

Contemporary challenges for regulatory models Which approach to take? A conceptual overview

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23 October 2017

Third international symposium on drugs and driving

Why change the law?

Reaction to drug-taking trends? NPS?

Credibility of public?

Pressure from public?

Ease of enforcement?

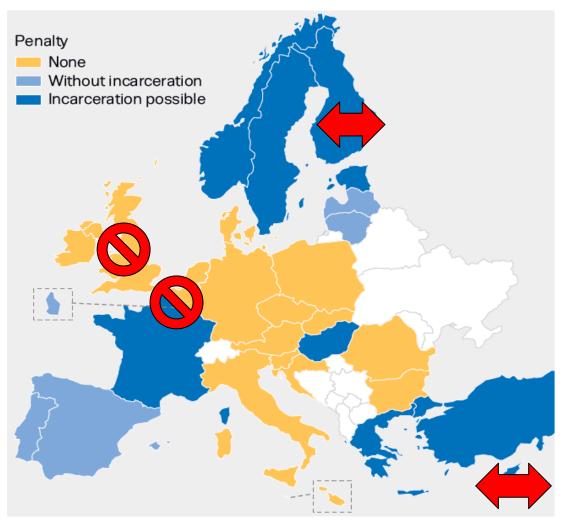
Ease of conviction?

Ultimately – to reduce undesirable behaviour (road safety threats / drug use)

.... for minimum cost and maximum benefit



What's the broader context? Drug laws



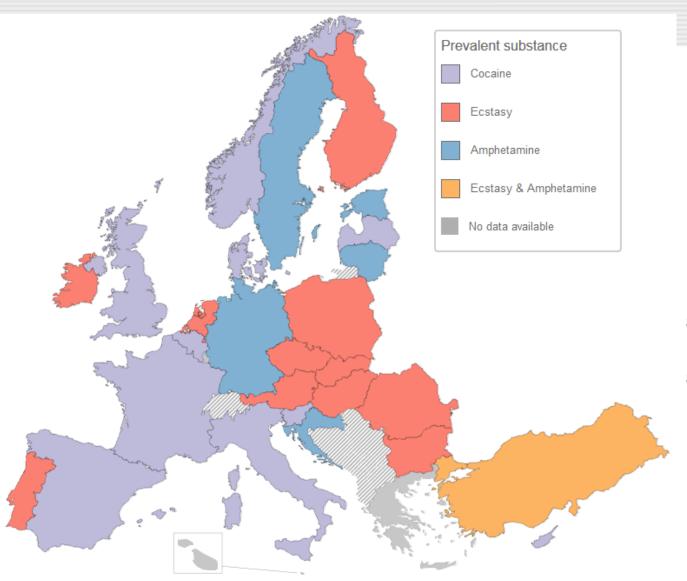
Penalties for cannabis <u>use</u> in Europe

Note: In Spain – if in public place

Hughes (2017) Cannabis legislation in Europe – An overview

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What's the broader context? Drug use



Predominant stimulant in general population

Last Year Use, age 15-34, most recent survey available



What type of "drug" is controlled?

Substances	Exempted
 "drugs" "narcotic and psychotropic" "toxic substances" "substance and plants classified as narcotics" "substances listed in the UN conventions" 	 some psychoactive medicines barbiturates, benzodiazepines "if in accordance with doctor's prescription"

- What about new psychoactive substances?
- What about painkillers borrowed from a friend?

Unintended consequences: synthetic cannabinoids to evade chemical tests...?



What type of "use" is penalised?

'Under the influence' of non-prescribed medicines?

Sanctions in Europe <u>usually equal</u> to those for driving under the influence of illicit drugs (UN Conventions).

Do not dissuade use of medicines by patients in need.

(Lower sanctions for medicines in some European countries)

BUT: "As you can see, our legislators think that a drug taken legally does not form a hazard to traffic safety; but the same drug taken illegally does. Cannabis?

I am not serving a nation of geniuses."



What type of driver is controlled?

More severe sanctions (including imprisonment) might be established when the driver is:

- Professional
- Novice
- Young
- Recidivist...



