This policy should be read in conjunction with
Worcestershire Mental Health Partnership NHS Trust Policy Data

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Search Criteria

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1 Introduction

1.1 The Driver and Vehicle Licensing Agency (DVLA) sets out the medical standards required for holding a driving license and this is regularly updated in its document ‘At a Glance Guide’ (DVLA 2007).  

1.2 Under the terms of Road traffic Act 1988, DVLA is legally responsible for deciding if a person is medically unfit to drive. The agency needs to know when driving license holders have a condition which may now or in the future may affect their safe driving. It is the duty and legal responsibility of the service user as license holder to notify DVLA of any medical condition (persistent substance use or dependence) or treatment (prescribed substitute maintenance treatment) that may affect their ability to drive safely. Following the notification and with their consent DVLA will carry out Medical enquiries which at times will be a lengthy process and, during this period the license holder could retain their legal entitlement to drive under section 88 of Road Traffic Act 1988. On completion of enquiry, the medical advisor at DVLA will decide whether the applicant can satisfy the National Medical Guidelines and the requirements of the law. A license is issued or revoked/refused. The secretary of state in the person of DVLA’s medical advisors alone can make this decision.

1.3 Clinicians should give clear information to service users that their use of substances including prescribed medication might impair their ability to drive safely. Also service users as license holders should be made aware of their legal duty to notify DVLA about their medical condition and/or treatment. DVLA guidelines states that the drivers in full compliance with Consultant supervised oral Methadone maintenance or buprenorphine programme may be licensed subject to favorable assessment and normally, annual medical review. There should be no evidence of continuing use of other substances, including cannabis.

1.4 Service users should be informed that clinicians have a duty of care to both service users and members of the public, and that there may be circumstances when confidentiality will be breached (i.e. where failure to disclose relevant information may expose the client or others to risk of death or serious harm.) Such breaches of confidentiality may entail making disclosures to the DVLA or police depending on individual circumstances. Clients should also be regularly reminded about the dangers of driving a vehicle when intoxicated with alcohol and/or drugs, which is an offence (Road Traffic Act 1988).
Evidence

2.1 Evidence on driving are substance specific; however in practice multiple drug use is common and includes all classes of drugs and alcohol. Because of illegality of drug use, there are limitations of scope for carrying out experimental investigations, and self reports of drug use are likely to be inaccurate (Department of Transport).

2.2 Cannabis impairs driving but unlike the other drugs the user is aware of the impairment and some cases chose to compensate for it. Opioids show excess levels of cognitive impairment (Darkes et al; Addiction 2000). However, the reality of unsafe driving has been questioned (Zachny JP et al; Addiction 1996).

2.3 Stimulants appear to enhance some of the skills needed in driving such as reaction time, but evidence suggests an overall detrimental affect on driving due to inappropriate events on the road. Evidence is lacking on the affect of hallucinogenic drugs on driving. The psychosis like effects and visual distortions produced by hallucinogens would be expected to seriously impair capacity to drive.

2.4 There are ample evidences that indicate alcohol over the recommended limits impairs driving skills (Royal Society for the preventions of accidents; Drinking and driving policy paper).

2.5 A review (Tunbridge et al., 2000) for the European Union categorised the overall risk to traffic safety caused by different drugs and combinations as follows:

- High risk – alcohol, benzodiazepines, cannabis + alcohol.
- High-to-moderate risk – cocaine.
- Moderate risk – cannabis, amphetamines.
- Low-to-moderate risk – opiates, methadone, antihistamines.
- Low risk – antidepressants.

2.6 There are also stages in treatment when a patient may be at greater risk of their driving being impaired. These include:

- dose induction and dose adjustment
- detoxification
- change to injectable opioid treatment
2.7 The DVLA lists criteria for (appendix 3)

- Alcohol misuse, alcohol dependency and alcohol related disorders
- Persistent use of or dependency on
  - Cannabis, amphetamines, ecstasy and other psycho-active substances including LSD and hallucinogens
  - Heroin, morphine, methadone, cocaine, methamphetamine
  - Benzodiazepines
- Methadone maintenance therapy
- Seizures associated with drug misuse or dependency

2.8 The DVLA standards show the extent to which the assessment of fitness to drive in those who misuse or are dependent on alcohol or drugs differs from that needed for other conditions, where behavioral factors are not that dominant. For drugs the position is further complicated by their illegality. This means that that the legal sanctions against possession or dealing have to be distinguished from those that relate to road safety. In particular, few of those who are dependent manage to separate use and driving so that their driving performance is not impaired by acute intoxication. The DVLA makes it clear that multiple substance misuse and/or dependency-including misuse with alcohol, is incompatible with licensing fitness.

