

# **Expert Panel on Drug Driving – approved minutes of 19 June 2012 meeting, 11:30 – 15:00**

**Venue: Department for Transport**

## **Attendees:**

Dr. Kim Wolff, Chair (King's College London)  
Dr. Lily Read (Northampton Healthcare NHS Trust)  
Professor Robert Forrest (Sheffield University)  
Dr. Judith Morgan (DVLA)  
Professor David Osselton (Bournemouth University)  
Honorary Professor Eilish Gilvarry (Newcastle University)  
Professor Atholl Johnston (Barts & London School of Medicine, Queen Mary University)

Xxxxxx Xxxxxxx (Centre of Applied Science & Technology)  
Xxxxx Xxxxxx (DfT)  
Xxxxxx XXXXXXXXXXXX (DfT)  
Xxxxxx Xxxxxx (DfT)  
Xxxxxxx Xxxxxx (DfT)

## **Apologies:**

Dr. Roger Brimblecombe (ACMD representative)  
Dr. J. Colin Forfar (CHM representative)

## **1. AOB**

The panel agreed that Xxxxxxx Xxxxxxx should be invited to the next panel sessions in response to a suggestion by the Department of Health. *To Note:* At the panel's meeting on 23 July it was agreed that Prof David Taylor would be invited instead.

## **2. Minutes from Meeting of 24 April 2012**

The minutes were agreed without amendments.

## **3. Background and policy update**

Xxxxxxx XXXXXXXXXXXX explained that the Crime and Courts Bill introduced to Parliament in May included a clause (Clause 27) that makes it an offence to be driving or in charge of a motor vehicle with a concentration of a specified controlled drug above the specified limit for that drug in the body. The Bill had had its second reading in the House of Lords and Clause 27 had met with general approval, though some specific concern about defining types and concentration had been raised.

A press notice from the Home Office had been circulated, setting out the process for type approving devices for screening for the presence of drugs at the police station.

A note with further explanation of the terms of reference and including extracts from Clause 27 was handed out.

**ACTION:**

- **DfT to circulate web link for the Bill**

<http://services.parliament.uk/bills/2012-13/crimeandcourts.html>

- **DfT would confirm and circulate the drugs covered by the Misuse of Drugs Act 1971.**

#### **4. European Drug driving policy and practice**

An extract from the DRUID project, which showed practice in European countries was considered by the panel. The DRUID report included whether countries used a zero-tolerance approach or an impairment based approach. Some countries use a two-tier system with heavier sanctions if the driver was measurably impaired and lighter sanctions for the presence of drugs.

A Dutch Advisory report (31 March 2010) that made recommendations with respect to limits for drugs in the context of the proposed amendment to the Netherlands Road Traffic Act 1994 was also considered. It was noted that scientific evidence was provided for setting possible limits for drugs.

It was agreed that Table 1 provided a useful overview of the relative risks as an odds ratio (OR) for involvement in, responsibility for or injury as the result of a traffic accident when driving under the influence of a drug.

A report from the Norwegian Department of Transport, Specialist Advisory group (December 2010) was also considered. Evidence for 'the establishment of legal limits on the effects of substances other than alcohol' was presented. This report suggested limits for the concentration in the blood of twenty substances other than alcohol, which were regarded as substances causing danger to traffic.

It was noted that epidemiological data that demonstrated that specific drug use was associated with an increase in road accident risk was considered important supportive data. The substances selected were also frequently found in drivers arrested by the police suspected of driving while under the influence of intoxicants.

It was noted in all three reports that there has been a general move away from the impairment-based approach towards the use of thresholds for individual drugs in biological fluids and that many European countries had established thresholds in blood for a number of controlled drugs and prescribed medications including the benzodiazepines.

It was also noted that different reports used differing units of measurements to describe levels of drug concentrations in biological samples and this could cause confusion.

**ACTION:**

- **DfT would produce a table setting out details of the approaches in the different countries. This should include the unit of measurement in blood and saliva if available.**
- **Xxxxxx Xxxxxxx would provide info on the variability of laboratory data for drug level submissions.**

**5. Epidemiological evidence from UK**

In terms of methodology it was agreed that epidemiological evidence should be the starting point for the panel's discussions regarding limits for each specific drug(s).

Xxxxxxx Xxxxxxx presented and explained the findings from the Crime Survey of England and Wales (2011). It was summarised, that of those who had reported to have driven in the last 12 months and also to have taken illegal controlled drugs in the last 12 months (around 1,200 people), 17% said that they had driven while under the influence of illegal drugs at least once in the last 12 months. The drugs most frequently reported by drivers were cannabis and cocaine.

It was noted that Clockwork Research had been commissioned to produce a report to document epidemiological research related to drug driving showing the UK in a European context using EMCDDA data. Xxxx Xxxxxxx from Clockwork Research would be invited to a panel meeting for further questions once the report had been considered by the panel.

