



Musculoskeletal Australia 2020 Koadlow Lecture

'Medicinal cannabis: Weeding out the facts'

Tuesday 6 October 2020

Supplementary Questions and Answers

The following questions were posed during the Lecture/webinar however, due to time constraints, could not be answered on the night. Prof Iain McGregor has very kindly provided responses to these questions post-event.

1. Any side effects on kidney function?

Not a lot of research of cannabis and kidneys but see latest update here:

<https://www.ncbi.nlm.nih.gov/pubmed/31972598/>

"Cannabis may have medicinal benefits for treating symptoms of advanced chronic kidney disease (CKD) and end-stage renal disease including as a pain adjuvant potentially reducing the need for opioids. Cannabis does not seem to affect kidney function in healthy individuals."

2. What are the current guidelines for hospitals for patients who bring in their own cannabis to use if they are admitted to hospital?

The official line from hospitals would always be that only officially prescribed cannabis products can be permitted on site. In practice we hear of many cases where hospital staff turn a blind eye to use of unofficially sourced cannabis products by patients. We also hear of very serious cases where e.g. children with severe epilepsy have *not* been allowed to use their illegally sourced cannabis products in hospital, sometimes leading to major health complications. Overall, seems to vary on a case by case basis.

3. Is there any evidence it may be helpful for people with MND?

Yes, recent evidence that Sativex (nabiximols) oral spray can help with spasticity in MND, as with MS. Good evidence of improved motor function in animal models of MND/ALS.

Important Australian clinical trial currently under way which should shed further light: see

<https://clinicaltrials.gov/ct2/show/NCT03690791?cond=ALS&cntry=AU>

4. Can you use the oil sublingually? Would that work faster than swallowing?

There are some sublingual products (e.g. wafers) available and some limited evidence that these can act more quickly than oils etc. see e.g.

<https://www.hospitalhealth.com.au/content/clinical-services/news/medicinal-cannabis-sublingual-wafer-launched-in-australia-1417586671#axzz6aADQgaNn>

Also, Sativex (nabiximols) THC/CBD spray is thought to be absorbed buccally (across membranes of the mouth) rather than via the gut.

5. Are there clinical trials in Melbourne for those with musculoskeletal issues?

The TGA have a list of current clinical trials in Australia involving medicinal cannabis and their location here: may not be completely up to date.

<https://www.tga.gov.au/medicinal-cannabis-information-health-professionals>

Then other place to look is the ANZCTR registry

<https://anzctr.org.au>

which allows you to search for trials by condition and location.

6. If you took THC at night would it be legal to drive the next morning, as it would be 10+ hours later and would that help with chronic pain during the day?

Most of the information available suggests that you would not be impaired in driving or cognitive function 10 hours after using a THC-containing cannabis product and you would also be unlucky to be positive in a roadside drug test at this time interval (although this is still possible, so beware!). CBD only products do not impair driving and do not give a positive in a roadside test. Some patients manage the driving issue by taking a CBD product during the day to help with pain and anxiety and a THC product by night to help with sleep.

7. Does cannabis have any addictive properties, and how is this managed?

About 6-8% of regular non-medical cannabis users appear to become dependent on the drug such that they find it difficult to stop and may develop craving and irritability during abstinence. The withdrawal is not a serious medical issue, as it can be with opioids, alcohol or benzodiazepines. It is unclear whether people using cannabis for medical reasons also become dependent, but it is wise to be cautious around this issue. For example, if stopping long-term use of medical cannabis, it may be wise to gradually cut down your dose rather than stopping abruptly.

8. Is there any evidence for topical application of CBD oil for pain? Iain seemed a little unconvinced...

New study with small number of participants gives cause for hope for topical CBD in peripheral neuropathy

<https://www.ncbi.nlm.nih.gov/pubmed/31793418/>

Also mounting evidence for topical for various skin conditions (acne, psoriasis). More research needed!

9. To be eligible for medicinal cannabis, does the doctor have to prove that the other medications have, or are not working?

Traditionally this has been part of the SAS-B application process i.e. outlining the traditional approaches that have failed to help a patient.

In practice, the TGA appears to knock back very few applications for medicinal cannabis under SAS-B so the actual importance of the “tried everything else and failed” requirement is difficult to establish. Might be worth asking the TGA directly: they are usually quite responsive to queries.

10. Is there a shelf life with the products?

Yes, all official products have a shelf life that will be shown on the pack. Typically, 1-2 years.

11. Can I get CBD oil in Melbourne, and if so, how can I go about getting that?

As outlined in the lecture, CBD oil is just a type of medicinal cannabis product and so is currently only legally available under the official medicinal cannabis scheme in Australia, through doctor prescription and usually under SAS-B scheme.

Products may become available over the counter in pharmacies from next year, but are not currently available through that route in Australia at the moment.

12. Is it legal to buy CBD oil from the states online for pain?

Technically it is illegal to import CBD oil into Australia from overseas as CBD products are currently classified as Schedule 4 medicines that should only be prescribed by a doctor and supplied through a pharmacy. Also, if there were more than 2% THC in the CBD oil then it would actually be Schedule 8 and even more restricted under current laws and importation could lead to severe penalties. In practice thousands of Australians are importing CBD oil into Australia every year and few appear to have any problems: at worst, the product may be confiscated by Border Control if intercepted.

13. The possible rescheduling of CBD to OTC next year (schedule 3) involves CBD isolates or actual full spectrum cannabis? If isolates, is the maximum 60mg dose to be considered “medical” & therapeutic or just not strong enough to be effective as a medicine?

The current proposal is that the Schedule 3 products should have at least 98% of total cannabinoid content as CBD. So, there is room for a small “spectrum” of other cannabinoids (THC, CBG, CBC etc) of up to 2% but the remaining 98% needs to be CBD.

As I mentioned in the lecture, we currently have very limited evidence that low doses of CBD (e.g. 60 mg or less) do anything therapeutic. Clinical trials planned or underway (e.g. the Lambert Initiative HUSH trial) may demonstrate that such therapeutic effects occur (or not) at this low dose range.

14. Many studies/trials are conducted at state/territory level. How are those outcomes being consolidated to give a national understanding of how medicinal cannabis can contribute to clinical care for Australians?

There is no systematic approach for compiling this information that I am aware of. The TGA clinical guidance documents attempt to distil all available knowledge around therapeutic effects in different clinical areas but are getting quite dated now.

<https://www.tga.gov.au/medicinal-cannabis-guidance-documents>

The scientific literature also has many systematic reviews of cannabinoid therapeutic effects that summarise the recent literature around specific conditions. For example, our recent review of CBD in sports medicine here

<https://sportsmedicine-open.springeropen.com/articles/10.1186/s40798-020-00251-0>

and our review of cannabinoids in sleep disorders here

<https://www.sciencedirect.com/science/article/pii/S1087079220300824>

Sometimes even googling can yield insights (e.g. “CBD and arthritis”) but we careful of hype and pseudoscience that infects a lot of cannabis enthusiast websites.

15. What is the best way to stay up to date with latest information on access to the products legally?

<https://www.tga.gov.au/medicinal-cannabis-information-consumers>

<https://www.nps.org.au/consumers/medicinal-cannabis-explained>

follow Lambert Initiative on twitter

https://twitter.com/Lambert_Usyd

and also our good friend, Rhys Cohen

<https://twitter.com/rhyscohen>

16. Is Iain on Instagram?

Not right now, perhaps soon!