With the Jupiter Police dash-cam video of Tiger Woods’ DUI arrest just released, the public gets a further glimpse into the unfortunate event.

The depiction accompanies a report revealed earlier this week where Woods apologizes and attributes what happened to “an unexpected reaction to prescribed medications.” He denied alcohol use and this was affirmed by police testing.

Due to being found asleep at the wheel on the side of the road, having slurred and slowed speech as well as a failed field sobriety test, police arrested him on suspicion of driving under the influence. Tiger Woods took ownership of the incident in a statement and the path forward will, I imagine, be closely followed in the press.

His situation represents a very good outcome, regardless of the inevitable legal or professional ramifications. From all accounts, he did not injure himself, a loved one or stranger. Living with these potential consequences of impaired driving can be unimaginably difficult.

Shifting gears from Woods to anyone in a similar circumstance, such a good scenario can also yield a profoundly negative impact on a person’s quality of life. Certain states restrict or revoke licenses subsequent to a DUI. Discovery can adversely impact employment. Independence can be thwarted significantly. Fines incurred. And so forth.

“Drugged driving” brings about many preconceptions like the notion substances must be illicit in nature to cause problems. Whether legally prescribed, over-the-counter or illegally obtained, certain medicines whether used properly or abused can impair a driver.

According to the American Automobile Association (AAA) [4], “prescription drugs are the most
prevalent of all drugs found in drugged drivers involved in fatal crashes (46.5%), and the percentage has continually increased since 2005.” They contend benzodiazepines and opiates are the most common prescription drugs found in fatal and seriously injured drivers. The former is typically used for anxiety or sleep disturbances, the latter for alleviating pain.

The National Institute on Drug Abuse [5] declares “prescription and OTC drugs are, after marijuana (and alcohol), the most commonly abused substances by Americans 14 and older.”

There is a misunderstanding that if a drug is over-the-counter (OTC) it must be safer than a prescription. Or, a prescription drug must be okay because it treats a medical illness or condition. The reality is dosing, type of medicine along with its possession of psychoactive or mind-altering properties, half-life or metabolic breakdown duration, polypharmacy or mixture with alcohol or illicit substances all can serve to impair a driver.

Knowledge of disease states, addiction and personal history as well as clinical status play a role in factoring in who is more inclined to have a negative outcome or in need of restrictions in behaviors like driving. Medical illnesses themselves --and their treatments--like someone at risk of fainting [6] or with intractable seizures can pose a higher risk if driving.

The active ingredient in OTC benadryl or some cold remedies is an antihistamine that has sedating effects, e.g. diphenhydramine. Whereas in an adult it can cause drowsiness, the same medicine in young children can elicit a paradoxical response of hyperactivity. The individual is the variable. The AAA reports [4] a profound influence with this medicine on a person’s ability to maintain speed and lane position, they even go as far as claiming “one single dose…can have the same effect on driving as being above the legal limit for blood alcohol concentration.”

Cold and cough suppressants (OTC) containing dextromethorphan are routinely abused. The list grows with prescription drugs.

Numbers are increasing in the last decade with respect to Americans and their multiple prescriptions. It is incredibly important for a health care provider to provide informed consent about the benefits and risks of the medicines prescribed. Depending upon the prescriptions, the individual and the underlying disease, these drugs can be properly used and still prompt side effects that influence cognition or mobility or confusion.

Polypharmacy, addiction and abuse of prescription medicines is as possible as it is with illicit or OTC drugs. Unintentional ingestion of a wrong dose due to human error, cognitive decline or being confused on too many medicines are all very realistic situations too. By no means is the impairment always nefarious. The key is to recognize your impairment, self-regulate your behavior and not put yourself and others at risk by operating a vehicle.

The take home message is to discuss with your physician who knows your entire medical history what life restrictions you should employ when taking certain drugs— prescription or otherwise. There are many strategies to put in place to avoid driving when under the influence or impaired like arranging transportation in advance with family or friends. Preventing a tragic event is always worth the effort.
Note(s):
To review relevant statistics, read MADD’s [Drugged Driving By the Numbers](http://www.madd.org/drugged-driving/drugged-driving-by-the.html).

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