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UK GP ATTITUDES TOWARDS MEDICAL CANNABIS SURVEY 2021

A unique insight into general practitioners attitudes towards understanding, accessing and prescribing cannabis-based medicine for patients in the United Kingdom.

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CONTENTS

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THE FIRST
NATIONWIDE
SURVEY ON
GP ATTITUDES
TOWARDS MEDICAL
CANNABIS IN THE
UNITED KINGDOM

THE CURRENT LANDSCAPE

Since the re-classifying of cannabis-based medical products (CBMPs) for medical use in 2018 in the UK, there has been a greater awareness and interest into the medical and wellness uses of cannabis among the public as well as health care practitioners. As the first point of contact for most patients, GPs have noticed a significant increase in the number of patients asking about medicinal cannabis and are likely to be finding themselves in gatekeeper roles or perceived as experts by patients, despite limited training on this subject. Research carried out in 2019 surveyed 2,000 GPs and found that 61% of GP partners reported an increase in medicinal cannabis queries from patients [1].

Cannabidiol (CBD) is being utilised for a wide range of health conditions by the general public across all age groups and demographics in various forms including topical balms, oils, and vapes. Data from YouGov and the CMC undertaken in 2019 estimated that 11% of people in the UK were using over-the-counter CBD [2], with continued strong growth predicted within the sector.

In the UK, only MHRA approved and licensed cannabis-based medical treatments receive full NHS funding and are supported by NICE. These include Epidiolex (with clobazam) for intractable epilepsy, Sativex for spasticity in MS, and Nabilone for nausea and vomiting in chemotherapy [3]. With any licensed or unlicensed CBMP, GPs may be expected to continue to prescribe cannabis-based medicines as part of a shared care agreement, although in practice prescriptions tend to remain solely in the hands of specialists within secondary care settings.

Unlicensed, whole plant products remain the treatment of choice for the majority of patients and these are readily available in the private sector for those who are able to afford this route of access. Under current UK law, there are no restrictions on conditions that can be prescribed for privately, and independent prescribers are able to prescribe CBMPs within their own scope of practice.

Most prescriptions to date for unlicensed CBMPs have been issued by GMC registered specialists working within private medical cannabis clinics, who are prescribing for a wide range of conditions. In conjunction, there are also a growing number of GPs who have taken an interest in medical cannabis and are working within the private sector prescribing unlicensed products under shared care arrangements with specialists and within a wider MDT.

The therapeutic properties of the cannabis plant are well recognised amongst some patient populations and for those who cannot afford the costs of private prescriptions, the illicit street market still remains a major source of access. It is estimated that around 1.4 million people in 2019 were using illegally sourced cannabis purely for medical purposes with all the various risks that this entails, including the risk of prosecution and the consumption of unregulated and potentially harmful products [4].

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REASONS FOR STUDY

It is widely recognised that in the UK there remains a lack of formal teaching on medical cannabis and the endocannabinoid system at both undergraduate level and during the clinical and specialist training stages of a medical career [5]. GPs are therefore likely to be largely unfamiliar with medical cannabis treatments and CBD products and their respective modes of action.

Despite a growing interest in the potential benefits of CBMPs, no study exists to date that has formally assessed the knowledge and attitudes of UK GPs towards medical cannabis. Understanding the attitudes and general views of GPs within the UK may provide insight into the ongoing challenges around patient access and help to inform and shape longer-term domestic policies around the prescribing and wider access of CBMPs.

It is worth noting that the role of medical cannabis within primary care is not a subject unique to the UK. Cannabis on prescription is now legal in over 50 countries across the globe with GPs playing a significant role in enabling access and overseeing prescribing for a wide range of conditions that are commonly managed within primary care, including pain and anxiety. GPs make up the majority of prescribers in more established medical cannabis markets such as the US, Canada, Germany, and Australia. In Germany alone, it was estimated that there were 60,000 registered patients using medicinal cannabis in 2020 [6].

Overseas surveys on the views of GPs and primary health care providers have largely shown support or neutrality with regards to medical cannabis use [7-8]. In one such study undertaken in 2018, 640 Australian GPs were questioned on their attitudes and knowledge of medical cannabis and most felt that their own knowledge was inadequate and over half supported availability on prescription, with the preferred access model involving trained GPs prescribing independently of specialists. There was strong support for the use of medical cannabis in cancer pain, palliative care, and epilepsy [8].

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METHODOLOGY

Questions in this survey were designed specifically for use in this study to identify current trends in general practice consultations around medical cannabis and over the counter CBD and to gain a broad understanding of GP knowledge and attitudes towards the wider use of CBMPs within primary care settings. The survey was made up of 10 questions. For multiple choice questions, respondents were allowed to choose one or more answers.

MedeConnect interviewed 1,005 UK GPs online between the 8th and 29th January 2021. MedeConnect used regional quotas to ensure a proportional split across the devolved nations and the standard regions of England. MedeConnect invited GPs to participate who were members of the Doctors.net.uk online community. GPs could participate by clicking on a link to the survey on their personalised home page. MedeConnect also sent e-mails to GPs, who had opted in to receive them, to further encourage participation. Respondents had to consent to be allowed to qualify for the survey and could withdraw participation at any time by closing the online survey link.

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SURVEY RESULTS

The demographic data of respondents was representative of the GP community in the UK (figure 1).

Of the respondents:

45% were female
54% were male
1% preferred not to disclose their gender

4% of GPs were under age 35
43% were aged 36-45
32% were 46-55 years of age
20% were above the age of 56

55% of respondents were GP partners/ principals
28% salaried GPs
17% were locum GPs

Respondents were from the whole of the UK including the areas of London, South West, South East, West Midlands, East Midlands , East of England, Yorkshire and Humber, North East, North West, Scotland, Wales, Northern Ireland.

1005 respondents represent the views of approx. 2.9% of the UK GP workforce (currently there are 35,416 GPs working in the UK looking after a population of approx 65 million [9].

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SURVEY RESULTS

Q1. Respondents were asked: How often do you get asked about over-the-counter CBD products by your patients? (Weekly, Monthly, Bi-monthly, Approximately every 3 months, Approximately every 6 months, Never).

30% of GPs were asked about over-the-counter CBD products approximately every 6 months
20% were asked approximately every 3 months
7% of GPs were asked bi-monthly
12% were asked monthly
4% were asked weekly
27% of respondents stated they are never asked about over-the-counter CBD products (figure 2).

Q2. Respondents were asked: How often do you get asked about cannabis-based medicines as a potential treatment from your patients? (Weekly, Monthly, Bi-monthly, Approximately every 3 months, Approximately every 6 months, Never)

33% of GPs were asked about medical cannabis treatments approximately every 6 months
17% were asked approximately every 3 months
6% were asked bi-monthly
9% were asked monthly
2% were asked on a weekly basis
33% stated they are never asked about cannabis-based medicines (figure 3).

