

# STANDARD OPERATING PROCEDURE: CD21

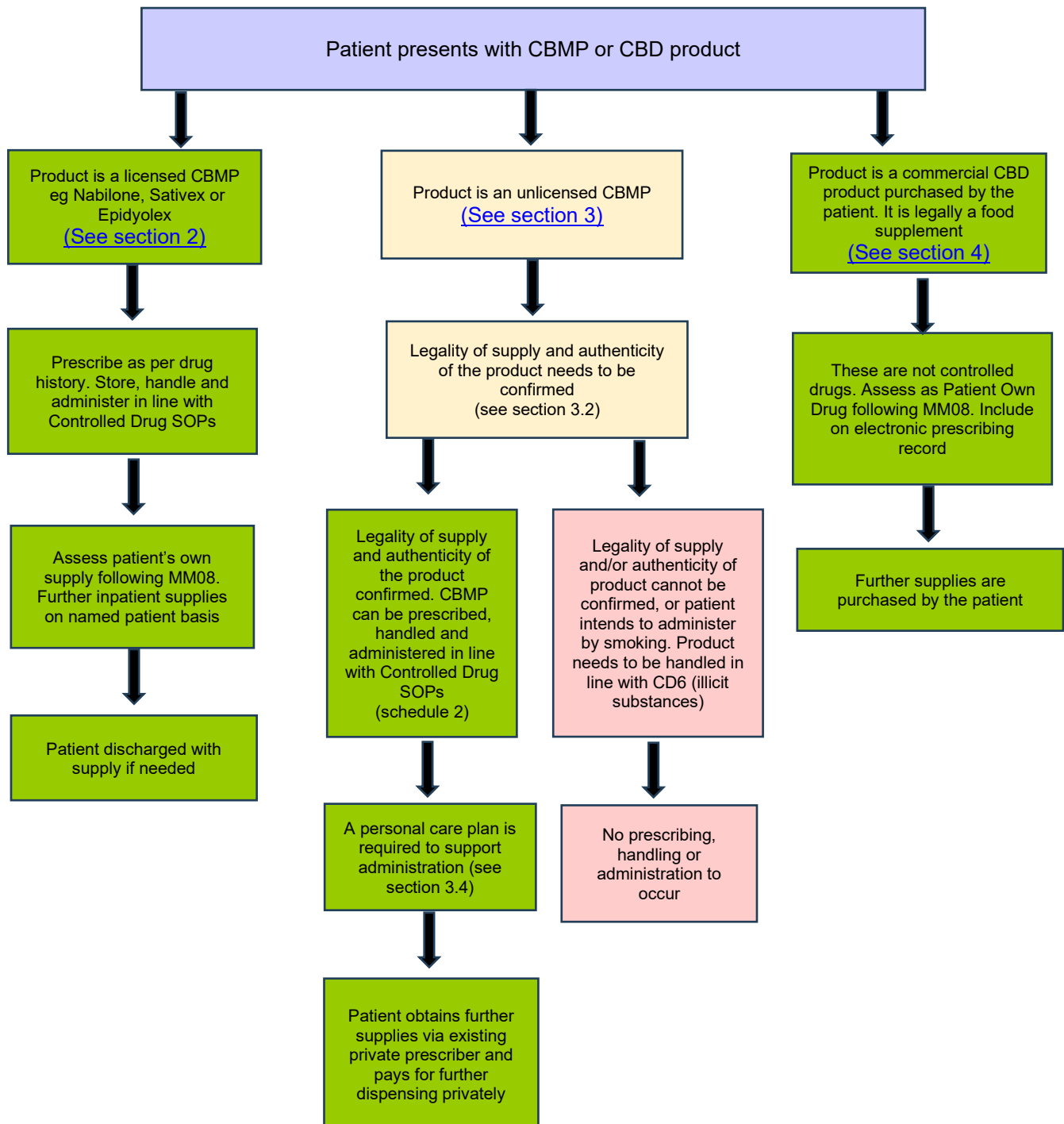
|                         |  |
|-------------------------|--|
| <b>TITLE</b>            | <b>Use of Cannabis-Based Medicinal Products (CBMPs) and Cannabidiol (CBD) on Inpatient Units</b>   |
| <b>Purpose</b>          | The purpose of this document is to define the legality of Cannabis Based Medicinal Products that patients may bring into hospital with them. This document details how CBMP need to be handled, stored, prescribed and administered depending on their legality and within the requirements of the Misuse of Drugs Act and Trust Controlled Drugs Policy |
| <b>Scope</b>            | Applies to all staff who may come into contact with cannabis or cannabis users on inpatient units.<br>Applies to all staff involved in the management of CDs on inpatient units  |
| <b>Responsibilities</b> | All registered professionals (nurses, pharmacists, pharmacy technicians and medical staff) working within Devon Partnership Trust (substantive, bank, agency and/or locum staff) who have routine access to medicines<br><br>Refer to PO2 Controlled Drugs Policy  |

