

Development Department Research Programme Research Findings No. 102

Recreational Drugs and Driving

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The Scottish Road Safety Campaign is engaged in road safety education and publicity on behalf of the Scottish Executive. In recent years, there has been increasing concern about the phenomenon of drug driving but little known about its extent. Research was therefore commissioned to establish the prevalence of driving under the influence of illegal recreational drugs in Scotland and to explore the social context in which it takes place in order to inform the Scottish Road Safety Campaign on appropriate publicity initiatives in the future. The research comprised two separate studies, a survey of over 1000 individual drivers aged 17-39 in Scotland, and a qualitative study involving attendees at nightclubs and dance events in Scotland.

Main Findings

Prevalence Survey

- Just under a tenth (9%) of all respondents reported ever having driven under the influence of any of the illegal drugs asked about in the survey and 5% reported having done so *in the past twelve months*.
- Cannabis was the most common drug to have been used when drug-driving reflecting its dominance in drug taking generally.
- Men were significantly more likely than women to have driven under the influence of drugs.
- Drug-driving would appear to be most prevalent among the 20 to 24 year old age group with much lower levels in older age groups.

Qualitative Study

- Driving after recreational drug use was widespread amongst individuals attending dance/nightclubs in Scotland.
- Cannabis was the illegal drug most widely implicated in drug-driving, but driving after other drugs was also commonplace.
- Many dance/nightclub attendees believed that cannabis had little or no impact on driving skills or performance, whilst it was universally considered that driving after LSD was extremely dangerous.
- Many individuals had accepted a lift in a car driven by someone they knew had been using illegal drugs.
- Knowledge of the legal position regarding drug-driving was very poor.

Background and Methods

Initiatives in the field of impaired driving have traditionally focused on driving under the influence of alcohol. In recent years, however, there has been increasing concern about the phenomenon of driving under the influence of drugs.

In 1997, The Scottish Road Safety Campaign established a Drugs Driving Working Group, with the remit to assess the situation regarding driving under the influence of non-prescribed drugs and recommend suitable campaign initiatives. To inform their work, the Scottish Executive commissioned System Three Social Research to conduct a survey among 17 to 39 year old drivers in Scotland to estimate the prevalence of driving whilst under the influence of recreational drugs. The Centre for Drug Misuse Research at Glasgow University was at the same time commissioned to conduct a qualitative study to explore the social context in which drug use and driving occurred. Both research reports have been published, and this Research Findings combines a summary of the findings of each study.

Prevalence Study

The prevalence study was based on a probability survey of the general household population. Data were collected through CASI (computer-assisted self-interviewing), which previous research evidence suggests encourages more truthful reporting by survey respondents in relation to sensitive topics, such as drug use. Some 6,211 households were screened to determine if they contained eligible respondents (i.e. drivers aged 17-39) and a total of 1,008 interviews were conducted.

The questionnaire collected information relating to general driving behaviour, alcohol consumption, drink-driving, drug use and drug-driving as well as asking a series of demographic questions.

1. Speeding

After a series of introductory questions about general driving behaviour, respondents were asked whether, *in the past twelve months*, they had exceeded the speed limit on different types of road.

Overall, 41% of respondents reported having broken the speed limit by 20mph or more in the past twelve months, most commonly in a 60 mile per hour zone. The likelihood of having broken the speed limit was highest in the 20 to 24 year old age group and declined steadily with age thereafter.

2. Drink-driving

Respondents were asked whether they had ever driven when they *suspected* that they might have been over the legal limit and if they had done so *in the past twelve months*.

A fifth (20%) of all respondents reported having ever driven when they suspected they were over the legal limit and 5% reported having done so *in the past twelve months*.

The strongest predictor variable in relation to drink-driving was sex, with males significantly more likely than females to have driven when they suspected they were over the legal limit.

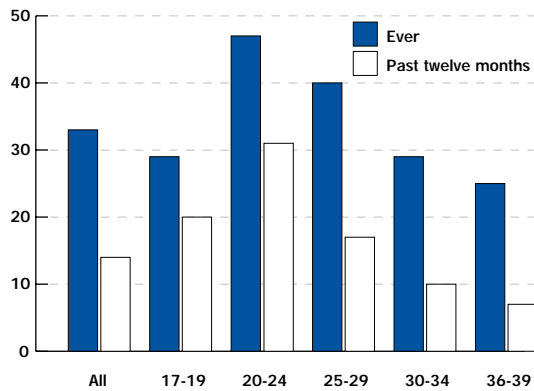
3. Drug use

Respondents were asked about their drug use by being presented with a list of drugs and being asked to indicate whether or not they had ever taken each one and, for those they had ever taken, whether or not they had taken them *in the past twelve months*. To ensure the survey only captured illegal drug use, respondents were specifically asked *not* to answer about drugs that were prescribed or administered to them by a doctor or other medical professional.

Overall, a third (33%) of respondents had ever taken any of the drugs asked about in the questionnaire and one in seven (14%) had done so *in the past twelve months*.

