



# Cannabinoids – information for patients and carers

## **brainstrust information sheet**

Know Hows are published by *brainstrust* to help people living with a brain tumour to understand current topics. They are produced with input from relevant scientific and clinical experts and are written in a way that should help you to understand often complicated topics.

If you have an idea for a Know How, then please let us know.

If you have any queries, don't forget you can talk to one of our support specialists on **01983 292 405** or email **hello@brainstrust.org.uk**.

### **Why do we need this Know How?**

This Know How is intended to bring some clarity to a confusing topic.

Medicinal cannabis is a broad term for any sort of cannabis-based medicine used to relieve symptoms.

There are many mixed messages about cannabis in the media and within the brain tumour community. Many cannabis-based products are available to buy online, but their quality and content is not known. They may be illegal and potentially dangerous. Certain things inside cannabis contain anticancer properties, but this does not make it an anticancer treatment.

### **Cannabidiol (CBD) and cannabis oil – what's the difference?**

It is important to clarify the distinction between CBD oil and cannabis oil, terms that are often used interchangeably. CBD is a cannabinoid. It accounts for up to 40% of the marijuana plant extract, and it does not contain its psychoactive tetrahydrocannabinol (THC). Cannabis oil can be homemade, or bought illegally. Cannabis oil does contain the psychoactive substance THC, which

is illegal, as opposed to CBD oil, which does not contain THC and is currently legal as a general sale product. NHS doctors can prescribe CBD as a special prescription. We have had patients access this privately, as it is not illegal.

### **What is the evidence?**

One phase 2 trial (Leeds) has reported, but only had 6 people, so too small a cohort to carry any weight. Only 4 people actually completed the study. The study showed that patients with documented recurrent GBM treated with THC:CBD had an 83% one-year survival rate, compared with 53% for patients in the placebo cohort ( $p=0.042$ ). Median survival for the THC:CBD group was greater than 550 days, compared with 369 days in the placebo group. THC:CBD was generally well tolerated with treatment-emergent adverse events leading to discontinuation in 2 patients in each group. The most common adverse events (3 patients or more and greater than placebo) were vomiting (75%), dizziness (67%), nausea (58%), headache (33%), and constipation (33%).

## Does it work with patients living with a brain tumour?

Another trial run in 2006, which involved low-dose cannabidiol, showed no evidence. CBD can have an anticancer effect (this does not mean an anticancer treatment), but it could destroy the effect of other drugs. So, no, at the moment there is no clinical evidence to show that CBD is an effective treatment for people with a brain tumour.

## Will my GP prescribe it?

No. Only specialist clinicians can write a prescription for medicinal cannabis. New regulations came into force on 31 October 2018. Very few people in England are likely to get a prescription for medicinal cannabis.

Currently it is only likely to be prescribed for the following conditions:

- children with rare, severe forms of epilepsy
- adults with vomiting or nausea caused by chemotherapy.

And it would only be considered when other treatments weren't suitable or hadn't helped.

## What is the current legal status of medicinal cannabis?

Cannabis is a controlled drug under the Misuse of Drugs Act 1971. Controlled drugs are assigned a Class and a Schedule. The Class (A, B and C) broadly reflects potential for harm, and has legal implications, including penalties for inappropriate supply and possession. Cannabis and many cannabis-based products are assigned to Class B under the Misuse of Drugs Act 1971. The changes do not affect the Class of cannabis.

Recognising that potentially harmful drugs do have medical benefit in specific cases, they are also assigned to a Schedule (1–5), which spells out how they can be prescribed and stored.

Cannabis is currently assigned to Schedule 1, the most restrictive category, for drugs that are considered to have no recognised medicinal benefit. They cannot be prescribed or held legally with a prescription.

## Cannabis oils

The cannabinoid CBD is not a controlled substance under the Misuse of Drugs Act. Cannabis oils containing CBD can be sold legally in the UK, providing they contain negligible amounts of THC and do not make any claims for medical benefit and are not sold as medicines.

## Changes to the legal status of cannabis

In response to several high-profile cases earlier this year, the Home Secretary ordered a two-part review of the scheduling of cannabis.

The review concluded that raw cannabis and cannabis preparations of unknown composition should not be given the status of medication and that there should be no change to the legal status of cannabis for recreational use.

From 1 November 2018 medicinal cannabis has been re-assigned to Schedule 2. Specialist clinicians are able to legally prescribe cannabis-derived medicinal products to patients with an exceptional clinical need.

## What does this mean?

There are three key points to this change:

### 1. Specialist clinicians.

Only doctors on a specialist register will be able to prescribe these drugs; GPs will not be able to prescribe them.

### 2. Cannabis-derived medicinal products.

One of the key issues is precisely what is meant by cannabis-derived medicinal products (CDMPs).

An interim definition has been drawn up that essentially says that a CDMP must contain cannabis, THC or related chemicals, and must be produced for medicinal use. It should:

- be produced to good manufacturing practice standards
- have a clear description of content
- not be taken by smoking.

### 3. Exceptional clinical need.

There's been no extra detail on this point, so it has been left to the specialist clinician to make this decision. The changes do not limit the types of conditions that can be considered for treatment. So far, the focus of attention has been on treating severe childhood epilepsy and severe chemotherapy-induced nausea and chronic pain.

### Bottom line?

- It is very unlikely that you would be able to access medical cannabis via your clinical team for a brain tumour.
- There is no clinical evidence to show that cannabis, in any form, is a treatment for brain cancer.
- You must be confident that any prescribed medication is both safe and effective.

### Ask yourself

- What specifically am I struggling with?
- What do I want to know?
- What have I found out for myself?
- What makes it hard?
- What's on the horizon?
- What are the sources of information that will help me fill in the gaps?
- Who can help me?
- How can *brainstrust* help me?

Contact [hello@brainstrust.org.uk](mailto:hello@brainstrust.org.uk) or call **01983 292 405** if you'd like to speak to someone.

### Other helpful links

NHS guidance on accessibility:  
[www.nhs.uk/conditions/medical-cannabis](http://www.nhs.uk/conditions/medical-cannabis)

CRUK website gives the best overview and, although dated 2012, still holds good:  
[scienceblog.cancerresearchuk.org/2012/07/25/cannabis-cannabinoids-and-cancer-the-evidence-so-far](http://scienceblog.cancerresearchuk.org/2012/07/25/cannabis-cannabinoids-and-cancer-the-evidence-so-far)

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Production of *brainstrust's* information is supported by the Anna Horrell fund. Anna, wife and mum, tragically passed away in August 2017 after a valiant fight against a glioblastoma. Throughout her life and her illness, she was an inspiration to us all, fighting bravely and cheerfully in the face of adversity. She was the beating heart of our family, and her loss left a hole in our lives that can never be replaced. In her incredible memory, we are passionate about helping others diagnosed with a brain tumour to navigate this most difficult of journeys.

**Mike, Tom, Rebecca, Charlie & Sophie**