Australian Rheumatology Association

ARA Position Statement on the use of medicinal cannabis for musculoskeletal pain

- In 2016 The Australian Government passed legislation allowing prescription of suitable medical *Cannabis* products for painful and chronic conditions (1).

- It only refers to processed non-smokable medicinal grade products (produced under standardised conditions, low in THC and free of adulterants), registered with the TGA. Currently there are none and such registration will require evidence of efficacy and safety.

- Although there will be state variation in legislation, national regulatory guidelines for prescribing medicinal cannabis products are currently being developed to provide a cohesive, national, framework. In New South Wales and Victoria only, the prescription of *unregistered* products containing *cannabinoids* (natural and synthetic THC manufactured overseas, with similar pharmacological effects, including: dronabinol, nabilone and nabiximols) has been approved. This is under a special access scheme for certain patients and by doctors with a schedule 8 permit. It remains illegal in other states at present. Special permission must be obtained from the TGA and the state body.

- While there is evidence that recreational use of cannabis preparations is prevalent in the Australian community and that a proportion of individuals with chronic pain (including musculoskeletal pain) use uncontrolled cannabis preparations ostensibly for the self-management of their symptoms, the ARA believes that all pharmacological interventions for musculoskeletal conditions should be informed by high quality evidence.

- The evidence base for use of medical cannabis/ cannabinoids in chronic pain and musculoskeletal conditions is limited [2].

- There may be some benefit for spasticity in MS [3], although this needs confirmation.

- Several systematic reviews of use of cannabinoids in chronic non-cancer pain (including fibromyalgia, rheumatoid arthritis and neuropathic pain) indicate at best modest efficacy with significant adverse effects including alteration of perception, motor and cognitive function which may outweigh any benefits [4, 5].

- Well conducted, long term trials of medical cannabis in musculoskeletal pain need to be conducted to establish whether it has a place in the management of chronic musculoskeletal pain.

- The complex phenotype of the patient with chronic musculoskeletal pain (neuropathic or otherwise) and the preferred biopsychosocial model for chronic pain management needs to be acknowledged in this discussion.

- **The ARA considers that there should be evidence of efficacy and safety from high-quality randomised controlled trials (RCTs) before any potential intervention for chronic musculoskeletal pain (or other musculoskeletal diseases or symptoms) is adopted into clinical practice. Furthermore, the role of any intervention should weigh RCT evidence for efficacy against potential harms detected in RCTs and longer-term observational data. There is currently not enough supportive evidence to recommend medical cannabis as a clinical intervention for chronic musculoskeletal pain outside of a clinical trial setting.**

- We also refer interested readers to the Statement on Medical Cannabis, written by the Faculty of Pain Medicine, Australia and New Zealand College of Anaesthetist in 2015 [http://fpm.anzca.edu.au/documents/pm10-april-2015.pdf].

References

1. Department of Health. Historic medicinal cannabis legislation passes Parliament [available at http://www.health.gov.au/internet/ministers/publishing.nsf/Content/667D4DBACBA53562CA257F63000D10DC/$File/SL013.pdf]
2. Lynch ME Campbell F. Cannabinoids for treatment of chronic, non-cancer pain. A systematic review of randomised trials. Brit J Clin Pharmacol 2011; 72; 735-744.
3. Wade DT, et al. Do cannabis-based medicinal extracts have general or specific effects on symptoms in multiple sclerosis? A double blind, placebo controlled study on 160 patients. Mult Scler 2004; 14: 290-6.
4. Farrell M, Buchbinder R, Hall W. Should doctors prescribe cannabinoids? BMJ 2014; 348: g2737.
5. Fitzcharles M et al. Efficacy, tolerability, and safety of cannabinoid treatments in the rheumatic diseases: A systematic review of randomized controlled trials. Arthritis Care Res 2016; 68: 681-8.

November 2016