



Medicinal cannabis - no silver bullet

12 July 2019

While debate continues over who might prescribe medicinal cannabis under a proposed regulatory framework released in New Zealand this week, specialist pain medicine physicians are warning that cannabis-based medicines are not the silver bullet that some patients with chronic pain may be hoping for.

The Faculty of Pain Medicine (FPM) of the Australian and New Zealand College of Anaesthetists (ANZCA) says there's no compelling evidence that medicinal cannabis is useful for chronic non-cancer pain except for multiple sclerosis-related pain. FPM says the products that will be available on prescription next year under the new law, will not have undergone the clinical trials necessary to prove their effectiveness.

Chair of the New Zealand National Committee of FPM, Professor Ted Shipton says it's disappointing that the debate is about who might prescribe these medicines rather than if they should be prescribed at all without going through the same rigorous testing demanded for other medicines patients receive.

The proposed regulations presently require a specialist sign off as the medicinal cannabis products will have not gone through the major clinical trials needed for products to be Medsafe approved.

Professor Ted Shipton says all the evidence points to the most effective way of treating chronic pain is not drugs alone, but a multidisciplinary approach that deals with the whole patient, mind and body.

"Chronic pain is complex and needs a complex response. That might mean assessment of pain conditions, prescribing medication, co-ordinating rehabilitation, performing medical procedures, counselling patients and families, leading a multidisciplinary team, co-operating with other healthcare professionals, and liaising with public and private agencies. We need more pain clinics attached to hospitals where physicians can work across these areas."

"Research shows one in five New Zealanders suffer from chronic pain and that it's a driver of poverty affecting Māori, Pasifika and women disproportionately," says Professor Shipton. "We owe it to those patients to get this right with a comprehensive national pain strategy rather than the promise of a magic pill."