Barriers to accessing prescription cannabis among two samples of people who regularly use drugs, nationally, 2024

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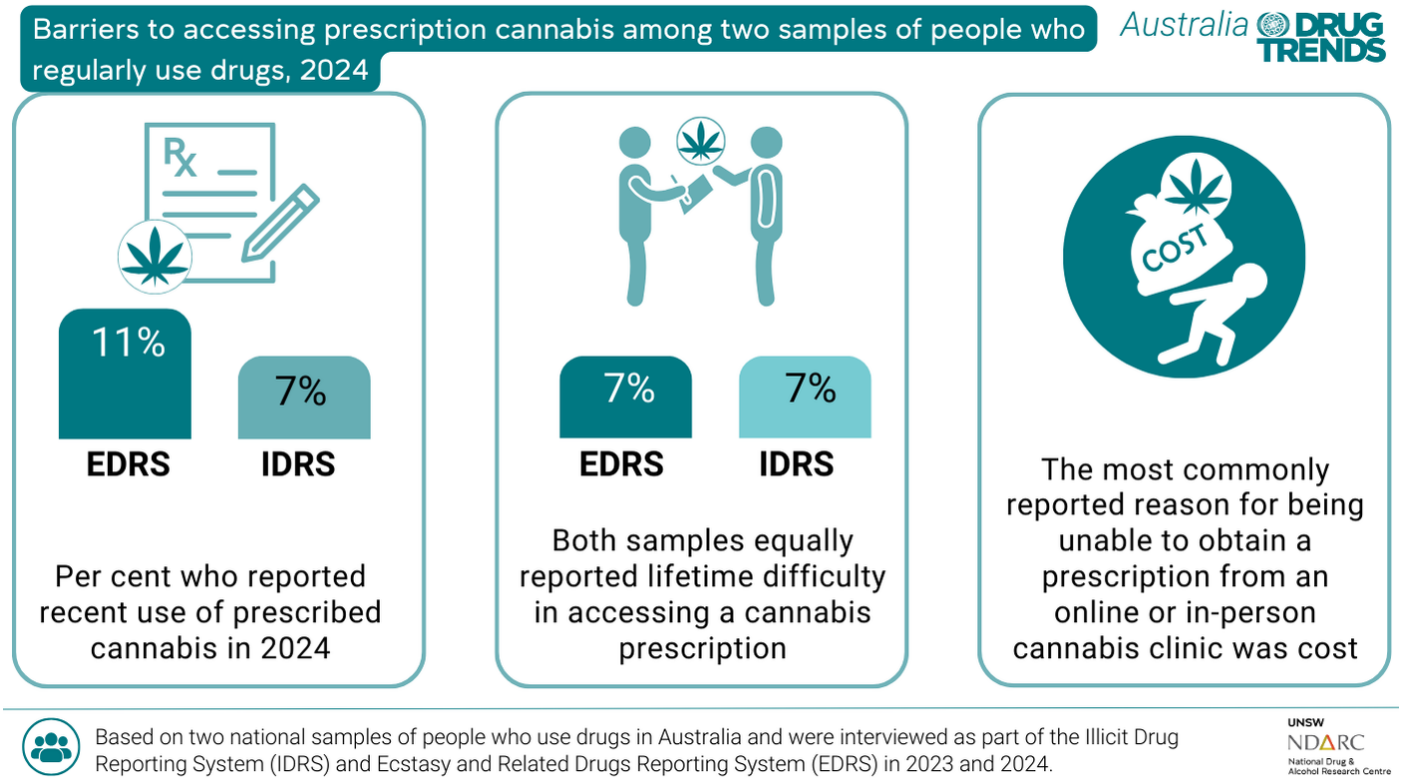
Key Findings



Introduction

In November 2016, new regulations were introduced that provided Australians access to medicinal cannabis and cannabinoid-related products via a prescription pathway. Medicinal cannabis and cannabinoid-related products refer to products that contain tetrahydrocannabinol (THC) and/or cannabidiol (CBD) and can be prescribed in a variety of forms, including dried flower, chewables, oils, and sprays.

