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Department for Infrastructure

Consultation on proposals to Modernise Northern Ireland's Drug Driving Laws

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Contact details are:

Drug Driving Consultation Responses

Driving, Vehicle and Road Safety Policy Division

Department for Infrastructure

James House (3rd Floor, Area C)

2 – 4 Cromac Avenue

Gasworks Business Park

Belfast

BT7 2JA

Email: drugdrivingconsultation@infrastructure-ni.gov.uk

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Ministerial Foreword

Every death and serious injury on our roads is one too many. Road traffic collisions remain a major cause of death and injury, with devastating consequences for victims, families, communities and emergency services. Research shows that driving after taking drugs can significantly impair a person's ability to drive safely, increasing the risk of collisions and causing lasting harm.

While drink driving continues to present a significant challenge, evidence suggests that drug driving is an increasing concern. The PSNI is detecting growing numbers of drivers who have consumed drugs, and the number of people killed or seriously injured in collisions involving drug-impaired drivers has increased over recent years.

The current legal framework for tackling drug driving in the North is based on proving impairment. This approach has changed little over many decades. As drug use patterns, technologies and enforcement methods have evolved, it is important that our legislation keeps pace and provides an effective framework for protecting all road users.

This consultation seeks views on a range of proposals to modernise the North's drug driving laws. The measures include the creation of new offences linked to specified drug limits rather than just impairment.

Alongside the proposals being consulted on, the NI Assembly has agreed that several measures which support drug (and drink) driving enforcement should be progressed through amendments to the Justice Bill. These are currently before the Assembly and will therefore not form part of this consultation. These measures relate to preliminary testing by the PSNI.

I am committed to ensuring that the North has a robust and effective framework for tackling drug driving. The views received through this consultation will play an important role in shaping future legislation and helping us deliver safer roads for everyone.

Together, we can help create a safer road environment for all who live in, work in and visit the North. I therefore urge you to consider the proposals set out in this document and submit your response before the consultation closes. Your contribution matters and will help shape the future direction of drug driving policy here.

Liz Kimmins MLA

Minister for Infrastructure

Introduction

Driving under the influence of drugs, whether illegal drugs or certain medicines, can seriously impair a person's ability to drive safely. Drug use can affect concentration, judgement, reaction times and vehicle control, increasing the risk of road traffic collisions and causing death or serious injury to drivers, passengers and other road users.

While drink driving remains a significant road safety issue, evidence suggests that drug driving is an increasing concern. Between 2021 and 2025, 94 people were killed or seriously injured in collisions where a driver or rider was impaired by drugs. Analysis of longer-term trends shows that the average number of people killed or seriously injured in such collisions has increased from 8 per year in 2014-2018 to 19 per year in 2021-2025. Since the PSNI introduced roadside drug testing in August 2024, just over half of those screened have tested positive for cannabis and/or cocaine.

Northern Ireland (NI) currently operates an impairment-based drug driving regime. This means that the PSNI must prove that a driver's ability to drive was impaired by drugs before a conviction can be secured. Although this approach has changed little over many decades, drug use patterns, enforcement methods and technology have evolved significantly. Great Britain (GB) and the Republic of Ireland (ROI) have both moved from impairment-only systems to approaches that also include offences linked to specified drug limits.

We are proposing a two-stage approach to legislating for drug driving: the first stage is legislation that means the presence of drugs in a driver’s system above certain limits will be the basis for prosecution. This is the stage we are consulting on here.

This consultation seeks views on proposals to modernise NI's drug driving laws. The main proposal is the introduction of new offences linked to specified drug limits. Under these offences, it would not be necessary to prove impairment where a driver is found to be over the legal limit for a specified drug. The consultation also seeks views on powers to specify drugs and limits through future regulations, and the introduction of a medical defence for those using relevant medicines legitimately.

The consultation does not propose which drugs should be subject to limits or what those limits should be. The second stage will look at what drugs are covered and is for a future consultation. This approach allows us to respond quickly by updating our laws if the drugs being used change in the future.

The proposed measures will align with the additional provisions relating to preliminary drug (and drink) testing powers by the PSNI being progressed separately through amendments to the Justice Bill currently before the Assembly and which are outside the scope of this consultation.

Contents

How to respond

The consultation period began on **4 November 2026** and will run until **27 January 2027**. Please ensure that your response reaches us by the closing date.

You are invited to access the document and respond online or scan the QR code below.

Alternatively, you can complete the **separate response form** and return to either of the addresses below.

Email: drugdrivingconsultation@infrastructure-ni.gov.uk

Post:
Drug Driving Consultation Responses
Driving, Vehicle and Road Safety Policy Division
Department for Infrastructure
James House (3rd Floor, Area C)
2 – 4 Cromac Avenue
Gasworks Business Park
Belfast
BT7 2JA

When responding, please indicate at **Question 1** whether you are responding as an individual or representing the views of an organisation. If responding on behalf of an organisation, please make it clear who the organisation represents and, where applicable, how the views of members were assembled. No personal data is required.

If you have any questions on this document or attached papers, please contact us using the details provided above. This document can be made available in a range of formats. Please contact us with your requirements.

Information Access Legislation

The Department for Infrastructure (the Department) will publish a summary of responses following completion of the consultation process. All information provided will be treated in relation to Information Access Legislation.

Impact Assessments

We would welcome comments and evidence on any possible (positive or negative) impacts these options might have on equality for specific groups or individuals as set out in Section 75 of the Northern Ireland Act 1998, on groups/individuals living or working in rural areas and on costs for businesses or charities.

The Department has carried out the following impact assessment screens on the initial proposals to modernise drug driving laws:

- Equality Impact Assessment Screen
- Data Protection Impact Assessment Screen
- Regulatory Impact Assessment Screen
- Rural Impact Assessment Screen
- Human Rights Impact Assessment Screen

The impact assessment screens have found no undue impacts arising from the proposals in this consultation. However, screening is a live process that will be considered alongside the public consultation process as it evolves and as such the Department would welcome input. The impact assessment screens will continue to be reviewed particularly in light of any consultation feedback. The Department has published the initial equality impact assessment screen to the Departmental website.

Drug Driving – The Issue

General Prevalence of Drugs in Society

Drug use remains a significant issue across Europe, the UK and the ROI, with cannabis consistently identified as the most commonly used illicit drug. Research indicates that drug use is particularly prevalent among younger adults and males, the same groups frequently associated with drug driving offending. Detailed statistics on drug prevalence are provided in Annex A.

Drug Driving and Road Safety Risk

Driving after consuming drugs presents a serious road safety risk. Both illicit and medicinal drugs can impair the skills required for safe driving and increase the likelihood of collisions. NI's current legislative framework is focused on proving that a driver is 'unfit', i.e. impaired, an approach that has changed little over many decades despite developments in vehicle technology, patterns of drug use and enforcement methods. Further detail is provided in Annex A.

