“Alcohol and the impact on road crashes to our children. Priorities to address challenges of drink driving in SA”

Caro Smit
Psychiatric Social Worker/Alcohol & Drug Educator & Counsellor
Founder /Director
SADD is a Member of:

* Global Road Safety Partnership- ZA

* “Global Alliance of NGO’s Advocating for Road Safety and Road Victims” - one of 200 world wide recognized NGOs who accepted/mentored by W.H.O

* Board Director of “International Road Victims Partnership” –IRVP

* Trained by Johns Hopkins Injury Prevention Unit in TRAMS & a Leadership role

* Participant in U.N.’s “Decade of Action for Road Safety”

**PRIORITY:** Be outraged. Petition to President Cyril Ramaphosa saying “Why do we accept 16 000 deaths + injuries annually?”
Awards
60% of +/- 14 000 \(\rightarrow\) 18 000 RTI deaths due to drink driving (DUI) = 9 000 \(\rightarrow\) 10 800 people
i.e. equivalent to loss of learners in 8 \(\rightarrow\) 10 High Schools

Prof Soames Job (World Bank - GRSF) 2018

“Workers more likely to be killed than the wealthy. Males are 70% of those killed, which drives families further into poverty. Crash deaths & injuries retard long term economic growth.”

Children often become orphans or single parents after crashes.
More children are dying prematurely in car crashes than from any other cause."

“Do parents leave their sanity behind when they climb into a car with their kids?”

“If they had any idea of what happens in a crash- about the horror that goes on inside and eventually outside their cars - they would never do that.”

PRIORITY: Concentrate on enforcing buckling up front & back & correct seats/seatbelts for age

Buy a Seatbelt manual from SADD R50
The World's Worst Countries For Drunk Driving
Percentage of road accident deaths involving alcohol in 2015 (selected countries)

- South Africa: 58%
- Canada: 34%
- United States: 31%
- Australia: 30%
- France: 29%
- Italy: 25%
- United Kingdom*: 16%
- South Korea: 14%
- Germany: 9%
- Russia: 9%
- India: 5%
- China: 4%

* Excluding Northern Ireland where the figure is 17%

Source: Global Status Report On Road Safety 2015

Priorities:
Concentrate on DUI in SA
Annual Economic Costs of Road Traffic Incidents (RTI’s)

* DALY: DUI is 60% of R142.95 Billion = R85.77 billion annually!
* RTI’s = 3.4% of GDP
* Huge Burden of disease for our health system

Cost of Injury

<table>
<thead>
<tr>
<th>Direct Costs</th>
<th>Indirect Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medical</td>
<td>• Premature deaths</td>
</tr>
<tr>
<td>• Mental Health</td>
<td>• Lost productivity</td>
</tr>
<tr>
<td>• Emergency response services</td>
<td>• Absenteeism</td>
</tr>
<tr>
<td>• Law enforcement services</td>
<td>• Economic development</td>
</tr>
<tr>
<td>• Judicial services</td>
<td>• Quality of life</td>
</tr>
<tr>
<td></td>
<td>• Other intangible losses</td>
</tr>
</tbody>
</table>

Ref: GRSL Training, Johns Hopkins IPU 2018
It is the alcohol that affects the driving - not whether the person is “drunk” or not. That’s why it is called “drink driving” now.

(An alcohol dependent person does not look “drunk” yet is impaired. Any alcohol impairs driving)

Challenge: Poor understanding of this & how to tell if a person is impaired (e.g. checking for blood shot eyes)

Priority: Understanding of 3 charges for DUI – Main charge (DUI) and 2 others (over B.A.C. & Br.A.C) Doing physical assessments
Challenge:
Seemingly poor Political Will on Road Safety

* 6 Ministers of Transport in the past 12 years.
* RTI’s not mentioned once in SONA even though the cost to the economy in the past 7 years has amounted to trillions of rands.

PRIORITY:
* Get Parliament to agree on road safety being a priority.
* Leaders setting example/buckling up etc.
Improving Governance

• Inter-sectoral Collaboration
  - Health
  - Transport
  - Engineering
  - Education
  - Information

• Role of Private Sector

PRIORITY: Parliament

* Ministers of Health, Transport, Social Development, Finance etc. working together, and with NGO’s & private sector on RTI’s.
Challenge: Poor conviction rates in DUI

OFTEN NOT GUILTY VERDICTS ARE GIVEN DUE TO........

