

DRIVING LAWS RELATING TO MEDICATION - WHAT IT MEANS TO YOUR EMPLOYEES



A new driving law was introduced on the 2nd March 2015 which has implications for employees being treated by their doctors with certain medications; in addition to those employees who may be abusing illegal substances.

From the 2nd March 2015 in the UK it is now a prosecutable offence to drive while having blood levels of certain drugs above a specific limit.

There are two lists of drugs details in the legislation as quoted Group 1 drugs and Group 2 drugs.

The drugs in Group 1 are the expected drugs of abuse. Please see below. These include substances that may be prescribed by health professionals to assist their patients reduce their consumption and eventually come off addictive substances.



The current legal position

Under Section 4 of the Road Traffic Act 1988 it is currently an offence to drive while concentration, reaction times or cognition are affected by drugs. These drugs can be non-medical or can be prescribed by a health professional.

The current law stipulates that the offence applies to any drug that may impair driving skills and this will remain in force. This therefore has implications for those employees driving vocationally.

If, following an incident, the Police are able to establish that the driving was impaired as a result of the consumption of a prescribed over-the-counter or illegal substance there is no medical defence if the individual is subsequently charged by the Police.



The new law

The new legislation that came into force on the 12th March creates a second group 'Group 2'. Please see below.

The new law specifically lists a group of drugs which, if found in the blood above a specific limit irrespective of whether the individual's driving is impaired, can lead that individual to be the subject of a prosecution.

The new law takes what is in effect a zero tolerance approach to drugs of abuse. The specific limits that have been set for the blood levels of these drugs is very low.

The second group (Group 2) includes medications prescribed by GP's and hospital doctors. This group of medications have a significant risk of abuse by patients.

The blood levels that will be set will be well above those expected to be seen in individuals taking the medication for purely medicinal purposes.

Group 2 contains muscle relaxants, medications to treat anxiety, sleep tablets and pain killers.

For example, if an employee is taking codeine or a medication that contains codeine to treat back pain or another musculoskeletal condition, although the codeine when it enters the body is metabolized to morphine, as long as the individual stays within the recommended dosage this should not be a problem.

We understand that roadside screening devices are being developed by the Police to detect drug levels in saliva and that a positive result will subsequently be followed by a blood test; similar to the process used when an individual is breathalysed.

It is important for employers to be aware that the Police can already test for cocaine and cannabis using a roadside saliva test.



Group 1

- cannabis (tetrahydrocannabinol is specified)
- cocaine (and its metabolite, benzoylecgonine)
- MDMA (ecstasy)
- lsergic acid and diethylamide (LSD)
- ketamine
- heroin (and the diamorphine metabolite 6-monoacetylmorphine)
- methylamphetamine

Group 2

- clonazepam
- flunitrazepam (no longer licensed in the UK)
- oxazepam
- diazepam
- lorazepam
- temazepam
- methadone
- morphine
- amphetamine^a

^a Amphetamine was not included in the current regulations but will be added in 2015 when a limit has been agreed



It is important that employees are fully aware of the changes. The following summary may assist managers and employers in respect of educating employees who drive vocationally.

- It remains the driver's responsibility to decide whether his/her driving is safe or may be impaired as a result of taking medication either obtained from a pharmacist over-the-counter or prescribed by a health professional.
- It is important that an employee does not drive if they develop any symptoms that could impair driving safely, such as sleepiness, impaired coordination, slow thinking, visual disturbance or balance problems.
- It is important that employees discuss with their health professionals and if necessary the occupational health advisors driving vocationally during times when their medication is being changed, or when medication is being started or stopped.
- It is important that employees are fully aware of the side effects of medication that they take. This includes over-the-counter products from a pharmacist or supermarket
- It is important that employees are aware of any change in their medical condition that affects their vision, their alertness and their reaction times
- Adding alcohol to medication is for many people a serious issue. This may further impair an individual's driving ability.

The current changes in the law from the 2nd March are relevant to individuals living and working in England and Wales. At the present time this legislation, we understand, does not apply in Scotland and it would be the responsible of the Scottish Government to decide whether to introduce it.

Further useful information is available from the Department of Transport: Drug Drive Partner Pack 204, available online.

Useful Links:

www.drugs.gov.uk

www.gov.uk/drug-driving-law

www.brake.org.uk/not-a-drop-not-a-drag