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, 27 February 2013

Present:	Professor E Gilvarry (Chairperson)	
	Dr A Lowe	
	Professor A R W Forrest	
	Dr P Rice	
	Dr J Marshall	
Lay Members:	Mrs P Moberly	
	Mrs J Cave	
Observers:	Professor D Cusack	Forensic Physician and Director of the Medical Bureau of Road Safety, Dublin
	Dr M Prunty	Senior Medical Officer, DoH, London
	Dr N Dowdall	Head of Aviation Health Unit
DfT:	Mr N Thakore	
DVLA:	Dr B Wiles	Senior Medical Adviser
	Dr M DeBritto	Panel Secretary, Medical Adviser
	Ms J Chandaman	Medical Licensing Policy
	Mr B Jones	Business Change & Support Manager

SECTION A: Introduction

1. Apologies for Absence

Apologies were received from Dr N Sheron, Dr K Wolff, Dr A Brind, Professor C Gerada, Dr O Bowden-Jones and Mr K Rees.

2. Chair's Remarks

2.1 The topic of driving impairment caused by prescribed/multiple medication would be discussed at a later date with the Chairman of the Secretary of State

for Transport's Honorary Medical Advisory Panel on Driving and Psychiatric Disorders.

2.2 The Chair thanked Dr Collins Howgill and Dr Patricia Prasad for their invaluable experience and comments during their time with the Panel.

3. Minutes of the last meeting held on 10 October 2012

The minutes of the meeting held on 10 October 2012 were agreed as accurate and were signed off by the Panel chair.

SECTION B: Ongoing Discussion Topics

4i. Update on Hepatic Encephalopathy

An update from the Hepatic Encephalopathy Working Party has not been received; therefore the Panel requested an update from Dr Sheron or Dr Brind on the current advice and recommendations available to medical practitioners on minimal encephalopathy and driving to be provided to the Panel.

4ii. Update on CDT testing

The panel were given a summary on the results of the CDT pilot. It was noted the use of CDT in the licensing process had, in addition to the benefits of using an up-to-date medical marker in line with Panel advice, brought advantages in terms of the time and cost of processing alcohol-related cases.

The cut-off levels for CDT advised by the Panel for use by the DVLA were discussed.

The current CDT levels used by the DVLA were obtained following an analysis of the HRO (High Risk Offender Scheme) data and were made in the context of re-licensing of high risk offenders (HROs), not in the clinical context. This requires a higher degree of certainty than may be required for the identification of possible problem drinkers in the clinical context. The cut-off levels we have used take into account the false negative and false positives of the CDT test results. The Panel confirmed the levels will be kept under review. Due to the absence of some of the Panel members, it was agreed that a teleconference will be arranged to discuss the current CDT levels further, prior to the next Panel meeting. A summary of how the cut off levels were arrived at would be summarised for the next Panel meeting.

In view of the significance of the CDT levels and the number of tests performed, the Panel requested an overview of the data collected during the CDT pilot scheme and the relevance of the CDT levels currently used by the DVLA be presented at the next Panel meeting.

4iii Progress on HRO legislation

Ms Chandaman advised that the HRO legislation may be in place in April 2013. Under the new legislation, the definition of the HRO Scheme will include those offenders who provide a sample but later refuse consent to analyse the sample in addition to those who fail to provide a specimen. The cover to drive whilst medical investigations are being carried out would be removed. There is an ongoing consultation regarding the HRO legislation which is due to close in March 2013.

4iv Department for Transport Update on Drug Driving and Update on Drink Driving

Mr Thakore advised that the consideration on enforcement procedures for drivers was completed in early January 2013. He thanked the Panel for their contribution to this process. He advised that reforms are being considered by the committees. A summary of the responses will be published in 3 months time. Respective legislative

changes will be amended when parliamentary time allows. It is hoped that the legislative changes will coincide with the introduction of approved evidential breath testing devices. The ethical and medico-legal issues of the proposals were discussed.

4v Update on Drug Driving Advisory Panel

The legislative changes for the framework offence of drug-driving are at its report stage at the House of Commons. The Drug Driving Panel report has been completed and will be published with the response to the Home Affairs Committee (HAC) 'Breaking the Cycle' report. This will be followed by a consultation exercise regarding the DfT expert Drug Driving Advisory Panel report.

4vi Scottish Consultation

The Panel were advised the Scottish consultation had now closed. Within the proposals, was a possible reduction in the drink-driving limit to 50 mg per 100 ml of blood and the creation of powers to perform random breath tests and to have a lower drink-driving limit for younger drivers. The responses are being analysed and will be published in due course.

4vii Advice on Methadone Programme

The Panel discussed the current standards and Good Practice Guidelines that are used as reference for the Medical Advisers in the Drivers' Medical Group. It was considered that once a patient was stable on a methadone treatment programme for six months, they may be eligible to be licensed. This proposal will be further considered and discussed at the next Panel meeting. It was also confirmed that advice to patients not to drive whilst unstable on a methadone treatment programme and to notify the DVLA is widely given by healthcare professionals. The Panel reviewed the current standards used and some amendments were made; however, the current criteria will be used until discussed at a later date.

4viii Review of the structured medical questionnaires used by DVLA DG1, DG2 and DG3

The Panel reviewed the DG1, DG2 and DG3 forms. Some modifications were suggested to improve clarity of the forms.

4ix ICADTS Report: Categorisation System for Medicinal Drugs Affecting Driving Performance by Professor J Alvares, Professor H de Gier, Dr C Mercer-Guy and Professor A Verstraete.

The Panel accepted the Paper (ICADTS List Version June 26th, 2007) for information and would consider this Paper along with the Drug Driving report at a later date.

4x Poppy Seed Case and Papers

Discussion took place about the current poppy seed defence used in heroin misuse. The elements of this defence are that the presence of morphine and codeine in urine can be explained by the ingestion of food containing large amounts of poppy seeds. If such a defence is brought, then the sample collected should be re-analysed using a technique that can identify a full range of naturally occurring opiates. If only codeine, morphine and thebaine were to be detected this would be consistent with the ingestion of poppy seeds. The literature describes other markers opiates that can be present in urine such as acetyl-codeine and acetyl-morphine and which will confirm recent heroin use. All of the evidence should be critically reviewed taking into account the most recent scientific literature.

5. Cases for discussion

Case 1

An applicant had disclosed use of cannabis and cocaine at a HRO examination. He had advised that he used 2 to 3 spliffs of cannabis twice a week and also had used cocaine 5 times in the previous year. The urine report was negative. The Panel

advised that this level of use could not be classed as persistent misuse: therefore, such cases would have to be considered on an individual basis. In this case, a short-term licence had been issued before the case was discussed by Panel: a longer-duration licence could be considered on re-application.

Case 2

An applicant advised at the HRO examination he smoked one spliff of cannabis a week and used cocaine infrequently. The DVLA had arranged a urine test for drugs; at this assessment, his history of drug misuse was not consistent and the urine was positive for ethanol at 21mg/dl. The Panel agreed that a CDT level would be helpful and such cases would have to be assessed and reviewed individually.

6. Any Other Business

There was no other business.

7. Date and Time of next meeting

The next meeting will be held on 9 October 2013. Proposed date for future meeting, 12 March 2014.

DR M De-BRITTO MBBS
Panel Secretary

1 March 2013