

Drugs and Driving in Australia – a brief report

A survey of
community
attitudes,
experience and
understanding



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This briefing document is based upon *Drugs and Driving in Australia: a survey of community attitudes, experience and understanding*, a report prepared by Australian Drug Foundation Centre for Youth Drug Studies Director, Dr Jane Mallick, Turning Point Alcohol and Drug Centre Research Fellow, Dr Jennifer Johnston, Australian Drug Foundation Senior Research Officer, Dr Netzach Goren and Australian Drug Foundation Research Officer, Vanessa Kennedy. For a full copy of the report visit www.drugdriving.org.au, call Druginfo on 1300 85 85 84 or email druginfo@adf.org.au.

The first of its kind in Australia, the aim of this research was to gain an understanding of the Australian community's experiences of, and attitudes toward, drugs and driving. It comprised;

- a review of Australian and international literature on drug driving
- a series of confidential in-depth interviews with road safety and drug prevention experts who provided commentary on the key issues for drugs and driving in Australia

- an anonymous, confidential internet survey of 6801 Australian drivers about drugs and drug driving

As the internet survey reported higher levels of drug use than those typically present in the general population, the report's findings cannot be considered to reflect levels of drug driving in the general community. Rather, the survey provides a unique source of information to allow for greater understanding of the drug-driving attitudes and behaviours, particularly of members of the drug-using community.

It was the aim of the Australian Drug Foundation (ADF) and Turning Point (TP) research to address some of the gaps in this knowledge by exploring this community's attitudes, experiences and understanding of drugs and driving, in relation to alcohol, illegal and pharmaceutical drugs. The ultimate aim was to inform the development of effective policy and educational campaigns targeting drug driving.

Key drug-driving findings

- The drug most commonly associated with drug driving was alcohol, with 12.6 per cent of drinkers admitting to driving with a BAC over .05 in the past year. This was followed by cannabis (12.3 per cent), methamphetamine (6.9 per cent), ecstasy (5.8 per cent) and benzodiazepine (four per cent).
- Males were more likely to partake in drug driving than females.
- Young people were more likely to drive under the influence of alcohol, ecstasy and methamphetamines, but cannabis users of all ages were equally likely to drug drive.
- Drug users were far less likely to think drug driving is dangerous compared to those who had never used drugs.
- Respondents were well informed about the impact of alcohol on driving, but were uninformed about illicit and prescription drugs.
- Only 3.1 per cent of drivers experienced Random Drug Testing in the past year, but 42 per cent think it likely they will be tested in the coming year.
- Overwhelmingly, respondents had little idea about how long to wait between illicit and pharmaceutical drug use and driving.
- The more often someone takes a drug, the more likely they are to drug drive.



Drug driving – the new danger on our roads?

Australian road safety initiatives targeting drink driving, speeding and the use of seat belts have seen considerable reductions in road trauma in the last 30 years. However, drug driving has become an increasing concern, with studies suggesting drugs other than alcohol are associated with impaired driving ability and, therefore, road trauma.

A recently published study led by Dr Chin Wei Ch'ng and Associate Professor Mark Fitzgerald (National Trauma Research Institute) was conducted on adult drivers who presented to the Emergency and Trauma Centre of The Alfred hospital, Melbourne, between December 2000 and April 2002 as a result of a motor vehicle crash. Almost half (46.7 per cent) of the 436 people tested had cannabis in their systems. Other prevalent drugs included benzodiazepines (15.6 per cent), opiates (11 per cent), amphetamines (4.1 per cent) and methadone (3 per cent).*

Drug drivers – who are they?

The internet survey conducted by the ADF and TP asked respondents to provide feedback on their drug-driving habits within the previous year, with the term "drug driving" used to refer to driving within three hours of taking a

specified drug, or with a blood alcohol concentration (BAC) of more than .05.

Of the drugs most commonly linked to road trauma, the greatest proportion of respondents (12.6 per cent) said they had driven under the influence of alcohol in the previous year. This was followed by cannabis (12.3 per cent), methamphetamine (6.9 per cent), ecstasy (5.8 per cent) and benzodiazepines (four per cent).

The data showed men who used alcohol or cannabis were far more likely to drive under the influence of these drugs than women who used them (18.6 per cent compared to 10.8 per cent for alcohol and 61.8 per cent compared to 41.5 per cent for cannabis). However, women who used methamphetamine were just as likely as men to report drug driving (50.8 per cent compared to 54.8 per cent).

