Legislative Assembly for the
Australian Capital Territory
Standing Committee on Transport
and City Services

Submission Cover Sheet

Inquiry into Road Transport (Alcohol and Drugs) Amendment Bill 2026

Submission number: 010

Submitter: Alcohol Tobacco and Other Drug Association ACT

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ATODA
Alcohol Tobacco & Other Drug Association ACT

Standing Committee on Transport and City Services
ACT Legislative Assembly
GPO Box 1020, Canberra ACT 2601
LACommitteeLegal@parliament.act.gov.au

10 August 2026

Dear Committee,

RE: SUPPORT FOR THE ROAD TRANSPORT (ALCOHOL AND DRUGS) AMENDMENT BILL 2026

The Alcohol, Tobacco and Other Drug Association ACT (ATODA) welcomes the opportunity to contribute to the Inquiry into the *Road Transport (Alcohol and Drugs) Amendment Bill 2026*. We support the proposed amendment to the *Road Transport (Alcohol and Drugs) Act 1977*, on the grounds that it will see judicial responses to medicinal cannabis use more closely aligned with the response to other lawfully used prescription medications and will ensure that people who are prescribed delta-9-tetrahydrocannabinol (THC) containing medications for health conditions are not unreasonably disadvantaged in terms of their mobility.

ATODA represents the alcohol and other drug (AOD) sector in the ACT. We lead, strengthen and advocate for the ACT's high-quality treatment and harm-reduction sector. ATODA has research expertise in population health, harm reduction and the legal and custodial systems, in relation to alcohol, tobacco and other drug use. Our purpose is to advocate for a strong and sustainable AOD sector in the ACT, using best practice policy, research and evidence.

Why this reform matters

There is a growing body of evidence around the benefits of medicinal cannabis treatment across a range of health conditions.[1] Under the ACT Medicinal Cannabis Scheme, various cannabis products, in forms including vapours, oils, capsules, suppositories, pastilles, sprays and topical applications, can be lawfully prescribed in different ratios of tetrahydrocannabinol (THC) to cannabidiol (CBD).[2, 3] Measurable concentrations of THC (the main psychoactive substance in cannabis) can be detected in urine many days after the last dose and in saliva for at least 24 hours after dosing for infrequent users and considerably longer for people who dose frequently.[4] Studies have shown that it can take up to five days for 80 to 90 per cent of a dose of THC to be excreted from the body, during which trace amounts of THC can be detected without any evidence of behavioural impacts.[5]

After adjusting for age, gender and ethnicity, the crash risk following THC consumption is 20 to 40% higher than the risk for an ordinary attentive driver. To put this in perspective, the crash risk for a driver interacting with a passenger is a comparable 40% higher; listening to the radio elevates the crash risk by 90%, having a blood alcohol concentration of 0.05 doubles the crash risk, and texting while driving has a crash risk that is 510% higher.[6]

Currently, people lawfully using THC-containing medicines to treat known medical conditions may be at risk of being unreasonably charged for driving under the influence of intoxicating liquor or a drug (Section 24 of the Act), due to detection of *any level* of THC being treated, in law,

as evidence of impairment. As such, people prescribed THC-containing medicine are disadvantaged vis-à-vis people who are prescribed other medicines.

In the ACT, it is a criminal offence to drive if your ability to drive safely is impaired by any substance, *including legal prescription medication*. This is adequate protection in relation to driving as someone lawfully using THC-containing medicines, provided information and education is supplied to people in receipt of medicinal cannabis, regarding assessment of impairment, recommended period of adjustment to a new cannabis prescription prior to driving and recommended time between dosing and driving.

A zero-tolerance approach to the presence of any concentration of THC, has placed medicinal cannabis in its own unique category. This must be rectified in the legislation to ensure that the growing number of people prescribed cannabis for known health conditions, are able to experience the full and productive lives that our healthcare system (including prescribed access to appropriate, evidence-based medicine) is intended to support.

ATODA broadly supports the proposed amendments but asks the committee to consider also the following recommendations to strengthen the Bill's intent and implementation.

1. At Section 4 'Detention for oral fluid analysis: New section 13D (2A) and (2B)' and Section 10 'New section 47B', the phrase "reasonable grounds to believe the THC was lawfully used" is ambiguous and would leave the definition of 'reasonable grounds' up to policing officers' discretion. To ensure that the rights, and health and wellbeing, of people who use medicinal cannabis are protected, the Committee should endeavour to amend the Bill such that it provides a clear definition of what constitutes 'reasonable grounds' for police to believe that the THC was obtained and administered in accordance with the *Medicines, Poisons and Therapeutic Goods Act 2008* (or a corresponding law within the meaning of that Act).

