Inquiry into the Effects of Drugs (Other than Alcohol) on Road Safety in Victoria

Final Report Volume Two

Road Safety Committee Parliament of Victoria 1996
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into the

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on Road Safety in Victoria

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Executive Summary

In Volume One of the Committee’s Report an Executive Summary has been provided. It is reproduced to provide an initial overview to persons using this document.

A Community Issue

Victoria has a long established history of reviewing road safety. The Road Safety Committee of the Parliament has operated in a variety of forms since 1967 and its reports have led to ground-breaking legislation such as the mandatory wearing of seat belts, the 0.05 per cent limit in blood-alcohol concentration and random breath testing.

For decades Victorian governments have given significant attention to establishing effective drink-driving countermeasures. This focus on alcohol has tended to mask the involvement of drugs in road crashes. As road safety countermeasures, particularly against drink-driving and speeding, have become more successful drug-driving has become more apparent.

The presence of potentially impairing drugs in dead and injured drivers is unacceptably high. Available research has shown that a quarter of all fatalities had drugs in their bodies and it is now known that drivers who consume drugs alone or with alcohol have a higher risk of being in a fatal crash than drivers who are drug free.

The cost of the road toll attributed to road crashes where drugs alone or when mixed with alcohol were present was $143 million in 1993 or one-eighth of the State’s road toll according to VicRoads. In 1993 the average cost in Australia of a road fatality was $752,400, a hospital injury $113,100, a medical injury $11,900 and property damage $5,000 according to the Bureau of Transport and Communications Economics. What these figures cannot show is the pain and suffering to individuals, families and friends.

Growing concern among police, coroners and road safety organisations about the use of both legal and illegal drugs contributed to the establishment of this Inquiry in 1994 and the Premier's Drug Advisory Council in 1995.
Drugs of all types are widely used in Victoria as they are in other comparable Western communities. Some such as alcohol are purely recreational, some are medications for the ill or elderly and some are illegal drugs or substances of abuse.

In most instances drugs are not required for a person to drive a motor vehicle safely. Whether they are used for medicinal or illegal purposes they can impair a person’s ability to drive safely.

In Victoria, the Road Safety Act 1986 forbids the driving of motor vehicles while under the influence of drugs and gives Victoria Police authority to remove incapable drivers from the road. The Act does not give police authority to require blood or urine samples from drivers suspected of being impaired.

**National and International Overview**

The Committee conducted inspections in the United Kingdom, the Netherlands and the United States. Information was obtained from other European nations and several legislatures in the United States as well as Canada, New Zealand and all States and Territories of Australia.

Research and government action to address some aspects of drugs and road safety was under way in some countries but the Committee did not discover any co-ordinated approach to the issues. A national approach to the issue in Australia is required. The Committee found that in Australia each State is at present focusing on its own drug-driving problems rather than developing a national program. One of the Committee’s recommendations is to seek co-operation between the States particularly in the study of fatal crashes.

The Committee was impressed by the New South Wales Drug-Driving Task Force as it used a task force approach to develop policy and co-ordinate the delivery of its recommendations.

**Drugs and Driving**

Research has not been able to establish confidently for other drugs the point at which a particular drug makes a driver unsafe on the road. Scientists disagree on what driving-related tasks are important to road safety or even how experiments should be conducted.
No internationally agreed testing procedures exist for measuring the effect of drugs on driver performance. The Committee recommends that Australia’s Federal Office of Road Safety seek the development of international scientific guidelines.

**Drugs and Road Safety**

In Victoria drugs of most concern are amphetamines and other stimulants, benzodiazepines (minor tranquillisers) and cannabis.

Victoria’s success in reducing the involvement of alcohol in fatal crashes from nearly 50 per cent in the late 1970s to 23 per cent in 1995 has highlighted the involvement of drugs. The presence of drugs other than alcohol in dead Victorian drivers is increasing. Limited data available to the Committee indicated that the incidence of drugs in drivers killed is now comparable to the incidence of alcohol. However the extent to which drug presence contributed to the crashes was not clear.

