


Medicinal cannabis and driving

Decision support resource



Before prescribing - Think about driving

Contents

	Concept summary	3
	How medicinal cannabis affects driving	4
	What the law in Victoria says	5
	Assessing patients' driving needs	6
	Educating patients about driving	7
	Assessing and managing impairment risk	8
	Frequently asked questions	14
	Useful links	15
	References and further reading	16
	Acknowledgements	17

Fitness to drive is an important consideration in the clinical care of your patients. This includes considering the impact of their medical condition(s) as well as any potential impairment associated with treatment.

For medicinal cannabis, there is an additional consideration being the drug-driving laws that make it an offence in Victoria for a person to drive with any detectable amount of Δ -9 THC (delta-9-tetrahydrocannabinol) in their system.* Health practitioners, therefore, have an important role in assessing and mitigating impairment risk while also providing clear advice in line with the current drug-driving laws.

The Department of Transport and Planning (DTP) Victoria is actively encouraging drivers and their treating healthcare professionals to give **early consideration to driving** so that the person's driving needs are at the forefront when decisions are made about medicinal cannabis treatment. So, your patients may ask “**Can I drive while taking medicinal cannabis?**”

This resource will help you to address driving risk as an integral part of clinical management and thus support safety for your patients and other road users.

Note

- This resource does not address the clinical basis for medicinal cannabis treatment. It focuses on road safety considerations as an important aspect of the clinical management process.
- This resource focuses on driving and medicinal cannabis, not recreational cannabis. However, the information about drug-driving laws applies to both medicinal and recreational cannabis, and drug testing does not differentiate between THC from medicinal cannabis and recreational use.
- The information about drug-driving laws and laws relating to reporting medical conditions is applicable to drivers in Victoria. For information about requirements outside Victoria, please refer to your local Driver Licensing Authority.
- It is acknowledged that this is a rapidly developing area. This information will be updated as reliable new evidence becomes available.

*For the purposes of this resource, the term THC is used when referring to Δ 9 THC.



1 Assess the patient's driving needs

Medicinal cannabis and driving
Driving needs checklist

A person driving needs should be an integral part of a patient's treatment with medicinal cannabis to be considered. This checklist supports both clinicians and patients to identify whether a patient is safe to drive while using medicinal cannabis. It is not intended to be used as a standalone tool for driving needs assessment. It is a tool to be used in conjunction with other tools and professional judgement.

The legal requirement is that a person is able to drive safely with medicinal cannabis.

For a patient with significant driving needs, consider carefully the appropriateness of prescribing THC-containing products. Consider also whether the patient's underlying health condition, for which you are prescribing medicinal cannabis, should be reported to [DTP Medical Review](#). Visit the [Transport Victoria website](#) for more information.

Driving associated with work	Details	YES	NO
Types of driving and vehicle	Does the patient drive heavy vehicles, public passenger vehicles, dangerous goods vehicles, emergency vehicles or other high-risk aspects of their work (e.g. driving a forklift, tractor, or other heavy machinery, safety or other equipment)?	<input type="checkbox"/>	<input type="checkbox"/>
Other high-risk aspects of their work	Is the patient a driver of a vehicle that is subject to a licence condition that requires a driver to hold a licence for a specific purpose (e.g. a licence for a specific purpose)?	<input type="checkbox"/>	<input type="checkbox"/>
Conducting for work	Does the patient drive to work?	<input type="checkbox"/>	<input type="checkbox"/>
Social and health-related driving needs	Does the patient have caring responsibilities that are driving related?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have caring responsibilities that are driving related?	Is the patient's ability to access health care or other essential services likely to be affected by driving needs?	<input type="checkbox"/>	<input type="checkbox"/>
Transport alternatives	Does the patient have alternative transport options available to them that meet their needs (such as a taxi)?	<input type="checkbox"/>	<input type="checkbox"/>
Conclusion	Based on the patient's driving needs and the results of this checklist, are there any driving related concerns that should be reported to DTP Medical Review?	<input type="checkbox"/>	<input type="checkbox"/>

Date of completion: _____ Date for follow-up: _____

Transport Victoria

2 Educate the patient about risks and legal obligations

Medicinal cannabis and driving
Staying safe and understanding Victorian road safety laws

Factsheet October 2025

If you have been prescribed medicinal cannabis for a medical condition or if you are considering medicinal cannabis treatment, it is important to understand what taking these medications means for your driving and your legal obligations.

