Driver & Vehicle Licensing Agency

Minutes of the Secretary of State for Transport's Honorary Medical Advisory Panel on Alcohol, Drugs and Substance Misuse and Driving

Meeting held on 2nd October 2019

Present:

Panel Members:

Professor E Gilvarry (Panel Chair)
Professor K Wolff
Dr A Brind
Dr J Marshall
Dr S Morley
Dr E Day
Mr A Elghedafi (Lay Member)

Observers:

Dr S Mitchell	Chief Medical Officer, Civil Aviation Authority
Professor R Forrest	Assistant Coroner, Sheffield and Hull
Professor D Cusack	Director, Irish Medical Bureau of Road Safety

Ex-Officio:

Dr Stephanie Williams	Panel Secretary, DVLA Doctor
Dr Anca Birliga	Joint Panel Secretary, DVLA Doctor
Dr Nick Jenkins	Senior Doctor, DVLA
Mrs Rachael Toft	Driver Licensing Policy, DVLA
Miss Keya Nicholas	Driver Licensing Policy, DVLA
Mrs Sharon Abbott	Operational Delivery & Support, DVLA
Mr Matthew Thomas	Panel Coordinator, DVLA
Mr Iain Mc Taggart	Service Management, DVLA
Mr David Phillip Thomas	Contracts Manager, DVLA

Section A: Introduction

1. Apologies for Absence

Mr D Snelling and Dr S Bell.

2. Chair's Remarks

Professor Gilvarry thanked Professor Wolff for attending the panel chairs' meeting in June 2019. Prof Wolff gave an update of the meeting.

This included, panel membership, how the panels operate and the prioritisation of panel work.

How the DVLA uses and commissions research was discussed as decisions should be evidence based.

There are currently two chair posts available and the recruitment process is ongoing.

The panel chairs and DVLA's senior doctor met with the GMC to raise awareness of the standards amongst the medical professions.

The minutes from the last meeting have been agreed and published on gov.uk.

Professor Gilvarry remarked that having teleconference meetings outside the Spring and Autumn meetings, has been a benefit to the panel.

3. Actions from Previous Meeting

Alcohol Dependence

Over the last few meetings panel has reviewed the medical standards surrounding alcohol dependence and persistent alcohol misuse. As a result, the agency has changed their internal process and guidance. The panel was asked to review.

The current process for confirmed alcohol dependence in Group 1 drivers is as follows:

A driving licence may be issued after abstinence has been demonstrated for a 12 month period. In order to continue to be licensed, abstinence must continue for the next 2 years.

Licences issued after that first 12 months will be reviewed on a yearly basis.

After three years of abstinence, DVLA may apply some discretion for those individuals who are demonstrating they are in a better prognostic group. An example would be those who are able to demonstrate controlled drinking.

Controlled drinking means no more than 14 units per week, no episodes of binge drinking (6 or more units in a single session), and CDT percentage no greater than 1.6.

A full duration unrestricted licence can only be considered after five years free of alcohol misuse/dependence.

A visual representation of this guidance was endorsed by the Panel.

Group 2 drivers with a medical history of alcohol dependence can only be licensed after three years of abstinence, they must continue to maintain abstinence and have a CDT reading of no greater than 1.6%.

The panel agreed with the DVLA's approach and asked to review any feedback at the next meeting. An increase in the number of appeals and complaints related to alcohol dependence cases was acknowledged.

DVLA has two different processes for applying CDT cut off values. One is for established medical diagnosis and the other is a screening tool. Panel highlighted the importance of applying each process appropriately.

Revised wording for the standards was discussed and Panel reiterated that dependence is a lifelong medical condition.

Section B: Ongoing Topics for Discussion

4. Multiple Substance Misuse Guidance

The panel reviewed and agreed the DVLA charts which reflect the panel guidance for persistent misuse of individual drugs in drivers who declared regular drug use but did not have any confirmed medical history of drug problems and had a negative drug urine screen.

The panel was asked for a definition of poly substance misuse and if stricter standards should be considered for Group 2 drivers with a confirmed history of poly substance misuse. At present a longer time off driving (one year) is required for Group 1 drivers who misuse multiple substances, which may include alcohol.

It was discussed that poly substance misuse is common in the majority of cases. Rarely do people limit their misuse to just one drug. The impairment caused by misuse of multiple drugs is greater than the impairment caused by each drug in isolation. A combination of drugs and alcohol will also increase the level of impairment. Prescribed drugs should be considered in the same manner and there is evidence that gabapentin and pregabalin will potentiate the effects of other depressant drugs.

Poly substance misuse could be underestimated by the available police data, as often a second intoxicant (drug) will remain unidentified if the first test for an intoxicant (alcohol) is positive.

There is a high prevalence of positive tests for cocaine and stimulants in fatalities following road traffic accidents. Positive results for methamphetamines have been seen more frequently in fatalities and the drug is often mixed with ketamine and Gamma Hydroxy Butyrate (GHB).

The Panel would like to discuss in the future individual cases of poly substance misuse.

The panel considered the differences between the group 1 and group 2 drivers regarding time spent at the wheel and subsequent risks. No change in the current standards has been advised. The topic will be further discussed following review of individual cases of poly substance misuse.

5. CDT

Panel confirmed that it would be helpful to include a CDT leaflet as an appendix in Assessing Fitness to Drive. The information in the leaflet will be regularly reviewed and kept up to date.

