“They don’t test for it-so I do it”:
Drug Driving from a User’s Perspective

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Keywords
Drugs, driving, qualitative

Abstract
The developing but still limited amount of research into drug driving in Australia research has generally been undertaken from a road safety orientation where drug driving is viewed within the broader context of driver behaviour. As a result little knowledge from the field and research discipline of substance use has been transposed into the drug driving area. Such a specific focus precludes the broader behavioural, contextual and cultural issues associated with substance use and in particular the major changes that have occurred over the last five to six years in the culture and incidence of drug use in the Australian population. The relationship between substance use and drug driving itself is an essential a key to understanding the behaviour and developing appropriate policy and interventions. This paper outlines the findings from a series of focused interviews with 211 illicit drug users to provide insights into the culture of drug driving from the user perspective. The paper identifies drug driving as a subset behaviour of drug use where drug driving was not necessarily viewed as deviant behaviour in itself but rather is an outcome of illicit substance use. Drug driving was not of concern for the substance user. In some instances interviewees saw their drug use as enhancing their driving skills and frequently the motor vehicle was viewed as a safe place to use. More alarmingly there was almost universal agreement among interviewees that the likelihood of being caught for drug driving by police was minimal and this perception was reinforced by past experience. Key issues associated with developing contextually appropriate interventions are discussed.

Introduction
The developing but still limited amount of research into drug driving in Australia has traditionally been undertaken from a road safety orientation where drug driving is viewed within the broader context of driver behaviour\(^1\). Such a specific focus may be slow to respond to the changing trends and patterns in contemporary substance use and also precludes the broader behavioural, contextual and cultural issues associated with substance use in Australia\(^2\). These contextual issues add a sense of meaning and a greater understanding to drug driving behaviours. To date, little knowledge from the field and research discipline of substance use has been transposed into the drug driving area. Yet drug driving remains one of the most significant harms associated with illicit substance use. The relationship between substance use and drug driving itself is a key to understanding the behaviour and developing appropriate interventions. From one perspective drug driving can be seen as a subset of...
driving behaviours. However, drug use is the precursor and situational framework within which drug driving occurs. Drug driving does not happen in isolation to substance use and is a product of the context in which drug use takes place. Drug driving is an outcome or a subset of drug use. The data presented in this paper explores the relationship between drug use and driving behaviour and provides insight into the culture of drug driving from the users’ perspective.

Methods
This paper reports on the findings of qualitative interviews investigating the relationship between drug use and drug driving. 211 (137 males and 74 females) illicit drug users from rural and urban areas of Queensland and northern New South Wales were recruited for the study. The interviewees mean age was 24.6 years.

Interviews were approximately 45 minutes in length and included structured, semi-structured and open-ended items to collect quantitative and qualitative information. In addition to demographic data, driving history and drug use indicators the interviews collected detailed information about drug driving behaviour and the characteristics of drug driving based on descriptions of actual scenarios.

Participants were recruited via a snowballing technique which relied on the use of peer networks and referrals. Initial contacts were made through informal networks, advertising in alternative and regional press and key community agencies. Interviews were undertaken in both major urban metro areas and provincial centres of Queensland and northern New South Wales. The primary interview selection criteria was use of an illicit drug in the past twelve months and to have driven within a six hours following ingestion of a drug.

Results
In the past 12 months more than three quarters (77%) of the sample had driven under the effects of marijuana; 41% amphetamines, 42% heroin, 21% ecstasy, 5% cocaine, and 2% LSD or another hallucinogen.

The interviewees identified two general type of users. Firstly, dependent users whose behaviours approximate the general DSM IV criteria of drug dependent where drug use becomes the centre priority in their life\(^3\). This group were generally daily users (injectors of heroin or amphetamines) where maintenance of use dictated the routines of daily life, including driving. All of these interviewees stated that their drug use was an everyday event and ‘getting on’ was the priority.

