

Queensland Health

Medicinal cannabis in Queensland

A report on stakeholder feedback
(July 2024)



Queensland
Government

Medicinal cannabis in Queensland - A report on stakeholder feedback (July 2024)

Published by the State of Queensland (Queensland Health), July 2024

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For more information contact:

Monitored Medicines and Compliance Unit, Department of Health, Queensland Health, GPO Box 48, Brisbane QLD 4001, email MMCU@health.qld.gov.au

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Version control

Version	Date	Comments
1.0	31 July 2024	—

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Summary

Survey response rate

Respondent type	# of responses	% of total responses (n=295)	Details
Health practitioner	258	87%	<ul style="list-style-type: none"> • 111 medical practitioners • 111 pharmacists / intern pharmacists • 22 nurses / nurse practitioners • 14 'other'
Patient	22	7%	
Peak body, professional or other organisation	15	5%	<ul style="list-style-type: none"> • 4 Queensland Hospital and Health Services • 3 Queensland Department of Health entities • 3 pharmacies • 2 professional bodies • 1 professional indemnity insurer • 1 'other government' • 1 not stated
TOTALS	295	~100%	

Health practitioner knowledge and confidence

Confidence in knowledge of the legislative requirements for prescribing / dispensing medicinal cannabis in Queensland	Confidence in prescribing / dispensing medicinal cannabis (from a clinical perspective)	Awareness of contraindications for the use of THC-containing medicinal cannabis products
<p>41% of health practitioners (n=55) reported feeling confident or very confident</p> <p>23% of health practitioners (n=30) reported feeling not confident or not confident at all</p>	<p>41% of health practitioners (n=55) reported feeling confident or very confident</p> <p>28% of health practitioners (n=37) reported feeling not confident or not confident at all</p>	<p>86% of health practitioners (n=115) reported being aware of contraindications</p>

Concerns about current medicinal cannabis prescribing and dispensing practices in Queensland

87%
of health
practitioners
(n=133) hold concerns

41%
of patients
(n=9) hold concerns

60%
of organisations
(n=9) hold concerns

Factors considered to influence unsafe/clinically inappropriate prescribing and dispensing (as reported by health practitioners and organisations) were prioritised as follows:

1. Absence of clinical guidelines (standardised product nomenclature, efficacy, dosages, contraindications).
2. Increased patient knowledge of, and demand for, medicinal cannabis products creating undue pressures.
3. Lack of access to specific product information (type, form, strength)
4. Other e.g.
 - a. Telehealth / pop-up / online-only cannabis clinics.
 - b. Commercialisation and perverse financial incentives.
 - c. Professional practice issues.
 - d. Lack of quality, independent evidence to support its use.
 - e. Sub-optimal regulation.
 - f. Availability high-potency products.
 - g. Misinformation and direct advertising.
 - h. Ease of access.
 - i. Lack of centralised database capturing all medicinal cannabis prescription records.
5. Quality of the information available in QScript (prescription or dispensing records).

47%
of health practitioners
(n=62) reported **Always** or **Regularly** observing non-evidence-based prescribing / dispensing

30%
of health practitioners
(n=40) reported **Sometimes** observing non-evidence-based prescribing / dispensing

23%
of health practitioners
(n=31) reported **Rarely** or **Never** observing non-evidence-based prescribing / dispensing

When asked about reporting concerns about medicinal cannabis practices to a regulatory authority (e.g. Therapeutic Goods Association, Office of the Health Ombudsman, Australian Health Practitioner Regulation Agency):

- **6% of health practitioners** (n=15) stated they made reports in the last 12 months
- **22% of organisations** (n=2) stated they made reports in the last 12 months

Adverse events as a result of taking prescribed medicinal cannabis

138 of 238
health practitioners

(58%) were aware of patients experiencing adverse events.

1 of 9
patients

(11%) reported having experienced an adverse event.

6 of 9
organisations

(67%) were aware of patients experiencing adverse events.

Of the 138 health practitioners aware of adverse events occurring:

- 19% (n=26) reported observing this **daily**
- 25% (n=34) reported observing this **weekly**
- 22% (n=30) reported observing this **monthly**.

Unlawful medicinal cannabis prescriptions

31%
of dispensers

(n=27) reported **Always** or **Regularly** observing unlawful prescriptions

26%
of dispensers

(n=23) reported **Sometimes** observing unlawful prescriptions

43%
of dispensers

(n=37) reported **Rarely** or **Never** observing unlawful prescriptions

The most common reasons for prescriptions to be deemed unlawful were prioritised as follows:

1. Inappropriate prescription information (dosages, dispensing intervals, multiple products).
2. Inappropriate medicine information (medication name, type, form, strength).
3. Incomplete prescriber information (name or unique identifier, qualification/s, practice contact details).

4. Other (free-text) e.g.
 - a. missing TGA paperwork
 - b. monthly limits not stated/not clearly stated
 - c. active ingredient strength recorded as a range
 - d. missing medication information
 - e. instructions to substitute product if out of stock
 - f. repeats dispensed by other pharmacies who have changed the product to something other than what was originally prescribed.
5. Incomplete patient information (patient name, address, contact details).

55% of dispensers (n=40) reported experiencing issues attempting to remedy unlawful prescriptions, including difficulties contacting prescribers; patient frustration; and prescribers refusing to issue new prescriptions.

Resources/support needed for health practitioners

The resources/supports most commonly identified as being needed to support health practitioners in safe, lawful, and clinically appropriate prescribing and dispensing of medicinal cannabis in Queensland were (not necessarily in priority order):

- Clinical, dosing and dispensing guidelines.
- Tighter regulations, practitioner monitoring and accountability.
- Better clinical evidence.
- Training and education.
- More product / supplier information.
- Clearer legislative guidance.

1 Purpose

This report is a collation of stakeholder feedback received from the survey *Medicinal Cannabis – A survey on prescribing and dispensing practices in Queensland* distributed by Queensland Health’s Monitored Medicines and Compliance Unit to key stakeholders in May 2024.

The purpose of this report is to present key survey findings that may help inform future resource development or other activities to support Queensland’s health practitioners in lawful and clinically appropriate prescribing and dispensing of medicinal cannabis.

2 Background

Since becoming legal in 2016, the use of medicinal cannabis continues to increase in Australia, particularly in Queensland. Prescribers in Queensland account for close to approximately 45% of all medicinal cannabis Special Access Scheme B (SAS B) applications nationally, at a rate 1.5 and 2.5 times that of Victoria and New South Wales, respectively¹. The increasing use of medicinal cannabis products not included in the Australian Register of Therapeutic Goods (ARTG) and its burgeoning availability through the SAS B and Authorised Prescriber pathways for unregistered medicines (regulated by the Commonwealth Department of Health and Aged Care, Therapeutic Goods Administration [TGA]) has highlighted the dearth of clear and standardised clinical guidance to inform best practice and raised concerns regarding appropriate regulation of its prescribing and dispensing.

In September 2021, Queensland introduced a new regulatory framework for medicines with the commencement of the *Medicines and Poisons Act 2019* and its subordinate regulations. Health practitioners’ understanding of their legislative obligations in relation to medicinal cannabis is evolving and practitioners, professional bodies and indemnity insurance providers continue to seek clarification on specific scenarios. There is anecdotal evidence that pharmacists are regularly being presented with prescriptions that do not comply with requirements for a lawful prescription in Queensland for unapproved medicinal cannabis products.

In response to a rise in reported concerns related to prescribing and dispensing practices, the Monitored Medicines and Compliance Unit developed an online survey to explore health practitioners’ prescribing and dispensing behaviours and perceptions of medicinal cannabis. The intent of the survey was to establish an evidence base to help inform appropriate next

¹ Therapeutic Goods Administration. Medicinal cannabis Special Access Scheme data [internet]. Australia: Australian Government Department of Health and Aged Care; 2024 May 1 [cited 2024 Jul 17]. Available from: <https://www.tga.gov.au/products/unapproved-therapeutic-goods/medicinal-cannabis-hub/medicinal-cannabis-access-pathways-and-patient-access-data/medicinal-cannabis-special-access-scheme-data>

steps in supporting Queensland's health practitioners in lawful prescribing and dispensing of medicinal cannabis.

2.1 Survey development and consultation

The Monitored Medicines and Compliance Unit developed an online survey using Microsoft Forms for distribution via email to three key stakeholder groups: individual health practitioners; patients; and peak bodies, professional or other organisations. The survey encompassed yes/no, multiple-choice and free-text questions to allow for the return of qualitative and quantitative data over the two-week submission period.

Preliminary feedback was sought from select stakeholder groups and peak bodies on the proposed survey themes and design prior to its final release. Responses were received from six of these seven groups. In response to their feedback, minor changes were made to the positioning and wording of some questions, and new questions were added to better capture stakeholder needs.

An overview of common email enquiries frequently received by Queensland Health's Medicines Approvals and Regulation Unit was also undertaken.

The final survey was completed and approved for deployment on Thursday 16 May 2024 with an email invitation sent to all stakeholder groups the same day. In response to early feedback, on 20 May 2024 question 34 in the live survey was adapted to allow health practitioners who do not prescribe or dispense medicinal cannabis to complete the survey. Additionally, on 21 May 2024 two questions were identified as mistakenly omitted from the survey. These questions (questions 38 and 61) were subsequently inserted into the live survey this same day, after the first 79 survey responses had been received.

A full copy of the survey is available in the **Appendix**.

2.2 For noting

- The feedback presented in this report are the views and opinions of the individuals and organisations who completed the survey and provided feedback, and do not necessarily reflect the views of Queensland Health.
- Queensland Health has not fact-checked or investigated claims made in submissions.
- Feedback has been redacted for privacy purposes.
- Percentages shown throughout are approximate due to rounding.
- Some feedback in this report has been copied and pasted verbatim, except:
 - content unrelated or incomplete (i.e. Nil or N/A) has not been included
 - in some areas, content has been summarised to support key themes identified
 - in some cases, typos have been corrected
 - if information needed to be added, redacted or amended, this is shown in square brackets [like so].

Limitations:

- The survey was developed using Microsoft Forms and deployed online which required respondents to have access to a device and the internet to complete it.
- There was a short 2-week survey submission period imposed by project time and budget constraints.
- Survey engagement relied upon the ability and willingness of key stakeholder groups to share and distribute the survey link to potential respondents (i.e., health practitioners, peak body members etc.).
- A total of 295 survey responses were received with 258 of those from health practitioners, 22 from patients and 15 from individuals representing a peak body, professional or other organisation. Whilst representation was achieved across stakeholder groups, the number of responses should be taken into consideration when making inferences based on survey responses.
- Industry groups including those involved in the cultivation, manufacture or wholesale of medicinal cannabis were not directly consulted as part of this survey.
- Other standard limitations regarding selection biases (e.g. sampling bias) apply.

2.3 Response rate

A total of **295 survey responses** were received, with 258 responses (87%) from health practitioners as shown in **Table 1** below.

Respondent type	# of responses	% of total responses (n=295)
Health practitioner	258	87%
Patient	22	7%
Peak body, professional or other organisation	15	5%
TOTALS	295	~100%

Table 1. Total survey responses, by respondent type (n=295).

2.4 Respondent demographics

2.4.1 Health practitioners (n=258)

Of the 258 health practitioners who responded, the largest engagement was from medical practitioners (n=111) and pharmacists/intern pharmacists (n=111), who collectively accounted for 86% of all health practitioner responses, as shown in **Table 2**.

Health practitioner type	# of responses	% of total health practitioner responses (n=258)
Medical practitioner	111	43%
Pharmacist (including intern pharmacist)	111	43%
Nurse (including nurse practitioner)	22	9%
Other	14	5%
TOTALS	258	100%

Table 2: Total health practitioner responses, by practitioner type (n=258).

Of the 111 medical practitioners who made submissions, approximately 84% held specialty registration (n=93), with more than 50% of those collectively specialising in either general practice (n=21) or psychiatry (n=29).

Health practitioners were asked to select the title that best described their role in relation to medicinal cannabis. Of the 257 health practitioners who responded to this question:

- **45 (18%)** identified as a **prescriber**
- **107 (42%)** identified as a **dispenser**
- **105 (41%)** selected **other**, meaning they do not currently prescribe or dispense medicinal cannabis.

Examples of the professions for respondents who selected **other** included social worker, counsellor, mental health clinician, occupational therapist, peer worker, psychiatrist and nurse (including nurse practitioner).

Queensland was the primary place of practice for 257 health practitioners, with **59%** of all 258 practitioners identifying as being primarily based in **major cities**, as defined by the Accessibility/Remoteness Index of Australia², shown in **Figure 1** below.

² Queensland Government Statistician's Office Accessibility/Remoteness Index of Australia [Internet]. Queensland: Queensland Treasury; 2024 Feb [cited 2024 May]. Available from: <https://www.qgso.qld.gov.au/about-statistics/statistical-standards-classifications/accessibility-remoteness-index-australia>

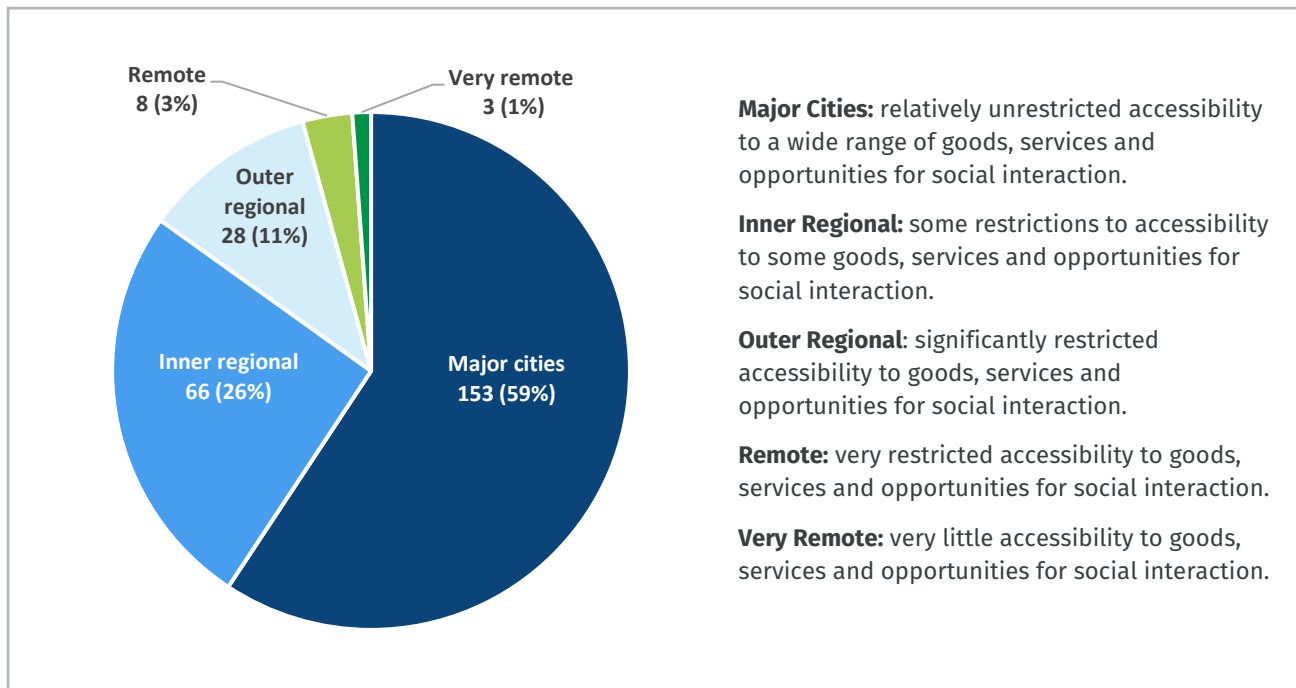


Figure 1. Geographical location of primary place of practice of health practitioners, by region (n=258).