This document is based on the South West Guidance for Managing Cannabis Based Medicinal Products (2025) with permission  
Links and images from PatientsCann UK are included with kind permission

## Contents

|            |   |
|------------|---|
| Flow Chart | <a href="#">Management of CBMP and CBD Products</a>                 |
| 1          | <a href="#">Background</a>  |
| 2          | <a href="#">Licensed Cannabis Based Medicinal Products (CBMP)</a>   |
| 3          | <a href="#">Unlicensed Cannabis Based Medicinal Products (CBMP)</a> |
| 4          | <a href="#">Commercial Cannabidiol (CBD) Products</a>               |
| 5          | <a href="#">Effect of Cannabis Use on Psychological Therapies</a>   |
| 6          | <a href="#">Support and Further Information</a>                     |
| Appendix 1 | <a href="#">Sativex Oromucosal Aerosol Spray</a>                    |
| Appendix 2 | <a href="#">Administration of Unlicensed CBMP via Vapouriser</a>    |

## Management of CBMP and CBD Products



## 1. Background

1.1 In the UK there are four main groups of cannabis-containing products:

- **Licensed** Cannabis Based Medicinal Products (CBMPs) ie Nabilone, Sativex and Epidyolex
- **Unlicensed** Cannabis Based Medicinal Products (CBMPs), providing they are produced as a medicine. These may look like illicit cannabis, so legality of supply and their status as a medicine needs to be confirmed
- **Commercial cannabidiol** (CBD) products (recognising that patients take these for medicinal benefit, but they cannot make any medicinal claims)
- **Illicit** home-grown or street cannabis, currently illegal in the UK. These are not covered in this SOP: refer to [CD6 Dealing with Illicit Substances](#)

1.2 It has been possible to prescribe some cannabis products legally in the UK since November 2018 when a defined criteria of cannabis products was rescheduled from Schedule 1 to Schedule 2

## 2. Licensed Cannabis Based Medicinal Products (CBMPs)

- 2.1 Licensed CBMPs can only be prescribed by a UK registered doctor on the GMC Specialist Register. The registration status can be checked at [Our registers - GMC](#)
- 2.2 A patient presenting with a medication history that includes a licensed CBMP can have their CBMP prescribed, stored and administered in line with local procedures for handling of controlled drugs according to the relevant schedule
- 2.3 Transcribing an authentic existing prescription onto an inpatient prescribing record as part of a medicines history/reconciliation process is not considered prescribing as no supplies are made and the CBMP is not being initiated. It is a patient specific direction to administer a CBMP while the patient is an inpatient, and transcription can be carried out by Trust prescribers
- 2.4 Further inpatient supplies of licensed CBMPs may be obtained on a named-patient basis from acute Trusts and a supply can be made on discharge if required

### Nabilone

- Nabilone is a synthetic cannabinoid which has been shown to have significant antiemetic activity. It is indicated for the control of nausea and vomiting, caused by chemotherapeutic agents used in the treatment of cancer, in patients who have failed to respond adequately to conventional antiemetic treatments
- It is a Schedule 2 controlled drug

### Sativex

- Sativex Oromucosal Spray contains cannabis extract and is licensed for moderate to severe spasticity in multiple sclerosis
- It is a Schedule 4 controlled drug but with a requirement for record keeping, so within DPT it is subject to full controlled drug requirements for prescribing, ordering, recording use and destruction
- See Appendix 1 [Sativex Oromucosal Aerosol Spray](#) for more information on the management of Sativex

### Epidyolex

- Epidyolex 100mg/mL oral solution is licensed for the treatment of rare forms of epilepsy (Dravet's syndrome and Lennox-Gastaut) in combination with clobazam
- It is a Schedule 5 controlled drug but will be treated as Schedule 2 within DPT

