SUBSTANCE USE DISORDER / PRESCRIPTION MEDICATIONS

Driving while impaired by drugs or alcohol is an obvious public safety hazard. In Maine, close to a quarter of fatal motor vehicle accidents involve alcohol. 2012 OUI records in Maine (the most recent available at the time of this writing) indicate that although younger age groups drink and drive at higher rates, alcohol-related driving episodes occur in all driver age groups.[A] Prescription medications, even when taken as prescribed, also have the potential for side effects, dependence, or interactions which may alter the ability to drive, or exacerbate a decline in function related to an underlying medical condition. It is important for clinicians to know that a driver who is impaired due to prescribed medication use can also be charged with OUI.

Clinicians are responsible to assess their patients for potential risks and advise them whether to drive or not based on their medications and medical conditions. Being alert to other medical or social history information that points to drug or alcohol abuse, such as gastrointestinal symptoms, falls or injuries, muscle or neurologic symptoms, infections, and social or work problems is part of that process. With this in mind, the clinician's role is to recognize high-risk individuals from a medical perspective, and assess their physical and mental fitness to drive safely. Compliance with treatment and recovery is also a critical factor in determining whether a patient is stable and fit to return to safe driving. In addition, criteria for defining use versus abuse may be different in a community setting compared to use when in a treatment/recovery program where abstinence is a criteria.

Substance Use Disorder

A diagnosis of Substance Use Disorder[B] can involve either substance abuse or dependence, and is diagnosed when a patient continues to use a substance or combination of substances at the expense of significant medical, social or legal consequences. Physical dependence occurs when a person develops a physiologic tolerance to a substance or substances. Physical dependence on a prescribed medication when taken as ordered does not constitute a Substance Use Disorder in and of itself. In addition, be aware that many patients who exhibit "drug-seeking" behaviors are likely exhibiting physical dependence (which may be iatrogenic from legitimate treatment by the medical provider), but this is not necessarily the result of a Substance Use Disorder. Since there is almost no research data or medical literature available regarding the length of time necessary for a person to demonstrate lasting recovery, or any definitive marker indicating the ability to drive safely, the recommendations that follow take into account guidelines from other states and the experience of physicians in Maine who treat these illnesses. *Please note that the descriptions of "mild, moderate or severe" under "Degree of Impairment/Potential for at Risk Driving" in the FAP for Substance Use Disorder, **do NOT** correspond to the similarly named categories in current DSM.*

In order to evaluate a patient for Substance Use-related fitness to drive safely, the clinician must take into account many factors. These include the substance/substances being used (e.g. alcohol, benzodiazepines, opiates, sedative-hypnotics, marijuana/cannabis, stimulants, heroin, cocaine, methamphetamine, and/or other street drugs), interactions of the abused substance with any prescribed medications, the patient's insight into his/her abuse behaviors, his/her judgment about driving when intoxicated or impaired, the risk for polysubstance use and abuse, and the patient's ability or motivation to comply or participate in rehabilitation and recovery. In the context of alcohol or drug use this can be particularly challenging given the intermittent and/or relapsing nature of Substance Use Disorders

Other medical risks or side effects related to Substance Use Disorder also need to be taken into account. For example, a person may have difficulty driving safely during periods of withdrawal from substances, especially alcohol and benzodiazepines where delirium and seizures are a risk. Opiates or heavy marijuana use can cause physical symptoms that would impair muscle control, concentration and attention. Chronic heavy alcohol abuse also puts a person at increasing risk for cognitive impairment and neuromuscular decline, both of which mean

potentially unsafe vehicle operation. **Please note that a driver who suffers a convulsive seizure caused by abuse of or withdrawal from street drugs, prescription medications or alcohol is unfit to drive for a minimum of 6 months per NHTSA Driver Fitness Medical Guidelines.**[C] Clinicians also need to be aware of the risks to public safety by drivers that combine substances of abuse, and/or mix them with legitimately prescribed medications. Epidemiologic studies show that in 20-25% of fatal crashes, drivers were found to have used a combination of two or more drugs/alcohol.[D] Among the most significant substance mixtures are alcohol in combination with either marijuana or a stimulant such as cocaine; marijuana used along with either a stimulant, benzodiazepine or an opiate; and benzodiazepines combined with opiates. Methadone and benzodiazepines are an especially worrisome combination due to a greatly increased risk of sedation.

