

AOD ECHO Network

Session 7

23/11/2

Didactic: Assessing Fitness to Drive

Case presentation: Dr Jenny Biggins

This project is supported with funding from Wellbeing SA

Contributing partners:



Wellbeing SA

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COUNTRY SA

An Australian Government Initiative

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ADELAIDE

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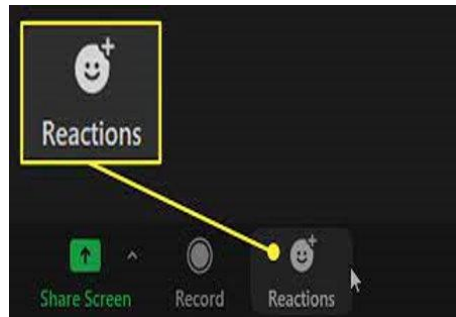
where knowledge + health meet

AOD ECHO Network - Agenda

- Welcome and introductions
- Didactic presentation: **Panel**
 - Questions on the didactic
- Case presentation – **Dr Jenny Biggins**
 - Clarifying questions for **Dr Jenny Biggins**
 - Recommendations
- Announcements
- Post-session evaluation survey

ECHO Etiquette

- Remain on 'Mute' except when speaking.
- Ask questions or make comment by raising your hand (in 'Reactions')



- Use 'Chat' if you wish to communicate with the ECHO Coordinator.
- Maintain confidentiality.

DRIVING, LICENCING ALCOHOL AND DRUGS



Assessing Fitness to Drive

for commercial and private vehicle drivers



(Reprint No. 4)

SOUTH AUSTRALIA

MOTOR VEHICLES ACT, 1959

This Act is reprinted pursuant to the Acts Republication Act, 1967, and incorporates all amendments in force as at 10 December 1992.

It should be noted that the Act has not been revised (for obsolete references, etc.) by the Commissioner of Statute Revision since the reprint published on 18 December 1989.

