



# Drug Driving Consultation

Department of Transport and Main Roads  
Insights Report

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24 February 2023

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We recognise that Aboriginal and Torres Strait Islander history and cultures are inseparable from Australia's collective history and culture and is something we can all be proud of and celebrate.

We acknowledge the Traditional Owners of the land where we gather today and each day and pay respect to Elders past and present and to emerging community leaders. We also acknowledge the important role of Aboriginal and Torres Strait Islander people within Australian Retirement Trust and KPMG and the communities we work with.

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# Contents

<b>Executive summary</b> .....	<b>5</b>
Background .....	5
Objective and scope.....	5
Approach .....	5
Key insights .....	5
<b>Introduction</b> .....	<b>7</b>
Background .....	7
Purpose and high-level approach .....	7
<b>Stakeholder engagement overview</b> .....	<b>8</b>
Human-centred approach .....	8
Stakeholder engagement activities .....	9
<b>Stakeholder insights</b> .....	<b>10</b>
Education .....	11
Government policy .....	15
Drug testing approaches .....	16
Enforcement and consequences.....	18
Rehabilitation and treatment .....	20
<b>Appendices</b> .....	<b>22</b>
Documents reviewed.....	23
Stakeholder map .....	24
Queensland Government workshops.....	25
Industry consultations.....	26
Citizen focus groups.....	27

# Executive summary

Stakeholder engagement was conducted to identify the issues, challenges and opportunities and areas for consideration to reduce drug driving in Queensland.

## Background

The Department of Transport and Main Roads (TMR) is tasked with driving a whole-of-government work program to investigate and develop new solutions to reduce drug driving in Queensland. These efforts are guided by the Queensland Road Safety Strategy 2022-2031, and associated action plans, which outline ambitious targets including reducing serious road trauma to zero by 2050. The Queensland Road Safety Action Plan 2022-2024 includes two specific actions on drug driving:

- **Action 10:** Develop a package of drug driving reforms based on best practice, contemporary research evidence and stakeholder consultation
- **Action 11:** Deliver the StreetSmarts road safety behaviour change program, including events that engage the community to help develop targeted, co-designed road safety campaigns and programs, with a particular focus on high priority issues such as drug driving

To deliver on these actions, TMR engaged KPMG to deliver a human centred approach to understand the potential opportunities to reduce drug driving and associated road trauma incidents in Queensland.

## Objective and scope

The objective of this Insights Report is to outline the perceptions, attitudes, beliefs and ideas held by Queensland Government agencies, stakeholders and citizens with lived experience, to identify the issues, challenges and opportunities to reduce drug driving in Queensland.

## Approach

In conducting the stakeholder consultation process and developing this Insights Report, KPMG:

- Reviewed existing documents and research supplied by TMR
- Worked with TMR to:
  - Develop a map of the diverse stakeholder landscape
  - Identify stakeholders for consultation focussed on uncovering varied perspectives and meaningful insights
- Consulted stakeholders representing the diverse landscape to discuss key challenges and opportunities through:
  - Three workshops with agencies across Queensland Government focussed on health, enforcement, policy, justice and community
  - 15 interviews with support services, suppliers, peak bodies, researchers, regulators and enforcement bodies
  - Three focus groups with people who have lived experience
- Analysed and synthesised stakeholder and community consultation findings

The insights attained from stakeholder consultation are the basis of this report.

## Key insights

Through stakeholder consultation with government, industry and citizens with lived experience, insights on the effectiveness of existing drug driving reduction strategies and opportunities for future strategies were shared across five themes – education, government policy, drug testing approaches, enforcement and consequences and rehabilitation and treatment.

The high-level insights are outlined below.

- 1) The need for greater information and education on drug driving was deemed the most critical by all stakeholders. Insights shared relating to **education** included:
  - Greater public education is needed to bridge the current gap in understanding
  - More targeted and consistent information resources is needed to upskill medical professionals, enforcement bodies and other industry leaders
  - Education must be underpinned by research
  - Decouple drug use from drug driving in messaging, education campaigns and approaches
  - The responsibility to inform the community of the risks of drug driving should sit across all levels, including government, prescribers and dispensers, and ultimately the individual
- 2) Acknowledging the process to amend Government policy was difficult, stakeholders stressed it must be overcome to reduce the presence of drug driving in Queensland. Insights shared relating to **government policy** included:
  - Review current policies and address the gaps, including considering which drugs should be tested for and deemed an offence
  - Avoid policy creep, specifically between transport and health
  - Align agencies using data and information sharing to deliver a whole-of-government approach
- 3) Drug testing was highly divisive, with some stakeholders suggesting more testing was required and others believing it should be removed altogether. Some recommended more drugs be added to testing while others suggested medicinal cannabis be excluded. Insights shared relating to **drug testing approaches** included:
  - Review current roadside testing approaches and address issues that unnecessarily increase costs and reduce time efficiency (e.g., remove second roadside test)
  - Establish a definition of impairment, followed by research to develop accurate, repeatable methods for testing it to account for tolerance
  - Utilise technology to improve drug testing methods
- 4) Three core measures were mentioned by many stakeholders as important for prompting behaviour change and reducing the occurrence of drug driving in Queensland – certainty, swiftness and severity. Insights shared relating to **enforcement and consequences** included:
  - Increase the certainty of being caught through visible reminders of enforcement and penalties. However, not all stakeholders believed that increasing police presence was suitable, citing concerns of longstanding stigma and discrimination of people who take drugs.
  - Reduce the length of time between committing an offence and receiving the penalty
  - Balance the severity of the penalty with the offence and consider the broader societal impacts
- 5) Reflections on rehabilitation centred around existing programs being ineffective and under resourced to support large-scale change. Insights shared relating to **rehabilitation and treatment** included:
  - Understand and treat underlying problems behind drug driving behaviours
  - Challenge assumptions that everyone who takes drugs automatically has a drug problem
  - Measure the extent to which current state programs are successful in reducing drug driving
  - Develop alternative ideas for program delivery to improve effectiveness
  - Improve accessibility of programs for those evaluated as needing assistance by medical professionals

These insights are explored in greater detail in the [stakeholder insights](#) section of this report.

# Introduction

## Background

Drug driving is a growing problem for road safety in Queensland and an increasing focus of the Department of Transport and Main Roads (TMR). Positioned at the centre of TMR's road safety and drug driving strategies, programs and actions, is the Queensland Drug Driving Reform Program (the Program) which was designed to investigate the issues, challenges and opportunities for further consideration to reduce drug driving and all associated road trauma incidents in Queensland.

TMR's efforts to improve road safety are guided by the Queensland Road Safety Strategy 2022-2031 and its associated action plans. The Strategy states that:

- Road trauma is a preventable public health problem that reflects broader social and cultural trends and issues
- Improving road safety is a shared responsibility that stretches beyond the traditional transport sector and requires collaborative action and leadership across government and the broader community

The Queensland Road Safety Action Plan 2022-2024 includes two specific actions on drug driving:

- Action 10 – Develop a package of drug driving reforms based on best practice, contemporary research evidence and stakeholder consultation
- Action 11 – Deliver the StreetSmarts road safety behaviour change program, including events that engage the community to help develop targeted, co-designed road safety campaigns and programs, with a particular focus on high priority issues such as drug driving

Queensland currently enforces a zero-tolerance policy to the presence of drugs when driving. However, with traditional enforcement methods proving ineffective at combating the issue single-handedly, it is necessary to consider the broader social and cultural trends that are influencing people's behaviour. It is also important to consider the significant economic consequences that have resulted from road trauma, to establish an effective, whole-of-government, evidenced-based and human centred response that tackles the issue of drug driving.

## Purpose and high-level approach

The purpose of this Insights Report is to outline the perceptions, attitudes, beliefs and ideas held by Queensland Government agencies, stakeholders and citizens to identify the issues, challenges, opportunities and areas for further consideration to reduce drug driving in Queensland.

