particularly, motorcycle injuries and deaths—we would like a lot more information. We do get a lot of information, but some of what we do not get so much of, which is relevant here, is around exposure data. So the question you asked me before, Dr Talbot, in terms of the complete answer to that, I would love to be able to give you consistent exposure data, for example. We get that with motor vehicles, but even that is not perfect. What we are normally sourcing in most states is the fuel sales. We are getting a proxy measure of the total amount of vehicle traffic on the road network by fuel sales. With motorcycling, cycling and others, it is difficult for all the states to get exposure data. Really, when you are looking at safety, I want to know how many crashes there are versus the population, but also what are the exposure measures. And then to respond, I want to know when, how and what were the circumstances.

In road safety, there are often gaps. What we would normally do, then, is try and drill down and find the available information. Generally, I would agree that in all areas of road safety you can never have enough information. The challenge is the difficulty in collecting that sometimes. I am not sure what the national findings were about and what they were recommending. To answer your question, I would want to know what they were actually thinking would be in that database. But, clearly, I would be expecting that we would have to get exposure data and things like that. The question about bicycle helmets making people less aware—I would like to have exposure data to add to that debate. I would imagine that that is what the Senate committee was looking at at the time. That would be part of what I would want to know.

As I say, at the moment we would be quite confident that with an increasing population and with increasing cycle path infrastructure—I think the government has committed a record amount in the vicinity of $110 million or $120 million over four years for cycling infrastructure—that will not only be a great safety outcome, but also be encouraging more people to be riding and to be riding further. My wife and my daughter look for places where they can ride long on a weekend without interfering with traffic. That will help cycling participation rates. At the moment, what we have got is surveys that tell us that the public are not concerned, as they may have been 20 years ago, that the helmet is a barrier to participation. Sorry; that is a roundabout answer. But I would like to know what the Senate committee were thinking about in terms of the data and what they were looking for.

The CHAIRMAN: I appreciate that answer. It has certainly been a difficulty for myself and this committee—finding data that can support one argument one way or the other. As has been stated, fatalities have certainly dropped, but we do not know if that is, again, due to limited exposure because less people are cycling, or if it is a reduction in the rate of injuries per cyclist on the road. We are really not sure at this point.

Mr Cameron: Just to give you any confidence, we are not aware that there is a systematic negative impact on cycling participation. There are proxy measures, as I say, in terms of the surveys. There are incomplete measures where people will do travel surveys. I am aware that the Department of Transport and others will do those travel surveys from time to time. So we do have a number of measures. The other thing to say is that we are seeing, not only in WA but across Australia and internationally, that there is an increasing trend in participation in active pursuits, whether that be walking or riding. From a road trauma point of view, the phenomenon that we are now seeing is that people injured or killed in vehicles as occupants are coming down dramatically—safer vehicles, as you referred to before. The trend that is going the wrong way is in cities across the developed world, and that is for people walking and riding. That means that we have more of a response now. We have to look at speed limits. We have to look at the collision avoidance ability of vehicles, but that will take 20 years. So we have to look at shorter-term responses, because what we are seeing across the developed world is an increasing trend for people being killed or seriously injured walking and riding. The chestnut that does not move is vehicle crashes on country roads; that is, the single vehicle running off the side of a country road. In a nutshell, to not prolong it for you, the road trauma problem at the moment and predicted is single vehicles running off country roads for vehicle occupants and, in cities, it is motorcyclists, cyclists and pedestrians.

The CHAIRMAN: I have two more questions, if we have got time. I will try to condense these as much as possible.

Mr Cameron: And I will try to be brief.

The CHAIRMAN: In your submission, you reference some research out of the Netherlands and you provide us with an excerpt of the factsheet for that research. It is the Dutch research institute SWOV —

Mr Cameron: Yes; SWOV.

The CHAIRMAN: Yes. In the factsheet you provided, it gives us an overview of some of the different literature out there on the effects of mandatory bike helmets. This is a very even-handed factsheet it seems—it has got arguments for and against.

Mr Cameron: The reason I quoted that one is that the Dutch are typically very balanced.

[12.30 pm]

The CHAIRMAN: One of the paragraphs stood out to me, reading from that document “SWOV Fact sheet on Bicycle Helmets (SWOV 2018a)” it says —

> A possible downside is that mandatory helmet use reduces bicycle use, which can be negative for public health. De Jong (2012) calculated that this outweighs the potential benefits of more bicycle safety. Sieg (2014) also concludes that bicycle helmet legislation for Germany leads to more costs than benefits. Newbold (2012), who extended the calculation model of De Jong, concludes that mandatory helmet use in the United States will indeed result in an improvement in public health.

It seems that when applying a sort of cost–benefit analysis here, you may get different results depending on the jurisdiction, probably based on the population size and other factors. I think you answered this question previously. I was wondering if any such cost–benefit analysis has been conducted for Australia. I think you may have already answered that, in that, no, but also I am wondering if this cost–benefit analysis of overall health benefits is part of your calculation when you consider regulation and recommendations to the government on policy. I understand that your main purview is road safety, but do you take into account broader health benefits and broader health costs when you make recommendations?

Mr Cameron: Yes, we do. And you are right, I think that does summarise what the Senate committee said. The reason I have given the SWOV example is that whether it is in this area or any road safety topic it is one of the first areas I would go to. I have had experience with the SWOV researchers. They are very professional, they are very balanced, and as you have quoted from there, they go on to say —

> Berenbaum et al. (2015) … mixed results …
>
> …
>
> … Olivier et al. (2014; 2016) … no convincing evidence that … bicycle helmet legislation would lead to less cycling.

