Protect our Patients campaign

Why GPs should be able to prescribe cannabis medicines

Cannabis Industry Council

PROTECT OUR PATIENTS
Allow GPs to prescribe cannabis medicines

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About the campaign

The Cannabis Industry Council (CIC) is running a campaign called 'Protect our Patients', which calls on GPs to have the same prescribing rights as specialist medical practitioners.

The campaign is being led by the CIC's prescription cannabis working group, and is supported by a number of organisations within the industry.

The CIC is a leading membership organisation for the UK cannabis industry, including medical cannabis, CBD and hemp.

Foreword

Dr. Sunil Arora

Co-chair, CIC Prescription Cannabis Working Group

Since the Government legalised medical cannabis in 2018, there have been around 1,000 patients annually receiving prescriptions on the NHS, and 20,000 private patients each year. All of these prescriptions are handled by specialist medical practitioners.

However, this current model where only consultants can prescribe is simply not working in the interests of the majority of patients. Despite medical cannabis being legal for five years, there are 1.8 million people in the UK accessing the illicit cannabis market for medical reasons.

While there are a number of factors causing this situation, a key reason is due to general medical practitioners (GPs) not being allowed to prescribe. As a result, the CIC recently launched the Protect our Patients campaign to seek to change the rules so that GPs can support their patients, who they know best.

Real world evidence and clinical trials data shows the efficacy and effectiveness of medical cannabis for managing an array of conditions, as well as improving patient quality of life. Allowing GPs to prescribe medical cannabis would therefore be a meaningful, yet uncontroversial change, which would help expand patient access and improve outcomes.

Additionally, such a change would bring about economic and social benefits, such as reduced crime, increased government revenues, and lower opioid addiction.

This report, which looks at the impact of GPs prescribing in other jurisdictions and recommends a way forward for the UK, is therefore very timely. We urge regulators and policymakers to support these modest, but transformative proposals.

Executive Summary

Backdrop

NHS waiting lists are currently at circa 7.4 million, which some estimates indicate could rise to 10 million by 2024. Given the NHS estimates that 34% of adults have chronic pain, they will represent a significant number of those waiting to be seen for their condition.

Real-world evidence from the Drug Science T21 programme shows that medical cannabis is effective in treating the symptoms of chronic pain, as well as radically improving quality of life - and could therefore help drive down waiting lists.

Furthermore, evidence is compelling that medical cannabis is a cost-effective alternative to opioid prescriptions for managing symptoms of chronic pain. Opioids are widely known to have a highly damaging impact on individuals and communities. Some 50 million opioid prescriptions were written in the UK in 2020, a 35% increase over 10 years. While both opioid overdoses and deaths have also increased appreciably in recent years.

Five years since the legalisation of medical cannabis in the UK, there are around 20,000 private patients and 1,000 NHS patients receiving prescriptions each year. However, 1.8 million people use cannabis obtained on the illicit market for medical reasons.

When the rules were devised, only specialist medical practitioners were allowed to prescribe cannabis medicines. General medical practitioners were specifically excluded, despite their core role in supporting patients in their communities. GPs not being able to prescribe is one of the core reasons why the UK market has failed to develop sufficiently, why stigma remains high, and why other similar jurisdictions have made dramatically more progress than the UK.

Evidence from other jurisdictions

Medical cannabis was legalised in Australia in 2016. Very few scripts were written, until GPs became authorised prescribers in 2020. Since then, at least 100,000 people in Australia have received prescriptions via one prescribing route (Special Access B), and potentially hundreds of thousands more from another (Authorised Prescriber Scheme). This expansion has also been a factor in reduced cannabis medicine costs, which are now on par with the illicit market.

While in Germany, medical cannabis became legal in 2017. All doctors in Germany are allowed to prescribe medical cannabis. By 2022, Germany had captured half of the entire European market, with 171,608 medical cannabis patients in Germany. Estimates indicate the German medical cannabis market could be worth 7.7 billion EUR by 2028. German medical waiting lists in 2023 are also significantly lower than in the UK.

