RELATIONSHIP BETWEEN MEDICAL CANNABIS, ALCOHOL USE AND TRAFFIC ACCIDENTS

The legalization of cannabis for medical use is the subject of debate all over the world. In recent years, a number of countries have introduced specific laws and programs to allow the patients to use cannabis in various forms to treat the symptoms of specific disabling diseases, however little is known about the impacts of medical cannabis control policies on road safety.

Driving while impaired by any psychoactive substance, including cannabis, is risky. Laboratory studies have shown that cannabis use impairs driving-related functions such as, reaction time, distance perception, and hand-eye coordination. However, neither simulator nor driving-course studies provide consistent evidence that these impairments to driving-related functions lead to an increased risk of accidents. Cannabis can affect people differently, making it challenging to develop consistent and fair safety guidelines. Also, epidemiological studies have been inconclusive regarding whether cannabis use causes an increased risk of accidents. In contrast, unanimity exists that alcohol impairs driving-related functions and increases accident risk.

Moreover, simulator and driving-course studies revealed firm evidence that alcohol use leads to an increased risk of accidents. Even at low doses, drivers under the influence of alcohol tend to underestimate the degree to which they are impaired and take more risks. Furthermore, the risk from driving under the influence of both alcohol and cannabis is greater than the risk of driving under the influence of either alone.

Despite intense public interest, medical cannabis regulations have received little attention from researchers, policy makers and traffic safety practitioners. This presentation draws information from variety of studies to explore the impact of legalizing medical cannabis, including the probable negative relationship between medical cannabis laws and alcohol related traffic fatalities. The information on negative relationship between the legalization of medical cannabis and traffic fatalities involving alcohol supports the hypothesis that cannabis and alcohol may be substitutes.

The impact of medical cannabis policies on alcohol use is complex and likely depends on the specific aspects of policy implementation. In the context of possible adverse effects and associated cost of the drug control policies, this information should encourage further research focusing on resolving many contradictions posed by previous studies and could influence policy decisions on cannabis laws and how they are implemented.