All 258 health practitioners identified a primary practice setting. As shown in **Figure 2** below, the most common settings identified were:

- **Hospital (public health):** 97 respondents (38% of all health practitioners)
- **Pharmacy (community):** 84 respondents (33% of all health practitioners).

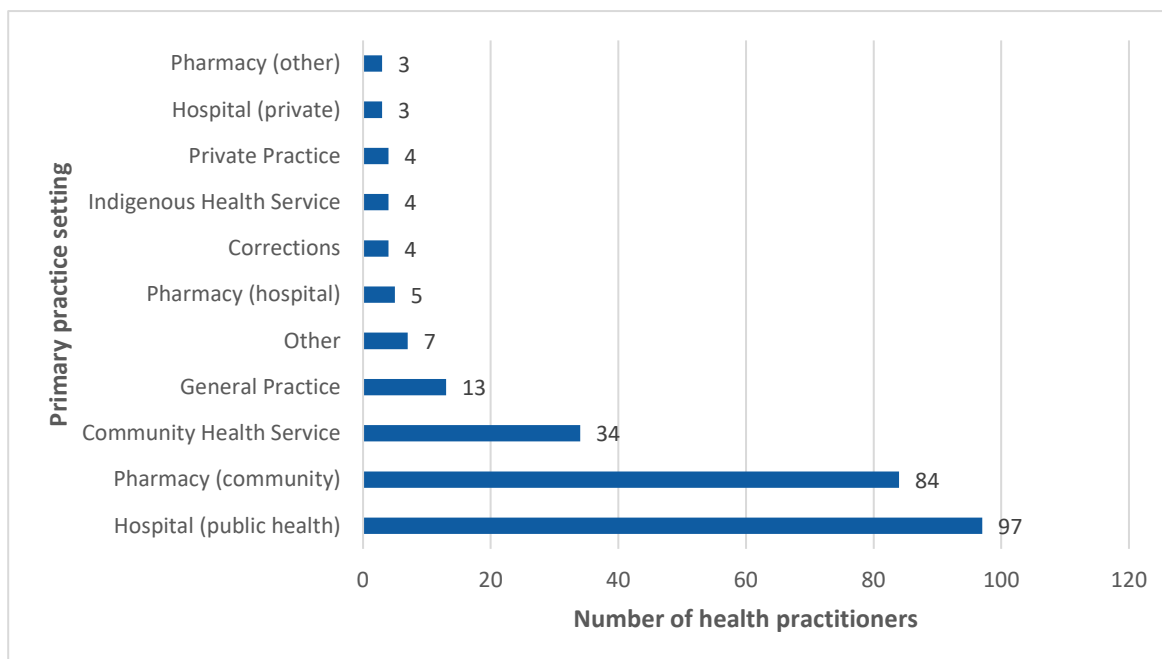


Figure 2. Primary practice setting of health practitioners (n=258).

All 258 health practitioners identified a primary clinical area. As shown in **Figure 3** below, the most common practice areas were:

- **Pharmacy:** 86 respondents (33% of all health practitioners)
- **Mental health:** 54 respondents (21% of all health practitioners).

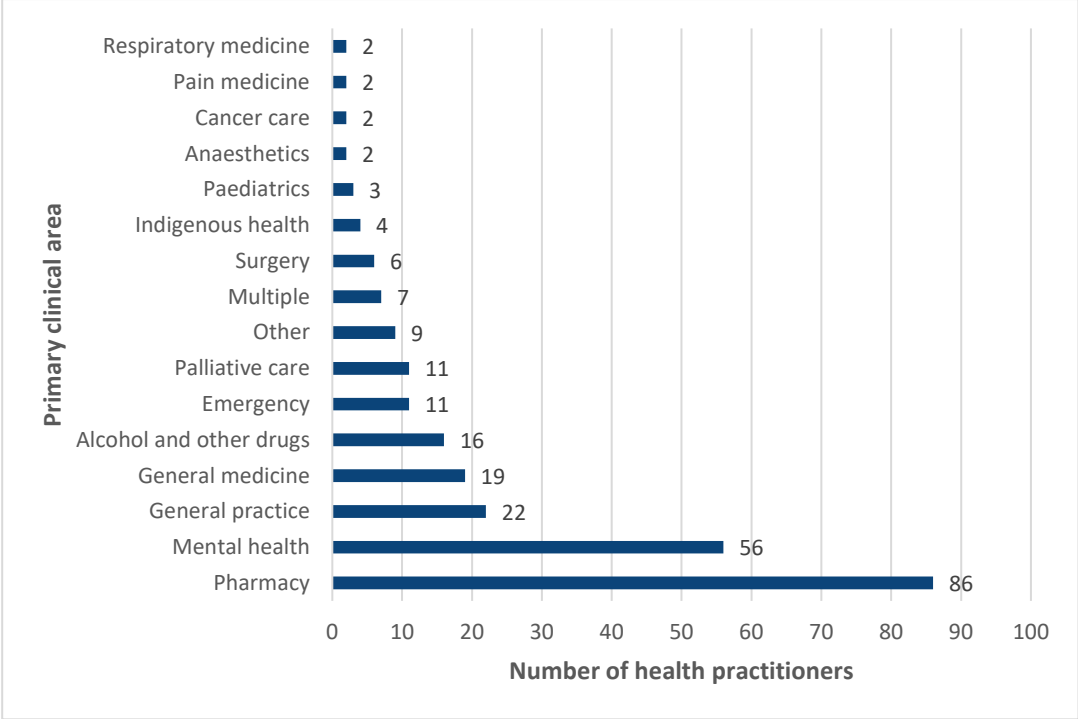


Figure 3. Primary clinical area of health practitioners (n=258).

Approximately 56% of health practitioners were aged between 35–54 years (**Figure 4**) with 68% of health practitioners (n=175) reporting practising for over 10 years in their current profession.

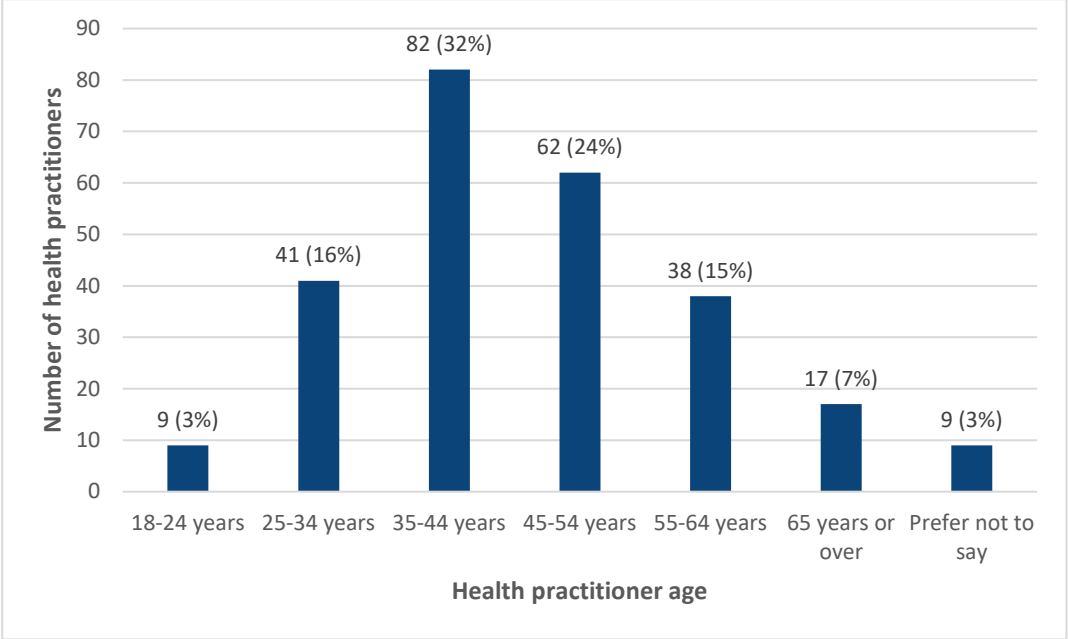


Figure 4. Health practitioner age, by age group (n=258).

2.4.2 Patients (n=22)

Queensland was the primary place of residence for all 22 patients. As shown in **Figure 5**, 64% of patients (n=14) were based in major cities³. The largest engagement was seen by those aged between 45–64 years, accounting for almost 60% of respondents (**Figure 6**).

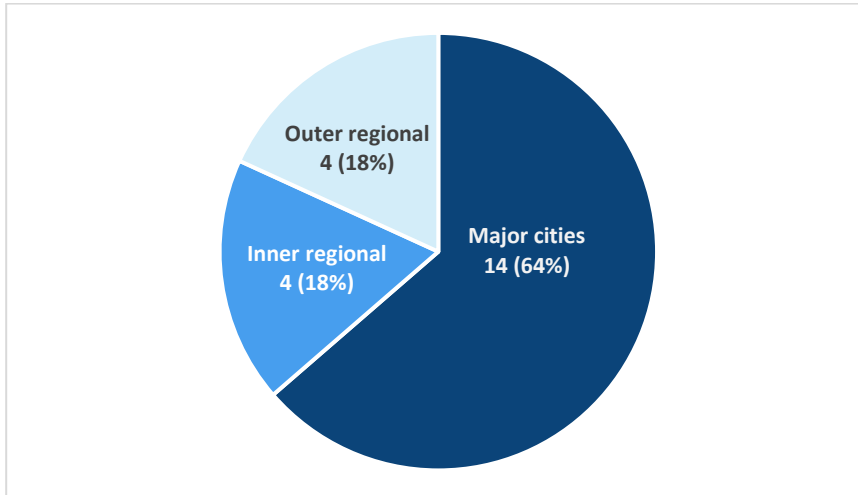


Figure 5. Geographical location of patients, by region (n=22).

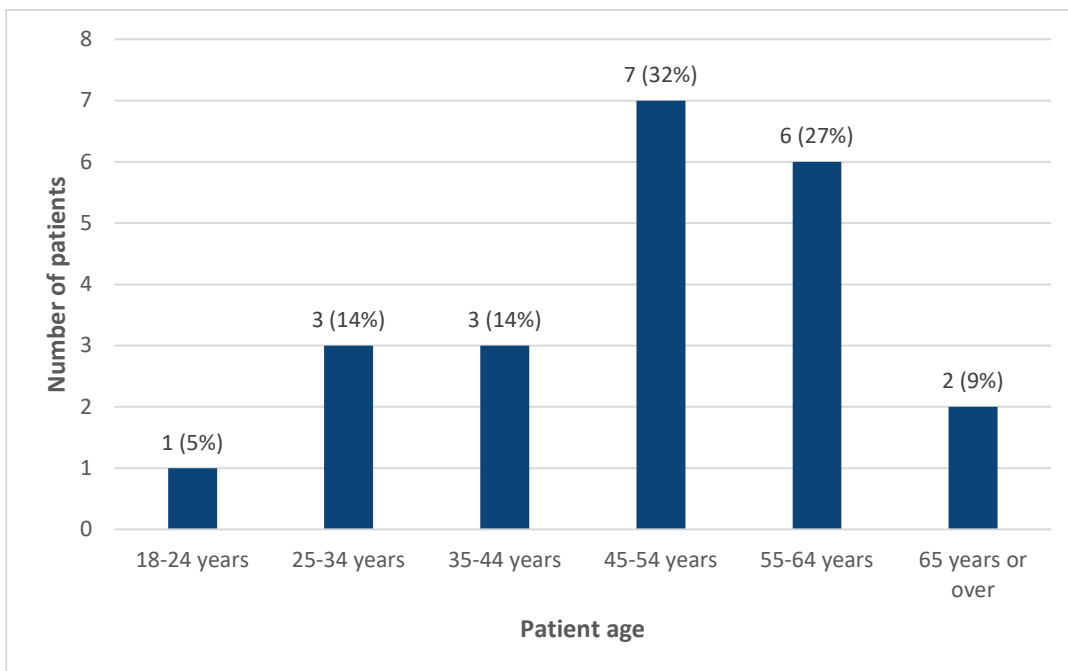


Figure 6. Patient age, by age group (n=22).

³ Ibid.

2.4.3 Organisations (n=15)

Fifteen organisations provided submissions, as shown in **Table 3**, below.

Organisation type	# of responses	% of total organisation responses (n=15)
Queensland Hospital and Health Service	4	27%
Queensland Department of Health entity	3	20%
Pharmacy	3	20%
Professional body	2	13%
Professional indemnity insurer	1	7%
Other government	1	7%
Prefer not to disclose	1	7%
TOTALS	15	~100%

Table 3. Total responses from organisations, by organisation type (n=15).

3 Feedback summary

The survey allowed respondents to provide free-text answers to select questions. The detailed comments were collated, coded and analysed to identify themes as summarised below.

3.1 Health practitioner feedback

3.1.1 Knowledge and confidence

3.1.1.1 Knowledge of legislative requirements

How confident are you in your knowledge of the legislative requirements for prescribing/dispensing medicinal cannabis in Queensland?

Of the 133 health practitioners who responded to this question:

- 41% (n=55) reported feeling **confident** or **very confident**
- 32% (n=42) reported feeling **somewhat confident**
- 23% (n=30) reported feeling **not confident** or **not confident at all**
- 5% (n=6) declined to answer.