Overview of Impairing Effect of Drug Consumption on driving ability

Drugs can impair the cognitive and physical abilities needed to drive safely. Depending on the substance involved, effects may include reduced concentration, slower reaction times, impaired judgement, poorer decision-making and reduced vehicle control. The effect can be intensified when drugs are combined with alcohol or when multiple drugs are consumed together. The nature and duration of impairment can vary between substances and individuals. Research also indicates that some medicinal drugs can significantly increase collision risk. Further detail is provided in Annex A.

Prevalence of Drug Driving

Research suggests that a significant minority of drivers have driven after taking either illicit or medicinal drugs. European studies have reported varying estimates of prevalence, reflecting differences in methodology and data collection. While precise levels in NI are difficult to determine, available evidence, including PSNI roadside testing activity, indicates that drug driving is an established and continuing road safety concern. Detailed research findings are included in Annex A.

Prevalence of drugs in Road Traffic Collisions

Drug use is increasingly being identified in road traffic collisions and fatalities across a number of jurisdictions. Evidence from GB, ROI and NI suggests that drugs are a growing factor in serious road traffic collisions. While alcohol remains the more significant issue overall, the proportion of collisions involving drug-impaired drivers has increased in recent years. Detailed statistics are contained in Annex A.

Regulating for Drug Driving

There are three main legal approaches taken by countries to regulate drug driving. These are:

a) Establishing legal limits
b) Impairment legislation
c) Two-Tier (a combination of a and b)

Each of these approaches are briefly explained below.

Establishing Legal Limits/Zero Tolerance

Legal limits can be zero or small amounts (both are effectively considered zero tolerance) or may be set in accordance with the policy of the relevant country. The establishment of limits and the rationale for these is a key consideration for policy makers.

Generally, in pure zero tolerance systems any detectable amount of a drug in a driver's body is an offence. Otherwise, limits are established in legislation for a number of drugs over, or at, which it is an offence to drive. Any driver, in whose body (such as in blood), the concentration of any of the specified drugs reaches or exceeds the limit is considered to have broken the law. This approach is akin to a drink driver being detected over the established drink driving limit. Where limits are set to allow small amounts of a drug this is to avoid prosecuting drivers that have had passive or accidental exposure to a relevant drug.

In countries where this approach is used law enforcement authorities are not required to establish that a driver is impaired through drugs for an offence to be committed. This approach is considered to facilitate a more efficient and effective enforcement and prosecution process in contrast to the more challenging requirements of having to prove a driver is impaired.

Impairment Legislation

This is our current approach. It places the onus on the prosecuting authorities to establish in each case that a suspected drug driver is affected in such a way as to be impaired by a drug or drugs.

The powers available to police forces to detect and test for impaired driving differ by jurisdiction. However, impaired driving is likely to be suspected if a driver's ability to maintain proper control of a vehicle is observed to be a concern. This will usually result in the driver being stopped and tested by police at the roadside using a range of tests (eg an impairment test), usually administered by specially trained police officers. There can also be the need for an assessment by a medical doctor.

An impairment test typically involves a series of simple checks carried out by a police officer to help assess whether a person's ability to drive may be affected by drugs. The test typically involves observing a person's behaviour, coordination, balance and ability to follow instructions. For example, a driver may be asked to walk a short distance and turn, stand on one leg or complete other straightforward tasks. The results are used alongside other evidence to help determine whether a person's ability to drive is impaired. The components of impairment tests may vary, country by country.

Two-Tier System

In this system, legislation combines both legal limit and impairment provisions. It ensures that anyone driving at or above the legal limit for a specified drug, whether or not impaired, can be prosecuted for drug driving. It also allows for the prosecution of any drivers who are: impaired by drugs, regardless if they are under the legal limit; and drivers who are impaired by drugs which have not been specified.

Therefore, drivers can be prosecuted in the following scenarios:

a) Within legal limits, but impaired;
b) Over legal limits; or
c) Impaired by any other, not specified drug.

Additional information, including comments by researchers and conclusions about the various legal approaches used to tackle drug driving are provided at Annex B.

Drug Driving Regime in NI and Neighbouring Jurisdictions

NI's current approach to drug driving is based on proving that a driver is impaired by drugs. However, a number of neighbouring jurisdictions have updated their legislation in recent years. Between 2015 and 2019 GB introduced a two-tier system following an independent review of drink and drug driving laws. The ROI adopted a similar approach in 2017.

Both jurisdictions also introduced roadside drug screening devices and medical defences for certain legitimately prescribed drugs. Evidence from GB and ROI indicates that these changes have strengthened enforcement and led to significant increases in the detection and prosecution of drug driving offences. NI now remains one of the few jurisdictions in these islands that continues to rely on an impairment-based approach.

A more detailed explanation of the law in other jurisdictions is provided at Annex C.

Questionnaire

This is the section where we are keen to hear your views.

The interventions we are seeking your views on below will, we believe, help transform the NI drug driving regime, facilitating the PSNI in tackling drug drivers and bringing them before the courts. The measures will also better align the drink and drug driving regimes.

The implementation of these measures will require amendments to existing primary legislation (the Road Traffic (NI) Order 1995 and the Road Traffic Offenders (NI) Order 1996).

The proposals outlined will need further work before a Bill can be developed. The Department will consult on the draft Bill at the appropriate time.

We hope you will take the time to read our proposals and will provide the support we need for improved measures to tackle the growing menace of drug driving.

About You

1. Are you responding as an individual, a business or on behalf of an organisation?

In the space provided please enter the name of business or organisation you are representing. (Please do not add any personal or identifying information. Any personal details will be deleted from responses.)

Regulatory Approach

A two-tier approach will allow the introduction of limits for impairing drugs, while retaining impairment offences. Both the limits and the specific drugs which the limits will apply to will be determined at a later date and will, once again, be subject to public consultation.

2. **Would you support the creation of legal limits (like we have for alcohol) for specified drugs to tackle drug driving in Northern Ireland?**

3. **Should we continue to prosecute any drivers that are impaired by drugs regardless of which drugs, or how much is in their system?**

New Drug Driving Offences

New offences, linked to the specified drugs and limits, will clarify prosecution of drug driving offenders with outcomes likely to be more predictable. The presence alone in a person's system of a specified drug above the specified limit for that drug will be an offence and there will be no need to prove that the person's driving was impaired.

The current main drink and drug driving offences are contained in Articles 14 -16 of The Road Traffic (Northern Ireland) Order 1995

4. **Would you support the creation of new drug driving offences, where it would be an offence to drive, attempt to drive or be in charge of a motor vehicle while being over the limit for a specified drug?**

The current offence of causing death or grievous bodily injury by careless driving when under the influence of drink or drugs covers drivers that are over the legal limit for alcohol. The proposal below would replicate this for drug drivers.

5. **Would you support us updating the legislation for causing death or grievous bodily injury to include being over the legal limit for drugs?**

Regulation Making Powers

Powers will permit the Department to not only initially specify drugs and limits but will, as required, allow relatively rapid amending powers to update the list of specified drugs. For example, if drug taking habits of drivers change, then it may be desirable to add to the list of specified drugs.

