

Exploring Illicit Drug Use and Drug Driving as Edgework

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Abstract

Legislation is enacted in all Australian states and territories allowing the random roadside drug testing of motorists. Research has found drug users continue to drug drive despite the increased risk of detection. Epidemiological and experimental research has been conducted into drug driving. However, there remains a dearth in qualitative drug driving literature. This article draws on interviews with illicit drug users from Melbourne, exploring their illicit drug use and drug driving behaviours through Lyng's (1990; 2008) edgework concept. Participants perceived illicit drug use as a positive activity, a way of challenging personal limits, developing control and establishing personal thresholds. Participants believed drug driving requires preparation, practise, concentration and control over body and mind. Using Lyng's edgework concept, this article aims to understand the social and cultural context in which illicit drug use and driving occurs and why drug users' drug drive.

Introduction

The perceived risks involved in drug driving are a significant social, health and traffic safety issue (Wilson 2010). Drug driving has presented challenges to road safety both in Australia and internationally (Rowden et al 2011). Drug driving refers to when a person drives a vehicle under the influence of illicit drugs and/or prescription medications (Adams, Smith and Hind 2008; Davey et al 2005). A large body of experimental and epidemiological research has examined drug driving. Epidemiological research using self-report surveys and written questionnaires has been conducted into the prevalence of drug driving mainly within illicit drug-using populations (Aitken, Kerger and Crofts 2000; Davey et al 2005; Degenhardt et al 2006; Duff and Rowland 2006; Jones et al 2005; Lenné et al 2001; Matthews et al 2009; Poyser et al 2002). Research has provided convincing evidence that drug driving is common among illicit drug users (Adams, Smith and Hind 2008). Evidence from existing research has found there is a high incidence of drug driving behaviour among intravenous drug users (Aitken, Kerger and Crofts 2000; Darke, Kelly and Ross 2003; Davey et al 2005; McIntosh, O'Brien and McKeganey 2008). A study of 300 injecting illicit drug users from Sydney found 87% of the sample reported drug driving shortly after having used illicit drugs (Darke, Kelly and Ross 2003). Research has also found heavy cannabis users engage in daily drives under the influence (Neale 2001). A Melbourne study of 67 cannabis users found the sample reported driving 43% of the time that they used. Of this

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sample group, 88% reported smoking cannabis once a week and 31% reported smoking cannabis every day (Lenné et al 2001).

Research demonstrates recreational drug-using clubbing and rave patrons also report drug driving and being passengers in cars with drug drivers (Calafat et al 2009; Degenhardt et al 2006; Duff and Rowland 2006; Furr-Holden 2006; Lenton and Davidson 1999; Matthews et al 2009). A study of 573 Australian regular ecstasy users found 72% of the sample reported having drug driven in the previous six months. Within the sample, 53% reported having driven under the influence of ecstasy, 53% on cannabis and 49% on amphetamines (Matthews et al 2009).

In an Australia-wide study of the general public aged 16 years and over, 16.9% of respondents had driven a car under the influence of illicit drugs (Mallick et al 2007). However, according to the 2007 National Drug Strategy Household Survey (AIHW 2008), only 2.9% of survey respondents reported driving a motor vehicle while under the influence of illicit drugs. Commentators have asserted research into drug driving within the general population and non-drug-using specific groups remains limited (Davey et al 2005; Kelly, Darke and Ross 2004; Mallick et al 2007) and questions remain about how common drug driving is within non-specific drug-using groups (Davey et al 2005; Davey and Freeman 2007; Kelly, Darke and Ross 2004; Mallick et al 2007).

Epidemiological research has found alcohol and illicit/licit drugs are often found in blood samples from drivers involved in car accidents (Stough and King 2010). In a 10-year study of 3398 road fatalities in New South Wales (NSW), Victoria and Western Australia, 23.5% of the deceased motorists had drugs other than alcohol (prescription and illicit drugs) in their body (Drummer et al 2004). However, Kelly, Darke and Ross (2004) have commented that a limitation of epidemiological research is that it is unable to provide conclusive evidence of drug impairment at the time of accidents. Currently, the relationship between the concentration of drugs in bodily fluids in a driver and the risk of crashing is poorly understood (ACT Government 2010; Adams, Smith and Hind 2008; Aitken, Kerger and Crofts 2000; Austroads 2000; Danton et al 2003; Kelly and Dillon 2005; Prichard et al 2010). Commentators have called for further experimental research to gain greater understanding of the precise effects of illicit drugs on driving (Prichard et al 2010).

