Drug Driving in New Zealand: A survey of community attitudes, experience and understanding

Executive Summary

Background

New Zealand has a history of effective initiatives around many road safety concerns such as seat belt use, speeding, and drink driving. However, driving under the influence of drugs other than alcohol has gone largely unmonitored and unenforced. The introduction of new drug driving enforcement legislation for New Zealand inspired the Drug Foundation to investigate the drug driving issue in an effort to fill a gap in New Zealand drug driving research. The research was funded by the Ministry of Health's National Drug Policy Discretionary Grant Fund.

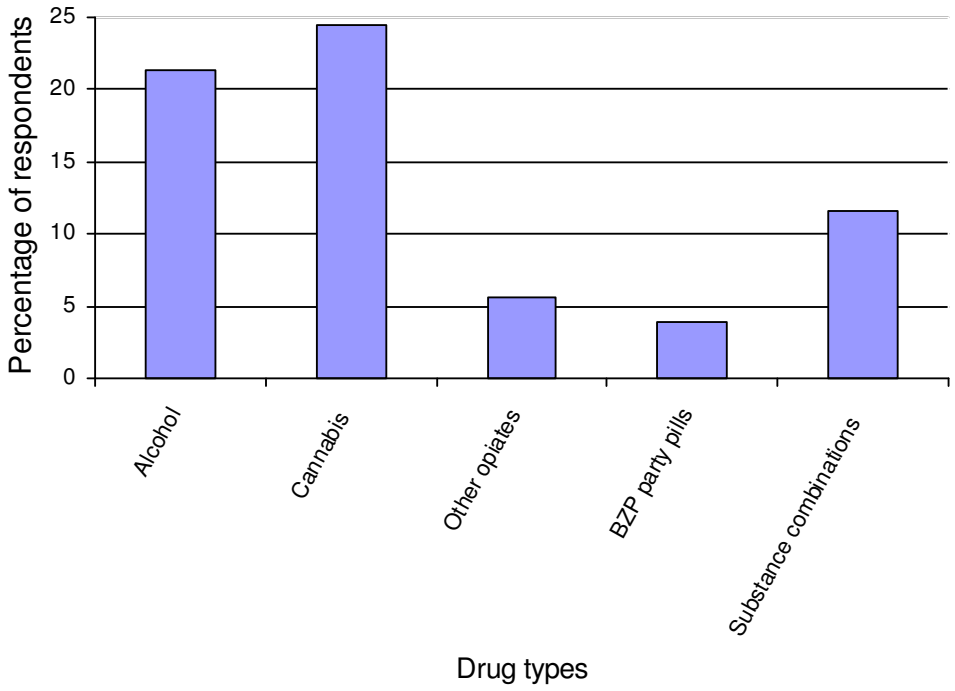
Little is known about the prevalence of drug driving in New Zealand, and even less is known about New Zealanders attitudes and knowledge around driving under the influence of drugs other than alcohol. Therefore the aims of the current research were to assess New Zealanders' knowledge, attitudes and behaviours around driving under the influence of psychoactive substances, including illicit drugs, prescription medicines, and alcohol, for both users and non-users, and drug drivers and non-drug drivers. For the purpose of this research, the term drug driving will refer to driving under the influence of any impairing substance, including alcohol, unless otherwise specified.

The research involved a review of literature around drugs and driving, in-depth interviews with 12 key experts from around New Zealand with knowledge and experience from drug and alcohol and/or road safety sectors, and an internet survey of 1164 New Zealanders. Each of these phases of the research focused on issues around prevalence of drug driving; driver impairment associated with drug use, attitudes and perceptions towards drug driving, and ways to reduce driving under the influence of drugs.

Key findings

One of the aims of the research was to gain some indication of the prevalence of drug driving in New Zealand. Internet respondents who had used substances were asked whether they had driven within three hours of using drugs in previous 12 months, or for alcohol, whether they had driven while they felt they were over the legal limit allowed for driving. Figure ES1 shows the percentage of respondents who reported driving under the influence in the previous 12 months for the 5 most commonly driven on substances. Driving under the influence of cannabis was the most common drug driving behaviour (24.5%) for internet respondents. However, people who use drugs were over represented in the sample compared to estimates of rates of drug use in New Zealand's general population, suggesting these finding might be an over estimate of drug driving in the driver population. **Therefore, rates of driving under the influence from the internet survey should not be interpreted as reflecting the prevalence of drug driving in the general population of New Zealand drivers.**

