A CONSENSUS REPORT ON DRUG-DRIVING

DRIVING UNDER THE INFLUENCE OF PSYCHOACTIVE DRUGS

September 2025

A collaboration report between

Doctors for Road Safety

MALTESE ASSOCIATION OF PSYCHIATRY

Foundation for Social Welfare Services
Here for you

A Consensus Report on Drug-Driving

Driving under the influence of psychoactive drugs

A report prepared jointly by Doctors for Road Safety (D4RS), the Maltese Association of Psychiatry (MAP), and the Foundation for Social Welfare Services* (FSWS) in response to a Government of Malta request for expert opinion on the introduction of amendments to the law around driving under the influence of alcohol and psychoactive drugs in Malta.

*In this report FSWS-Sedqa being the National Agency for Addiction is representing FSWS.

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Introduction

In August 2025, the Government of Malta published a Bill read the first time at the sitting of the 1st July 2025 to amend the Traffic Regulation Ordinance, Cap. 65.

In September, Government requested Doctors for Road Safety (D4RS) for expert advice on the medical aspects of this Bill. Doctors for Road Safety had already participated in a comprehensive review of the issue of Driving under the influence of psychoactive drugs along with partner stakeholders the Maltese Association of Psychiatry (MAP) and the Foundation for Social Welfare Services (FSWS), and together came up with a Position Paper in June 2023.

This consensus opinion is intended to support and enhance the views and recommendations in that position paper, along with a position paper on Driving under the Influence of Alcohol published by Doctors for Road Safety in December 2020. Both these documents are available on the D4RS website.

Drawing on current European regulatory frameworks, scientific evidence, and established best practices across jurisdictions, this report aims to provide a technical analysis and evidence-based recommendations to inform policy development and enforcement protocols. The findings presented herein reflect the collective expertise of medical professionals in various fields, committed to advancing both public safety and appropriate medical care within Malta's evolving regulatory landscape.

PART 1: European Regulatory Framework and Evidence-Based Recommendations

European approaches to drug driving enforcement vary significantly, ranging from zero-tolerance policies to evidence-based per se limits with medical exemptions. An analysis of Multiple European jurisdictions reveals critical insights for Malta's policy development, particularly regarding delta-9-tetrahydrocannabinol (THC) limits, medical cannabis protections, and enforcement methodologies.

1. European THC Driving Regulations Analysis

1.1 Acceptable limits

Countries vary in the limits of acceptability to driving under the influence of THC from zero tolerance to specific limits based on a blood test.

All limits have been converted to whole blood equivalents using the standard serum/plasma to whole blood conversion factor (÷1.6), as serum concentrations are approximately 1.6× higher than whole blood concentrations. A review of countries' limits:

Table 1: Zero Tolerance Countries

Country	Policy	Whole Blood Equivalent	Rationale
Spain	Zero tolerance	**0ng/ml**	Per se law applies for all driving
Italy	Zero Tolerance	**0 ng/ml**	2025 Highway code

Table 2: Countries with specific limits to THC levels found whilst driving

Country	Original Limit	Sample Type	Whole Blood Equivalent	Notes
Netherlands	3.0 ng/ml	Whole Blood	**3.0 ng/ml**	1.0 ng/ml if combined with alcohol/drugs
Germany	3.5 ng/ml	Serum	**2.2 ng/ml**	Updated 2025 limit – Assuming an equivalent of 0.2% BAC for 2-5ng/ml blood serum. Zero tolerance if combined with any alcohol; Zero tolerance for cannabis use under 21 or with a license for less than two years
United Kingdom	2.0 ng/ml	Whole Blood	**2.0 ng/ml**	Medical defence (medicinal cannabis with prescription)
Norway	1.3ng/ml/ OR 3ng/ml OR 9.0 ng/ml	Whole Blood	**1.3ng/ml OR 3ng/ml OR 9.0 ng/ml**	Based on their comparison with blood alcohol levels of 0.2g/l, 0.5g/l and 1.2g/l respectively)
Switzerland	1.5ng/ml	Whole blood	**1.5ng/ml**	Medical cannabis driving ban lifted August 2022
Ireland, Denmark,	1.0ng/ml	Whole blood	**1ng/ml**	For Ireland – impairment assessment
Belgium, Luxembourg	1.0 ng/ml	Serum	**0.6 ng/ml**	Converted from serum
France	0.5ng/ml	Whole blood	**0.5 ng/ml**	

1.3 Sample Type

- **Whole blood enforcement:** Eleven countries (Denmark, Finland, France, Greece, Ireland, Italy, Norway, Poland, Portugal, Switzerland, United Kingdom)
- **Serum enforcement:** Four countries (Belgium, Germany, Luxembourg, Slovenia)

2. Medical Cannabis Prescriptions and Driving Rights

European countries also vary in their laws and regulations around the use of medical cannabis. Table 3 shows the legal status of cannabis in European countries, acceptable limits and key requirements.

