

**Submission
No 18**

INQUIRY INTO USE OF CANNABIS FOR MEDICAL PURPOSES

Organisation: MT BARKER SOUTH SURGERY

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We felt it was appropriate to inform the Committee about our original description of the entity of cannabinoid hyperemesis, which is form of cyclical vomiting often needing hospitalization that occurs in regular consumers of cannabis, typically patients self-medicating with relatively high doses. If the medical use of cannabis or synthetic cannabinoids is legalized, our fear is that such use might increase the frequency of this syndrome, which is a distressing illness for those affected. This syndrome appears to be unique to cannabis and our observations have over the last 8 years been confirmed by reputable groups internationally.

In 2004 we published a paper in the BMJ Gastroenterology Journal GUT entitled "Cannabinoid Hyperemesis: cyclical hyperemesis in association with chronic cannabis abuse"[Gut 2004;53;1566-1570.doi:10.1136/gut.2003.036350]

In essence, South Australia has had more liberal laws then much of the Western World for some years now regarding the possession of small quantities of cannabis for domestic consumption. In Adelaide it became apparent that what was previously described as 'psychogenic vomiting" was in most adult cases a cannabis related illness. This disorder, occurring in susceptible individuals, was characterized by a history of several years of cannabis abuse predating the onset of the vomiting illness. The hyperemesis followed a cyclical pattern every few weeks or months, often for many years, against a background of regular cannabis abuse. Cessation of cannabis lead to a cessation of the vomiting illness, as confirmed by a negative urine drug screen for Marijuana, and a return to regular cannabis use would herald a return of the hyperemesis. An odd feature of this syndrome was that the patients were noted to "compulsively bathe" (i.e. would take multiple hot showers or baths only during the active phase of the illness.)

Since the publication of our paper many articles in journals from around the world have confirmed our findings. This culminated in the publication, in February of last year, of 98 cases from the Mayo Clinic alone. Alarmingly, many of these articles report serious morbidity as a result of cannabis induced hyperemesis such as pneumomediastinum, rhabdomyolysis, renal failure and diaphragmatic rupture. This does not exclude the years of misery for the patient and their families, painful invasive investigations and cost to the public health system, private health insurers and the individual. The most recent development has been the realization that cannabinoid hyperemesis is not exclusive to propagated Marijuana alone, but also occurs with synthetic cannabis. In October last year a case was presented at the American College of Gastroenterology Annual meeting at Las Vegas entitled "Spicing up the Differential for Cyclical Vomiting: A Case of Synthetic-cannabinoid Induced Hyperemesis Syndrome." This describes the severe illness of a 22year old man with aggressive disease induced by JWH-018 and JWH-073 synthetic cannabinoids.

In summary, Cannabinoid Hyperemesis Syndrome is an uncommon, but serious illness, and may become more prevalent if cannabis or artificial cannabinoids are used therapeutically.

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