

Scottish Cross Party Group on Medicinal Cannabis

2nd February 2022 (virtual)

Convener: Pauline McNeil MSP, Rona McKay MSP

Deputy Convener: Oliver Mundell, MSP

THEME: Education around Cannabis Based Medicine

Present:

Members of Parliament

- Pauline McNeill (MSP)
- Beatrice Wishart (MSP)
- Oliver Mundell (MSP)
- Rona Mackay (MSP)
- Collette Stevenson (MSP)
- Ronnie Cowan (MP)

Patients and public

- Sarah Sinclair
- Marc Landers
- Lisa Quarrel
- Andrew Lundy
- John Wallace
- Linda Hendry
- Liam Lewis and Edward Douglas
- Kirsty Morrison
- Carol Dew
- Ruby Deevoy
- Rob and Jenny Forbes

Clinics/Industry

- Carl Hovey – Chief Pharmacist, Sapphire Clinics
- Dr Mikael Sodergren - Managing Director & Academic Lead, Sapphire Clinics

- Kyle Esplin– Holistic Highland Hemp, Chair of the Scottish Hemp Association
- Elisabetta Faenza - LeafCann

Organisations & Academics

- David Johnston – member of PLEA
- Kayleigh Ross – member of PLEA
- Gillian Flood – member of PLEA
- Lucy Troup – academic at UWS and member of PLEA
- Dr Anna Ross – academic at Edinburgh Uni and founder of the Scottish Cannabis Consortium
- Dr Angus Bancroft – academic and member of the Scottish Cannabis Consortium.
- Linda Hendry – Community campaigner

Scottish Government/Parliament/Local Councillors

- Councillor Ben Lawrie – Spokesperson for the Drugs Emergency, Scottish Lib Dems
- Councillor Monique McAdams
- Kate Spence –Scottish Parliament

Agenda

Speakers

- Dr Leon Barron – Founder of the Primary Care Cannabis Network, and a member of the Medical Cannabis Clinicians Society
- Dr. Sunil Arora - Medical Director of My Access Clinics
- Kayleigh Ross and David Johnston – PLEA

Discussion:

Education and policing of medical cannabis

Outcomes and Decisions:

- Motion in the Scottish Parliament
 - Councillor Monique McAdams and MSP Collette Stevenson suggested that a motion is submitted to the Scottish Parliament in regards Bedrolite funding
 - **UPDATE:** Motion has been submitted by MSP Collette Stevenson
- Funding for Bedrolite Cannabis Based Medicine
 - Set up a compassionate scheme to fill the gap between Scottish Government funding and NHS prescription

- **UPDATE:** no further movement on this
- Policing of cannabis
 - Cross party to support patients who have had problems with the policing of their legal medical cannabis prescription
 - **UPDATE:** Liam from Shetland has had an apology from Police Scotland and his medicinal cannabis was returned (see further: <https://www.shetnews.co.uk/2022/03/16/medicinal-cannabis-seized-in-the-post-a-first-for-police/?fbclid=IwAR1rWS6F2NftcBg6LTlqQkuwFqJQmCzdJbncldbwOoQBOthEV8QrRxO-iOI>)
 - Another medical cannabis patient is being supported in engagement with Police Scotland

Matters arising from previous minutes

Engagement with Health Directorate:

- Letter to the Chief Medical Officer requesting his attendance had been sent, and response was he would not attend, and did not give dates that would work for his department.

Update on Cole Thompson Campaign:

- Lisa updated the group that she was running out of money and was now considering her options. She has an appointment with Cole's consultant in which it is clear it will be recommended he come off his private cannabis medicine, and go back onto drugs that were harmful to him, despite the fact that Cole has gone from being a disabled wee boy, to playing football and being in fulltime education.
- Colette Stevenson suggests a motion so that a debate can be held in the chamber.
- Councillor Monique McAdams suggested that the motion focussed on funding for Cole.
- Comment in the chat by Ronnie Cowan about funding – he is part of a charity that has yet to receive funds, but when it does it is looking to fund the private prescriptions of children with epilepsy.
- Rona notes that only focusing the motion on funding may mean that the motion does not get cross party support and therefore a debate.
- Pauline notes that there shouldn't be barriers for any child and this must be part of the debate.

Policing:

- Counsellor Ben Lawrie asked if there would be any session on educating the police as it was an important aspect due to the harm being done to patients being arrested for possession of legal cannabis prescriptions – see further discussion below.

Presentations:

Patient Led Engagement and Advocacy (PLEA) Scottish sub group

- Patients from Plea had collected a range of views on the impact of the lack of education. In particular there is a real issue around the lack of knowledge or education of doctors in

regards cannabis medicine. Not only do G.P.s not have an understanding of how it can help alleviate and heal some conditions, but they have no idea how it interacts with other medicines, that it is available in a range of products (oil and flower, soon to be edibles).

- Furthermore not all patients react the same way, different strains for different people and ailments, so it not working first time is not indicative of it not working.
- Payment for treatment is a major issues – the private market is unstable with one service putting a 14% price hike with around 2000 patients affected. For a medicine that is already expensive, yet essential for both quality of life, and life for some people, this is a problem.
- Need medical profession to start embedding some of the Scottish Government policies- especially their Health and Wellbeing Outcome Framework – section 9 – that talks about embedding a Human Rights Based Approach to healthcare.