Should the risk level determine the penalty?

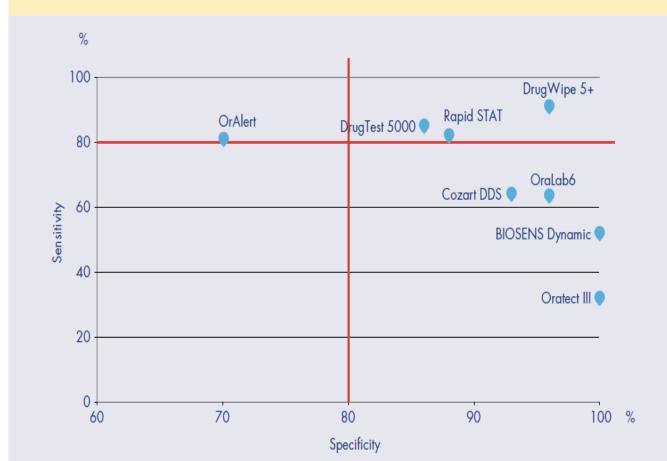
Risk level	Relative risk	Substance group
Slightly increased	1 – 3	0.1 g/l < alcohol in blood < 0.5 g/l Cannabis
Medium increased	2 – 10	 0.5 g/l ≤ alcohol in blood < 0.8 g/l Benzoylecgonine Cocaine Illicit opioids Benzodiazepines and z-drugs Medicinal opioids
Highly increased	5 - 30	0.8 g/l ≤ alcohol in blood < 1.2 g/l Amphetamines Multiple drugs
Extremely increased	20 - 200	Alcohol in blood ≥ 1.2 g/l Alcohol in combination with drugs

EMCDDA (2014) Driving under the influence of drugs, alcohol and medicines in Europe – Findings from the DRUID project

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Enforcement - how accurate is the diagnosis?





ARIDE?
SFST?
DRE?

Laboratory standards? For conviction?

EMCDDA (2014) Driving under the influence of drugs, alcohol and medicines in Europe – Findings from the DRUID project

Blood Drug Concentration limits in laws

THC (ng/ml)	Country
1	Belgium Denmark Ireland Luxembourg Netherlands (polydrug)
1.3	Norway (=0.2 alc)
2	Czech Republic United Kingdom
3	Netherlands (only THC) Norway (=0.5 alc)
9	Norway (=1.2 alc)





Enforcement – is it straightforward?

- 1. Police can stop a car at random (22 countries) or with suspicion (4).
- 2. Police can drug-test a driver at random (11) or with suspicion (15).
- 3.1. Police test physical signs (16) or oral fluid (10).
- 3.2. Police test oral fluid (3) or physical signs (1) ...or in either order (1).
- 4A. Oral fluid is sent as evidence (3).
- 4B. Blood is taken as evidence, in a hospital (15), police station (2), or either (5).



What is an appropriate penalty?

Criminal, or non-criminal?

Fines:

Min €100 – 1 500, Max €600 – 9 000 or higher

Licence withdrawal or driving ban:

Min 1 mth – 1 year, Max 2 years – life [offences comparable?]

Imprisonment:

Max 1 mth – 14 years [offences comparable?]

Note - penalties for drug use <u>without</u> impairment may be the same as, or higher than, those for alcohol use <u>with</u> impairment [DRUID 2009].



Is the law working?

Changes in type of drug involved? NPS?

Increased arrests, convictions?

Decreased detections?

Roadside surveys?

Self-report surveys?

Decreased positive autopsies?

These are usually before/after measurements. Did you have the number before?



What is the policy objective?

1. Control Illicit Drug Use: Substance / Impairment

Policy descriptor – Driving after taking drugs; zero tolerance.

Enforcement – any drug/metabolite detected proves an offence.

→ Random drug testing? Civil rights?



Key questions behind legislation:

What are you trying to control?

...and why?

→ It may be advisable to use <u>ranges</u> of substances, offence levels, and penalties.

Thank you for your attention

Brendan Hughes

