MINUTES OF THE MEETING OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON ALCOHOL, DRUGS AND SUBSTANCE MISUSE AND DRIVING

WEDNESDAY, 11 MARCH 2015

Present:

Professor E Gilvarry	Chair
Professor A Forrest	
Dr K Wolff	
Dr J Marshall	

Lay Members:

Mrs P Moberly

Ex-officio:

Dr C Graham	DVLNI
Professor D Cusack	National Programme Office for Traffic Medicine, Dublin
Dr N Dowdall	Civil Aviation Authority
Dr M Prunty	Department of Health
Mr M Ellis	Road User Licensing, Insurance & Safety, DfT
Juliet Owen	Campaign Manager, Communications Directorate, DfT
Dr M De Britto	Panel Secretary, Medical Adviser, DVLA
Dr A Kumar	Medical Adviser, DVLA
Dr K Harrison	Medical Adviser, DVLA
Dr A White	Medical Adviser, DVLA
Mrs J Leach	Medical Licensing Policy, DVLA
Mr A Griffiths	Business Change and Support, DVLA

1. Apologies for absence

Apologies were received from Dr A Brind, Dr P Rice, Dr N Sheron, Dr O Bowden Jones, Professor C Gerada and Dr W Parry.

2. Chair's remarks

The Chair thanked the Panel for attending the meeting.

3. Minutes of the meeting of 17 September 2014

The minutes of the last Panel meeting held on 17 September 2014 were agreed as accurate and were signed off by the Panel Chair.

4. Matters arising from the last Panel meeting held on 17 September 2014

4.1 The London School of Economics had previously requested the Secretary of State for Transport's Honorary Medical Advisory Panel on Alcohol, Drugs and Substance Misuse and Driving take part in a piece of research into the role of members of Government Scientific Advisory bodies. The Panel advised three of the Panel members were contacted and information was collected by the research team. The Panel has not heard any further information regarding the results of the research.

4.2 A presentation on overt hepatic encephalopathy was received by the Secretary of State for Transport's Honorary Medical Advisory Panel on Alcohol, Drugs and Substance Misuse and Driving on 17 March 2010. Following this presentation Dr N Sheron forwarded a report on overt hepatic encephalopathy. Professor Gilvarry will circulate a copy of this report to the Panel.

4.3 A positional statement is required on minimal hepatic encephalopathy and it has been requested that the topic be discussed with Dr Mark Hudson, Consultant Gastroenterologist and President of BASL (British Association for the Study of the Liver).

5. DfT update on drug driving

5.1 Mr Martin Ellis advised the Panel the drug driving regulation for England and Wales came into force on 2 March 2015. There have been several arrests since the introduction of the regulation. The first arrest was in Brighton on the 2 March 2015, due to the use of Cannabis and driving. The research on the drug driving offences so far show the average age of the offender to be 26 years and the majority to be male.

5.2 There are 2 type approved roadside drug testing devices currently in use. They detect Cannabis +/- Cocaine. Mr Ellis advised that 33 of the 43 police forces in England and Wales now used the drug screening devices and have 5,000 devices between them.

5.3 An evidential blood sample would be taken in the police station. Evidential blood sample analysis is expected to have 99.7% sensitivity and the police forces are advised to keep and transport the blood sample in refrigerated conditions. A second sample is given to the driver to conduct his own analysis.

5.4 The data collected from the drug driving convictions is being analysed by the researchers. A High Risk Offender Scheme may be considered at a later date. Mr Ellis also advised that at present the minimum driving ban is 12 months.

5.5 Discussion ensued regarding the new changes and the Panel agreed that until a High Risk Offender Scheme is considered, following drug driving conviction a licence would be issued similar to those with a drink driving conviction who do not fall into the high risk offender category. The Panel enquired whether drug driving awareness courses and reduction in the driving ban for attendance of an awareness course would be considered at a later stage. As it is early days since the commencement of the drug driving legislation, such courses or time reduction processes are not considered at present.

5.6 Mr Ellis thanked the Panel for their contribution to the consultation on setting the Amphetamine levels. The Amphetamine level for drug driving has been set at 250 microgrammes per litre of blood. Dr K Wolff provided a report from the advice received from the Drug Driving Working Party for the consultation.

5.7 Mr Ellis also advised of two further changes in primary legislation and consequential amendments to Crimes Court Act regarding penalties and extension period of recording Section 5 offences on a driver record.

5.8 Professor Cusack gave an update on the proposed drug driving legislative changes in Ireland. He advised that drug driving campaigns have been underway similar to those that are available in England and Wales. One of the key differences between the Irish legislation on drug driving and the England and Wales legislation is that there would be a combination of zero tolerance for certain drugs and for others there would have to be a level of impairment whilst driving due to the drugs for any individual to be prosecuted. He also advised that random checkpoints and mandatory impairment checkpoints would be available and the roadside testing devices would test for 4-6 drugs. The drugs checked would include detection of drugs that are not used or prescribed for human use and also prescribed medication. He advised in Ireland there is a single police force and a single lab with ISO accreditation and external quality control to analyse the evidential samples.

