



Department
for Transport

Protecting the public from repeat drug driving offenders

Call for evidence on introducing a drug-driver rehabilitation scheme and high-risk offender scheme for drug drivers

January 2022

Department for Transport
Great Minster House
33 Horseferry Road
London
SW1P 4DR



This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit www.nationalarchives.gov.uk/doc/opengovernment-licence/version/3/ or contact, The National Archives at www.nationalarchives.gov.uk/contact-us.

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is also available on our website at www.gov.uk/government/organisations/department-for-transport

Any enquiries regarding this publication should be sent to us at www.gov.uk/government/organisations/department-for-transport

Contents

| | |
|--|----|
| Foreword | 4 |
| Executive summary | 6 |
| Introduction | 7 |
| Background to the call for evidence | 7 |
| 1. Drug-drive rehabilitation scheme | 9 |
| Developments to-date | 9 |
| 2. Drug-drive high-risk offender scheme | 11 |
| Developments to-date | 11 |
| 3. Blood sample screening | 14 |
| The current landscape | 14 |
| 4. Medicinal cannabis | 15 |
| Developments to-date | 15 |
| How to respond | 16 |
| Freedom of Information | 17 |
| Data Protection | 17 |
| Annex A: Full list of consultation questions | 19 |
| Annex B: Drug Driving High Risk Offender Scheme Expert Panel recommendations | 21 |

Foreword



As Roads Minister, the safety of all road users is my biggest priority. We have some of the safest roads in the world, but with around 1,500 road fatalities a year there is more we can, and must, do. Key to our approach is preventing drink and drug drivers. They are a risk to themselves and others; and I'm clear that those that persist with this dangerous behaviour must face the full force of the law.

We know legislation works. Drink drive deaths fell 88% between 1979 (when official statistics began) and 2015, in large part due to the landmark Road Safety Act 1967. Despite this welcome reduction, we are now seeing an increase in drug related driving

offences, with over 12,000 convicted in 2019. That's 12,000 times lives were unnecessarily at stake on our roads.

Considerable progress has been made over the past three decades in tackling drink and drug driving. In 2015 when drug [driving legislation](#) came into force, the Government adopted a zero tolerance approach to 8 drugs most associated with illegal use, with legal limits set for the first time. And now we're going further: bringing greater parity in drink and drug driving enforcement as well as giving the police, Courts and medical professionals the tools to keep all road users safe.

That is why we're launching this call for evidence. We want to explore how to introduce drug driving components to the already well-established rehabilitation and high-risk offender courses for drink drivers. We are also requesting views on what scope there is for changing the way specimens are taken; and finally, we're seeking evidence on the relationship between medicinal cannabis and road safety, to ensure the current legislative framework remains robust.

These rehabilitation measures work. Non-attendees to the drink driving courses were over twice as likely to commit a new drink driving offence within three years. By offering high risk drug driving offenders the same support, we can hopefully reduce the appalling statistic which sees 44% of drug driving offences committed by a reoffender. Parity in support should also be matched with parity in consequences. Currently, a high-risk offender for drink driving must reapply for a new licence after their period of disqualification has ended. If we are to keep dangerous drivers off our streets then the same, I believe, should apply for high risk offenders for drug driving.

This call for evidence is the first of several steps we're are taking this year to reduce the problem of drink and drug driving. We're also launching further calls for evidence on other matters in the Road Traffic Acts such as failing to stop after a collision and criminal use of vehicles.

Government doesn't have all the answers. That is why my team and I need to hear the views of those who help make our drink and drug driving laws work. Only then can we pinpoint where the gaps are and where improvements can be made. This is your opportunity to ensure the law adequately reflects what the vast majority of the British public feel – that drink and drug driving is unacceptable and has no place on our roads.

Baroness Vere of Norbiton

Executive summary

The Department is seeking views on the enforcement measures that are used to tackle drink and drug driving, as well as opportunities for improving them.

