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INDEPENDENT REPORT

Cannabis and Driving in Queensland – Community Consultation Responses

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The section 'TMR Driving and Cannabis Community Consultation: Background' was authored by TMR and the 'Discussion Paper and Community Responses' were prepared by the MAIC/USC Road Safety Research Collaboration. 'The Research Focus Group: Overview' summaries the work conducted by Footprints, reported elsewhere:

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Contents

Acknowledgement	1
TMR Driving and Cannabis Community Consultation: Background	1
Discussion Paper and Community Responses: Overview	3
Online Feedback Submissions	3
Summary of Findings	3
Written Submissions	4
Summary of Findings	4
Discussion Paper and Community Responses: Main Report	6
Characteristics of Respondents	6
Characteristics of Respondents Who Never Use Cannabis, Use Cannabis Occasionally or Regularly, or Use Cannabis for Medicinal Purposes	7
How do Queensland’s Drug Driving Laws Impact You?	9
Queensland’s Drug Driving Laws Have a Positive Impact on Myself or Others	10
Queensland’s Drug Driving Laws Have Little or No Impact on Me	11
Queensland Drug Driving Laws Have a Negative Impact on Myself or Others	14
Should Queensland Change or Retain its Existing Approach to Drug Driving?	24
Current Drug Driving Laws Should be Retained or Strengthened	24
Current Drug Driving Laws Should Be Changed	29
Written responses	36
Community Members	37
Road Safety Organisations, Medicinal Cannabis Industry/Advocacy Groups, and Other Stakeholders	40
Research Focus Groups: Overview	45
Research Context, Objectives, and Method	45
Research Context	45
Research Objectives	45
Research Method	46
Research Summary	46
The Research Findings are Summarised Here:	46

TMR Driving and Cannabis Community Consultation: Background

As a commitment under the *Queensland Road Safety Action Plan 2022–2024*, the Department of Transport and Main Roads (TMR) is leading a wide-ranging review (the Review) of Queensland's drug driving policies.

TMR is aware that research has shown that drug drivers are not a homogenous group with individuals using a range of different types of drugs for a variety of reasons extending from medicinal or addiction through to recreation. In designing policy interventions to tackling drug driving, it is essential that effective responses are developed through a human-centered approach that considers individual motivators and broader system influences that result in a person driving while drugs are present in their system.

For example, cannabis poses a unique challenge due to several factors including the way it is prescribed and used, high variability within and between individuals, and the way it impacts a person's ability to assess their own impairment.

Therefore, as part of the Review, public consultation has been undertaken on the issue of 'cannabis and driving', including through a public discussion paper. This consultation will be used to fully explore the issues faced by persons using cannabis and the potential impacts of future policy changes to manage its road safety risks.

There are two elements that are considered as part of this report and include:

- The *Cannabis and Driving in Queensland* discussion paper that sought to understand issues by inviting the community to provide information through an online feedback form on challenges, impacts and possible ways forward in relation to cannabis and driving. The paper also included a high-level jurisdictional analysis of the approaches taken elsewhere. The discussion paper was available to the public on the Get Involved website for four weeks (17th November 2023-17th December 2023). The community and stakeholders were also able to respond to the discussion paper via a written submission.
- Focus groups on cannabis and driving that sought to understand the same issues considered in the discussion paper. TMR commissioned a series of personal focus groups to ensure a wide representation of the Queensland community, including geographical and demographic diversity across the state. These focus groups provided an opportunity for members of the community to discuss their knowledge, understanding, and attitude towards cannabis use and driving in Queensland.

Outcomes from the discussion paper and the focus groups will be collated and considered alongside other research and consultation to help guide the development of a package of reforms to be considered by the Queensland Government.

Discussion Paper and Community Responses: Overview

At the end of the four-week submission period (17th December 2023), the Road Safety Research Collaboration, a joint initiative of the Motor Accident Insurance Commission (MAIC) University of the Sunshine Coast Road (UniSC), was commissioned to conduct an independent review of the online responses and written submissions. The aim of the review was to identify the main themes expressed in the community feedback regarding the impact of Queensland's drug driving law (in relation to cannabis) and if respondents were interested in retaining or changing the current laws. The online feedback form submissions and the written submissions were reviewed separately.

ONLINE FEEDBACK SUBMISSIONS

The online feedback survey gathered background information on respondents (e.g., age and gender) and their awareness of and associated penalties associated with drug driving offences. Views on cannabis and driving were gauged through three open-ended questions where respondents were asked to (1) describe how the current drug driving laws affect them, (2) express their opinion on whether Queensland should change or retain its approach to drug driving, and (3) provide any additional comments they had on the topic. Demographic information was also collected.

A total of 5,407 respondents contributed online submissions, of which 79.14% indicated personal cannabis use. Among these respondents, 66.40% reported using cannabis for medicinal purposes.

Summary of Findings

Regarding the impact of the current drug driving laws, respondents' experiences and opinions could be categorised into three main themes. Submissions that did not detail the impact of the laws (2.12%) were removed from further analysis of this theme.

- A small proportion of respondents (3.94%), most of whom responded they never used cannabis, reported *a positive impact of the laws*. These respondents saw the laws as contributing to road safety by reducing incidents of impaired driving.
- This was followed by 14.10% of respondents who reported that the *laws had little or no impact* on them. These respondents were persons who reported either using or not using cannabis. Those who reported they never used cannabis attributed the lack of impact to their status as non-users, while those who used cannabis perceived the laws as irrelevant as they abstained from driving while intoxicated.

Despite reporting no personal impact of the laws, a few respondents within this subset expressed concerns that the laws adversely affected persons using medicinal cannabis or that they would potentially impact them if they were to consider using medicinal cannabis in the future.

- The majority of responses (79.84%) reported a *negative impact of the laws* on themselves, the people they come in contact with, and the broader community. These respondents did not object to the policing of impaired cannabis driving, instead focusing on the effect of presence-based enforcement, particularly for those who use medicinal cannabis.

Within this subsample, some respondent who reported using cannabis for medicinal purposes described the decision they faced between restricting or forgoing their driving or their use of medical cannabis. This decision posed a trade-off between a loss of mobility or the ability to effectively treat medical conditions. Some were unable or unwilling to compromise their medication use or their driving, risking the legal consequences of driving with the presence of cannabis or cannabis metabolites in their system.

The impact of restrictions to driving and/or use of medications on social and vocational participation, access to community support and resources, and symptoms of mental and physical illness were described. Some respondents characterised the laws as discriminatory, citing the possibility of being penalised for non-impaired driving or noting that medicinal cannabis is regulated differently compared to other pharmaceutical medications.

WRITTEN SUBMISSIONS

Alongside the online feedback submissions, 29 written submissions were received from individual community members (n = 14), road safety organisations (n = 2), medicinal cannabis industry organisations (n = 8), and other stakeholders (n = 5). This data was similarly coded for themes pertaining to the impact of the laws and the views regarding legal reform.

Summary of Findings

The primary focus of the written submissions was the negative impact of Queensland's current laws on persons taking medicinally prescribed cannabis. The views and experiences outlined in this feedback echoed many of those expressed in the online feedback submissions.

- Both community members and other groups voiced concerns that zero-tolerance, which detects the presence of tetrahydrocannabinol (THC) in oral fluid, forced a choice between abstaining either from driving or medication, or risking the consequences of driving illegally.
- The fairness of the current approach to cannabis and driving was a subject of concern for both community members and other groups. Several issues were raised, highlighting that the presence of THC does not necessarily indicate impairment. Additionally, concerns were voiced about the differential regulation of medicinal cannabis compared to other prescription drugs, that persons using medicinal cannabis are unfairly punished for using a legal drug under the instruction of their treating physician, and that roadside drug testing is targeted and quota-based.

- While cannabis industry/advocacy groups were supportive of legal reform, some road safety groups and other stakeholders favoured retaining the current laws. These groups cited safety concerns, uncertainty regarding the psychoactive effects of cannabis, and the inability to reliably identify acute intoxication among drivers as key considerations.

Discussion Paper and Community Responses: Main Report

The majority (79.14%) of responses were from persons who reported using cannabis either for medicinal or recreational purposes. As such, the themes identified from responses to the community consultation process are predominantly reflective of those who are either directly or indirectly affected by Queensland’s drug driving laws. Despite this, the authors have sought to reflect the voice and opinions of all respondents, regardless of whether their comments reflected the majority or represented a smaller cohort. This is important as the purpose of any analysis involving comments, feedback, opinions etc. (i.e., qualitative analysis) is not to determine the percentage of those who share an experience, but to inform the reader these experiences or opinions exist. Keeping this in mind, this report has intentionally refrained from including the frequency of particular opinions, with only two exceptions. In relevant sections, the report details the frequency of respondents who have been impacted in different ways by the laws and the level of support or opposition for potential legal reforms. The purpose of this inclusion was to provide the readers with a sense of the majority views that are expressed by the respondents. It should be noted that these proportions are derived from the submitted sample of responses, and no claims are made regarding the representativeness of these frequencies for the broader Queensland population.

In terms of medicinal cannabis use, it should be noted that no distinction was made between the use of cannabis obtained under a prescription or otherwise. Therefore, for the purposes of this report ‘persons using cannabis’ or ‘medicinal cannabis use’ refer to respondents who self-reported using cannabis for this purpose. Additionally, many of the submitted response raised the issue of presence-based enforcement of drug driving laws. In these submissions, cannabis and THC were often used interchangeably. However, for consistency with the legal framework, the report refers to these comments as relating to the presence of THC.

The quotes presented in this report are verbatim, with the exception of minor grammatical corrections which have only been made where the authors are of the opinion such a correction does not change the respondents' own voice or meaning.

CHARACTERISTICS OF RESPONDENTS

Among the 5,704 respondents who responded to the online survey, approximately 80% (79.14%; n = 4,514) of the respondents identified as male while 18.81% (n = 1,073) identified as female. A small proportion, 0.74% (n = 42), described themselves as “other” while 1.31% (n = 75) opted not to disclose their gender. Respondent’s ages ranged from 14 to 83 years, with an average age of 35.48 years.

The majority, comprising 93.57%, (n = 5,337) held an open licence, while learners and provisional licence holders made up 1.68% (n = 96) and 3.38% (n = 193) of the respondents, respectively. A

small number of respondents reported being either unlicensed (0.82%, n = 47) or holding a probationary licence (0.54%, n = 31).

