

Road Safety Factsheet

January 2021

Drug Driving

Introduction

Drug driving is a serious road safety problem, with drug impairment (both legal and illegal) contributing to around 80 fatal road collisions in Great Britain every year.¹ In 2019, a driver or rider being impaired by legal or illegal drugs contributed to 2,278 reported road casualties, of which 92 were fatalities and 737 were seriously injured.^{2*} Casualty statistics for the last four years are shown in Table 1.

Table 1: Casualties in reported collisions by severity where illicit or medicinal drug use was a contributory factor, 2016-2019, Great Britain²

	Killed	Serious	Slight	All
2016	92	453	1,158	1,703
2017	105	509	1,278	1,892
2018	85	545	1,426	2,056
2019	92	737	1,449	2,278

From the table, it can be seen that there has been no improvement in casualty figures in recent years, with serious and slight injuries increasing slightly year on year. Despite enforcement, education and law changes, drug driving is still a major road safety issue, with some UK police forces now reporting that arrests for drug driving are surpassing those of drink driving.³

Drugs, whether they are prescribed or recreational, legal or illegal, can have a significant and varied effect on an individual's ability to drive safely.⁴ Some drugs, such as cannabis, can result in a driver's reaction time being slowed, meaning they are less aware, drive slowly, and are less able to respond to hazards in adequate time.⁵ Drugs such as cocaine, however, have a different but still incredibly dangerous effect, leading to the driver becoming more erratic (despite any fatigue), resulting in increased risk-taking behaviour and a reduction in the ability to accurately judge situations.⁶

The law

Drug-driving law in England, Scotland and Wales can be summarised as follows:⁷

- It is illegal to drive if you are unfit to do so as a result of taking legal or illegal drugs
- It is illegal to drive if you have particular levels of illegal drugs in your blood, regardless of whether these drugs have affected your driving or not.

In Northern Ireland, it is illegal to drive if you are impaired by drugs, irrespective of if these drugs are illegal, prescribed, or bought over the counter.⁸

Prescription drugs⁷

The Department for Transport (DfT) states that an individual should talk to their doctor about whether they should drive if they have been prescribed any of the following medications:

- Amphetamine, such as dexamphetamine or selegiline
- Clonazepam
- Diazepam
- Flunitrazepam
- Lorazepam
- Methadone
- Morphine or opiate and opioid-based drugs, such as codeine, tramadol or fentanyl
- Oxazepam
- Temazepam.

If an individual has been prescribed any of these medications by a healthcare professional and followed their advice on how to take them, they can drive as long as the medications are not causing them to be unfit, even if the medications are above specified limits.

Changes to drug-driving laws⁹

In 2012, a new offence was announced by the Government in order to tackle drug-driving cases wherein it was difficult to prove if a certain drug impaired the driver, causing prosecutions to fail. The offence means that individuals cannot drive if they have a particular drug in their body above a specified threshold limit. The Government decided on these limits in March 2015 after carrying out a drug-driving consultation and using a report published by experts.

Table 2 shows eight illegal drugs and their threshold limit as set by the Government. These eight drugs have been given a “zero tolerance” approach, and the threshold levels mean that an individual cannot claim accidental exposure.

Table 2: Illegal drugs and their limits

Illegal drug	Threshold limit (µg/L of blood)
Benzoylecgonine	50
Cocaine	10
Delta-9-tetrahydrocannabinol (cannabis)	2
Ketamine	20
Lysergic acid diethylamide	1
Methylamphetamine	10
Methylenedioxymethamphetamine (MDMA)	10
6-monoacetylmorphine (heroin)	5

Table 3 shows eight medicinal drugs and their threshold limits. These eight drugs were chosen to have defined limits as they are used commonly for medicinal purposes, and their limits were decided by using a road safety risk approach.

