

Living Streets is the national charity that stands up for pedestrians. With our supporters we work to create safe, attractive and enjoyable streets, where people want to walk.

Response to Department for Transport consultation on regulations to specify the drugs and corresponding limits for the new offence of driving with a specified controlled drug in the body above the specified limit

Response on behalf of Living Streets, September 2013

Introduction

We are the national charity that stands up for pedestrians. With our supporters we work to create safe, attractive and enjoyable streets, where people want to walk. We work with professionals and politicians to make sure every community can enjoy vibrant streets and public spaces.

We started life in 1929 as the Pedestrians Association and have been the national voice for pedestrians throughout our history. In the early years, our campaigning led to the introduction of the driving test, pedestrian crossings and 30 mph speed limits. Since then our ambition has grown. Today we influence decision makers nationally and locally, run successful projects to encourage people to walk and provide specialist consultancy services to help reduce congestion and carbon emissions, improve public health, and make sure every community can enjoy vibrant streets and public spaces.

Living Streets is a member for the National Road Safety Committee.

Response

Living Streets welcomes steps taken to improve the safety of people using our roads. The North Review Report, published in 2010, concluded that there was a “significant drug driving problem” with an estimated 200 drug driving-related deaths a year in Great Britain. However we understand that it is a complex process to convict someone of drug driving using current legislation, resources and procedures. We believe that a new offence would help deter people from driving if they have taken illegal drugs or prescribed drugs at a level that would impair their driving. However we believe that any resources directed towards tackling this problem take into account the wider road safety context. Road collisions are caused by a wide variety of factors. We think that resources should be allocated proportionately to the level of risk the various factors present.

Option one

We agree that this would be a suitable solution. It provides a clear message that illegal and abused prescription drug driving will be tackled by police, while drug driving on prescription drugs remains the remit of the DVLA medical team.

Previously we have called for a zero tolerance approach. However, we now agree that a fairer approach would be to set an impairment-based approach, rather than a zero limit, for drivers who are taking prescription drugs which do not impair their ability to drive. We understand that a zero tolerance approach might discourage drivers from taking their medicine, which would have serious consequences for their health and well-being. It might seriously affect their ability to drive if the condition for which they are taking the prescribed drug is one which itself could impair driving.

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We agree with Brake that the government has to ensure that the medical profession is fully briefed and on-board with reporting to the DVLA medical conditions treated with prescription drugs that may impair driving, and are proactively advising all patients when medication may affect driving and insisting on informing the DVLA.

Sativex

We agree with the approach taken to sativex. We think that drivers who are being prescribed sativex, and whose driving is not impaired, should not be arrested or prosecuted for drug driving.

We also support the proposal for the DVLA to advise drivers who have been issued with a restricted licence due to MS and who may be taking sativex (a cannabis-based medicine) under prescription that the Police would not be able to distinguish this from illegal cannabis and, therefore, if the driver is tested for drugs, they should inform the Police they are taking sativex under prescription, and be prepared to provide evidence of this. The manufacturer of sativex can also help by ensuring they give similar advice in their patient information leaflet.

ACPO, and individual Police forces should ensure that their officers are aware that some MS sufferers who are taking sativex may be driving legally, will be able to seek to rely on the statutory medical defence. If the police officer does not think that their driving was impaired, the driver should not be arrested.

Amphetamine

Living Streets is in favour of a zero-tolerance limit for Amphetamines. Patients with ADHD should be on the DVLA database, and the DVLA medical team will have made an assessment if the person is safe to drive. This should provide a simple route for police to check for a medical defence.

Option two and three

As discussed earlier Living Streets supports option one which combines a zero tolerance limit approach to illegal drugs with a driver-impairment approach to controlled drugs that are used as medicines (as well as taken legally), is the best compromise.

We think that it is important that if option one is taken forward, that provisions to ensure drivers who are on prescription medication which may be impairing when taken at advised levels, are reviewed and improved. We are aware that there is evidence to suggest that medics fail to provide advice to drivers on fitness to drive and not reporting drivers where necessary to the DVLA for medical conditions where treatment may impair driving.¹ We think this issue should be tackled alongside the new drug law, to help implementation of the new law, reduce the administrative burden of the medical defence, and ensure that all aspects of risky drug driving are being dealt with.

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ⁱ Road Safety Research Report No. 91 The Attitudes of Health Professionals to Giving Advice on Fitness to Drive, Department for Transport, 2010