

Childsafe / UNICEF : Preventing Road Injuries Impacting Children in South Africa (PRICSA)



20 June 2018 Durban

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

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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 + injures annually?”



Awards



Prince Michael International Road Safety Awards



PRIORITY: WHY?



**60% of +/- 14 000 → 18 000 RTI deaths due to drink driving
(DUI) = 9 000 → 10 800 people
i.e. equivalent to loss of learners in 8 → 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.

**BUCKLE UP
FRONT AND BACK**



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

More children are dying prematurely in car crashes than from any other cause.”

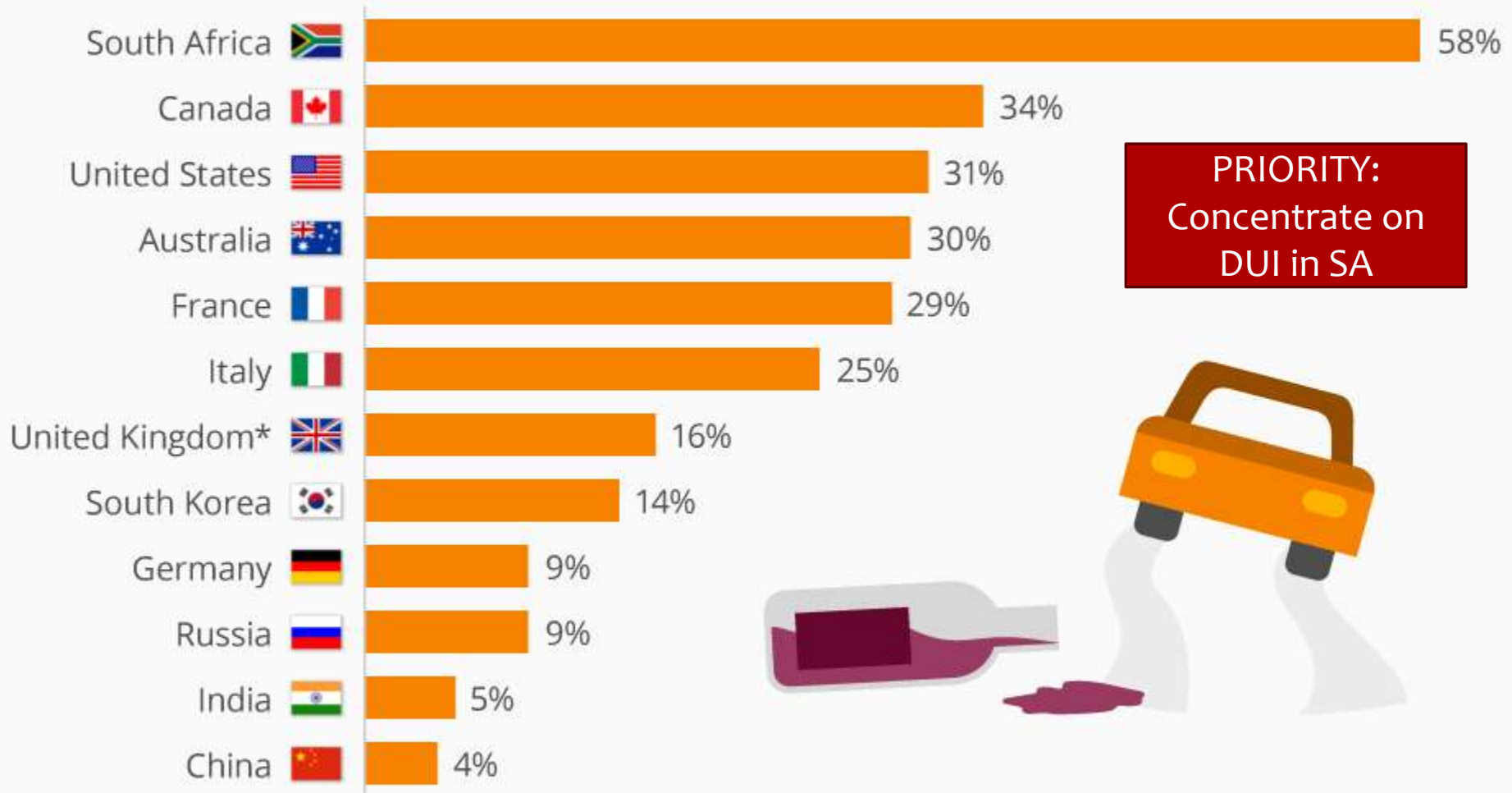
“Do parents leave their sanity behind when they climb into a car with their kids?”