Prescriptions for cannabis have since increased substantially (1). In 2022-23, the National Drug Strategy Household Survey found that 3.0% of people aged 14 and over in Australia reported using cannabis for *medical purposes* in the previous 12 months, however this included use of prescribed cannabis as well as use of non-prescribed cannabis for self-determined medical purposes (2). In both the Ecstasy and Related Drug Reporting System (EDRS) and the Illicit Drug Reporting System (IDRS), at least two in three participants have reported illicit cannabis use since monitoring began (3, 4). While these reporting systems

do not explicitly examine motivations for use, existing research shows that many people who use cannabis may do so for overlapping non-therapeutic (e.g., intoxication) and therapeutic (e.g., pain management) reasons (5, 6), suggesting that there may be higher interest and uptake of prescription cannabis among these populations. To date, this has not been explicitly explored.

Barriers to accessing prescribed cannabis have been found to include the perceived unaffordability of prescribed products, difficulties in finding a prescriber, concerns regarding confidentiality and stigma and the complexity of navigating the regulatory model (7, 8). However, less is known about whether there are specific barriers faced by people who regularly use drugs in accessing prescribed cannabis and cannabinoid-related products.

Therefore, using two samples of people who regularly use drugs, this study aims to examine:

- The per cent who reported prescribed cannabis use, from 2022 – 2024; and
- Difficulties in accessing prescribed cannabis products and reasons for such difficulties.

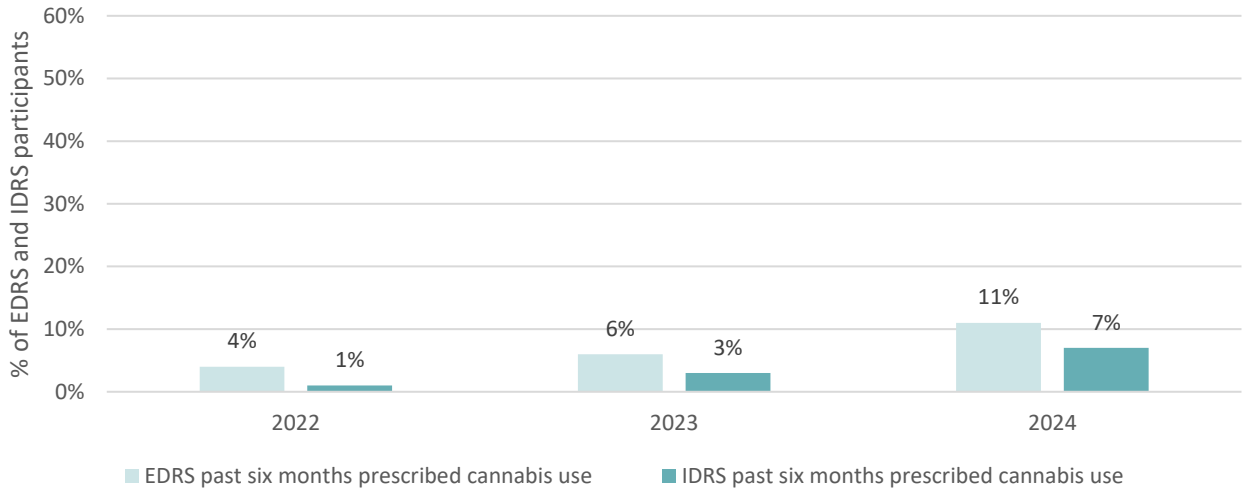
Methods

This bulletin utilises data collected from the 2022-2024 IDRS and EDRS. The IDRS study interviews people who regularly (i.e., ≥6 days in the 6 months preceding interview) inject drugs and the EDRS study interviews people who regularly use ecstasy and/or other illicit stimulants. Eligible participants must also 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.

Participants were recruited from each capital city, with a total of 740 EDRS and 884 IDRS participants interviewed between April – July 2024. Please refer to the EDRS Background and Methods (9) and IDRS Background and Methods (10) for further details. For information regarding the characteristics of the national EDRS and IDRS samples, please refer to the 2024 National EDRS report (3) and 2024 National IDRS report (4).

In 2024, participants were asked about whether they had ever attempted to obtain a cannabis prescription but were unsuccessful, and if so, where they had sought a prescription and the reasons for their lack of success. Data were analysed using descriptive analyses.