Governance and policy responses have been to increase surveillance, control and punishment of drivers under the influence of illicit drugs (Wilson 2011a). Legislation is enacted in all Australian states and territories to allow police to randomly test motorists for illicit drugs in roadside swab tests, similar to random breath tests.¹ The Random Roadside Drug Testing (RRDT) programs in other Australian jurisdictions are modelled on the Victorian RRDT campaign (Woolley and Baldock 2009). 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. To make out an offence, 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 police argue that the introduction of RRDT is a positive step towards reducing road trauma (see Boorman 2007; Boorman and Papafotiou

¹ *Road Safety Act 1986* (Vic) ss 55A, 55D, 55E; *Road Transport (Alcohol and Drug) Act 1977* (ACT) ss 13A, 13D, 13E, 20; *Road Safety (Alcohol and Drugs) Act 1970* (Tas) ss 7B, 7C; *Road Traffic Act 1961* (SA) s 47EAA; *Road Transport (Safety and Traffic Management) Act 1999* (NSW) ss 18B, 18C, 18D; *Road Traffic Act 1974* (WA) ss 66C, 66D; *Transport Operations (Road Use Management) Act 1995* (Qld) s 80; *Traffic Act 2012* (NT) ss 29AAB, 29AAF (only applicable to heavy vehicle drivers).

2007; Boorman and Owens 2009; Rowden et al 2011; Thompson 2008). Despite the introduction of RRDT and the increased risk of detection, drug users continue to drug drive (Wilson 2010; Wilson and Wilson 2010; Wilson 2011a). In NSW, police conducted 83, 928 roadside drugs tests between January 2007 and December 2010, in which there were 1645 positive tests (2%) (Rowden et al 2011). Of this sample, 44% tested positive for amphetamine, 41% for THC (cannabis) and 15% tested positive for ecstasy. Poly drug use² was detected in 31% of the sample tested (Rowden et al 2011).

In South Australia, police conducted 10,097 roadside drug tests over a 12-month period following the introduction of RRDT in 2006. Of the sample, 294 drivers tested positive to drugs. A breakdown of the figures demonstrates that drivers tested positive for: amphetamine (n=127), THC (n=77), ecstasy (n=9), and poly drug use (n=81) (Thompson 2008). Further, in Victoria *The Age* and the *Herald Sun* reported Victoria Police figures stating that since 2005 over 122,000 drivers have been through RRDT and, of that sample, 2000 drivers were found to have cannabis, ecstasy or amphetamine in their body (Hosking 2010; Khanbhai 2010).

Existing epidemiological and experimental studies have provided some insights into drug driving. However, quantitative research methods also have disadvantages; because it is numerical, it cannot capture the 'wealth of meanings' of human experiences (Babbie 2007). Furthermore, the focus on quantitative methodological approaches in existing drug driving studies has excluded the examination of broader contextual, social and cultural issues surrounding drug driving (Davey et al 2005). Further, as argued by the author elsewhere (see Wilson and Wilson 2010), drug users remain marginalised in drug driving debates.

Qualitative research can provide a unique exploration into how people behave, and allows researchers to better understand criminological and sociological issues (Flynn 2011). In recent years, qualitative researchers have begun to explore illicit drug users' perceptions of drug driving. Existing qualitative drug driving research has considered: drug users' perceptions of the role of the car in drug use; drug transactions; perceptions of the risk of detection; perceptions of drug driving laws; and perceptions of risk while drug driving (see Aitken, Kerger and Crofts 2000; Barrie, Jones and Wiese 2011; Danton et al 2003; Davey et al 2005; Lenton and Davidson 1999; McIntosh, O'Brien and McKeganey 2008; Wilson and Wilson 2010; Wilson 2010; Wilson 2011a). The research suggests that illicit drug users continue to drug drive despite the risk of detection from police (Wilson and Wilson 2010; Wilson 2010; Wilson 2011a), and that drug users do not overly concern themselves with the illegality of drug driving, including driving without a licence (Davey et al 2005; McIntosh, O'Brien and McKeganey 2008).

There is compelling evidence that many illicit drug users simultaneously engage in drug use and driving (Davey et al 2005; Neale 2001). Qualitative studies also report dependent illicit drug users commonly perceive recreational illicit drug users and novice heroin users as a greater risk on the roads (Aitken, Kerger and Crofts 2000; Davey et al 2005; McIntosh, O'Brien and McKeganey 2008). Poly drug use and driving is also viewed by some drug users as dangerous behaviour (McIntosh, O'Brien and McKeganey 2008).

