

Effects of Narcotic Analgesics on Driving

What is the Drug-Impaired Driving Learning Centre (DIDLC)?

The Drug Impaired Driving Learning Centre (DIDLC) is a fully bilingual, web-based educational resource that was developed by the Traffic Injury Research Foundation, in partnership with Desjardins Insurance.

This comprehensive, accessible tool was created to inform the development of an evidence-based drug-impaired driving strategy. It was designed to meet the needs of a wide spectrum of diverse stakeholders who are seeking more information about priority issues.

The objective of the is to support the work of governments and road safety partners by sharing current knowledge about research and practice, and increasing awareness about drug-impaired driving. A consolidated base of knowledge is essential to build a common understanding of the drug-impaired driving problem, inform discussion, and achieve progress in reducing it.

The Learning Centre contains several modules that are structured in a question and answer format, similar to other TIRF educational programs. Module topics include:

- magnitude and characteristics of the problem
- effects of drugs on driving
- legislation and penalties
- tools and technologies.

To view more fact sheets, or to get more information about drug-impaired driving, visit <http://druggeddriving.tirf.ca>

What functional abilities are necessary for safe driving?

Driving is a complex self-paced task that requires many skills and abilities to be completed simultaneously, and it requires that information be processed at a rapid pace while utilizing visual (ex: ability to scan the road for hazards), cognitive (ex: ability to divide attention between multiple concurrent events) and motor skills (ex: ability to perform physical movements such as turning the steering wheel, pressing acceleration and brake pedals). The processes drivers use to operate a vehicle can be divided into three steps: perception, decision and reaction. These three steps are assumed to happen consecutively, and depend on the driver's visual, cognitive and motor abilities. Impairment in any or all of these abilities can lead to unsafe driving.¹



What are the different types of drugs that can impair driving?

Drugs that can impair driving are categorized according to the seven drug categories, established by the International Drug Evaluation and Classification Program (DECP). These

¹ Dewar et al. 2007

include: cannabis², central nervous system (CNS) depressants, central nervous system (CNS) stimulants, hallucinogens, dissociative anesthetics, narcotic analgesics, and inhalants.



There are also New Psychoactive Substances (NPS) that are frequently not included under the international drug control conventions. There are currently over 450 NPS being monitored by the European Union, with over half being reported since 2013.³ An NPS is a synthetic drug that is designed to mimic the pharmacological effects of existing controlled substances. It is unlikely that synthetic drugs are detected using the common standardized drug test.⁴ An NPS is characterized by the following features: psychoactive properties; a level of potential harm comparable to internationally controlled drugs; and newly available, rather than newly invented.⁵

How do researchers measure the impairing effects of drugs on driving abilities?

Laboratory tests. Researchers use laboratory tests that measure cognitive or psychomotor abilities thought to be related to or involved in driving. These tests are typically validated and reliable measures to assess specific cognitive capacities and physical motor coordination.

Cognitive tests evaluate the effects of a drug on these specific capacities: attention (simple and divided), perception (auditory, time and visual), memory (long and short-term), vigilance, logical reasoning, problem-solving and decision-making.

Examples of validated tests include the Tower of London task, the Wisconsin Card Sorting Task, the Time Wall test, and the Object Movement Estimation under Divided Attention (OMEDA).

Psychomotor tests measure the effects of a drug on participant performance during actions such as body sway, motor coordination and reaction time. Examples of specific tests commonly used to evaluate the effects of drugs include Simple Reaction Time and the Critical Tracking task.⁶

Simulator tests. Researchers also employ driving simulators to evaluate how the administration of a drug can affect driving. Driving simulators can vary in terms of the level of immersion, which can range from a simple desktop display to a full car cabin with a 360 degree display. Regardless, all simulators display an interactive virtual roadway (i.e., driving scenario) and the participant is directed to perform specific navigational and driving tasks on the virtual roadway via a steering wheel, accelerator and brake pedal. Drivers are



² The term “cannabis” refers to the cannabis plant that contains more than 100 cannabinoids. The primary psychoactive component of cannabis is delta-9-tetrahydrocannabinol, commonly known as THC. THC and its psychoactive metabolite, 11-hydroxy-THC or 11-OH-THC, and primary inactive metabolite, 11-nor-9-carboxy-THC or THC-COOH are frequently measured in biological fluids to document cannabis intake.

³ New psychoactive substances in Europe: An update from the EU Early Warning System 2015

⁴ Patil et al. 2016

⁵ New Psychoactive Substances Review: report of the expert panel 2014

⁶ Verstraete et al. 2014

administered a specific drug dose or placebo and instructed to complete a driving scenario during which they must perform a variety of actions. Measures typically include: lane weaving behaviours (variability in lateral lane position), speeding behaviours (average speed, speed variability), headway maintenance (the amount of headway distance maintained between the driver's vehicle and the vehicle in front), braking reaction time, and near-crash and collisions.⁷

On-road tests. On-road driving tests involve study participants operating a real vehicle, in the presence of a driving instructor who has a secondary set of vehicle controls, either on a closed track or on a public road. Test cars are usually fitted with devices to measure speed, lane positioning, acceleration/ brake use, and video cameras to record the driver's actions/errors.⁸

What are the limitations of the current research that measures the effects of drugs on driving ability?