Without a clear definition, the evidential burden may unfairly fall on either the community using medicinal cannabis or on the police. The legislation should detail an agreed definition of the evidence required and the relevant responsibility for provision of such evidence to ensure that there is reduced risk of a) police interactions being shaped by stigma and discrimination towards people who use drugs or people perceived to use drugs; and b) hostile police/community interactions to the detriment of both groups.

Recommendation 1: At Section 4 Detention for oral fluid analysis: New section 13D (2B) and Section 10 New section 47B, the Bill should provide clarity on the phrase "reasonable grounds to believe the THC was lawfully used" to ensure that the evidential burden is properly understood by police and by the community, including people in lawful possession of a prescription for medicinal cannabis products.

2. It is critical that this Committee ensures that the implementation of this Bill is accompanied by a targeted information and education campaign to support understanding of precisely how this legislation would impact the community and the police. This is essential considering that this is nation-leading legislation and that there are usually a variety of community stakeholder opinions that accompany discussions of legislation for cannabis and medicinal cannabis, or any drug-related law reform in general. As noted by the Explanatory Statement that accompanies this Amendment Bill, this is a narrowly targeted Bill that primarily aims to harmonise the penalties for medicinal cannabis with existing legal frameworks regarding other prescribed medicine in the

ACT. This idea around 'harmonisation' should be a key narrative in informing community about the legislative amendment, were it to be implemented, as there is a risk of community and/or police misunderstandings given that drug driving is a subject of great concern to all relevant stakeholders. Furthermore, it is also essential that the wider community is informed how the legislation will operate as it relates to driving under the influence so that broader support, or at least basic understanding, is built amongst the ACT general public.

In particular, it would be key for the broader public to understand the status of prescribed and non-prescribed cannabis as it relates to driving under the influence, as well as clear information as to where the burden of evidence lies (with police or community), and what constitutes 'reasonable grounds' for police to believe that THC was lawfully used. Education of the general public can help build support for the legislation.

Recommendation 2: Implementation of this Bill is accompanied by a targeted information and education campaign to support understanding of the legislation and the implications of evidential burden (e.g. requirement to carry a prescription when driving) for people using medicinal cannabis.

Other comments

ATODA notes that there is substantial community acceptance of cannabis use in the ACT and that this acceptance is not restricted to medicinal cannabis or to cannabis used lawfully under the terms of the *Medicines, Poisons and Therapeutic Goods Act 2008*. While the proposed legislation addresses the harms of conflating THC presence and impairment for people in possession of a valid prescription, it does not address the same harms to people who are using cannabis for a whole range of reasons (from therapeutic to recreational) without a prescription. As cannabis use is decriminalised in the ACT, there would be a good number of those using cannabis in the Territory without a prescription. In their case, the test of impairment remains, inadequately, on the presence of THC and not on impairment from THC. This maintains the status quo, where people who use cannabis without a prescription and are not impaired at the time of driving risk committing an offence under the *Road Transport (Alcohol and Drugs) Act 1977*.This should be a matter the Committee considers.

ATODA appreciates the opportunity to provide a submission into this inquiry, and we welcome the opportunity to provide any additional information that may be required by the Committee and other stakeholders.

Yours sincerely,

[redacted]

Anke van der Sterren
Acting CEO
Alcohol, Tobacco and Other Drug Association ACT (ATODA)
[redacted] / [redacted] / PO Box 7009 Kaleen, ACT 2617

References:

1. Montagner P, de Salas Quiroga A, Ferreira AS, et al. Charting the therapeutic landscape: a comprehensive evidence map on medical cannabis for health outcomes. *Frontiers in Pharmacology* 2024; Volume 15 - 2024. Review. DOI: 10.3389/fphar.2024.1494492.
2. ACT Governent. Prescribing and supplying medicinal cannabis. 14 July 2026 ed.
3. Australian Government. Guidance for the use of medicinal cannabis in Australia: Patient information. 24 November 2024 ed.: Therapeutic Goods Administration 2024.
4. Sholler DJ, Spindle TR, Cone EJ, et al. Urinary Pharmacokinetic Profile of Cannabidiol (CBD), Δ9-Tetrahydrocannabinol (THC) and Their Metabolites following Oral and Vaporized CBD and Vaporized CBD-Dominant Cannabis Administration. *Journal of Analytical Toxicology* 2022; 46: 494-503. DOI: 10.1093/jat/bkab059.
5. Hunt CA and Jones RT. Tolerance and disposition of tetrahydrocannabinol in man. *J Pharmacol Exp Ther* 1980; 215: 35-44.
6. Dingus TA, Guo F, Lee S, et al. Driver crash risk factors and prevalence evaluation using naturalistic driving data. *Proceedings of the National Academy of Sciences* 2016; 113: 2636-2641. DOI: doi:10.1073/pnas.1513271113.