



MINUTES OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON ALCOHOL, DRUGS AND SUBSTANCE MISUSE AND DRIVING Meeting held on Wednesday 18th March 2026

Present:

Panel Members:

Dr David Fox (Chair)	Consultant Occupational Physician
Dr Stephen Morley	Consultant in Chemical Pathology
Dr Edward Day	Consultant in Addiction Psychiatry
Dr Richard Aspinall	Consultant Hepatologist
Dr Robert Searle	Consultant in Anaesthesia and Pain Medicine
Dr Bhagat Sharma	Consultant Addiction Psychiatrist
Mrs Natalie Tubeileh-Hall	Lay Member

OBSERVERS:

Professor Denis Cusack	Medical Bureau of Road Safety, Forensic Medicine, Ireland
Dr Mark Cairns	Civil Aviation Authority
Dr Sue Stannard	Chief Medical Advisor, Maritime and Coastguard Agency
Clare Forshaw	Principal Strategy Implementation Manager RSSB

EX-OFFICIO:

Dr Athanasios Lamprakis	Senior DVLA Doctor
Dr Nick Jenkins	DVLA Doctor
Dr Amanda Edgeworth	Deputy Senior DVLA Doctor
Dr Rajiv Ghose	DVLA Doctor
Dr Sarah Brown	DVLA Doctor
Dr Mohammed Dani	DVLA Doctor
Dr Laura Tattersall	DVLA Doctor
Carly Murray	Driver Licensing Policy
Andrew Turner	DVLA Contracts Team
Sharann Oliver	Service Management
Mandy Hodgson	Commercial Category Lead
Shareen Gelstharp	Commercial Specialist
Rhodri Llewellyn	Commercial Practitioner
Tom Mogford	Senior Lead, Drivers Medical Business Support and Change
Jordan Kwan	Drivers Medical Business Change
Emma Nelson – Jones	Doctors Casework Management and Support Lead

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SECTION A: INTRODUCTION

1. Apologies for Absence

Apologies were received from,

Dr Edward Day

Mr James Nutt

Siân Taylor

David Snelling

Consultant in Addiction Psychiatry

Laboratory Operations Manager

DVLA Panel Coordinator/PA to Senior DVLA Doctor

Policy Team Leader, Road Policing Team, DFT

2. CHAIR'S REMARKS

The Chair welcomed panel members and thanked DVLA colleagues for extensive work undertaken since the previous panel meeting.

Key aims for today:

- Achieve agreement on the definition of “substance use disorder” for the purpose of DVLA drug misuse standards
- Progress discussions based on the subgroup meetings held between the last panel and today.

The Chair acknowledged the complexity of the work and set the intention to agree at least one core component to enable further development.

SECTION B: TOPICS FOR DISCUSSION

3. Drug Misuse/Dependency

Dr Ghose provided an update on the new internal DVLA doctor panel group which has been established to act as a conduit between panel advice and DVLA operations. The group will raise issues from appeals, complaints, and assist operationalising panel decisions.

Dr Ghose provided a presentation titled ‘Persistent drug misuse and dependence – a risk-based approach to driving.’

Key operational challenges:

- Sources of notifications – Many come from police or third-party concerns, not self-declarations.

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- Who to approach for medical information – Most drivers have no specialist involvement; GPs may lack relevant information.
- Urine drug screens – Historically used diagnostically; concerns over relying on a single positive test.
- Multiple substances – Current standards do not clearly address poly-substance misuse or combinations with alcohol.
- Sharing information with clinicians – Difficulties due to data protection, especially around police or third-party data.
- Lack of HRO scheme for drugs – Unlike alcohol, no structured High Risk Offender scheme exists for drug drivers.
- Future-proofing standards – New or unlisted substances need a robust, substance-agnostic framework.

Definition of persistent drug misuse and/or dependence

Draft wording for the proposed guidance was presented:

- Clinicians, not DVLA, should make the diagnosis
- DVLA apply standards once a diagnosis is confirmed by medical enquiry
- Any guidance provided will draw on DSM-5 due to clearer criteria relevant to driving safety.
- Key DSM-5 criteria to be emphasised in guidance:
 - Withdrawal
 - Unsuccessful attempts to cut down
 - Repeated use in hazardous situations, including when driving

Panel Response:

- No objections raised
- Discussion on ensuring clarity and appropriate terminology
- Consensus achieved: Panel agreed to adopt the proposed wording as follows:

‘Guide to the definition of persistent drug misuse and/or dependence:

Clinicians are the professionals who make diagnoses and DVLA are reliant on this when assessing medical fitness to drive and applying the medical standards. If there is no substance use disorder these standards will not apply

Although there is no single definition to embrace all of the variables within the spectrum of Substance Use Disorder (SUD), guidance on the diagnosis can be found in the Diagnostic and Statistical Manual of Mental Disorder (DSM-5) or the International Classification of Diseases ICD 11 (11th revision) produced by the World Health Organisation.

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The medical standards of fitness to drive apply to individuals who have a relevant medical condition. Not all individuals who use substances will have a substance use disorder. For driver licensing, the following medical standards apply to those with repeated and/or continually recurring drug use despite the likely risk of harm to the individual or others.

- The following general clinical features may be present in those with SUD, as taken from the DSM-5 clinical diagnostic criteria:
 - Physiological correlates of drug use (tolerance/craving/symptoms of withdrawal)
 - Loss of control over drug use
 - Drug taking over other meaningful activities
 - Problems resulting from drugs use (employment, social, physical and psychological)
- The following specific clinical features are likely to represent a greater concern for driver licensing:
 - Symptoms of withdrawal
 - Unsuccessful attempts to cut down/control substance use
 - **Repeated** substance use in situations that are potentially hazardous, such as when driving'

Sharing of Information with Clinicians:

Discussion around the ability of DVLA to share third-party or police information with a driver's GP.

