

Submission  
No 79

**INQUIRY INTO ROAD TRANSPORT AMENDMENT  
(MEDICINAL CANNABIS-EXEMPTIONS FROM  
OFFENCES) BILL 2021**

**Name:** Ms Debbie Ranson

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Submission T0: Standing Committee on Law and Justice  
Submission Regarding: Road Transport Amendment (Medicinal Cannabis exemptions from Offences)  
Bill 2021  
Submission From Debbie Ranson  
I fully Support this Bill. 1/05/2022

I am a working medical professional who is required to catch a train to work daily to perform my duties, this is due to the inadequate testing of people who are on the road whilst using legally scripted medicinal cannabis.

I am not impaired at work and would never attend the workplace if I was, likewise I would never operate a vehicle if I was impaired. Cannabis is certainly very dissimilar to alcohol and as proven by the science of the Lambert initiative (Sydney University) there needs to be quality impairment testing measures implemented as soon as possible to protect our community from these unfair and bias measures of testing. Many of these testings are inaccurate and provide false positives and false negatives.

<https://www.sydney.edu.au/news-opinion/news/2019/09/12/study-casts-doubt-on-accuracy-of-mobile-drug-testing-devices-.html>

I have found relief of chronic pain from multiple whiplash injuries due to a car accident, I have reduced PTSD from working in a high acute area for many years and associated insomnia. I have improved sleep patterns and decreased neuropathic pain. My quality of life and improvement in health is immeasurable. This medicine has allowed me to return to the workplace as a fully functioning member of my team and productive member of society.

However, if I drive a car, I am a criminal regardless of impairment status. This medicine is prescribed by a specialist or Doctor and is the same category or schedule as other medications not tested at roadside. There certainly is a disparity in rules that is a real detriment to people's livelihood which restricts mine and others driving, which sees reduction in social and working capabilities and capacities due to these archaic testing measures.

I see patients daily who report multiple adverse impacts of cannabis and driving laws on their quality of life, dignity and independence. They report symptom management to the point of return to work for some, this is due to decreased pain, improved mobility and multiple pharmaceutical reductions for many. Only to find themselves in a conundrum, they now have good health, employment, improvement in all areas of their life but are restricted due to these driving laws which in turn sees them backslide. Do they continue to work which improves quality of life, improved self-esteem, relationships, anxiety and future outlooks? To work normally sees the need to drive, not everyone is lucky enough to live near a train line and or can get to there if they don't.

Some patients spend 12 months or more getting back to a point of return to work and then must stop their medicine, return to the very pharmaceuticals that lead to their addictions or decreased quality of life and simply end up unemployed again with symptoms returned and overall poor health outcomes and side effects. Others find their health improved, they may be retired but can't leave their house in their vehicles or risk arrest and become socially isolated. Stories of our elderly who must stop medicine because they no longer can drive one street away to their loved one in a nursing home, or cessation because they no longer can go to see their grandchildren or to bowls. Simple pleasures you enjoy in old age stolen because we can't adequately assess driving impairment.

There is a clear need for change in these laws. There is science available to determine this and the current driving laws do not provide me or others with same equal rights of those who are taking the same schedule medicines without bias.

The current drug driving laws are discriminating against medicinal cannabis patients like me. Medicinal cannabis is the only prescribed medication where you lose your licence if you test positive for presence, not impairment. Any amount of the drug (THC) in your system could see you fail this test. However, I could take opiates or barbiturates, test positive and drive away if I showed my prescription. How does that make sense? That's discrimination.

As a legal medicinal cannabis patient and a citizen, it's a growing concern for me that these actions are still taking place when medicinal cannabis has been legally prescribed since 2016. This should have been addressed and seen as an urgent area of needed policy and law change from the beginning. I'm not seen as equal in the eyes of the law when taking my legally prescribed medicine puts me at risk of losing my license when unimpaired and then most likely my job.

This change is essential for all Australians who rely on medicinal cannabis as a medicine to not only obtain quality of life but to retain it without persecution or conviction. To be clear, if a person is impaired, they should be accountable, however the laws need to be the same for cannabis medicine as it is for other potentially impairing drugs, and for people to have a defence for presence when they're not impaired.

Unfounded statements and fictitious research will continue to compound and prolong change. There is no correlation between the presence of THC in saliva and impairment. More importantly, there is no evidence that driving with a detectable level of THC increases the risk of road trauma, especially when cannabis can be detected long after initial use. As seen with previous research, roadside deaths have been recorded with detectable levels of multiple drugs in systems however with no proof to the actual causative agent.

Other countries have safely navigated this and concluded roadside sobriety tests THC or THC metabolites in the bloodstream do not correlate with whether or not a driver is actually impaired, and they have successfully implemented roadside sobriety testing with entire task forces trained and specialised for this area.

<https://www.canorml.org/wp-content/uploads/2021/03/Senate-Bill-94-2017-CHP-Report-to-the-Legislature-Impaired-Driving-Task-Force-Report.pdf>

I urge the committee to address this needed change now. Patients are already suffering in the cannabis medicine arena with cost and access issues that impact on their quality of life without the risk of criminality on top. I urge the determination that,

1. There is no evidence that the Bill would increase road trauma
2. There is evidence to suggest those using other prescription drugs as an alternative to medicinal cannabis are at a greater risk to road safety.
3. The current laws are discriminatory against prescription medicinal cannabis users.

Thank you

Debbie Ranson  
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