Turning Point

TREATMENT · RESEARCH · EDUCATION

Experiences of drug driving: a qualitative study

Summary report

Tristan Duncan, Emily Brennan, Ramez Bathish, Victoria Manning, Michael Savic

October 2025

Eastern Health

MONASH University

This page is intentionally left blank

1. Introduction

Drug driving continues to be a major public health and safety issue in Victoria that has predominantly been responded to through law enforcement countermeasures. Roadside drug testing is Victoria Police's main method of enforcing Victoria's drug driving laws. In a roadside drug test (RDT), an oral fluid (saliva) sample is collected from the driver. The three illicit drugs that are currently able to be detected by a roadside drug test in Victoria are: THC (delta-9 tetrahydrocannabinol; the active component in cannabis), methamphetamine and MDMA. If the roadside test returns a positive result for any of these three illicit drugs, the driver is required to undertake a secondary oral fluid test at the roadside. The second oral fluid sample is sent to a laboratory for further testing. If the laboratory test returns a positive result, the driver will be charged with a drug driving offence.

However, there is limited research that has explored the perceptions, knowledge, behaviours and experiences of people who drug drive. This information is needed to better inform and enhance drug driving prevention efforts. To address this gap, the Transport Accident Commission (TAC) commissioned Turning Point, Monash University to conduct a qualitative study into the perceptions, behaviour, knowledge and experiences of Victorian adults' (aged 18 years or older) who drug drive.

To generate comprehensive insights, researchers conducted in-depth qualitative interviews with 100 Victorians who engaged in drug driving in the past 12 months. Researchers also observed two drug driver Behaviour Change Programs, to gain further understanding of Victoria's current countermeasures to drug driving. Ethics approval for this project was obtained from the Monash University Human Research Ethics Committee (Project ID: 36614).

2. Main Findings

The main findings from this research are summarised under the sub-headings below.

2.1. Defining drug driving: presence vs. impairment

- Participants typically rejected the definition that drug driving is simply having drugs in one's system.

- Drug driving was more often defined as driving while impaired by drugs.

- The type, amount and timing of drugs consumed were thought to contribute to impairment, alongside various individual (e.g., sleep, food consumption, individual experiences with drugs), social (e.g., presence of other people in a car) and, contextual factors (e.g., driving conditions, life circumstances, experiences of marginalisation).

2.2. When and why do participants drug drive

- Due to a concern for others or their own safety, most participants preferred to avoid driving while impaired by drugs, or at least wait until the acute effects of a drug had subsided before driving.

- Law enforcement countermeasures did not appear to have a major or consistent impact on whether participants drive while on drugs.

- For some participants, consuming drugs was driven by a desire to reduce other risk factors associated with driving, such as consuming drugs to reduce feelings of fatigue and distractibility while driving.

- In other cases, drug driving occurred during unexpected and/or serious situations (e.g., to escape family violence situations or to meet urgent caring responsibilities). In these instances, drug driving was thought to be necessary and/or the safest available option.

- For many participants, drug driving was not a 'decision' but an inevitable component of being a driver who also uses drugs.

- Reasons for drug driving could not always be separated from reasons for driving. Driving was described as the dominant form of transport and was associated with the sense of freedom, convenience, and comfort afforded by a private car. In contrast, many participants spoke about the inaccessibility and unavailability of alternative transport options.

2.3. Understanding and perceptions of drug driving laws by people who drug drive

- There was significant uncertainty and unfamiliarity with the specificities of the laws and the penalties for drug driving in Victoria (e.g., which drugs are tested, how is testing conducted and do the laws apply to prescribed drugs such as medicinal cannabis).

- Participants recognised the road safety issues of impaired driving but felt the current presence-based approach to drug driving was unfair and at odds with the threshold-based approach to drink driving prevention.

- Many participants felt drug driving laws were discriminatory and designed to target specific groups of marginalised people who use drugs.

- Participants also viewed the current drug driving laws as a revenue raising exercise that have disproportionate and unintended consequences for people who drug drive and their families.

- Drug driving laws were seen as misaligned with community perspectives and developments in the de-stigmatisation and medicalisation of drug consumption (e.g., medicinal cannabis), drug law reforms, and harm reduction policy approaches.

2.4. Experiences with police, drug driver programs and other support services

- Police can link drivers who have tested positive with support through mechanisms like Victoria's dedicated eReferral system. However, only a couple of participants reported receiving referrals from police for drug driving offences.

- Police were frequently described as lacking empathy, respect, and care in their interactions with drug drivers. Furthermore, some participants recalled experiences of stigmatisation and aggression from police.

- Attending drug driver programs was a major challenge for some participants, especially those from non-metropolitan areas, and those with caring and work responsibilities.

- A relatively small number of participants who had participated in the drug driving behaviour change programs, described their experience as positive. Rather than the content of the program, these positive experiences were commonly attributed to certain facilitators, particularly those with lived experience of drug driving.

