

Dear Mrs Milton,

I am writing to congratulate you on your appointment as Parliamentary Under Secretary of State for Public Health. I welcome not only your long-standing connection with health, but also the nature of the role to which you have been appointed. A public health focus will be an extremely important part of a healthier and safer Britain.

I write to you today to highlight two areas of policy which I hope will feature among items on your forthcoming agenda.

Firstly, I ask that you to continue to build on the increasingly united relationship between health and transport with particular regard to achieving safe and active travel. Transport safety is often cited as a public health success story and the sector has certainly made huge life and casualty savings.

However, road death and injury continue to pose a significant public health cost. In 2008, 2,538 people died on British roads of which 124 were under the age of 16. In the 15 – 19 age group, road death made up 81 per cent of all accidental deaths and 31 per cent of all deaths. The value of prevention of road death in 2008 was £3.9 billion.¹

Road safety is subject to significant inequality across the country, with high levels of safety risk often related to other poor health outcomes.² A collaborative approach at both the national and local level will help to tackle the root of these conditions, alleviate tension and ameliorate synergy. Initiatives such as [Total Place](#) are exploring the potential of co-ordinated policy approaches at the local level.

As the active travel agenda grows in political, societal and economic importance, it is vital that health and transport work together to ensure that modal shift and the associated benefits can happen safely. The [Active Travel Strategy](#) of February 2010 was co-signed by Ministers from DH and DfT. I hope that the link made by this important relationship is furthered by work you do as the country's lead on public health.

The National Institute for Clinical Excellence (NICE) has made important steps to forge a link between public health and transport. An open [consultation](#) from NICE looks at Strategies to prevent unintentional injuries among children and young people aged under 15. The holistic approach taken by NICE, looking simultaneously at all injury risks to children, is an important part of a more evidence-led consideration of risk and safety.

Secondly, I would like to bring to your attention an [independent review](#) of the law on drink and drug driving asked for by the previous Secretary of State for Transport, Lord Adonis. Sir Peter North was asked to examine possible changes to the legislative regime and has now reported his findings to the new Secretary of State for Transport.

The drink-drive message is widely comprehended in Britain, but legislation fails to support the educational and promotional messages. The BAC limit in the UK is among the most lenient in the world³ and the drink-

¹ <http://www.dft.gov.uk/pgr/statistics/datatablespublications/accidents/casualtiesgbar/rccgb2008>

² <http://www.pacts.org.uk/docs/pdf-bank/Beyond%202010%20-%20Taking%20Stock%20and%20Moving%20Forward%20.pdf>

³ http://www.drinkdriving.org/worldwide_drink_driving_limits.php

drive problem in the UK is far from solved. It has been estimated that in 2008, 6 per cent of all reported road casualties and 17 per cent of all road deaths occurred when someone was driving over the legal limit. That amounts to 13,020 injuries and 430 deaths.⁴

Furthermore, in 1998, the DETR showed that between 50mg and 80 mg drivers are 2 – 2.5 times more likely to be involved in a collision than drivers with no alcohol, and up to 6 times more likely to be involved in a fatal crash.⁵ It is therefore important to reduce the risk profile of those people who are currently driving within the law.

The [Parliamentary Advisory Council for Transport Safety](#) (PACTS) makes two major proposals. Firstly, a reduction in the legal BAC limit for drivers and riders should be reduced from 80 milligrammes to 50 milligrammes as part of a wider move to cut the number of deaths and injuries which occur on British roads every year. Secondly, evidential roadside breath testing devices should be approved as a priority.

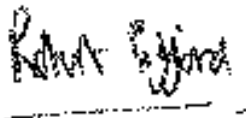
On its own, the reduction in the BAC limit from 80 to 50 milligrammes is likely to save around 65 lives and 230 casualties⁶, or, in financial terms, £153 million. The combination of both measures could have a much greater impact.

We ask that you work with your colleagues in Transport and prioritise a reaction to the findings of the North Review as soon as possible. Tackling drinking and driving will have significant public health implications.

The Parliamentary Advisory Council for Transport Safety (PACTS) is a registered charity and an associate Parliamentary Group. Its charitable objective is "**To protect human life through the promotion of transport safety for the public benefit**". Its aim is to advise and inform members of the House of Commons and of the House of Lords on air, rail and road safety issues. We work closely with the DfT and hope to extend that working relationship to yourself and DH.

For your information I have included a link to a recent research report carried out by PACTS which looks at road safety delivery [Beyond 2010](#). Please do not hesitate to contact me regarding any matter raised in this letter or for more information on any transport safety issue.

Yours Sincerely



Robert Gifford
Executive Director, PACTS

⁴ These figures are provisional and will be adjusted by DfT in August 2010.

⁵ Combating Drink Driving: Next Steps: A Consultation Paper, DETR, 1998

⁶ This is the most recent public calculation. In recent private contact, professor Allsop has estimated that based on the same calculation, for 2008 data, the reduction would be closer to 43 deaths and 280 serious injuries.

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