

James Fetherston & Simon Lenton

National Drug Research Institute, Curtin University

Introduction

While it has long been recognised that driving under the influence of alcohol represents a serious road safety hazard, it is only relatively recently that the issue of driving under the influence of other drugs has come to serious attention in Australia. WA Police have been conducting random roadside tests of drivers and riders for illicit drugs since October 2007, in much the same way they are tested for alcohol. The saliva tests target THC (the active component in cannabis) and amphetamine type substances including MDMA (ecstasy).

In this poster we examine the data collected by the WA 2013 Illicit Drug Reporting System (IDRS) to examine the degree to which people who inject drugs on a regular basis may be driving motor vehicles while under the influence of these drugs and the level of impact achieved by the introduction of roadside saliva testing for drugs has had on curtailing these behaviours.

Method & Demographics

It needs to be noted that the IDRS is not a representative sample of drug injectors, but rather comprises annual samples of sentinel groups of injectors with similar characteristics, which allow trends among people who inject drugs to be tracked over time.

In 2013, 88 West Australians who inject illicit drugs on an at least monthly basis were interviewed, recruited through user support agencies and snowballing techniques.

Consistent with trends over recent years, the mean age of the sample has continued to increase. The mean age was 42 in 2013, up from 41 in 2012, 40 in 2011 and 37 in 2010.

Heroin remained both the main drug of choice among the sample and the drug most commonly injected in the month prior to interview. Other demographic characteristics of the sample are displayed in Table 1.

Table 1: Demographic characteristics of the WA 2013 IDRS sample

| | 2012 (n=100) | 2013 (n=88) |
|------------------------------|--------------|-------------|
| Male (%) | 68 | 65 |
| Mean age | 41 | 42 |
| English speaking (%) | 98 | 98 |
| Mean years of school | 11 | 11 |
| ATSI (%) | 1 | 7 |
| Heterosexual | 87 | 83 |
| Unemployed (%) | 79 | 77 |
| Mean weekly income | \$414 | \$452 |
| In treatment (%) | 41 | 59 |
| Ever in prison (%) | 58 | 47 |
| Heroin as drug of choice (%) | 74 | 56 |
| Drug most injected | | |
| Heroin | 53 | 51 |
| Amphetamines | 15 | 20 |
| Other opiates | 30 | 29 |

Results

Of the 88 PWID interviewed in the 2013 Western Australian IDRS, 45% (n=40) reported that they had driven a vehicle in the six months preceding the interview. Among those who had driven, it was notable that more than one third (35%, n=14) had no valid drivers license.

Of those who had driven, 78% (n=31) reported having done so shortly after consuming illicit drugs. Although this has largely trended downward in recent years, nevertheless, it has consistently remained above three quarters of drivers in both WA and national IDRS samples since 2006 (Figure 1).

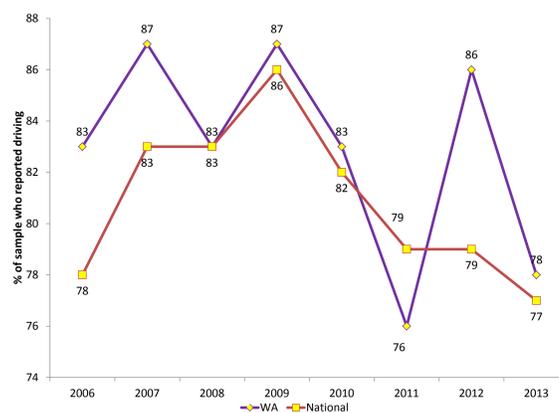


Figure 1: Percent of those who had driven in the past six months who reported doing so after consuming illicit drugs.

The drug most commonly reported as being consumed prior to driving was heroin (68%, n=21), likely to be a reflection of the drugs of choice among the sample. The relative frequency of drugs consumed prior to driving is shown in Figure 2.