This call for evidence – which will form part of a wider series on drink driving, drug driving, and other aligned matters – is structured in four sections and the reports that underpin them are published on line, with links inserted in the main sections.

The first section covers proposals for a drug-drive rehabilitation scheme, modelled on the existing drink-drive rehabilitation (DDR) scheme. The Ipsos MORI evaluation of the DDR scheme is published alongside this report:

<https://www.gov.uk/government/publications/review-of-the-drink-drive-rehabilitation-course>

The second section covers proposals for a high-risk offender (HRO) scheme for drug drivers, modelled on the scheme currently in place for drink drivers. The Expert Panel report on establishing a Drug Drive HRO is published alongside this report:

<https://www.gov.uk/government/publications/proposals-for-a-high-risk-offenders-drug-driving-scheme>

The third section covers the admissibility requirements in respect of a specimen set out in Section 15 of the Road Traffic Offenders Act 1988 and what case there is for amending these to reflect changes in medical practice.

The fourth section covers the relationship between medicinal cannabis and road safety. NatCen Social Research was commissioned by the Department to produce a report on this issue is published alongside this report;

<https://www.gov.uk/government/publications/medical-cannabis-and-road-safety>

A list of the questions we are seeking answers to, is to be found at Annex A.

Introduction

Background to the call for evidence

Road safety is a priority for the Government. The Department for Transport (DfT) is committed to reducing the number of people killed or seriously injured on our roads and we are working closely with road safety stakeholders to achieve this shared aim.

Driving under the influence of drink and drugs is unacceptable and illegal. We are determined to combat this behaviour and ensure that all such drivers are caught and punished. We have a combined approach of tough penalties and rigorous enforcement, along with our highly respected and effective “THINK!” campaigns. This reinforces the social unacceptability of drink and drug driving, reminding people of the serious consequences such practices have on themselves and others.

We have some of the safest roads in comparison with other countries, but the Government is not complacent and there is more work to be done – especially in respect of addressing drink and drug driving.

The [Road Safety Statement 2019](#) (RSS 2019) reiterated this commitment and included actions that related directly to drink and drug driving:

- consideration of a drug-drive rehabilitation scheme; and
- consideration of a drug-drive high-risk offender (HRO) scheme.

The drink-drive rehabilitation (DDR) scheme became permanent in 1999, following a six-year experimental period. The DDR scheme is currently aimed at providing drink-drive offenders referred to an approved course with expert training in a group situation about the problems associated with drink driving, enabling behavioural correction and, consequently, reduced re-offending.

The high-risk offender (HRO) scheme has existed since 1983. The current HRO scheme is aimed at dealing with drivers whose dependence on, or persistent misuse of, alcohol presents a serious road safety risk. The scheme was a response to The Road Traffic Act 1991, which granted courts in selected areas in England, Wales, and Scotland the ability to offer rehabilitation courses to individuals convicted of drink driving and to help prevent re-offences in future. If classified as a “high risk offender”, you will not get your new licence until you can prove you are fit to drive again.

The RSS also committed to providing enforcement agencies with “the best technologies as quickly and cost effectively as possible” to prosecute drunk or drugged drivers and other offenders. This call for evidence seeks views on whether to introduce a drug-drive component to rehabilitation and HRO schemes.

In addition, the DfT is using this document to include a call for evidence on changing the existing admissibility requirements in respect of a specimen, set out in Section 15 of the Road Traffic Offenders Act 1988, to reflect the latest developments in medical practice.

1. Drug-drive rehabilitation scheme

Developments to-date

The [North Report](#), published in 2010, recommended that the Government should consider the case for the introduction of drug-driver rehabilitation courses.

The [Government response](#), published in 2011, agreed in principle with the report's recommendation, committing to return to this when there was evidence that sufficient numbers were available to sustain a national scheme. We are at that point now.

Currently, there is no rehabilitation course offered to those convicted of drug driving under the drug driving legislation which first came into force in March 2015. As set out below, the Department commissioned a review of the current drink-drive rehabilitation (DDR) scheme to enable consideration to be given to establishing a drug-drive rehabilitation scheme.

