What's needed to improve the Drug Driving issue in Victoria?

Yeewah Yam[a]

[a]Royal Automobile Club of Victoria, Melbourne, Victoria

Abstract

In response to the growing drug driving problem in Victoria and increased government funding to tackle the issue, RACV interviewed experts to investigate the regulatory and non-regulatory management of drug driving in Victoria and identified key areas of improvement. There was strong emphasis for further research to be undertaken to improve the cost-effectiveness and relevance of drug driving laws and roadside drug testing (RDT). Interviewees stressed the power of education and therapeutic approaches that combat drug driving as part of a broader public health issue. Overall, effective implementation of these strategies will involve collaboration between government and non-governmental institutions.

Background

Drug driving is a growing social and road safety issue in Victoria. In the last five years, approximately 41% of drivers and motorcyclists killed who were tested had drugs in their system, and one-fourth of Victorians who use drugs admit to driving under the influence of recreational drugs (TAC, 2018). The Victorian government has invested $17.9 million to introduce 10 new purpose-built booze-and-drug buses and increase the frequency of RDTs from 40,000 in 2014 to 100,000 in 2017 (TAC, 2018; Towards Zero, 2016). With increasing resources allocated to combat drug driving, the effectiveness of the current approach to managing drug driving requires examination. Thus, this project aimed to:

- identify and investigate issues and opportunities for improvement within current Victorian drug driving policies and enforcement practices, and
- shape RACV's policies to improve the drug driving problem in Victoria.

Method

Seven small-group and individual one-hour semi-structured interviews were conducted with 12 representatives from various governmental, academic, and research institutions. These interviewees work extensively on road safety policy, enforcement and communications, drug addiction rehabilitation, and/or drug use research.

Findings and Conclusion

Key discussions included the effectiveness of current RDTs, the drugs tested for, distinction between testing for presence and impairment, resourcing issues, and impairment due to prescription medications.

Most interviewees perceived the drug driving management approach to be working as well as possible, given current resources and capabilities of RDT technology. However, more research is required to refine RDT technologies and understand the effects of individual drugs on driving performance. Over time, this would reduce RDT costs and resourcing, and improve enforcement efficacy.

Evolving drug trends should be continuously monitored to inform the drugs tested for. With the potential impact of emerging issues such as medicinal cannabis, increasing polydrug use,

development of new synthetic drugs and increasing prescription medication use, such research will ensure drug driving policies and enforcement remain relevant in an ever-changing landscape.

There was consensus that current penalties are adequate and harsher penalties are unlikely to be effective, thus focus should be shifted from regulation to education and therapeutic interventions. Public education would encourage self-regulation and increase knowledge of drug driving, including about the lesser-known impairing effects of prescription medications. Nevertheless, drug driving is part of a larger public health problem; there will always be drivers who remain undeterred by penalties or self-regulation due to drug addiction and dependency. Thus, a holistic therapeutic approach that acknowledges drug driving as part of a wider social problem would be effective for reducing drug driving.

All interviewees agreed that RACV – a highly reputable non-government organisation with a focus on road safety – is well-placed to support government policies through public communication and support for drug driving research. Moving forward, RACV intends to be the bridge between the public and law enforcement, and research by communicating key drug driving messages (especially relating to prescription medication) in an accessible, engaging manner. Overall, a collaborative effort between non-government organisations, public health agencies, research institutions, and government is integral to improve Victoria's drug driving problem.

References

Transport Accident Commission. (2018). *More drug tests, more places, more often.* Retrieved from https://www.tac.vic.gov.au/road-safety/tac-campaigns/drug-driving

Towards Zero. (2016). *Towards Zero 2016-2020. Victoria's road safety strategy & action plan* [PDF file]. Retrieved from https://www.towardszero.vic.gov.au/__data/assets/pdf_file/0010/183556/STU_0206_RS_STRATEGY_2016_web.pdf