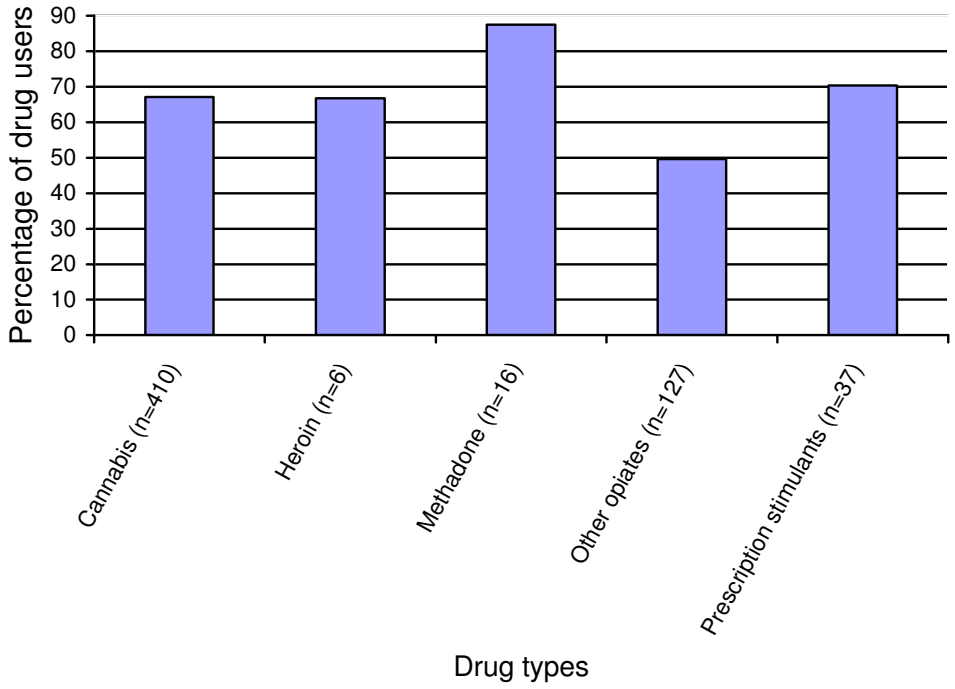
Figure ES1: Drug driving behaviour reported by internet respondents for five most commonly driven on substances (n=1124).



*Global margin of error at 95% confidence interval is 2.9%

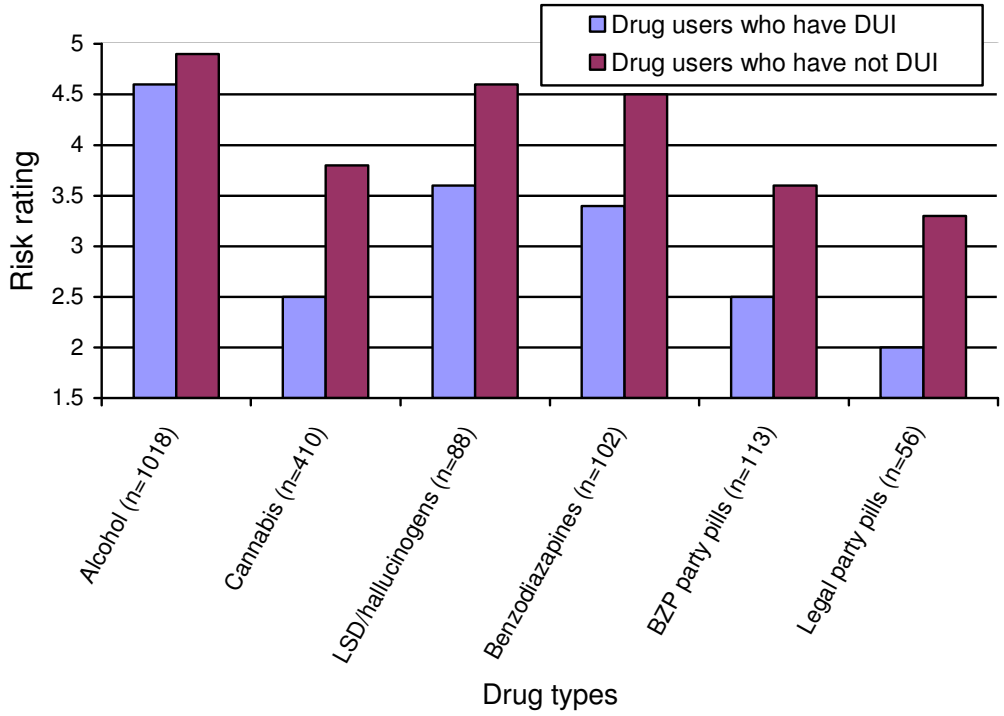
It was of further interest to examine rates of drug driving within drug user groups. Figure ES2 shows what percentage of people who use drugs had driven under the influence of drugs in the previous 12 months for the five most commonly driven on substances. Methadone was the most commonly driven on substance (87.5%). However small numbers of users for heroin and methadone mean these finding should be interpreted with caution. There are also issues around tolerance of impairing effects for opiate drugs like heroin, methadone and other opiates, as well as prescription stimulants. High rates of driving after use of these drugs might reflect levels of tolerance for some users of these drugs, and impairment cannot be assumed.

