Faculty of Forensic & Legal Medicine

Recommendations on the management of detainees or prisoners who are prescribed Cannabis-based Products for Medicinal Use (CBPMs)

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Introduction

'Medical or medicinal cannabis' is a broad term for any sort of cannabis-based medicine used to relieve symptoms.

Many cannabis-based products are available to buy online, but their quality and content is not known. They may be illegal in the UK and potentially dangerous.

Specific cannabis-based products are available on prescription as medicinal cannabis. These are only likely to benefit a very small number of patients.

What is cannabis?

Cannabis, commonly known as weed, marijuana, or pot, is a non-chemically uniform psychoactive drug, derived from the cannabis plant. Medicinal cannabis comes from three different species of wild cannabis: sativa, indica and ruderalis.

There are two main active ingredients in the plant: delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). Different parts of the Cannabis plant contain vastly different concentrations of the active ingredients used as medication.

Unfertilised female flowers contain the highest concentrations of active ingredient in the plant (20 x that of leaves). Medicinal cannabis clinics report that using a combination of THC and CBD will have a better effect than just the individual components.

Cannabis has various mental and physical effects, which include euphoria, altered states of mind and sense of time, difficulty concentrating, impaired short-term memory, impaired body movement, relaxation and an increase in appetite. Onset of effects is felt within minutes when smoked and may take up to 90 minutes when eaten. Effects last for two to six hours, depending on the amount used. At high doses, mental effects can include anxiety, delusions, hallucinations, panic, paranoia and psychosis.

Indications for medicinal cannabis

Currently, licenced CBPM preparations are not commonly prescribed and are only licenced for the following conditions:

- Children and adults with rare, severe forms of epilepsy
- Adults with nausea or vomiting caused by chemotherapy
- People with muscle stiffness and spasms caused by multiple sclerosis

It should only be considered when other treatments are not suitable or have not helped.

There are, however, a large number of off licence prescriptions issued.

NICE guidelines

In 2019, NICE produced guidelines on the use of CBPMs: *https://www.nice.org.uk/guidance/ng144*

Products covered in the guideline include:

- Cannabis-based products for medicinal use as set out by the UK Government in the 2018 Regulations.
- The licensed products delta-9-tetrahydrocannabinol combined with cannabidiol (Sativex) and nabilone
- Plant-derived cannabinoids such as pure cannabidiol (CBD)
- Synthetic compounds which are identical in structure to naturally occurring cannabinoids such as delta-9-tetrahydrocannobinol (THC), for example, dronabinol.

Types of medication

The only licenced natural cannabis product in the UK is Sativex (THC plus CBD), which comes as a spray. Nabilone, which comes as a capsule, is a synthetically manufactured version of THC which is licenced in the treatment of vomiting and nausea induced by chemotherapy. Epidyolex is a licensed oral solution of cannabidiol for severe epilepsy indications.

Unlicenced medical cannabis can be prescribed orally, as a capsule, sublingual oil, lozenges or as medical grade flower taken with a specialist vaporiser or as a topical cream.

Relevant Legislation

Cannabis is a Class B controlled drug under Part 2 of Schedule 2 to the Misuse of Drugs Act 1971 (MDA 1971). Cannabis is defined in section 37(1) of the MDA 1971 and is, in essence, the plant or any part of the plant with limited exceptions (the exceptions are the mature stalk; fibre produced from the mature stalk; or the seed of any such plant).

It is also listed in Schedule 1 to the Misuse of Drugs Regulations 2001 (MDR 2001) and designated under the Misuse of Drugs (Designation) (England, Wales and Scotland) Order 2015 (2015 Order). As such, it is unlawful to possess, supply, offer to supply, produce, import or export this drug except under a Home Office licence. It is also an offence to cultivate any plant of the genus Cannabis except under a Home Office licence. The legislative position for this is that cannabis-based products for medicinal use in humans are defined in Regulation 2 of the MDR 2001, which is a defined category of cannabis, cannabis resin, cannabinol and cannabinol derivatives (not being dronabinol or its stereoisomers), which is produced for medicinal use in humans and is a medicinal product, or a substance or preparation for use as an ingredient of, or in the production of an ingredient of, a medicinal product. CBPMs were placed in Schedule 2 to the MDR 2001 in 2018. CBPMs are Class B drugs, subject to additional controls in the MDR 2001.[1]

From November 1, 2018, specialist doctors in the UK gained the authority to prescribe medicinal cannabis. Specialist doctors can legally issue prescriptions for cannabis-based products.[2]

There is no restriction in law for which indications CBPMs may be prescribed and when prescribing CBPMs, it is a clinical decision to determine the most appropriate treatment option for a patient, taking into account the patient's values and preferences, their clinical condition, other medication, and the clinical evidence of efficacy and safety for the indication being considered, and the suitability of other licensed medicines.