Respondents were asked to indicate how often they used cannabis products containing THC, using the response alternatives: 'never', 'occasionally (use less than weekly)', 'regularly (use at least weekly)', 'for medicinal purposes', and 'prefer not to say'. Just over three-quarters of the respondents (78.26%; n = 4,464) reported using cannabis (occasionally, regularly, or for medicinal purposes) while 18.30% (n = 1,044) reported that they never used cannabis. A smaller portion (n = 196, 3.44%) preferred not to say.¹

Cannabis use for medicinal purposes was reported by 66.40% (n = 2,964) of all respondents who reported using cannabis. Among those who used cannabis for reasons other than medicinal (n = 1,500), 46.13% (n = 692) reported occasional use (use is less than weekly) and 53.87% (n = 808) reported regular use (use is at least weekly).

Most respondents reported they had been using cannabis for one year or longer. The duration of use for the total sample of persons reporting any cannabis use was as follows, 0-3 months: 4.12% (n = 184), 4-12 months: 13.26% (n = 592), 1-5 years: 31.34% (n = 1,399), 5-10 years: 15.48% (n = 691), and 10 or more years: 32.59% (n = 1,455).

Characteristics of Respondents Who Never Use Cannabis, Use Cannabis Occasionally or Regularly, or Use Cannabis for Medicinal Purposes

Respondents who never use cannabis, use cannabis occasionally or regularly, and who use cannabis for medicinal purposes were generally homogeneous in terms of demographic factors.

Respondents who reported using cannabis occasionally or regularly did, however, have a slightly higher proportion of male respondents and fewer female respondents. As expected, a higher prevalence of convictions was observed among those respondents who reported current use of cannabis, with those who use cannabis for medicinal purposes having the highest incidence of convictions.

¹ Among these 196 respondents, 53 provided answers to subsequent questions (e.g., duration of use) that indicated use of cannabis. However, as they could not be classified according to the type of use (occasionally, regularly, or for medicinal purposes), they were not counted in statistics on use and non-use of cannabis.

	Never use cannabis %	Use cannabis occasionally or regularly %	Use cannabis for medicinal purposes %
Gender			
Male	79.12	84.53	76.11
Female	20.02	13.67	21.56
Other/undisclosed	0.86	1.80	2.33
Location			
Major city	61.69	64.87	59.04
Regional	33.52	30.20	34.62
Remote	3.93	3.87	4.79
Missing postcode	0.86	1.07	1.55
Past drug driving conviction			
Yes	1.53	5.20	9.45
No	98.18	93.47	89.07
Not disclosed	0.29	1.33	1.48
Licence status			
Open	96.26	92.07	93.39
Learners/provisional	3.26	6.47	4.89
Unlicensed/probationary	0.48	1.47	1.72

Note. Values may exceed 100% as they were rounded to the nearest whole number.

Awareness of the current Queensland drug driving laws was high, with 80.65% (n = 4,600) of the total number of respondents reporting they are “completely aware”. An additional 17.97% (n = 1,025) described themselves as “somewhat aware” and 1.37% (n = 78) reported being “not at all aware” (missing value was present for one person, 0.02%). Approximately 8 per cent (n = 358, 8.02%) of all persons reporting any cannabis use had received a conviction related to their use (1.43% did not disclose).

HOW DO QUEENSLAND’S DRUG DRIVING LAWS IMPACT YOU?

When asked “How do Queensland’s drug driving laws impact you?” the responses fell into one of three overarching categories (Figure 1), with respondents viewing the laws as either having: (a) a positive impact on themselves or others, (b) little or no impact on themselves, or (c) a negative impact on themselves or others.

However, before presenting these themes, it should be noted that not all respondents understood the nature of this question. While many responded as to how the laws impacted them, whether it be directly or indirectly, others instead provided a response regarding their opinion of the laws (e.g., “they are prehistoric, need to change”); outlined the positive benefits of medicinal cannabis on their health, without reference to the impact this may have on their ability to drive (e.g., “I’m very sensible with my medicine and help it aid my life in all aspects. I now love life so much and have so much to look forward to”); or provided a statement regarding their opinion of cannabis more broadly (e.g., “weed isn’t bad” or “Should let people who smoke enjoy it just like someone can have 3 beers”). In such cases, the responses were coded as ‘not applicable’, whereas non-direct responses that were still indicative of impact, were coded as either positive, negative, or little/no impact.

A large majority of respondents (79.84%) reported they or someone they knew had been negatively impacted by the current drug driving laws in Queensland. This was followed by those who reported no or very little impact (14.10%), and finally, those who reported a positive impact of the laws (3.94%). Only 2.12% of responses were either categorised as ‘not applicable’ or did not contain comment on the impact of the laws.

Further, among the responses received, a few commented about the impact of the current laws given their professions. That is, these respondents noted the impact of impaired driving broadly, rather than how the current Queensland laws impact them personally. As such, it was decided to highlight these quotes separately.

I am a surgeon and I see firsthand what driving under the influence does; it kills, injures and destroys lives. It impacts me having to watch people suffer and also makes me incredibly anxious about my safety and the safety of my loved ones on the road. Redaction Code 8

I am a pharmacist and Medical student, I have to explain this to patients who consume THC for medicinal uses- the neurological impairment/ loss of reaction time and general impairments mean that these people should not be driving. Driving crashes/fatalities are one of the biggest risks to our community and also one of the biggest costs the health system in surgery and rehab fees. These patients should not be driving. Redaction Code 8

I am a police officer. Not only am I responsible for enforcing drug driving laws, I also deal with crashes caused by drug driving. Redaction Code 8

I'm a registered nurse in an emergency department and see many accidents involving a driver under the influence of drugs. Redaction Code 8

I work in an emergency department where I see the victims of traffic accidents involving drug use.
Redaction Code 8

Through my line of work (QAS) I do interact with people who have taken drugs and been involved in an event whilst driving that required medical attention. Redaction Code 8

Queensland's Drug Driving Laws Have a Positive Impact on Myself or Others

Most of the respondents who reported they were positively impacted by the current Queensland laws reported they never used cannabis. The sense of safety derived from drug driving laws centred on the idea that drug driving laws contribute to road safety. Some respondents highlighted that safety was achieved by ensuring that drug drivers were punished and deterred from further engagement in drug driving.

The laws keep them and their loved ones safe (belief)

The sense of safety derived from drug driving laws centred on the idea that drug driving laws contribute to road safety.

I love that we're trying to keep people safe on the roads. The laws impact me by trying to protect me on the road from drivers under the influence of illicit and illegal drugs. Redaction Code 8

They keep me and my family and the community safe. Redaction Code 8

As they are now they make me and my family feel safer on the roads knowing there is a deterrent in place to prevent drug driving. Redaction Code 8

I do not use cannabis or any other drugs, but the drug driving laws ensure that the roads are safe.
Redaction Code 8

Zero tolerance keeps me and my family members safe on the roads. Majority of drivers do not use drugs. Redaction Code 8

They are great they keep me and everyone else safe from intoxicated drivers. Redaction Code 8

Reduces the likelihood of others driving impaired

Those respondents who specified the effect through which safety was achieved, spoke of the capacity of the law to reduce the number of people who use the roads when impaired by drugs. Some highlighted that safety was achieved by ensuring that drug drivers were punished and deterred from further engagement in drug driving.

They help to protect me and my children while we are using the roads. I feel safer on the roads knowing that people who drive while under the influence of drugs have a chance of being caught and losing their licence and keeping them off the roads. Redaction Code 8

As a driver they impact me by making it safer on the roads to drive. I drive 1000kms a week for my job. I like to have confidence in other drivers, hoping they've done the right thing. Making others responsible for their actions. Bigger picture, better for society as a whole to have zero tolerance.

Redaction Code 8

They keep me and my loved ones safe. They help to keep people with unknown alert status off the road which keeps insurance premiums down. Redaction Code 8

It helps reduce the amount of people driving under the influence of drug. Redaction Code 8

Keeps people off the road when too impaired. Redaction Code 8

Positively, by reducing the amount of impaired drivers on the roads. Redaction Code 8

I think they're important, I am knowledgeable of them and they definitely discourage me from driving under the influence. Redaction Code 8

They punish those who like to drive with drugs in their systems around those of us who don't.

Redaction Code 8

Queensland's Drug Driving Laws Have Little or No Impact on Me

Of those respondents who commented the current laws have little or no impact, many stated it was because they did not use cannabis or other drugs. These responses are different to those who reported a positive impact in that they did not describe any benefits to themselves or others arising from the current law.

Personally, Queensland's drug driving laws do not impact me at all, because I do not use THC, MDMA, methamphetamine or cocaine. Redaction Code 8

They don't directly impact me. As I don't use cannabis currently. Redaction Code 8

As I am not a cannabis user, they do not affect me. Redaction Code 8

I am not impacted directly as I do not take any illicit substances or prescribed medications.
Redaction Code 8

Some respondents went further and noted that while Queensland's drug driving laws did not impact them personally, they commented in relation to the potential or actual impact the laws have on friends or those who use cannabis for medicinal purposes.

Haven't impacted. But I feel bad for people on medical marijuana. Law (should) be changed to let them drive. Redaction Code 8

They haven't but I know a person that it has, and it greatly impacted his life in a negative way particularly with employment. Redaction Code 8

Personally they do not impact me at all. However I can imagine it could impact people who used these drugs medicinally who may still need transport to medical care etc they may not have another mode of transport to get to the medical care. Redaction Code 8

They don't impact me but people I know take legal medicinal marijuana to combat mental health problems and they are drivers. It's too common now that this should have its own legislation.
Redaction Code 8

They don't as I don't take drugs and am not a user of any CBD products but I know people who are impacted with disabilities and illnesses which are managed through Cannabis Subscriptions who are unable to drive vehicles legally. It means they either have to stay at home, not take their medications or take their medications and also try to do their jobs and run the risk of getting caught which is a crappy place for them to be. Redaction Code 8

There were also a number of respondents who commented that although they use cannabis, Queensland's drug driving laws did not impact them because they did not drive while intoxicated. That is, they stated they waited until the effects had worn off or believed there was a sufficient interval between consumption and subsequent driving (i.e., not driving until the next day). At times, terms such as "impaired", "under the influence", "intoxicated", "high", and "sober" were used by respondents when subjectively describing when they would refrain from – or believe they were capable of – driving after using cannabis.

