



Queensland Branch



10 September 2025

The Hon Tim Nicholls MP
Minister for Health and Ambulance Services

By email: [REDACTED]

Subject: Medicinal cannabis adverse outcomes: case examples for HMM

Dear Minister

Thank you again for meeting with our organisations last Monday to discuss medicinal cannabis reform. We are particularly grateful for your sponsorship of a briefing paper, alongside the Commonwealth Government, to have the issue tabled at this Friday's Health Ministers' Meeting (HMM).

As requested, we have compiled some deidentified case examples of adverse patient outcomes from medicinal cannabis use (refer attachment). We trust these will assist you in illustrating the concerns clinicians, patients and their families have with current regulatory settings for your fellow health ministers during the HMM.

Should you have any questions about the case examples or need further information, please don't hesitate to contact us.

Yours sincerely

[REDACTED]

Dr Nick Yim
President
AMA Queensland

Prof Brett Emmerson
Chair, Queensland Branch
The Royal Australian and New Zealand College of Psychiatrists



Chris Owen
President,
The Pharmacy Guild of Australia,
Queensland

Dr Cath Hester FRACGP
Chair, RACGP Queensland

Copied to:

Dr David Rosengren, Director-General, Queensland Health

Dr Catherine McDougall, Acting Chief Health Officer, Queensland Health

Dr David Walker, Acting Chief Medical Officer, Queensland Health

ATTACHMENT



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Medicinal cannabis adverse patient outcomes: case examples for Health Ministers' Meeting 12 September 2025

Please note: Our members, including psychiatrists, emergency physicians, general practitioners and pharmacists, advise the following case examples are commonly seen in the relevant patient cohorts represented, particularly in presentations to Queensland public hospital emergency departments and psychiatric inpatient units.

Case example 1: 15 year old male with autism

A young male aged 15 years with diagnosed autism was prescribed medicinal cannabis for anxiety. This is not a condition for which medicinal cannabis is indicated and there is currently no evidence to support the safe prescribing of medicinal cannabis with psychostimulants, especially for paediatric patients and those with autism. The interactions of the medicines are unknown, including whether medicinal cannabis interferes with the efficacy of psychostimulant medications and associated complications.

Case example 2: 16 year old male with no history of mental illness

A young male aged 16 years was prescribed medicinal cannabis without parental knowledge. He experienced several psychotic episodes and was admitted to a psychiatric inpatient unit.

Case example 3: 17 year old male with no history of mental illness or criminal offending

A young male aged 17 years was prescribed medicinal cannabis without parental knowledge. He experienced several psychotic episodes and, during one such episode, was arrested and charged with a criminal offence.

Case example 4: Adult with history of psychosis but under care of a treating psychiatrist

An adult with an existing psychotic illness that had been successfully managed for the previous 10+ years under the care of a treating psychiatrist. They were prescribed medicinal cannabis without the knowledge of their treating psychiatrist (e.g. via QScript recording or other mechanism) or family and relapsed. This required hospitalisation for prolonged periods and resulted in adverse social outcomes including homelessness and interaction with the police for associated criminal offending.

Case example 5: Adult male with history of psychosis

An adult male with an existing psychotic illness was prescribed medicinal cannabis on a regular basis despite it being contraindicated. The man passed away and the medicinal cannabis supplier continued to send multiple repeats to his home address, despite his family trying to cancel the supply. This caused significant distress to the patient's family.

Case example 6 (provided by elderly parent-guardian): Adult male aged 53 years with history of psychosis

A man aged 53 with diagnosed resistant paranoid schizophrenia and drug and alcohol dependency was prescribed medicinal cannabis oil (containing THC) after 'doctor shopping', despite being treated with prescription antipsychotics through a public mental health unit. The medicinal cannabis adversely interacted with his anti-psychotic medication (clozapine) and the parent-guardian was seeking assistance to ensure his son's medical records were updated to prevent further prescriptions and psychotic episodes.

Case example 7: Same day dispensing of medicinal cannabis for patient on psychostimulants

A patient's QScript history recorded multiple same day dispensing of medicinal cannabis products (up to three per day) for a patient who was also prescribed and dispensed psychostimulant medication. The medicinal cannabis prescriber was different from the psychostimulant prescriber and the former had authorised a dispensing interval of '1 day, staged supply if requested' on the prescription.

Case example 8: Oversupply and too frequent supply of medicinal cannabis

A patient's QScript history recorded an oversupply and too frequent supply (including same day dispensing) of medicinal cannabis along with various nomenclature for the product in different systems. The entries also noted an attempt by clinicians to rectify the confusion which was unsuccessful.

Case example 9: Purported umbrella substitution of medicinal cannabis products for all patients

A pharmacist identified inappropriate prescribing practices in a medical clinic where generic letters were sent to pharmacies authorising umbrella substitutions of medicinal cannabis products. The letters purported to be 'on behalf of Dr xxxx' and authorised the dispensing pharmacist to substitute (for any patient) out of stock or discontinued medicinal cannabis THC flower indica products with sativa products and with THC oil (instead of flower) products.

Case example 10: Emergency physician experience in metropolitan ED

An ED physician in a major South East Queensland public hospital raised concerns about 'daily' presentations associated with medicinal cannabis use. They were particularly concerned about increasing detection of medicinal cannabis as a factor in trauma cases.

Case example 11: Addiction psychiatrist in Queensland Health public mental health unit

An addiction psychiatrist in a Queensland Health public mental health unit raised concerns about a significant increase in patients presenting to Queensland Health alcohol and drug services requesting assistance for addiction to medicinal cannabis. They also reported a significant increase in patients presenting to acute mental health services with cannabis induced psychotic illnesses and in patients with severe mental illnesses presenting with acute exacerbations triggered by medicinal cannabis use.

Case example 12: Psychiatrist in Queensland Health public mental health unit

A psychiatrist in a Queensland Health public mental health unit raised concerns about increasing rates of psychotic presentations to mental health units because of medicinal cannabis prescribing. They were alarmed at the speed of the increase upon the passage of the legislation.

Case example 13: Compounding pharmacist and long-time medicinal cannabis consultant

A compounding pharmacist and long-time medicinal cannabis consultant raised concerns about unethical and illegal practices in the medicinal cannabis industry that were exploiting vulnerable patients and clinicians and causing patient harms. They urged advocacy for increased regulation.