2.9 The penalties for a conviction for a driving while under the influence of drink or drugs should be brought to the attention of service user. These are minimum disqualification for 1 year, fine of up to 5000 pounds and up to 6 months in prison. Attending a drink-driver rehabilitation course offered by the court at the time of sentencing for an alcohol related offense shortens the period of exclusion from driving by 3 months when the disqualification for the minimum of 1 year and up to 25% of the disqualification, at the court’s discretion, for longer periods of disqualification.²

2.10 The statutory high-risk offender’s scheme provides a rather different regimen for those who have been disqualified: (appendix 3)¹

- From driving with over 2.5 times for the legal limit for alcohol
- For failing to provide a sample for analysis.
- Twice within 10 years for exceeding the legal limit.
2.11 At the end of their disqualification, but before a license is again granted, they have to undergo (at their own expense) an independent medical examination by one of the doctors franchised by the DVLA to perform them. This includes clinical and biochemical assessments looking for continuing risk factors and for effects of alcohol. A license will not be issued if there are indications of continuing problem.

2.12 Those in drug rehabilitation programmes need to meet the following criteria before re-licensing will be considered: (appendix 3)¹

- Rehabilitation in a consultant-led unit
- One year without the use of illicit drugs
- Randomised drug testing used on participants
- Supervised oral maintenance medication, or injected depot preparations given at the clinic.

3 Protocol

3.1 Service users to be made aware of the duty of any driving licence holder to inform the DVLA of persistent use of/or dependence on alcohol and/or illicit substances. Information leaflet be provided and driving information letter used (appendix 1 & appendix 2).

3.2 Service users to be made aware of the duty of any licence holder to inform the DVLA if they are currently under substitute maintenance treatment programs and/or benzodiazepines. Information leaflet be provided and driving information letter used (appendix 1 & appendix 2).

3.3 Service users to be made aware that the requirement to inform the DVLA relates to persistent use of/or dependence on alcohol and/or illicit substances even if the service users does not drive while intoxicated or is not intoxicated or ‘over the limit’ at the time of the assessment.

3.4 If a service user continues to drive when they are not fit to do so the clinician should make every reasonable effort to persuade them to stop driving. This may include informing their next of kin, provided they have consented to this.

3.5 Any service user who is engaged in an intervention (substitute maintenance treatment program) and continues to use illicit substances and/or alcohol and continues to drive contrary to advice given, will be informed that the substance misuse service has a responsibility to discuss in their multidisciplinary team meeting and inform to the medical adviser at the DVLA.
Department of Transport states that ‘few of those with problems are likely themselves to disclose them to the DVLA. Those in a clinical relationship who are trying to help the patient deal with the condition may find that, while the threat of loss of driving licence may be an incentive to follow advice, taking action to notify the DVLA because the patient has not done so can endanger the therapeutic relationship. It is good practice to inform patients of the risks and advise them to notify the DVLA, recording that this advice has been given. If there is persistent disregard to this advice in the presence of continuing problem that service has the duty to inform the DVLA’.  

3.6 Where the team is uncertain about the need to make a disclosure to the DVLA in a particular case, it may be helpful to discuss the case with a DVLA medical adviser, without disclosing the patients’ identity in the first instance.

3.7 Service user should be informed prior to any disclosure being made. It should be explained to the service user why this disclosure is deemed necessary.

3.8 Any disclosure to the DVLA should only contain medical information relevant to the DVLA. Information disclosed should be purely on a ‘need to know’ basis.

3.9 Once the DVLA has been informed, the service user should be informed in writing by the clinician that a disclosure to the DVLA has been made.

3.10 It is important to document fully in the service users case notes details of any discussions with the service user, in the multidisciplinary team meeting and/or the DVLA and the reasons for any breach in service users confidentiality where applicable.

3.11 Any service user who presents to the substance misuse service as intoxicated with alcohol and/or illicit substances and is assessed by a clinician as posing an immediate risk to themselves or others by planning to drive a vehicle will be advised not to drive and will be offered support to find alternative means of transport. If it is clear that the service user will disregard this advice and plans to drive, police will be informed. The service user should be advised of any planned breach of confidentiality (and the reasons why this is deemed necessary) prior to this taking place.

4 Action for Clinicians

4.1 1st appointment (relates to all clients)

Service user reminded of driving regulations and any relevant responsibilities (of the service user) to inform DVLA.
4.2 2\textsuperscript{nd} appointment (relates to all driving licence holders)

If service user admits to (or there is evidence of) continuing drug and/or alcohol use \textbf{and} there is evidence that they have continued to drive, they will be reminded of their responsibility to inform the DVLA of their substance use and the SMS service’s responsibility to make a disclosure to DVLA if this advice is not heeded.

