THE MEDICAL CANNABIS CLINICIANS SOCIETY

Managing Cannabis-Based Medicinal Products in UK Hospitals and Care Settings

A PRACTICAL GUIDE FOR HEALTHCARE TEAMS



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Medical Cannabis Clinicians Society

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INTRODUCTION TO THE MCCS



PROF MIKE BARNES

SOCIETY CHAIR

This guide, created by the Medical Cannabis Clinicians Society (MCCS), provides practical advice for hospital, hospice, and care teams on managing Cannabis-Based Medicinal Products (CBPMs) in the UK.

It outlines legal responsibilities, patient rights, safe storage, self-administration, documentation, and clinical considerations, including perioperative management. It is intended for pharmacy, anaesthetic, surgical, nursing, medical, and care teams.

The guide supports compliance with the Misuse of Drugs Regulations 2001, the Mental Capacity Act 2005, the Equality Act 2010, CQC standards, NICE guidance, and GMC prescribing requirements.

It aims to ensure safe, lawful, and patient-centred care for individuals prescribed CBPMs.

The Medical Cannabis Clinicians Society is the UK's independent network for healthcare professionals with an interest in CBPMs.
We welcome doctors, pharmacists, nurses, allied health professionals, and all clinicians involved in patient care. Whether you are prescribing, supporting patients who use CBPMs, or simply want to learn more, membership offers practical benefits at every stage of your professional journey.

By joining the MCCS, you will gain:

- Access to the latest clinical guidance, best practice resources, and prescribing advice.
- Opportunities for peer-to-peer support through our active members' groups.
- Free and discounted training, webinars, and CPD-accredited events.
- Regular updates on clinical developments, legal changes, and regulatory guidance.
- A supportive community of colleagues committed to advancing safe, ethical medical cannabis care.

As the use of CBPMs continues to grow across hospital, hospice, and care settings, staying informed and connected has never been more important.

Together, we are working to improve access to safe and effective treatments for patients, and to equip healthcare professionals with the knowledge and confidence they need.

Annual membership is £120 for consultants, £60 for GPs, nurses, pharmacists, AHPs and others.

JOIN TODAY



1. PURPOSE AND SCOPE OF THIS GUIDE

This guide provides practical information for hospital teams on the safe, lawful, and patient-centred management of CBPMs in the UK. It is intended for use by hospital doctors, anaesthetists, surgeons, pharmacists, nurses, hospice teams, care providers, and all healthcare professionals involved in the care of patients prescribed cannabis-based medicinal products.

The guide covers identifying and documenting CBPM use on admission; legal verification of prescribed products; assessing patient capacity and consent; perioperative considerations including anaesthetic and surgical planning; intraoperative and postoperative management; storage, self-administration, and disposal of CBPMs; and legal and ethical responsibilities under UK law.

It also highlights the potential impact of CBPMs on anaesthesia depth, cardiovascular stability, and pain response.

The guide is designed to support compliance with the Misuse of Drugs Regulations 2001, the Mental Capacity Act 2005, the Equality Act 2010, CQC standards, NICE guidance, and GMC prescribing requirements.

It aims to ensure consistency across clinical settings and uphold patient rights, dignity, and safety.

2. LEGAL AND PRESCRIBING FRAMEWORK

CBPMs are legal in the UK under strict conditions. In 2018, the law changed to move certain CBPMs to Schedule 2 of the Misuse of Drugs Regulations 2001.[1] This allows specialist doctors on the GMC Specialist Register to initiate prescription 2 (and other medical practitioners and appropriately trained independent pharmacists and nurse prescribers to administer follow-up prescriptions) where clinically appropriate. Recreational cannabis remains illegal.

Prescriptions must be evidence-based and used only where licensed medicines have failed or are unsuitable.

NHS guidelines allow qualified doctors to prescribe licensed cannabis medicines such as Epidyolex (for rare epilepsies), Nabilone (for cancer-related side effects), and Sativex (for multiple sclerosis spasticity).