The DDR scheme is discretionally offered by Courts in Great Britain to individuals who are both convicted of a drink-drive related offence under the Road Traffic Act 1988 and banned from driving for at least 12 months as a result of the [offence](#). Successful completion of the approved course can see a reduction of not less than 3 months or 25% of the disqualification period imposed by the Court.

The scheme was a response to the Road Traffic Act 1991, which granted Courts in selected areas in England, Wales, and Scotland the ability to offer rehabilitation courses to individuals convicted of drink driving and to help prevent re-offences in future. The scheme expanded into a full national programme across England, Wales, and Scotland in January 2000 after an evaluation by the Transport Research Laboratory (TRL) found a pilot version of the programme to be effective in reducing re-offending.

In January 2019, DfT commissioned Ipsos MORI to conduct a process evaluation to explore how efficient and effective the current delivery of DDR scheme is, and what further improvements can be made.

Within this, the evaluation was charged with:

- assessing whether recommendations made by previous evaluations have been implemented.
- reviewing whether structural changes made to the approved course in 2012 improved the way it is delivered.

- understanding whether the existing DDR scheme is relevant and appropriate for current drink drivers; and
- exploring stakeholders' attitudes towards expanding DDR scheme to include drug drivers and means of implementing this.

A copy of the Ipsos MORI evaluation can be found at

<https://www.gov.uk/government/publications/review-of-the-drink-drive-rehabilitation-course>

Overall, the DDR scheme was viewed positively by key stakeholders, with the course content, format, and delivery all contributing to what was seen as an effective and appropriate way of rehabilitating drink drive offenders. Interviews with stakeholders involved across policy, administration and delivery of the approved course generally supported the view that the individual processes underpinning the course are working effectively and efficiently.

In 2007 TRL reviewed the approved DDR course and monitored subsequent drink driving convictions over five years. TRL found that over the long term, non-attendees were about 1.75 times as likely as attendees to be convicted of a subsequent drink-drive offence. The multiplier is even greater in the short term, such that non-attendees are 2.15 times more likely than attendees to commit a new drink driving offence within three years of their initial conviction.

Material designed for a course encompassing both drink and drug drivers was piloted in England, Scotland, and Wales between October 2016 and March 2017 in consultation with course providers, the DVSA (Driver and Vehicle Standards Agency), and the Welsh Government. The pilot course used the format of the existing DDR scheme, supplementing this with material relevant to drug driving. The pilot focused specifically on the learning outcomes of drink driving offenders, as drug drivers cannot currently be offered the approved course by a magistrate or sheriff as part of their sentence. An evaluation found that the new course had no adverse effect on learning outcomes for these offenders.

The Ipsos MORI report explored issues around expanding the DDR scheme to include drug drivers. Since the completion of this report, the onset of the Covid-19 pandemic necessitated approved courses being held online. Although their effectiveness has not been possible to review, this new avenue of delivery is one that will need to be considered going forward.

Question 1

What evidence, if any, do you have that the absence of a drug driving rehabilitation scheme is a problem? Please provide a rationale for your answer.

Question 2

Do you agree that the Government's proposal to introduce a drug driving rehabilitation scheme is the right approach? Please provide a rationale for your answer.

2. Drug-drive high-risk offender scheme

Developments to-date

The North Report recognised the absence of a HRO scheme for individuals convicted of driving under the influence of drugs, who pose the threat of repeat offending. DfT has been considering options for developing such a scheme since the coming into force of the new drug driving offence in 2015.

The DfT made a commitment in the Road Safety Statement 2015 ([RSS 2015](#)) to consult on a drug-drive HRO scheme, with the subsequent RSS 2019 acknowledging the need to first seek advice from experts about developing a drug-drive HRO scheme.

To deliver on the commitment in the RSS 2019, the DfT convened a panel of experts to assess options for a HRO scheme using relevant clinical, scientific, and professional expertise. A copy of the Expert Panel's report can be found at <https://www.gov.uk/government/publications/proposals-for-a-high-risk-offenders-drug-driving-scheme>

The Expert Panel's recommendations are to be found at Annex B.