Further information can be found in the [NICE Guidance NG144 Cannabis-based medicinal products](#)

## 3. Unlicensed Cannabis Based Medicinal Products (CBMPs)

### 3.1 Therapeutic Use

- Unlicensed cannabis products can be used to treat a wide range of conditions and there is no exhaustive list. This includes physical conditions such as chronic pain, irritable bowel syndrome, Crohn's Disease, ulcerative colitis, epilepsy, and mental health issues such as PTSD, obsessive-compulsive disorder, anxiety, depression
- Patients typically have to have tried two other medications to treat their condition before being prescribed cannabis, but this is at the discretion of the prescriber
- Cannabis is generally used either by vaping whole/ground dry bud, or consuming prepared oil concentrates, although other formats and administration methods are available

### 3.2 Checking the legality of an unlicensed CBMP

- Unlicensed CBMPs may look like illicit cannabis so a patient presenting with an unlicensed CBMP must have the legality of the product and supply confirmed before it can be transcribed and administered as a medicine. Examples of products and dispensing labels can be found at [Medical Cannabis Administration Methods: Quick Visual Reference - PatientsCann UK®](#)
- Unlicensed CBMPs can only be prescribed by a UK registered doctor on the GMC Specialist Register. The registration status can be checked at [Our registers - GMC](#)
- Prescriptions are usually private, via a cannabis clinic
- The product must be assessed according to [MM08 Patient's Own Drugs](#)
- A legally prescribed CBMP will have been dispensed from a pharmacy and should be in its original container with a legible dispensing label that states the name of the patient, the name of the product, the intended route of administration, instructions for use and the quantity of THC (tetrahydrocannabinol) or CBD. For example:



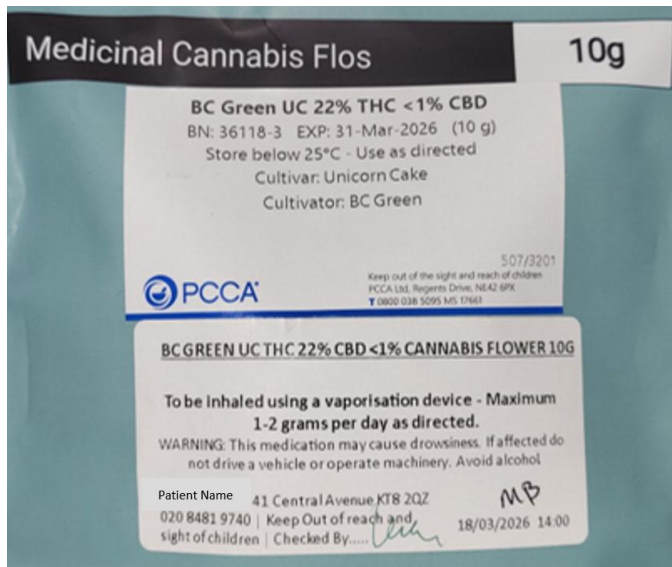
Cannabis Oil



Cannabis Flower



Cannabis Pastille



- If the patient has decanted the CBMP into another container, for example a weekly dose box, this will not be useable on the ward as it will not pass the Patient's Own Drugs assessment. It will need to be treated as an illicit substance and the process followed in [CD6 Dealing with Illicit Substances](#). Where possible, patients should be advised not to bring in products that have been decanted
- Patients **may** have a copy of the prescription, but many patients will not receive a physical prescription as prescribing is often online. Such patients may be able to obtain an online copy, but this assumes digital competency and suitable technology to do this
- Patients may have a letter from the prescribing doctor. The letter should include the patient's personal details (including name and address), as well as the prescribing doctor's name and contact details
- Advice on verifying a legitimate supply can be found on the following websites:  
[Verify Legitimate Medical Cannabis Prescription - PatientsCann UK®](#)  
[Identifying a Legal Cannabis Patient • GB MedBud™ UK](#)
- A medical cannabis card (eg Cancard, Releaf Card) **cannot** be used to authenticate legality of supply of a CBMP

| CBMP in original container with a legible dispensing label and legality confirmed   | CBMP not in original container with legible dispensing label and/or legality cannot be confirmed  |
|---|---|
| The CBMP can be prescribed and continued as an inpatient. <b>The CBMP is a schedule 2 controlled drug.</b> It must be stored in the controlled drugs cupboard, with relevant entries made in the patient's own controlled drug record book. Since unlicensed CBMPs are not available on the NHS, the patient can only obtain further supplies through their private prescription provider, and supplies cannot be made via the NHS Trust. | The CBMP cannot be prescribed, administered or handled by members of staff. The CBMP should be treated as an illicit product according to <a href="#">CD6 Dealing with Illicit Substances</a> |

