

Some frequently asked Q's and A's about medicinal cannabis

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A History:

Q: What is cannabis?

A: Some people call it by its American name, marijuana. The name 'cannabis' describes its botanical origins and comes from the Latin word for hemp. The name 'marijuana' (or sometimes 'marihuana') is a contrived name given to associate it with African and Hispanic Americans who used it as a recreational drug in the United States during the 1930s.

Q: What has the cannabis plant been used for?

A: Cannabis is an ancient herb-like plant that has been used for thousands of years for fibre-making for products such as clothing and rope, for dietary ingredients, as an element of folk medicine, and as an agent to promote spiritual transcendence, particularly in the religions of South Asia. 'Recreational' cannabis use was uncommon in the West before the 1960s. A League of Nations meeting in Geneva in 1925 decided to ban cannabis internationally. Cannabis first started to come to the attention of law makers and enforcers in the USA in the 1930s. The Congressional Record from that time includes comments about perceived depravity attributed to cannabis use along with racial slurs. Progressively it became an illegal substance in many countries, including Australia.

Q: When did cannabis come into Western civilisations?

A: European venturers over many centuries, as judged by their writings, certainly encountered cannabis in their travels to exotic Eastern and Far Eastern lands. By the mid 19th century, cannabis, in one form or another, had become part of the medical-societal-experimental experience of many European societies.

Q: When did cannabis come into Western-style medicine?

A: Cannabis was adopted into British medicine from India in the mid-19th century having been observed there to relieve pain, muscle spasm, convulsions of tetanus, rabies, rheumatism and epilepsy.

B Cannabis as a medicine:

Q: How does cannabis work?

A: As a plant preparation, cannabis ordinarily contains many hundreds of chemical substances commonly found in plants ('phytochemicals'), and a hundred or so unique substances commonly referred to as 'phytocannabinoids'. A small number of phytocannabinoids are believed to cause the main pharmacological effects of cannabis in humans. Cannabis attaches to special receptors

in the brain and some other organs in the body. This releases a special chemical that the body produces. The chemical acts as a transmitter.

Q: What is 'medicinal cannabis'? Some people also refer to this as 'medical marijuana'.

A: The 'medicinal' tag recognizes that cannabis, among many other uses, has the properties of a medicine.

C Benefits of medicinal cannabis:

Q: Why do some argue that medicinal cannabis be legalised?

A: It helps some people with distressing symptoms from serious medical conditions when they have not been sufficiently helped by the standard medicines. Cannabis is considered a 'second line' drug to be used when the first line drugs have been tried and have either not worked or had unacceptable side effects.

Q: What kind of evidence is there that cannabis can help some people?

A: The evidence is basically of three kinds. First, there is anecdotal evidence, usually provided by people who have experienced in themselves or observed in others some effect. Most information like this is hard to assess because it lacks corroborative documentation – and this is the kind of evidence that tends to appear in the lay press and on internet blog sites. This is not to say that the evidence is invalid – but only to say that the much of the vital information underpinning the claims is not available in a way that permits scientific scrutiny. The second type of evidence is papers published in reputable medical and scientific journals after peer-review. A third type of evidence is careful reviews of papers reporting the results of cannabis research.

Q: How good is the evidence that cannabis can help some people?

A: Randomised controlled trials (RCTs) are usually regarded as the best way of telling whether a medication is effective. In one recent review, for example, 82 RCTs showed that medicinal cannabis is effective in relieving distressing symptoms in about half a dozen conditions. 9 RCTs found that medicinal cannabis was not effective. This is quite an impressive result. There are at least half a dozen favourable reviews by prestigious organisations.

Q: What are the main medical conditions that might be helped by medicinal cannabis?

A: Severe nausea and vomiting after cancer chemotherapy, especially if no standard treatment has worked; severe chronic non cancer pain, especially if the pain is due to nerve damage; severe wasting in cancer or AIDS (though this is less common these days); stiffness due to multiple sclerosis. There are also some other conditions.

Q: Is cannabis a cure for any conditions or diseases?

A: Not as far as we know so far from scientifically assessed evidence.

Q: Can cannabis help young children with severe epilepsy resistant to all known treatments?

A: A number of people have claimed this. But this possible benefit has not yet been tested in scientifically assessable research.

D Potential risks:

Q: Are there any bad side effects from medicinal cannabis? People talk a lot about psychosis and marijuana: should we be worried about using a medicine that could cause schizophrenia?

