

DRUG DRIVING IN EUROPE: POLICY MEASURES FOR NATIONAL AND EU ACTION



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INTRODUCTION

- What do we mean by psychoactive drugs?
 - Illicit and Licit (medicines)
- Psychoactive drugs have a negative effect on the ability to drive
 - Cognitive behaviour
 - Psychomotor functioning
- Drug driving is not as well understood as drink driving
 - A wide variety of substances: illicit and licit, established and emerging
 - Less prevalent than drink driving: less information
- Our knowledge is growing, but still limited
 - Need more knowledge of drug driving and how to prevent it

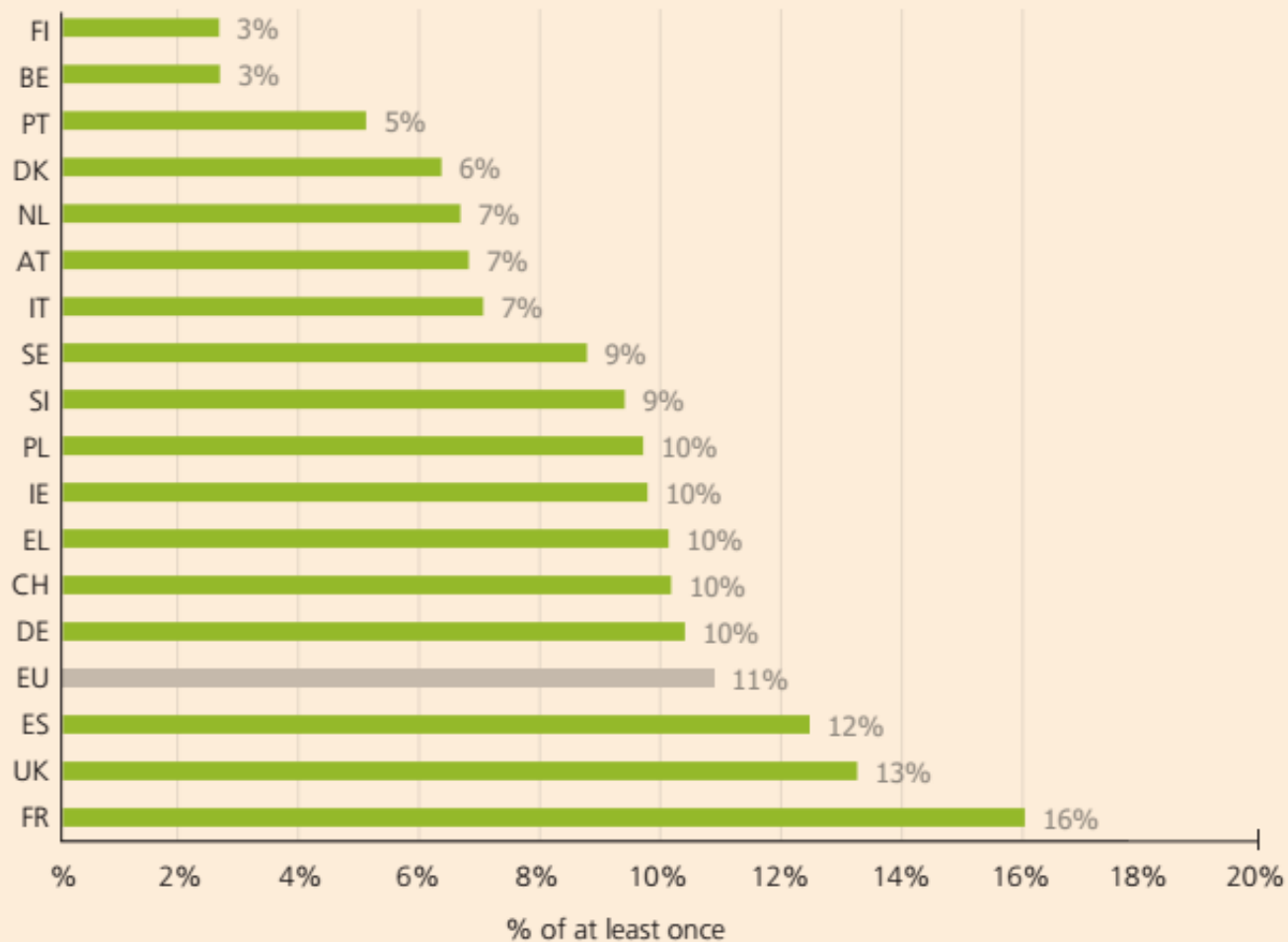


HOW MANY PEOPLE ARE USING DRUGS?

- **General Population:**
 - 25% of 15-64 year olds in EU have tried illicit drugs at some point
- **Driving population:**
 - 1.9% used illicit drugs/1.36% used licit drugs
 - Self reporting figures are higher:
 - 11% said they had driven after using illicit drugs at least once in past year
 - 22% said they had driven after using medication (with a driving warning)
- **What factors affect this?**
 - Age/Gender



FIG. 2
Self-declared behaviour as a road user having driven under the influence of drugs, by country (% of at least once within the last 12 months).²⁶



(Achermann Sturmer, Y. (2016). Driving under the influence of alcohol and drugs. ESRA thematic report no.2. ESRA project (European Survey of Road users' safety attitude). Bern, Switzerland: Swiss Council for Accident Prevention, p22.)

HOW MANY KILLED AND SERIOUSLY INJURED DRIVERS HAD USED DRUGS?