Similarly, GPs in Denmark can also prescribe medical cannabis to their patients. There are four routes for patients to receive a prescription (including a pilot program), and doctors can prescribe for any condition they believe appropriate. Denmark's Ministry of Foreign Affairs says that "since the launch of the Danish medical cannabis pilot program on 1 January 2018, the Danish ecosystem has attracted significant international investment".

Both Germany and Denmark also appear to have significantly reduced the stigma associated with medical cannabis, due to normalisation from GPs prescribing. This can be seen from the notably higher uptake by women and the elderly in both countries, compared to the UK.

While the healthcare systems in Australia, Denmark, and Germany differ from that of the UK, undoubtedly the key difference in progress seen in respect to medical cannabis relates to GPs being able to prescribe to their patients.

Recommendation

The public appetite in the UK and around the world for plant-based alternatives to synthetic medicines is growing rapidly. The anecdotal and empirical evidence suggests that when people cannot access medicinal cannabis via their doctor, many will go elsewhere, including accessing cannabis via the unregulated market.

The UK should allow GPs to prescribe cannabis medicines, based on the best practice undertaken by similar jurisdictions elsewhere, such as Australia, Denmark, and Germany.

This can be achieved by amending the 'Misuse of Drugs (Amendments) (Cannabis and Licence Fees) (England, Wales and Scotland) Regulations 2018', section 4, to say 'specialist or general medical practitioner'.

Benefits

Allowing GPs to prescribe will help relieve the enormous opioid addiction burden on the NHS, providing affordable, compassionate access to patients, reducing illness associated productivity loses, and boosting the economy. It will also reduce interactions with the illicit market, bringing down crime and reducing the revenues generated by criminal gangs.

Additionally, it will reduce the stigma associated with medical cannabis (by normalising prescriptions by general practitioners), will boost understanding among the medical community (alongside appropriate training), and will widen the talent pool who can prescribe (giving them a potential revenue stream, while also increasing system capacity).

Finally, allowing GPs to prescribe cannabis could help to substantially reduce healthcare waiting lists. This is largely because those with chronic pain will have a long-term solution in place to manage the symptoms of their conditions.

Introduction

The UK medicinal cannabis sector is at a crucial point in its evolution. There is growing interest from potential patients who are looking for an alternative approach to treating symptoms of conditions not responding to traditional medicine. However, access is not keeping pace with demand.

The increasing interest in the potential of these medicines has led to more listings on British-based stock exchanges, with more expected to list in the near future. This is despite investor confidence being severely impacted by Covid-19 and lacklustre performance by first mover listed companies in Canada.

Despite the success of UK-produced, cannabis based, licenced medicines such as Sativex and Epidyolex, the UK remains bogged down with regulatory hurdles that continue to stifle the industry and prevent more patients from accessing the medicinal cannabis products they need. It is extremely difficult to access medicinal cannabis unless you are going through the private health system, and under the care of a specialist practitioner willing to prescribe. Private healthcare costs can be prohibitive for those on low incomes or in receipt of benefits, such as those with disabilities.

Background

Cannabis has been cultivated and consumed by humans for medicinal use for centuries. Today, close to 1.8 million adults in the UK - around 2.8 percent of the country's adult population - are using unregulated (not prescribed) cannabis to treat symptoms of chronic illness, according to YouGov polling[1] commissioned by Sapphire Medical Clinics. This compares to around 20,000 medical cannabis patients annually having prescriptions in the UK, according to multiple clinic sources.

While nearly a century of medical use prohibition has hindered cannabis research, progress has been made in our understanding of cannabis mechanism of action (biochemical interaction through which a drug produces a pharmacological effect) within the human body.

Cannabis is a plant that has played a traditional medicinal role in the same way that many other important medicines have played in our lives since ancient times. Cannabis is now re-emerging as a clinical alternative to treat chronic conditions where other drugs have failed or imposed side effects with a negative impact on a patient's quality of life.

Science

The endocannabinoid system (ECS) is a biological network distributed throughout the entire body. It is composed of endocannabinoids, which are primarily endogenous lipid-based retrograde neurotransmitters that bind to cannabinoid receptors and proteins, expressed throughout the central nervous system, including the brain and peripheral nervous system.

