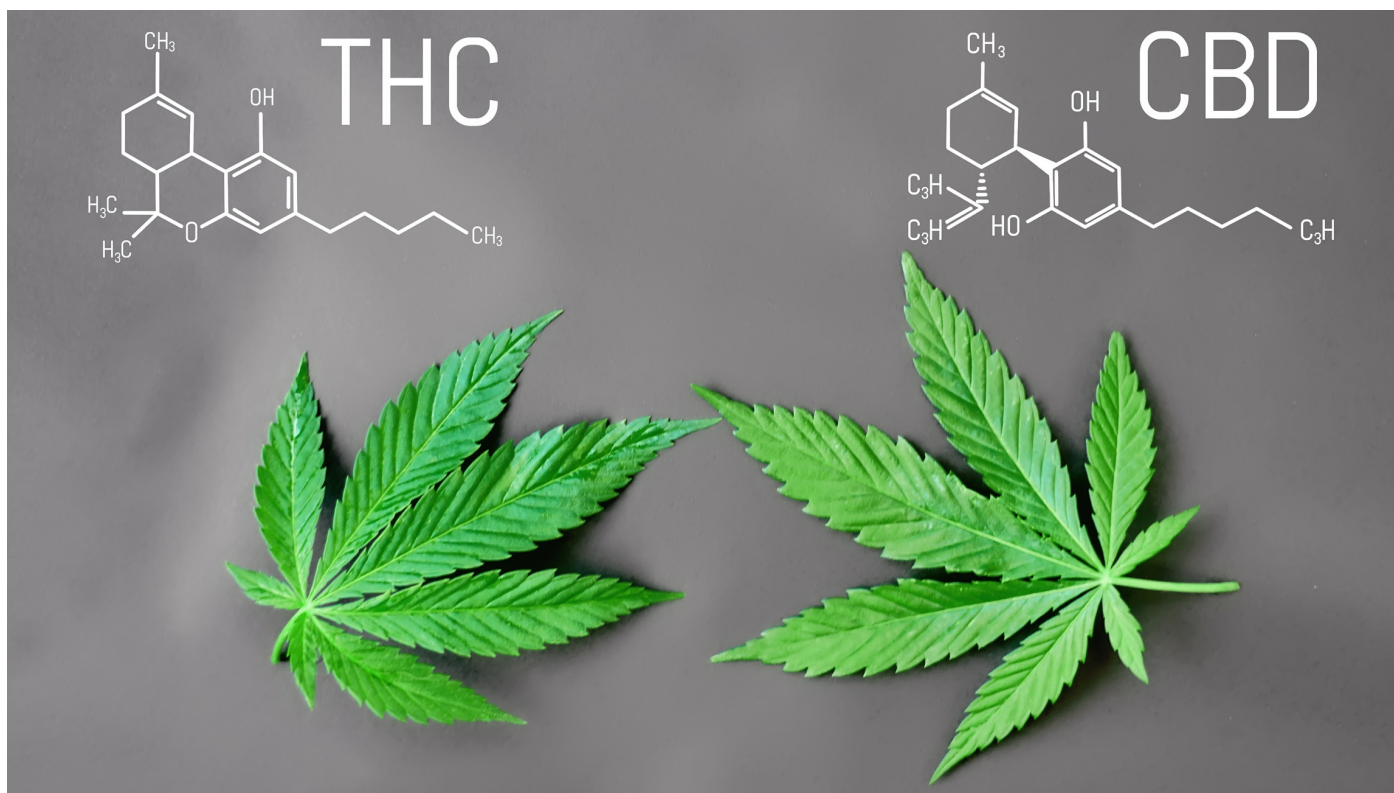




MEDICINAL CANNABIS – POSITION PAPER

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Medicinal cannabis is derived from the cannabis plant which contains bioactive molecules. The well-known cannabinoids are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD).

In 2016, the Federal Government legalised access to medicinal cannabis and to date, there are more than 100 different cannabis products available.

