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QUICK GUIDE

Medical cannabis: a practical guide for GPs and community pharmacists

As awareness of cannabis-based medicinal products (CBMPs) grows, enquiries about medicinal cannabis are becoming increasingly common in primary care. Over two-thirds of GPs report being asked about medicinal cannabis by their patients at least every six months.¹ This places GPs and community pharmacists on the frontline of discussions about medicinal cannabis as a legitimate specialist-led option.

This article provides an overview of medicinal cannabis legal frameworks, treatment options and clinical considerations to support informed conversations with patients, appropriate referrals and ongoing management.

What is medicinal cannabis?

The cannabis plant contains around 150 cannabinoids, most notably tetrahydrocannabinol (THC) and cannabidiol (CBD). THC causes the intoxicating 'high', while CBD is anxiolytic and may counteract some of the effects of THC.² Illegal 'street' cannabis is typically high in THC and low in CBD.²

A product is classified as a CBMP if it:³

- Contains cannabis, cannabis resin, CBD or a CBD derivative,
- Is produced for medicinal use in humans, and

- Is a medicinal product, an ingredient of one, or used to produce such an ingredient.

CBMPs must meet stringent quality standards. They are typically manufactured in the EU under Good Manufacturing Practice (GMP) standards and imported by Medicines and Healthcare products Regulatory Agency (MHRA)-approved companies.²

CBD products containing less than 1 mg THC can be sold in the UK as over-the-counter (OTC) products.⁴ These OTC products are regulated as food supplements and cosmetics, not medications, therefore are not classed as CBMPs and are not controlled substances.⁴ Additionally, their quality is variable. A study commissioned by the Centre for Medicinal Cannabis found that only 38% of tested OTC products contained the stated amount of CBD, while 50% exceeded the legal THC limit.⁵

Evidence also suggests many patients self-medicate using illicit cannabis. A YouGov poll reported that approximately 1.4 million adults in the UK use illegal cannabis to manage chronic health conditions.⁵ This highlights a significant patient safety concern, and underscores the important role of GPs and

pharmacists in supporting eligible patients to access regulated CBMPs.

Legal framework in the UK

Three CBMPs are MHRA-licensed for specific indications (see box 1).⁶⁻⁹ In addition to these three licensed CBMPs, many unlicensed CBMPs are also available. Unlicensed CBMPs have been legal to prescribe in the UK since 1 November 2018, following reclassification to Schedule 2 controlled drugs.^{3,4}

Box 1 MHRA-approved CBMPs and indications

- CBD (Epidyolex) used in conjunction with clobazam – seizures associated with Dravet syndrome, Lennox–Gastaut syndrome, or tuberous sclerosis complex in patients aged 2+⁷⁻⁹
- Nabilone (generic), containing a synthetic mimic of THC – adults with chemotherapy-induced nausea and vomiting which persists despite antiemetics (add-on treatment)⁶
- Nabiximols (Sativex), containing a synthetic mimic of THC plus CBD – moderate to severe spasticity in adults with multiple sclerosis⁶

Prescribing responsibilities and access to treatment

Prescriptions for all CBMPs, whether licensed or not, can only be initiated by doctors on the General Medical Council (GMC) Specialist Register.⁶ Unlicensed CBMPs must be prescribed as ‘specials’.⁶

For most UK patients, CBMPs are prescribed privately through Care Quality Commission (CQC)-registered specialist clinics.⁵ Patients may be referred by their GP or self-refer, after which clinics usually request the GP-held Summary Care Record. Suitability is assessed by a multidisciplinary team, with most consultations conducted online.⁴ If the specialist deems a CBMP appropriate, it is prescribed on a “named patient” basis in-line with Schedule 2 drug regulations.²

Clinical indications and patient selection

Legally, CBMPs may be prescribed for any indication at the discretion of a specialist clinician exercising their clinical judgement.⁴ However, only a small proportion of CBMP prescriptions are for the three licensed products used within their approved indications (see Box 1). The majority of CBMP prescriptions in the UK are for other conditions, via off-label (outside their marketing authorisation) use of one of the three licensed products or via use of an unlicensed CBMP.¹⁰ In a 2023 analysis of patient data from the UK Medical Cannabis Registry, among 1,373 patients with at least 12 months of data, the most common indications for CBMP treatment were:¹⁰

- Chronic pain (51.8%).
- Mental health conditions (16.8%).
- Neurological conditions (8.5%).
- Arthritis (7.5%).
- Palliative care (4.0%).
- Neurodevelopmental conditions (3.1%).
- Connective tissue disorders (3.1%).