The existing qualitative literature provides a foundation on which to build a body of knowledge of illicit drug users' perceptions of drug driving (Wilson and Wilson 2010). However, there is a need for further research because the study of illicit drug users' perceptions of drug driving remains relatively under explored (Kelly, Darke and Ross 2004; Prichard et al 2010; Wilson 2011a). Furthermore, despite the emergence of limited

² The simultaneous use of two or more drugs.

qualitative literature, drug driving research continues to be focused on quantitative analysis of epidemiological and experimental data (Wilson 2011a), which can limit researchers understanding of why some drug users continue to drug drive.

The author in previous research (Wilson 2011a) has examined drug users' perceptions of drug driving through the concepts of legitimacy (Joh 2007) and resistance (Marx 1995, 2003), and their strategies to evade RRDT. In this article, the author uses Lyng's (1990; 2008) notion of edgework to explore drug users' perceptions of drug use and drug driving. The edgework concept seeks to explain why some people engage in risky behaviour without coercion (Lyng 1990; Stranger 1999). This article draws on semi-structured interviews and self-report surveys with illicit drug users from Melbourne, Victoria in order to consider their attitudes and experiences of illicit drug use and drug driving through the edgework concept. It aims to contribute new knowledge to drug driving debates, to better understand the social and cultural environments in which illicit drug use and drug driving occurs, and to better understand why some drug users continue to drug drive despite the risk of detection.

Edgework

Another few seconds on the edge ... The Edge ... There is no honest way to explain it because the only people who really know where it is are the ones who have gone over. The others – the living – are those who pushed their control as far as they felt they could handle it, and then pulled back, or slowed down, or did whatever they had to when it came to choose between Now and Later. But the edge is still Out there. Or maybe it's In.

Hunter S Thompson (1966) *Hell's Angels*

The aim of outlining the edgework concept is to explain the conceptual framework used to analyse the attitudes and experiences of a sample group of drug users in this study. Edgework provides an alternative conceptual framework to explore illicit drug users' perceptions of drug driving. Edgework seeks to explain why some people voluntarily engage in risky activities (Lyng 1990; Stranger 1999). The edgework perspective differs from traditional theories of risk because it views risk as a positive element in individuals' lives (Lyng 2008). The concept of edgework explains risk-taking behaviour as intrinsically linked to emotion, and people are seen to deliberately engage in high risk-taking activity to experience heightened levels of excitement (Lupton and Tulloch 2002).

Voluntary risk-taking is often undertaken to conquer fear and display courage. Edgework can be a form of resistance (Rajah 2007); a means of thrill seeking, self-actualisation, self-fulfilment and conforming with or challenging gender stereotypes (Ferrell, Hayward and Young 2008; Lupton and Tulloch 2002). People who engage in edgework are frequently influenced by situational and sub-cultural experiences of risk (Lyng 2008). Risk-taking activities allow individuals to feel a sense of control over their environment and personal lives, while also allowing them to push beyond their own physical and psychological boundaries (Lois 2001).

Edgework activities are centred on maintaining control while engaging in risk-taking behaviours. This allows the person to experience a greater sense of control and personal agency (Lupton and Tulloch 2002), allowing edgeworkers to assert self-determination (Rajah 2007). Voluntary risk-taking involves the stimulation of the senses, and acute focus at the peak of danger (Lyng 1990). By focusing the mind, edgeworkers can shift their attention away from the fear of pending danger towards the natural thrill of the experience (Lyng 1990).

Edgeworkers report intense preparation prior to engaging in risk-taking behaviour (Rajah 2007). Preparation allows edgeworkers to survive pushing the boundaries between safety and danger (Milovanovic 2005). Preparation also allows the edgeworker to establish their personal limits and ascertain how far they can 'push the envelope' (Rajah 2007). Edgeworkers who fail to prepare for the edgework experience risk allowing the border between safety and risk to be too thin (Rajah 2007), and therefore risk going over the edge. However, even when edgeworkers engage in unplanned edgework experiences, they draw on their knowledge of their previous edgework experience to manage the risks (Rajah 2007). When edgeworkers approach the edge, they are released from their everyday experience and transcend into the zone where they can experience intense elation and self-determination (Lyng 1990; Rajah 2007).

Scholarly examination of voluntary risk-taking behaviour is an under-researched area. Edgework was initially developed to provide an analysis of the growing popularity of risk-taking sports and leisure (Lyng 2008). A key study is Stranger's (1999) use of edgework in research on surfing. Edgework was then expanded to encompass institutional and empirical problems (Lyng 2008). The edgework concept has also been used in research on: young people who had been involved in high speed police chases (Halsey 2008); intimate partner violence (Rajah 2007); and motorcycle riders (Austin 2010). Edgework follows a cultural criminology perspective, focusing on crime (Lyng 2008), social control and resistance (Ferrell, Hayward and Young 2008), and involves analysing the factors contributing towards voluntary risk-taking (Lupton and Tulloch 2002). To date, drug driving has not been explored through the edgework concept.