1 What is impairment?
Impairment is a state where a person's ability to perform tasks safely is reduced. It is not the same as being intoxicated.

2 What are the risks of impairment?
Information in this factsheet does not cover the use of medicinal cannabis, but it does cover the use of driving related products such as alcohol, drugs, and other substances. It is important to understand the risks of impairment when using medicinal cannabis.

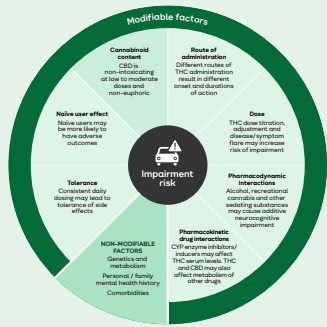
3 What are the risks of impairment?
If you have been prescribed medicinal cannabis products, you should understand the risks of impairment. This includes the risks of impairment when using medicinal cannabis, and the risks of impairment when using other substances such as alcohol, drugs, and other substances.

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3 Consider individual impairment risks



- ✔ Before prescribing medicinal cannabis consider a patient's driving needs, including occupational and other needs. This also applies to other medications likely to impair driving ability.
- ✔ Prescribing THC-containing products is not appropriate if a person is unlikely to be able to comply with short or long-term advice to abstain from driving due to work, lifestyle or other factors.
- ✔ THC-containing products are usually contraindicated for commercial vehicle drivers, including heavy vehicle drivers, public passenger vehicle drivers, dangerous goods drivers and emergency vehicle drivers. They are also often contraindicated for safety-critical occupational roles.
- ✔ Provide education to patients about potential impairment from medicinal cannabis and the legal requirements relating to drug-driving to inform the patient's treatment decision and to support safety.
- ✔ Where possible, prescribe cannabidiol (CBD)-only medicines. These do not have the impairing effects of THC and patients taking these medicines can lawfully drive as long as they are not impaired.
- ✔ Individuals respond differently to THC, and impairment risk is affected by a number of factors that should be taken into consideration when initiating and monitoring treatment.
- ✔ Patients taking THC-containing products are at risk of testing positive at roadside saliva testing. They also risk testing positive for THC in blood testing if they are involved in a crash. There are significant penalties associated with these offences. A person with a valid prescription will not avoid prosecution but, depending on the circumstances, may avoid losing their licence at the discretion of the magistrate.
- ✔ Always consider whether the patient's underlying medical condition may impact safe driving and whether reporting to DTP Medical Review is required. Refer to [Austroads Assessing Fitness to Drive](#) and [DTP Medical Review](#).



Delta-9-tetrahydrocannabinol (Δ -9 THC or THC) and cannabidiol (CBD) are the two main types of cannabinoids that are likely to be found in medicinal cannabis. An important consideration for safe and legal driving is whether the medicinal cannabis product contains THC, which is the psychoactive component that causes the 'high' or euphoria sought by people who use cannabis recreationally.



The impairing effects of THC on driving ability are not always evident until the person is in a complex or unfamiliar situation that requires a rapid response, such as navigating an unfamiliar or busy traffic environment or avoiding an unexpected hazard on the road.

Delta-9-tetrahydrocannabinol (THC)

- THC has been shown to impair the cognitive function and motor coordination needed for safe driving, particularly in the first few hours following consumption.
- These effects can impair a driver's ability to:
 - anticipate hazards and unexpected situations and respond accordingly,
 - divide their attention to manage the driving task,
 - make appropriate decisions and respond quickly to changes in the road environment.
- These effects are not always evident until the person is in a complex or unfamiliar situation that requires a rapid response, such as navigating an unfamiliar or busy traffic environment or avoiding an unexpected hazard on the road.
- The impairing effects increase with increasing doses, and when THC is combined with alcohol and other impairing medications or substances.
- Impairment risk is also affected by a number of other factors, including individual genetics and metabolism, comorbidities, the route of administration and dosage, and drug interactions.

