Perceptions of Legitimacy and Strategies of Resistance: Melbourne Illicit Drug Users and Random Roadside Drug Testing

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Abstract

In 2004 Victoria, Australia became the first jurisdiction in the world to introduce Random Roadside Drug Testing (RRDT). This article engages with the concepts of legitimacy (Joh 2007) and resistance (Marx 1995, 2003) to explore a sample group of Melbourne illicit drug users' perceptions of RRDT and their self-reported strategies to circumvent it. Forty participants took part in semi-structured interviews and self-report surveys. Participants were recruited via snowball sampling of networks known to the researcher and opportunistic sampling at a local drug and alcohol recovery clinic. Participants largely supported RRDT to encourage general road safety. However, many participants did not perceive RRDT as having complete legitimacy, continued their drug driving behaviour and used strategies to evade RRDT. This article contributes new knowledge to existing drug driving literature. It encourages further qualitative drug driving research be conducted to gain greater understanding of the social and cultural context in which drug driving occurs.

Introduction

'Drug driving' refers to when a person drives a motor vehicle or heavy vehicle under the influence of illicit drugs and/or prescription medications (Adams et al 2008; Davey et al 2005). These substances may impact on the ability to drive safely. Research conducted in Australia (see Degenhardt et al 2006; Duff and Rowland 2006; Jones et al 2005; Matthews et al 2009; Poyser et al 2002) and internationally (see Albery et al 2000; Furr-Holden 2006; Neale 2004) has found it is common for illicit drug users to engage in drug driving activity or to be passengers in cars with other drug drivers.

Epidemiological research demonstrates alcohol and illicit/licit drugs are often found in blood samples from drivers involved in car accidents (Stough and King 2010). However, epidemiological research is limited in its capacity to provide unequivocal evidence of drug impairment at the time of accidents (Kelly et al 2004) and the relationship between the

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concentration of drugs in bodily fluids in a driver and the risk of crashing is not well understood (ACT Government 2010; Austroads 2000). Experimental drug driving research has also been conducted into the effects of some substances on driver behaviour. Experimental research has found some illicit substances in some circumstances impair driver performance and pose a significant risk to motorists (Stough and King 2010). However, laboratory studies have found low doses of amphetamines have few adverse effects on cognitive functioning and, in some cases, may produce positive effects on driving performance (Hurst 1976; Kelly et al 2004; Kelly and Dillon 2005; Neale 2001; Prichard et al 2009). One study also found no significant relationship between THC (delta-9-tetrahydrocannabinol), which is in cannabis, and driver culpability (Longo et al 2000).

Data from various experimental drug driving studies have proven inconclusive as to the exact role illicit drugs play in driver performance, and the risk of crashing remains not well understood (Adams et al 2008; Aitken et al 2000; Austroads 2000; Danton et al 2003; Kelly and Dillon 2005; Prichard et al 2010). This is further exacerbated by the absence of an equivalent to the 0.05% Blood Alcohol Concentration (BAC) for drugs (ACT Government 2010; Austroads 2000). This is in contrast to the clear scientific evidence proving that alcohol grossly affects driver behaviour, and contributes to greater risk of road accident (Assum and Høye 2010; Finnane 1994; Longo et al 2000). Indeed, in Australia alcohol continues to be most frequently found in the samples taken from drivers involved in fatal and non-fatal collisions (ACT Government 2010; Austroads 2000). Therefore, conducting further experimental research is crucial to gain greater understanding of the precise effects of illicit drugs on driving (Prichard et al 2010). Despite the lack of unequivocal evidence about the impact of illicit drugs on driver performance, drug use is seen to be an important factor for drivers (ACT Government 2010). Governance and policy responses have been to increase surveillance, control and punishment of drivers under the influence of illicit drugs (Wilson 2010; Wilson and Wilson 2010).

In 1976, Victoria was the first Australian state to implement Random Breath Testing (RBT) (Homel 1988; Finnane 1994; Henstridge et al 1997; Boorman 2007). RBT requires drivers to provide a breath sample for testing at roadside check points (Henstridge et al 1997) and gives police the power to conduct surveillance of the driving population without needing a reason to suspect that an offence has occurred (Finnane 1994). RBT provides deterrence via the perceived threat that drivers can be requested to pass a RBT at any time without an offence having taken place (Henstridge et al 1997). The primary aim of RBT is to limit the number of road accidents by reducing the number of alcohol-impaired drivers on the roads (Finnane 1994; Boorman 2007).

