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*Contribution to Session 8, future Knowledge-based Decision Making for Europe*

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## **THE CHALLENGE TO BE MORE AWARE OF THE COSTS OF PREVENTING AVOIDABLE DEATH AND LASTING INJURY ON THE ROADS AND ELSEWHERE IN EVERYDAY LIFE**

ERSO and the work of DaCoTA are the latest stages in an ongoing process that can be seen as having begun in earnest across Europe in the 1970s, building upon earlier work in some European and other OECD countries, notably that of Haddon and his colleagues at the Insurance Institute for Highway Safety in the USA.

This is the process of systematising our efforts to reduce the numbers of people being killed or lastingly injured while using the roads.

When we began this process in earnest, the risk of death per hour spent using the roads exceeded the risk per hour of death by injury that we tolerate in the rest of everyday life by a factor that probably averaged across Europe in the region 15-20 (excluding the risk of accidental death to people over the age of about 75 in their homes, which is the only other population-wide everyday risk per hour that is comparable in magnitude to that of using the roads).

Most of the road safety measures and policies we were then either developing or advocating as already available cost very little, either in money or in inconvenience to people or organisations, compared with the huge reductions in death and injury that they would yield.

So we could concentrate on overcoming the scandal of tolerance and complacency that allowed so much preventable death and injury to happen, quoting high levels of estimated cost-effectiveness and benefit/cost ratio when this helped our advocacy, without concerning ourselves all that much with the exact costs of implementing road safety measures and just where those costs fell.

That mindset still shapes much of our thinking and advocacy – notwithstanding the depth of thinking that is represented, for example, by ROSEBUD, SUNflower and its successors, SafetyNet, ERSO and DaCoTA.

But by the turn of the century, the ratio of risk of death per hour spent using Europe's roads to the corresponding risk in the rest of everyday life in Europe for those younger than about 75 had fallen to about 7 – and by now it is probably between 4 and 3 and still falling – driven down in part by our own efforts and our ambition to reduce it further without preconceived limit.

This means that we need to refresh our mindset concerning the costs of road safety measures and policies. Of course we can and should still emphasise the overwhelming cost-effectiveness of most known measures, and argue tirelessly for their vigorous implementation – but it is not too soon to look ahead to a time so wisely foreseen by our colleagues in Finland in their road safety programme for 2001-2005 when they adopted the Vision Zero, a time rather sadly and prematurely thought of by newly elected British Ministers in the setback they dealt road safety policy and its implementation in England and Wales in their zeal for deficit reduction in their first weeks in office in 2010.

This is the time when we shall need to address the question whether the next million Euros society spends to reduce preventable death and lasting injury should be spent on the next road safety measure we are advocating, or be spent instead on an intervention in some other area of everyday life where preventable death or lasting injury is happening.

We need to equip ourselves to address that question in two ways:

1. by concerning ourselves closely with the exact costs, in money and inconvenience, associated with safety measures that are coming down the track – just what the costs are and by whom they are borne, how they differ among European countries, and whether costs in countries where they are higher could be reduced by learning from countries where they are lower
2. by making ourselves thoroughly aware of how these costs compare with costs of making similar reductions in death and lasting injury in other areas of life that compete for the same pool of resources – both government revenues and consumer spending.

This seems to call for an extension to the scope of ERSO that requires further trans-European research of the kind that has taken place in DaCoTA and its predecessor programmes.