

## Advancing nurse leadership



Australian  
College of  
Nursing

Adjunct Professor Tim Greenaway  
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Dear Adjunct Professor Greenaway,

Thank you for the opportunity to provide input to the Chronic Pain Medicinal Cannabis Guidance documents. Please see Attachment A for the Australian College of Nursing's response to this consultation.

The Australian College of Nursing (ACN) is the pre-eminent and national leader of the nursing profession. We are committed to our intent of advancing nurse leadership to enhance health care and strongly believe that all nurses, regardless of their job title or level of seniority, are leaders.

Please do not hesitate to contact me should you require further information.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Kylie Ward', written in a cursive style.

Adjunct Professor Kylie Ward  
Chief Executive Officer  
RN, MMgt, Dip App Sci (Nursing), Acute Care Cert, FACN, Wharton Fellow, MAICD

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## Attachment A

### ACN's response to the use of cannabinoid products for chronic non-cancer pain in Australia

The Australian College of Nursing (ACN) believes that while there is limited evidence for the efficacy of cannabinoid use as first-line therapy in chronic non-cancer pain (e.g. pain associated with multiple sclerosis-neuropathic pain, arthritis, fibromyalgia, palliative care), there is a potential place for its use if other pain treatments have proven unsuccessful, either in isolation or as an adjunct therapy. In fact, some users have reported greater pain relief when cannabis has been used in combination with opioids than when opioids were used alone (Degenhardt, Louisa et al., 2015). In addition, section 6.3 of this draft references studies that have shown that adjunct cannabis administration diminished opioid dependence with reduced doses.

ACN acknowledges the risks associated with cannabinoid use, which may outweigh any potential benefits. In particular, potential drug interactions have not been widely studied and adverse effects (e.g. dizziness, nausea, drowsiness, and effects upon mood, cognition and attention) could affect a patient's quality of life with potentially dangerous consequences (e.g. toxicity). There is potential for significant pharmacokinetic interactions particularly with drugs metabolised by cytochrome P450 (CYP450) enzyme pathways. There may also be potential interactions with common substances and medications including alcohol, warfarin, theophylline and clobazam (DoH Columbia 2015). As such, ACN recommends that the guidance document include a recommendation that physicians should be aware of the potential for interactions and should consider this in prescribing decisions.

In order to strengthen the evidence base, ACN supports the need for further clinical trials of cannabinoids as unapproved therapeutic goods and conducted under the Clinical Trial Notification (CTN) Scheme and the Clinical Trial Exemption (CTX) Scheme, for approval and regulation by the Therapeutic Goods Administration (TGA). Other organisations that support further research include Palliative Care Australia and The Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (ANZCA). They have urged caution in its use, and expressed the need for full chemical, pharmacological and toxicological characterisation, and restricted access to prescribers (ANZCA 2015, Palliative Care Australia 2015, 2016).

ACN recommends involvement in planning guidance for the prescribing and monitoring of medicinal cannabis use for chronic non-cancer pain. Medicinal cannabis fits under a class 58 drug, hence nurses will require appropriate education alongside medical and pharmacy professions who will be highly involved in the prescribing and supply of cannabinoids.



## References

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