The second group, which were more characteristic of social recreational use, ranged from daily exclusive marijuana users to occasional or binge party-drug users. Drug use and drug driving behaviours ranged from a daily activity to a weekend activity. Their drug taking (mostly marijuana, amphetamine or ecstasy) was tied in with personal relaxation or social events such as dance parties and private social occasions.

On of the most identifiable themes to emerge from the interviews was that cars provided a common space to use drugs away from public view. All of the interviewees had used drugs in the car. Everyone had used in a car both as a driver and as a passenger. The car is an essential part of the drug use behaviour providing ready access to drugs and a place to use. Cars enable use at any time. Among social and recreational type users cars and drug use are
part of their broader personal and social relationships. They are a means of private transport that offer a venue for use. Interviewee comments were:

- “After work on the way home. Relaxing drive home and helps to unwind after the day.”
- “Had drugs at home and then drove to the party then top up later in the car.”
- “Regular thing (using in car) with friends going out and taking E.”

For dependent type users, cars appear to be a major source of transport around using drugs and a convenient place to use. Cars provide a relatively safe space for users to inject. The majority of dependent type users mix up and use in the car shortly after scoring. For these types of users the car become inextricable with drug usage and users drug driving was described as “incidental”. The car was the accessory used to obtain and sell drugs and drug driving occurred within this context of dependent use. Interviewee comments were:

- “(I) hit up in car. (It’s) Safe place to hit up in car. You can lock the car. Get a parking spot with a good view. Safe in a locked car. Like your own home...Also it’s quick get away if you need to.”
- “I drop kids at school and ...ring my dealer. I usually have friend with me. Usually shoot up in the car...I feel safe in the car and its convenient and out of the public eye. (We’re) two girls. We don’t look too scruffy and it’s a nice car. We don’t look out of place.”
- “Go. Get on. Have shot in the car. At a park. It feels safe.”
- “I took drugs and driving just happened. was already off my head so what did it matter.”
- “Drug driving is a way of organising drugs. Its not to go shopping its purely to get on.”

Interestingly, for almost all interviewees, the illegality of the driving behaviour seems to have little significance as a deterrent across drug use types and categories. The illegality of drug driving was often subsumed by the illegality of drug use. For the most part, deliberate changes in ones driving behaviour were outcomes of avoiding detection of drug use rather than modifying driving behaviour because of safety implications.

Where the interviews did identify compensatory behaviours it was almost exclusively among social recreational type users who timed their driving after consuming drugs. This waiting period was seen as protection strategy by which the individual could assess their level of impairment. Some interviewees drove straight away hoping to get to where they were going before they ‘peaked’. Others waited to drive until the effects of the drugs lessened. In these cases waiting after consuming drugs rarely extended beyond 30 minutes. The assessment of impairment was generally based around fear of detection as opposed to an evaluation of safe vehicle usage. Interviewee comments were:

- “Take and drive straight away before it kicks in so I can be full on when I get there”
- “If I am really hit I wait about 10 –15 minutes just so I can get settled.”
- “I smoke before I go...I don’t want to take it with me. I didn’t want to get caught with it.”

Dependent users were not concerned with waiting to drive after consuming drugs and generally drove immediately after use. Fear of detection was generally the stated reason. Among dependent type users an extremely risky behaviour of using drugs whilst driving was identified. Over half of these interviewees stated that this was a regular behaviour in their drug-driving repertoire. They frequently commented that driving and doing drugs at the same time accentuated the high of the drug. Furthermore it reduced chances of detection as they felt a stationary vehicle was a target for detection by police. Interviewee comments were:

- “I’d drive whilst having it. Half the rush is doing it while driving.”
• “It’s fun to do it in the car. There’s a thrill to driving and taking drugs. Did it in the car whilst it’s moving until I was ready to sleep.”
• “In the car while we are on the move. We are not hanging around looking sus....”
• “I’d have shots when I was driving. I’d usually put my arm out and get a mate to do me up. It was a regular thing...not obvious”

Among social and recreational type users driving also enhanced the pleasurable effects associated with drug use. They described it as relaxing or giving them a bit of a ‘charge’ or ‘boost’ to drive. Interviewee comments were:
• “It’s my favourite. I love driving after a smoke.”
• “E makes you sensitive to the engine noises, the road.”
• “I reckon its fantastic. I enjoy driving on E’s. I’m a big driver.”
• “I enjoy driving stoned its easy to deal with the traffic then.”