The ECS is involved with various key functions, including: regulating mood, pain sensation, immune function, appetite and digestion, sleep, and neuro-protection.

Both THC and CBD (the two main active cannabinoids in the plant) interact with the endocannabinoid system. THC activates the two primary receptors in the ECS, known as CB1 and CB2. THC has a similar molecular structure to anandamide, one of the body's naturally produced cannabinoids.

According to Drug Science [2]: "By 30 November 2022, preliminary evidence suggests that medical cannabis may be effective in reducing both pain severity and pain interference while also improving quality of life, general health, mood and sleep in patients with chronic pain."

The Situation in the UK in 2023

Cannabis based products for medicinal use in humans (CBPMs) can be prescribed by specialist medical practitioners if no other licensed medicine could be of help to the patient. Currently General Practitioners (GPs) are not able to prescribe cannabis medicines to their patients. There are now over 20 private clinics prescribing in the UK for treating the symptoms of chronic conditions. The process of prescribing has to be done through the post, as electronic prescribing is not currently allowed.

The NHS almost always follows the NICE guidelines with regards the prescribing of medical cannabis. Currently, this is effectively only allowed in four circumstances: Rare, severe epilepsy (e.g. Dravets); to counter chemotherapy effects; Tuberous sclerosis; and Multiple sclerosis. This is despite significant real-world evidence indicating how cannabis medicines can be effective for treating the symptoms of an array of conditions which cause chronic pain.

There are three licensed cannabis medicines typically prescribed on the NHS - Sativex – licensed for spasticity associated with multiple sclerosis; Epidyolex for certain childhood epilepsies and for those with Tuberous sclerosis; and a synthetic cannabis medicine called Nabilone, for chemotherapy induced nausea and vomiting. Even these licenced products are not available in an equitable fashion across the NHS, with six in 10 NHS Trusts in England not prescribing any cannabis medicines in 2021, leaving patients facing a postcode lottery.

According to a freedom of information request[3] by the Cannabis Industry Council, between 2019 and 2021, around 800 patients annually received the UK's three licensed cannabis products; Epidyolex, Nabilone and Sativex, although the overall number continues to increase each year.

Fewer than 10 patients have been prescribed unlicensed CBPMs through the NHS, an indication of how the NICE guidelines are being utilised as rules, rather than guidance. This is despite the growing interest and continued pressure being maintained by patient advocacy groups for those who cannot afford private health coverage. Recently one non-paediatric patient did receive reimbursement of their CBPM product costs through the NHS, and a second has received fully subsidised product via an individual funding request (IFR) to the NHS to cover the treatment cost.

The number of private UK authorised prescriptions annually is estimated at about 20,000. Annually, the cumulative number of prescriptions in the private sector has surpassed 100,000[4].

The main apparent justification for not prescribing medicinal cannabis is the claim that there is a lack of safety and efficacy data (ie clinical trials) for many of the unlicensed CBPMs in tackling the symptoms of particular conditions. This is despite a significant amount of real-world evidence in support of the benefits of medical cannabis being available[5].

An opportunity for change

The UK s Advisory Council on the Misuse of Drugs (ACMD) published its assessment on CBPMs in November 2020. The report recommendations included further reviews of the system, and to conduct reviews of other international approaches to legislating medicinal cannabis access and use.

The review of international approaches is a wise decision, and not just because it might provide the best way forward but also because it enables the UK to learn best practice from other jurisdictions who enacted change. However, some three years later we have seen no tangible outcomes from this review.

The situation in Australia

According to the Australian Institute of Health and Welfare's report[6] on Medicinal Cannabis published in 2020, 6.8% of Australians who used cannabis used it only for medicinal purposes. Of those 3.9% obtained it via a prescription. Older people were more likely than younger people to use cannabis only for medical purposes. After this report was published, the Australian government moved on recommendations from a Senate Inquiry and an independent investigation into patient access to allow GPs to prescribe, making authorisations easier to obtain.

