Medicinal Cannabis and Driving

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Decision support resource







Contents



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.



- This resource does not address the clinical basis for medicinal cannabis treatment. It focusses 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 $\Delta 9$ THC.

Concept summary



Assess the patient's driving needs



Educate the patient about impairment risks and legal obligations



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 longterm 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, which 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 and having a valid prescription for medicinal cannabis is not a defence in Victoria.
- 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



How medicinal cannabis affects driving



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.

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/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 <u>Assessing and managing</u> 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.



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.



What the law in Victoria says



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 include a mandatory driver's licence suspension, monetary fines and completion of a mandatory Behaviour Change Program.
- 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 prescription 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.



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.



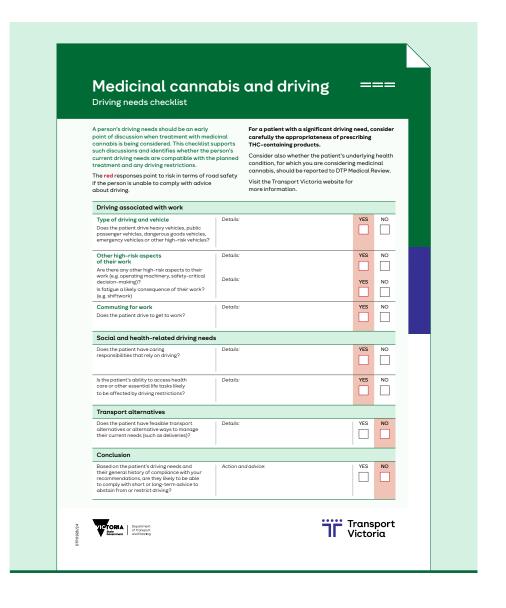
For more information about roadside testing and penalties for drug-driving follow this link: transport.vic.gov.au/Road-rules-and-safety/Alcohol-drugs-and-driving/Drug-driving-penalties



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 THCcontaining 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.
- It also prompts consideration of any impairments associated with the patient's underlying medical condition and whether reporting to DTP Medical Review is required.





Educating patients about driving



- 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 Fact Sheet 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 side 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 patients driving needs is also important. Refer Driving Needs Checklist.

Statistics show that

- Studies show a relatively low perception of driving risk among medicinal cannabis users and the 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)





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.

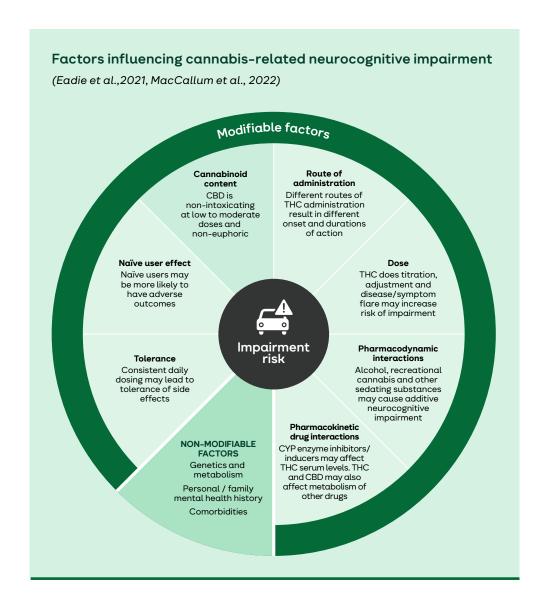
It can be useful to consider these factors in terms of whether they are modifiable or non-modifiable:

- Non-modifiable factors include individual physiological characteristics and metabolism, personal / 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 impairment risk

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 risk are heightened if the patient's driving needs cannot be accommodated within the advised driving restrictions.

Mitigation/Action

- 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 is contraindicated for these drivers.
- Routinely assess driving needs.
- Educate patients about driving risks and legal obligations, including reporting their underlying medical condition to medical review (refer to Patient Fact Sheet).
- 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 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.
- 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.
- Take a thorough 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.
- Take a thorough history to identify a patient's personal and family history of 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.
- Consider the potential for naïve user effect when commencing treatment with THC-containing products.
- Start Low, Go Slow, Stay Low

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.

- If dosage increases over time, reassess impairment risk.
- 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 history of alcohol and other substance use and other potentially impaired prescribed medicines, including those used PRN.
- 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 potentially impairing prescribed 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.



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 another prescribed 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.



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 Guidelines, found on the Austroads website.

