Medication & driving

- Health professionals and researchers in Australia and internationally agree that the impairing effects of some medications can have potentially harmful effects on traffic safety.
- Almost 1 in 4 Australian drivers ignore medication warning labels and continue to drive after taking prescription drugs.\(^1\)
- Researchers and health professionals have called for improvements to medication classification and warning systems.\(^2,4\)

THE FACTS

This fact sheet complements CARRS-Q’s Drug Driving Fact Sheet.\(^5\)
- The use of drugs that affect mood, cognition and psychomotor functioning can directly or indirectly potentially impair driving ability.
- Many over-the-counter and prescription medications, such as some cough-cold-flu day and night formulas, non-steroidal anti-inflammatories, antihistamines, antibiotics, antidepressants, some drugs for epilepsy, and sleep medications such as benzodiazepines, can potentially impair driving.\(^3,7,8\)
- Australian and international research has provided evidence for the potentially impairing effects through simulator and on-road driving studies.
- Some medications can impair driving by:
  - causing drowsiness;
  - slowing reaction time – this can be crucial in an emergency situation;
  - affecting mental concentration – making it difficult to multi-task and make quick decisions;
  - causing shakiness or unsteadiness; and
  - affecting coordination.
- These effects can make it unsafe to drive, cycle or use machinery after taking medication.
- There are many factors which can cause the effects of medications to vary, such as:
  - the individual’s metabolism;
  - the strength and time of dose;
  - whether it is the start of initial treatment or recommencement;
  - whether the dosage is increased; and
  - whether it was taken in combination with other substances, such as other medications, illicit drugs, alcohol, and some complementary medicines.
- However, recent Australian research\(^1\) indicated that there are very low levels of knowledge within the driving population of the effects of medications on driving, and of how much time should pass following the use of analgesics, benzodiazepines and prescription stimulants, before it becomes safe to drive.
- This brings into question whether people are able to monitor their own status and make their own decisions about being safe to drive, as the Queensland warning labels require.
- Further, research suggests that people don’t read the warning labels. A report by the Australian Drug Foundation revealed that almost one in four Australian drivers ignore medication warning labels and continue to drive after taking prescription drugs.\(^1\)
- Researchers and health professionals have called for improvements to medication classification and warning systems to improve user awareness and knowledge of the effects of classes of medications on driving performance, assist appropriate medication choices and underpin legislation.\(^2,4\)
- Australian research suggests there may be potential to improve Australian medication warning and labelling systems to meet consumer needs, and improve driver awareness, attitudes and compliance with medication warnings.\(^2,3\)
- Ley (1995) assessed the effectiveness of medication warnings and safety directions and found that warnings were noticed by about 52% of people. Further, 50% of participants were skeptical of product warnings, while the other 50% followed the warning.\(^11\)

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Ask your doctor or pharmacist about the effect of medications on your driving.

Warning labels about driving

- In Australia, medications that have the potential to impair driving must display a warning label.\(^5,10\)
- According to national guidelines, ancillary warning labels 1 and 1a are mandatory, and label 12 may also be displayed.

- In addition, States and Territories may have specific requirements. In Queensland, the ancillary labels are not required to appear if the warnings are already visible on the manufacturer’s pack.\(^10\)
- Australian warning labels require those using medication to monitor its effects and self-assess their impairment.

![Warning labels about driving]

- This medicine may cause drowsiness and may increase the effects of alcohol. If affected, do not drive a motor vehicle or operate machinery.
- This preparation is to aid sleep. Drowsiness may continue the following day. If affected, do not drive or operate machinery. Avoid alcohol.
- This medication may affect mental alertness and/or coordination. If affected, do not drive a motor vehicle or operate machinery.
CARRS-Q’S WORK IN THIS AREA

In line with international developments, CARRS-Q is developing a program of research to investigate the effectiveness of the warning systems currently in use in Australia, and individual ability to accurately self-assess impairment from medications on driving. This includes:

- Surveys to assess the perceptions, knowledge, awareness, attitudes and behaviour of the general community, in Australia and overseas, in relation to medication warning labels about driving and driving while medicated.  
- Investigation of the preferences and information needs of Australian and overseas health professionals.

FUTURE DIRECTIONS

The National Road Safety Strategy 2011-2020 recognises existing evidence for increased crash risk associated with the use of certain licit drugs, and the potential for improving the national approach to the management of impaired driving due to use of prescription medication. The strategy identifies a number of goals in the area of drug driving:

- Investigating the use of new roadside drug testing technology as it applies to licit drugs.  
- Compulsory blood drug testing for all drivers in serious casualty crashes.  
- Strengthening and improving the process of random drug testing of drivers/riders.  
- Improving awareness of random roadside drug testing programs.

REFERENCES