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CONSOLIDATED RESOLUTION ON ROAD TRAFFIC (R.E.1)

Use of substances that affect the capacity of driving vehicles

Note by the secretariat

1. The present document is submitted in conformity with the mandate of the Working Party on Road Traffic Safety (WP.1) as defined in document TRANS/WP.1/100/Add.1 (item c), as well as with the programme of work for 2008-2012 of the Inland Transport Committee, adopted at its seventieth session in 2008 (ECE/TRANS/200/Add.1, item 2.3 (b)).
2. WP.1 at its fifty-fifth session accepted the offer of the representative of Italy to prepare a refined text on the use of substances that affect the capacity of driving vehicles.
3. The present document has been prepared by a small group of volunteers, led by the representative of Italy, with the assistance of the secretariat and is submitted for consideration and approval with a view to including it in the consolidated text of the R.E.1.

Text to be included in the R.E.1 as sub-chapter 1.3.

1.3 Use of substances that affect the capacity of driving vehicles

Definition

For the purpose of this document, substances that affect the capacity of driving vehicles include drugs, narcotics, chemical substances, psychotropic and medicines as defined below, according to the Oxford English Dictionary (OED), June 2008 edition:

- (a) **Drug**, as 1. An original, simple, medicinal substance, organic or inorganic, whether used by itself in its natural condition or prepared by art, or as an ingredient in a medicine or medicament, 2. Specifically now often applied without qualification to narcotics, opiates, hallucinogens, etc. The OED also defines **drug-driving** as the action or offence of driving or attempting to drive a motor vehicle while under the influence of drugs;
- (b) **Narcotics**, as 1. A drug which when swallowed, inhaled, or injected into the system induces drowsiness, stupor, or insensibility, according to its strength and the amount taken, especially an opiate, 2. In extended use: something that produces torpor or boredom;
- (c) **Chemical**, as a substance obtained or used in chemical operations. The OED also defines **chemical dependency** as the addiction to a chemical substance, specifically drug or alcohol addiction;
- (d) **Psychotropic**, as 1. An adjective of a drug, plant, etc. affecting the mind; psychoactive, 2. A psychotropic drug;
- (e) **Medicine**, as a substance or preparation used in the treatment of illness; a drug; especially one taken by mouth.

Throughout the text, these terms will be grouped and used as “substances”.

1.3.1 Context

It is well known that driving requires concentration, skills, common sense and a concern for the safety of everyone on the road, especially for the vulnerable user. Alertness, perception of the dangers and reaction time make the difference in the interaction between the driver and the external environment. The substances defined above can seriously impair the perception of the driver, lessen his/her ability to interact and deal safely with unforeseen or unexpected events and may lead to lethal outcomes both for drivers and other road users.

Studies and research suggest that each year a significant number of people are killed or permanently disabled as a consequence of driving under the influence of substances that affect cognitive processes reaction rate and coordination of movements while driving vehicles.

1.3.2 Recommendations

Contrary to driving under the influence of alcohol, driving under the influence of substances is a thorny problem for which most Governments have not yet identified a common effective strategy, both from the legislative and from the operative point of view.

In general, lists of all the types of substances which may impair driving do not exist. Moreover, while information exists on the relationship between blood alcohol level and crash risk, similar information is not available for driving under the influence of substances. It is almost impossible to identify and classify if a driver is liable to be said of driving under the effects of substances at the moment of a roadside check.

Bearing in mind the context and the current situation, the following measures are recommended to be taken by national competent authorities:

1.3.2.1 Policy

- (a) Governments should encourage research and exchange of best practices to define a common, shared classification of substances which have a well-known or potential effect on driving a vehicle, and to set a harmonized strategy for planning, legislation, education, information and enforcement to address the problem.
- (b) Special policies should be elaborated and put in place and resources should be allocated with the aim of discouraging the use of substances (especially drugs and narcotics) through risk awareness, welfare and social policies.
- (c) Government policies should aim at monitoring the experimental and epidemiological studies measuring the influence of substances on driving performance.
- (d) Governments should urge the pharmaceutical stakeholders, research institutes and universities to undertake programmes to categorize substances according to their effects on driving vehicles.
- (e) Governments should elaborate and enforce comprehensive programmes to reduce the number of fatalities and injuries due to the driving under the influence of drugs and medicines.