- Due to individual variability and the complexity of cannabinoid metabolism, definitive advice about the timing of administration to minimise the risk of impairment cannot be provided. However, drivers are unlikely to be impaired 12 hours after administration.
- While the person is unlikely to be impaired, they may still have detectable levels of THC in their system.
- Find out more in [Assessing and managing impairment risk](#).

Cannabidiol (CBD)

- This substance is not considered psychoactive and, therefore, does not have the impairing effects of THC.
- It can, however, cause drowsiness, fatigue and lowered blood pressure, particularly at higher doses and when taken with other medications. This is, therefore, a consideration for driving safety.



There are two aspects of the law that are relevant to medicinal cannabis. One relates to the presence of THC in a person's system and the other relates to impairment affecting driving. The law applies equally to medicinal cannabis and recreational cannabis use.

The presence of THC

- It is an offence in Victoria for a person to drive with any detectable amount of THC in their system. This includes any detectable amount of THC from prescribed medicinal cannabis or recreational cannabis.
- The law is enforced through roadside saliva testing and blood testing of drivers involved in crashes that result in death or injury. The presence of THC (including THC from medicinal cannabis) in the blood can be used as evidence for prosecution purposes and may also affect vehicle and personal injury insurance claims. It is also a serious offence to refuse a roadside drug test.
- Penalties for drug-driving may include loss of licence, monetary fines and a requirement to complete a Behaviour Change Program.
- Since 1 March 2025, magistrates have discretion as to whether to cancel a licence if a driver has a valid prescription for medicinal cannabis. Magistrates will consider all available evidence including whether the person had a valid prescription at the time of detection, and evidence of impairment while driving.

It remains illegal for someone to drive with any amount of THC in their system and the amendment does not guarantee medicinal cannabis prescription holders will avoid losing their licence. Other penalties such as fines will still apply. The change does not affect the separate impairment drug-driving laws in Victoria.

- Drivers testing positive for THC at the roadside will be directed by police not to drive for at least 12 hours to ensure they don't drive when potentially impaired.
- Unlike alcohol, the concentrations of drugs in saliva cannot be correlated with those detected in blood.

Impairment

- It is an offence in Victoria to drive a motor vehicle while impaired by any substance or medication, including medicinal cannabis.
- Penalties for impaired driving can include licence cancellation and potential imprisonment.
- While impairment generally increases with increased levels of THC in blood, no correlation has yet been established between the level of impairment and the level of THC measured in saliva or blood. This is in contrast to alcohol, where blood levels correlate with the level of impairment.

For more information about roadside testing and penalties for drug-driving follow this link: transport.vic.gov.au/road-and-active-transport/road-rules-and-safety/alcohol-drugs-and-driving/drug-driving-penalties

Practice tips

- Prescribe CBD-only products where possible if a person needs to drive. If a person takes CBD-only medicines (containing **no THC**) they can lawfully drive **as long as they are not impaired**.
- Regardless of impairment, driving with the presence of THC is an offence. The person **cannot drive legally if they have any detectable amount of THC in their system**. Patients prescribed THC should be informed about the legal requirements and consequences and advised not to drive while taking THC-containing medications.
- Due to the variable pharmacokinetics, definitive advice cannot be provided about timing of administration of THC-containing products to minimise the risk of detection.
- Similarly, definitive advice about timing of administration to minimise the risk of impairment cannot be provided, however drivers are unlikely to be impaired 12 hours after administration.

