



HOW EFFECTIVE IS MEDICAL CANNABIS?

There have been many claims made about cannabis as a medicine, but it is the scientific studies that have been done with large groups of patients that give accurate information on its effectiveness.

Because cannabis is addictive and has its own withdrawal symptoms such as pain, muscle spasm, agitation, fits, convulsions and rheumatics, cannabis users often confuse its effect on its own withdrawal symptoms, thinking that it is an effective medicine for them. A heroin addict deprived of opiates for a day will likewise start suffering withdrawal symptoms within 6-12 hours of their last heroin use, experiencing fever, aching muscles, vomiting and diarrhoea. As soon as they get their next 'hit' all those things magically disappear, which can give the appearance, as with cannabis, that heroin alleviates fevers or aching muscles.

This is where tens of thousands of scientific studies have been done over the last 5 decades, and the most authoritative review of those tens of thousands of studies has been done in 2017 by the National Institutes of Health (NIH), formerly called the US Institute of Medicine (IOM). This enormous 460+ page review which is summarised by Drug Free Australia here was done by 31 of the United States' most eminent cannabis researchers, including those with very liberal views on recreational cannabis use. This means that its findings are not conservative, but reflective of a consensus of conservative and progressive reviewers.

There are a number of conditions which medical cannabis treats, but mostly not very well seeing as there are usually many other medications on the market for these conditions which patients prefer over medical cannabis.

Nausea and vomiting - with cancer chemotherapy can generally be controlled adequately with current methods. The drugs most commonly used and often effective are prochlorperazine and metaclopramide. Chief amongst the newer agents is the 5HT3 antagonists such as ondansetron, tropisetron and dolasetron, some of which can also be given as a sub-lingual wafer or by subcutaneous, intramuscular, or intravenous injection if needed so that vomiting itself does not stop their usefulness. Similarly prochlorperazine can be given by suppository. These medications can all be given by many routes of administration. Other medications can also be used including steroids where required.

Chronic pain - an extensive review completed in 2018 of 104 scientific studies comprising 10,000 chronic non-cancer pain patients found that "It seems unlikely that cannabinoids are highly effective medicines for chronic non-cancer pain." Because medical cannabis is no stronger than codeine in managing pain, they recommended that it be used only as an 'adjunct' medicine, used to support other more effective medications such as opiates.

AIDS wasting – as noted by Australia21 representative, Alex Wodak, in a paper sent to Parliamentarians in July 2014, this indication is disappearing due to the efficacy of the newer treatments for AIDS.

Multiple Sclerosis - there are other treatments for MS stiffness. In particular recent advances in immunology have meant that the treatment of MS itself has dramatically improved in recent times with several newer options including teriflunomide, dimethyl fumarate, fingolomod and dalfampridine. Benzodiazepines, Lioresal, several anticonvulsants and local Botox can all find application when spasm is a problem.

Childhood epilepsies - this is an area where medical cannabis has been found to be effective and for which no other medicines measure up. Using an isolated constituent of cannabis (a cannabinoid) called Cannabidiol or CBD, researchers have found that for children suffering from Dravet's syndrome, Lennox Gastaut's Syndrome or Tuberous Sclerosis Complex (TSC) seizures from these conditions were reduced for 45% of those studied, with some children having all seizures stopped, while others' condition was curiously made worse by Cannabidiol.

Tourette's syndrome - this is a condition where a person has a nervous 'tic' and medical cannabis was found to have a small effect in reducing these tics.

Other than some conflicting evidence of cannabis' effect on post-traumatic stress disorder, these were the only conditions which showed good scientific support for effectiveness. There have been many other medical conditions for which medical cannabis has been claimed to be effective, but when proper scientific trials are done with patients it is found not to be effective at all, or even to make the condition, such as glaucoma, worse.

Given that medical cannabis has recently been found NOT to be particularly effective for chronic pain, the question must now be asked as to why so many people who are medical cannabis patients have it prescribed for chronic pain. The answer is fairly straightforward.

90-94% of medical cannabis patients in various US states access medical cannabis for chronic pain, and when it is now so well proven that medical cannabis does little for chronic pain the profiles for regular chronic pain patients need to be compared to the profiles of US medical cannabis patients. They are sharply different. A majority of regular chronic pain patients are women mostly in their 80s while men are in their 60s. Medical cannabis chronic pain patients are 75% men with an average 32 years of age, who mostly commenced cannabis use as teenagers. This suggests that medical cannabis for most is just a cheap form of recreational use accessed by ruse. Doctors, of course, cannot objectively verify chronic pain (there are no testing instruments to measure it), relying on a patient's own descriptions which they cannot verify with tests. So for pain management, medical cannabis is a scam being used by cannabis users to get cheaper access to cannabis for recreational use and at the same time to use it 'legally'.

Australians want less drug use, not more, so the government is trying to ensure that medical cannabis patients get it for the right reasons.