Dr Sunil Arora – consultant in anaesthetics and pain medicine

- Has been prescribing for around 2 years, wrote some of the first prescriptions for medical cannabis
- Often end of care pain relief
- Had to go abroad to get info. from other doctors – no experience around in the UK
- Special prescriptions needed
- Need education of doctors, some are interested and we need to educate GPs that it is an option, some are dead against
- There are no randomised control trials with regard to medical cannabis and building that evidence will need to be real-world evidence
- Often patients no more than doctors
- We are not trying to get recreational use made legal, it is to try and help people who have had no relief from other drugs.
- We also need to think about supply-chain issues.
- Perception is also important

Dr Leon Barron – GP, teaches medical students, MCC

- MCCS (medical cannabis clinicians society)– making doctors in Scotland aware that this exists
- Provide everything a doctor needs to prescribe
- User-friendly guides for clinicians
- Want to help the dire situation which exists for epilepsy and access, particularly for children. BPNA guidance – probably the biggest hurdle, and we have written a commentary on it.
- Most doctors don't know a lot about cannabis and CBD treatments.
- Conversation around prescribing and primary care – across the world, it's mostly through primary care. For some reason, the UK has gone down the route of only allowing specialists to prescribe.
- 7% of the GP workforce are prescribers in Jersey, about 2,000 patients are receiving scripts, about 2% of the population
- So when GPs are given the tools and support, and allowed to prescribe, cannabis-based medicines become much more accessible.
- Most of the conditions that respond well to cannabis are conditions that we manage as GPs – chronic pain, anxiety, insomnia, neurological conditions.

- Did a nationwide survey through the PCCN of 1,000 GPs, 39% support the idea of specialist GPs as prescribers, 24% would be willing to prescribe now given the right support and training.
- Interested at looking at alternative ways in – cannabis prescribing in primary care.
- We don't currently teach medical students about this.
- We're going to have to look at real-world data and get away from RCT – other countries around the world have managed this.

General Discussion and Questions

Pauline introduces Ronnie Cowan MP

Ronnie

- GPs need education. No parent with a child on Bedrolite and seeing fantastic results would put their child in a blind trial. Nobody would want a placebo – perfectly understandable.
- GPs are not going to write a prescription for medical cannabis, no matter how much training they have got when the law states that they then have to take on responsibility for that entire child and all their medical outcomes.
- The insurance they've got won't let them touch that.
- They (government and pharmaceutical companies lobbying the government) are trying to control the growing and the production.
- In the short-term, we need to find funding for children needing cannabis.
- The Scottish Government will not fund private prescriptions.
- We need to get ScotGov to create a pot of money for these children.

Lisa

- have the guidance set out on the MCCS – have they had any support from NICE? The reason Lisa asks this is because Cole's GP tried to prescribe when the new guidance came out by NICE and was keen to prescribe but it was knocked back by the Trust. It was blocked because the original prescription would have been written by a paediatric neurologist on the specialist register that was **private**, and the shared care would then have been taken over by a GP on the NHS.
- There are 14 consultants in Scotland that are on the specialist register that could prescribe but are all in a club (the BPNA and NICE club).
- Cole's consultant tried to prescribe in July 2019, he was told he was not to prescribe and no other consultant would be willing.

Dr Barron

- GP shared prescribing is a cop out and it doesn't work for a variety of reasons. The NHS is not open to this type of prescribing. We know why – because of NICE, because of funding, because of BPNA etc.
- If a GP is asked to prescribe something that is initiated in the private sector, especially if it is unlicensed, it will be blocked straight away by the CCG or by the Practice itself, so it is a total dead end.
- NHS funding is a long road and there are a lot of hurdles to overcome.
- If we can find these prescribers – and they are out there – we can give them all the support they need for prescribing for children.
- We can find world experts to help advise.

- My view this has to stay within a private space in the short to medium term to get scripts moving.
- It might be better to try and set up a compassionate scheme and speak to companies manufacturing these drugs.

John Wallace

- I come from the rare disease community – rare autoinflammatory diseases.
- In Canada and the US, more people are using cannabis to stop pain. People are scared because of the legal position over here.
- People are scared to buy it illegally. 75% of rare diseases affect children. People are scared to give it to their children.

Elisabetta Faenza

- Also part of the rare disease community.
- Founded LeafCann.
- If we can get GPs prescribing then the prices will come down.
- Australian experience - now have around 70,000 patients receiving products and that has forced the price down. It is not cheaper to get a cannabis script in Australia than to buy street cannabis.
- There are 300 products in Australia. There are clinical trials for chemotherapy patients, insomnia, epilepsy.
- Initially, Australia only had specialist prescribing and they had very few scripts coming through. Pushed for GPs to be able to prescribe.
- Convinced the Australian government to trial an ethics programme which allowed GPs to apply to be an authorised prescriber.
- Growing number of scripts written which no adverse reactions.
- Now the Government has said they are no longer locked to a product. Over 10,000 scripts

Ruby

- cannabis journalist
- Covered the Shetland medicinal cannabis news story (see below)
- Happy to be contacted about all things cannabis
- Contact details: rubydeevoy@gmail.com

Liam from Shetland

- I am the medical cannabis used with a legal prescription
- My monthly prescription was intercepted by police sniffer dogs when it was in delivery. MY medication was seized even though I showed them my prescription, and I was told I would be charged with cannabis possession
- See further: <https://www.shetnews.co.uk/2022/01/27/carmichael-speaks-out-in-support-of-man-whose-medical-cannabis-was-seized-by-police/>
- I have had to withdraw my medication.

- I have been issues with a Recorded Police Warning for cannabis possession. I have appealed the recorded police warning.
- Hoping there might be scope for a government-issued ID card.
- Had a horrendous experience.

Anna

- you should never have been issued with a recorded police warning. I have written an email to the Chief of Police and will update you on any communication
- Could the cross-party write a letter to Chief Constable Iain Livingstone?
- We need to follow this up Pauline and Rona agree to do this (see updates above).