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SUMMARY

INTRODUCTION

1. The behaviour of individuals who drive whilst under the influence of illegal drugs is now a major concern in many countries. This has generated a large amount of epidemiological and experimental research examining various aspects of drug-driving behaviour. Within Scotland, however, there has been a lack of information on the nature and extent of the drug-driving problem.

2. Responding to this gap in knowledge, the Scottish Executive (in association with the Scottish Road Safety Campaign) commissioned a programme of research to examine both *quantitative* and *qualitative* aspects of recreational drug-driving. A national household survey by System Three Social Research has provided *quantitative* information on the prevalence of this behaviour among 17-39 year-old drivers in Scotland (Ingram et al, 2001). The research reported here complements this survey by providing more in-depth *qualitative* information on the links between recreational drug use and driving.

METHODS

3. The research undertaken comprised four elements: *Firstly*, semi-structured qualitative interviews were conducted with 61 individuals attending night clubs at various locations within Scotland. These individuals were all drug users and all initially reported that they had passed their driving test. (In practice, two individuals had actually never passed their test but had driven cars unsupervised on public roads.) *Secondly*, 88 people who attend dance/nightclubs returned a self-completion questionnaire about their drug use and driving behaviour. *Thirdly*, the researchers undertook a survey of drivers crossing Scotland's main toll bridges at peak drug-driving times. And *fourthly*, 10 focus groups were conducted with individuals considered likely to have a range of views on drug use and driving.

4. The overall research programme was designed to produce information about groups of individuals at different levels of risk for drug-driving. Clubbers participating in the interviews were deemed to be at 'very high' risk of drug-driving; respondents in the dance survey were assumed to be at 'relatively high' risk of drug-driving; and those participating in the toll bridge survey and focus groups were considered likely to be at 'above average' risk of drug-driving.

FINDINGS

General driving behaviour

5. Clubbers are at considerable risk of drug-related driving and, according to self-reported data, their drug use may be associated with an increased risk of road accidents and other driving-related infractions.

6. A relatively large proportion of the interviewed clubbers had personally driven a motor vehicle to or from a nightclub, although often not on a regular basis and not always combined with drug taking. A significant minority of the dance survey respondents usually travelled to and from clubs by private car (either as a driver or passenger) and this was often combined with drug taking.

7. Although there was some evidence of dangerous drug-driving amongst the toll bridge survey respondents, this was marginal rather than commonplace.

Personal drug use

8. In total, 3% of the toll bridge survey respondents aged 40 or over and 13% of the toll bridge survey respondents aged 17-39 years had taken an illegal drug in the previous 12 months. In the dance survey, 76% of respondents had taken illegal drugs in the last *month*. This apparently much greater incidence of drug use amongst clubbers in Scotland is consistent with previous research (Forsyth, 1996) and consistent with the theory that clubbers may be at increased risk of drug-driving.

9. Consistent with the national prevalence survey (Ingram et al., 2001), the interviews and two surveys indicated that i) drug use is more common among younger age than older age groups (with individuals showing some tendency to mature out of this behaviour as they grow older); ii) drug use is more common amongst males than females; iii) and cannabis is by far the most commonly used illicit substance.

10. In addition, the Glasgow University research revealed that drug use amongst clubbers was associated with clubbing, but also with non-clubbing activities. For example, ecstasy and amphetamine use mostly occurred at weekends and was related to going out. Cannabis, meanwhile, was often smoked during the week at home or in friends' houses either to relax or be sociable.

Personal drug-driving behaviour

11. Driving after illicit drug use was widespread amongst the sample of clubbers interviewed and the dance survey respondents. Nonetheless, drug-related driving was not itself widespread among the general population. Indeed, amongst the drivers participating in the toll bridge survey much lower levels of drug-driving were identified. This was despite the fact that the toll bridge survey was scheduled to occur at times when it was anticipated that the level of drug-driving would be highest.

12. In many respects, the research suggested that drug-driving is associated with a particular life-style (clubbing) rather than being uniformly distributed throughout society. Nonetheless, it was also evident that most drug-driving episodes involved the use of cannabis and were *not* associated with travelling to or from clubs and dance events.

13. Drug-driving appeared to be more common amongst males than females and seemed to be a behaviour that individuals engaged in less frequently as they grew older. These findings

were supported by the conclusions of the national prevalence survey conducted by System Three Social Research.

14. The interviewees and focus group participants highlighted important differences between driving after cannabis and driving after other recreational drugs. For example, the number of individuals who had ever driven after using cannabis was much larger than the number of individuals who had ever driven after ecstasy, cocaine, amphetamines or LSD. Furthermore, cannabis driving was a behaviour that individuals routinely engaged in as part of their everyday lives whereas driving after other drugs tended to be an occasional event, mostly confined to the early hours of Saturdays and Sundays.

15. Discussions about the effects of different drug types on driving ability indicated that cannabis driving was considered much less dangerous than driving after ecstasy, cocaine, amphetamine or LSD. Indeed, cannabis was the only drug that a large proportion of interviewees thought might improve, or have no impact on, driving skills.

16. Many clubbers repeatedly emphasised that the effects of drugs on driving depend on a wide range of complex factors above and beyond the type of drug taken. These relate to the quality and quantity of drugs consumed, the individual involved, and the particular circumstances of any given drug-driving incident. In addition, interviewees commonly reported that they were aware of how their driving was impaired by drug use and therefore felt able to take adequate compensatory action.

17. Considerably fewer interviewed clubbers had ever driven a motor vehicle whilst they thought that they were over the legal alcohol limit than had driven after consuming illegal drugs. Moreover, whilst there were very diverse views about the effects of illegal drugs on driving, all clubbers who had ever drunk-driven accepted that alcohol always had a detrimental effect on driving ability and was therefore a bad thing.

Being a passenger in a car driven by a drug using driver

18. As with personal experiences of driving after illicit drug use, being the passenger of a driver who had consumed illegal drugs was extremely common amongst the interviewed clubbers and the dance survey respondents. Moreover, individuals were very likely to have been the passenger of a drug-driver on numerous occasions.

19. Whether or not interviewed clubbers had ever ridden with a driver who had consumed illegal substances appeared to be influenced by the drug-driving behaviour of friends rather than any other social group (such as family, peers, workmates, or role models).

20. Cannabis was the drug most commonly taken by the drivers with whom the clubber interviewees had travelled. Despite this, accepting a lift from individuals who had used other drugs was also widespread.

21. Reasons for deciding to be a passenger with a drug-driver mostly related to the convenience of being offered a lift home. These included not having the money for, or easy access to, a taxi; bad weather conditions; being a long way from home late at night; and

perceiving there to be no other transport available. In addition, some clubbers seemed more likely to accept a lift if they were themselves intoxicated and thus not caring.

22. Many interviewed clubbers (as well as focus group participants) argued that the dangers of being in a car driven by somebody who had used illegal drugs depended on a variety of factors. These included the type and amount of drugs consumed as well as the driver's tolerance.

23. A small number of clubbers thought that drugs had improved the driving skills of the drivers with whom they had travelled. When this was the case, the drivers had all consumed cannabis. Otherwise, clubbers were fairly evenly divided in terms of whether illicit drug consumption had had a negligible or a detrimental impact on drivers' driving skills.

24. Despite high levels of belief that driving after drug use does not significantly impair driving ability, a surprisingly large number of interviewees reported that they had at some point been anxious or very anxious whilst travelling with a drug-driver. There was, however, little evidence that this fear had prevented individuals from accepting a lift when the offer was convenient.

25. Discussions of frightening experiences when travelling with a drug-driver were almost always confined to those who had been a passenger of someone who had taken drugs *other than* cannabis. Conversely, those who had travelled with drivers who had smoked cannabis had mostly felt quite safe.

26. Amongst the clubber interviewees and the dance survey respondents, the incidence of being a passenger with a drink-driver was much lower than the incidence of being a passenger of a drug-driver. Toll bridge drivers, conversely, were more likely to have been passengers with drink than with drug-drivers.

General views of drug-driving

27. According to the interviewed clubbers, driving after cannabis was the least dangerous form of illegal drug-driving, whilst driving after LSD use was the most dangerous. Meanwhile, driving in excess of the legal alcohol limit was generally perceived to be more dangerous than driving after consuming illegal drugs.

28. Those who had themselves never drug driven were more likely to hold negative views of drug-driving than those who had so behaved. Thus, the toll bridge drivers expressed considerably more apprehension about drug-driving than the dance survey respondents or the clubber interviewees.

29. Findings from the dance survey suggested that men had less negative views of drug-driving than women. The toll bridge survey identified little difference between the views of older and younger drivers. Evidence from the focus groups, meanwhile, indicated that drug-driving was both an urban and a rural activity.

30. Interviewed clubbers who had themselves drunk-driven were as willing as those who had never drunk-driven to accept the high level of danger and stupidity involved in such an act.

This is clearly contrary to any simple assumption that those who have engaged in a particular behaviour are always more likely to argue that that behaviour is acceptable and safe.

31. Many interviewed clubbers believed that driving following the use of some prescribed drugs would certainly be dangerous and yet they had either done so or believed that they would be prepared to do so in order to avoid the inconvenience of not being able to use a car.

The role of friends and peers

32. Whilst many of the clubber interviewees had friends who drove after consuming illegal drugs (most commonly cannabis), few had friends who regularly drove whilst drunk. The pattern of friends' behaviour in respect of driving under the influence was, in other words, very similar to the clubber interviewees' own personal conduct.

33. Not having friends who drug drove tended to occur because individuals had friends who could not drive – not because they had friends who objected to the activity. This seemed to indicate that drug-driving was often considered a socially acceptable and normal behaviour within the friendship groups of those who themselves drug drove.

34. Moving beyond immediate friendships to young people more generally, drug-driving was still deemed more prevalent than drink-driving and considered to be particularly widespread amongst young males aged between 17 and 35 years.

35. According to the clubber interviewees, both behavioural and situational factors appeared to contribute to male drug-driving. That is, men were perceived as being more likely to take drugs, more susceptible to peer pressure to drug drive, and more willing to believe that drug-driving is acceptable.

36. As well as young males, the clubber interviewees felt that cannabis users, those living in rural areas, and those who regularly attend nightclubs were also high-risk drug-driving categories.

37. Although many clubbers had been in situations where a designated driver had been arranged as a way of reducing the likelihood of drink-driving, hardly any of the interviewed clubbers had arranged to have a designated driver as a way of reducing drug-driving.

38. A sizable minority of clubbers had sought to stop somebody whom they believed to be in excess of the legal alcohol limit from driving, but hardly any clubbers had attempted to do the same in relation to an individual who had consumed illegal drugs.

The law and prevention campaigns

39. The interviewed clubbers and focus group participants had very poor knowledge of the legal position regarding illegal drug use and driving. In addition, many interviewed clubbers were confused about the legal position in relation to alcohol use.

40. Overall, there was widespread support for a stricter approach to drink-driving and qualified support for treating drug-driving as a serious legal offence. Despite this, some clubber interviewees felt that the law should take individual circumstances into consideration. Moreover, charges should only be made if drivers were noticeably impaired.

41. As might be expected given their lesser incidence of personal drug-driving, the toll bridge survey respondents (particularly those in the older age group), were the group most convinced of the need for a clearly defined legal approach to drug-driving.

42. Although many interviewed clubbers felt that roadside testing might be an effective and acceptable way of detecting drug consumption, a number of problems were highlighted. These related to the accuracy of tests; the potential for over use by the police; and breaches of civil liberty. In addition, many interviewees argued that tests for cannabis were particularly ineffectual because the drug could be detected in the body for such a long time after ingestion.

43. In so far as roadside tests might prevent drug-driving, it seemed that individuals who drug drove occasionally would be most likely to modify their behaviour whilst those who regularly drug drove or only drove after cannabis would be least likely to change. Nonetheless, regular drug-drivers and cannabis drivers might be prepared to reduce their drug-driving and not embark on long journeys where the chances of being caught were especially high.

44. Many interviewed clubbers and focus group participants expressed reservations about the effectiveness of any drug-driving prevention campaigns. In this regard, several problems were identified. These related to the resilience of young people and drug users to health education messages; the unnecessarily alarmist and moralistic nature of many previous anti-drug campaigns; widespread belief that driving after cannabis is safe; and the fact that drug taking per se is illegal.

45. According to the interviewed clubbers, effective prevention campaigns would need to be based on honest and accurate information; be targeted at appropriate 'at risk' groups; and involve drug users themselves in getting important messages across. In addition, some focus group participants felt that hard-hitting campaigns might have a beneficial impact on the behaviour of at least some individuals who might be tempted to drive following recent illegal drug use.

46. Finally, improved public transport for those leaving clubs late at night seemed to be a fundamental requirement of any serious attempt at reducing the incidence of drug-driving.

CONCLUSIONS

47. Anti-drug-driving strategies must be directed at those groups most at risk of drug-driving. Drivers attending dance events are obviously one particular group that must be targeted.

48. More factual information about the dangerous effects of particular drugs on driving ability is necessary if drug-drivers and those at risk of drug-driving are to be convinced that drug-driving is unsafe.

49. Driving on cannabis is considerably more commonplace than driving on other illegal drugs and widely perceived to be less dangerous than driving on other illegal drugs. In consequence, separate prevention strategies for cannabis driving and for other forms of recreational drug-driving may be advisable.

50. There is a need to extend roadside testing particularly at those times of the day when clubbers are likely to be driving to and from dance venues. The accuracy of roadside drug testing should, however, be improved if compliance is to be maximised. Equally, testing procedures should be implemented sensitively so as not to breach civil liberties.

51. Attitudes towards drugs and driving amongst those who are likely to consume illegal drugs and drive must be changed. The perceived stigma associated with alcohol and driving shows that this can be achieved even amongst a group known to use illegal drugs.

52. Better public transportation late at night and in the early hours of the morning is required if the temptation to drive following illegal drug use is to be reduced.

53. The effectiveness of drug-driving prevention campaigns will be enhanced if these are honest; based on good research; are not vague or unnecessarily frightening; include prescription drugs; target those most at risk of drug-driving; and (where possible) are informed or led by drug users themselves.

54. Finally, the role of peers in preventing drug-driving behaviour must be fostered and developed. Designated no-drug-driver arrangements amongst friends can potentially avert at least some intoxicated driving. Equally, just as some education and prevention programmes have helped groups of young people to learn how to say no to drug taking, similar strategies might be employed to help them develop ways of discouraging and preventing drug-driving.

CHAPTER ONE: INTRODUCTION

DRUG-DRIVING RESEARCH

1.1 The behaviour of individuals who drive whilst under the influence of illegal drugs is now a major concern in many countries. This has generated a large amount of epidemiological and experimental research examining various aspects of drug-driving behaviour. In particular, researchers have examined the prevalence of drug-influenced driving (Alvarez et al., 1992; Delrio and Alvarez, 1995); evaluated the impact of drugs on driving performance (Rafaelsen et al., 1973; Smiley et al., 1981; Brookhuis, 1998); and investigated the role of drug use in road traffic accidents (Hansen et al., 1996; Logan and Schwilke, 1996; Athanasis et al., 1999).

1.2 Studies have indicated that cannabis (one of the most prevalent drugs discovered in fluid samples taken from drivers) can impair co-ordination, visual perception, tracking, vigilance, simulated driving, closed course driving tasks and performance in the actual driving environment (Moskowitz, 1985; Smiley 1986; Robbe and O'Hanlon 1993; Albery et al., 1998). In addition, there is evidence of a statistical association between cannabis use and risk of road traffic accidents (Department of Transportation, 1990). Despite this, findings relating to the effects of cannabinoids on driving skills and road safety are not conclusive (Hollister, 1985; EMCDDA, 1999) and the consequences of tolerance to cannabis have not been thoroughly explored (Albery et al., 1998). Furthermore, cannabis may be found in blood or urine as long as 28 days after last use or even longer. Consequently, positive laboratory findings at the time of a motor vehicle crash are only an uncertain indicator that the drug has been used at or near to the time of an accident (ACMD, 2000).

1.3 In respect of other drug types, experimental studies suggest that low doses of amphetamines have few effects on cognitive functioning and may even result in an enhancement of some driving-related psychomotor tasks (Hurst, 1987; Albery et al., 1998 EMCDDA, 1999). Nonetheless, higher doses seem to increase risk-taking and result in inappropriate and dangerous driving behaviour, such as speeding and carelessness (Hurst, 1962; Albery et al., 1998; EMCDDA. 1999). Studies of cocaine use also indicate little impact on various driving-related skills at low dose levels but increases in impairment with higher doses and during periods of withdrawal (Ellinwood and Nikaido, 1987; Burns, 1993; Albery et al., 1998). According to Siegel (1987), perceptions of overconfidence, grandiosity and increased risk-taking thresholds induced by the consumption of cocaine may be expected to affect driving behaviour. Surprisingly, however, a study of individuals arrested for reckless driving in Tennessee during 1993 identified no typical appearance associated with cocaine intoxicated drivers (Brookoff et al, 1994).

1.4 Although the findings of epidemiological and experimental studies provide critical insights into drug-driving behaviour, they do not consider drug users' views or experiences of the issue. Two recent Australian studies have broken this mould and, in so doing, generated some useful qualitative information. Firstly, Lenton and Davidson (1999) have provided insights into the views and experiences of 83 people who attended raves or dance parties in Perth. Secondly, Aitken et al, (2000) used focus groups and a survey to investigate the perceptions and behaviours of drivers who used illicit opiates, stimulants and cannabis in Victoria. In addition, a limited amount of psychological research has examined the psychosocial factors

that correlate with drug-driving and suggested that 'risky driving' is part of a broader syndrome of problem behaviour and only one of many risks engaged in by young drivers (Jessor, 1987; Jonah, 1986; Donovan, 1993).

BACKGROUND TO THE REPORT

1.5 Within Scotland, there is a dearth of information on the nature and extent of drug-related driving and the experiences and attitudes of those at high risk of so behaving. Responding to this lack of information, the Scottish Executive (in association with the Scottish Road Safety Campaign) commissioned a programme of research to examine both quantitative and qualitative aspects of drug-driving behaviour. Although morphine and benzodiazepines were the drugs most commonly found in a recent toxicological investigation of urine and blood samples collected from impaired drivers in the West of Scotland (Seymour and Oliver, in press), it cannot be assumed that these are the drugs most commonly consumed in drug-driving incidents. As discussed above, cannabis and other so-called 'recreational drugs' have more often been the focus of research and public concern. In recognition of this fact, the research commissioned by the Scottish Executive focused on the driving behaviour of 'recreational' (rather than 'problematic') drug users.

1.6 Quantitative information for the research programme was provided by System Three Social Research who conducted a probability survey of the general household population in order to estimate the prevalence of recreational drug-driving among 17-39 year-old drivers in Scotland. Findings from this are reported in Ingram et al. (2001). The Centre for Drug Misuse at Glasgow University, meanwhile, undertook four interrelated studies to provide more in-depth qualitative information on the link between recreational drug use and driving, including the social and situational contexts within which recreational drug users are likely to drive. It is these four studies that form the basis of this largely qualitative report.

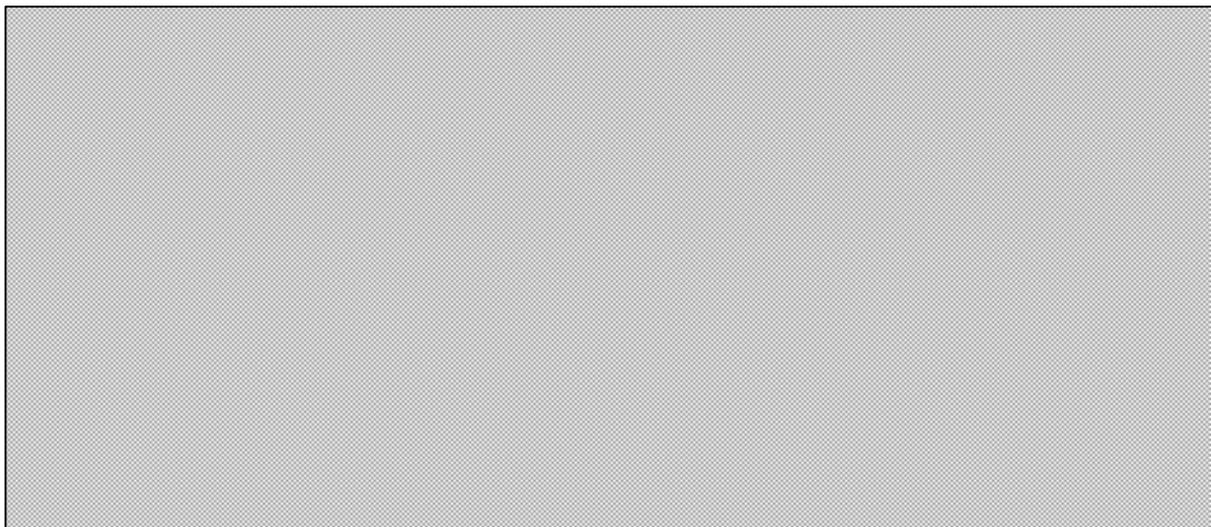
1.7 Since there is evidence that recreational drug use is particularly widespread amongst young people attending dance events within Scotland (Forsyth 1996), the Glasgow University research focused particularly – although not exclusively - on the drug use and driving behaviour of individuals associated with the Scottish dance scene. As such, the four studies undertaken were as follows:

- 1. Qualitative interviews (n=61) with nightclub attendees who had passed their driving test and were also current drug users.** *(In the text, this element of the research is referred to as the 'clubber interviews' and those who participated are referred to as the 'clubber interviewees').*
- 2. A survey of individuals attending nightclubs (n=88).** *(In the text, this element of the research is referred to as the 'dance survey' and those who participated are referred to as the 'dance survey respondents').*
- 3. A survey of drivers crossing Scotland's four Toll Bridges between 11pm and 6am on weekend nights (n=536).** *(This element of the research is referred to as the 'toll bridge survey' and those who participated are referred to as the 'toll bridge survey respondents').*

4. Focus groups (n=10) with individuals (n=43) considered likely to have a variety of views on drug use and driving. *(This element of the research is referred to as the 'focus groups' and those who participated are referred to as the 'focus group participants').*

1.1 The overall research programme was designed to produce information about groups of individuals at different levels of risk for drug-driving. Thus, it was anticipated that the clubber interviewees (involving only individuals who took drugs and could drive) would be the most likely to have drug driven and the dance survey respondents (many of whom would be drug users and probably drivers) would be second most likely to have drug driven. Toll bridge survey respondents and focus group participants (comprising individuals considered to be at 'above average' risk of drug-driving) were expected to be less likely to have drug driven than the clubber interviews or the dance survey respondents, but more likely to have drug driven than those surveyed in the national prevalence study by System Three Social Research. This anticipated continuum of risk is shown in Figure 1.1.