Respondents were invited to elaborate on their answers in a free-text field. The table below summarises some of the key responses.

Knowledge of legislative requirements	Examples of key free-text responses
Confident or very confident	<ul style="list-style-type: none">• I have read guidelines, best practice resources, relevant literature.• I reviewed the legal framework and understand my responsibilities.• I am a member of the Australian Medicinal Cannabis Association.• I am an experienced prescriber/dispenser.• I confer with experienced colleagues / my professional body / my employer for advice.• I always check QScript.• I undertake ongoing continued professional development (CPD) e.g. attend medicinal cannabis conferences and education webinars.• I keep up-to-date with legislative requirements from the TGA , Queensland Health etc.• I seek advice from Queensland Health and access Queensland Health fact sheets.• I only prescribe within the context of clinical trials.

Knowledge of legislative requirements	Examples of key free-text responses
Not confident or not confident at all	<ul style="list-style-type: none"> • I do not prescribe/dispense medicinal cannabis. • I am not familiar with the medicinal cannabis legislative framework. • I have only dispensed registered medicinal cannabis products for children. • I have not received education about medicinal cannabis.

I've been dispensing cannabis for 3 years and have had numerous contacts with the TGA and Queensland Health attempting to clarify legislation to ensure we are compliant and correctly identifying non-compliant prescriptions.
Dispenser (ID 137)

Have not received education on prescribing, however I see a lot of adverse effects from cannabis, medicinal or otherwise, and would unlikely be prescribing it, except maybe for chronic pain or terminal cancer WITHOUT history of psychosis.
Prescriber (ID 8)

3.1.1.2 Confidence in prescribing and/or dispensing

From a clinical perspective, how confident are you in prescribing/dispensing medicinal cannabis?

Of the 133 health practitioners who responded to this question:

- 41% (n=55) reported feeling **confident** or **very confident**
- 26% (n=34) reported feeling **somewhat confident**
- 28% (n=37) reported feeling **not confident** or **not confident at all**
- 5% (n=7) declined to answer.

Respondents were invited to elaborate on their answers in a free-text field. The table below summarises some of the key responses.

Confidence in prescribing / dispensing	Examples of key free-text responses
Confident or very confident	<ul style="list-style-type: none"> • I am an experienced prescriber/dispenser. • We have an established practice for prescribing cannabis. • I completed training/education. • I am aware of the therapeutic benefits and risks, and the different products. • I undertake ongoing CPD. • We only dispense to patients well known to us.
Not confident or not confident at all	<ul style="list-style-type: none"> • I have limited experience in prescribing/dispensing medicinal cannabis. • I need more education/training. • I don't prescribe/dispense medicinal cannabis. • There is poor supporting evidence and inadequate clinical guidelines. • Issues with standovers and threats in my line of work. • The growing number and range of products presents a challenge.

As medicinal cannabis was approved before high quality evidence is available - there are a lot of unknowns about prescribing. I look forward to the results of clinical trials which will provide clear guidance in prescribing.

Prescriber (ID 26)

3.1.1.3 Awareness of contraindications

Are you aware of the contraindications for the use of THC-containing medicinal cannabis products? For example: a previous psychotic or concurrent active mood or anxiety disorder; pregnant, planning on becoming pregnant, or breastfeeding; unstable cardiovascular disease.

Of the 133 health practitioners who responded to this question:

- 86% (n=115) responded **Yes**
- 14% (n=18) responded **No**.

3.1.1.4 Resources most commonly accessed to help inform prescribing/dispensing decisions

Which of the following resources do you commonly access to help inform your decision when prescribing/dispensing medicinal cannabis?

Respondents were able to select multiple responses from a pre-set list which included an 'Other' option, allowing respondents to type in free-text responses.

The 87 health practitioners who responded to this question made a total of 174 selections, as shown below in **Figure 7**.

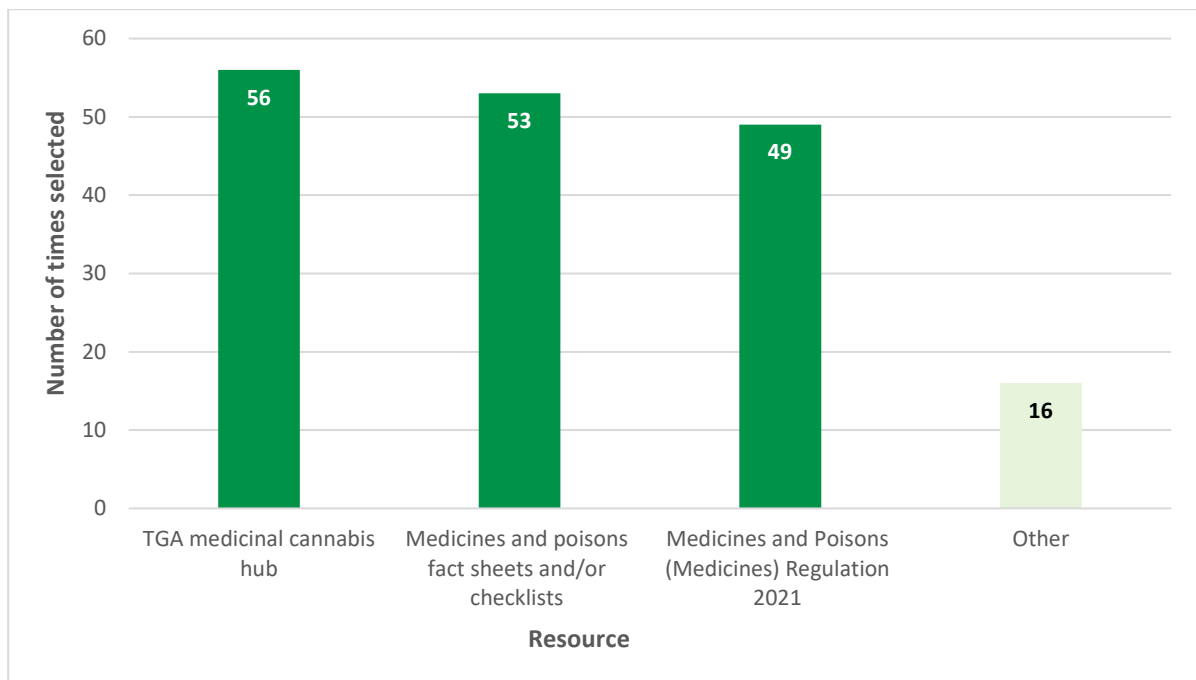


Figure 7. Resources selected by health practitioners (n=87) as being commonly accessed to help inform their decisions to prescribe/dispense medicinal cannabis (total number of selections made = 174).

The multiple-choice question that yielded the above results was added to the live survey after the first 79 responses had been received. This should be considered when interpreting these results.

Health practitioners who selected **Other** reported commonly accessing the following resources to inform their prescribing/dispensing decisions:

- Catalyst website (<https://catalyst.honahlee.com.au/>)
- supplier websites
- local hospital guidelines and procedures
- product information (PI) documents
- professional indemnity insurance provider
- health practitioner colleagues
- medicinal cannabis organisations e.g. Cannabis Clinicians Australia, Australian Medicinal Cannabis Association.

3.1.2 Concerns about prescribing/dispensing practices

3.1.2.1 Prevalence of concerns

Do you currently hold any concerns regarding the existing prescribing and dispensing practices for medicinal cannabis in Queensland?

Of the 153 health practitioners who responded to this question (**Figure 8**):

- 87% (n=133) responded **Yes**
- 13% (n=20) responded **No**.

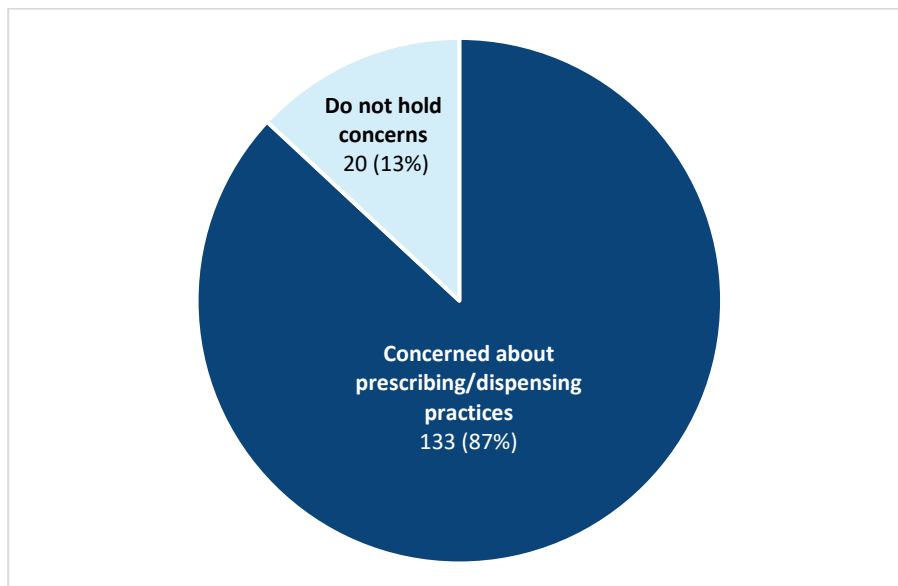


Figure 8. Number of health practitioners who hold concerns about existing prescribing/dispensing practices for medicinal cannabis in Queensland (n=153).

I think policymakers are not aware of the extent that medicinal cannabis prescribing is a problem in QLD. I have heard of children as young as 8 years old prescribed THC. I have had patients with schizophrenia, treated under Forensic Orders, be prescribed high strength THC.

Health practitioner (ID 53)

Most of my patients who get medicinal cannabis prescribed have pre-existing cannabis use disorders, and get prescriptions so that they can continue using it without getting in trouble with the law, not because they have an illness which cannabis treats.

Health practitioner (ID 52)

From my observations the medical cannabis program appears to be driven more by an entrepreneurial business model than a safe, evidenced based medical model. I am not anti-cannabis per se, but I think the program is likely doing more harm than good- to patients, the community, & to the integrity & social standing of the medical profession itself.

Health practitioner (ID 50)

3.1.2.2 Factors influencing unsafe/clinically inappropriate prescribing and dispensing

Too many doctors are using it as a cash cow bringing the profession into disrepute and putting patients at risk of harm and mental illness.

Prescriber (ID 67)

The way that different strains have emerged at rapid rate shows this is not medicine but something being driven by consumers. I have seen strains like “girl guide cookies” and “pink kush” which I don’t understand how that is considered medicine.

Dispenser (ID 223)

What do you consider are current factors influencing potentially unsafe, and clinically inappropriate, prescribing and/or dispensing of medicinal cannabis in Queensland?

Health practitioners were invited to select multiple responses from a pre-set list which included an ‘Other’ option, allowing respondents to type in free-text responses.

The 238 health practitioners who responded to this question made a total of 623 selections, as shown below and in **Figure 9**.

Factor	# of times selected	% of all selections made (n=623)
Absence of clinical guidelines (standardised product nomenclature, efficacy, dosages, contraindications)	190	30%
Increased patient knowledge of, and demand for, medicinal cannabis products creating undue pressures	158	25%
Lack of access to specific product information (type, form, strength)	110	18%
Other	89	14%
Quality of the information available in QScript (prescription or dispensing records)	76	12%
TOTALS	623	~100%

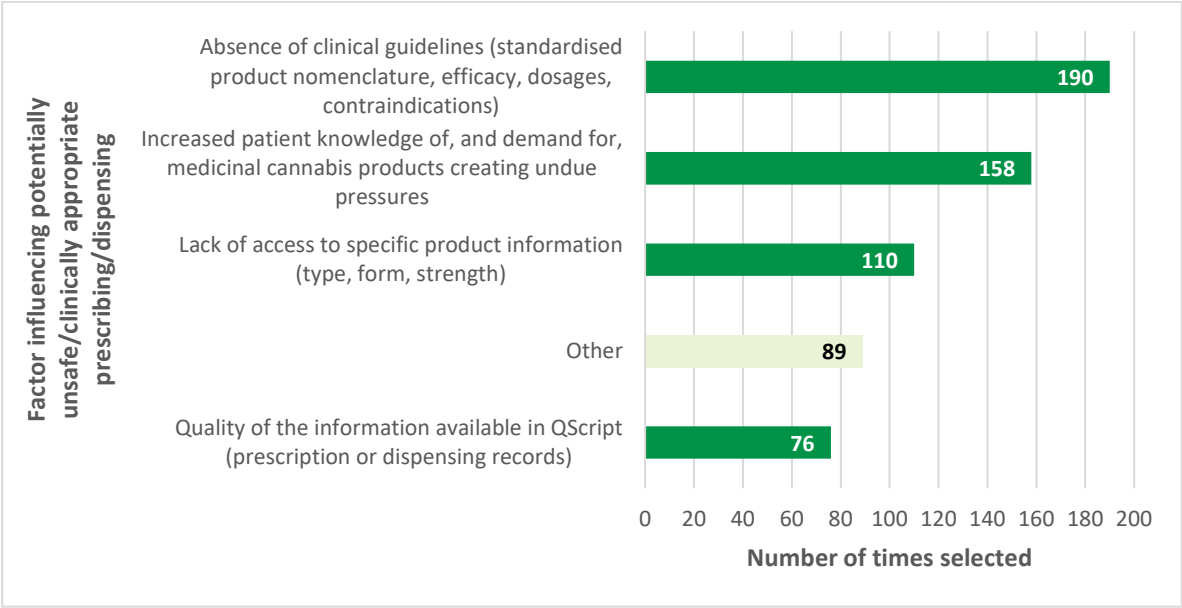


Figure 9. Factors selected by health practitioners (n=238) as influencing potentially unsafe, and clinically inappropriate, prescribing/dispensing of medicinal cannabis in Queensland (total number of selections made = 623).

