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, 16 SEPTEMBER 2015

Present:

Professor E Gilvarry	Chair
Professor K Wolff	
Dr J Marshall	
Dr O Bowden-Jones	
Dr Peter Rice	

Lay Members:

Mrs P Moberly

Ex-officio:

Professor R Forrest	HM Coroner, South Lincolnshire
Professor D Cusack	National Programme Office for Traffic Medicine, Dublin
Dr N Dowdall	Civil Aviation Authority
Mr M Ellis	Road User Licensing, Insurance & Safety, DfT
Dr W Parry	Senior Medical Adviser, DVLA
Dr I Perez	Medical Adviser, DVLA
Dr M Dani	Medical Adviser, DVLA
Dr M De Britto	Panel Secretary, Medical Adviser, DVLA
Mrs J Leach	Medical Licensing Policy, DVLA
Mr B Jones	Business Change and Support, DVLA

1. Apologies for absence

Apologies were received from Dr A Brind and Professor C Gerada and the Northern Ireland representative of the Drivers Medical Section of the DVA.

2. Chair's remarks

The Chair congratulated Professor K Wolff on her academic promotion to full professor, and extended sincere thanks to Professor Forrest for his expertise given to the Panel over the last 11 years. It was noted this would be Ms Jan Leach's last Panel meeting before her retirement, and Dr De Britto's last meeting as the Alcohol and Drugs Panel secretary and the chair thanked both for their significant contributions to the Panel over the years.

3. Minutes of the meeting of 11 March 2015

The minutes of the last Panel meeting held on 11 March 2015 were agreed as accurate, minor alterations to the wording on section 5.8 were made and were signed off by the Panel Chair.

4. Minutes of the Chairmen's Panel meeting of the 18 June 2015

4.1 The minutes of the Chairmen's Panel meeting of the 18 June 2015 were circulated for information.

5. Matters arising

5.1 Telecommunication as means of attending a Panel meeting was discussed and it was agreed that as the Panel only gathered twice a year, the meetings should be held in person.

5.2 In the future Panel bundles could be circulated electronically and individuals unable to print the document would have the option of requesting a printed version.

5.3 Dr Parry advised, following a systemic review by the Public Health Service Ombudsman of which the report is awaited, and an ongoing internal DVLA audit, the transparency of the selection process of recruitment and construction of all the Secretary of State's Honorary Medical Advisory Panels is being looked into. However, for the moment all Panels would function as they have (until departmental recommendations are made).

6. DfT update on drug driving

6.1 Mr Martin Ellis advised the Panel following the drug driving regulation for England and Wales, there has been a fourfold increase in the number of arrests made due to drug driving.

The introduction of the legislation has seen a steady increase in successful conviction rates due to drug driving. Data from some police forces such as the Cheshire police force show a 92% successful conviction rate and 8% awaiting trial. This is a vast improvement compared to the national rate of 72% successful conviction rate in 2013 and 52% conviction rate in 2012.

These figures indicate the successful conviction rates throughout UK could be as good as the drink driving conviction rate of 96%.

6.2 To encourage more police forces to undertake drug driving testing, the DfT issued a grant bidding document, with each grant worth up to £20,000. 37 out of the 43 forces have applied for the bid. It is hoped this would enable the police forces to train officers in impairment testing and drug recognition skills. It is hoped 1300 officers would be trained and some of whom would be trained as instructors who would train other police officers and thereby cascade these competences. The grant would also enable the police forces to buy drug wipes, drug testing devices blood analysis kits.

6.3 Each screening test costs around £70 and the evidential blood test costs £300. Of the road side drug screening tests carried out, about 45% have tested positive: of the positive results 2/3rds had a positive evidential blood sample to a drug above the specified limit. Some police forces have a higher percentage of evidential blood tests being positive following a positive screening test: it is thought this is due to having custody suites closer together and having the facilities to get the blood samples taken quicker.

6.4 The current statistics show the typical drug driving offender is a 26 year old white male.

6.5 There is a drug driving public awareness campaign and a Think campaign being arranged at the moment.

6.6 The World Health Organisation is to release a brief on drugs and driving next year.

6.7 Professor Cusack gave an update on the proposed drug driving legislative changes in Ireland. He advised there would be 2 categories of drug offences.

Category 1 offence – zero tolerance to five types of substances. Two related to Cannabis, two related to Cocaine and one relating to Heroin. Therefore, Tetrahydrocannabinol (THC), THC acid, Cocaine, Bezoylecogonine and 6 Acetylmorphine are tested.

Category 2 offence – includes all other drugs which require a level of impairment for prosecution.

It is also proposed that a higher penalty is given

- to individuals who are found to be above the legal limit for alcohol (50mg/dl of blood in an ordinary driver or 20mg/dl in a novice and learner driver) and also found to be positive for drugs

- Individuals who have a category 1 and category 2 offence drug driving offence.

It is also proposed that every police station with evidential breath test device for alcohol be attached with a drug screening device.

It is hoped the Bill for drug driving is introduced before Christmas and be passed through Parliament by early next year.

7. DfT update on drink driving

7.1 Mr Ellis advised since the removal of the statutory option fewer submissions have been made to court, however official analysis of the data is awaited.

7.2 Dr Peter Rice advised the Scottish drink driving limit was reduced in December 2014. The number caught due to drink driving was noticed to be similar or slightly lower than when the drink driving limit was higher. It is thought the low conviction rate is due to changes in public behaviour. The number of pub closures seems to be high.
Fatal road traffic accidents due to drink driving in Scotland remains less than 20 per year. There is public support for the lower drink driving limit.

8. Research Update

Mrs Jan Leach advised there was no new update is available on research at present.