Recent (i.e. past twelve month) drug use was highest among the 20 to 24 year old age group, with some 31% of respondents in this age group reporting having used any drug. This proportion was substantially lower among older age groups.

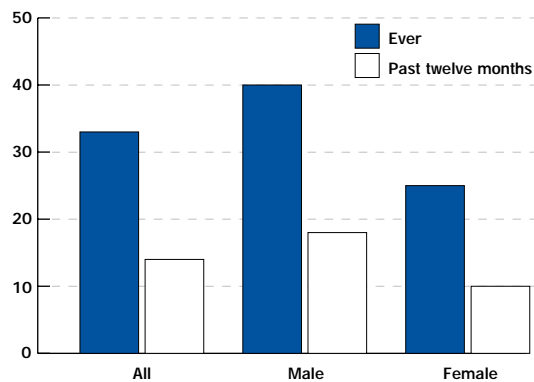
Figure 1: Use of drugs ever/past twelve months by age (%)



Base: 1,008

Men were significantly more likely than women to have ever used drugs and to have done so *in the past twelve months*.

Figure 2: Use of drugs ever/past twelve months by sex (%)



Base: 1,008

By far the most commonly used category of drug was cannabis/smoke unknown. Twenty-nine per cent of respondents had ever used a drug from this category and 12% had done so *in the past twelve months*. The stimulants/hallucinogens category was the only other to have ever been used by more than one in ten respondents.

Table 1: Categories of drugs taken ever/past twelve months (%)

Drug	Ever	Past twelve months
Any drug	33	14
Cannabis/ smoke unknown	29	12
Stimulants/ hallucinogens	15	4
Opiates	5	2
Suppressants	5	1
Other drugs	3	1

Base: All respondents (n=1,008)

4. Drug-driving

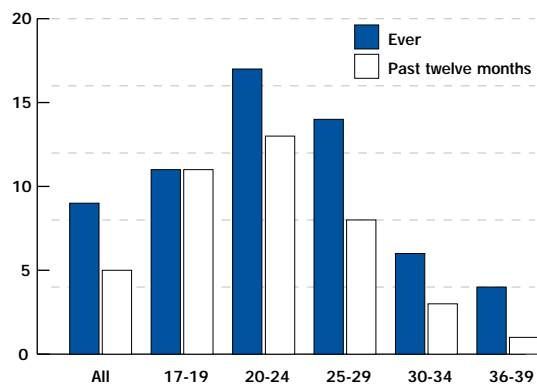
In an attempt to only capture situations in which respondents had driven *whilst under the influence of drugs*, each drug was assigned an 'effective time period', a necessarily crude estimate of how long the average amount of a particular drug of average purity would affect the average person. These effective time periods varied from half an hour (for Amyl Nitrate) to twenty-four hours (for methadone).

Overall, 9% of all respondents had ever driven within the specified time period of taking any of the drugs asked about in the survey and 5% had done so *in the past twelve months*.

Of those respondents who had ever taken drugs, 26% had ever drug-driven and of those who had taken drugs *in the past twelve months*, 36% had drug-driven *in the past twelve months*.

As was the case with general patterns of drug use, drug-driving appeared to be most prevalent in the 20 to 24 year old age group.

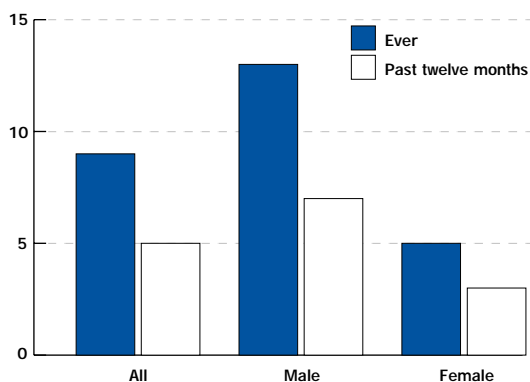
Figure 3: Drug-driven ever/past twelve months by age (%)



Base: 1,008

Again, mirroring patterns of general drug use, men were more likely than women to have driven under the influence of drugs.

Figure 4: Drug-driven ever/past twelve months by sex (%)



Base: 1,008

In terms of circumstances in which drug driving was most likely to occur, the most common journey was relatively short (5 miles or less) and involved going to or from a friend or relative's house at the weekend. Just over half of those who had drug driven in the last 12 months, felt that their driving had not been affected by taking drugs.

5. Risk-taking behaviour

The research would seem to suggest that drug-driving is one expression of a more general risk-taking personality type. The survey asked respondents about four key types of risk-taking behaviour, namely speeding, drink-driving, drug use and drug-driving.

Looking at the relationship between these shows that those who had engaged in one form of risk-taking behaviour were more likely than average to have engaged in the other three. Similarly, respondents who had endorsements on their licence (in itself an indication of engaging in risk-taking behaviour) and who had drunk heavily in the past seven days were more likely to have engaged in one of the four key forms of risk-taking behaviour.