CBMPs are usually not a first-line intervention; other licensed or off-label treatments should be tried first.^{4,4} Patient values, preferences and concurrent medications should also be taken into account alongside the level of evidence supporting CBMPs in the given indication.⁴ For example, there are limited data on CBMPs in children and adolescents outside epilepsy and chemotherapy-induced nausea.¹¹



Contraindications include pregnancy, breastfeeding,⁶ unstable cardiovascular disease, allergy to product ingredients and hepatitis C.² THC-containing products are contraindicated in patients with schizophrenia or psychosis, or a first-degree family history of these conditions.² Caution is also advised in patients on cancer immunotherapies,² patients with a history of substance misuse,² and older adults at risk of falls.¹²

Safeguarding

GPs and pharmacists play a key safeguarding role at the point of prescribing, including assessing the risk of dependence, diversion and misuse.⁶ NICE recommends limiting controlled drug prescriptions to no more than a 30-day supply at a time.⁶ Patients should be advised not to drive or operate heavy machinery while using CBMPs, and how to store medicines securely to prevent access by others in the household.^{2,6}

Box 2 Formulations

CBMPs are available as dried flower, oils, pastilles, creams, capsules and vaporiser cartridges. In the UK, most prescriptions are for flower (around two thirds) and oils (around one third).² Smoking cannabis flower is illegal; it must be administered using a dry herb vaporiser.² Patients may prefer different formulations, for example favouring rapid effects of vaping or the longer-lasting effects of oils.²

Safety, adverse effects and monitoring

GPs can be asked to enter shared care agreements but currently this is very limited and there may be local restrictions.⁶ However, GPs and pharmacists can still play a key role in monitoring safety and efficacy.

CBMPs can interact with other centrally active drugs including alcohol and central nervous system depressants, antiepileptics and hormonal contraceptives.⁶ Common adverse effects of CBMPs include dizziness, dry mouth, nausea, fatigue, somnolence, euphoria, vomiting, drowsiness and loss of balance.¹³ High THC doses can cause extreme anxiety, tachycardia, paranoia, psychosis, dependence, or cannabis hyperemesis syndrome.² The risks of adverse effects and dependence may be reduced by lower THC / higher CBD formulations and telling patients to stop taking all non-prescribed cannabis, including OTC and illegal products.^{2,6} Red flags include confusion, hallucinations, delusion, psychosis, anxiety,¹⁴ respiratory depression¹⁵ and signs of dependence.²

NICE and NHS England recommend recording patient outcomes in local or national registers such as the UK Medical Cannabis Registry.^{4,6}

Practical considerations for pharmacists and patients

Pharmacists must comply with all standard regulations for Schedule 2 controlled drugs, including safe custody requirements. Before dispensing, they should confirm the prescriber is a GMC-registered specialist or that a shared care agreement with a specialist is in place. It is also important to ensure the patient understands how to use the product safely

and legally, which can include supplying patients with medical-grade dry herb vaporisers on prescription, if needed.

Patients should store CBMPs as directed on the packaging. Keeping them in their original packaging with prescriptions easily accessible (e.g. on their smartphone) can help if patients are ever challenged. When travelling, patients should carry medication in hand luggage and check the destination country’s rules on entry with medicinal cannabis in advance.¹⁶

Supporting informed conversations

As the main points of contact for patients, GPs and pharmacists play a key role in supporting evidence-based discussions about medicinal cannabis, including potential benefits, limitations and risks. This can help to reduce stigma associated with medicinal cannabis, support patients to make informed treatment decisions, and safeguard patients to use CBMPs safely and legally.¹

The following resources provide further information on CBMPs:

- **GMC information for doctors on CBMPs** <https://www.gmc-uk.org/professional-standards/learning-materials/information-for-doctors-on-cannabis-based-products-for-medical-use>
- **NHS England CBMPs long-read** <https://www.england.nhs.uk/long-read/cannabis-based-products-for-medical-use-cbpm/>
- **UK Medicinal Cannabis Clinicians Society** <https://www.ukmccs.org>

Box 3 Key points

- Unlicensed CBMPs have been legal since 2018
- Most CBMPs are unlicensed and are prescribed by specialists in private clinics
- Evidence-based discussions in primary care are important for helping patients understand their suitability for CBMPs and legal routes for accessing them
- GPs and pharmacists can play a key role in monitoring efficacy and safety, and safeguarding patients using CBMPs

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