The case for Medicinal Cannabis

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Sources from Ireland, America, Serbia and worldwide agree that cannabis is the most popular and most commonly used illicit substance worldwide [1-3]. Internationally, there has been a gradual shift from prohibition to medicinal uses [4]. There have been many cases described in the literature of patients suffering from chronic conditions such as cancer, arthritis, Parkinson’s disease, multiple sclerosis, Human Immunodeficiency Virus infection (HIV), epilepsy, migraine, autoimmune disease, and psychiatric disorders self-medicating with cannabis for its therapeutic effects [5-7]. In addition, a systematic review and meta-analysis of 79 trials involving 6462 patients concluded that there was moderate quality evidence supporting the medicinal use of certain cannabinoids [8]. There was also low quality evidence supporting the use of cannabinoids for nausea and vomiting due to chemotherapy, sleep disorders and Tourette’s syndrome [8]. More recently cannabidiol has been shown to reduce seizure frequency in Dravet syndrome [9]. Cannabis contains several active substances. One which leads to addiction and is regarded as most toxic is tetrahydrocannabinol (THC) [10] However other compounds in cannabis, such as cannabidiol, appear to have therapeutic effect but with little of the addictive psychotropic effects.

There are two Food and Drugs Authority (FDA) approved cannabinoids available in the United States for treatment of nausea and vomiting associated with chemotherapy, namely dronabinol (Marinol) and nabilone (Cesamet) [11]. Another cannabis extract, nabiximols (Sativex), is in phase 3 clinical trials for use in multiple sclerosis and neuropathic pain linked to cancer, and is already available in Europe and Canada [11].

As with any drug with psychoactive properties that is used to treat chronic disease, there is always the risk of developing addiction. The safety of cannabis use as a medical treatment is not well researched and there is insufficient information on its long term side effects [2]. Other drugs with psychoactive properties and addiction potential such as morphine are routinely used for a number of conditions such as cancer related pain [12]. While there are concerns among healthcare professionals over the possibility of addiction, these are dealt with by limiting the drug’s availability by making it subject to the Misuse of Drugs Act (MDA) [12]. This results in close supervision of patients who are prescribed such drugs [13]. In our opinion, cannabinoids with proven therapeutic efficacy should be made available but subject to other legislation such as such as the Controlled Substances Act (USA) [14] and the Misuse of Drugs Act in the UK [15]. These could then be tested scientifically under controlled conditions and their risk/benefit balance defined rigorously. Funding from a neutral source such as the Health Research Board would help ensure the rigour of this research and the acceptability of the findings internationally. Only then can the true place of cannabinoids in medical therapeutics be determined.

Compliance with Ethical Standards

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Conflict of interest

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Ethical Approval
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References


