

## MEDICINAL CANNABIS USE AND DRIVING BY CLIENTS OF NSW HEALTH CANNABIS CLINICS

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**Introduction and Aims:** Medicinal cannabis use and driving after cannabis use are of public and scientific interest. In light of current NSW medicinal cannabis trials and ongoing use of roadside drug-driving testing, this study sought to enhance current awareness by exploring these issues in treatment-seeking cannabis users.

**Design and Methods:** Participants seeking treatment from five NSW Cannabis Clinics were recruited. Structured interviews asked regarding use, duration and effectiveness of cannabis to reduce symptoms related to physical or mental illness and/or pain. Data on incidence and frequency of driving were recorded.

**Results:** Participants (n=154), predominantly male (71%; n=110) were aged 35y±10. Onset age for medicinal cannabis use was 22y±8, with 59% (91/154) reporting cannabis use to reduce symptoms associated with mental and/or physical health. Of this group, 59% (54/91) had used cannabis for depression, with 59% (32/54) rating it as effective; 21% (19/91) had used for anxiety/PTSD symptoms, 47% (9/19) rating it effective. With respect to pain, 19% (17/91) had used cannabis for chronic pain, 65% (11/17) rating it effective, and 70% (83/118) for general pain relief with 64% (53/83) rating it effective. 54% (53/98) indicated they had used cannabis for medicinal purposes for between 1-10 years. Of the sample, 89% (137/154) had ever driven, with 94% (129/137) driving within 3-hours of cannabis use. 81% (111/137) had driven more than 100-times, while only 6% (8/137) had never driven whilst under the influence.

**Discussions and Conclusions:** Cannabis was commonly reported by treatment-seeking cannabis users to relieve pain and symptoms of mental and physical illness with the majority reporting its efficacy for their health concerns. Driving soon after cannabis use was very commonly reported.

**Implications for Practice or Policy:** Use of cannabis for self-reported medical reasons may occur commonly in populations broader than those currently included in the NSW terminal illness cannabis scheme.

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