

## Commentary

March 9, 2010

### *Drugged Driving and Prescription Drug Use*

In 1980, a few highly motivated people started a social movement that changed the way the United States viewed drunk driving when they founded Mothers Against Drunk Driving (MADD). Today, almost all Americans appreciate the dangers of alcohol impaired driving. Federal and state legislatures have passed hundreds of laws to address the problem and spent billions on enforcement and public education. As a consequence, the number of people killed in alcohol related crashes has fallen nearly 50%.<sup>i</sup>

Unfortunately, public education on drugged driving has lagged considerably and many public officials continue to ignore the problem. Not surprisingly, today more people drive with drugs (or their metabolites) than alcohol in their systems.<sup>ii</sup> Most efforts to deal with drugged driving focus on illicit drugs like marijuana, cocaine, and methamphetamine and/or the illegal nonmedical use of prescription drugs, especially opiate analgesics like OxyContin and Vicodin.

Largely unrecognized in discussions of drugged driving, however, is impaired driving resulting from the legal use of prescription medicines that are prescribed for the drivers themselves. In this commentary we focus on that doubly overlooked problem and offer some suggestions for how to reduce it with a combination of education and law enforcement.

In August 2009, the American Automobile Association's (AAA) Foundation for Traffic Safety released a report entitled, *2009 Older Adults' Knowledge About Medications That Can Impact Driving*.<sup>iii</sup> This report documents the results of a survey conducted by researchers at the University of Alabama at Birmingham (UAB) and reveals that most drivers ages 55 and over take medications that can impair their ability to drive and that most of them are unaware of the risks. While the implications are obvious, the solutions are not. This commentary explores the challenges and potential responses to this overlooked problem.

#### **Survey Results**

Although older drivers are responsible for only a small percentage of crashes, their rate of per-mile crash-involvement is substantially higher than all but the youngest group of drivers.<sup>iv v</sup> There are several potential explanations, one of which is the common use of potentially impairing medications in this population.

Drivers ages 55 and older take medications to treat medical problems much more frequently than younger drivers. Many of these medications can impair their ability to drive safely. In an attempt to capture older drivers' awareness of the dangers posed, researchers at UAB surveyed 630 adults with an average age of 70.4 years. Over 90% indicated that driving was their "preferred mode of transportation" and 60% said they drove six or seven days a week. These drivers regularly took medications with 78%

reporting use of one or more medications. While 69% of them used one or more prescription drugs that could impair them, “only 28% acknowledged some awareness of the potential impact of these medications on driving performance.”

Most prescribed medicines, when taken as directed, do not produce impairment. When impairment does occur from the use of a prescribed medicine, it is most often seen when starting a new medicine, when the dose is raised substantially, or when the medicine is taken along with alcohol or other potentially impairing medicines.

The problem of driving impairment due to legal medications is not limited to controlled substances (those medicines subject to abuse by alcoholics and drug abusers). They also can result from the use of other prescribed medicines that can be sedating, as well as the use of over-the-counter or non-prescription medicines such as antihistamines and sleep aids.

There are five simple steps that patients can take to prevent or minimize the possibility that they drive while impaired by most prescription medicines. Patients should:

1. Talk with their prescribing physician about the potential for any medicine they use that may impair their driving, particularly when the medicine is taken in combination with other medicines including over-the-counter medicines.
2. Use extra caution when starting a new medicine or when the dose of their medicine is increased.
3. Take their medicine only as prescribed and in the prescribed dose.
4. Not drink alcohol or use other potentially impairing drugs (such as marijuana, methamphetamine, or heroin) while taking medicines that can impair driving.
5. Not drive if they feel impaired.

### **Additional Recommendations and Comments**

- 1. Doctors, nurses and pharmacists should warn patients of the potentially impairing side effects associated with many medications, especially when they are first used and when doses are increased.**

Less than 18% of survey respondents in the UAB study indicated that they had been warned about the potential effects of their medications by health care professionals. Of those who had been warned, over half (66.3%) were warned by doctors. A mere 3% remember being warned by nurses, while only 12.9% recall being warned by pharmacists (17.8% were warned by others or were unable to recall who warned them). These figures are unacceptable. Doctors, nurses and pharmacists all bear a professional, legal and moral responsibility for the well-being of their patients. Healthcare providers need to be educated about the dangers of drugged driving and must take the time to ensure that their patients understand the risks associated with potentially impairing medications. Several groups and associations have attempted to start this process; obviously there remains much to do.

- 2. Healthcare professionals should take care to ensure that warnings sufficiently educate patients about the potentially impairing effects of the drugs, but should not discourage their appropriate medical use.**

As it important as it is for healthcare professionals to warn patients about their medications' potential side effects, it is vital that the warnings not become barriers to good medical treatment. If patients,

especially those with psychiatric illnesses, unnecessarily avoided helpful medications it would cause more harm than good and create a perverse outcome from a public health point of view.

**3. Pharmacists should make sure that prescription bottles contain adequate warnings to maximize the likelihood that patients recognize them.**

Many patients do not understand or recall their physician's instructions. Accordingly, doctors and pharmaceutical companies should jointly develop, brand and market a clearly identifiable mark that can be placed on medicine bottles to increase the likelihood that patients will see and understand the drugs' potentially impairing effects.