In Australia, medicinal cannabis products must be prescribed either via the Special Access Scheme (SAS) Category B, or via the Authorised Prescriber scheme. Since 2020, any health professional capable of prescribing medication (including a General Practitioner) can use the SAS online portal to prescribe medicinal cannabis. Becoming an Authorised Prescribed requires a separate application in which the prescriber, once approved, will be able to freely prescribe any product within the same THC-CBD category for a specific condition. Although this is somewhat restrictive, the healthcare provider does not need any further approval to prescribe that medication.

From legalisation of medicinal cannabis in 2016 to late 2019, very few scripts had been written. Once the States and Commonwealth government began to streamline the authorisation application and assessment process and allowed GPs to become Authorised Prescribers and/or submit authorisations via Special Access Scheme B, approvals started to climb. In early 2023, the Therapeutic Goods Administration (TGA) reported that it had authorised its 300,000th prescription for a medicinal cannabis product under Special Access B. Most of these scripts have been approved within 48 hours of the request being submitted electronically. It is estimated that these scripts relate to some 100,000 patients.[7]

According to Pharmout[8], there are believed to be an additional 4,600 Authorised Prescribers who authorised scripts, in addition to those reported under Special Access B. The number of prescribers and prescriptions has increased markedly over the last 12 months. A University of Sydney report estimates some 2.7% of Australia's population now use medicinal cannabis for medical reasons, which would equate to 635,000 people. 100,000 of these people are likely receiving product via Special Access B, while it is unknown how many are obtaining scripts via the Authorised Prescriber Scheme. It is beyond doubt, however that the number is rapidly growing without any increase in reported adverse events.

Another benefit of this widespread adoption of legalised medicinal cannabis usage and prescription by General Practitioners is that the price of cannabis medicines has dropped significantly, and for the first time ever reached parity with the illicit market in early 2022, meaning that cannabis provided by the black market has no price advantage. The other contributing factor is that licensed medicinal cannabis companies are becoming more efficient in their production and distribution of these medicines to pharmacies. There are over 140 medicinal cannabis products available on the legal market in Australia. Recent regulatory updates and announcements by the TGA suggests they will begin spot testing to ensure every product meets the Australian Therapeutic Goods Orders TGO93 and TGO100, that govern the standards under which medicinal cannabis products are produced from July 1, 2023.

The average patient spend on medicinal cannabis is AUS$50 per week (about £25 per week), whether from the legal or illicit market. This equates to $1.4 billion being spent in the unregulated market with just under $100 million being spent via pharmacy. The Australian market is perhaps the fastest growing market in the world. Its growth has been recognised by government enterprises such as Commonwealth Scientific and Industrial Research Organisation (CSIRO) who are looking at developing new product types, such as cannabis cough lozenges.

The other benefit of General Practitioner prescription of cannabis medications is its use in the treatment of opioid addiction, and treatment for the abuse of other drugs of dependence. This is a growing area of research in Australia. In 2018, opioids were present in nearly two-thirds of drug-induced deaths (64.5% or 1,123 deaths) - a rate of 4.6 per 100,000 population. Analysis by the ABS found that in almost two-thirds (63.1% or 708 deaths) of opioid-induced deaths, benzodiazepines were also present (ABS 2019). Most opioid-induced deaths were accidental (80%). The rate of opioid-induced deaths involving synthetic opioids has increased over the past decade (ABS 2019).[9]

By contrast, cannabis is implicated in about 30 deaths per year (0.1 deaths per 100,000 people [10]), and usually only in conjunction with other drugs.[11] To further underline this point 6,000 Australians died from alcohol use in 2015, with more than 144,000 hospitalisations in the years 2012 -2013, remaining stable at 5.2 deaths per 100,000 up to and including 2017. Tobacco accounts for more than 15,500 deaths per year.

Finally, the economic multiplier of medicinal cannabis has been estimated by Deloitte Access Economics to be 1.57; this means for every dollar spent directly on medicinal cannabis in the Australian State of Victoria, an additional $0.57 is generated for the broader economy[12].

The situation in Germany

Germany's legislation came in effect on 10 March 2017, which allows seriously ill patients with 'no therapeutic alternative' to be prescribed medical cannabis. At the time, the German government specified that public insurance companies should cover the costs, in certain circumstances. All doctors - including GPs - are able to prescribe medical cannabis[13].