The lack of product information is a concern - the prescriber has no idea what they are prescribing and I have no idea what I am dispensing
The advent of these online platforms is a major concern as the patient just requests what they want and the prescriber just prescribes it
Dispenser (ID 270)

The patients who ask for a THC script often have vague symptoms. It sounds like many want a script for recreational purposes rather than a medical problem.
Prescriber (ID 156)

A selection of comments from respondents who selected **Other** follows, grouped by theme:

- **Telehealth / pop-up / online-only cannabis clinics**

- *Availability of 'cannabis clinics' in major shopping centres promoting themselves as wellbeing hubs.*
- *Cannabis only services that prescribe cannabis to test symptoms and take no responsibility for the patients medical conditions and management.*
- *Private cannabis dispensing clinics in shopping malls - under the guise of medical care, but clearly designed that patients meet 'criteria' for prescription.*
- *Telehealth and online prescribing services where it appears access is readily available with little meaningful history taking (including contraindications/precautions such as psychosis or polysubstance use) and risk assessment does not appear to be readily or thoroughly undertaken.*

- **Commercialisation and perverse financial incentives**

- *Corporate medicine and the increasing lack of financial viability for non-corporate general practice.*
- *Cowboy entrepreneurs with a medical degree and zero understanding of "addiction".*
- *For-profit medical cannabis companies that are happy to accommodate patient wishes and have little incentive to treat the patient's issues holistically.*
- *It is a profit making exercise and the fastest growing group appear to be young males - it is drug use being given a veneer of respectability.*
- *Pressure for 'pill mills' to exist from current ability to exploit Medicare.*
- *Cowboy practitioners and dispensers and businesses trying to make a quick dollar.*
- *Most medical Cannabis Prescribers do not care about outcomes and are catering to a group of patients who "just want THC containing medical cannabis". This provides these patients with cover when parole or other court mandated limitations prohibit them from consuming and being tested positive for marijuana.*

- **Professional practice issues**
 - *Minimal follow up (or no follow up) by prescribers.*
 - *Inappropriate scripting with little screening & assessment re contraindications for use.*
 - *Lack of comprehensive health assessment by prescriber, poor prescriber knowledge.*
 - *Lack of prescriber knowledge of individual patients prior to prescribing.*
 - *Poor screening, ignoring contra-indications for prescribing including known history of psychotic symptoms.*
- **Lack of quality, independent evidence to support its use.**
- **Sub-optimal regulation**
 - *Challenges with regulation and oversight.*
 - *Lack of federal monitoring around cannabis prescribers.*
 - *Very little enforcement or fear of breaking the rules by prescribers and pharmacies. I constantly see other pharmacies and prescribers doing the wrong thing, yet nothing appears to be done about it.*
- **Availability high-potency products**
 - *Availability of skunk 25% THC for what amounts to \$1 per day and gram.*
 - *High concentration THC cannabis being prescribed to individuals with an enduring psychotic condition despite it being contraindicated and exacerbating their psychotic condition.*
 - *High strength THC with poor patient literacy and a lack of formal informed consent pathways.*
 - *High THC products for anxiety and helps at first then they take too much and hence anxiety returns and they think then they need more but our advice is refer to dr, reduce dose and take their CBD to balance receptors.*
- **Misinformation and direct advertising.**
- **Ease of access.**
- **Lack of centralised database capturing all medicinal cannabis prescription records.**

My colleagues and I are seeing escalating numbers of inpatients who have been admitted for treatment of medicinal cannabis induced psychosis. Some of these patients have previously used illegal cannabis without experiencing psychosis, so I suspect the THC content of medicinal cannabis is often higher than what is available illegally.

Health practitioner (ID 61)

I work in the inpatient mental health space. I strongly believe that there needs to be a central database where there is some documentation that a patient has had psychosis or a blanket alert that it is contraindicated for these patients.

We are seeing a massive influx of patients with drug-induced psychosis due to or contributed by medicinal cannabis due to gaps in regulation/available information to prescribers and higher potency products [compared with] what is on the street.

Prescriber (ID 248)

3.1.2.3 Prescribing/dispensing without clinical evidence

I see cannabis being prescribed left, right and centre, for patients who have none of the listed indications and who have a mere history of cannabis abuse and dependence, to act as a substitute "as it helps them to sleep". This is not an indication for its prescription.

Prescriber (ID 12)

I find I have patients with very unconventional practices that lean HEAVILY on me to become a prescriber. I decline. There is poor evidence for the things they want it for. There is also very poor evidence as to the effect on a developing brain.

Prescriber (ID 20)

There is insufficient evidence, apart from very limited circumstances, for 'medicinal cannabis' as treatment for persistent pain for it to be recommended. And there is significant potential for psychiatric harm, particularly for THC containing substances, which prescribers do not appear to be seriously considering in their prescribing.

Prescriber (ID 2)

I am confident that there is VERY little evidence for its prescription outside of palliative care, yet it is massively overprescribed.

Prescriber (ID 67)

How often have you observed prescribing or dispensing of medical cannabis where there is a clear lack of clinical evidence to support its use for a medical condition?

Of the 133 health practitioners who responded to this question (**Figure 10**):

- 13% (n=17) responded **Always**
- 34% (n=45) responded **Regularly**
- 30% (n=40) responded **Sometimes**
- 13% (n=17) responded **Rarely**
- 11% (n=14) responded **Never**.

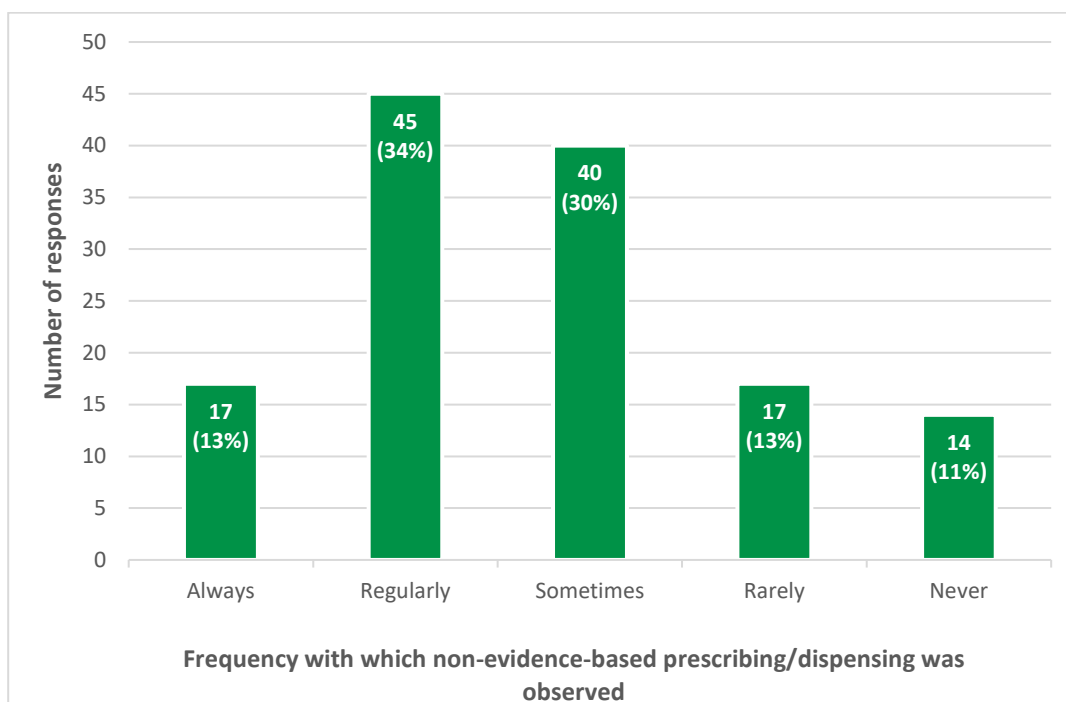


Figure 10. Frequency with which health practitioners observed prescribing or dispensing of medicinal cannabis where there is a clear lack of clinical evidence to support its use for a medical practitioner (n=133).

I regularly consult with patients who are prescribed medical cannabis for indications that I understand do not have robust evidence for effectiveness, and in many cases are actually likely to exacerbate other health problems. I routinely see medical cannabis prescribed with what appears to be little consideration for, or investigation of, other health problems the patient may have.

Prescriber (ID 30)

I feel there is a lack of robust clinical information in this field. A lot of the information seems to be anecdotal and not peer reviewed. How many double blind randomised controlled clinical trials have been conducted in this field?

Dispenser (ID 193)

3.1.2.4 Factors influencing prescribing/dispensing decisions in the absence of clinical evidence

I have to rely on speaking to the patient and whether or not they seem to be helped by the medication, however I do not feel safe dispensing like this because I am not supported by guidelines. Recently I have taken to telling my employer that I refuse to dispense medicinal cannabis because I do not feel like I can safely, legally, or appropriately dispense it.

Dispenser (ID 109)

Where there is an apparent absence or lack of clinical evidence to support the use of medicinal cannabis for the treatment of a medical condition, what factors influence your prescribing/dispensing decisions?

Health practitioners were provided a free-text field to enter their responses. Responses have been grouped into themes, as follows.

Factor influencing prescribing / dispensing	Summary of key responses
Patient safety considerations	<ul style="list-style-type: none"> • Patient co-morbidities. • Symptoms of mental health disorder. • History of substance abuse. • Reports of side effects or a lack of efficacy. • Patients requesting large quantities or multiple products with similar active ingredients at short dispensing intervals. • Spurious indications for high-dose THC content in vulnerable patient groups such as those with a history of drug-induced psychosis, and schizophrenia.

Factor influencing prescribing / dispensing	Summary of key responses
Evidence of (or potential for) benefits	<ul style="list-style-type: none"> • If a patient has participated in trials and found cannabis effective. • Previous use, previous efficacy, apparent need to try something. • Patient need i.e. where they are little other options for the patient and there is potential for their quality of life to improve.
Communication with other practitioners	<p>Dispensers reported:</p> <ul style="list-style-type: none"> • conversing with the prescriber to confirm diagnosis, indication or treatment methodology • counselling with the patient and referring back to the prescriber if necessary • discussing options with local prescribers • contacting the prescriber to check for any undisclosed medical conditions • discussing with the patient and prescriber if there is not well-defined clinical need.
Deferring to prescriber expertise	<p>Dispensers reported:</p> <ul style="list-style-type: none"> • relying on prescribers' expertise • simply following the prescriber's instructions • if the prescription is valid, it is dispensed • not wanting to question the prescriber's diagnosis • trusting that the prescriber has confirmed the medication is suitable for the patient • not being privy to the indication, making it difficult to determine if the medicine is clinically appropriate.
Patient demand	<ul style="list-style-type: none"> • Patient wanting it. • Patient pressure. • Patients who have simply asked for what they wanted from a telehealth prescriber.
Other	<ul style="list-style-type: none"> • Time - depending on how busy the place is. • Checking usage on QScript. • Prescriber pressure. • Best available literature and resources.

I have felt that providing the product and gaining trust through allowing the patient to choose their therapy based on informed choice results in better long term outcomes than refusing supply due to a lack of current evidence.

Dispenser (ID 138)

Many patients presenting to us are transitioning from illicit cannabis use which presents a challenging ethical dilemma. Many have not adequately engaged with healthcare providers with regards to their health conditions previously and have chosen to self-medicate.

The opportunity here is by providing a commercially available product they are engaging with both a prescriber and pharmacist which allows for two chances to engage with these patients to provide better therapeutic and health outcomes.

Dispenser (ID 137)

3.1.2.5 Reporting concerns to regulators

In the last 12 months have you reported the activities of any health practitioner or organisation to the Therapeutic Goods Association, Office of the Health Ombudsman, Australian Health Practitioner Regulation Agency or Queensland Health, in relation to their practices around medicinal cannabis?

Of the 238 health practitioners who responded to this question:

- 6% (n=15) responded **Yes**
- 94% (n=223) responded **No**.

The frequency with which reports were made in the last 12 months ranged from once to monthly.

3.1.3 Adverse events

Within mental health units we are noticing increasing number of presentations of psychosis, worsening anxiety and development of mood disorders including depression and mania secondary to prescribed cannabis. Patients are reluctant to accept the likely precipitating [cause] and are often able to obtain prescribed cannabis on discharge from hospital despite [advice] from psychiatrists that this is likely to worsen their trajectory to recovery.

Health practitioner (ID 202)

The incidences of my patients experiencing an acute deterioration in their mental health secondary to cannabis prescribing is shocking. Some of these have resulted in inpatient admissions for psychosis.

Health practitioner (ID 178)

Are you aware of any patients experiencing adverse events as a result of taking prescribed medicinal cannabis?

Of the 238 health practitioners who responded to this question:

- 58% (n=138) responded **Yes**
- 21% (n=51) responded **No**
- 21% (n=49) responded **Unsure.**

The 138 health practitioners who responded **Yes** to the above question were asked: **According to your observations, how frequently do these events occur?** Of these 138:

- 19% (n=26) responded **Daily**
- 25% (n=34) responded **Weekly**
- 22% (n=30) responded **Monthly**
- 9% (n=12) responded **Quarterly**
- 4% (n=6) responded **Yearly**
- 22% (n=30) responded **Unsure.**

There is no need for THC formulations, and I have seen many patients with no history of psychosis admitted with new onset mania and psychosis due to high dose high potency formulations prescribed for non-indicated conditions such as asthma, and also patients with known schizophrenia given cannabis products and becoming unwell as a result.

Health practitioner (ID 282)

Not only are patients with no risk factors suddenly developing psychosis on medicinal cannabis, but patients with established psychotic illnesses are being prescribed it despite advice to the prescribers to stop which makes patients treatment resistant and at risk to themselves or others or a burden to healthcare services.

Health practitioner (ID 155)

In the inpatient setting, patients would often bring community-prescribed cannabis on admission. For many, cannabis would worsen their mental state and positive symptoms of their mental illness like bipolar or a psychotic disorder.

Dispenser (ID 27)

3.1.4 Unlawful prescriptions

Dispensers were asked a series of questions regarding their experiences of being presented medicinal cannabis prescriptions that may be considered unlawful with respect to [Section 86](#) of the Medicines and Poisons (Medicines) Regulation 2021, as follows.

3.1.4.1 Prevalence of unlawful prescriptions

According to your observations, how often do you see prescriptions that could be deemed unlawful in Queensland?

Of the 87 dispensers who responded to this question:

- 2% (n=2) responded **Always**
- 29% (n=25) responded **Regularly**
- 26% (n=23) responded **Sometimes**
- 26% (n=23) responded **Rarely**
- 16% (n=14) responded **Never**.

3.1.4.2 Reasons for unlawful prescriptions

The dispensers who reported observing unlawful prescriptions were asked:

What is the most common reason the prescriptions seen could be deemed unlawful?

Respondents were able to select multiple responses from a pre-set list which included an 'Other' option, allowing respondents to type in free-text responses.

The 73 health practitioners who responded to this question made a total of 149 selections, as shown below.

