

Road trauma

The contribution of substance abuse to road trauma

- 9.1 From July 2001 to June 2002, 1746 people were killed on Australia's roads¹, and abuse of alcohol and other drugs was among the factors that contributed to this toll. In a 10-year study (1990-99) of 3,398 drivers killed in Victoria, New South Wales and Western Australia, Professor Olaf Drummer of the Victorian Institute of Forensic Medicine estimated that 28 per cent of road trauma was caused by alcohol, and eight per cent by other drugs.² His more recent data covering 2000 and 2001 from Victoria suggest that the contribution of drugs to fatalities is probably double that figure (16 per cent) and the proportion of fatalities due to alcohol may be falling.³
- 9.2 The cost of road trauma is huge. According to Collins and Lapsley, alcohol-related accidents alone are estimated to have cost \$3.4 billion dollars in 1998-99, of which 56 per cent were tangible costs. Illicit drugs were less costly at \$531.6 million.⁴

1 Australian Transport Safety Bureau, untitled document, June 2002, p 2 (Road fatalities for state/territory for month, year to date, and 12 months), viewed 20/3/03, <<http://www.atsb.gov.au/road/stats/pdf/mrf062002.pdf>>.

2 Drummer O, transcript, 23/9/02, p 1276; Drummer's study quoted by Swann P, transcript, 16/8/02, p 1195.

3 Drummer O, 'Briefing paper on the role of drugs and alcohol on road trauma', unpublished, while at Victorian Institute of Forensic Medicine, October 2002, p 2.

4 Collins DJ & Lapsley HM, *Counting the cost: Estimates of the social costs of drug abuse in Australia in 1998-9*, Monograph series no 49, Commonwealth Department of Health and Ageing, Canberra, 2002, pp 54-55.

- 9.3 According to Professor Drummer there has been a change over recent years in the proportion of dead drivers detected with alcohol and other drugs in their blood. The proportion testing positive for alcohol has decreased from 33 to 27.7 per cent during the 1990s, but in the late 1990s other drugs were found in a higher proportion, up from 22.2 per cent in the early nineties to 30.1 per cent.⁵

Role of the government

- 9.4 Under the Australian Constitution, the states and territories are largely responsible for regulating road use and enforcement. However, the Commonwealth government is working with the states and territories on a regulatory reform agenda. The National Road Transport Commission was formed in 1991 to drive the reform process by proposing uniform arrangements for vehicle regulation and operation and overseeing the implementation of agreed reforms. The commission reports to the Commonwealth, state and territory transport ministers in the Australian Transport Council. The council also includes an observer from local government.
- 9.5 National coordination on road transport issues that include matters relating to drink and drug driving is also provided by:
- the Australian Transport Safety Bureau which coordinates, monitors and reviews the National Road Safety Strategy and related plans, compiles and analyses road safety statistics and funds and coordinates research; and
 - Austroads, the association of Australian and New Zealand road transport and traffic authorities whose projects include road safety and the production of recommendations for national adoption, guidelines and codes of best practice.⁶

National Road Safety Strategy

- 9.6 The National Road Safety Strategy 2001–2010 and action plans for 2001 and 2002 and for 2003 and 2004 have been adopted by the Australian Transport Council. The strategy provides a framework which complements the strategic road safety plans of state, territory and local

5 Drummer O, sub 277, pp 2-3.

6 Information sourced through the web site of the Commonwealth Department of Transport and Regional Services, viewed 21/10/02, <http://www.dotrs.gov.au/transreg/str_rtrhome.htm>; Australian Transport Safety Bureau, informal communication, 17/2/03.

governments and other stakeholders in road safety. The strategy's target is to reduce road fatalities by 40 per cent per 100,000 population between 1999 and 2010, and the action plans target measures relating to drink and drug driving that will help to achieve this.

