



Prescribed cannabis and driving behaviours among two samples of people who regularly use illicit drugs, 2025

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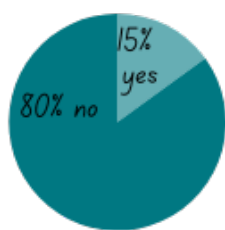
Introduction

In Australia, medicinal cannabis has been legally available via prescription since 2016 (1). Yet, in most states and territories, any detectable amount of tetrahydrocannabinol (THC), the psychoactive component of cannabis, in a driver's blood or oral fluids is illegal, even with a valid prescription and in the absence of perceived impairment. An exception applies in Tasmania, where a limited legal defence may be available if the driver holds a valid prescription and is not impaired (2). This regulatory approach differs from that applied to other impairing medications, such as morphine and methadone, and appears to reflect the historical classification of cannabis as a prohibited drug with no recognised medical use (2). Despite this unique regulatory context, there is limited evidence on the driving behaviours of people prescribed THC-containing cannabis products. This bulletin examines this practice among two national samples of people who regularly use illicit drugs, recruited from all capital cities in Australia.

Results

Ecstasy and related Drugs Reporting System (EDRS)
 (People who regularly use illicit stimulants)

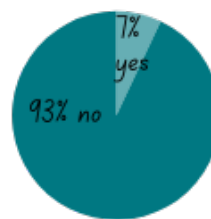
N=690



Have you used any prescribed cannabis or cannabinoid-related products in the last 6 months?

Illicit Drug Reporting System (IDRS)
 (People who regularly inject illicit drugs)

N=865



Did the prescribed cannabis contain THC?

N=99



Yes 96%

N=57



Yes 97%

Have you driven within three hours of taking prescribed cannabis in the last 6 months? (among recent drivers and those that used prescribed THC containing products)

N=19



N=16



Note. Few (n<5) participants reported being detected by roadside drug testing after driving within three hours of prescribed THC use; therefore, these data are not presented.

Discussion

Although prescribed cannabis use was relatively uncommon in these two samples of people who regularly use drugs, most participants who had used THC-containing products reported driving within three hours of consumption. Few participants (n<5) reported being detected by roadside drug testing after such use but nevertheless remain at risk of positive roadside drug tests and criminal sanctions. However, these findings are not representative of all people who are prescribed cannabis. In a study of 806 Australian medical cannabis patients, 35% of drivers reported 'typically' driving within three hours of consuming cannabis in the past month (4). Taken together, these results add to calls for a review of the regulatory framework governing prescribed medicinal cannabis and driving in Australia, particularly given the differential treatment of medicinal-cannabis patients compared with those taking other psychoactive medicines (2).

References

1. Department of Health. Medicinal cannabis - guidance documents. Australian Government; 2016.
2. Perkins D, et al. Medicinal cannabis and driving: the intersection of health and road safety policy. *Int J Drug Policy*. 2021;97:103307.
3. Arkell TR, et al. Medical cannabis and driving in Australia: Results from the cannabis as medicine survey 2022–2023 (CAMS-22). *Transp Res Part F Traffic Psychol Behav*. 2026;118:103466.
4. Arkell TR, et al. Driving-related behaviours, attitudes and perceptions among Australian medical cannabis users: results from the CAMS 18–19 survey. *Accid Anal Prev*. 2020;148:105784. **Recommended citation:** Uporova J, Peacock, A, Sutherland R. Prescribed cannabis and driving behaviours among two samples of people who regularly use illicit drugs, 2025. *Drug Trends Bulletin Series*. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2026. Available from: <https://doi.org/10.26190/unswworks/32049>