* Lack of evidence
* Lack of forms filled in correctly/Lack of documentation
* Poor Police work
* Inadequate training of investigators
* No, or bad post crash investigation
* At crash scenes: No automatic testing for alcohol/drugs
* Lack of understanding of seriousness of road crimes
* Political Interference
* Records missing. Bribery.......

* This is very different to proving a drivers innocence!

PRIORITY: Greater understanding by public, officials & especially SAPS of the criminal & economic effect of DUI
**Challenges:** Too many victims. Not enough trained investigators/SAPS or crash reconstruction experts. Single crashes not investigated. No Court support for victims and their families. Very few rights for them.

**PRIORITIES:**
* Proper trained post crash care investigations
* Accurate data
* Testing at all crash scenes for alcohol
The Injured Patient’s Journey

PRIORITIES:
• Work on prevention rather than just be reactive.
• Rehabilitation of severely injured

Ref: GRSL Training. Johns Hopkins IIPU 2018
Greun RL et al.20111
Challenge: Many people do not understand:

* How little alcohol impairs judgement and the ability to drive a vehicle safely
* What the legal BAC or Br.AC is
* The relationship between units and BAC/Br.AC
* The punishments, fines, disqualifications and impact on livelihood and social standing

* However - They **DO** understand the low probability of being detected whilst driving impaired in SA, & so drink then drive because they can usually get away with it.

**PRIORITY: Need for accurate education & enforcement +++**
<table>
<thead>
<tr>
<th>BAC</th>
<th>EFFECTS ON DRIVING SKILLS</th>
<th>CHANCE OF CRASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.02</td>
<td>• Slight impairment of judgement</td>
<td>2x Chance</td>
</tr>
<tr>
<td>0.05</td>
<td>• Decrease in various brain centre functions</td>
<td>4x Chance</td>
</tr>
<tr>
<td>W.H.O:</td>
<td>• Inconsistent effects on behavioral task performances</td>
<td></td>
</tr>
<tr>
<td>Best Practice</td>
<td>• Decrease in judgement and inhibitions</td>
<td></td>
</tr>
<tr>
<td>0.14</td>
<td>• Impairment of balance and movement</td>
<td>18x Chance</td>
</tr>
<tr>
<td></td>
<td>• Impairment of visual functions</td>
<td></td>
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<tr>
<td></td>
<td>• Slurred speech</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vomiting, especially if this BAC is reached rapidly</td>
<td></td>
</tr>
<tr>
<td>0.20</td>
<td>• Severe sensory impairment, including reduced awareness of external stimulation</td>
<td>80x Chance</td>
</tr>
<tr>
<td></td>
<td>• Severe motor of impairment, e.g. frequently staggering or falling</td>
<td></td>
</tr>
<tr>
<td>0.40</td>
<td>• Non responsive stupor</td>
<td>150x Chance</td>
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<tr>
<td></td>
<td>• Loss of consciousness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Anaesthesia comparable to that of surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Death (NB:– Many of above symptoms not as severe with dependent person. Ref: SADD)</td>
<td></td>
</tr>
</tbody>
</table>

Many people who kill or injure have these high BACs & are alcohol dependent.

8 - 10 = BAC of 0.18 - 0.20g
* One does not have to prove the person is “drunk”; just that they are over the legal limit. (0.41g - Sekoati Tsubane - got off)

* 0.44g. Knocked over Traffic Officer in the am
Challenge: Need standardization in SA.

What is “1 beer”? Is it a 340ml, 440 ml, 500ml, 750 ml or 1 litre bottle or can?

What is “A glass of wine”? Is it 125ml, 250ml; red or white wine?

www.sadd.org.za
Challenges: Alcohol education is very poor in general by public & SAPS/Magistrates/PPs etc.

PRIORITy: People need to understand the complexities of alcohol, before one can fully understand drink driving

43% 5.5% 14% 80%

* What does that mean?