### 3.3 Inpatient prescribing of an unlicensed CBMP

- Prescribers, in discussion with the multidisciplinary team, must consider whether it is appropriate to continue these prescriptions as an inpatient. Attention needs to be given to the method of administration and whether the Trust can support administration via the intended route e.g. location for vaping. The decision must be recorded in the patient's electronic record
- If an inpatient wishes to contact a specialist prescriber at a private cannabis clinic to discuss initiation of a prescription of an unlicensed CBMP, this should be discussed with the patient and the multidisciplinary team so that the clinical appropriateness can be determined and the patient supported to do this if considered appropriate
- Unlicensed CBMPs are all schedule 2 controlled drugs and the relevant SOPs must be followed
- The Trust CD Accountable Officer should be made aware of all prescribing for CBMP
- Transcribing an authentic existing prescription onto an inpatient prescribing record as part of a medicines history/reconciliation process is not considered prescribing as no supplies are made and the CBMP is not being initiated. It is a patient specific direction to administer a CBMP while the patient is an inpatient, and transcription can be carried out by Trust prescribers
- The inpatient prescribing record should detail the name of the CBMP, the dose, route and frequency along with any other specific instructions for use
- Discharge prescriptions should include the unlicensed CBMP for completeness but carry an annotation that no supply was made

### 3.4 Facilitating administration of an unlicensed CBMP

- CBMPs may be administered by a variety of routes, commonly oral, vapourised, inhaled and topical
- The UK Misuse of Drugs Regulations 2018 explicitly prohibits smoking of cannabis. Any patient who smokes their CBMP, even if it is legally obtained, can be considered to be carrying out illegal activity and the CBMP should therefore be considered illicit. The exception to this is where smoking is part of an approved clinical trial
- A Heated Nebuliser (or dry herb vaporiser) is therefore required for the therapeutic administration of cannabis flowers
- Use of these products is generally supported by the Trust but, due to the nature of administration of some CBMPs, an individualised Care Plan will need to be in place to support administration. This should include:
  - The method of administration
  - Frequency of administration required (note that many CBMPs are prescribed 'when required' and oils may be on a titration plan)
  - Where the administration can take place. This is particularly important for inhaled and vapourised routes and needs to consider wider health and safety issues, linked to impact on others (use in own bedroom/ side room/ designated space)
  - If the administration needs to take place off the ward, does the patient need to be accompanied
  - Whether the patient needs to be assessed as competent to self-administer
  - PAT testing, charging and cleaning of the equipment if applicable

- See Appendix 2 [Administration of Unlicensed CBMP via Heated Nebuliser](#) for further information

### 3.5 Supply of an unlicensed CBMP

The patient will need to organise and pay for additional legal supplies if required during their inpatient stay. Staff should support the patient to do this if required

## 4. Commercial Cannabidiol (CBD) Products

- These are not included in the legal definition of a CBMP but many patients purchase CBD products for their intended health benefits
- These products are **not** classified as controlled drugs
- CBD products contain cannabidiol and are classified as a food supplement. They cannot claim to have medicinal properties
- While these products are legal to obtain, commonly purchased both online and from the high street, they are not subject to the same rigorous quality control as medicinal products. There is therefore a possibility that they may contain more than 0.3% THC (the legal limit for tetrahydrocannabinol, the psychoactive constituent of cannabis)
- Patients may continue to take the product if agreed by the multidisciplinary team, and the product is assessed and passed as a Patient Own Drug according to [MM08 Patient's Own Drugs](#)
- The product should be included in the patient's electronic prescription record
- For CBD vapes, the multidisciplinary team will also need to consider:
  - Where the vape can be used, being mindful of wider health and safety issues, linked to impact on others (use in own bedroom/ side room/ designated space)
  - If the administration needs to take place off the ward, does the patient need to be accompanied
  - Whether the patient needs to be assessed as competent to self-administer
  - PAT testing, charging and cleaning of the equipment if applicable
- A referral to safeguarding could be considered if carers or parents are administering large quantities of CBD products to a child for medicinal benefit in the absence of medical advice