The introduction of RBT was initially shrouded in controversy and met with resistance from both the public and some sections of federal and state parliaments (Homel 1988; Finnane 1994; Boorman 2007). The Senate Standing Committee on Social Welfare (1977) report, entitled *Drug problems in Australia - an intoxicated society?*, acknowledged the civil liberties counterargument and early concerns regarding the merits of breathalysers and RBT. The Committee, however, recommended that RBT should be implemented Australia-wide, if evidence confirmed that RBT had positive effects on driver behaviour. Eventually all Australian states and territories enacted laws to introduce RBT (Senate Standing Committee on Social Welfare 1977). Despite initial resistance to RBT, eventually the RBT campaign was successful in gaining public support. This was largely attributed to the clear scientific evidence proving that alcohol grossly affects driver performance and to effective education campaigns (Finnane 1994).

It was argued that for many years Victorian governments devoted extensive resources to researching and establishing law enforcement strategies to combat drunk driving at the expense of researching and implementing strategies to target drug driving (Road Safety Committee 1996). By the 1990s, against the backdrop of broader social concerns regarding illicit drugs, there were calls for harsher penalties for drug drivers, improved law enforcement countermeasures and funding for research into the development of saliva tests to detect the presence of cannabis in roadside testing (Premier's Drug Advisory Council 1996; Road Safety Committee 1996). The Road Safety Committee (1996) released a report, entitled Effects of Drugs (Other than Alcohol) on Road Safety in Victoria, which recommended that the driving-under-the-influence (DUI) offence be replaced by the offence of driving while impaired (DWI). It justified this recommendation on the basis that even small or therapeutic doses of a drug can cause impairment; impairment being defined as the 'reduced ability to perform adequately the various elements of the driving task' (Road Safety Committee 1996).

The Road Safety Committee (1996) also recommended that drivers perceived by law enforcement officers as impaired be removed from the road and the taking of bodily samples be authorised. In 1997, the Victorian Government responded to the Road Safety Committee report, supporting each recommendation in principle (Government of Victoria 1997; Boorman and Papafotiou 2007). These recommendations contributed to the development of a Bill introduced to Victorian Parliament to allow the detection and prosecution of drug impaired drivers (Batchelor 2003:1418).

In Victoria, the Road Safety (Amendment) Act 2000 (Vic) was enacted and incorporated the DWI offence into the Road Safety Act 1986 (Vic). Under these changes to the legislation, police can require suspected impaired drivers to undergo an impairment test (Boorman and Papafotiou 2007). The aim of the legislative changes was for police to be able to identify and remove from the roads, drivers suspected of impairment, until the nature of the impairment has been identified (Boorman and Papafotiou 2007). An evaluation of the legislation, however, led to criticisms of its practical limitations. One criticism was that the legislation relied too heavily upon the discretion of the individual police as well as the officer's ability to detect that a driver is drug impaired (Boorman 2007). The Victorian Government and Victoria Police also expressed concerns that the legislation was limited in not allowing police to detect drivers who may pose a risk to road safety, before physical impairment is evident (Batchelor 2003:1418).

Subsequently, the Road Safety (Drug Driving) Act 2003 (Vic) s 55D and s 55E were enacted in Victoria to allow police the power to require drivers undergo a random roadside drug swab test in a similar manner to a RBT. The Victorian Random Roadside Drug Testing (RRDT) program was a world first in that it allowed for the random testing of drivers without any suspicion or evidence of drug impairment. Drivers encountering a RRDT may be asked to provide a RBT for alcohol and/or a drug swab test. Victoria Police conducted RRDT trials in 2004 throughout the State. At the time, the test was able to detect only cannabis and amphetamines in roadside swab tests. The results of this trial period were later evaluated and recommendations were made for legislation to be amended to include for the testing of ecstasy (3,4- Methylenedioxy-N-Methamphetamine or MDMA), and for increased penalties for drug drivers (Haworth and Lenné 2007).

The Road Safety (Drugs) Act 2006 (Vic) was then enacted to include testing for ecstasy (MDMA), as well as cannabis and amphetamines, in the roadside swab tests. Currently, the legislation allows for the detection of only three illicit drugs: cannabis, amphetamines and ecstasy. RRDT cannot detect other illicit substances such as heroin, cocaine and LSD. Under the 2006 Act, the driver has committed an offence if their blood or oral fluid contains any traceable drugs, within a three-hour period of the driver being in control of a motor vehicle. Police do not need to prove that the person was impaired at the time of driving. Prosecution and fines are the consequence of positive drug tests (Stough and King 2010; Woolley and Baldock 2009).

