

# Prescribing medicinal cannabis for chronic non-cancer pain

*Please note: This information applies to Australia and Aotearoa New Zealand only, and should be considered as well as information provided by your physician. Medicinal cannabis products prescribed legally in these countries may not be legal to take or possess in other jurisdictions.*

## What is this information about and who is it for?

You may have heard from friends or the media that cannabis might help with long-term or “chronic” pain. Some cannabis-related substances have, or may soon, become available for doctors to prescribe. But there is not enough evidence to say that they are safe or effective to prescribe for chronic pain.

This fact sheet is from the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists. It is a summary of our position on prescribing medicinal cannabis for people with chronic pain. We hope it helps consumers have informed conversations with their treating physician. We encourage physicians to refer to the faculty's professional document PS10(PM) *Statement on “Medicinal Cannabis” with particular reference to its use in the management of patients with chronic non-cancer pain*.

## What is medicinal cannabis?

We use the term “medicinal cannabis” to describe cannabis products that registered healthcare practitioners may prescribe to relieve the symptoms of medical conditions. These products will contain one or more active ingredients extracted from the Cannabis sativa plant. The two commonest cannabinoids currently prescribed for chronic pain are Tetrahydrocannabinol (THC) and Cannabidiol (CBD).

## What is the faculty's position on prescribing it for chronic non-cancer pain?

The faculty agrees with the position of the International Association for the Study of Pain (IASP). The IASP's 2021 position statement did not support the general use of cannabis for pain. The IASP also called for trials to grow our understanding of cannabis harms and benefits.

- Substances used as medicines should meet the standards required by government regulatory authorities. This means that the maker of a cannabis product has to provide evidence of how pure, safe and effective it is. Only then can they register their product as a medicine.
- Doctors prescribe a medicine if there is good scientific evidence it is safe and that it relieves the symptom the person is experiencing. Good evidence comes from studying the

medicine in lots of people. Good evidence compares the new medicine to other treatments to be sure it is as good or better. There is not yet enough good evidence to use medicinal cannabis to treat chronic pain.

- Cannabis has a range of negative effects. These include impaired breathing function, symptoms of mental illness and altered brain function. These effects are particularly worrying in young people whose brains are still developing. Side-effects from medicinal cannabis can be harmful.
- People with chronic non-cancer pain should enjoy the highest possible quality of life. Scientific evidence shows people who use cannabis for pain can find their quality of life becomes worse. Quality of life can improve when people try things besides medicines. A family doctor (GP) or specialist team can help a person explore other treatments.
- Until there is good scientific evidence of benefit, every use of medicinal cannabis for a person with chronic pain should be part of a clinical trial. In a trial, the doctor makes sure the person understands all the possible harms and impacts. They explain the uncertainty of any pain relief. They ask each person for permission to record what happens to them. Then they put many people's trial results together to work out whether or not to use it in the future.

## About the Faculty of Pain Medicine

The Faculty of Pain Medicine trains doctors to become pain specialists. We promote safe care aimed at reducing pain for people in Australia and Aotearoa New Zealand. As experts in this area we set standards in pain management. We are making our standards available to all.

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