Table 3: Country specific jurisdictional analysis

Country	Medical Cannabis Legal	Driving THC Limit	Medical Defense Available	Key Requirements & Notes
United Kingdom	Yes (since 2018)	2 µg/L (micrograms per litre) blood	Partial but Strong	• Must not be impaired while driving • Protected under "medical defence category" if following prescription and not impaired • Must inform DVLA if treating epilepsy (mandatory), others strongly advised • Carry medical cannabis card and prescription

Country	Medical Cannabis Legal	Driving THC Limit	Medical Defense Available	Key Requirements & Notes
Germany	Yes (since 2017)	3.5 ng/ml blood serum	Yes - Strong	• New 3.5 ng/ml limit entered force 2025 • Medical prescription remains possible • Zero alcohol tolerance when using cannabis • Must prove medical necessity
Ireland	Yes	1ng/ml	Partial	Very similar to UK. Gardai will also check for impairment
Netherlands	Yes	3ng/ml	Unclear - Limited	• Medical cannabis widely accepted • Must prove medicines are for personal medical use
Italy	Yes	No specific limit found	Unclear/None	• Whilst medicinal cannabis is accepted, the new 2025 Highway Code went for per se law. Unclear regarding use of medicinal cannabis use whilst driving
Spain	Yes (since 2022)	No specific limit found	Unclear	• Cannabis legal for medical purposes since 2022. Per se law applies for driving.
France	Expanding (2025)	No specific limit found	Unknown	• Decision to integrate cannabis treatment into mainstream medical care by early 2025. Limited current access • Regulations still developing
Switzerland	Pilot Programs	1.5ng/ml	Unknown/ Emerging	• Swiss parliament lifted ban on driving with medicinal cannabis in August 2022. Prescribing physicians must inform their patients that cannabis-based medicines may affect momentary ability to drive and general fitness-to-drive.

2.1 Medical cannabis driving principles

1. **A medical cannabis prescription can cause impaired driving** and does NOT give anybody an automatic permission to drive if they are impaired from that or any additional psychoactive drug
2. **Documentation requirements:** Valid prescription, medical certificates, specialist letters
3. **Zero alcohol tolerance** when using prescribed cannabis (Germany, Netherlands, UK)
4. **Impairment assessment** remains applicable regardless of prescription status

2.2 Driving protections for medical prescription

- **UK**: Strongest legal framework with explicit "medical defence" but requires proof of non-impairment
- **Germany**: Clear 3.5 ng/ml blood serum limit provides specific threshold for medical users
- **Other countries**: Limited specific protections

3. Recreational Cannabis decriminalisation

European countries also vary in the legal status of cannabis for recreational use. This impacts variably on the regulations governing driving under the influence of this drug.

Table 4: European country specific recreational cannabis legalisation status

Country	Status
Malta	Fully legal for adult private personal use
Luxembourg	Legalised private use and cultivation
Germany	Legal for adult use; social clubs allowed
Portugal	Decriminalised since 2001
Spain	Decriminalised private use (social clubs)
Netherlands	Tolerated via policy (coffee shops)
Czech Republic	Decriminalised; full legal from 2026
Croatia	Decriminalised; medical legalised
Switzerland	Pilot legalization programmes
Moldova	Decriminalised
Norway	Decriminalised; fines for small amounts
United Kingdom	Not decriminalised; classified as a Class B drug
Belgium, Italy, Estonia	Personal use decriminalised

4. Enforcement Methodologies: Per Se vs. Impairment Testing

4.1 Impaired driving

Driving is a complex task involving a range of cognitive and psychomotor functions. Any substance that interferes with these functions can be deleterious for driving. Whilst some countries check for impairment directly using Field sobriety tests (UK, Ireland, Australia, USA), many others in Europe use per se law and do not check directly for impairment at the roadside.

4.2 Field Sobriety tests

There are two main types of Field Sobriety Tests: Standardized Field Sobriety Tests (SFST) and a Drug Recognition Expert (DRE) evaluation. SFST tests are conducted at the roadside to provide preliminary indications of impairment. DRE evaluations are conducted at the police station, can include a bodily fluid sample, and can provide further evidence to support a drug-impaired driving charge.