9.7 The 2003 and 2004 action plan identifies an increased emphasis on deterring drink driving as one of the measures likely to have the most substantial impact on road fatalities. The activities to be pursued under this plan are:

- maintaining and increasing resources for enforcement and public education;
- developing national guidelines on best practice in drink driving enforcement, for example, achieving the best combination of general deterrence and effective targeting of particular locations and times;
- focusing on developing more effective programs to reduce drink driving in rural areas; and
- implementing and monitoring alcohol interlock and rehabilitation programs to change the behaviour of repeat offenders.

The action plan specifies for drug driving deterrence, measures are to be developed and evaluated.⁷

Reducing drink driving

Random breath testing

9.8 The former committee noted in its discussion paper that the incidence of drink driving fell substantially with the introduction of random breath testing (RBT) in the 1980s.⁸ However, Mr King and Dr Swann advised that road trauma caused by drink driving has remained constant for some years since then.⁹ According to the 2001 National Drug Strategy (NDS) Household Survey, 12.8 per cent of Australians aged 14 years and over had driven a motor vehicle during the previous 12 months while under

7 Australian Transport Council, *National Road Safety Action Plan 2003 and 2004*, pp 12, 18, viewed 20/3/03, < http://www.dotars.gov.au/atc/actionplan_2003-04.pdf >.

8 House of Representatives Standing Committee on Family and Community Affairs, *Where to next? - A discussion paper: Inquiry into substance abuse in Australian communities*, FCA, Canberra, September 2001, pp 87-88.

9 King M, transcript, 16/8/02, p 1191; Swann P, transcript, 16/8/02, p 1195.

the influence of alcohol.¹⁰ In addition, Poyser et al reported that in a sample of 555 people arrested for traffic offences at four police stations from 1999 to 2001, 38 per cent reported having used alcohol shortly before being arrested.¹¹

- 9.9 In the view of the Commonwealth Department of Transport and Regional Services, there was 'still some scope for further enhancement of RBT efficiency and effectiveness (and increased intensity in at least some jurisdictions)'.¹² Mr King also said that RBT is 'a technique which needs to be constantly renewed to make sure that it remains effective, otherwise it wears out'.¹³ For example, research by Abelson has shown a higher rate of accidents in New South Wales when enforcement efforts declined.¹⁴ Constant reinvigoration of enforcement is now recognised best practice in RBT, said the Australian Transport Safety Bureau.¹⁵ According to the National Road Safety Action Plan 2001 and 2002, extending integrated publicity and enforcement could reduce fatalities by at least one per cent.¹⁶
- 9.10 In the committee's view, it is vital that RBT should be maintained and improved.

Recommendation 102

- 9.11 **The committee recommends that the Commonwealth government, in consultation with State and Territory governments, continue to strengthen random breath testing practices and maintain and improve this process.**
- 9.12 One place where RBT seems to be less effective in curbing drink driving is in rural areas. The former committee reported that country people have

10 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: First results*, Drug statistics series no 9, AIHW, Canberra, May 2002, p 37.

11 Poyser C, Makkai T, Norman L & Mills L, *Drug driving among police detainees in three states in Australia*, Monograph series no 50, Commonwealth Department of Health and Ageing, Canberra, August 2002, p x.

12 Commonwealth Department of Transport and Regional Services, sub 164, p 2.

13 King M, transcript, 16/8/02, p 1191.

14 Abelson P, 'Road safety programs and road trauma', in Applied Economics, (eds), *Returns on investment in public health: An epidemiological and economic analysis prepared for the Department of Health and Ageing*, Commonwealth Department of Health and Ageing, Canberra, 2003, p 106, viewed 9/4/03, <http://www.health.gov.au/pubhlth/publicat/document/roi_eea.pdf>.

15 Australian Transport Safety Bureau, informal communication, 17/2/03.

16 Australian Transport Council, *National Road Safety Action Plan 2001 and 2002*, p 3, viewed 17/10/02, <<http://www.dotars.gov.au/atc/actionplan.pdf>>.

fewer alternatives than city people for getting home after a night out, and news on the whereabouts of the booze bus spreads faster, enabling drivers to evade the bus by taking back roads. Testing may in fact increase rather than reduce the number of crashes when country drivers travel home on the more dangerous back roads.¹⁷

- 9.13 Austroads recently has examined ways in which the effectiveness of random breath testing might be improved in rural areas. It trialled three enforcement programs in two rural communities in Victoria and South Australia, and made a number of recommendations which focused on:
- using smaller, mobile testing units;
 - reducing the usual blitz-like approach and predictability of location and time;
 - moving activities to times that impact early in the chain of decision to drink; and
 - increasing the number of offenders punished.

