

Study calls for drug-driving crackdown

November 26 2012, by Paul Mayne

(Medical Xpress)—Drug-impaired driving is a growing problem in Canada that remains dramatically under-enforced and, if enforced at all, is time-consuming, unwieldy and fails to identify the vast majority of drug-impaired drivers, according to a study released by Western Faculty of Law professors.

Studies show driving after <u>drug use</u> is more prevalent among some young people than driving after drinking – 39.8 per cent of 15-24 year olds reported driving within two hours of using cannabis during the last year compared to 20.9 per cent who reported driving under the influence of alcohol.

"It is surprising that so many young people are driving after drug use. This generation has been told about the dangers of drinking and driving for a long time, and that they understand," said Erika Chamberlain, Western Law associate dean (academic), who along with fellow Western Law professor Robert Solomon, released, "Drug-Impaired Driving in Canada: Review and Recommendations for MADD Canada."

"They don't have the same understanding of the risks with driving after using drugs. Perhaps they don't see it as risky. Young people think they'll be caught if they drink and drive, but not so much for drugs. They are used to RIDE programs, but we don't have the same enforcement mechanism for drug-impaired driving, and that's what we're trying to change."

The study recommends the **Canadian government** should work toward



introducing roadside saliva screening to test for the most commonly-used drugs.

While 800 law enforcement officers across Canada are trained for Drug Recognition Evaluation (DRE), only about 500 are active. Chamberlain said it's a long, cumbersome and expensive process – requiring close to 130 hours of training and costing \$17,000 per officer. Because of those barriers, Australia and a number of European countries are moving to saliva testing instead of using the DRE method.

Similar to a roadside breathalyser test for alcohol, the saliva test results would not be admissible in court, but would act as a screening mechanism that would precipitate further testing by police.

"They have been doing this in Australia for a while and it takes just a few minutes," Chamberlain said.

With the ability to test for THC (marijuana), ecstasy, methamphetamines – and using an absorbent collector placed in the mouth or touching the tongue – an officer can test for a positive result in less than five minutes. These tests will not detect the presence of legally prescribed drugs or common over-the-counter medications.

While a positive <u>saliva test</u> in Australia results in an immediate charge, Chamberlain said it might be a bit more complex here.

"I think the problem in Canada, because of our Constitutional structure you run into, is 'yes' you're positive, but our criminal offence is driving while your ability is impaired. The fact you test positive doesn't necessarily mean that your ability is impaired," she said. "We would need more research in terms of what the limit is to be. Yes, positive for marijuana, but what sort of concentration?"



Like most changes to enforcement practices, Chamberlain expects the idea of random stopping of drivers and arbitrarily testing their bodily fluids for drugs will undoubtedly give rise to challenges under the Charter of Rights and Freedoms.

Given the negative policy implications of a zero-tolerance law in Canada, the study said it is preferable to establish per se limits. This would allow the government to target specific, commonly used drugs, and would establish a more rational link between drug use and impairment of driving-related skills.

Like the .08 per cent blood alcohol concentration per se limit for driving, this would require defining a level at which a typical driver's skills would be impaired by a given drug.

While there may be hundreds of DRE officers trained to spot drugimpaired drivers on our roads, it is not translating into charges being laid, according to the study.

The number of drug-impaired driving charges in 2010 (915) constituted only 1.4 cent of the total impaired driving charges laid (65,183). While the total number of persons charged with a drug-impaired driving offence did increase by almost 15 per cent from 2009 to 2010, it is not clear if this trend will continue.

Chamberlain added even if drug-impaired driving charges tripled, it would still constitute less than 5 per cent of the total impaired driving charges laid in Canada.

Only six provinces/territories have enacted specific short-term administrative sanctions for drug-impaired driving in the absence of a Criminal Code charge, while two others have enacted general administrative sanctions for drivers who fail a Standard Field Sobriety



Test or refuse to take the test.

Ontario, Prince Edward Island, Nova Scotia, New Brunswick and Quebec still have no drug-related administrative program on the books.

Drug-impaired <u>driving</u> is an area where technology is constantly advancing. It is likely the accuracy and affordability of drug-screening tests will improve rapidly, and the Canadian government should take advantage of these technological improvements, Chamberlain said.

"They do need to change that message," she said. "The more likely it is people are going to get caught, the more they will think they will get caught, and that's what creates that deterrent affect."

More information: www.madd.ca/media/docs/MADD-Ca cy_November-2012.pdf

Provided by University of Western Ontario

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