



Medical cannabis: doctors left to handle “backlash” from patients over lack of availability, MPs say

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The UK government and the drug industry should act urgently to tackle “major gaps” in the evidence base for use of medical cannabis that are restricting availability despite a rescheduling of the drugs last year, a parliamentary inquiry has concluded.

In a report published on Wednesday 3 July the House of Commons Health and Social Care Committee noted that although specialist doctors have been able to prescribe cannabis since November 2018, very few prescriptions have been issued, as most forms of medical cannabis are unlicensed and have not been approved by the National Institute for Health and Care Excellence.¹

Poor communication from the government about what the changes would mean in practice have raised false hopes among patients and meant that “doctors [were left] handling the backlash,” the report said.

The committee’s chair, Sarah Wollaston, the MP for Totnes, said, “Expectations were unfairly raised that these products would become widely and readily available, and there needs to be far clearer communication that this is not the case.

“At present there are too many gaps in the evidence to allow most forms of medicinal cannabis to be licensed for use and approved by NICE.”

The committee welcomed a call by the National Institute for Health Research for research proposals into medical cannabis products. But it said that the government and industry should show “a greater sense of urgency” in ensuring that necessary clinical trials were conducted.

Resources should be made available immediately for a programme of clinical trials focusing on the treatment of intractable childhood epilepsy, the committee said.

Without this research, medical cannabis products would remain unlicensed for many areas, and patients and clinicians will struggle to weigh up risks and benefits, it said.

The MPs’ report acknowledged that clinical trials had been difficult to conduct before medicinal cannabis was rescheduled, because of restricted access to products to test for efficacy and safety. But it said it was a concern that some pharmaceutical companies continued to resist making their products available for research.

The Department of Health and Social Care for England should investigate instances where drug companies had not provided their products for research, the report said, and should “name and shame” firms that were not doing all they could to make their products available. It should also set out a plan to incentivise the industry to be more active in research, it added.

The committee recommended that medical cannabis not be exempt from the processes that other drugs have to go through to obtain a licence and NICE approval. But it said that it had heard strong evidence for observational trials to be conducted alongside randomised controlled trials, and it called on the National Institute for Health Research to engage fully with parents and those clinicians who have supported children’s use of such drugs to discuss ways to improve the evidence base.

The report said that patients’ voices should be listened to in the creation of NICE’s guidelines for medical cannabis. And clinicians should be issued with targeted guidance from NHS England explaining the procedure for prescribing and supplying cannabis based products for medical use, it added.

¹ House of Commons Health and Social Care Committee. Drugs policy: medicinal cannabis. Sixteenth Report of Session 2017-19. Jul 2019. <https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/inquiries/parliament-2017/drugs-policy-medicinal-cannabis-inquiry-17-19>.

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