Reason	# of times selected	% of all selections made (n=149)
Inappropriate prescription information (dosages, dispensing intervals, multiple products).	60	40%
Inappropriate medicine information (medication name, type, form, strength).	44	30%
Incomplete prescriber information (name or unique identifier, qualification/s, practice contact details).	20	13%
Other (free-text) ⁴ e.g. <ul style="list-style-type: none"> missing TGA paperwork monthly limits not stated / clearly stated active ingredient strength recorded as a range missing medication information instructions to substitute product if out of stock repeats dispensed by other pharmacies who have changed the product to something other than what was originally prescribed. 	17	11%
Incomplete patient information (patient name, address, contact details).	8	5%
TOTALS	149	~100%

⁴ Although some of the free-text **Other** responses align with some of the pre-set responses, they have been retained in the **Other** category in this report.

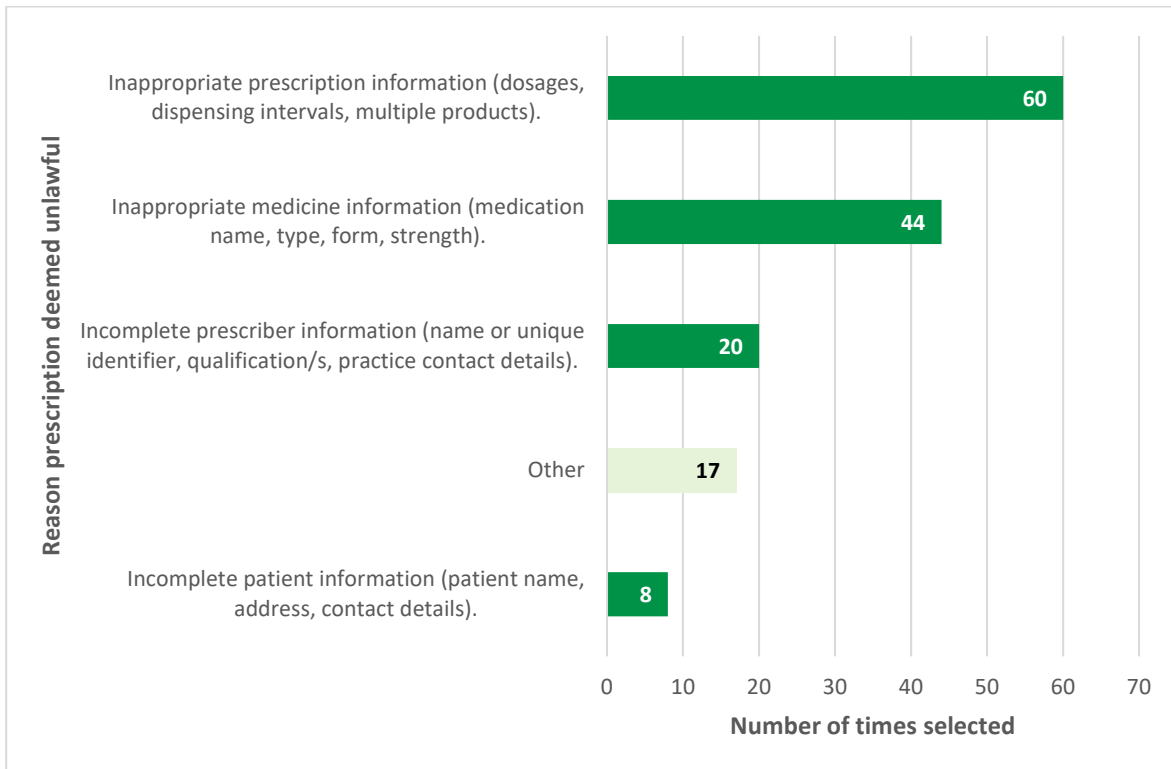


Figure 11. Reasons selected by dispensers (n=73) for why medicinal cannabis prescriptions were deemed unlawful (total number of selections made = 149).

3.1.4.3 Issues remedying unlawful prescriptions

The 73 dispensers who reported observing unlawful prescriptions were asked:

Has your pharmacy experienced any issues when attempting to remedy unlawful prescriptions for patients, whilst meeting your legislative obligations as set out in the Medicines and Poisons (Medicines) Regulation 2021?

Of these 73 dispensers:

- 55% (n=40) responded **Yes**
- 30% (n=22) responded **No**
- 15% (n=11) responded **Unsure**.

The 40 dispensers who responded **Yes** were invited to elaborate on their answer in a free-text field. A summary of these responses follows:

- Unable to contact prescribers in a timely manner.
- Unable to contact online prescribers directly via phone (have to email).
- Patient frustration, anger and distress.
- Prescribers being unaware of legislative requirements.

- Prescribers demonstrating resistance, insisting they are correct or refusing to issue new prescriptions.
- Prescribers telling patients to take their prescription elsewhere to get dispensed.
- Prescribers limited to prescribing the brands promoted by the company they work for.
- Complexity/time required to cancel and re-issue electronic prescriptions.

Prescribers regularly write generic prescriptions for THC/CBD containing medication - including placing "[substitution] +/-2%" on these prescriptions. When I have to inform the patient that it is not legal to substitute to a different product other than the explicitly stated product written on the prescription [...] the patient becomes angry and aggressive, and I myself was blacklisted by a certain doctor to not dispense his scripts, he tried to force me to substitute generically. This happens almost every day. [...]

I've also seen that the majority of scripts for THC are for anxiety, however therapeutic guidelines do not recommend THC for anxiety, leading me to believe that prescribers are not treating the condition appropriately and are "handing out scripts like lollies" for the \$150+ private payment per appointment.

Pharmacists are not supported in this aspect of dispensing, if we question the therapy for the patient we are treated aggressively and blacklisted, facing financial penalty for doing our professional responsibility.

Dispenser (ID 109)

Prescribers are extremely difficult to contact. The Cannabis companies seem to have office clerks who do not want to help and have no interest in understanding the requirements for legal medicinal cannabis prescriptions.

Patients are usually unhappy that their script has been written incorrectly and quite often try to intimidate the Pharmacist into dispensing it anyway. When we refuse, some patients cause a significant disruption in the Pharmacy.

Dispenser (ID 193)

I think we need to have readily and easily accessible dosing/indications/restrictions eg in [the Australian Medicines Handbook] (children's as well), MIMs etc - if this is going to be a medication to dispense.
Prescriber (ID 20)

3.1.5.2 Tighter regulations, practitioner monitoring and accountability

I feel there needs to be much stricter regulation and clearer indications for treatment. Practitioners motivated by money and greed are prescribing unnecessarily and harming patients.
Health practitioner (ID 282)

*Prescribers should be limited in prescribing cannabis for its very limited evidence-based indications (e.g., Dravet's syndrome, chemotherapy-induced vomiting).
[...]*

I also think there needs to be a significant investigation into cannabis clinics, which are essentially script mills, and do not practice good medicine.
Health practitioner (ID 52)

Numerous health practitioners recommended stronger regulation, monitoring and enforcement. Suggestions included (for example):

- tighter regulation of SAS pathway, limiting the number of prescribers, limiting prescribing to specialists, more restrictions on prescribing
- tighter regulation of telehealth/online-only/bespoke medicinal cannabis clinics (or prohibiting them altogether)
- closer monitoring and auditing of prescribers and pharmacies
- harsher penalties for inappropriate prescribing
- investigation of clinics with brand affiliations
- evidence that action will be taken when inappropriate practices are reported
- ensuring individuals/entities are held accountable for poor outcomes
- more stringent approval processes e.g. enforcing evidence-based medical practice, not approving non-evidence based treatment
- removing unsafe / unwarranted formulations
- implementing restrictions on the amount of medicinal cannabis a patient can access

- consolidation of cannabis products into regular dispensed items (not SAS) so they are more clearly defined and regulated
- requiring prescribers to include the indication on prescriptions
- implementing a separate approval mechanism in Queensland
- Queensland Health advocating to the TGA for reform
- requiring products to be registered on the ARTG
- removing smokable products from prescriptions
- limiting the amount of different products that can be prescribed/supplied.

Get rid of massive channeling that goes on. Pharmacists and GPs starting these one stop online clinics charging exorbitant prices for the product, delivery etc. Vulnerable people are getting extorted on the daily.

Dispenser (ID 89)

We've seen great benefit for some people and i'm confident in it's effectiveness. it needs better and more clearer regulation from the state and federal governments. QLD needs to be clear with pharmacists what they want, and then enforce these rules. there are dispensaries and PBS pharmacies out there doing whatever they want and causing headaches for everyone else doing the right thing.

Dispenser (ID 112)

3.1.5.3 Better clinical evidence

Multiple health practitioners identified the need for high-quality, peer-reviewed, independent clinical evidence to support the use of medicinal cannabis. For example:

- more good-quality evidence on risks and benefits of (and evidence for) medicinal cannabis and derivatives for common conditions
- a randomised double-blind clinical trial to inform safety and efficacy
- rigorous testing and regulation of cannabis products like other medications.

Quality evidence and peer reviewed clinical trials. Not data that has been funded by cannabis companies.

Dispenser (ID 193)

Until there's good evidence I won't be prescribing.
Prescriber (ID 24)

3.1.5.4 Training and education

The need for reliable and easy-to-access training and educational resources was identified by multiple health practitioners. Suggestions included (for example):

- ongoing CPD modules
- fact sheets
- training on the different variants, dosing and use and what is suitable for specific conditions
- a state-recognised / endorsed website.

3.1.5.5 More product / supplier information

Multiple health practitioners identified a need for more (and better) information about medicinal cannabis products and suppliers. For example:

- better Consumer Medicines Information leaflets
- clear lists of different products and where they can be ordered from.
- more information regarding the suppliers (it can be difficult to find a supplier for some products)
- manufacturer and professional body bulletins
- more information about the range of products available in a manner like other medicines.

The variety of manufacturers and the ever changing types and variables in product make it very difficult to develop a good awareness and understanding of the products that we are handling.

Dispenser (ID 16)

3.1.5.6 Clearer legislative guidance

Numerous health practitioners identified a need for clearer legislation and/or legislative guidance on lawful and appropriate prescribing and dispensing of medicinal cannabis. For example:

- clear legal guidance on what pharmacists or prescribers are expected to do around supplying medicinal cannabis e.g. monthly limits, repeat intervals, brand changing, substitution prescriptions

- clear legislation that is patient friendly to read.
- simplified explanations of what is legal and illegal in terms of prescribing and dispensing
- examples of legal and illegal prescriptions
- guidance on medicinal cannabis prescription requirements e.g. many prescribers write only a strain and percentage.

Both prescribers and dispensers need clear, detailed and consistent guidance on how to prescribe and dispense medicinal cannabis. QLD Health fact sheets are frequently interpreted differently due to a lack of detail on certain requirements e.g. it has been communicated that monthly limits must be enforced, however doesn't detail how to calculate a limit or define what a month.

Dispenser (ID 145)

I believe more work needs to be done to clarify legislation in simple language and distribute this to prescribers and dispensers.

Dispenser (ID 109)

3.1.5.7 Other

Health practitioners made a number of other suggestions for necessary resources, supports or changes. Some examples of these (not exhaustive) include:

- implementing interaction warnings into clinical software systems
- improving the ability for software systems to identify medicinal cannabis products
- mandating the upload of prescribing information into QScript
- providing public health messaging and education about the indications, risks, evidence, adverse effects, alternative treatment options
- enhancing QScript to allow alerts to be placed for patients where the use of medicinal cannabis is contraindicated (e.g. history of mental illness or psychosis).
- decriminalising recreational use to remove the pressure to prescribe for recreational use.

Both the general public and health practitioners need to change the message that cannabis is safe for all people. It should be known and widely publicised that people with psychotic illness should not be smoking THC (at least when substance dependence is suspected / known).

Health practitioner (ID 135)

3.1.6 Other feedback from health practitioners

Health practitioners were invited to provide any additional feedback as a free-text response. Ninety-one (91) practitioners provided further comments covering a wide range of topics. The comments revealed several themes not explicitly described elsewhere in this report. A non-exhaustive selection of these comments, grouped by theme, follows.

3.1.6.1 Recreational vs medicinal cannabis

Not sure if there is much "medicinal" about cannabis - if you want to make it legal make it for recreational purposes and tax it highly, don't pretend it's medicine.

Legalise cannabis, regulate its access (whether through medical/nurse practitioners or another means) and educate the community about benefits and risks of cannabis use.

My opinion is that the only way around this is to decriminalise cannabis, and shift it from a "medicine" (which it is not, for most patients prescribed it), to a non-criminal drug. I don't think any other intervention is likely to be successful, as these prescribers and companies do not care about policies or regulations (already an established fact), they are making too much profit to care about consequences. Unless you can stop them making a profit, somehow (e.g. limiting how much they can charge). Most patients access "medicinal cannabis" because they like cannabis, not because they want a medicine. If they had access to this in another non-criminal pathway, they would access that instead.

I am concerned about the harms this is causing the medical profession in ethical and professional domains.

There is also the concern that some have used "medicinal cannabis" as a means of obtaining drug for recreational use as evidenced by the age of those for whom it is most often prescribed and the preference for high dose THC delivered by rapid nose to brain routes (smoking, vaping).

In my experience those who used to use recreationally now use medically prescribed cannabis with the same side effects but no avenue for us to suggest abstinence as it is a prescribed drug.

The issue is not prescribed cannabis but illegal street weed used by young people whose brains are still developing. Be very careful not to allow medicos and politicians to weaponise this issue as they did with Covid. A fair and balanced approach is needed to both prescribed and illegal street weed.

The inappropriate prescribing specially to large cohort of recreational users are dominating the prescribing.

Recreation cannabis prescribing makes a joke of s8 requirements.

As an experienced AOD nurse any changes that minimise harm for clients is welcome. Criminalisation and prohibition do not stop people from using anything. Evidence suggests de criminalisation benefits drug users and community.

The government can legitimise cannabis rather than using doctors as proxy drug suppliers.

We are constantly bombarded by recreational users who are getting prescribed the medicinal cannabis and using it recreationally and wanting the product early.

3.1.6.2 Driving and medicinal cannabis

The issue of driving whilst on THC remains a concern as does the toxicity and potential for misuse especially amongst the young.

The argument that patients should be able to drive while taking THC medicines needs to be squashed! The current road toll highlights the need to improve our road safety initiatives, not relax the rules to allow impaired drivers to legally drive on our roads.

I am also quite concerned how most patients who are receiving medicinal cannabis containing THC are still driving to the pharmacy.

3.1.6.3 Pressure on the health system

Do something now to stop the dangerous growth of THC products to vulnerable mental health patients. This is significantly adding to the burden on inpatient beds with patients needing admission due to the THC and already strained (lacking) community services. It's DANGEROUS to work in such an under resourced public service when THC is freely prescribed

If the government wants to take the risk and make this legal and over the counter than just do that. Why are you making it another ADHD like issue where now everyone has a reason to get ritalin. I frequently hear from patients that their doctor prescribed cannabis for mood and anxiety that is a counterindication as you have described.

