

Transport and Other Legislation Amendment Bill 2026

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Submission By: Qld Network of Alcohol and other Drug Agencies (QNADA)
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15 July 2026

State Development, Infrastructure and Works Committee,
Parliament House,
George Street,
Brisbane QLD 4000

Dear Committee

Thank you for the opportunity to provide feedback on the Submission to the Transport and Other Legislation Amendment Bill 2026. The Queensland Network of Alcohol and other Drugs Agencies (QNADA) submission is attached.

QNADA represents a dynamic and broad-reaching specialist network within the non-government alcohol and other drug (NGO AOD) sector across Queensland. We have more than 55 member organisations, representing the majority of specialist NGO AOD providers. This submission is made following consultation with QNADA members.

QNADA is pleased to provide further information or discuss any aspect of this submission. Please don't hesitate to contact me at [REDACTED] or by calling [REDACTED].

Yours sincerely



Rebecca Lang

CEO



Submission to the Transport and Other Legislation Amendment Bill 2026

July 2026

This submission has been prepared by the Queensland Network of Alcohol and Other Drug Agencies (QNADA). Its content is informed by consultation with QNADA member organisations providing alcohol and other drug treatment and harm reduction services across Queensland, as well as a review of relevant research and reports.

QNADA welcomes the opportunity to comment on the Transport and Other Legislation Amendment Bill 2026. It is critically important that we take an evidenced based approach to road safety. We note that the current approach to roadside drug testing continues a prohibitionist ‘zero tolerance’ policy by test for the *presence of*, rather than *impairment by*, relevant substances (amphetamines, mdma, cocaine and THC). This approach extends criminalisation for people who use not only illicit substances, but people using prescribed drugs for the first time, based on the contestable notion that mere presence is equal to impairment.

For example, the rationale for introducing roadside drug testing to detect the presence of THC (one of the four ‘relevant drugs’)¹ was that it would reduce the number of people killed and seriously injured on our roads. In reality, a range of factors may dictate the length of time THC remains in oral fluid or blood without affecting a person’s attention or motor skills including, method of use (smoking, vaporising, or taken orally), dose, and frequency of use. For example, when consumed orally, THC may be detected in blood for days or weeks after consumption,² with no indication of driving impairment lasting the same duration. Additionally, Australian research examining the impacts of medicinal cannabis containing THC on driving impairment, while in its infancy suggests that, when tested within semi-naturalistic environments (ie simulators and video-based assessments), medicinal cannabis containing THC has little to no impact on driving performance in tolerant patients when used as prescribed.^{3,4}

To date, the impacts – both beneficial and consequential – of roadside drug testing has not been evaluated in Queensland and the Queensland Road Crash Weekly Report⁵ does not differentiate fatalities or hospitalised casualties involving drivers detected with relevant drugs or under the influence of any drugs. Taken together, this evidence does not suggest that presence predicts impairment⁶ or that detection equals prevention,⁷ yet it makes the very basis for presence-based roadside drug testing.

Roadside drug testing may also act as a barrier to treatment access.⁸ Research has shown that merely the presence of roadside testing was sufficient to either deter a patient from using medicinal cannabis or reconsider the type of medical cannabis that they used.⁹ This is concerning because patients tend

¹ The four relevant drugs include THC (prescribed or otherwise), Methamphetamine, MDMA, and Cocaine.

² Arkell, T. R., McCartney, D., & McGregor, I. S. (2021). Medical cannabis and driving. *Australian journal of general practice*, 50(6), 357-362.

³ Schiemer, C., Horswill, M. S., Hill, A., Summers, M. J., & Stefanidis, K. B. (2025). The acute effects of vaporized cannabis on drivers’ hazard perception and risk-taking behaviors in medicinal patients: A within-subjects experiment. *Journal of Safety Research*, 92, 385-392.

⁴ Manning, B., Arkell, T. R., Hayley, A. C., & Downey, L. A. (2024). A semi-naturalistic open-label study examining the effect of prescribed medical cannabis use on simulated driving performance. *Journal of Psychopharmacology*, 38(3), 247-257.

⁵ Queensland Government. (2026). *Road safety statistics*. Weekly road fatality report.

⁶ Arkell, T. R., McCartney, D., & McGregor, I. S. (2021). Medical cannabis and driving. *Australian journal of general practice*, 50(6), 357-362.

⁷ [Medicinal cannabis users in Victoria could soon be allowed to drive with THC in their system. Is it safe?](#)

⁸ Arkell, T. R., Mills, L., Arnold, J. C., Suraev, A., Abelev, S. V., Zhou, C., ... & McGregor, I. S. (2026). Medical cannabis and driving in Australia: Results from the cannabis as medicine survey 2022–2023 (CAMS-22). *Transportation Research Part F: Traffic Psychology and Behaviour*, 118, 103466.

⁹ *Ibid*

to use medicinal cannabis (commonly for chronic pain, anxiety, and sleep disorders^{10,11}) after trying more than one conventional treatment and finding them to offer no therapeutic benefits or to have caused significant side effects. This concern extends to patients who live in rural and remote areas, who depend on driving to access their place of work and basic amenities like the shops and hospital. A suspension of their driving licence due to the presence of, rather than impairment by, prescribed THC will limit on their right to freedom of movement.

Additionally, there are known risks to driving impairment for many prescribed medications including opioids, benzodiazepines and psychostimulants.¹² For these substances, rather than testing at the roadside, potential driving impairment is self-managed by the patient with guidance from their medical professional, while the same level of autonomy is not offered to patients prescribed medicinal cannabis. Efforts must therefore be redirected to understanding impairment in order to educate patients about managing the risk, instead of penalising patients for the mere presence of a substance.

¹⁰ [SAS-B Applications](#)

¹¹ [Medicinal cannabis users in Victoria could soon be allowed to drive with THC in their system. Is it safe?](#)

¹² AHPRA. (n.d.). *Medicinal cannabis prescribing*. <https://www.ahpra.gov.au/Resources/Medicinal-cannabis-prescribing.aspx>