EVALUATION OF ALCOHOL CONSUMPTION LEVEL IN DRIVERS WHEN REGRANTING LICENCES AFTER DRIVING WHILE INTOXICATED IN FRANCE

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Abstract — Biological markers form an important part of the decision-making process for regranting of driving licences in France. A major criterion in this respect is the need to distinguish between acute alcohol use and chronic abuse by applicants. Current markers reflect more hepatic damage than alcohol consumption and this stresses the need for more reliable markers.

INTRODUCTION

The results of measurement of biological parameters represent one of the most important factors in decision-making by authorities to regrant or deny driving licences to a driver suspected of excessive alcohol consumption. However, the unreliability of traditional biological parameters, such as γ-glutamyl transferase (GGT) and mean corpuscular volume (MCV), has unfortunately often led the authorities to make evaluations on a subjective, and hence less accurate, basis.

EVALUATION OF APPLICATIONS

In France as in many countries, primary medical commissioners are asked for evaluation of applications for issuing driving licences, in particular to distinguish between acute alcohol use and chronic use. Medical practitioners, however, do not intervene before the penal stage and the decision as to therapeutic intervention therefore currently rests on imprecise criteria, such as blood alcohol concentration or the circumstances of the accident. France, like many other countries, entrusts to primary medical commissioners the responsibility of providing medical advice on drivers’ fitness: (1) prior to issuing or regranting of special driving licences (trucks, buses, taxi cabs); (2) prior to releasing or to regranting of the licence after revocation for DWI (driving while intoxicated) or serious driving offences.

The primary medical commissions have complete authority to request a biological test of alcohol consumption from any driver appearing before them. This request can be based on the offence or a simple clinical suspicion.

As regards the medical examination prior to the regranting of a driving licence after DWI, the offender’s appearance in front of the medical commission, generally, takes place after the revocation period. The regulation of medical commissions establishes, in this case, a distinction between occasional abuse and chronic abuse for the release of licences. In case of occasional abuse, the licence is regranted for a probationary period of one year, followed by a new medical assessment before final reinstatement. In cases of chronic abuse, the driving licence is released only after detoxification and normalization of clinical and biological symptoms. Therefore, it appears that biological markers are necessary for the medical commissions to establish: (1) if a subject shows signs of regular alcohol consumption after DWI; (2) if a subject is effectively abstinent.

SHORTCOMINGS OF LABORATORY MARKERS

Difficulties of interpretation of the traditional biological markers [γ-glutamyl transferase (GGT), mean corpuscular volume (MCV)] are frequently associated with whether: (1) simple acute intake occurs in subjects still showing only few biological signs of hepatic dysfunction; (2) a residual hepatic effect is present after detoxification with persisting anaemia or a high level of GGT, while the subject is abstinent; (3) there is a good knowledge of other factors which increase GGT by drivers, who can then use such knowledge to
their advantage when interviewed by medical practitioners. Difficulties of interpretation therefore mainly rest on the frequent confusion between hepatic illness and alcohol consumption. Traditional biological markers reflect hepatic disease more than alcohol use. Also, interaction between many medicinal drugs and hepatic function is another cause of confusion.

**Requirements of an Ideal Marker**

The use of a more specific marker of alcohol consumption, eventually linked with traditional markers, could be the solution to these problems, as it should guarantee a better objectivity in the decisions of releasing or regranting of driving licences. Such a marker may help in the following ways: (1) enabling a faster release of a licence to an occasional drinker after his penal revocation, without adding an unjustified medical or administrative sanction; (2) providing a better basis for the refusal of release in other cases; (3) providing a more reliable biological control and, therefore, a more practicable one, especially for periodic regranting of licences for special drivers (buses, heavy trucks).

Beyond these objectives more reliable biological markers can also be used to enhance a just decision.