Driving under the influence of drugs

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Editorial board
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Introduction
The negative influence of alcohol on the ability to drive safely is proven. A similar problem exists in relation to drug driving. Doctors have an interest in drug driving for two key reasons: firstly, because of the need to improve transport safety; and secondly, the role healthcare professionals have in raising awareness of the effects of drugs on driving ability. This briefing note provides background information on the key issues related to drug driving, and an overview of BMA work and policy in this area. Please note the term ‘drug driving’ relates to the deliberate use of recreational drugs, the non medicinal use of medicines and the correct use of medicinal drugs. This resource is intended to supplement the BMA’s previous work including The misuse of drugs (1997) and Driving impairment through alcohol and other drugs (1996). The BMA will be maintaining an overview of developments in this area and will update this resource accordingly.

Classification of drugs
A drug is defined as a substance which has a physiological effect when ingested or otherwise introduced into the body. [see reference 1] Drugs can be divided into two broad categories:

- medicines – substances used in treating disease or illness which are either prescribed by a medical practitioner or available over-the-counter (OTC) without a prescription. Further information on OTC medications can be found in the 2005 Board of Science report Over the counter medication. Some prescription drugs may be taken for recreational use rather than for medical reasons (for example, opioids and tranquilizers).

- recreational drugs – substances used for their narcotic or stimulant effects. These include legal drugs such as nicotine and caffeine, and illegal drugs such as heroin, cocaine, amphetamines, ecstasy, LSD and cannabis.

Please note, the law makes no distinction between illegal and prescribed drugs in relation to drug driving. For further information on the legal position surrounding drug driving please see: The legal position

Prevalence of drug driving
Data on the levels of drug driving in the UK are limited. A number of small scale studies provide some information on its prevalence:

- in 1989, random samples from a number of road traffic accident fatalities showed that only three per cent of the drivers involved in accidents had been driving with drugs in their systems [see reference 2]

- a 2001 study of 1,184 fatalities, including 533 drivers and 246 riders found that at least one impairing prescription or illegal drug was detected in 22.9 per cent of the drivers in the sample and 20.3 per cent of the riders. [see reference 3] The incidence of such drugs had increased by about three times since the 1989 study. The 2001 study identified cannabis as the drug most frequently found among casualties. There was a substantial increase in the incidence of cannabis in fatal road casualties from 2.6 to 11.9 per cent over the period between the two studies
• a 2006 survey carried out by the RAC foundation and Max Power Magazine found that of 474 readers questioned, one in five (20 per cent) admitted to taking to the road every day while under the influence of illegal drugs [see reference 4]
• a 2008 Automobile Association (AA) Populus poll of 17,500 members found that 50 per cent felt that drug driving was as big a problem as drink driving and this view is frequently echoed within the road safety world. [see reference 5]

Limited data are available internationally. A study by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) concluded that the prevalence of drivers under the influence of drugs on EU roads had increased significantly since the late 1990s. [see reference 6] A Dutch study conducted in the mid-1980s, found that 8.5 per cent of injured drivers were under the influence of illegal and impairing medicinal drugs. [see reference 7] A similar survey conducted in 2000/01 found the proportion of injured drivers under the influence of illegal or impairing medicinal drugs had increased to 30 per cent. [see reference 8]

The legal position

Section four of the Road Traffic Act 1988 [see reference 9], states that ‘a person who, when driving or attempting to drive a motor vehicle on the road or a public place is unfit to drive through drink or drugs is guilty of an offence’. The law makes no distinction between illegal and prescribed drugs, and does not state any legal limit for drugs as it does for alcohol.

The penalties for driving under the influence of drugs are the same as for drink driving: a fine of up to £5,000 or up to six months in jail. If the driver under the influence causes a fatal accident they face a two year ban and a maximum of 10 years in jail. [see reference 10] The Driver and Vehicle Licensing Agency (DVLA) impose revocations and refusals of licences on drivers medically proven to be persistent users of any drug.

Implications of drug taking on driving

Driving is a complex task where the driver continuously receives information, is required to analyse it and react to that information. Substances that have an influence on brain function or on mental processes involved in driving will affect driving performance. As highlighted in the 2006 Department for Transport (DfT) report Fitness to Drive [see reference 11] (endorsed by the BMA), drugs can affect a driver’s behaviour in a variety of ways (depending on the drug). These can include:
• slower reactions, drowsiness and dizziness or feeling light-headed
• poor concentration and confused thinking
• distorted perception
• over confidence, resulting in taking unnecessary risks
• poor co-ordination including shaking
• erratic behaviour
aggression, panic attacks or paranoia
• blurred vision
• tremors, dizziness, cramps, feeling nauseous
• severe fatigue the following day.

