

Information sheet for prescribers

PSYCHOTROPIC MEDICATION AND DRIVING – NEW LEGISLATION

Key messages

- A new law on drug driving is coming into force on **2nd March 2015**.
- This law states that it is an offence to drive with certain drugs above specified levels in the body, regardless of whether driving ability is impaired.
- An offence is determined by a non-specific roadside saliva test (to detect if any drugs are present) followed by a blood test (sample taken at a police station) to identify the particular drug and quantify blood levels.
- It is not an offence if patients are taking these medicines as directed and their driving is not impaired (a “medical defence”) – so patients should be advised to continue to take their prescribed medicines as instructed.
- Patients should also be advised:
 - To check the leaflet provided with all medicines for information on how the medicine may affect driving ability;
 - To not drive until they know how a medicine affects them (especially just after starting it or changing the dose);
 - To not drive if they feel drowsy, dizzy, unable to concentrate or make decisions, or have blurred or double vision;
 - That alcohol will increase the likelihood of driving impairment and accidents when taken with medicines that cause sedation;
 - To carry evidence, when driving, of prescribed medicines being taken as directed (e.g. RHS of GP prescription, patient information leaflet);
 - That if their driving is impaired they will be breaking the law, regardless of the level of drug in their body (this offence is not new)
- Prescribers should record that this advice has been given and a supporting [information leaflet](#) have been provided to patients.
- Prescribers are reminded that it is their responsibility to inform patients that their condition may affect their ability to drive and that the patient has a legal duty to inform the DVLA about the condition – see [DVLA guidance](#)

Which medicines are included?

Information on whether individual medicines are affected by the new legislation will be added to the Summary of Product Characteristics which is available on the [electronic Medicines Compendium](#).

It will be an offence to drive with excess levels in the body of the following drugs, broadly falling into two groups:

Group 1 (“zero tolerance”) – drugs which are commonly abused outside medicinal purposes; the “legal limit” for these drugs is **low**:

<i>Cannabis (tetrahydrocannabinol, THC)</i>	<i>Cocaine</i>
<i>Diamorphine (heroin)</i>	<i>Ketamine</i>
<i>Lysergic Acid Diethylamide (LSD)</i>	<i>MDMA (Ecstasy)</i>
<i>Methylamphetamine</i>	

Group 2 – mainly licensed medicines but with liability to be abused; the legal limit of these drugs is **higher**, and generally above the therapeutic range – so most patients, if taking them as prescribed, are unlikely to be driving with an illegal level (unless the dose is particularly high):

<i>Clonazepam</i>	<i>Diazepam</i>	<i>Flunitrazepam*</i>
<i>Lorazepam</i>	<i>Oxazepam</i>	<i>Temazepam</i>
<i>Methadone</i>	<i>Morphine</i>	<i>Amphetamine**</i>

*No longer licensed in the UK

**to be included later in 2015 once a limit has been agreed

Although not included in this law, remember that other drugs prescribed for other conditions can impair driving ability and increase the risk of accidents, for example antidepressants, antipsychotics and non-benzodiazepine hypnotics.

References / further information:

- [Department for Transport guidance on drug driving, July 2014](#)
- [MHRA Drug Safety Update, July 2014](#)