Figure 1.1: Anticipated continuum of drug-driving risk by study type



1.2 The report is organised as follows. Chapter two describes the methods of data collection used and presents summary information about the participants in each of the four Glasgow University studies. Chapter three provides general information about the driving behaviour and driving experience of the respondents whilst chapter four focuses on their illicit drug use. In chapter five, personal experiences of drug-driving are examined and in chapter six being a passenger in a car driven by a drug-using other are explored. General views of drug-driving form the basis of chapter seven, the role of friends and peers is considered in chapter eight, and the law and prevention campaigns are examined in chapter nine. To conclude, chapter 10 discusses the findings and policy implications emerging from the research.

1.3 Chapters three to nine adopt a common format. Each begins with detailed commentary relating to the clubber interviews. By focusing on individuals who were considered to be at very high risk of drug-driving, this aspect of the research produced a large amount of relevant data. Moreover, the use of semi-structured interviews generated a level of depth and detail that would not have been possible through other more structured information-gathering techniques. Despite this, findings from the surveys and focus groups provided some important

additional insights and contextual material and this is also reported. Not all of the chapters provide information from all of the studies. For example, focus group participants were not asked to discuss their personal behaviour and therefore do not feature in the earlier chapters. However, where available, the findings are discussed in an order that reflects the anticipated continuum of drug-driving risk discussed above. That is, i) clubber interviews; ii) dance survey; iii) toll bridge survey; and iv) focus groups.

CHAPTER TWO: METHODS OF DATA COLLECTION AND SAMPLE CHARACTERISTICS

INTRODUCTION

2.1 As highlighted in chapter one, the most important element of this research was the 61 interviews conducted with a sample of nightclubbers who had passed their driving test and were also current drug users. These individuals were chosen as the main focus of this research because they were considered a very high-risk group for drug-driving. Complementing these interviews, the research also entailed a self-completion survey of dance club attendees, a self-completion survey of drivers crossing Scotland's toll bridges between 11pm and 6am on weekend nights, and a series of focus groups in urban and rural locations across Scotland. Methods of data collection and summary information about the participants in each of these research components are presented below.

CLUBBER INTERVIEWS

Methods of data collection

2.2 During early 2000, recruiters from Glasgow University visited eight Scottish nightclubs known for their high levels of drug-using clientele. These nightclubs were situated in both inner city and urban areas. A number of rural venues were also attended but these proved to be used largely by alcohol drinkers rather than drug users and so were inappropriate for recruitment in this research. Inside the venues, clubbers were approached and asked whether they would participate in a study of drug use and driving. Consenting individuals were given more information about the research and screened to identify those who i) could drive and ii) were current drug users. Drivers who were also drug users were invited to participate in a confidential telephone interview and those who agreed supplied a contact name and telephone number for follow-up.

2.3 A large number of individuals were screened out of the study because they did not use drugs, had not passed their driving test or were unhappy about disclosing personal information. Nevertheless, many of those approached were very co-operative and often pleased to be given the opportunity to talk about drug-driving issues. The recruiters passed all contact details to one of the authors (JN) who then attempted to contact potential interviewees by telephone during the subsequent week. In practice, the telephone numbers supplied were often inaccurate or unobtainable, a problem that could have resulted either because individuals deliberately gave false information or because mistakes were easily made when communicating personal details in noisy nightclub settings. A small number of individuals could also not be reached because they were repeatedly out or 'unavailable'.

2.4 On establishing a successful contact, prospective interviewees were provided with further information about the study and were assured as to the confidential nature of the research. It was also explained that the interview would be audio-recorded. At this stage, 4 individuals decided to withdraw, but 61 went on to participate in semi-structured telephone interviews lasting between 25 and 45 minutes. The key topics discussed in each interview were: basic biographical information; general travel habits; current drug use; experiences of driving after

drug use; experiences of being a passenger after drug use; the likely effects of different drugs on driving ability; the behaviour and attitudes of friends and peers; the law; and prevention campaigns.

2.5 All interviews were transcribed in full and the data were analysed using grounded theory (Glaser and Strauss, 1967). This analysis was undertaken with the assistance of the computer software package WinmaxPro. The small sample size and the qualitative nature of most of the data collected meant that the use of statistical tests in relation to the interview data was largely inappropriate. Nonetheless, where possible any quantitative information was analysed using SPSS for Windows (version 9). Unless otherwise stated, differences referred to in the text are statistically significant at the 95% confidence level.

Sample characteristics

2.6 Of the 61 interviewees, 45 were male and 16 were female. They had a mean age of 25 years, the youngest being 18 years and the oldest being 46 years. Most were Scottish, single and childless. Twenty-three lived with friends; 18 lived with their parents; 11 lived with a partner; and 9 lived alone. Thirty-seven were in full-time paid employment; 20 were full-time students; 3 were unemployed; and one was long-term sick and disabled. Those who were working held a variety of jobs and many were university graduates. Those in full-time education included students of a wide range of subjects.

DANCE SURVEY

Methods of data collection

2.7 Clubs and pre-club bars that were known to be frequented by recreational drug users were identified through networking and contact making. Over the course of several weekends in January and February 2000, 370 questionnaires were distributed to individuals about to enter clubs and in the process of leaving clubs in one urban and two inner-city areas. Individuals were asked to complete the survey and post it back as soon as possible using the Freepost address.

2.8 With the exception of one small underground venue where good links were secured with the club manager, surveys were not distributed within the clubs themselves. This was considered necessary for two main reasons. Firstly, it was likely that the distribution of questionnaires relating to drug use within venues would antagonise club owners. Secondly, the noise and general activity within club environments were not conducive to explaining the research and the procedures for returning completed surveys. A further two factors influenced the decision to ask club attendees to complete the survey at a later time and return it by post rather than complete it on the spot and hand it back to the researchers. To begin, many clubbers were too intoxicated to fill in the surveys at the point when they were distributed. Additionally, it was neither reasonable nor realistic to expect individuals to stand outside in darkness and cold weather for ten minutes to complete a form – particularly when they had their minds firmly set on other things, such as getting into the club or getting home.

2.9 Although handing out questionnaires proved unproblematic, very few completed schedules were actually returned. As a result, a second 'back-up' distribution strategy was devised. This involved researchers entering clubs and pre-club bars and establishing contact with a number of clubbers (n=16) who seemed interested in the study and appeared willing to help out. These individuals were contacted again at home by telephone during the subsequent week and arrangements were made for them to hand out copies of the survey to ten of their friends. In order to minimise the potential for bias, no more than ten surveys were given to any one individual clubber. Thirteen of the sixteen individuals contacted actually became involved and consequently a further 130 questionnaires were distributed in this way.

Sample characteristics

2.10 Of the 500 questionnaires actually circulated, 88 were returned. Of these, 16 had been distributed by the researchers themselves and 72 had been distributed via the recruited clubbers. This was an overall response rate of 18%. The 88 individuals completing the questionnaire included 39 men and 47 women. Their mean age was 24 years, the youngest being 18 years and the oldest being 43 years. Respondents came from various areas of Scotland and, in two cases, from England.

TOLL BRIDGE SURVEY

Methods of data collection

2.11 Because a number of the main venues for dance events within Scotland are outside of the major cities, a nighttime survey of young drivers crossing Scotland's major toll bridges (the Forth Road Bridge, the Erskine Bridge, the Tay Road Bridge and the Skye Road Bridge) was conducted. By scheduling the toll bridge survey to occur at times of day and week when it was anticipated that the level of drug-related driving would be at its highest (that is, late at night and in the early hours of weekend days), efforts were made to capture a group of drivers more at risk of drug-driving than the general population, but less at risk of drug-driving than clubbers.

2.12 Three bridge managers agreed to distribute the questionnaires on behalf of the research team and one bridge manager allowed the researchers access to the bridge in order to distribute the questionnaires themselves. Consultations with bridge staff resulted in a decision to hand out questionnaires on two consecutive nights in December 1999 (Friday 17th and Saturday 18th). Written instructions were provided for tollbooth staff and communicated verbally to the bridge managers. The instructions stipulated that one questionnaire should be handed to the driver of any motorised vehicle, if the driver appeared to be between 17 and 39 years of age.

2.13 Although it was anticipated that some questionnaires would be distributed mistakenly to drivers over 39 years of age, early returns revealed that staff at one bridge had handed their surveys to drivers of all ages. In order to rectify this situation, the manager agreed to repeat the process, this time targeting the correct age group. The final number of questionnaires distributed at each of the bridges is shown in Table 2.1. Since the questionnaires returned

from the older age group provided a useful comparison to those of the targeted age group, all returned questionnaires were included in the data set for analysis.

Table 2.1. Number of questionnaires distributed in the toll bridge survey by the four participating bridges

Bridge	Number of questionnaires distributed
Forth Road Bridge	1,200
Erskine Bridge	300
Tay Road Bridge	300
Skye Road Bridge	50
Total:	1,850

Sample characteristics

2.14The response rate for the survey was 29% (n=537). This included 273 individuals aged 17-39 years and 264 individuals aged 40 and over. Of the 537 respondents, 345 were men and 191 were women, where the gender of one respondent was missing (see Table 2.2). Although more men than women returned the survey, it is not possible to calculate the exact response rate by gender because the relative proportions of men and women crossing the four bridges late at night were unknown.

Table 2.2: Returned toll bridge questionnaires for each age group by gender

Gender	17-39 year-olds	40 and over year olds	Total
Male	161	184	345
Female	112	79	191
Total	273	263 ¹	536

¹1 missing case

FOCUS GROUPS

Methods of data collection

2.14In order to complement the in-depth interviews and the two surveys, 10 audio-recorded focus groups was also conducted. Each group followed the same format and involved inviting participants to discuss a common set of issues. These were:

- the extent of drug-related driving
- the kinds of drugs involved
- the people most likely to drive following recreational drug use
- the situations within which drug-related driving might occur
- why drug-related driving might occur
- perceptions of the effects of different drugs on driving ability
- differences between driving on drugs and driving on alcohol
- knowledge and views of the legal position regarding drugs and driving

- responses to being offered a lift in a car driven by somebody that had recently used an illicit substance.

2.14 It was explained to group participants that they were under no obligation to discuss their own personal drug use (if this had occurred); there were no right or wrong answers; and each individual should feel able to articulate their views even if these were at odds with any apparent consensus within their group.

Sample characteristics

2.15 The groups were selected on the basis of key demographic variables. These were: gender, age, employment status, and area residence.

- Group 1 comprised 3 males (aged 17) living in a large city
- Group 2 comprised 5 females (aged 17 and 18) living in a large city
- Group 3 comprised 6 males (in their late teens) living in a rural area
- Group 4 comprised 5 females (aged 17) living in a rural area
- Group 5 comprised 3 male students (in their late teens) living in a large city
- Group 6 comprised 5 female students (in their late teens and early twenties) living in a large city
- Group 7 comprised 2 employed females and 2 employed males (in their mid-to-late twenties) living in an urban area
- Group 8 comprised 3 unemployed males (in their late twenties) living in an urban area
- Group 9 comprised 3 females and one male (in their thirties) living in an urban area
- Group 10 comprised 5 professional lorry drivers (aged between 24 and 45) whose area of residence was unknown

CHAPTER THREE: GENERAL DRIVING BEHAVIOUR

INTRODUCTION

3.1 In this chapter, findings relating to the driving behaviour of the various study participants are summarised. As explained in chapter one, the views and experiences of the main clubber interview sample are presented first and information from the other studies is then added where this is available and relevant.

CLUBBER INTERVIEWS

Driving experience and habits

3.2 The clubbers interviewed had a mean number of 6 driving years. This ranged from several months to 29 years. The median number of driving years was 5 and the modal number of driving years was 2. It should be noted that a small number of recruited interviewees were not current drivers. Two individuals had actually never passed their test although they had both driven cars unsupervised on public roads; 2 individuals had lost their licences because of drink-driving offences; and one individual had not driven since crashing his mother's car 18 months previously (as a result of which his motor insurance had become prohibitively expensive). In addition, several individuals commented that they were not currently regular drivers because they did not have access to a car at present. This was particularly the case amongst students who often reported that they seldom drove during term time, but regularly drove when returning to the family home during holidays or at weekends.

3.3 Forty-three clubber interviewees said that they were weekly drivers and 23 said that they drove daily. Car journeys made mostly related to pleasure and social reasons; travelling to and from work; general travel to and from shops and local amenities (particularly where individuals lived in more rural locations); and visiting family and friends. A small number of interviewees also used the car to get to and from college or university.

Car ownership

3.4 Twenty-seven clubber interviewees (44%) owned their own motor vehicle and a further 17 (28%) had regular access to the vehicle of another. This was mostly the car of a parent, but occasionally those interviewed used a company vehicle; hired cars; or borrowed transport from a friend, sibling, girlfriend, or other relative. The types of vehicles driven by those interviewed included vans and motor scooters as well as cars of various makes and models.

Alternative transport used

3.5 Apart from private vehicles, almost two thirds of clubber interviewees reported that they travelled by taxis; slightly fewer used buses; just over a third journeyed by train; a quarter commonly walked; several used an underground; and four had a bicycle. In the main,

however, travel by private vehicle (either as a driver or riding as a passenger) was their preferred and most common form of transport.

Club driving

3.6 Thirty-five clubber interviewees (57%) said that they had on at least one occasion personally driven a motor vehicle to or from a nightclub. Of these 35 individuals, 10 were female and 25 were male. One interviewee said that he drove a car to a club every week; 5 reported driving at least once every two weeks; 11 said that they sometimes drove to clubs; and 12 reported driving on only rare occasions. The remaining 6 explained that they had driven to and from clubs when younger, but no longer engaged in such behaviour. Additionally, several individuals who currently drove to or from clubs reported that they now engaged in this behaviour less frequently than they had done previously.

3.7 Comments made by the 26 individuals who had never driven to or from a club provided some insights into the kinds of factor that might militate against drug-driving. Some individuals reported that they would not drive to a club because they would be taking illegal drugs and felt that their driving would be impaired as a result. More frequently, the interviewees stated that they would not drive because they would be drinking alcohol. These non-driving clubbers usually travelled to venues by foot, public transport or taxi and left by taxi. Nonetheless, a minority confessed that they would probably be tempted to drive if no other means of transport were available.

3.8 Some of those individuals who had driven to or from a club reported that they had not taken drugs on those occasions, but many had. Interestingly, however, very few individuals said that they had driven to or from a club on nights when they had been drinking alcohol. Individuals who had driven to or from clubs and used drugs during the same evening gave various reasons for their decisions to drive. Some felt that driving after drug use was a reasonably safe behaviour and therefore not an issue. Others felt that driving after drug use was dangerous, but had decided to drive because they believed that they would otherwise encounter problems travelling home. This might occur because individuals did not have enough money for a taxi and there were no buses running; individuals were travelling to a venue some distance from home and this made alternative transport less convenient and more expensive than usual; or a group of friends were going out together and a number of cars were needed to transport everyone together. Bill, aged 29, explained:

“It’s the distance I’m going as well as how much money I’ve got. I mean, if I’ve got money for a taxi then there’s no need for me to take the car. If it’s just round the corner, there’s no need for me to take the car either.”

3.9 Those individuals who said that they had either ceased driving from clubs or drove from clubs less frequently than previously gave a number of reasons for this change. The main reason cited was an increased tendency to drink alcohol rather than use drugs when going out for the night. Other explanations included attending clubs less frequently than previously; becoming more responsible and aware of the dangers of driving after drug use; having more money for taxis; moving to a more central area of town or having friends who had moved to a

more central area of town and therefore offered somewhere to stay overnight; and a better night-bus service.

Accident involvement

3.10 Twenty-six interviewed clubbers (43%) said that they had been involved in one or more accidents whilst driving. Four individuals had experienced accidents that had resulted in personal injury either to themselves or to another; 24 individuals had experienced accidents that had resulted only in car damage; and 4 had experienced accidents resulting in no damage at all to person or vehicle¹. In addition, several clubbers said that they had been passengers in vehicles involved in crashes. Both individuals who had, and individuals who had not, been involved in an accident had mean ages of 25 years and median ages of 24 years. There were no significant differences between men and women or between those who drove on a weekly basis and those who drove less frequently in terms of accident involvement. Vehicle owners were, however, more likely than non-vehicle owners to have experienced a crash. When individuals discussed whether they or another driver was to blame for any accident experienced, the proportion of accidents caused by the interviewees outweighed those not caused by the interviewees by a ratio of more than 2:1. Moreover, for every one accident caused by a female interviewee, 6 accidents were caused by males.

3.11 Four interviewees (all male) said that they had been responsible for an accident after drinking alcohol and 4 interviewees (1 female and 3 males) said that they had been responsible for an accident after consuming illegal drugs. The illegal drugs taken were cannabis (n=3) and amphetamine (n=1). Only one individual had been involved in both a drink and a drug-related accident. All 4 individuals who had been in a drug-related driving accident still drove after drug use whereas none of the individuals involved in a drink-related driving accident still drove after consuming alcohol. Tom and Matt described why they had stopped drink-driving as follows.

“I had an experience actually when I was eighteen. That was with drink really. I was at a party and I crashed my scooter. There was no police about and I was young and stupid and I went into the sea wall. But since that point, I learned my lesson.” (Tom, aged 31 years)

“It was my eighteenth birthday, so it was quite a while ago. I was really drunk and it was a new car and I just couldn’t resist driving the car. However, I did actually end up crashing the car on that very night. Not a serious crash, but after that happened then that was the end of drinking and driving.” (Matt 33 years)

3.12 Neither Tom nor Matt had been banned from driving as a result of their accidents. In both cases, it was the trauma of a near serious crash (rather than legal penalties) that had caused them to change their behaviour.

Motoring offences

¹ some individuals had been involved in more than one type of accident

3.13 Thirty-nine interviewed clubbers (64%) said that they had been stopped by the police whilst driving. Ten of these had only been stopped on one occasion, but many of the remainder had been pulled over several times. A large number of apprehensions could be attributed to routine checks being carried out by the police, particularly around the Christmas period, and frequently involved a breathalyser test. Interestingly, many interviewees commented that young males were often unfairly targeted in routine police activity simply because they drove around together in the early hours of the morning and were therefore considered to be up to 'no good'. This seemed to be a particular issue in small towns and rural areas where individuals felt that the local police knew them personally and consequently targeted them more rigorously. Richard and Neil commented:

“In general, where I come from the police are not exactly very friendly. They get to know your face when you are younger and they tend to stop you now and again and give you a quick check-over, a bit of hassle.” (Richard, aged 24 years)

“It’s just checking, I suppose. Just, I dunno, they just make up excuses I’m sure half the time. If they catch young people driving late in the morning, they’ll stop them.” (Neil, aged 23 years)

3.14 Other reasons given by the interviewees for being stopped by the police included speeding; vehicular problems (such as faulty lights); failure of self or passengers to wear a seat belt; dangerous or erratic driving; overloading a vehicle with passengers; driving without lights; driving through red traffic lights; having an invalid tax disc; and being subjected to a random drug search. As a result of their various misdemeanors, several individuals had incurred fines; 10 had had penalty points added to their licence; and 5 had at some point been banned from driving for a fixed period. Of the 5 individuals who had lost their licence, 3 were being penalised for drink-driving; one had caused an accident by racing; and one had crashed a vehicle which was uninsured and unlicensed.

3.15 In addition to the above, 12 individuals (2 women and 10 men) reported that they had been stopped by the police as part of a random check whilst they or their friends were driving under the influence of illegal drugs. In these cases, 3 individuals said that they had been let off with a caution and one person had been charged with the possession of drugs. On all other occasions, it seemed that the police officers involved did not realise that the driver was intoxicated and simply waved the culprit and any passengers on with no further comment:

“They (the police) just pulled us over to the side of the road and asked us where we were going and where we had been and I felt comfortable enough to be able to answer the questions. Obviously you do get a wee bit more panicky, but you try to remain in control and I was able to pass them off. I think being a bit older and [laughs] looking semi-respectable, you can kinda get away with things.” (Robbie, aged 34 years)

“ We were quite near the house and they were just sort of asking us where we were going and my mate just said he was dropping us off and they just said, ‘Right, cool’. Never searched us or anything - which was quite handy.”
(Ben, aged 19 years)

DANCE SURVEY

Driving experience and habits

3.16 Fifty-eight dance survey respondents (66%) had passed their driving test. These 58 individuals had been driving for a mean of 5 years (range one to 22 years) and 32 owned a motor vehicle. Forty-one were weekly drivers and 24 were daily drivers. Most journeys made by dance survey respondents related to social or personal reasons, but many also drove to and from work.

Club driving

3.17 Table 3.1 shows the usual modes of travel to and from clubs and dance events as reported by the 88 clubbers.

Table 3.1: Usual mode of travel to and from clubs and dance events by the dance survey respondents¹

Mode of travel	To clubs & dance events		From clubs & dance events	
	Number	%	Number	%
Taxi	52	59	62	70
Public transport	23	26	3	3
Private car ²	20	23	21	24
On foot	21	24	22	25
Hired bus, minibus or coach	1	1	3	3

Base: 88 dance survey respondents

¹more than one response was allowed per individual

²either as a driver or passenger

3.1 Only 18 individuals said that they usually travelled both to and from clubs by private car. Three individuals usually travelled to events by public transport or taxi, but usually left by private car. Two individuals usually travelled to events by private car but usually left on foot or by taxi. The 18 individuals who usually travelled both to and from events by private car constituted 20% of all club attendees surveyed. Eleven of these 18 individuals (13% of all dance survey respondents) reported that they mostly or always used drugs when going out for the night.