Key Points Raised:

- Panel advised that GPs need all relevant information to form a view; advocates sharing relevant details without identifying third-party reporters
- DVLA Doctor discussed GPs often lack context—sharing relevant information improves accuracy
- DVLA Policy/Data Protection:
Important constraints exist:
 - Current legislation does not permit sharing full third-party/police documentation
 - DVLA can only share very high-level summaries
 - Consent on existing forms does *not* automatically permit onward sharing of third-party reports.

Dr Ghose clarified that driver authorisation currently allows sharing relevant medical information, but there remains a lack of clarity on whether this covers all scenarios.

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Outcome:

- Recognised need for a further separate policy/legal discussion
- No immediate change to current practice.

Standards for Drug Misuse – Options Presented

Dr Ghose outlined three options for structuring drug misuse standards:

Option 1 – Protective Features

Drivers with certain "protective factors" receive shorter off-driving periods.

Option 2 – High-Risk Features

Drivers with specified “high-risk” features receive longer off-driving periods.

Option 3 – Single Standard

A single baseline (e.g., 1 year off Group 1, 3 years off Group 2) with flexibility for clinicians to justify reductions.

DVLA and Panel discussed and agreed to proceed with Option 2 High-Risk Features model. Panel agreement for a single standard to cover all substances.

The following model for the licensing standards was agreed:

“DVLA have 2 standards for drug misuse disorders. These standards are for:

- persistent drug misuse and/or drug dependence without any high-risk features
- persistent drug misuse and/or drug dependence with one or more high-risk features’

Additional points:

- Need clearer wording around prescribed medication dependence
- High-risk features will need refinement; further subgroup work required.

Relicensing: Abstinence, Control, and Urine Toxicology

Key questions raised:

- Should DVLA require total abstinence, or is clinician-confirmed control acceptable?
- How heavily should positive urine tests weigh against clinician reports?
- Should urine testing be selective or universal?

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Panel and DVLA views:

- Control should be acceptable, abstinence alone not always realistic
- Operational concerns—positive tests often conflict with clinician statements; clear guidance required
- General agreement: Urine testing is necessary, though imperfect
- EWDTS cut-off levels remain the accepted benchmark.

Further work required to define:

- When toxicology is mandatory
- How to interpret conflicting results
- How “control” is defined for different substances.

Drug Treatment Programmes

- Current standard requires **1 year of stability** on treatment (e.g., methadone) before relicensing.

Discussion:

- Panel advised strongly against shortening; 1 year remains clinically appropriate given complexity.

Outcome:

No change to the 1-year requirement.

4. Department for Transport Update

Department for Transport (DfT) will provide an update at the next meeting.

5. Update from other panels

Panel’s attention was directed to the minutes of the Spring 2025 meetings and the agendas of the Autumn 2025 meetings of all advisory panels.

Diabetes Panel

- Review of continuous glucose monitoring for Group 2 drivers progressing well
- Work on sulfonylureas and hypo-awareness ongoing.

Neurology Panel

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- Work on stroke, sleep issues, and visual neglect
- Discussion on linking with vision and psychiatry for cognitive impairment.

Psychiatry Panel

- Looking at dementia scoring systems
- Considering NZ-style cognitive “traffic light” system for licensing
- Discussion on delusional disorder and driving risk.

Cardiology Panel

- Projects include functional testing for Group 2, right bundle branch block standards, wearable defibrillators.

Vision Panel

- Diplopia and visual field testing
- Considering mandatory vision testing at age 70.

SECTION C: ONGOING AGENDA ITEMS

6. Appeals Data

DVLA provided an update on appeals figures from the 1st February 2025 to 1st February 2026.

Drivers Medical received 74 alcohol or drug related appeals.

- Alcohol Cases - 40
- Drugs Cases - 34
- Cases upheld – 1

Key observations:

- Alcohol appeals have dropped significantly since implementation of new standards (August 2024)
- Drug appeals remain steady, indicating no recent changes affecting them
- DVLA colleagues emphasised that reduced appeals reflect increased fairness and clarity.

Panel thanked DVLA for the update.

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7. Tests, Horizon Scanning, Research and Literature

DVLA reminded all panel members as part of the Terms and Conditions and of their obligation to update panel about any information/tests/research that could impact on standards or existing processes.

The Panel Chair raised:

- GMC update reminding clinicians to consider driving implications in their practice
- Network Rail cannabis case – implications for employer drug policies
- Recent coroner's case involving prescribed cannabis – concerns about governance in private prescribing models.

These issues may influence future DVLA policy.

8. AOB

i. Testing methods for alcohol use disorders and cut-off values

DVLA discussed the intention to shift to PEth testing and the need to agree appropriate cut-off levels. Panel advised using industry recognised standardised levels rather than bespoke DVLA thresholds. DVLA to explore experiences of other countries.

Confirmation of CDT Cut-off Values; Panel reaffirmed long-standing DVLA practice:

- 1.6% or below = abstinent
- 2.2% or below = controlled drinking

ii. Recruitment Update

Driver Licensing Policy provided a recruitment update.

- 36 applications received for panel roles
- Interviews planned for late April/early May
- Discussion on need to improve advertising (BMJ, NHS Jobs, LinkedIn).

The Panel Chair closed the meeting by thanking all members for their contributions and noted further sub panel meetings would be convened to progress detailed wording.

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9. Date of next meeting

Wednesday 21st October 2026

Original draft minutes prepared by:

**Sian Taylor
Note Taker
Date: 26/03/26**

Final minutes signed off by:

**Dr David Fox
Panel Chair
Date: 01/05/26**

**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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