There are a number of paragraphs even in their own fact sheet that are sort of talking about that. It is not so much the jurisdictions that they are looking at, it is the way the researchers have approached the study. I have not given you just the results from one study purposely, because depending on the researcher's experience, the way they set up the study, what they are looking for, how they weight their findings, you will get that range. Generally, more recent studies would be more sophisticated, but that is not always the case, and if they are in a public health context, and as a say, a journal of epidemiology, they are certainly looking at the health things. To answer your question, yes; we are about road trauma and road trauma reduction. More specifically than, or in addition to, just looking at all of the public health aspects, we also look at clearly where a society or a culture is at. As a community we have to balance mobility and a desire to get around with safety. Increasingly, there is an appetite in the community—and I have seen some early figures that 20 per cent of the community believe we should be aiming for no deaths and serious injuries. If you do that, then we as a community begin to look at the problem slightly differently. How fast are we going to travel? What sort of mobility are we going to have is always a question for the community and society at large. As the Road Safety Council, that is not our job to weigh that up. At the end of the day, a government or a minister and then a Parliament will do that. If it is legislation, it will be Parliament that does that. In the democratic process we are certainly well aware of those things. It is fair to say that the Road Safety Council, we have public health at that table. We have people who are very experienced and skilled in that area. The cost and benefits is something that we take very seriously. I gave an earlier example where there was considerable pressure at times, based on media campaigns in the eastern states to introduce power-to-weight bans for young people. The council took a very considered position and provided advice to government. That issue may be revisited, but we did not see the evidence at the time that would justify making that change. To answer your

question, yes, we do take those broader things into account and, as I say, the cycling helmet side of things, the evidence does wax and wane, but I have not seen anything that would systematically concern me that we are continuing to negatively impact on participation rates. If it was, we would be looking at that. To put it another way, we do not have considerable evidence that tells us that we have got a problem. If we did, we would revisit it.

The CHAIRMAN: Thank you. I think it is comforting to know that, perhaps, safety is not a zero-sum game, that there are other things that need to be balanced and weighed here, I suppose—community-centred.

Mr Cameron: We have to. And very simply, if you are asking a government first and then Parliament to pass a law, it has to stand that scrutiny as well. We would not naively go into a process to recommend something that is totally going to be unpalatable. There are times where we will make strong arguments, but at the end of the day, either the minister, a government or the Parliament will be the final arbitrator. That is our democratic process.

The CHAIRMAN: Just my last question, then. The committee has heard of a segmented approach to mandatory helmet laws, where the legislation would only apply to particular groups of situations, such as children or people riding on certain types of roads, on bike paths perhaps, separate from roads. Do you have a view on this approach and have you undertaken any research or are you aware of any research or done any modelling on what the direct or indirect effects on accidents and injury rates would be if such a segmented approach was taken?

Mr Cameron: To the second part of your question, no, I am not aware of any systematic analysis that has been done. It does not mean there has not been one, it has just not come to my attention. I would respond to that question in a couple of ways. Firstly, there is an argument made that in some circumstances it appears to be safer. The evidence from SWOV and others shows that the helmet is going to have most effect in relatively low-speed impacts, and the fact that most of our collisions do not involve a motor vehicle, they are in quieter streets and all the rest of it, the so-called argument that I can ride safely on a path or away from the traffic I think undermines the segmented approach. I would not support it on that basis. The other aspect to that is that it is incredibly difficult at this time to have the number of messages and laws that we have got. If we began to segment something like this, it would give us, I think, confusion. It would probably also undermine the general culture that we have established over a long period of time now.

I would have concerns. I am not going to give you an opinion but I would have concerns about a segmented approach largely on the flawed argument that perhaps children need to be protected. The statistics that I have given you today shows that people in their 40s and 50s are being injured at twice the rate that young children are. A segmented approach generally says we have got to look after our kids, but the data shows me that 40, 50 year olds and early 60 year olds, I think, following exposure, there is a great growth in cycle use by adults and older adults. To segment that market, even a relatively low-speed impact—and I will finish on this comment—car versus pedestrian at 30 kilometres an hour is survivable, 85 per cent of the time. Car versus vulnerable user at 50 kilometres an hour is 85 per cent not survivable, without serious injury. What that means is that at relatively low speeds, particularly where the head is concerned, and 32 per cent of those injuries are head and neck related, it can be a relatively simple exercise of hitting the kerb and falling off. If I am an older adult, my general physiology and anatomy will place me at risk anyway. I do not believe, with the evidence that we have got, that a segmented approach would be desirable, based on the data and our understanding at this time. I will not give you an opinion, but to segment it I think would be counterproductive.

The CHAIRMAN: Thank you for attending today. A transcript of this hearing will be forwarded to you for correction. If you believe that any corrections should be made because of typographical or transcription errors, please indicate these corrections on the transcript. The committee requests that you provide your answers to questions taken on notice when you return your corrected transcript of evidence. If you want to provide additional information or elaborate on particular points, you may provide supplementary evidence for the committees consideration when you return your corrected transcript of evidence. Thank you.

Mr Cameron: Thank you very much. Thank you for your time today.

Hearing concluded at 12.38 pm

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