Driving under the Influence of Non-Alcohol Drugs


ABSTRACT: In this article the methodological basis for our knowledge within the field of driving under the influence of non-alcohol drugs is reviewed. The experimental and epidemiological studies on drugs in relation to driving do not constitute a complete basis for conclusions to be drawn, but give at the present state nevertheless a platform to indicate increased hazard connected with the use of several drugs. It appears that the main problem with respect to therapeutic use of medicinal drugs is experienced with benzodiazepines (BZDs) and related drugs, and to a lesser extent with opioids and antidepressants. Antihistamine use does not appear to be a serious problem. The major problem within the field of drugged driving as it emerges today in the US and Europe is the high dose use (abuse) of BZDs and related drugs, opioids and illicit drugs such as cannabis, amphetamines, cocaine and related drugs with accompanying danger to traffic safety. Methods determining clinical drug effects in people combined with measurements of drug blood concentrations seem to constitute the best basis for evaluation of “influence”. New methods to detect drugged drivers are under development, with saliva tests presently being the most promising. Legislation in the field can be of the “zero tolerance” type or the “impairment” type; combinations of these principles might well turn out to be the most efficient. Detection of drugged driving is presently, in relation to population size, most frequent in Norway, a country with not too pronounced drug problems, indicating a large potential for future detection of drugged driving in other countries. The prevention of drugged driving, especially in the drug-abusing group which has a high recidivism rate, is a challenge for future policy in this field.

KEY WORDS: Amphetamines, antidepressants, antihistamines, benzodiazepines, cannabis, cocaine, driving, drugged driving, DUID, non-alcohol drugs, opioids.