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

It is an offence in Victoria under the Road Safety Act 1986 to refuse to provide an oral fluid or blood sample test if requested by Victoria Police. Penalties include substantial fines that increase the number of times a driver has refused, and a minimum licence loss for two for a first offence, or four years loss for any 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. It is an offence in Victoria for a person to drive with any detectable amount of THC in their system, including any amount of THC from medicinal cannabis. A valid prescription for medicinal cannabis cannot be used as a defence against a charge of testing positive for THC on a roadside drug test.



References and further reading

Arkell, T. R., Abelev, S. V., Mills, L., Suraev, A., Arnold, J. C., Lintzeris, N. and McGregor, I. S. (2023) 'Drivingrelated behaviors, attitudes, and perceptions among Australian medical cannabis users: results from the CAMS 20 survey', J Cannabis Res, 5(1), pp. 35.

Arkell, T. R., Lintzeris, N., Mills, L., Suraev, A., Arnold, J. C. and McGregor, I. S. (2020) 'Driving-Related Behaviours, Attitudes and Perceptions among Australian Medical Cannabis Users: Results from the CAMS 18-19 Survey', Accid Anal Prev, 148, pp. 105784.

Arnold JC. A primer on medicinal cannabis safety and potential adverse effects. Aust J Gen Pract. 2021 Jun;50(6):345-350.

Balachandran P, Elsohly M, Hill KP. Cannabidiol Interactions with medications, illicit substances, and alcohol: a comprehensive review. J Gen Intern Med. 2021 Jul;36(7):2074-2084. doi: 10.1007/s11606-020-06504-8. Epub 2021 Jan 29.

Eadie L, Lo LA, Christiansen A, Brubacher JR, Barr AM, Panenka WJ, MacCallum CA. Duration of neurocognitive Impairment with medical cannabis use: A scoping review. Front Psychiatry. 2021 Mar 12:12:638962.

Graham M, Martin J, Lucas C, Murnion B, Schneider J. 2023 Cannabidiol drug interaction considerations for prescribers and pharmacists; 15:12, 1383-1397.

Government of Canada 2018. Information for health care professionals: cannabis (marihuana, marijuana) and the cannabinoids.

Huestis MA. Human cannabinoid pharmacokinetics. Chem Biodivers. 2007 Aug;4(8):1770-1804.

Lopera V, Rodríguez A, Amariles P. Clinical relevance of drug interactions with cannabis: A systematic review. J Clin Med. 2022 Feb 22;11(5):1154.

MacCallum CA, Lo LA, Boivin M. "Is medical cannabis safe for my patients?" a practical review of cannabis safety considerations. Eur J Int Med. (2021)89:10-8. doi: 10.1016/j.ejim.2021.05.002

MacCallum CA, Lo LA, Pistawka CA, Christiansen A, Boivin M. Snider-Adler M. A Clinical Framework for assessing cannabis-related impairment risk. Front Psychiatry. 2022 Jun 24;13:883517. doi: 10.3389/ fpsyt.2022.883517. PMID: 35832600; PMCID

McCartney D, Arkell TR, Irwin C, McGregor IS. Determining the magnitude and duration of acute Δ^9 -tetrahydrocannabinol (Δ^9 -THC)-induced driving and cognitive impairment: A systematic and metaanalytic review. Neurosci Biobehav Rev. 2021 Jul:126:175-193.

McCartney D, Suraev AS, Doohan PT, Irwin C, Kevin RC, Grunstein RR, Hoyos CM, McGregor IS. Effects of cannabidiol on simulated driving and cognitive performance: A dose-ranging randomised controlled trial. J Psychopharmacol. 2022 Dec;36(12):1338-1349.

Parekh, V. Psychoactive drugs and driving. Australian Prescriber 42, 182-185 (2019).

Road Safety Act 1986 (Vic) (including amendments as of 6 April 2020)

Royal Australian College of General Practitioners. Position statement - Use of Medicinal Cannabis Products, 2019

Sera, L., & Hempel-Sanderoff, C. (2024). Cannabis science and therapeutics: An overview for clinicians. Journal of Clinical Pharmacology, 64(5), 499–513. https://pubmed.ncbi.nlm.nih.gov/38145388/

Sevigny EL. Cannabis and driving ability. Curr Opin Psychol. 2021 Apr;38:75-79. doi: 10.1016/j. copsyc.2021.03.003. Epub 2021 Mar 17. PMID: 33839427: PMCID: PMC8106655.

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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