Acknowledging the importance of utilising stakeholder and community insights to shape policy, strategy and government decision-making, this phased consultation approach was designed to focus on stakeholder engagement to draw out meaningful insights. Underpinned by best practice human-centred design methods, five key phases of work were undertaken:

1. Reviewed existing research and documents relating to drug driving (the [documents reviewed](#) are listed in the appendix)
2. Developed a map of the diverse stakeholder landscape and identified stakeholders for consultation focussed on uncovering varied perspectives and meaningful insights (the [stakeholder map](#) can be found in the appendix)
3. Consulted with internal and external stakeholder groups through workshops, one-on-one interviews and focus groups
4. Analysed and synthesised stakeholder and community consultation findings
5. Reported the findings in this Insights Report

# Stakeholder engagement overview

Stakeholders were consulted to identify the issues, challenges and opportunities to reduce drug driving in Queensland.

## Human-centred approach

Understanding stakeholder and community sentiment, and how it can effectively inform decisions, is integral to the success of government policy.

Human-centred design is an approach for understanding the ‘people’ aspects of a problem, which build upon empathetic principles and strategic design practices to breakdown citizen touchpoints in a specific context. The key characteristics that distinguish human-centred design from other problem-solving methodologies is the process of empathising, defining, ideating, prototyping and testing before implementation, placing increased focus on understanding the target audience, their perspectives and the pain points in their experiences. This ‘human’ approach underpinned the engagement process with Queensland Government agencies, industry and citizens with lived experiences of drug driving in Queensland.



### EMPATHISE

Empathy was used during workshops with Queensland Government agencies, to better understand the experiences, challenges and view points of all stakeholders.



### DEFINE

In all stakeholder consultation activities, defining and framing the key problem statements for the different stakeholder groups was important to understand their environment and specific needs.



### IDEATE

Using convergent thinking activities, stakeholders shared ideas through consultation to reduce drug driving and improve road safety moving forward.



### PROTOTYPE

The findings from the Insights Report can be used to conduct iterative prototyping with potential strategies tested for desirability, feasibility and viability.



### TEST

Potential solutions can be tested with stakeholders through consultation and collaboration to ensure resonance with the intended audience.



### IMPLEMENT

Evidence-based, human-centred solutions can be implemented to reduce drug driving and associated road trauma across Queensland.

Stakeholder consultation activities

Insights Report

## Stakeholder engagement activities

The following activities were conducted during the stakeholder engagement process – each building on the previous step to gain deeper insights into drug driving in Queensland and opportunities to reduce it.

### Desktop research

The existing stakeholder landscape and current research was reviewed to further understand the context of drug driving in Queensland, and to help inform the approach to consultation. Leveraging insights from desktop research, a map was developed in collaboration with TMR to outline the diverse stakeholder landscape in which this project operates, showcase the different perceptions, opinions and expectations, and identify groups for consultation. An overview of the [documents reviewed](#) and the [stakeholder map](#) can be found in the appendix.

### Queensland Government workshops

Conducting workshops with representatives from across Government was an effective way to streamline conversations, hear different perspectives, identify shared gaps in knowledge and resources and promote cross-agency problem solving.

Eight Queensland Government agencies across enforcement, policy, funding, health, corrections and communities were invited to examine the ways in which they mobilise around drug use and drug driving and the current barriers and gaps with the State's strategic and policy levers.

Three two-hour workshops, underpinned by the human-centred design methodology, were conducted in December 2022 to define the key problem statements and ideate possible future state objectives. The insights, perceptions and experiences of those involved formed the basis of this Insights Report. A [list of the agencies involved](#) as well as a copy of the [themes of discussion](#) can be found in the appendix.

### Industry consultations

Individual consultations were an effective engagement approach to extract deep insights from experienced and interested segments and dive deeper into particular sub-segment issues that may not be feasible to cover in a group setting. It offered an opportunity for stakeholders to contribute their knowledge, insights and expertise in greater detail.

Representatives from support services, suppliers, peak bodies, researchers, regulators and enforcement bodies were identified and invited to share their insights on the key barriers to current strategies, learnings that could be applied from other jurisdictions, societal issues or previous intervention strategies, programs and activities to explore for future implementation.

Interviews were conducted with 15 stakeholder groups in November and December 2022. The insights, perceptions, and experiences of those involved form the basis of this Insights Report. A [list of the organisations interviewed](#) and a copy of the [themes of discussion](#) can be found in the appendix.

### Citizen focus groups

Focus groups were an effective engagement approach to gain a multitude of perspectives, which through collaborative discussion, could be built upon and unpacked to understand the spectrum of experiences, reasons and motivations among various citizen groups.

Three focus groups, with up to 10 citizens with lived experiences in each, were conducted in December 2022 to uncover key insights, perceptions and experiences with drug consumption, drug testing and Government response.

Groups focussed on specific experiences to allow for deeper conversations:

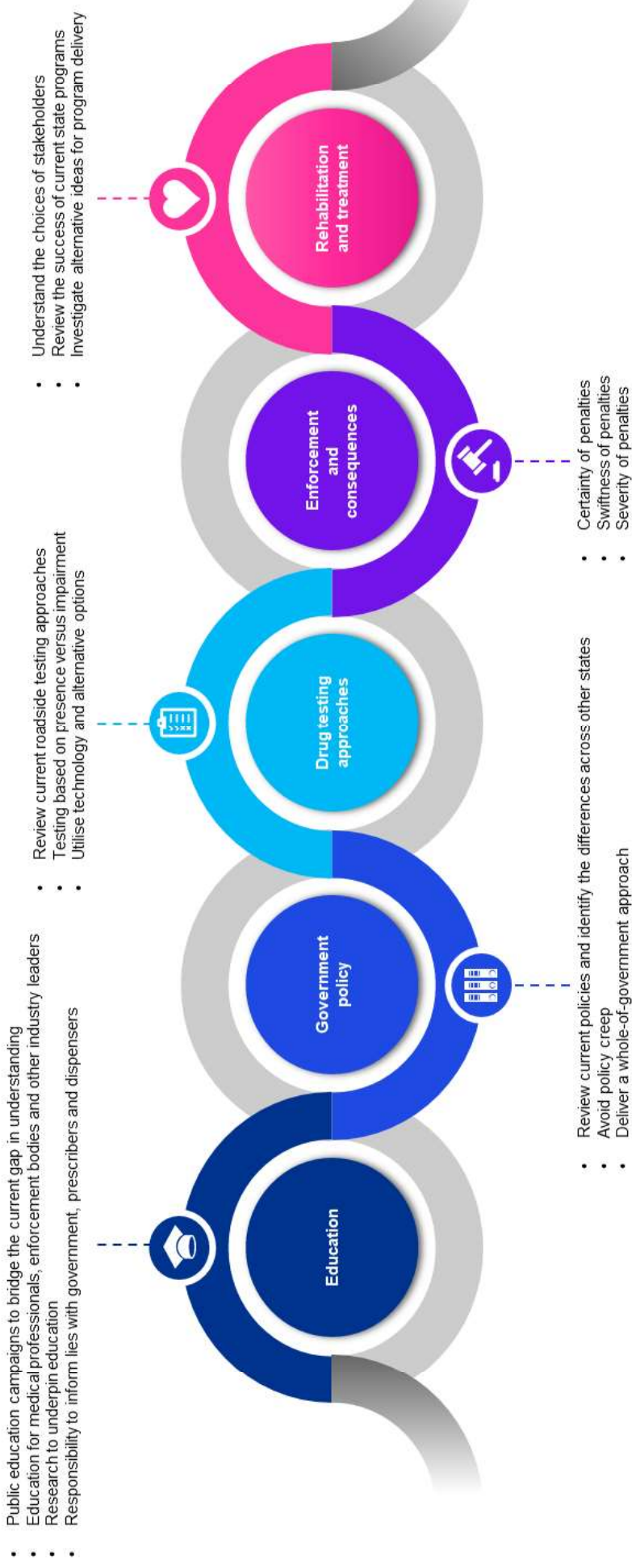
1. People who take a range of substances and drive
2. People who take medicinal cannabis and drive
3. Prescribers, suppliers and counsellors

The insights, perceptions and experiences of those involved form the basis of this Insights Report. An [overview of the focus groups](#) and a copy of the [themes of discussion](#) can be found in the appendix.

