

**DRAFT MINUTES OF THE SECRETARY OF STATE FOR TRANSPORT'S
HONORARY MEDICAL ADVISORY PANEL ON ALCOHOL, DRUGS AND
SUBSTANCE MISUSE AND DRIVING, HELD ON 7th NOVEMBER 2007**

Present:

Dr E Gilvarry	Chairperson
Dr A Brind	
Dr K Checinski	
Dr A L Lowe	
Dr N Seivewright	
Dr K Wolff	
Mr M I J Mopho	

Ex. Officio:

Dr P Collins Howgill	Medial Officer, Civil Aviation Authority
Dr H Major	Senior Medical Adviser/Head of Medical Licensing Policy, DVLA
Mr A Burr	Road User Safety Division, DfT
Mr O Davies	Drivers Medical Group, DVLA
Dr J Morgan	Medical Adviser, DVLA
Dr D A Sheppard	Panel Secretary/Medical Adviser, DVLA

Section A:

1. Introductions

Dr Gilvarry welcomed the two new Panel Members, Dr A Brind and Dr K Wolff to their first Panel meeting and also welcomed the attendance of Mr A Burr of the Road User Safety Division, DfT.

2. Apologies for Absence.

Professor A R W Forrest, Dr M Farrell, Dr P Rice, Dr N Sheron, Mr D Colley, Dr M Prunty (Department of Health), Dr T Carter (Chief Medical Adviser, Department for Transport), Dr L Read (Research Manager, Department for Transport).

3. Minutes of the Last Meeting held on 9th May 2007.

The minutes of the last meeting were confirmed as accurate.

4. Matters Arising.

It was agreed that most of the items that were generated from Matters Arising were covered in the current agenda.

One additional matter, 5.11 was raised regarding the QOF points and the Chairperson confirmed that the inclusion of QOF points applicable to alcohol related conditions has been raised with the College, but at present this has not been taken forward.

5. Sativex Prescribing.

Due to the absence of Professor Forrest this item was deferred to the next meeting.

6. HRO Scheme update.

- 6.1 For the benefit of the new Panel Members, the details of the High Risk Offender Scheme and the criteria of those who fall within it, i.e. High Risk Offenders (HROs) were outlined.
- 6.2 The Panel was advised that the number of High Risk Offenders that DVLA are dealing with is increasing and at present we are processing approximately 42,000 HRO cases a year, compared to previous figures of approximately 30,000 HROs per year.
- 6.3 The Panel was advised that DVLA is currently undertaking a pilot study aiming to expedite the processing of HRO cases. The pilot, involving an initial 500 cases, is expected to be analysed during January 2008 and, depending on the outcome of the initial results, a further 5,000 HRO cases would be included in a more extended pilot scheme.
- 6.4 The Panel was shown examples of the customer information leaflets detailing the benefits of the revised process for the applicants; these are now being circulated within the paperwork for this pilot scheme. Applicants are offered the choice of the standard HRO process or engagement with the revised pilot procedure.
- 6.5 Subject to successful outcome, full implementation of the piloted process should facilitate licence issue, where appropriate, as soon as an application is received, following the end of the disqualification period.
- 6.6 DVLA is also actively engaging with the Courts to agree distribution of an information leaflet advising drivers at the time of conviction of the process required for relicensing and also the importance of notifying any change of address during the period of disqualification.
- 6.7 The Panel was reminded of GMC requirements that Doctors should undergo appropriate training and audit for revalidation purposes. DVLA is undertaking

enquiries of its Franchise Doctors to identify those able to commit in this way. DVLA is also reviewing the distribution of Franchise Doctors to ensure sufficient cover in the areas identified as having high numbers of HROs. The Panel recognised that revision of the questionnaires provided to Franchise Doctors was imperative for effective assessment of HROs. It was agreed that this topic be taken forward to the next meeting and that two Franchise Doctors who undertake a considerable number of HRO examinations should be invited to the Panel meeting to discuss the appropriateness of the questionnaires and the proposed auditing process.

- 6.8 Initial results from the pilot will be available for the next Panel meeting.
- 6.9 Analysis of the criteria by which drivers become HROs remains subject to some delay. Nonetheless, the Panel considered it important that drivers who fall into the HRO category due to failure to provide a specimen should understand the implications of refusing to give a sample and consideration should be given as to the reasons for refusal, e.g. language barriers, hearing incapacity, drugs-related issues etc. It was suggested therefore that a question could be added to the DR1 questionnaire, asking HROs who fall into the category of refusal to supply a specimen why they had not done so.
- 6.10 Through patient contact, Panel members' experience was that many drivers refuse to provide a sample on the erroneous understanding that they may not receive a driving penalty.
- 6.11 The Panel was advised of strengthened procedures within DVLA for handling compliance issues for standard HRO procedures; this had led to reduced telephone workload and fewer delayed examinations, a benefit for road safety.

7. Frequency and Specification of Drug Testing.

- 7.1 The Panel discussed the recommended licensing standards and advice for management of drivers who are on a methadone treatment programme and for whom DVLA requires confirmation of no additional drug use/misuse.
- 7.2 After much discussion the Panel recommended that the wording in "At a Glance" should be rephrased to incorporate the terms, "routine/random quarterly drug testing" and the drugs tested for should be amphetamines, benzodiazepines, cannabinoids, cocaine metabolite, methadone metabolite, ecstasy, opiates and, where indicated, Buprenorphine. A form of words will be prepared by DVLA for approval at the next Panel meeting.
- 7.3 The Panel agreed that oral testing undertaken by drug treatment clinics would be acceptable evidence for licensing purposes.

