

The issue of the UK Government U-turn on alcohol minimum unit pricing (Godlee, 2014) is not the only evidence based public health policy that has failed to materialise recently.

Just as in January 2013 public health campaigners and policy makers were confident that a minimum unit price would be introduced across the UK, those of us working in the public health discipline of road injury prevention were similarly confident that the UK Government would carry out its commitment to publish a Green Paper on young driver safety with proposals for robust, evidence based change. However, at the end of the year a paper still had not been published.

Amongst teenagers, motor vehicle crashes (MVCs) are a leading cause of death and disability (Peden et al., 2008). In the UK, MVC injuries account for a quarter of all fatalities of 15 to 19 year olds (ONS, 2011; DfT, 2011).

The Department for Transport (DfT) made a clear commitment to producing a Green Paper in the spring of 2013 that would set out options for addressing the burden of young driver crashes on health and health services. This was to be supported by an evidence review carried out by TRL (Transport Research Laboratory), commissioned by DfT, and addressing specific questions of concern with regards to Graduated Driver Licensing (GDL).

GDL is a legislative approach used in the USA, Canada, New Zealand and Australia, which has consistently been shown to have only beneficial effects on young driver crashes (Russell et al., 2011).

The TRL review (Kinnear et al., 2013), initially delivered in April 2013, concluded that there was compelling evidence for the introduction of GDL in the UK, and supported the findings of previous modelling work demonstrating that there could be substantial reductions in crashes, casualties and fatalities on the roads of the UK if GDL was introduced (Jones et al., 2012). The conservative estimate delivered by Kinnear et al., based on observed levels of effectiveness internationally, is that a GDL system in the UK would save 4,471 casualties and £224 million annually.

The publication date for the Green Paper was pushed back to June and then September 2013. At the Road Safety GB Conference in October 2013, representatives from DfT told the audience that the paper would be published before the end of 2013. In late December, in response to a Parliamentary Question, the Parliamentary Under Secretary of State for Transport Robert Goodwill MP admitted that the Government was still “wrestling with the issues” and would “issue a paper when we have considered this further.”

It appears that the Government is now looking at alternative approaches, including the use of telematics or ‘black box’ driver monitoring technologies. Telematics is an emerging field. It shows promise, but as yet is unproven as a public health intervention. We would see telematics as complementary to a GDL regime, not as an alternative.

The need for GDL is clear and there is widespread support for its implementation from the road safety sector, the insurance industry, those working in public health, the police, road safety charities and politicians.

It is not too late for Government to forward the debate. It still has the opportunity to present a range of options to reduce death and injury on the roads. The international evidence for GDL is compelling and to exclude this option from the Green Paper would significantly reduce its potential as a stimulus for evidence based change.

We remain hopeful that the Green Paper will be published after this significant delay, that it will recognise the beneficial effects of GDL witnessed internationally and include the recommendations from the Government commissioned TRL evidence review, and that a frank and open public debate will follow.

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