



Queensland Branch



22 July 2025

The Hon Mark Butler MP  
Minister for Health and Ageing  
Canberra

The Hon Tim Nicholls MP  
Minister for Health and Ambulance Services  
Brisbane

**By email:** [REDACTED]

**Subject: Urgent reform of medicinal cannabis regulation**

Dear Ministers

Pharmacists and doctors have observed, with concern, the rapid proliferation of business models focused solely on prescribing and dispensing medicinal cannabis since it was legalised in Australia. Our members have seen firsthand the exponential rise in medicinal cannabis prescriptions, often written for patients for whom it is inappropriate, if not completely contraindicated. They have also had to treat patients harmed by its use.

In Queensland, our organisations have forged a positive collaborative working relationship to coordinate efforts and raise concerns about this issue with the [Therapeutic Goods Administration and directly with you as our state and federal health ministers](#). Unfortunately, these efforts have yet to yield any meaningful outcomes.

In July, the Australian Health Practitioner Regulation Agency (Ahpra) released [guidance for prescribers who prescribe medicinal cannabis](#). This was developed in response to 'evidence of poor practice in prescribing medicinal cannabis that is leading to significant patient harm'.

Ahpra has also committed to act on reports and evidence of inappropriate, high-volume prescribing, even in the absence of a complaint. We warmly welcome this action as a positive step towards a nationally coordinated approach to tackling the complex issues associated with medicinal cannabis, but further action is needed.

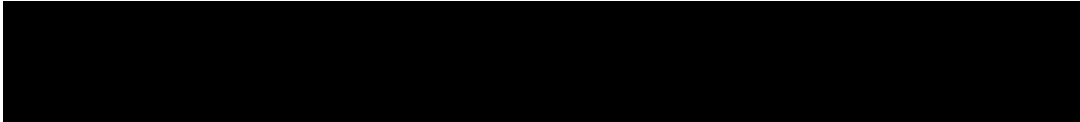
We recognise regulatory action is often slow and retrospective by nature, but immediate, nationally consistent action is needed urgently. Patients must receive safe, high quality care from qualified health professionals who prioritise patient outcomes over commercial interests. We propose that:

- **Prescribing of medicinal cannabis should be limited, by regulation, to more senior and experienced medical practitioners who have completed specialist training through a medical college.**
  - We understand many current medicinal cannabis business models rely on the employment of early-career doctors who have not been accepted onto a specialist training pathway. Restricting prescribers to those with medical college specialist training would improve patient safety by ensuring prescribers have the necessary expertise to manage complex health needs.
- **State and federal governments establish a joint review of the access to and availability of medicinal cannabis products within Category 5, where THC concentration is highest at  $\geq 98\%$ .**
  - These products have the highest potential to cause patient harm and the fact there exists limited clinical evidence to support the use of medicinal cannabis at any strength means the justification for their availability should be strongly questioned.
- **Medicinal cannabis regulation be added to the agenda of the next Health Ministers' Meeting.**
  - We strongly believe that a coordinated national approach, with the constructive input of all Australian jurisdictions, is the only way to tackle this increasingly troublesome area of practice that is, without doubt, causing significant patient harm.
  - We note this was the subject of our joint letter to you of 31 January ([available here](#)) and including the following issues for consideration by health ministers:
    - impacts on public hospitals, including presentations, resourcing and occupational violence
    - exclusion and/or reduction of THC concentrations
    - time-dependent dispensing volume limits per patient (e.g. a reduction from 90 grams to 30 grams per week)
    - removal from the Special Access Scheme
    - improved labelling of medicinal cannabis products
    - real-time prescription monitoring (noting there are currently no registered products)
    - limiting authorised prescribers to medical practitioners with specialist registration only
    - banning vertical integration and other aspects of medicinal cannabis business models that risk patient safety and clinical independence
    - training and eligibility requirements for prescribers, including safeguards for telehealth consultations.

This is a priority for all our organisations and our members. We would welcome an opportunity to meet with you to discuss our concerns and provide further detail on our

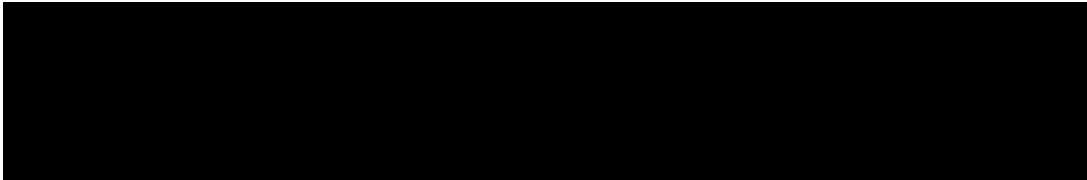
proposed actions. We believe that, with a coordinated approach, we can take positive steps to regulate medicinal cannabis and protect our patients from unnecessary and avoidable harms.

Yours sincerely



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