Doesn't really impact me as I use my medicinal cannabis responsibly. I won't smoke then drive. I'll make sure all my errands/work is done for the day before I medicate at home. Typical hours of usage is 5-6 pm and feel the physical effects wear off before bed at 8 pm by the time I wake up I feel the same as if I had not smoked. Redaction Code 8

Little. As my medication is only taken at night, I don't drive after taking it, and don't usually drive within 12 hours of taking it. I'm told that's enough time for it to have passed through and not record a criminal reading - if it isn't, then it would be a problem. Redaction Code 8

They don't. I make sure I am sober before I drive. Redaction Code 8

I ensure that I am sober and not under the influence of drugs or alcohol while driving.
Redaction Code 8

I don't drive if intoxicated. Redaction Code 8

They don't currently. But my job is in transport, and I don't drive under the influence, but I don't particularly want to be punished for a legal medicine I had the night before. Redaction Code 8

They don't. I'm not impaired whilst driving. Redaction Code 8

They don't, I avoid driving when 'high' however having a medical prescription, I have to use every day. The lick tests showing up even 24hrs after ingestion/inhalation is a flawed system. No one is ever high for 24 hours. Redaction Code 8

They don't. I have to exist as a human being. The testing does not test for inebriation - it tests for trace amounts of THC. I do not drive inebriated. Redaction Code 8

They don't affect me unless I were to get pulled over. I will not drive if I have smoked, but I smoke often enough that getting tested the next morning after smoking the night before would net a positive test result yet I'm not under the influence. Redaction Code 8

Finally, while some respondents commented the laws have no impact currently, they did acknowledge they could have an impact if they were to require cannabis for medicinal purposes in the future.

Not at all personally, however, should I be injured, the current drug driving laws in relation to cannabis would impact my treatment options. People should not have to choose between

medication and their driver's licence/ mobility (at doses where the medication does not impact their ability to drive). Redaction Code 8

They don't really affect me as I am not a regular drug user, however I am looking into medicinal marijuana so it may be an issue in the future. Redaction Code 8

They don't currently impact me personally but in the future I could be looking into using medical THC. Redaction Code 8

Not at all currently, but if I was to use THC based oils for medical reasons, pain relief for example in the future. I wouldn't be able to hold a license which would take away my independence and freedom. Redaction Code 8

They don't unless I am prescribed medicinal cannabis for chronic pain issues. Redaction Code 8

Queensland Drug Driving Laws Have a Negative Impact on Myself or Others

Among the respondents who reported Queensland's drug driving laws have a negative impact on themselves or others, there was a particular emphasis on how zero-tolerance affects the ability to drive and/or take medication. A central theme underlying the concerns centred on the distinction between impairment and presence-based enforcement of drug driving. Specifically, respondents described the impact of not being able to 'legally' drive after taking cannabis, despite not being 'impaired'. While a few respondents addressed these concerns in the context of recreational use, the vast majority discussed it in terms of medicinal use.

Inability to drive

Among respondents who reported using cannabis for medicinal purposes, some described how Queensland's zero-tolerance law had forced them to limit their driving or refrain from it entirely. Among these respondents, most stated their independence and quality of life had been significantly diminished. They commented as to how the laws impacted their ability to gain or keep employment, access medical care and other community resources and services, socialise, and meet parental responsibilities.

Stops me from remaining independent and being able to drive my own car for my own personal needs (e.g., medical runs, groceries, bills to be paid. Urological appointments, GP appointments for my M.S. etc). Redaction Code 8

Because of my fibromyalgia and insomnia I rely on THC to treat my pain and insomnia. The current laws have prevented me from being able to gain my licence and independence, limiting my access to community, resources, job opportunity and more. Redaction Code 8

I avoid driving even well after any potentially impairing effects wear off because I could potentially test positive. I shop less, I socialise less, I do less. My job options are more limited because I avoid driving almost entirely. Additionally, I feel I have to avoid taking my medication if there's any chance of me driving in the next day, which means dealing with more pain and inflammation.

Redaction Code 8

I have metastatic prostate cancer, unfortunately I am allergic to opiate based drugs, due to my medicinal cannabis use I cannot drive to any medical appointments or to see family, I may as well not have a licence as I'm worried to drive anywhere for up to a week after using medicinal cannabis, I'm also worried about the accuracy of the testing methods. Redaction Code 8

I use THC for pain regulation, this prevents me from being able to drive ever, I am unable to get my kid to school, do grocery shopping, doctors appointments or even apply for a job that requires a licence (99% of them today require them just so they know you can reliably get to work), they also severely impact my work scope as I am unable to operate any machinery or do any repairs.

Redaction Code 8

I cannot drive. It affects me and my kids getting them to and from school. Getting to an from my appointments. Seeing family. Getting a job. It's really, really affecting me and everyone around.

Redaction Code 8

These laws mean I cannot drive my two children around to simply get groceries, even though I am fully capable to care for my two children (3 & 1). Without cannabis, I would not be able to keep a clean house and make food for my children and bathe and care for them in general. But yet, because THC would show in my system, I cannot legally drive. I personally would feel more impaired after 2 standard drinks but yet that would be legal as long as I had waited a bit.

Redaction Code 8

It means that I essentially cannot drive a vehicle due to my medicinal cannabis prescription. Although I only use a small amount of cannabis prior to sleeping, it is still too risky. I am never affected by cannabis during the day, or even outside of my home. The laws are archaic and don't assist Queenslanders in being able to live productive lives whilst having vital access to medicine.

Redaction Code 8

Some respondents also commented that the restrictions on their capacity to drive meant they were forced to rely more extensively on community services or the help of other people in their lives.

I get public transport to work and rely on my partner to drive me to go grocery shopping. I prefer to be pain free and just avoid driving. Redaction Code 8

Not being able to drive after using my cannabis has taken away my freedoms. I rely on my wife to chauffeur me around and it makes running my business very difficult. Redaction Code 8

Queensland's current drug driving laws impact my daily life significantly. I am not able to carry out my usual profession as a disability support worker in the community; forcing myself to rely on assistance from others and the disability support pension. ... As well as this, my ability to access the community myself is greatly reduced. Redaction Code 8

At times, family members and friends of persons using cannabis for medicinal purposes echoed these concerns, feeling burdened by those who were dependent on them for transportation.

My husband has medical cannabis and does not drive ever while under the influence, however, also does not drive the next day after. Meaning I have to, which in some cases is fine, however in others it's hard work, especially with a small child. Redaction Code 8

My partner is prescribed medicinal cannabis, due to these laws she is completely unable to drive herself anywhere without risk of losing her license, even if she is completely sober and fully aware and able. This restriction places a huge burden on her life, restricting her freedoms, and to a lesser extent also burdens my life as I am now the only person she can rely on to take her to appointments or anywhere she needs to go that would require a drive, resulting in me needing to take time off work for important things she needs to go to. Redaction Code 8

It means I have to drive my wife and mother in law around a lot because they have to use cannabis for chronic pain related to their disability. Redaction Code 8

This concern was also voiced by two employers who reported Queensland's drug driving laws had caused disruption and affected the productivity of their businesses because employees who use medical cannabis were unable to drive.

I've had an apprentice lose their licence days after using cannabis. It made both our lives very inconvenient and I didn't feel it was fair as his actions weren't dangerous as he wasn't impeded by the drug, it was only residually there. Redaction Code 8

I am a medium size employer, and we have several staff who use medicinal cannabis. Because they use medicinal cannabis regularly they cannot drive as part of their duties. Some staff have had to be redeployed, where driving is an inherent requirement of the role, while other staff have to disclose their medications. We are aware that roadside drug testing (RDT) measures only the presence of cannabis in the system (not impairment) and that cannabis can be present in the system for prolonged periods of time. While staff do not use medical cannabis before work and are likely fit to drive, from an impairment perspective, they may still have the presence of medical cannabis detectable. This raises serious implications and difficulties for employers.

Redaction Code 8

Respondents also described having to rely on alternative forms of transport, which could be more expensive (e.g., rideshares; taxis) and unreliable (e.g., the public transport system). Such complaints were particularly evident among respondents from rural and remote areas, where public transport and delivery services were limited or non-existent.

I only use cannabis at night to help get myself to sleep, I believe that I would be able to drive with 12 hours of using the substance. Because I can't drive with the medication in my system, I often have to take public transport everywhere and it can become quite dangerous for someone with several medical conditions and fears to their safety to do so. Especially as a young women.

Redaction Code 8

Having to use public transport days after using medication I am prescribed and no longer feeling the effects of has hindered my ability to work.

Redaction Code 8

Having drug driving laws be zero tolerance impact me, and others that consume THC products medically. Having to choose between a medical treatment or transportation (especially rurally where public transport/ ride share services are not always available) is a frustrating choice.

Redaction Code 8

As someone who relies on medical cannabis to manage my health condition, the inability to drive while under its influence poses a profound impact on my daily life. ...However, the current restrictions on driving limit my mobility and independence. This restriction is especially challenging given the limited public transportation options in my area. Simple tasks like commuting to work, attending medical appointments, or even grocery shopping become logistical challenges. The consequence extends beyond inconvenience; it significantly affects my ability to live a full and productive life.

Redaction Code 8

I can't drive my car in the rural town I live in - which has no public transport - because I'm taking something that is prescribed to me by a doctor.

Redaction Code 8

As a resident of Queensland living alone, the current drug driving laws significantly impact my independence and quality of life. ...The zero-tolerance approach to THC presence in drivers forces me to rely on alternative modes of transportation, such as Uber, public transport, or walking. Each of these options comes with its own set of challenges and inconveniences, detracting from my personal freedom and ease of mobility. The need to rely on public transport, for instance, adds significant time to my daily commute. What could be a simple drive to and from work becomes a prolonged journey involving two trains, a bus, and an additional hour and a half due to the absence of direct routes. This not only wastes valuable time but also adds unnecessary stress to my daily life.

Redaction Code 8

Being on medicinal cannabis greatly restricts my driving. Because I "can not" drive, I need to live in an area that has public transport. At the moment, living anywhere near public transport is too expensive, I can barely afford a rental property (I earn \$130K pa, and still can barely afford a rental property). Redaction Code 8

Because the law doesn't test for impairment but simply for the presence of a medicinal product, which can be in your system long after the effects have worn off it makes it near impossible for me to drive legally. Regional Queensland's extremely lackluster public transport and horrible suburban sprawl makes the issue worse, by giving people very few transport options. Redaction Code 8

Driving illegally: concerns regarding the legal consequences

While some respondents had limited or ceased driving to avoid the legal consequences associated with Queensland's zero-tolerance law, others explained how they chose to continue driving, but went on to describe their concerns about the possibility of being penalised if they were detected with the 'presence' of THC. A common worry for this group was the potential loss of their driver's licence, as they stated this could impact their social and occupational functioning. Of interest, almost all of these respondents described separating their cannabis use from their driving (e.g., using cannabis at night before bed) to ensure that they only drove when they believed they were no longer impaired.

I constantly have to worry about roadside testing as I do a large amount of driving for work, if I was to lose my licence it would possibly mean I would lose my job which in this current climate would be devastating to me and my partner. Redaction Code 8

Living with an everyday medical disability is hard when I cannot take the only medication to actually help with my simple day to day tasks and the management of pain. This is due to the fear of being caught with cannabis in my system two days later when it is not impairing my able to drive. Which would lead to the loss of my licence, my job and most likely and criminal conviction.

