

## Cannabis Research – Concurrent Sessions

Thursday 19 September  
2.00 – 3.00pm

### **Don't make a hash of it! A systematic review of cannabis regulations**

Dr Sean Evans, Psychiatric Registrar Trainee, Capital and Coast District Health Board  
Karen Oldfield, Senior Research Fellow, Medical Research Institute of New Zealand and PhD student, Victoria University, Wellington  
Irene Braithwaite, Deputy Director, Medical Research Institute of New Zealand, Wellington  
Giles Newton-Howes, Associate Professor, Department of Psychological Medicine, University of Otago, Wellington

**Aim:** The aim of the review was to determine how medical and recreational cannabis legislation and guidelines differ across the globe, examining the consequences of their implementation and how these regulations may reflect the region where they were developed.

**Method:** A qualitative systematic review using constant comparative analysis was developed using PRISMA guidelines. The primary search terms were derived from 'cannabis' and 'cannabinoids' AND 'regulations' OR 'jurisprudence' OR 'legalisation. The search was undertaken in a series of electronic databases. Papers were included if they involved countries or states if they had some sort of cannabis regulations in place and the presence of pre and post regulation data. Data was coded and themes subsequently synthesised.

**Results:** A total of 12,493 papers were screened for inclusion in the study. After inclusion and exclusion criteria were applied, 504 studies were selected for full-text review and concurrent data extraction to the point of theme saturation. The main themes identified were: drivers of use with sub-themes of normalisation and economics; implementation of guidelines with the sub-theme of the gatekeeper's effect; and post-implementation effects with the sub-themes of impact on communities and individuals' health.

**Conclusion:** As New Zealand is going through a period of legislative change in regards to its approach to the use as cannabis as a medicine, this review provides considerations towards any new regulations and their possible consequences.

#### **Biography of presenting author**

Sean is a stage two trainee on the Royal Australia New Zealand College Psychiatry training scheme. He is currently working in the Regional Rehabilitation and Extended Care Inpatient Service, Porirua. He is interested in pursuing a career in addiction medicine and believes that the potential effects of the use of cannabis as a medicine must be carefully considered within the global climate and the New Zealand context.

# Knowledge of General Practitioners about the use of cannabis as a medicine

Karen Oldfield, Senior Research Fellow, Medical Research Institute of New Zealand, and PhD student, Victoria University, Wellington

Irene Braithwaite, Deputy Director, Medical Research Institute of New Zealand, Wellington

Richard Beasley, Director, Medical Research Institute of New Zealand

Allie Eathorne, Research Assistant, Medical Research Institute of New Zealand, Wellington

Giles Newton-Howes, Associate Professor, Department of Psychological Medicine, University of Otago, Wellington

Alex Semprini, Deputy Director, Medical Research Institute of New Zealand

**Aim:** Recent legislative change has resulted in a growing interest in the use of cannabis as a medicine in New Zealand. We wished to explore the knowledge base of General Practitioners (GPs) about the use of cannabis as a medicine. We wanted to understand what is needed for patients and GPs to be able to have informed conversations about the risks and benefits of its use in future consultations.

**Method:** A convenience sample of GPs completed a questionnaire during continuing medical education sessions. Key domains investigated were: patient interactions around use of cannabis as a medicine; prescription facilitation and impediments; knowledge of evidence for and against the use of cannabis as a medicine; knowledge of the New Zealand regulatory processes and knowledge of pharmaceutical-grade products

**Results:** There were 42/76 (55%) GPs who stated that at least one patient had asked for a cannabis prescription for medical use in the past 12 months and 43/76 (57%) were aware of pharmaceutical-grade preparations, the majority Sativex. There were 59/75 (79%) who expressed concerns about future prescribing, however 63/75 (84%) indicated they would be 'somewhat' or 'very likely' to prescribe a Pharmac-funded product with good evidence in specific conditions.

**Conclusions:** Some GPs have concerns about prescribing medicinal cannabis. Due to regulatory restrictions, including no currently funded products, and uncertain scientific evidence of efficacy and safety, education programmes will be required to inform the medico-legal, evidential and practical elements of prescribing cannabis as a medicine.

## Biography of presenting author

Karen is a Senior Medical Research Fellow at the Medical Research Institute of New Zealand and a Fellow of the Royal New Zealand College of General Practitioners. She is an academic General Practitioner currently involved in clinical research. She has an interest in the use of cannabis as a medicine and exploring its therapeutic potential with a particular focus on efficacy and safety. She is a PhD candidate at Victoria University, Wellington, where she is looking at the

clinical use of cannabinoids in New Zealand. She is a member of the Medical Cannabis Research Collaborative.

## **Substance use in pregnancy: how much do we really know and what can we do about it?**

Clara Dawkins, Medical Officer and Trainee Fellow of the Faculty of Addiction Medicine, Royal Australasian College of Physicians, Community Alcohol and Drug Services

Understanding substance use in pregnancy is fundamental to changing outcomes for the children of substance use dependent mothers. At present, mothers are being cared for primarily by midwives and other health professionals who, in many cases, have very little knowledge of substance use disorders. Women fear discrimination, stigma and judgment if they disclose the use of illicit and non-illicit substances in pregnancy.

It is also known that women who use substances are less likely to engage with health care providers during the prenatal period. This increases the likelihood of adverse outcomes in the perinatal period, for example higher risk of anaemia and higher risk of being admitted to intensive care. There is also emerging evidence of long-term outcomes for children whose mothers have been dependent on alcohol and other substances such as cognitive impairment, especially with alcohol use.

As health practitioners, we often encounter inter-generational substance use disorder, which in many cases contributes to traumatic experiences in childhood. If we as clinicians and health professionals were able to provide better support and adequate information about outcomes and treatment of substance use disorder, it is likely that we would be able to reduce the burden of substance use in pregnancy.

Currently, prenatal advice is mainly limited to tobacco and alcohol. There is a lot of controversy about the advice being provided, despite the strong evidence available about these substances and the adverse outcomes related to their use.

This presentation aims to review the evidence that has been published in the past 10 years, mainly for cannabis and methamphetamine use in the prenatal and perinatal period.

The presentation aims to provide the audience with key points about substance use and to highlight the need for funding more support for substance use advice and treatment during the prenatal and postnatal period.