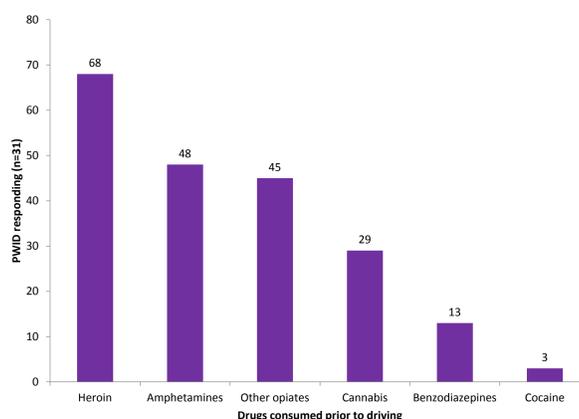


Figure 2: Drugs consumed prior to driving

In contrast, in the 2013 WA sample, of those who had driven a vehicle, only 8% (n=3) reported driving under the influence of alcohol and just one individual reported driving while over the legal blood alcohol content.

The median number of times driven after taking illicit drugs was 18, with 50% having done so on more than 15 occasions and almost one quarter (23%, n=7) having done so on a daily basis (i.e.: 180 times).

Almost half (48%, n=19) of those driving after consuming illicit drugs reported doing so within 30 minutes of consuming them (median=10 minutes, range 0-30). The remainder reported a lapse of from one to six hours with a median of two.

Asked how much the drugs taken had affected their driving, almost half of those responding (48%, n=15) reported that they had had 'no impact'. This data is shown in Figure 3.

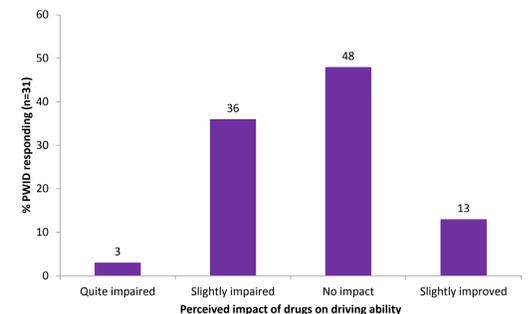


Figure 3: User perceived impact of drug consumption on driving ability

Asked if they had ever been roadside tested for drugs, 40% (n=16) reported having been, and five of those on multiple occasions. Of these, 56% (n=9) reported having been tested in the last 12 months. Of all those tested, just two individuals returned a positive result. There were no respondents who reported having been arrested for a driving offence involving alcohol or drugs in the past 12 months.

There were 38 PWID who responded to the question "Out of the next 100 people to drive after taking drugs, how many do you think will be caught?" with a range from zero to 75 people. However, the median number was only 10 and nearly half (47%, n=18) thought it would be five or less.

Of all 40 respondents who had recently driven, over two-thirds (68%, n=27) said roadside drug testing had not changed their driving behavior. Asked how many times they would drive in the next six months saw 37 respondents return a median number of two times. While the most common answer was none (41%, n=15), the next most common, given by 19% (n=7) was 180 (ie: on a daily basis).

Conclusion

It is evident that among members of the WA IDRS sample who drive, that doing so shortly after consuming illicit drugs, heroin in particular, was commonplace. A substantial majority of those responding believed that this practice had either "no impact" on or only "slightly impaired" their driving ability.

Although 40% (n=16) of those who had driven reported having ever undergone roadside drug testing, only two individuals had returned a positive reading and there was a widespread perception that the likelihood of being detected was low. In part, this may be contributed to by the fact that these tests generally do not test for opioids such as heroin.

With this in mind, it is perhaps unsurprising that the majority of respondents had not altered their driving behaviour as a response to the introduction of roadside drug testing.

Although the issue of driving after taking drugs is undeniably of less significance than that of drunk driving, it is apparent that among the group of WA injectors sampled by the IDRS, that current measures are not succeeding in either detection of drugs or deterrence from driving after consuming them. It seems likely that the issue of drug driving will remain a challenge to public health and safety for the foreseeable future.

Acknowledgements

The authors thank WASUA for their help in recruitment and all the PWID who participated in the 2013 WA IDRS.