It should be noted that the Expert Panel made recommendations for changing the current Drink Drive HRO scheme in light of their considerations on drug driving. The Expert Panel took the view that those drivers committing death by Careless Driving or Dangerous Driving offences whilst under the influence of drink and drugs should be assigned to a HRO scheme. These recommendations are to be found in Questions 5,6 and 7 below. The Expert Panel would expect them to feature in a new Drug Drive HRO scheme.

Currently, the practical consequence of becoming a drink-drive HRO is that the driver's licence is not automatically re-issued once the period of disqualification has ended. Instead, the HRO must apply for a new licence and the DVLA will only issue a licence after the HRO has proved their medical fitness to drive. The HRO scheme for drink drivers has thus served an important role in helping to keep unsafe drivers off the roads and has set a precedent for the establishment of a similar scheme for high-risk drug drivers.

The Expert Panel noted that the current drink-drive HRO scheme applied those who have been disqualified by a Court for any of the following:

- were convicted of 2 or more drink driving offences within 10 years.

- failed, without reasonable excuse, to give the police a sample of breath, blood, or urine to test for alcohol when required to do so.
- failed, without reasonable excuse, to allow a sample of blood to be tested for alcohol (for example, if it was taken when unconscious).

The Expert Panel noted that there are no explicit sanctions for high-risk drink drivers who drive under the influence of drugs nor high risk drug drivers who drive under the influence of alcohol. The DVLA data has shown that these patterns of offending occur in England and Wales. This behaviour is a pattern of driving that has been reported in scientific literature internationally and is known to be unsafe. The Expert Panel recommended that dangerous drivers should be placed on both the HRO scheme for drink-drivers and the HRO scheme for drug-drivers. Drivers would then need to apply to regain their licence from both schemes.

The Expert Panel noted that causing death by dangerous driving whilst under the influence of drugs (or with drugs as an aggravating factor) is a growing category of driver in Great Britain. It recommended that the DfT and the Ministry of Justice review the offences in Section 1 and 1A and Section 2 and 2B of the Road Traffic Act 1988 to allow for drug-driving to be recognised as a specific offence in relation to Dangerous Driving (see Question 4) .

Question 3

If a HRO drug-driver scheme is introduced, and with reference to the Expert Panel report, what criteria should be set for inclusion on the scheme? Please provide a rationale for your answer.

Question 4

Should consideration be given to creating an offence of causing death by dangerous driving whilst under the influence of drink and / or drugs? Please provide a rationale for your answer.

Question 5

Should consideration be given to creating an offence of causing serious injury by driving whilst under the influence of drink or drugs, or failing to provide a specimen? Please provide a rationale for your answer.

Question 6

Should consideration be given to amending the HRO drink-driver scheme to include offences of dangerous and careless driving, together with any offences involving death and serious injury? Please provide a rationale for your answer.

Question 7

Should consideration be given to ensuring HRO drug-driver scheme includes offences of dangerous and careless driving, together with any offences involving death and serious injury? Please provide a rationale for your answer.

3. Blood sample screening

The current landscape

Section 15 (5) and (5A) of the Road Traffic Offenders Act 1988 sets out that where a specimen of blood or urine is provided by someone accused of certain driving offences under the Road Traffic Act 1988 connected with drink or drugs, and that person asks to be provided with such a specimen, evidence of the proportion of alcohol or any drug found in the specimen is not admissible by the prosecution unless:

“the specimen in which the alcohol or drug was found is one of two parts into which the specimen provided by the accused was divided at the time it was provided.....”.

Healthcare techniques for taking blood, and our awareness of blood borne viruses, has changed significantly since 1988 when the legislation was introduced. There are a number of medical professionals and medical organisations who now deem this practice of splitting blood into two separate vials to be an unacceptable risk to healthcare professionals.