3.2 On the occasion of last attending a club, 21 individuals (24%) reported that they had travelled to the venue by car. Of these 21 individuals, 9 were driving and 11 were passengers. Of the 9 drivers, 4 were male and 5 were female. Of the 11 passengers, 3 were male and 8 were female. On the occasion of last attending a club, 30 individuals (34%) reported that they had travelled from the venue by car. This included 20 of the individuals who had travelled to the venue by car plus 10 others. (One man who travelled to the venue by car failed to say how he travelled home). Of the 30 individuals travelling home by car, 8 were drivers and 20 were

passengers. Of the 8 drivers, 3 were male and 5 were female. Of the 20 passengers, 4 were male and 16 were female.

Motoring offences

3.3 In the dance survey, 11 (13%) of the 88 respondents had been stopped by the police when driving after drinking alcohol and 7 (8%) had been stopped by the police when driving after taking illegal drugs. Of those 11 individuals who had been stopped by the police when driving after drinking alcohol, 9 were male and 2 were female. Of those 7 individuals who had been stopped by the police when driving after taking illegal drugs, 5 were male and 2 were female. The police had, in other words, stopped more individuals who were driving after drinking alcohol than were driving after consuming illegal drugs. Furthermore, being stopped by the police after consuming either alcohol or illegal drugs was more common amongst men than women.

TOLL BRIDGE SURVEY

Driving experience and habits

3.4 All toll bridge survey respondents were current drivers.

Involvement in accidents whilst intoxicated

3.5 Of the toll bridge survey respondents aged 17-39, 6 (2%) had been involved in an accident after drinking alcohol but none had been involved in an accident after taking illegal drugs. Amongst the toll bridge survey respondents aged 40 or over, 6 (2%) had been involved in an accident when driving after drinking alcohol and none had been involved in an accident when driving after taking illegal drugs.

Motoring offences

3.6 Of the toll bridge survey respondents aged 17-39 years, 21 (8%) had been stopped by the police when driving after drinking alcohol and 12 (4%) had been stopped when driving after taking illegal drugs. Of the 12 individuals stopped when driving after taking illegal drugs, 11 were male and one was female. Of the toll bridge survey respondents aged 40 years and over, 33 (13%) had been stopped by the police when driving after drinking alcohol and 3 (1%) had been stopped when driving after taking illegal drugs. All three individuals aged 40 or over who had been stopped by the police when driving after taking illegal drugs were male.

3.7 The police had, in other words, stopped more toll bridge drivers who were driving after drinking alcohol than were driving after consuming illegal drugs. Being stopped by the police after consuming alcohol was more common amongst older than younger toll bridge drivers, whereas being stopped by the police after consuming illegal drugs was more common amongst younger than older toll bridge drivers. Finally, men were more likely than women to have been stopped by the police whilst driving after consuming both alcohol and illegal drugs.

SUMMARY

3.8 Self-reported data presented in this chapter indicate that clubbers are at considerable risk of drug-related driving and on occasions their drug use **may** be associated with an increased risk of road accidents and other driving-related infractions. A relatively large proportion of the interviewed clubbers had personally driven a motor vehicle to or from a nightclub. Nonetheless, this was for many an 'occasional' rather than 'frequent' occurrence and was not always combined with drug taking. Furthermore, driving to or from clubs appeared to be a behaviour that individuals engaged in less frequently as they grew older. Amongst the dance survey respondents, a significant minority of individuals usually travelled to and from clubs by private car (either as a driver or passenger) and this was often combined with drug taking. Although there was some evidence of dangerous drug-driving amongst the toll bridge survey respondents, this was marginal rather than commonplace.

CHAPTER FOUR: PATTERNS OF DRUG USE

INTRODUCTION

4.1 In order better to understand drug-driving behaviour, it is important to have some prior knowledge of the drug-taking practices of those individuals who have drug driven or are at risk of drug-driving. This chapter provides this background information first in relation to the clubber interviewees and then in relation to the dance and toll bridge survey respondents.

CLUBBER INTERVIEWS

Frequency of drug taking and types of drugs used

4.2 All 61 individuals recruited to participate in a clubber interview were current drug users. Fifty-three used illegal drugs at least monthly; 40 used illegal drugs at least weekly; and 14 used illegal drugs daily. The daily drug users were all smokers of cannabis and included 4 women and 10 men. Thirteen of these 14 individuals also used other illegal substances but on a less frequent basis. In addition, 39 interviewees said that they drank alcohol at least weekly. When individuals were asked whether they used both alcohol and drugs during the same day, responses were mixed. Many individuals consumed both to a greater or lesser extent whilst a slightly lesser number maintained that they never mixed the two. The main reasons for not drinking and using drugs together included a dislike of alcohol and a belief that drugs had a better effect when used alone.

4.3 Turning specifically to illegal drugs, 51 individuals were current users of cannabis. Nine of these 51 people used no other illegal drugs except for cannabis whilst 42 used other drugs as well. Ecstasy was currently used by 39 individuals; cocaine by 21 individuals; amphetamines by 18 individuals; and LSD by 10 individuals. Other forms of drug taking were, meanwhile, rare. A small number of interviewees used magic mushrooms, two occasionally used benzodiazepines and none used opiates. A relatively large number of individuals had at some point tried depressant and tranquillising drugs, but their comments indicated that this was not an activity that they particularly enjoyed or wished to pursue again. Moreover, the use of such drugs was generally considered indicative of problematic and undesirable drug taking.

4.4 There appeared to be no obvious differences between men and women in terms of the types of drugs used or in terms of the regularity of illicit drug consumption. Men, however, had been using illegal drugs for a mean of 9 years whilst women had been using illegal drugs for a mean of 5 years. This difference was not statistically significant. The mean years of drug use for all 61 interviewees was 8 (range 2-30). In discussing their drug use, only one individual reported that his consumption had increased over recent months. Conversely, 23 individuals said that their drug intake had decreased from a previously much higher level. Respondents' reasons for decreasing their drug taking included feeling that drugs were becoming a problem for them and therefore deciding that they needed to bring their usage back under control; becoming bored with drug taking; becoming more interested in drinking alcohol than drug taking; starting to dislike the effects of particular drugs; believing that the quality of drugs had decreased and substances were no longer producing the desired results; growing older and having other responsibilities that took precedence; having a lowered

income which meant that drugs had to become more of a luxury item; and having one or more bad experiences whilst taking drugs that had made individuals nervous about continuing use. Examples of these are as follows:

“Basically, I left the south coast when I was 25 and came up here and since then I’ve been more controlled. It was all getting too crazy.” (Stuart, aged 34 years)

“I’m getting older and I don’t like to have it, you know, anymore. It’s not fun anymore really.” (Claire, aged 28 years)

“Just getting old. I mean I’ve got a business to run and it takes up most of my time.” (Brian, aged 28 years)

“I started taking panic attacks about three years ago which is when I stopped taking ecstasy regularly and my attitude towards it changed completely.” (Judy, aged 24 years)

Drug-taking patterns and situations

4.5 In order to build up a more comprehensive picture of their drug-taking practices, clubber interviewees were asked to comment on when, where and with whom they usually consumed particular drugs. As indicated above, cannabis was the drug most frequently used - often on a daily basis and frequently several times a week. Despite this, some individuals smoked cannabis far less regularly - sometimes only once a month or less. Although most cannabis consumption occurred in the evenings, the drug was also smoked at other times during the day - particularly if individuals were not at work because they were on holiday or unemployed. By and large, cannabis was used at home or whilst visiting the homes of friends. Sometimes the drug was smoked in the car - both whilst the vehicle was stationary and whilst it was moving. Only very occasionally was cannabis smoked at work:

“Just sitting about the house, just chilling, watching films or sitting having a laugh, playing play station or something and mostly during the evening.” (William, aged 26 years)

“I only smoke [cannabis] in the evening. I’ve got my own business to run during the day.” (Tom, aged 31 years)

4.6 In contrast to the pattern of cannabis consumption, the use of ecstasy was overwhelmingly confined to weekends. Although a very small number of individuals reported that they used the drug on both Friday and Saturday evenings every week, it was more often the case that individuals took ecstasy on two nights a month or less. The quantity of ecstasy taken during the course of an evening was, meanwhile, very variable. Whilst many individuals limited themselves to between one and 2 tablets, others were prepared to take 7 or more. Most ecstasy consumption occurred between 10pm and 2am, largely coinciding with attendance at

clubs and dance events. Tablets were taken on the way to clubs, in pubs or pre-club bars, in club queues and once inside venues. Matt and Robbie explained:

“Normally it’s down to timing. We would normally go for a drink first and I’ll probably take half while I’m having a drink in a pub or pre-club. Then I would probably take another half just before entrance to the club or in the club depending on my mood and the circumstances.” (Matt, aged 33 years)

“You take them before you go in, in case you get caught when you’re going in [laughs]. If they take the rest off you, at least you’ve got one.” (Robbie, aged 34 years)

4.7 Those interviewees who used amphetamines generally reported that their use of the drug was occasional and mostly at weekends when going out to clubs or parties. Individuals using LSD also reported occasional use, but this time with no particular pattern. Thus, there was some evidence that LSD was taken at weekends and on weekdays, both at home and whilst out. A small number of cocaine users said that they used cocaine several times a week. More commonly, however, cocaine was used occasionally - usually in pubs or when individuals were attending private parties or on special occasions at the houses of friends. The relatively high price of cocaine relative to other drugs seemed at least in part to account for this more selective use.

4.8 In terms of with whom individuals preferred to use their drugs, it was clear that most interviewees were happier using illicit substances with their friends than alone. Indeed, taking drugs alone was commonly described as ‘sad’, ‘problematic’ or ‘pointless’. Indeed, no individual reported that they would use ecstasy, amphetamine, or LSD alone. Despite this, 18 individuals said that they would smoke cannabis alone at home and 3 individuals said that they would occasionally snort cocaine alone. In addition, a small number of individuals reported that they used drugs at home with their partner.

Reasons for drug use and the effects of particular substances

4.9 When individuals discussed their reasons for using particular drugs, it was clear that the explanations given were closely linked to the effects produced by the drugs in question. Karen and Phil provided very typical descriptions of the effects of cannabis consumption:

“Well it depends sometimes on your moods, but it makes you quite chatty or giggly and just generally relaxed.” (Karen, aged 19 years)

“Oh it just relaxes me, when I come home from work or whatever. My mind’s been racing all day and it just like lets me sit back and not think about anything basically. It helps you sleep, it’s good for any pains that you have ... oh and it makes me happy when I play the guitar on it too.” (Phil, aged 30 years)

4.10 Consistent with these statements, relaxation was overwhelmingly the main reason that individuals gave for using cannabis. Other common explanations cited included having a laugh and a good time; being sociable with friends; increasing the enjoyment of listening to music; a way of life; aiding sleep; an alternative to smoking cigarettes or drinking; a 'low risk' form of drug taking; and reducing depression.

4.11 The effects of ecstasy consumption were clearly very different from those of cannabis. Ecstasy users reported feeling 'happy'; 'loved up'; 'euphoric'; 'on another level'; and 'ready to dance'. Accordingly, the most common reason individuals gave for taking ecstasy was for going clubbing. Fraser and Sharon remarked:

"It gets you going 'cos I'm not much of a dancer, but when you're in a nightclub and if you're taking E, you're away all night. I enjoy it." (Fraser, aged 21 years)

"I only take E on a social basis and it's normally because I know what everyone else is going to be like in the clubs and I hate being the only one without." (Sharon, aged 21 years)

4.12 In addition, interviewees said that they took ecstasy because it helped them to have fun; gave them energy; enhanced music; was sociable and an enjoyable peer group activity; made them feel happy; and provided an alternative to drinking alcohol.

4.13 Those who used amphetamines said that the drug made them feel 'good' and 'energetic'. In consequence, the main reason clubbers gave for using amphetamines was to boost their energy levels, particularly when they were tired or if they wanted to stay up all night. Some individuals also said that they used amphetamines because they increased their enjoyment of going clubbing. Cocaine, meanwhile, made individuals feel 'animated'; 'talkative'; 'confident'; and 'sociable'. Perhaps unsurprisingly, therefore, individuals said that they frequently used cocaine to perk themselves up when they were tired or lethargic. Others reasons given for taking cocaine included enhanced sociability; a treat for special occasions; a status symbol; part of the work culture; a confidence booster; and something different. Equally, the drug was described as having few negative after-effects. This meant that users could sleep unproblematically after use and pursue normal activities the next day:

"It's probably naïve but it doesn't seem to be as long a fall out afterwards, you know what I mean? I mean, I can take it when I'm out in the pub having a couple a drinks and then not have any after-effects at all. I've never had any lasting after-effects from coke." (Mark, aged 23 years)

4.14 Finally, interviewees commented that the effects of LSD were 'strange' and 'different'. Nonetheless, individuals were also keen to point out that the experiences induced by the drug could be controlled by the consumer. Amanda, aged 19, explained this as follows:

"ACID's just totally different from any other drug. I mean, it totally alters your mind. To start with, you don't really know what's going on but once you

get more used to it, you can control it and it's just a different experience from anything. [laughs] I think it's absolutely brilliant."

4.15 Overall, the reasons why individuals used LSD were unclear, but seemed to relate to the fact that the drug provided a novel and interesting experience.

Recreational, problematic or medicinal behaviour?

4.16 Interviewees were asked to comment on whether they felt that their drug taking was recreational; problematic; or medicinal. Only a very small number of individuals said that they used cannabis for medicinal purposes, such as to ease physical pains or to alleviate depression. Most stressed that their drug use was, and never had been anything other than, recreational. Elaborating upon this, individuals commonly pointed out that they could take or leave drugs and had never contemplated seeking any form of professional assistance from a doctor or drug agency.

4.17 Despite the above, several individuals said that their current drug use was problematic whilst a number of others confessed that their drug taking had passed through one or more problematic stages previously. Amongst the interviewees, 'problematic drug use' was usually defined as feeling that drugs were 'needed'; being used too frequently; becoming too costly; no longer producing the desired effects; causing unpleasant side effects, particularly paranoia; and interfering with other life activities. In these situations, individuals often reported that they had taken it upon themselves to reduce their drug intake in order to bring their consumption back under control. In fact, no interviewee had attended a specialist drug agency, although a small number had sought assistance from a general practitioner.

DANCE SURVEY

Extent and nature of drug use

4.18 In the month prior to completing the questionnaire, 83 (94%) of the 88 dance survey respondents had used alcohol and 67 (76%) had used some kind of illegal drug. The kinds of drugs taken (including alcohol) are shown in Table 4.1. As can be seen, no respondent reported using heroin; temgesics; crack; or steroids.

Table 4.1: Type of drugs taken in the last month by the dance survey respondents¹

Drug type	Number of clubbers	% of clubbers
Alcohol	83	94
Cannabis	61	69
Ecstasy	44	50
Cocaine	31	35
Amphetamines	19	22
LSD	5	6
Ketamine	3	3
Benzodiazepines	3	3
Amyl nitrite	2	2
GHB	1	1

Base: 88 dance survey respondents

¹ a maximum of 5 drugs per individual were recorded

4.1 Of the 67 dance survey respondents who had used an illegal drug in the last month, 34 (52%) were male and 31 (48%) were female. Two individuals failed to state their gender. Chi-square statistics indicated that men were statistically more likely than women to have used an illegal drug in the last month ($p = 0.023$). T-tests indicated that there was no significant difference between the mean age of those who had and those who had not used an illegal drug in the last month (both groups had a mean age of 24 years).

4.2 On the occasion of last attending a club, 76 dance survey respondents (86%) had drunk alcohol; 46 (52%) had used an illegal drug; and 41 (47%) had used both alcohol and an illegal drug. The types of drugs taken are shown in Table 4.2.

Table 4.2: Type of drugs taken by the dance survey respondents on the occasion of last attending a club¹

Drug type	Number of dance survey respondents	% of dance survey respondents
Alcohol	76	86
Cannabis	37	42
Ecstasy	32	36
Cocaine	12	14
Amphetamines	7	8
Benzodiazepines	1	1
Heroin	1	1

Base: 88 dance survey respondents

¹ a maximum of 5 drugs per individual were recorded

4.1 Of the 46 dance survey respondents who had used illegal drugs on the occasion of last attending a club, 20 (43%) had used drugs at home; 25 (54%) had used drugs between the home and the club/ event; 32 (70%) had used drugs at the club/ event; 17 (37%) had used drugs after leaving the club/ event; and 3 (7%) had used drugs at some other location. In total, 23 individuals had used drugs at more than one location and 23 individuals had used drugs at only one location.

TOLL BRIDGE SURVEY

Extent and nature of drug use

4.2 Thirty-five (13%) of the toll bridge survey respondents aged 17-39, but only 8 (3%) of the toll bridge survey respondents aged 40 years or over had used an illegal drug in the last year. The types of illegal drugs taken are shown in Table 4.3.

Table 4.3: Types of illegal drug taken in the last year by the toll bridge survey respondents¹

Drug type	Number of 17-39 year-olds	Number of 40 and over year-olds
Cannabis	28	6
Amphetamines	10	2
Ecstasy	9	-
Cocaine	8	1
Crack	3	-
Other	6	-
Total	35	8

Base: 273 drivers aged 17-39 years and 264 drivers aged 40 and over

¹a maximum of five drugs per individual were recorded

4.1 In total, 21 drivers (8%) in the 17-39 age group and only 2 drivers (1%) in the 40 years and over age group described themselves as regular users of illegal drugs (that is, taking illegal drugs more than once a month). Of the 21 regular illegal drug users in the 17-39 age group, 16 were men and 5 were women whereas both regular illegal drug users in the 40 and over age group were men. When the 21 regular illegal drug users aged 17-39 discussed the illegal drug they most frequently used, 17 said cannabis; 3 said amphetamines; and one said LSD. No other drugs were mentioned. Both regular illegal drug users in the 40 and over age group said that the drug they most frequently used was cannabis.

SUMMARY

4.2 The national prevalence study by System Three Social Research concluded that drug misuse is a minority issue, even amongst young people aged 17-39 years. Indeed, only 14% of respondents in their research had taken an illegal drug in the previous 12 months. This finding was very similar to the 13% of toll bridge survey respondents aged 17-39 years who had used an illegal drug in the last year, but much higher than the 3% of toll bridge respondents aged 40 or over who had so behaved. In the dance survey, meanwhile, 76% of respondents had taken illegal drugs in the last month. This apparently much greater incidence of drug use amongst clubbers in Scotland is consistent with previous research (Forsyth, 1996) and consistent with the theory that clubbers may be at increased risk of drug-driving.

4.3 Also consistent with the System Three national prevalence study, the research conducted by Glasgow University indicated that i) drug use is more common amongst younger than older age groups (with individuals showing some tendency to mature out of this behaviour as they grow older); ii) drug use is more common amongst males than females; and iii) cannabis is by far the most commonly used illicit substance. In addition, the Glasgow University research indicated that drug use amongst clubbers was associated both with clubbing AND with non-clubbing activities. For example, ecstasy and amphetamine use mostly occurred at weekends and was related to going out. Cannabis, meanwhile, was often smoked during the week at home or in friends' houses either to relax or be sociable.

CHAPTER FIVE: PERSONAL DRUG-DRIVING BEHAVIOUR

INTRODUCTION

5.1 Chapter five examines the nature and extent of drug-related driving, first amongst the clubber interviewees and then amongst the other research participants.

CLUBBER INTERVIEWS

The extent of illicit drug-driving

5.2 In total, 85 per cent of the clubber interviewees (52 individuals) had ever driven a motor vehicle after using illegal drugs. This included 13 women and 39 men. Of these 52 individuals, 19 said that they currently drove after taking illegal drugs on at least a weekly basis. Of the 19 individuals who drove after using illegal drugs on at least a weekly basis, 4 were women and 15 were men. Sixteen were weekly drug users and 11 used drugs daily. Seventeen were cannabis users; 7 had penalty points on their driving licence; and 9 had had previous accidents. In addition, these 19 individuals were statistically more likely to own their own motor vehicle and to be both a daily and weekly driver than those individuals who did not drive after drug use on a weekly basis.

5.3 Only 9 individuals (3 women and 6 men) had never driven a motor vehicle after illicit drug consumption. These 9 individuals had a mean age of 23 years and had been driving for a mean of 3 years. Six were students and 3 were in full-time employment. One owned a motor vehicle and only 2 were daily drivers. None had any penalty points on their licence, only one had previously been involved in an accident, and only one had ever driven to a club. None were daily users of illegal drugs, although 6 used substances at least weekly.

5.4 Detailed information about the situations within which the interviewees drug drove and their experiences of this behaviour are explored below. Prior to this, it is worth noting that a large number of those who had driven after taking drugs reported that they currently engaged in this behaviour less frequently than previously or had ceased the behaviour entirely. Some commented that this was because they had become more conscious of the risks and dangers involved in drug-driving as they had grown older. Others said that they used drugs less frequently or had less access to a car than previously so a drug-driving situation was less likely to arise. Furthermore, a number of individuals felt that their need to drive after drug use had diminished because they now lived closer to a city centre (and thus to clubs and venues) or because cheap forms of transport (such as hired coaches) had become more available in recent years. No individual said that they had reduced their drug-driving because of experiencing an accident or because they had been stopped by the police.

Driving on cannabis

5.5 In total, 44 of the interviewed clubbers (10 women and 34 men) had ever driven within a few hours of using cannabis. This included 20 individuals (5 women and 15 men) who had driven and smoked cannabis simultaneously. Cannabis journeys were made on all days of the

week and mostly in the evenings. Sometimes the driver would be alone and sometimes with passengers. The duration of cannabis journeys varied between short excursions to neighbouring areas and lengthy trips of several hours that included extensive motorway travel. Many interviewees commented that because both cannabis use and driving were fundamental aspects of their lives, driving after consuming the drug was almost inevitable. Indeed, much cannabis driving involved day-to-day travel to or from work; friends; family; or local shops. Occasionally, individuals deliberately smoked the drug to relieve the monotony of a long journey or used it before pleasure driving around town or out into the countryside.

