DRIVING AND CLUBBING IN SYDNEY: A STUDY OF DRUG USE AND RISK AMONG NIGHTCLUB ATTENDEES

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EXECUTIVE SUMMARY

'Ecstasy' (3,4-methylenedioxymethamphetamine or MDMA) was originally synthesised in 1914, but has recently gained popularity as a drug often associated with the nightclub and dance party scene. Research has shown that ecstasy and related drugs (ERD) are mostly taken in the dance/nightclub environment where the stimulant and hallucinogenic effects are best appreciated (Degenhardt, Barker & Topp, 2004, Dunn, Degenhardt & Stafford, 2006). The majority of these venues have limited opening hours and as some of the effects of ERD can last for a considerable amount of time it can be assumed that patrons may still be under the influence of drugs at closing time and as they head home.

There is limited literature on the effect of ERD on driving, with much more research required in order to increase understanding of the impairing effects of these drugs. Experimental studies of the acute effects of a single dose of MDMA on psychomotor performance and actual driving behaviour have suggested small improvements in certain aspects like tracking in compensatory tracking tasks, and weaving in an on-the-road driving task (Lamers et al., 2003; Ramaekers, Kuypers & Samyn, 2006). Other aspects like time to contact estimation, and speed adaptations in an on-the-road car following task, were seen to deteriorate. Similarly, experimental studies suggest that methamphetamine has the potential to increase risk-taking, and can result in inappropriate and dangerous driving behaviour, such as speeding and carelessness. There is also reasonable evidence to suggest that driving after using cannabis, a drug commonly used among night-club attendees, probably increases the risk of motor vehicle accidents (Hall, Degenhardt & Lynskey, 2001).

Both impaired driving and being a passenger of an impaired driver appear to be common occurrences among nightclub/dance party attendees. An Australian study of 216 ecstasy users found about half of the sample (49%) admitted to having driven a motor vehicle shortly after ecstasy use, and half of this subgroup (49%) believed that the drug had a detrimental influence on driving ability (Gascoigne, Copeland & Dillon, 2004). Likewise in a recent Victorian study of nightclub attendees around one in ten participants reported that on the night of interview they would either drive under the influence or be driven by so

meone under the influence of alcohol (10%), cannabis (11%), and/or methamphetamine (8%) (Degenhardt et al., 2006).

In an attempt to address concerns about the occurrence of illicit drug use among drivers, the New South Wales Government passed legislation in October 2006 that would allow the conduct of random roadside drug testing (RDT). This was to be completed by means of a saliva test, for three illicit drugs: THC (the main active ingredient of cannabis), methylamphetamine (a drug variously sold as 'speed' methamphetamine powder, 'base' methamphetamine, or 'crystal' methamphetamine), and methylenedioxymethamphetamine (MDMA or ecstasy). The *Road Transport Legislation Amendment (Drug Testing) Act 2006* commenced on 13 December 2006. While legislation allows for random testing, it is likely that New South Wales Police activity will be intelligence driven, targeting drug screening at locations where high-risk drivers are likely to present, in order to maximize the potential benefit and efficiency of the legislation.

In anticipation of the introduction of roadside saliva testing in NSW, this study was conducted in November 2006 to examine the prevalence of illicit drug use among nightclub attendees in Sydney, NSW; their transport methods; and their histories of drug use and driving. A subsidiary aim of this study was to establish a 'baseline' against which future studies might be able to compare drug use and driving behaviour after the introduction of testing.

In total, 419 persons were interviewed for the study. Three-quarters of the sample were male (75%) and they were, on average, 23.5 years old. Most were single (79%), with 17% reporting that they were currently married or in a defacto relationship. Three in four of the sample (74%) reported that they had completed high school. Drug use was common among this sample. The most commonly reported drugs used on the last clubbing occasion were alcohol (71%), ecstasy (47%), methamphetamine powder (24%), and cannabis (15%). Participants reported a variety of means of transport to the venue on the last clubbing occasion. Participants most commonly reported driving themselves (28%), getting a lift with someone (22%), or using public transport (17%) to get to the venue. Similarly the most common means of getting home on the last clubbing occasion were driving themselves (27%),

being driven by someone else (21%) or taking a taxi (24%). The level of taxi usage is quite high, and is probably indicative of inner city users with short distances to travel for whom taxis use is appropriate and affordable.

Notable proportions reported having driven under the influence of ecstasy (15%), methamphetamine powder (9%), alcohol (9%) or cannabis (5%) on their last clubbing occasion. Similarly, many reported having been a passenger of someone under the influence of ecstasy (22%), alcohol (15%), methamphetamine powder (14%) or cannabis (12%) on that occasion.

Eighty-five percent of participants reported that they had heard of roadside drug testing. Large proportions of participants correctly thought that the test would detect the use of ecstasy (86%), methamphetamine powder (78%), crystal methamphetamine (62%) and cannabis (78%). There was some error, however, in the drugs that participants thought could be detected by the test, with around two in five thinking that the test could detect heroin (40%) and three in five believing it could detect cocaine (61%).

All participants were asked if roadside drug testing would change their clubbing and driving behaviour. Over a third of the sample indicated that it would change their behaviour: 8% reported that they wouldn't use drugs if planning to drive, 6% reported that they would wait 2–3 hours before driving after taking drugs and 18% reported that they would not drive if they were clubbing. Of the 18% who would not drive if taking drugs, 46% reported they would catch a taxi, 39% reported that they would catch public transport and 14% would get someone else to drive them. Importantly, 46% of those with a drug driving history reported that the test would change their clubbing behaviour, highlighting the potential of RDT to be an effective prevention strategy with favourable public health implications.

The NSW Government supports a 'harm minimisation' approach to drug use. This legislation is designed to focus on road safety and prevention, rather than drug detection, aiming to deter NSW drivers who have recently used cannabis, methamphetamine and MDMA from driving a vehicle, based on the possibility of getting caught. The legi

slation regarding RDT states that the Police have the power to require a person to undergo one or more oral fluid tests for prescribed illicit drugs if the officer believes the person:

a) is or was driving a motor vehicle on a road or road related area, or
b) is or was occupying the driving seat of a motor vehicle on a road or road related area and attempting to put the vehicle in motion, or
c) being the holder of a driver licence, is or was occupying the seat in a motor vehicle next to a holder of a learner licence while the holder of the learner licence is or was driving the vehicle on a road or road related area.

The findings of the current study suggest that the introduction of roadside drug testing in NSW may have positive impacts upon drug use and driving risk behaviours among a sample of young persons attending nightclubs. It will be of interest to examine whether the intentions of such persons to change their behaviours are borne out following the introduction of RDT.

The success and continued impact of the operation amongst young clubbers will be dependent on ensuring that testing is just part of an overall education program. Targeted information outlining not only what is known about the effects of drugs on driving behaviour, but also how long drugs can be detected in the system, may add to the deterrent effect of roadside testing. Information provision and increasing the transport options for young people are likely to play an important part in reducing the number of young clubbers who use drugs and drive.