- Many participants characterised the drug driver program as a purely punitive measure, which they participated in out of necessity, and thought that the program was inconsistent with, and insensitive to, the complex factors that shape drug driving. Other participants said they felt stigmatised, judged, and patronised during their behaviour change program and reported being threatened with program failure by facilitators.

- In addition to behaviour change programs, participants emphasised that stigma related to drug use and drug driving was common in other support services. Moreover, drug driving-related media and social marketing campaigns were routinely identified as a key contributor to the stigma participants faced. These factors were described as deterrents to help-seeking.

2.5. Participant suggestions to improve Victoria's approach to drug driving

- Many participants advocated for drug driving laws that were based on impairment rather than presence, similar to drink driving legislation.

- Participants thought responses to drug driving, including policing, support programs and media campaigns, should ideally be: 1) compassionate and non-judgemental; 2): focussed on minimising harm; 3) supportive of people with concerns about their drug use; 4) sensitive to the broader health, social, and legal needs of people who drug drive.

- Participants involved in Victoria's behaviour change program identified several opportunities for enhancing the program, including avoiding scare tactics, incorporating more lived-experience stories of drug driving, providing more information and assistance for accessing support services, running the program more frequently, and expanding online offering to metropolitan participants.

3. Conclusion

The findings of this study highlight the diverse and complex understandings and experiences of drug driving in Victoria. The findings also illustrate confusion and concern about Victoria's drug driving laws and drug driving behaviour change programs. The results of this study can be used to inform responses to drug driving in Victoria.

4. Recommendations

1. Ensuring compassionate drug driving media and communications

a) Given that media and social marketing campaigns can produce or reinforce stigma, organisations addressing drug driving should:

- Develop internal policies and processes for developing non-judgmental educational materials on drug driving.
- Integrate information about support and treatment options in drug driving media campaigns and Behaviour Change Programs.
- Include lived experience stories and accounts of people who have used drug driving harm reduction strategies and changed their drug driving behaviour.
- Acknowledge the broader social and structural factors that shape drug driving, such as reliance on cars and transport disadvantage.

2. Bolstering harm minimisation resources and strategies

- Develop an information package that could be housed on alcohol and other drug webpages and resources and provide:

a) Current and easy to understand information about drug driving laws and roadside drug testing, including evidence-based information about crash risk and testing methodology.

b) Information about harm reduction strategies to avoid impaired driving, such as how to plan alternative transport.

3. **Expanding and improving supports for people who drug drive**

- Provide people with opportunities to speak about drug driving concerns, legal processes and related issues in anonymous, confidential, non-judgemental ways, such as by:

    a) Expanding and evaluating the Department of Transport and Planning (DTP) brief intervention at the roadside Driver Support Service initiative.

    b) Cross-sectoral investment and partnership development to address the broader health, social, and legal needs of people who drug drive, including providing access to specialist services/treatment for people who drug drive. Providing travel vouchers (e.g., taxi or Myki) to allow access to drug support and/or treatment options

    c) Review and evaluate the drug driver Behaviour Change Program (DTP).

4. **Strengthening the capacity of professionals to provide information about alcohol and other drugs**

- Enhancing the capacity of professionals to provide accurate and non-judgmental information about drug driving by:

    a) Developing comprehensive education for alcohol and other drug treatment providers (as well as people who drug drive) to increase understanding of roadside drug testing and views on presence vs. impairment, drug driving and crash risk.

    b) Implementing stigma-reduction and communication training and resources, as well as promoting existing drug-related language guidelines, such as the Power of Words, to police, lawyers and Behaviour Change Program providers.

    c) Providing free, at-home drug testing kits to people who use drugs to help them determine whether drugs are present in their system before driving (alcohol and other drug treatment providers).

5. **Expanding community consultation and research to co-design and better inform responses**

a) Meaningfully engage people with lived experience of drug driving in the development of drug driving, transport, and road safety policy making and debates.

b) Consulting with diverse groups of people who engage in drug driving to help co-design tailored approaches that align with the specific needs of different populations

c) Participant accounts suggest that further research could be conducted on the feasibility, acceptability and effectiveness of drug driving law, policy and enforcement to target impairment. This could include legal limits for drugs (akin to alcohol BAC levels), more supportive enforcement practices, and adjusting the approach to drugs prescribed for medical purposes (e.g., medicinal cannabis). Reviews of international evidence, research on community and other stakeholder

attitudes and experiences, and pilot studies would be particularly helpful. These options may be explored by road safety partners in the future.

Acknowledgements

We would like to acknowledge the traditional owners of the land on which this research was conducted and relates to, and pay our respect to their Elders, past and present. We'd also like to thank:

- Participants of this research for generously sharing their views and experiences
- Tim Best, Dimity O'Donnell, and Elvira Lazar from the Department of Transport and Planning for assisting with liaising with behaviour change program providers.
- Behaviour change program providers who participated in the research for their assistance with participant recruitment and observations.
- Thalia Kalkipsakis from Monash and Turning Point for helping with social media recruiting.
- Turning Point research support team for assisting with research support activities.
- Helen Reddan and Anne Harris from the Transport and Accident Commission for your generous and unwavering support of the project.