4.3 Further appointments (relates to all driving licence holders)

If evidence of continuing drug and/or alcohol use, discuss within multidisciplinary team meeting (must involve medical professional) whether breach of client confidentiality (to make disclosure to DVLA) appropriate. See Protocol on previous page regarding informing client before and after disclosure made.

5 HGV and Public Service Vehicle drivers

5.1 DVLA directives are more stringent for holders of licences for these vehicles and require longer periods of stability prior to revoked licences being reissued. Clinicians will be aware of the additional risks (to service user and public) associated with driving these vehicles in the event of a substance use disorder. Clinicians will therefore have a lower threshold to making disclosures to the DVLA (against a service user’s wishes) in circumstances where the client disregards advice and continues to drive. If there is evidence that a client with a substance use disorder drives a HGV or Public Service Vehicle, the clinician should make an immediate disclosure to the DVLA. (See Protocol for procedure of making disclosures. Discuss with Manager before disclosure.)

6 Contact Details

The Medical Adviser,
Drivers Medical Group,
DVLA
Longview Road,
Morriston, 
SWANSEA
SA99 1TU

Tel: 01792 761119 (Medical Professionals Only)

Email: medadviser@dvla.gsi.gov.uk

Clients should call 0870 600 0301, Website: www.direct.gov.uk/motoring
References


Zachny JP. Should people taking opioids for medical reasons be allowed to work and drive? Addiction 1996; 91: 1581-1584.

Appendix 1: Driving information leaflet

The contact details of the DVLA are as follows:
Tel: 0870 600 0301
Website: www.direct.gov.uk/motoring

Worcestshire Mental Health Partnership NHS Trust
Substance misuse service
Castle House
14 Castle Street
Worcester
Tel: 01905681460
Driving is a complex task and requires the driver to be fully **ALERT**.

All drugs (including alcohol) have an influence on the brain and will affect driving performance.

All drugs of addiction (including alcohol) can seriously affect an individual’s ability to drive safely.

According to the Road Traffic Act, there are certain medical conditions where the individual is required by law to notify the DVLA (Driver and Vehicle Licensing Authority).

This includes persistent use of or being addicted to drugs and/or alcohol.

It is **YOUR RESPONSIBILITY** to inform the DVLA of your drug and/or alcohol problem if you hold a driving licence.

The DVLA will then make a decision on your fitness to drive and may ask for a report from CDT.

**Prescribed drugs**

You also need to inform the DVLA if you are on a script for methadone, buprenorphine (Subutex®) or diazepam (Valium®) - even if this medication is prescribed by CDT.

In these cases, the DVLA will only permit you to drive if:

- you are stable in treatment and CDT confirms this
- you do not use illicit drugs of any kind (including cannabis)
- you undergo regular reviews by a doctor appointed by the DVLA (if they ask for this to take place).

**Criminal offence**

If you are convicted of driving while intoxicated (with drugs and/or alcohol), you will be disqualified for at least 1 year. You may also face imprisonment and/or a fine. If you cause an accident by being intoxicated, your car insurance may be invalidated and you may not be covered for damage you cause.

**HGVs & Public Service Vehicles**

If you drive a HGV (heavy goods vehicle) or public service vehicle, the rules are stricter and the DVLA will require you to be stable for longer before allowing you to drive.
APPENDIX 2

DRIVING INFORMATION LETTER

I acknowledge that I have been advised by Community Drugs Team (CDT) not to drive while under the influence of drugs and/or alcohol.

I also acknowledge that I have been advised of the duty of any driving licence holder to inform the DVLA if he or she is a regular user of drugs and/or alcohol. Any licence holder who is regularly prescribed methadone, buprenorphine (Subutex®) or diazepam (Valium®) also has a responsibility to disclose this to the DVLA.

I have received an information leaflet explaining these responsibilities.