“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.”

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)



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

Direct Costs	Indirect Costs
<ul style="list-style-type: none">• Medical• Mental Health• Emergency response services• Law enforcement services• Judicial services	<ul style="list-style-type: none">• Premature deaths• Lost productivity• Absenteeism• Economic development• Quality of life• Other intangible losses

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)

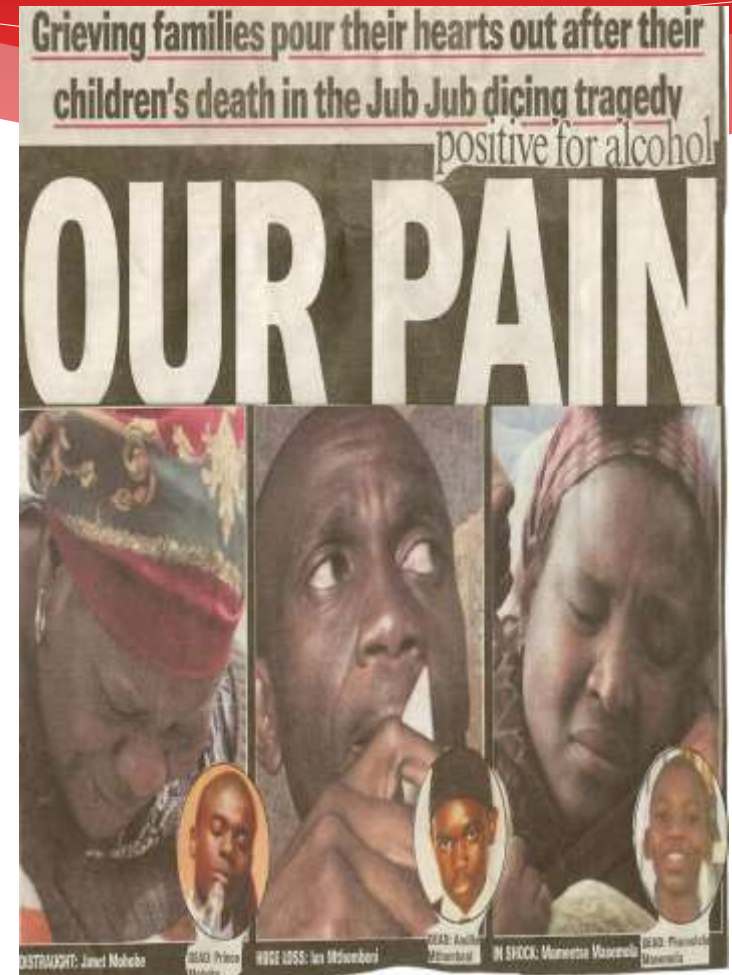
**PRIORITY: Understanding of 3 charges for DUI
– Main charge(DUI) and 2 others (over B.A.C. & Br.A.C) Doing physical assessments**

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



Ref: GRSL Training. Johns
Hopkins IIPU 2018

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:

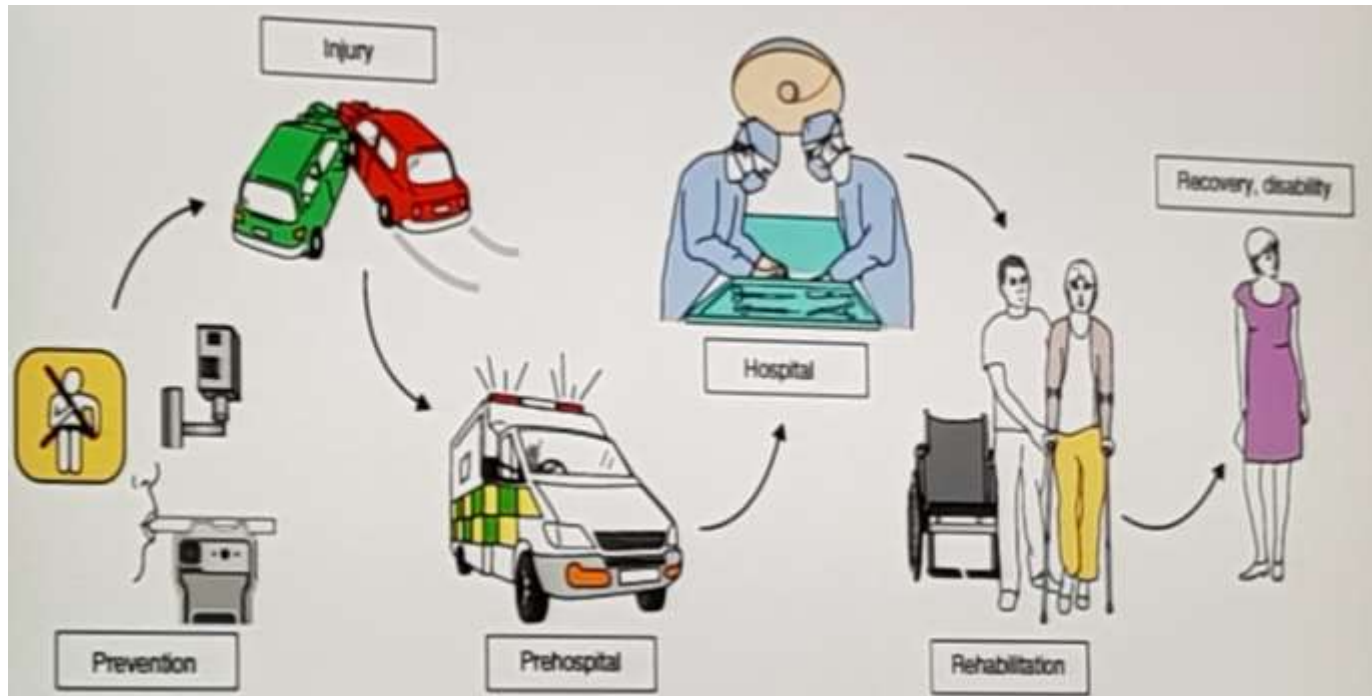
- * Proper trained post crash care investigations
- * Accurate data
- * Testing at all crash scenes for alcohol



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.2011

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 +++

BAC	EFFECTS ON DRIVING SKILLS	CHANCE OF CRASH
0.02	<ul style="list-style-type: none"> Slight impairment of judgement 	2x Chance
0.05 W.H.O: Best Practice	<ul style="list-style-type: none"> Decrease in various brain centre functions Inconsistent effects on behavioral task performances Decrease in judgement and inhibitions 	4x Chance
0.14	<ul style="list-style-type: none"> Impairment of balance and movement Impairment of visual functions Slurred speech Vomiting, especially if this BAC is reached rapidly 	18x Chance
0.20	<ul style="list-style-type: none"> Severe sensory impairment, including reduced awareness of external stimulation Severe motor of impairment, e.g. frequently staggering or falling 	80x Chance
0.40	<ul style="list-style-type: none"> Non responsive stupor Loss of consciousness Anaesthesia comparable to that of surgery Death (<i>NB:– Many of above symptoms not as severe with dependent person. Ref: SADD</i>) 	150x Chance

Ref: Drinking & Driving. Rd Safety Manual.

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



AFTER 8-10 UNITS

“BLIND DRUNK”

Tunnel vision

Double vision

Night blindness

8 - 10 = BAC of
0.18 - 0.20g

Example:

- * 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



"THE VICTIM" Reprinted by courtesy of Steve Kelly.

EDUCATION ON ALCOHOL

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?

Alcoholic contents of drinks

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!



