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Speed cameras

Speed cameras under attack in the United Kingdom

P Pilkinson

The health community must defend effective injury prevention interventions

This commentary examines the current campaign against speed cameras in the United Kingdom. It reveals how a health intervention, even when shown to be effective at reducing deaths and injuries, can be subject to sustained attacks from highly organised antihate forces. It calls for concerted action among health professionals to respond to the increasingly vocal motorist lobby groups. Health professionals have a duty to defend effective interventions from unwarranted attacks. They should communicate with the general public about the role of such interventions in improving health and take steps to ensure that vocal lobby groups do not threaten evidence based injury prevention initiatives.

HEALTH, ROAD TRAFFIC COLLISIONS, AND THE ROLE OF SPEED

Road traffic collisions are an important cause of death and disability both worldwide and in the United Kingdom. By 2020 road traffic collisions will have moved from ninth to third place in the world ranking of the burden of disease. And each year in third place in the world ranking of the nationalities will have moved from ninth to third. When shown to be effective at reducing road traffic collisions and related deaths and injuries, Speed camera research in Norway, Australia, Canada, and New Zealand has demonstrated camera effectiveness. A study in London showed that cameras reduced accidents by 9%, casualties by 12%, and fatalities by 71%. And over the first two years of the safety camera project cameras reduced casualties by 35% at camera sites across eight pilot areas.

RISE OF THE ANTICAMERA LOBBY

Despite the overwhelming evidence that speed cameras are an effective means of reducing road traffic collisions and related deaths and injuries, Speed camera research in the United Kingdom. A study in London showed that cameras reduced accidents by 9%, casualties by 12%, and fatalities by 71%. And over the first two years of the safety camera project cameras reduced casualties by 35% at camera sites across eight pilot areas.

EFFECTIVENESS OF SPEED CAMERAS

Speed cameras are an effective means of reducing road traffic collisions and related deaths and injuries. Speed camera research in Norway, Australia, Canada, and New Zealand has demonstrated camera effectiveness. A study in London showed that cameras reduced accidents by 9%, casualties by 12%, and fatalities by 71%. And over the first two years of the safety camera project cameras reduced casualties by 35% at camera sites across eight pilot areas.

RESPONSE TO THE ANTICAMERA LOBBY

The main aim of a lobby group is to effect change. The government, being the instigator and financer e of the safety camera initiative, has been the motoring groups’ target in the United Kingdom. And the groups have had some success. In December 2001 the government announced that all cameras that were part of the safety camera initiative would have to be made highly visible (bright yellow), thereby giving drivers a chance to slow down. Mobile camera locations are now also reported on local radio stations and listed on the internet. This policy change was enacted despite there being no evidence about how increasing the visibility of cameras would impact on camera effectiveness. It appeared to be a response to the vocal motorising groups.

Another response is new strict criteria that cameras can only be located on roads with a history of road collisions, deaths, and injuries. Although heading off criticisms that cameras were only placed in areas where the opportunity to generate income was greatest, the decision has not pleased road safety groups.

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like the Slower Speeds Initiative. They argue that cameras should be used to prevent deaths and injuries on all roads, regardless of accident history: why should people have to die before cameras can be used on a certain stretch of road? Excessive vehicle speed causes a range of problems in communities, including generating fear and dissuading people from walking and cycling. These effects are currently not taken into account when locating cameras.

There have been more positive responses to respond to criticism. Some camera partnerships are now offering sessions on the dangers of speeding for those drivers caught travelling just above the cut off limit to provide education as well as enforcement.

There is also a move to increase public awareness around the health benefits of speed cameras. A leaflet explains how cameras can save the NHS money by reducing admissions to hospitals. The average costs of treating a road traffic victim is compared to costs for other common procedures, such as hip replacements.

RECOMMENDATIONS FOR ACTION

Last year the BMJ published a special issue on road traffic and health, entitled “War on the Roads”. Propaganda is an important part of any war, and use of propaganda is certainly evident in the current war on speed cameras in the United Kingdom. Unfortunately, despite being armed with the evidence, the Safety Camera Partnerships are struggling in their battle with motoring lobby groups.

Although the partnerships have good systems in place for publicity, they need help to combat the highly organised antihealth forces of the motoring lobby. The camera debate in the media often ignores (or is ignorant) of the health benefits of speed cameras. Health professionals should support and promote speed cameras as an effective injury prevention intervention by:

- Responding to critical letters and articles in the written press by presenting the evidence of speed camera effectiveness.
- Advocating speed camera usage as an effective injury prevention intervention on local and national radio and television.
- Working closely with local Safety Camera Partnerships to stress the health benefits of cameras at local events and in the local media.
- Combating the motoring lobby propaganda at all levels is key. The Department of Health, itself a member of the national Safety Camera Partnership Board, can play an important part in ensuring that the speed camera debate is firmly rooted in health. It should work closely and publicly with the Department for Transport in supporting speed camera usage.

CONCLUSIONS

This commentary reveals how an evidence based health intervention is coming under attack in the United Kingdom. Advocacy from health professionals needs to more than match the highly organised work of opposing lobby groups. The majority of the British public recognise that speeding is dangerous. But after decades of only minimal enforcement, the population has become complacent. Now, with the increase in cameras, there is the real chance that behaviour can be changed at the population level. The situation in this country is a test case for countering the increasing global threat that motor- ing lobby groups pose to road traffic injury prevention activities. The hostile views of groups like the ABD are not typical, and we should not allow their minority interests to wreck valuable health interventions.

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