Look at the Finnish studies that show the high percentage of cannabis induced psychosis. We already struggle with these substances being in the black market, making it so readily available is not going to help. If you are going to do that anyway then expect a significant surge of presentations of complications associated with it. The system can't handle the increased load. It will result in further harm.

It's costing public health psychiatry significant man hours and costs in terms of hospitalisation in managing the acuity of symptoms and containment of risks. The lack of a federal monitoring and reporting system around the prescribing has not been effective either.

3.1.6.4 Need for public medicinal cannabis prescribing

AOD Services should be involved in prescribing Medicinal Cannabis, much like the QOTP prescribing as a form of harm minimisation for consumers who want to continue using the substance. Much safer to access a legitimate prescription than accessing the black market. Pro's: Registered prescribing and monitored medicine support from the GP. Not committing crime to pay for black market prices and not brushing up with crime to access. Also health improvements if vaping cannabis flower compared to smoking illicit cannabis flower that is full of plant growth regulators and other substances which are carcinogenic.

State controlled clinics dispensing free marijuana to help drive drug dealers out of business for those with evidence to use.

Remove influence of big pharma or big tobacco companies

3.1.6.5 Storage and recording difficulties

Difficult to store eg measuring levels of liquids and how to determine quantity when storing in controlled drug safe in hospital

We recently had a young consumer on our Mental Health Unit. As a team we were challenged with the correct practice for storage and shift to shift counts as we were drawing up the medication from the bottle and with every shift minimal amounts were being lost to the syringe/dropper reducing the count.

3.2 Patient feedback

Respondents who identified as patients (n=22) were presented with a series of multiple-choice and free-text questions.

3.2.1 Concerns about prescribing/dispensing practices

Do you currently hold any concerns regarding the existing prescribing and dispensing practices for medicinal cannabis in Queensland?

Of the 22 patients who responded to this question:

- 9 (41%) responded **Yes**
- 13 (59%) responded **No**.

3.2.2 Access issues

3.2.2.1 Issues seeing prescribers

What issues, if any, have you encountered when seeing a medical or nurse practitioner for the prescription of medicinal cannabis?

Nine patients responded to this question, as follows.

1	<i>Availability of GPs and other health practitioners who are registered, qualified or willing to prescribe medicinal cannabis for their patients.</i>
2	<i>[It's] too much hassle, especially if your covered under DVA Point.</i>

3	<i>The GP who prescribed it to me was not my usual doctor. Over a telephone consultation I told her I wanted to try medicinal cannabis for pain management and told her my chronic pain issues. So basically, she took it on face value that I was telling the truth. The consultation was not covered by Medicare and the cost of the prescription, from memory was over \$100. I just thought it was too easy to get the prescription.</i>
4	<i>[It's] been an easy and seamless process, it's good product and well-priced.</i>
5	<i>I believe the significant variance in prices is an indication of a capitalist/business approach which is unfortunate as medicinal cannabis is prescribed as a beneficial medicine. Additionally, my service uses postage services, incurring an extra fee and a delivery duration. This would be negated if all medicinal [cannabis] was available at local/large chemists.</i>
6	<i>It is way too expensive - an initial consult is ridiculously expensive. My regular GP suggested that medicinal cannabis would be great for me as I suffer [from] severe and chronic mental health conditions and also struggle with sleep (he is also an authorised prescriber of medicinal cannabis). I am on psychotropic medications, but he (my GP) was suggesting that medicinal cannabis would be useful for me, however when he told me the cost of the consult and also the monthly cost of medicinal cannabis, I was shocked as it was SO expensive - about \$450+ a month for a monthly supply.</i>
7	<i>The [CBD] I was prescribed was unavailable from any pharmacies near me and had to be sourced from out of state.</i>
8	<i>Cost-expensive [AND] prescribed multiple THC/ CBD complementary products. Dosage-broad and much higher than needed as it is psychoactive.</i>
9	<i>[N]ot enough GPs are [available]- has to be clinic based and telehealth which is tricky.</i>

3.2.2.2 Issues filling prescriptions

What issues, if any, have you encountered when attempting to fill your prescription for medicinal cannabis at a pharmacy?

Six patients responded to this free-text question, as follows:

1	<i>Don't use medicinal hooch, I use the real stuff it relaxes the whole body.</i>
2	<i>None. [I] only had one prescription. Medicinal cannabis did nothing for me.</i>
3	<i>I get my prescription sent to me to avoid my pharmacy not being able to provide me.</i>
4	<i>The ordering and postage / delivery duration. [At] weekends [they] stopped dispensing and delivery. [It's] normally a few days to leave [the] dispensary, [and] again a few days for delivery. Its fast if done well. But [not] with weekends and pay days. It needs to be collectable at local pharmacies like normal medicine.</i>

5	Supply issues – [I had] to get remote script dispensing and then posted.
6	Difficult to fill [scripts.] [No] local chemist can get it in. [I] have to buy it from interstate and from a specific source. Postage costs [are] added on.

3.2.3 Provision of appropriate information and alternatives

3.2.3.1 Appropriate information from prescribers

Do you feel you were provided with an appropriate level of information from your treating medical or nurse practitioner regarding the safety, use and potential side effects of medicinal cannabis (relevant to your condition) prior to receiving your prescription?

Of the nine patients who responded to this question:

- 3 responded **Yes**
- 5 responded **No**
- 1 responded **Unsure**.

Comments from the six respondents who selected **No** or **Unsure** are below:

1	[My] GP did not want to enter into discussion about [me] using medicinal cannabis as [an] alternative to my current pain relief regime.
2	I haven't bothered going down the rabbit hole chasing something that having tried it, [I] know there is no benefit, I'm off opioid medication and now have special biscuits.
3	No information [was] provided.
4	I didn't end up receiving a prescription because I couldn't afford it. But I would have liked to give it a go and try it.
5	I asked for a second prescription of [CBD] and instead was told I'd be better off with a broad spectrum drop with "only a tiny bit" of THC which I was nervous about as I drive [a lot] and also, I'm a recovering addict and I'm concerned that I might be taking something addictive. The droppers in the bottle make it really difficult to dispense accurately.
6	Effects - not explained at all "feel[ing] high" etc. Side effects - not explained at all- insomnia, anxiety, muscular tension.

3.2.3.2 Appropriate information from pharmacists

Do you feel you were provided with an appropriate level of information from your pharmacist regarding the safety, use and potential side effects of medicinal cannabis (relevant to your condition) prior to receiving your prescription?

Of the nine patients who responded to this question:

- 2 responded **Yes**
- 4 responded **No**
- 3 responded **Unsure.**

Comments from three of the respondents who selected **No** or **Unsure** are below:

1	<i>The pharmacist took the prescription and told me it would take a few days to get the medicine and he would ring me when it was available.</i>
2	<i>[Just] comes with a label.</i>
3	<i>I just received the bottle. No other information provided.</i>

3.2.3.3 Appropriate alternatives from prescribers

Do you feel you were provided with appropriate alternatives by your medical or nurse practitioner (relevant to your condition) prior to receiving your prescription for medicinal cannabis?

Of the nine patients who responded to this question:

- 1 responded **Yes**
- 5 responded **No**
- 3 responded **Unsure.**

Comments from the eight patients who selected **No** or **Unsure** are below:

1	<i>We did not discuss other medications. I did tell her [medical or nurse practitioner] what other medicines I was taking for my conditions.</i>
2	<i>The nurse that initially assessed me enquired if my intention was [for a] cannabis prescription and [referred] all "recommendations" to the Dr. The Dr who assessed me was more than willing to hear the disorder and symptoms I experience; he acknowledged medicinal cannabis is likely [to] have a therapeutic benefit. But he did not advise me about other medicines or therapies that could be beneficial, though I had already received this information from my regular GP.</i>

3	<i>To continue to stay on my psychotropic/SSRI medications.</i>
4	<i>Other medications weren't working so cannabis was a good trial.</i>
5	<i>I already know the alternatives. My usual GP dispenses these. The GP I went to for [my cannabinoid] prescription was not expected to prescribe or discuss alternatives.</i>
6	<i>I had already exhausted the few alternatives.</i>
7	<i>GP did not want to enter into discussion about my using medicinal cannabis as a alternative to my current pain relief regime.</i>
8	<i>I haven't bothered going down the rabbit hole chasing something that having tried it know there is no benefit , I'm off opioid medication and now have special biscuits.</i>

3.2.3.4 Informed consent when prescribed

Were you provided with informed consent by your medical or nurse practitioner prior to receiving your prescription for medicinal cannabis?

Of the nine patients who responded to this question:

- 4 responded **Yes**
- 4 responded **No**
- 1 responded **Unsure**.

Comments from four of the respondents who selected **No** or **Unsure** are below:

1	<i>Not really, I asked to try the drug and was given a prescription.</i>
2	<i>I did not receive a prescription due to the costs associated.</i>
3	<i>I don't remember being provided with it.</i>
4	<i>I never got this far with my GP. Also, I was the carer for my late son who asked another GP in the same practice and another local practice if he could go on medicinal cannabis, as he was a regular user of street-purchased cannabis and felt it would be useful for the control of his schizophrenia and depressive symptoms.</i>

3.2.4 Adverse events

Have you experienced any adverse events as a result of taking your prescribed medicinal cannabis?

Of the nine patients who responded to this question:

- 1 responded **Yes**
- 8 responded **No**.

The respondent who selected **Yes** further advised they:

- experienced insomnia, anxiety, and muscular tension
- did not report the adverse event to their prescriber
- self-managed dosage: *'prescribed dosage is ridiculous.'*

3.2.5 Other feedback from patients

Patients were invited to provide any additional feedback as a free-text response.

Twelve (12) patients provided further comments, as follows.

1	<i>I am treated by a prescriber from an agnostic clinic. The Doctor talks me through any products she suggests and follows up to see how I am going and if expected changes have occurred. I have a chronic condition where I am likely to need long term pain relief. This is a good option for my condition.</i>
2	<i>As a shift worker I find the Indica strain helpful in promoting sleep. These days consumers do not need to smoke medicinal cannabis. Vaporisers are a cleaner way to access the medicine.</i>
3	<i>The way medicinal cannabis is prescribed is similar to any other medicine in that patients/ consumers are given very little information or resources about mechanism of effect, effects, side effects, follow up etc. or complementary support such as psychotherapy.</i>
4	<i>I believe medicinal cannabis should be on the PBS, so financially disadvantaged persons with chronic health conditions and/or chronic pain can make an informed choice about what treatments would work best for their unique situations.</i>
5	<i>The government needs to wake up allow people to use marijuana home grown it's been checked out by numerous US states and they have legalised it so wake up you Wally's at the top</i>
6	<i>I think it's a good medication for anxiety and ptsd. I think more should be educated on its benefits</i>
7	<i>My son used this it has been a [great] help but better asset to the program would be good</i>
8	<i>Think the system works fine. Leave it as is.</i>

9	<i>This system is a pseudo legalisation regime where it is exceptionally easy to get a prescription which begs the question if this is just a half arsed and fearful attempt at the legalisation of cannabis. I argue it is. We need to shift towards a fully legalised regime for a plethora of reasons.</i>
10	<i>I have no concerns except that I wish it had been easier to access this life changing medicine sooner as medicinal cannabis is the only treatment that has actually worked to treat my conditions.</i>
11	<i>I feel that medicinal cannabis is important to chronic patients [especially for] pain and nerve damage as its appropriate use cover what previously 2 to 4 schedule 8 drugs would do, I have seen it decrease my opiate, gabapentinoid [and benzodiazepine] use and find that used appropriately [and] prescribed and monitored by a properly accredited GP it's improved my quality of life. I primarily use it once daily in a balanced oil preparation and higher thc oil for flares, with flower as last resort. Usually it would have been double dose of endone valium etc drugs that have higher risks than medicinal marijuana. Especially with gabapentinoids as I rely on them as 3 daily dose, however find the side effects not good. I don't use alcohol and try to keep all my medications to lower edge of dose range and having access to medical cannabis has really helped that.</i>
12	<i>I am someone who suffers with Depression and anxiety and ADHD my world goes into chaos when all three are triggered nothing helps and I refuse to take any medication that takes my ability to feel away I want so badly to try this option because I have seen the benefits of someone else who suffers just like me now on this medication live a happy sustainable life I want it so bad to have that.</i>

3.3 Organisation feedback

Respondents who represented a peak body, professional or other organisation were presented with a series of multiple choice and free text response questions. Responses have been edited for context where required and are shown [like so].

3.3.1 Organisation concerns

3.3.1.1 Prevalence of concerns

Does your organisation currently hold any concerns regarding the existing prescribing and dispensing practices of medicinal cannabis in Queensland? *

Of the 15 organisations who responded to this question:

- 9 (60%) responded **Yes**
- 6 (40%) responded **No**.

3.3.1.2 Factors influencing unsafe/clinically inappropriate prescribing and dispensing

What do you consider are current factors influencing potentially unsafe, and clinically inappropriate, prescribing and/or dispensing of medicinal cannabis in Queensland?

Organisations were invited to select multiple responses from a pre-set list which included an 'Other' option, allowing respondents to type in free-text responses.

All 15 organisations responded to this question, making a total of 45 selections, as shown below.

Factor	# of times selected	% of all selections made (n=45)
Other ⁵	19	42%
Absence of clinical guidelines (standardised product nomenclature, efficacy, dosages, contraindications)	8	18%
Increased patient knowledge of, and demand for, medicinal cannabis products creating undue pressures	8	18%
Lack of access to specific product information (type, form, strength)	5	11%
Quality of the information available in QScript (prescription or dispensing records)	5	11%
TOTALS	45	100%

A selection of comments from respondents who selected **Other** follows:

- *High demand for compounding bespoke product despite commercial product availability.*
- *Lack of auditing of suppliers.*
- *Poor compliance with prescribers writing legal prescriptions.*
- *Prescribers are not taking into consideration workplace implications, particularly when driving is an inherent requirement of the patient's role.*

⁵ Although some of the free-text **Other** responses align with some of the pre-set responses, they have been retained in the **Other** category in this report.

