

Drug affected driving new advertising campaign (Aug 13)

Everybody has confirmed that drug driving is a problem – what are you doing about this?

The NZ Transport Agency has developed a long-term behavioural change programme that aims to reduce the harm caused by drugged drivers.

Why are you running this campaign?

Driving under the influence of drugs is common and widespread.

Conversations generated from stage one of the campaign showed that the main drug people admit to using and then driving under the influence of is cannabis. Results from our national poll showed that 56% of respondents thought drug driving was a problem and 32% believed it was safe to use cannabis and then drive.

This campaign aims to raise awareness about the issue of drug affected driving and get people to question just how safe it really is to drive under the influence of drugs (both legal and illegal).

Results of a study (carried out by the Institute of Environmental Science and Research Ltd over 2004-2009) of the blood of deceased drivers show a number of trends that are of concern to road safety:

- 48 percent of drivers had used alcohol and/or drugs
- 30 percent of drivers had used cannabis with or without alcohol or other drugs
- 18 percent of drivers used alcohol with another drug(s)
- 14 percent had used drugs other than alcohol or cannabis.

Is there a risk that people could interpret this as condoning illegal drug use?

We don't condone the use of illegal drugs. We just want people to recognise the potential danger of driving under the influence of drugs. There's always an element of risk with any advertising campaign that the message may be misinterpreted. To prevent this, all of our advertising campaigns are highly researched from concept stage through to end product with the relevant target audience to ensure that the correct message is being taken out.

How will you measure whether the campaign is successful?

All campaigns under the umbrella of the national road safety and advertising enforcement campaign are highly researched with the relevant target audience. Testing takes place from the initial concept stage through to the end product to ensure the correct message is being taken out. This new drug driving campaign is no different. Each aspect of this campaign will be closely monitored to gauge public reactions and news media interest.

Ongoing monitoring is critical in assisting us with the next stage of the drug-driving programme. The overall campaign will be tracked through our usual advertising monitoring. And the success of the campaign will be measured by changes in the attitudes and behaviours of the people we're targeting over the long term.

How many crashes involve drugged drivers each year in NZ?

Driving after drug use is not uncommon but information from NZ road crash data is limited.

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Why haven't you done this sooner if it's been such a problem?

Prior to 2010, the key priorities of the national NZ advertising and enforcement campaign were based on the *Road safety strategy to 2010*. Drug driving wasn't identified as a key priority at that time. Our current advertising campaigns are based on specific high and medium priorities identified in *Safer Journeys – the New Zealand road safety strategy to 2020*, which was released in 2010. Reducing alcohol and drug impaired driving is a high priority in *Safer Journeys*.

The following information was taken from the [New Zealand Drug Foundation](#) website:

Is drug driving really a problem in New Zealand?

New Zealand research found that people who drive under the influence of drugs here think it's a relatively safe thing to do as well:

- Over half of all party drug users think being high makes no difference to their driving ability
- 58% of cannabis drivers think being stoned makes no difference to their driving ability

The facts say differently

Nearly half of drivers killed on New Zealand roads had alcohol, other drugs, or both in their systems when they crashed. One in five of these drivers had used cannabis, over a quarter had used a combination of alcohol and cannabis, and another quarter had some other combination of drugs in their systems.

Three-quarters of cannabis drivers who died caused the crash that killed them, and when alcohol and cannabis were mixed together nine out of ten dead drivers were responsible for the crash that killed them.

In brief

- 500 out of 1046 deceased drivers had a potentially impairing substance in their systems at the time they crashed; 135 had used alcohol alone (27 percent of possibly impaired drivers)
- 96 had used cannabis alone (19 percent of possibly impaired drivers)
- 142 had used a combination of cannabis and alcohol but no other drugs (28 percent of possibly impaired drivers)
- 127 had used some other combination of drugs, some including alcohol and/or cannabis (25 per cent of possibly impaired drivers)
- Only 29 of the 500 drivers (6 percent) who had used a drug had not used either cannabis or alcohol
- 240 of the 500 possibly impaired drivers (48 percent) had used more than one potentially impairing drug
- Two thirds of cannabis users, nearly half of methamphetamine users, and a quarter of ecstasy users report driving under the influence.