Research methodology

This research seeks to better understand the 'social worlds' (see Julian 2011) and 'social meaning' (see Cunneen 2011) of people who use illicit drugs, and their perceptions and experiences of illicit drug use and driving. The data reported in this article was collected through a larger research project examining illicit drug users' perceptions of drug driving in Melbourne, following the introduction of RRDT.³

Qualitative interviews and self-report surveys were conducted with a sample group of 40 participants (n=15 females, n=25 males). The selection criterion was the use of illicit drugs in the last year. The researcher specifically recruited 40 participants, justified on the basis that this number of participants would produce a significant amount of data that would easily reach saturation point. Saturation point is when the thematic data begins to reproduce itself and additional interviews would draw out little extra information (Bachman and Schutt 2003; Baker, Wuest and Stern 1992; Cresswell 1998).

Participants were recruited through two recruitment strategies. Recruitment Strategy 1 involved snowball sampling from informal social and professional networks known to the researcher. Snowball sampling is an ascending sampling methodology that works from a grassroots level (van Meter 1990). It is an excellent way to gain access to a specific section of the population, particularly when conducting sensitive research (May 2001; van Meter 1990).

Group A participants who were known to the researcher were approached with a research information package, and invited to participate in the research. Those who consented to

³ This research was conducted by the author for her unpublished Master of Arts thesis (Wilson 2011b).

participate were asked if they were prepared to make the project known to others in their social networks who might be interested in participating, and who fit the research criteria. This process encouraged potential Group B participants to express interest in the project and to make contact to discuss their possible involvement (Wilson 2011a).

Recruitment Strategy 2 involved recruiting participants from a local St Kilda drug and alcohol clinic. It has been observed that 'hanging out' at services or community centres commonly accessed by hidden populations such as illicit drug users, is an excellent way to gain access to participants (Liamputtong and Ezzy 2005). The recruitment for this sample group was largely opportunistic and in the majority of cases participants from the clinic were recruited and interviewed immediately (Wilson 2011a).

All participants took part in individual semi-structured interviews and self-report surveys. Semi-structured interviews are an appropriate tool to use in this research because it allows the researcher to explore the participants' perceptions. It allows the researcher to incorporate the participants' voices (see Flynn 2011). A semi-structured interview outline was developed as a reference guide for the interviews. The 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 (i.e.: modification techniques). These themes have been explored in existing qualitative drug driving research (see Aitken, Kerger and Crofts 2000; Danton et al 2003; Davey et al 2005; Lenton and Davidson 1999; McIntosh, O'Brien and McKeganey 2008) and were adopted to build on the existing knowledge of previous qualitative drug driving studies.

The researcher designed the self-report survey in consultation with staff from the drug and alcohol recovery clinic, using two existing surveys as a reference.⁴ The survey is not a medical or diagnostic tool (Wilson 2011a); rather, it aimed to collect basic demographic data, illicit drug use and drug driving data. The survey used informal language and slang common to illicit drug users. This ensured it was an appropriate survey instrument to use with drug users (see Dunlap et al 1990).

Interviews and self-report surveys were conducted with individual participants from 8 April 2009 to 4 March 2010. Interviews were conducted in either a group study room in a university library or alternatively in an interview room at the drug and alcohol recovery clinic in St Kilda, depending on which recruitment strategy the participant was recruited through. The interviews took a maximum of 1.5 hours each, and were recorded on a tape recorder with written and verbal consent obtained from participants (Wilson 2011a). The researcher simultaneously collected, transcribed, coded, compiled and analysed the data drawing on the concept of edgework (see Becker 1993). This process allowed the testing of analytic insights against new observations occurring during the data collection (see Bachman and Schutt 2003).

This article acknowledges the possible limitations involved in qualitative research and limitations of research examining illicit behaviours. The recruitment strategy used in this research was useful in gathering participants for a qualitative project examining illicit behaviour (Wilson 2011a). However, the researcher acknowledges the data collected might not necessarily be reflective of the attitudes and experiences of people beyond the sample group (Wilson 2011a). The author acknowledges the participants may have under-reported or over-reported illicit behaviours, due to social desirability.

⁴ The instrument developed for this research was designed using two surveys as a reference: Degenhardt et al (2004); Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) developed for the World Health Organization.