Q3. Respondents were asked: What resources or tools do you feel would be useful for you to confidently answer your patient's questions on cannabis-based medicines?

(Accredited GP focussed e-learning, Quick reference/ desktop guidance, Learning from overseas colleagues who are experienced prescribers via webinars and podcasts, Clear and concise summaries of the most up to date evidence-based research on cannabis-based medicines, Other (please state).

48% of respondents stated that they would like clear and concise summaries of the most up to date evidence-based research on cannabis-based medicines.

46% answered accredited GP focussed e-learning

41% choosing quick reference / desktop guidance.

8% chose learning from overseas GPs and medical practitioners who are experienced prescribers (via webinars and podcasts).

18% opted for none of the above (figure 4).

Free text comments included:

GP notebook
Redwhale
Advice from CCG
GP notebook
NICE and area prescribing committee information

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Q4. Respondents were asked:

What benefits, if any, do you think cannabis-based medicines can offer as a treatment option? (An alternative treatment for patients who have exhausted licenced medicines, Multi-symptom management, Improved quality of life, The ability to reduce dependence on other prescribed medication, A more patient led, personalised medicine, I don't have an opinion on this, Other).

51% of respondents supported the use of cannabis-based medicines as an alternative treatment for patients who have exhausted licensed medicines.

27% supported cannabis-based medicine to improve quality of life.

24% recognised a role in multi-symptom management.

22% of respondents supported cannabis-based medicines as a way of reducing dependence on other prescribed medications.

13% viewed cannabis-based medicines as a more patient led and personalised medicine.

29% of respondents did not think there were any benefits to cannabis-based medicines (Figure 5).

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Q5. Respondents were asked:

Which (if any) of the following conditions would you support a trial of a cannabis-based medicine? Chronic non-cancer pain, Chronic, cancer pain, Palliative Care, Fibromyalgia, Spasticity in MS, Intractable Epilepsy, Anxiety, Depression, Insomnia, PTSD, Autism, ADHD, Chemotherapy-induced nausea and vomiting, Inflammatory bowel disease, Parkinson's Disease, Agitation in Dementia, Other (please state):

46% would support a trial of cannabis-based medicine for Spasticity in Multiple Sclerosis

42% for palliative care

42% for intractable epilepsy

42% for use in chronic cancer pain

29% for chemo-induced N&V

26% for chronic non-cancer pain

20% for Parkinson's disease.

19% for fibromyalgia.

18% for agitation in dementia.

Anxiety was supported by only 10% of respondents with insomnia at 8% and PTSD at 7%.

Use for depression was only supported by only 7% of respondents and 6% showed support for inflammatory bowel disease.

Only 5% of respondents supported use for ADHD and 5% for autism.

26% of respondents chose none, with no support for medical cannabis for any of these named conditions (Figure 6).

Free text comments included:

ME/ CFS

MS

Inflammatory arthritis

I don't know enough to support use

I don't know enough about it to comment

I don't know enough about any

I have no knowledge on the use of cannabis medicines.

None as I have no knowledge

I'm not qualified to answer

I have very little experience with cannabis medicine.

Q6. Respondents were asked: What, if any, are your main concerns around cannabis-based medicines? (A lack of evidence of efficacy, Majority of products are unlicensed medicines, Side effects of treatments, Interactions with other prescribed medications, None of the above, Other (please state).

72% of respondents were concerned that the majority of cannabis-based products are unlicensed medicines.

68% had concerns around lack of evidence of efficacy.

45% had concerns about interactions with other prescribed medications.

40% of respondents had concerns about side effects of treatments.

5% of respondents had no concerns about cannabis-based medicines (Figure 7).

Free text comments included a wide range of responses expressing concerns around potential for abuse and addiction and dependency, costs of treatments, lack of knowledge and education, local formulary restrictions, potential psychological side effects and unsuitable patient demand:

I am not a familiar prescriber and do not have the training or skills to justify it.

A lack of personal experience and available information.

I have no knowledge of cannabis medicines.

I would need to improve my knowledge on the subject.

I have seen serious mental health conditions caused by cannabis use and am also concerned about potential for addiction. It may be a way of medicalising social issues.

Unsuitable patient demand.

Cause more problems with misuse than benefits of use for very small minority.

Medicalisation of people wanting to get high.

Commercial pressure over other addictive substances like with opioids and gabapentinoids leading to massive social problems yet again to improve the profits of the pharmaceutical industry.

Abuse and demand by patients faking symptoms.

Gateway to the real thing.

High risk , like other psychotropics of using too widely and without good indication; risk of tolerance/addiction by people who typically display this with other medication.

No clear evidence of effectiveness seem to help all conditions a bit like snake oil used to.

Q7. Respondents were asked:
Do you believe cannabis-based medicines are generally more hazardous than: Opioids - Agree, Neutral, Disagree, Benzodiazepines - Agree, Neutral, Disagree, Gabapentinoids - Agree, Neutral, Disagree, Z Drugs (i.e Zopiclone) - Agree, Neutral, Disagree.

OPIODS

12% believed cannabis-based medicines were more hazardous than opioids
31% disagreed with this statement
26% were neutral
31% of respondents were not sure

BENZODIAZEPINES

13% believed cannabis-based medicines were more hazardous than benzodiazepines
34% disagreed with this statement
24% were neutral to this question
29% of respondents were not sure

GABAPENTINOIDS

15% believed cannabis-based medicines were more hazardous than gabapentinoids
24% disagreed with this statement, 28% were neutral to this question and 33% of respondents stated they were not sure

Z-DRUGS

15% believed cannabis-based medicines were more hazardous than z-drugs
27% disagreed with this statement, 26% were neutral to this question and 32% of respondents stated they were not sure (Figure 8).

Q8. Respondents were asked:
 Patients who cannot afford private medical cannabis clinics continue to use illicit street market cannabis to treat chronic health conditions. (It is estimated there are approximately 1.4 million people in the UK self-medicating through this route). Given the various risks that this entails for individual patients, would you support the idea of specialist GPs (trained in prescribing cannabis-based medicines) facilitating scripts for eligible patients? (Yes, No).

39% of respondents answered with yes, supporting the idea of specialist GPs facilitating scripts for eligible patients.

26% responded with no and 34% responded with not sure (Figure 9).