The current medical practice is to use vacuum blood extraction.

To draw blood, the needle is inserted into a vein whereupon a small amount of blood will be visible in the clear tubing. A vacutainer is then pushed onto a needle (within a retractable rubber sheath inside the guard of the adaptor) through a thin rubber membrane within the cap of the vacutainer. The vacuum then draws the blood up the longer flexible tube from the needle (known as a butterfly needle) into the vacutainer without the need for a plunger to be pulled. The vacutainer can then simply be pulled off the adaptor and another tube pushed on. This can be repeated many times for as many vacutainers as needed.

Question 8

In order to comply with current medical practices, should the admissibility requirements in respect of a “specimen”, set out in section 15(5) and (5A) of the Road Traffic Offenders Act 1988 be amended to enable vacuum blood extraction? Please provide a rationale for your answer.

4. Medicinal cannabis

Developments to-date

In 2018 the Misuse of Drugs Regulations 2001 were amended by The Misuse of Drugs (Amendments) (Cannabis and Licence Fees) (England, Wales and Scotland) Regulations 2018 to legalise “cannabis-based product for medicinal use in humans” (CBPMs), in specific situations and for specific purposes, with associated safeguards.

In this call for evidence, we use the term “medical cannabis” for CBPMs and licensed cannabis-based medicines. Medical cannabis products can be prescribed through the NHS, although CBPMs are largely prescribed in private sector clinics.

There are signs that the number of medical cannabis users in the UK might increase in the future. In view of this, the Department for Transport (DfT) commissioned NatGen Social Research to explore the extent of the challenges medical cannabis use poses to road safety <https://www.gov.uk/government/publications/medical-cannabis-and-road-safety>

The relationship of cannabis to road safety largely concerns the impact of the psychoactive effects of delta-9-tetrahydrocannabinol (THC) on people’s ability to drive safely. Section 5A of the Road Traffic Act 1988 makes it an offence to drive, attempt to take, or be in charge of a motor vehicle while unfit through drink or drugs, and the drug driving legislation which first came into force in March 2015 brought in a threshold-based offence of driving with blood concentrations of 2 microgrammes of THC per litre, regardless of fitness.

The Government notes that there is a medical defence in Section 5A(3) of the Road Traffic Act 1988 if a specified controlled drug is prescribed and taken in accordance with medical or dental advice and instructions of the manufacturer/distributor. This provides sufficient protection for those taking medicine in accordance with medical or dental advice, and also for other members of the public using the roads.

Question 9

Are there any comments on the relationship of medicinal cannabis to road safety that you would like to raise?

How to respond

The call for evidence period will begin on 5 April 2022 and will run until 28 June 2022. Please ensure that your response reaches us before the closing date. You can contact DDRHRO@dft.gov.uk if you need alternative formats (braille, audio CD, etc.).

You can respond to this call for evidence:

- by email to DDRHRO@dft.gov.uk
- [by post to](#)

Department for Transport

DDRHRO CfE

3rd Floor, Great Minster House
33 Horseferry Road
London, SW1P 4DR

Telephone: 0300 330 3000

When responding, please state whether you are responding as an individual or representing the views of an organisation. If responding on behalf of a larger organisation, please make it clear who the organisation represents and, where applicable, how the views of members were assembled. If you have any suggestions of others who may wish to be involved in this process, please contact us.

Freedom of Information

Information provided in response to this call for evidence may be subject to publication or disclosure in accordance with the Freedom of Information Act 2000 (FOIA) or the Environmental Information Regulations 2004.

If you want information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence.

In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the Data Protection Act 2018 (DPA) and UK GDPR and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.

Data Protection

The Department for Transport (DfT) is carrying out this call for evidence to appraise the effectiveness of the enforcement measures that are used to address drink and drug driving, as well as what opportunities there are to improve these.