# Stakeholder insights

## Community organisations, medical and industry leaders, and stakeholders with lived experience shared insights across five themes.

The following chapter details the insights shared through stakeholder consultation across five themes – education, government policy, drug testing approaches, enforcement and consequences, and rehabilitation and treatment.



## Education

Of all insights obtained through consultation, the need for greater information and education on drug driving was the most referenced and deemed the most critical by all stakeholders. Increasing the knowledge and understanding held by all Queenslanders of the impacts different drugs have on a person and their ability to drive was said to be crucial in achieving improved road safety outcomes.

Some stakeholders noted that the effectiveness of government policy is often dependent on the public's understanding of the problem, their acceptance of the solution and their belief in the benefits delivered. With gaps in education said to exist currently, stakeholders see a significant role for the Government to play in developing an understanding across the entire ecosystem – from children in schools and those getting their driver's licence for the first time to the prescribers and dispensers of potentially impairing drugs and the stigma that currently exists in our society due to a lack of understanding.

The following activities were identified as important to address:

- Implement broad, evidence-based **public education campaigns**
- Increase resources and strengthening the understanding of **medical professionals, enforcement bodies and other industry leaders**
- Underpin education with **reliable, rigorous research** to build trust and confidence in the information
- Clarity about the **responsibility to inform** Queenslanders of the risks

## Public education campaigns

Public education campaigns were deemed essential by stakeholders to address the current gaps in knowledge and understanding and to correct the misconceptions in the Queensland community. Many also agreed that moving forward, the messages portrayed must resonate more strongly with target audiences and aim to decouple the use of drugs and driving.

Stakeholders reflected on the extremely low levels of comprehension currently held by Queenslanders about drugs (prescription and otherwise), the different reasons why they're used/prescribed, the legalities around driving, the motivations of these policies, the types of drugs tested for roadside and the half-life of different drugs (the time it takes for a drug's active substance in a person's body to reduce by half). It was this information stakeholders deemed to be necessary as the base of an education campaign. Additionally, stakeholders acknowledged increasing the availability of education on these topics would help to reduce the level of stigma that exists in society, particularly for those who do not consume drugs. Many believed it would help to create a level of normalisation and promote a change in behaviour over the medium and long term.

Some stakeholders placed a high level of importance on promoting the associated benefits of medicinal cannabis and making statistics on drug driving crashes more accessible to the public.

All stakeholders agreed education campaigns needed to be evidence-based and influenced by the input of those with lived experience to ensure an accurate representation to increase the likelihood of cut through in the community. Increasing education at all stages of life was also stressed as important to create conversation.

Many ideas were suggested for ways to educate the community, across all ages and backgrounds – including:

- Decoupling drug use and drug driving
- Television advertisements that use real people
- Using reflective messaging in advertising campaigns
- Featuring greater information on the Government websites
- Booklets distributed to drivers (e.g., with registration renewals)
- Reintroducing posters in nightclubs
- Programs on the safe consumption of drugs
- Introducing greater education in schools
- Adding information to the learner's licence training and test
- Courses for new provisional licence drivers

Decoupling the use of drugs and driving was seen by many to be one of the most effective tactics for education moving forward. Through consultations, most stakeholders referenced the success of Australia's drink driving campaigns in promoting road safety. Many believed that it was the Government's ability to separate the action of drinking alcohol from driving that encouraged a cultural shift which still resonates in society today. Stakeholders agreed that as a result, people have a new mindset on the issue – many go to events knowing that they are not going to drive. Many admired the simplicity of the messages and stated they could be easily adapted to drug driving – if you are going to take drugs, don't drive.

However, almost all stakeholders acknowledged the difficulties that such a campaign could introduce, including the potential to be seen as promoting the use of drugs. Others questioned whether coming out with such a big campaign would be worthwhile considering most people already know you cannot drive when using drugs. Issues around segmentation and the fact there are multiple types of people who use drugs were also raised by stakeholders as reasons why the campaign might fail. To overcome this, many deemed it necessary for the Government to think carefully about the message that is portrayed to stakeholders moving forward.

Television was deemed to be the greatest available tool to uplift community knowledge and understanding about drug driving due to its reach and potential impact. Developing education campaigns that use real people, who understand the impacts of drugs, was deemed as extremely important by stakeholders. The 'Stoner Sloth' campaign and the 'Ice Destroys Lives' campaign were referenced as examples of what not to do; the feedback was that these advertisements didn't appeal to the intended audience, used ineffective scare tactics and caused viewers to disengage. Stakeholders explored ideas for television advertisements around picking patients out of a line-up to demonstrate the breadth of people who use drugs. Many believed that featuring everyday people – such as mums dropping their kids at school or retirees managing pain – would help to reduce the stigma. Stakeholders also discussed the power of reflective questioning to improve resonance with the target audience. For example, posing questions like “do you know your limit?” and “if you take, find a mate”. Some stakeholders also suggested implementing industry specific advertising campaigns that target groups like heavy vehicle operators.

To support investment in television advertising, while also ensuring an ongoing source of accessible information and reminders for the public, stakeholders called for Government websites to contain greater information about drug driving, or a booklet (or similar) be shared with vehicle registration renewal notices about how drugs can impair driving ability. Another idea was for posters to be placed in nightclubs to remind the public not to drive home after taking substances.

Introducing the topic of drug driving in schools was viewed by many to be an effective way of spreading the message to those who might be trying substances for the first time. It was stated these programs should follow a curriculum but stressed the focus should be on the effects of different drugs and how to take them safely (i.e., don't drive after) rather than abstinence, as this was deemed ineffective and likely to increase the number of people driving without understanding the risks or their limits. Supplementing education in schools, many stakeholders proposed greater training was required for drivers completing their learner and provisional licence tests. Some recommended using virtual reality to increase the interactivity or offering driver training courses using cars with opaque windscreens to demonstrate the potential impacts of driving after taking drugs.

With all this considered, many stakeholders stated the existing advertising laws prevented them from contributing to the education of the community and stressed they should be reviewed to allow greater patient access to information about different drugs on television, as well as in doctors' surgeries and pharmacies.

*“Stakeholders are unsure what drugs are being tested for and how long they will stay in your system.”*

*“We must start bridging the gap between knowledge and awareness – understanding that cannabis is complex and that there are many different types.”*

*“Decoupling communications about drug taking and drug driving is difficult, yet important.”*

*“Education and reform campaigns should be designed from the input of people who have lived experiences with drugs – being realistic in campaigns about drug use will increase the likelihood of people taking it seriously and following advice.”*

*“Education is crucial and must be incorporated earlier.”*

*“In many cases, adults are being educated by children [about the presence of drugs in society].”*

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## **Education for medical professionals, enforcement bodies and other industry leaders**

For Queensland to become a leader in promoting road safety, stakeholders believed medical professionals, enforcement bodies and other industry leaders must also improve their level of knowledge and understanding about drugs and drug driving – led by increased education.

Many stakeholders agreed this would also help to reduce the prevalence of stigma. Stakeholders acknowledged most medical professionals don't know about medicinal cannabis. They explained how jokes and stigma still exist around the topic, which negatively clouds their judgement. Some stakeholders stated that medicinal cannabis in particular, has been demonised by doctors because they don't understand the benefits or the side effects. According to stakeholders, stigma is also apparent in enforcement with some reflecting on instances of being pulled over for drug testing and vehicle searches due to their history, model of car or presentation. Many suggest this stems to a lack of education and assumptions of medications not being obtained legally.

Stakeholders across diverse backgrounds and professions stressed the need for medical professionals to be given additional resources and education about the impact of drugs on driving ability before they can effectively inform patients. Concern was shared over the lack of training in formal medical curriculums, including at the university level, with most healthcare professionals relying on their network, clinical experience and self-driven research and professional development to upskill in the different types of drugs (prescription or otherwise), their impacts and benefits, and the advice around their use and driving. Greater education for medical professionals was also called for around the potential effects of mixing certain drugs.