Previous research into drug driving has been interested in specific drug-using groups who have been classified as ‘clubbing recreational drug users’ (Neale 2001), ‘problem drug users’ (McIntosh, O’Brien and McKeganey 2008), and ‘recreational and dependent drug users’ (Aitken, Kerger and Crofts 2000; Davey et al 2005). This research avoids the use of categorisation, rather referring to the group of participants as ‘drug users’ to avoid language that medicalises, criminalises or stigmatises the participants. This study 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 is given (Wilson 2011a).

Results

Demographic data

In Australia, as in many countries around the world, illicit drugs are readily available and drug use transcends social boundaries and demographics. Almost two in every five Australians aged 14 years or older have used an illicit drug at some time in their lives (AIHW 2005; AIHW 2008). Illicit drug use is increasingly emerging into the mainstream (Hammersley, Khan and Ditton 2002; South 1999). Moderate alcohol and drug use is increasingly normalised and has become a major part of consumer culture, night-time entertainment, socialisation and relaxation (Huggins 2007; Parker, Aldridge and Measham 1998). Furthermore, there is social and professional recognition that people can consume drugs in moderation (Zinberg 1984) and the majority of people who use illicit drugs do so without coming into contact with the criminal justice system or becoming ‘problem’ drug users (Taylor 2008).

A key finding of this research is that all participants viewed illicit drug use and experimentation as an accepted, normal and common experience, particularly during the teenage years. The participants were aged from 18 to 49 years (the average age of the male participants was 27 years and the average age of the female participants was 25 years). The youngest age of initiation to illicit drug use reported by a participant was 11 years old. The oldest age reported by a participant for their first illicit drug experience was 22 years old. The average age of the male participants’ first illicit drug experience was 14 years and the average age of female participants’ first illicit drug experience was 15 years.

As demonstrated in Table 1, the three most commonly used illicit drugs were cannabis (n=40 participants), ecstasy (n=36 participants), and amphetamine (n=37 participants). Commonly, participants reported using cannabis, ecstasy and/or amphetamine every few weeks. However, certain participants reported much higher levels of cannabis, heroin and amphetamine use. Furthermore, for some participants drug use was considered more harmful and, as a result, 10 participants (females n=4, males n=6) were at the time of interview seeking assistance for their drug use.

Table 1: Number of participants self-reported lifetime use of various illicit drugs.

| Drug type used | Males | Females | Total |
|----------------|-------|---------|-------|
| Cannabis | 25 | 15 | 40 |
| Ecstasy | 25 | 11 | 36 |
| Amphetamine | 25 | 12 | 37 |
| Cocaine | 22 | 7 | 29 |
| Hallucinogens | 21 | 9 | 30 |
| Ketamine | 17 | 3 | 20 |
| Heroin | 12 | 3 | 15 |
| Inhalants | 13 | 1 | 14 |
| GHB | 6 | 1 | 7 |

Thirty-two participants (males n=22, females n=10) reported having ever drug driven. Table 2 reveals 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 amphetamine (n=20 participants) (Wilson 2011a). However, the participants were unable to provide the exact time between drug ingestion and driving, apart from when drug use was contemporaneous to driving.

Thirty-seven participants also reported having been passengers in cars with drug drivers. Only two participants, both females, had not drug driven or been a passenger in a car of a drug driver. The following section examines the participants' perceptions of illicit drug use and driving through the concept of edgework.

Table 2: Number of participants who self-reported drug driving under the influence of various illicit substances.

| Drug type used | 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 |

'Pushing the envelope': Using illicit drugs

Zinberg (1984) asserts drug use involves social sanctions that prescribe how drugs are to be appropriately used. A key finding of this research is that all participants viewed illicit drug use and experimentation as an accepted, normal and common experience. Participants generally reported using drugs at social events, private parties, clubs, festivals, and rave events. A minority of participants reported using illicit drugs alone. The participants reported using illicit drugs for personal relaxation, social events, celebrations, and general illicit drug experimentation. However, the participants explained that while they use illicit drugs to 'get high' and as escapism, they also enjoyed the feeling of being able to control the experience.

The edgework concept suggests that when physical, mental and emotional boundaries are pushed, people will experience feelings of euphoria and elation. It is the irresistible feeling of elation that compels individuals to continue to challenge boundaries (Lois 2001). Participants reflected on occasions where they had experienced unpleasant physical manifestations from exceeding their personal drug use limit. Interestingly, having a 'bad trip' did not result in participants ceasing drug use. Rather, the participants learned from the experience to determine their personal thresholds of drug use. Participants reported they continued to use drugs, even after having a 'bad trip', because they enjoyed the feeling of elation and energy. The participants perceived these effects as positive, which overshadowed the unpleasant experience of having a 'bad trip'. Participants explained the importance of the trial and error approach to develop the knowledge of the combination types and amounts of drugs that they perceived to be pleasurable and safe to use.