6. **Do you support giving the Department powers to set and update the drugs and limits that will apply to the new offences through regulations?**

Penalties

Existing offences for being impaired through drink or drugs are already penalised in a similar manner. If we create offences for driving over a drug limit, the penalties could mirror those for driving over the alcohol limit.

Penalties in NI for existing drink and drug driving offences are contained in Annex C

7. **Do you agree that any new driving offences of being over the drug limit should replicate the existing penalties for being over the alcohol limit?**

Medical Defence

This would apply to anyone taking drugs under medical supervision where in future those drugs have a specified legal limit. This would distinguish them from those abusing otherwise legal drugs for recreation. The medical defence would not be available for anyone charged with being impaired.

8. **Would you support the introduction of a medical defence (in relation to the new offences) for those taking medicinal drugs, legally supplied (such as by a doctor or dentist) for medical or dental purposes?**

Courses for Drug Driving Offenders

In NI drink driving offenders who have been disqualified for a period of at least 12 months are, at the time of conviction, referred automatically[1] to a Course for Drink Driving Offenders (CDDO). This is a rehabilitation course aimed at reducing the number of drink drivers who reoffend. There is no similar course available for drug drivers.

Whilst referral is automatic, the offender is not obligated to attend the course – it is voluntary, but if they successfully complete it their period of disqualification is reduced. The reduction is at least 3 months and not more than a quarter of the period of disqualification. For example, a disqualification can be reduced from 12 months to 9 months.

CDDOs are a proven effective educational intervention. Analysis, completed in September 2019, shows that people who completed the CDDO were less likely to reoffend than those who did not attend the course – and this is true up to four years after the course was completed. [2]

9. **Would you support the Department investigating the potential for introducing courses for drug driving offenders, similar to those which exist for drink driving offenders?**

Any Additional Comments

10. **Have you any comments to add on the proposals contained in this consultation including the initial equality impact assessment screen (published on the Departmental website)?** (Please do not add any personal or identifying information. Any personal details will be deleted from responses.)

What will happen next?

The consultation will close on **27 January 2027.** A summary of responses will be published once the results have been analysed and the Minister has considered the way forward. Any future legislation would be subject to further consultation.

[1] Unless the court considers there are special reasons for not making a referral order. It should be noted that automatic referral onto a Course for Drink Drive Offenders was only made mandatory from 28 June 2021.

[2] Reoffending analysis for Participants who completed the Course for Drink Drive Offenders in Northern Ireland 2010 to 2013. Research Briefing, September 2019, ASRB

Glossary

DfI

The Department for Infrastructure is the NI Government department responsible for the maintenance and development of critical infrastructure. Its responsibilities also include road safety and vehicle regulation policy, including strategies to reduce the number of people killed or seriously injured on our roads.

DfT

The Department for Transport is the UK government department that oversees and invests in transport infrastructure and sets transport policy.

DRUID

Driving Under the Influence of Drugs, Alcohol and Medicines (DRUID) was a major research project on drugs (including alcohol) and driving undertaken within the EU during 2006 and 2011. Its findings remain important.

EU

European Union

EU27

This term is used to describe the 27 Member States of the European Union. The 27 countries are: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Republic of Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.

EUDA

European Union Drugs Agency

FSNI

Forensic Science Northern Ireland is an Agency within the Department of Justice that works to provide effective impartial forensic science to support justice.

MBRS (Medical Bureau of Road Safety)

The MBRS operates under the remit of the Department of Transport in ROI and is responsible for the chemical testing of intoxicants in driving. The equivalent body in Northern Ireland is the FSNI.

Opioids

Opioids are drugs derived from naturally occurring opium or are made synthetically and are a class of strong painkillers which includes codeine, tramadol, morphine, diamorphine (heroin), co-codamol and methadone. Many are commonly prescribed but carry addictive risks. As well as having an analgesic effect, opioids have a euphoric effect, which is the main reason for their misuse.

Psychoactive substances

A psychoactive drug is any substance that alters behaviour by affecting a person's mental functioning or emotional state by stimulating or depressing their nervous system.

PSNI

Police Service of Northern Ireland.

RSA

The Road Safety Authority is a ROI government agency that works to improve road safety by reducing deaths and injuries on Irish roads.

Z Drugs

Z drugs are a class of medicine which act in a similar way to benzodiazepines but are not benzodiazepines. Examples of Z drugs are zolpidem and zopiclone, both of which are used to treat sleeping problems and are only legally available in the UK on prescription.

Annex A – Statistical Evidence on Drug Use, Drug Driving and Road Safety

A Note About Statistics

The statistics used in this consultation paper are from many different sources and as such care needs to be taken in attempting to make direct comparisons. This is due to a number of reasons such as the methods employed to collect data and differences in reporting, different definitions etc. They are provided to highlight and evidence important issues and to help provide some context.

GENERAL DRUG PREVALENCE IN SOCIETY

Drug use is commonplace throughout these islands and across Europe. In many countries drug use is increasing. Studies show that a significant number of people in the EU aged 15-64 have tried illicit drugs at some point in their lifetime.

The *World Drug Report 2026* published by the United Nations Office on Drugs and Crime reports that cannabis remains the most consumed drug worldwide with an estimated 256 million users.

The *European Drug Report 2025: Trends and Developments*, estimated that some 15.5 million (15.4%) young adults (aged 15-34) consumed cannabis in the last year and in the same period some 2.7 million (2.7%) young adults consumed cocaine.

2.2 million (2.2%) of those aged 15-34 are estimated to be daily or almost daily cannabis users. Around three quarters of adults (15-64) who use cannabis are estimated to be male and the majority (52%) are aged under 35.

Republic of Ireland (ROI)

Data from the same report[3] shows that in 2019 13.8% of young adults (15-34 year olds) reported taking cannabis in the past year. For the same age group and same period, 4.8% admitted to taking cocaine.

Results from the fifth general population survey on illicit drug use in ROI (2019/2020)[4] show that 27.1% of those aged 15-64 years had reported using illicit drugs in their lifetime. 9.8% of people aged 15-34 years reported illegal drug use within the previous month and this was most prevalent among males.

The three most used drugs[5], according to the survey are Cannabis (5.9%), Ecstasy (2.2%) and Cocaine (1.9%).

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[3] *European Drug Report 2025: Trends and Developments*

[4] Mongan D, Millar SR, and Galvin B (2021) The 2019–20 Irish National Drug and Alcohol Survey: Main findings. Dublin: Health Research Board. An electronic copy is available at: https://www.drugsandalcohol.ie/34287

[5] Based on prevalence within last year

England and Wales[6]

It is estimated that 8.8% of people aged 16-59 years (around 2.9 million people) have used any drug in the last year. Of these 6.8% (around 2.3 million people) had used cannabis and 2.1% had used powder cocaine. In this age group, 1.8% (around 610,000 people) are estimated to be frequent drug users. Of those in this age group who used cannabis in the last year, 34% are frequent users, with 10% using it every day.

16.5% of people aged 16-24 years (around 971,000 people) have used any drug in the last year. Of these 13.8% had used cannabis and 3.8% had used powder cocaine. In this age group, 2.5% (around 150,000 people) are estimated to be frequent drug users. Drug use is higher among this age group, with some 16.5% having reported using drugs.

