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“Ice is crazy but if you just smoke a bit of dope it’s not that bad”: Formative research for a drug-driving social marketing campaign in the ACT

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## **“Ice is crazy but if you just smoke a bit of dope it’s not that bad”: Formative research for a drug-driving social marketing campaign in the ACT**

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### **Abstract**

Road traffic accidents are one of the two leading specific causes of disease and injury burden in people aged 15-24 years. There are a number of factors that have been found to be associated with motor vehicle accidents and fatalities – some of which (e.g., speeding and drink-driving) have been heavily targeted by social marketing campaigns and legislative actions. Drug driving has been found to be associated with motor vehicle accidents, particularly among younger drivers, but the potential for social marketing in this area has received little attention. This paper reports on a qualitative study designed to examine young drivers’ knowledge and attitudes regarding drug-driving, as the formative research for a potential drug-driving social marketing program in the Australian Capital Territory (ACT).

### **Introduction**

In 2008, there were 1,463 road deaths in Australia, a rate of 6.8 deaths per 100,000 Australians (Department of Infrastructure, 2009). More than two-thirds (1076) of these deaths were males; and 276 of the 997 deaths among motor vehicle occupants<sup>1</sup> were people aged 17-25 years. Road traffic accidents are one of the two leading specific causes of disease and injury burden in people aged 15-24 years (AIHW, 2000). Because the youth of our nation account for a disproportionate number of road crash victims, the cost to the health system, the economy, and society in general is extremely high.

There are a number of factors that have been found to be associated with motor vehicle accidents and fatalities. Speeding and drink-driving have long been recognised as major contributors to road accidents, and have been targeted with both community education campaigns and legislation. Other causes, such as fatigue and inattention, have received less attention as behaviour change in these areas has been found to be difficult, and both are difficult to legislate and enforce. Another factor that has been found to be associated with motor vehicle accidents, particularly among younger drivers, is drug use (both prescription and illicit drugs). However it has been suggested that in the general community there is little knowledge of the effects of, and legal position regarding, drug-driving (Ingram *et al.*, 1999).

The available data suggests that driving under the influence of drugs is common among illicit drug users. Among those responding to the latest National Drug Strategy Household Survey (NDSHS, 2007) who stated they had used an illicit drug within the past 12 months, 20.9% reported that they had driven a vehicle while under the influence of a drug other than alcohol during this time (25.6% of males and 14.4% of females); which equates to 2.9% of respondents aged 14 years and older (4.2% of males and 1.7% of females) reporting having driven a motor vehicle while under the influence of an illicit drug (AIHW 2008). The 2006 Illicit Drug Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS) studies, in which a sentinel group of injecting drug users (IDU) and regular ecstasy

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<sup>1</sup> The remaining 466 were motorcyclists, pillion passengers, and pedestrians

users (REU) are surveyed (Johnston et al 2007), report that 74% (62) of the IDRS participants who reported that they had driven a car during the past six months stated that they had driven soon after taking an illicit drug (i.e. a non-prescribed drug) during that time; and 68% of regular ecstasy users reported having driven after taking any illicit drug/s on a median of six occasions (range 1–180).

There is also a small, but consistent, body of evidence of an association between drug-driving and road fatalities. During the period 1 July 2006 to 30 June 2008, alcohol and other drug use were identified as a factor in 247 deaths, or 35.4% of the road toll, on Queensland roads for that period (Queensland Transport, 2008). Drummer et al. (2003) conducted a multi-centre case-control study on 3398 fatality injured drivers from three Australian states which found that drivers with tetrahydrocannabinol (THC, the active ingredient in cannabis) in their blood had a significantly higher likelihood of being culpable than drug-free drivers (odds ratio (OR) 2.7, 95% CI 1.02–7.0), and for those with blood THC concentrations of 5 ng/ml or higher the odds ratio was greater and more statistically significant (OR 6.6, 95% CI 1.5–28.0); and that drivers testing positive for any psychoactive drug were significantly more likely to be culpable than drug-free drivers (OR 1.8, 95% CI 1.3–2.4).