4.3 Field Sobriety Testing (FST) Countries

Countries using Standardized Field Sobriety Tests (SFST/DRE):

- United States + Canada
- United Kingdom (3-day Preliminary Impairment Test course)
- Australia, Mexico
- Belgium (limited implementation)

4.4 SFST protocol components:

1. Horizontal Gaze Nystagmus Test: Eye tracking assessment
2. Walk-and-Turn Test: Heel-to-toe coordination and instruction following
3. One-Leg-Stand Test: Balance and divided attention assessment

4.5 Per Se Law Countries

Laws controlling blood-drug limits are sometimes known as 'per se' laws; a driver found to have a higher than permitted level of a drug in the blood will be automatically in breach of the law, without requiring any proof of intoxication. European majority approach: Germany, France, Netherlands, Norway, Spain, Italy use ‘per se’ limits with observational assessment only (no random testing in Germany).

4.6 Ability of FST to effectively identify cannabis impairment

FSTs alone are not reliable enough for cannabis impairment detection. They may contribute to suspicion, but confirmation typically requires toxicology (blood, oral fluid, breath testing in development) and DRE evaluation. FSTs are more effective in detection of alcohol-related impairment. Most jurisdictions use FSTs as part of a broader roadside assessment for cannabis impairment detection rather than as stand-alone proof.

PART 2: D4RS, MAP, FSWS-SEDQA POSITION ON DRUG DRIVING ENFORCEMENT

5. Testing Protocols

5.1 Roadside and confirmatory tests

D4RS, MAP, FSWS-Sedqa support comprehensive drug testing for drug use and alcohol. It appears that Malta will be procuring Securetec Drug Wipe 6S for rapid roadside drug detection, which can identify six categories of substances:

S 602 G: Cannabis (Marihuana/Hashish/THC), Amphetamines/Methamphetamines/Ecstasy, Ketamine, Cocaine/Crack, Opiates (Morphine/Heroin)

S 605 G: Cannabis (Marihuana/Hashish/THC), Amphetamines/Methamphetamines/Ecstasy, Benzodiazepines, Cocaine/Crack, Opiates (Morphine/Heroin)

Depending on the specific product bought, the Securetec 6S can detect

1. Cannabis (THC)
2. Opiates (Morphine/Heroin)
3. Cocaine (including crack cocaine)
4. Amphetamines/Methamphetamines/MDMA
5. Benzodiazepines OR Ketamine

Confirmatory Tests: Advanced laboratory testing methodologies (eg Gas Chromatography-Mass Spectrometry and Liquid Chromatography-Tandem Mass Spectrometry) may be used to

provide precise quantification of drug/metabolites, ensuring forensically defensible results with established detection limits and quality assurance protocols.

Prompt blood collection is essential to ensure that quantitative results accurately represent the driver's impairment state at the time of driving, before natural metabolism significantly reduces detectable substance levels.

5.2 Prescribed Medication Considerations

Substances detected that may be medically prescribed:

- Cannabis: Medical cannabis products
- Opiates: e.g. Codeine, morphine, Oramorph, Tramadol, Methadone
- Amphetamines: e.g. Methylphenidate (ADHD treatment)
- Benzodiazepines: e.g. Alprazolam, diazepam, lorazepam, clonazepam

5.3 Medical Use Protocol

D4RS, MAP, FSWS recognize that legitimate medicinal use of controlled substances presents unique challenges in drug driving enforcement. For patients using prescribed psychoactive medications that may result in positive random drug tests:

1. **Documentation Requirements:**
    - Valid control card and/or recent prescription from registered doctor/specialist
    - Documentation must predate the roadside test
    - Patients encouraged to carry documentation when driving
2. **Alcohol Restrictions:**
    - Zero alcohol tolerance when psychoactive substances are detected via drug screening
    - Enhanced penalties for alcohol/drug combinations
3. **Impairment Assessment:**
    - Patients must not display signs of impairment regardless of prescription status
    - Impairment evaluation should be recorded via police body camera

5.4 Impairment and Legal Considerations

In cases involving impairment, dangerous driving, or crashes, courts will evaluate:

- Patient cognitive capacity at time of incident
- Confirmatory blood concentration levels
- Observed erratic driving behaviour severity
- Medical documentation of prescribed dosages and expected effects
- Recorded impairment assessment evidence

5.5 Cannabis Pharmacokinetics and Driving Recommendations

5.5.1 Detection Windows

- Oral fluid THC levels: Typically <10 ng/ml after 6 hours (variable based on tolerance, dose, potency)
- Chronic vs. occasional users: Significantly longer detection periods for frequent users
- Variability factors: Individual metabolism, tolerance, consumption method, product potency