Laboratory tests of cognitive and psychomotor capacities often only measure a single skill or ability related to driving performance, and it is well-known that driving ability engages a combination of cognitive, psychomotor and motor functions.⁹ Even when a series of tests are used, they are administered independently of each other and many are short and relatively simple, and consequently fail to replicate the complex skills or engage the precise psychomotor and cognitive capacities required for driving.¹⁰

Driving simulators also have limitations since they can never fully replicate authentic driving. Participants may be less careful, as they are aware that it is a safe and artificial environment. As a result, driver errors and risk-taking behaviours may be exaggerated.¹¹ Additionally, driving scenarios are often short, involve few elements, engage a limited range of cognitive and psychomotor capacities, and thus do not replicate

the complicated conditions that drivers may normally experience.¹²

The central limitation of on-road driving tests is the safety concern associated with placing drug-impaired drivers on the road, though these can be mitigated by using closed course tests and the presence of driving instructors who can take control of the vehicle when necessary.

What are narcotic analgesics?



Narcotic analgesics are prescribed to treat pain, both acute and chronic, but can also be abused recreationally as an illicit drug.¹³ Opioids¹⁴ are the primary narcotic analgesics in this category, categorized as medicinal or illegal, and natural, semi-synthetic or fully synthetic. Specifically, opiates are naturally derived and include morphine and codeine. Opioids are semi-synthetic or synthetic, but all function like opiates. These include heroin, oxycodone, hydrocodone, oxymorphone, and hydromorphone. The short-term psychological and physiological effects of narcotic analgesics include pain relief, drowsiness, sedation, psychomotor impairment,

⁷ Verstraete et al. 2014

⁸ Schulze et al. 2012; Verstraete et al. 2014

⁹ Leuffkens et al. 2007

¹⁰ Ramaekers et al. 2004

¹¹ Dassanayake et al. 2011; Wolff et al. 2013

¹² CCSA 2016; DECP 2016

¹³ DECP 2016

¹⁴ The term "opioid" is used to refer to all opium-like substances (including opiates and opioids), and for the purposes of this module the term "opioid" shall be used except where differentiation is required.

decreased alertness, decreased pulse, respiratory depression, inability to concentrate, constricted pupils, and euphoria. Individuals on stable medicinal doses of narcotic analgesics will generally develop partial tolerance to the effects of the drug within the first several weeks of use. However, changes in dose or combining the narcotic analgesic with other drugs or alcohol may overcome the partial tolerance.¹⁵

Synthetic opioids, such as fentanyl and its derivatives, are hundreds of times more potent than heroin. Fentanyl can sometimes be prescribed for chronic pain management, but non-pharmaceutical fentanyl and fentanyl NPS have given rise to a new opioid epidemic.¹⁶

Which narcotic analgesics are most frequently detected in drivers?

Roadside survey results show that use of prescription opioids is more prevalent than illicit opioids in the general driving population.¹⁷ Although there is currently no established prevalence rate for driving under the influence of non-prescription synthetic opioids such as fentanyl analogs, the high rate of abuse for this substance and its derivatives may be reflected in data on impaired driving and fatal crashes.

Can narcotic analgesics impair driving abilities, and if so, how?



Few research studies assess the effects of narcotic analgesics on driving ability, and available

studies reported inconsistent results. In general, studies examining first-time users of medicinal opioids showed impairments in driving involving poor vehicle control and increased lane weaving.¹⁸ Those who use medicinal opioids over a period of time generally develop a partial tolerance to their impairing effects, and demonstrate less driving impairment.¹⁹

Narcotic use was associated with a significantly increased risk of fatal crash involvement, with an odds ratio of 3.03.²⁰ Furthermore, drivers using opiates are at double the risk for injury (odds ratio 2.35).²¹

Are the effects of narcotic analgesics on driving ability impacted by other factors, such as alcohol, or sleep deprivation?

The partial tolerance built up by those who have taken opioids for a longer period of time can be negatively impacted by consuming alcohol or other drugs. As a result, they may experience the sedating effects similar to when they first used this drug, and in turn demonstrate impairment while driving.²² Although there is evidence that narcotic analgesics have the potential to impair driving, studies showed that controlled use of medicinal narcotics can improve driving abilities by alleviating potentially impairing symptoms of a persons' underlying condition (e.g., chronic pain).²³

¹⁵ Bachs et al. 2006; CCSA 2016; Schisler et al. 2012; Wolff et al., 2013

¹⁶ CCSA 2015

¹⁷ Verstraete et al. 2014

¹⁸ Dubois et al. 2010

¹⁹ Fishbain et al. 2003

²⁰ Li et al 2013

²¹ Movig et al. 2004

²² Breivik 2006

²³ Benzon et al. 2013

Traffic Injury Research Foundation

The mission of the Traffic Injury Research Foundation (TIRF) is to reduce traffic-related deaths and injuries. TIRF is a national, independent, charitable road safety institute. Since its inception in 1964, TIRF has become internationally recognized for its accomplishments in a wide range of subject areas related to identifying the causes of road crashes and developing programs and policies to address them effectively.

Traffic Injury Research Foundation (TIRF)
171 Nepean Street, Suite 200
Ottawa, Ontario K2P 0B4
Phone: (877) 238-5235
Fax: (613) 238-5292
Email: tirf@tirf.ca
Website: www.tirf.ca



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