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A/Director | Road and Rail Safety (Policy and Research)  
Land Transport Safety and Regulation Branch  
Customer Services, Safety and Regulation Division  
Department of Transport and Main Roads

**FPM submission to Cannabis and driving in Queensland-community consultation**

Dear Darren,

Scientific and professional considerations regarding the use of cannabinoid formulations in the management of pain are set out in detail in the FPM document *Statement on Medicinal Cannabis with particular reference to its use in the management of patients with chronic noncancer pain*, referred to by its reference number PS10(PM) for convenience.

Key considerations in this regard include that FPM endorses the principle that substances intended for therapy purposes be fully characterised chemically, pharmacologically and toxicologically, to the extent that they are eligible for registration by regulatory authorities (TGA in Australia: MedSafe in New Zealand). 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.

FPM agrees with the general rationale expressed in the consultation paper that designating a maximum Blood Cannabinoid Level is impractical with current scientific knowledge, while also acknowledging that requiring a zero blood level may result in unintended consequences for intoxicated drivers who have a very small residual level that does not impair them. This potentially places a greater restriction on cannabinoid users, whether medically prescribed or not compared to other substances. The inability of any drug testing, whether roadside or not, to differentiate between prescribed or illicit cannabinoids is likely to be an ongoing impediment to confidently setting maximum blood levels in any jurisdiction.

FPM does not currently recommend clinical use of cannabinoids products for management of chronic pain outside of a clinical trial setting. With the current scientific knowledge and technology, a 'safety first' approach seems most reasonable, and we would not support any change to the current laws regarding cannabis and driving in Queensland until there is the ability to reliably identify drivers who are (a) impaired by THC/CBD acutely and (b) taking medically prescribed cannabinoids rather than illicitly sourced substances.

Yours sincerely,



Associate Professor Michael Vagg  
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