Q9. Respondents were asked:
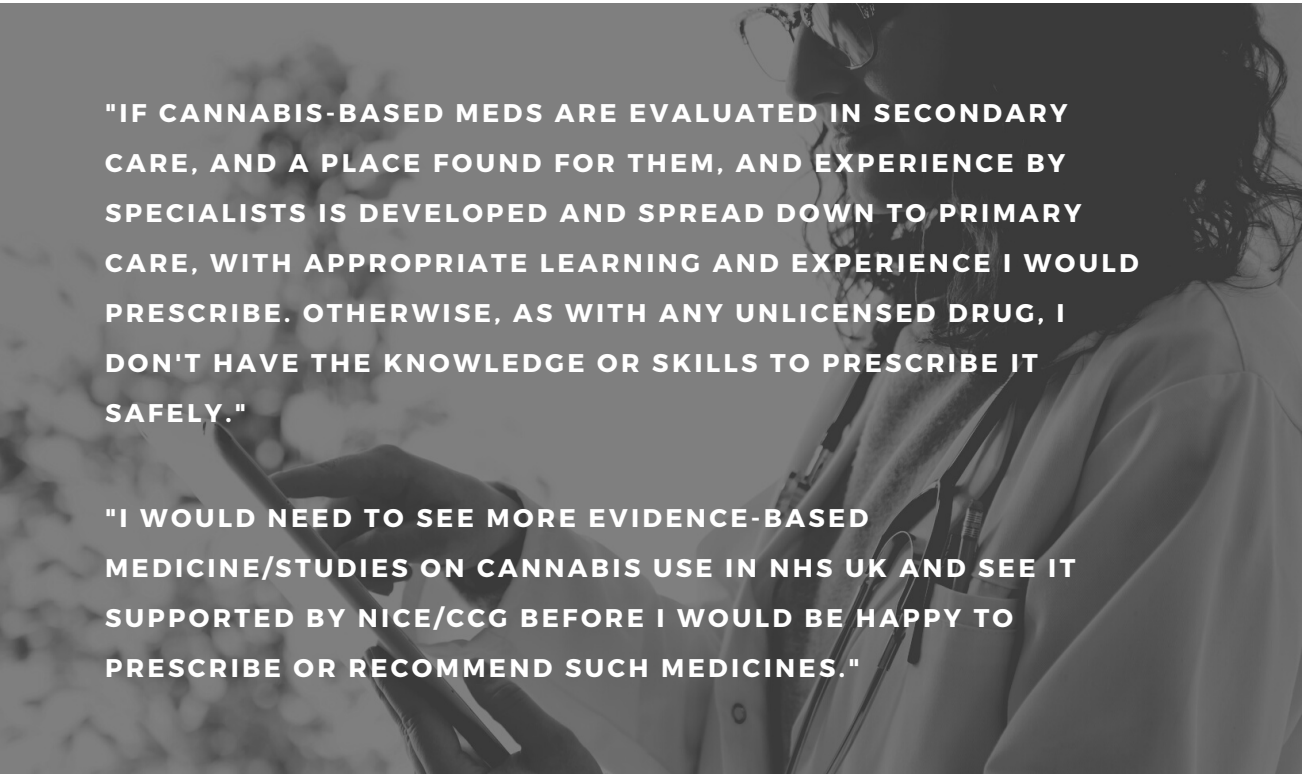**Have you ever prescribed a medicine through the specials route or would you do so if needed? (Yes, No)**

22% of respondents stated they had prescribed through the specials route, 33% had not prescribed but would do so and 45% had not prescribed and would not do so (Figure 10).

Q10. Respondents were asked:
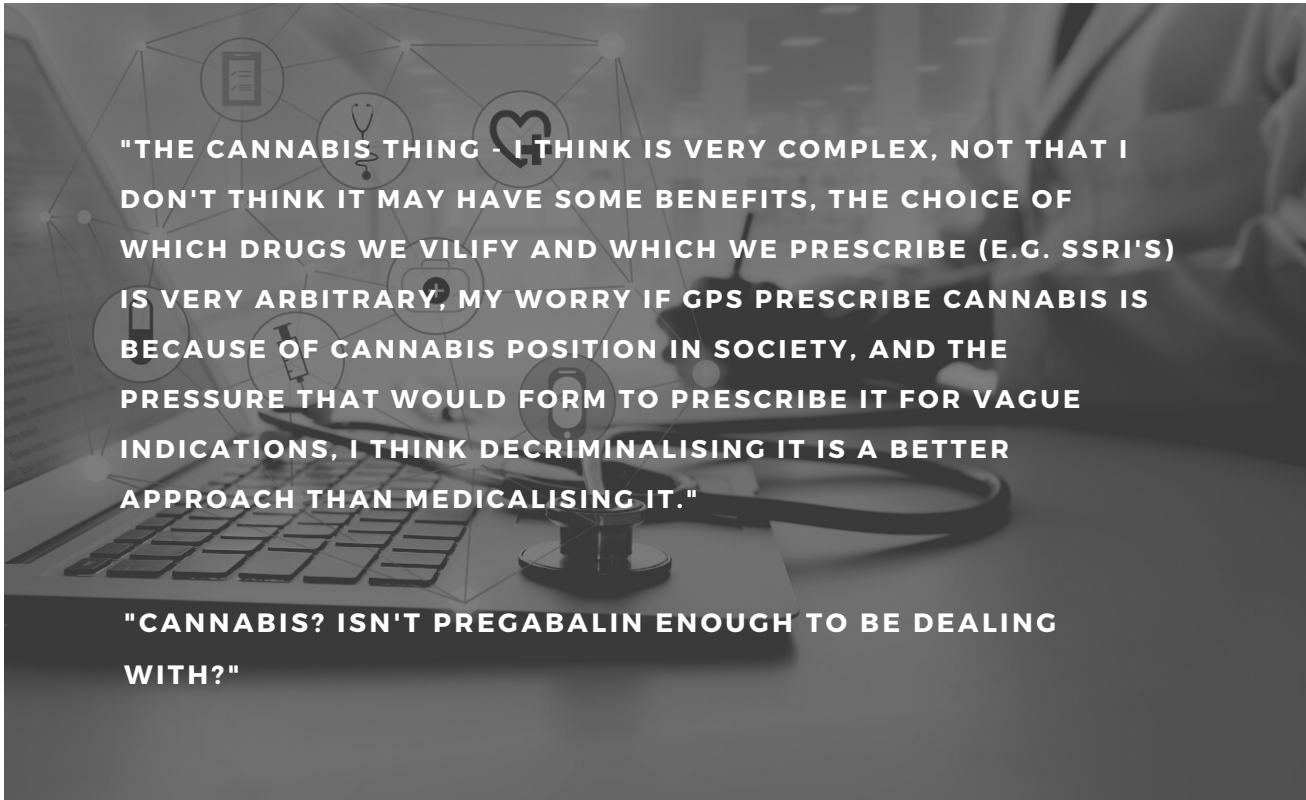**Do you think GPs should have the ability to prescribe and oversee cannabis-based medicines? (Yes, No)**

24% of respondents supported the ability of GPs to prescribe and oversee cannabis-based medicines and 76% responded with no to this question (Figure 11).

"IF CANNABIS-BASED MEDS ARE EVALUATED IN SECONDARY CARE, AND A PLACE FOUND FOR THEM, AND EXPERIENCE BY SPECIALISTS IS DEVELOPED AND SPREAD DOWN TO PRIMARY CARE, WITH APPROPRIATE LEARNING AND EXPERIENCE I WOULD PRESCRIBE. OTHERWISE, AS WITH ANY UNLICENSED DRUG, I DON'T HAVE THE KNOWLEDGE OR SKILLS TO PRESCRIBE IT SAFELY."