Road safety experts, policymakers and Victoria Police argue that the introduction of RRDT has been a positive step towards reducing road trauma on Victorian roads and claim that the statistics from the periods of 2004–2006, 2008 and 2010 demonstrate that the testing has been effective (Boorman 2007; Boorman and Papafotiou 2007; Boorman and Owens 2009; Hosking 2010). Melbourne newspapers *The Age* (Khanbhai 2010) and the *Herald Sun* (Hosking 2010) reported Victoria Police figures that since 2005 over 122,000 drivers have been through RRDT and of that sample 2000 drivers were found to have cannabis, ecstasy or amphetamines in their body.

RRDT is now used to identify and deter drug drivers in all Australian policing jurisdictions. The RRDT programs in other Australian jurisdictions are modelled on the Victorian RRDT campaign (Woolley and Baldock 2009). Notably, the Australian Capital Territory (ACT) was the last jurisdiction to introduce RRDT on the 1 May 2011, following significant community consultation (see Tuggeranong Community Council Inc 2010) and debate in relation to the potential civil liberty issues. Comparatively, in Victoria prior to the introduction of RRDT, there was not as extensive widespread community consultation. Indeed, this author argues elsewhere (see Wilson and Wilson 2010) that drug users continue to be marginalised in drug driving debates.

The introduction of RRDT campaigns Australia-wide has not been without controversy and there has been some criticism from various sections of the community. Some commentators have asserted that RRDT was implemented prematurely (see Lenton 2006), and that there is an absence of unequivocal scientific evidence that RRDT has saved lives or reduced road trauma (see Hall and Homel 2007; McDonald 2009). Further, that it remains too early to evaluate the impact of RRDT in some jurisdictions, as there does not exist robust data for statistical analysis (Woolley and Baldock 2009). It is also claimed that RRDT has had no deterrent effect on illicit drug drivers (McDonald 2009) and that significant sections of the community continue to engage in drug driving activity despite the risk of detection from police in the form of RRDT (Lenné 2007; Wilson 2010; Wilson and Wilson 2010). It has also been highlighted that the new drug driving laws may lead to an increasing number of people having contact with the criminal justice system, impacting upon 'net widening' (Prichard et al 2010).

This article argues that qualitative research is crucial to further understanding drug users' attitudes and perceptions of drug driving and law enforcement. It draws upon interviews with a sample group of illicit drug users from Melbourne. It engages with concepts of legitimacy (Joh 2007) and resistance (Marx 1995, 2003) to explore the participant's perceptions of RRDT, and strategies to evade detection. It argues that useful new information regarding the effectiveness of RRDT may be provided by an understanding of: the extent to which illicit drug users feel that RRDT is legitimate; what influences these perceptions; and how these attitudes intersect with deterrence.

Existing qualitative drug driving research

Limited qualitative research examining drug drivers' perceptions and behaviours has been conducted in Australia (see Aitken et al 2000; Barrie et al 2011; Davey et al 2005; Wilson 2010; Wilson and Wilson 2010) and in the United Kingdom (see Danton et al 2003; Neale 2001; McIntosh et al 2008). Qualitative research has focused on three main areas: drug users' perceptions of the role of the car; perceptions of drug driving; and perceptions of risk while drug driving. This research has found drug users are unaware of drug driving laws (Barrie et al 2011) and believe that there is little chance of contact with police while drug driving, and that even if caught by police the consequences are not severe (Adams et al 2008; Armstrong et al 2005; Danton et al 2003; Davey et al 2005; Lenton and Davidson 1999; McIntosh et al 2008; Neale 2001).

A Scottish study revealed that only 12 out of a possible 61 recreational drug users involved in the research reported having been pulled over by police while drug driving. These individuals reported the police simply removed the drugs from their person or that they had been prosecuted for drug possession (Neale 2001). Research conducted in Australia prior to the enactment of legislation allowing RRDT revealed drug users were largely unconcerned by the likelihood of detection (Davey et al 2005; Stevenson et al 2001). It has also been argued that drug users do not overly concern themselves with the illegality of drug driving (Davey et al 2005).

There is a gap in the qualitative drug driving literature with regard to drug drivers' perceptions and experiences of law enforcement after the introduction of RRDT. To address this research gap, this article considers the attitudes of a sample group of Melbourne drug users with regard to drug driving and RRDT.

