

**Submission
No 27**

INQUIRY INTO USE OF CANNABIS FOR MEDICAL PURPOSES

Organisation: Painaustralia

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Painaustralia would support the access of patients with intractable pain to registered therapeutic products containing cannabinoids, under medical prescription according to Schedule 8, and where other analgesic medications have been ineffective or not tolerated.

1 February 2013

The Hon Sarah Mitchell MLC
Chair, General Purpose Standing Committee No. 4
Legislative Council
Parliament House
Macquarie Street
Sydney NSW 2000

Submission to the Legislative Council Inquiry into the use of cannabis for medical purposes.

As the national advocacy body formed to facilitate implementation of the National Pain Strategy 2010ⁱ, Painaustralia is pleased to have the opportunity to put forward a submission to this Inquiry.

Painaustralia members comprise a wide range of organisations that represent the interests of consumers, health care professionals, researchers, academics and other stakeholders concerned with improving knowledge and access to pain management services for all Australians.

Painaustralia is a signatory to the International Declaration of Montreal which calls for access to pain management to be a fundamental human rightⁱⁱ. As such, we are committed to the rights of all people to have access to pain management without discrimination.

In summary, our position on the use of cannabis for medical purposes is as follows:

Painaustralia would support the access of patients with intractable pain to registered therapeutic products containing cannabinoids, under medical prescription according to Schedule 8, and where other analgesic medications have been ineffective or not tolerated.

In stating the position, we wish to make the following points:

We acknowledge there are other groups who will advocate for the medical use of cannabinoids in defined disease states, such as cancer, and in in some circumstances, in palliative care. However we would have major reservations about the suitability of broadening usage more generally, for other chronic non-cancer pain conditions.

If such medications are to become available, it will be essential to ensure that appropriate clinical guidelines are developed and promulgated, so as to avoid the experience with opioids, where *legal controlled* drugs have been prescribed in the absence of guidelines, largely on the basis of "expert" consensus but not underpinned by rigorous science.

In the current era of evidence-assisted (if not always evidence-based) medicine, the science underpinning the use of cannabinoids in patients with chronic non-cancer pain needs to be rigorously reviewed by a panel expert in pharmacology, pain medicine and addiction medicine (at least), in order to determine whether a therapeutic argument can be made .

Any policy on the use of medical cannabinoids must also incorporate appropriate legal safeguards and education so as to avoid the potential for abuse and/or misuse, especially in the context of chronic non-cancer pain.

We strongly advocate for more rigorous research programs into the efficacy of therapeutic products containing cannabinoids.

We would be pleased to call upon suitable expertise from within our membership to provide further evidence and opinion to the Inquiry, should this be required.

Thank you for this opportunity to comment.

Yours sincerely,

Lesley Brydon
Chief Executive Officer

ⁱ National Pain Strategy 2010

ⁱⁱ Declaration of Montreal PAIN Journal of the IASP Vol 152 no 12 Dec 2011 p 2673-2674