5.6 Comments made by the cannabis drivers revealed that beliefs about the behaviour were mixed and also inconsistent for any one person. Thus, the same individual might make both positive and negative comments about the effects of the drug on their driving ability. The main positive effects discussed were improved concentration; heightened perceptions (including better vision and being more aware of other road users); more focused attention; and decreased propensity to speed, take risks and be impatient. A number of individuals also said that their driving improved or was safer following cannabis use because they felt more in control of the car or were more relaxed (and in one case less prone to road rage). Craig, aged 29, explained:

“I’ve always felt really happy driving and smoking cannabis. In fact, I sort of see myself as a safer driver when I’m smoking because I’m less impatient. I’m quite happy just to sort of cruise along at thirty or whatever - stick to the speed limits and let other people come and go.”

5.7 The main negative effects of driving after cannabis use discussed were impaired concentration and not feeling in control. Although several individuals also said that cannabis use made them feel too tired to drive safely, this was usually attributed to rare occasions when they had smoked unusually large quantities:

“After quite a heavy smoke, there’s been a couple a times where I’ve felt quite tired and sometimes you’ll maybe go over the central reservation and stuff, not too much, but sometimes you do think ‘I’ll need to watch out here’.” (Ed, aged 21 years)

5.8 Finally, a large number of individuals maintained that driving after cannabis use or driving whilst smoking cannabis had no noticeable effects on their driving ability at all. Others appreciated a marginal difference, but felt that they could easily overcome this by taking compensatory action: for example, by driving more slowly, sitting more upright, or avoiding busy roads.

Driving on ecstasy

5.9 Twenty-six interviewed clubbers (8 women and 18 men) had ever driven after using ecstasy. With the exception of one interviewee who had driven home from a friend’s house

after taking the drug, all reported ecstasy driving occurred at weekends following club attendance – that is, between 2am and midday on either Saturdays or Sundays. At these times, drivers were invariably accompanied by passengers and making journeys that had the explicit purpose of transporting themselves and their friends home from a night out.

5.10 Unlike cannabis driving, driving on ecstasy was not a regular behaviour of those interviewed. Although a small number of individuals drove after using ecstasy several times a month, there was no evidence of weekly ecstasy driving. Many interviewees had only driven after taking the drug on a small number of occasions. Moreover, some commented that they did not drive until they were certain that the effects had worn off. Others distinguished between driving within 30 minutes of taking ecstasy (when there were likely to be no drug effects); driving between 30 minutes and 2 hours (when driving was most likely to be impaired because they were ‘coming up’); and driving after three hours (when many of the effects seemed to have worn off and they were ‘coming down’). Rachael described her experiences of driving several hours after ecstasy use as follows:

“ Usually, by the time you’re driving home you’re not really feeling that well. The road’s winding away in front of you and you just want to get home. It’s like a doom feeling. You want what you had before to go on and on and it can’t so you’re feeling sad because it’s going away. You just don’t really feel that good and that’s you coming down.

5.11 Only 3 of the 26 individuals who had driven on ecstasy felt that the drug had had a beneficial effect on their driving. Two had driven about three hours after drug consumption and described feeling more alert as a result; the third had driven five hours after using the drug and described driving slower and more carefully because of the ‘come down’. Negative experiences of driving on ecstasy were very common and included feelings of fear and paranoia; hallucinations; blurred vision; impaired concentration; propensity to speed; and slower reaction times for as long as 12 hours after drug ingestion. In addition, several individuals (all of whom had driven at least three hours after drug use) believed that ecstasy had had no major impact on their ability to control a car. Despite this, some of these individuals volunteered that their driving had probably been impaired although they had not felt this to be the case at the time.

Driving on amphetamine

5.12 Fifteen clubbers (5 women and 10 men) had ever driven within a few hours of using amphetamine. The amphetamine journeys described mostly occurred after a club or a party - that is, usually between 2am and midday on Saturdays and Sundays - and were between 2 and 30 miles in length. In most cases, the driver had passengers and would be travelling home, dropping others off en route. As with driving after ecstasy use, many individuals commented that amphetamine driving was not an activity that they had engaged in regularly.

5.13 No individual reported that amphetamine consumption had had a beneficial effect on their driving. A number of interviewees felt that the drug had had no or only limited impact, but some of these were prepared to accept that their driving may have been negatively affected in

ways that they had not fully appreciated at the time. Others were very conscious that their driving had definitely been impaired. These individuals referred to poor concentration; paranoia; clouded thought processes; altered perceptions of speed and distance; and a desire to travel quickly. As Ann and Carl commented:

“Your driving’s not the best - just concentration-wise. Maybe just ‘cos there were people in the car as well my concentration wasn’t the best at all. There was no accidents or anything but I had a sort of paranoid feeling.” (Ann, aged 29 years)

“With sort of taking speed, I felt I was going faster than I was, but I was still only doing the national speed limit. I just felt quite strange so I don’t think I would do it again.” (Carl, aged 29 years)

Driving on cocaine

5.14 Seven of the interviewed clubbers (1 woman and six men) had ever driven after using cocaine. Cocaine journeys might occur within minutes as well as hours of drug ingestion and were made alone as well as with passengers. The main purpose of travel was movement to or from friends’ houses, parties, or clubs in the evenings or early hours of mornings. Like ecstasy and amphetamine driving, driving on cocaine was not a regular pattern of behaviour. Indeed, 3 of the 7 individuals who had driven after using the drug had not done so for a number of years.

5.15 Three individuals felt that cocaine consumption had had no noticeable effects on their driving and one reported a slight tendency to drive faster. Paul, meanwhile, explained how cocaine consumption gave him the illusion of travelling at high speed in an expensive car whilst Dominic commented that the drug made him feel confident but simultaneously uncertain about his driving ability:

“It’s a strange one. I was driving a very rubbishy car at thirty miles an hour and it felt like I was driving a Ferrari at seventy.” (Paul, aged 24 years)

“An overall feeling of confidence, but at the back of your mind you’re like, ‘I maybe shouldn’t be doing this manoeuvre!’” (Dominic, aged 23 years)

5.16 Finally, Alan argued that cocaine use probably made him medically unfit to sit behind a car steering wheel. Nevertheless, he simultaneously believed that the drug prompted him to drive more cautiously and slowly and helped him to concentrate when tired:

“Obviously it’s not the main reason I would want to take it [cocaine] but part of it is that sometimes I’m tired and it kind of gets me through the night. Everyone else is drinking, you’re driving, you’re taking them home and you feel that coke would make you a bit more awake.” (Alan, aged 23 years)

Driving on LSD

5.17 Only 5 of the interviewed clubbers (1 woman and 4 men) reported that they had ever driven after taking LSD. Limited details about such incidents were provided but indicated that LSD driving occurred in the evenings or early hours of the morning after clubs or visiting friends as well as more generally at other times of the day. Journey lengths were mixed and passengers may or may not have been present.

5.18 LSD drivers' feelings about the drug's effects on their driving ability were overwhelmingly negative. One interviewee said that his vision had been badly affected and another reported distracting hallucinations. Both were adamant that they would never drive on the drug again. A third individual said that he had been anxious about driving, but still felt prepared to do it whilst a fourth felt in control at the time, but worried about the incident afterwards. The final interviewee commented that driving after LSD was extremely dangerous and confessed that he had nearly killed himself whilst riding a motorbike after taking the drug:

“I thought it was night-time and there were cars coming the other way and I thought they were driving in my lane. It's very dangerous.” (Phil, aged 30 years)

General experiences of illicit drug-driving

5.19 In respect of drug-driving issues generally, clubber interviewees who had drug driven repeatedly emphasised that the effects of drugs on driving ability depend on a wide range of complex factors relating to the drug, the individual and the situation. Drug-related factors highlighted included drug-type; quantity; strength or purity; and interactions with any other legal or illegal substances consumed (including prescribed medications and alcohol). Individual factors discussed included personal levels of tolerance (due to regularity and extent of drug use; individual metabolism; and/or body size) and the fact that some individuals just seem to be more susceptible to the intoxicating effects of particular drugs or are simply poor drivers. In terms of situational factors, it was argued that the effects of drug use on driving depend on the length of time between substance consumption and driving; the state of mind or mood of the driver whilst behind the wheel; any interference or distractions from passengers; and whether or not the individual is also suffering from a lack of sleep.

5.20 Many clubber interviewees also argued that those who used drugs were aware of their level of intoxication and consequently able to take compensatory action – usually by driving slower, taking more care, and avoiding busy roads. Others maintained that personal awareness of intoxication enabled them to assess their ability to control a car and make decisions about when it was no longer appropriate to drive. For example, some individuals reported no serious concerns about driving after cannabis, but emphasised that they would not drive after any other drugs. Others reported that they would never drive after consuming large quantities of substances or if they felt unsafe or unfit. Despite this, some interviewees recognised that subjective evaluations about being able to drive safely after drug use were inevitably prone to error. Thus, some people might feel fit to drive when they were actually too impaired. Equally, many interviewees admitted that there would always be drug users who would persist in driving regardless of how unfit or unsafe they felt.

5.21 Finally, it was evident that individuals seldom used the words ‘anxious’ or ‘worried’ when discussing their experiences of driving after drug use. Indeed, those who did were usually referring to concern about being stopped by the police and caught for drug possession rather than concern about their actual driving ability. Others pointed out that one reason why they did not feel particularly anxious about driving after drug use was because there was little chance of being caught due to bad driving.

Driving whilst over the legal alcohol limit

5.22 Whilst 52 clubber interviewees had ever driven after using an illegal drug, only 25 (6 females and 19 males) had ever driven a motor vehicle whilst they thought that they were over the legal alcohol limit. These individuals had a mean age of 26 years and had been driving for a mean of 8 years. Limited information was collected about drink-driving situations (due to the focus of the study on illicit drugs). Nevertheless, drug users’ comments provided a number of insights into when and why individuals tend to drink and drive.

5.23 Most individuals who had driven whilst believing that they were over the legal alcohol limit had only done this on a small number of occasions. Drink-driving was not, in other words, a regular activity. Sometimes it occurred because individuals could not get a taxi and/or because there was no other available transport. Sometimes people had taken the car out and unexpectedly had a few drinks. Occasionally, individuals had driven their car on the morning after a night of drinking although they had appreciated that they were in all likelihood still intoxicated. In addition, two individuals confessed that they had succumbed to drinking alcohol despite agreeing to act as a designated ‘no-drink-driver’ on a night out with friends.

5.24 A very small number of interviewees reported that there had been periods in their youth when they had drunk-driven on a relatively frequent basis. However, these interviewees reported that they had been young and stupid at the time as well as misguided in their belief that they would not be caught. Interestingly, all individuals who had ever drunk-driven reported that alcohol had had a negative effect on their driving. This was because alcohol invariably slowed reactions and impaired judgement. As the following three interviewees explained:

“I don’t like driving when I’m drinking at all. I think drink really does impair your reactions and your perceptions on driving.” (Neil, aged 23 years)

“Drink obviously affects your reaction time, your judgement of where you are in relation to other vehicles and it affects your judgement of how fast other vehicles are travelling.” (Steven, aged 22 years)

“When I’m on alcohol, my reactions are a bit slower. I’m more careless, I’m aggressive, I’m more likely to speed and that’s affecting other people.” (Phil, aged 30 years)

5.25 The picture of widespread drug use and drug-related driving amongst clubbers was very much confirmed by the results of the dance survey.

DANCE SURVEY

Extent and nature of drug-driving behaviour

5.26 In total, 36 dance survey respondents reported that they had ever driven within twelve hours of using an illegal drug (that is, excluding alcohol). These 36 individuals comprised 41% of all 88 dance survey respondents and 62% of the 58 dance survey respondents who had passed their driving test. Of those 36 individuals who had ever drug driven, 22 (65%) were male and 12 (35%) were female. The sex of two individuals was unknown. Chi-square statistics revealed that men were significantly more likely to report ever driving within 12 hours of using illegal drugs than women ($p < 0.001$). The types of drugs taken by clubbers who had ever driven within 12 hours of using drugs are shown in Table 5.1.

Table 5.1: Lifetime experience of drug-driving amongst dance survey respondents by drug type¹

Drug type	Number of dance survey respondents	% of dance survey respondents (n=88)	% of driving dance survey respondents (n=58)
Cannabis	34	39	59
Alcohol	40	45	69
Amphetamines	16	18	28
Ecstasy	21	24	36
Cocaine	15	17	26
Crack	3	3	5
Other ²	2	2	3

¹a maximum of five drugs per individual were recorded

²the other drugs cited were LSD and heroin

5.1 Of the 46 dance survey respondents who had taken illegal drugs on the occasion of last attending a club, 4 had personally driven to, and 3 of these 4 had personally driven from, the venue. (The fourth person failed to say how he had travelled home). Two of the 4 individuals who had taken illegal drugs and driven to the venue were male and 2 were female. The ages of the 2 males were 29 and 32 years and the ages of the 2 females were 24 and 29 years. On the night in question, the man aged 29 years (also the individual who failed to say how he had travelled home) had consumed cannabis and the man aged 32 years had consumed cannabis, ecstasy and amphetamine. Both women had consumed ecstasy only.

TOLL BRIDGE SURVEY

Extent and nature of drug-driving behaviour

5.2 In total, 45 toll bridge survey respondents aged 17-39 years (16%) but only 8 toll bridge respondents aged 40 or over (3%) had ever driven within twelve hours of using an illegal drug. Of the 45 respondents aged 17-39 years who had ever driven within twelve hours of using illegal drugs, 36 were male and 9 were female. Of the 8 respondents aged 40 and over who had ever driven within twelve hours of using illegal drugs, 6 were male and 2 were

female. The types of drugs used by respondents in the toll bridge survey prior to driving are shown below in Table 5.2.

Table 5.2: Lifetime experience of drug-driving amongst toll bridge survey respondents by drug type¹

Drug type	Number of 17-39 year-olds	% of 17-39 year-olds	Number of 40 and over year-olds	% of 40 and over year-olds
Cannabis	42	15	8	3
Alcohol	174	64	172	65
Amphetamines	12	4	1	0
Ecstasy	11	4	0	0
Cocaine	9	3	2	1
Crack	3	1	0	0
Other ²	3	1	0	0

Base: 273 drivers aged 17-39 years and 264 drivers aged 40 and over

¹a maximum of five drugs per individual were recorded

²the other drugs cited were heroin, diazepam and pills (unspecified)

5.1 Of the 273 drivers aged 17-39 years old completing the survey, 11 (4%) had used an illegal drug on the night they were handed the survey. Of these 11 individuals, 7 had used cannabis; 4 had used amphetamines; and one had used ecstasy. No other illegal drugs were mentioned although one had also drunk alcohol. Seven of the toll bridge respondents aged 17-39 years who had used an illegal drug on the night they were given the survey were male and 4 were female. Their mean age was 29 years (range 18-39 years) and the mean number of years since passing their driving test was 8 years. Nine of these individuals owned their own car and 7 were daily drivers. Four were travelling to or from friends or family; one was travelling to or from work; 2 were travelling to or from a pub, club or disco; one was travelling to or from a party; one was travelling to or from a restaurant; one was sightseeing; and one was a professional driver (ie probably a taxi or lorry driver). Three were travelling alone; one had one passenger; 2 had two passengers; 2 had three passengers; and 3 had four passengers. Six were travelling over the Erskine Bridge; 3 were travelling over the Forth Bridge; one over the Skye Bridge; and one over the Tay Bridge.

5.2 Only one male driver in the 40 and over age group had used an illegal drug on the night they were handed the survey and this was cannabis (without alcohol). This man was 43 years old, had passed his driving test 15 years previously and owned his own car. On the night he was handed the survey, he was travelling over the Forth Bridge to or from work and had no passengers.

SUMMARY

5.3 This chapter has shown that driving after illicit drug use is widespread amongst the sample of clubbers interviewed and surveyed. However, this is not to suggest that drug-related driving is widespread amongst the general population. Indeed, amongst the drivers participating in the toll bridge survey much lower levels of drug-driving were identified

(despite the fact that the toll bridge survey was scheduled to occur at times when it was anticipated that the level of drug-driving would be highest). Furthermore, the national prevalence survey by System Three Social Research found that only 9% of all individuals aged 17-39 years had ever driven under the influence of any drug and only 5% had done so within the previous 12 months.

5.4 In many respects, the research conducted by Glasgow University seems to suggest that drug-driving is associated with a particular life-style (clubbing) rather than being uniformly distributed throughout society. Nonetheless, it is also evident that many drug-driving episodes were not associated with travelling to or from clubs and dance events. In addition, drug-driving appeared to be more common amongst males than females and seemed to be a behaviour that individuals engaged in less frequently as they grew older. These findings are also supported by the conclusions of the national survey conducted by System Three.

5.5 Comments made by the interviewees revealed important differences between driving after cannabis and driving after other recreational drugs. For example, the number of individuals who had ever driven after using cannabis was much larger than the number of individuals who had ever driven after ecstasy, cocaine, amphetamines or LSD. Furthermore, cannabis driving was a behaviour that individuals routinely engaged in as part of their everyday lives whereas driving after other drugs tended to be an occasional event, mostly confined to the early hours of Saturdays and Sundays. Beyond this, cannabis journeys were often made without passengers and involved lengthy travel, including extensive motorway driving. Journeys made following the consumption of other recreational drugs were much more likely to involve passengers and were seldom longer than 30 miles.

5.6 Whilst some cannabis journeys were made simply because the process of driving whilst intoxicated was considered pleasurable, driving after other drugs was overwhelmingly functional – a means home after a night out. In addition, discussions about the effects of different drug types on driving ability indicated that cannabis driving was considered much less dangerous than driving after ecstasy, cocaine, amphetamine or LSD. Indeed, cannabis was the only drug that a large proportion of interviewees thought might improve, or have no impact on, driving skills. Comments relating to other recreational drugs suggested that ecstasy had a mixed impact on driving ability with several identifiable stages of effect that could persist for many hours. Driving on amphetamine was generally believed to have a detrimental effect on driving skills whilst driving on cocaine was simultaneously described as enhancing and impairing. Finally, driving on LSD was presented as the most incontrovertibly dangerous form of drug-driving - largely due to the drug's hallucinogenic properties.

5.7 Despite these varied effects, some similarities of experience across drugs were also apparent. Thus, many clubbers repeatedly emphasised that the effects of drugs on driving depend on a wide range of complex factors above and beyond the type of drug taken. These relate to the quality and quantity of drugs consumed, the individual involved and the particular circumstances of any given drug-driving incident. In addition, interviewees commonly reported that they were aware of how their driving was impaired by drug use and therefore felt able to take compensatory action. Furthermore, many stated that being aware of their physical and mental state enabled them to make appropriate decisions about their own personal ability to drive on any given occasion. Finally, it was interesting to note that individuals who discussed feeling anxious during drug-driving episodes were usually worried about being stopped by the police for drug possession rather than concerned about their driving ability.

Indeed, it seemed to be the case that drug users often drove following drug consumption precisely because they felt that there was little chance of being caught due to bad driving.

5.8 In comparing personal experiences of illicit drug-driving with personal experiences of drink-driving, it was evident that fewer interviewed clubbers had ever driven a motor vehicle whilst they thought that they were over the legal alcohol limit than had driven after consuming illegal drugs. Moreover, episodes of drink-driving tended to be infrequent, unplanned and often regretted. This was in contrast to drug-driving behaviour that had a tendency to occur quite regularly, be part of a planned night out, and not be the cause of any subsequent guilt or remorse. Furthermore, whilst there were very diverse views about the effects of illegal drugs on driving, all individuals who had ever drunk-driven accepted that alcohol always had a detrimental effect on driving ability and was therefore a bad thing. This was because alcohol slowed reactions and impaired drivers' judgements thus making driving incontrovertibly dangerous.

CHAPTER SIX: BEING A PASSENGER OF A DRUG-DRIVER

INTRODUCTION

6.1 In this chapter, attention shifts from personal drug-driving behaviour to the experience of being a passenger in a car driven by an individual who had, or was thought to have, recently consumed illegal drugs.

CLUBBER INTERVIEWS

The incidence of being a passenger with an illicit drug-driver

6.2 In total, 87% of the interviewed clubbers (53 individuals - 13 females and 40 males) said that they had been a passenger in a car driven by somebody who had taken illegal drugs. Of these 53 individuals, 19 said that they currently travelled with a drug-driver on at least a monthly basis whilst a further 25 said that they had been passengers of drug-drivers on numerous occasions. In addition, 9 interviewed clubbers said that they had seldom or rarely been a passenger of a drug-driver. Consistent with reports of desisting patterns of personal drug-driving (see chapter five), a number of individuals commented that they had been a passenger of a drug-driver much more frequently in the past when they were younger. Interviewees explained this change in their behaviour in terms of becoming more 'sensible' and being more appreciative of the dangers of drug-driving; having fewer friends who drove; moving to a city where there was less need to drive; having more money for taxis; and going clubbing less frequently than in the past.

6.3 In total, only 13% of the interviewed clubbers (8 individuals - 3 females and 5 males) said that they had never been a passenger in a car driven by somebody who had used illegal drugs. These 8 individuals had a mean age of 23 years; had been using drugs for a mean of 5 years; and had been driving for a mean of 4 years. Six of the 8 non-drug-driving passengers were themselves weekly drug users; 5 had driven after drug use; 2 had driven whilst they believed that they were over the legal alcohol limit; and 3 owned their own motor vehicles. None, however, stated that they had many friends who regularly drove after drug use. When these 8 individuals discussed why they had never taken a lift with a drug-driver, four reasons emerged. These were i) members of their social circle never took cars when going out for a night; ii) members of their social circle could not drive; iii) the individual concerned preferred to be a driver and avoided passenger situations; and iv) the individual had refused lifts because they did not feel that drug-driving was safe.