Unsurprisingly cannabis is the most frequently used illicit drug.

Northern Ireland

It is estimated[7] that 27.7% of people aged 15-64 have used an illegal drug in their lifetime; 5.9% in the last year and 2.9% in the last month, i.e. they are current users. In the last year 4.6% of people in this age group had used cannabis and 1.8% had used cocaine.

11.5% of people aged 15-24 years reported using an illegal drug in the last year. 3.7% reported using cocaine and 9.4% reported using cannabis. 4.3% of this age group are estimated to be current users of cannabis.

[6] Drugs misuse in England and Wales: year ending March 2024 – Office for National Statistics. Data are from the Crime Survey for England and Wales. Drug misuse in England and Wales - Office for National Statistics

[7] All-Ireland Drug Prevalence Survey 2014/15, Commissioned by the National Advisory Committee on Drugs and Alcohol in Ireland and the Department of Health in Northern Ireland.

DRUG DRIVING

The Issue

Those taking drugs and then driving put their own lives and the lives of other road users at greater risk. Many drugs, both illicit (ie illegal) and medicinal can cause impairment, therefore affecting a driver's ability to drive thus increasing the likelihood of collisions.

The current drug driving regime is dated – the current offences still relate to a driver's fitness to drive and the requirement was similar in 1929. Much has changed since then. Cars and other motor vehicles are much more numerous on our roads and the speeds at which vehicles can travel has increased. The variety of drugs available is ever expanding. For example, in 2024 alone 755 new psychoactive substances were reported as being on the global drug market.[8] There is evidence that drug driving behaviour is on the rise. Significant change is needed in response so that drug driving can be tackled in a much more modern, efficient and effective manner.

Overview of Impairing Effect of Drug Consumption on driving ability

Research into drug use in relation to driving and using the roads is still limited, compared to alcohol. However, drugs (illegal and/or medicinal) can seriously impair driving; that is, they can lead to someone being unfit to drive safely due to the detrimental effect on a person's ability to perform key driving tasks.

Drivers need to use a variety of skills when behind the wheel of a motor vehicle to drive competently and safely. They must, among other abilities, be able to perceive hazards; judge distance; manage speed; drive defensively and control a vehicle, sometimes in unexpected and quickly developing situations.

The consumption of drugs can impact a driver's ability to do so by effecting cognitive and motor functions; thus leading to impaired, and therefore unsafe and potentially fatal, driving. The impairing effects of drug taking on the ability to drive can be exacerbated depending on dosage consumed and frequency of consumption.

Different types of drugs have different effects, but when drug consumption is combined with alcohol, driving impairment can become much worse and less predictable, causing erratic behaviour. The same is true with polydrug use – the use of more than one drug or type of drug at the same time or one after the other. Such behaviour significantly increases the risk of causing a collision. It is also true that individuals can react differently to the effect of drugs.

Some of the specific effects of drug taking, impacting on driving are:

- inability to concentrate;
- poorer decision making;
- erratic and aggressive behaviour;
- blurred vision;

[8] UNODC, *World Drug Report 2026* (United Nations publication, 2026)

- slower reaction time;
- reduction in attention span;
- greater risk taking;
- distractibility;

The duration which the impairing effects of drugs remain in a person's body can vary by drug and by individual.

Prevalence of Drug Driving

The 2021 European Commission report, *Prevention of driving under the influence of alcohol and drugs,* concluded that the share of those driving under the influence of drugs in the general driving population is estimated between 2-5% based on roadside checks and self-reported survey data. However, the report acknowledged that the most comprehensive information on drugs in traffic in Europe was the DRUID (Driving under the influence of Drugs, Alcohol and Medicines) study[9].

The DRUID research on prevalence took place between January 2007 and July 2009 and included 13 different countries (excluding UK and ROI) all using the same methodology. *Prevention of driving under the influence of alcohol and drugs*, reports, "the DRUID project estimated that on average 1.9% of drivers drive with illicit drugs in their blood, 1.4% with a limited list of medicinal drugs, 0.37% with a combination of alcohol and drugs and 0.39% with [a mix] of different drugs".

It was found that THC (Cannabis) was the most frequently detected drug in traffic, followed by cocaine.

A more recent (2023) *European Commission Thematic Report - Alcohol and Drugs*[10] reported, "Recent roadside surveys among randomly stopped drivers in EU-countries show…drug prevalence rates between 6% - 11%."[11]

Figures from the 2023 *E-Survey of Road users' Attitudes* (ESRA 3)[12], where participants self-reported on driving following the use of drugs, showed the following:

- UK – 10.1% drove within 1 hour of taking drugs (other than prescribed or over the counter medication). For ROI, the figure was 9.2%. The European figure was 7.2%. These are all up substantially on the equivalent figures reported in ESRA 2[13].
- UK – 11.9% drove within 2 hours of taking medication that may affect driving ability. For ROI, the figure was 13.3%. The European figure was 13.4%. These figures are all down on the equivalent figures reported in ESRA 2.

[9] This study collected data between 2006 and 2011.
[10] European Commission (2023). Road Safety thematic report – Alcohol and drugs. European Road Safety Observatory. Brussels, European Commission, Directorate General for Transport.
[11] This summary data is from studies published in 2021 and 2022.
[12] This survey was undertaken in 39 countries from 5 continents and used the same methodology as was used in ESRA 1 and ESRA 2 for consistency and reliability ESRA | ESRA3 publications
[13]ESRA 2 survey gathered data during 2018 and 2019. ESRA | ESRA2

While there is no similar information available for NI, during 2025/26 there were 1,203,596 full and eligible driver licence holders with private car/light van entitlements[14]. If the average figure for illicit drug taking in NI lies in or around the lowest figure of 1.9% as reported by the DRUID study, then we face a considerable problem. Such a percentage suggests **there may be approximately 22,800 potential drivers who take illicit drugs and drive in NI.** This figure excludes those who may be on medicinal drugs, combining drink and drugs or mixing drugs.

Since they first started conducting preliminary drugs tests, using drug wipes, in August 2024, the PSNI have found that just over 50% of those screened have tested positive for Cannabis and/or Cocaine. While there is no apparent consensus by researchers, and those undertaking studies, on the extent of drug driving prevalence in Europe, there is certainly sufficient data to cause serious concern, and highlight the need for legislative change in NI to address the problem.

Risks to Road Users

From the information already provided it is clear to see that driving under the influence of drugs puts drivers and other road users at risk of death or injury. But how much risk is there to the public, due to drugs on our roads?

Research findings about the crash risk for different drugs varies but the *EU Road Safety Policy Framework 2021-2030 – Next Steps Towards Vision Zero*[15] comments on the DRUID findings, "it has been shown that driving under the influence of some prescription drugs and illegal drugs can multiply the risk of accident by a factor of 2 to 7."

The European Road Safety Observatory's 2023 *Road safety thematic report – Alcohol and drugs*[16] concludes that the crash risk from drug consumption depends on the type of drug. The report highlights the findings from a number of studies showing that the greatest increases in crash risk for illegal drugs, versus a non-impaired driver, are amphetamines (5.2 times higher), poly-drug use (5-30 times higher) and combining alcohol and drugs (20 – 200 times higher).

