



July 2, 2021

Doctors urged not to prescribe medicinal cannabis

Doctors are being urged not to prescribe medicinal cannabis products for patients with chronic, non-cancer pain unless the treatment is part of a registered clinical trial.

The Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists says there needs to be more clinical evidence about the efficacy of medicinal cannabis before use as a treatment for chronic, non-cancer pain.

The faculty is Australia's leading pain specialty body that sets standards in pain medicine and is responsible for education and training in the discipline in Australia and New Zealand.

The faculty's latest advice to healthcare professionals on medicinal cannabis and pain management has been added to its [Choosing Wisely](#) list of five recommendations on tests, treatments and procedures that should be questioned by health professionals and consumers because of their low value. Choosing Wisely recommendations are not prescriptive, but are intended as guidance to start a conversation between doctors and patients about what is appropriate and necessary.

The sixth recommendation released today for Australian doctors says: **Do not prescribe currently available cannabinoid products to treat chronic non-cancer pain unless part of a registered clinical trial.**

The recommendation coincides with a recent [statement](#) by the leading global authority on pain research, the International Association for the Study of Pain (IASP), which says there is a lack of sufficient evidence to endorse the use of medicinal cannabis to treat pain.

The Dean of the Faculty of Pain Medicine, Associate Professor Mick Vagg, a specialist pain medicine physician, said while managing chronic, non-cancer pain is complex, there has as yet been no evidence from clinical trials to support the use of medicinal cannabis as a treatment.

"Until there are results from high-quality, unbiased clinical trials which establish the effectiveness and safety of medicinal cannabis in treating chronic pain the Faculty of Pain Medicine does not believe cannabinoid products should be prescribed," Dr Vagg said. "This is a fundamental requirement for any treatment undertaken by our specialists."

"We know that one in five Australians experience chronic pain and the condition can be debilitating for many. We want to highlight to healthcare providers that currently available medical cannabis products are not even close at this stage to showing that they deserve a place in the management of the complex patients who suffer from ongoing pain. We believe clinicians will welcome this clear guidance."

Associate Professor Vagg said while cannabis-derived products are now available for therapeutic use in Australia it is only ethical to use them in practice if there is plausible evidence that they may help more than they harm.

“By far the most common reason for the use of medicinal cannabis in this country is chronic pain – however there is a critical lack of evidence that it provides a consistent benefit for any type of chronic non-cancer pain, especially compared to the treatments we already strive to provide in pain clinics” Associate Professor Vagg said.

“The research available is either unsupportive of using cannabinoid products in chronic non-cancer pain or is of such low quality that no valid scientific conclusion can be drawn. Cannabidiol-only formulations have never been the subject of a published randomised controlled trial for chronic pain treatment, yet they are the most commonly prescribed type of cannabis product.”

“In addition, evidence of harm does exist, particularly in relation to sedative effects, interactions with other medications and neuropsychiatric effects (for products which contain tetrahydrocannabinol.)”

The six updated Choosing Wisely recommendations for pain management are:

1. Avoid prescribing opioids (particularly long-acting opioids) as first-line or monotherapy for chronic non-cancer pain.
2. Do not continue prescription for chronic non-cancer pain without ongoing demonstration of functional benefit, periodic attempts at dose reduce and screening for long-term harms.
3. Avoid prescribing pregabalin and gabapentin for pain which does not fulfil the criteria for neuropathic pain.
4. Do not prescribe benzodiazepines for low back pain.
5. Do not refer axial lower lumbar back pain for spinal fusion surgery.
6. Do not prescribe currently available cannabinoid products to treat chronic non-cancer pain unless part of a registered clinical trial.

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