

## Statement on “Medicinal Cannabis” with particular reference to its use in the management of patients with chronic non-cancer pain

1. The Faculty of Pain Medicine (FPM) acknowledges the changed regulatory environment for the use of medicinal cannabis in Australia and New Zealand. In Australia this includes the rescheduling of tetrahydrocannabinol (THC) from S9 (Prohibited substances) to S8 (Controlled drugs) and the granting of licences for the cultivation of *Cannabis sativa* and the manufacture and production of medicinal cannabinoids. In New Zealand this includes proposed changes to the Misuse of Drugs Act 1975 to allow terminally ill people to possess and use illicit cannabis, to enable regulations to be made setting quality standards for products, and to deschedule cannabidiol (CBD) as a controlled drug. THC would remain a class B controlled drug, except when contained in a class C controlled drug, and except when contained in a CBD product.
2. FPM recognises both the political imperatives underpinning these changes and the community demands that have generated them.
3. FPM adheres to the principle that substances intended for therapeutic purposes be fully characterised chemically, pharmacologically and toxicologically, to the extent that they would be eligible for registration by regulatory authorities (Therapeutic Goods Administration in Australia; Medsafe in New Zealand).
4. The sociopsychobiomedical framework that informs the assessment and management of people with chronic non-cancer pain requires active engagement of patients in a multimodal management program, and recognises the adverse effects that may be associated with polypharmacy in general and with cannabinoids in particular.
5. FPM is very concerned about the adverse event profile in cannabis users, especially in young people, including impaired respiratory function, psychotic symptoms and disorders and cognitive impairment.
6. At the present time (November 2021), the scientific evidence for the efficacy of cannabinoids in the management of people with chronic non-cancer pain remains insufficient to justify endorsement of their clinical use.
7. Due to the difficulties inherent in performing efficacy trials of any medications in patients with chronic non-cancer pain, FPM considers that the situation regarding evidence is unlikely to change. FPM recognises that pragmatic trials of effectiveness of cannabinoids in individual cases will continue, as enabled by regulations in Australia and Aotearoa New Zealand. FPM asserts that sole responsibility for prescribing an unapproved medicinal cannabis product rests with the prescriber.

**This document is accompanied by a background paper (PS10(PM) BP) which provides more detailed information regarding the rationale and interpretation of the Statement and a ‘community information sheet’ for public consumption.**

## FACULTY OF PAIN MEDICINE PROFESSIONAL DOCUMENTS

**POLICY** – A document that formally states principle, plan and/or course of action that is prescriptive and mandatory.

**STATEMENT** – A document that describes where the college stands on a particular issue. This may include areas that lack clarity or where opinions vary. A statement is not prescriptive.

**GUIDELINE** – A document that offers advice on a particular subject, ideally based on best practice recommendations and information, available evidence and/or expert consensus. A guideline is not prescriptive

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Website: <http://www.anzca.edu.au>