1.3.2.2 Legislation

- (a) Legislation should be used to consider the problem of substance use among the drivers under different points of view, and policy makers should enable and help the central and local governments to act towards preventing the thousands of injuries and deaths which every year occur on our roads.

- (b) Data arising from studies and research should be widely publicized and used as arguments when drafting legislation.
- (c) Enforcement measures aiming to monitor and limit the use of substances (especially drugs and narcotics) among drivers should be included in the road safety related legislation and programmes.
- (d) National legislation should contain all the necessary enforcement measures, of an organizational, institutional and practical nature. In particular, legislation should contain special operative measures to detect drivers under the influence of drugs and should define the procedures to be followed by the control authorities: recognizing impairment, determining the causes and testing for the presence of drugs and narcotics.
- (e) Governments should consider setting or increasing penalties for the offence of impaired driving caused by consumption of substances. Different drug supervised treatment options should be considered as compulsory for drugged drivers, and the driving licence should be given back only after the complete treatment and subsequent examination have been successfully carried out. Many drugged drivers are addicted to the abuse of drug and in this case, special customized recovery treatment should be considered in order to avoid repeated infringements.

1.3.2.3 Education

- (a) The reaction of a person to substances depends on and can be influenced by several factors. Government programmes should be put in place to raise the awareness about the potential reactions and consequences of the use of substances with an emphasis on the enhanced risk resulting from the mixture of the different drugs or by the use of alcohol with drugs and medicines.
- (b) Governments should motivate the social partners to participate in the education process and benefit from their experience and means, especially at local level.
- (c) Governments should establish education and enforcement strategies to influence /affect the behaviour and risk perception of persons driving under the effects of drugs or medicines. As in the case of alcohol, increasing drivers' perception of the risk of being detected is one of the most effective measures of preventing impaired driving.
- (d) Driving under the effect of drugs or medicines could also be the indication of a major problem. In consideration of the cultural and socio-economical situation, government should consider and set specific programmes to fight the impaired driving due to abuse of drugs, including planning of actions for communication, enforcement, and rehabilitation.
- (e) Schools at all levels, education institutions including driving schools should include in their curricula information about the temporary and permanent effects of substances on perceptual and motor skills.

1.3.2.4 Road user information/Raising awareness

- (a) Government should regularly plan and conduct campaigns to publicize the strict enforcement of rules concerning driving affected by drug and medicines.
- (b) Governments should provide regular awareness and information campaigns to alert the public about all the possible consequences of drugs or some medicines consumption on driving.
- (c) Information campaigns should also be used to create social norms in which drug use or medicines misuse while driving are unacceptable.
- (d) In addition, to provide a general deterrent effect, governments should regularly publicize the plans of police enforcement activities to combat substance-impaired driving.

1.3.2.5 Enforcement

- (a) In addition to clear and comprehensive legislation, general guidelines for the use of traffic police officers in charge of enforcement could be drawn up helping them to best address the problem of driving under the influence of substances.
- (b) Governments should allocate resources for specialized continuous training, equipment and technological development to address driving under the influence of substances. Personnel involved in enforcement actions should be trained in drugs and medicines related driving problems. Because of the difficulty of immediately discerning the use of drugs when stopping a suspect driver, the police should be continuously updated and trained in recognizing the cues indicating potential impairment (reduced coordination, slow reaction time, decreased inhibition, euphoria, bizarre behaviour, talkativeness, increased confidence, and agitation).
- (c) Depending on the situation, enforcement should be carried out through the setting of roadside checking stations. Indeed testing for drugs by the roadside is not as easy as it is for alcohol. Few drugs are detectable by the roadside, even with the use of oral fluid screeners. Blood or urine tests could be much more indicative, but collecting these fluids by the road or outside a discotheque is quite a cumbersome and complicated process. Specially equipped sites for roadside checks should be planned to allow routine enforcement all year around, as well as more frequent checks during high risk periods (week-ends) or in special occasions (mass events such as concerts, sport activities, festivals).
- (d) It is also recommended that police officers and technicians designated for the enforcement roadside checks should receive specific training by a physician or by authorized nurses on how to use and maintain the medical equipment in conformity with the standards and how to properly perform the examinations and interpret test results.