Redaction Code 8

Using medicinal cannabis alongside other prescription medications allows me to function in society and hold down a steady job. I never drive while intoxicated and only use cannabis before going to sleep. I simply have to hope that I'm never tested, as I need to drive to be able to work. If I were to lose my licence I would be forced to take unpaid leave or find another job. Redaction Code 8

I am a tradesman and self employed. As a business owner I use medical cannabis to destress and help get a good nights sleep. The fact that I cannot drive the day after I medicate is ridiculous. If I was to lose my licence over my prescription medication use then I would not be able to do my job and that impacts not only me and my family but the families of all the people I employ.

Redaction Code 8

I take medicinal cannabis for severe anxiety and chronic back pain. I work and have to use my car to go to work as being in a smaller town the public transport is totally unreliable here. Every time I drive I am in constant fear of getting pulled over and tested. If I lose my licence etc I can't work. My work helps with my anxiety and depression - I work only 3 days a week (due to my health) but it keeps me getting up each of those days and forcing me to socialise and get out of bed which is what I need! Redaction Code 8

I am unable to drive for significant periods after using my medication. I am a lawyer and if I got a drug charge I'd lose my practicing Certificate. My life's work would be gone and it would significantly affect me. I worry the next day after using my medication as driving to work the next day I could still lose my licence. Redaction Code 8

Respondents who had experienced legal consequences stemming from a positive roadside drug test described the distressing nature of this experience. This distress was attributed to the necessity to take time off work to attend court, the loss of licence and employment, and the resultant impact on self-worth.

I use medicinal marijuana before bed most nights. And 6 months ago, I was driving at 5pm, hadn't had any all day, and got saliva tested and tested positive. In result I lost my license for 3 months, which resulted in me losing my job. was all a downward spiral. Redaction Code 8

I had used my medicinal cannabis prescribed product (containing THC) 12 hours prior to using a vehicle. I was under no way still under the effects of THC when I was operating a vehicle and would NEVER drive knowing I was affected. I was pulled over at a random roadside RBT and was drug tested. I tested positive. I then went to court and lost my licence for a period of time. ... This still had a very negative impact on my life and my mental health suffered greatly (which was the reason I was using medicinal cannabis in the first place with good success). Redaction Code 8

I use medical cannabis after work and night, next morning roadside drug test and tested positive, lost licence, lost job, had to move from own apartment, could not afford rent, back to my mother's house, Depression and anxiety and financial stress, life was great until the roadside drug test, 8 hrs after using medical cannabis, not affected. Redaction Code 8

One night on the way home from work after picking up something for dinner, with my misses and kids waiting for me at home, I was pulled over on my street for a random drug test, with home in sight. I tested positive for THC in the saliva, and I was taken in a cop car back to the police station, after having to call home to explain to my partner what had happened. What followed was nearly 10 months of distress, having court date after court date adjourned, having to choose not to take my medicine and as a result not be able to work, or to take my medication, support my family and risk losing my licence, lose my job and take on hundreds of dollars' worth of fines. Myself and my family were deeply impacted and overall were detrimental. Wondering if I might lose my licence this month. How will I be able to pay rent as I would likely lose my job? Constantly asking for more days off work and being constantly reminded of this 'mistake'. Redaction Code 8

I am a disability support worker looking after clients with multiple disabilities. I was pulled over and tested positive day after use. I will lose my licence and job because of this. Redaction Code 8

I have recently been pulled over and drug tested THC was present in my saliva and yet to face court early in the new year. How this has impacted me? Well I've lost my work UTE as it's a business vehicle! And also look to lose my licence for how long I don't know as I've lost it before for drug driving a number of years ago! The impact is huge no car no licence meaning I can't pick my daughter up from school and has put pressure on me and my family. It's really not fair to be honest. Redaction Code 8

If I medicate the night before, the day after I get drug tested and now I'm going to court. Not even under the influence but I'm still treated like a criminal. Redaction Code 8

I feel like I have no human rights when it comes to cannabis and driving, I've lost my licence almost a year ago and it has affected my life more than anything, I can't attend social outings and it affects my mental health, just because my medications are a different schedule doesn't mean I should lose a basic human right. Redaction Code 8

A few months ago I was stopped by police on a day that they were doing random testing. I was asked to provide a saliva sample for analysis. This sample came back positive for THC, as did the second test. I explained to the officer that I was prescribed medical cannabis and was not impaired at the time (which he agreed). It was over 24 hours since I had last used my medication prior to being stopped. My licence being immediately suspended for 24 hours left me no choice but to push my motorcycle home and miss the funeral I was attending. I have since had to take 2 days off work for court appearances which I was given the option for a restricted work licence (2 months) or no work licence/no driving at all (1 month). I'm now unable to take my children to and from school. I am unable to attend my doctors appointments in person for my chronic pain condition and I'm not able to check on my elderly mother who lives alone and relies on me to visit her weekly and so much more. ...Medical users should not be given court dates and losing their licences, especially when they are not impaired at the time! Redaction Code 8

A subgroup of respondents commented that the Queensland drug driving laws are discriminatory, primarily because persons using medicinal cannabis (i.e., prescription cannabis) risk receiving a penalty when driving, even if they are not 'impaired'.

They discriminate and stigmatise me for taking a legal medicine. They cause me criminal liability risk (loss of driver licence) which risks me losing my livelihood. I no longer need to take other pharmaceuticals which impair me more than cannabis. If the government cannot reliably distinguish impairment from mere per se presence then testing should simply be abolished.

Redaction Code 8

I have a prescription for cannabis for medical issues. I believe it is discrimination that I can't take my medicine and drive, even though I am not impaired. Testing should be for impairment, not presence.

Redaction Code 8

Roadside testing for presence in system does not provide an accurate assessment of impairment. Impairment typically lasts 3-4 hours. This is extremely challenging for legally prescribed takers of this medication. Prescription pills are arguably more dangerous and are not tested for. How could this be viewed as anything but discrimination. Redaction Code 8

As a medical patient I am unfairly discriminated against for use of essential medication to treat a chronic condition - I never drive impaired, but the inability of testing to differentiate impairment from presence should default in favour of the driver, not the law/police. Redaction Code 8

I take medicinal cannabis nightly for prescribed reasons. ...But now I cannot drive at all due to nightly dosing. If I do drive, despite having been clear of the drug for 18 hours, I risk detection in a roadside sample. It feels discriminatory in that the rules have such a narrow threshold. It affects my job and ability to have quality of life. Redaction Code 8

As a medical cannabis user in Queensland, the current drug driving laws pose a significant challenge to my daily life and well-being. The zero-tolerance approach means that even trace amounts of THC, the psychoactive component of cannabis, in my system can result in a drug driving offence, putting my driver's licence at risk and potentially leading to criminal penalties. The current laws create an unfair and discriminatory situation for medical cannabis users. We are effectively punished for using a legal medication that has been prescribed to manage our health conditions. The zero-tolerance approach fails to recognise the individual differences in how cannabis affects people and the varying levels of impairment it causes. Redaction Code 8

Others argued the laws are discriminatory as medicinal cannabis is being treated differently to other prescription medicines that have known effects on the driving task.

The discrimination is glaring. Pharmaceuticals are causative in road fatalities, esp., benzo's and opioids and yet cannabis, which does not cause fatalities is punished due to an outdated ideology and myth, not science nor fact. Redaction Code 8

They impact me directly. I take cannabis for medical reasons. It is prescribed by a doctor, just like other medications such as sleeping pills and antidepressants. Yet, a person can take those medications and still drive without the threat of being pulled over and tested, yet I, as a cannabis user, do. That is unfair and discriminatory. If cannabis is legal for medical use, laws should be updated to reflect that. Redaction Code 8

As a medical cannabis user these laws prevent me from driving when I have recently used my medication. The current tests for THC don't measure impairment and mean even if I'm not currently affected by my medication if I have used it the night before I could still be charged with drug driving as the tests used can detect THC in someone's system days or even weeks after use. People prescribed opiates etc are still allowed to drive. This law is discriminatory to users of medical cannabis. Redaction Code 8

As a medical cannabis user Queensland's drug driving laws have a large impact on my ability to live my life free from discrimination. Currently the laws imposed discriminate against those who use plant medicine to manage chronic illnesses. Other medications such as antidepressants and stimulants are treated sensibly however a completely legal medication such as cannabis is not viewed in the same fashion. As a result I cannot drive even after the drug is not having an effect on my ability to drive safely. This has an effect on my ability to attend medical appointments, work, and support my family. Redaction Code 8

Reduced capacity to treat illness

Finally, in terms of the question, 'How do Queensland's drug driving laws impact you?' several respondents commented that in order to maintain their mobility and avoid any possible legal consequences arising from Queensland's zero-tolerance approach, they, at times, limited or chose to forgo taking medicinal cannabis altogether, which in turn impacted their ability to gain adequate symptom relief from their health condition.

I use medical marijuana for chronic pain due to a back injury. I am sometimes limited on when I can use it because I have to choose between being able to drive or being able to have pain relief. I cannot take prescription pain killers as they make me sick, and this is the only relief I have been able to find so it is hard sometimes to choose between being able to drive or reduce my pain. Then when I do drive, I am anxious because even though I don't feel affected I might still have it present in my system. Redaction Code 8

I sometimes have to choose between having my medication used to treat my health conditions or driving. I am forced to choose between being in pain, anxious, sleep deprived, or nauseous, and being able to drive (not while intoxicated). This also causes stress on my family and harms my health. Redaction Code 8

I am in a lot of pain and wishing to try THC, but I do not want to break the law. I have PTSD and if I cannot drive I would feel trapped to not be able to drive if I was taking THC. So I put up with this amount of pain instead of preserving my mental health. Catch two situation. Redaction Code 8

I use cannabis as a medicine for anxiety/depression. With the zero-tolerance approach I can't medicate properly for fear of losing my licence, then my job, followed by my house.