"I WOULD NEED TO SEE MORE EVIDENCE-BASED MEDICINE/STUDIES ON CANNABIS USE IN NHS UK AND SEE IT SUPPORTED BY NICE/CCG BEFORE I WOULD BE HAPPY TO PRESCRIBE OR RECOMMEND SUCH MEDICINES."

"THE CANNABIS THING - I THINK IS VERY COMPLEX, NOT THAT I DON'T THINK IT MAY HAVE SOME BENEFITS, THE CHOICE OF WHICH DRUGS WE VILIFY AND WHICH WE PRESCRIBE (E.G. SSRI'S) IS VERY ARBITRARY, MY WORRY IF GPS PRESCRIBE CANNABIS IS BECAUSE OF CANNABIS POSITION IN SOCIETY, AND THE PRESSURE THAT WOULD FORM TO PRESCRIBE IT FOR VAGUE INDICATIONS, I THINK DECRIMINALISING IT IS A BETTER APPROACH THAN MEDICALISING IT."

"CANNABIS? ISN'T PREGABALIN ENOUGH TO BE DEALING WITH?"

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DISCUSSION

"THE CONVERSATIONS PLAYING OUT BETWEEN DOCTORS AND PATIENTS ARE BOTH VARIED AND UNPREDICTABLE AND COULD BE STRONGLY INFLUENCED BY THE PERSONAL VIEWS AND BELIEFS OF INDIVIDUAL GPS."

This survey demonstrates that both over the counter CBD and medical cannabis are subjects commonly discussed within primary care consultations across the UK. Given the range of responses across all areas and with some polarising views expressed, it seems reasonable to assume that the conversations playing out between doctors and patients are both varied and unpredictable and could be strongly influenced by the personal views and beliefs of individual GPs .

Overall GP respondents in this survey were largely conservative in their attitudes to medical cannabis treatments and around a third of GPs were neutral or unsupportive of medical cannabis recognising no current role for its use or benefits. There were also however a significant proportion of respondents who recognised a role for medical cannabis within clinical practice and for more GP engagement and active GP prescribing.

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To learn more about medical cannabis, GPs prefer quick online references and desktop guidance that is relevant to their own profession. Traditional GP learning tools such as GP desktop guidance, accredited e-learning, and summaries of evidence-based research were seen as the most suitable learning tools, whilst newer formats such as learning via podcasts, webinars, and from overseas colleagues received less overall support. The RCGP has recognised and addressed some gaps in GP education by providing desktop guidance [10] and more recently with the launch of medical cannabis e-learning, in collaboration with Cannabinoid 360 education - an online platform created by GW pharmaceuticals (producers of Sativex and Epidiolex) [11].

It is interesting to contrast the different approaches to the education of primary health care providers in other jurisdictions. For example, the Royal Australian College of General Practitioners, recognising that GPs in Australia are now able to prescribe unlicensed cannabis medicines, have provided broad teaching on both licensed and unlicensed medicines to reflect real-world trends, whilst also acknowledging the need for further high-quality research into the safety and effectiveness of medicinal cannabis products [12-13].

More than half of GPs (51%) supported the use of cannabis-based medicines as an alternative treatment for patients who have exhausted licensed medicines and over a quarter (27%) recognised cannabis-based medicine as a tool to improve quality of life. GPs commonly look after patients who fail to respond to conventional medications and treatment pathways and such patients can be challenging to manage, particularly within the constraints of 10-minute NHS consultations. This perhaps explains why an additional group of medicines that may offer therapeutic benefit and improved quality of life is of interest to some GPs.

Around one-third of GP respondents viewed cannabis-based medicines as less hazardous than opioids, benzodiazepines, gabapentinoids and z-drugs and only a small proportion of between 12-15% viewed cannabis-based medicines as more hazardous than these often over-prescribed and problematic medications. Although reasons were not explored, responses may be attributable to a perception that cannabis is a widely used and relatively safe drug with little risk of overdose and/or mortality. The significant proportion of respondents also answered not sure or neutral to these series of questions may reflect a general lack of knowledge on the safety profile and the pharmacology of cannabis-based medicines.

GPs were generally more supportive of use of medicinal cannabis in conditions with a stronger evidence base (such as spasticity in MS, CINV) and/or where few effective alternative treatments exist such as palliative care, cancer pain and intractable epilepsy. Most GPs did not view mood disorders such as anxiety and depression as suitable conditions for treatment with a cannabis-based medicine, yet data shows that these are conditions that are commonly being prescribed for within the private sector (second in frequency only to pain), usually with CBD dominant products [14].

Respondents were most concerned about the unlicensed nature of cannabis-based medicines and a perceived lack of evidence of efficacy and only a very small proportion (5%) had no concerns around cannabis-based medicines. Under current UK regulation, unlicensed CBMPs are classed as both Schedule 2 controlled drugs and as specials which adds complexity to manufacturing, prescribing and storage. Prescribers of unlicensed specials medicines take on more personal responsibility in the prescribing process and for these reasons GPs will be naturally hesitant around such groups of medicines, which was highlighted by a significant proportion of respondents (45%) who have not prescribed specials and would not be prepared to do so. It is worth noting that the current classification of cannabis-based medicines as unlicensed schedule 2 and as specials has been seen as one of a number of barriers to wider prescribing and improving patient access [5].

Despite some of the concerns raised around medical cannabis, 73% of respondents were either positive or neutral with regards to specialist GP prescribers supporting scripts for eligible patients (39% offered support for this and 34% were neutral in their response). Reasons for supporting this proposed route of access were not explored but could include a perceived harm reduction strategy that moves potentially eligible patients away from the risks of the illicit street market, as a means of addressing the current barriers that patients face accessing medical cannabis treatments in the UK or to improve the outcomes of those patients who have exhausted licensed treatments. Many other countries have successfully taken to this model of specialist GP prescribing and in more established markets such as in the US, Canada, and Australia it is mainly GPs who have taken additional training in prescribing and are becoming experts in this field. Medical cannabis prescribers still remain a small percentage within the total GP workforce but are generally large enough in number to take referrals from colleagues and to meet the needs of local patient communities.

Almost a quarter (24%) of respondents in this survey believed that GPs should have the ability to prescribe and oversee medical treatments. Although this is outweighed by the 76% who do not support GP prescribing, 24% is nonetheless a significant number and extrapolating to the UK GP workforce could represent as many as 8,500 GPs who see a more active role for GPs in medical cannabis prescribing.

CONCLUSION

This survey provides valuable insight into the current attitudes and knowledge of UK GPs towards medical cannabis as well as a baseline for 2021. Clearly the priority must now be on improving education and providing front-line clinicians with concise and practical tools that help them to confidently navigate patient queries and expectations. It is imperative that GP focussed education must also address areas of concern such as risks and side effects of treatments, information on evidence of efficacy, and questions around dependency and the potential negative effects of cannabis-based medicines.

