



DRUG DRIVING FAQ'S

Drug driving is a serious road safety issue. 21% of drivers and motorcyclists who died on Victorian roads in 2018 had any of the 3 tested drugs (meth/THC/MDMA) in their system. (CCoV) Driving on illicit drugs is associated with an average increased risk of dying in a crash of at least 10 times that for drug-free driving.

The TAC and our road safety partners are committed to reducing lives lost due to drug driving, through public education campaigns, research and enforcement. The following are frequently asked questions in relation to drug driving and road side testing.

What is the accuracy of the road side drug test? Is there research to support testing?

The accuracy of the road side testing devices used by Victoria Police ranges from 95-97% – that means that 95-97% of all positive screening tests are confirmed by VIFM, Victorian Institute of Forensic Medicine. The remaining 3-5% that are not confirmed are deemed to be false positives.

Why do we only test for 3 substances and not the others like cocaine and heroin?

Cannabis, MDMA and methamphetamines are the illicit drugs most commonly found in the blood of deceased drivers and riders, and are the most commonly consumed in the community.

In Victoria, it is illegal to drive with any amount of THC (the active component of cannabis), MDMA or methamphetamines in your system. It is also an offence to drive under the influence of an illicit drug, and to drive while impaired by any drug, whether legal or illicit.

Victoria Police can request a driver undergo a roadside assessment impairment test and then take a blood sample (via a forensic practitioner) for the detection of substances that may be associated with impairment.

Why doesn't the Roadside Drug testing test for concentration or level of drugs in your system?

Drug concentrations can be determined in any biological specimen. The Road Safety Act 2017 states that the laboratory is not required to report a concentration from oral fluid. This is largely due to the fact the oral fluid concentrations are very different to blood or plasma concentrations. Typically oral fluid drug concentrations tend to be much higher than those in blood. Beyond roadside testing any drug can be tested for concentration.

An issue specific to cannabis is that oral fluid concentrations derive from contamination of the oral cavity rather than any partition from blood to oral fluid. Drugs present in oral fluid indicate recent use which is evidence enough that a driver is impaired and at higher risk of being involved in a crash.

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Do we have any research that shows traces of drugs in your system can cause impairment (even day/weeks after taking them)?

Research supports long term deficits on cognitive and mental function associated with regular drug use. Low concentrations of drugs (traces) can still result in impairment long after the peak effect of the drug has dissipated. For example methylamphetamine can be eliminated from a person's blood in 24 hrs, however it is well established that methylamphetamine can continue to affect the same individual as drug symptoms such as fatigue or withdrawal take hold with no measurable drug concentration in blood.

Acute drug impairment effects can last for 24-72hrs. There is little evidence that acute consumption of drugs last beyond these timeframes unless the person is chronically addicted, which presents a whole range of other health issues.

People claim that they will still test positive for weeks after using marijuana, is this accurate?

People can still test positive to cannabis weeks after using the drug but only in certain situations. This is also dependent on the specimen used to detect drug use. For example drugs can generally be detected in oral fluid for 24-48h for cannabis; up to 8 days for methylamphetamine/MDMA. Cannabis can be detected in urine for up to a week from acute use or up to 10 weeks for chronic use; stimulants can be detected for up to 5 days in urine. In hair, drugs can be detected for weeks and months after use.

Why do other countries test for concentration of drugs but Victoria doesn't?

Drug concentrations can be determined in blood – in Victoria this is undertaken for injured and impaired drivers where a sample of blood is collected for this purpose. Random drug testing only involves the confirmation of these substances in oral fluid. Ultimately there is no safe drug concentration that can be permitted for the purpose of driving.

Driving is a complex task that requires normal brain function unaffected by drugs. Judgement, perception, cognitive function are affected by drugs to varying degrees and it's impossible to predict these effects in a way which reduces the risk of having a serious or fatal accident based on a drug concentration, especially in oral fluid. However the advantage of using oral fluid at the roadside is its non-invasive collection, a relatively quick test (<5min) and an indicator of recent drug consumption.

Why don't we test for impairment rather than presence of drugs?

VicPol can test for impairment, however it is not done using oral fluid. If a driver is suspected of impairment or has been involved in a serious or fatal collision – Victoria Police can request a driver undergo a roadside assessment impairment test and then take a blood sample (via a forensic practitioner) for the detection of substances that may be associated with impairment.