

Consultation response

Department for Transport

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

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Pharmacy Voice and the Pharmaceutical Services Negotiating Committee welcome the opportunity to respond to this consultation.

Question 1: Do you agree with Government's proposed approach as set out in policy option 1? If not please provide your reasons.

In principle we support the proposal set out in option 1.

Questions 2 to 4:

We have no comment on these questions

Question 5: Do you have a view as to what limit to set for amphetamine? If so please give your reason(s).

The consultation document omits the use of amphetamine for the treatment of narcolepsy in adults. We ask that the Government includes this indication when considering both the limits to be allowed and the medical defence.

Question 6: Are there any other medicines that we have not taken account of that would be caught by the 'lowest accidental exposure limit' we propose for the eight illegal drugs? If so please give your reason(s).

We do have some reservations on the application of the zero tolerance for diamorphine. The majority of people on diamorphine will be seriously ill and unable to drive, however there are some ex-substance misusers who do not tolerate methadone or other opioid substitutes and are prescribed diamorphine. This enables them to lead productive lives and they may well drive.

Question 7: Are you able to provide any additional evidence relating to the costs and benefits associated with the draft regulations as set out in the Impact Assessment at Annex D?

We have no comment on this question.

Question 8: Does any business have a view on whether the Government's proposal will have any impact on them directly or indirectly? If so please give your reason(s).

Community pharmacists may appear to be well placed to deliver messages about this new legislation, but it should be recognised that this would be additional workload on an already stretched work force. We suggest there will need to be a major publicity campaign to inform the public of the new regulations, paid for by the Government.

We note that this legislation is not subject to the 'one in, one out' rule, so will represent an additional burden where implementation impacts on a business.

This legislation is likely to have a significant impact on the workload of healthcare professionals, in particular doctors and pharmacists. The prescriber, when considering prescribing any of the listed medicines, should include a brief explanation of the new regulations when treatment options are being discussed, so the patient is able to make an informed decision as to whether they wish to take the medication.

However, it is well known that medical information is often poorly and inaccurately remembered, especially by older or anxious patients – “patients tend to focus on diagnosis-related information and fail to register instructions on treatment”¹. As a result, pharmacists will have to repeat the information given by the prescriber in many cases. In addition to explaining the new legislation to new patients they will also have to inform:

- existing patients; many of these will not have seen their prescriber but collected a repeat prescription from the surgery or pharmacy.
- those being prescribed or purchasing over the counter medicines containing codeine or dihydrocodeine.
- other patients or members of the public who have heard about the new offences but have not heard or do not understand the details. These patients may take medication either supplied on prescription or purchased over the counter which includes the warning “May cause drowsiness. Do not drive or operate machinery”.

This could be a delicate and time consuming process as many patients will be anxious about being stopped by the police, even though they would have a medical defence. They could place themselves at risk if they stopped taking their medication, but even with the medical defence, patients could be understandably reluctant to risk having to go through the process of being tested and taken to court. A simple means of allowing the police to verify a person's claim to the medical defence needs to be developed; it must be simple to implement and use and not take health professionals away from patient care.

We are also concerned about the potential to breach data protection if the police ask a pharmacist for verification of the details of an individual's prescription, in circumstances where there is no evidence of explicit consent to the disclosure. While the Data Protection Act provides a right to disclose confidential information without consent for the purpose of detecting serious crime, we do not see 'drug driving' reaching the threshold that would

¹ *Patients' memory for medical information* [Roy P C Kessels](#), J R Soc Med. 2003 May; 96(5): 219–222

allow disclosure. Clearly, in many cases, it may assist someone for pharmacists to make the appropriate disclosure, but not in all cases; arrangements may need to be put in place to ensure there is a record of patient consent to disclosure having been given. The administration involved in checking for patient consent, especially if they are not present in the pharmacy, can be considerable.

Organisation descriptors

Pharmacy Voice

Pharmacy Voice represents community pharmacy owners with the principal aim of creating an environment enabling community pharmacy to fulfil its potential as a healthcare provider of choice in medicines optimisation, long term conditions and public health. Its founder members are the Association of Independent Multiple pharmacies (AIMp), the Company Chemists' Association (CCA) and the National Pharmacy Association (NPA). Our member associations represent over 11,000 community pharmacies in England.

PSNC

PSNC promotes and supports the interests of all NHS community pharmacies in England. It is recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. Its goal is to develop the NHS community pharmacy service, and to enable community pharmacies to offer an increased range of high quality and fully funded services; services that meet the needs of local communities, provide good value for the NHS and deliver excellent health outcomes for patients