Waka Kotahi research summary

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Drugged and/or medicated driving in New Zealand

New Zealand drivers in serious injury and fatal crashes are often drugged and/or medicated.

The purpose of this research is to identify the overall prevalence of drugged and/or medicated driving in New Zealand and to understand the profile of those who have driven under the influence of drugs and/or medication.

The three main objectives of the research are:

- identify the overall prevalence of drugged and/or medicated driving in New Zealand before implementing the new testing regime
- identify the prevalence of drugged and/or medicated driving in New Zealand by different population groups (ie age, gender, ethnicity, region) before implementing the new testing regime
- help develop a framework to assess whether the implementation of the new testing regime reduces the prevalence of drugged and/or medicated driving in New Zealand.

WAKA KOTAHI
NZ TRANSPORT AGENCY

Te Kāwanatanga o Aotearoa
New Zealand Government

Proposed evaluation framework

Reduce the prevalence of drugged and/or medicated driving in New Zealand

1 Awareness of risk

- Understand there is a risk
- Understand the perceived severity of that risk

2 Changing attitudes

- Understand the barriers to change
- Understand the triggers to change

3 Decrease in drugged driving

- Reduce the prevalence of drugged and/or medicated driving

External levels of behavior change

- Awareness of the drug testing regime
- Risk of being stopped at a check point
- Risk of being caught
- Awareness of any communications, campaigns or media around the new drug testing regime

Online survey results of drivers

In this research, 4,688 New Zealand drivers completed an online survey. They were all aged 16 years or older and had driven in the last 12 months.

The researchers found that almost a quarter had driven within 3 hours of taking drugs and/or medication. Almost half of these drivers did so at least weekly and were more likely to be:

- female
- living in the South Island
- younger (aged 16–44)
- students (due to their age)
- not working.

They were less likely to be:

- from the Auckland area or the Upper North Island
- over the age of 65
- retired.

They were more likely than the total sample (overall population) to have driven:

- for work as part of their job
- for school pickup or drop off
- to give someone else a ride
- for medical or dental purposes
- to visit family or friends.

Types of drugs and medications taken

The top three types of drugs and/or medications taken within 3 hours of driving were:

- anti-depressants (10% – mostly by students, those who were unemployed, and females)
- strong painkillers (9% – often so drivers could 'get on with their day', such as driving for their work or to do school runs)
- cannabis (5% – mostly by those under the age of 45, those who were not working, those on a restricted or learner licence, and those who had held their licence for less than 10 years).

The 4% who took anti-nausea medication were more likely to be female, aged 25–44, and/or not working. The 4% who took anti-anxiety drugs were more likely to be aged 16–24, living in a shared household or with their parents, not working, and/or to have held their licence for less than 10 years.

Time and reason for driving after taking drugs and/or medication

Anti-depressants, anti-anxiety drugs and strong painkillers were more likely to be taken during the day. Drivers who took drugs and/or medications were also more likely to drive during the day (64%) rather than in the evening (30%), especially those aged 45+.

Those who drove after taking drugs and/or medication during the evening were more likely to be aged 25–44 and to have taken amphetamines, alcohol (as well as other drugs and/or medications) and/or anti-psychotics.

Respondents gave different reasons for why they drove after taking drugs and/or medication.

- Drivers who took anti-psychotics, sedatives/sleeping pills and/or strong painkillers were more likely to have driven for medical/dental purposes.
- Anti-anxiety drug takers are the only group who were more likely to have driven themselves to/from work.
- Drivers who took prescription stimulants, anti-anxiety drugs, anti-psychotics and/or sedatives/sleeping pills were more likely to have driven to get themselves to/from education.

More than a third of respondents took passengers. About 75% planned to drive before taking the drugs and/or medication, which was more likely to be anti-depressants.

Almost 60% of respondents said that their driving was not at all impaired by taking drugs and/or medication, especially those who took anti-depressants.

Evaluating the roadside drug testing regime

The proposed framework to evaluate the impact of the roadside drug testing regime is adapted from the extended Health Belief Model (LaMorte, 2019), which was originally developed to understand people's failure to adopt disease prevention strategies.

The framework could include key measures such as:

- awareness of the risk attributed to driving under the influence of drugs and/or medication
- attitudes towards reducing drugged and/or medicated driving
- the prevalence of driving under the influence of drugs and/or medication
- awareness of the roadside testing regime
- perceptions of the risk of being caught for driving under the influence of drugs and/or medication
- reactions to any communications or media around the testing regime
- availability of other transport modes to drivers who have taken drugs and/or medication.

RR 689: Prevalence of drugged and/or medicated driving in New Zealand, Waka Kotahi NZ Transport Agency research report. Available at **www.nzta.govt.nz/resources/research/reports/689**