

Roadside drug testing:

– good road safety or even good politics?

By Bill Bush

Melbourne-ites of the 1970s will recall the tireless campaign of Dr John Birrell, the Police Surgeon, for the introduction of world first road safety measures: seat belt wearing and random breath testing.

He prevailed after years of campaigning against vested interests and public indifference. Victorian road fatalities dropped by more than 16% within a year of seat belts being made compulsory in 1970.

Roadside breath testing is equally efficacious. The US Centers for Disease Control found “23 scientifically-sound studies from around the world . . . indicated that sobriety checkpoints consistently reduced alcohol-related crashes, typically by about 20%.” The Victorian road toll dropped over 30% within 4 years of breath testing being introduced in 1976.

This week the ACT Assembly has before it legislation to provide for roadside drug testing, thus bringing us into line with other jurisdictions in Australia. Both the (Labor) Government and the Liberals have put forward bills claimed to be based on Victoria’s, but the Government’s includes many provisions on “medicines”. One or other bill is assured of success with announced support of the Greens for the Liberals’ proposal (*Canberra Times*, 24 June 2010 p9).

Why not simply adopt another “enlightened” Victorian measure?

Not so fast!

Roadside drug testing does not have the proven efficacy of the other Victorian imports and it comes at a big cost. It is not urged by the Royal College of Surgeons which strongly supported Birrell’s reforms. Uncertain advantages do not outweigh the substantial infringement of civil liberties which the intrusive measure necessarily entails. Indeed, introduction of the measure runs the risk of reducing road safety by diverting scarce police resources away from measures of proven efficacy.

The Victorian road toll in 2007 was scarcely any less than it was three years before when drug testing was introduced. Significant declines occurred in 2008 and 2009 but the introduction then of vehicle restrictions for P platers, 120 hours practice for learner drivers and a ban on mobile phones could well have been responsible.¹

1. Transport Accident Commission, *A decade of reducing road trauma: road safety statistics from 2000 to 2009* at <http://www.tac.vic.gov.au/upload/a-decade-of-reducing-road-trauma.pdf>.

The ACT Government's exposure draft bill proclaims as its aim deterrence of "people from driving motor vehicles while affected by drugs". The Victorian legislation has been singularly ineffective in this respect: surveys indicate that the proportion of Melbourne regular users of ecstasy and related drugs have reported scant reduction in driving soon after taking a drug. It was 63% in 2004 (when testing was introduced), 58% in 2005, 68% in 2006, 71% in 2008, 61% and 60% in 2009).

"*So what?*" the many who do not use illicit drugs might ask on the ground that something is better than nothing when it comes to improving road safety.

If we accept that, all of us need to be prepared to put up with substantial inconvenience if roadside drug testing is introduced. Drivers will be required to provide a sample of their saliva by placing an absorbent collector in their mouth or touching it on their tongue. In contrast to a quick puff into a breathalyser and immediate read out to detect the alcohol level, drivers will have to wait around for about five minutes for the outcome of the saliva test.

Experts differ on the reliability of saliva testing. Professor Drummer, a leading authority on drug testing, has reported that the number of false positives are "very low" but the National Centre for Education and Training on Addiction at Flinders University states that onsite saliva testing is "extremely unreliable."²

Turning up a false positive entails the driver being required to accompany police to a drug bus or even to a police station and there provide a second saliva sample. If that is also positive the driver "will be interviewed according to normal police procedure and the sample sent to a laboratory for analysis". The driver "will be allowed to leave, although they will not be permitted to drive their vehicle". Victorian police guidelines state that "the entire process could take around 30 minutes." Under the ACT exposure draft drivers may be required to provide a blood sample if they are unable to supply sufficient saliva for testing.

The ACT Government's issues paper explains that research has shown that "drugs were detected in a substantial proportion of crash-involved drivers" but adds that "the relationship between the concentration of drugs in body fluids of a driver and the risk of that driver crashing are not well understood, and that no equivalent to the 0.05% blood alcohol concentration exists for drugs".

In other words, there is no clear measure of driving impairment for drugs.

Even so, the legislation will make it an offence to be driving with any amount of a prescribed drug within one's system. For this one stands to be fined by up to \$5,500, be disqualified from driving for a year, or both. This could happen to someone who passively inhales cannabis.

2. Ken Pidd, National Centre for Education and Training on Addiction (NCETA), Flinders University at <http://www.nceta.flinders.edu.au/pdf/pidd-drugtesting-workplace.pdf>.

There is no evidence whatsoever that this measure will promote road safety. It will certainly further marginalise an already highly marginalised section of the community and, possibly, enmesh others including those on medications.

Would road safety not be far better served by other measures? It is estimated that “Cannabis use appears to increase the risk of motor vehicle crashes by two to three times.” This is “a much lower risk than alcohol which increases the risk by a massive “six to 15 times.”³ (There is little research indicating impairing levels of other drugs.)

Drug testing will be expensive with oral fluid testing alone estimated to cost around \$30 – \$40 per test. It will also tie up police resources that would probably be far better directed at intensification of enforcement of road safety measures for which there exists a strong evidence base. The ACT Legislative Assembly would be wise to heed the priorities in the position paper on Trauma, alcohol and other drugs of the Royal College of Surgeons:

In its words: *“Alcohol is a bigger problem than all other drugs combined.”*⁴

ENDS

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3. Wayne D HALL, Ross Homel, “Reducing cannabis-impaired driving: is there sufficient evidence for drug testing of drivers?” commentary in *Addiction*, 102, 1,918–1,919 (2007) at p. 1,918

4. “Trauma, alcohol and other drugs” at http://www.surgeons.org/AM/Template.cfm?Section=Position_papers&Template=/CM/ContentDisplay.cfm&ContentFileID=49269.