It said it is also possible that covert operations would have a greater effect, as might public education strategies that emphasise community values and the opinions of others.¹⁸

Conclusion

- 9.14 In the committee's view, these recommendations could form the basis for different approaches to the use of testing in country areas. In addition, there is concern by the committee that an unintended consequence of these approaches may be a negative impact of social isolation in country areas. To guard against this there is a need for additional strategies by local rural communities to prevent social isolation and promote social interaction. Responsible driving behaviour could include neighbouring properties having an alternating designated driver who doesn't drink on social occasions. It was also suggested a "safe house" scenario, where drivers can test their alcohol content levels prior to driving. If the level is too high then they can wait at a safe location within the community until such time as they have legal levels of alcohol in their test. Individual communities need to work together to develop the most appropriate strategy for them.

17 House of Representatives Standing Committee on Family and Community Affairs, *Where to next?*, p 89.

18 Austroads, *Drink driving and enforcement: Theoretical issues and an investigation of the effects of three enforcement programs in two rural communities in Australia*, Austroads Inc, Sydney, 2001, in Executive summary unpagged.

Recommendation 103

- 9.15 **The committee recommends that the Commonwealth government, in consultation with State and Territory governments:**
- **modify the conduct of random breath testing in country areas to:**
 - ⇒ **use smaller, mobile testing units;**
 - ⇒ **reduce the usual blitz-like approach and predictability of location and time; and**
 - ⇒ **move activities to times that impact early in the chain of decision to drink; and**
 - **ensure that there is consistency of approach in random breath testing between country and city areas.**

Penalties

- 9.16 One of the more striking findings in the 2001 NDS Household Survey was the level of support for more severe penalties for drink driving; they were favoured by 87.2 per cent of the almost 27,000 survey respondents.¹⁹ There is certainly proof from the Australian Transport Council that imposing penalties commensurate with the danger posed by serious drink driving offences is beneficial.²⁰
- 9.17 Details of penalties are noted in the former committee's report.²¹ The Australian Drug Foundation said of particular concern are drink drivers who repeatedly offend and are undeterred by current penalties. In Victoria, for example, such drivers are responsible for five per cent of the annual road toll.²² The Salvation Army saw referral to treatment and rehabilitation programs as an essential component of the penalties imposed for drink driving²³, as did Austroads Working Group on Drugs and Driving.²⁴

19 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: First results*, p 35.

20 Australian Transport Council, *National Road Safety Action Plan 2001 and 2002*, p 3.

21 House of Representatives Standing Committee on Family and Community Affairs, *Where to next?*, pp 88-90.

22 Australian Drug Foundation, 'ADF position on ignition interlocks', p 2, viewed 20/3/03, <<http://www.adf.org.au/inside/position/interlocks.htm>>.

23 Salvation Army (Southern Territory), sub 43, p 5.

24 Austroads, *Drugs and driving in Australia*, Austroads, Sydney, 2000, p v.

- 9.18 The Commonwealth Department of Transport and Regional Services advised that it appears from overseas experience that the compulsory installation of alcohol ignition interlocks is a promising approach with repeat offenders.²⁵ An interlock is a breath-testing device fitted to a vehicle ignition which prevents the vehicle starting if the driver is over the legal limit for alcohol.²⁶ The Australian Transport Council stated that, if used as a sentencing option and / or administrative sanction, alcohol ignition interlocks could reduce fatalities by one per cent. Promoting their voluntary installation would also be a useful move.²⁷
- 9.19 The Australian Transport Council reported that during the National Road Safety Action Plan 2001 and 2002, most states laid the groundwork for alcohol interlock schemes to target serious drink driving offenders. Enabling legislation was introduced in South Australia, Victoria and New South Wales.²⁸ Mr King said use of interlocks is being linked to a driver education program in Queensland²⁹ and Mr Gaudry said it is linked to access to counselling in New South Wales.³⁰ The Commonwealth Department of Transport and Regional Services reported that the devices seem to be more effective when their installation is linked to a requirement that the offender undertake rehabilitation.³¹ Mr King suggested that as use of these devices increases, attention will need to be paid to the administrative impediments to managing them across state borders.³²