Of the estimated 60,000 people using cannabis-based medicines in the UK, the overwhelming majority access treatment through the private sector. In private clinics, GMC-registered specialists have greater flexibility and can prescribe unlicensed CBPMs, including prescription cannabis oils and medical cannabis flower (for vaping).

When prescribing an unlicensed CBPM, specialists carry full legal, clinical, and governance responsibility. They ensure proper assessment, informed consent, clear documentation, and appropriate monitoring, in line with GMC and NHS standards.



1. https://www.gov.uk/government/publications/cannabis-cbd-and-other-cannabinoids-drug-licensing-factsheet/drug-licensing-factsheet-cannabis-cbd-and-other-cannabinoids#fn:1

3. USING PRESCRIBED CANNABIS-BASED MEDICINES IN HOSPITALS AND CARE SETTINGS

In the UK, patients have the right to continue using legally prescribed CBPMs when admitted to hospital or residing in a care setting. Under the Mental Capacity Act 2005, if a patient has the capacity to make decisions about their care, healthcare professionals must respect their treatment choices and cannot alter or withdraw prescribed medication without informed consent.

In the UK, patients have the right to self-administer their prescribed medicines, including CBPMs, provided it is safe and appropriate to do so. NICE advises that healthcare providers should support self-administration unless a risk assessment indicates otherwise.[2] These assessments should consider the patient's capacity, ability to manage their medication, and any potential risks to themselves or others.

Hospitals and care homes must have policies in place to assess and support self-administration where appropriate. This includes providing secure storage for medications and ensuring patients have access to private spaces for administration.

Such measures align with the Equality Act 2010, which requires service providers to make reasonable adjustments to avoid disadvantaging disabled individuals.

CBPMs are classified as Schedule 2 controlled drugs, meaning they require appropriate handling and storage, but they remain lawful prescribed treatments. Patients should bring their prescribed CBPMs and supporting documentation when admitted.

Staff must verify prescriptions but cannot deny the patient access if the treatment is legal, properly prescribed, and the patient retains capacity.

Policies from NHS Trusts and the CQC also reinforce the importance of respecting individuals' treatment plans. While some local policies around vaping or e-cigarettes may exist, these must not be applied to medical cannabis patients in ways that are discriminatory or unsafe.

Patients have a clear legal right to use their prescribed CBPMs in hospital and care settings, provided legal, safety, and capacity standards are met.



2. https://www.nice.org.uk/guidance/sc1

4. IDENTIFYING AND DOCUMENTING CBPM USE IN HOSPITAL & CARE SETTINGS

Ask Directly About CBPM Use	During admission or pre-operative assessment, ask the patient directly: *"Are you currently taking any cannabis-based products prescribed for medical use, such as oils, capsules, sprays, or vaporisers for medical or recreational use?"*
Confirm Prescribed Use	• For CBPM users, check if the product has been prescribed by an appropriate clinician. • Request to see the prescription and supporting documentation where possible. • Confirm that the CBPM is legally prescribed and sourced within UK regulations (not recreational cannabis).
Identify the Specific Product	Record in the medical notes: • Product name (e.g., Epidyolex, Bedrolite, branded unlicensed CBPMs etc.) • Formulation and method of administration (oil, capsule, oral spray, vapourised flower). • Dosage and frequency.
Document Clinical Indication	• Confirm and document the medical reason for use.
Review for Drug Interactions	• Check the full medication list for interactions, especially with anaesthetic agents, sedatives, and liver-metabolised drugs.
Document Clearly and Notify Relevant Teams	• Record all details in the patient's medical record. • Inform pharmacy, anaesthetic team, and relevant specialists if CBPM use could affect perioperative care.
Raise Concerns Appropriately	If there are concerns about safety, legality, or administration: • Escalate to the consultant, pharmacist, or clinical governance team. • Do not alter the patient's treatment plan without their consent if they retain capacity.

5. DISPOSAL OF MEDICATION

On discharge or if CBPMs are no longer needed:

- Return to the patient where possible.
- If destruction is required, follow controlled drugs destruction procedures with full documentation.

