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Introduction

- In November 2016, regulation was introduced that provided Australians access to medical cannabis through a prescription pathway.
- Findings from the National Drug Strategy Household Survey indicate that only a fraction of people who used cannabis for medical purposes were prescribed by a doctor [1].
- Existing research indicates that barriers to accessing prescribed cannabis include the perceived unaffordability of prescribed products, difficulties in finding a prescriber, and concerns regarding confidentiality and stigma. However, it is unknown whether there are specific challenges in transitioning people who are already accessing illicit cannabis products to prescribed products.

Aim

Using two samples of people who regularly use drugs, this study aims to:

- Examine the reason for not attempting to obtain a prescription among those who reported recently using non-prescribed cannabis products.
- Examine the per cent of participants who recently used non-prescribed cannabis and were unsuccessful in their attempt to obtain a cannabis prescription.
- Examine where participants recently sought a cannabis prescription and reasons why they were unsuccessful in obtaining it.

Methods

- The Illicit Drug Reporting System (IDRS) interviews people who regularly (i.e., ≥6 days in the last 6 months) inject drugs and the Ecstasy and Related Drug Reporting System (EDRS) interviews people who regularly use ecstasy and/or other illicit stimulants.
- Participants must have injected (IDRS) or used ecstasy and/or other illicit stimulants (IDRS) at least six days in the last six months, be 18 years or older, and have been residing in the capital city where the interview took place for at least 10 of the last 12 months preceding the interview.
- In 2024, 740 EDRS and 884 IDRS participants were interviewed nationally between April - July.
- Questions regarding cannabis prescription access were introduced in 2024, and will be analysed using descriptive analyses.

Results

- Among those who reported recent non-prescribed cannabis use (Table 1), the majority of the EDRS (83%) and IDRS (84%) participants did not try to obtain a prescription.
- The most common reasons reported for not attempting to obtain a prescription among those who reported recent non-prescribed cannabis use was due to participants not wanting a script (50% EDRS and 31% IDRS) and finding it easier to obtain cannabis without one (23% EDRS and 22% IDRS). A further 12% of EDRS and 13% of IDRS participants reported their reason for not attempting to get a script to be due to concerns related to cost.
- One tenth (9%) of EDRS and IDRS participants reported 'Other' reasons for not obtaining a script. Among the EDRS and IDRS participants, these included reasons related to stigma, discrimination and privacy, whereas IDRS participants also reported reasons related to healthcare accessibility challenges such as difficulty navigating the healthcare system.
- A smaller per cent (4% EDRS, 5% IDRS) had attempted but were unsuccessful in obtaining a prescription in the last six months.

Implications

- The prescription pathway's failure to meet consumer needs may be contributing to the continued reliance on and demand for non-prescribed cannabis products:** Further research is needed to understand whether those who recently used non-prescribed cannabis but did not attempt to obtain a prescription did so because they are not using cannabis for medical purposes, particularly among those who reported no interest in obtaining a prescription. Donnan et al.'s [2] systematic review on factors influencing cannabis consumer behavior identified several reasons why consumers may choose to source cannabis illicitly despite the availability of legal options, including considerations of price, quality, packaging, potency, and product recommendations. The review highlighted that when legal markets offer less favorable attributes compared to the illicit market, such as higher costs, consumers may turn to illicit sources. Similarly, participants in this study who reported not pursuing a prescription because they could obtain cannabis without one or due to concerns about cost raises questions about whether the Australian pathway is meeting the needs and expectations of consumers.
- Role of medical cannabis clinics:** The reliance on medical cannabis clinics by those who did seek a prescription but were unsuccessful highlights the growing importance of these healthcare facilities in providing individuals access to medical cannabis. However, barriers related to cost at these clinics suggests that affordability remains an important issue.
- Need for policy and systemic changes:** The findings imply that there is a need for revise the cannabis prescription pathway to make it more accessible, affordable and appealing to people who are interested in accessing medicinal cannabis in Australia. This may involve addressing cost-related barriers, increasing the access to prescribers, and addressing concerns related to stigma and discrimination.

Table 1: Cannabis prescription access and reasons for not attempting to obtain a cannabis prescription, EDRS and IDRS, nationally, 2024

	EDRS (N=740) % (n)	IDRS (N=884) % (n)
Did you try to obtain a cannabis prescription but were unsuccessful?		
No, I have not tried to obtain a prescription	81 (599)	85 (748)
No, I was able to get a prescription	11 (82)	7 (64)
Yes, in the past six months	4 (30)	5 (47)
Yes, more than six months ago	3 (23)	2 (20)
Among those who reported recent non-prescribed cannabis use	n=554	n=606
Participants who have not tried to obtain a prescription	83 (460)	84 (508)
Reasons for not attempting to obtain a prescription among those who reported recent non-prescribed cannabis and cannabinoid-related product use	n=460	n=508
"I did not want a prescription"	50 (230)	31 (157)
"I can easily obtain cannabis without a prescription"	23 (106)	22 (109)
"I have concerns regarding cost"	12 (53)	13 (65)
"I plan to but haven't yet"	9 (42)	21 (104)
Other	9 (42)	9 (46)
"I am worried the doctor will not give me a prescription"	7 (31)	6 (30)
"I did not know I could get a prescription"	5 (24)	8 (40)
"I am worried I can't get the type, strength or form that I want with a prescription"	3 (12)	2 (10)
"I can't find a doctor who is an authorised prescriber"	n≤5	5 (26)

Among those who had recently used non-prescribed cannabis and had tried to obtain a prescription but were unsuccessful (n=30 & n=44, EDRS and IDRS, respectively):



67% of EDRS and 57% of IDRS participants had attempted to obtain a prescription from an **online or in person medical cannabis clinic.**



30% of EDRS and 25% of IDRS participants had attempted to obtain a prescription from their **regular GP/clinic.**

Among those who had recently used non-prescribed cannabis and were unsuccessful in obtaining a prescription from an online or in person cannabis clinic (n=20 & n=25, EDRS and IDRS, respectively):



45% of EDRS and 28% of IDRS participants reported they were unable to obtain a prescription due to the process being **"too expensive"**.

References

- [1] Australian Institute of Health and Welfare. Alcohol, tobacco & other drugs in Australia [Internet]. Canberra: Australian Institute of Health and Welfare, 2024 [cited 2024 Aug. 14]. Available from: <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia>
- [2] Donnan J, Shogan O, Bishop L, Swab M, Najafzada M. Characteristics that influence purchase choice for cannabis products: a systematic review. Journal of cannabis research. 2022 Feb 1;4(1):9.