Redaction Code 8

I'm not able to comfortably treat my illnesses with medication that works because I fear being pulled over, so am constantly in pain. Redaction Code 8

I am medically prescribed cannabis to treat two issues that traditional medicine has failed to control. I need a licence for my career as a travelling account Executive. Due to the laws, I am not able to take my medication as regularly as needed through fear of having my livelihood impacted by unsuitable testing. Redaction Code 8

It stops me from accessing medication I've been legally prescribed by a doctor which massively helps my day-to-day. I operate under constant fear and I'm reluctant to follow doctors' orders due to my fear of losing my job and licence. Redaction Code 8

I would take THC products more regularly for pain, however I am restricted due to the laws so I live in pain more than I need to. The amount I take is non-intoxicating and does not affect my cognition. When I am in pain and driving I am more affected. Redaction Code 8

I am an army veteran with PTSD and incapacitating injuries. I have only started using medicinal cannabis/oils recently, primarily taken in the evenings. I don't drink or smoke and live an otherwise clean lifestyle. Cannabis is the only medicine that relieves my chronic pain and allows me to sleep through the night without any significant side effects. If I need to drive, I have to detox for several days prior, and spend money on expensive test kits to ensure my system is clean. During this time when I am not using my medicine, I hardly sleep and am in significant pain. It is a horrible choice to make. Redaction Code 8

SHOULD QUEENSLAND CHANGE OR RETAIN ITS EXISTING APPROACH TO DRUG DRIVING?

Overall, responses to the question of whether Queensland should change or retain its approach to drug driving reflected negative sentiments towards the current drug driving laws. Most of the respondents, comprising around 95.86% (n = 5,468), advocated the laws should be revised to better accommodate persons who use cannabis, with a specific emphasis on those who use medicinal cannabis. Only 3.21% reported the current laws should be retained and less than 0.49% suggested the laws should be strengthened. A small subsample (0.44%) refrained from commenting or submitted answers that did not address the question.

Current Drug Driving Laws Should be Retained or Strengthened

Respondents who felt that the laws should be retained or strengthened, focused on the broad impairing effects of cannabis. Within this context, they stated that Queensland's drug driving laws are playing a crucial role in safeguarding themselves, their loved ones, and the community from being involved in a road crash because of an impaired driver. Other respondents commented that the current laws should be retained until there was sufficient evidence to determine that any detectable level of cannabis does not increase the risk to self or others while driving. Finally, a number of respondents supported retaining/changing the current law, coupled with an increase in

the penalties associated with drug driving. Some respondents went even further and proposed the need for a zero-tolerance approach for alcohol as well.

Cannabis and cognitive ability

A common concern expressed by this subgroup was that cannabis can impair cognitive ability, including reaction time and decision making, as well as overall driving ability. Redaction Code 8

Retain. Regardless of the pharmaceutical and clinical benefits associated with Cannabis , it remains a mind-altering drug which can significantly impair reaction times and decision-making abilities.

Redaction Code 8

Similar statements were made by other respondents, including:

Should keep the current laws. Studies show that cannabis does impair motor function in the brain. Where other regions of the brain try to take (sic) make up for the impairment of other parts. Just because people don't feel it doesn't mean it's not happening! Redaction Code 8

Not all medicinal cannabis products are the same. The pro-cannabis industry by their generalising and inappropriately extrapolating the research findings misrepresents the information to foster their vested interest. THC containing products can and consistently does reduce critical cognitive functions essential for the driving task. Redaction Code 8

Cannabis is not the "safe, natural and healthy" drug that a lot of its users purport it to be. It is a highly damaging drug that thoroughly dulls the user's senses, wits and reflexes. Driving while under the influence of this drug is extremely dangerous and should be discouraged through appropriate penalties. Redaction Code 8

Driving under the influence of any mind-altering substance is dangerous. I am glad that it is against the law. Redaction Code 8

Importance of safety for self, loved ones, and the community

Respondents also expressed concern for the safety of themselves, their families, and the general community if the current laws were not retained. It was explained that safety on the road was paramount.

There are tremendous industry pressures (from cannabis producers, importers, medicinal compounders, prescribing clinics) to change the laws in order to increase market. This pressure may be being applied in the guise of consumer expectation and consumer representative organisations. Whilst I empathise with those who seek and use medicinal cannabis, I do not believe their individual 'right' / want to drive should trump the public good / road-user safety. The government has a public duty of care not to be swayed by such pressure. Redaction Code 8

Retain its current approach. The risk to other road users outweighs any perceived inconvenience to the drug driver. Redaction Code 8

Retain their existing laws. Anyone that is affected by drugs or alcohol pose a risk to all road users, including themselves. Redaction Code 8

Retain. I hope the community doesn't want to allow people who are even slightly impaired to drive amongst us. Redaction Code 8

Queensland should retain the existing laws to drug driving. Nobody should have drugs in their system when driving. This is dangerous to everyone else and will result in more tragedies.

It is most important to keep the roads safe to use for all. If this limits the use of medications to a few then so be it. Redaction Code 8

One respondent Redaction Code 8

claimed that relaxing the rules around drug driving would be akin to loosening the rules surrounding illegal mobile phone use while driving.

Queensland should retain the existing zero tolerance policy to drug driving. Road deaths and injuries are on the rise across Queensland (and the rest of Australia), allowing people inhibited by any drugs behind the wheel would be extremely reckless. Relaxing rules around drug driving would be like relaxing rules around mobile phone use.

Need for more evidence before changing the current laws

A number of respondents expressed that until it could be proven that any level or presence of THC did not adversely affect road safety, the laws should be retained.

Until studies can show a universal blood dose level that doesn't impact peoples' ability to drive, then changing the laws as they currently stand makes no sense. I'm a clinical pharmacist and the levels of impairment vary so much from person to person that you can't have that type of drug in your system and safely say yes or no to drug use. It will increase drug driving rates and that will increase accidents and insurance premiums. Redaction Code 8

I think it should be retained. Unless it is scientifically proven that you cannot be impaired by a strict level of cannabis in your system. We would then need to make sure we have the drug tests to be able to accurately find the limit for drivers. Similar to drink driving. Redaction Code 8

Retain or possibly explore a way to test how much THC is in a persons system and study and determine if there is an acceptable level. If determined scientifically that there is an accepted level for a person to be able to safely drive with THC in their system and it can be tested and is financially viable for taxpayers to be able to test sufficiently and lawfully then it should possibly be considered to change the approach towards testing to this direction. Redaction Code 8

Strengthen and/or improve the current laws

As previously mentioned, some respondents commented that the current laws should be strengthened or improved. This perspective included proposals for increasing the monitoring of and testing for drug driving as well as increased penalties, such as jail time for offenders, higher fines, vehicle immobilisation, and vehicle impoundment. Redaction Code 8

I firmly believe that we should change the laws to harsher sentences. At present the few months in prison don't seem to be a deterrent as the cases seem to continue to rise according to the paper. The mandatory "link in" with ADS services also feels lacking as often the offenders see it as just "ticking a box". I also believe we should change the probation and parole conditions. They should change it, so parole is only offered near the end of their sentence, such as their last year or the last few months of their sentence. I think they should then be subjected to a year of mandatory drug tests that are conducted randomly. (As done with child safety cases).

Other comments received from respondents proposing harsher penalties are as follow:

The laws should be a little harsher. Only someone that has lost a beloved by effects of alcohol and drug knows how difficult it is. Redaction Code 8

Any impact on a person's cognitive or physical ability should automatically make them 100 percent at fault for their own actions, if that impact was self-inflicted, or knowingly attained. A high functioning drug user or a low functioning alcoholic does not matter to the family of the deceased person they have just killed. Nor will it bring the deceased persons family any comfort. There is no excuse for drug or alcohol driving. People (here in QLD) are terrible at driving now, why should we allow lower penalties for stupid decisions. Retain or even increase the punishments. Make an example like the HOON laws. Redaction Code 8

Retain existing laws and stronger enforcement/monitoring with harsher penalties for those caught driving/riding under the influence. Redaction Code 8

Start immobilising vehicles of drug drives and eventually forfeiting them to the state as it's the only way to keep them off the road. Redaction Code 8

They should be strengthened to deliver a strong united government message, that we will not tolerate persons driving vehicles under the influence of drugs, prescription or not.

Redaction Code 8

Retain existing approach, and make punishments harsher. Redaction Code 8

Some respondents went further and stated they believed that laws surrounding alcohol, including the current BAC limit, should also be reviewed and strengthened.

A zero-tolerance approach should be taken towards both drugs and alcohol. Redaction Code 8

Add alcohol and prescription barbiturates to the same schedule. They're drugs. Redaction Code 8

Zero tolerance and enforcement are the best deterrent of hazardous driving behaviours such as driving under the influence of drugs and alcohol. The only beneficial change I can think of is reducing the limit for alcohol use to zero or close to it. Redaction Code 8

No. Should also make 0.00% blood alcohol as well. Redaction Code 8

I believe alcohol should be considered as bad a drug as marijuana and be more restricted, alcoholism is a horrible thing which is related so many issues in the world. Redaction Code 8

Current Drug Driving Laws Should Be Changed

Within the responses advocating for legal reform, there was a strong argument the laws should be changed to focus on impairment and not the presence of THC. There were two primary suggestions for change proposed by respondents. The most common suggestion was for the introduction of a defence or exemption to drug-driving charges for medicinal cannabis patients (similar to Tasmania). This was followed by a smaller cohort of respondents who commented that a per se level, similar to the general alcohol concentration, is needed. Finally, a few respondents suggested education and public awareness campaigns could assist those who use cannabis to better understand the effects on driving ability and when they would be safe to drive (i.e., not impaired after using cannabis).

Change for those who use cannabis for medicinal purposes

Across the responses received, most of the respondents commented that the current Queensland laws should be changed for those who use cannabis for medicinal purposes.

They should change it, at least for medical patients. Redaction Code 8

Change the laws to help this who medically take medicinal cannabis. Redaction Code 8

It should be changed. The trend of cannabis use is only increasing, particularly with medicinal cannabis. Also, the fear of getting caught could be deterring people from getting medical treatment that is needed such as for chemotherapy. Not to mention the negative effects of a criminal conviction on someone's record. Redaction Code 8

While many of the responses were received from persons who reported using cannabis (for medicinal purposes or otherwise), there were a small number of responses received from those who commented they never use cannabis.

I believe if it's medical then they should be able to drive. Redaction Code 8

Change the rules for those who need medically allowed THC for chronic pain and other issues.
Redaction Code 8

I think the law should be understanding for those using cannabis products for medical purposes.
Redaction Code 8

Test for impairment and not presence of THC

A common argument for legislative reform was that the current roadside oral fluid testing program tests for the presence of THC, rather than intoxication or impairment. Within the comments received, it was stated the current zero-tolerance approach was unfair as it penalises those who

have used cannabis days (or weeks) in the past, which does not improve road safety. That is, respondents were advocating for the removal of the zero-tolerance law but appeared to support a law that would determine if a driver was impaired.

Change. It is not reasonable to have a testing system that detects THC in your system from days before when you are actually driving. It is reasonable to have laws that prevent driving when people are high/impaired on THC, but not when they have consumed the drug days before and are no longer high. Redaction Code 8

It needs to change. I do not agree with people driving under the influence in ANY circumstance but there needs to be a way to test for impairment, rather than just traces in the system.