Figure 1: Past six month use of prescribed cannabis, EDRS and IDRS, nationally, 2022-2024



Note. The Y-axis has been reduced to 60% to increase visibility of trends.

In 2024, one in ten EDRS participants (11%) and 7% of IDRS participants reported recent prescribed cannabis use.

Table 1: Cannabis prescription access and reasons for unsuccessful attempts at obtaining a cannabis prescription from an online or in-person cannabis clinic, EDRS and IDRS, nationally, 2024

	EDRS (N=740) % (n)	IDRS (N=884) % (n)
Have you ever tried to get a prescription for cannabis but were unable to?	**n=740**	**n=884**
No, I haven't tried	82 (599)	85 (748)
Yes, in the past six months	4 (30)	5 (47)
Yes, more than six months ago	3 (23)	2 (20)
No, I was able to get a script	11 (82)	7 (64)
Where did you attempt to obtain a prescription but were unable to?	**n=30**	**n=47**
Regular GP/clinic	30 (9)	26 (12)
New GP/clinic	n≤5	n≤5
In-person or online cannabis clinic	67 (20)	55 (26)
Other	n≤5	15 (7)
Reasons why participants were unable to obtain a prescription from an in-person or online cannabis clinic	**n=20**	**n=26**
Too expensive	45 (9)	27 (7)
Did not meet the eligibility criteria	n≤5	n≤5
Did not receive a follow up call after filling out the online form	0	n≤5
The doctor didn't know what cannabis product or dosage to prescribe for my condition	0	n≤5
The doctor did not think cannabis was suitable for my condition	0	n≤5
The doctors had concerns about adverse interactions with other medications and side effects	n≤5	n≤5
The doctor preferred to prescribe other treatments	0	n≤5
Other (specify)	n≤5	35 (9)

Note. No data labels provided with small cell size (i.e., n≤5 but not 0).

Seven per cent of both EDRS and IDRS participants reported that they had diffculty accessing a prescription for cannabis in their lifetime: this represents 38% and 50% of those who had tried to access a prescription, respectively. The vast majority of participants, however, reported that they had never attempted to obtain a prescription.

Among EDRS and IDRS participants who attempted to recently obtain a prescription but were unsuccessful, the majority reported that they sought a prescription via an online or in-person cannabis clinic (67% EDRS and 55% IDRS), followed by a regular GP/clinic that they had visited before (30% EDRS and 26% IDRS).

Among EDRS participants who were recently unsuccessful in obtaining a prescription from an in-person or online cannabis clinic, the most commonly reported reason was due to the cost (45%). Among the IDRS sample, 35% reported 'other' reasons for being unable to obtain a prescription from a cannabis clinic. These reasons ranged from individual level issues, such as missing phone calls from the clinic, to service level issues, such as being placed on a waitlist.

Few participants (n≤5) reported on reasons why they were unable to obtain a prescription from their regular GP or new GP, so therefore, these data are not reported.

Discussion

A small but increasing percentage of EDRS and IDRS participants reported recent use of prescribed cannabis between 2022 and 2024, with 11% and 7%, respectively, reporting use in 2024. Further, 7% of both samples reported that they had tried to access prescribed cannabis but been unsuccessful; this represents 38% (EDRS) and 50% (IDRS) of those who had tried to access a prescription, respectively. Among these participants, the majority reported that they had attempted to access prescribed cannabis from an in-person or online cannabis clinic, with cost being the most common barrier.

These findings are broadly consistent with existing literature. An Australian study on cannabis access among people with endometriosis found that most participants who sought a prescription could not access bulk billing for their primary doctor's appointment and, as a result, had to cover the costs themselves. Additionally, this study found that legal cannabis products were more expensive than equivalent illicit market products (11). Donnan et al.'s (12) systematic review on factors influencing cannabis consumer behaviour similarly 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 favourable attributes compared to the illicit market, such as higher costs and complex regulatory frameworks, consumers may turn to illicit sources. Indeed, in the Australian context where an established illicit cannabis market exists, the costs, challenges and complexities of obtaining prescribed cannabis may outweigh the perceived risks of sourcing it illegally.

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