Also revealed was that drivers aged 20–29 were more likely to have driven under the influence of alcohol, while ecstasy users aged 16–19 and 20–29 were more likely to report driving within three hours than older ecstasy users. Interestingly, there was no such trend in the age of those reporting driving within three hours of use, with cannabis users of all ages equally likely to drive after taking the drug.

What was also apparent was that the more often someone takes a drug, the

**Drug Use in Motor Vehicle Drivers Presenting to an Australian, Adult Major Trauma Centre*, C W Ch'ng, M Fitzgerald, J Gerostamoulos, P Cameron, D Bui, P McCaffrey, O Drummer, J Potter, M Odell. *Emerg Med Australas*. 2007 Aug;19 (4):359-65.

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more likely they are to drug drive. For example, 91 per cent of daily cannabis users reported driving under the influence, outweighing the 32.4 per cent of those who used it once a month, or less. Similarly for alcohol, daily users were more likely to report driving under the influence than weekly or monthly users. The exception was the finding in relation to ecstasy, however, with 82 per cent of weekly users saying they drove within three hours of taking ecstasy. It is possible that this reflects common patterns of ecstasy use, with weekly use much more common than daily ingestion.



Illegal – and impaired

The legal status of a drug does not determine how it will affect driver impairment. However, there is increasing evidence that most illicit drugs, through their impact on cognition, mood and psychomotor functioning, have some potential to impair driving performance and contribute to both motor accidents and road trauma. Although measuring the prevalence of prohibited drugs is difficult, the ADF/TP survey revealed 16.9 per cent of respondents had driven under the influence of an illicit drug.

When it comes to road safety, cannabis, methamphetamine and ecstasy are the illegal drugs of most concern: of the 1635 drivers who reported using cannabis in the past year, 51.3 per cent said they had driven within

three hours. Of the 895 who took methamphetamines, 52.7 per cent had driven within this time. Ecstasy came in third, with 37.5 per cent of the 1057 users admitting to drug driving.

A risky business – any way you look at it

Previous research suggests most Australians think driving under the influence of illicit drugs is a dangerous practice. But drug users themselves tell a different story, with those who use illicit drugs less likely to think drug driving is dangerous compared to those who have never used them.

The Australian Drug Foundation's Jane Mallick said this was not surprising given the lack of community education about illicit drugs and driving. "People are left to make their own conclusions, which are often based on personal experience," Dr Mallick said. "It goes to show how crucial it is that people are provided with accurate and credible information about the risks associated with a range of drugs in relation to driving - including alcohol, prescription and illegal drugs."

It is little wonder drug users don't see their behaviour as risky – most believe drug taking makes little difference to the way they drive (see table below).

In particular, users of methamphetamine saw negligible impact on their driving ability the last time they drove within three hours of using the drug. Of the 472 users who had taken the drug then driven, more than half (56 per cent) reported "no change" to their driving ability. In fact, 27.5 per cent said their driving had actually improved as a result of taking methamphetamine.

While laboratory studies suggest that, at low dosages, methamphetamines can have stimulating and alerting effects, they are also associated with impaired driving ability and, at high doses, with increased risk-taking, aggression, disorientation and a lack of coordination. On the road, this can translate into lane drifting, speeding and high-speed collisions. An additional road safety risk is that users can experience rebound fatigue following long periods of stimulant use and wakefulness.

Drug	Considered dangerous to drive after using	Considered dangerous to drive after using
	Non-users	Users
Alcohol (%)	94.0	88.9
Cannabis (%)	78.6	30.0
Methamphetamine (%)	88.6	31.0
Ecstasy (%)	87.6	46.0



"It can keep you up over prolonged periods of time which, by the end, does make you slightly delirious and can really impair your judgment visually, as well as your reaction times and things like that," one expert commented in the report.

Ignorance is not bliss

Thanks to widespread anti drink-driving campaigns, most drivers are well informed about drink driving, with 79.5 per cent of those surveyed saying they know "a lot" about the effect alcohol has on driving. Just over half those surveyed (51 per cent) said it would be safe to drive within an hour of consuming one standard drink of alcohol, with more than one third (37 per cent) nominating a one to two hour window.

However, when it came to illicit drugs, the respondents were in the dark about the impact these substances could have on their driving. More than two-thirds knew either "nothing" or "a little" about illicit drugs, with the exception of cannabis, where 51.1 per cent of respondents reported knowing "a little" and 33.2 per cent reported knowing "a lot" about its effect on driving ability. However, the overwhelming response from respondents was that they had little idea about how long to wait between drug use and driving.