Legitimacy and enforcement

Public perception of police legitimacy is vital to the popularity and effectiveness (Dixon 1999) of policing. In order for police to be effective, the public must support the police role and cooperate without coercion (Murphy 2009). Power is legitimate only when it adheres to well-established beliefs and must be based upon a set of effective social expectations (Pratt 2008). Individuals are more willing to adhere to the law when it is seen to be fair and enforced appropriately (MacCoun 2005). The public's perception of the legitimacy of laws or changes to the perceptions of legitimacy will also impact upon the degree to which people comply with laws (Tyler 2006). However, problems arise when police form assumptions around certain groups or minorities being more likely to engage in criminal behaviour than other groups (Joh 2007).

It is often highly visible groups in society that become the subject of police attention (Young 1971) and over-policing. Problems arise when individuals are specifically targeted on a regular basis, which results in the demoralisation of an entire group (Joh 2007). This may result in a deterioration of police and community relations, a decline in the public perception of police legitimacy or the relevance of particular legislation. These factors may impact upon the degree to which people in the targeted group comply with laws.

People will also fail to comply with rules and regulations if they feel that the potential benefits of breaking the law outweigh the costs (Lupton and Tulloch 2002; Lyng 2008; Tyler 2006). Individuals will defy rules if the enforcing organisation or particular methods of surveillance are perceived to be illegitimate or unfair (Marx 2003). However, individuals are not passive and will engage in forms of resistance when they feel attacked or treated unfairly (Goffman 1961). Segments of the public who are targets of governance initiatives may, at times, resent social control and may consequently engage in resistance strategies (Moore and Haggerty 2001).

Resisting surveillance: Exploring drug driver's methods to evade RRDT

The public is increasingly aware of the technology used to monitor their movements (Haggerty and Ericson 1999). Individuals may be actively involved in resistance and engage in behaviours to circumvent surveillance. Due to the nature of technology, most technology will have some form of limitation or blind spot that can be exploited (Marx 2003). With the knowledge of surveillance affecting everyday life, people will increasingly engage in creative resistance responses which may be impulsive, unplanned and unstructured (Lyon 2007).

Marx (2003) provides eleven resistance and non-compliance strategies to evade privacy invading surveillance devices: blocking, discovery, avoidance, piggy backing, switching, distorting, masking (identification), breaking, refusal, cooperative and counter surveillance. The five strategies of relevance to the current research, discovery, avoidance, piggy backing, refusal and distorting moves, are discussed below.

Discovery moves involve the attempt to establish the location of surveillance. Once the surveillance operation is detected, the individual can regulate their behaviour in order to avoid detection. Following the discovery moves that determine where surveillance is in operation, avoidance moves may be implemented. Rather than being active moves, such as deliberate tampering with surveillance technology, avoidance moves are passive in nature and generally will involve withdrawal. Piggybacking moves involve surveillance being confronted, but eluded, as information and privacy are protected through connection to a legitimate subject. For example, a driver following another car that has legitimate access into a limited accessed area (Marx 2003).

Distorting moves involve deliberate tampering with the surveillance data collection process. In distorting moves, the aim is to give a technically valid result, but one that is manipulated. People undergoing breath tests to detect alcohol may engage in distorting moves by sucking on coins prior to the test in order to distort the result. Similar tactics have been employed for urine analysis for drug tests, where the person may consume certain medications or eat certain foods in an attempt to distort the results. Refusal moves involve deliberate non-compliance with authority (Marx 2003).

Marx's (2003) five resistance or non-compliance strategies of relevance to the current research — discovery, avoidance, piggy backing, refusal and distorting moves — will be used to explore participants self-reported methods to evade RRDT.

Research methodology

This research recruited 40 participants who were illicit drug users, and who had used illicit drugs in the last year. As researchers often experience difficulties in accessing participants

from 'hidden populations' such as illicit drug users (Liamputtong and Ezzy 2005), the researcher asserts this specific number of participants selected for this research would easily reach saturation point — when the thematic data begins to reproduce itself so that extra interviews would draw out little additional information (see Bachman and Schutt 2003; Baker et al 1992; Cresswell 1998).

Participants were recruited via two recruitment strategies. Recruitment strategy 1 involved snowball sampling of the researcher's networks. Group A participants who were already known to the researcher were approached with an information package, and were able to keep the explanatory statement to peruse at their own leisure. They were also asked if they would be prepared to make the project known to others in their social networks who they thought might be interested in participating, which encouraged potential group B participants to express interest in the project. Recruitment strategy 2 involved opportunistic sampling at a local St Kilda based drug and alcohol recovery clinic. In the majority of cases participants from the clinic were recruited and interviewed immediately.