The legislation does not define 'serious illness', but the German Federal Joint Committee has specified this within the Regulation on Medicinal Products as being 'an illness that is either life-threatening or that will affect the quality of life permanently because of the severity of the resulting health problems'. Of those accessing medical cannabis in Germany, 73% is for chronic pain (some 12% higher than in the UK)[14].

According to Prohibition Partners, there were 171,608 medical cannabis patients[15] in Germany in 2022. This represents approximately half of the entire European market for medical cannabis. Almost half of medical cannabis patients in Germany are female, unlike the UK, where around one-third were women.

However, due to a relatively high number of insurance reimbursement claims being rejected, a significant number of patients are covering the costs of prescription cannabis directly, or using their own private health insurance. In 2022, the reimbursable base price was reduced by over 50%, from 9.52 EUR / gram, to 4.30 EUR / gram[16].

From 2018 - 2021, the number of medical cannabis strains in German pharmacies increased from around 30 to over 100. Within their 'The European Cannabis Report 7th Edition'[17], Prohibition Partners note that: "The price of medical cannabis across Germany has been on a decline since its inception in 2017...as more and

more suppliers joined the market, and regulators have had the opportunity to grapple with this new product, prices are gradually coming down, to the benefit of patients and insurance companies."

In March 2023, the German Federal Joint Committee made changes to regulations[18] to make it easier for patients to access medical cannabis in a 'timely' and 'needs-based manner'. These changes effectively mean that medical cannabis is treated no differently to any other medicine. Additionally, insurance companies can only refuse their initial approval in 'justified exceptional cases'.

By 2028, Prohibition Partners believes the medical cannabis market in Germany could be worth 7.7 billion EUR[19].

The European Medical Cannabis Association (EUMCA) has stated[20] that the German medical cannabis regulatory model has led to a quality and safe market, and should be considered an example of good practice to follow.

The situation in Denmark

It is legal for patients to obtain cannabis-based medicines via prescription in Denmark[21]. All doctors in Denmark can issue prescriptions of cannabis medicines.

There are four primary routes for obtaining a prescription: authorised medicines (Sativex and Epidyolex), unauthorised medicines (eg. Nabilone and Marinol), magistral cannabis preparations (eg for THC or another active ingredient), and a pilot, running from 2018 - 2025, which allows for flowers and oils to be prescribed[22].

The products on offer within the pilot program are not authorised medicines and typically will not have been tested in clinical trials[23]. The program is therefore a way to obtain real-world evidence, as well as supporting patients who have exhausted attempts to use authorised medicines to treat their symptoms.

There are guidelines as to which conditions are recommended for treatment within the pilot programme, specifically: spasms caused by multiple sclerosis, spasms caused by spinal cord damage, nausea after chemotherapy, and neuropathic pain. Doctors are though free to prescribe for any condition they believe appropriate[24].

However, slow approval of products by the Danish Medicines Agency has hampered the pilot program and its overall share of the medical cannabis market. This feet dragging by the Danish authorities has led to the pilot program's share dropping from 40% in mid 2019 to just 16% in Q4 2022[25].

Denmark's national insurance agency funds 50% of costs (up to 1,340 EUR / month) for medications on the approved products list, while covering 100% of the costs of terminally ill patients[26].

The Danish programme has several favourable data points compared to the UK. Prohibition Partners note that the mean user age in Denmark is over 15 years higher than the UK (therefore a greater proportion of the elderly demographic). Additionally, 85% of Danish patients have chronic pain, compared to 61% in the UK. Furthermore, there are approaching double the number of female medical cannabis patients in Denmark than in the UK[27].

The Danish government views medical cannabis as a core tenet of their life sciences and health agenda. As a result, as of mid 2021, over 40 companies in Denmark were given permission to cultivate medical cannabis[28]. Full commercial operations require licensing, inspections, and adherence to the EU GMP standards.

