



SUMMARY — SELECTED ISSUE 1: DRUGS AND DRIVING

European Monitoring Centre for Drugs and Drug Addiction
2007 Annual report on the state of the drugs problem in Europe

Embargo: 10:00 CET — 22.11.2007

Introduction

Since the late 1990s, much European and world research has addressed the issue of driving under the influence of psychoactive substances. In a *Selected issue* on 'Drugs and driving', published alongside its 2007 *Annual report*, the EMCDDA focuses on driving after taking cannabis and benzodiazepines.

Country responses were analysed to determine the prevalence of these substances among drivers and studied in the context of policy and legislation, law enforcement and prevention.

Situation analysis ⁽¹⁾

- Studies show that, after alcohol, cannabis and benzodiazepines are the psychoactive substances most prevalent among Europe's driving population. This finding appears consistent regardless of study type (e.g. roadside tests at random or on suspicion, in hospitals, post-mortem). Studies are equally divided as to which of the two substances is more prevalent.
- There are some exceptions within Europe. In **Latvia, Finland, Sweden** and **Norway**, amphetamines are more frequently found in drivers than cannabis and benzodiazepines. In **Slovenia**, opioids are found more often than benzodiazepines.
- Experimental studies (e.g. performance tests) show that use of cannabis and benzodiazepines results in impaired driving ability, varying according to dose, tolerance and delay after intake. Risk assessment studies show that combining these drugs with alcohol significantly increases the risk of being involved in, or responsible for, a traffic accident.
- It is unclear whether drivers who test positive for benzodiazepines are using or misusing them. Analyses found that blood concentrations were frequently at therapeutic levels (e.g. in **Austria, Finland** and **Sweden**), but often much higher (e.g. **Norway**). Nonetheless, the legal status is clear in almost every country in Europe: driving while clinically impaired by benzodiazepines, even when they are used correctly under prescription, is an offence.
- Cannabis-using drivers are most likely to be young males, while benzodiazepine-using drivers are more likely to be middle-aged and often female.
- Data submitted for this *Selected issue* left no doubt that the number one substance endangering lives on European roads today is alcohol.

Policy and legislation

- Countries have reacted at the highest level to the possible harms posed by psychoactive drugs and driving. Many countries have tightened laws, increased penalties or have altered national strategies (e.g. road safety or drug strategies) to address the problem.
- Individual countries' legal responses to drug driving vary greatly, from zero tolerance laws (sanctioning detection of the substance per se) to impairment laws (sanctioning if the person is deemed unfit to drive).

- 'Zero tolerance' laws for illicit drugs such as cannabis have been introduced in **Belgium, Portugal and Sweden** (1999) and **France and Finland** (2003). The **Swedish** and **Finnish** laws also apply to certain medicines consumed without a lawful medical prescription. Penalties for the offence have increased since 2000 in the **Czech Republic, Greece, Italy, Latvia and Lithuania**. Laws and penalties still vary widely across Europe.
- Several countries have passed laws to allow or define roadside drug testing (e.g. by saliva, sweat testing): **Italy, Poland, UK** (2003); **Slovenia** (2004); **Czech Republic, Latvia, Austria** (2005); **Lithuania** (2006); and **Portugal** (2007). Still, the EU's roadside testing assessment projects (<http://www.rosita.org>) considered no device reliable enough for roadside screening. Some draft laws await reliable test kits before enactment.

Law enforcement

- Detection procedures (set down by law, regulation or guidelines) are broadly comparable in Europe. Generally the first stage of contact between driver and the law is the police officer who establishes if drug use may have occurred. Theoretically, the main difference in detection procedures is the legal ability in the country to test at random or only on suspicion, although this distinction is often blurred in practice.
- While detection procedures generally comprise observations and behavioural tests followed by urine/blood samples, differences exist in the location of the tests (e.g. roadside, medical centre) and the person executing them (e.g. traffic police, doctor).
- Some countries report that testing procedures are mandatory or systematic in certain situations involving fatal accidents, injuries, or even suspicion. But a legal obligation for testing is not always easy to enforce. **Denmark, Estonia, Ireland and Portugal**, all of which list systematic testing, report that a drug test will not routinely be carried out if a driver is found to be over the blood alcohol limit, as it is unnecessary for prosecution.
- Countries report various levels of training for police to recognise signs of impairment in drivers. Specialised training is obligatory in **Belgium, Portugal, Sweden** and the **UK**.

Prevention approaches and programmes

- Since the late 1990s, the majority of EU countries have carried out mass media campaigns informing on the health risks of substance use and driving, but these tend to deal primarily with alcohol. Only around a fifth of EU countries specifically target cannabis or benzodiazepines. Drug-specific prevention programmes now feature prominently in driving schools.
- Research suggests that 'one-size-fits-all' campaigns may be unsuitable. Older benzodiazepine users will often ignore messages aimed at young cannabis users and vice versa, and neither will feel that warnings about alcohol apply to them.
- People on medication may be unaware of its possible effects on driving ability. Currently only five countries use pictograms on medicinal packaging (**Denmark, France, the Netherlands, Slovakia and Finland**) to inform patients of possible adverse effects.

(¹) Results of the epidemiological studies quoted are not scientifically comparable. They may differ in the general study design, methodology, sample group, biological matrices tested and cut-off levels.

Further reading

'Legal approaches to drugs and driving', ELDD <http://eldd.emcdda.europa.eu/?nnodeid=5036>

'Literature review on the relation between drug use, impaired driving and traffic accidents' EMCDDA, 1999 <http://eldd.emcdda.europa.eu/?nnodeid=19034>

Drugs and driving: latest developments and findings from research, Insights series, EMCDDA (in press).

See also European Commission's DRUID project at <http://www.druid-project.eu>