All participants took part in individual semi-structured interviews and self-report survey data collection. The self-report survey encourages a process of triangulation, which is important particularly when researching behaviour such as illicit drug use and drug driving that is socially undesirable (Bachmann and Schutt 2007; Bryman 1988; Bryman 2001; Denzin 1978). The use of the survey is consistent with methods utilised in existing drug driving research (see Aitken et al 2000; Armstrong et al 2005; Degenhardt et al 2004; Jones et al 2005; Duff and Rowland 2006). The self-report survey² asked participants to respond to questions regarding: basic demographics; drug use (frequency of drug use in the last month, type of drugs used, types of drugs preferred, and method of administration); drug driving behaviour; and experiences of being a passenger in a car with a drug driver.

The semi-structured interview questions were designed to explore the following themes: reasons for engaging in illicit drug use; reasons for engaging in drug driving; drug driving as risk-taking behaviour; and safety aspects involved in drug driving (eg modification techniques). These themes have been explored in qualitative drug driving literature (see Aitken et al 2000; Danton et al 2003; Davey et al 2005; Lenton and Davidson 1999; McIntosh et al 2008) and were used in this research to build upon existing knowledge. The following themes were developed specifically for this research: perceptions of the associated drug/drink driving advertisements, the likelihood of detection from police pre/post the introduction of RRDT, and strategies to evade detection.

Interviews and questionnaires were conducted from the 8 April 2009 to the 4 March 2010. Interviews and questionnaires were conducted with participants at an agreed time in either a group study room in a university library or alternatively in an interview room at the drug and alcohol recovery clinic, depending on how the participant was recruited. The interviews took a maximum of 1.5 hours each, and were recorded on a tape recorder with written consent obtained from participants. Following the grounded theory process (Becker 1993) data was simultaneously collected, transcribed and coded with key themes and sub-themes. The data was analysed drawing on the concepts of legitimacy and resistance.

The self-report survey was designed in consultation with staff from the drug and alcohol recovery clinic, using two existing questionnaires as a reference (see Degenhardt et al 2004; Alcohol, Smoking and Substance Involvement Screening Test developed for the World Health Organization). It was designed to elicit data from the sample group appropriate for analysis (see Babbie 2007) with regards to basic demographic data, illicit drug use and drug driving activity. The questionnaire was written in appropriate informal language including slang common to illicit drug users (see Dunlap et al 1990) and was not intended to be a diagnostic tool.

This research acknowledges the participants are individuals who are not defined by their illicit drug use. Participants are referred to by pseudonyms and a brief description of their illicit drug use at the time of the research will be given.

Results

Demographic data

Fifteen females and 25 males took part in this research. Participants were aged from 18 to 49 years. The average age of the male participants was 27.76 years and the average age of the female participants was 25.53 years. The data collected from the self-report surveys reveals that 20 participants reported occasional social drug use, which could be described as 'irregular' and 'light', and 20 participants reported heavy drug use, described as daily or almost daily use of drugs. Ten participants, four females and six males, were at the time of interview seeking assistance for their drug use. However, it should be explicitly noted that during the interviews it emerged that all participants' reported that their lifetime drug use had fluctuated over time.

Thirty-two participants reported having ever driven under the influence of drugs. The three most common illicit drugs reported by participants to have been used either immediately or several hours prior to or while driving were cannabis (n=28 participants), ecstasy (n=23 participants) and amphetamines (n=20 participants) (see Table 1).

Participants were asked whether they had encountered RRDT and seven of the participants reported they had. Thirty-seven participants reported having been passengers in cars with drug drivers. Only two female participants had not drug driven or been a passenger in a car of a drug driver.

Table 1: Number of participants who self-reported drug driving under the influence of various illicit substances

Drug type	Males	Females	Total
Cannabis	20	8	28
Ecstasy	18	5	23
Amphetamine	16	4	20
Cocaine	11	5	16
Hallucinogens	9	1	10
Ketamine	7	0	7
Heroin	6	2	8
Inhalants	3	0	3
GHB	2	0	2

Perceptions of RRDT

Unequivocally, it was found participants believed that prior to the inception of RRDT the threat of detection from police when drug driving was non-existent. Participants asserted that since the implementation of RRDT, the threat of detection now existed, but based upon anecdotal experiences, they believed that it remained low. The majority of participants saw the validity of a RRDT program alongside RBT in order to promote road safety.