Most people who seek medicinal cannabis do so for pain management, and there is growing interest and expectation around the use of these products to treat a range of pain conditions.

Evidence and research

The evidence for the effectiveness of medicinal cannabis as a treatment for chronic pain is limited.

The strongest scientific evidence for medicinal cannabis is for the use and effectiveness of cannabidiol in treating childhood epilepsy syndromes such as Dravet syndrome and Lennox-Gastaut syndrome (LGS), which typically are inadequately controlled by antiseizure medications alone.

Current evidence suggests that medicinal cannabis may be very slightly more effective than placebo in treating neuropathic pain and other pain states. However, the risk of adverse effects is comparatively high. Further research is needed to find out if specific individuals or pain conditions are more responsive and if specific cannabis products bring better outcomes.

Painaustralia also notes the Senate report on current barriers to patient access to medicinal cannabis in Australia which highlights evidence that large policy changes such as legalisation of marijuana have also removed incentives for the industry to fund controlled clinical research into the safety and effectiveness of cannabis based medicines. Painaustralia remains concerned that due to the current provisions of the Special Access Scheme in Australia, many manufacturers of medicinal cannabis products are reluctant to participate in research that can demonstrate the effectiveness of these products.

Despite the lack of a current evidence-base, medicinal cannabis may be considered as a possible option of last resort for chronic pain management where a range of other therapies have been exhausted.

However, it is important to note that medicinal cannabis remains a biomedical intervention. Such treatments used in isolation are proven to be insufficient to manage complex chronic pain conditions. Therefore, medical cannabis should be used only when it is part of a holistic multidimensional management plan.

Risks

When considering medicinal cannabis, consumers should understand the risks and benefits and discuss these with their health practitioner. Further research is needed to understand the adverse effects of medicinal cannabis. Consumers who take medical cannabis should be reviewed regularly to look for side effects, and to check that their use is appropriate.

Current known health risks associated with medicinal cannabis (particularly THC) include lung disease (when smoked), cardiovascular disease, acute pancreatitis and cannabinoid hyperemesis syndrome.

Overarching research suggests that potential CBD-related risks include liver injury, adverse drug interaction (e.g. with warfarin) and sedation (especially if used with alcohol or other sedative agents). This presents as a major issue for the chronic pain community, who often have multiple complex comorbidities, most of which are managed through the use of multiple medications.

Medicinal cannabis may present higher risks for those with psychotic disorders, or those who are at risk of developing them.

Driving and THC

It is currently illegal to drive while being treated with products containing THC and there is no exemption for people with a legitimate prescription.

Access

Despite legislation, there is limited access to medicinal cannabis in Australia, with medical practitioners in hospitals, primary care and multidisciplinary pain services often not prepared to prescribe based on current evidence.

Australian GPs have reported feeling uneducated about available products, access pathways and the evidence-base supporting medicinal cannabis. With limited evidence, there is also confusion surrounding suitable doses of individual cannabis products. These factors create barriers to prescription despite community expectations that these products will be made available to treat chronic pain.

Painaustralia's position on medicinal cannabis

While Painaustralia supports efforts to enable and expedite access to medicinal cannabis where it has been correctly prescribed, further research is recommended to build a sound evidence base to inform whether or not use for chronic pain can be safe and effective. Painaustralia urges the medicinal cannabis industry to participate in and enable research that can build an evidence base to support its use for non-cancer pain management.

Painaustralia acknowledges that medicinal cannabis can be an appealing form of treatment for people living with chronic pain, while recognising that medication alone is not helpful for the management of chronic pain and recommending a biopsychosocial framework of treatment that incorporates other strategies. Best practice management of persistent pain involves active engagement of the person experiencing pain. Promotion of a new passive intervention has the consequence of shifting the focus of management to a more biomedical and passive approach.

Painaustralia recommends further education and awareness around medicinal cannabis for pain management for health professionals and pharmacists. Consumers should be vigilant to both the benefits and the risks associated with medicinal cannabis.