

8 April 2026

Department of Health  
Legislation and Regulation Reform

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**Re: Drugs, Poisons and Controlled Substances Regulations 2017 sunset review**

The Monash Addiction Research Centre (MARC) welcomes the opportunity to contribute to the Department of Health's consultation on the *Drugs, Poisons and Controlled Substances Regulations 2017* (the Regulations) sunset review and its accompanying discussion paper.

**2. Refining real-time prescription monitoring reforms**

As noted in the discussion paper, SafeScript prevents harm and saves lives by supporting the safer use of monitored poisons. Accordingly, amendments made to the Regulations in 2023 added pregabalin, gabapentin, and tramadol to the list of medications monitored through SafeScript due to increasing awareness of the potential harms associated with these medicines.<sup>1</sup>

**2.1 Requiring a prescription for medicinal cannabis**

A similar increase in awareness of the risks of medicinal cannabis products has informed the current review. MARC supports the requirement for health practitioners to use prescription exchange services to supply medicinal cannabis so this information can be recorded in SafeScript.

This requirement reflects the potential harm caused by medicinal cannabis products interacting with other prescription medicines, especially among vulnerable patient groups including the elderly and people with chronic disease or kidney and liver conditions.<sup>2</sup> One in four medicinal cannabis patients also experience cannabis use disorder, and the risk is higher with frequent, high-quantity, and inhaled use, younger age, and mental health comorbidity.<sup>3</sup> This underscores the need for medicinal cannabis prescriptions to be more closely monitored so that people who may be experiencing cannabis related harm are more easily identified and supported.

**2.2 Appropriate actions to be taken after checking SafeScript**

Requiring prescribers and suppliers to take reasonable steps to communicate with relevant prescribers to co-ordinate treatment when the patient has been prescribed the same or similar monitored poison will add another degree of caution to the prescribing process and is reflective of the potential for harm posed by scheduled medicines.

However, we note that the proposed changes would require a practitioner to document the steps they have taken to communicate with other relevant prescribers only if they choose to prescribe or supply a monitored poison. When supply is refused no documentation is required, which may create a perverse incentive to refuse the supply of medicines to patients. Supply refusal comes with its own harms and consideration should be given to the benefits and disadvantages of also requiring practitioners to

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<sup>1</sup> Suzanne Nielsen et al, 'Changes in Opioid and Other Analgesic Prescribing Following Voluntary and Mandatory Prescription Drug Monitoring Program Implementation: A Time Series Analysis of Early Outcomes' (2023) 117 (July) *International Journal of Drug Policy* 1.

<sup>2</sup> Muhammad Alsherbiny and Chun Guang Li, 'Medicinal Cannabis—Potential Drug Interactions' (2019) 6(1) *Medicines* 1; Myfanwy Graham et al, 'Cannabidiol Drug Interaction Considerations For Prescribers and Pharmacists' (2022) 15(12) *Expert Review of Clinical Pharmacology* 1383.

<sup>3</sup> Danielle Dawson et al, 'The Prevalence of Cannabis Use Disorders in People Who Use Medicinal Cannabis: A Systematic Review and Meta-Analysis' (2024) 257 (April) *Drug and Alcohol Dependence* 1.

document reasons for refusal, especially where there is a risk of withdrawal or other harms from non-supply. Such consideration should ensure input from key interest holders including healthcare professionals and patients.

### 3. Drug-related harm reforms

Drug checking services are a proven and highly cost-effective harm reduction measure and result in many people discarding drugs or limiting their use.<sup>4</sup> We support any reforms to the Regulations that ensure the effective operation of drug checking services, including the broadening of permissions for possession of a drug checking substance for the purpose of transportation, as well as alternative recordkeeping for small quantities of scheduled drugs.

### 3.4 Clarifying administration of Schedule 3 poisons

It is important all health practitioners understand the legislation that governs their practice. MARC supports changes to the Regulations that make it clear Schedule 3 medicines can be administered where there is a therapeutic need, especially in an emergency context when administration must occur quickly (e.g Naloxone during an opioid overdose).

### 6. Recent amendments to the Regulations

The discussion paper notes that regulatory amendments have been made to the Regulations to allow the operation of the Victorian medically supervised injecting room. This is a vital, lifesaving service that has saved at least 63 lives since inception<sup>5</sup> and safely managed over 12,000 overdoses.<sup>6</sup> It is imperative the Regulations allow for the continued operation of this service.

Other amendments include the removal of Schedule 8 treatment permits for non-drug dependent persons when prescribing Schedule 8 medicinal cannabis products. This change suggests medicinal cannabis products require less regulatory oversight than other schedule 8 medicines (e.g., opiates) despite evidence medicinal cannabis products pose risks, especially high THC containing products which have been associated with increased risk of psychosis and suicide.<sup>7</sup> Our Rapid Review on Category 5 medicinal cannabis products also found limited, mixed evidence on the safety of higher-THC products,<sup>8</sup> indicating caution is needed when prescribing these medicines.

We welcome the opportunity to discuss these issues further.

Kind regards,



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<sup>4</sup> Anna Olsen et al, *CanTEST Health and Drug Checking Service Program Evaluation* (Final Report, 17 July 2023) 42 <<https://www.health.act.gov.au/about-our-health-system/population-health/pill-testing>>.

<sup>5</sup> John Ryan, *Review of the Medically Supervised Injecting Room: Key Findings and Recommendations* (Final Report, 21 February 2023) 12 <<https://www.health.vic.gov.au/publications/review-of-the-medically-supervised-injecting-room-2023>>.

<sup>6</sup> 'Medically Supervised Injecting Room (MSIR)', *North Richmond Community Health* (Web Page) <<https://nrch.com.au/services/medically-supervised-injecting-room-msir/>>.

<sup>7</sup> Katie Lupke et al, 'Impacts of Medicinal Cannabis on an Early Psychosis Service' (2024) 32(2) *Australasian Psychiatry* 164.

<sup>8</sup> Myfanwy Graham et al, 'Higher THC Concentration Medicinal Cannabis Products Efficacy and Safety Considerations: A Rapid Review' (2026) 45(4) *Drug and Alcohol Review* 1.