Even for those who remain unsupportive or unconvinced of the merits of cannabis-based medicines, GPs in the UK are likely to find themselves encountering more patients who are using over the counter CBD or being prescribed cannabis-based medicines, particularly as the number of patients accessing these through the private sector continues to grow month on month. Anecdotally patients who turn to private medical cannabis clinics are those patients who have failed to respond adequately well to licensed and more traditional treatment regimes. GPs therefore will find themselves needing to better understand what their patients are being prescribed and how these products may affect or interact with other areas of provided care.

Given the wide range of both positive and negative personal views expressed by respondents, there is a clear need to help standardise the conversation taking place in primary care consultations across the UK. Patients must feel they can talk to their doctor openly about any personal health matter without feeling judged or made to feel uncomfortable. GPs must be supportive, non-judgemental and listen to the needs of their patients and avoid any flippant or insensitive remarks based on personal prejudice.

It is worth noting that it is not only a fundamental aspect of the duty of care but also a GMC requirement for doctors not to impose personal beliefs and values on patients, or cause distress by the inappropriate or insensitive expression of them [15].

In a post-covid healthcare system it is likely that we will see a continued shift to more personalised and patient centred care, where patients play a central and active role in making decisions on all available treatment options -both pharmaceutical and non-pharmaceutical. One of the key findings from this survey is the recognition that almost a quarter of respondents would be willing to take on the role of prescribing and overseeing medical cannabis treatments with an even higher proportion supporting the role of specialist GP prescribers. The role of more active GP participation and prescribing of medical cannabis warrants further exploration, particularly given how this model has proven to be highly successful in other countries across the world, including those such as Australia and Canada who share many similarities to our own healthcare system.

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1. https://apd.cogora.com/init/5/d1ed106089e75297d16aec807535be0a
2. https://thecmcuk.org/news/blog-post-title-one-4emwf-chntn-ax62r-n9sjb-w9rt2-3sllz-gd6ng-e2acy
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11. https://elearning.rcgp.org.uk/course/info.php?id=445
12. https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/clinical-and-practice-management/medical-cannabis
13. https://www.racgp.org.au/education/professional-development/online-learning/webinars/medicinal-cannabis
14. https://www.drugscience.org.uk/tag/medical-cannabis/
15. https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/personal-beliefs-and-medical-practice/personal-beliefs-and-medical-practice
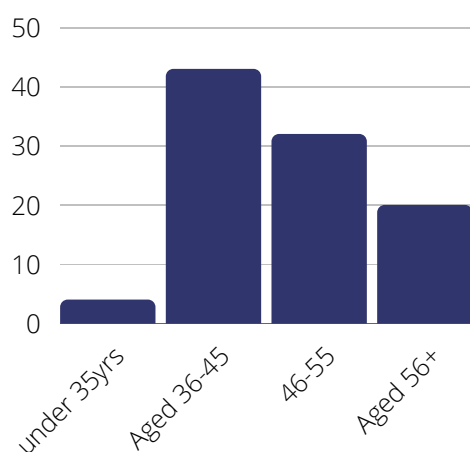
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APPENDIX

Fig.1

1005 GPs nationwide from across the United Kingdom

45%
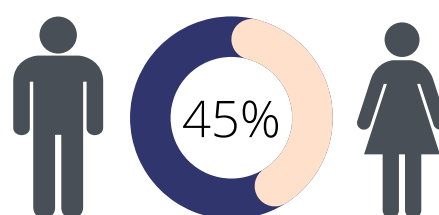
Respondents were from across the United Kingdom including the areas of London, South West, South East, West Midlands, East Midlands , East of England, Yorkshire and Humber, North East, North West, Scotland, Wales, and Northern Ireland.
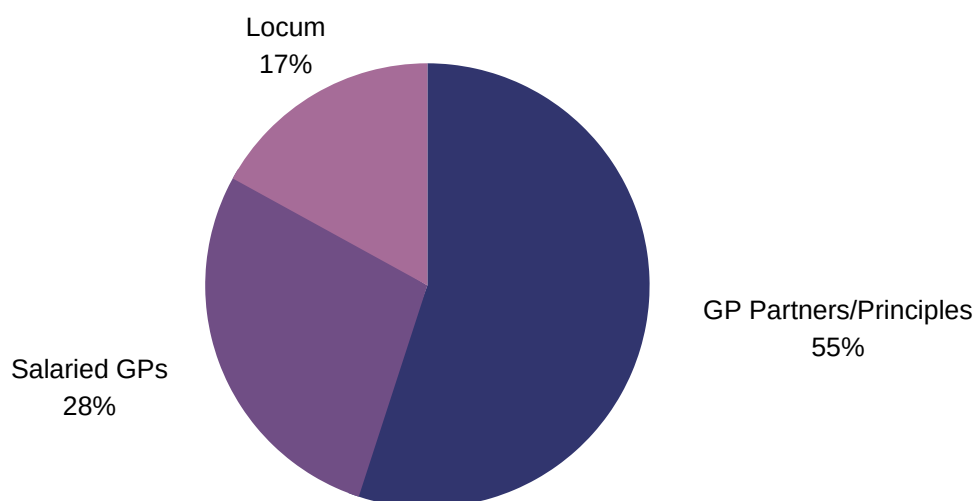

Locum
17%

Salaried GPs
28%

GP Partners/Principles
55%

Fig.2 How often do you get asked about over the counter CBD (cannabidiol) products by your patients?

Weekly
4%

Monthly
12%

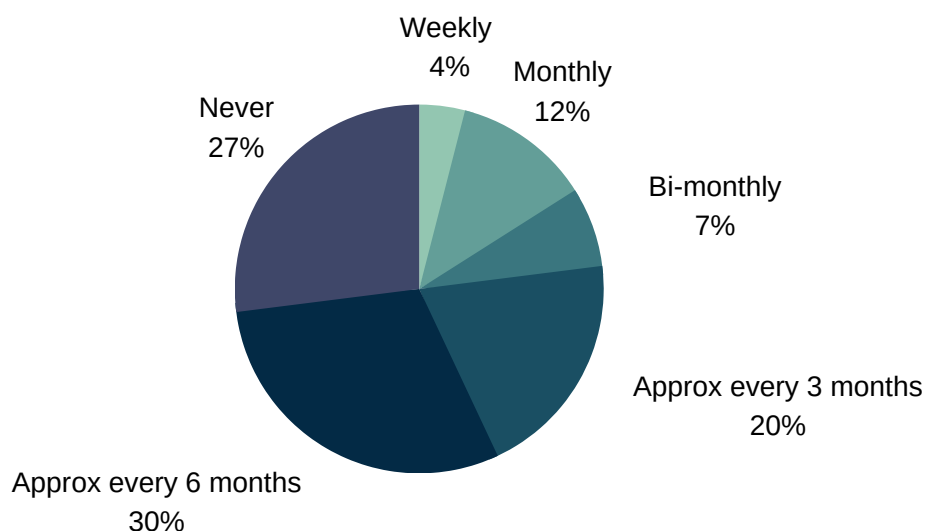Never
27%

Bi-monthly
7%

Approx every 3 months
20%

Approx every 6 months
30%

Fig.3 How often do your patients ask you about cannabis-based medicines (prescription based) as a potential treatment?