## 5. Effect of Cannabis Use on Psychological Therapies

- There is ongoing debate as to whether use of CBMPs causes a reduced effect to psychological therapies. The use of CBMPs needs to be taken into consideration when patients are undergoing psychological therapy but should not be a barrier to its use
- A 2022 study by Ouellette, Mélise J *et al* concluded that frequent cannabis use was associated with poorer outcomes in CBT for anxiety and related disorders compared to non-use. Despite this, individuals who used cannabis frequently still experienced a statistically significant decrease in their anxiety symptoms from pre-CBT to post-CBT
- [Ouellette, Mélise J et al. "Does cannabis use impact cognitive behavioural therapy outcomes for anxiety and related disorders? A preliminary examination." \*Journal of psychiatric research\* vol. 156 \(2022\): 690-697](#)

- A 2024 study by Hill, M.L. *et al* undertook a meta-analysis of evidence-based PTSD treatments for individuals reporting cannabis use. They found that treatment outcomes were similar for those with and without cannabis use, with trauma-focused treatment being particularly efficacious for individuals with recent cannabis use

[Hill, M.L. \*et al.\* \(2024\) 'Cannabis use and trauma-focused treatment for co-occurring posttraumatic stress disorder and substance use disorders: A meta-analysis of individual patient data', \*Journal of anxiety disorders\*, 102, p. 102827](#)

## 6. Support and Further Information

[BMA.org.uk Cannabis-based medicinal products](#)

[Cannabis-based medicinal products: what CQC expects from providers - Care Quality Commission](#)

[Eligibility for UK Medical Cannabis • GB MedBud™ UK](#)

[Information for doctors on Cannabis-based products for medicinal use \(CBPMs\) - GMC](#)

[NHS England » Cannabis-based products for medicinal use \(CBPMs\)](#)

[Overview | Cannabis-based medicinal products | Guidance | NICE](#)

[PatientsCann UK - UK's Medical Cannabis Patient Organisation](#)

With thanks to Saleem Aziz for his valuable contributions and feedback in supporting the development of this standard operating procedure.

### Document Control

| Version              | Date Issued | Author(s) Name / Job Title                                    |
|----------------------|-------------|---|
| 1.0                  | May 2026    | Deborah Reeves, Senior Clinical Pharmacist - Medicines Safety |
|                      |             |   |
|                      |             |   |
| Ratifying Group      |             | Medicines Safety Committee                                    |
| Date ratified:       |             | May 2026  |
| Implementation date: |             | May 2026  |
| Review date:         |             | May 2030  |

### Document History

| Version | Start date | End date | Author | History                         |
|---------|------------|----------|--------|---------------------------------|
| 0.1     | July25     |          | DR     | New document produced.          |
| 1.0     |            | May 26   | NB     | Ratified at MSC and signed off. |
|         |            |          |        |                                 |
|         |            |          |        |                                 |
|         |            |          |        |                                 |

## Appendix 1 Sativex Oromucosal Aerosol Spray

The following is general information on the handling of Sativex within DPT. When Sativex is prescribed for a patient, please contact the Medicines Optimisation Team for individual care-planning around its management.

### Background

- Sativex Oromucosal Spray contains cannabis extract and is licensed for moderate to severe spasticity in multiple sclerosis. The dose will be tailored to individual need but the maximum licensed dose is 12 sprays per day
- It is a Schedule 4 controlled drug but with a requirement for record keeping, so within DPT it is subject to full controlled drug requirements for prescribing, ordering, recording use and destruction
- Sativex is normally stored in the fridge before use and then has an expiry of 42 days in use at room temperature. **In DPT it must be stored in the controlled drug cupboard** and will therefore need to be given a 'use by' date of 42 days from receipt on the ward (or from when removed from the fridge by the patient prior to admission)

### Prescribing

- Follow normal controlled drug prescribing requirements as set out in SOP CD1

### Ordering Stock

- Order as named-patient supply from local Trust pharmacy following the normal procedure for controlled drugs (SOP CD1)
- Limit the order to an appropriate quantity (usually one week's supply). Each spray contains approximately 90 doses and will have a 42 day expiry at room temperature