Figure ES2: Percentage of users of each substance who reported drug driving in the previous 12 months for the five most commonly driven on substances.



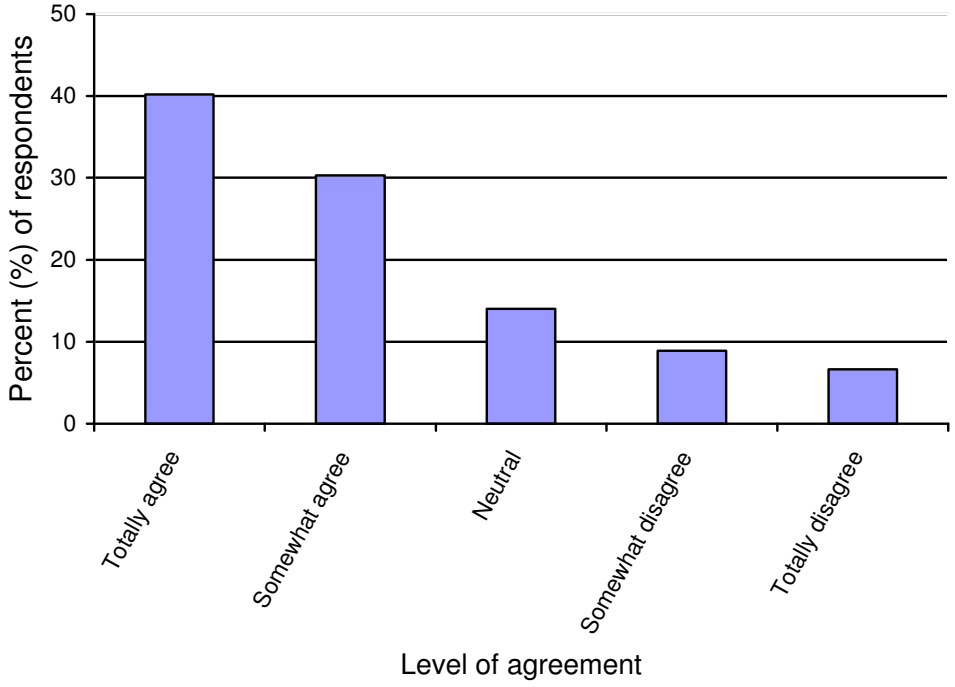
Previous research has suggested that people who use drugs perceive less risk around driving under the influence of drugs than drivers who do not use drugs. As drug driving was the risky behaviour being examined, not drug use, the current study asked people who use drugs how they rated the risks of driving under the influence of drugs. They were asked to rate drug driving risk on a five-point scale from 'safe' (one) to 'dangerous' (five). Figure ES3 shows the differences in risk ratings for people who use drugs who have and have not driven under the influence in the previous 12 months. This graph only depicts ratings for substances for which the difference between the two groups was significant to .001. Despite both groups having experienced the impairing effects of the drugs, drug drivers perceive less risk for driving under the influence than drug users who have not driven under the influence for the previous 12 months.

Figure ES3: Mean risk ratings for drug users who have and have not driven under the influence in the previous 12 months where the difference between groups is significant to .001.



As the new drug driving legislation focused heavily on enforcement by way of roadside testing, it was of interest to ask respondents what they thought about roadside testing for drug impairment. Internet respondents were asked their level of agreement with the statement that "Random roadside drug testing would improve road safety in New Zealand". Figure ES4 presents the proportions of respondents who agreed and disagreed with the idea of roadside testing for drug impairment. The majority of respondents 'totally agreed' (40.2%) or 'somewhat agreed' (30.3%) that roadside drug testing would improved road safety.