Critical limitation: Precise time-to-negative testing cannot be accurately predicted for individual THC users

5.5.2 THC Concentration Equivalency Challenge

A critical consideration in cannabis-related drug driving enforcement is that medicinal cannabis products and recreational cannabis may contain virtually identical THC concentrations, often reaching up to 30% THC content**.** This equivalency presents significant challenges for enforcement and legal proceedings:

- **Indistinguishable blood levels**: Patients using prescribed high-THC medicinal cannabis may produce blood THC concentrations identical to recreational users
- **Product potency overlap**: Modern medicinal cannabis formulations can contain THC concentrations (15-30%) that match or exceed recreational cannabis products
- **Detection implications**: Blood THC levels alone cannot differentiate between medicinal and recreational use
- **Legal complexity**: Enforcement officers and courts cannot rely solely on THC concentration to determine the source or legitimacy of cannabis use

5.5.3 Patient Guidance

For THC-containing cannabis products:

- Avoid driving during treatment initiation
- Avoid safety-sensitive tasks in hours immediately following each dose
- Risk of positive oral fluid testing even without impairment

6. Roadside testing options for Malta

6.1 Option 1: Zero tolerance approach

This is the approach adopted in some countries like Spain which, like Malta, has decriminalised recreational cannabis and has also laws regulating medicinal cannabis use. In Spain, road safety law supersedes the laws regulating both recreational and medicinal use of cannabis. In this scenario, it may be possible to adopt a strategy whereby drivers found to be positive for any of the tested drugs may be liable to a fine or other disciplinary measures and/or penalty points deducted, but if also found to be impaired, then be liable as a criminal offence.

This approach prioritises public safety over personal liberty and sends a strong message in favour of road safety with possible benefits to reduce other misdemeanours that threaten road safety. It has clear cutoffs and outcomes at the roadside for fines and/or other penalties but needs a robust impairment testing protocol to prove a criminal offence. It will not distinguish recreational vs medicinal cannabis use, or use of some of other drugs used legitimately for medical purposes like benzodiazepines or amphetamines.

6.2 Option 2: Zero tolerance with required further evidence.

In this option, drivers found to be positive will be required to undergo further testing, typically with a blood toxicology test. This will then refer to predefined acceptable cutoff limits for each drug (as defined by law), and if found to be above, fines and penalty points will be meted out. If impairment at the roadside is also documented, then it becomes a criminal offence.

This approach should deliver a more accurate approach for illegal drug level cutoffs with the same benefits on the seriousness of road safety administration. The same lack of distinction between medical and illegal use of drugs described in 5.4.1 applies. In addition, it will probably require significant additional resources to allow for blood testing in each positive case.

6.3 Option 3: Limited tolerance with required further evidence

This is a graded approach and depends on different variables. The first distinction is between drugs used mainly for medical reasons and that used mainly for recreational reasons.

Benzodiazepines, amphetamines and opiates (drugs with a significant medical use preponderance): if roadside oral fluid testing (OFT) results positive, an impairment test is done. If this is positive, then the driver will be immediately required to undergo a blood test and if the acceptable limit (as defined by law) is exceeded, an offence is deemed to have been committed. If the limit is not exceeded, or the impairment test is negative, the driver will still need to produce a prescription or other proof that they were taking the drug for medical purposes, and if this is done, they will be cleared. If this proof is not produced, the lawmaker may choose to either then ask for a blood test to be required as above, or else consider that an offence has been committed without the need to take a blood level.

Cannabis (THC-tetrahyrdocannabinol): if roadside OFT is positive, an impairment test is done. If this is positive, then the driver will be immediately required to undergo a blood test and if the acceptable limit (as defined by law) is exceeded, an offence is deemed to have been committed. If the limit is not exceeded, or the impairment test is negative, no offence will be recorded.

Cocaine or Ketamine: These drugs are illegal and if an OFT is positive, a blood test will be taken and if any trace found, an offence will be recorded.

6.4 Exceptions to above protocols

The above protocol will be superseded in the following cases:

6.4.1 Road traffic crash resulting in any bodily injury, loss of life or damage to public or third-party property

If a roadside OFT is positive in this scenario, a blood test will be required of the driver to then decide in the appropriate ensuing investigations whether an offence has been committed.