### Receipt and Storage

- All Sativex received on the ward will be for a named patient, whether brought in from home or ordered from pharmacy. It must be **stored in the CD cupboard** (not in the fridge), clearly marked as PODs, segregated from stock CDs and recorded in the PODs CD Record Book
- Sativex is normally stored in the fridge before use and then has an expiry of 42 days in use at room temperature. All Sativex on DPT premises must be stored in the CD cupboard\* therefore:
  - opened Sativex brought in from home should have a 'use by' date of 42 days from first opening
  - unopened Sativex will need a 'use by' date written on the packaging (42 days from receipt on the ward or from when removed from the fridge by the patient prior to admission)

\* If there is a need for the patient to keep a supply of Sativex for self-administration this will require individual care planning in discussion with the Medicines Optimisation Team and MDT (NB: legally, Sativex is exempt from CD storage requirements)

- If more than one container has been received then each container must be recorded on a separate page of the CD Record Book and each container must be marked with an

**CD21 – Use of Cannabis Based Medicinal Products and Cannabidiol (CBD) on Inpatient Units**

Approved by Medicines Safety Committee: May 2026

Review date: May 2030

alphabetical letter for example A, B, C... The letter on the container must be recorded on the top of the CD Record Book page. This enables multiple containers of the same product to be distinguished from each other and to be associated with the correct page for stock reconciliation.

### **Recording in the CD Record Book**

- Record usage and stock balance in number of sprays rather than volume
- According to the SPC each 10ml pack size allows delivery, after priming, of up to 90 actuations (sprays) of 100 microlitres each (so each spray is approximately 0.1ml). Priming requires three sprays
- **Unopened Packs**
  - On receipt of an unopened pack, record the initial volume as 93 sprays
  - Record the first 3 sprays as 'to prime pump' (these sprays will be discarded – see 'Destruction' below)
  - Record each administration as number of sprays and subtract off the stock balance
  - The pump should be 'emptied' by the following 90 sprays
  - Destruction of any remaining volume will need to be witnessed by a pharmacist
- **Opened Packs Already in Use**
  - If a patient brings in a spray already in use and knows approximately how many sprays have been used, record the remaining number of sprays as the initial stock balance (93 minus the number of sprays used)
  - If the patient doesn't know how many sprays have been used, leave the balance blank and record the subsequent number of sprays administered. Contact the MO Team as soon as possible for advice

### **Stock Checks**

- Each container should be recorded on a separate page of the CD Record Book and the Record Book page number written on the corresponding container. This enables multiple containers of the same product to be distinguished from each other and to be associated with the correct page for stock reconciliation
- Sativex use will be recorded in number of sprays. Each 10ml pack contains approximately 93 sprays (3 for priming followed by 90 administrations)
- For routine stock checks, do a visual inspection of the volume remaining in the container. If there is any doubt as to whether the visual check and balance within the register match or there is any question around the preparation itself then further advice should be sought from the Medicines Optimisation Team
- When the stock balance is zero, or the aerosol is empty, the container must be sealed with tape and the pharmacist contacted to arrange destruction


### **Destruction**

- Sativex oromucosal spray needs to be primed before first use by spraying and discarding the first three pumps. These can be sprayed onto an absorbent material (eg paper towel) which is then put directly into the pharmaceutical waste bin. These three sprays must be recorded in the CD register as 'to prime pump' by the nurse and witness

- Other destruction must be witnessed by a pharmacist. Spray the contents of the aerosol container into a DOOP kit then activate the kit. Put the empty aerosol container directly into the pharmaceutical waste bin

## Appendix 2 Administration of Unlicensed CBMPs via Heated Nebuliser

The UK Misuse of Drugs Regulations 2018 explicitly prohibits the smoking of cannabis and CBMPs (unless part of an approved clinical trial), therefore a Heated Nebuliser (or herbal vaporizer/inhaler) is required for the therapeutic administration of cannabis flowers

|                             |  |   |  |
|-----------------------------|--|---|--|
| <b>Flower Buds</b>          | Content varies. Some high in THC, some high in CBD and some balanced<br>THC (<1% to 36%)<br>CBD (<1% to 30% +)<br><br>% per weight of product<br>eg 15% = 150mg/gram | Grind, using a grinder, and inhale using a heated nebuliser or dry herb vaporiser<br>Example of grinders:<br> | Onset: seconds to minutes<br>Peak: 30 mins<br>Duration: 6+ hours |
| <b>Vaporiser cartridges</b> | THC (200-900mg) CBD (<1mg – 400mg)<br>Can be exclusively CBD (THC <1mg)  | Inhale via battery device   | Onset: seconds to minutes<br>Peak: 30 mins<br>Duration: 6+ hours |

