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Transcript: AMA President, Dr Michael Gannon, Doorstop, Perth, Thursday 4 January 2018

Subjects: Road Safety, Alcohol Taxation, Medicinal Cannabis, Perth Drug Incident

MICHAEL GANNON: For the first time, the AMA's released a *Position Statement on Road Safety*. Doctors see the carnage of road trauma every day in its different forms, and road trauma's responsible for more than 1000 deaths around Australia each year, and tens of thousands of people injured – sometimes permanently. It has to stop. There's a case for individual driver responsibility. We're calling for action from Governments at different levels to try and reduce the burden of carnage due to road trauma.

JOURNALIST: It seems an obvious thing for the AMA to be involved in, and yet it's taken you until now to formulate a road safety policy model. Why now, particularly?

MICHAEL GANNON: Well, certainly, we've cooperated with bodies like the Royal Automobile Clubs around Australia. We've had a relationship with ANCAP for a while. We see the results of this. The AMA does identify new areas from time to time; sometimes they're controversial – people don't see the public health element. But certainly when it comes to road safety, road trauma, we've got a great story to tell in Australia in terms of leadership: the first nation in the world to legislate compulsory seatbelts. But we think that there are other measures that can be brought into place, and Australia's doctors now are calling for those measures to be introduced.

JOURNALIST: And they include an automatic 12-month disqualification on L-plate and P-plate drivers – is that right – just for mobile phone use?

MICHAEL GANNON: Well, mobile phone use is an example of inattention, which is a major contributor to road trauma. Everyone is so used to using their smartphones and they're so used to using them near permanently, but when you are in charge of a piece of equipment that weighs one or two tonnes and might be travelling at 40 or over 100 kilometres per hour, it's just not safe for you to not have every aspect of your attention on your own driving and the things that can change in the environment. So although the call we have made for L-plates and P-plate drivers might sound harsh, driving is a responsibility, not a right, and it's important that new drivers learn good habits from the start.

JOURNALIST: Why not have that rule for all drivers? Because a lot of middle-aged people use their mobile phones as well.

MICHAEL GANNON: Well, I think we should look at all these measures. We should look and see whether there's any evidence for whether it might have worked somewhere overseas. It could easily be said that this is unfair on new drivers and why not have the rule for everyone, but certainly we would be well and truly prepared to work with Government, other stakeholders on stiffer penalties.

We recognise that driving a motor vehicle is very important to people, not only for getting to work, but for a lot of people it's part of their occupation. We don't want to overdo things, but at the same time, more than 1000 Australians dying every year, those numbers not getting any better, and sadly, a lot of evidence that some of the heavy-hitting, confrontational public safety messages from five, 10, 15 years ago may be losing their impact.

JOURNALIST: Has the AMA seen a direct relationship between young drivers using their phones in their car and the road carnage that you see in hospitals?

MICHAEL GANNON: So 90 per cent of accidents involve human factors. Commonly, one of those factors is inattention. A common cause of inattention is people using their devices. That's something unique to our modern age, and that's why we've called for a look at penalties like that.

JOURNALIST: Are you picking on young people?

MICHAEL GANNON: It's important that new drivers begin to understand, right at the start of their driving career, the responsibility. They might not have seen the carnage that can be caused by accidents. We want a change in the mindset of all drivers that it is regarded as a privilege and not a right to get behind the wheel of a motor vehicle. Something has to change. We are talking about something that kills over 1000 people every year.

If this was a viral or bacterial infection, there would be yells for new vaccination, for new antibiotics. If we were talking about a chronic disease that costs the community tens of billions of dollars a year in medical costs and lost productivity, there would be a call to act. The AMA is asking for different levels of Government to act.

JOURNALIST: How would you describe that road toll, and would you equate it to a massacre on the roads – that high a road toll [indistinct]?

MICHAEL GANNON: Well, it's an appalling number. It's an appalling statistic. There have been some improvements in recent years, but that has plateaued. Of concern is what the police see every day on the roads: people ignoring the most basic messages about road safety. Sadly, sometimes the only things that will make people change their behaviour are deterrents, and a mixture of deterrents, including fines, demerit points, licence suspensions, is part of the picture.

JOURNALIST: But anyone who's using a mobile phone is foolish anyway. It doesn't matter what age they are, you still have to defend this call for a ban just on L-platers and P-platers.

MICHAEL GANNON: That's a reasonable point. We don't wish to discriminate against young drivers, but they are a vulnerable group; they don't have the experience of others. We want to reinforce those new habits, but we would not speak against any significant increase in penalties for people shown to flout what is already the existing law.