**ACTIONS:**

- **DfT will provide further information from the Crime Survey for England and Wales about the percentage of the population who drive and take illegal drugs.**
- **Xxxxxx Xxxxxxx will provide evidence from the Drug Intervention Programme concerning voluntary oral fluid testing for controlled drugs;**
- **Xxxxxx Xxxxxxx to share specification for drug screening devices with the panel.**

**6. Zero-tolerance vs 'Per se' specified limits**

After some discussion about zero tolerance and possible limits based on deemed impairment Xxxx Xxxxx summarised that any 'deemed impairment' concentrations would be set by reference to road safety risk. By way of approach the panel would look at individual drugs first and then at poly drug use, including the relationship between concomitant uses of controlled drugs and alcohol.

**ACTION:**

- **DfT to provide information on the high risk offender scheme for drink driving, and whether a similar scheme was planned for drug driving**

## 7. The scientific evidence

The panel discussed the methodology to be used for considering the evidence and producing the technological report for the Secretary of State. After discussion the panel agreed that the scientific evidence concerning thresholds would be based on an overview of the relative risks (presented as OR) for involvement in, responsibility for or injury as the result of a traffic accident when driving under the influence of a controlled drug(s) in the body.

This evidence would be used as a basis for recommending drug concentration limits for the new offence. Drug concentrations in saliva would then also be identified for screening tests.

The panel discussed whether it would be possible to set limits for the concentration of controlled drug(s) in urine when they had been identified as causing danger to traffic safety.

The panel agreed that it would be difficult to set limits based on road safety risk (as opposed to zero or near zero levels) for all controlled drugs in respect of their concentrations in urine. This was because of the time lag between the consumption of a controlled substance and its subsequent appearance in urine. Blood sampling has the advantage of providing information about the current concentration of drugs in the body, whereas urine drug concentrations are a summation of different body processes (extent of metabolism by the liver and speed of elimination by the kidney) and are characterised by wide inter individual variability.

It was noted that the law talks of concentrations in both blood and urine. Further consideration will be given to this topic at subsequent meetings

### Evidence for specific drugs: cannabis and cocaine

It was noted that epidemiological evidence suggests that along with other European countries cannabis is the most commonly used controlled drug and is the drug most often used by British drivers. For this reason, it was agreed that the panel would recommend cannabis for inclusion in the new offence.

Xxxx Xxxxx invited general comments by panel members about cannabis in the context of the new offence. Some panel members preferred a zero limit for cannabis while others suggested a limit of the drug in blood should be investigated based on road safety risk.

Scientific papers were made available to the panel. Further scientific evidence would now be collected for consideration with specific regard to recommendations concerning thresholds in blood.

After discussion the panel agreed that odds ratios of blood concentrations of cannabis in the body and related accident risk should be used as a basis for recommending drug concentration limits for the new offence. Equivalent levels of concentration in oral fluid for screening tests would also be identified.

It was also noted that epidemiological evidence identifies cocaine as the second most frequently misused substance in the general population. This is evident in European countries and in the United Kingdom and is the second most common drug detected in British drivers (British Crime Survey). For this reason, it was agreed that the panel would also recommend cocaine for inclusion in the new offence and that scientific evidence would now be collected for consideration with specific regard to recommendations concerning thresholds in blood.

**ACTIONS:**

- **Xxxxxx Xxxxxxx would provide an updated version of a French paper (by B Laumont) on cannabis.**

**8. AOB**

The issue of whether anabolic steroids should be included was raised and it was suggested that Xxxxxx Xxxxxxx produce some evidence on the evidence with regard to drug driving.

The issue of the use of Sativex (medicinal cannabinoid) was discussed following a written representation from a member of the general public. It was agreed that the statutory defence (provided in Clause 27) will be available to a driver who has taken a controlled medicine in line with medical advice. However, such a driver may be charged with the existing offence of driving while unfit through drink or drugs, if there is evidence that his driving is impaired. <sup>1</sup> The member of public would be encouraged to participate in the public consultation process at a later date.

Several experts were put forward to be invited to the panel. It was decided that video conferencing should be arranged for the August meeting of the panel to invite experts to join the discussion. The following Names were suggested by panel members:

- Xxxxxxxx xx Xxxxxxxx
- Xxxxxxxx xx Xxxxxx
- Xxxxxxxx Xxxxxx Xxxxxx

**ACTIONS:**

- **██████████ would circulate paper on anabolic steroids.**

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Extract from Crime and Courts Bill, Clause 27:

(3) It is a defence for a person (“D”) charged with an offence under this section to show that—

(a) the specified controlled drug had been prescribed or supplied to D for medical or dental purposes,

(b) D took the drug in accordance with any directions given by the person by whom the drug was prescribed or supplied, and with any accompanying instructions (so far as consistent with any such directions) given by the manufacturer or distributor of the drug, and

- ***Panel members* to consider further experts (to be invited to panel, or for separate discussion to be fed back to the panel) and bring names to next meeting**

**Date of next meeting: 23 July 2012**