The cannabis conundrum

Philip Wiffen

There is no doubt that the medicinal use of cannabis and cannabinoids is controversial. While there are few licensed products, there are plenty of chronic pain patients and parents of children with treatment resistant epilepsy who are convinced that cannabis derivatives help these conditions. These sufferers often source the product outside the law at huge expense and lobby politicians and senior decision-makers to fight for increased availability. Pharmacists will be aware that many substances can be extracted from the cannabis plants, but two important ones are tetrahydrocannabinol (THC) and cannabidiol (CBD). THC is one of the psychoactive components.

Until late 2018, WHO took the view that cannabis and its derivatives had no medicinal value and were seen only a substance of misuse, at long last evidence has impacted what was essentially a political decision and WHO seem more open to consider the medicinal value. In November 2019, the National Institute for Health and Care excellence (NICE) in the UK issued initial guidance on the use of cannabis and cannabinoids across a range of conditions. There are those who welcome these changes and others who argue that they don’t go far enough.

What has NICE recommended? The recommendations for research in fibromyalgia and neuropathic pains. They did recognise that there was some evidence to show that CBD reduces chronic pain, but the treatment effect is modest. NICE have published their evidence review on its website.

As someone who has worked in evidence-based pain medicine for a number of years, I do understand the dilemma. We are currently in the bizarre situation where the number of systematic reviews for cannabis products for pain relief are greater than the number of clinical trials. Many of the systematic reviews suffer from poor methodology and so are unreliable. This poor understanding of the science and evidence of benefit often generates more heat than light and there are strongly held views among pain specialists on both sides of the argument.

We certainly need more evidence, but who will organise and deliver these trials given the issues around the chemistry of cannabinoids and the legal restrictions?

There is no doubt that the cannabis story has a way to run and is likely to remain controversial for the foreseeable future. Sadly, there may well be sufferers from serious conditions who cannot access potentially helpful derivatives because the evidence doesn’t exist. Do the benefits outweigh the harms? We just don’t know.

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ORCID iD

Philip Wiffen http://orcid.org/0000-0001-6085-1307

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