Weekly
2%

Monthly
9%

Never
33%

Bi-monthly
6%

Approx every 3 months
17%
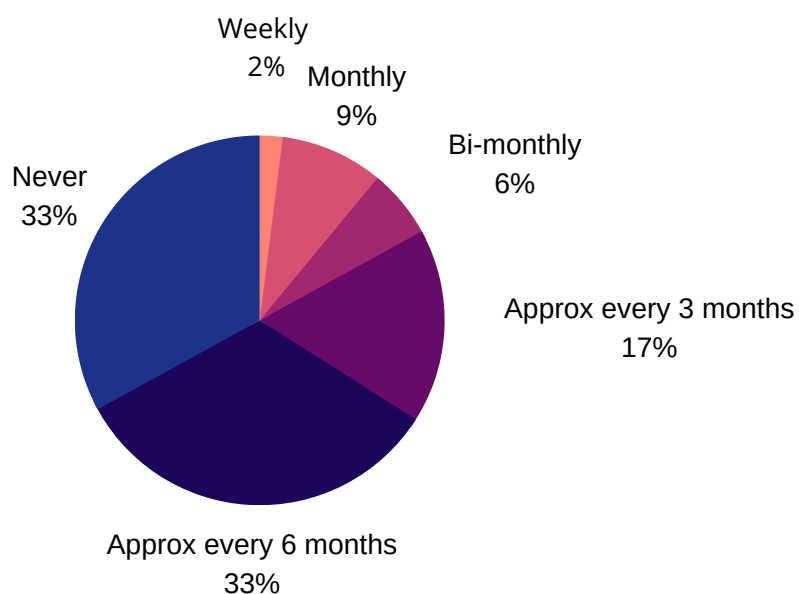
Approx every 6 months
33%

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Fig.4 What resources or tools do you feel would be useful for you to confidently answer your patients' questions on cannabis-based medicines?
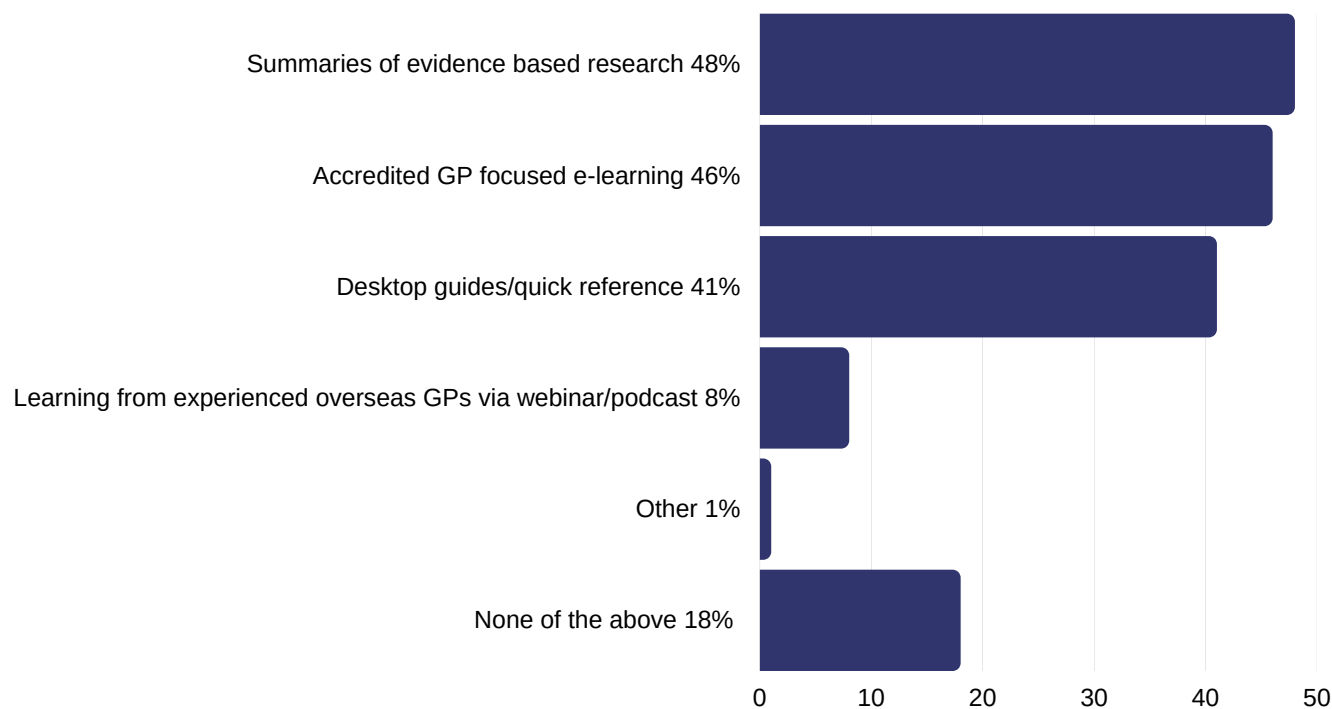

Summaries of evidence based research 48%
Accredited GP focused e-learning 46%
Desktop guides/quick reference 41%
Learning from experienced overseas GPs via webinar/podcast 8%
Other 1%
None of the above 18%

Fig.5 What benefits, if any do you think cannabis-based medicines can offer as a treatment option?

For patients who have exhausted licensed medicines 51%
Improved quality of life 27%
Multi-symptom management 24%
Reduced dependence on other prescribed medications 22%
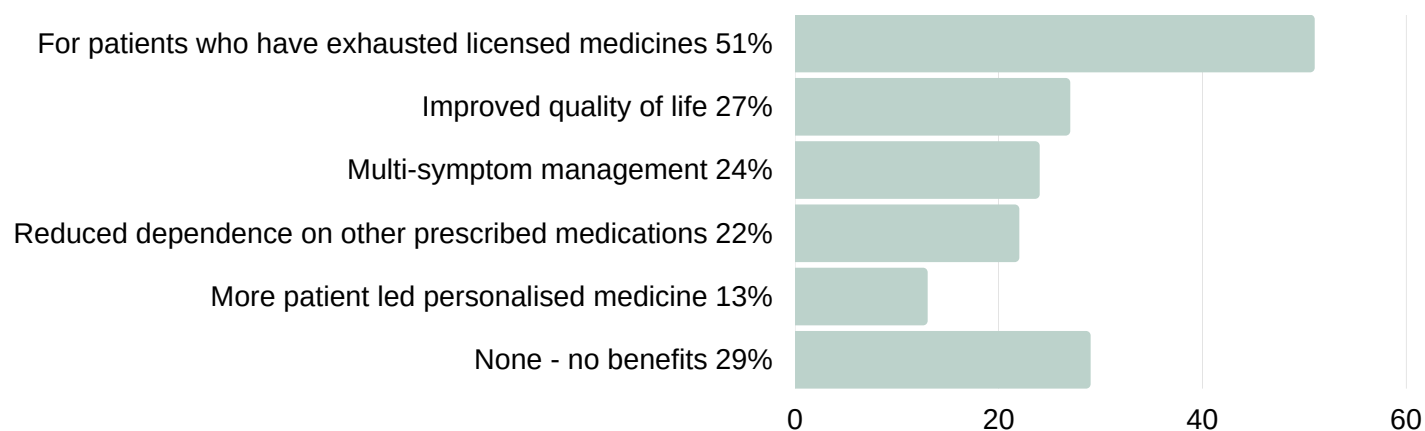More patient led personalised medicine 13%
None - no benefits 29%

