



15 December 2022

Ms Milica Ristivojevic
Senior Policy Officer
Clinical Regulation Branch
SA Health
By email to: health.clinicalregulationpolicyandlicensing@sa.gov.au

Dear Ms Ristivojevic

Re: Proposed amendment to the Controlled Substances legislation for prescribing Schedule 8 medicinal cannabis

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) SA Branch welcomes the opportunity to provide input into the proposed amendment to the *Controlled Substances Act 1984* for prescribing Schedule 8 medicinal cannabis.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating, and representing psychiatrists on policy issues. The RANZCP has more than 7700 members and is guided on policy matters by a range of expert committees. The RANZCP SA Branch currently represents more than 510 members, including 377 specialist psychiatrists.

In developing this submission, the RANZCP SA Branch consulted with colleagues, including those in interstate Branches where changes to medicinal cannabis legislation have already been implemented. The RANZCP is well positioned to provide assistance and advice about issues that relate to mental health and addiction due to the breadth of academic, clinical and service delivery expertise it represents.

Would the potential risks of harm (specifically dependence, misuse or diversion) be sufficiently mitigated if a Section 18A authority was NOT required to prescribe Schedule 8 medicinal cannabis to low-risk persons (i.e. those not currently being treated for dependence with Medication-Assisted Treatment for Opioid Dependence)?

- If yes, why?
- If no, why not? What could (or should) be done to minimise or mitigate these risks?

No.

It is important to note that 'medicinal cannabis' is a broad term – and is often used to describe three different substances – namely

- Cannabidiol (which has such a low percentage amount of THC (tetrahydrocannabinol) that it is considered to have no THC effect
- THC – which can be prescribed on its own and has significant effect on mental

functioning

- Combined THC and Cannabidiol – which can be prescribed with varying strengths of each component in the one medication.

Cannabidiol is considered an S4 substance and as such a doctor is not required to apply to the Drugs of Dependence Unit (DDU) to enable a prescription to be generated. Cannabidiol prescriptions do generate an entry in ScriptcheckSA.

THC and substances containing THC are Schedule 8 medications and do require a medical practitioner to apply to the DDU for an authority to prescribe. It is therefore understood by the RANZCP SA Branch that this proposed amendment is focused on those medicinal cannabis substances that contain THC. It is noted that these substances (Cannabidiol, THC and a mixed preparation) are also only able to be prescribed through a TGA application either for the individual patient or as the medical practitioner who is an approved prescriber.

Consistent with the RANZCP's [Clinical Memorandum on the Therapeutic use of medicinal cannabis products](#), the RANZCP SA Branch would draw attention to the fact that although there is increasing public and medical interest in medicinal cannabis, the evidence upon which to base an assessment of the efficacy, effectiveness and safety of medicinal cannabis products is limited.

THC as an S8 substance poses a range of risks to the person in particular:

- Risks of loss of judgement and reflexes that can inhibit appropriate safety when driving, acting as a carer for a vulnerable person and when working in a range of worksites
- Can lead to worsening mental illness, in particular those who already have a high risk of psychotic disorders

Currently THC prescribing requires an application to DDU – and as an unproven treatment with potentially significant side effects and risk to the patient it is prudent and appropriate that an application to DDU for this continues.

The RANZCP supports further research and, where backed by sufficient evidence, appropriate regulation of medical cannabis.

Beyond the specific question asked, issues raised during the RANZCP's consultation on this issue provide an opportunity to examine whether there may be additional best practice improvements to be made from a mental health perspective, to minimise the risk of harm caused by Schedule 8 medicinal cannabis prescriptions.

Several studies have linked cannabis use to increased risks for chronic psychosis.[1, 2] Its use in young people, particularly given the potential causal association between teenage use and later schizophrenia, urges particular caution.[3, 4]

[TGA working groups](#) have also noted the significant potential for adverse events in patients treated with medicinal cannabis, including depression, paranoia and psychosis.

Concerns have been raised by the RANZCP Queensland Branch, that significant increases in prescribing of THC products have been accompanied by increased rates of hospitalisation with drug-induced psychosis. Current applications for medicinal cannabis in Queensland via [Special Access Scheme Category B](#) and the [Authorised Prescriber Scheme](#) are significantly higher than any other jurisdiction.

That apparent correlation is currently only anecdotal, but any action which can be taken in South Australia to avoid such an unintended consequence should be considered. This is especially relevant given the current overload of our mental health hospital beds.

The [TGA Guidance for the use of medicinal cannabis in Australia](#) advises that:

- Medicinal cannabis products containing THC are generally not appropriate for patients who have a previous psychotic or concurrent active mood or anxiety disorder;
- An accurate and thorough history taken by a prescriber should include both a mental health history, particularly noting schizophrenia, and a family health history including mental health, particularly a family history of schizophrenia.

While this is appropriate, a recognised issue in cases of patients seeking Schedule 8 drugs is that of selective reporting or editing of information, in order to increase the probability of a prescription being provided.

ScriptCheckSA contains the provision for clinical alerts to be provided, one of which is a 'concurrent drugs' alert. We understand this is currently only triggered by opioid and benzodiazepine / z drug combinations.

In the interests of harm minimisation, it may be worth considering adding additional alerts where medications prescribed to a patient may indicate they have a condition which could be exacerbated by THC, e.g. a prescription for antipsychotics.

Recommendations

The RANZCP SA Branch recommends that SA Health:

- 1) Implement a review of the ScriptCheckSA 'concurrent drugs' alert system to help identify patients who may be vulnerable to THC induced psychosis or other mental health conditions which may be triggered or exacerbated by THC.

This should include expert advice from appropriate clinical organisations, e.g. the RANZCP Bi-national Committee for Evidence-Based Practice would be one appropriate body.

- 2) Conduct an analysis to consider whether there is any evidence of a correlation between an increase in Schedule 8 medicinal cannabis prescriptions and hospital presentations due to drug-induced psychosis.

This could / should be conducted in concert with other State / Territory health departments. If a correlation is shown, further investigations would be warranted.

Thank you for the opportunity to inform this consultation. Should you have any questions or if the RANZCP SA Branch can assist further, please do not hesitate to contact Mr Matt Hee, Senior Policy and Advocacy Advisor, SA Branch, at ranzcp.sa@ranzcp.org or on 8431 5042.

Yours sincerely



Dr Paul Furst

Chair

RANZCP South Australian Branch

1. Hall W, Degenhardt L. Cannabis use and the risk of developing a psychotic disorder. *World Psychiatry*. 2008;7(2):68.
2. Fergusson DM, Poulton R, Smith PF, Boden JM. Cannabis and psychosis. *Bmj*. 2006;332(7534):172-5.
3. Castle DJ, Strauss N, Norman A, Bonomo Y. Medical Marijuana: The Australian Experience. *Missouri medicine*. 2019;116(4):270.
4. Stuyt E. The problem with the current high potency THC marijuana from the perspective of an addiction psychiatrist. *Missouri medicine*. 2018;115(6):482.