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# DRUID FINAL CONFERENCE

Fitness to drive in patients on substitution therapy  
(methadone/buprenorphine)  
Expert consensus

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Cologne, Germany





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- The consensus presented here shows the most important aspects of fitness to drive and relates basically to the lower categories of driving licence (Group 1).
- Because people on substitution therapy represent a comparatively small group of road users, excessive regulation does not seem appropriate.





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- A model of conditional fitness to drive, with continuous monitoring, is desirable.
  
- This model should not be too rigid, but adaptable to the individual case.

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- Assessment of fitness to drive in people on substitution therapy must always take into account any relevant co-morbidity and medication (including other addictions, other common mental health problems such as depression and anxiety, and somatic diseases such as diabetes, etc.).
  
- Alcohol-addiction or other substance-addictions are exclusion criteria.
  
- Alcohol-driving-abstinence (0.00 ‰) is necessarily required.

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- Regular checks for relevant parallel consumption of other drugs is essential:
  - For example six-monthly hair analysis is recommended, also possible is periodic urine-sample (immunological testing).
  - Urine tests may be carried out at regular weekly intervals, but also unexpected random urine-samples should be considered.
  - If the results are not clear or controversial, confirmatory laboratory analysis must be performed.










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- The substance used for substitution and the dose given are not criteria for fitness to drive. Adequate therapy is much more important.
- Diamorphine is the exception: In that case the person is not fit to drive, because diamorphine usually has to be applied more frequently than the other substances, in order to prevent withdrawal symptoms. Patients are therefore always on a mild high or about to experience the first withdrawal symptoms. Another reason is "cognitive impairment" resulting from many years of severe drug dependence and other addictions.








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- Rules allowing a less restrictive monitoring are to be provided for patients on stable long-term substitution.
  
- For the time after the substitution therapy, there has to be a defined period during which the patient continues to be monitored.

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- Problems that are becoming increasingly important and require specific regulation:
  - Older patients (senior citizens) on long-term substitution therapy with additional relevant diseases, who are on medication, or who have age-related impairment of cognitive function (as in the development of dementia).

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The logo features a pink, pixelated silhouette of a druid's head with a prominent white nose and a small white eye. The word "DRUID" is written in bold, black, uppercase letters to the right of the silhouette.

THANK YOU VERY MUCH FOR YOUR INTEREST  
AND KIND ATTENTION

The flag of the European Union, featuring a circle of twelve gold stars on a blue background.

A stylized blue logo consisting of a large, bold, italicized letter 'U' with a smaller 'Z' integrated into its right side.

The official seal of the University of Zurich, featuring a circular design with a building and text in Latin.

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