

# Review of fitness-to-drive requirements relating to the use of medicines

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## Executive summary

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Health Council of the Netherlands



Some medicines affect people's ability to drive. Chapter 10 of the *Dutch Fitness Criteria Regulations 2000* (REG2000) sets out fitness-to-drive requirements for people using medicines of this kind. As a result of advances in scientific understanding and due to various implementation constraints, this part of REG2000 needs to be revised. The Minister of Infrastructure and Water Management (IenW) has asked the Health Council of the Netherlands for recommendations concerning the modifications needed to render the chapter on medicines future-proof and to ensure that it is in keeping with the most up-to-date insights in this area.

REG2000's current chapter on medicines is a translation of the Royal Dutch Pharmacists Association's (KNMP) fitness-to-drive recommendations. Medicines are classified into different categories, based on the extent to which they influence people's ability to drive. Category I medicines have few, if any, adverse effects on people's ability to drive. Category II medicines have mild to moderate adverse

effects in this regard, while the effects of Category III medicines are serious or potentially dangerous. The Regulations include a standard requirement for each category, based on the KNMP's standard recommendations per category. In the case of Category III medicines, for example, the standard requirement is 'not fit for driving'.

In addition to the standard requirements for each category of medicines, there are specific requirements for 18 different groups of medicines. It is not always clear which medicines come under which medicinal-product category. The fact that some medicines are specifically mentioned in this connection can also cause confusion, especially when new medicines are first marketed. Another potential source of confusion is that, over the years, exceptions have emerged to the KNMP's original fitness-to-drive recommendations (dating from 2007). Some of these have resulted in amendments to the requirements set out in REG2000, others have not. Thus, with a view to

making the REG2000 future-proof, the Health Council recommends that the new chapter on medicines should, wherever possible, include references to the KNMP's fitness-to-drive recommendations for each individual medicine, rather than incorporating the source text as such.

The Health Council also recommends that specific requirements be included for the holders of Group 2 driving licences (such as truck drivers) and for professional drivers who hold a Group 1 driving licence (such as taxi drivers). Any such drivers who are taking a Category II medicine must be able to submit a declaration from an independent physician stating that they are not suffering from adverse effects that might impair their ability to drive safely, as a result of taking the medicine in question. The Health Council considers the addition of this restrictive condition for professional drivers to be justified, for two reasons. Firstly, the more time drivers spend on the road, the greater their risk of being involved in an accident. Secondly, if the types of



vehicles for which a Group 2 driving licence is required are involved in an accident, they have the potential to cause much greater damage.

Finally, the Health Council recommends that, in the case of Category III antidepressants, an exception be made to the 'not fit for driving' requirement. Individuals who have been using Category III antidepressants for some time can

be declared fit to drive, based on a declaration from an independent physician and subject to certain conditions. This applies both to the holders of Group 1 driving licences (both in private and professional contexts) and to those with Group 2 driving licences.



The Health Council of the Netherlands, established in 1902, is an independent scientific advisory body. Its remit is “to advise the government and Parliament on the current level of knowledge with respect to public health issues and health (services) research...” (Section 22, Health Act).

The Health Council receives most requests for advice from the Ministers of Health, Welfare and Sport, Infrastructure and Water Management, Social Affairs and Employment, and Agriculture, Nature and Food Quality. The Council can publish advisory reports on its own initiative. It usually does this in order to ask attention for developments or trends that are thought to be relevant to government policy.

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