The participants enjoyed the feeling of being able to challenge their personal limits, while remaining in control when under the influence of illicit substances. Hannah, aged 19 and an occasional social drug user, reflected on her enjoyment of using amphetamines: 'I like doing speed [amphetamine] 'cause it makes me want to dance and feel like I can control it'. This comment suggests that while illicit substances might be used by people to enter alternative states of mind, retaining some perception of control is crucial.

Pushing personal, mental and physical boundaries is perceived to be a calculated risk and a crucial part of drug experimentation. Timothy, aged 25 and a social cannabis user, reflected on his desire to push his personal limits with drugs, even when the experience was unpleasant: 'I guess you sort of wanted to push the envelope and see how off your head you could get'.

Participants perceived hallucinogens in particular as powerful mind-altering drugs with the capacity to push the user over the edge. Participants reported hallucinogenic drugs often produce unpleasant feelings of paranoia and wild hallucinations. Adam, aged 25 and a daily cannabis smoker, reflected on his experiences of using LSD. He asserted experienced users of hallucinogens can develop the ability to control the drug experience. Adam explained: 'You can let it (LSD) take you — but if you don't want it to take you then you won't let it take you'. This comment suggests retaining some control is important for drug users when using illicit drugs.

For illicit drug users, drug experimentation involves testing, pushing and establishing personal limits. The edgework perspective views this type of risk as one of the appeals of illicit drug use, as users push physical and mental boundaries in an attempt to learn the skill of coming close to the edge without going over it. These factors are a part of the positive experiences of illicit drug use that compel people to continue to experiment with illicit substances.

Drug driving as edgework

During the interviews, participants were also asked to reflect on their drug driving experiences. Participants often suggested that drug driving requires intense concentration and control by the driver. These participants viewed drug driving to be, at least to a degree, a skill that needs to be developed. Some participants believed that more experienced illicit drug users and drug drivers would be safer when drug driving than inexperienced drug users. Some participants also discussed the importance of preparing themselves mentally before drug driving. The preparation stage involved identifying any distracting emotions exacerbated by drug use, and controlling their emotional state before drug driving. However, not all participants placed great importance on the preparation stage and, instead, drew on their knowledge from previous drug driving experiences. These participants explained that regular illicit drug users develop the knowledge of drug combinations and amounts of drugs that are 'all right' to drive on.

Some participants believed that drug driving is a learned skill. However, other participants believed defensive driving is a learned skill that can contribute to safer driving while under the influence of illicit substances. However, participants also raised concerns of regular illicit drug users becoming complacent when engaging in drug driving activity. The participants also discussed their experiences of being passengers in cars with drug drivers. The participants largely agreed that they would prefer to be a passenger in a car with a drug driver who was an experienced and competent driver and experienced drug user.

Pearce, aged 26 and a frequent cannabis user, discussed the importance of maintaining clear focus when preparing to drive under the influence of drugs. He stressed the importance of keeping control of emotion when drug driving. Pearce acknowledged when he uses cannabis he often feels an 'emotional turbulence', which he knows from experience he needs to control before driving. Pearce reflected:

If I am going to drive stoned I get into that zone ... marijuana [cannabis] sets up an emotional turbulence that I should control before I get behind the wheel because emotional turbulence can be very distracting and can impair your ability ... It requires that you examine your state of mind before hand and that you prepare yourself for the fact that you are getting behind the wheel. You shake yourself out of whatever mode you've been in and focus on driving.

This comment suggests that Pearce believed understanding the effects drugs can have on people psychologically and physically is important before attempting to drug drive. He also believed having the ability to control 'emotional turbulence' is crucial to safer driving. He stressed the importance of the preparation stage prior to drug driving, which allowed him to focus his attention on the task, and not become distracted by emotions that had been exacerbated by his illicit drug use. However, Pearce also explained the importance of defensive driving, which he believed can assist drug drivers' ability to drive safely. He asserted defensive driving is a skill that needs to be learnt before engaging in drug driving. When asked whether drug driving is a skill that can be learned, Pearce stressed 'it is not a learned skill'. However, he qualified this answer by reinforcing the importance of learning to drive defensively.

Like Pearce, Dean, aged 41 and an occasional social drug user, also explained the importance of staying focused and in control when drug driving. However, unlike Pearce, Dean described drug driving as a learned skill: 'I do think that there is a bit of a skill to it [drug driving] and I think that you have got to be very aware of the effects that it [illicit drugs] has on ya and be mindful of that and that helps you to focus on doing the right things.'