Table 3: Medicinal drugs and their limits

Medicinal drug	Threshold limit (µg/L of blood)
Clonazepam	50
Diazepam	550
Flunitrazepam	300
Lorazepam	100
Methadone	500
Morphine	80

Oxazepam	300
Temazepam	1,000

The regulations for amphetamine were released in April 2015. A separate approach was used to assess this threshold limit, as it is used in both medicinal and illegal ways and these had to be balanced against each other safely. The threshold blood limit for amphetamine is 250µg/L.

The DfT states that it is difficult to assess which drug dosages would result in a blood limit above the specified thresholds, as there are too many factors involved, such as metabolic differences between individuals.

Drug-driving penalties⁷

If a police officer suspects that a driver is impaired by drug use, they can stop them and conduct a field assessment test. This assessments consists of several tests, one of which is requesting that the driver walk in a straight line. A roadside drug test, called Drugwipe, can be used to test for cannabis and cocaine. If the driver tests positive for one of these drugs, they will be taken to a police station for blood testing.¹⁰

If the police officer determines that the individual is unfit to drive as a result of drug impairment after conducting the field assessment test, they will arrest them and take them to a police station, where they will carry out a blood or urine test.

The following are penalties that occur as a result of a drug-driving conviction:

- Driving ban (minimum of one year)
- An unlimited fine
- Up to a six month prison sentence
- A criminal record.

It should also be noted that the fact that an individual was convicted of drug driving will stay on their licence for 11 years.

If a driver causes death by dangerous driving under the influence of drugs, they will serve a prison sentence of up to 14 years.

The effects of drugs on safe driving

In the same way as drink driving, drug driving can be extremely dangerous, putting not only the driver at risk, but also their passengers and other road users. Drugs have wide and varying effects on individuals, and these effects can be difficult to determine, due to individual factors and the fact that several types of drugs are often taken at once or mixed.¹¹

The following table, Table 4, identifies some key categories^{12,13} of drugs and outlines their effects on an individual's ability to drive safely. Examples of the different categories of drugs are provided, and these can either be prescribed or recreational, and legal or illegal.

Table 4: Drug categories and their effects on safe driving

Drug category	Examples	Effects on driving
Stimulants	<ul style="list-style-type: none"> Ecstasy, cocaine¹⁴ Anabolic steroids¹⁷ Dextroamphetamine, methylphenidate¹⁵ 	<p>Stimulant drugs can result in an individual feeling a boost to their wellbeing, making them feel more awake, excited and happy. These feelings can cause the individual to feel confused and distracted, meaning they are unable to give their full attention to the driving task.¹⁶</p> <p>Further effects of stimulant drugs include impulsiveness, risk taking, restlessness and coordination problems. All of these effects can severely inhibit the ability of a driver to notice and respond to hazards on the road.¹⁶</p>
Depressants	<ul style="list-style-type: none"> Alcohol, diazepam, temazepam¹⁴ Pregabalin¹⁷ Chlorphenamine Zolpidem¹⁸ 	<p>Depressants have a sedating effect, slowing down the central nervous system and resulting in relaxation, drowsiness, and impaired motor functions and reaction times. Higher levels of depressants can cause further effects, including disorientation and forgetfulness.¹⁹</p> <p>These effects can severely impair an individual's driving ability, with studies showing that they can result in significantly impaired concentration and reaction times, and increased lane and speed changes.¹⁹</p>
Opioids and opiates	<ul style="list-style-type: none"> Oxycodone, fentanyl, tramadol, hydrocodone²⁰ Codeine 	<p>As opioids have a sedating effect, they can reduce an individual's level of consciousness, making them feel sleepy and less aware. This has a negative effect on driving, which requires a high level of cognition to be carried out safely.¹⁶</p> <p>Opioid drugs frequently result in a reduction in pupil diameter, negatively affecting vision and the ability to adapt to different lighting situations. Furthermore, if an individual is using opioids to manage pain, it is likely that they will be taking other medications alongside the opioids, which can even further exacerbate driving impairment.¹⁶</p>
Hallucinogens	<ul style="list-style-type: none"> LSD¹⁴ Psilocybin²¹ MDMA²² 	<p>Hallucinogens distort the messages that are sent to the brain, causing altered sensory perception and a range of other effects, including hallucinations (visual or auditory), dilated pupils and increased heart rate.²²</p> <p>Studies have shown that hallucinogens cause major impairment in the skills that are critical for safe driving. Drivers who have taken hallucinogens are less able to adjust their speed or signal correctly.²² Hallucinogens can also result in a reduction in coordination, blurred vision and confusion, all severely detrimental to safe driving.²³ Furthermore, distorted sensory perceptions mean that drivers are less able to judge speed, distance, and hazards correctly.²⁴</p>