- 7.4 The Panel again questioned whether there should be a “high risk offender” scheme for drug/drivers, similar to that in place for drink/drivers and was advised that there is currently on-going discussion between the Department for Transport and the police with regard to the recognised increase in driving under the influence of drugs. There are no prescribed limits set for drug/driving, as for alcohol, and at present any enforcement is based on the use of impairment testing.
- 7.5 In general discussion it was recognised that definitive drug levels comparable to alcohol levels related to impairment should be recognised. It was suggested that the relevant information may be available, possibly from the Safety Critical Industries Studies.
- 7.6 It was brought to the Panel’s attention that the Civil Aviation Authority accessed the Home Office Circular 06/2006, which records people in certain professional groups with drug convictions, and this information is used by the Civil Aviation Authority to investigate Pilots.

8. Anabolic Steroid Use.

- 8.1 In Professor Forrest’s absence, a limited discussion only took place but it was considered appropriate that it would be helpful to identify which of these substances were categorised under category D.
- 8.2 The potential use of the Home Office circular 06/2006 was raised with particular regard to the identification of Group 2, i.e. vocational drivers, abusing such substances.
- 8.3 Dr K Wolff was asked to estimate the costs of testing for anabolic steroids in urine, with particular regard to its possible future application for DVLA for Group 2 drivers.

9. Primary Care Substance Misuse Service.

- 9.1 Published recommendations in “At a Glance” are that drivers who are undergoing a Methadone treatment programme should be under Consultant care. DVLA has received a number of enquiries questioning whether it could be acceptable, for licensing purposes, for the care to be undertaken by General Practitioners with special interest.
- 9.2 The Panel had concerns regarding differentiation of those GPs who are recognised as being specialists in this particular subject and those who have a special interest.

- 9.3 It was recognised that DVLA would require to have access to a group of named General Practitioners accredited as being specialists in the field of drug treatment.
- 9.4 DVLA confirmed that this issue does not apply purely to the subject of alcohol and drugs treatment, but is applicable across many of the Panels where there are General Practitioners with special interest in specific medical conditions. It was suggested that this should be an agenda item for the forthcoming Chairmen's meeting in the New Year.
- 9.5 Dr M Farrell, who unfortunately could not be present at today's meeting, is now the Chairman of the Addictions Faculty at the Royal College of Psychiatrists and Dr Gilvarry advised the meeting that the question of GPs' specialisation will be addressed at a forthcoming meeting of the Faculty.

10. Hair Testing.

- 10.1 Following wide discussion the Panel recommended that, for the purposes of driver licensing, hair testing procedures are currently not most appropriate to identify misuse of drugs in screening of at-risk drivers and advised that DVLA should continue to use the current process of urine testing.
- 10.2 This advice was based on the confirmation that all urine samples provided for DVLA drug-screening examinations are witnessed samples and Franchise Doctors who are undertaking these examinations are required to ensure that this is undertaken.
- 10.3 The Panel did however confirm that, although DVLA should continue to undertake urine testing, hair testing from a reputable and confirmed source could be acceptable when considering available evidence in an individual case.

11. "Legal Highs".

- 11.1 Concerns were raised regarding the legal availability of preparations that may have psychotropic effects and may also have effects on urine analysis. The Panel recognised that these are not quality-controlled preparations and are very difficult to regulate.
- 11.2 It was considered that DVLA could not be responsible for the regulation of the use of these substances and if a person appeared impaired while driving under the influence of one of these substances, then this would fall under Section 4 of the Road Traffic Act.

12. Cases for Discussion.

- 12.1 Two cases were discussed; one of a vocational driver, i.e. Group 2 and one of an ordinary Group 1 car driver. Discussion ranged around the definition of alcohol dependency as opposed to alcohol misuse and the Panel's opinion was that both cases discussed fell into the category of dependency.

13. Research Update.

- 13.1 Dr Kim Wolff advised the Panel that the research commissioned by the Department for Transport regarding the use of CDT versus GGT as the best biochemical markers for continuous harmful drinking has been completed; a draft report is currently being assessed. The definitive report should be available for discussion at the Spring meeting of the Panel.

14. Literature Search

- 14.1 As previously mentioned under agenda item 7 regarding drug impairment, Dr Kim Wolff will devise some questions, in particular relating to Safety Critical Industries, to identify levels of drugs which should be considered impairing and these questions will be put to ARIF for a literature search.

15. FORUM Invitation

- 15.1 Dr Major advised that the FORUM of Disabled Drivers Assessment Centres has issued an invitation to all Panel members to visit any of their regional centres to witness their assessment procedures. Although not commonly used for assessment of alcohol or drug impairment, the Panel was advised that occasionally when drivers are on high doses of prescribed medication, e.g. for chronic pain relief or psychiatric conditions, then these centres will be used to establish if there is any evidence of impairment.

16. Any Other Business.

- 16.1 Mr Andrew Burr of the Road User Safety Division advised the Panel of an on-going Road Safety Strategy appraisal relating to drink/driving. He advised that a consultation document would be produced and this would be available for full discussion by the Panel at the earliest opportunity.

17. Date and Time of Next Meeting.

The next meetings will be held on 12th March and 15th October 2008, to commence at 12.30 p.m.

Dr D A Sheppard
Panel Secretary

15th November 2007.