

Rescheduling of Cannabis for Medicinal Use

Royal Pharmaceutical Society Policy Statement

In order to enable more scientific research and clinical trials to proceed in the UK, the Royal Pharmaceutical Society recommends that the UK Government moves Cannabis from Schedule 1 to Schedule 2 of the Misuse of Drugs Regulations 2001.

1. Key Facts

- Cannabis is listed in Schedule 1 of the Misuse of Drugs Regulations 2001, indicating that it has no recognised medicinal or therapeutic uses.
- One of the consequences of the inclusion of Cannabis in Schedule 1 is that within the UK, researchers must obtain a licence from the Home Office before carrying out research into any therapeutic use of natural and synthetic Cannabis extracts and analogues. Furthermore, patients who may benefit from pharmaceutically produced Cannabis-based preparations do not have access to these treatments.
- There is emerging evidence that Cannabis may be of benefit to patients suffering a number of serious conditions, and many countries have changed legislation to facilitate research. Currently, the UK retains close controls over research into the effects of Cannabis. This is increasingly out of step with the approach adopted by several other countries.
- RPS does not support the legalisation of Cannabis for recreational use, and believes that any Cannabis-based treatment given to patients must be of demonstrable pharmaceutical quality and licenced for medicinal use.

2. Benefits to UK research

If Cannabis is moved to Schedule 2, many of the current research barriers would be removed, giving UK based pharmaceutical scientists greater freedom to research the potential medicinal uses of Cannabis and to carry out clinical trials.

Research into Cannabis will involve all stages in the process from growing the Cannabis plants to producing medicines including, harvesting and extracting from the cannabis plant, separating and

purifying the active substances, assessing the pharmacological and toxicological activities of the active substances, developing formulations, performing clinical trials, and obtaining marketing authorisations.

The Cannabis plant contains more than 500 chemical constituents, such as cannabinoids, around 70 of which have potential for medicinal use and many of which are not psychoactive. However, little is known about these compounds as research has been restricted by legislation.

3. What are the medicinal uses of Cannabis?

Many claims are made for the benefits of Cannabis. A review carried out by the US National Academies of Science, Engineering and Medicine¹ reported that research into cannabinoids shows that:

- There is substantial evidence that short-term use of oral cannabinoids is beneficial in the treatment of spasticity caused by multiple sclerosis.
- There is conclusive evidence that cannabinoids are effective in preventing and treating chemotherapy-induced nausea and vomiting.
- There is evidence that adults suffering chronic pain who were treated with cannabinoids were more likely to experience a significant reduction in pain symptoms.

More recently, emerging research has shown that cannabinoids are:

- Useful to treat severe, refractory epilepsy that has failed to respond to standard anticonvulsant medications.
- Able to combat appetite loss in patients with cancer and AIDS.
- Useful when used as anxiolytics in palliative care.

Research into Cannabis in countries outside of the UK is a growing area and it is likely that other indications for Cannabis will be identified.

4. Recommendation

That Cannabis moves from Schedule 1 to Schedule 2 of the Misuse of Drugs Regulations 2001, which will facilitate:

- Novel research into potential therapeutic uses of Cannabis-based treatments to proceed in the UK.
- The ability of the pharmaceutical industry to develop novel Cannabis-based treatments for UK patients.
- Clinicians to treat patients with Cannabis-based medicines as they feel appropriate.

¹ The National Academies of Science, Engineering and Medicine. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. The National Academies Press, Washington, DC. 2017. (<http://nationalacademies.org/hmd/reports/2017/health-effects-of-cannabis-and-cannabinoids.aspx> - accessed 14 May 2018).