Conclusion

- 9.20 The committee also favours having alcohol ignition interlocks as a standard feature of new cars; this would further reduce drink driving and should be pursued. The committee's support is subject to the ignition locks being practical for everyday use.

25 Commonwealth Department of Transport and Regional Services, sub 164, p 3.

26 Victorian government, 'Alcohol interlocks in Victoria', p 3.
http://www.arrivealive.vic.gov.au/downloads/Alcohol_Interlocks_Report.pdf.

27 Australian Transport Council, *National Road Safety Action Plan 2001 and 2002*, p 3.

28 Australian Transport Council, *National Road Safety Action Plan 2003- 2004*, p 4.

29 King M, transcript, 16/8/02, p 1192.

30 Gaudry B, transcript, second reading speech, *Debates*, New South Wales Legislative Assembly, 28/6/02, p 4164.

31 Commonwealth Department of Transport and Regional Services, sub 164, p 3.

32 King M, transcript, 16/8/02, p 1193.

Recommendation 104

- 9.21 **The committee recommends that the Commonwealth government, in consultation with State and Territory governments, ensure the imposition of more severe penalties for repeat drink driving offenders than are currently in place.**

Recommendation 105

- 9.22 **The committee recommends that the Commonwealth government, in consultation with State and Territory governments:**
- **impose the use of alcohol ignition interlocks on repeat drink driving offenders; and**
 - **promote the voluntary installation of alcohol ignition interlocks.**

Recommendation 106

- 9.23 **The committee recommends that all new cars made in, or imported into, Australia be fitted with alcohol ignition interlocks by 2006.**

Drug driving**Prevalence and risks**

- 9.24 Professor Drummer advised that after alcohol, the most common drugs found in fatally injured drivers around the world have been cannabis, benzodiazepines, amphetamine-like stimulants and opioids. The same is probably true for Australia.³³ He went on to say of these drugs, cannabis and stimulants are of most concern as drivers using them have been found to increase their risk of a fatal accident over that of drug-free drivers by 2.7 and 2.3 times respectively. There is an even greater risk of fatal accidents when higher drug concentrations are present. For example, when the active form of cannabis (tetrahydrocannabinol) is present at blood concentrations of 5ng / mL or more the risk rises to 6.6. This is the

33 Drummer O, sub 277, p 1.

same level of risk as is experienced by drivers with blood alcohol concentrations between 0.5 and 0.1 per cent. Furthermore, when more than one drug, or alcohol and another drug, are present, risk of fatality is also increased.³⁴

- 9.25 An alternative viewpoint was put by one researcher at Turning Point in Melbourne when the committee visited them in mid 2002. The committee was surprised when the researcher presented material that indicated that driving capacity was not greatly impaired by the use of cannabis.
- 9.26 Evidence given by Dr Graycar indicated that drug taking is also found among traffic offenders. About three-quarters of a group of people arrested for such offences in 2001 returned a positive result when tested for illicit drugs, 57 per cent being positive to cannabis.³⁵ Data from the Drug Use Monitoring in Australia (DUMA) project 1999-2001 collection showed that 47 per cent of traffic offenders were positive to drugs other than cannabis and 37 per cent showed evidence of having taken more than one drug.³⁶
- 9.27 These drugs may have contributed to their offending. Austroads stated that there is evidence, for example, from laboratory and road driving tests undertaken by people who have been given cannabis that the drug is a potential cause of impairment.³⁷ Professor Drummer told the committee that:

... it would be fair to say that there is really no dispute that cannabis, if used in other than very trivial amounts, has a great capacity to impair a range of functions that are required for safe driving. For example, hand-eye coordination, lane control—staying in the right lane, not going over the white lines or off the edge of the road—perception of time and space, perception of traffic around oneself, vigilance and awareness of what is happening on the roads and particularly cognition; in other words, the way you respond to visual signals and translate them into some sort of function and thought process.³⁸

34 Drummer O, sub 277, p 3; Drummer O, transcript, 23/9/02, p 1275; Drummer O, 'Briefing paper on the role of drugs and alcohol on road trauma', unpublished, while at Victorian Institute of Forensic Medicine, October 2002, p 1.