Studies on the effect of drugs on driving ability are limited. A number of studies have looked at the adverse effects of specific illegal drugs. Experimental studies suggest that high doses of amphetamines increase risk-taking and result in inappropriate and dangerous driving behaviour, such as speeding and carelessness. Studies on the influence of cocaine indicate impairment when taken in high doses and during withdrawal periods. [see reference 12] The effects of cannabis have been demonstrated when subjects are tested under simulated driving conditions. Cannabis impairs co-ordination, visual perception, tracking and vigilance. Studies report that the majority of fatal cases with detected levels of cannabinoids are confounded by alcohol. Alcohol in combination with cannabis increases impairment and causes more crashes. [see reference 13] The consequences of mixing alcohol with drugs have been shown to be the most damaging because each multiplies the effect of the other substance. [see reference 14]

As highlighted in *Fitness to Drive* a range of medications can affect an individuals’ ability to drive safely, including:

- Anthisthamines
- Anticholinergics
- Anti-emetics
- Antihypertensives
- Benzodiazepines
- Bupropion
- Insulin
- Narcotic analgesics
- Stimulants
- Topical and systemic medications containing atropine or hyoscine

Further information on the side effects associated with these drugs can be found in the report which is freely available on the DfT website.

Medicines which are available OTC such as those used to treat allergies or cold and flu symptoms can also cause significant drowsiness or can affect driving ability in other ways. It is important to note that some drugs may not affect driving performance at all. In the case of “high risk” drivers such as individuals affected by epilepsy and diabetes, drugs may assist the user to be a safer driver.

**Detecting drug drivers**

The procedure for detecting drug driving is less straight forward than it is for drink driving. The relationship between blood-alcohol levels and driving impairment is well established. As blood alcohol
levels increase, the risk of having a fatal crash increases. There is also a prescribed blood alcohol limit for which evidence can be obtained using a breath testing device.

There are no reliable data on the effects of different blood levels of different drugs in relation to driver impairment. As such there are no drug screening devices currently available. Drug driving is detected where impaired driving is observed by a police officer, or the officer has some other reason for suspicion. Impairment is tested via a Field Impairment Test (FIT). This involves a range of tasks including an examination of the pupils, the ‘walk and turn’ test and the ‘one-leg stand’. Refusal to participate in the test is an offence.

A driver arrested on suspicion of driving while impaired by drugs is assessed by a Forensic Medical Examiner (FME) in order to certify whether a condition that may be caused by drink or drugs is present. An FME plays a role in distinguishing conditions which impair driving due to drugs from those that do not, regardless of the result of FIT testing. It is important to note that some individuals may have conditions or injuries that would cause them to fail FITs without their driving being impaired (eg reduced proprioception).

A sample from the driver can only be taken for toxicological analysis if that is certified. A decision on whether or not to prosecute follows a positive result from this analysis and consideration of all the other evidence. A blood sample may be taken from an incapacitated or unconscious driver who has been involved in an accident. [see reference 15] The sample is not tested until the person regains competence and gives valid consent to being tested. A patient who later refuses to allow his or her sample to be tested is liable to prosecution. Further information can be found in the 2007 BMA guidance document Taking blood specimens from incapacitated drivers.

Developing reliable testing devices for drugs is a complex task. Tests to detect impairment from alcohol are based on clinical understanding of the metabolic rate and excretion from the body as well as dose-related neuropsychological impairment. Comparable effective tests to detect drug levels in the body remain elusive. This is due to the differing effects on the body, and the length of time remaining in the body, of the diverse range of drugs that are taken illegally and legally by drivers. The BMA believes the Government should ensure speedier and more specific and co-ordinated research in order to establish appropriate drug testing devices.

In light of the difficulty in detecting and proving driver impairment as a result of drug use, it is common practice not to pursue enquiries about drug impairment in cases where both drugs and alcohol are suspected, because it is much simpler to prove the same offence from evidence linked to alcohol. [see reference 16]
Education and awareness

Many people are unaware of the effects of drugs – illegal and prescribed – on their driving ability. [see reference 17] While patients are warned of side effects such as drowsiness and impaired vision, however, research has shown that they tend to ignore the advice given to them by doctors and pharmacists, and in information leaflets. [see reference 18] The majority of drivers are also unfamiliar with the legal position in relation to drug driving and that it shares the same laws laid out for drink driving. [see reference 19]

Far more education and media attention is focused on driving under the influence of alcohol, although drug driving is equally as dangerous. The BMA believes that the UK governments should raise awareness of the issue with the public and educate them as to the potential impact of drugs on driving ability. The BMA also believes that the general public need to be made more aware that the side effects of certain prescribed drugs can affect the ability to drive.