6. Think drug driving campaign

A presentation was received from Juliet Owen, Campaign Manager of the Think drug driving campaign. There are two main audiences that are targeted at present. All adults and the young men between age 17 and 34. The younger male group was specifically targeted due to this group being more likely to admit drug driving, having more reported drug use and being consistently over represented in collisions where drugs have been recorded as a factor. The campaign objectives were:

- Raise awareness of the drug drive legislative changes and what it means
- Provide information and prepare those who are on prescription medications and to reassure patients
- Explain limits and the medical defence
- Signpost to medical professionals
- Challenge and deter those who take drugs from driving
- Increase awareness of the consequences of a drug drive conviction.

The various media strategies were highlighted and some of the forms of campaigning were shared with the Panel.

7. DfT update on drink driving

Mr Ellis advised the De-regulation Bill has gone through Parliament and at present the House of Commons are considering the recommendations made by the House of Lords. It is hoped that it will receive Royal Assent on the 26th of March 2015 and commencement order to come in force by 10 April 2015.

8. Research Update

Mrs Jan Leach updated the group that due to the difficulty in obtaining useful information from insurance companies the proposed research regarding road traffic accidents and medical conditions has now come to a halt and will not proceed.

9. Methadone study

Dr Wolff advised that the study conducted in community pharmacies has now been completed and she has received the preliminary report. The study looked at prescription of Methadone collected by drug addicts issued at community pharmacies. It assessed whether the individuals picking up Methadone had valid driving licences, whether they were driving to pick up the prescription and whether they were driving at all and also it assessed whether

they had any knowledge they ought to have notified the DVLA and whether they had any criminal offences in relation to driving. It was advised that the majority of the individuals picking up the Methadone were unaware they had to notify the DVLA and also unaware of the new drug driving regulation. A more detailed report would be presented at the next Panel meeting.

10. Methadone standards

The Panel reviewed the in house Good Practice Guidelines on Methadone treatment programmes. The Panel advised that the Medical Advisers discuss the medical standards currently used and bring it to the next Panel meeting for ratification.

11. CDT Statistics (Carbohydrate Deficient Transferrin)

Mr Adam Griffiths presented a report on the HRO (high risk offender) data. He advised that in the last calendar year there were 25,933 HROs referred for CDT testing out of which 90.7% fell into the green CDT range and therefore were issued a licence (CDT 2.1% or less). Of the HROs 6.2%had a CDT result which fell into the red CDT range which is greater than 3% and, therefore, were refused a licence.

Three percent of the HROs fell into the amber CDT zone. (CDT of 2.2%-2.9%). Of the amber group results, the number refused a licence increased as the value of the CDT result increased. The data showed the age of the HROs ranged from 18-65+, with a peak age range of 25-34. Majority of the HROs were male.

12. CDT case study

Dr De Britto presented a High Risk Offender (HRO) amber CDT case study. This study is a pilot study with a small sample group. It highlighted that there is some difficulty with the quality of information received and the amber CDT group may reflect a binge drinking problem. It also highlighted that more information at the HRO examination may be helpful in making licensing decisions in this group. The Panel advised where there is a rational

reason for the licensing decision, based on a study of an individual case; variability of licensing decisions may be acceptable. It was advised by the Panel to introduce the AUDIT10 questionnaire on the DR1/DR3 form which is normally sent to the Franchise Doctor. The results of the AUDIT score would then be taken into consideration where an amber CDT result is obtained. Information on the effectiveness of this scheme will be discussed at the next Panel meeting.

Panel agreed that since the introduction of CDT more and more licensing decisions are made and cases are closed faster than previously. It was also highlighted that the number of appeals had fallen since the introduction of CDT.

13. Medical standards review

The drugs and alcohol medical standards on the 'At a Glance Guide to the Current Medical Standards of Fitness to Drive' were reviewed by the Panel and no changes were made at this point. The information regarding prescribed use of drugs to be enclosed in a separate information box was suggested.

14. Any other business

14.1 Anabolic steroids have now been classed as a Class C drug. There is very limited information and evidence available regarding anabolic steroid use and driving. The Panel advised that performance enhancing drugs would be kept under review and to be discussed at the next Panel meeting.

14.2 Dr N Sheron had written to the Panel Chair advising that he is retiring from the Panel and the Panel thanked Dr Sheron for his excellent contribution to the Panel. The Panel also thanked Dr Alison Lowe for her excellent contribution to the Panel.

15. Date of next meeting

The next meeting of the Panel is scheduled to take place on 16 September 2015.

DR M DeBRITTO MBBS
Panel Secretary

18 March 2015