35 Graycar A, presentation to roundtable, Canberra, 16/8/02, exhibit 47, slide 13.

36 Graycar A, presentation to roundtable, Canberra, 16/8/02, exhibit 47, slide 24.

37 Austroads, *Drugs and driving in Australia*, p ii.

38 Drummer O, transcript, 23/9/02, p 1273.

Reducing drug driving

Drug testing

- 9.28 Random breath testing for alcohol provides a powerful deterrent to drink driving; according to Dr Graycar 89 per cent of 155 people arrested for traffic offences thought they were likely to be caught if they were drink driving. By comparison, as many as 73.5 per cent thought that they would not be caught driving while using cannabis. Drivers using amphetamines, heroin and cocaine were also seen as unlikely to be detected.³⁹
- 9.29 People know much less about the effects of drugs on driving than they do about alcohol. Some of their generally held assumptions are wrong. For example, Dr Graycar reported that 63.5 per cent of 155 traffic offenders arrested in 2001 in the DUMA project viewed cannabis as having no effect on driving skills and 14.3 per cent perceived a beneficial effect on driving.⁴⁰ Yet, Professor Drummer said cannabis can have a significant effect on driving skills for up to two hours⁴¹, with Dr Swann noting maximum impairment being apparent between 40 minutes and one hour after consumption.⁴²
- 9.30 Although a variety of roadside screening devices are available for detecting all the critical drugs that impair driving, there are, as yet, no simple, cheap tests for drugs comparable to those used in random breath testing, according to Dr Swann.⁴³ Dr Swann advised that saliva testing is one of the new devices considered for roadside drug driving testing. Two drops of saliva, 0.3ml can be collected by the person themselves with virtually minimum health risks. It is easily conducted by wiping the device across the tongue or mouth and obtain an indication within one and a half minutes. It would take another 10 minutes for the process of negative and positive calibration to be carried out. Tetrahydrocannabinol (THC) is detectable in saliva for the first hour of impairment and in regard to truck drivers, amphetamines have always been easy to detect in saliva.⁴⁴

39 Graycar A, presentation to roundtable, Canberra, 16/8/02, exhibit 47, slide 28.

40 Graycar A, presentation to roundtable, Canberra, 16/8/02, exhibit 47, slide 27. The impression that cannabis has limited effects is derived from the results of earlier tests that measured metabolites of the active form rather than the active form itself (Swann P, transcript, 16/8/02, p 1194).

41 Drummer O, transcript, 23/9/02, p 1273.

42 Swann P, transcript, 16/8/02, p 1197.

43 Swann P, transcript, 16/8/02, p 1199.

44 Swann P, transcript, 16/8/02, pp 1197-1198

Several jurisdictions, including Victoria, are testing roadside screening devices, or considering doing so.⁴⁵

- 9.31 Professor Drummer told the committee there are problems with these devices. They do not yield reliable results and any positive tests must be confirmed to an evidentiary standard by lab tests. It is likely that it will take some time for the manufacturers to validate the devices and the devices will probably be considerably more expensive than breathalysers.⁴⁶ In addition, Mr King reported at present we do not know the level at which to set the legal limit for driving with drugs other than alcohol in the blood.⁴⁷

- 9.32 Some European countries have addressed this last point by making it illegal to drive when any drug is present. According to Professor Drummer, in Australia:

... as in Europe, it should be an offence to drive while using a drug ... As soon as we say that having half a joint or a weak joint of cannabis is safe then we come up against questions such as how much you inhale of a joint ... The variability of absorption is such that we really cannot define a safe level and therefore any usage must be seen as unsafe. Any use of amphetamines, cocaine or heroin and driving should be seen as unsafe. It should be avoided at all costs.⁴⁸

- 9.33 Professor Drummer talked about another approach to drug driving being in use overseas⁴⁹ and in some states. It focuses in the first instance on detecting driver impairment rather than the presence of drugs. Boorman reported that under legislation in force in Victoria, for example, it is only after impairment has been established in two standard tests that a blood sample is taken:

... A driver is presumed to be driving while impaired by a drug when a drug is found to be present in a driver, the behaviour of the driver is consistent with the behaviour usually associated with a person who has used the drug found, and the behaviour usually associated with a person who has used that drug would result in the person being unable to drive properly ...⁵⁰

45 Victorian government, 'Victoria's Road Strategy: 2002-2007: Drugs and driving', viewed 7/2/03, http://www.arrivealive.vic.gov.au/c_drugsAD.html.

46 Drummer O, transcript, 23/9/02, p 1277.

47 King M, transcript, 16/8/02, pp 1207-1208.

48 Drummer O, transcript, 23/9/02, p 1279.

49 Drummer O, transcript, 23/9/02, p 1278.

50 Boorman M, 'Drug impaired driver enforcement Victoria', *Conference Papers Collection*, CD-ROM, 2nd Australasian Conference on Drugs Strategy, Perth, 7-9 May 2002, p 2.

Further, he said there is a 97.5 per cent agreement between impairment and blood test results.⁵¹

- 9.34 A recently available report by Poyser et al sets the above discussion in a clear framework - options for developing a legislative framework to drug driving. They say that in Australia there are currently three legislative approaches, namely 'driving under the influence' statutes, impaired-based statutes (which are often difficult to distinguish from 'driving under the influence') and per se statutes. Most jurisdictions use the 'driving under the influence' approach. Key issues for legislative approaches may include: defining the drugs, the cut-off level and impairment. In terms of strategies for dealing with drug driving which may also impact on legislative developments there is a need for roadside screening, random testing and compulsory blood testing. In looking at this issue states and territories commented to Poyser et al that harmonisation of legislation is desirable but difficult to achieve. A way forward may be to see what legislative model is most effective as different approaches in different jurisdictions operate and then adopt a best practice national approach. Poyser et al do not evaluate the success or otherwise of the various approaches.⁵²
- 9.35 It is clear, as the Australian Medical Association pointed out to the former committee, that we do not yet fully understand the connection between the action of different drugs and the effect they have on driving skills, and that further work is needed here.⁵³ The Salvation Army said we need to work towards reaching consensus on a definition of a drug for the purpose of legislation describing drivers under the influence of a drug.⁵⁴
- 9.36 The Australian Transport Council reported that continued research on the relationship between drugs and crashes and enactment of legislation to test and prosecute drug-impaired drivers were among the 107 possible measures suggested in the National Road Safety Action Plan 2001 and 2002.⁵⁵

Conclusion

9.37 The committee:

- questions some of the research on the effect of cannabis on drivers that was presented by Turning Point to the committee during the inquiry;

51 Boorman M, 'Drug impaired driver enforcement Victoria', p 4.

52 Poyser C, Makkai T, Norman L & Mills L, pp xi, 38-56.

53 Australian Medical Association, sub 133, p 3.

54 Salvation Army (Southern Territory), sub 43, p 5.

55 Australian Transport Council, *National Road Safety Action Plan 2001 and 2002*, p 4.

- believes in the light of evidence of increasing drug use much needs to be done to develop quick, simple and reliable roadside drug tests;
- favours the position that it should be an offence to drive whilst using any illicit drug; and
- is persuaded of the value of saliva testing as a roadside drug testing method.