When considering the effects of different drugs on driving, is it important to consider the effects that arise when multiple drugs are combined. This is known as polydrug use, and can occur in several situations, such as when alcohol and prescription or illegal drugs are combined, when several prescription drugs are combined, or when illegal drugs have been made with several other drugs in order to make them cheaper. Polydrug use can be extremely dangerous when driving, as the mixing of effects of the different drugs can result in major driving impairment. For example, combining two depressants can cause a dangerous increase in effects, such as extremely slow reaction time and distorted perception.²⁴

The combination of particular drugs when driving, such as alcohol and cannabis, is on the rise, and studies have shown drivers who have taken both alcohol and cannabis are more likely to make a driving error than if they had taken either one alone. One study investigated drivers who had been involved in a fatal collision and tested positive for both alcohol and cannabis. Drivers who had committed a potentially unsafe driving action (UDA) were compared with controls (those who had not committed a UDA, but were still involved in a fatal collision, and were positive for alcohol and cannabis). It was found that for each 0.01 blood alcohol content (BAC) unit, the chance of a UDA increased by 9-11 per cent. If a driver was positive for THC (the key constituent of cannabis), their chance of committing a UDA increased by 16 per cent. However, compared to alcohol or THC alone, when both were present, the chance of a driver committing a UDA increased by 8-10 per cent for each 0.01 BAC increase,²⁵ likely resulting in a significantly increased chance of crashing.

If an individual is taking several medications together, they should read the patient information leaflets that come with the medicines and ask their doctor if they are safe to drive with their combination of medication. Individuals should also be aware that drugs can stay in their system for a very long time and sleeping does not necessarily mean that any driving impairment caused by drugs has disappeared completely.²⁶

Drug-driving publicity

A key time of year for drug-driving education and enforcement is Christmas. Many police forces across the UK carry out festive drink- and drug-driving campaigns. These campaigns often involve increased police enforcement in the form of more regular drink- and drug-drive roadside checks, and conversations with drivers about impaired driving. Many police forces also design graphics, videos and social media plans to support their campaigns. Due to the festive season and increased levels of enforcement, many arrests tend to happen during these campaigns. For example, during the 2020/21 festive campaign carried out by West Yorkshire Police, 156 drug-driving arrests were made, similar to the amount of drink-driving arrests (164).²⁷ During these campaigns, there are often a similar number of or even more arrests made for drug driving compared to drink driving.^{28,29}

The above indicates that drug driving is on the rise, and this seems to be the case; drug-driving prosecutions doubled between 2017 and 2018³⁰ and have increased rapidly in some police forces.³¹ Despite these alarming facts, drug driving is still not seen in the same way as drink driving³⁰ and there is not as much campaigning and education around drug driving. It is possible that drivers themselves do not perceive drug driving in the same way as drink driving, with some studies showing that those who drug drive do not think they will be caught, or do not think the drugs will impair their driving.³²

Drug driving campaigns from THINK! Road Safety can be found here: <https://bit.ly/3qCRpnN>

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***Due to changes in severity reporting across some police forces since 2016, newer statistics are not comparable to earlier years. Therefore, the DfT provides both adjusted and unadjusted casualty figures in their statistical data tables. RoSPA uses adjusted figures as the DfT states that they are recommended for "the analysis of trends over time".**