It was argued before the Committee that drugs were more likely to cause crashes where urgent decisions were required leading to increased numbers of injuries in traffic incidents.

No information is maintained in Victoria on drugs found in drivers injured in crashes and blood samples routinely collected in hospitals are not analysed for drugs. There is no central collection of evidence of possible drug involvement in injury crashes. The Committee is therefore recommending establishment of a database to maintain information from police, hospitals and coroners on drugs involved in road crashes.

While the possible combinations of drugs, alcohol and their effects on road users are vast and unpredictable a new strategy using a common message to prevent and deter people from driving while impaired is required.

**Driver Impairment**

*The basis for the Committee's recommendations is the notion of impairment.*
The Committee has rejected the restrictive and proscriptive guidelines of 'driving under the influence of drugs' in the current Road Safety Act in favour of 'driving while impaired'. It has adopted this approach because evidence has shown that science is yet to establish categorical levels for drugs and substances in the body that determine when drivers become an unacceptable risk on the road. The Committee recommends that the Act be amended.

The Committee's proposal for police action is based on observation of the behaviour of drivers rather than on the issue of consumption of a particular drug. Impairment is a reduced ability to perform adequately the various elements of the driving task. It can be caused by health or physical conditions, fatigue, psychological conditions, distraction or inappropriate consumption of alcohol, drugs or other substances.

Drivers observed to be impaired would be removed from the road even if they had consumed relatively small, even therapeutic, doses of a drug. Where police had reasonable cause to suspect, after two impairment assessment tests, that impairment was drug-related they would take blood and urine samples to confirm their observations if they intend to proceed to prosecution. The Committee recommends that the taking of body fluids be authorised.

**Managing Driver Impairment**

The Committee found that standardised impairment testing is not widely practised in Australia and there is none in Victoria. The Committee concentrated on the United States as the major user of such a testing program.

The program was developed in the 1970s by the Los Angeles Police Department. It is a standardised, systematic method of observing and examining drivers suspected of being impaired by alcohol and/or drugs.

Police are trained as drug recognition experts to recognise behaviours and physiological conditions associated with seven categories of drugs. The program has been widely evaluated for its accuracy and is now used in many American States.
However the Committee found that such an intensive level of police training would not be justified for Victoria. It also found that the judicial environment in the United States differs so much from Victoria that their legislative and testing requirements were not readily transferable.

The Committee proposes adoption of an Impaired Driving Detection Procedure based on a modification of the Los Angeles Model. It does not contain elements such as the darkroom eye examinations and measurements of blood pressure, body temperature and pulse rate. The Procedure proposed is more extensive than the procedures being used in New South Wales as it requires a second systematic set of observations to be conducted indoors by a more highly trained police officer.

When police suspect a driver of impairment they would require the driver to stop and undertake a standard breathalyser test. If the breathalyser shows that the driver’s blood alcohol concentration is within legal limits but the police officer suspects impairment the driver could be required to leave the vehicle and undertake a roadside impairment assessment test. Failure of this test is the precursor to the second or standard impairment assessment test.

The standard impairment assessment test would determine whether impairment was due to drugs or another cause, such as ill-health, medication or age. Failure of the second assessment will require the police to determine if the prosecution is to proceed. If the case is to proceed a qualified person shall obtain blood and/or urine samples from the driver for analysis to identify any drug(s) present.

The Committee is recommending that the Procedure be devised by a specialist working party of experts including a public advocate and that the impairment testing proposal and the taking of blood and urine samples from drivers be authorised by amendment of the Road Traffic Act. The legislation would also require the video recording of the second test to protect the rights of drivers and ensure that police followed procedures.