There are three common illegal drugs of concern which drivers can currently be tested for: tetrahydrocannabinol (THC), the active component in cannabis; the stimulant methylamphetamine, also known as speed; and 3, 4-methylenedioxy-N-methamphetamine (MDMA), also known as ecstasy. Driving under the influence of drugs such as these can lead to changes in cognitive performance and impair brain functioning, therefore impairing driving ability (Austroads, 2000). This means that drivers who have consumed these substances are more likely to take risks, and less able to make correct decisions or properly control their vehicle. Although the exact prevalence of drug-driving is difficult to quantify, 31% of drivers killed in Victoria in 2003 tested positive to drugs other than alcohol (Arrive Alive (VIC), 2007). In the ACT, cannabis is the most commonly found drug (other than alcohol) in drivers tested for substance use (Drummer et al. 1999; Transport ACT, 2007).

Due to high rates of illicit drug use among young drivers, and the apparent willingness of young people to drive under the influence of drugs, it is likely that drug-driving will increase in prevalence, particularly given increasing awareness of the likelihood of detection and penalties for drink-driving. Findings from the Adlaf et al. (2003) study discussed above are consistent with anecdotal evidence that young people perceive driving under the influence of drugs to be safer than driving under the influence of alcohol. Thus, there is an urgent need for strategies to increase public awareness, particularly among younger age groups, of the risks associated with drug-driving.

As a result, saliva tests have recently been developed to test for the presence of the three drugs mentioned above, and roadside testing of drivers was implemented in Victoria from 2003 and South Australia from 2006. The stated benefits of the saliva test include: it is not an invasive procedure, tests will not detect the presence of prescription or over-the-counter medications, passive drug use will not result in a positive sample, and drug-screening devices are required to meet rigorous standards of accuracy (SA Government, 2006).

In the ACT (as in all Australian jurisdictions), drug driving is prohibited – therefore if police have reasonable suspicion of drug use, they may compel a driver to provide a blood or urine sample for testing. Despite this, “such testing generally occurs as a matter of course only if a driver has already been involved in a road crash” (Transport ACT, 2007). Therefore, in ACT

(and indeed nation-wide), there is currently a low *actual* and *perceived* risk of being caught due to the lack of drug testing resources and little public knowledge that drug testing is even possible (Transport ACT, 2007). As a result, legislative strategies and their legal consequences alone are not thought to be effective behavioural deterrents for drivers (Costello *et al.*, 2004); and social marketing has been posited as a potentially powerful tool for reducing drug-driving levels. This is consistent with the experience of speeding and drink-driving initiatives, in which change has been brought about by a combination of legislation (such as fines and demerit points) and education/social marketing (such as hard-hitting television advertising campaigns and driver education programs). The current study (funded by the ACT NRMA Road Safety Trust) was designed to examine knowledge and attitudes regarding drug-driving, and perceptions of the credibility and effectiveness of drug-driving campaigns, among young drivers in the ACT.

## **Methodology**

Six focus groups (three male-only and three female-only) were conducted with young people in the ACT to discuss drug-driving, and specifically test drug-driving advertisements from previous campaigns and gain insight into the perceptions of risk associated with drug driving. Each group consisted of between six and eight people (aged 18-25 years) from the ACT, with two groups recruited from each of: the Road Ready Driving School, Canberra Institute of Technology and the Australian National University. The campaign materials (advertisements) tested were from current and previous campaigns from both Australia and overseas.

A comprehensive discussion guide was developed by the research team and guided by the key findings from a literature review and preliminary findings from an online survey. The focus groups were audio-recorded, transcribed, and analysed thematically using NVivo software.

## **Results**

### **Perception of Risk**

While participants believed that illicit drugs can impair driving abilities, they also felt that other young people were generally unaware of how they can specifically alter driving behaviours and increase risk of harm.

*That sort of goes back to the advertising as well....drink driving, they're advertising that you get slower and your reaction time slows down but they don't advertise, if you don't know, what it feels like to take a drug. You wouldn't know what the consequences are. (TAFE, Female)*

Participants generally agreed that some 'hard' drugs would have a negative impact on driving ability. However, many participants expressed the belief that some drugs were safer than others and some (but not all) illicit drugs were actually less dangerous than alcohol. Marijuana was most commonly perceived as being the 'safest' drug in the context of driving. However, one female participant felt that speed or ecstasy would be safer than marijuana.

