

Impaired driving: the grey area of pharmaceuticals

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When Robert Phillips got into his car one Tuesday last May he felt fine.

Within a few hours, though, he'd come close to falling asleep at the wheel as he swerved into oncoming traffic and forced transport trucks onto the highway's shoulder, said Crown attorney Ted Carlton in a Muskoka courthouse Dec. 22, 2015.

Police eventually stopped the Parry Sound resident in Bracebridge.

"The officer found Mr. Phillips had no odour of alcohol on his breath, but a slight slur in his speech," said Carlton. "He stated he'd taken his medications that morning and simply felt tired."

Later that day, May 6, 2015, a urine test revealed Phillips, then 43, had a number of drugs in his system, including oxycodone – an opioid pain medication. His family doctor had prescribed the drug cocktail after Phillips suffered four concussions in five years, said defence lawyer Peter Ward.

Immediately following the incident Phillips went to his family doctor who adjusted his medications and found a solution.

Phillips was initially charged with impaired by alcohol, but it was withdrawn. Phillips did plead guilty to another charge – careless driving.

"I had just started a new blood pressure pill and I think that's why this happened," Phillips told the court. At the time of the incident, he had no criminal record and a very small number of Highway Traffic Act infractions.

"It scared me as much as anyone else."

Phillips was sentenced to 12 months probation, a \$750 fine and a 45-day licence suspension. He did not respond to multiple requests for comment.

Cases like Phillips' are becoming more common across Ontario.

Impaired driving by drugs happens almost as frequently as impaired driving by alcohol, said OPP Sgt. Dave Wallbank of the Highway Safety Division. Marijuana is the leading drug of choice, followed closely by pharmaceuticals, he said.

The OPP are currently not tracking the number of pharmaceutical-related cases, but it's "not rare for traffic officers to encounter drugs from the prescription world," said Wallbank.

Prescribed opioids like oxycodone (as Phillips was taking), sedatives like Valium and even stimulants like Ritalin can impact a person's ability to drive, according to the Canadian Centre on Substance Abuse.

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Research shows opioids and sedatives can cause drowsiness, impair co-ordination, reduce ability to multitask and increase errors.

"Studies of traffic crashes reveal that drivers who test positive for the use of sedatives are two to eight times more likely than alcohol-free and drug-free drivers to be involved in a fatal traffic crash," said the CCSA's report. That statistic applies to opioid use as well.

"The driving behaviour of someone who has used opioids might include noticeably slower driving, weaving, poor vehicle control and delayed reactions," the report notes.

Stimulants can initially reduce feelings of tiredness, but once the effects wear off drivers might experience intensified fatigue, depression and inattention.

"Among drivers stopped by the police, who were subsequently found to have been using stimulants, inattention, speeding, risk-taking, poor impulse control and aggressive

driving are common," said the report.

When Phillips' doctor slightly altered his medications, Phillips told court he had no idea it would impact his driving ability so profoundly. But it did and he was held responsible.

"He was aware of the impact his medication was having on him, but he continued to drive and didn't have reasonable consideration of others using the roadway," Carlton said in court.

When doctors prescribe medications the College of Physicians and Surgeons of Ontario requires them to advise their patients about the risks and benefits, said spokesperson Tracey Sobers. This includes drug effects and interactions, side effects, precautions and instances when the drugs should not be taken.

Pharmacists also have a responsibility.

"It's absolutely the job of the pharmacist to inform patients of medication risks

THE NUMBERS

Drug impairment: York Regional Police report impaired operation by drug charges are on the rise.

2014 – 29 charges

2015 – 53 charges

2016 (YTD) – 34 charges

and if those risks are aggravated because of other medications," said spokesperson Lori DeCou on behalf of the Ontario College of Pharmacists.

"Having said that, patients have a role to play as well in staying informed," she said.

Canadian pharmacists are required under their standards of practice to review each prescription a patient takes to ensure it is the most appropriate and there are no significant interactions with other medications.

If a patient is at risk of experiencing problems, the pharmacist is to go through a review process to educate the patient, make changes to therapies, or recommend changes to the patient's doctor, according to the standards of practice document.

When it comes to warning labels, that's not up to pharmacists, but rather Health Canada and the drug manufacturer, said DeCou.

Some prescribed medications, including a handful used to treat anxiety, depression and insomnia, have warning labels, such as, "may cause drowsiness," "do not operate heavy machinery," or "do not drive," reports the Ministry of Transportation. Over-the-counter drugs like Benadryl and Claritin come with similar warnings.

Depending on a patient's health conditions, age and countless other factors, medications without explicit warning labels can also impact driving ability, according to the Canadian Safety Council. Older drivers, for example, are likely to experience drowsiness, blurred vision and dizziness from pain relievers, cough suppressants and blood pressure drugs.

"People should be concerned about any drugs that impact their ability to divide attention," said Wallbank. "If they think there's any potential, then they should not be driving."

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