Situations in which individuals travelled as a passenger with an illicit drug-driver

6.4 The kinds of drugs taken by the drivers with whom the clubber interviewees had travelled are shown in Table 6.1.

Table 6.1: Type of drugs taken by drivers with whom the clubber interviewees had travelled as passengers¹

Drug type	Number of clubber interviewees
Cannabis	43
Ecstasy	32
Cocaine	11
Amphetamines	9
LSD	7
Benzodiazepines	2
Magic mushrooms	2

Base: 53 individuals who had ever been a passenger with a drug-driver

¹a maximum of five drugs per individual were recorded

6.1 Being a passenger with a drug-driver might occur between minutes and several hours after the driver had consumed drugs. When individuals discussed the purpose of journeys being made, the most commonly cited journey was travelling home from nightclubs. Some individuals also said that they had been travelling to or from an outdoor party or event in the countryside; some were simply driving around because the experience was pleasurable; and some were making everyday kinds of journeys – for example, to and from friends’ houses; going into town; and travelling to and from college.

6.2 The total number of passengers travelling with a drug-driver was generally quite high. Thus, it was not uncommon for there to be between 4 and 6 individuals in a car at the time of any drug-driving incident. The playing of loud music often accompanied such journeys and the distances being travelled were usually between 2 and 20 miles (although could be as long as 40 miles). Journeys were most commonly made in the early hours of Saturday and Sunday mornings, but also occurred during the evenings and sometimes during the day.

6.3 It was also evident that individuals who would not normally consider riding with a drug-driver were prepared to accept a lift in certain situations. These included not having the money for a taxi; bad weather conditions or being a long way from home late at night that meant that waiting for a taxi or walking was an unattractive option; perceiving there to be no other transport available or having to wait a long time for a taxi; and being intoxicated to the point of not thinking through the implications of accepting a lift.

Effects of illicit drugs on drivers as perceived by passengers

6.4 Of the individuals who commented on the effects of drugs on driving from a passenger perspective, 3 reported that the driving ability of those with whom they had travelled had been improved; 16 reported no major impact; and 16 said that drugs had had a detrimental effect on the driver’s driving skills. The 3 individuals who stated that driving ability was improved by drug use were all passengers of drivers who had smoked cannabis. James described this as follows:

“It made him [friend] a better driver, believe it or not! Well, he’s usually a maniac on the road, but when he was smoking cannabis it would be 30 mile an hour and he was aware of everything that was going on about him, you know. It was weird.” (James, aged 21 years)

6.5 Individuals who felt that drug use had not significantly affected driving ability had been passengers with drivers who had taken cannabis; ecstasy; amphetamines; and magic mushroom. For the most part, these passengers did not suggest that drug use would have no effect on driving ability. Rather, they believed that the effects would be negligible and manageable as long as drugs were taken in moderate amounts and drivers were cautious. Individuals who felt that drug taking had impaired driving ability had been passengers with drivers who had taken ecstasy; cocaine; temazepam; and LSD. Interestingly, however, most interviewees said that they had been a passenger with an impaired driver on only one or two memorable occasions. At other times, they had travelled with drivers who had taken drugs but still seemed to be safe. According to the interviewees, impaired driving was characterised by driving without due care and attention and/or loss of bearings or sense of direction. In terms of the effects of particular drugs, ecstasy and cocaine were associated with speeding and erratic driving; LSD with hallucinations; and temazepam and ecstasy with falling asleep at the wheel:

“I’ve actually been in a car with somebody that was driving on coke and I didn’t feel safe. He was driving fast and he wasn’t really taking much care going around corners and stuff like that.” (Richard, aged 24 years)

“One time I was in a car with a mate and he was on acid. Luckily, he was only dropping me five minutes down the road but it was one of the worst five-minute journeys I’ve ever had in my life. He started talking to imaginary objects in front of him when there wasn’t anything there. The worst thing to do was to get him agitated so I just didn’t say anything. We were sitting at traffic lights and I pointed out, you know, really calmly the red had gone to green. I mean I was glad to get out the car.” (Angela, aged 24 years)

“A friend had taken a couple of ecstasies and he was driving us home and he was falling asleep at the wheel. And it was like, “Hold on a wee minute here! You’ve got, like, another three people in the car with you! You’ve got to stop”. I think he thought he was fit to drive, but he wasn’t. He was driving something like 70 mile an hour in a 30-mile street, you know.” (James, aged 21 years)

Feelings about being a passenger with an illicit drug-driver

6.6 In addition to commenting on the perceived effects on driving of drug taking, individuals described how they felt whilst travelling with a drug-driver. Many said that they felt ‘safe’ or ‘fine’. Some reported that they trusted their friends to be able to judge their driving ability or felt reassured because the driver seemed relaxed and confident. Others said that they were usually too intoxicated themselves to care about such matters. Despite this, a large

number of individuals confessed that they were anxious when travelling with drug-drivers and a number recalled particular incidents when they had been extremely afraid. Most anxiety occurred when drivers had taken drugs other than cannabis, but some interviewees also had particularly bad memories of driving with someone who had just had their first drug-taking experience (and this included first cannabis use):

“I was in my friend’s car coming home from Glasgow one night and he was on LSD and that was the most frightening experience I’ve had. There was four of us and actually the one who was driving the car was like the most sensible one out the lot of us. One of the boys in the back was actually jumping from the back of the car and grabbing the steering wheel and this is when we were driving from down the M8 from Glasgow down to Port Glasgow. For want of a better word, I was shitting myself. I mean you’ve read it yourself, accidents happen.” (Jim, aged 27 years)

“Well I remember being in one car when someone had had his first smoke [of cannabis]. He had to drive home and he was like totally paranoid about driving. That was really scary. It was only like two miles but a scary two miles.” (Andy, aged 23 years)

6.7 Elaborating on their anxiety, some individuals reported that they were always anxious passengers. Others explained how it was more anxiety-provoking to be a passenger than a driver, because passengers are less in control since they do not know what the driver has taken or whether this is more or less than the driver is used to using:

“I’m a very nervous passenger. I’m like that all the time. I’m like that on the bus and in a taxi. That’s just the way I am.” (John, aged 25 years)

“I’m just anxious when anyone drives me (laughs). Whether they’re straight or what, I like to be in control.” (Phil, aged 30 years)

The incidence of being a passenger with a drink-driver

6.8 The incidence of being a passenger with a driver who was believed to be over the legal alcohol limit was much lower than the incidence of being a passenger of a drug-driver. Thus, only 59% of interviewed clubbers (36 individuals - 10 females and 26 males) had been a passenger of a drink-driver whereas 87% had been a passenger with a drug-driver. Only a very small number of individuals said that they had ‘often’ driven with a driver whom they believed to be over the legal alcohol limit. Others commented that they had ridden with a drink-driver, but only on very rare occasions. Interestingly, individuals who had been a passenger with a drink-driver were statistically more likely than other individuals to have themselves drunk-driven in the past.

Situations in which individuals travelled as a passenger with a drink-driver

6.9 Limited information was collected about when and why individuals travelled as a passenger with a driver who was believed to be over the legal alcohol limit. Nevertheless, a number of features seemed to characterise such journeys. Firstly, travel was usually late at night or during the early hours of the morning and mainly involved returning home from a pub, club or party. Journeys were usually short – less than 10 miles – and seldom involved a large number of passengers. Equally, the passenger as well as the driver was often intoxicated and alternative modes of travel were likely to be difficult or costly to access:

“Most of the time I’ve been that drunk I just don’t care.” (Michael, aged 46 years)

“I would say it’s more like when I’ve actually been over the limit as well. I’ve actually been drunk and someone’s said ‘Right we’ll nip round the corner’ and it’s maybe been like ten minutes.” (Dan, aged 27 years)

“Yeah, a combination of there just being no other way home and they were going home at that time and that was it.” (Iain, aged 20 years)

6.10 In addition to the above, there was some suggestion that individuals were more likely to travel with a drink-driver in a rural area where other traffic was minimal and thus the potential for accidents was lowered. One individual also commented that it was more difficult to refuse a lift from a drunken stranger than from an individual whom they knew well:

“I can think of maybe two or three occasions when I’ve been quite pissed myself and I’ve been in the car with somebody who’s really bad, but not really a close friend or anything like that, and it’s not really been my position to say anything so I’ve just let them get on with it.” (Mark, aged 23 years)

Feelings about being a passenger with a drink-driver

6.11 Those interviewed clubbers who commented on their feelings about being a passenger with a drink-driver sometimes reported feeling ‘safe’ or ‘fine’ and sometimes ‘unsafe’ or ‘anxious’. There was, however, some evidence that individuals who had accepted a lift from a drink-driver later regretted their decision and even felt angry at themselves for having behaved stupidly:

“I was really angry at myself the next day because I realised that the person that was driving was actually really drunk whereas at the time I didn’t think anything of it. Everybody else got in the car and I thought it must be alright. But the next day, I thought “No, you should’ve been paying attention”.” (Bill, aged 20 years)

DANCE SURVEY

Being a passenger with a driver who had consumed drugs or alcohol

6.12 The willingness of clubber interviewees to be passengers in cars driven by people who were known to have used illegal drugs was also evident in the dance survey. The relative proportions of male and female dance survey respondents who had driven with both drug and drink-drivers are shown in Table 6.2. No significant differences between men and women in respect of being the passenger of a driver intoxicated either by drink or by drugs were found.

Table 6.2: Dance survey respondents' experiences of being a passenger with a drug or drink-driver

	Number of dance survey respondents being a passenger with a drug-driver	% of dance survey respondents being a passenger with a drug-driver	Number of dance survey respondents being a passenger with a drink-driver	% of dance survey respondents being a passenger with a drink-driver
Males	36	41	30	34
Females	37	42	31	35
Total	73	83	61	69

Base: 88 dance survey respondents

6.1 Of the 88 dance survey respondents, 53 (60%) said that they had at some point refused to be a passenger in a car because the driver had drunk over the legal alcohol limit whereas only 22 (25%) said that they had refused to be a passenger in a car because the driver had taken illegal drugs. Since opportunities for riding as the passenger of both drink and drug-drivers were commonplace, this might suggest that individuals found it more difficult to refuse a lift from a drug-driver than from a drink-driver. Alternatively, being the passenger of a drink-driver might have been considered more dangerous or socially unacceptable than being the passenger of a drug-driver.

6.2 Of the 22 dance survey respondents who had refused to be a passenger in a car because the driver had taken illegal drugs, 9 were male and 12 were female. Of the 53 dance survey respondents who had refused to ride with a drink-driver, 20 were male and 31 were female (Table 6.3). There were no significant differences between men and women in respect of refusing to be the passenger of a driver intoxicated either by drink or by drugs.

Table 6.3: Dance survey respondents' who had refused to be a passenger with a drug or drink-driver

	Number of dance survey respondents refusing to be passenger with a drug-driver	Number of dance survey respondents refusing to be a passenger with a drink-driver
Males	9	20
Females	12	31
Total	22 ¹	53 ²

Base: 88 dance survey respondents

¹ missing = 1

² missing = 2

TOLL BRIDGE SURVEY

Being a passenger with driver who had consumed drugs or alcohol

6.1 As might have been expected given the anticipated continuum of risk shown in chapter one, the incidence of being a passenger with a drink or drug-driver was less amongst the toll bridge drivers than amongst the clubber interviewees and the dance survey respondents. Nonetheless, even amongst the toll bridge samples, these behaviours were occurring. Of all 273 individuals aged 17-39 years, 61 (22%) said that they had been a passenger in a car when they knew that the driver had taken illegal drugs and 100 (37%) said that they had been a passenger in a car when they knew that the driver had drunk over the legal alcohol limit. Amongst those toll bridge survey respondents aged 40 or over, 11 (4%) had been a passenger in a car when they knew that the driver had taken illegal drugs and 92 (35%) said that they had been a passenger in a car when they knew that the driver had drunk over the legal alcohol limit.

6.2 Of those 61 individuals aged 17-39 who had been a passenger in a car when they knew that the driver had taken illegal drugs, 41 were male and 20 were female. Of those 11 individuals aged 40 and over who had been a passenger in a car when they knew that the driver had taken illegal drugs, 8 were male and 3 were female. Of those 100 individuals aged 17-39 who had been a passenger in a car when they knew that the driver had drunk over the legal alcohol limit, 65 were male and 35 were female. Of those 92 individuals aged 40 and over who had been a passenger in a car when they knew that the driver had drunk over the legal alcohol limit, 62 were male and 30 were female (Table 6.4).

Table 6.4: Toll bridge survey respondents' experiences of being a passenger with a drug or drink-driver

	Number being a passenger with a drug-driver	% being a passenger with a drug-driver	Number being a passenger with a drink-driver	% being a passenger with a drink-driver
17-39 year-olds	61	22	100	37
Male	41	15	65	24
Female	20	7	35	13
40 and over year-olds	11	4	92	35
Male	8	3	62	23
Female	3	1	30	11

Base: 273 drivers aged 17-39 years and 264 drivers aged 40 and over

FOCUS GROUPS

Being a passenger with driver who has consumed illegal drugs

6.1 Amongst the focus group participants, it was widely believed that being a passenger in a car driven by an individual who had used illegal drugs (most notably LSD, ecstasy and amphetamines) could pose considerable risks:

“Your concentration when you’re on E is all over the place. That’s why you need to sometimes keep on talking to a person ‘cos they can go into daydreams all the time. That’s why people go through red lights and they’re not together. Their head’s all over the place.” (24 year-old female)

“I would never get in a car with anybody that was on jellies [temazepam].” (23 year-old female)

“On LSD you’d trip and end up in a ditch ‘cos you’d think something was trying to jump in front of your car.” (17 year-old female)

6.2 Nevertheless, some focus group participants thought that there would be much less risk associated with accepting a lift from somebody who had used other types of drug (particularly cannabis, but to a lesser extent cocaine):

“I don’t think hash [cannabis] is so harmful, but you probably shouldn’t drive when you’ve had too much.” (17 year-old female).

“If they’d been smoking hash [cannabis] or Charlie [cocaine], but anything else no - I wouldn’t get in a car with them.” (17 year-old male).

6.3 Some individuals also drew a distinction between being a passenger with a drug-driver whom they knew and being a passenger with a drug-driver who was a stranger (with the latter usually considered the most dangerous). Others maintained that the impact of drug use on driving was completely contingent upon the circumstances surrounding the drug-driving incident. This would include such factors as the amount and type of drugs consumed, whether the driver was a regular drug user, and general driving ability. As such, it was impossible to identify the possible risks involved in accepting a lift in a car driven by somebody who had used recreational drugs:

“It’s all about circumstances and whether or not you actually know the person, I think. It’s what their abilities are and their physical state, you know. ‘Cos there are some people who seem to get more affected by any drugs.” (23 year-old female)

6.4 In addition to the above, a number of individuals argued that whether they would accept or reject the offer of a lift from an individual who had used recreational drugs would depend upon other factors relating to the particular situation (such as having no other way to get home late at night) rather than risks associated with driving ability:

“It’s all to do with risk. My primary concern is late at night in that I’m not left on my own anywhere for too long, or that I’m vulnerable anywhere I go. That doesn’t mean that I would get in a car with someone who I knew was not in good possession of their faculties, but you know you have to weigh these things up.” (23 year-old female)

6.5 Equally, some focus group participants argued that how individuals would perceive the dangers of being a passenger of a drug-driver would depend on whether they themselves had used recreational drugs at the time:

“If the person who’s driving had been taking drugs and you’d been taking drugs as well, I think you would be like ‘Yeh okay’.” (18 year-old male)

“Once you’ve had drugs, your judgement is affected and you’ll go with anyone who is willing to drive.” (39 year-old female)

6.6 Finally, some individuals felt that refusing the offer of lift might be interpreted as being rude. In this situation, passengers might perceive a risk but still be prepared to travel. Meanwhile, rejecting the offer of transport from somebody thought to be over the legal alcohol limit was generally considered easier than rejecting a lift from somebody that had used recreational drugs:

“I think ‘cos there’s that taboo around drunk driving that it’s probably easier to say ‘no’ if you know someone has had too much to drink.” (23 year-old female)

SUMMARY

6.7 As with personal experiences of driving after illicit drug use, being the passenger of a driver who had consumed illegal drugs was extremely common amongst the interviewed clubbers and the dance survey respondents. Moreover, individuals were very likely to have been the passenger of a drug-driver on numerous occasions rather than only once. Although it was very likely that individuals who had themselves drug driven were also likely to have been the passenger of a drug-driver, this was not inevitably the case. Thus, some interviewed clubbers would not travel with a drug-using other, but were happy to drug drive themselves. Meanwhile, others would not personally drive after drug consumption, but would accept a lift from another who was so disposed. It was also apparent that some individuals were less likely to travel with a drug-using driver as they became older and more ‘sensible’.

6.8 Whether or not interviewed clubbers had ever ridden with a driver who had consumed illegal substances appeared to be influenced by the drug-driving behaviour of friends rather than any other social group (such as family, peers, workmates, or role models). As might be anticipated from the previous section on personal drug-driving experiences, cannabis was the drug most commonly taken by the drivers with whom the clubber interviewees had travelled. Despite this, accepting a lift from individuals who had used other drugs was also very widespread. Although drug passenger situations sometimes occurred during the evenings and during the day, most involved travelling home from a nightclub in the small hours of Saturday and Sunday mornings. As such, these were usually short journeys of less than 20 miles with several passengers present.

6.9 Reasons for deciding to be a passenger with a drug-driver mostly related to the convenience of being offered a lift home. These included not having the money for, or easy access to, a taxi; bad weather conditions; being a long way from home late at night; and perceiving there to be no other transport available. In addition, some clubber interviewees (supported by statements from the focus group participants) appeared more likely to accept a lift if they were themselves intoxicated and thus not caring. Findings from the focus groups also indicated that individuals might accept lifts from drug-drivers because they were concerned about causing offence.

6.10 The clubbers interviewed (as well as the focus group participants) consistently argued that the dangers of being in a car driven by somebody who had used illegal drugs depended on a wide range of factors. These included the type and amount of drugs consumed as well as the driver's tolerance. Very few passengers of drug-drivers thought that drugs had improved the driving skills of the drivers with whom they had travelled (and where this was the case, these drivers had all consumed cannabis). Other drug passengers were fairly evenly divided in terms of whether illicit drug consumption had had a negligible or a detrimental impact on drivers' driving skills. Whilst all believed that cocaine, temazepam and LSD had had a detrimental effect on driving, none believed that cannabis, amphetamines or magic mushrooms had caused any particular problems.

6.11 Given high levels of belief that driving after drug use does not significantly impair driving ability, a surprisingly large number of interviewees reported that they had at some point been anxious or very anxious whilst travelling with a drug-driver. Interestingly, however, there was little evidence that this fear had prevented individuals from accepting a lift when the offer was convenient. Elaborating on their anxiety, some individuals reported that they were always anxious passengers. Others explained how it was more anxiety provoking to be a passenger than a driver, because passengers are less in control than those behind the wheel. Discussions of frightening experiences when travelling with a drug-driver were almost always confined to those who had been a passenger of someone who had taken drugs other than cannabis. Conversely, those who had travelled with drivers who had smoked cannabis had mostly felt quite safe.

6.12 Amongst the clubber interviewees and the dance survey respondents, the incidence of being a passenger with a drink-driver was lower than the incidence of being a passenger of a drug-driver. Toll bridge drivers, conversely, were more likely to have been passengers with drink than with drug-drivers. As with being a passenger of a drug-driver, convenience and personal intoxication were important factors prompting individuals to accept a lift with a

drink-intoxicated other. There was also some suggestion that individuals were more likely to travel with a drink-driver in a rural area where other traffic was minimal and thus the potential for accidents was lowered. Beyond this, such travel was usually late at night or during the early hours of the morning and mainly involved returning home from a pub, club, or party. As such, journeys were usually short – less than 10 miles – and seldom involved a large number of passengers. Unlike travelling with a drug-driver, accepting a lift from a drink-driver was often regretted and considered foolish after the event.

CHAPTER SEVEN: GENERAL VIEWS OF DRUG-DRIVING

INTRODUCTION

7.1 This chapter focuses on general views about drug-driving. This includes the views of individuals who had used illegal drugs, but never personally drug driven; opinions of the most dangerous drugs to combine with driving; any safe drugs to combine with driving; comparisons of drug-driving and alcohol driving; and driving after prescribed medication.

CLUBBER INTERVIEWS

The views of clubbers who had used illegal drugs but not drug or drunk-driven

7.2 Clubber interviewees who had used illegal drugs but never drug driven generally held quite negative views about the effects of illegal drugs on driving. Non-drug-driving respondents thought that cannabis would impair driving judgement, slow reactions and hinder concentration; ecstasy and speed would impair concentration, cause confusion and make distances difficult to judge; and cocaine would encourage drivers to feel that they were driving well, but in reality make them less caring of safety issues, slow their reactions and reduce their concentration. In addition, those who had never drug driven anticipated that LSD and magic mushrooms would make driving extremely unsafe, largely because of the hallucinogenic properties of such drugs. No clubber in the study had driven after using opiates (such as, heroin, methadone, DF118s) or tranquillising drugs (such as, temazepam and valium). In fact, this behaviour was considered likely to be impossible because of the lack of awareness and soporific state such drugs induce:

“I mean, you’ve just got to see what happens when they’re taking heroin. There’s no way you could get behind the wheel of a car.” (Roger, aged 22 years)

“After temazepam, they’d be all over the road and half asleep – it’s suicide.” (Michael, aged 46 years)

7.3 Consistent with the views of interviewees who had themselves drunk-driven, individuals who had never driven a motor vehicle whilst they believed themselves to be over the legal alcohol limit felt that the effects of alcohol on driving were always dangerous. Slower reaction times, altered perceptions of speed and distance and poor concentration were all discussed:

“Because when you’re drinking, everything goes out the window. Your observations go out the window. You can’t concentrate properly and you’re not totally with it.” (John, aged 25 years)

“I think it has a negative effect on everyone’s driving. Reaction times are a lot slower, people’s perceptions are not quite right, and people wouldn’t be quite so focused.” (Peter, aged 30 years)

The most dangerous drugs for driving

7.4 Regardless of personal drug-driving experience, all 61 interviewees were asked to highlight the illegal drug that they thought would have the most dangerous effects on driving. Most individuals considered LSD to be the most impairing substance, although ecstasy was also rated as very problematic. Cannabis, amphetamines and cocaine, meanwhile, were all only mentioned occasionally. The interviewees' responses to this issue were undoubtedly affected by their own personal experiences of drug taking and drug-driving. Thus, many appeared to discount opiates or benzodiazepines since these drugs were largely outwith their personal experience. When included, however, heroin, temazepam and valium were all rated as very dangerous.

