

The Use of Prescription Cannabis in Buildings

Guidance for tenants and landlords



### Contributors

Written by

Mohammad Wasway, PatientsCann UK

Supported by

Cannabis Industry Council - Standards Working Group

**Reviewed by** 

Robert Jappie, Fieldfisher







## Introduction

In November 2018, the United Kingdom enacted legislation for Cannabis-Based Products for Medicinal use in humans (CBPMs) through the Misuse of Drugs (Amendments) (Cannabis and Licence Fees) (England, Wales, and Scotland) Regulations 2018.

Presently, an estimated 45,000 + individuals have been granted medical cannabis prescriptions, with over 40 private clinics engaged in prescription services. It is anticipated that these figures could increase up to 60,000 by the end of 2024. Additionally, approximately 1,000 patients are annually receiving licensed cannabis prescriptions through the National Health Service (NHS).

This position paper aims to provide guidance for landlords, housing associations, property managers, and tenants regarding the use of prescribed medical cannabis in properties and premises in the UK. The focus is on tenants, sub-tenants, leaseholders, individuals part of a commonhold, and the general public.

We will discuss compliance with the Equality Act 2010 and the safe use of herbal vaporisers indoors. Additionally, we will present research supporting the use of medical cannabis with heated nebulisers (herbal vaporisers) and provide important legal housing and public use information for prescribed patients.

# Indoor usage

### **Equality Act 2010 Compliance**

Section 15 of the The Equality Act 2010 prohibits discrimination based on disability, which includes medical conditions that qualify as disabilities[1]. The Act applies to tenants, sub-tenants, leaseholders, and individuals part of a common-hold, as well as others living with them. Landlords, housing associations, and property managers must make reasonable adjustments to accommodate tenants with disabilities, including the needs of those prescribed medical cannabis for their conditions.

This includes allowing the use of prescribed medical cannabis where it is consumed responsibly and safely, as per the patient's prescription.[1.1] [1.2] [1.3] [1.4] [1.5] [1.6] [1.7]

CBPMs are issued as prescription medications. A patient receiving a prescription for CBPMs is entitled to the same protections as any other person taking medication or receiving medical treatment at the direction of a GMC registered doctor.

## Consumption Methods of Prescribed Medical Cannabis

Prescribed medical cannabis in the UK is available in various forms:

Form	Consumption Method
Flower/Bud	For Use With Herbal Vaporisers
Oil	Sublingual
Capsule	Oral
Vape Cartridge/ Disposable Pen	Oral Inhalation

### Safe Use of Herbal Vaporiser Indoors

Similar to other medications, the use of cannabis, with a herbal vaporiser as required, is a necessity to alleviate or prevent the symptoms associated with a particular medical condition. In the context of vaping cannabis, it is crucial to emphasise that the medical user, under the guidance of a healthcare professional, typically determines when it is needed. This decision-making process aligns with the autonomy given to individuals using their medical devices.

The heated nebuliser/vaporiser, employed as a medical device, distinguishes itself by not inducing combustion during the administration of cannabis. This characteristic sets it apart from legislation governing smoking or vaping e-cigarettes indoors. As a non-combustible method. vaporisation minimises the release of potentially harmful by-products and is designed to facilitate the controlled delivery of medicinal compounds, ensuring a more precise and effective therapeutic application. When used correctly, they produce vapour instead of smoke, significantly reducing any potential lingering smell.

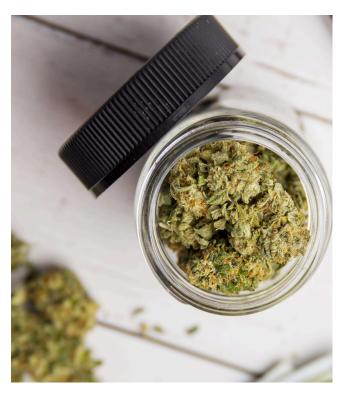
The analogy with heated nebulisers [4.1][4.2] serves to underscore the legitimate medical nature of vaporising cannabis. Just as these conventional medical interventions are integral to managing specific health conditions, the use of a heated nebuliser/thermal extraction devices/herbal vaporisers for cannabis underscores the importance

of personalised treatment plans tailored to the unique needs of medical users.

Therefore, the administration of medical cannabis via vaporisation should be acknowledged and accommodated in a manner consistent with established medical practices.

