



# THE THERAPEUTIC USE OF CANNABIS-BASED PRODUCTS

POSITION STATEMENT - MARCH 2018

## Purpose

This document summarises the Pharmaceutical Society of New Zealand (PSNZ) position on the therapeutic use of cannabis-based products.

## Background

Interest in the therapeutic use of cannabis is growing around the world. Cannabidiol (CBD) and tetrahydrocannabinol (THC) are the two main active constituents in the cannabis plant. Both CBD and THC belong to a class of compounds known as cannabinoids. Cannabinoids exert their effects through interaction with the CB1 and CB2 cannabinoid receptors of the endocannabinoid system.<sup>1</sup> Although much attention is focused on products containing individual components, there is also a theory that using more than one component has a synergistic effect which may improve therapeutic efficacy.<sup>2</sup> As well as products derived from the cannabis plant, cannabinoid products can be manufactured synthetically.

A number of countries including the UK, Canada and Australia have formally approved therapeutic use of cannabis in one form or another.<sup>3,4,5</sup> Although there is evidence to support the use of cannabinoids in certain conditions, further investment in randomised controlled trials is warranted.<sup>6,7,8,9</sup> An Australian government-commissioned review of the clinical evidence for medicinal cannabis in a range of conditions due to be published in 2018 will further inform areas for additional research.<sup>10</sup>

## Regulation of cannabis-based products for therapeutic use in New Zealand

A regulatory framework has been implemented which allows for the therapeutic use of cannabis-based products in New Zealand. There are three types of products: pharmaceutical grade products that have consent for distribution, pharmaceutical grade products that do not have consent for distribution, and non-pharmaceutical grade products.<sup>11</sup>

The only pharmaceutical grade product currently consented by Medsafe for distribution in New Zealand is Sativex<sup>®</sup>. It contains nabiximols (a mixture of the two main cannabinoids THC and CBD) derived from an extract of the cannabis plant. Medical practitioners with a vocational scope of practice of Internal Medicine (specialising in neurology), or a general practitioner on the recommendation of a neurologist can prescribe Sativex<sup>®</sup> as add-on treatment for symptom improvement in patients with moderate to severe spasticity due to multiple sclerosis who have not responded adequately to other antispasticity medication and who demonstrate clinically significant improvement in spasticity-related symptoms during an initial trial of therapy. Applications for the use of any other cannabis-based product must be made to the Ministry of Health on an individual basis.<sup>11</sup>

The Misuse of Drugs Amendment Regulations 2017 allow some products containing CBD to be prescribed without first requiring Ministry of Health approval and removes some of the other restrictions.<sup>12</sup> However, at the time of writing, there are no products on the New Zealand market or imported into New Zealand that meet the requirements of this legislation.



## Practice support for health professionals and information for patients

Both pharmacists and physicians have highlighted the importance of continuing education for facilitating best practice in relation to the emerging therapeutic use of cannabis-based products.<sup>4,13</sup> From the perspective of practicing pharmacists, it would be valuable to promote multidisciplinary discussion and collaboration.

### Position statement

PSNZ **supports** appropriate regulation to guarantee product quality and safety in order to protect the public and patients receiving cannabis-based products for therapeutic use.

PSNZ **supports** the therapeutic use of regulated cannabis-based products where the potential benefits outweigh the risks, there is medical supervision or oversight, and informed consent is provided by the patient and/or carer.

PSNZ **encourages** the development of multidisciplinary education program to support pharmacists, prescribers, and other health professionals involved in the therapeutic use of regulated cannabis-based products, as well as information for patients receiving treatment.

PSNZ **encourages** future research to strengthen the evidence base for the therapeutic use of regulated cannabis-based products.

PSNZ **does not support** the use of cannabis for recreational purposes due to potential for adverse health effects.

### References

1. Sathir, M. Pharmacology of cannabis, J Pain Manage 2016; 9(4): 375-379
2. Russo E, Guy GW. A tale of two cannabinoids: the therapeutic rationale for combining tetrahydrocannabinol and cannabidiol. Med Hypotheses. 2006; 66(2): 234-46
3. National Drug and Alcohol Research Centre, UNSW, Australia [cited 2017 Dec 7] Medicinal cannabis in Australia – Framing the regulatory options published March 2015. URL: [https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/DPMP%20Medicinal%20Cannabis%20Paper%2010th%20March%202015\\_0.pdf](https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/DPMP%20Medicinal%20Cannabis%20Paper%2010th%20March%202015_0.pdf)
4. Isaac S, Saini B, Chaar BB. 2016. The Role of Medicinal Cannabis in Clinical Therapy: Pharmacists' Perspectives. PLOS ONE 11(5): e0155113.
5. Government of Canada. A framework for the legalization and regulation of Cannabis in Canada [cited 2017 Dec 7] URL: <https://www.canada.ca/en/services/health/marijuana-cannabis/task-force-marijuana-legalization-regulation/framework-legalization-regulation-cannabis-in-canada.html#es>
6. Herzog , Shanahan M, Grimison P. et al. Systematic review of the costs and benefits of prescribed cannabis-based medicines for the management of chronic illness: lessons from Multiple Sclerosis. PharmacoEconomics (2017) <https://doi.org/10.1007/s40273-017-0565-6>
7. Whiting PF, Wolff RF, Deshpande S et al. Cannabinoids for Medical Use: A Systematic Review and Meta-analysis. JAMA. 2015 23; 313(24): 2456–73
8. Barnes MP, Barnes JC. 2016. Cannabis: The Evidence for Medical Use. London: All-Party Parliamentary Group for Drug Policy Reform. [cited 2017 Nov 23] URL: <https://www.drugsandalcohol.ie/26086/>
9. The National Academy of Sciences, Engineering and Medicine. 2017. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. Washington, DC: The National Academies Press. [cited 2017 Nov 23] URL: <https://www.nap.edu/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state>
10. The Therapeutics Goods Administration. 2017. Review of clinical evidence for medicinal cannabis and cannabis products [cited 2017 Nov 23]. URL: <https://www.tga.gov.au/access-medicinal-cannabis-products>
11. Ministry of Health NZ. Prescribing cannabis-based products. [cited 2017 Feb 7]. URL: <http://www.health.govt.nz/our-work/regulation-health-and-disability-system/medicines-control/prescribing-cannabis-based-products>
12. Misuse of Drugs Amendment Regulations 2017 [cited 2017 Nov 24]. URL: <http://www.legislation.govt.nz/regulation/public/2017/0198/1/atext/whole.html>
13. Ziemianski D et al. Cannabis in medicine: a national educational needs assessment among Canadian physicians; BMC Medical Education 2015; 15: 52
14. Volkow ND, Baler RD, Comptom WM et al. Adverse health effects of marijuana use. N Engl J Med 2014; 370: 2219