



PCCN

Primary Care Cannabis Network

TALKING TO YOUR PATIENTS ABOUT MEDICAL CANNABIS

GPs in the UK are likely to find themselves encountering more patients who are being prescribed medical cannabis or who are using over the counter CBD for a range of health conditions. This guide offers clinical advice so doctors feel comfortable talking to their patients.

June 2021

primarycarecannabisnetwork.com

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**TALKING TO YOUR
PATIENT ABOUT
MEDICAL CANNABIS**

WHY DO GPs NEED TO KNOW ABOUT MEDICAL CANNABIS?

GPs in the UK are likely to find themselves encountering more patients who are being prescribed medical cannabis or who are using over the counter CBD for a range of health conditions.

A nationwide survey undertaken by the PCCN in January 2021 found that medical cannabis and CBD are subjects that are commonly being discussed in GP consultations across the UK and GPs still lack knowledge on medical cannabis and are unaware of the various options and referral pathways that exist for their patients within the UK.

The number of patients accessing medical cannabis through private medical cannabis clinics are increasing month on month and GPs will begin to find themselves needing to be better equipped to understand what is being prescribed and how this may affect or interact with other areas of provided care.

GPs need to be well informed and able to support patients who wish to learn about these medicines or choose these treatment pathways.

SUPPORTING PATIENTS

Doctors have a duty to be informed on subjects related to health and wellness and should keep up to date with latest scientific developments.

There has been rapid growth in research and development of cannabis-based medicines over the past two decades.

As a result, cannabis for medical use is now legal in over 50 countries across the globe with GPs playing a significant and active role in prescribing.

Feedback from patient groups and patient surveys within the UK highlights that some individuals have had negative experiences when discussing eligibility for a medical cannabis script or even when discussing the use of over the counter CBD with their own GPs:

"My GP told me there hasn't been enough research on it and it only makes you forget your pains that are there."

"About two years ago I suggested medical cannabis to my GP. She said 'This is not America' and gave me a Tramadol prescription. So there you have it, opiates are ok but cannabis is a harmful drug with no value."

"The opinion of my GP is that 'Cannabis is a rubbish drug that is no good for you'. I am an ex-military soldier and with my PTSD I find cannabis the only thing that helps subdue my nightmares amongst other things. My GP also reported to the DVLA that I was a 'drug abuser' and so my licence was revoked, I lost my job and then my home. We really need more education within our medical doctors about alternative or natural treatments."

"I feel that my GP would have me eating every anti-depressant under the sun before they would consider me taking medical cannabis."

"I just received a reply from my GP after requesting support for applying for a private medical cannabis prescription. This is the response I got - The Surgery does not support the prescribing of cannabis. If you wish to discuss with a GP regarding alternative medication to help you please make an appointment in the usual way."

"I haven't mentioned it. They probably wouldn't understand."

KEY MESSAGES FOR GPs

It is vital that patients are able to feel listened to in a non-judgemental way and that GPs are open minded and supportive of all potential treatment pathways that exist within the UK medical framework.

The PCCN was created by GPs for GPs to help them feel comfortable and well informed discussing all aspects of cannabis-based medicines with patients.



1. Know the facts about medical cannabis and the endocannabinoid system

2. Listen to the individual needs of your patient whilst treating the matter seriously

3. Be open-minded and non-judgmental and be prepared to drop any pre-existing stigma or prejudice around cannabis-based medicines

4. Understand the options and referral pathways that exist for patients in the UK

5. Keep up to date with developments in medical cannabis research

WHAT OPTIONS DO PATIENTS HAVE?

Licensed cannabis based medical products (CBMPs)

In the UK, only MHRA approved and licenced cannabis based medical treatments receive full NHS funding and are supported by NICE. These include Epidiolex (with clobazam) for intractable epilepsy, Sativex for spasticity in MS and Nabilone for nausea and vomiting in chemotherapy [1].

GPs may be expected to continue to prescribe these licenced CBMPs under the direction of a specialist for these specific indications, although in practice these tend to remain solely within secondary care. In most areas of the UK, licenced CMBPs have been added to “red lists” by area prescribing committees which prohibits prescribing within primary care settings. In exceptional circumstances GPs may be asked to prescribe/administer but the specialist must provide adequate information and support and retain overall clinical responsibility.

