



Cancer Association of South Africa (CANSA)

Fact Sheet and Position Statement on Cannabis in South Africa

Introduction

Cannabis is a drug that comes from Indian hemp plants such as *Cannabis sativa* and *Cannabis indica*. Cannabis is a generic term used to denote the several preparations of the plant *Cannabis sativa*, commonly known as 'dagga'.



The Legal Status of Cannabis in South Africa

The Drugs and Drug Trafficking Act, 1992 (Act No 140 of 1992) is currently still the controlling legislation on street drugs in South Africa including Cannabis even though certain Sections pertaining to cultivation, possession, and use of Cannabis by adults in private, and for private use, have been declared invalid with immediate effect. Supply and dealing in Cannabis, however, is still illegal.

The Cancer Association of South Africa (CANSA) noted the unanimous judgment, read by Deputy Chief Justice Ray Zondo in the Constitutional Court on Tuesday, 18th September 2018, that Sections 4 (b) and 5 (b) of the Drugs and Trafficking Act, 1992 (Act No 140 of 1992) and Section 22A of the Medicines and Related Substances Control Act, 1965 (Act No 101 of 1965) were inconsistent with the Constitution of the Republic of South Africa, 1996 (Act No 108 of 1996 [as amended]).

The Court Order read out by Deputy Chief Justice Zondo is as follows:

In short, the Court Order:

- (a) decriminalises the use or possession of cannabis by an adult in private for that adult person's personal consumption in private; and
- (b) it decriminalises the cultivation of cannabis by an adult in a private place for that adult's personal consumption in private.

The Constitutional Court order provided the South African Parliament with a time frame of 24 months to prepare legislation in line with the Constitutional Court's Order.

The Cancer Association of South Africa (CANSA) also noted the inclusion of Cannabidiol (CBD) under Schedule 6 in Regulation No 748, proclaimed under the Medicines and Related Substances Act, 1965 (Act No 101 of 1965) in terms of Section 22A(2) by the Minister of Health, and published in Government Gazette No 41009 of 28 July 2017.

CANSA's Position on Cannabis and its Derivatives

The Cancer Association of South Africa (CANSA) has the mandate to look after the interests of patients diagnosed with cancer as well as all those individuals affected by the disease. Furthermore, CANSA has the responsibility, by means of evidence-based scientific information, to educate the public regarding cancer, how to live a healthy lifestyle, and how to reduce one's risk for cancer.

CANSA is aware of the inclusion of Cannabidiol (CBD) as a recognised Schedule 6 medicine. It is expected that Government will soon regulate other aspects of medicinal cannabis for prescribed health conditions. Until such time as all the remaining legal processes have taken place, medicinal cannabis becomes available in South Africa, and valid clinical trials on Cannabidiol has been successfully concluded, CANSA maintains the following position:

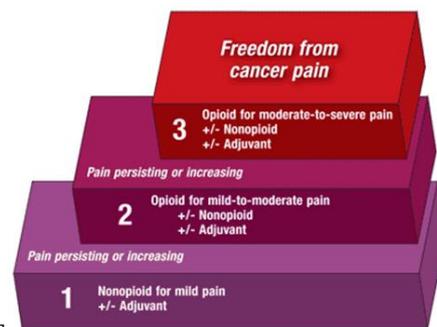
- CANSA cannot support the use of Cannabis (excluding medically prescribed Cannabidiol) as long as Cannabis is still illegal in South Africa.
- CANSA cannot support the smoking of Cannabis as smoking is dangerous to health – whether one speaks of tobacco products or Cannabis.
- CANSA cannot currently recommend the use of Cannabidiol for use by cancer patients until such time as successful clinical trials have been concluded indicating that the benefits of Cannabidiol use outweigh any possible associated risks with the use of Cannabidiol in the palliation and/or treatment of cancer.
- CANSA, however, recognises the right of any patient to request a prescription for the use of Cannabidiol from his/her doctor and also recognises the right of medical practitioners to prescribe Cannabidiol to their patients.
- CANSA supports the World Health Organization in its guidelines for the control of cancer pain. To this end CANSA believes that there are medicines available for the control of pain. Morphine is one of the drugs of choice for the control of severe pain and is also available at a reasonable cost.
- CANSA is also of the opinion that there are currently medicines available for use in South Africa for the effective treatment of nausea, vomiting and other conditions related to cancer including palliative and end-of-life care until other complimentary medicines may become available.
- CANSA can also not support the use of natural and/or synthetic cannabinoids and/or THC and/or any other possible active substances (natural or synthetic) that can be derived from Cannabis until such time as successful clinical trials have been concluded and clear indications for the specific use of Cannabidiol in the palliation and/or treatment of cancer has become available.