The report also demonstrates that for medicinal drugs, risk increases were found for barbiturates (used for headaches/insomnia), benzodiazepines (for anxiety/insomnia), anti-depressants, and opioids/opiates[17] (for pain/sleeping problems). The risk increases for these ranged from 1.2 – 7.5 times higher.

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[14] DfI Driver, Vehicle, Operator and Enforcement Statistics Quarter Four: January to March 2026. DfI Driver, Vehicle, Operator, and Enforcement Statistics

[15] European Commission: Directorate-General for Mobility and Transport, *Next steps towards 'Vision Zero' – EU road safety policy framework 2021-2030*, Publications Office, 2020, **https://data.europa.eu/doi/10.2832/391271**

[16] European Commission (2023). Road safety thematic report – Alcohol and drugs. European Road Safety Observatory. Brussels, European Commission, Directorate General for Transport. Version: 30 January 2024

[17] Opioids include oxycodone, morphine, codeine etc

For comparison, it is estimated that the crash risk for a drink driver with a Blood Alcohol Concentration[18] of 80mg/100ml of blood (the current BAC drink driving limit in NI) is estimated to be about 2.69 times higher than a sober driver (Blomberg et al, 2005)[19].

Elsewhere, epidemiological studies have shown that the use of Cannabis, the most prevalent illicit drug found in drug drivers, including in NI, is associated with a twofold increased risk of being involved in an accident.[20] The same report concluded that the relative risk of collision involvement with cocaine (the second most prevalent drug) is 1.5 to 3 times higher than an unimpaired driver.

Prevalence of drugs in Road Traffic Collisions

It is estimated that 6% of road fatalities in the EU in 2018 were drug related, although some estimates are as high as 15 to 25%. The share of drug related deaths in road traffic collisions has increased in almost all European countries over the decade to 2018. [21]

Great Britain

According to official statistics from the Department for Transport (DfT)[22], in reported collisions in 2024, impairment drugs were detected in 17% of all deceased drivers[23], and 24% of drivers for which toxicology information was available. This compares to 11% and 21% respectively for 2014. Comparisons with deceased drivers with alcohol detected suggest the presence of drugs in driver fatalities may have increased relative to drink driving over the same time period.

The number of deceased drivers in fatal collisions with drugs detected in 2024 has increased by over 40% from 2014 figures. In 2024, the majority of deceased drivers, where drugs were detected, had illegal drugs in their body. 14% were twice over the drug-drive limit. A total of 150 deceased drivers in road collisions in GB, in 2024, had at least one impairment drug present.

It is very likely that the figures are underestimates of the actual number of drivers with drugs detected, as there are cases where data is not available.

Of all the fatal collisions in 2024, the proportion where police assigned 'affected by drugs' as having contributed to the collision was 9%.

[18] UK drink drive limits are also expressed as the volume of alcohol in urine and breath, but BAC is the most common way of expressing it.
[19] Blomberg, R.D., Peck, R.C., Moskowitz, H., Burns, M., et al. (2005). *Crash risk of alcohol involved driving: A case-control study.*
[20] From the 2014 report *Drug use, impaired driving and traffic accidents* produced by the European Monitoring Centre for Drugs and Drug Addiction.
[21] According to *Prevention of driving under the influence of alcohol and drugs*
[22] Drugs in reported road fatalities in Great Britain, data to 2024. Drugs in reported road fatalities in Great Britain, data to 2024
[23] Also includes riders of motor vehicles e.g. motorcycles

Between 2014 and 2024 between 60% and 70% of casualties in collisions, where an impairment drug was detected, were fatalities. Most of the fatalities in these collisions were drug drivers themselves.

Republic of Ireland

411 drivers in total were killed on ROI's roads in the period 2016-2020. A coroner's report and toxicology result was available for 316 (77%) of these fatalities.

Of these 316[24] deceased drivers, positive toxicology[25] results for cocaine were found in 45 (14%), benzodiazepines in 37 (12%), cannabis in 26 (8%), opioids in 20 (6%) and z-drugs in 18 (6%). 15% of driver fatalities also had a positive toxicology for alcohol and at least one other drug category.

It gives a clear indication that drug prevalence in fatal road traffic collisions is considerable, although it is important to acknowledge that some of the fatalities may have had more than one drug in their system at the time of death, and may not necessarily have been impaired.

Northern Ireland

In 2025 there were 1,122 police recorded killed or seriously injured (KSI) casualties in road traffic collisions in NI. Of these, 81 were due[26] to driver or rider impairment by drugs (medicinal/illicit) or alcohol. Drug driving/riding accounted for 18 KSIs in 2025 (22% of all drink and drug KSIs) and 1.6% of all KSIs in 2025. These figures are likely to be understated.

Alcohol remains a bigger problem than drugs on our roads, but there is an increasing trend of drugs being responsible for more and more KSIs on our roads. In the rolling period 2014 to 2018 there was an average of 8 KSIs per year due to driver/rider impairment by drugs. However, in the period 2021 to 2025 this average had increased to 19 KSIs per year.

The Consequences - Killed and Seriously Injured Road Users

The consequences of taking drugs (illicit/medicinal) and then driving can be devastating. Drivers who consume drugs before getting behind the wheel kill or injure, often seriously, not only themselves but their passengers and other road users.

It is estimated that there were 1,360 drugs-related road deaths in the EU27 in 2018. This represents on average 6% of all road fatalities[27]. Between 2010 and 2018

[24] Source: Road Safety Authority (RSA) *Contributory Factors and Driver Fatalities: Examining 2016-2020 Coronial Data*, January 2025.
[25] Positive toxicology does not imply impairment, and driver fatalities may have had a positive toxicology for more than one drug.
[26] Principal causation factor
[27] Implied/estimated and extrapolated from findings in 16 Member States – *Prevention of driving under the influence of alcohol and drugs – Final Report*, European Commission, April 2021

fatalities with drug involvement grew by 39%.[28] Closer to home, in reported road collisions in GB in 2024, there were estimated to be 1,602 fatalities[29]. For the same year, data shows that 150 drivers were killed in reported road collisions where at least one impairment drug was detected[30]. This figure represents approximately 9%[31] of all fatalities but excludes other fatalities (eg passengers) who may have been killed as a result of drugs. Worryingly, it seems that drug driving is on the rise. In GB, in 2014, there were 193 casualties (killed, seriously injured and slightly injured) in reported road collisions, where at least one deceased driver had an impairment drug present. In 2024 the equivalent number of casualties was 232[32].

In NI, in 2025, 56 people lost their lives in road traffic collisions. 18 people were killed or seriously injured (KSI) where driver/rider impairment by drugs (illicit/medicinal) was the principal cause.