A herbal vaporiser is a discrete and efficient method of consuming medical cannabis. To ensure safe use indoors, tenants should follow these guidelines:

- 1. Ventilation: Ensure proper ventilation in the room where the vaporiser is used to disperse any potential vapour.
- 2. Discretion: Use the vaporiser in a private area, away from common areas, to respect other residents' privacy.
- 3. Cleaning: Regularly clean the vaporiser to minimise any odour build-up.



# Research Supporting the Safe Use of Medical Cannabis with a Herbal Vaporiser

A 2018 study by Solowij et al. examined the second-hand exposure risk to staff administering vaporised cannabinoid products in a clinical setting. Blood samples were taken from two research staff during the exposure period for three participants (who were cannabis users).

The samples were analysed using tandem mass spectrometry, which is a technique used to identify and measure molecules in a sample. The results showed that exposure to  $\Delta 9$ -tetrahydrocannabinol (THC) and its two metabolites (11-OH-THC & THC-COOH) was below the limit of detection during the vaporised period.

This finding is reassuring for hospital and clinical trial practices, as it suggests that staff administering vaporised cannabinoid products are not at risk from second-hand exposure.

"Blood samples taken over a vaporised period revealed exposure below the limit of detection for  $\Delta 9$ -tetrahydrocannabinol and two metabolites, using tandem mass spectrometry analytical methods."

"These results suggest that there is little risk of second-hand exposure to clinical or research staff from administering vaporise THC within a clinical setting."



# DHSC Guidance for Healthcare Professionals

The Department for Health and Social Care (DHSC) has prepared guidance for healthcare professionals. Controlled Drugs Accountable Officers hold the responsibility of establishing local policies concerning the administration of both NHS-prescribed and privately prescribed Controlled Drugs on NHS premises.

This crucial responsibility extends beyond mere regulatory compliance and delves into the realm of patient-centred care, especially in the context of medical cannabis.

Licensed and unlicensed medical cannabis, when prescribed by qualified healthcare professionals, is classified as a Controlled Drug. It is paramount to align local policies with a progressive and patient-centric approach. In doing so, healthcare institutions have the opportunity to not only meet regulatory standards, but also to actively contribute to the well-being and quality of life of patients who rely on medical cannabis as part of their treatment regimen.

Encouraging an inclusive stance toward the use of medical cannabis on NHS premises involves developing a deeper understanding of the medicinal benefits of cannabis within the healthcare community. This extends to healthcare providers, administrators, and the broader spectrum of professionals involved in patient care. Education and awareness initiatives can play a pivotal role in dispelling misconceptions surrounding medical cannabis and promoting a more empathetic environment that prioritises patient needs.

Moreover, cultivating an atmosphere of acceptance aligns with the overarching principles of patient-centred care, where the emphasis is not only on medical treatment but also on the dignity, preferences, and autonomy of the patient.

By creating a supportive framework for the administration of medical cannabis on NHS premises, healthcare institutions demonstrate a commitment to embracing evolving medical practices that enhance patient outcomes.

### **No Smoking/Vaping Policies**

The devices employed for the consumption of prescription cannabis are internationally recognised as Heated Nebulisers [4.1][4.2] or commonly referred to as a herbal vaporiser. It is crucial to distinguish these medical devices from conventional smoking or vaping apparatus. Unlike traditional smoking or e-cigarette vaping, these devices, operate as heated nebulisers for the controlled administration of the patient's prescription cannabis to treat conditions such as chronic pain.

In the context of policies governing the 'smoking ban,' it is essential to recognise that the conventional definitions and restrictions associated with smoking and vaping do not uniformly apply to the use of herbal vaporisers designed for prescription cannabis[5].

These devices are intentionally engineered to avoid combustion, thereby eliminating the release of harmful by-products commonly associated with smoking.

This critical distinction underscores the medicinal nature of the consumption method and emphasises the importance of a nuanced approach to policy considerations.

By acknowledging the medical status of these devices as 'Heated Nebulisers' or 'Herbal Vaporisers', institutions and service providers can better align their policies with the unique characteristics and purposes of medical cannabis consumption. This recognition not only respects the legitimate medical needs of individuals but also contributes to fostering an inclusive environment that distinguishes between recreational and medicinal uses of vaporisation technologies.