Client Name:

Client Signature:

Date:
Appendix 3: DVLA standards

**DRUG AND ALCOHOL MISUSE AND DEPENDENCY**

<table>
<thead>
<tr>
<th>ALCOHOL PROBLEMS</th>
<th>GROUP 1 ENTITLEMENT</th>
<th>GROUP 2 ENTITLEMENT VOC</th>
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</thead>
<tbody>
<tr>
<td><strong>ALCOHOL MISUSE</strong></td>
<td>ODL - CAR, M/CYCLE</td>
<td>LGV/PCV</td>
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<tr>
<td>There is no single definition which embraces all the variables in this condition but the following is offered as a guide:</td>
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<tr>
<td>&quot; 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 dependency&quot;.</td>
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<tr>
<td>Reference to ICD10 F10.1 is relevant.</td>
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<tr>
<td><strong>ALCOHOL DEPENDENCY</strong></td>
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<tr>
<td>“A cluster of behavioural, cognitive &amp; physiological phenomena that develop after repeated alcohol use &amp; 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.”</td>
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<tr>
<td>Indicators may include a history of withdrawal symptoms, of tolerance, of detoxification(s) and/or alcohol related fits.</td>
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<tr>
<td>Reference to ICD10 F10.2 – F10.7 inclusive is relevant</td>
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<tr>
<td><strong>ALCOHOL MISUSE</strong></td>
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<tr>
<td>Persistent alcohol misuse, confirmed by medical enquiry and/or by evidence of otherwise unexplained abnormal blood markers, requires licence revocation or refusal until a minimum six month period of controlled drinking or abstinence has been attained, with normalisation of blood parameters.</td>
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<tr>
<td>Patient to seek advice from medical or other sources during the period off the road.</td>
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<tr>
<td><strong>ALCOHOL DEPENDENCY</strong></td>
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<tr>
<td>Alcohol dependency, confirmed by medical enquiry, requires licence revocation or refusal until a one year period free from alcohol problems has been attained. Abstinence will normally be required, with normalisation of blood parameters, if relevant.</td>
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<tr>
<td><strong>LICENCE RESTORATION</strong></td>
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<tr>
<td>Will require satisfactory medical reports from own doctor(s) and may require independent medical examination and blood tests, arranged by DVLA.</td>
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<tr>
<td>Consultant support/referral may be necessary.</td>
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<tr>
<td>See also under “Alcohol related seizures”</td>
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</table>
- The applicant or licence holder must notify DVLA unless stated otherwise in the text.

<table>
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<tr>
<th>ALCOHOL PROBLEMS</th>
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<th>GROUP 2 ENTITLEMENT VOC – LGV/PCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Related Seizure(s)</td>
<td>Following a solitary alcohol-related seizure, a licence will be revoked or refused for a minimum <strong>one year</strong> period from the date of the event. Where more than one seizure has occurred, consideration under the Epilepsy Regulations will be necessary.</td>
<td>Following a <strong>solitary</strong> alcohol-related seizure, a licence will be revoked or refused for a minimum <strong>five year</strong> period from the date of the event.</td>
</tr>
<tr>
<td>ALCOHOL RELATED DISORDERS: e.g: hepatic cirrhosis with neuro-psychiatric impairment, psychosis.</td>
<td>Medical enquiry will be required before licence restoration to confirm appropriate period free from persistent alcohol misuse and/or dependency. Independent medical assessment with blood analysis and consultant reports will normally be necessary.</td>
<td>Licence restoration thereafter requires:</td>
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<td></td>
<td><strong>Driving should cease.</strong> Licence to be refused/revoked until there is satisfactory recovery and is able to satisfy all other relevant medical standards.</td>
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<tr>
<td></td>
<td></td>
<td>- No underlying cerebral structural abnormality</td>
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<tr>
<td></td>
<td></td>
<td>- Off anti-epileptic medication for at least 5 years</td>
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<tr>
<td></td>
<td></td>
<td>- Maintained abstinence from alcohol if previously dependent</td>
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<td></td>
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<td>- Review by an addiction specialist &amp; neurological opinion.</td>
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<tr>
<td></td>
<td></td>
<td>Where <strong>more than one seizure</strong> has occurred or there is an underlying cerebral structural abnormality, the Vocational Epilepsy Regulations apply. (See Appendix to Neuro Chapter for full details)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Licence to be refused/revoked.</td>
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</table>
HIGH RISK OFFENDER SCHEME for drivers convicted of certain drink/driving offences and meeting any of the following:

a  One disqualification for driving, or being in charge of a vehicle, when the level of alcohol in the body equalled or exceeded:

i  87.5 microgrammes per 100 millilitres of breath, or

ii  200 milligrammes per 100 millilitres of blood, or

iii  267.5 milligrammes per 100 millilitres of urine.

b  Two disqualifications within the space of ten years for drinking and driving, or being in charge of a vehicle whilst under the influence of alcohol.

c  One disqualification for refusing/failing to supply a specimen for analysis.

DVLA will be notified of such offenders by the courts. When an application for licence re-instatement is made, an independent medical examination will be conducted, which includes a questionnaire, serum AST, ALT, GGT and MCV assay and may include further assessments as indicated. If favourable, a “Till 70” licence is restored for Group I and a recommendation can be made regarding the issue of a Group 2 licence.