- Whenever the legal processes have taken their course, and a decision is taken to allow the legal importation and/or manufacture and/or distribution of medicines containing natural and/or synthetic cannabinoids and/or THC and/or any other possible active substances (natural or synthetic) that can be derived from Cannabis, and until such time as successful clinical trials have been concluded and clear indications for the specific use of Cannabidiol in the palliation and/or treatment of cancer has become available, CANSA will investigate and reconsider its position with regard to medicinal cannabis.

The World Health Organization and Cancer Pain Relief

The World Health Organization (WHO) introduced the 3-step WHO ladder approach to cancer pain relief.

If pain occurs, there should be prompt oral administration of drugs in the following order: non-opioids (aspirin and paracetamol); then, as necessary, mild opioids (codeine); then strong opioids such as morphine, until the patient is free of pain.



[Picture Credit: WHO 3-stel Ladder]

In the case of cancer pain in children, WHO recommends a two step ladder approach.

Using a two-step strategy for pain relief in children - the WHO recommends treating pain in two steps, based on pain severity assessment: ²

- Step 1 is for mild pain. The medicines used are non-opioid analgesics like paracetamol and ibuprofen. These substances have a fixed maximum dosage and can provide only limited analgesia. ²
- Step 2 is for moderate and severe pain. Strong opioids are used, e.g. morphine, using a weight-appropriate starting dose. The dosages recommended by WHO are lower than those recommended elsewhere. As long as the pain is not sufficiently addressed, the dosage needs to be increased in steps of no more than 50% per 24 hours.

According to Mercadante & Fulfaro (2005) the WHO method remains of paramount importance and should continue to be encouraged when approaching advanced cancer patients with pain, for the high chances of success, ranging between 70 and 90%. Despite the lack of strong evidence to produce unbiased estimates of the proportion of patients in whom the ladder produces satisfactory results and the fact that no controlled studies with other methods have been conducted to assess its validity, there is the risk to underestimate the educational meaning of this simple approach.

Although these guidelines can be implemented, currently the correct use of the WHO method can lead to adequate long-term pain control in most patients with advanced cancer disease. (World Health Organization; Persisting Pain in Children; Mercadante & Fulfaro).

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This Fact Sheet and Position Statement is intended to provide general information only and, as such, should not be considered as a substitute for advice, medically or otherwise, covering any specific situation. Users should seek appropriate advice before taking or refraining from taking any action in reliance on any information contained in this Fact Sheet and Position Statement. So far as permissible by law, the Cancer Association of South Africa (CANSAs) does not accept any liability to any person (or his/her dependants/estate/heirs) relating to the use of any information contained in this Fact Sheet and Position Statement.

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References and Sources Consulted or Utilised

Drugs and Drug Trafficking Act, 1992 (Act No 140 of 1992)

Mercadante, S. & Fulfaro, F. 2005. World Health Organization guidelines for cancer pain: a reappraisal. *Annals of Oncology* 16 (Supplement 4): iv 132 – iv 135, 2005. doi:10.1093/annonc/mdi922.

Persistent Pain in Children

<http://apps.who.int/medicinedocs/documents/s19992en/s19992en.pdf>

Regulation No 748

Regulations issued under the Medicines and Related Substances Act, 1965 (Act No 101 of 1965) in terms of Section 22A(2) by the Minister of Health, and published in *Government Gazette* No 41009 of 28 July 2017.

World Health Organization

<http://www.who.int/cancer/palliative/painladder/en/>

WHO 3-step Ladder

<https://www.uspharmacist.com/article/overview-of-adult-outpatient-cancer-pain-management>