But I drive better when I'm stoned, I'm slower, and that's safer

We often hear the argument that cannabis makes you a more cautious driver, and that a reduction in speed is all that is required to compensate for cannabis impairment. The truth is your reaction time has slowed down even more than your driving speed, and your attempts to compensate for your impairment won't be enough to keep you safe. Car crashes happen very

suddenly and unexpectedly. A slowed reaction time means you are much less likely to see a crash coming in time to avoid it.

Another common argument is that cannabis is less dangerous and causes fewer crashes than other substances or driver related factors, and that we should deal with those other road safety issues before we start targeting cannabis and driving. The reality is however, that while cannabis impaired driving is responsible for less carnage on the roads than alcohol, it still poses considerable risk to driver safety, and deserves attention.

Some facts

Cannabis impaired drivers are more likely to cause car crashes than people who aren't stoned, and the more they've smoked the worse the story gets. Cannabis can make you feel like you're in control of the way it's affecting you, but this feeling of caution wears off well before the effects of cannabis on your driving.

- Recent studies show drivers with cannabis (and no other substances) in their systems were almost twice as likely to be blamed for their fatal car crash than unimpaired drivers.
- When researchers analysed the data from nine different studies across six countries, they found that drivers under the influence of cannabis were 2.7 times more likely to be involved in a car crash.
- Cannabis is the most commonly detected substance in crash involved drivers after alcohol.

But the statistics are flawed right? You can detect cannabis in the blood days and weeks after smoking it, so how can you be sure these drivers were actually stoned when they crashed?

Indeed, early research examining the relationship between cannabis use and being at fault in a car crash found little or no increased risk. This is because early researchers often tested drivers for any trace of THC, including inactive metabolites that only indicate past use of cannabis, but not impairment. This resulted in 'watered down' crash statistics for cannabis users, as many unimpaired drivers were included as 'cannabis impaired' drivers in drug driving research statistics.

More recent research, however, tests for active THC in the blood, which indicates use a few hours before the crash only. Statistics from these studies (like the ones quoted above) show that cannabis impairment nearly doubles driver crash risk even when alcohol is not a factor.

But you never hear about stoned drivers causing big car crashes and killing people, it can't be that big a problem?

There is an accumulation of evidence now that demonstrates cannabis impaired driving is a problem. And fatal crash statistics are not the only

measure we should rely on to judge whether a substance is safe to drive on or not. Studies using driving simulators or controlled road driving tests show cannabis impaired drivers tend to weave across their lane, drive more slowly, have increased reaction times and crash into things.

And you stop feeling stoned long before the impairment wears off – there is a period of time when you no longer feel stoned and you stop compensating, but your driving ability remains impaired.

The following information was taken from the [Ministry of Transport website](#):

What is the Land Transport Act offence for drug impaired drivers?

It is an offence to drive while impaired and with evidence in the bloodstream of a qualifying drug. The presence of a qualifying drug alone is not sufficient for an offence; there must first be impairment as demonstrated by unsatisfactory performance of the compulsory impairment test.

This law complements drivers' duty to be mentally and physically fit when they drive a motor vehicle on public roads - this includes not being impaired by alcohol or drugs.

There is also an offence of driving or attempting to drive while under the influence of drink or drugs to the extent of being incapable of proper control of a motor vehicle. Police have the option of charging the person with this offence, if there is sufficient supporting evidence.

What substances are looked for in the blood test?

Police can test for the presence of qualifying drugs if a driver fails a compulsory impairment test.

Qualifying drugs include controlled drugs that are set out in the following specified schedules in the [Misuse of Drugs Act 1975](#):

- Schedule 1
- Schedule 2
- Parts 1, 4, and 7 of Schedule 3.

Parliament agreed that the law should also cover the family of drugs known as benzodiazepines (anti-anxiety, tranquilliser medication). These comprise the following drugs:

Alaprozalam	Delorazepam	Ketazolam	Oxazepam
Bromazepam	Diazepam	Loprazolam	Oxazolam
Brotizolam	Estazolam	Lorazepam	Pinazepam
Camazepam	Ethyl loflazepate	Lormetazepam	Prazepam
Chlordiazepoxide	Fludiazepam	Medazepam	Temazepam
Clobazam	Flunitrazepam	Midazolam	Tetraazepam

Alaprozolam	Delorazepam	Ketazolam	Oxazepam
Clonazepam	Flurazepam	Nimetazepam	Triazolam
Clotiazepam	Halazepam	Nitrazepam	
Cloxazolam	Haloxazolam	Nordazepam	

Also included are —

- (i) any controlled drug analogue (within the meaning of controlled drug analogue in section 2(1) of the Misuse of Drugs Act 1975); and
- (ii) any prescription medicine; but excluded is any substance, preparation, mixture, or article if it is excluded by regulations made under the Land Transport Act.

