

## DRAFT

### 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, 17 SEPTEMBER 2014

#### Present:

Professor E Gilvarry (Chairperson)  
Professor A R W Forrest  
Dr K Wolff  
Dr A Brind  
Dr J Marshall  
Professor C Gerada

#### **Lay members:**

Mrs P Moberly

#### Ex-Officio:

Dr N Dowdall	Head of Aviation Health Unit, CAA
Dr C Graham	DVLNI
Professor D Cusack	Forensic Physician and Director of the Medical Bureau of Road Safety, Dublin
Mr M Ellis	Road User Licensing, DfT
Dr W Parry	Senior Medical Adviser, DVLA
Dr M DeBritto	Panel Secretary, Medical Adviser, DVLA
Dr K Davies	Medical Adviser, DVLA
Dr S Williams	Medical Adviser, DVLA
Mr B Jones	Business Support & Change Manager, DVLA
Mr A Griffiths	Driver's Medical Group Contracts Manager, DVLA
Mrs J Leach	Medical Licensing Policy, DVLA

#### **1. Apologies for absence**

Apologies were received from Dr N Sheron, Dr P Rice, Dr O Bowden-Jones, Dr M Prunty and Mrs J Cave.

#### **2. Chair's remarks**

The London School of Economics has been in contact with the Panel Chair previously regarding the possibility of a piece of research into the role of members of Government scientific advisory bodies. The Panel agreed in principle to take part in the research,

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however, before agreeing, further details regarding the research and its funding would be requested.

### **3. Minutes of the meeting of 12 March 2014**

The minutes of the last meeting held on 12 March 2014 were agreed as accurate and were signed off by the Panel Chair.

### **4. Minutes of the Chairmen's meeting of 19 June 2014**

Dr K Wolff attended the annual Panel Chairmen's meeting on behalf of Professor Gilvarry. The minutes of the Panel Chairmen's meeting were provided for information.

### **5. DfT update on drug driving**

- (i) Mr Martin Ellis advised the Panel the drug driving regulation for England and Wales has been approved by Parliament and the House of Commons. The regulation was also presented to the House of Lords. The regulation will come into force on 2 March 2015.
- (ii) A consultation is expected to commence in October for approximately 4 weeks regarding the Amphetamine levels. It is hoped the amendment to the regulation regarding Amphetamines will be approved and will come into force along with the drug driving regulation on 2 March 2015. Dr Wolff advised the Panel that she would prepare a report from the available medical data regarding Amphetamine. The Panel will also respond to the consultation when it is open.
- (iii) A set of guidance to health care professionals regarding the drug driving law was published in July 2014. The Department for Transport has been receiving positive feedback. Many agencies such as the MDU (Medical Defence Union) now publish the guidance on their website.
- (iv) The 'Think' campaign is working to raise awareness of the new drug driving laws and will commence in February 2015. It is hoped that it would target the 17-35 year old males that are most likely to misuse drugs and drive. More general public awareness is also planned.

It was advised that the 'Think' campaign would make a presentation at the next meeting of the Secretary of State for Transport's Honorary Medical Advisory Panel on Alcohol, Drugs and Substance Misuse and Driving in March 2015.

- (v) A DfT researcher (Risk Solutions) is available to analyse and evaluate the impact of the new drug driving laws. It is anticipated the researcher would be in contact with patient support groups.

- (vi) The mobile drugs analysers are being type approved and expected to be available by the time the drug driving laws are enforced. These devices will be able to detect cannabis and cocaine and also benzoylecgonine. The police can use their discretion to use the mobile drug screening devices on any individual they suspect is driving with drugs in the body but must undertake an evidential blood test to check if an individual has one of the panel of drugs specified in the regulations.
- (vii) The HMCTS will have individual prosecution codes for the individual drugs specified in the regulations. This will help monitor the type of drug abused and the level of the drug abused. It was advised that the minimum period of disqualification following prosecution for drug driving is 12 months. A High Risk Offender Scheme may be considered in future.
- (viii) Concern was raised by the Panel regarding the competencies set for the registered healthcare workers to help advise whether an individual suffered from a condition that might be due to a drug. This set of competencies has been produced by the Faculty of Forensic and Legal Medicine in liaison with the Department for Transport. NHS England who are responsible for the commissioning of healthcare workers have informed the Department for Transport that they have engaged with clinicians to develop a new policy custody healthcare template specification, which will refer to the training skills for nurses to undertake the competency testing. NHS have also managed to raise expectations for providers to provide senior nurses more experienced in working autonomously.