- *Financial benefit to prescribers and dispensers, entrepreneurial approach by some health professionals and unethical behaviour.*
- *Pharmacists unable to access RTPM in other states raising concerns where patient resides in another state to telehealth provider.*

3.3.1.3 Reporting concerns to regulators

In the last 12 months have you reported the activities of any health practitioner or organisation to the Therapeutic Goods Association, Office of the Health Ombudsman, Australian Health Practitioner Regulation Agency or Queensland Health, in relation to their practices around medicinal cannabis?

Of the nine organisations who responded to this question:

- 2 responded **Yes**
- 7 responded **No**.

Of the two (2) organisations who reporting making reports in the last 12 months, one reported doing so four (4) times and the other reported doing so monthly.

3.3.2 Adverse events

Is your organisation aware of any patients experiencing adverse events as a result of taking prescribed medicinal cannabis?

Of the nine organisations who responded to this question:

- 6 responded **Yes**
- 2 responded **No**
- 1 responded **Unsure**.

The six organisations who responded **Yes** were asked: **According to your observations, how frequently do these events occur?** Of these six:

- 2 responded **Weekly**
- 4 responded **Unsure**.

3.3.3 Resources/support needed for health practitioners

What do you feel is most needed to support health practitioners in the safe, lawful, and clinically appropriate prescribing and dispensing of medicinal cannabis in Queensland?

Nine organisations responded to this question, as follows:

1	<i>Regulation change to provide clearer regulatory restrictions to prescribing practices for unregistered medicines - limiting amounts and number of active prescriptions in a certain timeframe, changing the minimum interval to better align with the prescribed amounts.</i>
2	<i>Prescribing via 10 minute telehealth appointments needs to cease. So many Patients report not being asked about their occupational requirements and not being offered any advice on potential occupational impacts. They are also not properly informed about the the legal position of no detectable THC in your system. Conversations about driving tend to focus on impairment windows not any detectable level. The Commercial element of this medication seems to have become a priority for some prescribers which is truly devastating.</i>
3	<i>An evidence base that supports clinical usage</i>
4	<i>Mandatory training for pharmacists dispensing cannabis as well as more transparent access to information on products, interactions etc</i>
5	<i>More evidence, CMI's, properly written scripts meeting S8 guidelines - more training on how to counsel on products.</i>
6	<i>TGA needs to move MC off the special access scheme and treat MC as any other drug of addiction and remove the majority of THC containing MC</i>
7	<i>Guidance from the medical board, action taken by Ahpra against inappropriate prescribing behaviour, a ban on compounding, greater scrutiny of Telehealth</i>
8	<i>More stringent and thorough screening for patients who are appropriate to take it based on clinical guidelines - e.g. if client has unstable mental health, most evidence says medicinal cannabis is contra-indicated. Many clients of the acute mental health service are interested in seeking medicinal cannabis to medicate anxiety/for sleep. Plus, a need for prescribers to engage in ongoing monitoring to ensure the treatment is appropriate (e.g. in circumstance of fluctuating mental health).</i>
9	<i>Clinical guidelines and standards for the prescribing and dispensing of medicinal cannabis products including compounded products. These should include both human and animal use. Clear regulations for the prescribing and dispensing/supply of medicinal cannabis products. Standards and regulations need to be located in a central repository and accessible to pharmacists and prescribers. Compliance with RTPM for medicinal cannabis products. Clear guidance on third party supply and from Telehealth providers.</i>

3.3.4 Other feedback from organisations

Organisations were invited to provide any additional feedback as a free-text response.

Seven organisations provided further comments, as follows.

1	<i>There are current regulatory and legislative mechanisms for Nurse Practitioners to provide the service. Whilst it is outside of the scope of this survey, for noting, nursing staff report difficulty in storing and dispensing patients own medicinal cannabis due to the low volume and viscosity of the products.</i>
2	<i>Current processes are not working to ensure safety for patients, prescribers or dispensers, it is widespread problem. Broader models of distribution by vertically integrated providers/sponsors, clinics are fuelling corrupt practices</i>
3	<i>I have come across people working in highly safety critical positions, who are on-call in the evenings, driving heavy vehicles, etc who have been prescribed THC based products with no questions from the prescriber about their occupation or how the prescription may impact their job. These people are left devastated when they need to make a difficult decision between continuing their treatment or being fit for work.</i>
4	<i>This area has a lot to be desired as far as the introduction of the medication when it started and the guidelines need to be followed by the Doctors.</i>
5	<i>The new Qld guidelines are positive as is the actions of medical boards to investigate questionable prescribers plus TGA charging two MC companies with misadvertising. QH needs to have all MC as part of Q script and prosecute any Doctor who uses it for indications for where there is no evidence of benefit. Also the ability of pharmacists and Nurse practitioners prescribers needs to be curtailed. <i>The MC industry needs urgent regulation and monitoring because it is causing patient harm. It should only be prescribed for conditions where there is benefit. The MC companies are behaving like the Tobacco and alcohol companies where. Their primary goal is profit_little to do with patient care they just want patient using their product.</i></i>
6	<i>Further concerns in addition to those mentioned above: Some prescribers charge a release fee for a prescription to be dispensed outside their preferred location. There is a lack of information on the RTPM and My Health Record. Legalised vaporisers are expensive and often patients purchase unapproved vaporisers due to financial constraints. Lack of knowledge from the regulators. Pharmacist's questions often go unanswered by the regulators. Lack of policing of changes to the TGO 93. There is limited auditing of suppliers. There is a high demand for compounded medicinal cannabis products despite commercial products being available. Lack of patient monitoring. Patients not informed on how medicinal cannabis products can affect their driving or ability to operate machinery. Nomenclature of medicinal cannabis products is unsuitable for a therapeutic good. Prescribers are not educated in how to write valid prescriptions for medicinal cannabis products. lack of clinical guidelines for use in animals</i>

The [organisation name] thanks the Queensland Government for the opportunity to provide feedback on the current prescribing and dispensing practices for medicinal cannabis in Queensland. The [organisation name] does not have specific issues or concerns regarding the prescribing and dispensing of medicinal cannabis and will provide a general comment.

There is growing evidence supporting the efficacy of prescribed medicinal cannabis particularly in palliative care and in the treatment of symptoms of illnesses and diseases including epilepsy, multiple sclerosis, anxiety, chronic pain and cancer-related pain and nausea (Australian Institute of Health and Welfare, 2024; Australian Government [Therapeutic Goods Administration], 2017a & Australian Government [Therapeutic Goods Administration] 2017b). The increasing use of medicinal cannabis is seeing nurses and midwives play a crucial role in this field.

Ahpra (2024) reports a growing number of nurse practitioners and medical practitioners accessing the Authorised Prescribers and the Special Access Scheme, with 5,700 currently registered. These health practitioners can prescribe non-approved medicinal cannabis products to patients they determine are suitable for this treatment. The number of patients using unregistered medicinal cannabis products is also rising with over one million patients using medicinal cannabis up to January 2024 (Ahpra, 2024).

7

The balance for access to medicinal cannabis and the safety of medicinal cannabis products is critical. The [organisation name] recognises that for some patients, accessing medicinal cannabis is out of reach due to the high cost of medicinal cannabis products as they are currently not subsidised by the Commonwealth Government through the Pharmaceutical Benefits Scheme (PBS). In considering the cost of medicinal cannabis, clinical trials are often raised as a means to access 'free' or discounted medicinal cannabis, highlighting the barrier of cost in accessing medicinal cannabis (Queensland Government, 2022).

Furthermore, we recognise the importance for health practitioners prescribing medicinal cannabis to consider the effect medicinal cannabis has on a person's ability to drive. Specifically medicinal cannabis products that contain Delta-9-tetrahydrocannabinol (THC) as this compound impairs a person's ability to drive and is an offence for a person to drive with any amount of THC in their system. We note that the Victorian Government introduced a bill last year that will allow for research to identify if there are conditions under which individuals who are prescribed medicinal cannabis can safely drive (Victorian Government, 2023). This legislation not only points to the growing recognition and interest in the use of medicinal cannabis but the importance of determining driving capability for those prescribed a legal drug.

Appendix

Copy of Microsoft Forms survey

Medicinal Cannabis - A survey on current prescribing and dispensing practices in Queensland

Since becoming legal in 2016, the use of medicinal cannabis continues to increase in Australia, and particularly in Queensland. Prescribers in Queensland account for close to 50% of all medicinal cannabis Special Access Scheme B (SAS B) applications nationally at a rate 1.7 and 2.6 times that of Victoria and New South Wales, respectively (1).

In September 2021, Queensland introduced a new regulatory framework for medicines with the commencement of the Medicines and Poisons Act 2019 and its subordinate regulations. Health practitioners understanding of their legislative obligations in relation to medicinal cannabis is evolving and practitioners and indemnity providers continue to seek clarification on specific scenarios in relation to medicinal cannabis.

In response to these changes and an increase in medicinal cannabis related enquiries, Queensland Health is inviting individual health practitioners, professional organisations and peak bodies, industry partners and patients, to complete this survey to provide feedback on the current prescribing and dispensing practices in Queensland. Responses from this survey may be used to inform future resource development or other activities to help support Queensland health practitioners and ensure Queenslanders have access to quality and safe healthcare.

1 Australian Government, Department of Health and Aged Care, Therapeutic Goods Administration: Medicinal Cannabis Special Access Scheme Data, <https://www.tga.gov.au/products/unapproved-therapeutic-goods/medicinal-cannabis-hub/medicinal-cannabis-access-pathways-and-patient-access-data/medicinal-cannabis-special-access-scheme-data>

The survey opens Thursday 16 May 2024 and closes at 5pm, Friday 31 May 2024.

Please note: For the purpose of this survey, the term "dispensing" is used to include extemporaneous "compounding" of medicinal cannabis.

Privacy notice

Personal information collected by Queensland Health is handled in accordance with the Information Privacy Act 2009 (Qld). Queensland Health is collecting your personal information in order to facilitate meaningful interpretation of the feedback provided; we may contact you if clarification is required. All personal information will be securely stored and only accessible by appropriately authorised officers of the department. Your personal information will not be disclosed to other third parties without consent, unless the disclosure is authorised or required by or under law.

For any queries regarding this survey, please contact the Monitored Medicines and Compliance Unit at MMU@health.qld.gov.au

For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please refer to our Privacy Policy: https://www.health.qld.gov.au/_data/assets/pdf_file/0027/439_764/queensland-health-privacy-policy.pdf

* Required

1. What is your name? (Optional)

Queensland Health may contact you for clarification of your feedback if required.

2. What are your preferred contact details? (Optional)

Queensland Health may contact you on the details provided if clarification of your feedback is required.

3. Are you submitting feedback*

- As an individual health practitioner
- As a consumer/ patient
- On behalf of a peak body, professional organisation or other organisation

4. What is the name of the organisation you are submitting feedback on behalf of? *

5. Does your organisation currently hold any concerns regarding the existing prescribing and dispensing practices of medicinal cannabis in Queensland? *

- Yes
- No

6. Which of the following best describes the professional activity of the organisation you represent, in relation to medicinal cannabis in Queensland? *

- Prescribing
- Dispensing
- Other

7. **Organisations:** In your view, currently how confident are medical or nurse practitioners in *prescribing* medicinal cannabis in Queensland? *

- Very confident
- Confident
- Somewhat confident
- Not confident
- Not confident at all
- Unsure

8. Please provide further details for your answer. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

9. In your view, currently how confident are medical or nurse practitioners in their knowledge of the legislative requirements for *prescribing* medicinal cannabis in Queensland? *

- Very confident
- Confident
- Somewhat confident

- Not confident
- Not confident at all
- Unsure

10. Please provide further details for your answer. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

11. What do you consider are current factors influencing potentially unsafe, and clinically inappropriate, prescribing and/or dispensing of medicinal cannabis in Queensland? *

- Lack or absence of clinical guidelines (standardised product nomenclature, efficacy, dosages, contraindications)
- Lack of access to specific product information (type, form, strength)
- Quality of the information available in QScript (prescription or dispensing records)
- Increased patient knowledge of, and demand for, medicinal cannabis products creating undue pressures
- Other

12. **Organisations:** In your view, currently how confident are pharmacists in dispensing medicinal cannabis in Queensland? *

- Very confident
- Confident
- Somewhat confident
- Not confident
- Not confident at all
- Unsure

13. Please provide further details for your answer. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

14. In your view, currently how confident are pharmacists in their knowledge of the legislative requirements for *dispensing* medicinal cannabis in Queensland? *

- Very confident
- Confident
- Somewhat confident
- Not confident
- Not confident at all
- Unsure

15. Please provide further details for your answer. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

16. Is your organisation aware of any patients experiencing adverse events as a result of taking prescribed medicinal cannabis? *

- Yes
- No
- Unsure

17. According to your observations, how frequently do these events occur? *

- Daily
- Weekly
- Monthly
- Quarterly
- Yearly
- Unsure

18. What do you consider are current factors influencing potentially unsafe, and clinically inappropriate, prescribing and/or dispensing of medicinal cannabis in Queensland? *

- Lack or absence of clinical guidelines (standardised product nomenclature, efficacy, dosages, contraindications)
- Lack of access to specific product information (type, form, strength)
- Quality of the information available in QScript (prescription or dispensing records)
- Increased patient knowledge of, and demand for, medicinal cannabis products creating undue pressures
- Other

19. In the last 12 months have you reported the activities of any health practitioner or organisation to the Therapeutic Goods Association, Office of the Health Ombudsman, Australian Health Practitioner Regulation Agency or Queensland Health, in relation to their practices around medicinal cannabis? *

E.g. prescribing, dispensing, advertising and/or promotion for therapeutic use.

