

<u>The British Pain Society position statement on the use of medical cannabis</u> <u>and cannabis-based products in the management of chronic pain</u>

(Updated following release of NICE Guidance 144)

Summary

- The British Pain Society endorses NICE guidance NG 144, released on the 11th November 2019, which states that cannabis-based medicinal products should not be routinely prescribed for managing chronic pain.
- The British Pain Society will actively support the recommendations for further high-quality research into cannabis-based medicines.
- The British Pain Society supports the use of registries and databases in order to monitor people and assess who are most likely to benefit from medicinal cannabis and to safeguard patients against potential harm.
- The British Pain Society recommends that patients who have demonstrated objective benefit from medicinal cannabis following participation in a clinical trial, should have access to medical cannabis in the longer term with consideration of the burden of ongoing cost and medical supervision.
- The British Pain Society proposes that those existing patients with pain who have reported benefit from the use of recreational or illicit cannabis in the community for their chronic pain are carefully assessed for suitability for entry into clinical studies involving the therapeutic use of cannabis-based medicinal products.

Background

More than 8 million people in the UK suffer from distressing levels of chronic pain and in many ways it is a difficult condition to manage effectively. The British Pain Society supports the multidisciplinary assessment and appropriate management of chronic pain with patient-centred treatment using best practice evidence of pharmacological, interventional, physical and psychological therapies. We recognise that despite such holistic treatment programmes many patients continue to suffer with their pain and pain-related co-morbidities.

Following the report of the then Chief Medical Officer Professor Sally Davies in June 2018, the Home Office re-scheduled cannabis-based products for medicinal use as Schedule 2 controlled drugs on 1st November 2018. Subsequently there has been an enormous increase in the number of patients and carers requesting a prescription for cannabis from our professional members, especially in the NHS pain clinics and other medical services.

The British Pain Society issued its response to the Government's rescheduling of cannabis in its position statement of 29th October 2018, noting the lack of published evidence supporting the use of cannabis-based medicinal products for chronic pain, and committed itself to working proactively with other stakeholders in understanding better the role and place of cannabinoids in pain management.

On 11th November 2019 NICE published its guidance NG144 which assessed the evidence for cannabis-based medicinal products as a treatment for chronic pain and concluded that the current evidence for such treatment did not meet their standards for efficacy, safety and cost-effectiveness. We accept the continued current lack of evidence supporting the use of medicinal cannabis for managing chronic pain despite the fact that cannabis-based medicines have been available in other countries for a number of years. Furthermore, the NICE economic assessment in NG144 concluded that the potential benefits offered by cannabis-derived medicinal products were comparatively small and not cost effective; in addition, it was concluded that the cannabis-derived medicinal products were not an effective use of limited NHS resources.

Following the publication of NG144 The British Pain Society consulted various stakeholders, including leading experts on medicinal cannabis from around the globe, patient support groups and cannabis growers/distributors, to update the previous position statement. Despite the lack of robust evidence supporting the use of medicinal cannabis for pain, recent poll data estimates approximately 1.4 million people in the UK use recreational cannabis for symptomatic relief of an underlying debilitating chronic medical condition for which chronic pain is the main indication. This is consistent with observations from other parts of the world.

There are considerable and well known risks of using recreational cannabis for managing pain. The main risks are: a lack of quality control, including varying strength of an unknown number of active substances, the presence of unknown and illicit contaminants and, more importantly, the absence of any appropriate medical supervision such as the assessment of benefits, side effects and management of complications and concomitant issues. We recognise it could take several years before the outcomes of any high-quality UK-based clinical data emerge on the use of medical cannabis in the management of chronic pain. The British Pain Society are considering the lessons learned from different models of supply, prescribing and monitoring the effect of cannabis-based medicinal products in other countries.

The British Pain Society expresses concern about the growth of isolated cannabis clinics and will not endorse such clinics unless they can demonstrate evidence of prior comprehensive and multidisciplinary patients' assessment having taken place, including the consideration of alternative therapies. The British Pain Society only support clinics who prescribe cannabis-derived medicinal products for managing chronic pain within the context of clinical trials or as part of a National Registry. Prescribing of medicinal cannabis should only be after a multidisciplinary biopsychosocial assessment, which should encompass a specific assessment of prior psychological issues and prior illicit drug use, and involve liaising with other medical services, including primary care, to gather such information and to prevent multiple prescriptions and potential for misuse.

The British Pain Society highlights concerns about the ongoing cost and supervision of the continuing supply of medicinal cannabis to those patients who have participated in clinical trials and who have demonstrated an objective beneficial response to the medicine. We note that recent data from Canada shows that only about 1 in 4 patients who are prescribed medicinal cannabis continue to use it after six months. Appropriate arrangements should be put in place to support the continued medical prescription and supervision of these patients, particularly in the circumstance of lack of availability through the NHS.

Disclaimer

The British Pain Society is a multidisciplinary organisation and this position paper reflects our broad base, including our patient representatives. The British Pain Society is actively working with academia and members of the medicinal cannabis industry in order to improve the evidence base, to guide clinicians in the future use of cannabis-based medicines. However The British Pain Society remains independent from, and is not influenced by any particular part of the industry. This field is rapidly changing and therefore The British Pain Society will update this position statement as and when appropriate to reflect new evidence and information.

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