Figure ES4: Level of agreement with the statement that "Random roadside drug testing would improve road safety in New Zealand"



*Global margin of error at 95% confidence interval is 2.9%

Summary of findings, implications and conclusions

Prevalence

1. The substance most commonly driven under the influence of is cannabis with 24.5 percent of respondents reporting driving under the influence in the previous 12 months (margin of error 2.9%). This should not be interpreted as reflecting the prevalence of drug driving in the general population of New Zealand drivers. Cannabis use is also prevalent in the general population indicating that cannabis driving should be a priority area for both enforcement and public education, as well as treatment initiatives.

2. Driving under the influence of alcohol and other drug combinations was also relatively common and is high risk behaviour due to increased impairment. This should also be a priority area for enforcement and public education initiatives.

3. Drug driving was relatively prevalent among people who use drugs in the sample, indicating drug driving is likely to be a road safety issue in New Zealand. Prevention initiatives to reduce drug driving appear to be justified and necessary.

4. Drug drivers tended to be characteristically different from people who use drugs that did not drive under the influence, especially in terms of how they perceived the risks of driving under the influence.

5. More research is required to gain an accurate assessment of drug driving prevalence in New Zealand. General driver population data from random roadside testing, crash injury data and fatality data from New Zealand research will provide a more complete picture of drug driving prevalence in New Zealand.

Impairment

1. International research has demonstrated that drugs cause driving impairment and that driving while under the influence of drugs is a threat to road safety.

2. Drug drivers' perceptions the last time they drove under the influence were generally of minimal impairment, but varied depending on the substance used.

3. Awareness of drug driving impairment for those engaged in the behaviour is low. This presents a challenge for drug driving education campaigns, as messages that are not consistent with the target audience's experiences have the potential to be dismissed by them as incorrect.

4. Further research into the experiences of drug drivers and the reasons for their perceptions of impairment could provide valuable information for use in the development of education campaigns that could be more likely to be accepted by the target audience.

Risk perception, knowledge and understanding of drug driving

1. Attitudes toward drug driving appear to predict drug driving behaviour. Understanding the differences in perceptions of risk for people who use drugs who do and do not drive under the influence could be key to the development of messages for prevention campaigns. Further research should investigate why some people who use drugs choose to drive under the influence while others do not.

2. All drugs were perceived to be dangerous when driving under the influence, though some were perceived to be safer than others.

3. There was a general lack of knowledge around the effects of drugs on driving.

4. Driving under the influence of cannabis is again highlighted as a potential priority for prevention initiatives. While the literature shows that cannabis is an impairing substance, internet respondents perceived it to be the least dangerous drug for

driving under the influence. They also reported being knowledgeable about cannabis relative to other drugs. This indicates a level of misinformation around cannabis and driving which should be targeted as a priority in any future countermeasures.

Countermeasures

1. According to the research literature the most effective drug driving prevention initiatives include both enforcement and public education aspects. Drug driving prevention initiatives should focus on increasing both the perceived and actual risks of apprehension for drug drivers. There may be a sub-group of drug drivers who would decide not to drive under the influence if they felt the risks of apprehension were higher.

2. There is a dearth of evidence around the efficacy or the standard field sobriety test (SFST) or Compulsory Impairment Test (CIT) in relation to drug impairment. Further research on the SFST or CIT for drugs other than alcohol is essential. In New Zealand, however, the requirement for an officer to first have good cause to suspect the driver has consumed a drug or drugs before s/he can require the driver to undergo a CIT and follow-up blood test, will ensure no one is charged with drug driving on the basis of an impairment test alone. Assessment of the proposed new enforcement programme should evaluate its ongoing effectiveness in detecting drug drivers.

3. Road side testing is perceived by respondents to be an effective method of improving road safety.

4. Internet respondents' had a preference for impersonal sources of drug driving information, likely due to the illegal nature of many drugs. Public education campaigns should focus on these impersonal media so that drivers can access drug driving information anonymously.

5. If internet respondents' support for roadside testing is reflected in the general community then the introduction of roadside testing for drug impairment should be acceptable to the public of New Zealand. Ongoing support for the testing programme will depend on the efficacy of the testing process.