The following conditions have the most evidence of clinical effectiveness where licensed products are now available:

- intractable nausea and vomiting
- MS related spasticity
- severe treatment-resistant epilepsy

As most products are currently not licensed, CBPMs will not be considered as first line treatments. Prescribers should always consider prescribing medicines that are licensed for the specific condition that the patient presents with.[3]

Private prescriptions/unlicensed products

'Unlicensed medication' is used to describe medicines that have no licence for use in the UK. Some medicines may also be used outside their licensed indication and are used off-label.

Medications should be prescribed in accordance with the terms of their licence, however off-label or use of unlicensed medicines may be appropriate where, based on assessment, you conclude that for medical reasons, it is necessary to do so to meet the specific needs of the patient.

If proposing, prescribing or providing an off-label or unlicensed medicine, the prescriber must:

a. be satisfied that there is sufficient evidence or experience of using the medicine to demonstrate its safety and efficacy.

b. take responsibility for prescribing the medicine (or ensuring that the person you are proposing the prescription to is aware that the medicine is unlicensed, and the reasons why) and for overseeing the

patient's care, monitoring and any follow up treatment (or make sure that arrangements are in place for another suitable medical professional to do so).

c. make a clear, accurate and legible record of all medicines prescribed and, where you are not following common practice, your reasons for prescribing an unlicensed medicine.

There is also a larger global context. The recreational use of cannabis is now legal in Canada and 10 US States, and many other countries preceded the UK in allowing CBPMs to be prescribed, including Australia, Canada, and Germany. It is important to learn from the impact of these policy changes, including health outcomes and whether the prevalence and strength of recreational cannabis has been affected. This global expansion of CBPMs has not coincided with an expansion of high-quality research into their effects. This paucity of research hampers regulators and governments in providing evidence-based guidance on the prescribing and control of these substances.[4]

Administration of CBPMs in Police Custody

When considering prescribing and administration of medication in Police Custody, please refer to the FFLM guidance on *Safe and Secure Administration of Medication in Police Custody*. This guidance does not discuss CBPMs but covers wider aspects of prescribing and administering medication in Police Custody.

When prescribing and administering medication in police custody, safety is the overriding consideration. Where a detainee has an NHS prescription for a licenced CBPM, we would recommend, if appropriate, safe, and where possible, continuing the medication during periods of detention.

If a detainee is receiving a private prescription for an unlicensed medication, we would advise that the Healthcare Professional reassesses the indication for the medication and considers the safety of the medication, taking into consideration the lack of evidence for prescribing in many conditions.

Other challenges will be verification of the prescription, if issued by a private clinic, as these clinics may have limited accessibility and response times.

Mode of administration will also need to be considered. Neither smoking nor vaping is authorised in custody suites and therefore any CBPM that is vaporised should not be offered in a custody environment.

Management of detainees arrested under the RTA

The following sections are relevant under the Road Traffic Act 1988:

Section 4: Driving (or attempting to drive) while unfit due to drink or drugs (i.e. impairment).

Section 5A: Driving (or attempting/ in charge of a vehicle) with a specified controlled drug in the body above the prescribed limit (strict liability offence)[5].

For THC (the major psychoactive component of cannabis), the prescribed blood limit is 2µg per litre of blood. Even if a driver is below the specified limit, they may still be charged under Section 4 if impaired by drugs should sufficient evidence be gathered at the roadside at the time of arrest.

If a detainee is prescribed a CBPM they may have a statutory medical defence under Section 5A if they can demonstrate:

1. They have been prescribed the CBPM,

   AND

2. They are using in accordance with their prescriber's instructions (and any manufacturer's instructions),

However, this defence may not be used under section 4 if the driver is impaired, even if the medication is legitimately prescribed. It is worth noting that CBPM are never smoked so if there is evidence that the medication has been 'smoked', for example, joints are seen in the vehicle, use is illicit.

On assessing someone arrested under the Road Traffic Act, record all medications that the detainee is taking, including time since last used and details of the medicinal cannabis product, including the name, dose, frequency and route of administration.

Medicinal cannabis is lawful but does not permit driving whilst impaired. Consider a referral to the DVLA if there is an underlying condition or medication that may affect ability to drive.

Administration of CBPMs in secure and detained settings

On being detained in a prison, the responsibility for prescribing and treatment regimens will transfer to the healthcare team within the detained setting. It is therefore up to the responsible clinicians to reassess all previously prescribed mediation and treatments and decide on the appropriate treatment regimen whilst that person is detained and under their care.

Mode of administration will depend on the local policies and procedures within each secure environment.

References

1. Home Office
Drug Licensing Factsheet: Cannabis, CBD and other cannabinoids

2. The Misuse of Drugs (Amendments) (Cannabis and Licence Fees) (England, Wales and Scotland) Regulations 2018

3. NHS England
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4. Royal College of Psychiatrists
PS05/19 Cannabis-based medicinal products
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5. The Crown Prosecution Service
Road Traffic Drink and Drug Driving
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Produced by Dr Deryn Evans on behalf of the Faculty of Forensic & Legal Medicine
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