9. CDT

Data from the DVLA for the period between August 2014 and August 2015 were presented to the Panel for information. Following the receipt of a CDT result, 15.5% were issued with a one year licence, 1% with a three year licence, 66% with long term till age 70 licences were issued. The percentage revoked was 14% and 1% surrendered or withdrew their application. The percentage where cases are classed as open with licence decisions yet to be made is 2%.

10. Methadone study

Dr Wolff advised information on the study looked at prescription of Methadone collected by drug addicts issued by community pharmacies would be presented at the next Panel meeting.

11. Methadone standards

11.1 The Panel reviewed the in-house Good Practice Guidelines on Methadone treatment programme. The Panel advised the orange guidelines for clinical management produced by the Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive are being rewritten, and the Panel advised they would liaise so that the standards mirror the DVLA standards. Therefore the standards would be discussed at the next Panel meeting.

11.2 The DVLA standards currently are as follows for methadone, buprenorphine or naltrexone treatment programmes:

A group 1 licence (only) can be considered on an annual review basis for persons on a Methadone or on a Buprenorphine or Naltrexone treatment programme, the following criteria would normally be required to be met:

- The treatment programme is consultant, specialist or GP led.
- The treatment is for a previous history of opiate dependence.
- Oral treatment programme only (not IV or IM or mixture) but Naltrexone implants may be considered.
- Free from alcohol or drug misuse or dependence for one year.
- There has been full compliance with the programme.
- No non prescribed psychoactive drug use during the programme or "topping up" with prescribed drugs eg. Methadone.
- There is no toxicological evidence of drug or alcohol misuse.
- There is no adverse effect from treatment likely to affect safe driving.
- There are no other relevant medical conditions e.g. mental health issues

Group 2 and C1/D1 applicants on Methadone or **Buprenorphine or Naltrexone** treatment programmes may be considered for an annual review licence once a minimum 3 year period of stability on the maintenance programme has been established with favourable random toxicology tests and assessment. The maintenance programme must be consultant, specialist or GP led. Expert Panel advice will be sought when necessary.

Where a decision is proving difficult, there may be inadequate information currently available; this should be sought from the appropriate source or the case discussed with an MA colleague/Panel Secretary.

12. Hepatic Encephalopathy

12.1 Overt Encephalopathy – patients with a history of overt hepatic encephalopathy should be advised not to drive.

12.2 Minimal (Covert) Encephalopathy – Advise was sought from the British Association for the Study of the Liver (BASL). Minimal hepatic encephalopathy can be diagnosed by neuropsychometric tests which are not widely available. However, if a patient with known cirrhosis of the liver has evidence of neuropsychometric impairment or where there is high clinical suspicion of minimal or covert hepatic encephalopathy (ie. short term memory loss, difficulty concentrating, sleep-wake reversal) then they should not be driving.

13. Drug driving rehabilitation scheme course

DfT are considering introducing a drug driving rehabilitation scheme course for those drivers convicted of a drug driving offence.

Discussion ensued regarding the practicalities of offering such a programme due to the numbers and location. It was discussed whether such a programme should be mandatory and if so whether a time off period from the driving ban for undertaking such a course was discussed.

Discussion also ensued over the possible extension of the HRO scheme for drug convictions for repeat drug offences and those caught with drugs and alcohol at the same time.

14. Guidelines for Tramadol misuse

Panel advised the same standards be used for opiate misuse for driving licensing for cases with Tramadol misuse.

15. Renewal of driving licences at the age of 70

Mrs Leach advised this topic is being discussed with other Secretary of State Medical Advisory Panels and any subsequent consultation paper would be forwarded to the Alcohol and Drugs Panel for comment at a further date.

16. Recruitment

Panel would welcome expertise in forensic toxicology, an individual with experience as a coroner, analytical biochemistry, public health, general practice during future recruitment. Panel also advised that for specific topics, experts in their fields could be requested to attend the panel meetings as observers.

17. Urine testing for LSD and Legal Highs

The Panel reviewed the information provided by the current urine screening provider for the DVLA. From the information received it was evident that out of the 15,000 tests carried out none were positive to LSD. Therefore, LSD could be requested to be taken out of the list tested for the DVLA. No other changes to the current drug screening test were advised.

18. Medical standards review

The drugs and alcohol medical standards in the 'At a Glance Guide to the Current Medical Standards of Fitness to Drive' were reviewed alongside the changes made to the psychiatry medical changes. Discussion ensued and no changes were made at this point, however, the standards would be reviewed at the next Panel meeting.

19. Cases for discussion

Three different cases were considered: high CDT, use of diamorphine and use of illicit benzodiazepine. The panel advised on the appropriate licensing decision.

20. Other updates

The appeal statistics for the last 12 months were circulated for information.

21. Any other business

21.1 Dr Parry gave an update on the fatal accident enquiry in Glasgow he attended this year. Medical standards and the evidence base for the standards were questioned at the enquiry. The DVLA are in the process of improving the 'At a Glance Guide to the Current Medical Standards of Fitness to Drive' to be made much more user friendly. Dr Parry advised the medical standards should be all reviewed.

21.2 Dr Parry also advised that the new GMC guidance will put a much firmer emphasis on medical professionals being much more involved in advising a patient on the current medical standards for driving and also notifying the DVLA.

21.3 Dr Parry gave an update on the digital changes that are in progress within the Drivers Medical department. The aim is to improve efficiency and the speed of processing medical cases. The changes would involve having digital notification systems, developing software to enable licensing decision making in more straight forward cases, and having an on-line system to send and receive information from medical professionals.

22. Date of next meeting

The next meeting of the Panel is scheduled to take place on 9 March 2016.

Dr M De Britto MBBS
Panel Secretary

29 September 2015