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Prescription for disaster

There is increasing evidence some pharmaceutical drugs - in particular, benzodiazepines - can cause fatigue, lack of muscular coordination and blurred vision. As a result, these drugs have been implicated in a considerable proportion of road accidents and traumas.

The ADF/TP research found that of the 891 respondents who used benzodiazepines in the past year, 30.3 per cent drove within three hours of use and once behind the wheel, most (67.4 per cent) reported no change in their driving ability after taking these drugs.

As with illicit drugs, prescription drug users thought driving under the influence of their medication was less risky than non-users. While 44.4 per cent of those who took benzodiazepines felt driving under their influence was a potentially dangerous practice, 64.2 per cent of respondents who don't take the drugs, felt this way.

But, unlike alcohol and illicit drugs, there are many pharmaceutical drugs that, when taken according to prescription, have a medicinal benefit that improves, rather than impairs, driving ability. In addition, the manner in which they are produced and dispensed ensures consistent quantities of drug, backed up by warning labels and information provided by pharmacists and doctors. Research also suggests that while pharmaceutical drugs may impair

driving ability, they are most likely to do so during their initial period of use, with impairment reduced as the user develops tolerance to the drug.

Two drugs are not better than one

Combining drugs - be they legal or illegal - leads to greater impairment than if these substances are consumed in isolation. It is therefore alarming that one expert quoted in the report said polydrug taking was the norm for many people. "More than two-thirds of drivers who use recreationally use two or more drugs... That might include alcohol, it might include two or more illicit drugs, it might include illicit drugs plus benzodiazepines," the expert said.

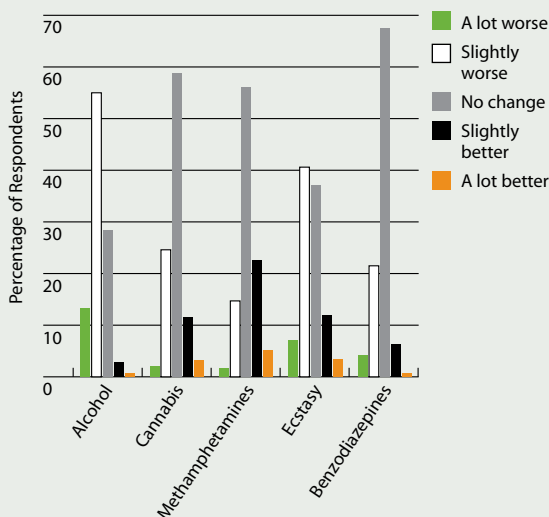
The report noted that alcohol combined with cannabis or benzodiazepines, are the most dangerous drug combinations. "The more you add, the more wasted you are, the more likely you're going to have impaired driving at that time," another expert concluded.

Looking to the future

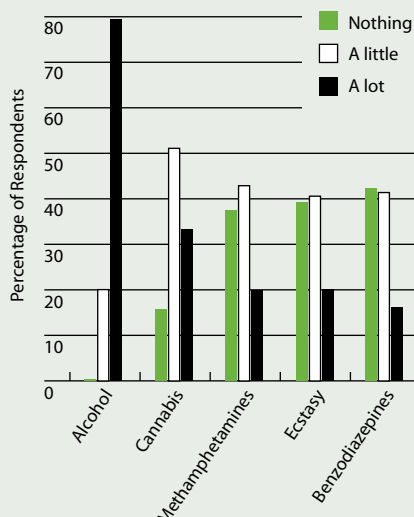
The general awareness of the dangers of drink driving shows countermeasures implemented over the past 25 years have significantly reduced the prevalence of drink driving in Australia - and the road trauma that subsequently results.

Dr Mallick said the research revealed that when it comes to drugs other than alcohol and driving, there is a clear need to provide widespread, targeted education and information to drug-using groups. "Information and education initiatives need to focus on the impairment to driving ability for all forms of drug use, including illicit and pharmaceutical drugs and we must not forget alcohol," she said. "It is important that consistent messages are provided through targeted initiatives - as well as the media - and that we don't get side-tracked into focusing on illicit drug use. We must remember our concern here is road safety and the reduction of road trauma, and our focus needs to be on preventing drug-impaired driving."

Perceptions of driving ability after using drugs



Levels of knowledge of the effect drugs have on driving ability





To test or not to test

Random Breath Testing (RBT) is one of Australia's most significant countermeasures against drink driving.

First implemented more than 25 years ago, along with information and education campaigns, it has been an effective tool for reducing drink driving and has decreased road trauma and the road toll by reducing the number of alcohol-impaired drivers on the road.