Hugh, aged 29 and a heavy cannabis user, also reflected on drug driving as a learned skill: 'I do believe that learning to drive substance affected is a learned skill. It's like any learned skill, you practise it enough and you practise in a particular state then things are going to improve.' Similarly, other participants believed that because they are regular and experienced illicit drug users they had developed the knowledge of when it is safe for them to drive under the influence. Peter, aged 27 and a daily cannabis smoker, explained how regularity of drug use allows users to develop knowledge of the effects of particular amounts and combinations of drugs: 'Well it's the regularity of [illicit drug] use and the knowledge of how it's affecting you or a perceived knowledge of thinking how it's affecting you ... that you kind of know what it's done to you and you can kind of get the sense of how wasted [impaired] you are.'

Jess, aged 28 and a heavy cannabis user, explained how knowledge and experience of drug use allows experienced users to know when they are or are not in the 'head space' to drive under the influence of drugs. Jess reflected: 'I think that [with] drugs ... you know when you are not in the head space to drive after taking drugs'.

Nevertheless, some participants expressed concern that more experienced drug users might become complacent when engaging in drug driving behaviour. Hugh reflected: 'I think that dependent users get more cocky because they feel that they are better equipped to handle drugs and I've alluded to that before about myself. "I'm a good drug taker, so I'll be fine".'

Several participants who were regular and experienced drug users reflected on occasions where they were taking drugs while driving. Driving while using drugs was a commonly reported behaviour by the more experienced illicit drug users. These participants reported 'snorting' amphetamines, or 'pulling bongs'⁵ while driving. Ari, aged 24 and a daily cannabis user, reported 'pulling bongs' while driving: 'I've had a bong with nobody else in the car at probably 130 kilometres an hour steering with my knees'. Drawing on the edgework concept, it is suggested for some participants engaging in illicit drug use while driving was considered 'skilled performance' (see Lyng 1990) which involves the ability to maintain control.

While Dean explained that a person's experience with illicit drug use and driving is a significant factor that would determine whether he would get into a car with a person who has taken drugs. Dean explained: 'It has tended to be certain people [that I would get in a car with] people that I knew could drive ok and that could handle driving while they are under the influence'.

A minority of participants reported they no longer engaged in drug driving, or accepted rides with drug drivers. Felicity, aged 23 and an occasional illicit drug user, asserted that she would no longer get into a car with a drug impaired driver because her change in attitude towards this behaviour. Felicity stated that her experiences of having lost friends in car accidents (not related to illicit drugs) had made her more aware of the dangers of driving, as well as the fragility of life. Felicity reflected:

I think that I was just young and invincible and it didn't impact necessarily and it wasn't until I started thinking about that stuff — I lost friends in car accidents subsequently and that is when I really would start to think about the impact ... These days I wouldn't get into a car with someone that was doing drugs at all. I think it's dangerous, I think it's silly. Losing friends to car accidents I realised what the roads actually mean. One of them was alcohol-related. It was more a sense of reality from it. One of them was speeding, another one

⁵ Participants discussed the method of 'pulling bongs' while steering with knees. 'Pulling a bong' involves inhaling smoke from a pipe connected to a bowl of water and a smaller bowl packed with cannabis.

was a freak accident, and another one was alcohol. Growing up and being a bit more mature, [I am] a bit more sensible.

Similarly, Hannah asserted her feeling towards drug driving had changed dramatically following the death of a friend in a car accident while he was under the influence of alcohol. Hannah stated that having a friend die tragically in a road accident alerted her to the dangers of impaired driving. She was perplexed that people she knew were more concerned about the likelihood of being caught drug driving than the likelihood of having a car accident.

I think that it is stupid I think people are more worried about detection then they are about accidents and especially having had someone, like, pass away that was pretty close to me and it was pretty scary and now I think it's [drug driving] pretty stupid and I don't think it's worth it.

Interestingly, while Hannah was initially adamant that she would not get into a car with a drug driver, she later stated that she was not as concerned about people driving under the influence of cannabis. Nevertheless, it is evident that Hannah's attitudes towards illicit drug driving had changed following the death of her friend: 'So now it's, like, I am just like really against it [drug driving] and I will always tell people not to do it but I guess that a little bit less for weed [cannabis]'.

The edgework concept encourages reflection on why some people engage in risk-taking. It also allows discussion of why some people see risk as positive behaviour and will actively seek out potentially dangerous experiences. Tentatively, the comments of Hannah and Felicity suggest experiences of coming too close to the edge, or knowing others who had come too close to the edge or who had gone over it can motivate attitudinal and behavioural change towards drug driving behaviours.