Assessing patients' driving needs



- A person's ability and willingness to follow advice about driving and road safety, as well as other potentially hazardous activities, will depend on a range of factors including their ability to manage their driving needs around any restrictions.
- It is therefore important to enquire early about the patient's driving needs, including their work and other obligations that are reliant on driving, to ensure they understand the implications at the outset.
- It may not be practicable or appropriate for the patient to be prescribed a product containing THC if they have significant driving needs.
- In particular, due to the impairment risks, treatment with THC-containing products is usually not suitable for commercial vehicle drivers, including public passenger vehicle drivers, dangerous goods drivers, heavy vehicle drivers and emergency response personnel. Workplace drug and alcohol policies also restrict the use of medicinal cannabis for these drivers.
- The **Driving Needs Checklist** supports discussions about driving and identifies whether the person's current driving needs are compatible with the planned treatment and any resultant driving restrictions.
- The checklist also prompts consideration of any impairments associated with the patient's underlying medical condition and whether reporting to **DTP Medical Review** is required.

Medicinal cannabis and driving

Driving needs checklist

A person's driving needs should be an early point of discussion when treatment with medicinal cannabis is being considered. This checklist supports such discussions and identifies whether the person's current driving needs are compatible with the planned treatment and any driving restrictions.

The **red** responses point to risk in terms of road safety if the person is unable to comply with advice about driving.

For a patient with a significant driving need, consider carefully the appropriateness of prescribing THC-containing products.

Consider also whether the patient's underlying health condition, for which you are considering medicinal cannabis, should be reported to **DTP Medical Review**.

Visit the [Transport Victoria website](#) for more information.

Driving associated with work			
Type of driving and vehicle	Details:	YES	NO
Does the patient drive heavy vehicles, public passenger vehicles, dangerous goods vehicles, emergency vehicles or other high-risk vehicles?		<input type="checkbox"/>	<input type="checkbox"/>
Other high-risk aspects of their work	Details:	YES	NO
Are there any other high-risk aspects to their work (e.g. operating machinery, safety-critical decision-making)?		<input type="checkbox"/>	<input type="checkbox"/>
Is fatigue a likely consequence of their work? (e.g. shiftwork)	Details:	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Commuting for work	Details:	YES	NO
Does the patient drive to get to work?		<input type="checkbox"/>	<input type="checkbox"/>
Social and health-related driving needs			
Does the patient have caring responsibilities that rely on driving?	Details:	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Is the patient's ability to access health care or other essential life tasks likely to be affected by driving restrictions?	Details:	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Transport alternatives			
Does the patient have feasible transport alternatives or alternative ways to manage their current needs (such as deliveries)?	Details:	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Conclusion			
Based on the patient's driving needs and their general history of compliance with your recommendations, are they likely to be able to comply with short or long-term advice to abstain from or restrict driving?	Action and advice:	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Date of completion:	Date for follow up:		

Last updated October 2025.

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Department of Transport and Planning



- Early and ongoing conversations about driving are important to help patients make informed decisions about medicinal cannabis treatment and when they should report their underlying medical condition to **DTP Medical Review**.
- This includes educating them about impairment and legal risks. A **Patient Factsheet** has been developed to support these conversations.
- Revisiting the driving issue as part of regular reviews is also important to establish any changes in the patient's driving needs, reinforce safety messages, assess adherence and address any barriers to the person following the advice.
- It can be helpful to require patients to sign a **declaration** acknowledging their understanding of the advice regarding driving laws and the risk of impairment effects with THC-containing products. A **declaration form** is available from the Royal Australian College of General Practitioners (RACGP).
- Keeping appropriate records of the advice provided and the patient's driving needs is also important. **Refer to the Driving Needs Checklist.**

Research shows that

- There is a relatively low perception of driving risk among medicinal cannabis users and a need for improved education.
- 28% of the 1,063 respondents to the Cannabis and Medicine Study in 2020 reported driving under the influence in the last 12 months. (Arkell et al., 2023)
- An earlier version of this survey found 70% of the 806 respondents believed their medicinal cannabis use did not affect their driving ability and were confident in assessing their own driving ability after using medicinal cannabis. (Arkell et al., 2020)

Factsheet October 2025

Medicinal cannabis and driving

Staying safe and understanding Victorian road safety laws

If you have been prescribed medicinal cannabis for a medical condition or if you are considering medicinal cannabis treatment, it is important to understand what taking these medications means for your driving and your legal obligations.