"The only way you ever get any sort of real impact on driving and road safety is random testing," one expert said. "The risk of being caught is the biggest factor that will influence driving behaviour. We've seen that in Australia through the research on RBT."

Most of the drivers surveyed agreed that RBT acted as a significant deterrent to drink driving, with nearly two-thirds (65.8 per cent) having been breathalysed in the past year. The majority (84.4 per cent) thought it likely they would be breathalysed at least once in the coming year.

Since December 2004, Victorian police have been conducting Random Drug Testing (RDT). It has subsequently been introduced in Tasmania (July 2005), South Australia (July 2006) and NSW (September 2006). There are plans for

testing to start in Queensland in 2008, and RDT has also been recommended in the Northern Territory.

Responses to the survey showed RDT, and the risk of being caught by police, were a significant deterrent to drug-driving and that 38.5 per cent of cannabis users, 45.4 per cent of methamphetamine users and 41.5 per cent of ecstasy users chose not to drive because they were worried about getting caught by the police. However, most drug takers surveyed who chose not to drive after taking drugs did so because of the effect it would have on their driving.

While only a small number of respondents (3.1 per cent) had actually experienced RDT in the past year, many more (42 per cent) considered it likely that they would be tested in the coming year. This may reflect the increasing levels of publicity around the implementation of RDT and the change from targeted to more wide-spread testing.

While roadside testing for illicit drugs is now being widely implemented around Australia, the ADF research concludes that it is paramount there be independent evaluations conducted to ascertain the value of such initiatives.

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Glossary of drugs linked to road trauma

This glossary lists the common names and effects of the drugs most frequently linked to road trauma. Other drugs, including cocaine and opiates also impair driving. For more information, go to www.druginfo.adf.org.au.

It is important to note that the extent of impairment associated with different drugs is dependent on the dosage level as well a range of factors including tolerance and existing medical conditions.

SUBSTANCE	COMMON NAMES	EFFECT ON DRIVING
Alcohol	Booze, grog, bevy	<ul style="list-style-type: none"> decreased driver concentration, vigilance and vision slower reaction times drivers ignore road rules difficulty keeping a vehicle within lane limits and in the correct direction difficulty interpreting complex sensory information
Cannabis	Grass, pot, hash, weed, reefer, dope, herb, mull, buddha, ganja, joint, stick, buckets, cones, skunk, hydro, yarndi, smoke, hooch	<ul style="list-style-type: none"> lack of coordination slower reaction times slower information processing
Methamphetamine	Speed, fast, uppers, up, louee, goey, whiz, pep pills	<ul style="list-style-type: none"> increased risk-taking tendency to fidget aggression
	Crystal methamphetamine: ice, shabu, crystal meth, glass	<ul style="list-style-type: none"> disorientation and attention difficulties lack of coordination
MDMA – methylenedioxy-methamphetamine	Ecstasy, E, XTC, eccy, the love drug, pills, heart, disco biscuits	<ul style="list-style-type: none"> reduced ability to control a vehicle reduced ability to judge risky behaviour
Benzodiazepines	Benzos, tranx, sleepers, downers, pills, serras, moggies, normies <i>Drug name: Brand names:</i> diazepam – Valium, Ducene temazepam – Euhypnos, Normison, Temaze flunitrazepam – Rohypnol oxazepam – Serepax, Murelax, Alepam, nitrazepam – Mogadon, Alodorm	<ul style="list-style-type: none"> drowsiness and fatigue blurred vision lack of muscular coordination slower reaction time slower information processing and visual acuity

About the survey

Although anonymous, the survey contained demographic information about its respondents, including their educational levels and employment status. Respondents were also asked about their driver's license status and

whether or not they had driven a vehicle in the previous year.

Consistent with the aims of the study, the survey examined respondents' drug-taking and drug-driving behaviour, their knowledge of

driving under the influence of drugs and also their perceptions of the risk of driving following drug use. They were also asked about their experiences of, and attitudes towards, random breath testing and random drug testing.

The *Drugs and Driving in Australia* research project has been made possible due to funding from leading national insurer AAMI. AAMI has a long history of commissioning independent research about a

range of road safety issues, including speeding, drink driving, fatigue, road rage, and young drivers. This is an important part of AAMI's approach to promoting road safety and is designed to inform and educate drivers

about unsafe driving attitudes and behaviours. AAMI's aim is to support the implementation of research that can be used by governments and regulators when developing effective road safety policies and strategies.