While casualties due to drink drivers remain higher than those for drug driving in NI and elsewhere, a study of 5-year rolling data of KSIs in NI, where the principal causation factor was driver/rider impairment by drink or drugs, shows clear evidence of an increase in KSIs caused by drug driving. In the 5-year period 2014-2018, drug driving (illicit/medicinal) accounted for 10% of drink/drug driving KSI casualties. This had risen to 22% in the 5-year rolling period 2021-2025[33]. This trend is one that, unfortunately, is anticipated to continue, resulting in more tragedy, grief and pain for families and individuals across NI. Lives will be changed for ever; yet the harm caused in road traffic collisions, including serious injuries and deaths, as a result of drugs, are entirely preventable.

Main Drug Driving Offenders

In NI, in the five-year period 2021-2025, a total of 326 drink and drug drivers were responsible for collisions involving death or serious injuries. 75 of these drivers were driving under the influence of drugs. Males accounted for 79%[34] of those that were responsible for a fatal or serious collision caused by drug driving in this period. Young men aged 17-34 are the group most likely to be responsible for drug driving fatal or serious collisions, accounting for 58% of those that were responsible for a fatal or serious collision in the period.

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[28] Paraphrased from *Prevention of driving under the influence of alcohol and drugs – Final Report*, European Commission, April 2021. The 39% increase is based on the findings from the 16 Member States mentioned above.
[29] Department for Transport *Reported road casualties Great Britain, annual report: 2024 Published* 25 September 2025.
[30] Department for Transport *Drugs in reported road fatalities in Great Britain, data to 2024.*
[31] Extrapolated from Department for Transport *Drugs in reported road fatalities in Great Britain, data to 2024* and *Reported road casualties Great Britain, annual report: 2024.*
[32] Department for Transport *Drugs in reported road fatalities in Great Britain, data to 2024.*
[33] PSNI Road Traffic Collision Statistics
[34] Sex and age of 3 drivers who were under the influence of drugs are not known so the percentage is based on the 72 drivers whose age and sex are known

In the 3-year period 1 April 2022 to 31 March 2025, FSNI processed blood and urine specimens for a total of 1,329 drivers suspected of drug driving. 85% of the individuals (1,128), who provided specimens for testing, were males. 60%[35] of individuals providing a specimen for testing were aged 15-34 and of these 87% were male. A further 29% of individuals were aged 35-49.

In GB, figures for the number of defendants convicted for drug driving in England and Wales for 2020-2024, show that male drivers accounted for 89% of all those convicted; with males aged 18 to 39 accounting for 78% of all males convicted for drug driving, and 69% of all drug driving convictions.[36]

The position in ROI appears to be similar. 73% of positive drug results produced by the Medical Bureau of Road Safety (MBRS), in 2024, were drivers under 44 years of age and the majority were male. Half of all drivers arrested by Gardai on suspicion of drug driving, from January 2024 until end April 2025, were aged under 30.[37]

[35] Percentages have been rounded and the percentage calculations include a small number of individuals whose age was not known.
[36] Ministry of Justice, Criminal Justice System Statistics Quarterly: December 2024
[37] From RSA news bulletin dated 1 May 2025 RSA Launches Major New TV Campaign Targeting Drug-driving

Annex B – Regulating for Drug Driving

This Annex provides some additional information, comments by researchers and conclusions about the various legal approaches used to tackle drug driving

Establishing Legal Limits/Zero Tolerance

In EU 27 countries, where legal limits (not exactly zero) have been established they have invariably been combined with an impairment approach, making the overall approach a two-tier system. Countries in the EU27 operating a pure zero-tolerance approach include France, Slovenia and Sweden.

In the June 2017 final report for the Centre for Accident Research and Road Safety – Queensland *Roadside Drug Testing Scoping Study*, Davey J, Armstrong K, Freeman J and Sheldrake M concluded, *"Drug threshold* [limits] *legislation is currently the most significant emerging trend in the drug policy arena."*[38]

Impairment Legislation

It is recognized that this type of legislative approach is subjective. In an article called *Driving under the influence of drugs* for WIREs Forensic Science, Marillier and Verstraete (2019) concluded, 'As a consequence, many of the countries with this kind of legislation experienced difficulties in obtaining convictions.'[39]

Two-Tier System

12 EU27 countries have a form of two-tier system in place to tackle drug driving, including Belgium, Denmark and Luxembourg. In the two-tier regimes in the EU27, limits have generally been set for a small number of drugs. These drugs tend to be prevalent in drug driving.

The approach clearly provides advantages to prosecutors and enforcement authorities in being able to deal more efficiently with drug drivers who use drugs which are more commonly detected and in use by drivers, while at the same time allowing for enforcement against drivers, who for example, consume less frequently used drugs.

The statistical information from GB and ROI and the study findings from Sweden very strongly suggest that detections, forensic screenings, prosecutions and convictions are very likely to increase if a similar two-tier system is introduced in NI. An added anticipated benefit is likely to be a reduction in the need for expert witness testimony

[38] Davey J; Armstrong K; Freeman J; Sheldrake M; 2017, CARRS-Q Roadside drug testing scoping study Final Report, Brisbane

[39] Marillier, M., & Verstraete, A. (2019, May/June). Driving under the influence of drugs. WIREs Forensic Science, 1(3), e1326. doi:https://doi.org/10.1002/wfs2.1326

in court proceedings due to the strict liability nature of any new offences linked to drug limits proposed in this consultation. Costs are also liable to be reduced per prosecution but would very likely increase with escalating numbers of prosecutions.

The legal approaches utilized by EU 27 countries in addressing drug driving are set out in Table 1[40] below.

Tabel 1 - Legal approaches taken by EU27 members to address drug driving.

Impairment Approach	Limits/Zero Tolerance Approach	Two-Tier Approach
Austria	Bulgaria	Belgium
Croatia	France	Czechia
Cyprus	Italy	Denmark
Greece	Lithuania	Estonia
Hungary	Poland	Finland
Malta	Portugal	Germany
	Romania	Republic of Ireland
	Slovenia	Latvia
	Sweden	Luxembourg
		Netherlands
		Slovakia
		Spain

Some Conclusions on the different regulatory approaches

In 2012 *Driving Under the Influence of Drugs, Alcohol and Medicines in Europe – findings from the Druid project*[41] reported, of the approaches adopted to tackle drug driving, that the zero-tolerance/legal limits approach, *'appears to be more promising, particularly as, until now, the effectiveness of enforced impairment laws has been relatively low.'*

However, in the 2021 *Prevention of driving under the influence of alcohol and drugs,* it is reported, *'There is no strong evidence on differences in impacts between these regulatory approaches* [on] *the number of drugged drivers in traffic or on drug-related accidents and fatalities. In addition, little is known about the effects of applying stricter norms or thresholds on deterrence of driving under* [the] *influence of drugs.'* It cited Sweden as an example, where a zero-tolerance approach was introduced in 1999 stating it, '*has not led to a reduction in the number of drivers who decided to drive after using illegal drugs, nor has the structure of drugs detected in blood samples submitted for toxicological tests changed. On the other hand, there has been a clear increase in prosecutions of drugged drivers in Sweden'.*

[40] Table developed primarily from information available from EUDA and several other sources
[41] *Driving Under the Influence of Drugs, Alcohol and Medicines in Europe – findings from the Druid project,* European Monitoring Centre for Drugs and Drug Addiction, 2012. Driving Under the Influence of Drugs, Alcohol and Medicines in Europe — findings from the DRUID project | www.euda.europa.eu

Annex C – The Approach in Northern Ireland and Neighbouring Jurisdictions

Drug Driving Regime in Northern Ireland

Existing statutory provisions concerning drug driving are contained in Articles 13-21 of the Road Traffic (Northern Ireland) Order 1995. These articles include provision for drink and drug driving offences and police powers to administer preliminary tests.