A common theme among all types of users was the belief that drug use improved their driving skills. Interviewee comments were:
• “On amphetamines. I drive better. I’m more alert. Never came close to an accident.”
• “Actually feel more relaxed and can concentrate more while driving. Almost had an accident when straight but never had any thing like that when stoned.”

Very few dependent users felt that their driving skills were affected by drugs. Even when interviewees did described themselves as unsafe drivers they acknowledge that this awareness did not deter them from driving the car. Interviewee comments were:
• “I knew my driving was impaired but didn’t matter.”
• “Yeh, I did notice sometimes I was impaired. I would not be able to feel the pedals sometimes but I wasn’t going to pull up. I kept driving.”

Almost all dependent type interviewees were not concerned with driving under the influence of an illicit substance. Despite having recently used they felt they were safe and capable of driving and in control of the vehicle. Interestingly, approximately half of the dependent type users stated that they had never driven a car without being under the influence of drugs and were unaware of what it was like to drive without drugs. Interviewee comments were:
• “I always felt under control when driving. I’ve never driven straight so I have nothing to compare it to.”
• “I’d drive no matter what. I didn’t think it affected me. No risk.”
• “I consider myself to be a safe driver. No accidents whilst I was smashed.”

A common held belief was that amphetamines enhanced their driving skills. Interviewees felt focused and more confident in their ability to drive the car. Interviewee comments were:
• “Speed doesn’t effect driving, its actually good...alert. Don’t run off the road or knock pedestrians.”

Dependent and particularly heroin users did identify two high-risk times associated with drugs and driving. These were when they were “hanging out” (withdrawals) and when they were “on the nod” (passing out). For example, typical scenarios for ‘hanging out’ and ‘nodding off’ driving were:
• “Worst driving is when I’m hanging out. Spewing in bucket driving down the highway.”
• “Can fall asleep nod off at the wheel”
• “My partner... He may nod off. He nods off at lights. (I) Have to hit him to go.”
• “On the highway on the inside lane. Nodding off”
For recreational and social users almost all interviewees reported that at some stage they noted physiological or psychological changes that may effect their driving. However, these drug effects were not necessarily viewed as an impairment or barrier to driving. Interviewees generally remained unconvinced that drug driving held any particular safety issue for them personally. They made the distinction between the influence of the drug and their ability to drive. Emphasis was placed on the individual’s ability to control the situation rather than recognize their driving is impaired through their drug use. Interviewee comments were:

- “I drive slowly when I’m stoned. I’m more observant.”
- “Love it you’re wired. Feel hyperaware.”
- “Fantastic. Feel safe, hugging the road.”
- “Speed I’m more alert. Read traffic a hell of a lot more focused.”

Interviewees believed drug tolerance compensated for drug effects and that experience enabled them to manage drug use and maintain their driving abilities. Drug driving was perceived as a learned skill achieved over time with practice and increased drug tolerance. Recreational users generally believed that they could compensate for any lack of concentration or impaired motor skills co-ordination. They frequently used certain behavioural driving rituals such as ‘fixating on the white line’ or ‘relying on their experience’ to assist in being competent at drug driving. Interviewee comments were:

- “I’m so used to it. I’m a cautious defensive driver, keep thinking remember you are stoned… so I don’t get into a trance.”
- “No I have a very high tolerance. Like on amphetamines. I drive better. I’m more alert. Never came close to an accident.”
- “I am pretty alert. Because I’m a motorcycle rider I use active skills ….shifting eyes on the road. follow the pattern on the road.”
- “I find singing helps me.”

