

## DRAFT

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

WEDNESDAY, 12 MARCH 2014

- Present:** Professor E Gilvarry (Chairperson)  
Professor A R W Forrest  
Dr K Wolff  
Dr A Brind  
Dr J Marshall  
Professor C Gerada  
Dr O Bowden-Jones
- Ex-Officio:** Professor D Cusack, Forensic Physician and Director of the Medical Bureau of Road Safety, Dublin  
Dr M Prunty, Senior Medical Officer, DoH, London  
Dr N Dowdall, Head of Aviation Health Unit, CAA  
Mr M Ellis, Road User Licensing, DfT  
Mr N Jones, Legislation Enforcement and Standards, DfT  
Ms J Chandaman, Medical Licensing Policy, DVLA  
Dr B Wiles, Senior Medical Adviser, DVLA  
Dr M DeBritto, Panel Secretary, Medical Adviser, DVLA  
Dr I Perez, Medical Adviser, DVLA  
Mr A Griffiths, Driver's Medical Group Contracts Manager, DVLA  
Mr M Phillips, Commercial Services Manager, DVLA

#### 1. Introduction and Apologies for Absence

The Panel meeting was held on Wednesday the 12<sup>th</sup> of March 2014. The meeting was non quorate as the lay members were not able to attend the meeting.

Apologies were received from Dr A Lowe, Dr P Rice, Dr N Sheron, Mrs P Moberly and Ms J Cave.

## **2. Chair's Remarks**

The Panel Chair welcomed and thanked the Panel Members and Observers for their attendance.

## **3. Minutes of the last meeting held on 9 October 2013**

The minutes of the last meeting held on 9 October 2013 were agreed as accurate; however, minor alterations were made to Item 6, 11 and Item 14 and were signed off by the Panel Chair.

## **4. CDT Testing**

Panel reviewed the number of cases sent for CDT analysis for the period March 2013 to January 2014. It was noted that in a very small number a result was not received due to detecting CDT B or D variants (0.02%), interfering substances (1.06%), or overlapping CDT and non-CDT isoforms (0.36%). It remains unclear what the interfering substances are that affect CDT testing. Dr Wolff advised that she would look into this matter further.

## **5. Department for Transport Update on Drink Driving**

Mr Jones advised that the Deregulation Bill was introduced to Parliament in late January 2014 and is currently in Committee stage. There have been no amendments made to the proposed changes to drink driving which are:

- Removal of the statutory option.
- Removal of the requirement for preliminary breath testing.
- Extension of the role of the registered health care professionals to take evidential blood specimen in hospitals.
- Extension of the role of the registered health care professionals to provide an assessment of whether a condition is due to the presence of drugs in the body.

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A set of competencies have been produced for registered health care workers to help advise whether an individual suffered from a condition due to a drug. This set of competencies has been produced by the Department for Transport along with the Faculty of Forensic and Legal Medicine. These competencies will be included in the NHS England Commissioning Standards in the near future. The Department for Transport are in the process of writing to Scotland and Wales NHS to implement similar changes. A copy of the competencies will be circulated to the Panel for information.

### **Department for Transport Update on Drug Driving**

Mr Ellis thanked the Panel for their replies to the Drug Driving Consultation and the Amphetamine Level Consultation. A summary of the responses to both the Consultations will be published in the near future. The conclusion of the Drug Driving Consultation favoured Option 2 of the Consultation which is the hybrid approach. This approach sets zero tolerance to eight illegal controlled drugs and road safety risk based approach to eight controlled drugs which have medicinal uses.

Once the summary is published it is envisaged the Drug Driving Regulation would then be in legislation later in the year.

Amphetamine will be considered separately to the Drug Driving Regulation and a level will be set following further consultation. Mr Ellis advised of a study on Amphetamine use in the adult ADHD population and this will be forwarded to the Panel for information.

## **6. Advice on the new Drug Driving Regulations**

A document containing guidance for medical health care professionals regarding the new Drug Driving Regulation has been produced by the Department for Transport.

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The Panel reviewed the document and agreed with the content and approved it as the final draft.

## **7. Methadone**

Dr K Wolff presented a poster of a study undertaken on the driving behaviours of those prescribed with Methadone and Benzodiazepines for drug dependence. Discussion ensued. From this study, it was noted that driving habits are dependent on the daily routine and social behaviours of individuals. Knowledge of the current legislation seemed poor and not influenced by the prescribing pharmacist. It was agreed this study was informative and should be extended to other regions in order to get further information.

## **8. Research Update**

Ms Chandaman advised the topic of multiple medical conditions and risk of road traffic accidents is being looked at for research. She advised research bids had been put to DVLA and a final contract would be awarded to the successful research bidder shortly. It is hoped a scoping study would be done and the DVLA would then be able to consider whether the research meets the DVLA criteria. It is hoped once the research is completed it would help determine the appropriateness of the advice in the “At a Glance Guide to the current Medical Standards of Fitness to Drive”.

## **9. Managed Service Contracts**

Panel were advised by Mr Adam Griffiths and Mr Mark Phillips of the Managed Service Contract for medical services. The contract would be advertised in the Official Journal of the European Union (OJEU). Panel reviewed the draft specifications for the CDT and toxicology contracts. Panel agreed that when specifying a method for analysing CDT, the supplier would have to provide robust medical evidence to confirm that the method they use to determine CDT meets the recommended accreditation criteria. That it is able to identify CDT variants and

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should also have an acceptable specificity and sensitivity level. Panel also agreed DVLA would require an independent technical scientific adviser to advise whether the method of CDT detection is acceptable to DVLA.

Panel reviewed the current drugs that are tested as part of the toxicology contract. It was advised that new psychoactive substances such as Cathinones and the various derivatives of them, Cannabinoid receptor agonists, Ketamine, Amphetamine with L-D ratio, Ecstasy, and also drugs specified in the new Drug Driving Laws may be included in the list of substances that are checked as part of the drug screening test.

#### **10. Breath Alcohol Measurement**

A paper was presented to Panel on the measurand problem in breath alcohol testing. A discussion ensued on the topic and the Panel thanked Professor Forrest for the paper.

#### **11. CDT Case Scenarios**

Panel were interested in the case scenarios presented concerning CDT levels. It was agreed CDT levels should be considered along with medical evidence and clinical judgement to be used when dealing with amber level readings.

#### **12. Cases for discussion**

**Case 1** - A case of a customer applying for a vocational driving licence whilst on a Methadone programme was discussed. Panel reviewed the case and documents and advised a one year vocational licence could be issued.

**Case 2** - A case of a customer with a past medical history of alcohol misuse and hepatitis C was discussed. His current CDT was 3%. The Panel reviewed the case and the documents provided and agreed that hepatitis C should not interfere with the

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CDT result and the rise in CDT level would indicate ongoing alcohol misuse and therefore it was advised licence application to be refused or revoked.

**Case 3** - A case where a customer was on very high doses of analgesics was discussed. The Panel reviewed the case and were concerned that the patient continued to be on very high doses of analgesics which had very serious side effects and therefore it was agreed that at present his condition precluded safe driving. He would be advised to reapply for his driving licence when his condition improved and he is on lower levels of analgesia.

**13. Date and time of next meeting**

The next meeting will be held on 17 September 2014. The proposed date for the future meeting is 11 March 2015.



**DR M DE-BRITTO MBBS**  
Panel Secretary

20 March 2014