*Promoting Illicit Drug Prevention Initiatives Nationally*

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# **Re: Australia now has  a very strong push here to legalize driving by Medical Marijuana users please review the evidence.**

Drug Free Australia has a number of major concerns with this statement. As a result, we will argue, while offering the following current evidence, that medical cannabis users, along with recreational cannabis users, consistently underestimate the effect of cannabis on their own driving, which differs markedly with scientifically-determined intoxication rates which differ according to whether cannabis is smoked or ingested.

It is precisely this underestimation of intoxication by the cannabis user that is a serious danger to other citizens on the roads, and which makes your proposal not only untenable, but an unacceptable risk.  See the document we attached which is summarised immediately below and we ask you to specifically look at the intoxication graphs in this document as they relate to the self-perceptions of users which are so markedly different.

1. **AJGP 'Medical cannabis and driving'** (see attached)

Delta-9-tetrahydrocannabinol (THC) impairs driving performance and can increase crash risk. These effects are more pronounced in people who use THC occasionally and can last for up to eight hours with oral THC products. There is no evidence that cannabidiol (CBD) impairs driving. Patients using THC-containing products should avoid driving and other safety-sensitive tasks (eg operating machinery), particularly during initiation of treatment and in the hours immediately following each dose. Patients may test positive for THC even if they do not feel impaired, and medical cannabis use does not currently exempt patients from mobile (roadside) drug testing and associated legal sanctions.  Legal access to medical cannabis  is increasingly common in Australia, with the Therapeutic Goods Administration (TGA) having approved >100,000 Special Access Scheme Category B applications for patient access to cannabinoid products as of March 2021.1 It is important for physicians and their patients to understand the driving-related risks that medical cannabis use may confer.

The aim of this article is to briefly review the scientific evidence around cannabis and driving impairment and discuss current legal issues affecting patients, as well as to update physicians on relevant issues and the best guidance to offer their patients. DFA now understands that the current medically trialed, tested and approved cannabis-based medications are only around Epidiolex, Sativex and perhaps one other. ALL Other 'offerings' are not approved medicines.  Special Access Scheme Category B approval statistics, Up to 31 August 2021, the TGA has approved over 150,000 SAS Category B applications for unapproved medicinal cannabis products. <https://www.tga.gov.au/medicinal-cannabis-role-tga>

Given this discrepancy between the self-perceptions of cannabis users and the reality of their intoxication, we would expect that cannabis use will seriously endanger human lives, which is comprehensively evidenced by the rise in road deaths where the driver of a vehicle tested positive for cannabis in the attached document from Colorado.  It tracks those rising deaths in real time under Colorado’s regime of legalised use of cannabis for recreational purposes.

2. **'2021 RMHIDTA Marijuana Report Section I'** (see attached)

Traffic Fatalities & Impaired Driving • Since recreational marijuana was legalized in 2013, traffic deaths where drivers tested positive for marijuana, increased 138%, while all Colorado traffic deaths increased 29%.

• Since recreational marijuana was legalized, traffic deaths involving drivers who tested positive for marijuana more than doubled from 55 in 2013 to 131 people killed in 2020.

• Since recreational marijuana was legalized, the percentage of all Colorado traffic deaths involving drivers who tested positive for marijuana increased from 11% in 2013 to 20% in 2020

It is precisely this empirical evidence which has driven the following fact-sheets from government entities.

 3**. Cannabis-and Driving-Fact-Sheet-Patients-Final** (see attached)

Practitioners are responsible for assessing their patient’s fitness to drive. If you are advised not to drive and you continue, practitioners can inform NSW Roads and Maritime Services. Detailed information is available at [www.rms.nsw.gov.au/roads/licence/health/fit-to-drive.html](http://www.rms.nsw.gov.au/roads/licence/health/fit-to-drive.html).

Patients using impairment-inducing medication such as opioids, benzodiazepines and some anti-depressants are often warned not to drive. Combining cannabis with alcohol produces additive effects that can lead to driving impairment of greater severity. Patients should be particularly cautious around their use of alcohol and other sedative drugs when also using medical cannabis. CBD appears unlikely to exacerbate alcohol-induced driving impairment, although this interaction has yet to be studied.  CBD is a potent inhibitor of certain cytochrome P450 enzymes (eg CYP3A4, CYP2C19, CYP2C9), which play a key part in drug metabolism. Pharmacists and physicians should therefore consider possible drug interactions in patients using CBD products alongside prescription drugs that are substrates of these enzymes and that have sedative or intoxicating properties in their own right (eg some benzodiazepines, antipsychotics and anticonvulsants).

