Reduce harms from addictive substances and behaviours
About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care.

Key messages

- The RANZCP has concerns with the proposed regime and does not consider it will be the most effective way to reduce road trauma and drug harm.
- The RANZCP recommends that the investment is redirected into evidence-based health approaches to reducing drug harm and substance-impaired driving.
- There needs to be a greater funding directed to treating people living with addiction rather than prosecuting people who may be drug users. We note that a punishment-based paradigm is unlikely to be successful in reducing drug use and will only result in people with addictive disorders, especially those using illegal substances, not seeking the help they need. We suggest people using drugs will continue to experience poor mental health and not live well.
- More research is required to understand the reasons why individuals are misusing substances and continuing to drive. This approach focusses on prevention rather than a punitive response.
- The presence of drugs in a person’s oral fluid or blood does not directly relate to impairment. We call for greater research in understanding the link between substance misuse and a person’s impairment.

Introduction

The RANZCP welcomes the opportunity to comment on the Transport and Infrastructure Committee’s Land Transport (Drug Driving) Amendment Bill (the Bill). The recommendations contained within this submission are based on consultation with the RANZCP New Zealand Faculty of Addiction Psychiatry Committee (FADD) and Tu Te Akaaka Roa – the New Zealand National Committee. FADD is a specialty committee made up of addiction psychiatrists, who have experience in the study, treatment and prevention of a wide range of addictions. Addiction psychiatry requires a good knowledge of both physical health and psychological aspects of addiction as well as understanding the social context and public health approaches to these problems.

Context: Prevalence of drug driving

Alcohol remains the most common substance consumed prior to driving and has been identified as a main factor associated with the increase in road crashes in New Zealand since 2013. Almost 14% of people reported driving under the influence of alcohol, 2% under the influence of cannabis and 0.1% under the influence of amphetamine or methamphetamine. The most common drugs other than alcohol that people had driven ‘under the influence’ of were strong painkillers (around 8%) and antidepressants (5%). This indicates that approaches to improving road safety should focus on a range of substances.
The RANZCP advocates for an evidence-based approach to reducing drug harm and enhancing road safety

The RANZCP recognises that people driving while impaired by alcohol and other drugs pose risks to road safety, and that improvements could be made to the current approach. However, the RANZCP is concerned that there is limited evidence to support the regime proposed by the Bill.

A significant proportion of resources is already dedicated to regulation of drug use and reducing drug supply, so we recommend that the investment proposed for the oral fluid testing regime is instead redirected towards reducing demand and reducing harm.

Punitive and criminal justice responses are likely to disincentivise help-seeking behaviours and expose people with drug use to the risks associated with experiences in the criminal justice system. Health-focused approaches on the other hand are shown to reduce drug use and its associated harms.

Limitations with the Bill

The proposed scheme in the Bill appears to be based heavily on the current approach to drink driving, but there are many additional complexities with drug driving. These include:

- The presence of drugs in a person’s oral fluid or blood does not directly relate to impairment. At an individual level, many factors can influence the impairing effects of drugs, so that a positive oral fluid test is not necessarily indicative of the level of impairment.
- Road-side testing devices used to detect drugs are much less accurate and reliable than alcohol breath testing. Evaluations of these devices find that they produce false positives up to 10% of the time.
- There is little evidence on the effectiveness of deterrence approaches to reduce drug-impaired driving, as acknowledged by the Ministry of Transport. Evaluations of roadside drug testing regimes in Australia show limited evidence in terms of deterrence.

The RANZCP is also concerned that the Bill will disproportionately impact Māori and vulnerable groups, which may exacerbate current inequities in the justice system and beyond. Alternative approaches to reducing drug harm among these groups are suggested below.

Impact on Māori

The Ministry of Transport’s Disclosure Statement on the Bill notes the possible disproportionate impacts on Māori, as cannabis use is higher among Māori than non-Māori. It claims that the infringement scheme “mitigates the risk of Māori men and women receiving criminal penalties for drug impaired driving” but also acknowledges that infringement penalties could escalate people into the criminal justice system.

The RANZCP contends that the Bill does not adequately address equity issues for Māori and therefore does not meet the government’s Te Tiriti o Waitangi responsibilities.

Alternative approaches

A greater emphasis on culturally appropriate, health-based approaches to drug use will help reduce, rather than exacerbate, Māori overrepresentation in the justice system. We recommend increased investment in kaupapa Māori addiction services and Whānau Ora programmes.
Impact on people with drug addiction issues
The national mental health survey, Te Rau Hinengaro, found that over 1% of New Zealanders had experienced drug abuse or drug dependence in the previous year, with higher prevalence among Māori and Pacific peoples. Alcohol use disorders were around twice as prevalent.\textsuperscript{ix} Evidence suggests that people experiencing addiction are more likely to drive while impaired by substances and that deterrence approaches are not effective for this group.\textsuperscript{x}

While the Bill’s explanatory note proposes a ‘harm minimisation approach’ to drug driving, this is not evident in the proposed amendments.

Alternative approaches
To reduce drug harm (including drug-impaired driving) among people with addictions, we recommend that resourcing for addiction services is increased. Every dollar invested in addiction treatment yields a return of $4 to $7, in terms of reduced drug-related crime, criminal justice costs and theft.\textsuperscript{xi} Addiction services are currently oversubscribed, and funding is also needed to develop the workforce and new models of care. More information on this is detailed in the RANZCP’s submission on the Mental Health and Addiction Inquiry.

Impact on people experiencing socioeconomic disadvantage
People who experience socioeconomic disadvantage are more likely to use drugs for recreational purposes and less likely to have access to addiction services.\textsuperscript{xii} If they commit an infringement offence, they are less likely to be able to afford the associated fines, and so more likely to escalate into the criminal justice system. Again, this could exacerbate existing inequities rather than tackling the root causes of drug use and drug-impaired driving.

Alternative approaches
Drug use among people experiencing socioeconomic disadvantage can be reduced through social programmes that encourage employment and built infrastructure in the regions, alongside accessible and affordable addiction services.

Recommendations
The RANZCP recommends that preventive approaches are taken to reduce drug harm, such as:

\begin{itemize}
  \item increased investment in addiction services, especially kaupapa Māori programmes
  \item social programmes that encourage employment and built infrastructure in those areas where there may be a greater prevalence of substance misuse.
\end{itemize}

The RANZCP calls for New Zealand-based research to fully understand the problem and to develop effective interventions to reduce substance misuse.

The RANZCP recommends that the Bill is only introduced in future if:

\begin{itemize}
  \item there is a stronger scientific basis for limits that correlate with impairment on an individual level
  \item it is proven to reduce road accidents / deaths
  \item it can be implemented in a way that supports equity for Māori and people with addiction.
\end{itemize}
References


