

Medicinal Cannabis

Australia has recently followed a number of countries and US states in legalising the use of cannabis for medicinal purposes. This is an emotive issue that has attracted increasing community support over the past few years. Although legislative change has occurred, however, no public health messages have been developed and disseminated by governments or their agencies to help explain what 'medicinal cannabis' actually means.

Cannabis can be a difficult drug for teachers to discuss in the classroom. It is the most likely drug to be used by Australian secondary school students and many young people regard it as a fairly benign or 'harmless' substance. It is often referred to as a 'herb' or 'natural' and now that it has been made legally available for medicinal purposes, it is likely that some students will question the prevention messages that are usually delivered in a school setting.

To assist teachers to be able to respond to questions students may ask around this topic, this fact sheet answers the following questions:

- What medical conditions have evidence for the use of medicinal cannabis products?
- How does the provision of medicinal cannabis work in Australia?
- Is medicinal cannabis the same as non-medicinal cannabis?
- What are the side-effects of medicinal cannabis?
- **Are there people who should not use medicinal cannabis?**
- **Can those taking medicinal cannabis drive or use at work?**

- **Does this change in the law mean that cannabis is a safe drug for any kind of use?**
- **Are there particular risks for young people using medicinal cannabis?**
- **Does this mean it is now legal to smoke cannabis?**
- **Do the legislative changes mean people can now grow their own medicinal cannabis legally?**
- **Can people import a cannabis product over the internet or by post?**

If the issue of medicinal cannabis should arise in classroom discussions, some of the key messages that teachers need to convey to students include the following:

- cannabis is still illegal across Australia – no jurisdiction has legalized the plant
- 'natural does not mean safe' – even so-called 'natural products', including cannabis, have risks
- risks around mental health, respiratory effects and dependence are the same for those who use cannabis for medicinal purposes
- cannabis doesn't cure anything, it may ease the symptoms of some conditions
- medicinal cannabis, like any treatment, doesn't work for everyone

In addition, teachers should be aware that the field of 'psychedelic science' is growing, with other illicit substances such as MDMA (ecstasy), LSD and 'magic mushrooms' (psilocybin) being considered as possible treatments for conditions such as PTSD, depression and anxiety.

Introduction

Illicit drug use is a complex and controversial issue and effectively educating students in this area can be challenging. Unfortunately, some teachers do not feel as though they have adequate knowledge in this area and do not necessarily feel at ease discussing such controversial topics with young people, often believing that the students know more about the issue than they do. Cannabis is often discussed in the classroom as it is the most likely drug to be

used by Australian secondary school students (15.8% of 12-17-year-olds ever trying the drug, with 13.6% doing so in the past year) and many young people, whether they have used it or not, regard it as a fairly benign or 'harmless' substance. It is often referred to as a 'herb' or 'natural' and now that it has been made legally available for medicinal purposes, it is likely that some students will question the prevention messages that are usually delivered in a school setting.

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It is therefore important that teachers have some basic information on the topic to enable them to respond to questions students may ask, or debunk any myths around the issue.

Background

Australia has recently followed a number of countries and US states in allowing cannabis products to be available to the community for medicinal purposes. Those lobbying for this change have emphasised the need for compassion for the dying, alleviation of nausea and vomiting for those receiving chemotherapy for cancer, and the hope for assistance for children enduring multiple seizures from rare forms of severe epilepsy. This has led to a highly emotional atmosphere in the media and politics and driven legislative change before the usual standard of evidence for the regulating medicines in Australia and overseas has been reached. In addition, issues around how medicinal cannabis can be accessed and what conditions it can be used for have not been outlined by governments or their agencies. No public health messages have been developed and disseminated outlining what this change actually means. This has left many in the community, including parents and teachers struggling on how to deal with this issue when talking to young people.

Just like alcohol and opiates, cannabis has been used over thousands of years as a medicine and as part of some ancient religious ceremonies. It was popular as a medicinal herb in Europe and the United States in the 1800s being recommended for various conditions including menstrual cramps, asthma, cough, insomnia, birth labour, migraine, throat infection and withdrawal from opiate use. In the early twentieth century, more effective and targeted medications that could be administered in controlled doses were developed. As a result, cannabis was removed from the register of medicines in the USA and made illegal around the same time.