Some participants, however, were sceptical about the introduction of RRDT and questioned its legitimacy. These participants expressed suspicion about why the tests had not been brought in earlier, given that RBT for alcohol has been in place for many years. They questioned whether there existed unequivocal evidence that drug driving is dangerous to warrant the introduction of RRDT.

For some participants, the introduction of RRDT was seen as premature and the validity of the technology was questioned. There was also some criticism that RRDT cannot detect heroin, which many participants saw as problematic. Some participants felt it unfair for drivers to be penalised for having small amounts of an illicit drug in their body. This led participants to question whether RRDT was implemented upon moral opposition to illicit drug use, and whether it is a mechanism for social control. For these participants, RRDT was viewed as being directly connected to general control of individual's behaviours and inextricably linked to controlling illicit drug use.

Some illicit drug users appeared to believe that certain drugs, such as cannabis or amphetamine, assisted their driving by calming their nerves and improving concentration. Robert, aged 44 years and a daily cannabis user, believed smoking cannabis assisted him in driving safely. Robert stated 'I think it was more the action, just a little buzz and it just settled me and I was actually driving slower'. This comment suggests some participants believe that it is safe(r) to drive under the influence of certain drugs.

Participants who were heavy cannabis users suggested the idea of a legal limit for cannabis and the ability for the technology to measure impairment levels. Jess, aged 28 years and a heavy cannabis user, justified her drug driving with her belief that cannabis did not impair her driving any more than low levels of alcohol. She also raised the idea of the measurement of impairment levels for cannabis. Jess explained:

If I have a joint then I don't think that I am any less capable of driving than someone that has had one beer ... So I think that the measurement of what's in your system could probably be a lot better than what they do have 'cause from what I understand it is just a clear yes or no you've got it [drugs in your body] or you don't.

However, Jess also recognised that the measurement of impairment levels may be impossible to achieve as governments and law enforcement agencies would not condone illicit drug use or drug driving. Pearce, aged 26 years and a frequent cannabis user, discussed the direct relationship between the implementation of RRDT and the control of drug use. He stated: 'I think that it's [RRDT] just an extension of the effort to control drug usage, to control drug usage and behaviours that may impact upon people'. Pearce also questioned whether RRDT was implemented upon moral grounds, rather than rigorous and conclusive research into the effects of illicit drugs on driving performance.

Dan, aged 27 years and an occasional social drug user, was supportive of RRDT in terms of general road safety. However, like Pearce, he also questioned whether the introduction of RRDT was based upon unshakable scientific research. Dan stated:

In general I think it's [RRDT] a good thing but ... I doubt that such extensive research has gone into the effects of drugs on driving. Not to say that it is any safer or anything but sometimes it strikes me that the drug driving testing is kind of as much about the testing for drugs than it is about the driving safety; it is as much about drug detection.

Evidently, participants did see the merit of RRDT. However, some did raise concerns regarding the testing procedures, and the fairness of the legislation impacting upon drug users. Participants also questioned the reasoning behind why RRDT was introduced, and considered whether it was an extension of efforts to control drug usage. Some participants, particularly heavy cannabis users, did not appear overly concerned by their own drug driving and continued to engage in these behaviours.

It can be tentatively suggested that by continuing to drug drive the participants are engaging in general resistance against law enforcement. However, data collected in this research also suggests that some participants actively engaged in resistance strategies designed to deliberately avoid drug buses and detection from police. In the next section, the resistance strategies the participants or others they know employ to avoid detection from police will be discussed. The resistance strategies that the participants reported fitted into several of Marx's (2003) resistance and non-compliance strategies.

Strategies of resistance

Participants reflected on the early stages of the RRDT program, and recalled strong media coverage of the campaign. The intense advertising of RRDT in the early stages of the program created some anxiety for the participants regarding the risk of being caught drug driving. The participants reported early on in the RRDT trial period having a strategy in place to avoid detection was important when drug driving. They also reported that they and their friends often discussed techniques to avoid detection. However, these participants said their perceptions of the level of risk of detection by police had reduced recently, largely due to a downscale in advertising roadside drug testing.

Generally, participants who were heavier drug users reported more frequently drug driving. For some of the participants drug driving occurred on a daily basis in the process of getting to and from work or social engagements. Other participants said they had not drug driven for some time, and that they would not drug drive again in the near future. However, these participants also said they were unable to rule out never drug driving again. Despite participants reporting that the likelihood of encountering RRDT was low, the heavier users continued to use tactics to avoid detection.

