

RACGP NSW&ACT

Response to questions on notice taken at the hearing of the Inquiry into the impact of the regulatory framework for cannabis in New South Wales held 19 August 2024

Medical cannabis and driving

A copy of Arkell, T., McCartney, D., & McGregor, I. (2021). Medical cannabis and driving. *Australian Journal of General Practice*, 50(6). doi: 10.31128/AJGP-02-21-5840 is included as a separate attachment.

RACGP position on roadside testing for opiate and benzodiazepine impairment

The Royal Australian College of General Practitioners (RACGP) does not hold a formal position nor make suggestion that NSW law enforcement should test for opiate and benzodiazepine impairment at the roadside.

The RACGP has produced guidelines on the prescribing of drugs of dependence in general practice ([Part C1: Opioids](#)¹, [Part C2: The role of opioids in pain management](#)² and [Part B Benzodiazepines](#)³). These guidelines represent a synthesis of the best available evidence (at the time of publication) for the prescribing of drugs of dependence in primary care settings.

The published guidelines highlight the necessity for general practitioners (GPs) to prescribe drugs of dependence judiciously to protect patients from harm. This means acting by national and state regulations, accountable prescribing, and understanding pain and pain management. Consistent with all medications, the prescribing of drugs of dependence requires clear patient selection and ongoing clinical monitoring.

General practice is not solely responsible for mitigating the risks associated with opiate and benzodiazepine impairment on driving safety. However, the potential impacts of legally prescribed opioids and benzodiazepine on driving safety are mitigated in the context of clinical consultation in line with the guidelines above. Part C1, C2, and B. In the context of the Inquiry into the impact of the regulatory framework for cannabis in NSW and its associated terms of reference, the RACGP does not present a view on the retention or non-retention of the medical defence for opiates in the [Roads Act](#) ⁴.

Deaths from overdose each year from opioids that were prescribed by a GP

The RACGP does not collect such data and there is no published data available to the RACGP that defines the number of people in Australia who die from overdose each year from opioids that were prescribed to them by a GP. All opioids can be addictive, and their use can result in dependence, accidental overdose, hospitalisation, or death⁵. General practitioners are experts in utilising these medications appropriately in the treatment of pain whilst minimising the harms associated with opioids. All general practitioners must follow strict guidelines and work collaboratively with patients and their patients' wider care networks to mitigate the potential risks associated with opioid use, including overdose. General

practice is not solely responsible for managing mortality and morbidity associated with prescription drug deaths in Australia; however, the RACGP is determined to maintain a proactive role in addressing this problem.

Deaths from overdose from medicinal cannabis

There are no documented cases of death due to acute cannabis toxicity⁶. From studies internationally, however, cannabis use can be a contributor of traumatic injury, polydrug toxicity and cardiac toxicities⁷. In the era of medicinal cannabis in Australia therefore, doctors must prescribe these medicines safely by ensuring that there is continuous follow-up, regular reviews and adequate training in preventing the negative effects of medicinal cannabis.

Adverse health outcomes for Australians occasioned by the criminal regulation of cannabis

As outlined in the RACGP submission to the Inquiry into the impact of the regulatory framework for cannabis in New South Wales, there is harm associated with disproportionate access to medicinal cannabis amongst minority groups and populations of relatively lower socioeconomic status. It is evident that those who are unable to access medicinal cannabis legally are disproportionately at risk of the criminal justice system.

References

1. The Royal Australian College of General Practitioners. (2022). *Prescribing drugs of dependence in general practice, Part C1 - Opioids*. <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/drugs-of-dependence/part-c1>
2. The Royal Australian College of General Practitioners. (2022). *Prescribing drugs of dependence in general practice, Part C2 – The role of opioids in pain management*. <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/drugs-of-dependence/part-c2>
3. The Royal Australian College of General Practitioners. (2022). *Prescribing drugs of dependence in general practice, Part B - Benzodiazepines*. <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/drugs-of-dependence/part-b>
4. Roads Act 1993 No 33 (NSW)
5. Australian Institute of Health and Welfare. (2018). *Opioid harm in Australia: and comparisons between Australia and Canada*. Canberra: AIHW.
6. National Drug and Alcohol Research Centre. (2021). Cannabis [Factsheet]. University of New South Wales.
7. Rock KL, Englund A, Morley S, Rice K, Copeland CS. Can cannabis kill? Characteristics of deaths following cannabis use in England (1998–2020). *Journal of Psychopharmacology*. 2022/12/01 2022;36(12):1362-1370. doi:10.1177/02698811221115760

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