

THE MEDICAL USES OF CANNABIS

The medical uses of cannabis have been recognised for thousands of years. Physicians in ancient China used it to relieve constipation, loss of appetite, and pain during childbirth. With the development of synthetic drugs in the 20th century, herbal remedies in general fell into disuse.

In 1999, the NSW Working Party on the Medical Uses of Cannabis was asked to advise the NSW Premier on the possible medical uses of cannabis and cannabinoid drugs.

This fact sheet highlights some of the major issues raised by the Working Party. For access to the report, go to www.druginfo.nsw.gov.au

What do we mean by “cannabis” and “cannabinoids”?

‘Cannabis’ is a term that refers to the plant or products of the cannabis sativa plant (such as hashish). Cannabis may be smoked in a ‘joint’ the size of a cigarette, or in a water pipe (‘bong’). It may also be eaten; but smoking is the more common because it is the easiest way to achieve the desired effects.

We use the term “cannabinoids” to refer to pharmaceutical quality drugs that act in the same way in the body as some substances in the cannabis plant, such as tetrahydrocannabinol (THC).

Two examples of cannabinoids are nabilone, which is THC in a capsule and is available in the UK for medical uses, and dronabinol, which is synthetic THC, and is available in the US. There are no cannabinoid drugs readily available in Australia.

What are the medical conditions for which cannabis or cannabinoids might be of use?

Cannabis and cannabinoids are useful to relieve symptoms of illnesses, but do not cure the underlying disease. Many of the uses of cannabis for medical purposes revolve around its ability to reduce pain and nausea, stimulate appetite and perhaps reduce muscle spasms.

It has been agreed that cannabis or cannabinoids may be useful for some persons with the following conditions:

- **HIV-related and cancer-related wasting;**
- **pain unrelieved by usual pain relief treatments;**
- **neurological disorders including (but not confined to) multiple sclerosis, Tourette’s syndrome, and motor neurone disease;**
- **nausea and vomiting in cancer patients undergoing chemotherapy, which does not respond to the usual treatments for this problem.**

Although there is a large amount of anecdotal evidence, and some research evidence, about the usefulness of cannabis for these conditions, there is a lack of good controlled evidence. Further research is needed to examine the benefits that cannabis and cannabinoids appear to have for these illnesses.

What are the possible risks of cannabis use?

Dependence

There is evidence to suggest that if people use cannabis regularly over a long period of time, they may become dependent upon it. While the risk of becoming dependent upon cannabis or cannabinoids is definitely an issue to keep in mind, many drugs that are prescribed for medical problems carry an even greater risk. One example is morphine, an opiate drug that is sometimes prescribed for people who have chronic pain.

If people are facing chronic or life threatening illnesses, this risk may be one that is worth facing for symptom relief.

Other illicit drug use

The issue of whether cannabis use leads to an increased chance of using other illicit drug types is a particularly contentious one. Research has shown that people who use cannabis are more likely to use other illicit drugs.

However, this issue has always referred to non-medical cannabis use by young people. It is unlikely that a similar pattern would be seen for older medical cannabis users.

Sending the wrong message about illicit drugs?

Some have argued that if people were able to use cannabis for medical reasons, this would send the wrong message about illicit drugs, and more people might use cannabis recreationally than before. There are a couple of reasons why this is probably not the case:

- **very few people who are dependent on opioids (such as heroin) began their use with prescribed (legal) opioids;**
- **diverted opioid drugs are not a big source of illicit opioids;**
- **medical cannabis use is unlikely to be a greater problem than medical opioid use (which, as outlined above, does not appear to be an issue that is so big that medical opioid use has been stopped);**
- **decriminalisation of cannabis use in some countries has not had an impact on rates of cannabis use;**
- **surveys have not found any change in people's perception of cannabis in US states where medical cannabis use has been decriminalised.**

Smoking

Most of the evidence about the possible negative health effects of cannabis has come from people who have regularly smoked cannabis. It is likely that some of the harmful effects of cannabis are the result of using cannabis in this way. While some people advocate the use of cannabis in a smoked form because it is easy to adjust the dose required, smoking is not a desirable way of administering any drug. It is preferable to find other effective ways of administering THC.

Acute adverse effects

The main acute (short term) effect of cannabis to consider is possible effects upon driving performance and machinery operation.

Chronic adverse effects

The possible effects of chronic (long term) cannabis use are of more concern. Most of these point to the use of cannabis by smoking. Cannabis smoke has been associated with an increased risk of cancer, lung damage and poorer outcomes of pregnancy. Smoking cannabis is therefore inadvisable for a chronic medical condition.

What are the options for making cannabis or cannabinoids legally available?

Smoked cannabis is unlikely ever to be prescribed in Australia because a smoked plant product will not satisfy the requirements for registration as a "therapeutic good". Registration is required if cannabis is to be medically prescribed.

This means that any prescribed cannabis products will need to be pharmaceutical drugs derived from THC or other cannabinoids. No such drugs are currently registered in Australia.

THC (marketed as Marinol) is registered in the US, and a synthetic drug, nabilone, is registered in Britain. Both are taken orally but because they are not well absorbed in the body when taken this way, they are not popular or widely used by eligible patients.

These drugs could be registered for medical use in Australia only if a pharmaceutical company applied to have them registered. None have so far applied to do so. In the longer term the best prospect for the medical use of cannabis lies in the development and registration of new synthetic drugs. This will take some time to complete.