Safe drugs for driving

7.5 Clubber interviewees were also asked whether there were any illegal drugs that would be safe to drive on. In response to this issue, 18 individuals felt that it was never safe to use drugs and drive. Sixteen, however, felt that cannabis driving could be safe – although many qualified this by stating that this would only be the case if the driver was a regular cannabis smoker and had not consumed the drug to excess. One or two individuals also felt that it might be safe to drive after using cocaine, ecstasy or speed, but again this would depend on the individual, the quantity of the drug taken, and the time that had elapsed between consumption and driving. When individuals were asked to estimate the length of time needed between the use of particular drugs and driving for driving to be safe, no consensus emerged. On the contrary, responses were highly variable. For example, some individuals said that a driver could be safe to drive within 30 minutes of smoking cannabis whereas others believed that a period of several hours for recovery was required. Estimates for recovery from ecstasy, meanwhile, ranged from one hour to two days.

7.6 Clubber interviewees who felt that driving after drug use could be safe were asked whether they thought that drug consumption could actually improve driving ability. Six individuals (3 females and 3 males) replied negatively and 10 individuals (2 females and 8 males) replied positively. Some of those replying negatively felt that any suggestion that drug use improved driving was a form of post-hoc rationalisation that made drug-drivers feel better about an act that they knew they should not really commit:

“I think it’s a myth that people make up for themselves to sort of say, ‘Oh you’re better at it, you’re more aware of things’.” (Dan, aged 27 years)

“People say that to me that they are actually safer drivers due to maybe being more cautious and being more aware or something. But that’s their preconceptions of it, you know.” (Tom, aged 31 years)

7.7 All 10 individuals who felt that drug use could improve driving referred specifically to cannabis. The claim being made by these individuals was that cannabis could decrease road rage; perk drivers up if they were tired; improve vision; make individuals drive more slowly and therefore more safely than usual; decrease impatience and propensity to speed; and

facilitate relaxation. In addition, it was argued that regular cannabis smokers would be irritable and distracted if they were not permitted to smoke. Three individuals also felt that ecstasy use and one individual reported that cocaine use could improve driving skills. These 4 individuals were all themselves drug-drivers.

Comparisons of drug-driving and drink-driving

7.8 When asked to compare the relative dangers of drug-driving and drink-driving, none of the interviewed clubbers argued that driving on drugs was more dangerous than drink-driving. A small number of individuals (including a disproportionate number of people who had never personally drug driven) reported that the two behaviours were equally hazardous. All remaining interviewees believed that driving after drinking alcohol was generally less safe than driving after drug use. Elaborating upon this, individuals often compared drink-driving with the dangers of driving after particular types of illegal substance. In this regard, the clubbers believed that alcohol driving was more dangerous than cannabis driving and some felt that it was comparable to driving on ecstasy, but not as bad as driving on LSD. Others felt that alcohol driving was worse than driving on speed and on ecstasy. Some, however, argued that it was difficult to make such fine distinctions because the dangers resulting would depend on the relative amounts of substances taken and on the individual concerned, as well as on the particular drug.

7.9 Collectively those interviewed provided many reasons why driving on alcohol was worse than driving on illegal drugs. Most argued that alcohol (unlike drugs) caused individuals to lose control - particularly of balance, senses and motor skills. In addition, there was a widespread belief that alcohol slowed reactions, but individuals had no awareness of this and were thus unable to compensate. The interviewees also felt that driving after alcohol impaired thought processes, dulled the senses, affected perceptions, and reduced judgement (of distances and speed). Equally, they argued that it induced a false confidence, promoted aggression, and increased the propensity to drive faster than the legal speed limit. Finally, drink-driving was considered a more stigmatised and socially unacceptable behaviour than drug-driving:

“When you drink too much alcohol you don’t have a clue what’s going on and you can’t control anything. But on drugs, if it’s a case of not taking that many then I think you’re sort of in control.” (Lucy, aged 19 years)

“Because drinking has more effects on you. Plus you lose your balance and you think your ability is a lot better than what it is.” (Chris, aged 23 years)

“I would say drink’s more dangerous. I think you’re more aware of what you’re doing when you’re taking drugs. When you’ve taken drink, you think you’re aware but you’re not really.” (Melanie, aged 25 years)

7.10 One interesting aspect of the interviewees’ comments about the relative dangers of drink and drug-driving was the concern expressed by a number of individuals that their strong views of the dangers of alcohol driving seemed somewhat contradictory and hypocritical when

compared with their rather accepting views of drug (and particularly cannabis) driving. As Jim and Richard remarked:

“Do you think I’m being a hypocrite with saying it’s okay for people to drive on drugs and it’s not okay for people on drink? (Jim, aged 27 years)

“No, I wouldn’t get in a car with somebody who was over the limit with drink. It does seem contradictory, I know, but that’s just the way I see it.” (Richard, aged 24 years)

Driving on prescribed medication

7.11 In addition to being asked to compare illicit drug-driving with drink-driving, the interviewees were also asked their views about the potential effects of prescribed medications on driving ability. For the most part, individuals commented that this was not really an issue that they had considered because they seldom took drugs of this kind. Nonetheless, 10 individuals (all male) had driven on prescribed drugs that carried a warning about operating heavy machinery. Equally, 5 individuals (2 women and 3 men) had at some point in their lives decided not to drive because of just such a situation. Of those who had driven, 2 confessed that they had felt drowsy whilst behind the wheel and 7 reported that they had felt fine. In addition, one individual had stopped taking his medication because he considered his need to drive to be paramount.

7.12 When other interviewees were asked to reflect on whether or not they would drive if a doctor gave them a prescription, and warned them against driving, mixed responses emerged. Approximately equal numbers said that they i) would probably still drive; ii) would probably not drive; and iii) would make a personal assessment about how they felt before deciding whether or not to drive. One individual reported that he would stop taking the medication whilst another thought that it would be better to ask the doctor for an alternative remedy. Despite these mixed responses, there was a general feeling that the effects on driving of prescribed medication and over-the-counter medicines might not be that different from the effects on driving of illegal drugs and should consequently be treated the same:

“They [prescribed and illegal drugs] should come under the same thing. Anything that makes you feel too relaxed, like valium, or impairs your vision and anything at all that’s got on the packet ‘Do not drive or work heavy equipment’, I think those things could come under the same.” (Dan, aged 27 years)

“I guess it’s the same. I don’t think that they should receive any preferential treatment when it affects your judgement.” (Dominic. Aged 23 years)

“Unless it tells you on the box or the packet not to drive on them, then it’s safe to drive on them. But if it says ‘Don’t drive or don’t operate heavy machinery, may cause drowsiness’, then you shouldn’t be able to drive.” (James, aged 21 years)

DANCE SURVEY

General views of drug-driving

7.13 Dance survey respondents were asked whether they agreed or disagreed with a number of general statements about drug-driving. These were i) Some illegal drugs can improve driving skills; ii) Drinking alcohol and driving is more dangerous than taking illegal drugs and driving; and iii) I would be concerned about being a passenger in a motor vehicle if the driver had taken illegal drugs. Their responses to each of these issues are shown in Tables 7.1; 7.2; and 7.3 respectively.

Table 7.1: Dance survey respondents' responses to the statement: Some illegal drugs can improve driving skills

	% Yes	% No	% Don't know
All respondents	10	70	21
Men only	19	69	11
Women only	2	69	29
Individuals who had never drug driven	8	72	19
Individuals who had drug driven	11	67	22

Base: 88 dance survey respondents

7.1 Table 7.1 suggests that most dance survey respondents did not believe that drug use could improve driving skills. Nonetheless, male clubbers seemed more likely than female clubbers to argue that this might be the case. Equally, individuals who had drug driven appeared more accepting of this argument than those who had not.

Table 7.2: Dance survey respondents' responses to the statement: Drinking alcohol and driving is more dangerous that taking illegal drugs and driving

	% Yes	% No	% Don't know
All respondents	52	18	30
Men only	60	16	24
Women only	47	18	36
Individuals who had never drug driven	42	22	36
Individuals who had drug driven	58	17	25

Base: 88 dance survey respondents

7.1 Table 7.2 indicates quite high levels of uncertainty regarding the relative dangers of drug and drink-driving. Overall, however, dance survey respondents tended to perceive drink-driving to be more dangerous than drug-driving. Moreover, men and individuals who had drug driven were more likely than women and individuals who had never drug driven to hold this viewpoint.

Table 7.3 Dance survey respondents' responses to the statement: I would be concerned about being a passenger in a motor vehicle if the driver had taken illegal drugs

	% Yes	% No	% Don't know
All respondents	54	14	32
Men only	35	22	43
Women only	69	9	22
Individuals who had never drug driven	78	0	22
Individuals who had drug driven	39	28	33

Base: 88 dance survey respondents

7.1 From Table 7.3, it would seem that relatively large proportions of clubbers are anxious about drug-driving, but this anxiety is higher amongst women and individuals who had never drug driven than amongst men and individuals who had drug driven.

TOLL BRIDGE SURVEY

General views of drug-driving

7.2 Like the dance survey respondents, toll bridge survey respondents were also asked whether they agreed or disagreed with the attitudinal statements: i) Some illegal drugs can improve driving skills; ii) Drinking alcohol and driving is more dangerous than taking illegal drugs and driving; and iii) I would be concerned about being a passenger in a motor vehicle if the driver had taken illegal drugs. Their responses are compared with the dance survey respondents and shown in Tables 7.4; 7.5; and 7.6 respectively.

Table 7.4 Toll bridge survey respondents' responses to the statement: Some illegal drugs can improve driving skills

	% Yes	% No	% Don't know
17-39 year-olds	5	81	14
40 and older year-olds	5	84	12
Dance survey respondents	10	70	21

Base: 273 drivers aged 17-39 years; 264 drivers aged 40 and over; and 88 dance survey respondents

7.1 Table 7.4 suggests that there is little difference of opinion between the older and younger toll bridge survey respondents regarding whether or not they believed that some illegal drugs can improve driving skills. It did, however, seem that the dance survey respondents were more likely to agree with this statement than the toll bridge survey respondents. Indeed, very few toll bridge survey respondents appeared to accept the argument that some illegal drugs can benefit driving.

Table 7.5: Toll bridge survey respondents’ responses to the statement: Drinking alcohol and driving is more dangerous than taking illegal drugs and driving

	% Yes	% No	% Don’t know
17-39 year-olds	16	27	58
40 and older year-olds	15	31	55
Dance survey respondents	52	18	30

Base: 273 drivers aged 17-39 years; 264 drivers aged 40 and over; and 88 dance survey respondents

7.1 Table 7.5 also suggests little difference of opinion between the older and younger toll bridge survey respondents in terms of whether or not they believed that drinking alcohol and driving is more dangerous than taking illegal drugs and driving. Again, however there was a high level of uncertainty regarding this issue and a notable difference of opinion between the toll bridge survey respondents and the dance survey respondents with the latter being considerably more likely to argue that drink-driving is the more dangerous.

Table 7.6 Toll bridge survey respondents’ responses to the statement: I would be concerned about being a passenger in a motor vehicle where the driver had taken illegal drugs

	% Yes	% No	% Don’t know
17-39 year-olds	92	2	6
40 and older year-olds	97	2	1
Dance survey respondents	54	14	32

Base: 273 drivers aged 17-39 years; 264 drivers aged 40 and over; and 88 dance survey respondents

7.1 Table 7.6 provides quite a clear indication that toll bridge survey respondents are very anxious about being the passenger of a drug-driver. Although younger toll bridge survey respondents seemed slightly less concerned than the older toll bridge survey respondents, both age groups appeared considerably more anxious than the dance survey respondents.

FOCUS GROUPS

General views of drug-driving

7.2 Within the focus groups, drug-driving was thought to be widespread, often involving young people:

“Among our age group, it’s pretty common. They’re just trying to have a good time. In our age, group people are just starting to get cars and just want to go out driving basically.” (17 year-old male)

“I imagine a lot of people smoke a joint or two and then drive.” (18 year-old male)

“The younger generation take more drugs anyway so surely they’re more likely to be driving on them as well.” (39 year-old female)

“We used to go up to Perth, drive up to Perth and back down in the morning and we were all really wasted, still taking drugs in the morning.” (23 year-old female)

“Most serious clubbers I know wouldn’t drink any alcohol. They would just be drinking water, but they still take drugs while they are there. A lot of them, like a guy I know, he goes down to a place and he’ll probably take an E and drive back home again and you don’t really think about the risk.” (29 year-old female)

7.3 Despite this, the groups did not perceive drug-driving as only being a young person’s activity:

“Drug use isn’t just confined to a certain age group so obviously using drugs and driving isn’t either.” (17 year-old male)

7.4 Across the groups, it was clear that drug-driving was considered more likely to involve young males than females and this seemed to relate to the fact that young males were considered more likely to use illegal drugs. In addition, drug-driving was not described as something that only occurred within urban centers. On the contrary, a number of participants thought that people living in towns and cities used illegal drugs and then drove to the countryside in order better to experience the effects of the chemicals they had taken:

“When you’re blitzed, you go out in the country and just sit on a hill ‘cos its peaceful. So there is a lot of that. People from the city going out to the country and driving about ‘cos they know it’s a lot quieter and they’ve got long roads that they can just take off on basically.” (17 year-old male)

7.5 Equally, there was a feeling that drug-driving may actually occur more frequently within rural areas than within urban areas because there is less to do in the countryside:

“There’s nothing to do down here so basically that’s all there is is drugs so that’s all you do. Get full of it and get in the motor.” (17 year-old male)

7.6 Like the clubber interviewees, focus group participants also felt that driving after cannabis use was generally less dangerous than driving after drinking alcohol and for similar reasons:

When you're drinking, you don't have that much control. You think you do, but you don't. But on dope, you always know what you're doing, but you might be a bit slow. You know that you're high and so you watch out. But on drink, you'll be running up to police officers and going, 'Can I wear your hat sort of thing?'" (17 year-old male)

"Alcohol is worse than hash [cannabis] because with alcohol you don't know what you're doing. With hash, you just sit and pure gouch. You do know what you're doing on hash." (17 year-old female)

7.7 Meanwhile, LSD was universally perceived as the most dangerous drug to drive on:

"I wouldn't contemplate getting into a car after acid. Getting into it would be bad enough never mind starting the thing up." (39 year-old male)

7.8 There was, however, less of a consensus regarding the impact of many other illegal drugs on driving ability. For example, amongst the male students, amphetamines were seen as having the capacity to wake individuals up and therefore make them more attentive. Despite this, other groups argued that amphetamines could make people jittery and this could have a significantly negative impact on driving ability. Some focus group participants also felt that it would be difficult to assess the impact of ecstasy on driving because it was not possible to identify the kinds of additional substances that might have been added to the drug in its preparation:

"'Cos when you take E, you're not just taking MDMA. You're taking fucking hell knows what so you're bound to get all sorts of things happening." (39 year-old male)

7.9 Finally, and aside from the effects of the various drugs themselves, there was some suggestion that driving after illegal drug use could result in a heightened state of anxiety that could in itself have a negative effect on an individual's driving ability. Similarly, the over-cautiousness often considered a feature of driving after cannabis use might contribute to further problems:

"There are people who get overly paranoid when they see a police car and jump the lights." (29 year-old male)

"I've stopped on a green light before." (29 year-old male)

SUMMARY

7.10 This chapter confirms a widespread belief amongst the interviewed clubbers and focus group participants that the effects of drugs on driving depend upon the specific drugs being

consumed. Universally, driving after cannabis was seen as the least dangerous form of illegal drug-driving, whilst driving after LSD use was considered the most dangerous. Meanwhile, driving in excess of the legal alcohol limit was generally perceived to be more dangerous than driving after consuming illegal drugs. Unsurprisingly, perhaps, those who had themselves never drug driven were more likely to hold negative views of drug-driving than those who had so behaved. Indeed, this was particularly evident when the views of the toll bridge survey respondents were compared with those participating in the dance survey.

7.11 In addition to the above, findings from the dance survey suggested that men had less negative views of drug-driving than women. The toll bridge survey, however, identified little difference between the views of older and younger drivers. Such findings were not inconsistent with comments made in the focus groups relating to the fact that drug-driving was particularly prevalent amongst young males, but also occurred amongst older groups. Evidence from the focus groups also suggested that drug-driving was both an urban and a rural activity. Furthermore, as indicated in chapter five, some individuals drive after using cannabis simply to enjoy the effects of the drugs that they have consumed.

7.12 To what extent the views of those who have personally driven on a particular substance are more or less accurate than the views of those who have never so done is not easily determined. This is because those who drug drive are likely to be suffering from at least some degree of impairment at the point when they make judgements about their own fitness. Interestingly, however, those who had themselves drunk-driven were as willing as those who had never drunk-driven to accept the danger and stupidity involved in such an act. This is clearly contrary to any simple assumption that those who have engaged in a particular behaviour are always more likely to argue that that behaviour is acceptable and safe.

7.13 The complexity and uncertainty often surrounding the interviewees' assertions about the dangers or safety of drug-driving was aptly captured by those individuals who openly reflected on their often contradictory (and in some cases seemingly hypocritical) views. This confusion was heightened when the issue of driving on prescribed medication was raised. Here discrepancies between beliefs about safety and personal behaviour were clearly apparent. Thus, many believed that driving following the use of some prescribed drugs would certainly be dangerous and yet they had either done so or believed that would be prepared to do so in order to avoid the inconvenience of not being able to use a car.

CHAPTER EIGHT: THE ROLE OF FRIENDS AND PEERS

INTRODUCTION

8.1 Recreational drug use is a social activity often involving groups of young people. In this chapter, the role of friends and peers in influencing drug-related driving is examined.

CLUBBER INTERVIEWS

Friends' drug and drink-driving

8.2 Whilst few of the interviewed clubbers said that they had friends who regularly drove whilst drunk, many had friends who commonly drove after consuming illegal drugs (usually cannabis). Most individuals who did not have friends who regularly drove after drugs explained this in terms of having friends who could not drive rather than having friends who did not take drugs or who objected to drug-driving. A small number of individuals also clarified that whilst they did not presently have friends who drug drove, they had had such friends when they were younger. These were generally individuals who had themselves previously drug driven but latterly ceased such behaviour. Only 4 individuals thought that drink-driving was more common amongst their friends than drug-driving, whereas 34 individuals believed the reverse to be true.

8.3 When asked to comment on what they believed their friends would say about drug-driving, only 12 clubbers (6 women and 6 men) felt that their friends' views would be largely negative. These 12 included 5 people who had never personally driven after drug use and 2 people who drug drove on a regular weekly basis. Although many individuals felt that their friends would argue that drug-driving is safe, others felt that there would also be mixed views depending on the type of drug and the quantities of substance involved. Some also said that they had some friends who would be completely against drug-driving and others who would be unconcerned by the behaviour. On balance, however, responses indicated that drug-driving was often an accepted and unquestioned activity within friendship groups.

Peers' drug and drink-driving

8.4 In order to elicit information about drug and drink-driving behaviour more generally, interviewees were asked to discuss the drug/ drink-driving behaviour of people of their age group - not necessarily their personal friends. The general perception amongst the clubbers was that drug-driving was very common and considerably more prevalent than drink-driving. Only 9 individuals (3 women and 6 men) felt that drug-driving was relatively rare. These individuals included 4 people who had never personally drug driven and only one person who was a weekly drug-driver.

8.5 Although a number of individuals felt that drug-driving was equally spread across the two sexes, the majority of interviewed clubbers agreed that men (especially young men) were the most likely to drug drive. Many individuals could not account for this apparent gender difference. Nevertheless, a number of possible reasons were mooted. These included: more

men are drivers; more men are drug users; more men are drug users and drivers; women have more common sense; women are more nervous and cautious about driving; and women are more likely to think about the consequences of their behaviour:

“I think drug cultures tend to be quite macho. I don’t want that to sound sexist or that, but in my experience it’s certainly guys that take more drugs. Even though it doesn’t appear that way in clubs, it appears that there’s a fairly even balance, but in general I would say it’s guys. In general, if it is a girl, it’s probably someone’s girlfriend and generally the guy would drive.” (Dominic, aged 23 years)

“I don’t know. Any time my mates are going out and have their girlfriends and stuff with them, if the girlfriend’s got a car there as well, it’s usually the guy that takes his car. Girls are also a wee bit more ... I don’t know, they kind of think a wee bit more at times as well.” (James, aged 21 years)

“Women probably think about it more than what men do, like the consequences and things like that.” (Derek, aged 24 years)

8.6 Reflections on the most common age group involved in drug-driving highlighted people over 17 but under 35 years of age. Reasons why such individuals might be a particular risk group included their higher levels of drug taking; their greater susceptibility to peer pressure; and their more accepting attitudes of drug-driving. This was in marked contrast to drink-driving which was considered more prevalent amongst older age groups and more stigmatised by younger people:

“It tends to be with the young people that the drugs are the problem, but I know a lot of older people, maybe say even 50 upwards, who drink whisky and go driving. They’ve seen the adverts and they don’t really seem to effect them.” (Richard, aged 24 years)

8.7 Nonetheless, those over 35 were clearly not immune from drug-driving:

“I know guys of 50 and stuff who go out and take eccie [ecstasy] at the weekend. They’re not pure down and out losers, pure scum of the earth people. They’ve got a family and everything. They’ve got nice houses and just don’t want to grow old, I suppose.” (Graham, aged 19 years)

8.8 Other groups identified as especially prone to drug-driving were cannabis users (because there are so many cannabis users and because the drug stays in the body for a long time thus making drug-driving more likely); those who live in rural areas (because they are more dependent on cars for transport); and members of the clubbing fraternity (because clubbers tend to feel that drug-driving is acceptable and not as dangerous as driving after drinking):

“It was always a kind of preconception of a lot a clubbers, and it still is, that they’re not really breaking the law as such or they’re aware enough to drive under the influence of drugs.” (Tom, aged 31 years)

“It’s quite well known that lots of people will go back from clubbing sort of driving ‘cos they think ‘Oh I’m not over the limit ‘cos I haven’t been drinking’.” (William aged 26 years)

The role of the designated driver

8.9 In total, 49 clubbers (80% of those interviewed) reported that they had at some point been part of an arrangement where a group of individuals had gone out for the night and one person had agreed not to drink but to undertake all the driving. Reasons why someone might agree to be a designated ‘no-drink-driver’ included: not being an alcohol drinker anyway; having to be up early for work the next day and thus not wanting to drink; having been intoxicated on recent previous nights and thus wanting not to drink; anticipating transport problems travelling home and so preferring to take a car; having no money to drink; and having a regular agreement about sharing driving with a group of friends.

