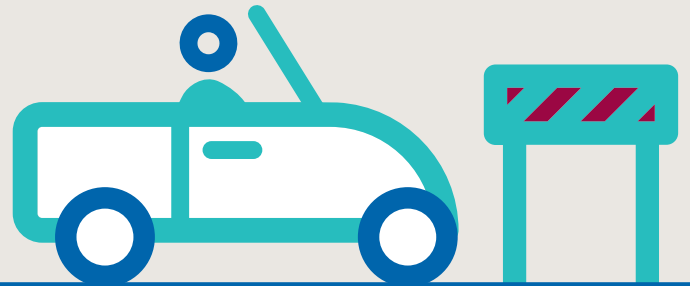


DRIVING ON METHADONE OR BUPRENORHPINE (SUBOXONE): DUI?



“I was arrested while driving from my treatment program and charged with DUI. What can I do?”

Individuals who take methadone or buprenorphine-naloxone (Suboxone) for opioid addiction under a doctor’s supervision are sometimes arrested and charged with “driving under the influence” (DUI) merely because they take these medications. Is that legal?

THE LAWS

The answer depends on the law in your state. Methadone and buprenorphine are controlled substances. (Injectable naltrexone (Vivitrol), another medication for opioid addiction, is not a controlled substance. The DUI laws discussed here should not apply to people taking naltrexone.) There are three types of laws regarding driving and controlled substances, even when prescribed by a physician.

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Only illegal if impaired

The first two types of laws are similar:

1. There is no DUI unless the drug makes the driver “incapable” of driving safely,” or
2. There is no DUI unless the drug impairs the driver’s ability to operate safely or the driver is under the influence of (or affected by) an “intoxicating” drug.

Under these laws, the prosecution must show that the drug was present and actually impaired the person’s ability to drive, or the person was “intoxicated.” The driver’s conduct does not violate the law if the driver was taking the medication legally, and the medication did not impair driving ability or make the person “intoxicated.”

Illegal to have methadone or buprenorphine in your body

Some states have a third type of law. In these states, it is a criminal offense merely to have any amount of the drug(s) in one’s body while driving. It does not matter that the medication is legal and does not impair functioning.

To find out which type of law your state has, you may need to ask a lawyer.

ADVOCACY STRATEGY

What can patients do when arrested for driving with these legally prescribed addiction medications in their bodies?

First two types of laws (only illegal if impaired)

An attorney can defend an individual in such a case by showing that:



- The person was legally prescribed or dispensed the medication. It is helpful to get a letter from the opioid treatment program or physician prescriber that the patient is in good standing.
- There was no causal connection. The driver's use of the medication did not impair functioning/driving because the individual was stabilized on a clinically appropriate dose. There were no side effects that impaired normal functioning, including driving ability. For methadone, point to studies of methadone-maintained patients' functioning, including driving abilities. They are available at lac.org/resources. Click on "substance use" and "Medication Assisted Treatment." These studies show that there is no cognitive or psychomotor skills impairment from methadone.
- There is no evidence of other drug(s) or alcohol whose interaction with the addiction medication could impair driving ability. If the driver is taking other medications, address concerns about possibly impairing medication interactions.

Third type of law (illegal to have methadone or buprenorphine in body)

Here, the only real advocacy tool is community relations and public education to change law enforcement attitudes and how they apply DUI law to patients receiving medication to treat opioid addiction. Or, conduct advocacy to change the law itself.

ADDITIONAL RESOURCES

For more information about rights of individuals who receive addiction medication, visit the Legal Action Center's MAT advocacy toolkit at lac.org/MAT-advocacy.