

BPS Position Statement on the medicinal use of cannabinoids in pain management

The British Pain Society welcomes the increasing awareness and changes in government policies towards the potential use of cannabinoid preparations for the management of various chronic medical conditions including epilepsy, multiple sclerosis and pain management. Members of The British Pain Society have occasionally come across patients who have benefited from using cannabis and acknowledge that it may have a place in pain management for a small number of carefully selected people. However, meta-analyses of clinical studies on cannabinoids for the management of pain conclude that there is no positive evidence to support routine use in pain management. These include neuropathic pain, chronic non-malignant pain and cancer pain.

The British Pain Society acknowledges that the quality of some studies is not of a high standard and supports the need of well-designed robust clinical trials and registries to evaluate the safety, efficacy and harms of cannabinoid preparations in pain management. In the meantime, any use of cannabinoid preparations for pain management should be closely monitored for benefit and side-effects; these findings should be evaluated within a national database and any concerns should be appropriately investigated.

The British Pain Society shares the concerns raised in the position statement of the Faculty of Pain Medicine and reports from USA, Ireland and Australia. More than 150 Consultants in Pain Medicine signed a letter to the editor of The Times expressing their concern about the unregulated use of cannabinoid preparations for pain due to their uncertain effectiveness and the potential for misuse and adverse effects on cognition and mental health.

Currently, there is a paucity of effective analgesics that could be safely used in the long term without deleterious side-effects and this highlights the need for analysing the scope of medical cannabis in the management of chronic pain through scientific rigour, rather than extrapolating findings following recreational use of cannabis products. There are a wide variety of cannabinoid products available with varying composition of active ingredients with different potencies and doses; hence there is a need for close monitoring to ensure safety for people prescribed cannabinoid medicines.

The British Pain Society considers there may be a role for medical cannabis in pain management, but more reliable evidence is warranted following robust clinical evaluation. In the meantime, a short therapeutic trial of cannabis should be only considered when established treatment options have not provided sufficient efficacy and tolerability, and it is clinically justified for an individual person. Appropriate clinical surveillance should be carried out for the duration of treatment with cannabinoids in a multidisciplinary pain service with the relevant clinical expertise. Treatment goals should be defined and as with other therapy, medical cannabinoids should be withdrawn if there is failure to achieve therapeutic benefit and/or in the presence of adverse effects and/or there is evidence of abuse or misuse.

Chronic pain is a difficult condition to manage and The British Pain Society supports multidisciplinary assessment and appropriate management with pharmacological, interventional, physical and psychological therapies that are tailored to individual patients' requirements. The British Pain Society is committed to supporting the millions of people suffering with chronic pain in the UK and would work proactively with other stakeholders in understanding better the role and place of cannabinoids in pain management.

References:

1. Mücke M, Phillips T, Radbruch L, Petzke F, Häuser W. Cannabis-based medicines for chronic neuropathic pain in adults. Cochrane Database of Systematic Reviews 2018, Issue 3. Art. No.: CD012182. DOI: 10.1002/14651858.CD012182.pub2
2. Stockings E, Campbell G, Hall WD, Nielsen S, Zagic D, Rahman R, et al. Cannabis and cannabinoids for the treatment of people with chronic non-cancer pain conditions: a systematic review and meta-analysis of controlled and observational studies. *PAIN*. 2018; 159: 1932-54.
3. National Academies of Sciences, Engineering, and Medicine. 2017. *The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research*. Washington, DC: The National Academies Press. doi: 10.17226/24625.
4. Guidance for the use of medicinal cannabis in Australia. Overview. Version 1 December 2017. <https://www.tga.gov.au/sites/default/files/guidance-use-medicinal-cannabis-australia-overview.pdf>
5. Cannabis for Medical Use - A Scientific Review. Health Products Regulatory Authority. January 2017. <https://www.hpra.ie/docs/default-source/publications-forms/newsletters/cannabis-for-medical-use---a-scientific-review.pdf?sfvrsn=7>
6. Häuser W, Finn DP, Kalso E, et al. European Pain Federation (EFIC) position paper on appropriate use of cannabis-based medicines and medical cannabis for chronic pain management. *Eur J Pain* 2018; 22: 1547–1564.
7. Hauser, W, Finnerup N, Moore RA. Systematic reviews with meta-analysis on cannabis-based medicines for chronic pain: a methodological and political minefield. *PAIN* 2018; 159: 1906-1907.