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

Held on Wednesday, 30 September 2009

Present:

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

Lay Members:

Mrs P Moberly

Observers:

Dr M Prunty	Department of Health
Dr Paul Collins-Howgill	Civil Aviation Authority

Ex Officio:

Mr A Burr	Road User Safety Division, DfT
Dr R Rhodes	Road Safety Research, DfT
Ms C Fuge	Medical Policy, DVLA
Dr H G Major	Senior Medical Adviser & Head of Medical Policy, DVLA
Dr P Rizzi	Medical Adviser DVLA/Panel Secretary

SECTION A:

1. Introduction

Dr Gilvarry wished to record thanks to Dr Boyd for her service to the Panel, and welcomed Dr Paolo Rizzi as a new Panel secretary, and Dr Rebecca Rhodes as an observer.

2. Apologies for Absence

Apologies for absence were received from the Medical Adviser at DVA .and from Dr P Rice.

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3. Minutes of the Chairmen's meeting held on 4th February 2009.

The Chairman provided an outline of the key topics discussed at the Chairmen's meeting .

Matters Arising from the Minutes

(a) Concern was expressed by the Panel at the ongoing delay in publication of some research studies including, specifically the "Attitudes of Health Professionals on giving advice on Fitness to Drive". Panel was advised that there will be opportunity for further discussion of the issues raised at the next Chairmen's meeting. The Department undertook to alert all Panels as soon as the outstanding research reports are published.

b) Dr Major gave an overview of the new process for research proposals. Outline proposals should be submitted using the standard proforma via the Panel secretary by the end of December each year. Proposals received from all the Panels will be discussed and prioritised at the next Panel Chairmen's meeting before submitting for consideration for research funding. DfT's Road Safety Research Team will be pleased to work with Panel members to provide any appropriate guidance.

c) Appeals

The Panel Secretary was asked to make a presentation at the next meeting of this Panel on the relevant medical licensing cases resulting in appeals, in order to determine the number of Alcohol/Drug cases involved and the reasons for appeal. Dr Rizzi will collect prospectively the Alcohol and Drugs appeals for the next six months.

d) National Institute for Health and Clinical Excellence (NICE) review

The department has commissioned NICE to undertake a literature review on drug-related and alcohol-related driving behaviours. A copy of the specification will be sent to the Panel by the research department

4. Minutes of the Last Panel Meeting

The Minutes of the Meeting held on 7th January 2009 were confirmed as being accurate.

5. Matters Arising from the Minutes

a) National (Drug) Treatment Agency (NTA)

The Panel recognises the low numbers of those with dependence informing DVLA. The advice from the DVLA, the Guidelines on clinical management and GMC was noted Dr Gilvarry will raise the issue through the Addiction Faculty at the College.

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The issue of referral to DVLA was also discussed in relation to the General Medical Council (GMC) revised guidelines on confidentiality. It was agreed all parties involved in the care of patients with alcohol and drug and substance misuse should remind patients of the driving regulations.

b) Road Safety Compliance Consultation

Mr Burr updated the Panel on the consultation which was held in spring 2009, with reference to the sections on Drink Driving and Drug Driving. Further details will be outlined in the post 2010 Road Safety Strategy, publication of which is expected towards the end of the year.

c) THINK! Drug driving campaign

Mr Burr outlined the ongoing THINK! drug driving campaign. It was recognised that many users of recreational drugs, whilst avoiding drink-driving, do not recognise the potential impact of drug use on driving safety. Whilst there can be no legal “drug-driving” limit for an illegal drug, other evidence of drug use and impairment is now recognised and can be used in prosecution. The THINK! Drug-driving campaign will also highlight potential impairment from some prescribed and over-the-counter medicines.

SECTION B: Ongoing Discussion Topics

6. Period off driving in Ketamine misuse/dependence

The Panel advised that for Ketamine misuse, 6 months off driving, drug-free, is required, and 12 months in the case of dependence.

7. Hepatic Encephalopathy working party

The Panel discussed the role of Hepatic Encephalopathy as a potential cause of risk to safe driving in the light of the growing number of patients with liver cirrhosis. It was agreed that a small working party of experts be convened to provide advice and guidance on the scale of the issue and its potential impact on driving performance. Relevant professional organisations were identified and will be contacted. Liaison with appropriate expertise from the Secretary of State’s Neurology Panel will also be considered.

8. CDT (Carbohydrate Deficient Transferrin) Report

Panel was reminded of the principle outcomes and recommendations of the study of “The Role of CDT as an alternative to GGT as a marker of continuous drinking”.

It was agreed that, given its sensitivity and specificity profile, the measurement of percentage (%CDT) should be the marker of choice for the High Risk Offender (HRO) population. DVLA will consider any relevant operational issues including the availability of accredited %CDT analysis by existing laboratory service providers. An initial pilot process of the use of %CDT may be most appropriate. It was suggested

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this be considered in specific patient cohorts, for example those HROs with no identified history of alcohol misuse but with otherwise unexplained raised GGT (gamma glutamyl transferase) levels.

In further discussion the Panel advised that an isolated raised GGT, no matter the level, is not *per se* sufficient evidence to diagnose alcohol misuse but may warrant further investigation.

A brief discussion on new and developing markers of alcohol misuse identified ethyl glucuronide as one appropriate for future consideration.

9. HRO Scheme

Policy colleagues updated the Panel on the proposed date of implementation of a commencement order for Section 13 Road Safety Act 2006 which will remove “cover to drive” from HROs until licence issue. An information leaflet for distribution through the courts to convicted drink drivers is being updated.

SECTION C: New Topics for Discussion

10. Distributed Responsibility and Note Keeping in Relation to Prescribed Medication and Driving

The Panel member referred to the GMC’s guidance on Good Medical Practice, specifically on a doctor’s responsibility to warn patients of the likely effects of any prescribed medication on driving. Discussion followed as to whether it would be useful for DVLA to add a reminder to the ‘At a Glance’ guide. Since the topic is relevant to all Panels, further consideration could be undertaken at the next Chairmen’s meeting.

SECTION D:

11. Research

a) A Panel member’s proposal for a Post Mortem Study of the Role of Alcohol and Drugs in Fatal Road Traffic Accidents was discussed. DfT colleagues advised that a constructive conversation had taken place between the Department’s Chief Medical Advisor and the Committee of the Coroners’ Society.

b) Update on Agreed Projects for 2009/10

Dr R Rhodes updated the Panel on this matter.

c) Identification of Any New Topics for Research Proposal 2010/11

Two proposals were suggested:

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- (i) an audit on the role of CDT in any future pilot population of HROs with high GGT
- (ii) a literature search on the investigation of hair analysis of drinking population.

12. For Information

a) Panel Recruitment – Lay Member

Nominations for the lay member vacancy have been received and will be short listed for interviews in due course.

b) Annual Panel Report 2008

This had been submitted to the Secretary of State

c) Police Notifications – Pilot of New Forms

Dr Major updated the Panel on a successful pilot of revised “police notification” forms; these place greater emphasis on the range and nature of medical disabilities, as distinct from any reported criminal behaviours.

13. Any Other Business

The Panel endorsed its previous recommendation to recruit an expert in ethics and in epidemiology and invited members to forward names to the Panel Secretary

14. Date and Time of Next Meetings

Provisional dates will be circulated for an annual meeting. A spring meeting will be held if necessary.

Dr P Rizzi
Panel Secretary
Medical Adviser, DVLA

10 October 2009

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