JOURNALIST: Distracted is distracted, isn't it? Doesn't matter how old you are.

MICHAEL GANNON: No, that's a good point. It's important to state that there is no level of driving expertise or excellence which means that you are capable of speeding, that you are capable of driving with alcohol in your system, that you are capable of driving while not paying attention or playing on your smartphone.

JOURNALIST: Michael, it's one thing to have a policy, now that you're in the game, on road safety, but is it just going to sit on your website or is the AMA going to get active in promoting your own policy?

MICHAEL GANNON: Like all of our Position Statements, they are used to inform Government inquiries. We have relationships with all levels of Government, and we will be taking these policies to State and Territory Police Ministers, police forces, Health Departments,

and asking them to look at it. So a lot of work goes into AMA Position Statements, a lot of thought. We rely heavily on scientific evidence in coming to these positions, and then we do use them as advocacy documents.

JOURNALIST: Barnaby Joyce has said he'll take the issue to COAG. Are you happy if that's the first step?

MICHAEL GANNON: That's fabulous to hear the Deputy Prime Minister acknowledge road trauma. A disproportionate amount of the carnage falls on rural and regional Australia. There's the combination of a higher proportion of black spots, of course higher speed limits. Here in the State of Western Australia, we know, for example, that the Wheat Belt has a two- or threefold higher rate of road death compared to other parts of the state, and even other parts of the region. So that's fabulous to hear the Deputy Prime Minister take on our call.

JOURNALIST: Also, Australia has a tariff currently on the import of new cars which have better safety features. Would you support the removal of such a tariff if it meant that there'd be safer cars on the road?

MICHAEL GANNON: Well, certainly, I've had meetings with ANCAP representatives in the past, and the safer a vehicle, according to their rating system, the less likely it is to be involved in a major accident. So that's another important part of the jigsaw. Safer roads, safer cars, safer behaviours will all reduce the carnage on our roads.

JOURNALIST: Dr Gannon, there's also a push apparently for alcohol excise to be increased by 10 per cent at the pubs to match bottle shops. That obviously indicates there's concern about how big a problem alcohol is. Would the AMA support that?

MICHAEL GANNON: I'm aware of the calls made by FARE today for an increase in taxation. The AMA supports volumetric taxation of alcohol and doesn't see any reason why there should be different rules for different forms of alcohol. I think that many Australians find a way to enjoy alcohol responsibly. I would hope that Australians drinking mid-strength beer off tap in a responsible way don't face a major tax burden. But certainly I think it's really important that, from time to time, Australians individually and Australia collectively takes a step back and looks at its relationship with alcohol. It's a major public health problem.

JOURNALIST: Because that, of course, would mean people who do enjoy alcohol responsibly off the tap would be paying more for their pints and for their schooners.

MICHAEL GANNON: Yeah, we support evidence-based measures and ones that are fair. The majority of Australians do find a way to enjoy alcohol responsibly. We'll have to have a careful look at these calls, but certainly preferential taxation of one form of alcohol over another doesn't seem right, and the protections that some areas of the industry, like, for example, cleanskin wine enjoy when compared to other forms of alcohol, don't seem exactly fair.

JOURNALIST: On another issue, Dr Gannon, where does the AMA stand on legalising cannabis exports?

MICHAEL GANNON: I've read the media reports today about enabling Australian companies to export cannabis around the world. Where it's a legal product and it's a legal industry, I would encourage the endeavour of Australian industry. Coupled with this will no doubt be calls for Australian doctors to increase their prescription. Those calls consistently come from the companies cultivating cannabis. Australian doctors will prescribe cannabis

when and where there's evidence that it's effective, just like they do for all other medicinal products.

JOURNALIST: Patients say they're still having trouble getting access to medical cannabis. Are doctors reluctant to prescribe it?

MICHAEL GANNON: I think a lot of doctors would be wary about the prescription of medicinal cannabis, and part of that is that the claims made by advocates are sometimes a little bit overblown. There are potentially very exciting uses in the palliative care field and there are potentially very exciting uses in various movement disorders in childhood epilepsy. But the claims of the people cultivating the cannabis should never be seen as the evidence that doctors require. Doctors think very carefully about the risks, benefits, putting all the considerations together, whether they're recommending surgery, prescription of pharmaceuticals on or off the PBS, or new options like medicinal cannabis.

JOURNALIST: So Mike, you're saying you don't have a problem with the export, but you still have some concerns that the benefits of medical cannabis are still being overplayed?

