TACKLING DRUG DRIVING: THE VICTORIAN APPROACH

Boorman M C
Victoria Police, Traffic Drug and Alcohol Section
20 Dawson Street, Brunswick, 3056

INTRODUCTION

The increased involvement of drugs other than alcohol in road trauma in Victoria has led to the introduction of legislative frameworks to regulate drug use and driving. In December 2000 legislation came into force setting out a procedure to test suspected drug *impaired* drivers and introducing a new offence of *driving while impaired by a drug*. In December 2004, legislation came into force prohibiting the *presence* of illicit drugs in a person when driving. This legislation authorises police to randomly test drivers, at the roadside, for the presence of illicit drugs. Since the introduction of random drug testing there has been a continual expansion of the program. In July 2009, the routine screening of the blood samples taken at hospitals from collision victims for the presence of illicit drugs was implemented as an additional mechanism to tackle drug driving in Victoria.

The Victorian legislative frameworks aimed at tackling drug driving by the testing of drivers for drug *impairment* and the *presence* of illicit drugs, including the implementation of the routine screening of blood samples taken at hospitals from collision victims for the presence of illicit drugs, are examined. The application of these frameworks is also examined in the context of the psychological theory of deterrence.

METHOD

The Victorian drug testing frameworks are examined by analysis of the data collected by police from drivers tested for drug *impairment* over the years 2000 to 2005 and from drivers randomly tested for the *presence of* illicit drugs over the years 2004 to 2006. The number of drivers tested, the drug test results of apprehended drivers and the prosecution outcomes for these drivers, together with the drug classes found in drug positive driver samples, are examined. The gender, age, employment status, driver licence status and history of offending of the drivers apprehended under each of the testing frameworks are examined and compared. The results are also examined against the level of drug involvement in drivers killed on Victorian roads over the years 2000 to 2008. An initial examination of the screening of blood samples taken at hospitals from collision victims for the presence of illicit drugs is conducted by analysis of the data collected by police and the drug analysis of the blood samples obtained from injured drivers for the period July to September 2009.

RESULTS AND DISCUSSION

Analysis of the data collected from drivers tested for drug *impairment* over the years 2000 to 2005 and from drivers randomly tested for the *presence* of illicit drugs over the years 2004 to 2006 suggests that *impairment* testing of drivers is more likely to capture drivers who

are high dose poly drug users, who are unemployed, do not hold a valid driver licence and have a history of offending behaviour. By comparison, random drug testing of drivers for the *presence* of illicit drugs is more likely to capture drivers that have recently used illicit drugs (THC, methamphetamine and/or MDMA), who are employed, hold a valid driver licence and do not have a history of offending behaviour. The data analysis also suggests that impairment testing operates specifically to detect and sanction severely drug impaired drivers, whereas, random drug testing primarily operates to detect drivers who have recently consumed drugs and to deter drivers from drug driving.

The data analysis suggests there are three distinct categories of drug using drivers: drivers that use drugs and drive in connection with social activity; drivers that use drugs and drive in connection with occupational activity; and drivers that use drugs and drive in connection with substance abuse activity. The identification of the different drug driver cohorts would seem to indicate that a 'one size fits all' approach to the issue of drugs and driving may not be the most effective way to address the issue. Different strategies and interventions aimed at the specific driver cohorts may be more effective.

An analysis of the initial data relating to screening of blood samples taken at hospitals from collision victims for the presence of illicit drugs suggests a significant proportion of the injured drivers have an illicit drug present. The data also suggests a significant proportion of the drivers injured in collisions that have illicit drugs present have also consumed alcohol. Further research in this area will provide useful information to gain a greater understanding of the relationship between drug driving and road trauma.

CONCLUSIONS

The data examined in this study suggests that the approach taken in Victoria to tackle drug driving is a practical, effective and valid means for police to detect and remove drug drivers from the road. Moreover, the data tends to support the proposition that the Victorian approach is operating to deter drug driving and, as a consequence, reduce the incidence of drugs in road trauma.

AKNOWLEDGEMENT