The Danish Ministry of Foreign Affairs comments: "Medical cannabis is an emerging industry that offers new research opportunities, economic benefits and potential treatment options for patients. Since the launch of the Danish medical cannabis pilot program on 1 January 2018, the Danish ecosystem has attracted significant international investment, partnerships and attention from researchers."[29]

Conclusions from other jurisdictions

The Australian experience shows an obvious correlation between the jump in consumer interest and increases in publicity. However, an increase in demand does not equate to an increase in prescriptions if access pathways are not also improved. It is undeniable that allowing GPs to prescribe medicinal cannabis in Australia has allowed the growth of the sector, better access and safety for patients, and more competitive pricing.

Similarly, in Germany, GPs have been able to prescribe medical cannabis since reforms were enacted in 2017 - and patient numbers are far higher than in the UK. This expansion of supply capacity has improved patient outcomes, and indeed Germany has further liberalised the medical market earlier in 2023. German medical waiting lists in 2023 are also significantly lower than in the UK[30].

Both Germany and Denmark also appear to have significantly reduced the stigma associated with medical cannabis, due to normalisation from GPs prescribing. This can be seen from the notably higher uptake by women and the elderly in both countries, compared to the UK.

The uptake of medicinal cannabis by healthcare providers is driven by evidence, authoritative research, and signals from governments that they are supported. The number of Australian doctors approving of medicinal cannabis as a treatment is increasing, albeit more slowly than the general public's acceptance, due to their focus on clinical trial outcomes. While slow product approvals in Denmark have hindered progress in their pilot, again a sign that swift and clear regulatory decision-making improves outcomes.

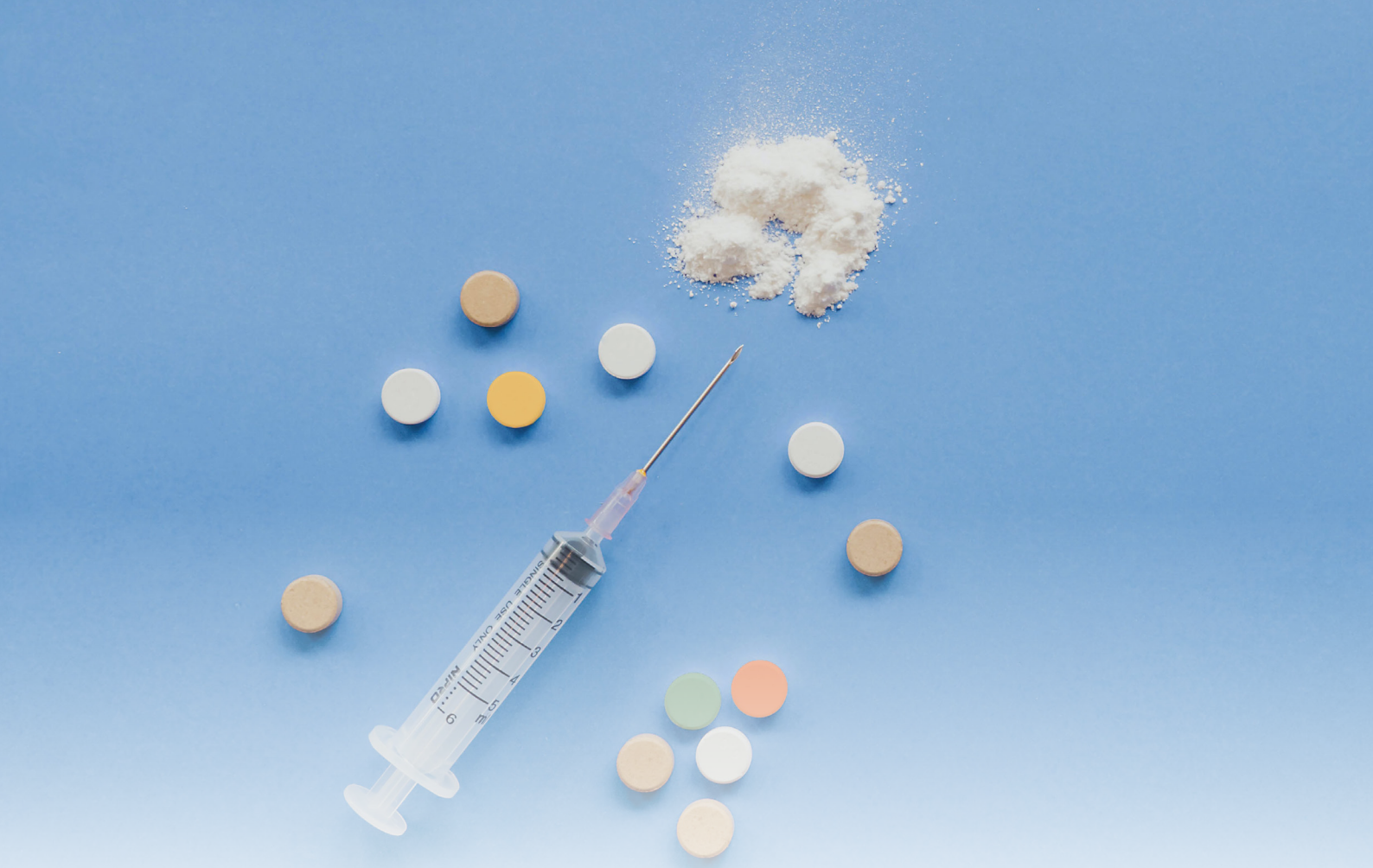
Germany has seen positive change enacted by the Government which has given doctors and patients confidence. As noted, the reimbursable base price was reduced to 4.30 EUR / gram, while there have been