Redaction Code 8

I would advocate for Queensland to change its approach to drug driving. I agree that people should be prohibited from driving while impaired by drugs, however driving with trace amounts in their system should not be considered an offence. Redaction Code 8

Yes, the zero-tolerance policy STRICTLY only regarding cannabis (every other drug should be zero tolerance) should be reformed and revised. I believe it's true that THC can stay in the system for weeks after usage wherein which you can test positive after not using for over 2 weeks, for a drug that does not impair or impact you cognitively after around 12 hours, this is not the approach we should be taking. Cannabis should not be a part of the zero-tolerance policy. Redaction Code 8

It should change its approach, absolutely. There are plenty of countries who have legislated with impairment rules that could be adopted here. It is common knowledge that THC stays in your system well after and beyond any kind of impairment has disappeared and the laws should take that into account. Redaction Code 8

Change the approach, there needs to be a way to determine the driver is currently impaired by the cannabis rather than have they smoked it within the last few weeks. Redaction Code 8

Several respondents went further to state that testing for impairment rather than the presence of THC or cannabis metabolites was particularly relevant to those who use cannabis for medicinal purposes, noting they were disproportionately impacted by their choice to use this medication.

Changing laws to permit users of medicinal cannabis to drive emphasize the potential benefits of adopting a testing approach focused on determining intoxication rather than merely detecting the presence of cannabis in a person's system. This shift recognises the unique nature of medicinal cannabis use, where individuals may consume it responsibly to manage health conditions without experiencing impairment. Redaction Code 8

Yes, the testing regiment needs to test for actual impairment of said medication (THC). And not trace amount. These current laws are ruining the livelihood of every day Queenslanders choosing to use a certain medication, and in turn made to be criminals. Redaction Code 8

It really needs to change as the current testing isn't a reflection of impairment. There are a lot of medicinal cannabis users in Australia now and the laws are unfair and a conviction is very serious and can impact you in employment, livelihood and wellbeing. It needs to reflect impairment not just presence in your system. Redaction Code 8

Queensland needs to amend its laws to cater to the patients suffering under old and outdated laws. The amendment should see that medical cannabis being detected while driving should be left to the police officers judgement of whether or not the driver is impaired or that the medical has put the driver or others in danger or the possibility of the driver potentially causing harm to self or others. Redaction Code 8

Most definitely change. The medical community and the TGA have recognised the significant benefits of medical marijuana. Detection for THC rather than truly determining driving impairment is outdated. You are criminalising a significant number of people who are able to benefit medically from an approved medication. Redaction Code 8

Qld should MOST DEFINITELY change its approach to drug driving. To punish people for presence without any obvious impairment is not just, nor is it reasonable - especially in the case of medically prescribed patients. It ruins lives and sometimes livelihoods without achieving any downward impact on the road toll. Redaction Code 8

Needs to change. I should not be ostracised because I need medical cannabis) to manage my chronic pain and inflammation. I should still be able to drive with low quantities of THC in my system, regardless of the last time I medicated. THC remains in the body, long after the psychoactive effects. Those taking flower should not be driving after medicating, but low THC and high CBD and CBD oils are manageable. Redaction Code 8

To address the issue of presence versus impairment-based testing and the resulting legal consequences, respondents broadly suggested two options. The most common suggestion was for Queensland to introduce a defence or exemption to drug-driving charges for medicinal cannabis patients (similar to Tasmania). Over and above this, a subgroup of respondents suggested that a per se level, similar to the general alcohol concentration level of 0.05, is needed. Finally, a small cohort highlighted the need for education and public awareness campaigns so that anyone using cannabis is informed and there are clear guidelines to support safe driving.

Medical defence or exemption

Many respondents proposed the current Queensland laws should be changed to include a medical defence or exemption for those persons who have a valid prescription for cannabis. This included some respondents who did not report personal cannabis use. Broadly, those recommending a medical defence or exemption were of the opinion that anyone taking medically prescribed cannabis should be permitted to drive, providing they are not impaired and are using their prescription as directed.

Should change approach and include a medical defence at least. Redaction Code 8

Yes. I am not sure what they do overseas, but "zero" tolerance is not appropriate. There should be an exemption for those with medical conditions who are using the products as prescribed by their clinicians. Redaction Code 8

I think Qld's approach to drug driving should remain the same, but for people who use LEGAL and registered medical cannabis for genuine health reasons, there needs to be some kind of exception, or at least a different kind of drug test that allows us to have a certain amount of THC in our system without facing instant charges. If someone has had medical cannabis and IS driving under the influence, that absolutely warrants a charge/fine/loss of license, but for us that don't do that, I don't think we should get punished when we are doing the right thing. Redaction Code 8

Changed to include a medical defence for those with valid prescriptions and not under the influence while driving. Redaction Code 8

It was also suggested that Queensland adopt the same approach as Tasmania, with some respondents suggesting medicinal cannabis be treated the same as other prescription medications.

Queensland should change its laws to align with other jurisdictions such as Tasmania. A medical exemption for detection (whilst still enforcing impairment) would be more in line with other medicines such as Valium, painkillers and antihistamines, and would further reduce the stigma against those prescribed cannabis for legitimate reasons. Redaction Code 8

I think it should change and be approached like any other pharmaceutical product where you shouldn't be charged for just having it in your system and only charged if under the influence just like the laws in most states of America and even Tasmania. Being that it stays in your system longer than anything else makes this law not fair at all and needs to take a more logical and modern approach. Redaction Code 8

Tasmania is leading this. Qld shouldn't penalise legal cannabis users. It should be illegal to drive under the influence of drugs, but this shouldn't mean you can't drive sober which is how the law is currently set up. Redaction Code 8

I feel the approach currently being used in Tasmania is a much more reasoned approach. Where the driver has a legitimate prescription, it is treated much the same as any other medication and it's not unlawful unless the driver is actually intoxicated while driving. Redaction Code 8

Introduce a per se level, similar to alcohol

Respondents also stated that the existing Queensland laws should be modified in line with the existing laws for alcohol and driving. It was proposed that rather than testing and charging someone with trace amounts of cannabis in their oral fluid/blood, a legal cut-off or level should be determined. Those who proposed this change argued this approach would mitigate the risk of being “unfairly” penalised if driving below a set level.

Yes, I think it should and not have a 'war on drugs' approach. People can drive safely with small amounts of THC in their system as much as small amounts of alcohol. I think it's unfair and should be treated more like alcohol and have a limit. Redaction Code 8

THC should be considered similar to alcohol, where you can have a certain amount present in your system without being criminalised for it. Redaction Code 8

These laws should be changed to allow for people who use it medically or even recreationally to take a similar approach to alcohol. There should be a legal limit, and if you are under this limit and can operate a vehicle safely there shouldn't be any problem. Redaction Code 8

I believe a safe alternative to the current laws would be to have a set safe level of THC and enforced similarly to alcohol. The level of THC should be decided by medical professionals. Redaction Code 8

Yes, it should change otherwise it is unfair. It should change in two things: 1. Allow for a minimum limit of THC in the system to drive, similar to alcohol. A small concentration of THC in the system should be able to drive similar to a standard drink of alcohol. 2. Better detection system, THC effect takes between 2-4 hours, however, it could still be detected in the blood and saliva after 1 day. This is completely unfair as a driver cannot determine when they are legal to drive again, especially people on medical use. They can determine when they can drive, but not when they are legal to drive. Redaction Code 8

I think the law should change to allow for some cannabis to be in the system of people who have been prescribed the drug legally. I'm unsure how to measure this, but if this could be the next day or a few days after ingestion (similar to limit of 0.05 blood alcohol limit). If science can backup that having a certain amount of cannabis in the body doesn't affect safe driving, then I believe this would be good. This would also help people like me who have been prescribed cannabis legally and need this for a medical reason, but still need to operate a vehicle. Redaction Code 8

Education and public awareness campaigns

Finally, a small number of respondents highlighted that efforts should be directed towards education and public awareness campaigns to educate those who use cannabis, either recreationally or for medicinal purposes, about the effects on driving ability and how to ensure safe driving and not driving when impaired.

There should be a more relaxed approach to cannabis use and driving. Education is key, don't drive impaired. Redaction Code 8

We've got to get the word out better. Lots of folks don't get how much pot can mess with their driving. More education could really help there. And any changes we make should totally be backed up by solid research. We want decisions based on facts, not guesswork.

Redaction Code 8

Education!!! The fact that the medical grade cannabis has been made legal and the people that it is supposed to be helping cannot drive without fear of being charged is ridiculous. Make the subscription subject to doing a short course on when it is safe to drive after taking the cannabis? Eg- have it at night, then wait until morning to drive or wait 3 hours before driving.

Redaction Code 8

Public education campaigns can play a crucial role in raising awareness about responsible cannabis use and its potential impact on driving. By fostering a better understanding of the nuances involved, we can work towards a more informed and equitable regulatory framework.

Redaction Code 8

Create educational campaigns around cannabis and driving to give the most up to date information about how to keep yourself and others safe on the road. Redaction Code 8

Some education about when it is safe for an individual to drive - eg: similar to the awareness campaigns for drinking. Redaction Code 8

Introducing clear guidelines and exemptions for registered medicinal cannabis users could help strike a balance between road safety and the legitimate medical needs of individuals. Education campaigns could also be implemented to raise awareness about responsible cannabis use among medicinal users. Redaction Code 8

WRITTEN RESPONSES

In addition to the online feedback submissions, 29 written submissions were accepted from individual community members, road safety organisations, medicinal cannabis industry representatives, and other concerned parties. Some of these responses were based on the questions posed in the online feedback form, while others discussed topics beyond the scope of these questions.

Background information was not collected from the written responses. Descriptors added to each response reflect the information volunteered in submissions.

Group	Number of submissions	Description
Community members	14	Redaction Code 2, Redaction Code 8
Road safety organisations	2	Redaction Code 8
Medicinal cannabis industry/ advocacy groups	8	Redaction Code 7, Redaction Code 8

Group	Number of submissions	Description
		Redaction Code 8
Other stakeholders	5	Redaction Code 7, Redaction Code 8

Submissions from community members were analysed separately and contrasted with those submitted by road safety organisations, medicinal cannabis industry/advocacy groups, and other stakeholders.

Community Members

The primary focus of the community member submissions was the negative impact of Queensland's current laws on persons taking medicinally prescribed cannabis.