6. CDT in Liver Disease

The Panel was asked how liver disease can affect CDT results. The opinion was that liver disease does not affect the CDT results with the exception of severe advanced cholestatic liver disease.

7. Review Period for Drug Misuse

DVLA would like advice on the review periods for drug misuse cases. Review period licences are usually issued for 1 year. The Agency would like to know when is “the risk of relapse” acceptable for a full duration licence to be issued. To be considered as part of future discussions.

8. Legalisation of Medicinal Cannabis

The Panel discussed the issues surrounding the legalisation of medical cannabis and Professor Cusack provided feedback from a recent International Council on Alcohol, Drugs and Traffic Safety (ICADTS) meeting he attended in Canada.

http://www.icadtsinternational.com/

It is important to make the distinction between the legalisation of medicinal cannabis which is prescribed and the decriminalisation of non-prescribed cannabis for personal use.

In Ireland, by way of reference, medicinal cannabis products are prescribed by a consultant and the indications are very few: intractable nausea/vomiting in chemotherapy, cases of treatment resistant epilepsy, severe spasticity in multiple sclerosis not responding to other medication. These patients are likely to be unfit to drive due to the severity of their medical condition. GB has similar strict legislative provisions.

It does appear that the legalisation of medicinal cannabis is not likely to impact on "fitness to drive" decisions in a major way. On the other hand, the decriminalisation of cannabis use for personal purposes in European countries, including GB, may become a significant issue in the next 5-10 years.

In Canada cannabis is legal for personal use and the country has one of the highest rates of self-declared cannabis use. Cannabis sales are regulated in terms of concentration and quantity as is possession of cannabis and cannabis plant growing for personal use. Recent data from some US States indicate a 20% increase in the road traffic accident rates following the legalisation of cannabis but direct causation is still a matter ofreview. Medicinal cannabis in Canada and US States is not restricted to specific indications as in the UK and has been approved to treat a wide range of conditions.

It would be important therefore to clarify and to raise awareness of what medicinal cannabis is. There is also confusion between medicinal cannabis, cannabidiol (CBD) products versus medicinal cannabis containing Tetrahydrocannabinol (THC). CBD and THC are often used together in unregulated products. The legal CBD oil should contain negligible quantities of THC. Public education on the issue is important in the context of safe driving and licensing.

Public Health England recently published a report on the increase in misuse of prescribed drugs.

https://www.gov.uk/government/publications/misuse-of-illicit-drugs-and-medicines-applying-all-our-health/misuse-of-illicit-drugs-and-medicines-applying-all-our-health

Section C- Ongoing Agenda Items

9. Provoked Seizure Update

Policy provided an update on the ongoing discussions with the Neurology panel about provoked seizures, which now include some alcohol and drug related seizures.
It was agreed that more specific guidance will be required from neurology specialists as alcohol and drugs related seizures can have different aetiologies and risk of recurrence.

10. Road Safety Statement

The Government launched their Road Safety Statement earlier this year. In it, therewas a commitment to include, where appropriate, older vulnerable road users as a permanent item to the agenda of the Secretary of State's Honorary Medical Advisory Panels.

https://www.gov.uk/government/publications/road-safety-statement-2019-a-lifetime-of-road-safety

11. Update on Proposed DRUG HRO Scheme

The Department for Transport has convened a panel of experts to assess options of establishing criteria for an HRO scheme for drug drivers.

Professor Wolff gave an update on the panel work.

12. Cases for Discussion

Panel considered three cases.

13. Test, Horizon Scanning, Research and Literature

Panel considered the following documents which were included in the panel bundle.

Cannabinoid Hyperemesis Syndrome

Yaniv Chocron *chief resident* 1, Jean-Philippe Zuber *consultant* 2, Julien Vaucher *consultant and senior clinical lecturer* 1 *BMJ* 2019;366:l4336 doi: 10.1136/bmj.l4336 (Published 18 July 2019)

Cannabis products for adults with chronic neuropathic pain Mücke M, Phillips T, Radbruch L, Petzke F, Häuser W. Cochrane Systematic Review - Intervention Version (published: 07 March 2018)

https://www.cochrane.org/CD012182/SYMPT_cannabis-products-adults-chronic-neuropathic-pain

14. Appeals Data

Just over half of DVLA summons received in the period from April 2019 to September 2019 were related to alcohol and drugs cases. No appeals have been upheld in this period.

15. AOB

- DVLA provided an update on the new contract for laboratory services.
- Panel was advised of an update from the Department for Transport who has recently established a Drink and Drug Driving Practitioners Group. The main aim is to involve all parties who are involved in the Drink and Drug driving process to discuss issues.
- Professor Gilvarry expressed huge thanks to Professor R Forrest for his contribution to Panel work over the years.

16. Date of Next Meeting: Wednesday 18 March 2020.

Original draft minutes prepared by: **Dr A Birliga**
Joint Panel Secretary
Date: 15 October 2019

Important: These advisory notes represent the balanced judgement of the Secretary of State's Honorary Medical Advisory Panel as a whole. If they are quoted, they should be reproduced as such and not as the views of individual Panel members.

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Final minutes signed off by:

Professor E Gilvarry
Panel Chair
Date: 27 December 2019

The DVLA will consider the advice provided by the panel and no changes to standards will take effect until the impact on individuals and road safety is fully assessed.

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