

## Review of Current Research Regarding the use of Medicinal Cannabis for MS and MND Symptom Management – December 2017

31 January 2018



### Executive Summary

With the increasing interest in Medicinal Cannabis for managing pain and spasticity in MS and other chronic conditions Multiple Sclerosis NZ and Motor Neurone New Zealand jointly commissioned, in 2017, the attached written report to:

1. Review and report on current research on the use of medicinal cannabis for multiple sclerosis (MS) and motor neurone disease (MND) symptom management;
2. Examine the risks and the risk/benefits of using medicinal cannabis; and
3. Review the current international recommendations for the safe use of medicinal cannabis for MS and MND symptom management.

The report is designed to contribute to an informed debate about the information and research into the benefits that cannabis can provide medicinally. The information is intended to allow the reader to formulate their own informed decision as to their support or otherwise for use. This supporting executive summary has been compiled by the Multiple Sclerosis Society of New Zealand and focusses on the impact to people with MS only as we do not have the mandate to speak on behalf of other organisations or conditions.

The term 'medicinal' in this report refers to the situation in which cannabis is used and in this case, for a medical need rather than recreational use. It does not distinguish between cannabis that is a pharmaceutical grade product from that which could be grown or procured privately. This report reviews the benefits and risks associated with use for medicinal purposes.

Pain and spasticity are well known effects of MS and can have a detrimental effect on a person's mental health, wellbeing and quality of life. Many find little or no relief in the currently available medications, which also possess their own side effects and dependencies. This has resulted in the need to explore alternative options. Several years of global studies and research into the positive effects of the use of cannabis has proven that positive benefits can be provided to people with MS in the symptomatic management of pain and spasticity.

Pain can be neuropathic (arising from damage to the nervous system), related to muscle spasms, nerve damage or a combination. Studies have shown cannabis can reduce neuropathic (nerve damage) pain by 30% and is more effective than gabapentin, the current frontline therapy for neuropathic pain. In a 2016 study of chronic pain (both neuropathic and non-neuropathic), 69.5% of patients reported a significant reduction in pain scores and improvement in quality of life. Additionally, 44% of participants who were taking opioids at the start of the study had completely discontinued use by the end.

The majority of medicinal cannabis studies have researched spasticity in muscles where they involuntarily contract. This causes tightness, stiffness and pain in muscles and can interfere with

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normal movement. However, it should be noted that spasticity also affects other internal organs including the bladder which have not been studied. It has been known since 2000 that cannabinoids can control spasticity in MS. Studies have shown that patients have reported a 29.4% improvement in muscle stiffness through cannabis use. In New Zealand the only pharmaceutical grade cannabis product, Sativex, has been approved by MedSafe for use in MS spasticity but not pain. PHARMAC have declined to fund Sativex for use in MS spasticity and currently must be paid for privately.

The results of many of the studies focus on the patient reported outcomes. This should not diminish the importance of the results. Pain and spasticity are significant contributors to people with MS having poor mental health, depression, inability to work, contribute to their communities or look after their families. Many people with chronic pain and spasticity, who would benefit most from access to medicinal cannabis, do not have access to other treatments in New Zealand. Symptom management is the only option available.

It is also important to highlight that MS is a chronic but not terminal condition which people can live with for 30+ years. Safe, free and legal access will support these people who live with chronic pain and spasticity for many years, rather than at the end of their life. Through education, informed consent and control of the products available, people with MS should be able to make their own fully-informed decisions about whether the benefits outweigh the potential risks.

MSNZ supports regulated cannabis-based products for medicinal purposes being made available, free and legally, to people with MS for the management of pain and spasticity, on prescription from their GP or neurologist. The Society recommends people with MS educate themselves about the benefits and potential risks of any treatment option and make decisions in consultation with their families and primary health care providers.