Unlicensed CBMPs

Unlicensed, whole plant products remain the treatment of choice for the majority of patients and are readily available in the private sector for those who are able to afford this route of access. Whole plant products, which contain a full spectrum of cannabinoids and other active compound from the cannabis plant need to meet high standards of quality control so that the prescriber can be satisfied about safety and consistency of the product. Generally, this products need to meet EU Good Manufacturing Practice standard and importation requires approval by the Medicines and Healthcare products Regulatory Agency (MHRA) and an import license from the Home Office.

WHICH CONDITIONS ARE SUITABLE FOR A TRIAL OF CBMPS?

There is no definitive list and there are no restrictions on conditions that can be prescribed for in the UK. Data from the private sector shows that the majority of CBMP prescriptions are being issued for pain and anxiety followed by conditions such as MS, PTSD, and epilepsy [2].

Anecdotally, patients turning to private clinics for medical cannabis treatments or who are utilizing over-the-counter CBD often are those who often have failed to respond adequately well to licensed and more conventional treatment regimes.

Most of the private medical cannabis clinics in the UK now offer treatment for a broad range of conditions including chronic pain, mood disorders, fibromyalgia, neurological conditions, migraines, GI, and dermatological conditions.

Private clinics in the UK offering medical cannabis treatments must be CQC regulated and must also demonstrate that the highest standards of care are upheld. Decisions on eligibility for medical cannabis are made appropriate to the circumstances of individual patients who are assessed by specialists on a case-by-case basis and after consideration of any alternative treatments. .



WHAT IS THE EVIDENCE BASE FOR CANNABIS-BASED MEDICINES?

Cannabis was re-classified as a schedule 2 drug after careful consideration of existing data on efficacy. A comprehensive report in 2018 on the evidence of the therapeutic and medicinal benefits of cannabis-based products (by professor Dame Sally Davis, ex-chief medical officer for England and Chief Medical Advisor to the UK Government) summarised that there is conclusive evidence of the therapeutic benefit of cannabis-based medicinal products for certain medical conditions and reasonable evidence of therapeutic benefit in several other medical conditions [3].

Most evidence contained within this report was sourced from a publication by the US National Academies of Sciences, Engineering, and Medicines (NASEM) on the health effects of cannabis and cannabinoids [4]. (NASEM is the American equivalent to our Royal Society and Academy of Medical Sciences: a government-recognised but fully independent body of some of the most eminent scientists and medical professionals within North America).

SUMMARY OF NASEM FINDINGS

Conclusive or substantial evidence that cannabis or cannabinoids are effective for:

- The treatment of chronic pain in adults, as a treatment for chemotherapy-induced nausea and vomiting, for improving patient-reported multiple sclerosis spasticity symptoms.

There is **moderate evidence** that cannabis or cannabinoids are effective for:

- Improving short-term sleep outcomes in individuals with sleep disturbance associated with obstructive sleep apnoea syndrome, fibromyalgia, chronic pain, and multiple sclerosis.

There is **limited evidence** that cannabis or cannabinoids are effective for:

- Increasing appetite and decreasing weight loss associated with HIV/AIDS
- Improving clinician-measured multiple sclerosis spasticity symptoms
- Improving symptoms of Tourette syndrome (THC capsules)
- Improving anxiety symptoms
- Improving symptoms of post-traumatic stress disorder better outcomes (i.e., mortality, disability) after a traumatic brain injury or intracranial hemorrhage.

For many other indications, there are individual case reports or case series implying benefit but a large evidence base is currently lacking.

These include:

- Motor control in Parkinson's disease
- Dystonia
- Huntington's disease
- Behavioural control in dementia
- Gastrointestinal disorders including IBS, Crohn's, and ulcerative colitis
- Depression
- Obsessive-compulsive disorder
- Autism spectrum disorder
- Cancer