The main offences relevant to drug driving and of interest to us in this consultation, can be summarised as:

- driving, attempting to drive or being in charge of a mechanically propelled vehicle while unfit to drive through drink or drugs (Article 15 (1) and (2)); and

- causing death or grievous bodily injury by careless driving while under the influence of drink or drugs (Article 14). There are a number of offence elements, including an excess alcohol component, but for drug driving the offender must have been driving while unfit through drugs[42].

Someone is considered unfit to drive if their ability to drive properly is for the time being impaired.

Therefore, the consistent theme involved in the main drug driving offences is the issue of impairment. This means that the PSNI must prove to a court that a driver is impaired by a drug or drugs to secure a conviction.

To identify drug drivers, the PSNI primarily use preliminary impairment testing[43] at the roadside, which includes a pupillary examination and observing the person's ability to balance, their depth perception etc. A drug wipe device which analyses an oral fluid sample is sometimes used to supplement impairment testing. The observations made and the outcomes of the preliminary testing are used, along with an assessment by a doctor to help determine if a suspect will be required to provide an evidential blood specimen for testing by a FSNI laboratory. FSNI provide toxicology reports to complement PSNI officer statements, preliminary testing outcomes and any other pertinent evidence to assist in meeting the evidential standards required to prove impairment by a drug or drugs.

Unlike drug driving, threshold-based offences for drink driving are available to the PSNI. These offences include driving, attempting to drive or being in charge of a motor vehicle while exceeding the drink driving limits in breath, blood or urine. The PSNI are not required to prove impairment. It is sufficient to prove that a driver is over the limit.

[42] This excludes the components relating to the provision and testing of specimens
[43] This test can also be used for drivers impaired by drink

The penalties for drug driving and drink driving are the same and are set out in Table 2 below.

Table 2 - Penalties for Drink and Drug Driving in Northern Ireland

Northern Ireland Drink and Drug Driving Penalties				
Offence	Max Periods of Imprisonment/Fine	Minimum Period of Disqualification	Penalty Points	Minimum Period of Disqualification for Repeat Offence within 10 Years
Driving or attempting to drive while unfit through drink or drugs (impaired)	6 months imprisonment or fine of up to £5,000 or both	Obligatory 12 months disqualification	3-11	3 years
In charge of vehicle while unfit through drink or drugs (impaired)	3 months imprisonment or fine of up to £2,500 or both	At court's discretion - no minimum period	10	At court's discretion – no minimum period
Driving or attempting to drive while exceeding the alcohol limit	6 months imprisonment or fine of up to £5,000 or both	Obligatory 12 months disqualification	3-11	3 years
In charge of vehicle while exceeding the alcohol limit	3 months imprisonment or fine of up to £2,500 or both	At court's discretion – no minimum period	10	At court's discretion – no minimum period
Causing death or grievous bodily injury by careless driving while under the influence of drink or drugs.	14 years imprisonment or unlimited fine or both	2 years	3-11	3 years

DRUG DRIVING REGIMES IN OTHER JURISDICTIONS

This section briefly sets out the main components of the respective regimes operated in GB and the ROI that are pertinent to this consultation. They are not a full and comprehensive explanation of the law but provide a focused overview to help inform this consultation.

Drug Driving Regime in Great Britain

In December 2009, Sir Peter North CBE QC was appointed by the Secretary of State for Transport to conduct an independent review of the law on drink and drug driving in GB. The final report, entitled *Report of the Review of Drink and Drug Driving Law* was published in June 2010 and made a variety of recommendations, including 23 recommendations in respect of drug driving.

One of these recommendations was the establishment of impairment level limits, for certain drugs known to impair driving, to be set out in legislation, and the creation of a new offence which made it unlawful to drive above those limits. It was further recommended that if it was not possible to determine the impairing level of those drugs, then a 'zero tolerance' offence should be created for certain drugs (which included some medicinal drugs).

It is worth noting that the drug driving regime in GB at the time of the North report was similar to the regime currently in NI. A number of key recommendations in the North report are therefore directly relevant to our existing situation.

The Government responded to the North report in March 2011 indicating that the case for the new drug driving offence should be examined further.

The drug driving regime in GB was subsequently transformed, following the North Report, from an impairment-based system into a two-tier system.

It currently consists of impairment offences (driving, attempting to drive or being in charge while being unfit due to drink or drugs) and threshold-based offences of driving, attempting to drive or being in charge of a motor vehicle with a concentration of a specified controlled drug above a specified limit.

A 'zero tolerance'[44] approach was taken for 8 illegal drugs, a road safety risk-based approach was taken for 8 drugs most associated with medical use and a hybrid approach taken for amphetamines to strike a balance between its legitimate medical use and its abuse.

The serious offence of causing death by careless driving when under the influence of drink or drugs was consequentially amended and now also contains a drug threshold-based element, where previously it comprised of an impairment element and an excess alcohol element.

The threshold-based drug driving offences were introduced in 2013[45] but only became enforceable on 2 March 2015 (in England and Wales) and 21 October 2019 (in Scotland) when Regulations specified which drugs and limits applied to the new

[44] The limits are set at a level where any claims of accidental exposure can be ruled out.
[45] Crime and Courts Act 2013

offences. Regulation making powers allow DfT to add or remove drugs as drug taking habits change.

In addition to the new offences, a statutory medical defence, as recommended in the North Report, is in place to protect those taking drugs for medical or dental purposes and in accordance with all instructions/advice. Police forces also began utilising drug wipe devices so that preliminary drug testing could be undertaken for the first time to detect potential offenders. These new devices, identical to those used in NI, analyse an oral fluid sample and indicate the presence of cocaine or cannabis. A positive test permits police to seek a blood specimen which will be tested for drugs in excess of the specified limits.

The introduction of the new threshold offences has meant that, in most drug driving cases, police no longer must rely on proving that a driver is impaired by a drug. It is sufficient proof that a driver is over the specified limit for a relevant drug.

In GB the new drug driving offences are penalised in the same way as corresponding drink driving offences and the 'impairment' offences. A number of legislative changes, separate from those which heralded the new drug driving regime have, since June 2022, increased penalties for drink and drug driving in GB. These changes significantly increased the maximum term of imprisonment and the minimum period of disqualification for a first and repeat offence for causing death by careless driving while under the influence of drink or drugs. In addition, in England and Wales the maximum fine of £5,000 was changed to an unlimited fine for some offences.

The penalties for drink and drug driving in GB are contained in Table 3 below.