TABLE 3
Use of alcohol among drivers seriously injured or killed in Europe

	Range (seriously injured)	Range (killed)
Alcohol	14.1 - 30.2%	15.6 - 38.9%

TABLE 4
Use of illicit drugs among drivers seriously injured or killed in Europe

Illicit drug groups	Range (seriously injured)	Range (killed)
THC (and/or THC-COOH)	0.5 - 2.2%	0.0 - 1.8%
Cocaine (and/or benzoylcegonine)	0.0 - 1.3%	0.0 - 0.0%
Amphetamines	0.0 - 1.1%	0.0 - 2.1%
Illicit opioids	0.0 - 0.7%	0.0 - 0.0%

TABLE 5
Use of medicines among drivers seriously injured or killed in Europe

Medicine groups	Range (seriously injured)	Range (killed)
Benzodiazepines	0.0 - 2.3%	0.0 - 5.2%
Medicinal opioids	0.0 - 5.7%	0.6 - 1.5%
Z-drugs	0.0 - 2.1%	0.0 - 2.8%

TABLE 6
Use of combinations of substances among drivers injured and killed in Europe ⁴³

Combinations	Range (seriously injured)	Range (killed)
Alcohol with drugs and/or medicines	2.3 - 13.2%	4.3 - 7.9%
Combinations of drugs and/ or medicines	0.5 - 4.3%	0.4 - 7.3%



(EMCDDA 2012, Driving Under the Influence of Drugs, Alcohol and Medicines in Europe: Findings from the DRUID Project, pp. 16-17.)

COUNTERMEASURE AREAS

I. LEGISLATION AND ENFORCEMENT 1/2

■ I. Legal limits/‘per se’ laws

- Establish a fixed substance limit – similar to BAC levels. Any driver detected with a substance reaching or exceeding the legal limit is considered to have broken the law.

■ II. Zero tolerance laws

- Set legal limits with a concentration set at the lab limit of detection. Any driver with a detectable amount of a relevant substance is considered to have broken the law.

■ III. Impairment legislation

- In each case it must be proven that the skills of the driver were adversely affected by a specific drug. Signs of impairment are usually observed and recorded by the police when they stop a driver.

COUNTERMEASURE AREAS

I. LEGISLATION AND ENFORCEMENT 2/2

- Penalties
 - Withdrawal of the licence
 - Fines
 - Prison
 - Unlimited fine
 - Up to 6 months in prison
 - Minimum one-year ban
- Enforcement
 - Penalties *need* to be enforced
 - Roadside screening
 - Post-collision forensic testing
- Detection and Technology
 - Accurate, reliable and widespread
 - Roadside screening/
lab/conformation tests
 - Variety of limits that can be set
 - Laboratory limit of detection.
 - Risk thresholds/lower effect limits
 - Impairment limits
 - Supratherapeutic limits (for medicines).



COUNTERMEASURE AREAS

2. EDUCATION AND CAMPAIGNS

- In school, the workplace and in public
- Targeting high risk groups
 - Young people (school, social media)
 - Males
- Helps to increase social disapproval
- Education for professionals particularly important
 - Healthcare/policymakers/legislators/judiciary



COUNTERMEASURE AREAS

3. REHABILITATION AND HEALTHCARE

- Drink driving schemes used a basis
 - Shown to be effective and reduce recidivism
 - Help restore mobility in a safe way
 - Little evaluation of *drug* driving schemes
- Healthcare strategies
 - Dealing with general drug use
 - Relationship between medical professionals and licensing authorities →
 - Who is responsible?

In 2014 Denmark extended drink driver rehabilitation to drug drivers

- Four three-hour classes
- €430
- Must complete to regain licence



• Forbidden to pass on information

• Compulsory to pass on information

• Drug dependent drivers must pass on themselves



RECOMMENDATIONS

I. LEGISLATION AND ENFORCEMENT

For action
at national
and EU level

- A zero tolerance system for illicit psychoactive drugs
- Consider the potential ramifications of drug legalisation on drug driving
- **Development by the EC of common standards for roadside drug driving enforcement**
- Ensure police forces are properly trained in when and how to perform drug screening

RECOMMENDATIONS

2. EDUCATION AND CAMPAIGNS

For action
at national
and EU level

- Incorporate drug driving education into school based road safety initiatives, along side drink driving education
- Target education and campaigns at high risk groups
 - Young males
- Incorporate the issues relating to psychoactive drugs and their effects into professional driver education

RECOMMENDATIONS

3. REHABILITATION PROGRAMMES

For action
at national
and EU level

- Integrate rehabilitation schemes in the national countermeasures system
 - Drug offenders should be treated separately from alcohol offenders
 - Distinguish between non-addicts and addicts
- Assessment and rehabilitation should be regulated according to criteria/common standards
- **Licence reacquisition for known drug users could be regulated**
 - **Different approaches across Europe**

RECOMMENDATIONS

4. RESEARCH AND DATA COLLECTION

For action
at national
and EU level

- **Research into the effects of common psychoactive drugs on driving behaviour must continue**
 - **Countermeasures must remain fit-for-purpose and keep in line with evolving drug use and drug driving behaviours**
- Research into the effects of new psychoactive substances on driving behaviours
- Research into the effectiveness of countermeasures
- Continue investing in development of detection technology
- Encourage greater and improved monitoring of drug use in traffic
 - **Standardises monitoring methods**
 - Standardise and maximise post-collision data collection.

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THANKS FOR LISTENING



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