painaustralia

PRESCRIBING GUIDANCE PRESCRIBING CANNABIS MEDICINES FOR NON-CANCER PAIN

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Introduction

Painaustralia is pleased to provide a response to the Australian Centre for Cannabinoid Clinical and Research Excellence (ACRE) consultation on the draft Prescribing Guidance Prescribing Cannabis Medicines for Non-Cancer Pain (CNCP).

Painaustralia is the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain. Members include pain and other specialists, health practitioners, health groups, consumers and researchers. Painaustralia works with our network to inform practical and strategic solutions to address this complex and widespread issue.

The Issue

The majority of people who seek medicinal cannabis do so for pain management, and there is growing interest and expectation around the use of these products to treat a range of conditions.[1]

This may be due to increased awareness and availability of medicinal cannabis, the recent establishment of a regulatory framework for these products, and interest in seeking out alternatives to opioids and other pain medications.

Painaustralia's acknowledges the widespread use of cannabis products and degree of community support for greater access to them for a range of reasons. This situation highlights the significant gaps in access to, and understanding of, best practice pain management amid a rising pain burden.

While one in five Australians live with chronic pain[2], many people cannot access pain services due to cost or location or are simply unaware of the role these treatment options can provide in improving their quality of life and functionality. To date, chronic pain has been a neglected and misunderstood health issue. Often no cause of chronic pain can be identified, leading to a frustrating and lengthy remedial journey.

The impact of chronic pain

Chronic pain is not just uncomfortable. It permeates the lives of those who live with it, causing social and financial exclusion, deeply affecting people's capacity to work, their mental health and wellbeing and quality of life. It is the leading cause of early retirement (40%)[3] and neck and lower back pain is the leading global cause of years lived with disability.[4]

Often no cause can be identified leading to a frustrating remedial journey that can include surgery, scans and x-rays that can have little benefit and cause harm[5,6] and reliance on pain medications including opioids despite a lack of evidence long term opioid therapy is effective to address chronic pain and restore function.[7]

Without access to or knowledge of best practice pain management, people in pain are seeking alternative treatment options. Chronic pain has not received the same priority in policy and public awareness as other health conditions and remains misunderstood and neglected, despite its significant prevalence.

Despite the legalisation and decriminalisation of cannabis in some jurisdictions in Australia and overseas, there is still limited availability of well-designed clinical studies to support quality evidence for the use of medicinal cannabis for chronic non-cancer pain (CNCP), and much public opinion on its use is influenced by anecdotes.[8]

Painaustralia supports current efforts to enable quicker access to medicinal cannabis where it has been correctly prescribed, and we have supported commitments made at the April meeting of the Council of Australian Governments (COAG) Health Council to streamline the application and approval process for unregistered medicinal cannabis and progress the development of a single national online application pathway.[9]

However we are concerned that the accelerated push to embrace medicinal cannabis for CNCP across jurisdictions, may have some unintended consequences. At worst, this could see millions of Australians living with chronic pain offered 'false hope' of a treatment option that has limited benefit and diverts them from seeking and accessing best practice pain management that offering them the best chance for a good quality of life and return to function.

Evidence-base for use of medicinal cannabis for chronic pain

When it comes to chronic pain, there is a need to expand availability of safe and effective treatments as current treatments are not adequate. Studies to date have not systematically addressed this question in a large population of people taking opioids for chronic pain.

Despite the legalisation and decriminalisation of cannabis in some places here and overseas, there have only been a limited number of well-designed clinical studies on medicinal cannabis[10] and its role in treating chronic pain. There is little evidence about suitable doses of individual cannabis products, such as randomised controlled trials or systematic reviews, that enable definitive statements on effectiveness medicinal cannabis. This lack of evidence makes it difficult for practioners to prescribe, despite community expectations that these products will be made available to treat CNCP.

As noted in the Draft Guidelines, currently there is insufficient information to make a recommendation about the role of medicinal cannabis in the treatment of pain associated with arthritis and fibromyalgia. The best evidence of medicinal cannabis currently refers to neuropathic pain states, although it is constrained by similar methodolical issues of limited sample size.[11]

The Federal Department of Health coordinated a set of clinical guidance documents in late 2017 for prescribers treating a range of conditions, including CNCP.[12] The reviews reveal in some ways the complexity of chronic pain, such as reporting of pain outcomes. In terms of prescribing, the guidance advises that the use of medications, including medicinal cannabis, is not the core component of therapy for CNCP, favouring a comprehensive bio-social-physical assessment.

