



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

<b>CONSULTATION:</b>	Joint UK Government / Scottish Government Drug Driving Consultation
<b>ORIGINATING SOURCE:</b>	Scottish Government
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<b>Submitted:</b>	18 September 2013

**Comments on Department of Transport Regulations to Specify the Drugs and Corresponding Limits for the New  
Offence of Driving with a Specified Controlled Drug in the Body above a Specified Limit**

Thank you for the opportunity to comment on the proposals outlined in the above document. There are benefits in adopting a UK wide approach to this issue as drivers will frequently travel from one UK country to another, and differing legislation on the levels of controlled drugs permissible when driving is liable to cause confusion, particularly in border areas where people regularly travel from one country to another. It is also sensible to have UK regulations in line with EU regulations if possible.

***Comments on Specific Questions:***

1. We agree that the government's proposal of a zero tolerance approach to controlled drugs not used for medicinal purposes and a higher threshold for those who may be using prescribed drugs is the most appropriate approach to adopt.
2. We agree with the comments in the document.
3. We agree to this approach.
4. This approach for Sativex seems reasonable.
5. A limit of 50µg/L in line with other European countries would provide consistency. Such a limit would also remove any potential challenges based upon varying limits. A defence similar to that used with regard to Cannabis would offer a suitable level of protection for those on prescribed medication.
6. We are not aware of other drugs which should be considered.
7. We are not experts on the methodology used to determine the likely costs and benefits to the different policy approaches and so would be unable to comment.
8. As health service providers we are unable to comment on the potential impact on businesses.

There is a potential for possible unfairness in relation to cannabis, whose metabolites may be detected several days after ingestion. This could lead to someone who has taken cannabis legally in another country falling foul of this driving legislation some days later without any need to show that actual driving performance was impaired. This seems unfair as it is not apparent that any real crime will have been committed in the UK.

While considering the impact that this legislation will have on drivers and road safety, the government should take this opportunity to consider other relevant legislation. For instance, it is an offence under the Transport and Works Act 1988 for any person in charge of the movement of transport systems (e.g. a train driver) to have a concentration of alcohol in his blood above a prescribed limit. The prescribed limit is the same as that which applies in the Road Traffic Act 1988. It seems logical that this proposed offence could be applied to others where the result of any impairment could potentially be catastrophic. There may be opportunities under other legislation such as those applying to the fitness of aircraft pilots or the masters of vessels.

As a College, we are aware of the fact that the therapeutic use of prescription medications may carry a risk of impairing driving performance and will be unaffected by the proposed legislation.

We would hope that patients and prescribers would remain mindful of this issue.