SUBSTANCE
DEPENDENCE

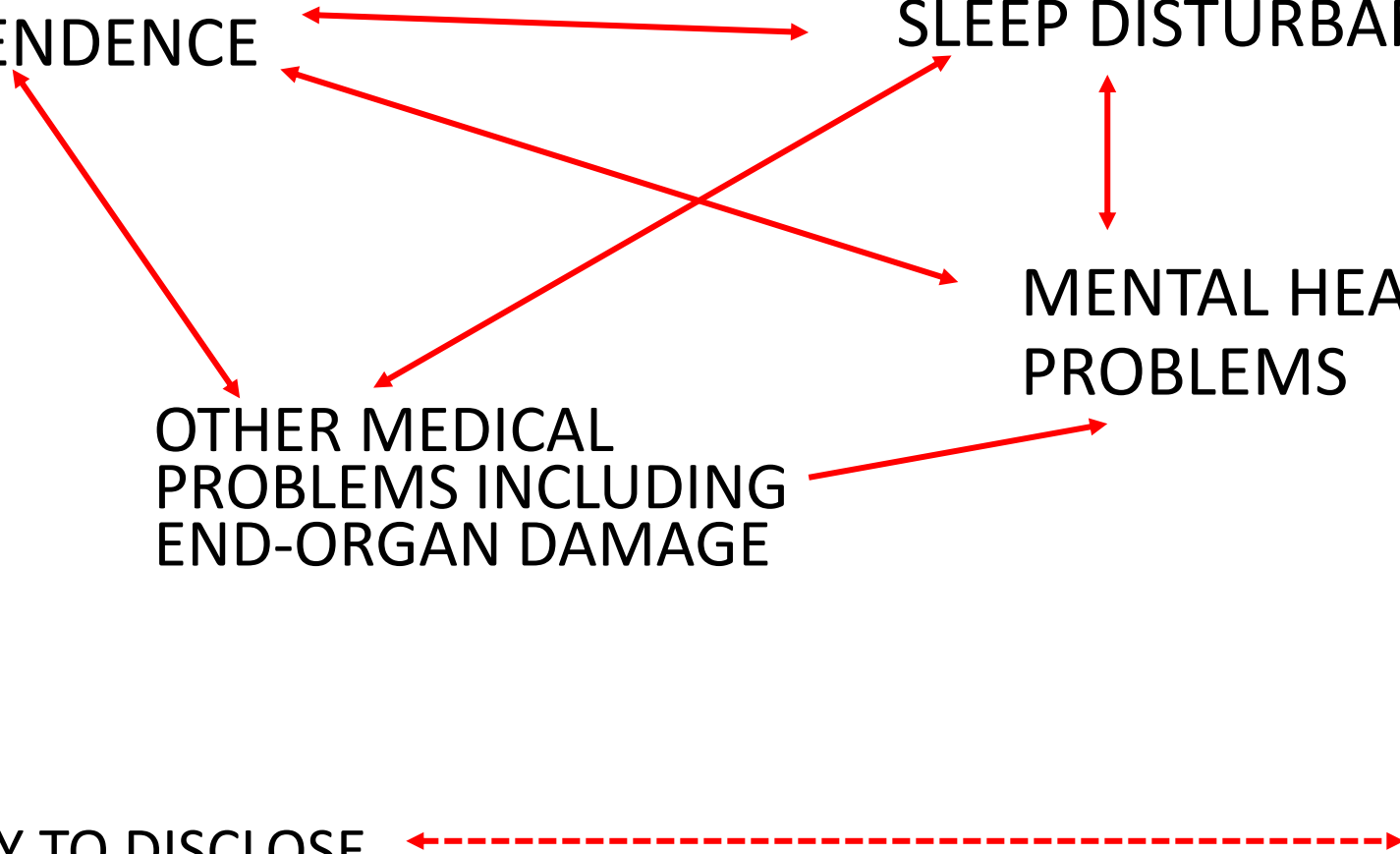
SLEEP DISTURBANCE

MENTAL HEALTH
PROBLEMS

OTHER MEDICAL
PROBLEMS INCLUDING
END-ORGAN DAMAGE

DUTY TO DISCLOSE

ENGAGEMENT IN
TREATMENT



Austroads Assessing fitness to drive

PRIVATE STANDARDS

A person is NOT fit to hold an **unconditional** licence if there is an alcohol or other substance use disorder, such as substance dependence or heavy frequent alcohol or other substance use that is likely to impair safe driving.

A **conditional** licence MAY be considered by the driver licensing authority subject to periodic review, taking into account the nature of the driving task and information provided by the treating doctor as to whether the following criteria are met:

- the person is involved in a treatment program
AND
- has been in remission* for at least one month;
AND
- there is an absence of cognitive impairments relevant to driving;
AND
- there is absence of end-organ effects that impact on driving (as described elsewhere in this publication).

* Remission is attained when there is abstinence from use of impairing substance/s or where substance use has reduced in frequency to the point where it is unlikely to cause impairment. Remission may be confirmed by biological monitoring for presence of drugs. An alcohol interlock may form part of the approach to managing driving for alcohol dependent people (refer to section 9.2.2 Alcohol dependence and Appendix 5)

Austroads Assessing fitness to drive

COMMERCIAL STANDARD

A person is NOT fit to hold an **unconditional** licence if there is an alcohol or other substance use disorder, such as substance dependence or heavy frequent alcohol use or other substance use that is likely to impair safe driving.

A **conditional** licence may be considered by the driver licensing authority subject to periodic review, taking into account the nature of the driving task and information provided by an appropriate specialist (such as an addiction medicine specialist or addiction psychiatrist) as to whether the following criteria are met:

- the person is involved in a treatment program
and
- has been in remission* for at least three months;
and
- there is an absence of cognitive impairments relevant to driving;
and
- there is absence of end-organ effects that impact on driving (as described elsewhere in this publication).

* Remission is attained when there is abstinence from use of impairing substance/s or where substance use has reduced in frequency to the point where it is unlikely to cause impairment. Remission may be confirmed by biological monitoring for presence of drugs.

Motor vehicles act 1959 section 148

Duty of medical practitioners 148.

(1) Where a legally qualified medical practitioner, a registered optician, or a registered physiotherapist has reasonable cause to believe that-

(a) a person whom he or she has examined holds a driver's licence or a learner's permit;

and

(b) that person is suffering from a physical or mental illness, disability or deficiency such that, if the person drove a motor vehicle, he or she would be likely to endanger the public,

.....the medical practitioner, registered optician or registered physiotherapist is under a duty to inform the Registrar in writing of the name and address of that person, and of the nature of the illness, disability or deficiency from which the person is believed to be suffering. (Reprint No. 3) PART V 120 Motor Vehicles Act, 1959

(2) Where a medical practitioner, registered optician or registered physiotherapist furnishes information to the Registrar in pursuance of subsection (1), he or she must notify the person to whom the information relates of that fact and of the nature of the information furnished.

(3) A person incurs no civil or criminal liability in carrying out his or her duty under subsection (1).

Consumer Perspectives

- At the time
- Cost
- Barrier to accessing treatment
- In hindsight

Role of coercion in alcohol treatment for driving offences

- In this case, treatment entered into by persons charged with or convicted of a drink driving offence, in order to have their licence reinstated
- Previously treatment has included BI aimed at breaking the link between drinking and driving (~9% reduction in recidivism)
- But drink driving populations contain a larger group who require more than brief educational interventions, but less than the standard treatment for severely dependent drinkers

Role of coercion in alcohol treatment for driving offences

- more intensive alcohol treatment programs (e.g. those involving regular outpatient counselling over a period of weeks to months) produce larger reductions in recidivism
- coerced treatment of alcohol dependent offenders for offences other than drink-driving is ineffective
- Cost-Benefit balance – adds to ‘costs’ of drinking, may increase motivation to change

Role of GPs

- BIs given by GPs are effective in reducing alcohol consumption for low-mod risk drinkers in general (does this constitute requisite ‘treatment’?) and can be used as a referral to more intensive tx
- Patients may be angry, defensive...motivational interviewing style
- Empathy – high empathy produces best outcomes (focus on effort required to get licence back rather than perceived ‘harshness’ of drink driving laws)
- Roll with resistance (rather than direct challenge)
- *“Life is really inconvenient for you without a licence”*
- *“Attending treatment to get your licence back is really going to take time out of your day...how could you make the best use of that time when you’re seeing the counsellor?”*