Stevens, Alex (2018) *Medical cannabis in the UK.* BMJ, 363 . ISSN 0959-8138.

Medical cannabis in the UK: should patients be punished?

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November 2018

Do patients have the right to medicate themselves, or should they be punished for doing so? Should their own doctors work with them to decide on the best treatment, or does the government know best? These questions are at the heart of the current debate on the use of cannabis as medicine.

In the UK, 'cannabis-based products for medical use in humans' were rescheduled on 1st November 2018. They were placed in schedule 2 of the Misuse of Drugs Regulations, alongside several opioid analgesics. In theory, this means they can now be prescribed. In practice, the NHS has warned that 'very few people in England are likely to get a prescription for medical cannabis',[1] due to the tight restrictions that have been put in place.[2,3]

Under the Misuse of Drugs Act, people face criminal prosecution for possession without a prescription of substances in schedule 2. According to some ethical arguments, this breaches their right to decide autonomously on their own wellbeing.[4] As patients have the right to refuse treatment under the doctrine of informed consent, they also – it is argued – have the right to decide on the treatments they want to use.

In the case of cannabis, there is evidence of patient benefit for a wide range of conditions, including chronic pain, chemotherapy-induced nausea, some forms of epilepsy, multiple sclerosis spasticity, sleep disorders, weight loss or gain associated with HIV, Tourette's syndrome, anxiety disorder, and post-traumatic stress disorder.[5–8] Some patients with other conditions - including glaucoma[9] and inflammatory bowel disease[10] - also report benefits. There is pre-clinical evidence that cannabis-based medicines may have a role in combating some forms of cancer.[11,12] The evidence of benefits is much weaker for some conditions than for others, but is there a good reason why patients should receive punishment and a criminal record for seeking them out?

The argument to maintain tight control of prescription is based on fear of the potential consequences of a more liberal approach.[13] Patient safety is an important concern. There are general risks associated with use of cannabis. These include cardiovascular and mental health problems, as well as dependence.[6,8] There are also condition-specific risks. For example, cannabis use may reduce blood pressure, so it may cause particular harms to people with glaucoma.[9] This paternalist concern can be mitigated by ensuring that patients have access to accurate information on both harms and benefits of cannabis. They can then decide for themselves whether they wish to run these risks.

Another concern is that cannabis will be diverted from medical use to fuel the black market for recreational use. This fear was raised by 166 pain specialists in a recent letter to the *Times*.[14] They argued that prescribing cannabis may cause problems similar to an opioid crisis. These fears are overblown, and not just because cannabis is far less lethal than opioids.[15] Legalising medical marijuana, with relatively liberal access, has not caused major increases in cannabis use in the USA.[16] Indeed, there are some indications that it has reduced harms associated with opioid analgesics, including overdose, workplace and traffic fatalities.[17–19]

The potential demand for medical cannabis in the UK is large. Thirteen per cent of respondents to a recent opinion poll 'would actively ask their doctor or healthcare provider about accessing cannabis medicines'.[20] The NHS, however, aims to limit prescriptions to children with rare forms of epilepsy and patients with chemotherapy-induced nausea, and only after other treatments fail.[1] The predictable consequence is that many patients will continue to get cannabis from the illegal market, as they have done under Australia's similarly restrictive regime.[21] So they will continue to fund the harms of organised crime, to use products of uncertain content, quality and consistency, and to be treated as criminals for seeking to relieve their suffering.

The UK's new system prevents patients who may benefit from accessing cannabis legally. It also severely limits the ability of their own doctors to prescribe it. It leaves cannabinoids that are not prepared as medicines for human use in the most restrictive schedule 1, so it continues to limit access for clinical research. The right regulations for drugs are both an ethical and an empirical issue. The ethical questions hinge on the actual effects of different approaches.[22] So we need to invest in research on policy, as well as on the clinical aspects of cannabis.[23]

In the short-term, we should relax restrictions on prescription and reduce the harms of criminalisation by moving all plant-based cannabis products to schedule 4 (ii), alongside anabolic steroids. As for steroids, people should not be prosecuted for possessing cannabis for their own personal use. In the longer term, we will need to consider more ethical and effective ways to regulate the supply of currently controlled drugs.[24]

Competing interests

Acknowledgement

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