8.10 Most people reported that having a designated no-drink-driver tended to be a successful arrangement. Nonetheless, it was also the case that some individuals succumbed to the temptation of alcohol once out or compensated by consuming illegal drugs instead of drink. As Paul and Ed explained:

“Generally what happens is the people who are not driving take drink and drugs and the person who’s driving just takes drugs.” (Paul, aged 24 years)

“I’ve done it a few times and you say, ‘I’m not going to drink anything, I’m going to drive’, but you’ll go into the toilet and you’ll have, you know, a fly joint [secret smoke of cannabis] or whatever or you’ll maybe have a bhong [home made water pipe for smoking cannabis] before you come out, stuff like that.” (Ed, aged 21 years)

8.11 In contrast, relatively few individuals had been involved in a group situation where they or someone else had agreed not to take any illegal drugs and to undertake all the driving on a given night out. Reasons why individuals might agree to be a designated no-drug-driver included not being a drug user; having no money for drugs; and having a regular agreement about sharing driving with a group of friends:

“I wasn’t bothered at the time about taking E, so I could take the car.” (Nick, aged 27 years)

“I’ve taken the car recently. It’s because I’ve been completely skint. I’ve gone out and had a couple of cokes. I wouldn’t consider taking either alcohol or drugs if I had the car there.” (Judy, aged 24 years)

8.12 Although many interviewees felt that a designated no-drug-driver arrangement probably would work if the situation was right, and the individual concerned had good willpower, various reasons were given as to why a designated no-drug-driver plan was more likely to fail than its no-drink-driver equivalent. These included: widespread belief that drug-driving is safe and acceptable; it being harder not to use drugs than not to drink when out in a crowd; always wanting to smoke or take pills whilst out because they are an integral element of the night; and there being less chance of being caught by the police after drug use than after drinking:

“Because we’re all just probably under the impression that we would be fine to drive home after a few joints.” (John, aged 25 years)

“I go like for Techno [dance music] and stuff and you really have to take something anyway just to make it better. Yeah, I don’t think I could do that [agree not to use drugs].” (Andy, aged 23 years)

“I would consider it if it was a necessity. It’s not a case like every time I go out I must have drugs. I could do it, but obviously if I’m going out and everybody else is going to be having fun, you would feel you were being taken for granted because you’re only there as their means of transport, so you would always probably end up having something.” (Ed, aged 21 years)

The role of friends in averting drug-driving behaviour

8.13 Ten individuals (1 female and 9 males) could recall occasions (usually several) when friends had attempted to dissuade them (sometimes successfully and sometimes unsuccessfully) from drink-driving. Comments relating to these episodes revealed that some individuals were generally happy to take their friends’ advice and not drive, but others tended to become aggressive and argumentative and insisted on driving regardless:

“One time, I nearly got in a fight with my mate because he wouldn’t give me the keys! [Laughs]. But he just gave me them, and told me I was an arse.” (Graham, aged 19 years)

I just did it [drove the car] anyway because if I felt capable of doing it, I would do it no matter what. It would be my own personal choice. It wouldn’t influence me what anybody else said, I don’t suppose. Especially when you’ve had a bit to drink, you’re like ‘No, no, I’ll be alright, sort of thing’.” (Melanie, aged 25 years)

“I’ve mainly ignored them, but occasionally I’ve listened.” (Phil, aged 30 years)

8.14 Despite the much greater frequency of personal drug-driving relative to drink-driving, only 3 individuals (all male) could recall occasions when friends had attempted to dissuade

them from driving after drug use. A further 3 individuals (again all male) said that friends sometimes asked whether they were ‘OK to drive’, but were always satisfied with the answer ‘yes’ and driving occurred anyway:

“They would say, ‘Are you all right for driving?’ and then they’ve left it at that.” (Phil, aged 37 years)

“I’d had LSD a few times and they [friends] had said ‘Are you going to be alright going up the road?’ and I’d do my American police thing where you, you know, you lean away back on one leg and then they’re like that, ‘Right, okay, that’s fine’.” (Ed, aged 21 years)

8.15 In total, 17 interviewed clubbers (4 women and 13 men) reported that they had personally tried to prevent friends from driving whilst drunk. Strategies for accomplishing this included trying to talk individuals out of driving and more forcefully taking away the car keys or pushing the driver into a taxi. In these situations, it was widely accepted that drivers could become aggressive and unreasonable, although they often regretted their ill-temper once they were sober again. Meanwhile, only 5 individuals (1 woman and 4 men) said that they had ever considered preventing a friend from driving after consuming drugs. These interviewees had either satisfied themselves that the intoxicated friend was safe to drive or had attempted to talk them out of driving (sometimes successfully and sometimes not). No individual had forcibly prevented a friend from drug-driving by removing the car keys or insisting on alternative travel.

DANCE SURVEY

The role of friends

8.16 Dance survey respondents were asked whether they agreed or disagreed with two attitudinal statements relating to friends’ drug and drink-driving behaviour. These were i) I would advise my friends not to drive if I thought that they had just been using illegal drugs and ii) I would advise my friends not to drive if I thought that they had been drinking alcohol. Their responses to these two issues are shown in Tables 8.1 and 8.2 respectively.

Table 8.1: Dance survey respondents’ responses to the statement: I would advise my friends not to drive if I thought that they had been using illegal drugs

	% Yes	% No	% Don’t know
All respondents	54	13	33
Men only	40	20	40
Women only	64	9	27
Individuals who had never drug driven	71	6	23
Individuals who had drug driven	46	20	34

Base: 88 dance survey respondents

8.1 Table 8.1 reveals that just over a half of all dance survey respondents thought that they would advise their friends not to drive after illegal drug use. Nonetheless, women and individuals who had never themselves drug driven were more likely than men and individuals who had personally drug driven to take such averting action.

Table 8.2: Dance survey respondents’ responses to the statement: I would advise my friends not to drive if I thought that they had been drinking alcohol

	% Yes	% No	% Don’t know
All respondents	91	1	7
Men only	86	14	0
Women only	96	2	2
Individuals who had never drug driven	89	3	8
Individuals who had drug driven	94	0	6

Base: 88 dance survey respondents

8.1 According to Table 8.2, a very high proportion of dance survey respondent thought that they would advise friends not to drive if they had been drinking alcohol. Indeed, considerably more individuals appeared willing to advise their friends not to drive after alcohol use than after illegal drug use. Again, women seemed more likely than men to advise against drink-driving. Interestingly, however, individuals who had personally drug driven were slightly more likely than individuals who had never drug driven to advise against drink-driving. Consistent with the clubber interviews, this seemed to indicate strong anti-drink-driving feeling amongst drug-driving clubbers.

TOLL BRIDGE SURVEY

The role of friends

8.2 Toll bridge survey drivers were also asked how they would react to a friend who was about to drug or drink-drive and their responses are shown in Tables 8.3 and 8.4.

Table 8.3: Toll bridge survey respondents’ responses to the statement: I would advise my friends not to drive if I thought that they had been using illegal drugs

	% Yes	% No	% Don’t know
17-39 year-olds	89	4	7
40 and older year-olds	95	3	2
Dance survey respondents	54	13	33

Base: 273 drivers aged 17-39 years; 264 drivers aged 40 and over; and 88 dance survey respondents

8.1 Table 8.3 suggests that toll bridge drivers of both age groups were considerably more likely to advise friends against drug-driving than the dance survey respondents. Furthermore, the older toll bridge drivers seemed slightly more likely to advise friends against drug-driving

than the younger toll bridge drivers. This apparent concern about drug-driving appears consistent with the toll bridge drivers' lesser personal involvement in drug-driving incidents.

Table 8.4: Toll bridge survey respondents’ responses to the statement: I would advise my friends not to drive if I thought that they had been drinking alcohol

	% Yes	% No	% Don’t know
17-39 year-olds	93	2	5
40 and older year-olds	88	5	7
Dance survey respondents	91	1	7

Base: 273 drivers aged 17-39 years; 264 drivers aged 40 and over; and 88 dance survey respondents

8.1 Although older toll bridge drivers seemed more likely than younger toll bridge drivers to advise against drug-driving (Table 8.3), they appeared slightly less likely to advise against drink-driving (Table 8.4). Equally, the dance survey respondents seemed more likely than the older toll bridge drivers to advise against drink-driving. This finding is consistent with the suggestion that there is a greater tolerance of drink-driving amongst older individuals.

SUMMARY

8.2 Whilst many of the clubber interviewees had friends who drove after consuming illegal drugs (most commonly cannabis), few had friends who regularly drove whilst drunk. The pattern of friends’ behaviour in respect of driving under the influence was in other words very similar to the interviewees’ own personal conduct. Not having friends who drug drove, meanwhile, tended to occur because individuals had friends who could not drive – not because they had friends who objected to the activity. This seemed to indicate that drug-driving was often considered a socially acceptable and normal behaviour within the friendship groups of those who themselves drug drove.

8.3 Moving beyond immediate friendships to young people more generally, drug-driving was still deemed more prevalent than drink-driving and considered to be particularly widespread amongst young males aged between 17 and 35 years. This perception was consistent with the views of the focus group participants discussed in chapter seven. According to the clubber interviewees, both behavioural and situational factors appeared to contribute to male drug-driving. That is, men were perceived as being more likely to take drugs, more susceptible to peer pressure to drug drive, and more willing to believe that drug-driving is acceptable. In addition, the clubber interviewees felt that cannabis users, those living in rural areas and those who regularly attend nightclubs were also high-risk drug-driving categories.

8.4 Although many clubbers had personal experience of arranging a designated driver as a way of reducing the likelihood of drink-driving situations, hardly any of the interviewed clubbers had arranged to have a designated driver as a way of reducing drug-driving. Equally, a sizeable minority of clubbers had sought to stop somebody whom they believed to be in excess of the legal alcohol limit from driving, but hardly any clubbers had attempted to do the same in relation to an individual who had consumed illegal drugs. This apparently greater willingness to prevent drink than drug-driving situations was consistent with the responses of the dance survey respondents (and, to a lesser extent, the younger toll bridge survey respondents) to the attitudinal questions about friends’ behaviour.

CHAPTER NINE: THE LAW AND PREVENTION CAMPAIGNS

INTRODUCTION

9.1 Chapter nine examines knowledge and views of the law in relation to both drink and drug-driving and roadside testing procedures. In addition, the value of drug-driving prevention campaigns, as perceived by the study respondents, is discussed.

CLUBBER INTERVIEWS

Knowledge and views of the law regarding drug-driving

9.2 Although none of the clubbers interviewed could cite the law in relation to drug use and driving, many were fairly confident that driving on drugs would be forbidden since drug taking is itself illegal. When interviewees were asked whether they knew the kinds of penalties that might be imposed for drug-driving, clubbers anticipated penalty points; a driving ban; a fine; and/ or possibly imprisonment. Moreover, a number of interviewees felt that penalties meted out for drug-driving would be largely comparable to those imposed for drink-driving.

9.3 On learning that the law recommends a six-month driving ban if there is evidence of cannabis abuse and a year's ban for most other illegal drugs, the majority of interviewees commented that this seemed quite reasonable and just. Despite this, there was some suggestion that in order to be totally fair, the law should take individual circumstances into consideration. That is, there should be some recognition that regular users of drugs (particularly daily users of cannabis) may have a tolerance to the substance and this means that they are not necessarily affected by small to moderate amounts. Equally, there was some feeling that drivers should only be convicted if they were noticeably impaired and this would not necessarily be the case amongst those who had only smoked cannabis:

“That [the legal penalties] sounds like it’s fairly similar to alcohol and I would say if somebody was taking drugs and they were affected, their driving was affected, I think that’s fair enough.” (Sarah aged 39 years)

“I mean, if you’re putting other people’s lives at risk then you should get fined for it and stuff, but maybe it should be a bit more in-depth. Like find out how long ago they took the drugs or how many they’ve taken or something like that, that should be considered.” (Lucy aged 19 years)

“I’d probably say it’s pretty fair enough. I don’t know about cannabis. I mean, I know hundreds of people that smoke and drive and I don’t really think it makes that much difference with cannabis. But if you really were in a bad state to drive, I think definitely they should ban you. If you’re putting other people at risk, definitely.” (Judy, aged 24 years)

9.4 Whilst a small number of interviewees argued that the penalties for drug-driving were overly strict (particularly in respect of cannabis), an equal number argued that the penalties were too lenient since drug-driving could cause deaths. In addition, several interviewees argued that there was a definite need for more research in order to evaluate how dangerous drug-driving actually was and therefore how appropriate the penalties were.

Knowledge and views of roadside drug testing procedures

9.5 On the whole, the interviewees' knowledge of roadside drug testing procedures was very limited. Twenty-four individuals had never heard of roadside drug testing and those who had often knew very little about the procedures involved. Whilst some had gleaned small amounts of information from the media (TV and newspapers), none had themselves been tested and only one or two had heard of people they knew being stopped and examined. The kinds of tests discussed by the interviewees included the taking of samples of sweat; saliva; urine; blood; and hair.

9.6 Views about the effectiveness of drug testing were somewhat mixed. Many interviewees felt that roadside tests would on balance be a good thing but qualified this in a number of ways. For example, motorists should not be stopped on a random basis. Rather, the police must have good reason for detaining a driver and requesting a sample. Some interviewees also felt that the tests must be proven to be accurate prior to common use and should not be used as a pretext for searching drivers for drugs. Others felt that taking a saliva sample was permissible, but requesting blood and urine were not. Equally, some believed that testing for drugs other than cannabis was fine, but testing for cannabis was not.

9.7 Despite the above, just over half of all interviewees felt that testing drivers for drugs was prohibitively problematic. The main difficulties identified were the inaccuracy of drug tests; the fact that drugs (particularly cannabis) are detectable in the body for a much longer period than the impairment they induce; there would be too many drug-drivers to detect; drug tests would be used as a subversive means of searching for drugs; drivers would find ways of flouting the tests to avoid detection; driving on cannabis is not a dangerous activity; prescribed medicines may interfere with the drug test results; and drug testing is a breach of human rights and civil liberties:

“They say cannabis doesn't come out your system for thirty days or something like that. So, if they tested you and you had inhaled drugs thirty days before that, then you're classed as driving under the influence of drugs. That's very unfair, I would think.” (Tom, aged 31 years)

“I think they would be shocked at the number of people who'd taken cannabis. I mean cannabis stays in your system for ages so I mean it would be chaos. They would have to like do [arrest or charge] half the people on the road.” (Paul, aged 24 years)

I've heard that testing isn't very accurate and it can pick things up for a couple of weeks afterwards. So I don't think it's a very good idea if it's not accurate.” (Chris, aged 23 years)

9.8 The extent to which roadside drug testing might deter individuals from drug-driving was unclear from interviewees' comments. Certainly, there was some suggestion that individuals who only drug drove occasionally would be most likely to change their behaviour. Additionally, individuals might be less willing to embark on long journeys where the chances of being caught would be especially high. Overall, however, it seemed that regular drug-drivers would not be prepared to cease drug-driving entirely. In particular, cannabis users felt that it would be difficult not to test positive on a roadside test because the drug stays in the body for such a long period. If, however, there was a way of testing for cannabis use within the previous 24 hours, some individuals felt that they would be likely to stop drug-driving within that period. Equally, others reported that roadside testing would make them think more carefully about driving after drugs and probably encourage them to drug drive less often:

“It [roadside testing] might make me think about it, if I was to be driving the next day (Karen, aged 19 years)

“I need my driving license to work so it [roadside testing] would probably change my behaviour but I can't really imagine stopping smoking gear [cannabis]. (Craig, aged 29 years)

Knowledge and views of the law in relation to drink-driving

9.9 Many of the interviewed clubbers also had a rather imprecise knowledge of the law in relation to drink-driving. Consequently, it seemed likely that some individuals had driven whilst over the legal alcohol limit without being fully appreciative of the illegality of their actions. In discussing the legal alcohol limit for driving, most interviewees were unfamiliar with the concept of milligrams of alcohol per millilitres of blood and wanted to translate this into pints of beer and/or glasses of wine. Others were happy to talk about units of alcohol, but were not always certain about unit equivalents in terms of measures of beer, wine and spirits. Although some individuals confessed that they had absolutely no idea about the legal alcohol limit for driving, these were often individuals who said that they did not need to know such information because they never drove after consuming any alcohol. Others accounted for their lack of knowledge by stipulating that they only ever had one drink at most if driving and thus knew that they were safe.

9.10 None of the interviewed clubbers felt that the legal limit in relation to drink-driving was too low. Whilst some felt the present law was more or less appropriate, a very high proportion believed that the limit should actually be zero. This, interviewees felt, would help to circumvent the problem of the very different effects that the same measurement of alcohol can have on different individuals or on the same individual at different times. Equally, it would help to counter i) the danger that individuals have one drink and this leads to another and then another and ii) the problem that having an accepted legal amount indirectly condones drink-driving:

“Because I've actually seen myself having two pints and feeling perfect and then some other times, having two pints and I've got a right dizzy head.” (Fraser, aged 21 years)

“I’m probably more inclined to say there should be no limit, you shouldn’t drink at all. Generally because if you have two, the temptation is always there to have three and a fourth.” (Nick, aged 27 years)

“Maybe having a limit does condone actually getting in behind the wheel after drinking any alcohol. So maybe folk think ‘Och, it’ll be okay. I mean what are the chances?’” (Charles, aged 22 years)

9.11 Perhaps unsurprisingly given the above stringent views against drink-driving, very few interviewed clubbers said that they objected to the idea of being breathalysed at the roadside. As with the idea of roadside drug testing, however, there was some suggestion that the police should have a reason for breathalysing individuals and the process should not be random (otherwise young drivers would be persistently targeted without due reason). Only one individual felt that the police expended too much time and money trying to catch drink-drivers. Two individuals, meanwhile, commented that having access to an instrument to breathalyse oneself (for example in a pub) would be a particularly good idea as it would help to prevent unintentional breaches of the law.

Drug-driving prevention campaigns

9.12 Clubbers were asked to consider whether or not it would be possible to introduce drug-driving prevention campaigns and, if so, which ones would be most likely to work. Over a third of those interviewed (n=21) felt that it would not be possible to devise effective strategies and volunteered a large number of reasons for this. These included:

- the particular resilience of young people to advice and information (the ‘tell young people not to do something and they are more likely to do it’ syndrome)
- people who use drugs expect to encounter some dangers as a result of their behaviour
- people in general (and drug takers in particular) do not listen to government warnings
- there are always people who 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 smoking cannabis is dangerous
- individuals would still use their own judgement about whether or not driving after drug use is safe
- most anti-drug campaigns are ignored
- most anti-drug campaigns are too moralistic
- the Government could not campaign about drug-driving because in so doing it would implicitly have to say that taking drugs was acceptable as long as people did not drive thereafter
- zero tolerance of illegal drugs means that it would be impossible to set a safe drug-driving limit
- people always believe that campaigns are directed at others and not at themselves

As three individuals explained:

“People trust the Government’s stance on alcohol because they’ve been honest about it. The thing about drugs is they’ve lied about everything to do with drugs. They tell us that drugs’ll kill you if you take them and people have taken hundreds of drugs and not died and they’re like ‘Well we’ve been lied to so why would we believe anything else they say or tell us about it?’ (Paul, aged 24 years)

“I don’t think the Government could do it because it would be seen to go against their policy of anti-drugs and it would kind of be contradictory, if you know what ah mean. Because they’d be saying ‘No you can’t take drugs, don’t take drugs, they’re bad - but if you do take drugs, then don’t drive’.” (Steven, aged 22 years)

“I don’t actually think people like my age think there’s a problem. I mean, I think people’s perception of it is it’s okay because it doesn’t get you in as much a mess as what alcohol does.” (Derek, aged 24 years)

9.1 Despite the above scepticism, 11 interviewees felt that anti-drug-driving campaigns would work and 14 maintained that they would probably have at least some beneficial effects. Nonetheless, these individuals often argued that changing drug-driving behaviour would probably take many years. Regarding which types of campaign would be the most effective, clubbers tended not to distinguish between the different media available (television adverts, posters, radio, newspapers, leaflets etc). Rather, they focused on the nature of the messages being conveyed and the ways that those messages were delivered. For example, many of the interviewed clubbers felt that successful anti-drug-driving campaigns would need to be honest; based on good research and accurate evidence proving that driving is impaired; not be vague or unnecessarily frightening; include prescription drugs; and be targeted at the right young people (i.e. those who used drugs and were likely to drive). Some also felt that the most effective campaigns would be those informed or led by drug users themselves since those who take drugs are to all intents the experts in such matters. Finally, a small number of clubbers argued that police campaigns targeting drug-drivers for breach of the law would be of additional benefit.

“I would need to have like hard facts that even though I thought I was alright, I wasn’t alright. If I have two E and I get in a car, I feel absolutely fine so I would need to have some kind of scientific data to show me that I was mistaken and then if that was in an advert campaign, it may help me.” (Sarah, aged 39 years)

“I think the more studies people do on drugs, the better because the more that’s understood about them the more people can make their own mind up as to the dangers and weigh up the pros and cons.” (Phil, aged 37 years)

“I think they would need to be honest and, you know, not vague and scary and say things like ‘Don’t use drugs’. I think they need to be more specific and talk about prescription drugs as well. I wouldn’t like to be in a car with somebody who’d taken lots of painkillers and, you know, had a drink as well.”
(Peter, aged 30 years)

Drink-driving prevention campaigns

9.2 Only 11 of the interviewed clubbers (2 women and 9 men) felt that anti-drink-driving campaigns are ineffective. All of these 11 individuals argued that this is because people who want to drink and drive simply ignore any messages telling them to avoid such behaviour. Conversely, 38 clubbers believed that anti-drink-driving campaigns are to a greater or lesser extent effective and therefore worthwhile. Although some argued that there will always be a minority of people who persist in drink-driving, many felt that the majority of drivers are discouraged from this activity by any kind of reminder about the dangers involved. Moreover, anti-drink-driving campaign messages are reinforced by fear of accidents and anxieties about being caught and penalised by the police.