- Yes
- No

20. How often have you reported? *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

21. **Organisations:** What do you feel is most needed to support health practitioners in the safe, lawful, and clinically appropriate prescribing and dispensing of medicinal cannabis in Queensland?*

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

22. What type of Health Practitioner are you?*

- Dentist
- Medical Practitioner

- Midwife
 - Nurse (including Nurse Practitioner)
 - Pharmacist (including intern Pharmacist)
 - Physician Assistant
 - Physiotherapist
 - Podiatrist
 - Prefer not to answer
 - Other
23. As a medical practitioner, do you hold specialist registration? *
- Yes
 - No
 - Prefer not to answer
24. As a midwife, is there an endorsement on your registration? *
- Yes - midwife practitioner
 - Yes - prescribe scheduled medicines
 - No
 - Prefer not to answer
25. As a nurse, is there an endorsement on your registration? *
- Yes - nurse practitioner
 - Yes - supply scheduled medicines (rural and isolated practice)
 - No
 - Prefer not to answer
26. As a podiatrist, is there an endorsement on your registration or do you hold specialist registration?*
- Yes - endorsement for scheduled medicines only
 - Yes - specialist registration only
 - Yes - specialist registration AND endorsement for scheduled medicines
 - No
 - Prefer not to answer
27. What specialty registration do you hold? *
- Addiction medicine
 - Anaesthesia
 - Dermatology
 - Emergency medicine
 - General Practice
 - Intensive Care medicine
 - Medical Administration

- Obstetrics and Gynaecology
- Occupational and Environmental Medicine
- Ophthalmology
- Paediatrics and Child Health
- Pain medicine
- Palliative medicine
- Pathology
- Psychiatry
- Public Health medicine
- Radiation oncology
- Radiology
- Rehabilitation medicine
- Sexual Health medicine
- Sport and Exercise medicine
- Surgery
- Other

28. In what type of setting do you primarily practice? *

- Community Health Service
- Corrections
- General Practice
- Hospital (private)
- Hospital (public health)
- Indigenous Health Service
- Pharmacy (community)
- Pharmacy (hospital)
- Pharmacy (other)
- Private Practice
- Other

29. What clinical area do you primarily work in? *

- Alcohol and other drugs
- Anaesthetics
- Cancer care
- Dentistry
- Emergency
- General medicine
- General practice
- Indigenous health
- Intensive care
- Mental health

- Midwifery
- Palliative care
- Pharmacy
- Podiatry
- Surgery
- Other

30. Which of the following age brackets best describes your age group? *

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65 years or over
- Prefer not to say

31. Do you primarily practise within Queensland?*

- Yes
- No

32. In what geographical area? *

- Major cities - relatively unrestricted accessibility to a wide range of goods, services and opportunities for social interaction.
- Inner regional - some restrictions to accessibility to some goods, services and opportunities for social interaction.
- Outer regional - significantly restricted accessibility to goods, services and opportunities for social interaction.
- Remote - very restricted accessibility to goods, services and opportunities for social interaction.
- Very remote - very little accessibility to goods, services and opportunities for social interaction.

33. How long have you been practising in your current profession? *

- Less than a year
- 5 years
- 10 years
- Over 10 years
- Prefer not to say

34. Which of the following best describes your role in relation to medicinal cannabis? *

- Prescriber
- Dispenser
- Other

35. **Prescribers:** do you currently hold any concerns regarding the existing prescribing and dispensing practices for medicinal cannabis in Queensland? *

- Yes
- No

36. Have you ever prescribed medicinal cannabis to a patient? *

- Yes
- No

37. Approximately, how many patients have you prescribed medicinal cannabis for in the last 12 months? *

- Less than 10 patients
- 10 - 20 patients
- 20 - 50 patients
- 50 - 100 patients
- More than 100 patients
- Unsure

38. Which of following resources do you commonly access to help inform your decision when prescribing medicinal cannabis?*

- Medicines and Poisons (Medicines) Regulation 2021 www.egislation.qd.gov.au
- Medicines and Poisons Factsheet and/or checklists www.health.qd.gov.au
- TGA medicinal cannabis hub www.tga.gov.au/products/unapproved-therapeutic-goods/medicinal-cannabis-hub
- Other

39. How often did you prescribe *THC-containing* medicinal cannabis products?*

- Always
- Regularly
- Sometimes
- Rarely
- Never

40. How often did you prescribe *compounded* medicinal cannabis products? *

- Always
- Regularly
- Sometimes
- Rarely
- Never

41. Please provide further details as to why?

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

42. How often did you prescribe *more than one* medicinal cannabis product?

- Always
- Regularly
- Sometimes
- Rarely
- Never

43. How confident are you in your knowledge of the legislative requirements for prescribing medicinal cannabis in Queensland? *

- Very confident
- Confident
- Somewhat confident
- Not confident
- Not confident at all
- Prefer not to say

44. Please provide further details for your answer. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

45. From a clinical perspective, how confident are you in prescribing medicinal cannabis? *

- Very confident
- Confident
- Somewhat confident
- Not confident
- Not confident at all
- Prefer not to say

46. Please provide further details for your answer. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

47. How often have you observed prescribing or dispensing of medical cannabis where there is a clear lack of clinical evidence to support its use for a medical condition? *

- Always
- Regularly
- Sometimes
- Rarely
- Never

48. Where there is an apparent absence or lack of clinical evidence to support the use of medicinal cannabis for the treatment of a medical condition, what factors influence your prescribing or dispensing

decisions? *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

49. Are you aware of the contraindications for the use of THC-containing medicinal cannabis products? For example;

- a previous psychotic or concurrent active mood or anxiety disorder;
- pregnant, planning on becoming pregnant, or breastfeeding;
- unstable cardiovascular disease. *

- Yes
- No

50. What resources or support would be most useful to inform your prescribing or dispensing practices? *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

51. Are you aware of any patients experiencing adverse events as a result of taking prescribed medicinal cannabis? *

- Yes
- No
- Unsure

52. According to your observations, how frequently do these events occur? *

- Daily
- Weekly
- Monthly
- Quarterly
- Yearly
- Unsure

53. How recent was the last patient event? *

- In the last week
- In the last month
- In the last 6 months
- In the last 12 months
- Over 12 months ago
- Unsure

54. What do you consider are current factors influencing potentially unsafe, and clinically inappropriate, prescribing and/or dispensing of medicinal cannabis in Queensland? *

- Lack or absence of clinical guidelines (standardised product nomenclature, efficacy, dosages, contraindications)
- Lack of access to specific product information (type, form, strength)

- Quality of the information available in QScript (prescription or dispensing records)
- Increased patient knowledge of, and demand for, medicinal cannabis products creating undue pressures
- Other

55. In the last 12 months have you reported the activities of any health practitioner or organisation to the Therapeutic Goods Association, Office of the Health Ombudsman, Australian Health Practitioner Regulation Agency or Queensland Health, in relation to their practices around medicinal cannabis? *

(E.g. prescribing, dispensing, advertising and/or promotion for therapeutic use)

- Yes
- No

56. How often have you reported? *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

57. What do you feel is most needed to support health practitioners in the safe, lawful, and clinically appropriate prescribing and dispensing of medicinal cannabis in Queensland?*

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

58. **Dispensers:** Do you currently hold any concerns regarding the existing prescribing and dispensing practices for medicinal cannabis in Queensland? *

- Yes
- No

59. Have you ever dispensed medicinal cannabis for a patient? *

- Yes
- No

60. Approximately, how many patients have you dispensed medicinal cannabis for in the last 12 months? *

- Less than 10 patients
- 10 - 20 patients
- 20 - 50 patients
- 50 - 100 patients
- More than 100 patients
- Unsure

61. Which of following resources do you commonly access to help inform your decision when dispensing medicinal cannabis?*

- Medicines and Poisons (Medicines) Regulation 2021 www.egislation.qd.gov.au
- Medicines and Poisons Factsheet and/or checklists www.health.qd.gov.au
- TGA medicinal cannabis hub www.tga.gov.au/products/unapproved-therapeutic-goods/medicinal-cannabis-hub

- Other

62. According to your observations, how often do you see prescriptions written by a medical or nurse practitioner based *outside* of Queensland? *

- Always
- Regularly
- Sometimes
- Rarely
- Never

63. According to your observations, how often do you see prescriptions for *THC-containing* medicinal cannabis products?*

- Always
- Regularly
- Sometimes
- Rarely
- Never

64. According to your observations, how often do you see prescriptions for *compounded* medicinal cannabis products?*

- Always
- Regularly
- Sometimes
- Rarely
- Never

65. According to your observations, how often do you see prescriptions for *more than one* medicinal cannabis product, issued by the same treating medical or nurse practitioner? *

- Always
- Regularly
- Sometimes
- Rarely
- Never

66. According to your observations, how often do you see prescriptions that could be deemed unlawful in Queensland? *

Unlawful, as described by Section 86 of the Medicines and Poisons (Medicines) Regulation 2021. For more information, please see [/legislation.qld.gov.au](https://legislation.qld.gov.au)

- Always
- Regularly
- Sometimes
- Rarely
- Never

67. What is the most common reason the prescriptions seen could be deemed unlawful? *

Unlawful, as described by Section 86 of the Medicines and Poisons (Medicines) Regulation 2021. For more information, please see legislation.qld.gov.au.

- Incomplete prescriber information (name or unique identifier, qualification/s, practice contact details)
- Incomplete patient information (patient name, address, contact details)
- Inappropriate medicine information (medication name, type, form, strength)
- Inappropriate prescription information (dosages, dispensing intervals, multiple products)
- Other

68. Has your pharmacy experienced any issues when attempting to remedy unlawful prescriptions for patients, whilst meeting your legislative obligations as set out in the Medicines and Poisons (Medicines) Regulation 2021? *

For more information, please see www.legislation.qld.gov.au

- Yes
- No
- Unsure

69. Please provide further details for your answer. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

70. How confident are you in your knowledge of the legislative requirements for dispensing medicinal cannabis in Queensland? *

- Very confident
- Confident
- Somewhat confident
- Not confident
- Not confident at all
- Prefer not to say

71. Please provide further details for your answer. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

72. From a clinical perspective how confident are you in dispensing medicinal cannabis? *

- Very confident
- Confident
- Somewhat confident
- Not confident
- Not confident at all
- Prefer not to say

73. Please provide further details for your answer. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

74. How often have you observed prescribing or dispensing of medical cannabis where there is a clear lack of clinical evidence to support its use for a medical condition? *

- Always
- Regularly
- Sometimes
- Rarely
- Never

75. Where there is an apparent absence or lack of clinical evidence to support the use of medicinal cannabis for the treatment of a medical condition, what factors influence your prescribing or dispensing decisions? *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

76. Are you aware of the contraindications for the use of THC-containing medicinal cannabis products? For example;

- a previous psychotic or concurrent active mood or anxiety disorder;
- pregnant, planning on becoming pregnant, or breastfeeding;
- unstable cardiovascular disease. *

- Yes
- No

77. What resources or support would be most useful to inform your prescribing or dispensing practices? *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

78. Are you aware of any patients experiencing adverse events as a result of taking prescribed medicinal cannabis? *

- Yes
- No
- Unsure

79. According to your observations, how frequently do these events occur? *

- Daily
- Weekly
- Monthly
- Quarterly
- Yearly
- Unsure

80. How recent was the last patient event? *

- In the last week
- In the last month
- In the last 6 months
- In the last 12 months
- Over 12 months ago
- Unsure

81. What do you consider are current factors influencing potentially unsafe, and clinically inappropriate, prescribing and/or dispensing of medicinal cannabis in Queensland? *

- Lack or absence of clinical guidelines (standardised product nomenclature, efficacy, dosages, contraindications)
- Lack of access to specific product information (type, form, strength)
- Quality of the information available in QScript (prescription or dispensing records)
- Increased patient knowledge of, and demand for, medicinal cannabis products creating undue pressures
- Other

82. In the last 12 months have you reported the activities of any health practitioner or organisation to the Therapeutic Goods Association, Office of the Health Ombudsman, Australian Health Practitioner Regulation Agency or Queensland Health, in relation to their practices around medicinal cannabis? *

(E.g. prescribing, dispensing, advertising and/or promotion for therapeutic use)

- Yes
- No

83. How often have you reported? *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

84. What do you feel is most needed to support health practitioners in the safe, lawful, and clinically appropriate prescribing and dispensing of medicinal cannabis in Queensland?*

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

85. Which of the following age brackets best describes your age group? *

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65 years or over
- Prefer not to say

86. Where do you live? *

- In Queensland
- Outside of Queensland

87. In what geographical area? *

- Major cities - relatively unrestricted accessibility to a wide range of goods, services and opportunities for social interaction.
- Inner regional - some restrictions to accessibility to some goods, services and opportunities for social interaction.
- Outer regional - significantly restricted accessibility to goods, services and opportunities for social interaction.
- Remote - very restricted accessibility to goods, services and opportunities for social interaction.
- Very remote - very little accessibility to goods, services and opportunities for social interaction.

88. **Patients:** do you currently hold any concerns regarding the existing prescribing and dispensing practices for medicinal cannabis in Queensland? *

- Yes
- No

89. What issues, if any, have you encountered when seeing a medical or nurse practitioner for the prescription of medicinal cannabis? *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

90. Do you feel you were provided with an appropriate level of information from your treating medical or nurse practitioner regarding the safety, use and potential side effects of medicinal cannabis (relevant to your condition) prior to receiving your prescription? *

- Yes
- No
- Unsure

91. Please provide further details below. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

92. Do you feel you were provided with appropriate alternatives by your medical or nurse practitioner (relevant to your condition) prior to receiving your prescription for medicinal cannabis? *

- Yes
- No
- Unsure

93. Please provide further details below. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

94. Were you provided with informed consent by your medical or nurse practitioner prior to receiving your prescription for medicinal cannabis? *

- Yes
- No
- Unsure

95. Please provide further detail below. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

96. Have you experienced any adverse events as a result of taking your prescribed medicinal cannabis? *

- Yes
- No
- Unsure

97. Please provide further details below.

This may include the type of medicine reaction, frequency and/or recency of the event/s. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

98. Did you report the adverse event to your treating medical or nurse practitioner? *

- Yes
- No

99. Please provide further details below. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

100. What issues, if any, have you encountered when attempting to **fill** your prescription for medicinal cannabis at a pharmacy? *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

101. Do you feel you were provided with an appropriate level of information from your pharmacist regarding the safety, use and potential side effects of medicinal cannabis (relevant to your condition) prior to receiving your prescription? *

- Yes
- No
- Unsure

102. Please provide further details below. *

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

103. Please provide any additional feedback below. If you have no further feedback, please click submit.

In responding to this question, please DO NOT provide any personal or identifying information about any specific organisation or other person (e.g. business or personal name).

SAMPLE

Glossary

Term	Definition
ADHD	Attention-deficit/hyperactivity disorder
AODS	Alcohol and Other Drugs Service
AP	Approval process
ARTG	Australian Register of Therapeutic Goods
CBD	Cannabidiol
ED	Emergency Department
GP	General Practitioner
MC	Medicinal cannabis
PBS	Pharmaceutical Benefits Scheme
PTSD	Post-traumatic stress disorder
QOTP	Queensland Opioid Treatment Program
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RTPM	Real time prescription monitoring
S4	Schedule 4
S8	Schedule 8
SAS	Special Access Scheme
SSRI	Selective serotonin reuptake inhibitors
TGA	Therapeutic Goods Administration
TGO	Therapeutic Goods (Standard for Medicinal Cannabis) (TGO 93) Order 2017

Term	Definition
THC	Tetrahydrocannabinol