## **6. Medical Defence**

Patients on legally prescribed medications that are listed in the drug driving regulations should have evidence of the medication being prescribed. It is the patient's responsibility not to drive if impaired by the drug. Medical professionals prescribing the drug, pharmacists and the drug companies advise patients about the risks of driving whilst on any medication that might cause impairment. The new guidance advises on the medical defence and the importance of having evidence of the medication being prescribed.

## **7. DfT update on drink driving**

The changes to the drink driving laws are considered as part of the De-regulation Bill. This will remove the right for drivers who fail a roadside breath test to demand a blood or urine sample at the police station. The De-regulation Bill is currently progressing through Parliament and is expected to receive Royal Assent early next year. New mobile evidential breath testing instruments are also expected to be approved in 2015 allowing police to take evidential breath tests at the roadside.

## **8. CDT – interfering substances**

Information regarding the interfering substances that are affecting the CDT result has not yet been received by Dr Wolff from the pathology lab due to administrative issues. It is hoped that more information would be available in the near future and this would enable to help understand more about the interfering substances.

A case was discussed where a court ruling was altered due to a variation in the CDT level within the normal limits. There could be some variation within the normal clinical CDT range in premenopausal women. The DVLA cut-off levels are set much higher than the clinical CDT cut off levels and would not be affected by these variations.

## **9. Methadone**

Dr Wolff had previously undertaken a study on driving behaviours of those prescribed with Methadone and benzodiazepines for drug dependence. From the information of the previous study it was evident that presently one third of the patients who picked up a script from pharmacists for Methadone were driving. This study has been expanded and will now cover a larger area which would include rural and urban areas. More information will be presented at the next Panel meeting.

## **10. Drug screening**

The current drug screening tests for the DVLA are being carried out by Sandwell and Birmingham Hospital Laboratory. The laboratory had informed the DVLA of some alteration to the testing methods, however, the changes do not alter the specifications of the DVLA contract with the laboratory. The laboratory will now test for Ethylphenidate, Methiopropamine and Adamantyl-noids. The laboratory has removed MDEA, Khat, PCP and MDVP as there were no reported positives or very few reported positives of these substances.

Under the new contract of the DVLA with the laboratory the DVLA will receive monthly updates of the tests carried out. The breakdown of this information will help evaluate further amendments or legislative changes. Mr Adam Griffiths will present a report from the available data at the next Panel meeting.

Dependence on anabolic steroids or legal highs should be considered as not meeting the medical standards. However, an incidental positive result on the drug screening for anabolic steroids or legal highs would not on its own be disqualifying for a licence. If there is evidence of impairment by the substance or it is taken along with other illegal substances or alcohol, a licence application may be refused or revoked.

## **11. Medical standards review**

The Panel reviewed the definitions and the medical standards on alcohol misuse, alcohol dependence and drug misuse. It was advised to carry on using the ICD10 classification and to apply the current medical standards. The Panel were clear that alcohol detoxification

indicated alcohol dependence: however, there may be instances where a person with alcohol dependence on ICD criteria may not require specific medically assisted alcohol detoxification treatment.

The medical standards are kept under review by Panel.

**12. Research paper: The methodological quality of three foundational law enforcement drug influence evaluation validation studies**

This paper published in the Journal of negative results in biomedicine was presented to the Panel for information.

**13. Medical research update**

Mrs Jan Leach updated the group of the 2 research proposals. The first project regarding Road Traffic Accidents and Medical Conditions, is progressing; and the winning bidder is working to ensure they are able to get access to the data they need to complete the project. The second project, The Effect of Multiple Medical Conditions on a Person's Fitness to Drive will be advertised for potential bidders to consider. Panel stressed the importance of this research and also advised that the research could also look into polypharmacy and its effect on a person's fitness to drive.

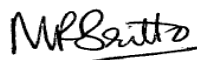
**14. Any other business**

Professor Gilvarry advised a paper has been published, and presentation organised on hepatic encephalopathy. She has requested that a copy of the presentation or a résumé of the recommendations and advice to medical health professionals be forwarded to the Panel.

Mrs Jan Leach advised the Panel that the clause on extended period licensing was progressing under the De-regulation Bill and is expected to get Royal Assent in January 2015. This will enable applicants with some medical conditions to be issued with licences for up to 10 years. Medical Licensing Policy and Drivers Medical Group are working along with the Neurology, Diabetes and Vision Panels to set standards for certain medical conditions that can be licensed for up to 10-year periods. The panel did not consider that there were conditions within their remit which would benefit from this change.

**15. Date and time of next meeting**

The next meeting of the Panel is scheduled to take place on Wednesday, 11 March 2015.



**DR M DE-BRITTO MBBS**

Panel Secretary

22 September 2014