A full list of prescription medicines that are included can be found in the [Medicines Regulations 1984](#).

In analysing the results of the blood test, Police target the substances which pose the highest risk for road users and which are the most likely to be used by New Zealand drivers. Drugs targeted are likely to include opiates, amphetamines, cannabis, sedatives, antidepressants and methadone. The list will be reviewed from time to time in the light of research and changes in New Zealanders' drug taking habits.

It is important to note that the law provides a defence for a person who can prove that they were using the qualifying drug in accordance with a current prescription and instructions from the manufacturer, the doctor who prescribed it or the pharmacist who dispensed it.

How is this enforced?

Where a Police officer has 'good cause to suspect' that a driver has consumed a drug or drugs, the officer may require the driver to take a compulsory impairment test.

Grounds for having good cause to suspect include erratic driving or, if the driver has been stopped for another reason, appearing to be under the influence of drugs. An example of the latter is the person stopped at an alcohol checkpoint that is behaving in an intoxicated manner but passes a breath alcohol test.

If the driver does not satisfactorily complete the compulsory impairment test, the Police officer may forbid the driver to drive, and require the driver to provide a blood sample.

Forbidding the person to drive deals with the immediate road safety risk represented by the impaired driver. Drivers who give an unsatisfactory performance on the impairment test can be forbidden to drive for 12 hours (the period of prohibition applied to a driver who is over the legal adult breath alcohol limit) but this may vary depending on the discretion on the Police officer.

The procedure for taking a blood sample is the same as for drink drivers who opt for a blood test. When the blood test results are known, Police make a decision whether or not to charge the driver.

What is the compulsory impairment test?

The compulsory test includes:

- an eye assessment – pupil size, reaction to light, lack of convergence, nystagmus (ie abnormal eye movement - irregular eye movement can be a marker for drug impairment)
- a walk and turn assessment
- a one-leg stand assessment.

It is based on a test used in the UK and adapted for the New Zealand Police by experts from Swinburne University of Technology, Melbourne. Details of the test are published in the [New Zealand Government Gazette](#).

Why is prescription medicines included in the offence?

The law treats controlled drugs and prescription medicines even-handedly because both can impair a person's ability to drive safely. This law is concerned with road safety risk, not with the use of drugs per se.

The law provides a defence for a person who can prove that they were using the qualifying drug in accordance with a current prescription and instructions from the manufacturer, the doctor who prescribed it or the pharmacist who dispensed it.

Does this law oblige doctors and pharmacists to warn their patients?

The law does not impose any additional obligations on doctors or pharmacists. Naturally, doctors and pharmacists will continue to provide advice to their patients on the possible side effects of drugs or prescription medicines (including any potential adverse impacts on driving) in accordance with accepted standards of clinical practice.

What happens if the driver is injured?

If the driver is injured or incapacitated to the extent that he or she cannot undertake the compulsory impairment test, he or she cannot be required to

undertake it. Under the Land Transport Act 1998, Police can require a person in hospital or a doctor's surgery as a result of being injured in a motor vehicle accident to provide a blood sample for the purpose of testing whether Class A controlled drugs are present.

This is consistent with the law for drink driving where Police may require a person in hospital or a doctor's surgery as a result of being injured in a motor vehicle accident to provide a blood sample to determine whether or not the person is over the blood alcohol limit.

What is the penalty for drug impaired driving?

The penalties for drug impaired driving are aligned with the penalties for drink driving offences. The table below gives examples of the penalties.

Nature of Offence		Penalties
No Injuries	Drug Impaired - First or second offence	<ul style="list-style-type: none"> • Up to 3 months in prison or a fine of up to \$4,500; and • disqualified from holding or obtaining a driver licence for at least 6 months.
	Drug Impaired - Third or subsequent offence	<ul style="list-style-type: none"> • Up to 2 years in prison or a fine of up to \$6,000; and • disqualified from holding or obtaining a driver licence for more than 1 year.
Causing injury or death	Drug impaired driving causing injury	<ul style="list-style-type: none"> • Up to 5 years in prison or a fine of up to \$20,000; and • disqualified from holding or obtaining a driver licence for 1 year or more.
	Drug impaired driving causing death	<ul style="list-style-type: none"> • Up to 10 years in prison or a fine of up to \$20,000; and • disqualified from holding or obtaining a driver licence for 1 year or more.