What is impairment?
Impairment is when a person's mind or body is not working as it is expected to.

Information in this factsheet does not cover the use of recreational cannabis. However, the information about drug-driving legislation applies to THC regardless of whether it is from medicinal or recreational cannabis.

How can medicinal cannabis affect safe driving?
Medicinal cannabis products contain substances called cannabinoids. There are two main types of cannabinoids:
Delta-9-tetrahydrocannabinol (also called Δ9 THC or simply THC)
- This component causes the 'high' sought by people who use cannabis recreationally (the psychoactive component).
- THC impairs cognitive functions (thinking) and motor coordination (movement and reactions) needed for safe driving.
- This includes impairment of the ability to anticipate hazards and unexpected situations, decision-making and the ability to respond quickly to changes in the traffic environment.

- These effects are not always obvious until you are in a situation that requires a quick response, such as navigating an unfamiliar, busy traffic environment or avoiding an unexpected hazard on the road.
- These impairing effects are increased when THC is combined with alcohol and some other medications.

Cannabidiol (also called CBD)
- This substance is not psychoactive and therefore does not have the same impairing effects as THC.
- The side effects of CBD can still affect your driving. They may include drowsiness, fatigue and lowered blood pressure, particularly at higher doses and when taken with other medications.

Does the product contain THC?
An important consideration for driving is whether the medicinal cannabis product contains THC. It is an offence in Victoria to drive with THC in your system, even if you have a valid prescription for medicinal cannabis.

 Transport Victoria

Assessing and managing impairment risk



The current drug-driving laws limit the prescribing of THC-containing products for people who drive. It remains important for prescribers to understand the factors that contribute to impairment risk so that they can make treatment decisions and provide appropriate advice to mitigate risks.

It can be useful to consider these factors in terms of whether they are modifiable or non-modifiable:

- **Non-modifiable factors** include individual physiological characteristics and metabolism, personal or family mental health history and comorbidities.
- **Modifiable factors** include the type of cannabinoid, dosage, route of administration etc.

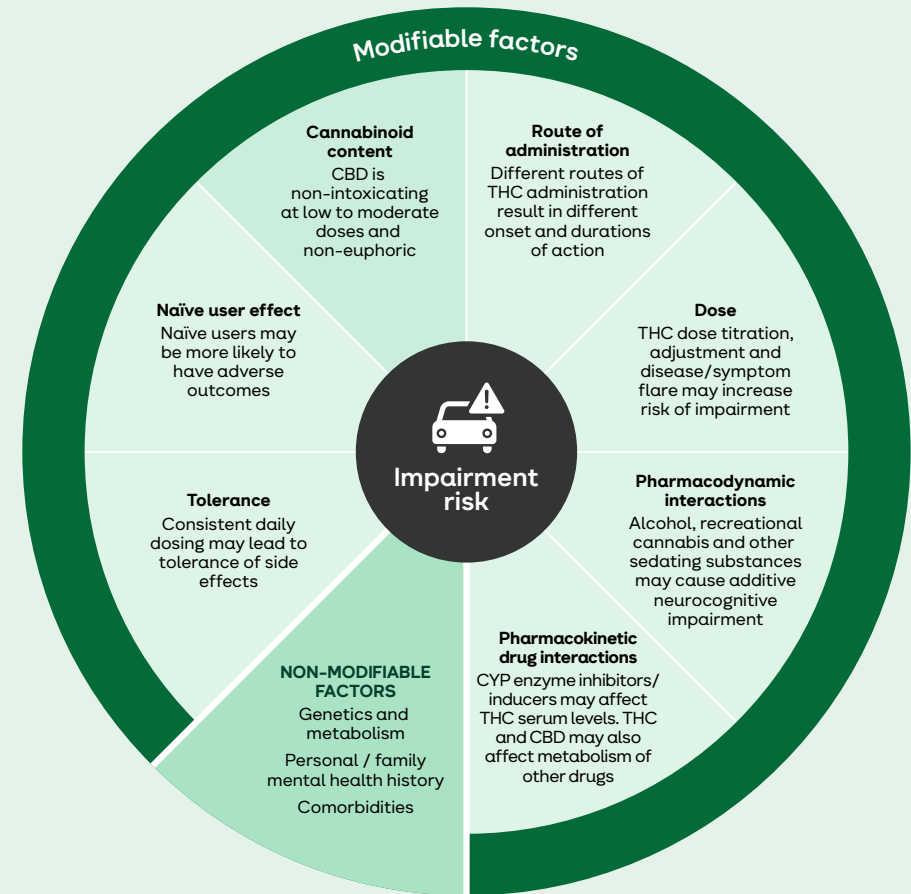
The diagram to the right summarises these factors.