The importance of easily accessible information was emphasised, as stakeholders affirmed that doctors and patients must know where to find information. Additionally, stakeholders felt greater consistency between the information written on doctors' prescriptions and the labels printed by pharmacists was needed to provide patients with clear instructions. Stakeholders suggested a hotline (similar to the Poisons Information Centre) be established, with a direct connection for medical professionals to confirm the half-life of prescription drugs before providing advice. They also suggested that an easily distributable A5 sheet of rules be provided by the Therapeutic Goods Administration, outlining the standard times to wait between taking key drugs (such as medicinal cannabis and various forms of opioids) and driving. It was suggested resources like this would support doctors to have conversations, provide advice and build rapport with patients. An idea to ensure medical professionals were adhering to standards was to establish a regulatory team that tracks the activity of medical professionals on QScripts. Stakeholders believed this would help to limit the number of patients combining medications and encourage an increase in education.

Stakeholders believed those who do not take drugs would benefit from education on the reasons people do, including the older generations shifting from opioids to medicinal cannabis to manage pain, and the younger generations treating mental health issues, such as depression and anxiety, with medicinal cannabis. Stakeholders indicated in most cases, people were unaware of the reasons as to why people took drugs and were quick to jump to stereotypes.

Similarly, stakeholders believed the Queensland Police Service required greater training on how different drugs may impact different people, and how to evaluate signs of impairment. Currently, stakeholders believed that enforcement was up to the individual officer with many targeting the wrong people and risks. Some stakeholders mentioned legal advisors were also an important cohort to educate on the drug driving laws and the diversion programs available for offenders. Utilising the Bar Association of Queensland to achieve this was suggested.

While emphasis was primarily on educating medical professionals and enforcement bodies, some stakeholders saw an opportunity to increase education in workplaces. They reported some organisations, such as mining companies, already provide guidance to employees on topics such as the half-life of different drugs to manage their own safety requirements and employment conditions. It was suggested the Government develop resources like this for business owners and managers to access and share with their teams.

*“Information is missing for prescribers and dispensers to make informed decisions – the topic is currently not in the doctor’s curriculum.”*

*“Many doctors are self-educating rather than doing specific courses.”*

*“Medical professionals operate in black and white – there needs to be a dot point set of rules that goes to everyone – suppliers, prescribers and then users.”*

*“Training needs to occur for frontline police officers; and it should be conducted by healthcare professionals.”*

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## Research to underpin education

Stakeholders generally agreed effective policy was designed based on relevant, logical and provable information, with community tending to follow rules that make sense. Reliable research was deemed critical to build public trust and increase impact with the education campaigns. Some felt current policies and the resulting advertising campaigns were designed on misconceptions, further promoting misinformation in the public realm, in some cases causing undue alarm, emphasising the need for greater accessibility to information.

Evidence-based research was also described by stakeholders as essential to enabling doctors to provide accurate and reliable information to patients and to promote better road safety outcomes in relation to drug driving. Without clear evidence, stakeholders suggested it was difficult for prescribers to comfortably provide patients with definitive advice on when they could safely drive after taking prescription medication, including medicinal cannabis, and were instead advising a blanket 'don't drive' instruction. According to stakeholders, the factors that contribute towards the half-life of cannabis are not yet known. Some suggested a consequence of this was that patients were often forced to choose between treating their medical condition and engaging in productive tasks that required driving, such as grocery shopping.

On the contrary, some stakeholders suggested there was enough research available today to reliably advise patients of the half-life, risk of impairment and safe times to wait before driving. Multiple stakeholders referenced an Australian study, which claims driving after taking medicinal cannabis is equivalent to low levels of alcohol. Some stakeholders explained that based on their own research, they advise patients to take CBD products, because the motor skills of those who use CBD are not impaired. Most stakeholders, however, stated existing research was based on small sample sizes and more stringent samples were required.

All stakeholders stressed the importance of research to develop an evidence-based measure for impairment that is reliable and could be performed during roadside tests – for different types of drugs.

This spectrum of views across stakeholders demonstrated the need for representative and accepted research to underpin education of not only the broader public, but also of medical professionals, enforcement bodies and other industries.

*“When a rule has a logical and evidence-based reason for why it’s enforced then people are more likely to follow it.”*

*“Without research to support evidence, doctors are not comfortable giving patients definitive advice on whether they can safely drive.”*

*“Doctors often won’t be supportive of patients driving on medications unless there is actually sufficient research to confirm it is safe to do so.”*

*“Clear advice can be offered to patients based on the current research.”*

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## Responsibility to inform

The perception held by most stakeholders was the responsibility to inform the community of the dangers of using different substances and driving sat at multiple levels. Firstly, with the Government to inform the public on the legalities and risks of driving after taking drugs (prescription or otherwise). Secondly, with prescribers and dispensers to inform patients about the impacts specific prescribed medications may have on their ability to drive and, where required, advise them not to drive, and ultimately with the individual to follow advice. Stakeholders’ perceptions about the Government’s role in broad community information is outlined in the [public education campaigns](#) section.

Some stakeholders shared their experience receiving inconsistent information – or no information – from prescribers and dispensers, causing confusion around the extent to which certain drugs may impair driving and remain present in a person’s system. Stakeholders felt this inconsistent information could be a result of a lack of relevant training or access to reliable information, signalling the critical first step to be on educating relevant medical professionals with research-based information. This is outlined in the [education for medical professionals, enforcement bodies and other industry leaders](#) section.

Once medical professionals have the required education and resources to support decision-making, stakeholders placed responsibility on prescribers and dispensers to provide information to patients. This included verbal advice from both the doctor and pharmacist around the risks and wait times for driving after taking medication, and clear and consistent messages written on prescriptions and medication labels. Some stakeholders suggested a driving specific pamphlet be provided with medications to provide another avenue of information but acknowledged readership from patients would be an issue.

While the Government and practitioners can provide all the required information, stakeholders all agreed the responsibility to follow advice ultimately sat with the public themselves – as it does with drink driving, speeding and other road laws.

*“Medication labels should provide more detail about time to wait between taking medicine and driving.”*

*“Conventional pharmacies are currently acting as a pickup point. There is no education occurring at this stop.”*

*“As a doctor, your responsibility is to provide patients with the right information. It’s like a seatbelt, you can tell people they need to wear it but in the end it’s up to the person to actually do so.”*

*“The responsibility of education should be split between doctors and pharmacists. Patients do have a responsibility to check, however, it is not completely up to them.”*

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## Government policy

Stakeholders acknowledged the process to amend government policy was difficult but stressed its importance to reduce drug driving and improve road safety outcomes in Queensland. Suggestions through consultation were broad – from learning from interstate counterparts, avoiding policy creep into health and adopting a whole-of-government approach to accelerate benefits, to addressing the perception that existing policy promotes revenue raising rather than road safety and legalising drugs entirely. Ultimately, stakeholders identified the following activities as important to address:

- Conduct a **review of the current policy** and address the gaps
- **Avoid policy creep**, specifically between transport and health
- Use data to align government agencies and **deliver a whole-of-government approach**
- Demonstrate the benefits of **evolving existing policies on drug driving**

## Review of the current policy

Some stakeholders believed Queensland should align with other Australian states, namely Tasmania, that have an existing defence for prescribed illicit drugs. Some suggested national alignment on drug driving policy. In Tasmania, if a driver is in control of their vehicle and has obtained their medication legally, they may not be found guilty of having detectable amounts of THC in their system when driving. Stakeholders suggested collaboration with Tasmanian counterparts to understand the policy and the outcomes delivered since the change. There were some stakeholders, however, who acknowledged more research would need to occur before these changes were implemented in Queensland. To align nationally, some stakeholders suggested a legislative framework be modelled in one jurisdiction to test effectiveness, before rolling out across the country.