In situations where impairment cannot be proved, but there is evidence of drugs in the bloodstream other penalties can apply.

Why doesn't the law state a maximum legal level of drug such as exists for alcohol?

It is not necessary to specify a maximum legal driving limit for drugs: the driver will be shown to be impaired or not impaired by the outcome of the impairment test.

Setting a maximum legal limit for drivers using a controlled drug would be at odds with the Misuse of Drugs Act 1975 which states that the use of certain controlled drugs (eg cannabis and methamphetamine) is illegal at any level.

What is random roadside testing?

Under a random roadside drug testing regime, the police officer would be able to stop and drug test any driver who is driving a motor vehicle on a public road without first needing to form good cause to suspect that the driver had used a drug or drugs.

To operate a fair and efficient random roadside testing regime the police need a reliable and quick screening device that can detect the drugs that drivers are most likely to use. This is because the screening device is used to determine who to let go and who to detain for further testing for a prosecution.

Why aren't we doing saliva testing as in some Australian states?

The drug driving provisions in the Land Transport Act 1998 are concerned with impairment and a saliva test cannot show impairment, only the presence of a drug. Also, the saliva test technology is not yet reliable enough for use in criminal prosecutions.

A government review of the current drug testing regime was [announced by Associate Transport Minister Simon Bridges](#) in May 2012. The review concluded that New Zealand will not at this stage be adopting a random roadside drug-testing regime used in Australia, as the devices used are not considered reliable or fast enough yet to be effective.

These saliva screening devices can only detect three drugs – cannabis, methamphetamine and Ecstasy. And for cannabis, the devices are unlikely to detect half of the users. Studies in Europe have also yet to find a reliable device for roadside screening.

The saliva screening test also takes at least five minutes and the Minister decided that, in terms of New Zealand's Bill of Rights, it would be unreasonable to detain drivers for this length of time at the roadside for a random test, when they are not yet suspected of having committed an offence. In comparison, breath testing for alcohol takes only a few seconds.

One of the actions in Safer Journeys, the government's road safety strategy to 2020 is to conduct further research into the extent and scope of drug impaired driving in New Zealand to inform the development of future roadside enforcement approaches. When technology that does meet New Zealand's requirements is available we can consider its introduction.

Why doesn't drink drive testing use an impairment test?

An impairment test was used for drink driving before the breathalyser was developed. A breathalyser test is as reliable as the impairment test and can be undertaken in a fraction of the time.

What were the outcomes of the government review of the current drug testing regime, announced in May 2012?

A two-year review was requested by the New Zealand Government when the new regime came into effect on 1 November 2009.

The regime is based on the principle that drug-driving should be treated as a road safety issue and that those convicted should be subject to the same range of penalties as drink-drivers. The testing process also needs to be fair and robust, and comply with the New Zealand Bill of Rights Act 1990.

The government decided that the current drug testing regime for drivers will not be changed, as there is good evidence that the current regime is working well.

Over 500 drivers have tested positive for at least one drug in the two years since the regime began. The overwhelming majority – 95 percent of those who were asked for a blood specimen – tested positive to drugs, indicating police are judging driver behaviour well and not over-referring drivers. As at 31 December 2011, 414 drivers had been charged.

The government's decision included not to adopt a random roadside drug-testing regime. (See question and answer above for more details.)

Are there other tests available apart from saliva test?

There are three types of test that are commonly used for drug testing: blood, urine and saliva. Only saliva testing would be practical for a roadside screening test.

While there have been attempts to develop other types of screening devices (e.g. to monitor eye movements and test for skin sweat) these are still at a very experimental stage. Ministry officials do not know of any jurisdiction using them in real-world situations by police for roadside enforcement purposes.

How will agencies get a better understanding of the drug driving problem in New Zealand?

Getting a better understanding of drug driving is not an easy task. There are periodic surveys undertaken by government agencies, and some non-government organisations, asking people to self-report on drug taking and driving after having used drugs. Given the illicit nature of some drugs, many people will be reluctant to be honest about their drug use.

Government agencies are working to improve data on drug driving and will continue to undertake research on this subject.