

DRAFT

MINUTES OF THE SECRETARY OF STATE FOR TRANSPORT'S
HONORARY MEDICAL ADVISORY PANEL ON ALCOHOL, DRUGS AND
SUBSTANCE MISUSE AND DRIVING HELD ON WEDNESDAY, 15TH
OCTOBER 2008 AT GREAT MINSTER HOUSE, 76 MARSHAM STREET,
LONDON, SW1P

Present:

Dr E Gilvarry	Chairperson
Dr A Brind	
Professor A R W Forrest	
Dr A L Lowe	
Dr P Rice	
Dr N Sheron	
Dr K Wolff	

Invited speaker:

Dr G Markey	Medical Assessor, MHRA
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Observers

Dr C Beattie	Medical Adviser, Northern Ireland
Dr P Collins Howgill	Head of Aviation Medicine Training, CAA

Ex. Officio:

Mr A Burr	Driver Safety Division, DfT
Dr H G Major	Senior Medical Adviser/Head of Medical Licensing Policy, DVLA
Mrs J Chandaman	Policy Department, DVLA
Dr B E Boyd	Panel Secretary/Medical Adviser, DVLA

Section A:

1. Introductions

Dr Gilvarry introduced Dr Greg Markey, Medical Assessor at the MHRA (Medicines and Healthcare Products Regulatory Agency).

2. Apologies for Absence

Apologies were received from Dr K Checinski, Dr N Seivewright, Mr B Colley, Dr M Prunty Department of Health, and Mr B Jones, DMDG, DVLA.

3. Minutes of the Meeting of the 12th March 2008

The Minutes of the 12th March 2008 were confirmed as being accurate.

4. Matters arising from the Minutes

4.4 Redesigned forms DG1/DG2

The Panel's overall impression of the redesigned form was positive. They felt that the information which would be obtained would be more specific and the form was laid out in a clear manner. Given the changes in drug taking behaviours, a question should be asked on the DG1 form regarding a history of ingestion of party pills/clubbing drugs and the form will be amended accordingly.

8.3. Extraordinary meeting

Reference was made to a public consultation provisionally scheduled for later this year. The Panel will be invited to respond. An Extraordinary Panel meeting may be convened to discuss these consultation documents and provide a considered response.

9.4. Anabolic steroids

The Panel discussed the recognised association between use of anabolic steroids and increased levels of aggression. Discussion ranged around how this could be measured and quantified in terms of impact on fitness to drive. Difficulties in designing a research project and also the difficulty in measuring the level of use of this drug in the driving population in question were considered. Two courses of action could be taken, first, that opportunities for appropriate research on the topic be discussed with the Chief Medical Officer at the next Panel meeting. Secondly, an information gathering exercise could be conducted through a question on the form DG1.

Section B – Ongoing discussion topics

5. “The role of CDT as an Alternative to GGT as a Marker of continuous drinking” - Dr Kim Wolff

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Work on this paper needs to be finalised to allow it to be fully considered by the Panel, ahead of publication. It was hoped that all necessary deliberations will have been completed at the time of the next meeting. The Panel felt that CDT may provide a useful extra tool to help discriminate between confounders when assessing the relative importance of liver enzymes as markers of alcohol misuse in the context of fitness to drive.

6. Sativex Prescribing - Presentation - Dr Greg Markey, MHRA

6.1. Dr Markey made a presentation to the Panel based on the public information report on Sativex (cannabinoid) oral mucosal spray. This is an area of ongoing interest to the Panel and they invited Dr Markey to speak to them to help inform their debate on the issue of fitness to drive whilst using Sativex.

6.2. A trial has been carried out on the use of Sativex as an add-on therapy for symptomatic relief of spasticity in patients with multiple sclerosis. However, following the trial the evidence of efficacy was not considered to be sufficient to allow licensing.

6.3. The Panel's opinion was that they are mindful of the MHRA advice to the prescriber, that the patient taking the drug should not drive whilst likely to be impaired, taking into account the reason why the drug has been taken and the effects of the underlying condition. The Panel would also wish to be advised of developments regarding further licensing applications for the use of the drug and also to have sight of reports of any psychomotor testing carried out. Dr Markey will keep lines of communication open with the Panel via the Secretary on this topic.

7. HRO Scheme Update

7.1. Ms Jan Chandaman briefed the Panel on her role in raising a legislative reform order, which could enable beneficial operational changes to the HRO licence re-application requirements to be implemented. The Panel supports wholehearted the raising of this legislative reform order.

7.2. Mr Andrew Burr delivered an overview of ongoing issues with regard to drink driving/drug driving.

7.3. The Department is likely to develop new THINK! campaigns on drink driving and drug driving in 2009. Research for the campaign on drink driving will consider how changes in drinking behaviour need to be reflected in the current and future campaigns.

8. Recruitment of additional expertise to Panel

8.1. The Panel discussed the skills mix required for the next recruit to the Panel. The discussion centred on various aspects of risk taking behaviour and their relevance to road safety and medical licensing fitness including, particularly the issue of drink driving/drug driving.

8.2. Further discussion ensued regarding the broader issue of risk taking behaviour and on the type of expertise which would benefit the Panel in advising the Department. Panel members were asked to suggest possible names of experts in the field of risk-taking behaviours, for consideration of recruitment to the Panel.

Section C - New discussion topics

9. Cases for discussion

9.1. Panel discussed the case of a Group 1 driver, with a history of reportedly stable (but illicit) drug use, now stabilised for a short period on a formal treatment programme. It was agreed that the driver would need to show a 12 month period free from persistent misuse and also a 12 month period stable on his Methadone treatment programme before relicensing could be considered.

9.2. This case also highlighted the need for the Panel to identify those with drug-problems at high risk of driving whilst impaired and how this could be done within the framework of the meeting with the National Treatment Agency.

9.3. The Panel also felt that the issues identified in this area could extend across the spectrum of alcohol misuse.

10 National Treatment Agency (NTA) Meeting

10.1. Dr Gilvarry briefed the Panel on a meeting she attended with the National Treatment Agency, accompanied by DVLA colleagues. The Meeting was mainly concerned with the broader public health aspects of the drug treatment programmes, most specifically the legal requirement for those patients with a driving licence to notify their medical condition to DVLA. The Meeting was felt to have been a positive one, agreeing that the key words in this area which needed to be defined were 'risk' and 'stability' in the context of Methadone programmes and the key aim of the meeting and subsequent meetings would be to advocate an improvement in clinical governance through a structured supportive framework.

10.2. Further work is planned involving a consensus meeting between the DVLA and National Treatment Agency with a view to defining stability and risk assessment in this population.

10.3. The Panel formally recommended that a letter be sent to the National Treatment Agency to follow up on the provisional arrangements regarding the consensus meeting.

Section D

12. Any other business.

The Panel was informed about some of the “defences” used to challenge drink driving charges.

13. Dates and times of next meetings.

The next meetings will be held on the 25th February 2009 and on the 2nd September 2009.

DR B E BOYD

Panel Secretary

20th October 2008