

# The handling and statistics of Suspected Drugs and Driving Cases in Finland

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## ABSTRACT

Alcohol and drug determinations of suspected driving under influence of alcohol and/or drugs are carried out centrally, in the National Public Health Institute in Finland. All analysis are performed at the request of the police.

Drugs can cause behavioural impairment in the driver's ability to operate safely. This impairment in driving ability can be documented, and biological fluids are tested for drugs. Most nations have legislation that covers driving under influence of alcohol and/or drugs. Also Finland has introduced 'zero tolerance law' (per se laws) that forbid operating a motor vehicle while having an illicit drug or a metabolite in the body, whether or not impairment is manifested. The drugs of main interest are amphetamine and amphetamine-type substances, cocaine, cannabis, opiates, and benzodiazepines and other sleeping agents. The handling of drugs and driving cases are presented, and the statistics is provided.

**Keywords:** Drugs and driving, Driving under influence of drugs

## THE LEGISLATIVE BASIS IN DRUGS AND DRIVING CASES

### Zero-tolerance ('per se law) and impairment law

In February 2003, zero tolerance law for illicit drugs and driving was introduced in Finland (1). The scheduled drugs in Finland include the drugs that are listed in the UN conventions on narcotics and psychotropic substances (Narcotic act 1289/93; Penal code 50). Drugs that have potentially harmful effects on driving ability have warning labels on the packages (Circular of the National Board of Health 1758/81).

The zero tolerance is applied if the controlled drugs or their (active) metabolites are found in blood. The zero tolerance law is not applied if the driver has a right to use the controlled substance, e.g. by prescription of a physician.

The impairment law stays still in the background in the legislation. A driver will be convicted for driving while intoxicated if the driving ability is impaired by the use of drugs. This applies to any substance, and a driver can be convicted for the intake of any drug (of medicinal drugs, too) if he/she is intoxicated to the extent that he/she may be dangerous to traffic safety (Penal code 23).

The impairment has to be proven in court. Symptoms of drug use have to be shown by documentation of policemen and/or by a clinical sobriety test (also known as clinical performance test) by a physician. The impairment has to be proven also when the driver is prosecuted for severe drunken driving because of *drugs*, i.e., when he/she is intoxicated to the extent that he/she may be severely dangerous to traffic safety. For severe drunken driving because of zero tolerance drugs, proof of impairment in addition to detection of drugs in blood is needed. The statutory limit for

drinking and driving in Finland is 0.50 ‰ (w/w). The limit for severe drunken driving is 1.2 ‰. The corresponding breath alcohol control limits are 0.22 mg/l and 0.44 mg/l (Law on amending no. 23 of the penal code 655/1994).

Example of using the legislation: Benzodiazepines were found in blood and

- 1) The driver has a prescription but the driving ability is clearly impaired then the driver will be punished because of driving under influence of drugs and impairment law
- 2) The driver has no prescription then the driver will be punished of driving under zero tolerance law.

## **HANDLING OF DRUGS AND DRIVING CASES IN FINLAND**

### **Police**

In order to identify drunken or drugged drivers in Finland, the police is authorized by law to submit drivers to the preliminary test (breath test or oral fluid on site drug test) even without any suspicion. In the Finnish regulations, the on site testing devices for alcohol and drugs have the same position. The reasons for screening tests are usually random control, impaired or dangerous driving, road traffic accidents or information of a bystander.

The police officer, who arrests the driver, provides also evidence of impairment. To demonstrate the impairment caused by drugs, the police have a standardized field sobriety observation sheet available. Any external symptoms of drug use are documented.