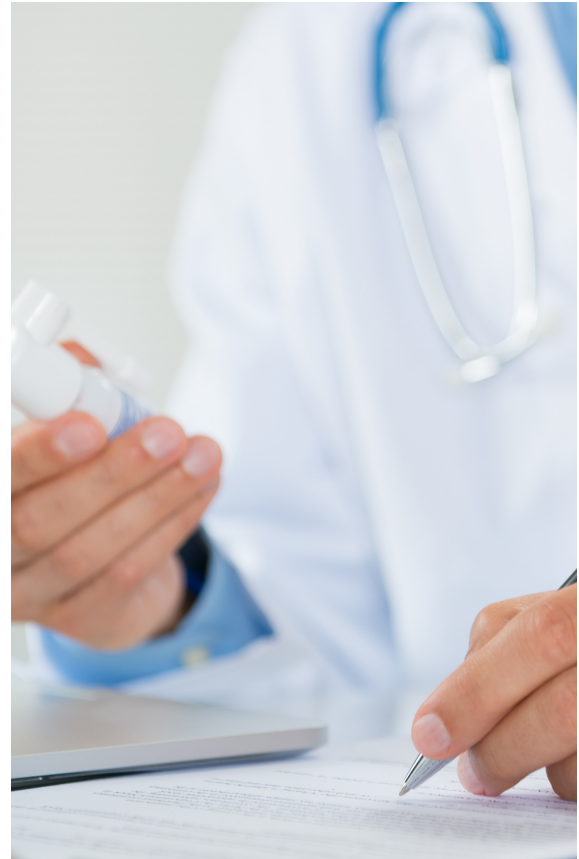
HOW ARE CANNABIS BASED MEDICINES PRESCRIBED?

Unlicensed CBMPs in the UK are schedule 2 drugs and are subject to the full controlled drug requirements of any other schedule 2 drug which includes strict rules around labelling, storage and prescriptions.

CBMPs must be prescribed under the "Specials" system on a "named patient" basis.

The prescribing doctor will be expected to prescribe within the boundaries of their knowledge and should not prescribe unlicensed CBMPs if there are more suitable licenced products that are available and have not been used.

It is not mandatory that all licensed products have been tried first for a particular condition as this is often not practical or necessarily in a patient's best interests.. The decision to prescribe a CBMP is ultimately up to an individual specialist prescriber. The doctor should be fully aware of the GMC Guidance on prescribing unlicensed medicines and of the clinical governance procedures in their own trust or private clinic.



HOW ARE CBMPs ADMINISTERED?

Oral - Oral and gastrointestinal tract absorption is slow and erratic due to first pass metabolism and leads to variable pharmacokinetics.

Sublingual/transmucosal - administration in this form allows direct uptake into the blood which eliminates first pass metabolism.

Suppositories - may be suitable for those who are unable to swallow capsules or take oils orally.

Intranasal route - bypassing the oral route may be of benefit to patients who experience nausea, vomiting, oral mucositis or impaired gastrointestinal function.

Vaping / inhalation - Cartridges of oil or dried flower are heated to the point of vaporization which results in rapid onset as cannabinoids are absorbed through the lungs into the bloodstream.

Topical / transdermal - Topical application provides a pathway for local rather than systemic absorption of CBMPs and the avoidance of the first-pass metabolism effect improves drug bioavailability.

Smoking - which involves direct combustion of cannabis flower can produce harmful toxins which are damaging to the lungs and is strictly prohibited under UK law.



GP REFERRAL LETTERS

Referrals work in the same way as any other referral to secondary care with a GP referral letter outlining why the referral is required, details of relevant functional or social circumstances, medical history and diagnoses.

Copies of recent referrals from relevant specialists are also very helpful and may identify treatment that have not been explored or contraindications to cannabis based medicines. Many of the private UK medical cannabis clinics have templates for GPs to use which may help quicken and streamline the referral process.

Where to refer?

Patients wishing to be considered for a medical cannabis script may choose to attend a private medical cannabis clinic. To view a full list of clinics operating in the UK please refer to our clinic list on our resources page. .



COST OF TREATMENTS

Patients accessing medical cannabis through private medical cannabis clinics will need to cover the costs of consultations and monthly scripts. Prices vary depending on the medical condition being treated and the type of product but as of June 2021 patients should expect to pay a figure of between £100-150 for an initial consultation and between £300-500 per month for prescriptions. As medicinal cannabis is a personalised treatment, the cost can vary significantly based on product, the dose required, and whether the medication is subsidised under an access scheme.

Access schemes

Access schemes aim to provide access to treatment at a subsidised or reduced cost.

Project Twenty21

Project Twenty21 is a registry aiming to monitor the health outcomes of patients using cannabis-based medicinal products, creating the largest body of evidence in Europe for the safety and efficacy of CBMPs. Patients may wish to enroll themselves in this registry to help contribute to data collection and additionally, considerable savings can be made as scripts are heavily subsidised by licensed producers. Treatment is provided at a network of private clinics across the UK that utilise best-practice in medical cannabis treatment [5].