Qualitative Study

The programme of research summarised here complements the prevalence survey by providing more in-depth *qualitative* information about drug-driving behaviour. Data were collected as follows:

- 61 semi-structured interviews were conducted with individuals who had recently attended nightclubs at various locations across Scotland. These individuals were all users of illegal drugs and had all driven motor vehicles.
- 88 people attending Scottish dance events returned a self-completion questionnaire about their drug use and driving behaviour.
- 536 drivers crossing Scotland's main toll bridges at peak drug-driving times returned a similar drug use and driving questionnaire.
- 10 focus groups were undertaken with individuals considered likely to have a range of views on drug use and driving.

Extent of drug-driving amongst dance/nightclubbers

Drug-driving was found to be commonplace amongst those attending dance/nightclubs. Of the 61 individuals participating in the qualitative interviews, 52 (85%) had ever driven after recreational drug use and 19 (31%) said that they did so on at least a weekly basis. Cannabis was the illegal drug most widely used prior to driving (a behaviour reported by 44 of the interviewed respondents). This was followed by ecstasy (26 respondents), amphetamine (15 respondents), cocaine (7 respondents) and LSD (5 respondents). In the dance survey, 36 of the 88 respondents (41%) had ever driven within twelve hours of using an illegal drug.

Attitudes towards drug-driving

The 61 interviewed clubbers expressed a wide range of views regarding the risks of drug-driving. Many respondents felt that cannabis would have no major impact on the driving ability of themselves or others, others believed that cannabis would impair driving, and some maintained that driving could be enhanced by cannabis consumption. In relation to driving after ecstasy, interviewees often reported negative experiences such as blurred vision, impaired concentration, propensity to speed, and slower reaction times. Although no individual felt that amphetamine consumption had had a beneficial effect on their driving, some felt that their driving was little affected and some were convinced that their driving had been impaired. Whilst the effects of driving after cocaine were described as mixed, driving after LSD was universally considered extremely dangerous.

Being a passenger of a drug-driver

Fifty-three of the 61 interviewed clubbers (87%) had been a passenger in a car driven by somebody who had taken illegal drugs and 19 said that they did this on at least a monthly basis. In the (self completion) dance survey, 73 individuals (83%) had ever been a passenger of a drug-driver, but considerably less toll bridge survey respondents had ever accepted a lift with somebody who had taken illegal drugs. Very few passengers of drug-drivers thought that drugs had improved the driving skills of the people with whom they had travelled (and when this was the case, the drivers had only consumed cannabis). Reasons for accepting a lift with a drug-driver (despite sometimes being afraid) included the cost and limited availability of alternative transport at the time, and trusting others' judgement about their ability to drive.

Knowledge of the law and views of drug-driving prevention campaigns

Interviewed clubbers and focus group participants had very poor knowledge of the legal position regarding drug-driving. On learning that the law recommends a

six-month driving ban if there is evidence of cannabis and a year ban if there is evidence of other drugs, most individuals felt that this was appropriate. Some however, argued that the law should take individual circumstances into account and charges should only be brought if drivers are noticeably impaired. When asked about drug-driving prevention campaigns, over a third of the 61 interviewed clubbers felt that effective strategies could not be devised and provided the following reasons in support of their views:

- young people are resilient to advice and information
- those who use drugs expect to encounter some dangers as a result of their behaviour
- people do not listen to government warnings
- some people do not care about the consequences of their actions
- it is not possible to trust what the Government says about drugs
- politicians and campaigners are out of touch with young people
- individuals will not believe that driving after cannabis is dangerous
- individuals will use their own judgement about the safety of drug-driving
- most anti-drug campaigns are ignored
- most anti-drug campaigns are too moralistic
- the Government cannot campaign about drug-driving because this would implicitly be saying that taking drugs is acceptable as long as people do not drive thereafter
- zero tolerance of illegal drugs is incompatible with having a safe drug-driving limit
- people always believe that campaigns are directed at others and not at themselves.

Recommendations for Future Road Safety Campaigns

- Prevention campaigns should be targeted at individuals (such as dance/nightclub attendees) who are at high risk of drug-driving.
- Separate prevention strategies for cannabis driving and for other forms of recreational drug-driving may be advisable; cannabis driving is by far the most prevalent form of drug-driving.
- Accurate information regarding the effects of different drugs on driving ability and the legal position in respect of drug-driving must be disseminated more widely than at present.
- Better public transportation late at night and in the early hours of the morning may help to reduce the temptation of drug-driving.
- More frequent spot checks of motorists may help to counter the belief that drug-driving is an acceptable risk simply because the chances of being caught seem remote.
- A fundamental shift in attitudes - at least amongst some groups of young people - is urgently required. This would ensure that drug-driving (much like drink-driving) is universally recognised as potentially dangerous and therefore considered a socially unacceptable form of behaviour that will not be tolerated.

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