### **Physician & Health Care Unit**

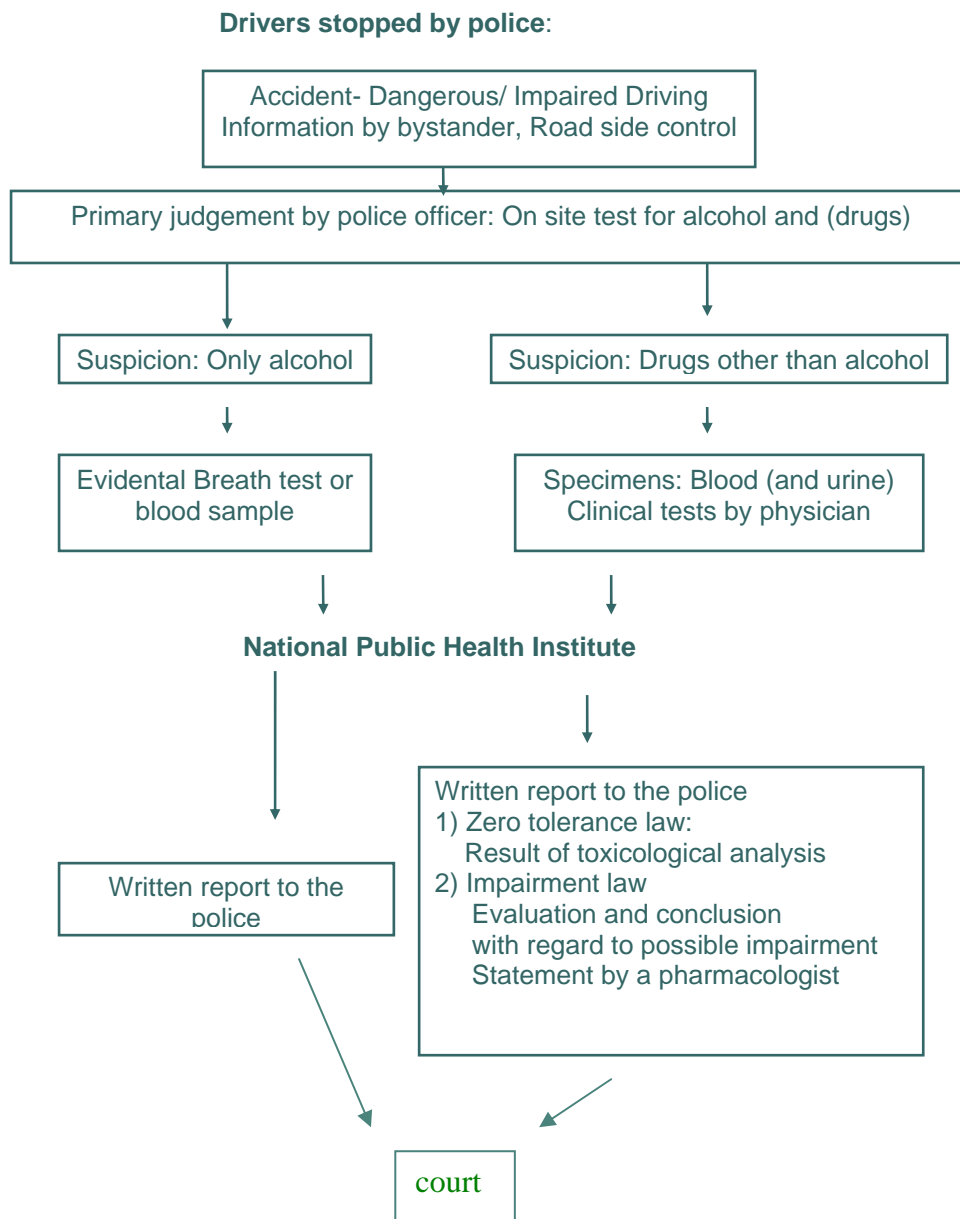
A clinical field sobriety test is performed by a physician at the request of the police. When the screening test is positive or when drug-induced impairment of skills related to driving is suspected, samples are taken as evidence that the drugs were present in the body fluids at the time of driving. If necessary, a blood sample can be taken even against the will of the driver (Law on coercive means).

### **Laboratory**

Alcohol and drug determinations of suspected driving under the influence of alcohol and/or drugs are carried out centrally, in the National Public Health Institute (KTL) in Finland. Drug analysis is performed at the request of the police. Qualitative drug screening in blood (and urine) is performed, and the concentrations in blood are measured in order to assess possible effects of the drug(s) on driving ability.

The written laboratory report to the police includes the results of toxicological analysis. When 'zero-tolerance' drugs are detected, only the test report of the toxicological analysis (qualitative and quantitative) is needed. Under impairment legislation, a pharmacological evaluation and conclusion with regard to possible impairment is also required. The evaluation is done individually, taking into account the general characteristics of the drug, the purpose of the use, the concentration of the drug in the blood, and whether drug use was acute or chronic, whenever these can be objectively estimated, e.g. using the concentration ratios of the parent drug to the metabolite.

**Figure 1:** Handling of drunken and drugged driving cases in Finland



### Prosecutor

In practice, a driver under the influence of drugs is liable to prosecution if the presence of a ‘zero-tolerance drug’ in the driver’s blood can be measured or if significant amount of prescribed drug(s) / other substances can be measured, if impairment of performance has been demonstrated, and if a causative role of drugs is considered possible.