Driving legally, taking medication, or facing legal consequences

Responses from both persons who reported cannabis use for medicinal purposes and those who did not disclose their use raised concerns about the dual choice of either abstaining from driving or taking medication - or risking the consequences of driving illegally. Most respondents linked these concerns to the zero-tolerance approach and the legal restrictions on driving with the presence of THC.

Participants described how reducing or forgoing medication could lead to adverse medical outcomes while choosing not to drive could impose restrictions on social and vocational

participation and reduce the ability to respond to potential emergencies. Some respondents who reported driving after consuming cannabis expressed apprehension about being detected. Others described a decline in emotional well-being due to the inability to drive, use medicinal cannabis, or from the experience of being prosecuted or convicted of drug driving.

The prescription drugs have bad side effects. Was prescribed medical cannabis and works great, but I'm not allowed to drive. Participant 1, reported medicinal cannabis use.

I am a medical patient and am constantly risking my licence, job, roof over my head all because I choose to take a plant medicine rather than pharmaceutical pain killers that I was addicted to before finding medical cannabis. Participant 9, reported medicinal cannabis use.

I am concerned about the current waiting period of 30 hours, and sometimes even longer, before driving after cannabis use. This waiting period seems excessively stringent and may pose challenges for responsible cannabis users who are managing their health. Participant 12, did not disclose cannabis use.

As someone who walks with a cane and requires other medical devices to enable mobility, my driver's licence is an absolute necessity. The threat hanging over my head, just because of my medicine (when there is NO alternative, as no other treatment comes close to cannabis), is not only highly discriminatory but disgracefully ideologically driven. Participant 3, reported medicinal cannabis use..

As someone who is prescribed and been charged (with a drug driving offence) the inability to continue my treatment has drastically affected my wellbeing and quality of life. Which I feel is unfair by law. Participant 6, reported medicinal cannabis use.

I'm scared to drive which I need too but I cannot legally. I have regular doctors' appointments and I rely on medical cannabis oil at night to sleep due to (a) spinal injury I suffered breaking my neck. It also heaps with my anxiety. I would love the option to drive as I cannot in an emergency, for medication, or pickup my child at school without a caregiver but I find them unreliable. Participant 8, reported medicinal cannabis use.

Procedural justice

A few respondents questioned the legitimacy and fairness of the current drug driving laws. For instance, respondents described the injustice of being penalised for using a legally prescribed medication in compliance with the instructions of their treating physician. Concerns that the law was enforced through a targeted and quota-driven approach to drug testing were also voiced.

I have been prosecuted by this law ... I feel the government laws have failed me and I'm being treated like a legitimate criminal when the obviously and the hypocritical fact is the medication was prescribed, purchased and used under the doctor instructions legally (don't drive for a certain period of time). Participant 2, reported medicinal cannabis use.

The current system has become a Russian roulette for unimpaired drivers, driven by over-zealous law enforcement with quotas to fill. There has also been ongoing concern in the community, particularly among those using prescribed cannabis, that police are biased when pulling people over for a roadside drug test. It seems that young drivers and drivers who have been previously charged are being unfairly targeted in order to make quotas. Participant 3, reported medicinal cannabis use.

It was also noted that drivers with a prescription for medicinal cannabis who return a positive roadside test are subject to the same penalties as another driver who has used cannabis without a prescription (e.g., illegal cannabis use). The failure of the current laws in distinguishing between legal and illegal use of cannabis result in the unjust punishment of legal (medicinal) use and prevented the consideration of the impairing effects of cannabis over its mere presence in the system of drivers.

While emphasizing road safety, it is crucial to recognize the medicinal benefits of cannabis, especially for mental health. Imposing harsh penalties on responsible cannabis users, particularly those addressing conditions like anxiety, stress, and depression, may disproportionately impact those doing the right thing. Participant 14, did not disclose cannabis use.

The current laws are disproportionately harsh, particularly for individuals who benefit medically from cannabis. These (laws) should consider medical necessities and focus on impairment assessment rather than simply penalizing based on THC presence. Participant 10, did not disclose cannabis use.

Presence versus impairment: suggestions for legal reform

Concerns were expressed about the current zero-tolerance approach. Specifically, it was noted that presence does not necessarily equate to impairment or correlate with the level of impairment a driver may be experiencing given the long elimination half-life. Suggestions for legal reform focused on addressing these concerns by revisiting waiting periods, including a medical defence, and implementing higher cut-offs for legal cannabis oral fluid concentrations and additional measures (e.g., sobriety test) following a positive roadside test.

I'm concerned about the use of roadside drug tests because they don't show whether or not someone is impaired, they only show that someone has taken medical cannabis. If I have been provided a script for a drug legally then as long as I'm not impaired by that drug, I should be allowed to drive. Participant 13, reported medicinal cannabis use.

Of course I think Queensland should change its drug driving laws, as it's unfair for someone to be prescribed a medication by his doctor then find out he still (has) a trace amount in his system from 2 days prior. Participant 9, reported medicinal cannabis use.

Road Safety Organisations, Medicinal Cannabis Industry/Advocacy Groups, and Other Stakeholders

A number of the concerns raised in the community member submissions were echoed in the responses received from the medical cannabis industry or advocacy groups (n = 8). However, these groups provided additional insight and elaboration on several points.

Driving legally, taking medication, or facing legal consequences

Concerns regarding the dual choice of driving or taking medication or driving illegally was also noted in two responses received from the medicinal cannabis industry/advocacy groups.

These drug driving laws as they apply to THC, impact them every day when they are faced with the decision to take their prescribed medication or to drive. They live in fear, or they break the law. That is the choice. Redaction Code 7, Redaction Code 8

For many lawful medicinal cannabis patients fronting court, the loss of licence is the real fear, especially for those from non-metropolitan areas. Redaction Code 7, Redaction Code 8

Procedural justice

The reservations voiced by community members regarding the targeted nature of drug driving testing were also reflected in quotes from the medicinal cannabis industry/ advocacy groups.

Loss of independence and livelihood often result from a positive “random” test. These drivers are then targeted. ... Zero tolerance is an example of “proactive policing” which sees “police conduct up to 50,000 RDTs per year, with about one in four tests returning a positive result”. This equates to around 12,500 people per year and amounts to a revenue raising, quota system that has NO basis in road safety. Redaction Code 7, Redaction Code 8

Expanding on concerns expressed by community members, some medicinal cannabis industry representatives were concerned that the current Queensland laws, or the crash data presented in the discussion paper, do not discriminate between medicinal cannabis patients and those who use cannabis illegally.

Current regulations, which do not differentiate between recreational and medicinal use, pose challenges for patients reliant on cannabis for their health, impacting their mobility and quality of life. Redaction Code 8

The current driving laws appear to be discriminatory towards medical cannabis patients. It is imperative that the inquiry examines whether these laws disproportionately impact this specific patient group and whether such discrimination is justified. Redaction Code 7, Redaction Code 8

Firstly, providing statistics in this way (with reference to the data noted in the discussion paper) assumes that mere presence means that there is a causal link between presence of cannabis and that cannabis causing impairment resulting in a crash. Secondly, presenting these statistics this way infers that these data sets cannot be interrogated to separate illegal recreational use from medicinal use. Redaction Code 8

The cannabis industry/advocacy groups and other stakeholders also emphasised that medicinal cannabis is not subjected the same regulatory framework as other prescription medications under Queensland law. It was noted that prescription medications, such as benzodiazepines, antipsychotics, opioids etc, which have the potential to negatively impact a person’s ability to drive safely are not part of the current roadside oral fluid screening program. It was proposed medicinal cannabis should be treated in a similar manner to other prescription medications under Queensland law (e.g., labelling, supervision by prescribing doctor, counselling by pharmacists, and fitness to drive assessments).

Other prescription drugs have a much greater impairment severity. There is no other prescription medicine apart from THC where it is unlawful to drive with a detectable level – for example opioids, barbiturates, anti-anxiety and sedating antidepressant medications are not subject to detection offences. Redaction Code 7, Redaction Code 8

It is crucial to acknowledge that medicinal cannabis has emerged as a safer alternative to opiates, which, despite their highly addictive nature, do not render patient’s ineligible to drive. This disparity in regulation is concerning, particularly given the growing evidence supporting the efficacy and safety of cannabis as a less harmful plant-based medicine. It’s imperative that our laws evolve to reflect these realities, ensuring patients aren’t penalized for choosing a safer medicinal option.

Redaction Code 8

Tasmania’s approach to treating medical cannabis as other scheduled medications under the supervision of healthcare professionals, such as doctors and pharmacies, serves as a valuable model. Redaction Code 7, Redaction Code 8

There are many prescription medicines which can impact a patient’s cognition: benzodiazepines, antipsychotics, prescription opiates, even some anti-inflammatory drugs. These medicines are not screened for as part of roadside drug testing, but doctors advise and assess their patients every day on these and their risk of impairing their ability to drive. Consistency of policy - and therefore avoiding discrimination or incompatibility with human rights, is important in DMRT’s considerations. Redaction Code 8

Medicinal cannabis is a prescription medication and should be treated under Queensland law in a similar manner to other prescription medication. Redaction Code 8

...Manages regulated medicinal cannabis in the same way as other prescription medications known to potentially cause impairment. Redaction Code 8

Suggestions for legal reform

Expressing sentiments similar to the community members, suggestions for legal reform centred on the identified issues associated with the zero-tolerance approach to cannabis and driving.

Specifically, the issue of impairment versus presence of THC was highlighted. This concern was noted in a few of the responses received from the medicinal cannabis industry/ advocacy groups, as well as the Queensland Mental Health Commission.

Recommendation: Drug driving laws shift away from a zero-tolerance and drug detection approach (ie testing for the impairment, as opposed to presence). Redaction Code 8

...taking an approach to cannabis and driving in Queensland that focuses on the level of impairment and not criminalising drivers who have only the presence of THC in their system.

Redaction Code 8

Impairment SHOULD BE the issue. Current scientific research shows that presence does not equate to impairment in many cases where a person is a regular or long term user; as in a medically prescribed patient who uses daily. ...Drug driving laws for legitimately prescribed cannabis patients (and others) should be about impairment, not deterrence. Redaction Code 7, Redaction Code 8

The presence of THC in a driver's system is not a good indicator of impairment. When the driver is not impaired with medicinal cannabis, the presence of medicinal cannabis in their saliva presents no increased risk. Redaction Code 8

It should set off alarm bells that Australia is the only country on Earth taking away driver licences for merely having the presence of THC in their saliva, which has little if any relevance to impaired driving. Redaction Code 8

Further, several of the responses received stated that Queensland should introduce a defence for medicinal cannabis patients with a valid prescription, analogous to the Tasmanian approach.