When discussing the current scope for testing in Queensland, most stakeholders indicated legislative changes would be necessary to add or remove substances. Many stakeholders agreed if the policy was geared towards improving road safety, drugs such as benzodiazepines and opioids should be tested for. However, stakeholders agreed any policy concerning safety must be supported by evidence – even if it extends the timeframes of policy change.

Other stakeholders believed illicit drugs were a bigger problem in society so policy should focus on developing more effective detection methods. Some stakeholders expressed concern with Queensland not currently testing for cocaine, suggesting the long-term solution must consider the recreational drug market given its prevalence and longevity. In contrast, a small number of stakeholders believed the Government was doing well at responding to trends to guide which drugs should be tested for.

Few stakeholders discussed the legalisation of drugs to eliminate the grey areas in policy and support education to build greater understanding of the contents of different drugs; and most agreed this would introduce other issues in Queensland. At a minimum, many stakeholders suggested the Government considers the introduction of a limit for drugs, similar to the 0.05 blood alcohol concentration limit currently in place for alcohol. This is explored in greater detail in the [presence versus impairment](#) section.

*“Ensuring public safety needs to be the priority – this is where the test needs to be broadened.”*

*“We should definitely be testing for benzos.”*

*“Legislative changes may be necessary in order to test for more drugs, specifically cocaine.”*

*“People go back to their pharmaceutical medication because they won’t be tested.”*

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## Avoiding policy creep

Within consultations, stakeholders shared the importance of avoiding policy creep – keeping health policy separate from transport policy. However, instances were shared of when these two policies could come together included making it mandatory for doctors to report patients with medical conditions that impair driving to TMR and providing the community with the ability to test the contents of drugs to reduce harm on Queensland’s roads.

According to stakeholders, some of the most important areas of transport policy for Government to consider included delivering alternative transport options as a means for harm reduction; establishing reliable public transport services for Queenslanders in regional and remote areas to provide other options; and developing legislation that targets drug driving in heavy vehicle operators.

*“Transport policy that ensures road safety, must be kept separate from health policy.”*

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## Delivering a whole-of-government approach

Data collection and information sharing were two key areas stakeholders felt required improvement. Many agreed it was important road safety strategies were designed using relevant and accurate information, stating quality data was an imperative tool for meaningful decision-making. They further explained data could be used to detect problems before they occurred, potentially saving lives. An example used by stakeholders was individuals who engaged in high impact road offending, such as drink driving, may engage in other offences and could help to identify hotspot locations for roadside testing. It was also suggested data collection and information sharing could improve Government’s understanding of under-researched topics, particularly in the heavy vehicles space and broader road safety policies.

Stakeholders expressed frustration over current data sharing processes, particularly between jurisdictions. It was said to be common for agencies to receive data intended to assist with decision-making that was incomplete, delayed or there was a lack of intent to share. To resolve this, stakeholders strongly encouraged data sharing across agencies and jurisdictions becomes common practice to improve access to more reliable data and share learnings.

Alongside data sharing, stakeholders called for a national standard for data collection to simplify decision-making and learnings across jurisdictions. One stakeholder reflected on current crash data that, in some cases, does not show the location or the type of incident, causing difficulty using the information to make informed recommendations or assessments.

With any policy design and implementation, stakeholders stressed the importance of involving those with lived experience and all relevant agencies and organisations. This included the Therapeutic Goods Administration to help generate innovative policy around what could be printed on prescription medicine boxes about driving, such as QR codes to greater information.

*“Data between jurisdictions should be consistent about the type of information collected.”*

*“Improved access to statistics is necessary to create meaningful policy.”*

*“Data collection that provides insight into specific niches of high-risk areas is valuable for solution identification and management.”*

*“Ensuring that the voices of all agencies are heard is important.”*

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## Drug testing approaches

Roadside drug testing was highly divisive and introduced strong stakeholder opinions across the whole spectrum. Some stakeholders were adamant more roadside testing was necessary, while others believed it should be removed altogether. Some who felt more drugs should be added to the test (benzodiazepines, opioids and cocaine in particular) and some who suggested THC should be removed entirely. Almost all stakeholders however referenced the costs of roadside tests as a burden on the system and suggested uplifting technology would help to reduce this burden in the long term.

The most common conversation centred around shifting the focus of roadside testing from presence to impairment. Almost all stakeholders agreed this would help to remove the bias currently associated with roadside testing, as police would be required to rely on objective measurements rather than interpretation. However, there is currently no objective way to measure impairment. Stakeholders also acknowledged testing for impairment could introduce several difficulties. The first stems from there not being enough research on the topic. According to stakeholders, this has made it difficult for those involved to create a clear definition for impairment and thus, change drug testing approaches. The second was the technology required to reliably detect impairment does not exist and developing a solution that accounts for the tolerance would be costly and take significant time.

The following points were identified as important to address:

- Conduct a **review of the current state of roadside testing** and **address the inefficiencies**
- Conduct more **research** on the meaning of impairment **to obtain a clear definition**
- Understand the **benefits and difficulties of measuring for impairment** rather than presence
- **Utilise modern technology** to improve drug testing methods

## Current state of roadside testing

Most stakeholders agreed the current roadside testing process was only partially working due to low testing numbers. In consultation, it was quoted 50,000 roadside drug tests were conducted each year for the approximated two million licence holders in Queensland. Almost half of those caught were said to be repeat offenders and, in most cases, continued driving on a disqualified licence.

Cost of the testing device and targeted testing of drivers were deemed the major contributors to low testing numbers, with many stakeholders suggesting testing needs to be more random. However, some stakeholders acknowledged the financial benefits of targeted testing – less tests for likely greater positive results.

Stakeholders discussed the differences with testing protocols in other states. Many reflected on South Australia's decision to remove the second roadside test from the process and suggested it could be a way to stretch investment (with more people able to be tested for using the same number of tests). Others reflected that in Victoria, the second preliminary test is the same as the first, which in all instances, obtains the same result – stakeholders deemed this to be a waste of money and time. Many compared this to Queensland, where two different tests are used. However, it was suggested this leads to an increase in the number of false positives and negatives.

Almost all stakeholders who agreed with roadside testing echoed the importance to push for faster and more affordable tests. Others reflected the cost of human lives saved outweighed the cost of tests.

*“Testing is needed in different areas at different times to reduce test avoidance from drug drivers trying to avoid being caught.”*

*“There needs to be justification for administering tests otherwise costs risk becoming unsustainably high.”*

*“There is a lack in the flexibility of resources to meet demand.”*

*“There needs to be an ongoing push to make tests faster and more affordable.”*

*“If only one test was used it would save over 70,000-man hours testing on the roads.”*

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## Presence versus impairment

All stakeholders agreed nobody should drive while impaired, however not all believed presence was an accurate measure of impairment. Stakeholders provided a variety of definitions of impairment through consultation. Some believed impairment occurred as soon as a drug was ingested, while others felt impairment was only if/when an individual's response times or concentration was impacted. However, all stakeholders agreed further research into impairment was needed before Government policy could change.

Once an evidence-based definition of impairment was established, stakeholders stressed the importance of developing the first tool to measure it with the perceived benefits far-reaching. Stakeholders shared an impairment measurement tool would remove stigma or bias as human interpretation of an individual's behaviour was prone to misinterpretation. Many reflected on the complexity of developing a tool that considered tolerance in an individual, including the decreased impact of regular drug use on a person's driving ability compared to early or short-term usage.

All stakeholders agreed no two individuals were the same and side effects were not universal – what one person could experience was the opposite to what another could experience. It was this level of nuance stakeholders said could not be detected in a laboratory. Cannabis examples were described where some stakeholders said it reduced drivers' reaction times, while others found it had a calming effect which, by extension, made them more cautious and safer drivers. Impairment testing was said to most benefit medicinal cannabis patients as it would allow them to retain their mobility through driving while taking medication prescribed as treatment for a medical condition.

