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

Held on Wednesday, 9 March 2016

Present:

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

Lay Members:

Ex-officio:

Professor D Cusack	National Programme Office for Traffic Medicine, Dublin
Dr Sally Bell	Maritime & Coastguard Agency
Dr M Prunty	Department of Heath
Mr M Ellis	Road User Licensing, Insurance & Safety, DfT
Dr P Rizzi	Panel Secretary, Medical Adviser, DVLA
Mr J Donovan	Medical Licensing Policy, DVLA
Dr A Edgeworth	Medical Adviser, DVLA
Mr R Morgan	Business Change and Support, DVLA
Mr D Thomas	Business Change and Support, DVLA

1. Apologies for absence

Apologies were received from Mrs Moberly, Dr Brind, Dr W Parry and Dr Rice.

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2. Chair's remarks

The Chair requested that Professor R Forrest is invited to attend future Panel meetings because of his knowledge and expertise, until a suitable replacement has been appointed.

3. Minutes of the meeting of 16 September 2015

The minutes of the last Panel meeting held on 16 September 2015 were agreed as accurate. Minor alterations included the last sentence of section 6.7, Category 1 offence that should now read as 'Therefore, Tetrahydrocannabinol (THC), THC acid, Cocaine, Benzoylecgonine and 6 Acetylmorphine are tested'. A spelling error was noticed in section 11.2 paragraph 3, and last sentence that should read as 'Expert Panel advice will be sought when necessary'. The minutes were signed off by the Panel Chair.

4. Matters arising

Review of Panels including recruitment is on hold. New government guidelines on minutes are available, including the need to link opinion to a named person. Future panel minutes will have to conform to the new government policy. More information will be taken to the next meeting.

5. DfT update on drug driving

Mr Martin Ellis presented to the Panel some data from police forces, on the first anniversary of the Drug Driving legislation coming into effect. The introduction of the legislation has seen a steady increase in successful conviction rates due to drug driving. Preliminary results indicated that 70% of drivers with a drug driving offence had other driving offences and 20% had previous drink driving offences. There is a high conviction rate and the vast majority pled guilty when charged. Random checks are being introduced to discourage the misapprehension that people will not be caught. A link to the 'THINK' campaign has been established to increase awareness.

Of those with a positive preliminary sample at the road side, 40% come back as 'below the limits' on the second testing. The problems arises with blood samples taken more than 2 hours later, as the half life of these drugs is such that the level will fall below the detection rate. It is of importance that the test is done as soon as possible. Ideally there should be only one test instead of two. The information from preliminary data may useful in setting up a scheme similar to the High Risk Offenders for drink driving.

Discussion followed on the issues related to the analytical uncertainty of toxicology results, including its relation to impairment. A 30% of analytical uncertainty was considered too high and all this would need to be assessed and clarified before a High Risk Offenders scheme for drug driving offences could be considered. Some pilot schemes could be considered on the drink driving population, but it was noticed that are no legislative means to reduce the sentence as for alcohol. In addition, those running such pilots should have adequate expertise in drugs as well as alcohol.

If the screening test is positive at the roadside, the subsequent blood screening should include testing for all drugs; however this would require up to 20 mls of blood to be taken. The experience from the prison population is that people used the drugs that they knew were not going to be tested. Also, the market shifts towards the use of new synthetic drugs.

6. Update from Ireland on drug driving legislation

Professor Cusack gave an update on the proposed drug driving legislative changes in Ireland. The advantages of the collaborative experience with the UK were emphasised.

Oral fluids would be tested for cannabis, cocaine, benzodiazepine and opiates. If positive, a full drugs testing would follow; and if being over a specific limit will be considered an offence without need for further proof.

Timing is important as the drug concentration reduces with time. A 20% of analytical uncertainty is being considered. The legislation of other European and North American countries was explained, including what was being considered a criminal offence in some countries, and what situations could instead be resolved with just a financial penalty.

Discussion followed on what level of drug constitutes impairment. The Irish position focus on the medical issue on fitness to drive rather than the criminalization of levels of drugs, as it happens for alcohol for example which is a legal substance but at high levels impairs fitness to drive.

Ideally for the future only one testing should be required but the amount of oral fluid required by current technology (4 mls) does not allow that at present.

Panel was briefed on the medical exemption certificate that some drivers on Sativex may be granted. However the focus should then move to the impairment caused by MS, rather than the medication itself.

The issue of prescribed benzodiazepine was also discussed, with the concern that drug driving testing should not discourage patients from taking their medication.

7. Update on drink driving limits

Mr Martin Ellis advised the Panel on the current position on the drink driving limits. The Bill is at the committee stage at present. The government will look at evidence from the Scottish experience before considering lowering the limits in England and Wales.

8. CDT contract

DVLA business support informed the Panel that the CDT contract has been extended for another 12 months, with possible extension for another 6 months.

9. CDT amber zone

35% of drivers in the HRO scheme are issued with a short term licence. Panel requested that information on the amber zone is presented to the next Panel meeting. In particular Panel is interested to know if those in the amber zone who are being issued a licence come back as HRO again. The likely difficulties in capturing these data have been highlighted to the Panel, also because the information depends on data received from the courts. Nevertheless, DVLA will see what data can be obtained.

10. GMC guidelines on confidentiality

Panel discussed the consultation (now closed) by the GMC guidelines on confidentiality and noted that these apply across the spectrum, and not only to the DVLA following the Glasgow enquiry. Panel noted the possible nuance of the emphasis towards public safety. Panel will review these published guidelines at next meeting

11. 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 standards for vocational driving.

Panel will look at evidence and risk of relapse for those with alcohol and drug dependence and may be persuaded to lower the length of disqualification, subject to conditions like those requested for psychiatric cases, and with emphasis on stability and proven abstinence. At the next meeting Panel will consider information on the current standards of other member states and North American states.

12. Methadone standards – Orange Guidelines

The Orange Guidelines are being updated and driving is part of the ongoing discussion. Those prescribing methadone need to be aware of the GMC guidelines and the DVLA 'At A Glance'.

Panel will discuss at the next meeting the methadone standards. In the meantime, criteria normally required for persons on a Methadone or on a Buprenorphine or Naltrexone treatment programme have been changed as follows:

- The treatment programme is medically led (Consultant or specialist GP).
- 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.
- There has been compliance with the programme.
- No non prescribed psychoactive drug use during the programme or "topping up" with prescribed drugs.
- 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
- There should be no other disqualifying condition.

13. New 'At A Glance'

The final version of the new 'Assessing fitness to drive' was not available to Panel, and therefore it could not be endorsed. Panel will look at it in the Autumn meeting.

14. Date of next meeting

The next meeting of the Panel is scheduled to take place on 12th October 2016.

Dr PM Rizzi
Panel Secretary

10th March 2016

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