*It's like your risk is great depending on what drug you're on. Like ice is crazy but if you just smoke a bit of dope it's not that bad... it just depends on the person. (TAFE, Male)*

*Marijuana's probably the best. It has like the least effect and you're sort of mellowed out and you might be a bit paranoid so probably drive slower. (TAFE, Male)*

*.... to me marijuana slows your reaction time hugely and so, I don't know - speed or ecstasy - I don't know which one, but I wouldn't choose marijuana. (University, Female)*

One female participant also highlighted that hearing about drivers using methamphetamine type substances to stay awake while driving may cause young people to believe that it is not as bad as alcohol.

*Also some drugs, say speed, you hear about truck drivers using speed, so there's also a kind of 'maybe it's not as bad as say alcohol' because people have used it to stay awake. (University, Female)*

Not only did participants not recognise the deleterious effect of some drugs on driving ability, many expressed the view that they (or others) perceived that certain illicit drugs actually served to improve their driving skills. These comments predominantly referred to the increased alertness from ecstasy or speed, or the slowing down effects of marijuana.

*Well maybe there's no knowledge about it, it's only campaigns about drink driving, but no one knows. You might think speed makes you more alert so it makes you a better driver. (University, Female)*

*Stuff that's more an upper rather than....gives you more energy rather than stuff lets you mellow out and see things. That's maybe why people think that's ok because they think they need more energy so they're probably more alert. (TAFE, Male)*

### **What Types of Messages are Effective?**

After participants discussed their overall awareness of drug driving, and viewed previous campaign advertisements, they were asked what messages they felt would be most effective in reducing drug-driving among their peers. The participants were consistent in their views that the most effective messages were those that related to the penalties for drug-driving, particularly the threat of losing their licence (compared to other penalties such as paying a fine).

*It's not like they think about the [consequences] yeah, they just think if I get caught I will lose my licence, or I will get arrested so instead of being aware or alert for watching for cars next to you they're looking for police cars. (Driving School, Female)*

*These ones actually tell you what is going to happen which is pretty scary in itself, just getting caught. No license for nine months is pretty big. (TAFE, Male)*

*Yeah, I think people would be more paranoid about losing their licence because that's something that can happen I mean, accidents happen less frequently than getting pulled over and losing your licence [yeah] and that's what people think. So if that's the main problem you've got to get people to care about it, you will lose your licence. There's no limit, there's no 'you've had this much and you will be ok'. Any trace of drugs and you're gone. (Driving Course, Female)*

However participants also felt that there was an overall lack of information or knowledge about the negative effect that drug use has on driving ability or the risk of having an accident. Participants also felt that clear messages that showed the potential for injuring another person or a friend, rather than the driver themselves, were particularly attention grabbing.

*And it's about your friends. Normally it's about you, it's about other people, it's like 'I have responsibility' it puts it sort of....If it's just yourself you don't care as much...So if they focus it on the people you care about, you're more willing to pay attention.*  
(University, Female)

## Discussion

The participants felt that many young people believed their driving would improve as a result of using marijuana, speed or ecstasy. Although they did not see this as a conscious act of taking drugs to specifically improve their driving performance, they identified characteristics of specific drugs to justify their belief that their driving ability would be improved (eg. marijuana makes people drive slower because you are relaxed, and speed/ecstasy will improve your driving skills as you are more alert). This was consistent with past literature however it was interesting to note that the majority of the discussion centred on marijuana and its effects. Participants perceived that being more relaxed when driving (after using marijuana) was going to positively influence their driving – rather than recognising the increased accident risk due to slowed reaction times.

Furthermore, they felt that there was no information available on how drugs impair driving skills, and thus personal experience played a large role in forming their current beliefs. For instance, if they had regularly driven under the influence of drugs or knew someone who engaged in this behaviour regularly and had not previously had an accident or been caught, they appeared to use this lack of prior negative outcomes to form a perception that the risks were low.

The focus groups' discussions regarding previous anti-drug driving messages and posters provided important pointers to key factors that appear to be necessary when creating an effective message to deter drug-driving among this target group. For example, the messages need to be both simple and complete – that is, the reader should not have to interpret complex information or assume any of the detail regarding a storyline or theme.