Many stakeholders reflected on the risk assessment they conduct before driving after taking drugs. This risk assessment was based on their long-term personal experience of how different substances affect them and over what time. When they self-assessed as impaired, they never drove, but with current drug driving legislation they knew they may still test positive for presence and be fined accordingly. These stakeholders agreed the ability to make a self-assessment on impairment only came after long-term use and self-awareness and would not be possible for those who took drugs recreationally or for short times.

Stakeholders suggested several options for measuring impairment:

- Introducing a limit for drugs, similar to the 0.05 blood alcohol concentration limit currently in place for alcohol. Many stakeholders felt this approach would reduce stigma and promote self-assessment, allowing citizens to align their driving plans with the appropriate timing from when they last consumed drugs. However, this approach does not account for tolerance

- Implementing a ‘walk the line’ sobriety test, like the United States, but almost all agreed this should be avoided as it relies on police subjectivity and potentially increases stigma
- Responding to dangerous driving, such as swerving on the roads, distraction or reckless driving. While this accounts for tolerance, stakeholders indicated it also relies on police subjectivity and potentially increases stigma

With no obvious way forward, greater investment in impairment research was deemed one of the most important strategies for the Government to consider in response to drug driving in Queensland.

*“There isn’t a lot of research that is being done right now.”*

*“If presence is the measure that we are using to test, then how come benzos aren’t tested for, even though they contributed to road fatalities.”*

*“I have a client who is a mother, and she was pulled over for a random test. She was not swerving on the road, nor was she driving impaired, but she tested positive and has lost her licence for three months. During the three months, she can’t drive her kids and has no way of getting them to school – we see cases like this quite a lot.”*

*“If you’re showing signs of impairment, like swerving on the road, then it is a valid reason to be pulled over.”*

*“Interpretation about whether someone is impaired or not can be influenced by stigma and personal prejudice against drug use.”*

*“When you’re also dealing with stigma, leaving things in the hands of police officers is also leaving that up to their judgement. Anyone can claim that they saw someone swerving or driving erratically in some way.”*

## Future technology and alternative options

Technology was repeatedly referenced by stakeholders as an underutilised tool that has the potential to bolster future drug testing and road safety procedures. Perceptions varied across stakeholder groups on the reliability of roadside tests, with some deeming them accurate, while others recalling instances where they received a false positive or false negative. For this reason, stakeholders suggested using technology to improve the current roadside test as they believed substantial improvement had occurred since initial development.

Vehicle interlocks were suggested by a few stakeholders as methods for reducing drug driving reoffences, while others believed drug testing should be incorporated into more routine settings, such as workplaces. Some stakeholders mentioned despite deterrence efforts and advances in technology, there will always be people who take drugs, and it is important to take measures to protect the safety of these individuals and road users more broadly. These stakeholders highlighted the importance of harm reduction strategies, such as pop-up drug testing stations at known hotspots (like pill testing currently existing at music festivals).

Independent third-party testing was suggested as a way to increase testing visibility and the perceived risk of being caught while not requiring the presence of police. Other stakeholders suggested the Government could incentivise private sector businesses to conduct more workplace testing to reduce the amount of drug driving.

*“Not enough is being done in research and development – procuring this technology is also not currently working.”*

*“Australia is seen as the best example in the world [for roadside testing].”*

## Enforcement and consequences

Some stakeholders placed considerable emphasis on the importance of increasing enforcement and consequences, drawing on three core measures – certainty (the likelihood of being caught), swiftness (the length of time between being caught and receiving a consequence) and severity (the gravity of the consequence). These were deemed critical by those stakeholders for prompting large-scale behaviour change and reducing the occurrence of drug driving.

The following activities were identified as important to address:

- **Increase the perception drug drivers would be caught** through higher visibility of enforcement measures
- **Shorten the time between committing an offence and receiving consequence** as this correlated with lower instances of reoffending
- **Increase the severity of punishment** considering some stakeholders were currently not concerned about the impacts – leading to a greatly likelihood of reoffence

However, some stakeholders were vehemently opposed to increasing enforcement and consequences.

## Certainty of penalties

Some stakeholders believed if people knew there was a high likelihood of being caught and penalised, through increased police presence and roadside testing, they would be less likely to engage in drug driving behaviour. They believed stationing police across a larger area at different hours in the day would reduce the predictability of testing and increase drivers' perception of being caught. Stakeholders were critical towards targeting the same locations and times regularly for roadside testing, as they simply became areas drivers knew to avoid – increasing the evasion of punishment rather than successfully deterring the offending behaviour.

However, not all stakeholders believed increasing police presence was suitable, citing concerns of stigma regarding people who took drugs. Some drivers were said to take measures to avoid police encounters, regardless of whether they had taken drugs, including driving back streets and lesser-known routes that could result in crash or injury.

*“We had a study in Victoria of testing the effectiveness of roadside tests in regional Victoria and when the booze bus was in town, the bush telegraph went off and they all drove home on back street roads and crashes went up.”*

*“Testing is needed in different areas at different times to reduce test avoidance from drug drivers trying to avoid being caught.”*

*“Enforcement measures just apply when someone gets caught. The actual enforcements being applied and the fear of being caught changes behaviour, not necessarily the fine.”*

*“Make people think about if they drug drive to some place then they risk getting caught.”*

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## Swiftness of penalties

Stakeholders focussed heavily on the importance of reducing the time between being caught drug driving and receiving the consequence as it was often associated with reduced instances of reoffence.

Several reasons for the wait times were identified by stakeholders – processing times at the laboratories led to delays in confirmed offences, followed by backlogs in the justice system, leading to a delay in court decisions. Stakeholders mentioned there was a significant disparity between policing and the court system with some believing that while inefficient, better resolutions are provided through the courts. This included leaving courts with a prescription for medicinal cannabis (rather than self-medicating with recreational cannabis) or a pathway to rehabilitation programs, which was viewed as clogging up the system. Stakeholders also recalled instances of magistrates throwing cases out due to the complexities surrounding false positives and negatives, or offenders attempting to evade paying fines by extending the sentencing process.

To assist in bringing these processes closer together, stakeholders raised the idea of roadside guilty pleas to not only reduce the need to wait for laboratory results, but it would also speed up or eliminate the court process. Alternatively, stakeholders suggested medical professionals make individual assessments on which offenders would benefit from rehabilitation or a treatment program to reduce the burden on the healthcare system, as well as the courts.

*“It currently takes a long time to process offenders through the courts, which makes people more likely to repeat the offence – these processes must be brought closer together.”*

*“Police are pushing for direct actions to meet their policing agendas.”*

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## Severity of penalties

Stakeholders believed many citizens no longer worried about being caught drug driving as the consequence was not as severe. One stakeholder referred to this idea as the emboldening effect – where someone was worried about being caught, but once they were, they realised the punishment wasn't as bad as they thought it would be. Many believed the consequence for drug driving needed to fit the crime to reduce reoffence. One idea discussed by stakeholders was increasing the fine however, many acknowledged this would likely result in more people being unable to pay and would simply increase State debt through the State Penalties Enforcement Registry. Some stakeholders mentioned it would be easier to go to prison rather than paying a fine.

Most stakeholders disagreed with increasing the severity of the consequence, stating the idea of losing their licence was similar to losing their livelihoods and the ability to be a productive member of society. Rather than a fine, it was the fear of losing their job, engaging with child safety authorities, or losing their insurance that was of greatest concern to many stakeholders. Others noted some newspapers 'name and shame' offenders – impacting employment opportunities and reinforcing stigma and discrimination.

Of the stakeholders worried about the severity of drug driving penalties, almost all acknowledged they were forced to take a considered risk every day due to a lack of public transport options, ultimately adding to existing anxiety

and mental health challenges. As the severity of the penalties increase, stakeholders stated they would continue to reassess the risk. When the risk becomes too great, many stakeholders indicated they would consider moving from medicinal cannabis to other prescription medications to avoid testing positive to drug driving – even though they felt other drugs could be more impairing. Many acknowledged that because they don't want to break the law, they were being forced to consider what was more important – their health or driving. In many cases, the answer was driving.