If a High Risk Offender has a previous history of alcohol dependency or persistent misuse, but has satisfactory examination and blood tests, a short period licence is issued for ordinary and vocational entitlement but dependent on their ability to meet the standard as specified.

A High Risk Offender found to have a current history of alcohol misuse/dependency and/or unexplained abnormal blood test analysis will have the application refused.
- The applicant or licence holder must notify DVLA unless stated otherwise in the text

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<td>ODL - CAR, M/CYCLE</td>
<td>VOC – LGV/PCV</td>
</tr>
<tr>
<td>Cannabis</td>
<td>Persistent use of or dependency on these substances, confirmed by medical enquiry, will lead to licence refusal or revocation for a minimum six month period free of such use has been attained. Independent medical assessment and urine screen arranged by DVLA, may be required.</td>
<td>Persistent use of or dependency on these substances will lead to refusal or revocation of a vocational licence for a minimum one year period free of such use has been attained. Independent medical assessment and urine screen arranged by DVLA, will normally be required.</td>
</tr>
<tr>
<td>Amphetamines (note: Metamphetamine below) Ecstasy &amp; other psychoactive substances, including LSD and Hallucinogens</td>
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<td></td>
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<tr>
<td>Heroin Morphine Methadone* Cocaine Metamphetamine</td>
<td>Persistent use of, or dependency on these substances, confirmed by medical enquiry, will lead to licence refusal or revocation for a minimum one year period free of such use has been attained. Independent medical assessment and urine screen arranged by DVLA, may be required. In addition favourable Consultant or Specialist report may be required on reapplication. * Applicants or drivers complying fully with a Consultant supervised oral Methadone maintenance programme may be licensed, subject to favourable assessment and, normally, annual medical review. Applicants or drivers on an oral buprenorphine programme may be considered applying the same criteria. There should be no evidence of continuing use of other substances, including cannabis.</td>
<td>Persistent use of, or dependency on these substances, will require revocation or refusal of a vocational licence until a minimum three year period free of such use has been attained. Independent medical assessment and urine screen arranged by DVLA, will normally be required. In addition favourable Consultant or Specialist report will be required before relicensing. *Applicants or drivers complying fully with a Consultant supervised oral Methadone maintenance programme may be considered for an annual review licence once a minimum three year period of stability on the maintenance programme has been established, with favourable random urine tests and assessment. Expert Panel advice will be required in each case.</td>
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</tbody>
</table>
Benzodiazepines
The non-prescribed use of these drugs and/or the use of supra-therapeutic dosage, whether in a substance withdrawal/maintenance programme or otherwise, constitutes misuse/dependency for licensing purposes.
The prescribed use of these drugs at therapeutic doses (BNF), without evidence of impairment, does not amount to misuse/dependency for licensing purposes (although clinically dependence may exist).

Persistent misuse of, or dependency on these substances, confirmed by medical enquiry, will lead to licence refusal or revocation until a minimum one year period free of such use has been attained. Independent medical assessment and urine screen arranged by DVLA, may be required. In addition favourable Consultant or Specialist report may be required on reapplication.

Persistent misuse of, or dependency on these substances, will require revocation or refusal of a vocational licence for a minimum **three-year** period. Independent medical assessment and urine screen arranged by DVLA, **will normally** be required. In addition favourable Consultant or Specialist report will be required before relicensing.

**Multiple substance misuse and/or dependency – including misuse with alcohol – is incompatible with licensing fitness**

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| Reference to ICD10 F10.1-F10.7 inclusive is relevant. | Following a **solitary** seizure associated with drug misuse or dependency, a licence will be refused or revoked for a minimum **one-year** period from the date of the event. Where more than one seizure has occurred, consideration under the Epilepsy Regulations will be necessary. Medical enquiry will be required before licence restoration to confirm appropriate period free from persistent drug misuse and/or dependency. Independent medical assessment with urine analysis and consultant reports will normally be necessary. | Following a **solitary** seizure associated with drug misuse or dependency, a licence will be revoked or refused for a minimum **five-year** period from the date of the event. Licence restoration thereafter requires:  
  - No underlying cerebral structural abnormality  
  - Off anti-epileptic medication for at least 5 years  
  - Maintained abstinence from drugs if previously dependent  
  - Review by an addiction specialist & neurological opinion. |
|                               | Where more than one seizure has occurred or there is an underlying cerebral structural abnormality, the Vocational Epilepsy Regulations apply. (See Appendix to Neuro Chapter for full details) |

NB: A person who has been re-licensed following persistent drug misuse or dependency must be advised as part of their after-care that if their condition recurs they should cease driving and notify DVLA Medical Branch.