The main difference between cannabis and other drugs such as alcohol and opiates is that the plant contains a wide range of unique compounds rather than a single active ingredient. These are known as cannabinoids. There are more than 100 of them that we know about, with research identifying new ones all the time. The main active ingredient in cannabis

is called delta-9-tetrahydrocannabinol, commonly known as THC. This is the cannabinoid that gives the 'high' and is thought to also be responsible for the feelings of anxiety and paranoia and other mental health problems that can be experienced when using the drug. The second most common cannabinoid is called cannabidiol or CBD. This is the compound from the cannabis plant thought to have the most potential as a medicine, particularly for severe epilepsy amongst young children. It is important to note that it does not produce any significant high. Its effects are the opposite of THC and it is known to reduce anxiety and paranoia. The potency of cannabis is determined by the percentage of THC. Usually the more THC the plant has the less CBD it contains. This complexity means that it is difficult to discuss cannabis as a medicine without being specific about which cannabinoid we mean and for what medical condition.

What medical conditions have evidence for the use of medicinal cannabis products?

A recent Australian review of the evidence for the use of cannabis products concluded that for almost all medical conditions, there are insufficient studies in humans to support its effectiveness. Overall the quality and number of studies is poor and a great deal more research is required to bring it to the standard required for pharmaceuticals before they are released on the market. Almost all of the studies that have been done did not compare the medicinal cannabis with the most effective treatment for the condition currently available, so there is no condition where it should be the first-choice medication.

There are currently clinical trials of medicinal cannabis for a range of conditions in Australia and around the world. Some of the findings are as follows:

- there is some evidence for the use of CBD being added to existing medications for children and adults up to age 25 with **epilepsy** (particularly childhood epilepsy such as **Dravet Syndrome**)
- the evidence is strongest for a pharmaceutical product that is a mixture of THC and CBD known as nabiximols or Sativex used to treat **muscular spasticity and pain resulting from multiple sclerosis (MS)**

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- **chronic/acute pain** unrelieved by usual pain relief treatments, but for many the pain reduction is only modest
- although there are anecdotal reports of the effectiveness of smoked cannabis for **nausea and vomiting** in cancer patients and to **stimulate appetite** in patients with HIV-related and cancer-related wasting, the evidence is weak. Research suggests cannabis should only be used when other medications have failed
- there is **no evidence that medicinal cannabis has anti-cancer activity** or that it can slow the progression of cancers
- despite claims about the value of cannabis for a range of other conditions, including post-traumatic-stress disorder (PTSD) there is little or no relevant evidence

It is important to note that in all cases, if cannabis has been proven to be effective, it has been in relieving symptoms, not curing the underlying disease.

How does the provision of medicinal cannabis work in Australia?

Unlike the widely varying models of medicinal cannabis provision in US states, in Australia cannabis products can only be prescribed by a registered medical practitioner. Before prescribing medicinal cannabis, the doctor must assess each patient to decide whether it would be appropriate for their condition and personal situation. This will include current medications and any problems with drug dependence and substance use.

With the exception of nabiximols, cannabis products are not registered medicines in Australia, so they must be accessed through special pathways available for unapproved medicines. The Therapeutic Goods Administration (TGA) is the initial organisation to apply to for a supply of medicinal cannabis through an Australian-registered medical practitioner with appropriate qualifications and/or expertise for the medical condition requiring treatment – typically a specialist. This doctor can notify/apply on the patient’s behalf for approval to import and supply these products through the Special Access Scheme (SAS Category A or B). An alternative is for the doctor to apply to the TGA

to become an Authorised Prescriber (AP) but this is approved on a case-by-case basis for the patient not as a general authority. This doctor must then also apply and obtain approval under the applicable state or territory laws to prescribe a medicinal cannabis product to a particular patient. The rules vary between states and territories and could affect whether or not various cannabis products can be used and for which conditions.