*“People are choosing between losing their licence or not taking their medication.”*

*“If the benefits of using drugs outweigh the risks of being caught, then [stakeholders] will keep on doing it.”*

*“Increasing the dollar fine is always an option, however, this causes the potential problem of people not being able to pay the fine.”*

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## Rehabilitation and treatment

The consensus shared by stakeholders was existing rehabilitation and treatment programs were not as effective as they could be at reducing drug driving. Reasons as to why this was the case were extensive however, the most significant according to stakeholders were a lack of personalisation, failing to consider the reasons as to why people engage in drug consumption and drug driving behaviour, and messages being delivered were misleading and failed to focus on what was required to reduce drug driving. The lack of accessibility to programs was deemed a significant inhibitor of large-scale change and, in some cases, forced people to forgo treatment altogether. The following activities were identified as important to address:

- **Understand and treat underlying problems** behind drug driving behaviours
- **Challenge assumptions** that everyone who takes drugs automatically has a drug problem
- **Measure the extent** to which current state programs are successful in reducing drug driving
- Develop **alternative ideas for program delivery** to improve effectiveness
- **Improve the accessibility** of programs for those who are evaluated as needing assistance by a medical professional

## Understanding the choices of stakeholders

Stakeholders suggested more needed to be done to understand the reasons why people take certain drugs and drive as it was believed to be severely misunderstood. For example, a small number of stakeholders shared they take drugs purely to function and contribute to society – so they can get out of bed and go to work, drop their children to school, complete necessary tasks, like grocery shopping, or in emergency situations. Most of these stakeholders believed that due to a lack of alternative transport options (particularly public transport) they were, in most cases, forced to drive, and taking these drugs increased their awareness on the roads by managing their pain or other conditions.

Some stakeholders reflected on their childhoods, chronic illness or other geographic and socio-economic factors as reasons for taking drugs. They insisted they take drugs to treat serious illnesses like chronic pain, post-traumatic stress disorder, anxiety, paranoia and depression. Stakeholders shared that because they were forced to deal with these problems every single day, the relief provided by these medicines outweighed the risks or consequences of being caught.

Stakeholders referenced certain industries, such as heavy vehicle operators, where people took drugs to work longer hours and manage fatigue.

However, most stakeholders acknowledged there were some people with substance abuse who tried to maintain the illusion of having a regular life rather than admitting they had a problem.

*“People are using medicinal cannabis as a companion product, so why should they be punished by not being able to drive.”*

*“They are going to drive regardless because of the reasons mentioned above [to contribute to society, chronic illness and other medical issues].”*

*“In many instances, people are taking drugs only so they can function and get their kids to school or get them to work.”*

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## The success of current state programs

Of the stakeholders who had experience in completing rehabilitation and treatment programs, almost all shared they did not work. Ideas were suggested for the Government to redirect this investment towards helping people detox earlier – investing in harm reduction initiatives such as providing alternative transport options.

Common feedback from stakeholders was rehabilitation programs lacked authenticity and made it difficult to be honest about personal situations due to the high level of discrimination. Stakeholders who use drugs as a form of medication felt forced rehabilitation and intervention could be classed as a type of punishment. Many also stated the current system provided treatment to those who did not need it, such as recreational users, reducing the access and availability of resources to people who would genuinely benefit and wanted to be involved.

Except for court diversion programs, stakeholders reflected all other programs were voluntary and as such, not completed by all offenders. Some stakeholders agreed whilst diversion programs keep people out of the criminal justice system for a short time, there wasn't evidence to suggest it is successful at long-term behaviour change.

For some stakeholders, these programs were seen as effective with the knowledge of 95 per cent of people who were caught drug driving completing the programs referenced as a measure of success.

*“People can't be honest about their medication because of the level of discrimination.”*

*“Forced rehabilitation or intervention could also be classed as punishment, however, research suggests that this type of treatment is not always useful.”*

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## Alternative ideas for program delivery

To increase the effectiveness of rehabilitation programs, stakeholders agreed more research was needed and those who worked with offenders must have a better understanding of their backgrounds and needs. According to one stakeholder, repeat offenders who work together during rehabilitation programs were less likely to reoffend. Almost all stakeholders acknowledged understanding these nuances would help make the experience more personalised and more likely to assist patients in addressing the issue of drug driving.

Stakeholders also discussed the importance of developing an understanding as to why people would stop driving after taking drugs. Some of the reasons included death, death of friends and family, encountering deadly driving situations at the hands of another drug driver, or losing their licence and in some cases, their livelihoods. Incorporating these messages as part of the rehabilitation and treatment programs was suggested as an alternative method for increasing effectiveness.

Most stakeholders stressed messages portrayed in rehabilitation programs needed to shift from abstinence to harm reduction. Stakeholders discussed how implementing self-care strategies early was a far more effective way to help those in need but required a change in mindset. One stakeholder referenced Israel where serving military members were issued cannabis on the weekend to eliminate the risk of becoming addicted to other post-traumatic stress disorder treatments.

Many stakeholders suggested that because society is geared around the use of cars, evolving existing policy to invest in alternative forms of transport (shuttle services, door-to-door services, peer driver programs, subsidised taxi services and self-driving cars) could help at risk drivers, as well as those who have a history of drug driving. Another recommendation made by stakeholders was to use incentive measures as a reward for good driving behaviour, such as reduced licence fees. Some stakeholders suggested that policy could be changed to allow medicinal cannabis users to attend driving programs to get a concession on the road.

Several suggestions were made by stakeholders to improve the effectiveness and longevity of rehabilitation programs. This included getting offenders who had completed the program to teach the next group of course participants to increase the 'stickiness' of messages. Others focussed on the leveraging insights from different areas, stating the Government could learn from the mental health space in how to deliver effective programs. Stakeholders suggested doctors should support first time offenders towards diversion of drug use, or introducing counselling programs at schools for individuals in need. Most stakeholders agreed drug treatment programs should be offered on a case-by-case basis and as determined by healthcare professionals as it would support those in serious need of assistance get necessary help while reducing the burden on healthcare systems to keep up with referrals.

*“Many of the current measures are ineffective at reducing drug driving because they have not been designed with an accurate understanding behind the reasons as to why people take drugs to begin with.”*

*“Culturally responsive practices must be introduced, in order to account for people in different cultural contexts.”*

*“Government need to realise that society is geared around cars.”*

*“Many users wish to use taxis as an alternative form of transport, however, they often cancel, or are unfairly priced, especially for short trips which in most instances, could be done using a car.”*

*“There needs to be a better understanding of [people's needs]. I would investigate those reasons by exploring a range of areas and engaging with different departments, including mental health, medical and police.”*