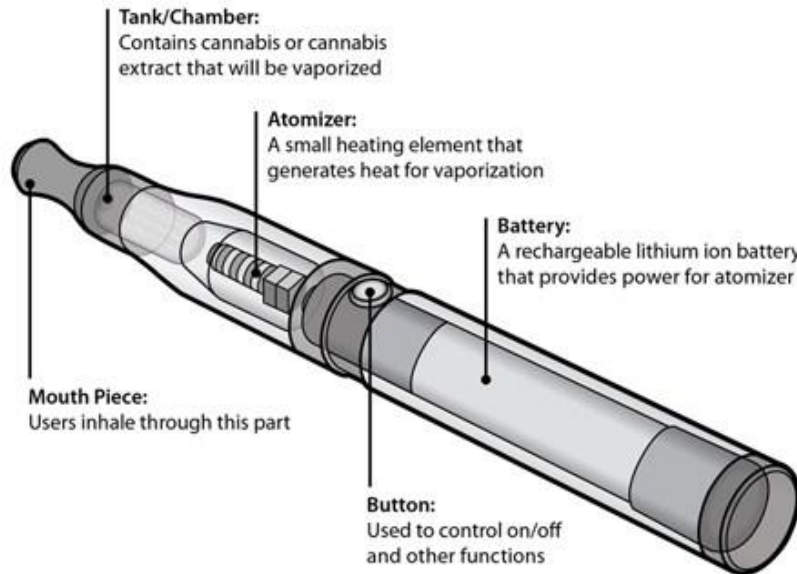
### For comparison:

|            |   |               |  |
|------------|---|---------------|--|
| <b>Oil</b> | THC (<1mg – 100mg)<br>CBD (<1mg – 200mg)<br>Dose per 1ml of oil | Oral solution | Onset: 30-120 mins<br>Peak: 4 hours<br>Duration: 12+ hours |
|------------|---|---------------|--|

**Flower Buds** can be irradiated or non-irradiated. Irradiation reduces microbial contaminants (better for immunosuppressed eg cancer patients)

### Vaporiser Cartridges



Contain higher concentrations of THC and/or CBD in comparison to levels naturally found in dried flower





### Heated Nebuliser or Dry Herb Vaporisers

- Provide instant symptom relief with fewer side-effects (eg gastrointestinal)
- Can be used via an approved medical device or non-approved device
- Approved medical devices tend to be more expensive but the temperature is limited so less likely to cause fires etc
- Some can plug into a wall socket rather than recharge – limits where they can be used but reduced risk of fire when recharging
- Some produce more vapour than others (can get attachment to contain vapour)
- Need to be cleaned (with ethanol)
- Can sometimes get dosing capsules to contain buds so less cleaning required

### Heated Nebulisers with EU medical certification:

| <b>Storz &amp; Bickel Volcano Medic 2</b><br><a href="#">VOLCANO MEDIC 2 – VAPORMED</a> | <b>Storz &amp; Bickel Mighty + Medic</b><br><a href="#">MIGHTY+ MEDIC – VAPORMED</a>  |
|---|---|
|      |  |
| Tabletop unit with power cable  | Handheld, lithium battery operated (USB-C)  |
| Temperature range 40°C - 210°C  | Temperature range 40°C - 210°C  |

|  |   |  |
|--|---|--|
| <p>Inhalation by means of Valve Balloon: Air pump conveys hot air through the Filling Chamber which creates an aerosol. It is collected in the Valve Balloon. Inhalation is handled from the Balloon through the Mouthpiece.</p> |  | <p>Inhalation</p> <p>Hot air is drawn through the Filling Chamber by lung force, which creates an aerosol. The vapour is inhaled through the Cooling Unit with Mouthpiece.</p> |
| <p>Inhalation by means of a Tube: Hot air is drawn through the Filling Chamber by lung force, which creates a vapor. Inhalation is handled from the Mouthpiece through the Tube.</p>   |  |  |

For further examples see [Medical Cannabis Administration Methods: Quick Visual Reference - PatientsCann UK®](#)