

DRUG DETECTION IN PROFESSIONAL DRIVERS AND DRIVING FITNESS, THE ROLE OF MEDICAL COMMISSIONS FOR DRIVING LICENCES AND OF OCCUPATIONAL MEDECINE IN FRANCE

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The influence of Illicit Drugs in trucks and buses accidents is not yet evaluated in most of the countries.

Still mainly focused on medical fitness and alcohol related problems, the Medical Commissions for Driving Licences, in charge of the renewing of driving licences for professional drivers, just begin to give interest to preventive Drug Detection.

In the same time, occupational medicine begins to move from a lack of interest for this problem (or a refusal to be involved in drug detection), due to the general demand of security on the road.

In this context, a first study was led in France to try to evaluate the prevalence of Illicit Drugs in professional drivers checked in the Medical Commissions for a regular renewing of licences, versus drivers checked in a context of revocation or withdrawal of their driving licences.

POPULATION

Group I : 50 professionnall drivers, trucks and buses, coming for their periodic renewing of licences

Group II : 50 drivers coming for a regranting of licence after suspension for alcohol (over 0,8g/l) related offences or for revocation of licences (all causes).

All subjects were male

Age	Group I : 25 -48	M : 32,2
	Group II : 23 -49	M : 34,7

METHODOLOGY

- **a questionnaire** was given to all subjects, in the france of the usual examination including alcohol, drugs and medicine consumption
- **a clinical examination** was led by the medical doctors, for general examination (clinical, alcohol and drugs related problems), I for sight, and audition

- **a urine sample** was collected previously to the medical examination, tested with DrugScan for drugs (cannabis, opiates, cocaine, amphetamines). In case of positive result for a drug, a confirmation by Frontline test was led. No other confirmation like GC-MS was led if the subject admit to use the drug (all positive subjects admitted their use of drugs)
- **an interview of the subject positive** to one or several drugs was led to decide of the aptitude to drive and of the medical and psychological follow up.

DURATION OF THE STUDY : 1 month

RESULTS

One drug detected

Group I	Opiates	1
	Cannabis	1
Group II	Opiates	1
	Cannabis	1
	Amphetamines	1

Several drugs detected

Group I	Cannabis/Amphetamines	1
Group II	Cannabis/Opiates	2
	Cannabis/Opiates/Amphetamines	1

Table II Group II (professional drivers) 50 subjects		
	Positive	Negative
Cannabis	2 (4%)	48 (96%)
Opiates	1 (2%)	49 (98%)
Cocaine	0 (0%)	50 (100%)
Amphetamines	1 (2%)	49 (98%)

Table I Group I (professional drivers) 50 subjects		
	Positive	Negative
Cannabis	5 (10%)	45 (90%)
Opiates	4 (8%)	46 (92%)
Cocaine	0 (0%)	50 (100%)
Amphetamines	2 (4%)	48 (96%)

Those results are, of course, concerning a limited number of drivers and must be followed by more complete studies but the main interest of this approach was evaluate the interest of a drug detection in drivers, either in the frame of renewing of professional drivers licences or suspension or in revocation of licences in drivers convinced for alcohol related offences, or revocation for all causes, in lack of current prosecutions for drug related driving offences.

Among the positive results in professionnal drivers :

- one was a truck driver, carrying petrol from Milano to France across the Tunnel of Mont Blanc (before its fire)
- one was driving a school bus for ski resorts from la Clusaz to Annecy.

Those 2 drivers were using cannabis, more than 3 times a day. Of course, their driving licence was suspended for 6 month, untill a new control.

The interest of such drug tests in Medical Commission is crucial in term of traffic safety and of evaluation of driving aptitude.

They are also of interest in including drug related problems in the evaluation of drivers previously to the detection of drugs in drivers involved in accidents or road related offences.

On the main finding during this study was the fact that drivers are not informed about the regulations concerning drug consumption and driving fitness.

Most of them believed that the use of illicit drugs was

- not forbidden
- not technically possible to detect.

Another finding was the lack of current interest of occupational medicine for this problem, due to ethical reasons but also to the cost of drug detection.

The evolution of the justice decisions since several years leads the firm managers to be more and more responsible for their professional drivers.

In the same time, the occupational medicine has now an obligation of results in this field 'using all the current scientific methods to answer to the questions concerning the driving fitness of professional drivers'.

The scientific methods, previously limited to expensive laborating methods, can now be limited to the confirmation of positive results given by the simple detection tests.

The cost is not anymore a limitation to the detection of drugs users among professional drivers or "problem" drivers.

The use of such tests in Medical Commissions for driving licences is of a great interest in term of control of driving fitness but, also, in term of prevention to implement a "culture" of drug related problems in medical doctors, general practionners (informed of the patients problems by this way) and in occupational medicine not enough involved actually.

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