**4. Driving while impaired by drugs is illegal, even if the drugs themselves are legal.**

Just as people are guilty of Driving Under the Influence (DUI) if they drive while impaired by alcohol, a legal substance for drivers over the age of 21, people are also guilty of DUI if they drive while impaired by medications that have been prescribed to them. For alcohol there is a standard legal limit of a Blood Alcohol Concentration (BAC) of 0.08. However, even drivers aged 21 and older who test below 0.08 can be impaired by alcohol use. While having a BAC under 0.08 for those over 21 is legal, driving while impaired is not. This is a similar problem to that of impairment when drivers are using medicines that have been prescribed to them. In both cases, law enforcement can determine if drivers are impaired and link it directly to the impairing substance used through blood or urine tests.

**5. *Per se* Driving Under the Influence of Drugs (DUID) laws have the potential to facilitate the prosecution of DUID-illicit drug cases, but not DUID-prescription drug cases.**

In an effort to facilitate the prosecution of people who drive under the influence of drugs, 17 states have enacted *per se* DUID laws that make it illegal to drive with any amount of the (usually enumerated) drugs in their blood, urine or saliva. Most of the statutes apply to illegal drugs only; however, a few of these statutes also apply to prescription drugs. In each of these cases drivers who take medications according to a valid prescription are afforded an absolute, affirmative defense to the *per se* law though they still may be prosecuted under the impairment provision if impaired driving is identified.

**6. Traffic safety officials and law enforcement officers need to devote more time and attention to driving under the influence of prescription drugs.**

The International Association of Chiefs of Police (IACP), National Highway Traffic Safety Administration (NHTSA) and police departments around the country have devoted significant resources to drugged driving initiatives, the largest and most successful of which is the Drug Evaluation and Classification (DEC) Program. The DEC Program trains officers called Drug Recognition Experts or Evaluators (DRE) to determine whether a person is under the influence of drugs and, if so, determine the category of the drug causing the impairment. Research demonstrates that most DREs are quite good. However, the training, certification and evaluation processes take significant time and resources. Accordingly, DREs are available to handle only a tiny percentage of potential DUID arrests in most jurisdictions. In response, IACP and NHTSA have developed a shorter training program that provides officers with more basic information about drug impairment in the hopes of facilitating DUID driver identification that is confirmed by a drug test.

The agencies should continue to grow the DEC Program; however, that can never be enough. The agencies, in cooperation with policymakers, need to develop processes that are scaled to the size of the

drug impaired driving problem, including performing driver drug tests on the scale that tests are now done for drunk driving.

## **Final Considerations**

This commentary outlines the fundamental steps that must be taken to reduce prescription drug-impaired driving and to improve public safety but is not the first to address this important issue. A Working Group from the International Council on Alcohol, Drugs and Traffic Safety (ICADTS) released in 2001 a report entitled *Prescribing and Dispensing Guidelines for Medicinal Drugs Affecting Driving Performance*<sup>vi</sup> which provides detailed guidelines for prescribing and dispensing of medicinal drugs to patients who operate motor vehicles. ICADTS extends recommendations for the following groups: regulatory authorities, professional organizations of physicians and pharmacists, transportation safety and public health authorities, drug- and driving-related research institutes, driving licensing authorities, as well as medical and pharmacy schools.

All of these groups must participate in the development and acceptance of improved regulations for prescribing and dispensing prescription drugs.

For more information please visit [www.ibhinc.org](http://www.ibhinc.org), [www.npamc.org](http://www.npamc.org) and [www.StopDruggedDriving.org](http://www.StopDruggedDriving.org).

**Robert L. DuPont, M.D.**  
**President, Institute for Behavior and Health, Inc.**

**Stephen K. Talpins**  
**Chief Executive Officer, National Partnership on Alcohol Misuse and Crime**

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<sup>i</sup> Mothers Against Drunk Driving. Statistics. Retrieved February 24, 2010 from [http://www.madd.org/drun-driving/drun-driving/Statistics/AllStats.aspx#STAT\\_1](http://www.madd.org/drun-driving/drun-driving/Statistics/AllStats.aspx#STAT_1)

<sup>ii</sup> Compton, R., & Berning, A. (2009). Results of the 2007 National Roadside Survey of Alcohol and Drug Use by Drivers. Traffic Safety Facts Research Note. (DOT HS 811 175) Washington, DC: National Highway Traffic Safety Administration. Retrieved December 15, 2009 from

<http://www.nhtsa.gov/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/811175.pdf>.

<sup>iii</sup> MacLennan, P., Owsley, C., Rue, L., & McGwin, G. (2009). 2009 Older Adults' Knowledge About Medications that Can Impact Driving. AAA Foundation. Retrieved December 15, 2009 from

<http://www.aaafoundation.org/pdf/KnowledgeAboutMedicationsAndDrivingReport.pdf>.

<sup>iv</sup> Traffic Safety Facts 2006 at 99 (U.S. Department of Transportation 2007).

<sup>v</sup> Addressing the Safety Issues Related to Younger and Older Drivers. (1993). Office of Program Development and Evaluation. Traffic Safety Programs. Washington, DC: National Highway Traffic Safety Administration. Retrieved March 5, 2010 from <http://www.nhtsa.dot.gov/PEOPLE/injury/olddrive/pub/yorept.html>

<sup>vi</sup> Alvarez, J.F., de Gier, J.J., Christophersen, A.S., Del Rio, M.C., Donelson, A.C., Karlovsek, M.Z., et al. (2001). Prescribing and Dispensing Guidelines for Medicinal Drugs Affecting Driving Performance. International Council on Alcohol, Drugs and Traffic Safety. ISBN 90-802908-3-1. Retrieved March 5, 2010 from <http://www.icadts.nl/reports/ICADTSpresguiderpt.pdf>