further changes which clipped the wings of insurance companies and reduced bureaucratic hurdles for both patients and prescribers.

Product-wise, a mandated level of GMP quality products in Denmark, Germany, and Australia has given confidence to prescribers that what they prescribe will be the same every time. Australia has utilised an online, national prescribing portal which has helped make prescribing easier. While Denmark's four-pronged approach to doctors prescribing, including their pilot scheme, has enabled them to support patients, while simultaneously obtaining vital real-world evidence to inform future policy-making.

As more patients move from the unregulated to the regulated medical cannabis market in these jurisdictions, this also allows for proper medical supervision of their illnesses and treatment. In turn this provides the opportunity to gather valuable observational data for both their treating physicians and researchers, which increases the evidence base.

While the healthcare systems in Australia, Denmark, and Germany differ from that of the UK, undoubtedly the key difference in progress seen in respect to medical cannabis relates to GPs being able to prescribe to their patients.



50 million opioid prescriptions were written in the UK in 2020,
a 35% increase over 10 years

The way forward for the UK

As noted above, a YouGov survey found some 1.8 million people use cannabis obtained from the illicit market for medical reasons. To further confirm this significant figure, in 2019, a research study survey in England and Wales found that 1.4 million people self-reported they were using unregulated cannabis to treat the symptoms of chronic health conditions. Over 60% said they spent between £99 and £199 a month on cannabis.[31]

Ann Keen, chair of the CPASS and fellow of the Queen's Nursing Institute, said: "[The statistics] demonstrate the vast number of patients in the UK with chronic and debilitating diagnosed conditions who feel they have no choice but to expose themselves to all the risks of accessing a medicine that works from the criminal market". Ms Keen added that "safe" solutions "must be explored as soon as possible".[32]

Regulators often talk about the dangers of cannabis use, but even in the unregulated market, only 31 deaths were recorded in the UK in 2019. Contrast this with deaths from prescription medicines, particularly opioids, anti-anxiety drugs, sleeping tablets, tobacco and alcohol. According to the Office of National Statistics (ONS), there were 4,359 deaths from drug poisoning in 2018. This is up 16% from the previous year and is the highest annual increase since records began in 1993.

In 2020 in the UK:

50 million prescriptions for opioids were written (35% increase over 10 years).

Opioid overdoses have increased by **87% to 12,000.**

Opioid deaths have increased by **41%, to 2,000 each year.**

There are **three times more opioid deaths** in the Northeast of England than in London, partly reflecting a greater usage of opioids amongst the socially disadvantaged.[38]

The most deprived communities have rates of opioid deaths that are **five-and-a-half times greater** than the least deprived.

78,000 people died from smoking tobacco.

In 2016 there were **9,214 alcohol-related deaths** (around 15 per 100,000 people). The mortality rates are highest among people aged 55-69. In the UK in 2018 there were **7,551 alcohol-specific deaths** (around 11.9 per 100,000 people)[39,40]

Given these significant and highly concerning statistics around opioid addiction and death, it is vital that alternative, safer medications are made more widely available.