Almost all interviewees thought it was unlikely that they would be to be caught by police for driving under the influence of an illegal drug. They believed that police don’t test for illicit drugs because they do not have the technology for an easy roadside test and they are poorly trained at detecting someone under the influence of drugs. For example, interviewees said:

- “They don’t test for it – so (I) do it.”
- “Because they don’t have the instruments to test you with.”
- “They just do drink driving. They don’t know how to spot if your using.”

Furthermore, interviewees believed that there was little commitment on behalf of police to pursue a drug driving conviction due to police reluctance to proceed with a blood test. As two interviewees put it:

- “You never get caught unless you are obviously off your face and then they have to take you to the hospital for the test and they couldn’t be bothered there too lazy.”
- “…they don’t have the time, it would take a whole shift to get one arrest for marijuana driving …they’ve got to stuff around… take you for a blood test, and you have to go to a doctor or hospital for that…they’re not bothered…they don’t know anyway…as long as your not drink driving.”

Only one interviewee had been charged for a drug driving offence. However many interviewees had been pulled over by police for a random breath test whilst under the influence of an illicit drug. Through these experiences interviewees confirmed their belief that the likelihood of apprehension was minimal and that if you were caught it was unlucky. For example:
“I’ve been pulled over and haven’t been caught …put breathalyser on me. Fine. Drove off. Worried about blood shot eyes. Thought they could smell it (marijuana) but they didn’t. It was 3 am. Just after getting my licence. ... Can’t really get booked. They’re not going to be able to tell unless they test you for it. I ... just drove off.”

Discussion
The above data highlights the importance of exploring the relationship between drug use and drug driving behaviours. It outlines examples of the implicit link between the two behaviours and provides an important framework for the development of intervention and education programs targeting drug driving. Throughout the interviews drug-driving as a behaviour was subsumed by the more overarching drug use behaviour. Drug driving was not necessarily seen as deviant behaviour in itself, but rather as an outcome of illicit substance use. This relationship represents a major structural barrier in developing specific programs to target drug driving. Interviewees believed that with skill and experience they could compensate for any possible drug effects on driving. In some instances interviewees saw their drug use as enhancing their driving and frequently the motor vehicle was viewed as a safe place to use.

Among social and recreational type users, interventions should attempt to separate the behaviours of drug use and driving. This separation would allow a focus on the driving behaviour without being compromised by issues associated with drug use. Naturally changes in drug use behaviour can influence driving behaviours. However using a harm reduction framework, changes in at risk drug driving behaviours can be achieved with limited impact on drug use. This may be achieved through both specific or broad based prevention and education programs. Education and prevention strategies for dependent type users need to be conceptualised and delivered within the context drug dependent behaviour. Trying to modify their driving behaviour in isolation to their drug use would have limited success. The characteristic of these users is that obtaining and using drugs becomes a priority in their life. Driving is integral to their drug use and interventions into drug driving need to be framed within specific interventions into their dependent drug use behaviour. Drug driving interventions could be incorporated into their treatment, custodial and health care programs.

Finally, and perhaps most importantly, the lack of any perceived likelihood of being caught for drug driving is a major barrier to behaviour change. One of the cornerstones for Australian drink driving public education programs has been a focusing of the individual's perception on the likelihood of being caught. These programs combined with deterrence-based enforcement strategies have been shown to be a highly successful countermeasure in reducing drink driving. The data gathered in this research clearly shows that the perceived lack of detection is a strong belief component for users engaging in drug driving. Both recreational and dependent type users believe that they were not going to get caught. Furthermore it appears that this belief is reinforced by actual experience This strongly suggests that work should continue on the development, trialing and implementation of enforcement programs and roadside detection.

References