If both state and TGA requirements are satisfied, then the pharmacy or hospital that the doctor has arranged to supply the product can dispense it. The medicinal cannabis products may already be available in Australia. The [Office of Drug Control website](#) has a list of companies who have been authorised to import medicinal cannabis stock into Australia for supply through SAS approvals or AP authorisation. In some states medications that only contain CBD may not need require additional approval. The legislation changes frequently so a check with your local state/territory is required at the time of medication request.

Medicinal cannabis products will not be subsidised under the Pharmaceutical Benefits Scheme (PBS).

A final way to access medicinal cannabis is by enrolling in existing clinical trials for the management of poorly-controlled paediatric epilepsy, appetite improvement for palliative care of advanced cancer, and to relieve chemotherapy-induced nausea and vomiting in adult patients where standard treatments have proven ineffective. These trials are currently being run in NSW and Queensland.

Is medicinal cannabis the same as non-medicinal cannabis?

In US states such as California, Washington and Colorado where cannabis is now legal for recreational use, medicinal cannabis is sold in the same way as non-medicinal cannabis, i.e., in an over-the-counter sale of the same plant and concentrated edible forms (brownies, lollies, soft drinks etc). That is not the case in Australia.

Once the Commonwealth and state level approvals are obtained for the patient, doctor and pharmacy a range of products can be prescribed including approved plant products (preferably for vaporisation rather than smoking to avoid the harms from

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smoking), extracts in oil, solvents in tinctures and oro-mucosal sprays such as nabiximols. Vaporisation heats the cannabis rather than combusting (burning) it and is thought to reduce the harms from inhaling smoke. New products such as patches and gels/creams are being developed.

The main difference between medicinal cannabis products in Australia and other cannabis is the potency and types of cannabinoids must be precisely measured and consistent across the product over time. The product must also be pure and without pesticides, mould and other contaminants that are frequently found in street cannabis and in US retail outlets for medical and non-medical cannabis products.

What the side-effects of medicinal cannabis?

The side-effects of various medicinal cannabis products are the same as those of non-medical THC products including fatigue, sedation, dizziness, nausea and vomiting, fever, appetite changes, dry mouth, and diarrhoea. The high THC dose products have additional risks such as intoxication, anxiety, convulsions, confusion, hallucinations, paranoia, delusions, and psychosis. As there is so little scientific information about the appropriate THC dose for a group of individuals or a certain medical condition, care must be taken in initial dose and combination with other drugs while closely monitoring for any unwanted effects.

Are there people who should not use medicinal cannabis?

There is no age limit for consideration for approval from Commonwealth and states as CBD is being used to help manage childhood epilepsy, however, as there are greater risks of exposure to THC for adolescents, such as an increased risk of developing psychosis and dependence, prescribing to those younger than 18 should be done with great caution.

The TGA guidelines note that medicinal cannabis is not appropriate for the following groups:

- those with active or previous psychotic or active mood or anxiety disorder
- women who are planning or currently pregnant or breast feeding. As there are known effects on sperm development men should also be cautious

- due to the effects on heart rate and blood pressure, prescribing to those with unstable cardiovascular disease is not recommended
- there should also be a caution for those with neurological conditions, as they appear to be at particular risk of developing side-effects from cannabis medications

Can those taking medicinal cannabis drive or use at work?

There is no exception for the use of cannabinoids for medicinal purposes in state and territory laws on roadside drug testing (RTD). Drug-driving is a criminal offence, and those thinking about using for any reason should discuss the implications for safe and legal driving with their doctor. People should not drive or operate machinery while being treated with medicinal cannabis.

Those subject to workplace or other drug testing, or where concern for safety operating machinery, should be aware that measurable concentrations of THC can be detected in urine many days (or even weeks amongst daily users) after the last dose. In addition, people involved in sports or other activities which test for THC as part of drug testing regimes should also not use medicinal cannabis as there are no exemptions yet announced.

Does this change in the law mean that cannabis is a safe drug for any kind of use?