After the discovery of RRDT operations, participants reported strategies that involved avoiding and withdrawing from situations where RRDT operations were in place. Juliana, aged 49 years and a daily cannabis user, reflected on her experience of deliberately circumventing RRDT by pulling over and abandoning her car after detecting a drug bus. While daily cannabis smokers Adam (aged 25 years), Peter (aged 27 years), and Marcus (aged 22 years) all discussed planning routes, or only driving at certain times or in certain weather conditions, to evade RRDT. For these participants, having seen drug buses in certain areas was a key factor in planning their route home. They also expressed the belief that police are less likely to set up RRDT late at night or in wet weather as it is dangerous.

This research also found that new technology for personal use is increasing the capacity for people to share information about where drug buses are located. Molly, aged 25 years and an occasional drug user, reported the availability of a new iPhone application which allows people to track where drug buses are. Molly explained:

It is on your iPhone and it is basically a share database and when you see a drug bus you mark it on a map and other people do the same and so when you are driving home you can see where all the other drug buses are.

Other participants choose to avoid drug buses using piggy backing moves. Along with planning routes, Adam also employed piggy backing moves to deliberately evade RRDT. He stated:

I saw one [RRDT] the other day and I was smoking [cannabis] and driving and so what I decided to do was just follow it until it stopped and then [when it pulled over] I just drove past it cause I knew there wouldn't be another one along that road.

Only one participant appeared to believe that non-compliance was an effective strategy. Scott, aged 35 years and a daily heroin and other illicit drug user, appeared to believe that by refusing to comply with law enforcement procedures involved in RRDT that testing can be easily beaten. Scott reported 'Yep they [RRDT swab tests] can be beaten easy, I just didn't lick it. Just put it in me [sic] mouth and just didn't let it touch me'.

The heavier drug users also reported using distorting moves, which involve the deliberate tampering with the surveillance data collection process. These participants described rinsing their mouths with vinegar, methylated spirits or eating dry crackers before driving in an attempt to dry out their mouths, and distort the swab test results. Adam reported that he keeps a bottle of vinegar in the back on his car for when he sees RRDT and needs to rinse his mouth. Sven, aged 29 years and an occasional illicit drug user, suggested that eating dry food would inhibit the production of saliva so that swab tests would not work. Sven explained 'If you don't have much spit in your mouth then they won't be able to get as much saliva so there is less chance of getting caught'.

These participants reported they discussed creative methods to distort the swab tests with friends. Andy, aged 33 years and a heavy poly drug user reflected on advising a friend of the best way to distort the results of a RRDT swab test:

I said to him 'if you get brown vinegar and swirl it in your mouth it will neutralize your mouth and they won't pick it up' and he did it and it worked and he went through a drug bus twenty minutes after I told him that and it worked.

It is interesting to note the diversity of the moves reported by participants. These moves can be categorised into of Marx's (2003) discovery, avoidance, piggy backing, refusal and distorting moves. It is evident that the moves were employed to minimise the risk of detection, rather than to minimise road safety risks.

Discussion

This research engages with qualitative research methods that allow the exploration of people's opinions, experiences and values. Qualitative research into illicit drug users' perceptions has the potential to contribute new information to better understand the social worlds of illicit drug users and cultural contexts in which drug driving occurs.

There are, however, possible limitations involved in qualitative research and limitations of research examining illicit behaviours, which the author of this article acknowledges. This research employed a snowball sampling recruitment strategy and opportunistic sampling of a local drug and alcohol recovery clinic. This method was particularly useful in gathering participants for a qualitative project on illicit drug use and driving behaviour. By employing this recruitment methodology, however, this research is only able to capture the attitudes and experiences of a select group that is not necessarily representative of people beyond this group.

During the interviews, participants often contradicted themselves, which made it difficult to quantify their perceptions. This research acknowledges these potential limitations; however, the data collected builds upon the knowledge gained from existing drug driving research.

With regard to the likelihood of detection while drug driving, participants overwhelmingly agreed prior to the inception of RRDT there was no chance of being caught by police. Participants largely supported the idea of RRDT, in terms of assisting the existing RBT program and mostly agreed that RRDT was a positive step towards improving general road safety. Based upon anecdotal evidence, however, the participants believed the likelihood of detection from police while drug driving remained low. Furthermore, despite offering general support for RRDT, several participants reported that they continued to drive under the influence of illicit drugs or would not rule out drug driving again as they did not perceive their behaviour to be problematic.

