

Faculty Position Statement on the medicinal use of Cannabinoids in Pain Medicine

This statement is focused on the issues relating to cannabis derived medicinal products in relation to Pain Medicine. It does not comment on other areas of medical practice or recreational use, which lie outside our remit.

The issue of cannabis, its extracts, formulations and synthetics has very much been on the radar of pain medicine for many years.

The Cochrane review¹ in March 2018 concluded, “There is a lack of good evidence that any cannabis-derived product works for any chronic neuropathic pain.” The authors also concluded that “The potential benefits of cannabis-based medicine in chronic neuropathic pain might be outweighed by their potential harms.” The latest review in *Pain*² also concluded “It appears unlikely that cannabinoids are highly effective medicines for Chronic non-cancer pain.” It is important to note that both papers commented on the poor quality of the existing trials.

National reports from the USA³, Australia⁴ and Ireland⁵ all comment on the lack of good quality evidence regarding short and long term outcome for both benefit and harm.

The widespread use of high dose opioids in the absence of good long-term evidence over the last 20 years is already the cause of considerable concern, and it is not difficult to see potential parallels.

With this in mind, the Faculty considers that the issue of cannabinoids needs to be carefully considered and researched in a comprehensive fashion, as would be the case for any new medicinal product reaching the therapeutic market, and that anecdotal positive reporting is not a mechanism to protect public safety. We therefore feel that further high quality research is mandated in view of potential benefit, when considering the numbers of patients with chronic pain and the limited pharmaceutical armoury. If there are specific patient populations that will benefit they should not be denied access when the evidence is available.

The use of unrefined dried plants containing a variety of cannabinoids and other pharmaco-active chemicals of varying quantity cannot be supported and is clearly contrary to the direction of medical science. The potential for exposure to significantly harmful chemicals, in the short or long term, by such an unscientific ‘herbal’ approach is of considerable concern, as is diversion to non-medical use. Therefore, only products produced to pharmaceutical standards should be considered.

Patients living with chronic pain often have complex comorbidities and a multidisciplinary approach to management that includes physical and psychological therapy rather than reliance on medicines alone is more likely to be effective.

With this in mind:

- The Faculty supports the setting up of robust trials to look at potential benefits in Pain.
- The Faculty is unclear how a committee of “Medical Experts” could advise on the use of any cannabis-related products in the area of Pain Medicine with our current understanding of the science, except in the context of well designed trials or robust databases.
- The Faculty would, with qualifications, support the setting up of a database for the analysis of data from all areas. Such a database would need to be independent, compulsory, fully funded and under the auspices of a suitable organisation (e.g. NICE) to assess the value of treatments of relative rarity.

- Any use of cannabinoids for pain management should only occur after conventional interventions have failed and then only within the confines of a limited number of secondary care multidisciplinary specialist pain services, with all cases being nationally audited.
- The Faculty would wish to be directly involved in the establishment of guidance and data collection which impacts on the management of pain.

1. Mücke M, Phillips T, Radbruch L, Petzke F, Häuser W. Cannabis-based medicines for chronic neuropathic pain in adults. *Cochrane Database of Systematic Reviews* 2018, Issue 3. Art. No.: CD012182. DOI: 10.1002/14651858.CD012182.pub2
2. Stockings E, Campbell G, Hall WD, Nielsen S, Zagic D, Rahman R, et al. Cannabis and cannabinoids for the treatment of people with chronic non-cancer pain conditions: a systematic review and meta-analysis of controlled and observational studies. *PAIN*. 2018;159(10):1932-54.
3. National Academies of Sciences, Engineering, and Medicine. 2017. *The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research*. Washington, DC: The National Academies Press. doi: 10.17226/24625.
4. Guidance for the use of medicinal cannabis in Australia. Overview. Version 1 December 2017. <https://www.tga.gov.au/sites/default/files/guidance-use-medicinal-cannabis-australia-overview.pdf>
5. Cannabis for Medical Use - A Scientific Review. Health Products Regulatory Authority. January 2017. <https://www.hpra.ie/docs/default-source/publications-forms/newsletters/cannabis-for-medical-use---a-scientific-review.pdf?sfvrsn=7>