POSITION STATEMENT

Cannabis-Based Medicinal Products for the Management of Patients with Chronic Pain

Recommendation:

The use of cannabis-based medicinal products in chronic pain is not recommended – RAG status ‘Black’

This guidance does not apply to the use of Sativex® (delta-9-tetrahydrocannabinol and cannabidiol) oromucosal spray as an adjunct treatment for moderate to severe spasticity in multiple sclerosis.

Background

In June 2018 the Home Office launched a review into the scheduling of cannabis and cannabis-based products for medicinal purposes. The Chief Medical Officer (CMO) for England and Chief Medical Advisor to the UK Government, assessed the therapeutic and medicinal benefits of cannabis-based products for medicinal use in humans on prescription and found that there is conclusive evidence of therapeutic benefit for certain medical conditions, and reasonable evidence in several other medical conditions. Following these recommendations, The Advisory Council on the Misuse of Drugs recommended that “cannabis-derived medicinal products of the appropriate standard” be moved from Schedule 1 to Schedule 2 of the Misuse of Drugs Regulations, subject to further refinement of the definition of cannabis-based products for medicinal use. [1]

Guidance for the prescribing of cannabis-based products for chronic pain

The National Institute for Health and Care Excellence (NICE) was requested by the Department of Health and Social Care to produce a clinical guideline for the prescribing of cannabis-based products for medicinal use in humans. NICE Guideline 144 was published on 11th November 2019. [2] NICE made the following recommendations relating to chronic pain:

‘Do not offer the following to manage chronic pain in adults:

- nabilone
- dronabinol
- THC (delta-9-tetrahydrocannabinol)
- a combination of cannabidiol (CBD) with THC.

Do not offer CBD to manage chronic pain in adults unless as part of a clinical trial.'
Adults who started cannabis-based medicinal products to manage chronic pain in the NHS before this guidance was published should be able to continue treatment until they and their NHS clinician think it appropriate to stop. [2]

The Royal College of Physicians (RCP) has developed additional advice around prescribing of cannabis-based products for medicinal use in chronic pain.

The RCP recommendations state [3]:

“There is no robust evidence for the use of CBPM (cannabis-based products for medicinal use) in chronic pain and their use is not recommended.”

This RCP recommendation is supported by a Cochrane review in March 2018 which concluded, “There is a lack of good evidence that any cannabis-derived product works for any chronic neuropathic pain.” It also concluded that “The potential benefits of cannabis-based medicine in chronic neuropathic pain might be outweighed by their potential harms.” [3] [4]

Also, a comprehensive meta-analysis of pharmacotherapy for neuropathic pain recommended against the use of cannabinoids in neuropathic pain, the reasons being: negative results, potential misuse, diversion, and long-term mental health risks of cannabis particularly in susceptible individuals. Only two of nine trials of nabiximols in neuropathic pain were positive. [3] [5]


References


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Midlands and Lancashire Commissioning Support Unit,

**Jubilee House**, Lancashire Business Park, Leyland, PR26 6TR

**Tel:** 01772 644 400 | www.midlandsandlancashirecsu.nhs.uk