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Top pain specialists urge caution on “medicinal cannabis”

The evidence supporting the use of cannabis-based medicines for pain relief in chronic non-cancer pain is weak and based more on anecdote than on sound clinical science and practice, leading pain physicians in Australia and New Zealand have argued.

The Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists has released a statement that outlines it does not recognise a need for greater availability of pain medicines in general and “in particular does not endorse the use of cannabinoids in chronic non-cancer pain until such time as a clear therapeutic role for them is defined in the scientific literature.”

The Faculty is the professional body responsible for the education, training and professional development of specialist pain medicine physicians in Australia and New Zealand.

Director of Professional Affairs Professor Milton Cohen said there are a number of concerns held by pain medicine specialists about the introduction of cannabis-based preparations for chronic non-cancer pain but foremost is the lack of any sound evidence that they are effective.

“The Faculty adheres to the principle that substances intended for therapeutic purposes be fully characterised chemically, pharmacologically and toxicologically.” In the complex situation of chronic non-cancer pain, the efficacy of any such substance needs to be rigorously demonstrated.

“At this stage we are concerned that the risks of “medicinal cannabis” are likely to greatly outweigh any benefit in patients with chronic non-cancer pain.”

Those risks included adding another drug to a condition where patients are often over-prescribed, and the effects of cannabis-based preparations on motivation and cognitive function.

Vice-Dean of the Faculty of Pain Medicine Dr Chris Hayes said drugs were no longer “the front line” of chronic non-cancer pain treatment. “It isn’t physicians who are leading this push for the availability of “medicinal cannabis”,” Dr Hayes said.

“We spend a vast amount of time trying to get people off a cocktail of pain drugs [such as opioids] and not introduce new ones.”

Professor Cohen said that, in chronic non-cancer pain, medicines were only one aspect of management which also looked at psychological and social approaches, not just the physical.

“We urge caution in this area.”

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