



PAINWEST

Excellence in Pain Management

Patient Information regarding Medicinal Cannabis

Medicinal cannabis is a controversial treatment option for people with chronic pain. It is not supported by several medical authorities, including the Faculty of Pain Medicine from the Australian and New Zealand College of Anaesthetists. This is mainly due to the lack of good quality scientific evidence showing benefit in chronic pain, plus a lack of long term safety and side effect data. There is also a lack of standardisation and understanding of exactly what formulations and doses to use.

Despite this, there has been a significant amount of public interest and political pressure to legalise its' use. As a result, it is now legal to prescribe medicinal cannabis in Western Australia subject to authorisation by the Department of Health. There is a legal and administrative framework that has to be adhered to, making the process quite complicated.

We believe that there may be a small number of select patients who might benefit from medicinal cannabis to treat their chronic pain. For these patients we are prepared to make an application to the WA Department of Health. We view this as essentially an experimental exercise and therefore insist that a rigorous procedure is followed.

Patient selection factors

- We need to have known the patient for some time. We will not be prescribing medicinal cannabis on the first visit
- In our opinion it is not suitable for certain patients:
 - Under 25 years old
 - Past history or risk of serious psychiatric disease (esp. psychosis and schizophrenia)
 - Those at risk of medication abuse/addiction
 - Unstable cardiac disease
 - High risk jobs or those that need to drive
- There needs to be evidence of chronic neuropathic pain
- No evidence of past or current medication abuse/misuse or illegal drug use
- All conventional medications and interventions need to have been trialled or considered
- Full engagement with a multidisciplinary team, which might include a physiotherapist, psychologist and/or occupational therapist
- Further evaluation may be needed from other doctors such as psychiatrists, surgeons etc
- A comprehensive questionnaire needs to be completed as part of the screening and evaluation process.
- Willingness to participate in ongoing evaluation which may include questionnaires, urine drug screens and other evaluation procedures
- Willingness to pay for consultations, costs of application and evaluation, medication. There may be an additional administrative charge that needs to be paid to cover the substantial time taken in making the applications etc.

Process

1. Comprehensive clinical assessment and management using conventional medications and interventions
2. If medicinal cannabis seems appropriate then we will discuss this in detail, with written information being given
3. A series of screening questionnaires are completed by the patient. These help identify if patient is suitable, if there are issues which would preclude treatment, and goals for treatment.
4. Urine drug screen and ECG may be done, if indicated
5. Questionnaire is evaluated and we discuss this. If deemed appropriate, we will proceed with signing an agreement and consent document
6. Application is made online to the TGA and WA Department of Health to prescribe medicinal cannabis.
7. Once all approvals are in place, a prescription is written and taken to the pharmacy.
8. Review consultation after 1 week and then monthly
9. At 3 months, a set of review questionnaires are completed (similar but shorter than the initial set). These are forwarded to doctor. Urine drug screen and ECG may be done, if indicated.
10. A week later there is a review consultation to discuss outcomes. If it is determined that the medicinal cannabis has not achieved the desired outcome, then it is ceased. Otherwise it is continued for another 3 months
11. At 6 months, there is a repeat of the questionnaires (as per the 3 month mark). If deemed successful then the prescriptions will continue
12. Review every 3-6 months with ongoing prescription.
13. Annually there needs to be a repeat of the questionnaires and urine drug screen. This helps with ongoing applications to WA Department of Health to continue prescriptions.
14. If at any stage there seems to be a failure to meet goals, adverse effects or inappropriate use then the treatment will cease.

Why is this such a strict process?

As mentioned above, this is a controversial area with a lack of high quality evidence. Therefore, we have to show the highest standards in how we manage this process. We need to show that:

1. The patients that we treat have a medical condition that is appropriate to treat with medicinal cannabis [clinical assessment, questionnaire]
2. That other conditions which might be contributing to pain, such as anxiety and depression, are identified and treated [clinical assessment, questionnaire, involvement of other doctors/therapists]
3. There is a benefit from the treatment. The main goal should always be to improve function, such as walking more, doing more enjoyable activities, maybe even working. Just improving pain scores is not enough if it means that you are more sedated and spend more time in bed or on the couch [clinical assessment, questionnaire, activity tracking]
4. The risks of addiction, misuse and diversion are minimised [urine drug screening, questionnaire]
5. There are no serious adverse effects [clinical assessment, questionnaire, ECG]