Managing the risk of impairment is complex, as individual responses are highly variable.

The tables on subsequent pages describe detailed considerations for assessing and managing the various risk factors.

Factors influencing cannabis-related neurocognitive impairment

(Eadie et al., 2021, MacCallum et al., 2022)





Factors influencing impairment risk

Mitigation/Action

Driving requirements

- Road safety risks associated with impairment are elevated for commercial vehicle drivers, including public passenger vehicle drivers, dangerous goods drivers, emergency response personnel and heavy vehicle drivers.
- Fatigue is likely to increase impairment.
- Road safety risks due to impairment are heightened if the patient's driving needs cannot be accommodated within the advised driving restrictions.

- Particular attention should be paid to the nature of the driving and work task if considering prescribing THC-containing products for commercial vehicle drivers and other workers with high-risk driving requirements. Commonly, THC-containing products are contraindicated for these drivers.
- Routinely assess driving needs (refer to **Driving Needs Checklist**).
- Educate patients about driving risks and legal obligations, including reporting their underlying medical condition to **DTP Medical Review** (refer to **Patient Factsheet**).
- At follow-up, revisit the patient's understanding and adherence to driving restrictions.

Type of cannabinoid and sources

- While CBD is not psychoactive and does not have the same impairing effects as THC, it can cause drowsiness, fatigue and lowered blood pressure, particularly at higher doses and when taken with other medications, so care should still be taken in relation to driving.
- While products supplied to patients in Australia must comply with the Therapeutic Goods Standard for Medicinal Cannabis TG093, Order 2017, some CBD-only products may contain small amounts of THC due to the manufacturing process. For high doses of CBD-only products with trace THC, there is a possibility of impairment due to residual THC, and also of testing positive to THC at the roadside.
- Unregistered products, especially those purchased online, may contain synthetic cannabinoids and are likely to be more potent, with a greater risk of impairment.

- Consider impairment risk for all medicinal cannabis products.
- Where possible, start with a CBD-only product for people who need to drive.
- The Therapeutic Goods Administration (TGA) categorises medicinal cannabis products based on the cannabinoid content and provides a listing of products to support prescribing and dispensing. The categories also determine the scheduling of products under the Poisons Standard. For a full description and product listings – see **Therapeutic Goods Administration (TGA)**.
- Advise patients about the potential for some THC content in CBD-only products and the risks associated with illicit sources.
- Reassess impairment risk if moving to a THC product or increasing the dose.



Factors influencing impairment risk

Mitigation/Action

Genetics and metabolism

- Impairment associated with medicinal cannabis is highly individualised due to genetic pre-dispositions and metabolism, so assessment and monitoring of impairment risk should be individualised.
- Monitoring is imperative during the first weeks of initiation and titration of medicinal cannabis treatment.
- This should include monitoring of impairment and adverse effects.

Comorbidities

- Comorbidities that result in fatigue, dizziness or impaired cognition may compound impairment associated with medicinal cannabis, for example, mental health conditions, substance misuse disorders, sleep disorders, chronic pain conditions and neurodegenerative disorders.
- The physiological changes associated with aging, such as decreased organ function, impaired cognitive function and decreased fat-free body mass, may increase the risk and magnitude of impairment.
- Review and record patient history to identify comorbidities that may cause impairment.
- Consider whether comorbidities or the presenting condition warrant reporting to **DTP Medical Review**.
- Monitor more closely if at higher risk due to potentially impairing comorbidities.