Even when a medication has been approved by the government's regulation authority as having a demonstrated effectiveness and no known serious adverse effects it does not mean it is safe. Safe for its intended use, treating a condition for a particular person's current circumstances, does not mean it is harmless or that the drug will not adversely affect other people. It just means that it has been determined that the benefits of the drug outweigh the risks shown in the clinical trials and the drug can go to the public for its real test. Cannabis medications have not met even that test and that is why their prescription is heavily regulated for the patient, the doctor, and the pharmacist that are involved in any case.

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Are there particular risks for young people using medicinal cannabis?

We now know much more about the risks of cannabis. Studies have found that, compared with individuals who had never used cannabis, those who were daily users before age 17 years had significantly lower rates of high-school completion and degree attainment, substantially increased odds of later cannabis dependence, use of other illicit drugs, and suicide attempts. Other studies have shown a sixfold increase in the rate of psychosis development amongst young, regular cannabis users compared to non-users.

The recent change in Australian law regarding medicinal cannabis, however, means that it would only be prescribed for a limited range of serious and often life-threatening conditions where the risks of THC exposure on the developing brain are considered to be worth the potential benefits. It would only be prescribed when all other treatments have failed.

Does this mean it is now legal to smoke cannabis?

No, cannabis remains a highly regulated drug in Australia and its use and supply is controlled by a number of Commonwealth, state and territory laws. Patients will not be able to access medicinal cannabis products for smoking (only vaping where flower or oil is recommended by the doctor and is available for import until domestic production is available).

Do the legislative changes mean people can now grow their own medicinal cannabis legally?

Even when it has been prescribed for them by an authorised medical practitioner, the patient or carer is not able to grow the plant. Throughout Australia, it remains illegal to cultivate cannabis or manufacture cannabis products. The only exception will be where cultivation and manufacture is done under a licence and a permit granted under the Commonwealth licensing scheme for commercial scale manufacture of medicinal products.

Can people import a cannabis product over the internet or by post?

Personal importation of medicinal cannabis products by any means is not permitted.

Implications for health teachers

Drug education is primarily delivered as part of the health curriculum across all Australian states and territories. Lessons covering cannabis have been part of these drug education programs for many years, typically being introduced in the early secondary school years, following the introduction of tobacco prevention in primary school. Research has found that the earlier a person starts using cannabis, the greater the risk of a range of harms, including psychosis and dependence. It is therefore important that messages are delivered to students in an effort to prevent, or at the very least, delay cannabis use.

As part of those lessons, the issue of medicinal cannabis is likely to be raised. It is important to use these opportunities to 'debunk' some myths in this area. Some important messages that teachers need to convey to students around medicinal cannabis are as follows:

- **cannabis is still illegal across Australia – no jurisdiction has legalized the plant for recreational use**
- **'natural does not mean safe' – even so-called 'natural products', including cannabis, have risks**
- **risks around mental health, respiratory effects and dependence that recreational users may experience may also be experienced by those who use cannabis for medicinal purposes**
- **cannabis doesn't cure anything, it may ease the symptoms of some conditions**
- **medicinal cannabis, like any treatment, doesn't work for everyone**

Some of our most effective drug education is conducted in the early years of primary school where instead of talking about 'good drugs' or 'bad drugs', we highlight the inappropriate use of medicines, i.e., the importance of reading the packaging and taking them only as directed. Talking about medicinal cannabis in that context

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may also be helpful, i.e., if people are using cannabis for medical reasons, they should only use it in the way their doctor has prescribed.

In addition, there are currently a number of trials being conducted around the world investigating the use of other illicit drugs for therapeutic purposes. The field of 'psychedelic science' is growing, with MDMA (ecstasy) being used to treat PTSD and 'magic mushrooms' (psilocybin) and LSD considered as possible treatments for depression and anxiety. Although researchers acknowledge that the use of these substances is not 'risk-free', young people are often 'selective' when they access information. The idea that MDMA could be used as a 'medicine' could be used to justify their own drug use.

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