



Cannabis based drugs: GPs will have to manage patients' expectations, says expert

Gareth Iacobucci

The BMJ

GPs could be inundated with requests for cannabis derived medicines next month without the resources to properly advise patients, an expert has warned.

Ian Hamilton, a lecturer in addiction at the University of York, has welcomed the announcement by the UK home secretary, Sajid Javid, that specialist doctors in England, Wales, and Scotland will be able to prescribe cannabis based products for medicinal use from 1 November.¹ But he warned that patients could face lengthy waits for treatment because of the “considerable” demand that the move could create.

“It potentially gives a lot of patients false hope that this is going to be a relatively smooth and easy process. It’s going to be quite protracted: you’ve got to see your GP, and they have to make a referral to a specialist. Whether you’re in primary or secondary care, the last thing you want is additional demand, but that is what it’s going to create,” Hamilton told *The BMJ*.

Javid said in July that legislation would be altered to allow medicines derived from cannabis to be prescribed on the NHS for patients with an exceptional clinical need.²

The move came after advice from England’s chief medical officer, Sally Davies, and the Advisory Council on the Misuse of Drugs to put cannabis derived medicinal products in schedule 2 of the 2001 Misuse of Drugs Regulations,³ after several recent cases of children in the UK being unable to access cannabis oil to control epileptic seizures.

Hamilton said that guidance from the National Institute for Health and Clinical Excellence on the use of cannabis based products for medicinal use was not due until October 2019 and that the absence of an evidence base could place extra pressure on doctors. “Where do GPs and even the specialists look for evidence around how to make a clinical decision?” he asked. “It just isn’t there at the moment. The chances are the patients are more likely to be better informed about this than the practitioners.”

Interim guidance

To bridge the information gap NHS England will later this month publish interim clinical guidance for specialist clinicians on prescribing medicines derived from cannabis. This will be supplemented by specific guidance for prescribing for children with epilepsy from the British Paediatric Neurology Association and guidance covering chemotherapy induced nausea and vomiting and chronic pain from the Royal College of Physicians.

The Home Office said that the new law would not limit the types of conditions that can be considered.⁴

Finbar O’Callaghan, president of the British Paediatric Neurology Association, told *The BMJ* that the association’s guidance would mainly be targeted at the 150-160 paediatric neurologists in the UK who will be treating children with intractable epilepsy.

He said, “The government legislation is going to say that anyone on the specialist register is going to be able to prescribe, but our guidance would be that for children with complex intractable epilepsy—which all these children will be—it should be done by a paediatric neurologist who has expertise in the relevant specialty.

“In terms of paediatric epilepsy, our guidance is to fill that interim period [before NICE publishes guidance]. There are obviously multiple different cannabis derived medicinal products, but the only robust evidence in childhood epilepsy is in the use of a purified cannabidiol product, so our feeling is that that’s the product that we feel most confident about using.”

Genevieve Edwards, director of external affairs at the MS Society, said she was interested in seeing the interim guidance due to be published on 1 November. “Right now, it’s not clear who exactly will be able to access cannabis for medicinal use and how the system will work,” she told *The BMJ*.

“More than 100 000 people live with MS [multiple sclerosis] in the UK, and we know cannabis could help roughly one in 10 of them get relief from pain and muscle spasms. We’d encourage people with MS seeking to access cannabis for medicinal use to speak with their neurologist, or their GP who could refer them to an MS specialist.”

Some GPs will have specialist knowledge of cannabis based products and of their benefits in managing different conditions and will be confident in prescribing, Hamilton said. To GPs with less experience he recommends discussing the issue with other members of the practice team and consulting Google Scholar.

“I think there will be considerable demand for information from patients, and GPs are the gateway for these products,” he said. “There is currently a lack of summary information. But I would start by finding out what the patient knows already, staying open minded, and asking colleagues if unsure.”

1 Parliament.uk. Rescheduling of cannabis-based products for medicinal use: written statement HCWS994. Oct 2018. <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2018-10-11/HCWS994>.

- 2 Torjesen I. Medical cannabis will be available on prescription in UK from autumn. *BMJ* 2018;362:k3290. 10.1136/bmj.k3290 30049690
- 3 Hawkes N. Cannabis based drugs should be rescheduled to make research and prescribing easier, says chief medical officer. *BMJ* 2018;362:k2957. 10.1136/bmj.k2957 29976556

- 4 Department of Health and Social Care. Government announces that medicinal cannabis is legal. Oct 2018. <https://www.gov.uk/government/news/government-announces-that-medicinal-cannabis-is-legal>.

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>