The Faculty Pain Medicine/Australian and New Zealand College of Anaesthetists (FPM/ANCZA) statement on the use of medicinal cannabis for management of patients with CNCP concurs with this guidance[13]

As noted in the Royal Australian College of General Practice (RACGP)'s Medicinal Use of Cannabis position statement,[14] there is a need for more public and medical education. This education should reflect the current state of knowledge and contextualise the use of medical cannabis as a last-resort medication for specific categories of illness that can only be prescribed in rare circumstances after stringent legislative criteria are satisfied.

Cannabis use and impact on mental health

It is also important to note that for those with psychotic disorders or at risk of developing them, medicinal cannabis may present higher risks. The comorbidity between mental and physical health problems is well documented, especially when illness becomes chronic. Nowhere do psychiatric and medical pathologies intertwine more prominently than in pain conditions.[15] Chronic pain deeply affects the capacity to work, mental health and wellbeing as well as relationships. Distressingly, it can also end in suicide.

As one of the peak bodies representing mental health expertise in Australia, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) has particular insight into the significant phsyciatric morbidity associated with cannabis use. They note that several studies linked cannabis use to increased risk for chronic psychosis as well as worse outcomes for people who already have psychosis.[16]

Rates of mental health and suicide are higher amongst people living with pain. Major depression is the most common mental health condition associated with chronic pain, with among 30-40% of people with a diagnosed mental health condition also presenting for treatment for chronic pain.[17] High rates of generalised anxiety disorder, post-traumatic stress disorder and substance misuse are often present for people living with chronic pain.

Almost a third of Australian adults with severe or very severe pain experience high levels of psychological distress; around three times the rate of those with mild pain and six times the rate of those with no pain. One in five Australian adults with severe or very severe pain suffer depression or other mood disorders.[19]

Suicidal behaviour is also two to three times higher in people with chronic pain than the general population.[20] While these figures are dramatic, chronic pain has not received the same priority in policy and public awareness as mental health (despite its significant prevalence among people with mental health conditions) and remains misunderstood and neglected.

It is paramount that treatments for pain management are based on rigourous evidence. The experience and expression of chronic pain varies between individuals, reflecting changing interactions between physical, psychological and environmental processes. The diagnosis of major depression in patients with chronic pain requires differentiation between the symptoms of pain and symptoms of physical illness, so specific clinical knowledge is helpful.[21]

Increasing understanding that chronic pain is a disease of the person, and that a traditional biomedical approach cannot adequately address all pain-related problems is critical, and this needs to be highlighted in the draft Guidance document.

Additional comments

The draft Guidance has also been reviewed by Dr Malcolm Hogg, Head of Pain Services, Melbourne Health and a Clinical Advisor to Painaustralia. His comments are as included in the attached document (Attachment A). In particular we note his recommendation to consider the addition of a fourth monitoring outcome, one that emphasises the social/legal aspects around prescribing of medicinal cannabis scripts, permits, security, signs of misuse etc, as part of an overall pharmacovigilance program/approach.

We would also like to bring to your attention the Medicinal Cannabis Procedure guidelines (Attachment B) developed at the Royal Melbourne Hospital which may be of interest as they offer some practical suggestions around how a health organisation may respond to increasing patient requests and community prescribing.

Conclusion

Despite the lack of an evidence-base, medicinal cannabis may be considered an option of last resort where a range of other therapies have been exhausted.

While Painaustralia supports current efforts to enable expedient access to medicinal cannabis where it has been correctly prescribed, we remain concerned about the unintended consequences of inaprropriate cannabis prescribing on a uniquely vulnerable cohort of consumers.

The development of a sound evidence base remains a critical enabler to ensure safe and effective use of medicinal cannabis in CNPC and requires further research and investment as we still have much to learn about the role medicinal cannabis can play in addressing chronic pain conditions.

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