A: Most of the assessment of side effects has been based on what is known from studying recreational cannabis. That's like studying the safety of bootleg alcohol to estimate the safety of regulated alcohol. Used medically, cannabis can cause some mental disorientation, sleepiness, and dry mouth but these are typically less severe and troublesome than many of the medications that might be used to treat the same conditions. Besides, the effects of not treating the conditions also has to be considered. It has also been said that some of these side effects counteract the worse side effects of the other medications such as chemotherapy agents that cause serious side effects themselves. People distressed by severe symptoms unrelieved by conventional medications are unlikely to be concerned by the small risk of serious mental illness in a couple of decades time.

Q: Is there a risk that legal medicinal cannabis would increase the use of recreational cannabis.

A: Recreational cannabis use in those US states which allow medicinal cannabis is not greater than those states where medicinal cannabis is not permitted.

Q: Can't people taking cannabis become addicted to it?

A: Dependence is a small risk with cannabis in the sense that it is not as severe as the dependence that occurs with tobacco, heroin or cocaine. What matters is not just the risks of cannabis but also its possible benefits and the benefits and risks of using other medicines or no medicines.

Q: Aren't there more modern and more effective drugs than cannabis?

A: Yes there are. But these don't work in every case and sometimes they too can produce nasty side effects. Many of the more modern drugs are also much more expensive and some require the patient to be kept in hospital while they are being administered.

E Taking medicinal cannabis:

Q: Are there alternatives to taking cannabis by smoking it? How else can medicinal cannabis be taken?

A: Cannabis can also be vaporised and the vapour inhaled. Devices are now available to make inhalation of cannabis vapour convenient and inexpensive. Oral forms of cannabis (dronabinol and nabilone, developed some 30 years ago) used to be available in Australia but are not available any more because they were expensive and not especially reliable, and they have been made obsolete. There is little scientific information available about other forms of medicinal cannabis given by mouth (such as tincture). Cannabis taken by mouth, although perhaps well-enough absorbed, is broken down in the liver before it gets into the main blood stream, making it hard to get the right dose in many people. Also, when cannabis is taken by mouth there seems to

be an increased risk of anxiety attacks because there is no way to ‘stop giving it’ once it has been swallowed. Sativex (aka nabiximols) is a form of medicinal cannabis manufactured by a small pharmaceutical company. It is sprayed on the inside of the mouth. There are many attractive aspects of Sativex®, particularly convenience, but it is not readily available in Australia, and is only permitted in cases of stiffness (spasticity) from multiple sclerosis. Tincture of cannabis used to be legally available some 20 years ago. It has been made available by some individuals in Australia but its supply, these days, is not legal. If medicinal cannabis is allowed in Australia, some people with only a short time left to live and others who have been smoking cannabis for a long time are likely to continue to smoke the drug

Q: Aren't Sativex and dronabinol available on the Pharmaceutical Benefits Scheme?

A: Neither Sativex (nabiximols) nor dronabinol are available on the Pharmaceutical Benefits Scheme.

Q: Is cannabis available medically in any other countries?

A: Medicinal cannabis is now available in about twenty countries including the USA (23 states), Canada, Switzerland, the Netherlands, and Israel.

Q: How is medicinal cannabis controlled in other countries?

A: In some countries medicinal cannabis controlled quite carefully with prescriptions by doctors and pharmacy dispensing. In some other countries, controls are much more relaxed and cannabis can be bought over the counter.

F Political and community factors:

Q: What's stopping the government from legalising medicinal cannabis in Australia?

A: The main reason cannabis is not available in Australia is because of political impediments. Some Commonwealth and state/territory laws would have to be changed slightly. States make their decisions independently. Medicinal cannabis is allowed, in principle, under Australia's international treaty obligations.

Q: How can we allow cannabis to be used medically while stopping it being used recreationally?

A: Easy. Australia allows morphine, cocaine, amphetamine and ketamine to be used medically while the recreational use of these drugs is prohibited.

Q: Is Australia doing enough research on medicinal cannabis?

A: Very little research on medicinal cannabis is carried out in Australia.

Q: What about people who might take medicinal cannabis and then try to drive a car?

A: There is an increased risk of a car crash if a driver has taken cannabis recently. This risk is much less than with alcohol but the risk is even greater after a combination of alcohol plus cannabis has been taken. A number of medicines which are prescribed today in Australia also

increase the risk of a car crash.

Q: What is public opinion in Australia about medicinal cannabis?

A: In a community survey commissioned by the Commonwealth Department of Health in 2010, 69% of Australians supported medicinal cannabis with 75% supporting more research.

Q: Do many Australians take cannabis for medicinal purposes now?

A: Yes, but we don't know how many.

Q: Will medicinal cannabis be allowed in Australia?

A: Possibly. But it's very hard to predict this.