In this call for evidence, we are asking for:

- your name and email, in case we need to contact you about your responses (you do not have to give us this personal information, but if you do provide it, we will use it only for the purpose of asking follow-up questions)

For organisations, we are asking for:

- a brief description of your organisation to better understand the relationship between your organisation's work and the topic; and

This call for evidence and the processing of personal data that it entails is necessary for the exercise of our functions as a government department. If your answers contain any information that allows you to be identified, the Department will, under data protection law, be the Controller for this information.

If responding to this call for evidence online, your personal data will be processed on behalf of the Department by SmartSurvey, which runs the survey collection software. Your personal data will not be shared with any other third parties, even those employed for the purpose of analysis.

We will not use your name or other personal details that could identify you when we report the results of the call for evidence. Any information you provide will be kept securely and destroyed within 12 months of the closing date. Any information provided through the online questionnaire will be moved to our internal systems within two months of the call for evidence period end date.

Annex A: Full list of call for evidence questions

Question 1

What evidence, if any, do you have that the absence of a drug driving rehabilitation scheme is a problem? Please provide a rationale for your answer.

Question 2

Do you agree that the Government's proposal to introduce a drug driving rehabilitation scheme is the right approach? Please provide a rationale for your answer.

Question 3

If a HRO drug-driver scheme is introduced, and with reference to the Expert Panel report, what criteria should be set for inclusion on the scheme? Please provide a rationale for your answer.

Question 4

Should consideration be given to creating an offence of causing death by dangerous driving whilst under the influence of drink and / or drugs? Please provide a rationale for your answer.

Question 5

Should consideration be given to creating an offence of causing serious injury by driving whilst under the influence of drink or drugs, or failing to provide a specimen? Please provide a rationale for your answer.

Question 6

Should consideration be given to amending the HRO drink-driver scheme to include offences of dangerous and careless driving, together with any offences involving death and serious injury? Please provide a rationale for your answer.

Question 7

Should consideration be given to ensuring HRO drug-driver scheme includes offences of dangerous and careless driving, together with any offences involving death and serious injury? Please provide a rationale for your answer.

Question 8

In order to comply with current medical practices, should the admissibility requirements in respect of a “specimen”, set out in section 15(5) and (5A) of the Road Traffic Offenders Act 1988 be amended to enable vacuum blood extraction? Please provide a rationale for your answer.

Question 9

Are there any comments on the relationship of medicinal cannabis to road safety that you would like to raise?

Annex B: Drug Driving High Risk Offender Scheme Expert Panel recommendations

| Drug Driving High Risk Offender Scheme Expert Panel recommendations | |
|---|---|
| # | Recommendation |
| 1 | Having been disqualified by order of a court upon conviction with a blood drug concentration that significantly increased risk of a road traffic collision (for instance, DR10, DR80, DR40, DR90): Section 5A: Single offences with high concentrations of a single illicit drug |
| 2 | Having been disqualified by order of a court upon conviction with a blood drug concentration that significantly increased risk of a road traffic collision: Section 5A: Single offences with high concentrations of a single proscribed controlled medicine |
| 3 | Having been disqualified by order of a court upon conviction with a blood drug concentration that significantly increased risk of a road traffic collision: Single offences with multiple different drugs over the specified Section 5A limits. |
| 4 | Causing death by Dangerous Driving whilst under the influence drugs (drugs as an aggravating factor) is a growing category of driver in Great Britain. It is recommended that the Department for Transport and the Ministry of Justice review the offences in Section 1 and 1A and Section 2 and 2B of the Road Traffic Act 1988 to allow for drug-driving to be recognised as a specific offence in relation to Dangerous Driving. |
| 5 | Having been disqualified by order of a court upon conviction with a blood drug concentration above the Section 5A limit for Section 3A careless drug-driving offences and Sections 1 and 2 dangerous and careless driving offences (if the Section 1 and Section 2 legislation is changed to accommodate drug use see above). |
| 6 | Having been disqualified by order of a court upon conviction for: <ul style="list-style-type: none"> a. A drink-driving offence and been placed on the HRO scheme for drink-drivers and also found to have committed Section 5A offence(s) where the confirmatory blood drug concentration is above the limit recommended for the HRO scheme for drug-drivers or a serious offence in consideration of Section 4 of the Road Traffic Act 1988; b. A drink-driving offence and also been found to have committed Section 5A offence(s) where the confirmatory blood drug concentration is above the limit recommended for the HRO scheme for drug-drivers or a serious offence in consideration of Section 4 of the Road Traffic Act 1988; c. A drug-driving offender who is placed on the HRO drug-driving scheme and also found to have committed drink-driving or FTPA offences. |
| 7 | Having been disqualified by order of a court for failing, without reasonable excuse, to provide a specimen for analysis when ordered to do so. |
| 8 | Having been disqualified by order of a court for failing, without reasonable excuse, to give permission for a laboratory test of a specimen of blood taken |