6.4.2 Concomitant Alcohol and Drug Use

Concomitant alcohol and psychoactive drug use significantly increases crash risk through:

- Synergistic impairment effects
- Enhanced risk-taking behaviour
- Compromised judgment and reaction time
- Increased likelihood of severe outcomes

In Europe multiple jurisdictions enforce absolute alcohol prohibition when drugs are detected:

- Germany: Zero tolerance for alcohol/cannabis combinations
- Netherlands: Reduced THC limit (3.0 ng/ml → 1.0 ng/ml) when combined with alcohol
- United Kingdom: Enhanced penalties for combined substances

Hence in this situation, if both a roadside oral fluid test is positive for any of the above drugs AND any alcohol is detected on a breathalyser test, no impairment test is required. The driver must immediately undergo a blood drug test, with any positive result constituting an offence.

The zero-tolerance policy for drug/alcohol combinations represents a stricter standard than these existing limits, reflecting the higher risk associated when a combination of drugs plus alcohol is detected in the body.

Note: Malta's current breath alcohol limits are 22mcg/dl for standard drivers, 9mcg/dl for novice drivers, and 0mcg/dl for commercial (including buses, coaches and other vehicle carrying passengers for a fee) drivers.

7. Training and Technology Recommendations

D4RS, MAP, FSWS-Sedqa strongly encourage the Malta Police Force to implement:

7.1 Training Protocol Enhancement

- **Comprehensive impairment assessment training** for all traffic enforcement officers, starting with training in SFTS and DRE evaluations.
- **General population awareness campaigns** to explain the ethos of the law and the need for such a policy. Special attention needs to be given to young people.

7.2 Technology Integration

- **Systematic video documentation** of all impairment assessments via body cameras
- **Dashboard recording systems** for comprehensive incident documentation
- **Enhanced evidentiary standards to strengthen prosecutorial outcomes**

7.3 Quality Assurance

- **Documentation standards** ensuring legal admissibility
- **Chain of custody protocols** for biological samples
- **Regular training updates** based on emerging research and legal developments

8. Conclusions and Recommendations

8.1 Key Findings

1. **Regulatory Diversity:** European approaches range from zero tolerance to evidence-based per se limits, with significant variation in medical protections.
2. **Cannabis Integration:** Countries with established medical cannabis programs (UK, Germany, Ireland) provide clearer legal frameworks and patient protections compared to emerging markets.
3. **Enforcement Methodology:** Per se limits are more widely adopted than field sobriety testing across Europe, with impairment assessment serving as a complementary rather than primary enforcement tool.
4. **Alcohol/Drug Combinations:** Universal recognition of enhanced risk, with most jurisdictions implementing zero alcohol tolerance policies for drug-positive drivers.

5. **Detection vs. Impairment:** Significant temporal disconnects between detectability and impairment, particularly for chronic cannabis users, necessitating nuanced enforcement approaches.

8.2 Strategic Recommendations for Malta

8.2.1 Regulatory Framework

- **Adopt per se blood limits** for most common recreational drugs
    - For cannabis – Most common range used across Europe and UK 0.6-3ng/ml whole blood.
- **Adopt a roadside testing protocol** from one of the options suggested in point 6 above
- **Implement zero alcohol tolerance** for concomitant use of psychoactive (prescribed or otherwise) drugs and alcohol.
- **Establish clear medical exemption protocols** with robust documentation requirements
- **Implement an impairment assessment** for drivers stopped randomly who are found to be THC positive on initial swab test or have a regularly issued prescription compatible with swab positive result. Where signs of impairment are present in drivers with medical prescriptions or THC, officers should pursue appropriate legal action through established protocols, including blood testing. Prescription status informs the investigation but does not preclude prosecution when impairment threatens public safety

8.2.2 Enforcement Enhancement

- **Invest in comprehensive officer training** covering both per se enforcement and impairment assessment
- **Deploy systematic video documentation** to strengthen court cases and ensure fair treatment

8.2.3 Medical Patient Protections

- **Use standardised Control card system** for patient identification
- **Develop clear guidelines** for healthcare providers regarding driving advice
- **Implement zero alcohol tolerance** for patients using prescribed psychoactive medications

8.2.4 Public Health Integration

- **Coordinate with healthcare system** to ensure consistent messaging about driving and medication use.
- **Awareness campaigns** regarding the new law should also involve authorities like FSWS-Sedqa which is the National Agency for Addiction

8.2.5 Medical Fitness-to-Drive Assessment Protocol

Malta should establish a UK DVLA-style medical fitness-to-drive system where healthcare providers can refer patients with safety concerns to an independent expert panel for assessment. This panel would conduct standardized assessments and determine appropriate

outcomes ranging from temporary license suspension, restricted licensing conditions, periodic re-assessments, or complete revocation, with clear appeals processes and re-assessment protocols.

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