Sapphire Access Scheme

The Sapphire Access Scheme allows patients to gain greater insight into how their medical cannabis treatment is affecting them. Patients benefit from reduced costs of consultations, as they contribute to the Sapphire Medical Cannabis registry. Whilst patients do have to fund their consultations, the scheme provides access to cost savings for all appointments at Sapphire Medical Clinics [6].

Additional Support for Patients

Patients may benefit from joining patient communities and meeting other people with similar conditions to themselves who have experience of cannabis on prescription. PLEA (which stands for Patient-Led Engagement for Access) focuses on harm reduction and works to engage patients, doctors, and researchers to remove barriers to access and accelerate the integration of cannabis medicines within mainstream healthcare. PLEA offers further support for patients who wish to explore these treatments further and provides an excellent range of patient resources [7].

Individual organisations including Parkinson's UK, The Epilepsy Society, and The MS Society have published their own position statements on medical cannabis and offer information for patients on their respective websites [8-11].

SIDE EFFECTS

Side effects of cannabis-based medicines

It is mainly the higher THC products that produce more troublesome short-term effects such as drowsiness, dry mouth, disorientation, euphoria and confusion. These problems are generally less of an issue in lower THC medical cannabis, especially when counteracted by CBD. CBD in high doses may cause somnolence and sedation.

Contraindications

As previously outlined, the decision to prescribe an unlicensed CBMP ultimately is made by the prescribing doctor after careful consideration of an individual patient and available evidence. However as a rule and referencing prescribing trends seen in more established medical cannabis markets, the following would generally be seen as contraindications to CBMPs [12] -

- a history of schizophrenia or psychosis or a family history of these conditions in a first degree relative - for THC containing products. This is especially the case in younger males and those under 25 years of age.
- Cannabis (usually high THC products) can cause high pulse rate and a relative contraindication would be a heart condition that could be exacerbated by a high pulse - for example recent MI or unstable cardiac disease
- Cannabis hyperemesis syndrome (a rare complication, mainly occurring in high THC street product users).
- Cannabis use disorder (cannabis dependency syndrome)
- A prior history of allergy to cannabis or carrier oils;
- pregnancy or breastfeeding

Medical cannabis vs Recreational Cannabis

Medical cannabis is a broad term used to describe cannabis-based products that are used for medical purposes. The majority of products currently available in the UK are unlicensed (i.e. have not been granted a license for a specific condition through the MHRA which is a timely and costly process) and can be prescribed after careful consideration of other options available. Cannabis-based medicines on prescription must be produced in controlled and regulated environments and governed by processes that guarantee quality, consistency and safety.

Most of the street cannabis sourced illicitly within the UK for recreational purposes has been selectively bred over recent decades to produce high THC content strains of cannabis to increase the “high” that users experience. Such unregulated cannabis may contain harmful pesticides and, heavy metals, amongst other unknown additives. High potency THC strains of cannabis with no or very low CBD content may lead to psychiatric issues in those individuals with a vulnerability to psychosis (such as a previous episode or a strong family history) and who use cannabis heavily and from an early age. [13]

REFERENCES

- [1] www.nice.org.uk/guidance/ng144
- [2] www.drugscience.org.uk/tag/twenty21/
- [3] www.gov.uk/government/publications/cannabis-scheduling-review-part-1
- [4] www.nap.edu/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state
- [5] www.drugscience.org.uk/project-twenty21/
- [6] www.sapphireclinics.com/sapphire-access-scheme/
- [7] www.pleacommunity.org.uk
- [8] www.parkinsons.org.uk/news/parkinsons-uk-responds-new-laws-cannabis-based-medicines
- [9] www.epilepsysociety.org.uk/about-epilepsy/treatment/cannabis-oil-epilepsy
- [10] www.epilepsy.org.uk/info/treatment/cannabis-based-treatments
- [11] www.mssociety.org.uk/about-ms/treatments-and-therapies/cannabis
- [12] www.ukmccs.org/wp-content/uploads/2020/03/Recommendations-and-Guidance-on-Medical-Cannabis-under-Prescription-2nd-Edition-2020.pdf
- [13] Ksir C, Hart CL. Cannabis and Psychosis: a Critical Overview of the Relationship. *Curr Psychiatry Rep.* 2016 Feb;18(2):12. doi: 10.1007/s11920-015-0657-y. PMID: 26781550.