Recommendation 107

9.38 **The committee recommends that the Commonwealth, State and Territory governments give high priority in the National Road Safety Action Plan to:**

- **work towards all States and Territories making it an offence to drive with any quantity of illicit drug present within the system;**
- **have all States and Territories enacting legislation to test and prosecute drug drivers;**
- **fund and coordinate roadside drug testing with a model similar to that of alcohol random breath testing; and**
- **continue research into the relationship between drugs and driving impairment.**

Reducing stimulant use by long distance truck drivers

9.39 A special case of substance abuse is seen among long distance truck drivers who use stimulants to enable them to remain alert on long journeys. Professor Drummer has estimated that stimulant use among truck drivers increases their risk of a fatal accident by 8.8 times that of a drug-free driver. Twenty-three per cent of the dead truck drivers in his study had been using stimulants.⁵⁶ Dr Swann said that if stimulant use were eliminated, the road toll could be reduced by up to 4.6 per cent.⁵⁷

9.40 Several ways of limiting the use of stimulants have been suggested. Dr Swann suggested that one would be to make available to truck drivers substitute drugs that do not damage sleep architecture and are not addictive.⁵⁸ Other approaches that do not involve drugs would be

56 Drummer O, transcript, 23/9/02, p 1275; Swann P, transcript, 16/8/02, p 1196.

57 Swann P, transcript, 16/8/02, p 1196.

58 Swann P, transcript, 16/8/02, p 1204.

preferable. For example, vehicle sanctions imposed on drivers who test positive could be extremely effective; the committee was told by Dr Swann that:

... from a road safety perspective, if you deregister a truck, even for 24 hours, when the driver tests positive to a stimulant, ... you would go a very long way to changing this culture of occupational drug use.⁵⁹

- 9.41 As stimulants are used by drivers in response to pressures within the workplace, the broader context within which this work-related substance abuse is occurring should be addressed. A drug-free workplace policy for the transport industry, associated with mandatory drug testing, was among the recommendations of a House of Representatives committee inquiry into fatigue in the transport industry.⁶⁰
- 9.42 Another option is better management of fatigue among drivers. This topic has been extensively reviewed by the National Road Transport Commission (NRTC), and a draft policy for regulating driving practices has been developed in consultation with industry and issued for comment. The NRTC said the policy focuses on creating improved opportunities for drivers to sleep and shifts the emphasis for fatigue management to management practices and better control of the precursors of fatigue. It places greater responsibility on parties in the transport chain whose decisions may influence driver fatigue and emphasises enforcing compliance.⁶¹

Conclusion

- 9.43 The committee:
- supports the emphasis of greater responsibility and penalties on parties in the transport chain which may encourage driver fatigue by their company policy and actions; and
 - considers the NRTC draft policies for regulating driving practices is extremely important and should be believes that this is an important initiative that should be pursued.

59 Swann P, transcript, 16/8/02, p 1196.

60 House of Representatives Standing Committee on Communications, Transport and the Arts, *Beyond the midnight oil: Managing fatigue in transport*, CTA, Canberra, October 2000, p 122.

61 National Road Transport Commission, 'Heavy vehicle driver fatigue: summary of draft policy proposal', Update fact sheet, October 2002, viewed 25/10/02, <<http://www.nrtc.gov.au/publications/content/factsheets/HeavyVehicleDriverFatigueOct2002.pdf>>.

Recommendation 108

- 9.44 **The committee recommends that the Commonwealth, State and Territory governments work with industry to complete and implement the new policy for managing fatigue among heavy vehicle drivers that is currently being coordinated by the National Road Transport Commission.**
- 9.45 The NRTC reported that it is proposed that legislation to support the policy will contain a general duty to manage fatigue that will bear on all parties in the transport chain including employer operators, drivers, consignors and receivers. In June 2002, the commission issued a draft Commonwealth, state and territory Road Transport Reform (Compliance and Enforcement) Bill that will ensure that those who are in a position to influence a decision to breach the road transport regulations are held accountable for their actions. The Bill's provisions will enhance enforcement powers, sanctions and penalties.⁶² The Australian Transport Safety Bureau said following extensive public consultation, the draft bill will be revised and submitted to transport ministers in the middle of 2003.⁶³ The NRTC said that if approved by them, it will be enacted in all jurisdictions. The legislation will apply to all vehicles over 4.5 tonnes⁶⁴, and builds on experience with chain of responsibility legislation already in place in Queensland, New South Wales, Victoria and South Australia.
- 9.46 The committee notes that the NRTC oversees the implementation of agreed road transport reforms and reports on this in its annual report.
- 9.47 The committee believes that this legislation will make an important contribution to reducing drug driving. The Commonwealth government should therefore continue to encourage and monitor the implementation of this legislation.

