Alcohol and driving: what should clinicians do?

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What is Traffic Medicine?

• A relatively new specialism embracing all those disciplines, techniques, and methods aimed at reducing death and injury inflicted by traffic crashes.

• Also enabling/rehabilitative in trying to ensure that transport mobility is not hampered, or rendered unsafe, by remediable illness or functional loss.
Traffic Medicine

Guidelines

Research

Education

Working Groups

National Office
Traffic Medicine

Communications

Sláinte agus Tiomáint
Sources

• Evidence-based literature
  – Laberge-Nadeau, Trucks and Diabetes, Diabetes Care, 2000;23:612-7

• Existing guidelines
  – Austroads, CMA, DVLA, AMVA: FMCSA for Group 2

• Consensus statements
  – American Diabetic Association, 2013

• ‘Grey’ literature
  – TRB, AMA
Alcohol and Driving

This is an overview of the driving risks for drivers who misuse alcohol and have alcohol-dependence issues. Full guidelines are published in Sláinte agus Tiomáint: Medical Fitness to Drive (MFTD) Guidelines.

Alcohol and speed are two leading factors in fatal collisions. Alcohol was shown to be a factor in over 15% of fatal collisions in 2007 (Review of Pre-crash Behaviour in Fatal Road Traffic Collisions: Report 1: Alcohol, RSA Research Department, 2011).

<table>
<thead>
<tr>
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<th>Ireland</th>
<th>UK</th>
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<tbody>
<tr>
<td>Misuse</td>
<td>3 months</td>
<td>6 months</td>
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<tr>
<td>Dependence</td>
<td>6 months</td>
<td>12 months</td>
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The management of alcohol abuse by GPs

Primary care is an important point of contact where problems relating to alcohol can be detected and managed, write Romaine King and Eric Roche.
Driving

Only mentions epilepsy!
Three questions

• Is the alcohol and driving literature overly biased to DUI/DWI?
• Does the literature provide risk estimates for driving and non-DUI/DWI alcohol misuse/dependence?
• What do the professionals think?
Systematic review

• “(Alcohol-Related Disorders[mesh] OR ((alcohol) AND (dependen* or disorder* or drink* or misuse or abuse* or consumption)) OR alcoholism[MeSH] OR alcohol* OR exp drinking behaviour[MeSH]) AND automobile driving [MeSH]
3,781 citations

2,686 included

1,793 relevant

DUI 1,337

Naturalistic 456

Adolescents/young adults 153

College students 69
Sláinte agus Tiomáint
• Assess accumulated clinical wisdom
  • Beliefs and practices
  • Minimum periods of driving cessation
• Six conditions
  • Severe anxiety/depressive illness
  • Acute psychosis
  • Hypomania
  • Schizophrenia
  • Alcohol misuse
  • Alcohol dependence
Survey & Participants

• Online survey (30-items)
  • Minimum period of wellness or stability required before resuming driving

• Response Scales
  • Group 1: 1 = no minimum period: 5 = 6 month cessation
  • Group 2: 1 = no minimum period: 9 = 36 month cessation
  • Own judgments without reference to existing guidelines

• Participants (299)
  • Occupational Physicians (196)
  • Psychiatrists (103)
Minimum period of wellness/stability necessary before resuming driving for Group 1 licencees

- Alcohol Dependence: 6 months
- Alcohol Misuse: 3 months
- Schizophrenia: Six weeks
- Acute Psychosis: 1 month
- Hypomania: No minimum period at clinician discretion
- Severe Anxiety & Depressive States: 30%
Minimum period of wellness/stability necessary before resuming driving for Group 2 licencees

- Alcohol Dependence: 36 months, 24 months, 18 months, 12 months, 6 months, 3 months, 1 month, Six weeks, No Minimum period at clinician discretion
- Alcohol Misuse: 36 months, 24 months, 18 months, 12 months, 6 months, 3 months, 1 month, Six weeks, No Minimum period at clinician discretion
- Schizophrenia: 36 months, 24 months, 18 months, 12 months, 6 months, 3 months, 1 month, Six weeks, No Minimum period at clinician discretion
- Acute Psychosis: 36 months, 24 months, 18 months, 12 months, 6 months, 3 months, 1 month, Six weeks, No Minimum period at clinician discretion
- Hypomania: 36 months, 24 months, 18 months, 12 months, 6 months, 3 months, 1 month, Six weeks, No Minimum period at clinician discretion
- Severe Anxiety & Depressive States: 36 months, 24 months, 18 months, 12 months, 6 months, 3 months, 1 month, Six weeks, No Minimum period at clinician discretion
• More naturalistic studies
  – What really happens
  – Jurisdiction
• Delphi process among experts
• Qualitative research with those affected
  – Patients
  – Professionals
  – Society
The dilemma of re-licensing DWI offenders: The offenders’ point of view

Louise Nadeau\(^a\), Ward Vanlaar\(^b\), Juliette Jarvis\(^c\), Thomas G. Brown\(^c,d,e,*\)
RCPI Policy Group on Alcohol
• A state which, because of consumption of alcohol, causes disturbance of behaviour, related disease or other consequences, likely to cause the patient, his/her family or society harm now, or in the future, and which may or may not be associated with dependence

• A cluster of behavioural, cognitive and physiological phenomena that develop after repeated alcohol use and which include a strong desire to take alcohol, difficulties in controlling its use, persistence in its use despite harmful consequences, with evidence of increased tolerance and sometimes a physical withdrawal state