MICHAEL GANNON: I just think that people need to understand that doctors take it very seriously when they recommend treatments, whether that's scheduling someone for surgery, performing a procedure, prescribing a medication. There is a small to medium quality body of evidence in so many of the areas where people are promoting medicinal cannabis, but there is no question that where a doctor has made a decision, and the patient wants to use the medication, there should be fewer barriers to obtaining a safe, legal supply.

JOURNALIST: Sorry, just back on the road toll. Given how high the deaths are each year, and they are largely preventable, have Governments been too weak to address this sooner?

MICHAEL GANNON: I think Australia's shown a great deal of leadership over the years in road safety issues, but of concern is the evidence which suggests that some of those really important safety messages aren't getting through. If I reflect on when I started to drive, no one talked about driver fatigue, but now that important information is out there. We now need to consider the issues around prescription drug use, illicit drug use, and how that affects drivers and their ability to safely handle a motor vehicle.

So certainly we think that Governments can do better, and whether that's Local Governments with signage and other ways they can control the environment; State Governments with penalties; the Commonwealth Government with their contribution; they've all got a role to play. Quite simply, this level of carnage can't continue.

JOURNALIST: We have seen shock tactics with ads as well. Is this going to even work?

MICHAEL GANNON: So, we've seen over the years, led by Victoria, but Australia-wide, the use of shock tactics in television advertising and those in new and old media. One of the lessons about shock tactics is that the impact wears off eventually. So I think it's really important that we have a look at driver education, see where we can do better, but fundamentally to change that mindset where people think automatically they've got a right to drive a motor vehicle. It's a privilege and a responsibility.

JOURNALIST: Mike, would the AMA like to see driver education reintroduced compulsorily in schools?

MICHAEL GANNON: I think that would be a fabulous idea. The fact is that the majority of us become motorists. It's a very rare Australian that doesn't use the roads and isn't touched by the potential for road trauma, whether that's as a motorist, a passenger, a pedestrian, or a cyclist. So we live in a huge country interconnected by roads. Many of our cities and towns are reliant on road transport. I think that better education in schools would be a fabulous public health initiative.

JOURNALIST: Money well spent?

MICHAEL GANNON: Money spent on health literacy, money spent on public health is always money well spent.

JOURNALIST: A couple of questions, if I may, on the drug thing from Victoria Park yesterday. Hyoscine, the drug that's apparently been identified there, do you know much about that? Apparently it's a fairly common ingredient in a lot of different medications.

MICHAEL GANNON: I'm not too familiar with the exact story, but hyoscine's a drug commonly used in palliative care and in anaesthesia. It's not a new drug. Certainly, a lot of these medications, especially used in cocktails for whatever purposes, certainly carry risks.

JOURNALIST: And also some of the people that were involved in that, they were taken off to hospital. They came home and they seemed pretty blasé and relaxed about what they'd been involved in, as though they were sort of making a joke about the whole thing. Pretty serious matter to joke about.

MICHAEL GANNON: Medical reports of people using either illicit drugs, or for that matter prescription drugs for recreational purposes, are of concern. Doctors and nurses see these stories. Emergency departments sadly are full of people who are experimenting with drugs. I can't give a more simple message than don't put anything in your body that you don't know what the contents of it are. That might seem a simple message, but the criminal gangs that cook up illegal drugs in bathtubs around Australia, those people who put white powdery substances or make things into pills, they are criminals, they do nothing but harm people. We support the police in their endeavours wherever possible. Sadly, we see a case where individuals will experiment. The less people do, the better.

JOURNALIST: Some medical professionals say that because these people were from Europe where there's a more liberal attitude to testing drugs before they were taken, that they weren't fully prepared to actually operate in such a [indistinct] market as we have in Australia as far as drug quality's concerned. Would you think this would help back a course to help get drug testing legalised?

MICHAEL GANNON: We've heard calls in recent months for, for example, drug testing at rock concerts, et cetera. A lot of people have made the assertion that that has a harm minimisation potential. We're excited in that potential, and we support another look at this through a controlled medical trial, but the evidence before us at the moment suggests that drug testing at rock concerts and other circumstances is not effective. Sadly, what happens is that too often, people who are told that it's dangerous will choose to sell it onto someone else. That's one of the examples of why the international evidence suggests it doesn't work.

JOURNALIST: Do you know who foots the bill in this scenario with nine backpackers being taken to hospital, emergency, ICU, all of that?

MICHAEL GANNON: Many countries enjoy- well, the citizens of many countries enjoy reciprocal healthcare agreements with Australia and get free access to Medicare. For people not from one of those I think five or six or seven countries, theoretically they get a bill. Those bills go unpaid frequently around Australia. It is a cost to the Australian taxpayer.

JOURNALIST: Thanks, Mike.

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