| | |
|----|---|
| | while that person was incapable of giving a valid consent to such a specimen being taken (DR61, DR31). |
| 9 | Having been disqualified by order of a court upon conviction for multiple drug offences (several different offence codes) on one occasion. |
| 10 | Having been disqualified by order of a court on two or more occasions within a period of 10 years for any drug-driving offence; or a. Having been disqualified for a drug-drive offence and then a drink-drive offence or b. A drink-drive offence and then a drug-drive offence |
| 11 | Having been disqualified by order of a court upon conviction with a blood drug concentration above the Section 5A specified limit or in consideration of Section 4 of the Road Traffic Act 1988 and BAC over the specified limit: Single offences with a single drug (or multiple) over the specified Section 5A limit or in consideration of Section 4 of the Road Traffic Act 1988 AND alcohol concentration detected over the specified limit in England and Wales. Where convicted in Scotland and Northern Ireland, the alcohol concentration detected would have been over the specified limit as if the offence had been committed in England and Wales. |
| 12 | Road-side drug screening currently consists of an oral fluid test for cocaine/ BZE and cannabis (THC). In light of the evidence for recreational drug use and polysubstance use in the driving population in England and Wales it is recommended that the Department for Transport should debate the expansion of the testing panel for road-side drug screening, as well as explore the possibility of evidential testing at the road-side |
| 13 | Having been disqualified by order of a court upon conviction of driving under the influence of three or more drugs (polysubstance use) including alcohol: That is, single offences with 2 or more drugs (from different drug families) detected above the specified Section 5A limit and BAC \geq 50 mg alcohol/100 mL blood, or \geq 67 mg alcohol/100 mL urine or breath alcohol 22 μ g/100 mL breath' or Single offences with 2 or more drugs (from different drug families) detected in consideration of Section 4 of the Road Traffic Act 1988 and BAC \geq 50 mg alcohol/100 mL blood or \geq 67 mg alcohol/100 mL urine or breath alcohol 22 μ g/100 mL breath; or Single offences with one or more drugs (from different drug families) detected above the specified Section 5A limit and single offences with one or more drugs (from different drug families) detected in consideration of Section 4 of the Road Traffic Act 1988 and BAC \geq 50 mg alcohol/100 mL blood or \geq 67 mg alcohol/100 mL urine or breath alcohol 22 μ g/100 mL breath. |

| | |
|----|---|
| 14 | Having been disqualified by order of a court upon conviction for drug-impaired driving in consideration of Section 4 of the Road Traffic Act for Section 2A (if legislation allows) and Section 3A (careless) drug-driving offences. |
| 15 | It is recommended that the HRO drug-drivers scheme follows the process for relicensing that is currently used for the HRO scheme for drink-drivers |
| 16 | <p>It is recommended that the Department for Transport work with:</p> <ul style="list-style-type: none"> a. Forensic Science Providers to collate and regularly review both Section 5A and Section 4 data b. CPS (Crown Prosecution Service)/courts/DVLA (Driver Vehicle & Licensing Agency) to assimilate data on all offence codes related to drink and drug driving on an annual basis |
| 17 | It is recommended that the Department for Transport continue to support research and innovation in drug-driving |