Additionally, the evidence shows that cannabis is far less harmful than alcohol and tobacco, neither of which have any medical value.

It is time to expand access to medical cannabis to put an end to this opioid epidemic, which is associated with lost productivity, damaged lives, and harmed communities.

Furthermore, there is no doubt that in a post-Covid 19, post Brexit UK, any reasonable expansion of the regulated economy would be of value.

What happens if we do nothing?

NHS waiting lists are currently at circa 7.4 million[33], which some estimates indicate could rise to 10 million by 2024[34]. Given the NHS estimates that 34% of adults[35] have chronic pain, they will represent a significant number of those waiting to be seen for their condition. Real-world evidence from the Drug Science T21 programme[36] shows that medical cannabis is effective in treating the symptoms of chronic pain, as well as radically improving quality of life - and could therefore help drive down waiting lists.

The public appetite in the UK and around the world for plant-based alternatives to synthetic medicines is growing rapidly. The anecdotal and empirical evidence suggests that when people cannot access medicinal cannabis via their doctor many will go elsewhere, including accessing cannabis via the unregulated market. This comes with a raft of environmental, social and governance (ESG) ramifications to the individual and to society at large.

The CIC's ESG Working Group has prepared a report summarising the risks of doing nothing versus the benefits of better access via GPs would provide. They found that the majority of those who source medicinal cannabis do so via the unregulated market. This unregulated product comes with increased environmental, social and economic risks to society via energy and water theft, hazardous work environments, unregulated disposal of waste products and paucity of quality control during production. All these points leave patients, society and the environment at risk.

Giving GPs the same prescribing rights as specialists would also draw revenue lost to the unregulated market back into the economy with system wide benefits. As stated above, the economic multiplier of medicinal cannabis has been estimated by Deloitte to be 1.57; this means for every dollar spent directly on medicinal

cannabis in the Australian State of Victoria, an additional $0.57 is generated for the broader economy.[37] It is likely a similar multiplier effect would occur in the UK.

The CIC's Prescription Cannabis Working Group has prepared a summary of the major crime and justice issues. This group concluded that the UK's current medical cannabis legislation is inadvertently:

- Fueling criminal enterprises with an estimated £2.5 billion of associated untaxed revenue every year.[41]
- Discriminating along class and income lines by limiting prescriptions to patients in high income brackets and wealthier suburbs.
- Compromising the wellbeing of legitimate medical patients, many of whom lack the funds to access private, specialist physicians and are forced to revert to unregulated cannabis to treat the symptoms of their conditions.
- Increasing the unaffordability of medicinal cannabis. Although some clinics now offer free initial consultations, this is not always the case, and costs can be up to £100. Mandated follow-up consultations cost circa £50-60. This is before the cost of medication is added to the final sum. This places legal medical cannabis out of reach for many genuine UK medical patients, forcing them back to the unregulated market.

Based on all the above, there is a clear opportunity for government to notably reduce the flow of billions of GBP per year to criminal organisations, as well as improve access for patients by removing the inherent financial discrimination from the current UK medical cannabis framework.

Conclusion

The UK must fast track allowing GPs to prescribe cannabis medicines, based on the best practice undertaken by similar jurisdictions elsewhere, such as Australia, Denmark, and Germany.

This can be achieved by amending the 'Misuse of Drugs (Amendments) (Cannabis and Licence Fees) (England, Wales and Scotland) Regulations 2018', section 4, to say 'specialist or general medical practitioner'.

Doing so will help relieve the enormous drug addiction burden on the NHS, providing affordable, compassionate access to patients, reducing illness associated productivity loses, and boosting the economy.

Additionally, it will reduce the stigma associated with medical cannabis (by normalising prescriptions by general practitioners), will boost understanding among the medical community (alongside appropriate training), and will widen the talent pool who can prescribe (giving them a potential revenue stream, while also increasing system capacity).

Finally, allowing GPs to prescribe cannabis could help to substantially reduce waiting lists. This is largely because those with chronic pain will have a long-term solution in place to manage their conditions.

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