Queensland should introduce laws comparable to Tasmania for drug detection offences where the driver has a prescription and is not driving under the influence. The law should change so that there is a defence for those detected with THC in their system if they can prove: 1. They were not driving "under the influence", and 2. They were used exclusively in accordance with a lawfully obtained script in Australia. Redaction Code 7, Redaction Code 8

We propose a nuanced approach, akin to Tasmania's model, offering a defence for medicinal cannabis patients with a valid prescription, while upholding stringent driving under the influence laws to ensure road safety. Redaction Code 8

Montu requests that DMRT engages with its counterparts in Tasmania to determine what the statistics in Tasmania reveal about the safety or otherwise of implementing a medical defence provision; has the provision to allow patients who have legally been prescribed their medicinal cannabis to drive in Tasmania resulted in an increase in crashes or road toll? If there has been no statistically significant impact, it does provide a strong argument for Queensland to consider the same. Redaction Code 8

The Queensland Government should consider introducing a defence against driving while not impaired with medicinal cannabis, similar to Tasmanian legislation. This will allow medicinal cannabis patients to take their medicine as prescribed by doctors, while enabling patients to drive to work, school and shops but safeguard the community from the risk of patients driving while impaired. Redaction Code 8

Some stakeholders outside of the cannabis industry and advocacy domain expressed diverging viewpoints and perspectives on the current drug driving laws. Addressing the use of cannabis among bus drivers, the Redaction Code 8 voiced support for a zero-tolerance approach to drug driving. Code 8 emphasised safety concerns as a primary motivating factor, highlighting the potential psychoactive and varied effects of cannabis on drivers.

Medicinal cannabis, despite its therapeutic purposes, can induce psychoactive effects that have the potential to impair cognitive functions, reaction times, and decision-making abilities. These impairments pose a significant hazard to the safety of both passengers and others on the road. The coordination and reaction time deficits associated with cannabis use are particularly perilous when operating large vehicles like buses. Redaction Code 7, Redaction Code 8

Redaction Code 8 submission suggested retaining the current laws (e.g., the zero-tolerance approach) whilst further research is undertaken regarding THC impairment levels and more effective enforcement approaches are explored.

Maintaining the current zero tolerance approach to THC presence is seen as the best course of action while the Queensland Government undertakes more research into THC impairment levels, and improved enforcement options. Code 8

Redaction Code 8 response did go on to state that a medical defence option, with provisions and limited to the presence-based offence, could be implemented whilst further research regarding THC impairment levels is conducted.

Adopting a medical defence provision for those who take cannabis containing THC in accordance with a valid prescription, in a similar way to in Tasmania, could be introduced while further research on the impairment issues is conducted. This defence, if considered further, should only apply provided that the driver is using the prescribed medicine/s, only using it/them as directed, and with regard to the evidence of whether they were driving impaired or driving unsafely. Code 8 agrees that

this defence, if considered, should only apply to the presence-based offence, and that even with a prescription, a driver who is tested positive and is adversely affected by cannabis containing THC and/or where there is evidence of impairment or unsafe driving should be charged with driving under the influence of the drug. Code 8

The Redaction Code 8 noted that the "(THC) blood level correlated with significant impairment is yet to be determined", emphasising that all prescribers should discuss all possible risks, including driving risks, before prescribing cannabis to patients. However, they also emphasised the need to ensure that medicinal cannabis patients who do drive are not unfairly penalised, now or in the future.

It is recognised that there may be circumstances when a driver who has a prescription of medicinal cannabis and who has taken their medication in accordance with that prescription may have detectable THC in their blood or oral fluid, even when they have been deemed to be unimpaired by their prescribing doctor. In this situation, consideration should be given to ensuring that patients are not unduly charged. Redaction Code 7, Redaction Code 8

Concerns regarding limitations to the current understanding of the psychoactive effects of cannabis in isolation or interaction with other drugs were also cited by the Redaction Code 8 .

The considerable gaps in knowledge regarding the pharmacological behaviour of cannabinoids are due to the diverse pharmacokinetic and pharmacodynamic properties of these compounds, and this is a key problem in considering the regulation of such substances with regard to driving. Of particular concern is the extensive list of interactions with other prescribed medications that are not adequately characterised by the manufacturers of cannabinoid products. Examples include SSRI antidepressants, methadone and anticonvulsant drugs where there may be significant changes in blood level and hence sedation potential due to concomitant cannabinoid use. Research into the extent of these interactions is completely lacking and hence safety cannot be ensured when co-prescribing these therapeutic agents. Redaction Code 7, Redaction Code 8

Unlike the Code 8, however, the Code 8 recommended retaining the current laws governing cannabis and driving until techniques have been developed to identify acutely impaired drivers and distinguish those taking prescribed cannabis from those taking illegal products.

Research Focus Groups: Overview

This summary was authored by Footprints (2023).²

RESEARCH CONTEXT, OBJECTIVES, AND METHOD

Research Context

A Cannabis and Driving Consultation Paper was released on the Queensland Government's Get Involved website in November 2023, inviting community consultation on the topic of Queensland's drug driving laws. The Consultation Paper outlines Queensland's current approach to cannabis and driving, identifies some of the key challenges that need to be considered and explores approaches taken in other jurisdictions. Responses to the community consultation process close on 17 December 2023.

To support this consultation process, TMR commissioned a series of personal focus groups to ensure a wide representation of the Queensland community, including geographical and demographic diversity across the state. These focus groups provided an opportunity for members of the community to discuss their knowledge, understanding, and attitude towards cannabis use and driving in Queensland.

Research Objectives

The overarching objective of the research was to consult the Queensland community on attitudes towards drug driving laws in relation to cannabis and any potential changes to these laws. The specific topics for discussion included:

- How do Queensland's drug driving laws impact Queensland drivers?
- Should the drug driving laws in relation to cannabis be changed?
- How could the laws be changed? Unprompted suggestions and prompted responses to ideas including retaining zero tolerance, setting thresholds, medical defence, and impairment testing.
- How would drivers feel about using our roads if people using cannabis can drive?

² *TMR Driving and Cannabis Community Consultation: Research Focus Groups. Market Research Report December 2023.*

Research Method

Research was conducted through a series of focus groups, constructed to represent users and non-users of cannabis across age groups, genders and geographic locations. Ten focus groups were conducted between 21 and 27 November 2023, to the following specifications:

Location	Cannabis Users	Non-Users
<i>Greater Brisbane</i>	2 groups	1 group 18-39 years, 1 group 40+ years
<i>Gold Coast/Sunshine Coast</i>	1 group	1 group 18+ years
<i>Regional – including West, Central and North Queensland</i>	2 groups	1 group 18-39 years, 1 group 40+ years

RESEARCH SUMMARY

The research findings highlight a community that has little informed knowledge of the details around Queensland’s drug driving laws, both in general and in relation to cannabis. There are few lived experiences of participating in random drug testing while driving and no recall of communication campaigns on the topic.

There is community consensus that drug driving laws **while under the influence**, for impaired driving, need to be maintained and enforced. The laws around **presence-based drug driving offences** raise issues and beliefs across the community which range from zero tolerance for a cohort of non-users (of cannabis) through to calls for change in response to the increasing use of medicinal cannabis. While debating the opportunity for change, drivers could find no satisfactory solution to the challenges of identifying and measuring when a cannabis user is impaired or how to control genuine medical reasons for cannabis use compared to recreational cannabis use. In the final summation, a cohort of the community wants to retain zero tolerance for any cannabis use while driving, another cohort calls for more evidence-based decision-making on the impact of cannabis for driving impairment and a review to consider medicinal cannabis usage.

The Research Findings are Summarised Here:

- Most participants in this research have no experience of random drug testing for presence-based drugs and cannabis. Awareness of drug testing is built through media coverage and reality TV shows, the occasional experience at music festivals, and word of mouth.
- Non-users of cannabis are disengaged and uninformed or misinformed about the current drug driving laws. Cannabis users have some knowledge of the laws, but this is far from detailed or consistent.
- Broadly speaking, young drivers are more demanding and tolerant of change to the drug driving laws compared to older drivers.

- There are many assumptions made around drug driving laws and cannabis which may result in users driving with THC in their system either because they are unaware of the risk of penalty, or they are prepared to take the risk. These assumptions are evident for users of medicinal cannabis but may apply to recreational use, for example, leaving time between consumption and driving. Assumptions include:
 - Exemptions are already in place for medicinal users of cannabis in unimpaired (presence-based) driving situations - either automatic or through an appeal process.
 - The medical cannabis they are taking is completely THC free.
 - They have received medical advice that they are okay to drive.
 - They have allowed enough time for the THC to leave their system.
 - Their driving is not impaired in any way and the chances of a random drug test are low.
 - They have prioritised their health/pain management needs over the risk of being caught and penalised.
- Drivers understand that using cannabis has a pharmacological impact which changes a person's physiological function. At the centre of drug driving considerations is the extent to which people are impaired by their use of cannabis. Most drivers made this distinction early in the discussion by linking road safety with variable driver capability. Others took a stronger stance that using cannabis and driving is an offence, regardless of the relationship between THC level and impairment.
- Users and non-users are in firm agreement that impaired driving due to any substance use is unacceptable and the current laws and penalties are either appropriate or should be increased.
- The current drug driving laws for presence-based driving leave medicinal users feeling concerned and discriminated against as most believe their usage is safe and responsible; and does not impair their driving in any way. Recreational users who delay driving after use to avoid impairment feel the same way about this issue.
- Users can feel that if presence-based testing is increased they are at an unfair risk of suffering the implications of penalties which are set at similar levels to Schedule 1 drugs.
- There is an expectation from all users and many non-users that the laws for presence-based drug driving offences for medicinal cannabis use need to be re-visited to accommodate medical needs where it is understood that impairment will not be an issue.

- Both users and many non-users appear to understand the complexity of the drug testing process and lack of available science to link THC levels and impairment within individuals. It is acknowledged that this a difficult issue to address. In discussions, drivers are unable to arrive at a clear solution for any revisions of the drug driving laws. Suggestions include:
 - Further research on presence-based testing to accommodate different levels of cannabis/THC, based on direct links with driving impairment.
 - Potential development of impairment measures.
 - Development of exemptions/restrictions for medicinal cannabis usage, however...
 - Many non-users and some users feel it would be inappropriate to remove 'zero tolerance' until more is understood about impairment and how it relates to THC levels; and that a proper process including rigorous medical assessment/approval for exemptions is put in place. They would feel less safe on the roads if zero tolerance was to be removed without due diligence.
- Many users and some non-users believe the drug driving laws need to catch up with the medical development and corresponding social acceptance of cannabis use.
- Both users and non-users believe there needs to be much more education and awareness on the topic to guide responsible and informed behaviour and community understanding.