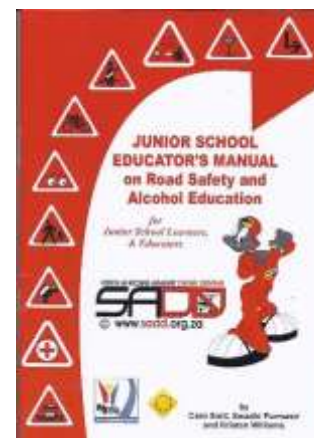
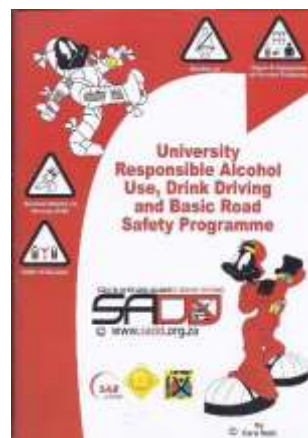
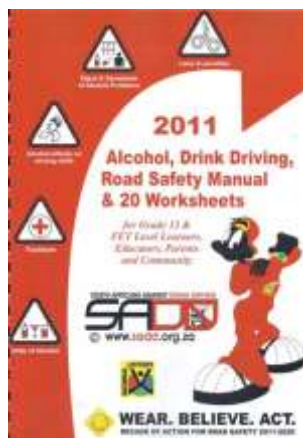
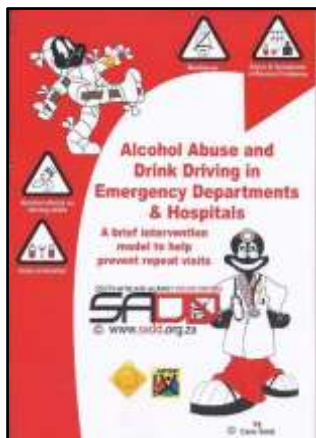
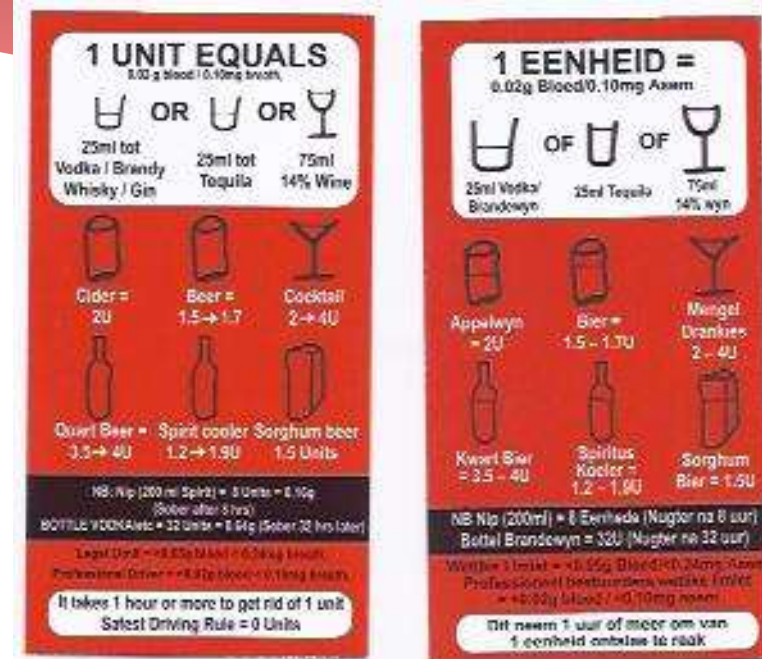
"I LIMIT MYSELF TO ONE
GLASS OF WINE A DAY."

SADD have concentrated on:

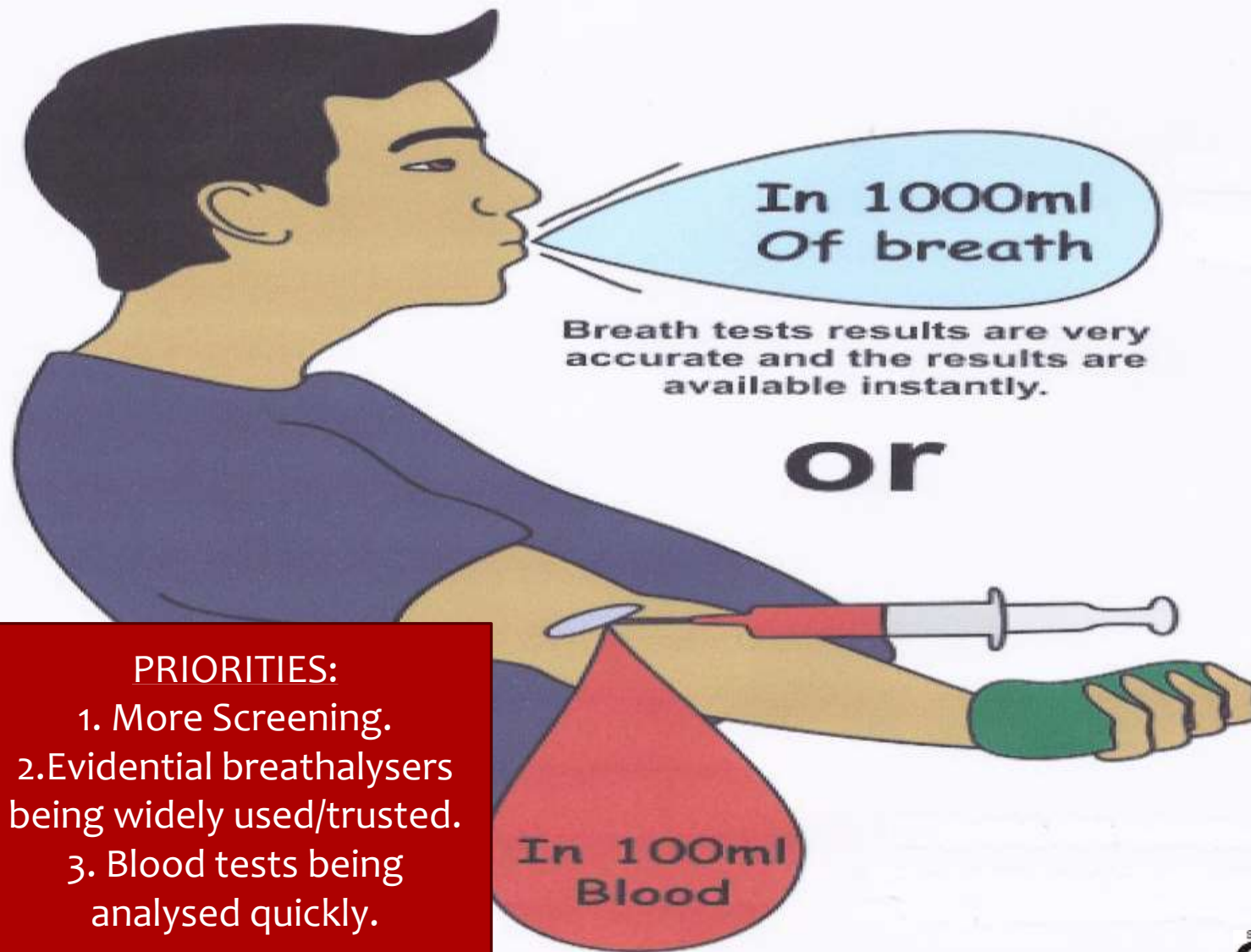
1. Standardizing units of alcohol in SA.

(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 persons body in 2 ways.



PRIORITIES:

1. More Screening.
2. Evidential breathalysers being widely used/trusted.
3. Blood tests being analysed quickly.

Blood test results can take up to 12 months, or longer, to be analyzed.

Screening devices



PRIORITY:
All T.O.'s & SAPS having screeners. Much more testing & so people know there is a higher probability of being caught

Screening devices can give the result as Br.A.C., or converted to BAC

Evidential breathalysers

PRIORITY:

Legal

- Evidential breathalysers being widely used & trusted.
- Need these used all over SA & not just Western Cape.



Results are given as breath levels in milligrams (mg) per 1000mls.

Evidential breathalysers. Used by Western Cape Dept Transport & CoCT.



Mobile testing unit



Driver providing
breath sample to release
Vehicle Blocking System

720



PRIORITY 1:
Booze buses & testing
devices.

PRIORITY 2: Alcohol
Ignition Interlocks for
public vehicles-buses, taxis
& trucks

South Africa has excellent Traffic Laws

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.

Ref: Drinking & Driving. Rd Safety Manual.

ELEMENT

EFFECTIVENESS

Road safety/ crash data assessment

High

Laws on BAC or BrAC levels

High

Strong enforcement of drink-driving laws

High

Strict and swift punishment for those who break drinking and driving laws

High

Public information and education

High (when combined with enforcement)

Monitoring and evaluation

High

ELEMENT

EFFECTIVENESS

Lower BAC for driver groups such as bus drivers or young drivers

High

Laws prohibiting alcohol sales at certain locations and times

Medium

Initiatives to control alcohol access and distribution

Medium

Graduated licensing for novice drivers

Medium to High

Employer programmes

Medium

Vehicle Sanctions

Medium

Changing driving behaviour

N.B. Behaviour only changes because people are afraid of the legal and financial repercussions of their actions.

Of the 4 “E’s”..... Education, Engineering,
Enforcement and Evaluation.....

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)**
- * Swifttness 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?

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