

Chronic pain is pain that lasts for more than 3 months, or in many cases, beyond normal healing time.

Conditions such as migraine, osteoporosis, arthritis and other musculoskeletal ailments, particularly back pain, are well recognised long term (chronic) conditions that cause pain. Other types of pain include nerve pain, pelvic pain, abdominal pain, facial pain and persistent post-surgical pain.

Sudden, short term (acute) pain can change to chronic pain if it is not treated or poorly treated. The longer pain remains untreated, the greater the risk of the body becoming sensitised to pain, and the pain becoming long term.

Chronic pain and its psychological effects such as anxiety and depression have the potential to reduce quality of life, not only for the person with pain but for the family as well.

### **Current treatment**

Depending on the type of pain, generally medications are used to manage it. There are various forms of medication depending on the pain type. When medications are used with other strategies such as physiotherapy, psychological therapy, physical therapies (massage, yoga) and relaxation techniques (stress management, meditation), it can help manage chronic pain. Other treatments such as nerve blocks, steroid injections and surgery may also be used.

Most people benefit from a range of different treatments and self-management techniques.

### **Chronic pain and medical cannabis**

Current pharmaceutical treatments for chronic pain may be limiting, with fewer than 20% of people reporting pain relief of 50% or more, and in some cases little benefit. Even when pain relief is obtained, current medications can have significant side effects – including the potential for abuse/misuse – and are often unsuitable for long-term use. This has led people to seek alternative options.

Approximately 65% of medical cannabis prescriptions in Australia are to treat chronic non-cancer pain. Apart from potential pain reduction and sparing the use of opioids, medicinal cannabis for chronic pain, may include benefits such as improved sleep, better quality of life and positive mood, all of which may also contribute to improvements in chronic pain.

One study found more than 35% of people using cannabis (non-prescription) for medicinal purposes use the cannabis as a substitute for opioids or narcotics for the treatment of pain, and at a lesser extent for anti-anxiety and antidepressants. People using prescribed pain medicine who use cannabis (non-prescribed) to treat pain, report that cannabis is more effective than their prescribed pain medicine. In an open-label study, cannabis (6–14% THC, 0.2–3.8% CBD) taken daily for 6 months people reported a significant reduction of pain symptom score, pain intensity score, and pain interference score. In addition, a significant proportion of people (44%) using opioids discontinued opioid consumption with cannabis intervention. In retrospective studies, a similar association between cannabis use and a reduction in opiate use for chronic pain has been observed.

More effective drug therapy alternatives with fewer side effects are needed for pain relief. Future stringent randomised controlled trials are needed to verify the effectiveness of cannabinoids for pain, and to better understand its potential side effects, and long-term effects.

## Support Organisations

Chronic Pain Australia <https://chronicpinaustralia.org.au/>

Pain Australia <https://www.painaustralia.org.au/>

## References

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## Abstracts

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