Personal/family mental health history

- Pre-dispositions to some mental health conditions may increase the risk of impairment for some individuals.
- Review and record patient history to identify a patient's personal and family history or mental illness.



Factors influencing impairment risk

Mitigation/Action

Route of administration and formulation

- Different routes of administration result in different onset and durations of action and impairment.
- Various formulations also have different absorption and bioavailability, and information about these characteristics may not be available.
- Generally speaking, oral formulations have a longer duration of potential impairment (6-8 hours) and slower onset (1-2 hours) compared to inhaled dosage forms, which have an onset of 5-10 minutes and duration 1-4 hours.

- Consider the route of administration and formulation when assessing impairment risk.
- Definitive advice about non-driving periods following medicinal cannabis administration cannot be provided due to individual variability.

Dosage

- While impairment due to THC increases with increased dosage, there is a lack of correlation between the degree of impairment and the levels of THC in body fluids (unlike for alcohol).
- Determining what dose of THC is associated with impairment is highly patient-specific, and given the numerous factors affecting impairment, it is not possible to determine a 'safe' dose for all patients.
- Dosage may be adjusted due to a range of individual and health-related factors. Dose titration, adjustment and disease/symptom flare may increase the risk of impairment.
- When used as required (PRN), the ability to time dosages relative to driving needs is more limited.

- 'Start Low, Go Slow, Stay Low' - use the lowest dose for symptom relief to avoid impairment side effects.
- Note that orally administered THC products can be dosed more precisely. They have a longer onset and duration of action as noted above.
- Schedule the largest dosage at bedtime.
- Consider the increased potential for impairment following dosage increases.



Factors influencing impairment risk

Mitigation/Action

Naïve user effect

- Naïve users may be more likely to have adverse outcomes in terms of impairment as well as other effects.
- This effect may be evident for up to a month after initiating treatment with THC.

- Start Low, Go Slow, Stay Low.
- Consider the potential for naïve user effect when commencing treatment with THC-containing products.

Tolerance

- Tolerance to the clinical and impairing effects of THC is highly complex and variable.
- While long-term use of medicinal cannabis may result in an increased dose being required to obtain the same clinical effect, this does not necessarily correlate with tolerance to impairment. Patients who frequently use cannabis, even at medically appropriate doses, may still be at risk of impairment.
- Tolerance does not affect the level of the drug in a person's system.

- Consider the increased potential for impairment following dosage increases.



Factors influencing impairment risk

Mitigation/Action

Pharmacokinetic drug interactions

- Drugs that affect cytochrome P450 metabolism may increase THC serum levels and increase impairment.
- The clinical significance will vary depending on the product, potency, ratio of THC and CBD, dose and route of administration, as well as individual patient factors.
- Both CBD and THC can also interact with these enzymes and may increase or decrease levels of other drugs.

- Consult the evidence about potential drug interactions.
- Establish a thorough medication history prior to prescribing medicinal cannabis, including over-the-counter medications.
- Refer to shared records such as MyHealth Record and SafeScript for a fuller understanding of a patient's existing medicines and conditions.
- Arrange a medication review for patients with complex or changing medication regimens.
- Monitor drug levels and/or responses as required.

Pharmacodynamic interactions

- The use of THC with alcohol or other sedating substances and medications may cause additive neurocognitive effects.
- The concurrent use of recreational cannabis will also increase the risk of impairment and the risk of testing positive for THC at roadside testing.

- Establish a thorough history of alcohol and other substance use, and potentially impairing medicines, including those used PRN.
- Refer to shared records such as MyHealth Record and SafeScript for a fuller understanding of a person's existing medicines and conditions.
- Enquire about new medications, including over-the-counter products at review appointments.
- Arrange a medication review for patients with complex or changing medication regimens.
- Provide education about the concurrent use of impairing medications and substances.

Frequently asked questions

To what degree do prescription drugs contribute to fatal road collisions?