* In different countries it is called different things: “Unit” “Standard Unit” “Standard drink”

* In SA, like UK, we use 10ml of pure alcohol or 8 grams
Which is 1 glass of wine?

That is why you should not talk about a "drink". This is very inaccurate!
Talk about units!
SADD have concentrated on:

1. Standardizing units of alcohol in SA.
   (1 unit = 0.02g BAC and 0.10mg Br.AC)

2. Education of alcohol use/abuse & dependence, Units, DUI and developing best-practice manuals & programs
After you drink, alcohol can be accurately measured in a person's body in 2 ways.

**Priorities:**
1. More screening.
2. Evidential breathalyzers being widely used/trusted.
Screening devices can give the result as Br.A.C., or converted to BAC

**Priorities:**
All T.O.’s & SAPS having screeners. Much more testing & so people know there is a higher probability of being caught.
Evidential breathalysers

**PRIORITY:** Legal

- Evidential breathalysers being widely used & trusted.
- Need these used all over SA & not just Western Cape.
Evidential breathalysers. Used by Western Cape Dept Transport & CoCT.

**PRIORITY 1:** Booze buses & testing devices.

**PRIORITY 2:** Alcohol Ignition Interlocks for public vehicles—buses, taxis & trucks.
Challenge: Lack of evidence-based road safety programs being run

PRIORITY: Follow international best practice/evidence-based methods, & not concentrate on asking road users to behave
## Drinking and driving reduction: W.H.O.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>EFFECTIVENESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Road safety/ crash data assessment</td>
<td>High</td>
</tr>
<tr>
<td>Laws on BAC or BrAC levels</td>
<td>High</td>
</tr>
<tr>
<td>Strong enforcement of drink-driving laws</td>
<td>High</td>
</tr>
<tr>
<td>Strict and swift punishment for those who break drinking and driving laws</td>
<td>High</td>
</tr>
<tr>
<td>Public information and education</td>
<td>High (when combined with enforcement)</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td>High</td>
</tr>
<tr>
<td>ELEMENT</td>
<td>EFFECTIVENESS</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Lower BAC for driver groups such as bus drivers or young drivers</td>
<td>High</td>
</tr>
<tr>
<td>Laws prohibiting alcohol sales at certain locations and times</td>
<td>Medium</td>
</tr>
<tr>
<td>Initiatives to control alcohol access and distribution</td>
<td>Medium</td>
</tr>
<tr>
<td>Graduated licensing for novice drivers</td>
<td>Medium to High</td>
</tr>
<tr>
<td>Employer programmes</td>
<td>Medium</td>
</tr>
<tr>
<td>Vehicle Sanctions</td>
<td>Medium</td>
</tr>
</tbody>
</table>

N.B. Behaviour only changes because people are afraid of the legal and financial repercussions of their actions.
Enforcement is the most important element!

**PRIORITY:** Enforcement, swift sentencing, & applying our very good laws such as suspension of licences or jail time for death or severe injury.
What works to reduce drink-driving? (W.H.O)

* Setting BAC limits. 0.05 = Best practice!
* Enforcement of BAC levels. Police & T.O.’S to all have breathalyzers. Test when checking speeding, tyres, License disc- i.e. all the time!
* Random and selective breath testing. Need many tests. Sweden 3 x year per driver.
* Severity of punishment. Need high fines/penalties/ Imprisonment (death/severe injuries)
* Swiftness of punishment. Breath alcohol. In Court within a week. Immediate license suspension. Canada, Sweden
* Consistency swift sentencing. Special Drink Driving Courts/Traffic Courts. USA
* TEST for alcohol at all crash scenes. Very important for correct data. UK
* Treatment of repeat offenders. Alcohol Training schools. Diversion programs. USA
* Alcohol ignition interlocks. Introduce (esp. for convicted DD’s). MADD, Australia
* Restriction on young or inexperienced drivers/Graduated drivers licensing. 0% ALC Designated driver and ride service programs. Australia/NZ
Thank You. Any questions?

* South Africans Against Drunk Driving
* NPO 055 255
* www.sadd.org.za
* +27 82 821 3673
* carosmit@sadd.org.za
* Twitter @SADD_SA