Key Principles

- **Respect patient capacity:** Do not alter treatment plans without informed consent if the patient retains decision-making ability.
- **Treat CBPMs appropriately:** As Schedule 2 controlled medicines, not as recreational drugs.
- **Provide safe access:** Patients must not be forced into unsafe environments (e.g., smoking areas) to take prescribed treatments.
- **Apply self-administration care principles:** Following NICE guidance and the Mental Capacity Act, assume ability unless risk assessed otherwise.

6. CONTRAINDICATIONS AND CAUTIONS

Cannabis use should be delayed, stopped, or reviewed under the following circumstances:

- Risk of drug interactions that may compromise safety or efficacy.
- Respiratory concerns intensified by smoking or vaping cannabis.
- Signs of sedation, confusion, or impaired cognitive function, particularly in conjunction with other medications.



7. PERIOPERATIVE MANAGEMENT OF PATIENTS USING CBPMS

Referenced from https://rapm.bmj.com/content/48/3/97

1. Preoperative Assessment

- **Medication History:** During pre-assessment, inquire about all cannabis use, including prescribed CBPMs, over-the-counter CBD products, and recreational cannabis. Document the type, dosage, frequency, and route of administration. This information allows anaesthetists to evaluate the impact on anaesthesia needs, cardiovascular and respiratory risks, and withdrawal symptoms.
- **Legal Verification:** Confirm that any CBPMs are legally prescribed. Unlicensed products should have appropriate documentation.
- **Capacity and Consent:** Assess the patient's capacity to make informed decisions regarding their treatment, in line with the Mental Capacity Act 2005.
- **Drug Interactions:** Evaluate potential interactions between CBPMs and other medications, particularly those metabolised by liver enzymes CYP3A4, CYP 2C9 and CYP2C19.
- **Surgical Planning:** Consider the timing of the last CBPM dose. While there is currently no universally established guideline requiring the discontinuation of CBPMs prior to surgery, some experts recommend discontinuing cannabis products at least 72 hours before surgery to minimise potential interactions. Decisions regarding preoperative cessation should be made on an individual basis, taking into account the patient's clinical status and in consultation with their prescribing specialist.

2. Intraoperative Considerations

- Be aware that CBPMs, particularly those containing THC, may:
- Alter anaesthetic depth.
- Affect heart rate and blood pressure (risk of tachycardia, hypertension or hypotension).
- Increase airway reactivity.
- Affect postoperative pain control needs.

Some studies suggest increased tolerance to anaesthetics due to altered pain sensitivities, necessitating higher doses.

- **Cardiovascular Monitoring:** Monitor for potential cardiovascular effects, such as tachycardia and hypertension, especially in patients with a history of heavy cannabis use.
- **Airway Management:** Chronic cannabis use may lead to airway hyperreactivity. Prepare for potential challenges in airway management.

3. Postoperative Management

- **Resumption of CBPMs**: Coordinate with the patient's prescribing specialist to determine the appropriate timing for resuming CBPMs postoperatively. Ensure that any reinitiation of therapy is documented and communicated across the care team.

THE MEDICAL CANNABIS CLINICIANS SOCIETY

- The Medical Cannabis Clinicians Society is an independent community of medical cannabis pioneers – the first prescribers of this treatment in the UK.
- We believe that every patient who could benefit from medical cannabis should have access to it.
- We provide the medical and scientific community interested in supporting patients with medical cannabis with high-quality training and expert support.
- Membership is open to those with a professional interest in medical cannabis, including clinicians, nurses, GPs, allied health professionals (AHPs), medical students, healthcare scientists, pharmacists and those working across acute, prmary and community healthcare.





- As part of the UK's leading group of medical cannabis experts, members have access to information to inform treatment decisions and support to ensure clinicians can become as confident in prescribing medical cannabis as they are with first line treatments.
- With the most respected medical cannabis clinicians in the country providing support, members are better able to help their patients.
- Our work is made possible by unrestricted educational grant funding from supporters.

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