Between 2007 and 2013 in Victoria, prescription drugs were involved in approximately 21% of fatal road collisions.

When should I consider my patients' driving needs?

For any potentially impairing drug treatment, consider driving as part of the initial decision to commence treatment, and involve the patient in that decision-making process. Continue to consider driving throughout the treatment journey in order to identify and assess circumstances that may affect impairment and road safety. This includes changing doses, new medications and changes in driving needs.

Does CBD moderate the impairing effects of THC?

While further research is needed, CBD does not appear to moderate the impairing effects of THC.

Can I rely on patients' self-reported experience of impairment?

Patients' perception is not a reliable measure of their impairment. This is because the impairment is not always evident until the driver is in an unexpected or complex situation requiring a rapid response. Reporting may be influenced by concerns about driving restrictions. Patients should still be counselled about potential symptoms of impairment, such as drowsiness, dizziness, fatigue, ataxia, discoordination etc.

Do I need to report to DTP Medical Review when I prescribe medicinal cannabis?

The main consideration for reporting to DTP Medical Review is the nature of the underlying medical condition for which you are prescribing medicinal cannabis, rather than the treatment itself, per se. A practitioner's decision to report to Medical Review will be an individualised decision based on the overall assessment of fitness to drive, which is based on the National Assessing Fitness to Drive Standards, found on the [Austroads website](#).

What are the penalties for refusing a drug driving roadside test in Victoria?

In Victoria, it is an offence under the Road Safety Act 1986 to refuse to provide an oral fluid or blood sample for testing when requested by Victoria Police. Penalties include substantial fines that increase with repeated refusal, plus licence suspension of at least two years for a first offence and four years for subsequent offences.

Can a script or a letter from a prescribing health professional act as an effective defence for a patient prescribed medicinal cannabis who tests positive to THC at the roadside?

No. A prescription for medicinal cannabis cannot be used as a defence against a charge. However, since 1 March 2025, magistrates have discretion as to whether to cancel a licence if a driver has a valid prescription for medicinal cannabis. The amendment does not guarantee medicinal cannabis prescription holders will avoid losing their licence.

It remains an offence in Victoria for a person to drive with any detectable amount of THC in their system and therefore other penalties such as fines will still apply. The change does not affect the separate impairment drug-driving laws in Victoria.

Useful links

Information about reporting medical conditions to the Department of Transport and Planning (DTP) Medical Review

- See the Transport Victoria website for information about requirements for reporting medical conditions that may impact driving.

Information about roadside testing

- For more information about roadside testing and penalties for drug-driving follow this link: Drug-driving penalties: Transport Victoria.

General information about assessing fitness to drive

- Assessing Fitness to Drive 2022 - the national standards now include general guidance about driving and medicinal cannabis.

Information about prescribing and accessing medicinal cannabis

- Therapeutic Goods Administration - the medicinal cannabis hub provides information about access pathways for medicinal cannabis as well as general clinical guidance.

Information about drug interactions with medicinal cannabis

- The CANNabinoid Drug Interaction Review (CANN-DIR™) is a free web-based platform that has been developed to screen for potential drug-drug interactions from the perspective of how a cannabinoid delta-9-tetrahydrocannabinol (THC), CBD, or a combination of THC/CBD may affect the metabolism of other medications.

Information about manufacturing standards

- Therapeutic Goods Administration - the website provides information about how manufacture and safety of medicinal cannabis products is governed by the Therapeutic Goods (Standard for Medicinal cannabis) (TGO 93) order 2017.

Clinical guidelines

- Royal Australian College of General Practitioners (2019) Position Statement: Medicinal use of cannabis products.
- Therapeutic Goods Administration - the medicinal cannabis hub provides information about clinical indications and treatment guidelines.

References and further reading

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Therapeutic Goods Standard for Medicinal Cannabis TG093, Order 2017

Therapeutic Goods Administration Medicinal Cannabis products by active ingredients (updated March 27, 2024)

Therapeutic Goods Administration, Guidance for use of cannabis in Australia (2017)

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This resource is up to date as at
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