Driving is a complex task, involving a range of cognitive and psychomotor functions. Any substance that interferes with these functions can be deleterious for driving. The effects of THC on driving are generally modest and appear similar to the effects of low-dose alcohol. However, impairment may be more pronounced and potentially severe in patients who are cannabis-naive, or where cannabis is combined with alcohol or other impairing drugs. Patients using THC-containing products should be advised to avoid driving and other safety-sensitive tasks (eg operating machinery) during the initiation of treatment with THC-containing medicinal cannabis products and in the hours immediately following each dose. Patients using THC-containing preparations are also at risk of testing positive for cannabis in oral fluid even if they are not impaired. CBD-only medications appear to pose no traffic safety risk, although CBD is unlikely to ameliorate THC-induced impairment. Up-to-date information regarding cannabis and driving laws can be found on state government websites.

4. **AP-56-17\_'Assessing Fitness to Drive 2016 amended\_Aug2017 for commercial and private vehicle drivers'** (see attached)

The Transport and Infrastructure Council approved this edition of the guidelines in June 2016. Medical organisations listed on page v, have also endorsed these guidelines.

Endorsements: These standards are endorsed by: Australasian Chapter of Addiction Medicine, Australian Diabetes Society, Australasian Faculty of Occupational and Environmental Medicine, Australian and New Zealand Association of Neurologists, Australasian Sleep Association, Epilepsy Society of Australia, Occupational Therapy Australia, Optometry Australia, Royal Australian and New Zealand College of Ophthalmologists, Australian College of Rural and Remote Medicine ,Royal Australian College of Physicians, Australasian Faculty of Rehabilitation Medicine.

 5. **'Drugs and driving' NSW CHANGES TO THE LAW FROM 28 JUNE 2021 (**see attached)

A new law took effect on 28 June 2021, introducing new offences with harsher penalties if a driver is detected with an illegal level of alcohol, as well as illicit drugs present in their system.

 6. **'Drug-Driving-KS-DS-UpDate-2017** (see attached)

Drug driving is a contributing factor in up to 41% of road fatalities in Australia.  Drug use increases the risk of crash involvement, with the risk estimated to be equal to that of a driver with a blood alcohol concentration of up to 0.15%.  In Queensland, there is zero tolerance for driving under the influence of illegal drugs, meaning you can penalised if any trace of drugs is found in your system.

Does presence constitute impairment? With illicit substances including cannabis, the research is clear - impediment, be it ever so slight, it an issue. So called, evidences of 'behavioural tolerance' via appearances of normal function, again is not a test of sobriety and safety. Warnings accompanying prescribed drugs in regard to drowsiness and motor impairment are serious should be adhered to. However, drowsiness in concert with psychological impairment is another and more concerning issue.

When it comes to the category of 'medicines' anecdotal and experimental apothecary does not a 'medicine make'.  Legitimacy is established via thorough clinical trials and the full TGA vetting and approval process that is supposed to accompany that exhaustive evidence-based scientific process.  These prescriptions must outline all side-effects, particularly in regard to operating machinery, and must not 'intoxicate'. 2020 Dahlgren et al investigated how recreational cannabis use impairs driving performance in the absence of acute intoxication. Abstract: <https://www.sciencedirect.com/science/article/pii/S0376871619305484>

BACKGROUND: Across the nation, growing numbers of individuals are exploring the use of cannabis for medical or recreational purposes, and the proportion of cannabis-positive drivers involved in fatal crashes increased from 8 percent in 2013 to 17 percent in 2014, raising concerns about the impact of cannabis use on driving. Previous studies have demonstrated that cannabis use is associated with impaired driving performance, but thus far, research has primarily focused on the effects of acute intoxication.

METHODS: The current study assessed the potential impact of cannabis use on driving performance using a customized driving simulator in non-intoxicated, heavy, recreational cannabis users and healthy controls (HCs) without a history of cannabis use.

RESULTS: Overall, cannabis users demonstrated impaired driving relative to HC participants with increased accidents, speed, and lateral movement, and reduced rule-following.  Interestingly, however, when cannabis users were divided into groups based on age of onset of regular cannabis use, significant driving impairment was detected and completely localized to those with early onset (onset before age 16) relative to the late onset group (onset ?16 years old). Further, covariate analyses suggest that impulsivity had a significant impact on performance differences.

CONCLUSIONS: Chronic, heavy, recreational cannabis use was associated with worse driving performance in non-intoxicated drivers, and earlier onset of use was associated with greater impairment.  These results may be related to other factors associated with early exposure such as increased impulsivity.

Finally, there is the salient point that drink drivers could also argue that every metabolism is different and that some of them can drive perfectly well with 0.10 readings instead of 0.05.  But the law simply cannot work this way.  If officers have to get every person out of their car to walk the line to see whether they are really impaired, then law enforcement becomes impossible.  Law enforcement doesn't go to that sort of trouble - to sort out those with great metabolisms from those who don't.  It doesn't have the time or the resources.  What they are asking is the same kind of over-resourced requirements which are impractical and untenable, but in this case for medical cannabis users.

 Kind Regards

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**Prevent. Don't Promote Drug Use.**

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