



## AOTS 13. Driving and OST

Opioids can affect people's driving ability. Although we prescribe prescription medicines that are safe if used as prescribed, the Health and Disability Commissioner has made it clear that opioid substitution treatment (OST) services have an obligation to address clients' driving risk (Case 05HDC09043). Some of the factors medical practitioners need to consider when assessing someone's fitness to drive include:

1. The person's ability to drive safely: for example, some people respond less well to some medications so may not be able to drive safely whereas other people on the same medication will be fine.
2. The effect of changing medication levels and the cumulative effects of medications (in that some combinations impair driving more than others).

Driving can be a risk during the initial stage of treatment when your OST dose is being increased and especially if you are using 'on top'. AOTS recommends that you don't drive at all during this stabilisation phase. If you have to drive you should avoid doing so for 2 -6 hours after taking OST and at least 4 hours after taking any other drugs (this includes alcohol).

Once you're on a stable dose AOTS strongly advises that you do not drive if you are tired and/or have consumed alcohol or other medications or drugs (e.g. sedatives, cannabis, other opioids, benzodiazepines, and antihistamines).

The reason for this is that your driving ability will be affected more than it would in someone who is not on OST. The risk is increased when the blood level or clinical effects of OST reach their peak; for methadone this is around 2 - 6 hours after consumption and for Suboxone® it is around 1 - 4 hours after consumption.



3. The NZ Transport Agency lists a number of medications (and drugs and chemicals of abuse) which may impair driving including sedatives, hypnotics or anti-anxiety drugs; analgesics (e.g. codeine); anti-allergy agents, anti-psychotics and antidepressants; anti-motion sickness agents; some anti-hypertensive agents; skeletal muscle relaxants; ophthalmic agents (medicine concerned with the eye and its diseases like glaucoma); and some anti-malarial medication ("Medical aspects of fitness to drive: a guide for medical practitioners" July 2009 p.115). So it's important that you let the doctor and your key worker know about any prescribed or over the counter medications you're taking so they can assess for any possible impact these could have on driving when combined with OST.
4. The type of license and type of driving. For example, AOTS strongly advises clients who drive commercial vehicles or operate heavy machinery etc. to stop driving these vehicles during the stabilisation phase, and once stabilised they will be asked to undergo a minimum of 6 monthly reviews to assess driving safety.
5. Whether the person has any other medical conditions.
6. Other factors that could exacerbate risks such as a recent illicit drug use.

All these factors are taken into account when assessing anyone's ability to drive. Medical practitioners need to make a balanced judgement based on all the available information. If they have any doubt as to someone's ability to drive safely they have a responsibility to take steps to reduce that risk.

<b>Issued by</b>	CADS Document Controller	<b>Issued Date</b>	Feb 2016	<b>Classification</b>	AIS13
<b>Authorised by</b>	CADS Clinical Director	<b>Review Period</b>	36 months	<b>Page</b>	Page 1 of 2

This information is correct at date of issue. Always check in the relevant Waitemata DHB policy manual that this copy is the most recent version.

- Anyone attending CADS who is intoxicated or drug affected will be asked by staff not to drive and to leave their keys with reception for safe keeping. Staff will help organise other transport such as getting the affected person picked up by a friend or a taxi.
- If the person refuses to leave their keys and plans to drive and staff believe there is a serious or imminent threat to public safety or the life or health of the person, staff are then obliged to inform the police. (This is allowed under the Health Information Privacy Code 1994 Rule 11; the information can be provided without having to get client consent.)
- Medical practitioners who report people to the NZTA can't be prosecuted for disclosing personal medical information in these circumstances.
- All medical practitioners (not only those working with CADS) are required by law to advise the NZ Transport Agency (NZTA), via the Chief Medical Advisor, of any individual who poses a danger to public safety by continuing to drive when advised not to (Section 18 of the Land Transport Act 1998 – see section 1.4).
- If a CADS doctor has serious concerns about a client's ability to drive safely, they will discuss this with the client and record this discussion in the client's clinical notes.
- If the client continues to drive the CADS doctor is obliged (in that they don't have a choice) to write to the NZTA Chief Medical Advisor as soon as is practicable stating the reason/s for their concern. (Section 18 of the Land Transport Act 1998 subsection 1(a))
- If the NZTA revokes the client's license, the client receives a letter from the NZTA telling them that their license has been revoked and it will be collected within 14 days.  
To get the license back, the doctor needs to write to the NZTA Chief Medical Advisor saying the person is now okay to drive.

So, if the medical staff advise you not to drive and you continue to do so against their advice, the process will be that:

- staff inform you they are informing NZTA
- NZTA inform you in writing your license has been revoked
- Baycorp come to your place to collect your license
- the doctor informs the NZTA when they assess it's safe for you to drive again, and
- you get your license back.
- Where a medical practitioner is concerned that someone's driving risk increasing, but they haven't actually witnessed the person being intoxicated or stoned, they are still obliged to respond. This could mean they ask the person to attend more appointments to focus on alcohol and other drug use, or they might request a treatment review. It might include notifying NZTA.
- Anyone can voluntarily surrender their own license for a time without giving NZTA the reasons why. So, if you think it's a good idea that you don't drive for a while there's a form you can fill in for NZTA where you voluntarily hand over your license.

Instead of driving there are some options that may be available to you:



- Get a lift with a friend
- Use public transport
- Go green: walk, bike or skateboard!

<b>Issued by</b>	CADS Document Controller	<b>Issued Date</b>	Feb 2016	<b>Classification</b>	AIS13
<b>Authorised by</b>	CADS Clinical Director	<b>Review Period</b>	36 months	<b>Page</b>	Page 2 of 2

This information is correct at date of issue. Always check in the relevant WDHB policy manual that this copy is the most recent version.