The role of healthcare professionals

Education of the public by healthcare professionals has an important role to play in raising awareness of the effects of drugs on driving ability. As highlighted in *Fitness to Drive* [see reference 11], healthcare professionals are an influential source of advice on driving behaviour. Most of a healthcare professional’s contacts with patients will be concerned with ill-health and the remedies for it. Hence assessment of and advice about fitness to drive will need to form part of the consultation if a newly presented condition or a change to an existing illness/disability or its treatment, in particular with medication, is likely to impair driving either temporarily or in the longer term.

Deciding whether a driver needs advice about fitness to drive requires the healthcare professional to understand the capability requirements for driving and the conditions and treatments that may impair it. In providing advice to patients, *Fitness to Drive* recommends that healthcare professionals:

- advise specifically on the risks of medication and on the driver’s need to read the label and package insert, and to follow the recommendations given
- record advice they have given on driving in the patient’s notes
- if necessary send a letter to the patient confirming the advice or a ‘no driving prescription’
- indicate clearly to the patient where it is necessary to inform the Driver and Vehicle Licensing Agency (DVLA) of a condition, and follow up to check that the patient has followed the recommendation
- advise that it is the patient’s responsibility to act on the health professional’s advice.
What is being done?

- **England**

In England, the DfT are reviewing proposals for measures aimed at improving compliance levels with key road safety laws. In relation to drug driving, this includes working towards a better evidence base by refining data collection, and ensuring that a comprehensive investigation of drugs (and alcohol) is undertaken routinely following fatal accidents. The Home Office has also been working to develop a specification for drug screening devices.

The DfT are also consulting on the vision, targets and measures for improving road safety in Great Britain beyond 2010. The views received in response to the proposals put forward will influence the final shape of the Department’s next road safety strategy, which is due to be published at the end of 2009. In raising awareness, the DfT’s road safety publicity brand THINK will be running a drug drive campaign in August 2009, which will be repeated in 2010.

- **Scotland**

In Scotland, Road Safety Scotland (RSS) develops and co-ordinates Scotland-wide road safety initiatives and campaigns on behalf of the Scottish Executive. Road Safety Scotland run a drug driving campaign every year which include various forms of media including television, radio and press. In 2006, RSS started working with ‘Know the Score’, (the Scottish Executive’s body for advice and information on drugs) and The Union Advertising Agency to look at the most appropriate campaign messages, target audiences and media platforms to use in tackling this issue.

- **Northern Ireland**

In Northern Ireland, in 2004 the Road Safety Division (RSD) of the Department of Environment launched the ‘Smashed’ anti drug driving campaign. The aim of the campaign is to advise everyone that drug driving is an emerging problem in Northern Ireland. The Police Service of Northern Ireland (PSNI) will be actively carrying out FIT on drivers whom they suspect are driving under the influence of drugs and, if convicted, they will be fined, disqualified from driving or imprisoned.

- **Wales**

In Wales, Road Safety Wales (RSW) was established to sustain co-operation and interaction between all 22 Local Authorities, the Welsh Assembly Government, the four Welsh Police Forces, the three Fire and Rescue Services, Welsh Ambulance Trust and the Royal Society for the Prevention of Accidents. The RSW 2009 strategy for safer roads has called for more research into drug driving. Following the success of the All Wales Summer Anti Drink Drive Campaign, the four Welsh police forces have joined together for a campaign targeting drug drivers.
Sources of further information

Department of Health - www.dh.gov.uk
Department for Transport – www.dft.gov.uk
Home Office - www.homeoffice.gov.uk
Department for Transport, Local Government and the Regions - www.dtlr.gov.uk
Transport Research Laboratory - www.trl.co.uk
Driver and Vehicle Licensing Agency – www.direct.gov.uk
Advisory Council on the Misuse of Drugs - www.drugs.gov.uk/drugs-laws/acmd/
THINK! - www.thinkroadsafety.gov.uk
Parliamentary Advisory Council for Transport Safety - www.pacts.org.uk
Royal Pharmaceutical Society – www.rpsgb.org.uk
Scottish Executive - www.scotland.gov.uk
Get in Lane - www.getinlane.com
The British National Formulary - www.bnf.org.uk
References


3. Tunbridge, R.J., Keigan, M. and James, F.J. (2001). The Incidence of Drugs and Alcohol in Road Accident Fatalities, TRL Report 495.


11. Department for Transport with the endorsement of BMA (RSM, 2006) Fitness to Drive: A Guide for Health Professionals


16. Office of Public Sector Information Webpage – Police Reform Act 2002 -
   [accessed May 2009]

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