Fig.6 Which (if any) of the following conditions would you support the use of a cannabis-based medicine?
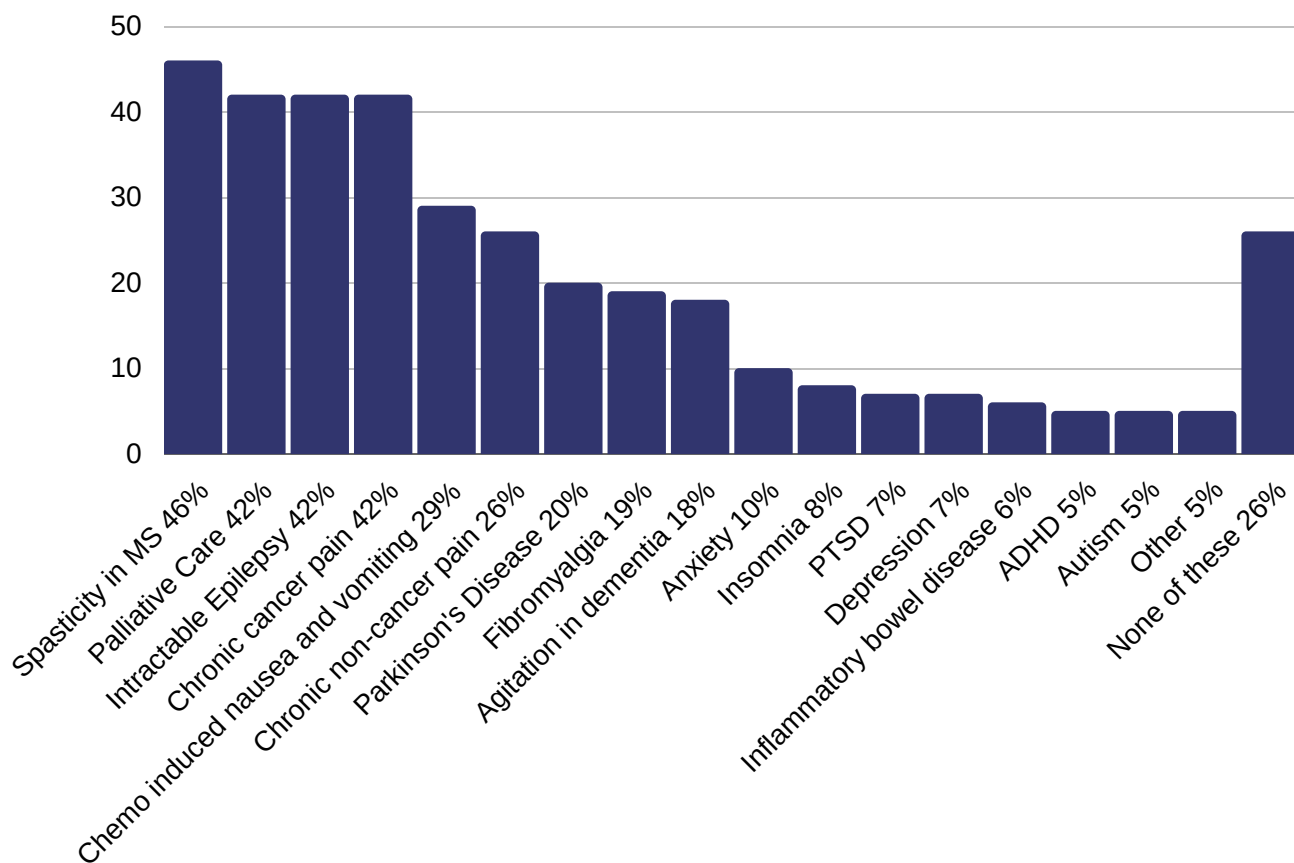

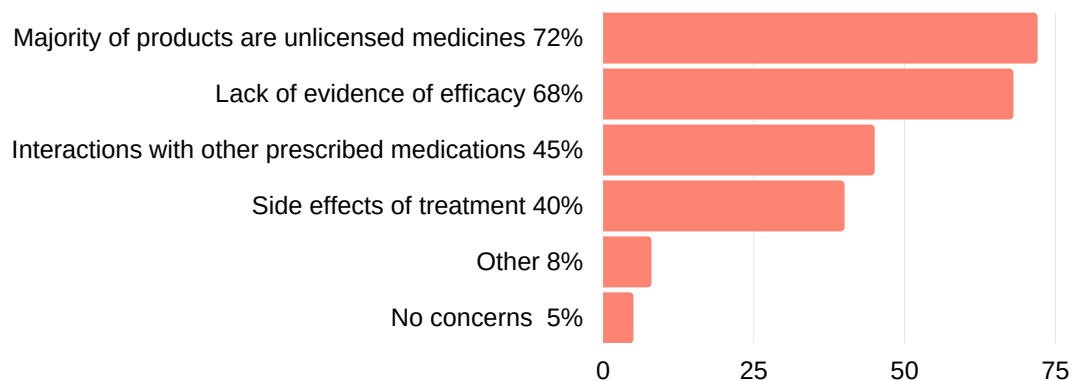**Fig.7 What, if any, are your main concerns around cannabis-based medicines?**

Fig.8 Do you believe cannabis-based medicines are generally more hazardous than....