Contents

Table 3 - GB Drink and Drug Driving Penalties[46]

Summary of offence and Section of 1988 Road Traffic Act	Maximum Punishment	Minimum Disqualification	Minimum Disqualification for **Repeat** Offence within 10 years	Penalty Points
3A Causing death by careless driving when under the influence of drink or drugs	Life imprisonment; unlimited fine or both	Obligatory 5 years disqualification	Obligatory 6 years disqualification for committing the same offence	3-11
4(1) Driving or attempting to drive when unfit to drive through drink or drugs – impairment	6 months, unlimited fine[47] or both	Obligatory 12 months disqualification	Obligatory 3 years disqualification if previous offence was one of a number of drink or drug offences	3-11
4(2) Being in charge of a vehicle when unfit to drive through drink or drugs – impairment	3 months, £2,500 fine or both	Disqualification is at the court's discretion	Disqualification is at the court's discretion	10
5(1)(a) Driving or attempting to drive with excess alcohol in breath, blood or urine	6 months, unlimited fine[48] or both	Obligatory 12 months disqualification	Obligatory 3 years disqualification if previous offence was one of a number of drink or drug offences	3-11
5(1)(b) Being in charge of a motor vehicle with excess alcohol in breath, blood or urine	3 months, £2,500 fine or both	Disqualification is at the court's discretion	Disqualification is at the court's discretion	10
5A(1)(a) and (2) Driving or attempting to drive with concentration of specified controlled drug above specified limit	6 months, unlimited fine[49] or both	Obligatory 12 months disqualification	Obligatory 3 years disqualification if previous offence was one of a number of drink or drug offences	3-11
5A(1)(b) and (2) Being in charge of a motor vehicle with concentration of specified controlled drug above specified limit	3 months, £2,500 fine or both	Disqualification is at the court's discretion	Disqualification is at the court's discretion	10

[46] This table excludes offences and penalties related to refusing to co-operate with a preliminary test, failure to provide a specimen or refusing to permit testing of a specimen in a laboratory. The maximum level of fines and terms of imprisonment may differ in Scotland.
[47] £5,000 in Scotland
[48] £5,000 in Scotland
[49] £5,000 in Scotland

Since the two-tier approach came into effect in England and Wales in April 2015, with the introduction of limits for drugs, the number of prosecutions and convictions increased very significantly. There were 878 convictions for drug driving in England and Wales at end December 2014 when an impairment only system was in place. 20 months following the introduction of drug limits there were 5,822 convictions for drug driving, rising to a figure of 20,597 at the end of 2024[50]. Recently, the number of drivers having their driving licences endorsed for drug driving has overtaken those receiving similar endorsements for drink driving.[51] Scotland has also experienced a significant increase in convictions. In the financial year 2018/19, prior to the introduction of drug driving limits, there were 349[52] convictions for being unfit (impaired) due to drink or drugs[53]. In 2023/24 there were 1,144[54] convictions for the new threshold drug driving offences alone.

Drug Driving Regime in ROI

Like GB, ROI also transformed its drug driving regime from an 'impairment'- based system to a two-tiered system. This became effective on 13 April 2017. The legislative changes have given Gardai enhanced powers to detect, enforce and prosecute drug drivers.

Impairment offences have been retained, as in GB, and for these offences the onus is on Gardai to prove that a driver is impaired.

The main change with the introduction of the two-tier system has been the provision of new drug driving offences which mean that a person cannot drive, attempt to drive or be in charge of a mechanically propelled vehicle while at or over the specified limits for Cannabis, Cocaine and Heroin. Importantly, these changes mean that like police forces in GB, Gardai do not have to prove impairment to secure a successful prosecution. It is sufficient for blood test results to show that a suspect has reached or exceeded the relevant limit.

An important element of the new offence provisions is that a defence is available for those prescribed medicinal cannabis by a doctor, if they can provide a medical exemption certificate. This medical defence does not apply to the impairment offence.

With the introduction of drug limits came powers for the Gardai to conduct preliminary drug testing using drug wipe devices at the roadside to help screen for offenders. Until this time the only way to test for potential drug driving was via a preliminary impairment test. Those testing positive are required to provide a blood specimen for laboratory testing.

[50] Criminal Justice System statistics quarterly: December 2024 - GOV.UK
[51] IAM Roadsmart, 9 July 2026, article entitled, 'Drug driving offences overtake drink driving for the first time.'
[52] Figures provided by the Scottish Government – these does not include the offence of causing death by careless driving when under the influence of drink or drugs
[53] Convictions for being unfit (impaired) due to drink or drugs could not be segregated
[54] Figures provided by the Scottish Government

Additional powers which allow the Gardai to establish checkpoints for the specific purpose of conducting drug testing were also introduced to sit alongside existing powers to establish alcohol checkpoints. At these checkpoints it is mandatory for all those in charge of motor vehicles, if required, to provide a saliva specimen for analysis by the drug testing device. The benefit of these powers is that Gardai can conduct preliminary drug testing outside the normal, although significant, circumstances under which preliminary testing can take place.

Penalties for drug driving and drink driving vary. For drink driving there are graduated fixed penalties (fine and disqualification) in place for certain offenders and in certain circumstances, as well as provision for offenders to be summarily tried in court.

Drug driving offenders are all tried in court and the penalties are set out in Table 4 below.

Table 4 - Drug Driving Penalties in the Republic of Ireland

Republic of Ireland Drug Driving Penalties		
Offence	Penalties	
Under the influence of an intoxicant to such an extent as to be incapable of having proper control of the vehicle – impaired (driving, attempting to drive or in charge of vehicle)	Fine	Maximum of €5,000
	Period of Imprisonment	Maximum of 6 months
	Period of Disqualification 1st offence	Minimum of 4 years
	Period of Disqualification repeat offence	Minimum of 6 years
At or exceeding the drug limit (driving, attempting to drive or in charge of a vehicle)	Fine	Maximum of €5,000
	Period of Imprisonment	Maximum of 6 months
	Period of Disqualification 1st offence	Minimum of 1 year
	Period of Disqualification repeat offence	Minimum of 2 years

Since the transformation of the drug driving regime in RoI from an impairment-based system to a two-tiered system in 2017, to include limits for a small number of drugs, the number of toxicology specimens (blood and urine) screened for drugs rose from 1,592 in 2017 to 4,348 in 2024[55]. The total number of specimens testing positive for at least one drug in 2024 was 2,980. It should be noted that a change in policy on screening was introduced in 2020 which is likely to have had an impact on the numbers of screening tests but nonetheless the increase, since the introduction of limits, is considerable. This is also likely to have led to more prosecutions.

[55] Medical Bureau of Road Safety Annual Report 2024

Department for
Infrastructure
An Roinn
Bonneagair
Depairtment fur
Infrastructure
www.infrastructure-ni.gov.uk

Department for Infrastructure
Driving, Vehicle and Road Safety
Policy Division
James House
2 – 4 Cromac Avenue
Gasworks Business Park
Belfast
BT7 2JA
Email: drugdrivingconsultation
@infrastructure-ni.gov.uk