

[Check against delivery](#)



**Presentation to the Standing Committee on Justice, Human Rights, Public Safety and
Emergency Preparedness on Bill C-16 [an Act to amend the Criminal Code (impaired
driving) and to make consequential amendments to other Acts]**

Patricia Begin, Director of Research and Policy
The Canadian Centre on Substance Abuse
Thursday, June 23, 2005

Mr. Chairman and committee members, the Canadian Centre on Substance Abuse appreciates the opportunity to meet with you today to share our views on the issue of drugs and driving in Canada as you consider Bill C-16.

With me is Dr. John Weekes, a senior researcher with CCSA, who has recently been investigating the area of drugs and driving.

As you may know, CCSA is Canada's national non-governmental organization, formed in 1988 by an act of Parliament, to address research and policy on substance use and abuse in Canada. Accordingly, the issue of drugs and driving is of great interest to our organization, and we believe we are well positioned to contribute meaningfully to the discussion.

In general, CCSA supports the proposed legislation, particularly with respect to the requirement for drivers who are suspected of driving under the influence of drugs other than alcohol to provide a body fluid sample for analysis. However, there are a number of

important considerations regarding the bill that we would like to bring to the committee's attention.

My colleagues and I at CCSA believe drugs and driving is an area of serious concern in Canada and elsewhere. As a matter of fact, we included the theme as one of six key priorities facing Canadians in our recent publication, entitled *Substance Abuse in Canada: Current Challenges and Choices*. I've left copies of that report with the clerk. The chapter on drugs and driving in *Substance Abuse in Canada* provides a high-level overview of this topic and identifies key points for consideration in the development of public policy around drugs and driving.

Studies conducted both in Canada and elsewhere confirm that drugs are implicated in a significant number of crashes involving fatally and seriously injured drivers. However, what we do know is minimal. As such, there is a dire need for credible scientific research to shed light on the true nature and magnitude of the problem of drugs and driving in Canada.

The 2002 *Road Safety Monitor*, published by the Traffic Injury Research Foundation, indicated that almost 18% of drivers reported taking either illegal drugs, prescription drugs, or over-the-counter medications within two hours of driving, within a 12-month period. The same study revealed that almost 4 million Canadians admitted to driving after taking a drug that could impair their ability to drive safely. Young males were the most likely to drive after using marijuana and other illegal drugs. TIRF's *Road Safety Monitor* also demonstrated that Canadians rank drugs and driving a close second behind the issue of drinking and driving as important road safety concerns.

Indeed, Canadians rate driving under the influence of illegal drugs a serious problem.

However, as the committee is no doubt aware, prescription drugs and a wide variety of over-the-counter medicinal preparations have the potential to impair attention, judgment, coordination, and reaction time and can seriously compromise an individual's ability to drive safely.

Whereas mechanical devices exist to easily and accurately detect the presence and quantity of alcohol through breath analysis, no such device exists for other drugs. Moreover, unlike alcohol, where agreed-upon levels of blood alcohol content consistent with impairment exist, simply identifying that a drug is present, regardless of whether the drug is legal or illegal, does not necessarily mean that consumption occurred recently, nor does it mean that the person's ability to drive was impaired at the time the sample was taken. Research and development work should continue to develop comparable devices to detect the presence and quantity of popular drugs of abuse.

CCSA is an evidence-driven organization. Not surprisingly, then, we would argue strongly that legislation and the development of public policy must be driven by convincing, high-quality scientific evidence. From our perspective, much additional research is needed to explore patterns of drug-impaired driving among various sub-populations of users. Clearly, as various researchers and organizations have pointed out, the situation, context, and circumstances around drug-impaired driving are both quantitatively and qualitatively different from alcohol-impaired driving, and few direct comparisons can be made. Indeed, fewer Canadians use all classes of drugs combined, compared with alcohol.

Our research colleagues at TIRF have convincingly argued that the risk for drugs is less than the risk to public safety that alcohol-impaired driving poses to Canadians. I would hasten to add that research and accident statistics suggest that combinations of various types of drugs, both legal and illegal, in combination with alcohol pose a serious risk to traffic safety. Accordingly, research and policy development initiatives on drug-impaired driving should not jeopardize parallel efforts regarding alcohol.

In addition, CCSA recommends additional research to determine the efficacy of roadside detection measures such as the standard field sobriety test and the drug recognition expert procedures, the preventive effect of the use of administrative licence suspensions by police, and the efficacy of treatment programs and services currently available in the marketplace for those who drive under the influence of drugs and who have a substance abuse problem. For example, as you may know, a number of prominent and credible Canadian organizations have debated the value of administrative licence suspension versus enhanced criminal sanctions for those who are caught driving while impaired by drugs. From our perspective, as with alcohol, both options combined hold promise in deterring Canadians from consuming drugs and driving.

In addition, we feel that a candid and objective review of approaches to roadside assessment and detection is needed. It's important to bear in mind that the drug recognition expert procedure is both costly and cumbersome. Some components are delivered at the roadside while others must be undertaken at a police station or other suitable facility.

The two available studies of the DRE suggest that the approach can accurately identify classes of drugs when administered correctly by trained officers. It is unclear that the

administration of the DRE in its present form is necessary to provide officers with reasonable grounds to require a sample of body fluid...without opening the doors to charter challenges.

We recommend additional research to assess the efficacy of the DRE procedure and to confirm its value-added benefit over other methods and approaches as they become available. Although the DRE appears to be the most systematic identification and assessment procedure currently available, we would hope that the proposed legislative changes would be flexible enough to allow less cumbersome and costly approaches to be developed and implemented for a fluid sample to be taken.

We would respectfully recommend that the impact of legislative changes on the criminal justice system be considered in your deliberations. As we know, there is currently a backlog of impaired driving cases in Canada to be prosecuted. Therefore, by facilitating the arrest and conviction of drug-impaired drivers, Bill C-16 may flood an already overburdened court system with cases involving drug-impaired driving. We recommend that this should be anticipated by the government, resourced appropriately, and monitored after the implementation of the bill.

We feel it is also important to add that relatively little is known about various treatment programs and services available to treat drug-impaired drivers with substance abuse problems. Additional work is needed in order for us to determine the effectiveness of treatment services and intervention models and the extent to which programs embrace the characteristics of effective programs and agreed-upon best practices.

Initiatives to develop the treatment workforce and to transfer knowledge regarding evidence-based best practices are needed. The development of a national research agenda on substance abuse, of which CCSA was one of the broad number of key stakeholder organizations, is a suitable vehicle for fostering this research and for helping to put new knowledge into practice.

In closing, I can say it seems clear that any change in Canadian legislation that will result in an increase in the number of individuals who drive under the influence of drugs will have profound effects on the criminal justice system and related services. These include the number of front-line officers who need to be trained; the number of forensic laboratories, both public and private, that analyze samples; court-related resources to prosecute cases; and the strain on an already overburdened treatment resources in the community.

I'd like to reiterate that our organization has appreciated the opportunity to present our views on drugs and driving in Canada to the committee. Thank you for your interest, and we look forward to your questions.