Countermeasures

The Committee has built upon the Procedure by developing and recommending further countermeasures designed to create an overall strategy of prevention detection, action and research. The Committee’s recommendations include:
Prevention

- Deterrence publicity.
- Publicity and education particularly of adolescents and drug users at risk, such as the elderly and drivers of commercial vehicles.
- Training of medical, nursing and pharmacy students and medical, nursing and pharmaceutical workers on the effects of drugs on driver performance.
- A requirement for pharmaceutical manufacturers, doctors and pharmacists to advise consumers on drugs and their effects.
- Labelling of medications with text and symbols to warn of their effects on driving skills when taken with alcohol.
- A requirement that all drivers of commercial vehicles be free of any impairing drug beyond a prescribed dosage.
- The principle apply that where a fine is imposed on a driver found to be impaired while in charge of a commercial vehicle the same fine shall be imposed on the employer.

Detection

- Training and retraining of Victoria Police on the Procedure.
- Education of magistrates, prosecutors and the legal profession.
- A central database of all records of impairment and laboratory tests.

Action

- Providing for the establishment of procedures for the recovery of a licence suspended or cancelled due to driver impairment.

Research

- Support for a national strategy for research to guide government policy.

To implement the proposals of the Committee and the countermeasures it has developed a widely representative task force similar to the New South Wales Drug-Driving Task Force must be established.

The task force should include health, law, police, transport, pharmaceutical authorities and a public advocate with a brief to develop policies and strategies and monitor their implementation.

The Committee has recommended that a further review be conducted during the life of the next Parliament.
Report Structure

The Report has been designed in two volumes to address the needs of the broad readership base. Both volumes will be available in the traditional bound paper format and in the electronic medium on the Internet.

This is Volume Two of the Committees report on its Inquiry into the Effects of Drugs (other than Alcohol) on Road Safety in Victoria. This volume contains appendices, additional transcripts, detailed evidence and research data that builds on the information that has been cited in Volume One and each document has been given the term by the Committee as **Information Segment**.

Volume One contains the Report of the Committee, the evidence put before it, its deliberations and findings.

In Volume One where the Committee believes that further information may be of interest to readers a **IS** or **Information Segment** number appears. These numbers are in a numerical sequence in this volume to indicate the additional information that may be of relevance and interest to a smaller number of readers from the road safety or scientific field.

An example is **IS 3.4.** **IS** means an Information Segment is available with the number **3** indicating the chapter and the number **4** identifying that it is the fourth consecutive reference for the chapter.

The Committee’s Internet address is: [http://www.vicnet.net.au/~parlrsc/](http://www.vicnet.net.au/~parlrsc/)
### List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BAC</td>
<td>Blood Alcohol Concentration</td>
</tr>
<tr>
<td>COTHC</td>
<td>Metabolite of Tetrahydrocannabinol</td>
</tr>
<tr>
<td>DEC</td>
<td>Drug Evaluation and Classification</td>
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<tr>
<td>DRE</td>
<td>Drug Recognition Expert</td>
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<tr>
<td>DUI</td>
<td>Driving Under the Influence</td>
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<td>FORS</td>
<td>Federal Office of Road Safety</td>
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<tr>
<td>HGN</td>
<td>Horizontal Gaze Nystagmus</td>
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<tr>
<td>ICADTS</td>
<td>International Council on Alcohol, Drugs and Traffic Safety</td>
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<tr>
<td>LAPD</td>
<td>Los Angeles Police Department</td>
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<tr>
<td>NHTSA</td>
<td>National Highway Traffic Safety Authority</td>
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<tr>
<td>NSW</td>
<td>New South Wales</td>
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<tr>
<td>RACV</td>
<td>Royal Automobile Club of Victoria</td>
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<tr>
<td>SEDI</td>
<td>Simulated Evaluation of Drug Impairment</td>
</tr>
<tr>
<td>TAC</td>
<td>Transport Accident Commission</td>
</tr>
<tr>
<td>THC</td>
<td>Tetrahydrocannabinol (the 'active' ingredient in cannabis)</td>
</tr>
<tr>
<td>TRANX</td>
<td>Tranquilliser Recovery and New Existence</td>
</tr>
<tr>
<td>VGN</td>
<td>Vertical Gaze Nystagmus</td>
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