

THE MEDICAL CANNABIS CLINICIANS SOCIETY

# PRESCRIBING GUIDELINES: MEDICAL CANNABIS

A GUIDE FOR UK CLINICIANS



JULY 2020



**MCS** Medical Cannabis  
Clinicians Society

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# PRESCRIBING GUIDELINES: MEDICAL CANNABIS

THE MEDICAL CANNABIS CLINICIANS SOCIETY EXECUTIVE COMMITTEE



**PROF MIKE BARNES**  
CHAIR



**DR DANI GORDON**  
VICE CHAIR



**HANNAH DEACON**  
EXECUTIVE DIRECTOR

## START LOW, AND GO SLOW

When it comes to prescribing medical cannabis for the first time, many clinicians have questions about the best approach. The basic principle is to start low and go slow.

In that way, the patient can get up to the best dose with minimal side effects.

Overall, remember that medical cannabis when properly prescribed and generally, is very safe and non-lethal in overdose is rare. However, certain patients, such as those with cardiac risk factors are at higher risk for a serious adverse effect at high doses of THC (which would be very rare to prescribe). Adhering to the start low and go slow principle is a cautious but useful maxim.



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# 1 DECIDE ON THE RIGHT PRODUCT & CBD:THC RATIO

## PRESCRIBING MEDICAL CANNABIS

First, decide on what starting product is best for the patient.

In most cases a strain high in CBD and low in THC is best for the first prescription. CBD can help many people without any or much added THC.

This is particularly the case in epilepsy but also for some people with pain and certainly for those with anxiety / PTSD.

What is prescribed depends, of course, on what is available in the country.

At the time of writing in the UK we are very limited with regard to high CBD / low THC products. We have few products available.

The MCCS product list for members gives up to date information on what products are available in the UK.


Also, in the [Society Google Group](#), members maintain an up to date thread on the latest available products, so it's best to check here regularly.

Please help us by contributing to this knowledge base.

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# 2 START LOW AND GO SLOW

## PRESCRIBING MEDICAL CANNABIS



Most people will need about 60-100mgs CBD oil daily but this can vary hugely.

Start at about 10mgs daily and build up gradually over about 4 weeks to around 60mgs and reassess.

A few people are very sensitive (about 10%) hence the importance of starting at a low dose.

Remember that children with epilepsy will likely need much higher doses – up to about 10-15mgs / kg body weight or sometimes up to 20mgs / kg.

Also remember that CBD isolates (such as Epidiolex) will need higher dosing than full extract products (about 4/5 times higher on average).

There is no absolute maximum dose but at around 150mgs CBD oil (or capsule) in an adult if there is no or limited response then consider adding in a little THC.

At first, add just 1mg THC and build up slowly towards around 10mgs THC over say 3/4 weeks.

Often this is achieved with a "balanced" product such as the 10:10 THC:CBD product by Little Green Pharma or Tilray.

This means that there are 10mgs CBD and 10mgs THC per ml, so start at say 0.1ml (1mg) and build up.

Once again, look at the product list [on the website](#) for available products.

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# START LOW AND GO SLOW

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If this schedule is not working, then a higher THC regime may be needed. It may be easier to use a different product with a higher THC ratio, such as Little Green Pharma T20:C5 which means there are 20mgs THC per ml and 5mgs CBD.

High THC is often needed for pain syndromes and for those with various cancer symptoms. It is largely a trial and error process but simply remember – start low and go slow.

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# 3 EXPERIENCED USERS

## PRESCRIBING MEDICAL CANNABIS



in previously experienced users of cannabis, the same principle of start low, go slow applies. However, the dose escalation can be faster as they may already have trialed a higher THC regime with recreational cannabis. Do remember that most recreational products do not come with a proper label and many casual users will not know exactly what they have been taking.

When the UK has more product available, then further refinement may be possible. It may be useful, for example, to use an Indica-labelled strain to promote sleep or a Sativa-labelled strain to promote wakefulness, keeping in mind that in reality, sativa vs indica classifications are not accurate and chemovars are a more accurate way of strain description.

But, some products may still use the old sativa vs indica labelling system, or for products on the current UK medical cannabis market, none at all in many cases.

The terpene profile needs to be borne in mind and, for example, a product high in myrcene might be useful for sedation or a high linalool for epilepsy, but again for most currently available products in the UK, this terpenoid profile is unknown or unreported.

A THCA product might be needed for a child with epilepsy who cannot tolerate THC even when mixed with high CBD, as an add-on after trying a high CBD product on its own first in an adequate trial. In the UK at the moment these refinements are just not readily available.

# 4 CANNABIS FLOWER

## PRESCRIBING MEDICAL CANNABIS

What about flower?

Some people, particularly for those with pain, benefit from flower for vaping. This is especially useful for breakthrough pain on top of an oil regime as a baseline.

As a guide prescribe 1 gram flower per day. The patient may use say 0.33 grams for the vape three times each day.

A variety of flower products are available, such as Bedrocan dried flower varieties called Bediol, Bedrocan or Bedrobinol with varying THC:CBD ratios.

The same principle applies to flower as to oil although clearly flower is a little less easy to regulate.

Other formats are legal to prescribe in the UK (such as suppositories, pessaries, sprays and balms – but not smoking) but are not yet readily available.

The same principle applies though.

NOTE: Patients who insist on needing a very high amount - e.g. 4 to 5 grams of flower per day or more for their medical cannabis prescription based on their current usage should raise flags for problematic use. Although not always the case, these large amounts for the base of therapy, especially if using a high THC flower, should be discouraged, although there may be exceptions to this rule.

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# THE MEDICAL CANNABIS CLINICIANS SOCIETY

INDEPENDENT, EXPERT SUPPORT FOR CLINICIANS

The Medical Cannabis Clinicians Society is an independent community of medical cannabis pioneers – the first prescribers of this treatment in the UK.

We believe that every patient who could benefit from medical cannabis should have access to it.

We provide the medical and scientific community interested in supporting patients with medical cannabis with high-quality training and expert support.

Membership is open to those with a professional interest in medical cannabis, including clinicians, nurses, GPs, allied health professionals (AHPs), medical students, healthcare scientists, pharmacists and those working across acute, primary and community healthcare.

As part of the UK's leading group of medical cannabis experts, members have access to information to inform treatment decisions, up-to-date product guidance and support to ensure clinicians can become as confident in prescribing medical cannabis as they are with first line treatments.

With the most respected medical cannabis clinicians in the country providing support, members are better able to help their patients.

Annual membership is £90 for consultants, GPs and others and £45 for nurses and AHPs. Membership is free for medical students and we welcome international members.

Join online at [www.ukmccs.org](http://www.ukmccs.org).

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