Agree
12%

Not sure
31%

Neutral
26%

Disagree
31%

OPIODS

Agree
15%

Not sure
33%

Neutral
28%

Disagree
24%

GABAPENTINOIDS

Agree
13%

Not sure
29%

Neutral
24%

Disagree
34%

BENZODIAZEPINES

Agree
15%

Not sure
32%

Neutral
26%

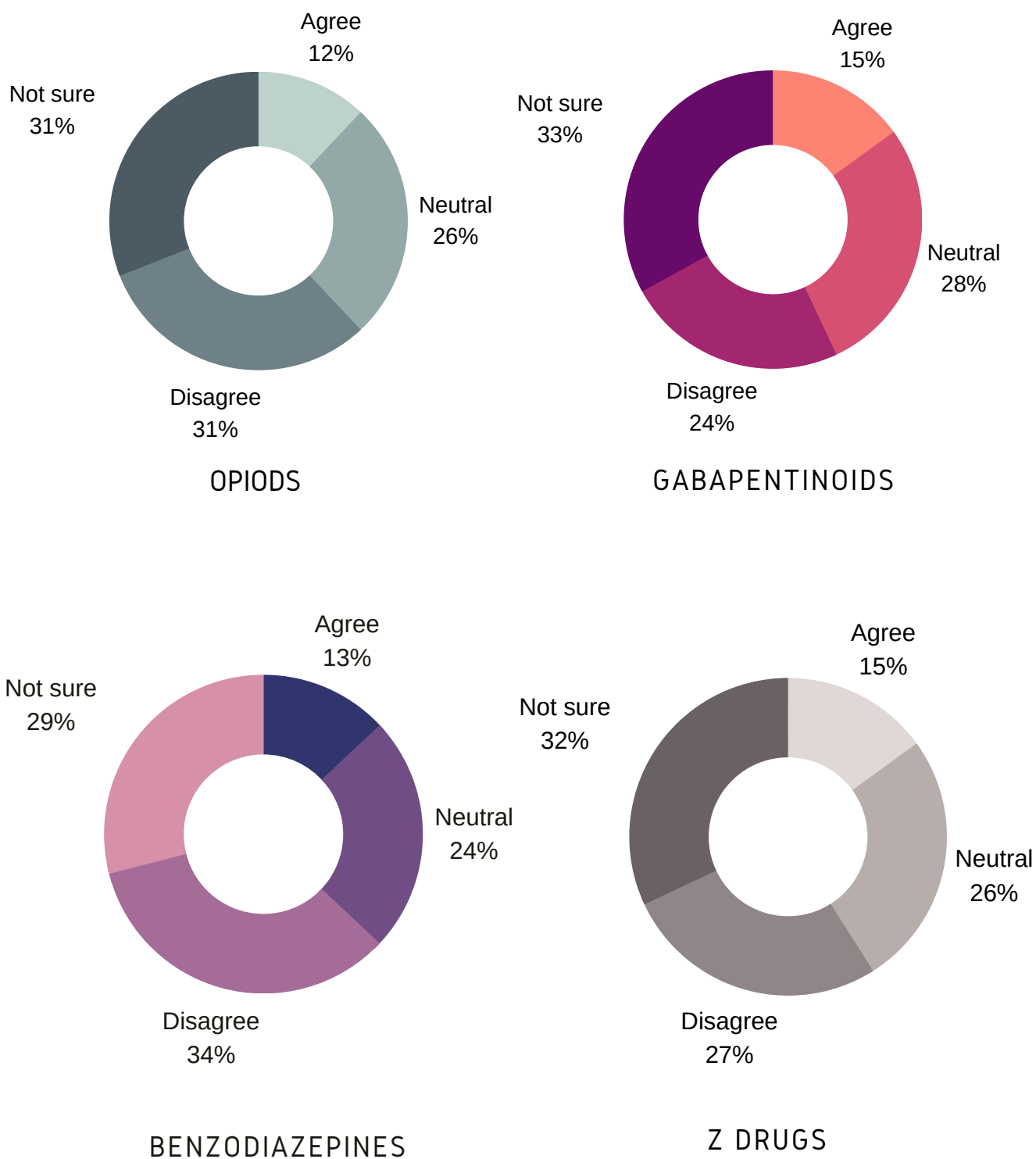Disagree
27%

Z DRUGS

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Fig.9 Patients who cannot afford private medical cannabis clinics continue to use illicit street market cannabis to treat chronic health conditions (it is estimated there are approximately 1.4 million people in the UK self-medicating through this route).

Given the various risks that this entails for individual patients, would you support the idea of specialist GPs (trained in prescribing cannabis-based medicines) facilitating scripts for eligible patients?
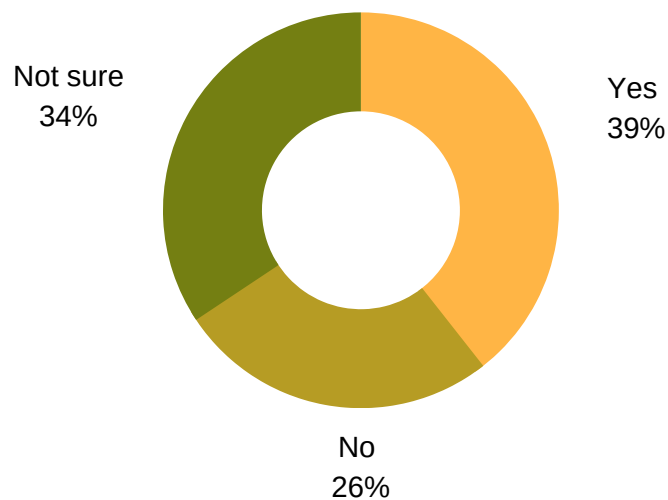

Not sure
34%

Yes
39%

No
26%

Fig.10 Have you ever prescribed a medicine through the specials route, or would you do so if needed?

Yes I have prescribed
22%

No and would not do so
45%

No but would do so
33%

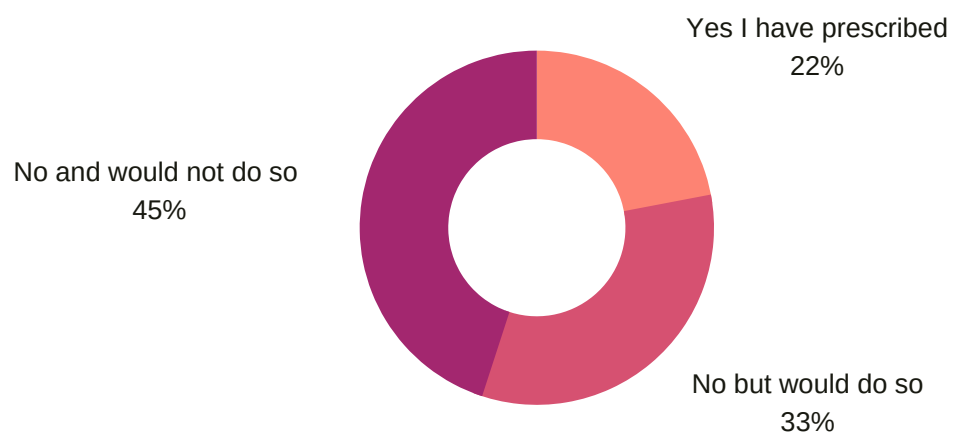PCCN
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Fig.11 Do you think GPs should have the ability to prescribe and oversee cannabis-based medicines?

Yes
24%

No
76%

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