Another key factor identified by participants was their lack of knowledge about the legal situation regarding drug driving. Participants were unaware of current drug driving laws in the ACT, and did not know what the penalties would be for drug-driving if caught by police. Additionally, very few participants knew how police tested for drug driving and only one person across all groups had seen a mobile drug driving unit actively testing people. Not surprisingly, then, the focus groups revealed that young people did not expect to be tested by police for drugs and thus, were not worried about losing their licence (the only negative consequence that they universally endorsed as likely to deter the behaviour). Given that losing their license was the strongest deterrent – and that levels of knowledge of both the risks of and the penalties for drug-driving were very low – it would appear that a well-designed social marketing campaign, in conjunction with active random roadside saliva testing, would have real potential to reduce rates of drug-driving in the ACT.

In the next phase of this project a series of messages, aimed at dispelling the myth that drugs can improve driving and increasing awareness of the legal penalties for drug-driving, will be developed and tested with young drivers in the NSW and the ACT.

## References

- Adlaf, E., Mann R., Paglia, A., 2003. Drinking, cannabis use and driving among Ontario students. Canadian Medical Association Journal 168(5), 565-566.
- Australian Institute of Health and Welfare, 2008. 2007 National Drug Strategy Household Survey: first results. Drug Statistics Series number 20.Cat. no. PHE 98. Canberra: AIHW.
- Australian Institute of Health and Welfare, 2000. Australia's Health 2000: The seventh biennial health report of the Australian Institute of Health and Welfare. Cat. no. 19, Canberra, AIHW.
- Arrive Alive, 2007. Drugs and Driving. Available from [www.arrivealive.vic.gov.au/cdrugsAD.html](http://www.arrivealive.vic.gov.au/cdrugsAD.html), accessed 17 April 2009.
- Austroads, 2000. Drugs and Driving in Australia, Chapter 2: Report of the Austroads Working Group on Drugs and Driving, Sydney.
- Costello, E., Leivers, S., Murphy, T., Campbell, G., 2004. The Drug Aware Youth Drug Driving Education Project Report, Western Australian Drug Abuse Strategy Office, Alcohol and Other Drugs Program, Department of Health, Perth.
- Department of Infrastructure, Transport, Regional Development and Local Government, 2009. Road Deaths Australia Monthly Bulletin, December 2008, Commonwealth of Australia, Canberra.
- Drummer, O. H., Gerostamoulos, J., Batziris, H., Chu, M., Caplehorn, J. R.M., Robertson, M.D., Swann, P., 2003. The incidence of drugs in drivers killed in Australian road traffic crashes, Forensic Science International, 134 (2-3), 154-62.
- Drummer, O., Caplehorn, J., Gerostamoulos, J., 1999. Drugs in Drivers Killed in New South Wales Road Traffic Crashes, 1997 & 1998. Victorian Institute of Forensic Evidence, Melbourne.
- Ingram, D., Lancaster, B., Hope, S., Neale, J., McKeganey, N., Hay, G., 2001. Recreational Drugs and Driving, Development Department Research Programme, University of Glasgow, Scotland.
- Johnston, J., Jenkinson, R., Quinn, B., 2007. Drink and drug driving in Melbourne. EDRS Drug Trends Bulletin, June 2007. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
- Queensland Transport. 2008 Anti-drug driving Fact Sheet. Available from [http://www.transport.qld.gov.au/resources/file/eb4d79491252d15/Drug\\_driving\\_fact\\_sheet\\_2009.pdf](http://www.transport.qld.gov.au/resources/file/eb4d79491252d15/Drug_driving_fact_sheet_2009.pdf), accessed 17 April 2009.
- SA Government: Department for Transport, Energy and Infrastructure (DTEI), 2006. Motor Accident Commission: 'stop.think'. Available from [www.dtei.sa.gov.au/stophink/drug\\_driving](http://www.dtei.sa.gov.au/stophink/drug_driving), accessed 16 April 2009.

Transport ACT, 2007. Drug Driving and Road Crashes – An Overview. Available from [www.transport.act.gov.au/\\_\\_data/assets/word\\_doc/14470/drugoverview](http://www.transport.act.gov.au/__data/assets/word_doc/14470/drugoverview), accessed 14 April 2009.