9.3 Elaborating upon the effectiveness of recent campaigns, many individuals discussed how national attitudes to drink-driving had become considerably more intolerant over the last 20 years, with drink-driving now stigmatised as an anti-social and unacceptable behaviour. In this regard, hard-hitting television adverts were often highlighted as having played a particularly valuable and effective role:

“I think if you’ve got a bit of blood and guts, I would say a bit of blood and guts goes a long way to putting you off it.” (Dominic, aged 23 years)

“The best ones are probably the ones when you see people getting killed and stuff on TV - so really gory and like put it in your mind and you’d think about it more often. But if it’s just a campaign with a picture of ‘Don’t Drink and Drive’, you’ll just forget about it straight after you saw it.” (Andy, aged 23 years)

DANCE SURVEY

Views of the law and roadside testing

9.4 Dance survey respondents were asked whether they agreed or disagreed with three attitudinal statements regarding both the law and roadside drug testing procedures. These were: i) It should be illegal to drive within 12 hours of taking any illegal drug; ii) The police should be able to stop and test people they suspect are driving under the influence of illegal drugs; and iii) More roadside drug testing would stop people from driving under the influence of illegal drugs. Dance survey respondents’ responses to these three statements are shown in Tables 9.1; 9.2; and 9.3.

Table 9.1: Dance survey respondents’ responses to the statement: It should be illegal to drive within 12 hours of taking any illegal drug

	% Yes	% No	% Don’t know
All respondents	53	22	25
Men only	35	30	35
Women only	70	16	14
Individuals who had never drug driven	66	20	14
Individuals who had drug driven	47	19	33

Base: 88 dance survey respondents

9.1 Table 9.1 indicates moderate support amongst clubbers for imposing a legal ban on driving within 12 hours of illegal drug consumption. Again, women and individuals who had never personally drug driven were more likely than males and individuals who had personally drug driven to argue that the law should be stringent.

Table 9.2: Dance survey respondents’ responses to the statement: The police should be able to stop and test people they suspect are driving under the influence of illegal drugs

	% Yes	% No	% Don’t know
All respondents	70	7	23
Men only	49	16	35
Women only	87	0	13
Individuals who had never drug driven	83	3	14
Individuals who had drug driven	64	11	25

Base: 88 dance survey respondents

9.1 Table 9.2 suggests relatively high levels of support for roadside drug testing. Again, women and individuals who had never drug driven were more likely than males and individuals who had personally drug driven to argue that the police should have roadside drug testing powers.

Table 9.3: Dance survey respondents’ responses to the statement: More roadside drug testing would stop people from driving under the influence of illegal drugs

	% Yes	% No	% Don’t know
All respondents	59	15	27
Men only	42	31	28
Women only	73	2	24
Individuals who had never drug driven	58	11	31
Individuals who had drug driven	58	19	22

Base: 88 dance survey respondents

9.1 Although moderately high numbers of dance survey respondents thought that drug testing would stop people from driving under the influence of illegal drugs, women believed this much more strongly than men. Meanwhile, those who had and those who had not personally drug driven seemed to hold similar views about the likely effectiveness of roadside drug testing.

TOLL BRIDGE SURVEY

Views of the law and roadside testing

9.2 Toll bridge survey respondents were also asked whether they agreed or disagreed with the three attitudinal statements regarding the law and roadside drug testing procedures. Their responses are shown in Tables 9.4; 9.5; and 9.6.

Table 9.4: Toll bridge survey respondents’ responses to the statement: It should be illegal to drive within 12 hours of taking any illegal drug

	% Yes	% No	% Don’t know
17-39 year-olds	77	9	14
40 and older year-olds	82	7	12
Dance survey respondents	53	22	25

Base: 273 drivers aged 17-39 years; 264 drivers aged 40 and over; and 88 dance survey respondents

9.1 Table 9.4 indicates that more older toll bridge survey than younger toll bridge survey respondents thought that it should be illegal to drive within 12 hours of using illegal drugs. Moreover, toll bridge survey respondents in general had stronger views than the dance survey respondents about the fact that drug-driving should be illegal. This is as might be expected given the lower levels of drug-driving behaviour amongst toll bridge drivers than amongst dance survey respondents.

Table 9.5: Toll bridge survey respondents’ responses to the statement: The police should be able to stop and test people they suspect are driving under the influence of illegal drugs

	% Yes	% No	% Don’t know
17-39 year-olds	93	4	2
40 and older year-olds	94	4	2
Dance survey respondents	70	7	23

Base: 273 drivers aged 17-39 years; 264 drivers aged 40 and over; and 88 dance survey respondents

9.1 From Table 9.5, it would seem that toll bridge respondents of all ages were very much in favour of roadside testing and considerably more so than the dance survey respondents.

Table 9.6: Toll bridge survey respondents’ responses to the statement: More roadside drug testing would stop people from driving under the influence of illegal drugs

	% Yes	% No	% Don’t know
17-39 year-olds	73	12	15
40 and older year-olds	80	11	10
Dance survey respondents	59	15	27

Base: 273 drivers aged 17-39 years; 264 drivers aged 40 and over; and 88 dance survey respondents

9.1 Finally, Table 9.6 indicates that the toll bridge drivers were more likely than the dance survey respondents to argue that roadside drug testing would prevent drug-driving. Again, however, older toll bridge drivers were more likely than younger toll bridge drivers to advocate this position.

FOCUS GROUPS

Knowledge and views of the law regarding drug-driving

9.2 None of the focus group participants - including the professional drivers - knew the legal position in relation to drug-driving or the legal consequences of such behaviour. Generally, the feeling was that drug-driving was a serious infraction and this should be reflected in the penalties it incurred. Moreover, the professional drivers felt that all drivers should be randomly tested for illegal drugs and those who failed such a test should forfeit their licence:

“It [random testing] is fair ...because, I mean, how would you feel if any of us were on drugs and we were to run down your brother, your sister, your mother, your father?” (37 year-old male)

9.3 According to the teenage urban females, the appropriate penalty for drug-driving should be a 5-year driving ban alongside a substantial fine. The teenage rural females also argued that loss of licence was the only sure way of reducing the occurrence of drug-driving:

“If they get banned for a year after driving on E then that’s long enough to realize that they shouldn’t have done it in the first place.” (17 year-old female)

9.4 Similar views were expressed in a number of the other groups. For example, the urban employed group supported the idea of banning drug-drivers with one of the group members stating:

“What they’re doing is really dangerous ‘cos one slip and they could kill someone. They could kill themselves, so a year ban is very fair.” (28 year-old male)

9.5 Equally, amongst the rural males there was a feeling that the existing legal penalties were too lenient, particularly in relation to cannabis. In this respect, one group member incredulously commented:

“A year’s ban! Considering you can get to jail for having it [cannabis].” (19 year-old male)

9.6 Whilst many of the focus group participants felt that the effects of drug-driving varied depending on the nature and quantities of the drugs consumed, only some advocated differentiating the legal penalties for drug-driving. Others felt that it was confusing to have lesser penalties for some drugs than others and that a policy of zero tolerance would be simpler and possibly more effective:

“The safest would be to say just a blanket ban. Just discourage the whole thing. You drive when you are totally sober and straight.” (26 year-old male)

9.7 In terms of roadside testing for illegal drug use, there was considerable uncertainty regarding the kinds of tests that might be carried out (blood test, swab, urine) and the accuracy of the tests that are currently available.

9.8 In terms of prevention campaigns, some focus group participants argued that these would need to focus on changing public attitudes so that drug-driving became as socially stigmatised as drunk driving. Nevertheless, some groups seemed sceptical about the capacity of education to change people’s behaviour and there was considerable support for the idea of improving public transport provision as a way of reducing the likelihood of individuals driving after illegal drug use. In addition, it was argued that public information campaigns would need to be particularly graphic, possibly showing individuals being killed or seriously injured as a result of a drug-driving accident:

“Adverts showing how dangerous it is..... a child being knocked down.” (39 year-old male)

“If you showed them the actual shit that happens. Like a guy a couple of weeks ago got hit by a BMW and they needed five different white sheets to cover him afterwards ‘cos he was everywhere.” (17 year-old male).

9.9 Like the clubber interviewees, however, some focus group members felt that the illegality of drug use would make it difficult to devise any kind of meaningful drug-driving campaign:

“I suppose doing an advert about don’t take drugs and drive almost suggests that it is fine to take drugs as long as you don’t drive.” (19 year-old male).

SUMMARY

9.10 This chapter has shown that the interviewed clubbers and focus group participants had very poor knowledge of the legal position regarding illegal drug use and driving. Moreover, many interviewed clubbers were confused about the legal position in relation to alcohol use. Overall, there was widespread support for a stricter approach to drink-driving and qualified support for treating drug-driving as a serious legal offence. Despite this, some clubber interviewees felt that the law should take individual circumstances into consideration. Moreover, the driver should be noticeably impaired and this would not necessarily be the case amongst those who had only smoked cannabis. As might be expected given their lesser incidence of personal drug-driving, toll bridge respondents (particularly those in the older age group), were the group of respondents most convinced of the need for a clearly defined legal approach.

9.11 Although many interviewed clubbers felt that roadside testing might be an effective and acceptable way of detecting drug consumption, a number of problems were highlighted. These related to the accuracy of tests; the potential for over use by the police; and breaches of civil liberty. In addition, the interviewees often argued that tests for cannabis were particularly ineffectual because the drug could be detected in the body for such a long time after ingestion. Indeed, in so far as roadside tests might prevent drug-driving, it seemed that individuals who drug drove occasionally would be most likely to modify their behaviour whilst those who drug drove regularly or only drove after cannabis would be least likely to change. Nonetheless, regular drug-drivers and cannabis drivers might reduce their drug-driving and be less likely to embark on long journeys where the chances of being caught were especially high.

9.12 Finally, many interviewed clubbers and focus group participants expressed reservations about the effectiveness of any drug-driving prevention campaigns. In this regard, several problems were identified. In particular, these related to the resilience of young people and drug users to health education messages; the unnecessarily alarmist and moralistic nature of many previous anti-drug campaigns; widespread belief that driving after cannabis is safe; and the fact that drug taking per se is illegal. Moreover, if such campaigns were to be effective, they would need to be based on honest and accurate information; be targeted at appropriate 'at risk' groups; and involve drug users themselves in getting important messages across. In addition, some focus group participants felt that hard-hitting campaigns might have a beneficial impact on the behaviour of at least some individuals who might be tempted to drive following recent illegal drug use. Equally, improved public transport for those leaving clubs late at night would appear to be fundamental to any serious attempt at reducing the incidence of drug-driving.

CHAPTER TEN: DISCUSSION AND POLICY IMPLICATIONS

INTRODUCTION

10.1 This report is based on research conducted with groups of individuals considered to be at different levels of risk for drug-driving behaviour. Attention has focused primarily on 61 interviews conducted with drug-using clubbers who were considered a very high-risk group for drug-driving. Complementing this, was a survey of people attending dance/nightclubs who may or not have been drug users and/ or drivers but also seemed to be at higher than average risk for drug-driving. Meanwhile, to broaden the focus of inquiry beyond the clubbing population, a survey of toll bridge drivers travelling at peak drug-driving times and focus groups with individuals who seemed likely to offer a range of views about drug-driving were conducted.

10.2 Being a primarily qualitative investigation, the findings of the research cannot be generalised to all Scottish people; all Scottish nightclubbers; all Scottish drug users; or all Scottish drivers. The intention has simply been to offer in-depth information about the characteristics of individuals at risk of drug-driving, their attitudes and behaviour, and the social and situational factors that may impinge upon their decision-making processes and actions. As such, the value of this report lies in its ability to explain and to illustrate, not to measure or to quantify. Indeed, quantitative information about recreational drugs and driving is provided in the national survey undertaken by System Three Social Research (Ingram et al., 2001).

INDIVIDUALS AT RISK OF DRUG-DRIVING

10.3 The research conducted by Glasgow University has clearly shown that individuals who attend nightclubs are a high-risk group for drug-driving. Moreover, within the broad category of clubbers, those who take illegal drugs and can also drive are particularly at risk. Clubbers at risk of drug-driving may be novice or relatively experienced drivers, but have often only been driving for a small number of years. Whilst they will not necessarily own their own car, many will be very dependent on private transport as a means of travel. Drug-driving aside, drug-using clubbers who have passed their driving test exhibit relatively high levels of other problematic driving behaviour – such as involvement in motor vehicle accidents and road traffic offences. In addition, there is evidence that their law-breaking activities (illicit drug use and driving whilst impaired through drugs) often go undetected and unpunished by the police.

10.4 Although clubbers may be regular users of public transport, this mode of travel tends not to offer a good service at the times when individuals will be returning from a night out. Taxis, meanwhile, are often considered prohibitively expensive and so avoided. Travelling to or from a club by their own car is therefore something that many clubbers have done although not on a regular basis. Such journeys are sometimes combined with illicit drug consumption but rarely with drinking alcohol. Club driving is, however, a behaviour that individuals tend to engage in less often as they grow older.

10.5 Cannabis is the illegal drug that seems to be most widely and most frequently used amongst clubbers (and others) at risk of drug-driving. Ecstasy, amphetamines, cocaine and

LSD are also commonly used and polydrug use is prevalent. Despite this, most drug-using clubbers consider themselves to be social or recreational users who do not have a drug problem and thus will not attend drug agencies. Indeed, clubbers who use drugs regularly describe how they adopt personal strategies to keep their drug consumption under control and also use drugs less often as time goes by.

DRUG-DRIVING SITUATIONS

10.6 Drug-driving is an activity engaged in by both sexes but seems to be particularly prevalent amongst young males – who often have other driving convictions. Both behavioural and situational factors appear to contribute to this phenomenon. That is, men seem more likely to take drugs, to be susceptible to peer pressure to drug drive, and to believe that drug-driving is acceptable. Despite this, driving after drug use does occur amongst women and older individuals although to an apparently lesser extent. Those who use cannabis are likely to be the main drug-driving culprits whilst those who live in rural areas are also considered ‘at risk’.

10.7 Although clubbers who take drugs and can drive exhibit very high levels of drug-driving behaviour, this seems to be an activity that individuals engage in less frequently as they age. The incidence of drug-driving appears to be influenced both by the frequency of an individual’s drug use (the more drugs are used, the more drug-driving occurs) and the frequency of their driving (the more individuals drive, the more drug-driving occurs). In addition, patterns of drug-driving seem to reflect personal patterns of drug use, access to a car, and the need for transport when travelling home after a night out.

10.8 Cannabis was the drug most involved in the drug-driving incidents reported. Nonetheless, driving on cannabis was not considered the most dangerous type of drug-driving. In fact, it was often deemed quite safe. Driving after ecstasy, cocaine, amphetamine and LSD were all perceived to be more hazardous, but occurred less frequently. Cannabis driving was a behaviour that individuals routinely engaged in as part of their everyday lives whereas driving after other drugs tended to be an occasional event, mostly confined to the early hours of Saturdays and Sundays.

10.9 Statements made by drug-drivers indicated that beliefs about the dangers of drug-driving relate to the particular drugs involved, but also to a wide range of complex factors above and beyond the type of drug taken. These include the tolerance of an individual to a particular drug but also the situation within which that drug is being used. Such findings suggest that simplistic prevention messages that any drug consumption will inevitably impair driving ability are unlikely to be effective, since drug-drivers will simply dismiss them as untrue.

10.10 Drug users’ drug-driving behaviour is not completely inconsistent with their views about safety. Thus, they are more likely to drive on drugs they consider less impairing (particularly cannabis) and less likely to drive on drugs they consider more impairing (particularly LSD). Whether beliefs about safety are influencing behaviour; behaviour is influencing beliefs about safety; or behaviour and beliefs are influencing each other reciprocally is not clear from the evidence available. Nevertheless, the findings from the research do indicate that drug-drivers’ views about their behaviour are open to reflection and their drug-driving activities are subject to change.

10.11 Every drug-driving incident will potentially involve a number of other individuals who are riding with the driver as passengers. These individuals may themselves be drug-drivers but this is not necessarily the case. Passengers are, however, commonly the friends of drug-drivers. Inconvenience (often relating to the cost and limited availability of alternative transport) and being accepting and trusting of friends' judgement about their own ability to drive are important factors prompting individuals to accept a lift from someone who has taken drugs. Indeed, this is often despite the fact that many are in reality afraid.

10.12 Many clubbers at risk of illicit drug-driving are also regular drinkers of alcohol and thus also at risk of drink-driving. Despite this, drink-driving was a relatively rare behaviour amongst those who drug drove. Indeed, drug-drivers held universally negative views of the effects of alcohol on driving and consequently supported strict legal measures to prevent its occurrence. Furthermore, there was some suggestion that the greater availability of instruments for testing oneself for blood alcohol content would help to reduce unintentional breaches of the drink-driving law.

STRATEGIES FOR PREVENTING DRUG-DRIVING

10.13 Time and resources will undoubtedly be saved if anti-drug-driving strategies are directed at those groups most at risk of drug-driving. Clubbers (both male and female and those living within urban and rural environments) are obviously one particular group that must be targeted. More factual information about the dangerous effects of particular drugs on driving ability is necessary if these individuals are to be convinced that drug-driving is not safe. Moreover, facts about the law in relation to drug-driving and the potential penalties that can be incurred from such behaviour must be disseminated more widely than hitherto so that individuals are completely aware of the potential legal consequences arising from their actions.

10.14 Comments made by the drug users interviewed reveal that driving on cannabis is generally regarded very differently from driving on any other illegal drug – the former often being considered relatively safe and the latter for the most part dangerous. Additionally, patterns of cannabis driving seem notably different from other drug-driving episodes. In consequence, separate prevention strategies for cannabis driving and for other forms of recreational drug-driving may be advisable. For example, interventions targeting driving on cannabis might best focus on those travelling in the evenings, but without excluding daytime drivers and those making long distance journeys on motorways. Meanwhile, strategies addressing driving on other recreational drugs would more usefully focus on those driving between 2am and midday on Saturdays and Sundays, especially those travelling in cars containing several passengers.

10.15 Beyond this, particular concerns were raised by the interviewees regarding roadside testing for cannabis and this would merit closer consideration if testing procedures were to be adopted widely. Although those interviewed identified many concerns about the effectiveness of detecting impairment from illicit substances found in body fluids and the limited potential of such techniques in preventing drug-driving, there was some suggestion that testing might reduce the drug-driving behaviour of some individuals in some situations and could potentially deter from drug-driving those who only did so occasionally. Nonetheless, the accuracy of roadside drug testing must be improved if compliance is to be maximised. Moreover, testing procedures should be implemented sensitively so as not to breach civil liberties.

10.16 Given that drug-drivers' views and behaviour in relation to drug-driving appear susceptible to change over time, drug-driving prevention strategies have little to lose, and much to gain, by targeting both behaviour and attitude change simultaneously. In terms of modifying attitude, prevention strategies could encourage young people and particularly novice drug users to think more carefully about the possible consequences of driving after drug use. Moreover, those who have themselves drug driven but changed their behaviour for safety reasons could make an invaluable contribution to any such interventions. At present, drug-driving seems to be a social norm amongst friendship groups of drug users and such attitudes must be changed if drug-driving is to be reduced. The adoption of more negative views of drink-driving over recent years suggests that attitudinal change in relation to drug-driving is possible, but cannot be expected overnight.

10.17 In terms of changing behaviour, more public transportation (including relatively inexpensive coach, bus or minibus services) between venues and residential areas would probably eliminate some of the less frequent but arguably more dangerous forms of drug-driving. In addition, recreational drug users' anxieties about being stopped by the police indicate that increased policing and legal sanctions could also have a very powerful effect. For those who use their car on a regular basis, loss of licence is extremely inconvenient and potentially very expensive. Likewise, having a criminal record is likely to be stigmatising and to have social and employment consequences. More overt policing of drug-driving, including spot checks at peak drug-driving times, would undoubtedly help to improve road safety by countering the dangerous belief that driving after drugs is acceptable simply because the chances of being caught are remote.

10.18 In addition to the above, there is some evidence that drug-driving prevention campaigns are most likely to work if they are honest; based on good research; are not vague or unnecessarily frightening; include prescription drugs; target the right young people (i.e. those who use drugs and are likely to drive); and are informed or led by drug users themselves. Despite this, changing attitudes and behaviour through campaigning will not be an easy process. Moreover, there are a number of factors that campaigners must be aware of when devising anti-drug-driving strategies. These include beliefs that:

- young people are resilient to advice and information (the 'tell young people not to do something and they are more likely to do it' syndrome)
- people who use drugs expect to encounter some dangers as a result of their behaviour
- people in general (and drug takers in particular) do not listen to government warnings
- there are always people who 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 smoking cannabis is dangerous
- individuals would still use their own judgement about whether or not driving after drug use is safe
- most anti-drug campaigns are ignored
- most anti-drug campaigns are too moralistic

- the Government could not campaign about drug-driving because in so doing it would implicitly have to say that taking drugs was acceptable as long as people did not drive thereafter
- zero tolerance of illegal drugs means that it would be impossible to set a safe drug-driving limit
- people always feel that campaigns are directed at others and not at themselves

10.1 Finally, the role of peers in preventing drug-driving behaviour must be fostered and developed. Designated no-drug-driver arrangements amongst friends can potentially avert at least some intoxicated driving. Equally, just as some education and prevention programmes have helped groups of young people to learn how to say no to drug taking, similar strategies might be employed to help them develop ways of discouraging and preventing drug-driving. Since many of those who drug drive have no contact with specialist drug agencies, outreach work and peer education seem the best way forward for developing this work. Ultimately, however, individuals will find it easier to speak out against drug-driving if it is considered a socially stigmatised and unacceptable behaviour rather than just an illegal and potentially risky act. In this regard, society has a moral obligation to make it clear that dangerous driving of any kind is morally and ethically reprehensible and will not be tolerated.

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