Some participants were, however, also concerned that RRDT was not based upon rigorous, unequivocal scientific research and as such was introduced prematurely. Several participants perceived RRDT to be another form of governance and social control, as part of a greater anti illicit drug agenda. Some participants perceived the legislation to be overly punitive and lacking in legitimacy as it does not allow for a legal limit for cannabis and it is not based on research that points to a link between illicit drug use and impaired driver behaviour.

These findings are supported by previous research which found that some drug users believe that drugs do not have a negative impact upon driving ability (Neale 2001) and that cannabis users advocate the legalisation of cannabis use and driving (Lenné et al 2001). The participant's also drew upon their own lived experience as a case that drug driving is not dangerous. Drawing on anecdotal experiences, some cannabis and amphetamine using participants asserted these drugs improved their concentration, which contributed to their ability to drive safely.

The participants' arguments cannot be simply dismissed as research by Longo et al (2000) has found that there is no significant relationship between THC (delta-9-tetrahydrocannabinol), which is in cannabis, and driver culpability. Furthermore, as noted earlier, some illicit drugs, namely low doses of amphetamines, have been found to enhance performance in some situations (Hurst 1976; Kelly et al 2004; Kelly and Dillon 2005; Neale 2001; Prichard et al 2009). However, it is paramount that further experimental research into drug use and driving confirms the direct effects of illicit drugs on driving.

Several participants in the current research reported that they continued to engage in drug driving behaviour as they did not see drug driving to be dangerous behaviour and/or the potential benefits of drug driving far outweighed the negatives. This finding is consistent

with McIntosh et al (2008), who report that drug users will continue to engage in drug driving as the benefits of driving are seen as outweighing the potential negatives of not driving. The current research also supports the argument that people will fail to comply with rules and regulations if they feel that the potential benefits of breaking the law outweighs the costs (Lupton and Tulloch 2002; Lyng 2008; Tyler 2006).

The data collected in this research supports the argument that despite the enactment of laws and law enforcement, some people will continue to engage in deviant behaviours, particularly if they do not see their own behaviour to be particularly harmful. Data collected found that some participants challenged the legitimacy and validity of RRDT, and reported actively engaging in resistance strategies to avoid RRDT. This finding reflects research that suggests that drug users implement strategies when drug driving to minimise risks of detection (Davey et al 2005). These findings were discussed with consideration of the concepts of legitimacy and resistance.

Conclusion

The potential social and public health consequences of drug driving are of increasing global interest. Existing drug driving research, however, continues to employ quantitative methodologies and fails to break away from the traditional road safety perspective. Qualitative research is critical in order to further criminological understanding of illicit drug users' behaviours. This research has contributed new knowledge to existing drug driving research by engaging with the concepts of legitimacy and resistance to examine the data collected from a sample group of Melbourne illicit drug users.

Drawing on Marx (2003), who proposes that cultural beliefs may allow surveillance devices to be viewed as increasingly legitimate, it can be tentatively suggested that drug users' cultural perceptions of RRDT will change over time. It is interesting to consider that when RBT was first implemented it was initially resisted by parts of the community and sections of government (Boorman 2007; Finnane 1994; Homel 1988; Senate Standing Committee on Social Welfare 1977). The effectiveness of the RBT campaign in gaining public support, however, was largely due to the clear scientific evidence proving that alcohol grossly affects driver performance and effective education campaigns (Finnane 1994). However, it is evident that despite the implementation of RRDT, illicit drug users continue to drug drive. In order for there to be a shift in cultural norms regarding drug driving, as there has been with drink driving, the legitimacy of RRDT needs to be further enhanced.

It would be of particular interest to conduct research comparing the attitudes and experiences of illicit drug users from other policing jurisdictions where RRDT has been introduced. It would also be of interest to conduct research into the perceptions of drug users in jurisdictions where RRDT has not yet been introduced, but is being considered. Longitudinal research would also be useful in order to compare data over time. This would allow researchers to consider whether illicit drug users' perceptions of legitimacy of RRDT increases the longer the RRDT has been in use. Such research would also potentially open the debate to include marginalised voices. This is critical in order to encourage discussion regarding these behaviours, and to assess the impacts of legislation and law enforcement on the community.

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Legislation

Road Safety Act 1986 (Vic)
Road Safety (Amendment) Act 2000 (Vic)
Road Safety (Drugs) Act 2006 (Vic)
Road Safety (Drug Driving) Act 2003 (Vic)

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