62 National Road Transport Commission, 'Heavy vehicle driver fatigue: summary of draft policy proposal', p 6.

63 Australian Transport Safety Bureau, informal communication, 17/2/03.

64 National Road Transport Commission, 'Compliance and Enforcement Bill', Update fact sheet, June 2002, viewed 21/10/02, <<http://www.nrtc.gov.au/publications/content/factsheets/CandEBill.pdf>>.

Recommendation 109

- 9.48 **The committee recommends that the Commonwealth government continue to vigorously promote the implementation of chain of responsibility legislation applying to the road transport industry.**

Education on the impact of drugs on driving

- 9.49 It is clear to the committee that more comprehensive and accurate information must be made available to drivers, not only about cannabis but about other drugs too. Some of the areas nominated for attention in submissions to the inquiry included:
- expanding driver education programs to cover information about drugs⁶⁵ and the dangers of combining them⁶⁶, and
 - providing information to health professionals about the effect on driving of some legal medications.⁶⁷
- 9.50 One of the possible measures identified by the National Road Safety Action Plan 2001 and 2002 was public information campaigns 'to alert drivers to the effects of some drugs and medications have on the ability to drive safely'.⁶⁸ Austroads Working Group on Drugs and Driving suggested discouraging driving while under the influence of drugs, and promoting the therapeutic use of drugs that do not impair driving performance in lieu of those that do.⁶⁹

Recommendation 110

- 9.51 **The committee recommends that the Commonwealth government, in consultation with State and Territory governments, develop and run campaigns to inform drivers about the dangers of driving while using illicit and licit drugs.**

Conclusion

- 9.52 In view of the significant contribution of drink and drug driving to road trauma, the committee believes that the Commonwealth government

65 Shortland Youth Forums, sub 223, p 5.

66 Fairfield City Council, sub 212, p 3; Swann P, transcript, 16/8/02, p 1211.

67 Fairfield City Council, sub 212, p 3.

68 Australian Transport Council, *National Road Safety Action Plan 2001 and 2002*, p 4.

69 Austroads, *Drugs and driving in Australia*, p v.

should continue to promote all those measures with proven efficacy in reducing drink and drug driving, and research and evaluate new approaches where existing approaches need improvement.

- 9.53 It is also the committee's view that, at the end of each National Road Safety Action Plan, a report should be compiled on the nationwide outcomes of implementing the plan's measures. This report should be made public for accountability purposes.
- 9.54 The committee concludes that, if the effort to reduce road trauma due to alcohol and drugs is to be cost effective, the contributing factors of alcohol and other drugs must be reflected in the effort directed at reducing them. The introduction to this chapter makes clear that drink driving causes greater damage than drug driving but that the incidence of drug driving is increasing.

Recommendation 111

- 9.55 **The committee recommends that the Commonwealth government, in consultation with the State and Territory governments, continue to vigorously promote the drink and drug driving reduction strategies of the National Road Safety Action Plan.**

Recommendation 112

- 9.56 **The committee recommends that the Commonwealth government, in consultation with State and Territory governments:**
- **ensure that the effectiveness of the measures adopted in the National Road Safety Action Plan are evaluated and research carried out on promising new approaches;**
 - **contribute funding if necessary to ensure that evaluation and research proceed leading to the direct introduction of effective measures; and**
 - **produce a publicly available report on the nationwide results of implementing measures in the National Road Safety Action Plan.**

Recommendation 113

- 9.57 **The committee recommends that the Commonwealth government work with the State and Territory governments to ensure that drug and drink driving are targeted for deterrence and prevention.**