### Court

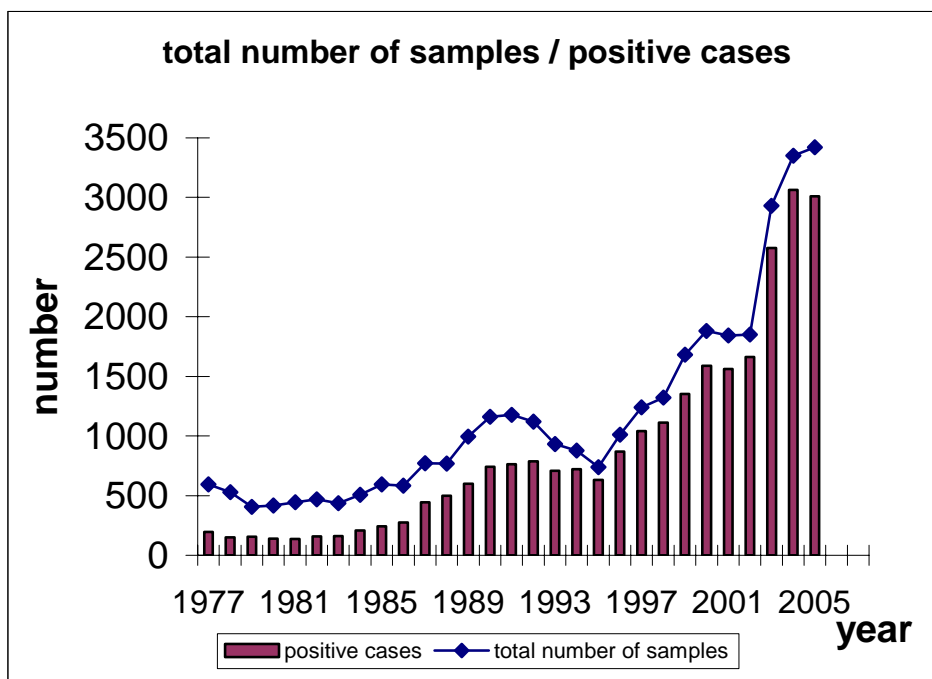
For illicit drugs and controlled medicinal substances, zero tolerance law is applied. For other substances, the impairment of the driver has to be shown in court. This is based on 1) the

documentation of external signs of drug use by police officer, 2) clinical sobriety test by physician and 3) the laboratory report including a pharmacological evaluation based on the test results, i.e., high concentrations.

## TRENDS IN DRUGS AND DRIVING IN FINLAND

During the last few years, there has been a marked increase in the number of drivers suspected of being influenced by drugs (Fig.2.). Based on the noticeable increase in the number of samples and comments from police officers, it is clear that the police is satisfied with the zero tolerance law (Since 2003). This is mainly a result of the fact that in case of illicit drug findings in blood, the police does not need to prove in court that the impairment in driving ability had occurred because of the drug; confirmation of the presence of illicit drug(s) in blood is enough for prosecuting for drugs and driving, because of drunken driving legislation (2). Even the number of samples has increased during the last years the percent of drugs and/or medicinal drugs has been stable during years.

**Figure 2:** The number of blood samples sent to the laboratory and number of positive samples of all samples



Statistics show that about 85% of all blood samples sent for toxicological analysis have one or more banned substances present. Amphetamine is by far the leading drug of abuse in Finland and was identified in about 50% of all DUID suspects either alone or together with other controlled substances. The next most frequently encountered illicit drug was tetrahydrocannabinol (THC), with positive findings in about 20-25% of cases. Various prescription drugs, mainly sedative-hypnotics like diazepam, alprazolam and clonazepam, were also highly prevalent and these occurred mostly together with illicit substances. For example 55 % of diazepam cases contained

also amphetamine and over 60 % of clonazepam cases contained amphetamine in the year 2005. Opiate findings, such as 6-acetyl the metabolites of heroin has decreased during last years. Most DUID suspects in Finland were from the age group 20-29 and were men (90%) who were poly-drug users combining illicit substances, like amphetamine and/or cannabis, with a prescription medication such as various benzodiazepines.

## CONCLUSIONS

The zero tolerance law for drugs and driving has sharply increased the prosecuted drugs and driving cases. In this new legislation, the medicinal drug use, when the use is under control of physician, has been put into a different category than the illicit drug use. After introducing the zero tolerance law the authorities have better means to prosecute an intoxicated driver.

The most common non-medicinal, illicit drug findings are amphetamine and cannabinoids. Benzodiazepines are often taken together with illicit drugs, in an average of about 50-60 % of the benzodiazepine cases, other illicit drugs, mainly amphetamine and/or cannabis, are simultaneously found.

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