

Driving Under the Influence of Drugs - A Review of the Evidence and Legislation by the RSA

A synopsis of the key points on Cannabis use.

Overall the evidence suggests that cannabis impairs driving ability and increases a driver's risk of being involved in a car crash.

A number of studies have shown that cannabis affects memory, psychomotor abilities, reaction times and these effects remain long after the 'high' has passed.

The perception that drugs do not significantly impair driving capability would appear to be common among drug users. In fact they often perceive that their driving skills are unaffected by drugs and in some cases makes them better drivers.

Many regular drug-drivers believe compensatory strategies can reduce the risks when drug-driving. Studies with cannabis users have found that it is safe to drive following cannabis use and that it does not increase collision risk.

Drug- drivers perceive little risk of apprehension, perceive themselves to be better drives while under the influence of some drugs, perceive low risk of collision compared with alcohol, overestimate their ability to compensate for impairment and demonstrate little knowledge of the effects of driving under the influence of different drugs.

Cannabis users are 2 to 3 times more at risk of being involved in a road collision than a non cannabis user.

Drugs used in combination with alcohol and multiple drug-use (poly drug-use) present a greater risk to traffic safety than the use of either alone. The most common poly drug-use is Cannabis and alcohol and appears to also be the most impairing. Drivers injured or killed while under the influence of alcohol and Cannabis combinations were significantly more likely to be responsible for the collision than drug-free drivers.

After alcohol, the psychoactive substance most widely researched with respect to driving is cannabis. It has been estimated that the prevalence of cannabis varies from 3.3% to 10% in injured people and from 2.2 to 8.4% in those killed in road traffic collisions (Raes & Verstraete, 2006). In small doses, cannabis produces euphoria, relief of anxiety, sedation and drowsiness. In some respects, the effects are similar to those caused by alcohol. In some situations, cannabis can cause anxiety, panic attacks and paranoia.

Several studies have indicated that when driving under the influence of cannabis participants were more likely to 'drift' or 'weave' across their lane, have slower reaction times when responding to changes in speed and distances from leading vehicles, have collisions, and drive more slowly. Most studies found significant negative effects of cannabis on driving performance up to ten hours after use.

Prevalence

The first national report on trends in deaths among drug users due to traumatic or medical causes covered the eight year period 1998 to 2005. Over that period 476 deaths were due to trauma 95 (20%) were the result of road traffic collisions (RTCs). Almost half (47, 49.5%) of RTC cases were driving a vehicle at the time of the incident. 83 cases were aged 15 to 34, which represents 6.9% of the total number of deaths due to RTCs in the general population aged 15 to 24 years in the eight years 1998 to 2005. A positive toxicology report was available for 91 fatal RTCs and indicates that Cannabis was the most frequently recorded illicit drug (60, 65.9%). (Drugs Related deaths and deaths among drug users in Ireland 1998 and 2005. Data from the national drug-related deaths index. Health Research Board)

A drugs prevalence survey was carried out between October 2006 and May 2007 by the National Advisory Committee on Drugs (NACD) in Ireland and the Public Health Information Research Branch (PHIRB), in Northern Ireland. Results indicate Cannabis was the most commonly used illegal drug.