# Appendices

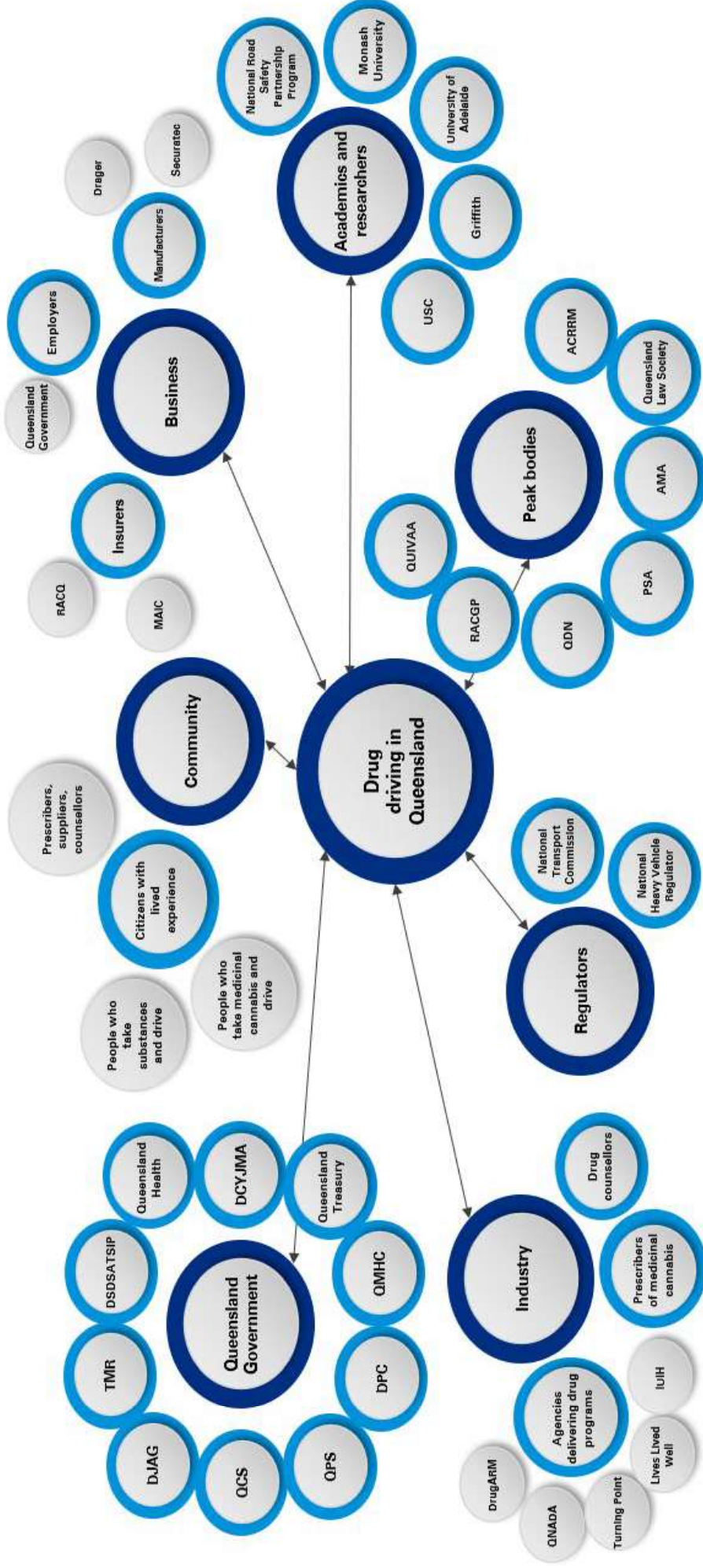
# Documents reviewed

To further understand the current context of drug driving in Queensland, the stakeholder landscape and existing research, the following documents were reviewed and helped to inform the approach to consultation:

Document title	Publisher/author
Assisting medicinal cannabis patients to drive safely	Department of Justice and Community Safety
Optimising drug driving deterrence regimes	Austrroads Ltd.
Journal of Road Safety – Volume 33, Issue 2, 2022	The Journal of Road Safety
Australia's second generational approach to roadside drug testing: A report from the National Drug Driving Working Group	Department of Infrastructure, Regional Development and Cities
National Drug Strategy Household Survey 2019	Australian Institute of Health and Welfare
Extracts from incoming correspondence relating to medicinal cannabis	<i>Various anonymous authors</i>
National wastewater drug monitoring program	Australian Criminal Intelligence Commission

# Stakeholder map

Considering the diverse landscape of stakeholders, each with different perceptions, opinions and expectations, it was important to engage with as wide of a variety as possible. The below provides a high-level view of the stakeholder ecosystem and helped to inform the consultation approach for this engagement.



# Queensland Government

## workshops

### Stakeholders consulted

Three workshops were conducted in Brisbane in December 2022 with representatives from the following Queensland Government agencies to assess the current initiatives mobilised around drug use and drug driving, and the barriers and key challenges to reducing drug driving in Queensland, including gaps with the State's strategic and policy levers:

- Queensland Police Service
- Queensland Health
- Department of Premier and Cabinet
- Queensland Treasury
- Queensland Corrective Services
- Department of Justice and Attorney-General
- Department of Environment and Science
- Department of Disability Services and Aboriginal and Torres Strait Islander Partnerships

### Themes of discussion

In small groups, participants were guided through four activities in the two-hour workshops. Activities were designed to be open-ended and exploratory in nature.

1. Define in-flight and planned strategies to reduce drug driving – develop a detailed view of the strategies currently being implemented (such as the zero-tolerance policy) to reduce drug driving in Queensland
2. Effectiveness across strategies – identify what is currently working well, partially working and not working well to reduce drug driving in Queensland
3. Challenge the status quo – develop ideas that would normally lie outside the status quo, relating to policy, social or environmental factors, to reduce drug driving in Queensland
4. Barriers and enablers – rank the proposed ideas from insignificant to essential

# Industry consultations

## Stakeholders consulted

Individual interviews were conducted with 15 stakeholder groups including support services, suppliers, peak bodies, researchers, regulators and enforcement bodies. Redaction Code 8

Redaction Code 8

## Themes of discussion

The structure for individual consultations varied by stakeholder, however the below themes were used as a base for conversations. The moderator may have adapted the questions to the natural discussion flow of the participant(s) and to their language and verbal style.

### Current state and key barriers

- What's your view of drug driving in Queensland?
- What preventative strategies are you aware of to reduce drug driving in Queensland?
- How effective would you say the current in-fight and planned strategies are in reducing drug driving?
- What's your view on changing enforcement penalties across different drug types?
- In your opinion, what could be done to make these strategies more effective?

### Drug driving research

- What insights from research done to date?
- What insights are still trying to be understood through research?
- How do your perceptions vary between prescription vs recreational drug use cases?

### Future strategies

- Are there local or global examples, where drug driving is effectively mitigated and drastically reduced? Are there any principles or practices from these examples that could be adopted in Queensland?
- What more could be done from an insurance or road safety perspective to deter dangerous drug driving behaviour or incentivise good driving behaviour?
- What legal considerations should be applied to create more effective drug driving prevention strategies?
- What additional social considerations are needed?
- Are there lessons to learn from social or public health concerns, or from behavioural change programs?
- Could other things be done to reduce drug driving before reoffences occur?

### Responsibility for driver risk awareness

- Who should be responsible for informing patients with drug prescriptions of the risks associated with driving on these medications?

# Citizen focus groups

## Stakeholders consulted

Three focus groups, with up to 10 citizens with lived experiences of drug driving in Queensland in each group, were conducted in Brisbane and the Sunshine Coast in December 2022 to uncover key insights, perceptions and experiences with drug consumption, drug testing and Government response:

- Group 1 – people who take a range of substances and drive
- Group 2 – people who take medicinal cannabis and drive
- Group 3 – prescribers, suppliers and counsellors

## Themes of discussion

The following themes guided the discussion during the two-hour focus groups and may not have been asked precisely in this manner or order. The moderator may have adapted the questions to the natural discussion flow of the groups and to their language and verbal style. The question areas were designed to be open-ended and exploratory in nature.

### Experiences and perceptions of drug driving

- How would you define drug driving?
- Do you consider driving after taking drugs a problem?
- Are there things that you would constitute as drug driving vs things you wouldn't?
- Do you believe driving on your prescription medications should be considered drug driving?
- What are some reasons people drive after taking drugs?

### Contributing factors (key societal considerations)

- What are the major pain points to navigate or deal with when trying not to drug drive?
- What circumstances should be considered when trying to reduce harm caused by drug driving?
- What medical considerations exist?

### Perspectives on current prevention techniques (detection, testing, enforcement, rehabilitation and deterrence)

- What is your perspective on the current roadside detection screenings?
- What are the penalties of driving after taking drugs? Are you/your patients aware of these implications? What about broader public?
- Are current enforcement methods effective? What impact do they have on your patients' behaviour and willingness to drive after taking a medicinal or recreational drug?
- What are the main barriers to effective enforcement and prevention of driving after taking drugs?
- If enforcement methods were to increase, would it change you/your patients' behaviour?
- If rehabilitation was a mandatory for a drug driving offense, would this be an effective strategy to shift behaviour and reduce driving after taking drugs?
- What is more effective at shifting behaviour? How does it differ across person or drug type?

### Ideas for the future

- What are solutions that could help them?
- Through our engagement so far, there's been many ideas raised. I'm keen to get your reaction to just a few of them



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