Currently, the legal environment surrounding marijuana/cannabis has seen several changes, and clinicians will need to be more aware of related safety risks. Over a 10-year study period, cannabis has been detected in the blood in an increasing numbers of drivers involved in fatal accidents (from 4.2% in 1999 to 12.2% in 2010 in one study[E] of 23,591 fatal accidents). Another study found that there was a dose-response relationship to urine concentrations of 11-nor-9-carboxy-delta-9-tetrahydrocannabinol (psychoactive compound in cannabis) and motor vehicle accidents.[F]

Opioid Replacement Therapy and Prescription Medications

This FAP may be used when a person is prescribed opioid medications for replacement therapy or pain management, or any other medications that may potentially impair driving. Medications of particular concern for driving include the tricyclic antidepressants, sedative hypnotics, some antipsychotics, and benzodiazepines, especially if patients are prescribed more than two or are concurrently prescribed opioids, using medical marijuana, or are abusing drugs or alcohol. Methadone and benzodiazepines are a particularly troubling combination for risk of sedation. Data on buprenorphine and driving indicate that once established on a dose and in stable recovery, most people can safely drive, although this must be assessed on an individual basis.[G] Medical Marijuana, although not a prescription medication, is included here due to its' potential to produce side effects that could impair driving.

Normally, BMV does not require reporting when prescribed medications are used as ordered. However, in cases where proper use of prescription medications has resulted in driver impairment, leading to OUI, crashes, reports of unsafe driving, or when a clinician is concerned that a patient may be non-compliant with driving recommendations, use of the Opioid Replacement and Prescription Medications FAP is appropriate.

Statistically, once a patient is on an established dose of methadone, the risk for sedation or at-risk driving is minimal (barring any other polysubstance abuse or polypharmacy).[H] However, on an individual basis, in the period of time immediately following an opiate replacement dose, there may be an increased risk for sedation to the point that the patient should be counseled not to drive. This is particularly pertinent in the case of methadone, since patients may have to drive to receive a dose at a methadone clinic and then drive home, and is especially worrisome if the patient is also on a benzodiazepine.

***Resources and Tools for Clinicians**:*

(These resources are not part of rules. They are provided for informational purposes only.)

- *Maine's Prescription Monitoring Program. As of April, 2015, the link to sign up as a PMP "data requester" is http://www.maine.gov/pmp.*
- *Screening tools for alcohol risk exist, such as CAGE[I] and AUDIT.[J]*
- *Laboratory assessment may give objective evidence for substance use or compliance with a recovery program. However, urine drug testing is fraught with pitfalls. Medical providers are strongly encouraged to educate themselves before interpreting drug test data (for example via the paper on rational urine drug testing cited here[K]). Medical providers need to be aware of the parameters for detection of the laboratory they use.[L]*
- *Biomarkers for Alcohol[L]—see Appendix*

FOR REFERENCES, SEE BIBLIOGRAPHY AT END OF DOCUMENT.

FUNCTIONAL ABILITY PROFILE
Substance Use Disorder[1]