Discussion

This article engaged the edgework concept to explore the participants' perceptions of illicit drug use and driving. Participants perceived drug experimentation to be a normal part of growing up and a positive activity. Participants perceived drug experimentation as a way of challenging personal limits, developing control and establishing personal thresholds. It was the enjoyment of this and the drug sensation that that made engaging in illicit drug use appealing to many participants. Participants who had experienced negative effects of illicit drug use learnt from the experience of having 'bad trips' to develop personal thresholds. These findings support research suggesting risk-taking activity is exciting (see Lupton and Tulloch 2002) and the positive feelings experienced by engaging in risky behaviour is what compels individuals to continue to push personal boundaries (see Lois 2001; Lyng 1990; Stranger 1999).

Some participants discussed the importance of preparing themselves mentally before drug driving, which involves identifying any distracting emotions exacerbated by drug use, and controlling their emotional state before drug driving. This finding is consistent with research suggesting edgeworkers report intense preparation prior to engaging in risk-taking behaviour because this allows the edgeworker to determine their personal limits and ascertain how far they can push the envelope (Rajah 2007). The participants also believed that engaging in illicit drug driving behaviour requires drivers to be focused and in control of their body, mind and emotions. This finding is consistent with the assertion that engaging in risk-taking activities requires control of emotion and acute focus (Lupton and Tulloch 2002; Lyng 1990, 2008).

Other participants placed greater importance on drug driving experience. This finding is supported by research suggesting edgeworkers draw on knowledge and experience of previous edgework experiences to assist them (Rajah 2007). Some participants suggested that drug driving is, to a degree, a learned skill that can be mastered or improved with practice and as tolerance to illicit drugs is developed. This finding is consistent with research by Davey et al (2005), which found that drug users believe drug driving is a learned skill which can be improved with practise and as drug tolerance is developed. However, it is acknowledged not all participants perceived drug driving to be a learned skill. These participants emphasised the importance of defensive driving as a learned skill, which can contribute to safer drug driving.

Participants also reported engaging in illicit drug use while driving. 'Pulling bongs' was an activity that several participants had either engaged in themselves as drivers or had witnessed other drivers doing. Some participants clearly viewed drug driving as 'skilled performance' (see Lyng 1990), requiring individuals to develop the ability and capabilities to engage in risky behaviours. Furthermore, the finding that participants reported having engaged in illicit drug use while driving is consistent with research by Davey et al (2005) and Neale (2001) which found that many drug users simultaneously engage in illicit drug use and driving.

It is interesting to highlight existing drug driving research has found that dependent drug users perceive recreational drug users (Davey et al 2005; McIntosh, O'Brien and McKeganey 2008) and novice heroin users (Aitken, Kerger and Crofts 2000) a greater risk on the roads. McIntosh, O'Brien and McKeganey (2008) found dependent users believe recreational drug users have the tendency to take drugs to 'get high', making recreational drug users more erratic and unpredictable when driving under the influence. The current research found participants would prefer to be passengers in cars with experienced illicit drug users and drug drivers. However, some participants also expressed concern regarding the belief that dependent users become overconfident and complacent in their drug driving ability. Notably, two female participants' perceptions of drug driving had changed due to experiences of losing friends in car accidents. Tentatively, the experiences of these participants suggest that when a person comes too close to the edge, or know others who have come too close to or gone over the edge, this can motivate attitudinal and behavioural change towards drug driving behaviours.

Conclusion

This research demonstrates that illicit drug users continue to drug drive despite the implementation of RRDT in Victoria. Tentatively, the findings of this research suggest that drug users continue to drug drive if they believe they have the ability to control the drug experience and possess the knowledge of when they are in the right 'head space' to drug drive. However, the data also suggests drug users' perceptions of drug driving may change if they come too close to the edge, or know others who have come too close or gone over the edge.

Qualitative research into illicit drug users' attitudes and perceptions may contribute to greater understanding of drug driving behaviour, and why drug users continue to drug drive despite the risk of detection. This article has used the concept of edgework in the analysis of data collected from a sample group of illicit drug users from Melbourne. This research has provided an insight into illicit drug users' attitudes and behaviours that may assist in further understanding cultural perceptions of drug driving behaviours and the reasons why some illicit drug users continue to engage in drug driving despite the threat of detection and

punishment from law enforcement. The author encourages further qualitative research into illicit drug users' perceptions of drug driving in Australian and international jurisdictions that have implemented RRDT. Further research has the potential to have positive and far reaching implications for understanding drug driving behaviours and may assist with policy development and education.

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