Profile Levels	Degree of Impairment[2]/ Potential for At Risk Driving	Condition Definition / Example	Interval for Review and Other Actions
1.	No diagnosed condition	No known disorder	N/A
2.	Condition fully recovered	History of substance-use disorder, in sustained recovery for 2 or more years, and must not fit any of the profile level descriptions below.	N/A
3.	Active impairment	Substance use at any point in the past two years that meets current DSM Criteria for a Substance Use Disorder; and	
	a. Mild	No motor, judgment or intellectual impairment with NO history of medical detox, drug or alcohol related seizure[3], adverse driving or legal consequences of substance use for the past 12 months, & no more than 1consequence in last 5 years.	1 year Until criteria met for fully recovered.
	b. Moderate	History of substance abuse significant enough to cause motor, judgment, or intellectual impairment. History may include drug or alcohol related events such as motor vehicle crash, OUI or serious medical consequences. (E.g. medical detoxification or seizure[3] from use or withdrawal) Must be **abstinent at least 3 months** with **up to one** event in one year or two events in 5 years, EXCEPT in case of convulsive seizure[3] related to abuse of or withdrawal from alcohol or drugs. Such cases must be **abstinent at least 6 months;** or History of **two or more** events in 1 year, three or more in 5 years, must be **abstinent at least 1 year.**	6 months (To resume driving after specified period of abstinence, driver must be medically cleared and pass a ROAD TEST.)
	c. Severe	Substance abuse significant enough to cause permanent motor, judgment, or intellectual impairment. For dementia related to substance use, see footnote[4]; or	No driving

		History of drug or alcohol related event(s) including motor vehicle crash, OUI, or medical consequences (including medical detoxification or seizure[3] from use or withdrawal). Driver has not been abstinent long enough to meet criteria for Moderate Profile Level 3.b.	

[1] For further discussion regarding SUBSTANCE USE DISORDER, please refer to NARRATIVE found at beginning of this section.

[2] For further explanation of degree of impairment, please refer to SECTION 3.

[3] For other types of seizures, refer to Seizure /Epilepsy FAP.

[4] If patient has dementia related to substance use, use Dementia FAP.

FUNCTIONAL ABILITY PROFILE
Opioid Replacement Therapy and Prescription Medications[1]

Profile Levels	Degree of Impairment[2]/ Potential for At Risk Driving	Condition Definition / Example	Interval for Review and Other Actions
1.	No diagnosed condition	No known disorder	N/A
2.	Condition fully recovered	No longer on opiate replacement therapy, with no relapses and no evidence of prescription abuse for at least 2 years; or No longer prescribed the medication that caused impairment or no on-going side effects that could impair driving x 1 year.[3]	N/A
3.	Active impairment[3]	On prescription medication of concern[4]; or On opiate replacement therapy, (e.g., suboxone or methadone or similar prescription); and	
	a. Mild	Stable and functioning well with no other Substance Use Disorder issues[3] and no sedation or unsafe side effects. No impairment of motor, judgment or intellectual functions from prescription medications; or Off prescription medications but not long enough to meet criteria for "Condition fully recovered".	1 year
	b. Moderate	Experiences sedating side effects from medication, but with judgment to avoid driving while having these side effects, and no other Substance Use Disorder issues[3]. NOTE: If there is a history of poor judgment about driving under these circumstances, leading to OUI, crashes, or reports of unsafe driving, must demonstrate they have the judgment to avoid driving while having these side effects or be off medication for at least 3 months, AND pass ROAD TEST to resume driving.	1 year ROAD TEST

	c. Severe	i. Experiences sedation or side effects from medication, with poor judgment about driving under these circumstances, leading to OUI, crashes or reports of unsafe driving; or	No driving
		ii. Has problems with substances of abuse that increase the risk for dangerous driving in combination with prescription medications[3].	Comply with appropriate profile level on Substance Use Disorder FAP

[1] For further discussion regarding OPIOID REPLACEMENT THERAPY AND PRESCRIPTION MEDICATIONS, please refer to NARRATIVE found at beginning of this section.

[2] For further explanation of degree of impairment, please refer to SECTION 3.

[3] Comply with "Substance Use Disorders" FAP when patient misuses prescription medications or non-prescribed drugs.

[4] Normally, prescribed medications used as ordered do not need to be reported to BMV. Clinicians are responsible to assess their patients for potential risk, and advise them whether to drive or not based on their medications and medical conditions. However, in cases where proper use of prescription medications has resulted in driver impairment, such as OUI, crashes, reports of unsafe driving, or when a clinician is concerned that a patient may be non-compliant with driving recommendations, use of this FAP is appropriate.