## Addressing Potential Impact on Other Members of the Public

Certain individuals within the public sphere may express objections to the sight of individuals using herbal vaporisers, particularly in enclosed spaces, as it deviates from the conventional norm. Additionally, there may be individuals who find the aroma of cannabis unpleasant or harbour concerns about potential illicit activities.

It is imperative to recognise that the vape device utilised for medical cannabis consumption is fundamentally a medical apparatus. Its unique design prevents combustion, thereby reducing the associated odour. Importantly, the device serves as a means of administering essential medical treatment required for managing the individual's health condition.

Understanding this context is crucial as it reframes the act of vaping from a recreational or non-essential activity to a medically necessary intervention. The use of a heated nebuliser/vape device is not merely a personal preference but a method prescribed by healthcare professionals to address specific health needs.

This emphasises the critical distinction between recreational vaping and the medicinal use of cannabis.

Moreover, it is essential to acknowledge the legal framework surrounding the treatment of disabled individuals. It is lawful to treat a disabled person more favourably than a non-disabled person. Therefore, service providers may provide services on more favourable terms to a disabled person compared to a non-disabled person. [1.1]

This underscores the importance of providing equitable and considerate services to individuals with disabilities. In the context of medical cannabis consumption, service providers have the legal latitude to offer more favourable terms and accommodations to disabled individuals compared to their non-disabled counterparts.

This legal provision is rooted in the commitment to ensuring equal access to services and recognising the unique requirements of individuals with disabilities.

### Recommendations for Housing Associations, Property Managers & Private Security

### 1.1 Education and Training

Housing associations, property managers and private security should ensure that their staff members are well-informed about the Equality Act 2010[1], specifically regarding its application to medical cannabis patients. Providing training on accommodating medical needs and fostering a culture of understanding will promote equal treatment for all people.

#### 1.2. Clear Communication

Housing associations, property managers and private security must maintain open channels of communication with tenants/guests. Encouraging tenants/guests to communicate their medical needs and any necessary accommodations allowing for a proactive approach to resolving potential issues.

#### 1.3. Reasonable Accommodations

When a tenant/guest presents a valid prescription for medical cannabis, housing associations, property managers and private security should assess and provide reasonable accommodations for the prescribed patient. These accommodations may include allowing the use of prescribed medical cannabis within the confines of a tenant's private space and ensuring privacy and confidentiality. Any provisions in any rental agreement prohibiting or significantly restricting the possession and consumption of prescribed medication (including medical cannabis) would be discriminatory and therefore challengeable in court.

### 1.4. Privacy and Confidentiality

It is paramount for housing associations, property managers and private security to respect the privacy and confidentiality of tenants'/guest's medical conditions and prescriptions. Such information should only be shared with appropriate personnel on a need-to-know basis, in accordance with data protection laws. Patients are not legally (nor can they be contractually) obligated to share proof of their prescription, although they may unilaterally decide it is in their interests to do so.

# Recommendations for Tenants (Prescribed Patients)

### 2.1. Open Communication

Prescribed patients should feel empowered to communicate their medical needs to their landlord or property manager. Openly discussing their prescription for medical cannabis allows for better understanding and the potential for necessary accommodations, however this is not a requirement. Additionally, providing evidence of your prescription (whether the prescription itself or the medication in its original packaging) is not required, although doing so may be useful in the context of ensuring your rights.

### 2.2. Responsible Consumption

Prescribed patients using medical cannabis should consume it responsibly and safely, considering the welfare and comfort of other residents. If using a herbal vaporiser, following any reasonable adjustments made for indoor use is essential to minimise any potential disturbance.

### 2.3. Compliance with Tenancy Agreement

While prescribed patients have the right to request reasonable accommodations, they must also comply with the terms of their tenancy agreement and respect the property's rules and regulations. Patients must comply with their doctor's guidance and consume their medication as directed by the prescribing doctor.

By implementing these recommendations, landlords, housing associations, property managers, and tenants can create an inclusive and supportive environment that respects the rights of prescribed patients and complies with the law.

Collaboration and understanding are essential to ensuring that individuals with prescribed medical cannabis receive fair treatment and the necessary accommodations to lead comfortable lives in their residential properties.

# Legal Housing Information for Prescribed Patients

Tenants who are prescribed medical cannabis should be aware of the following legal information:

#### **Disclosure**

Tenants are not obligated to disclose their medical condition or to provide their prescription to their landlord or property manager, although they may choose to do so to address issues identified from their tenancy agreement.

#### **Reasonable Accommodations**

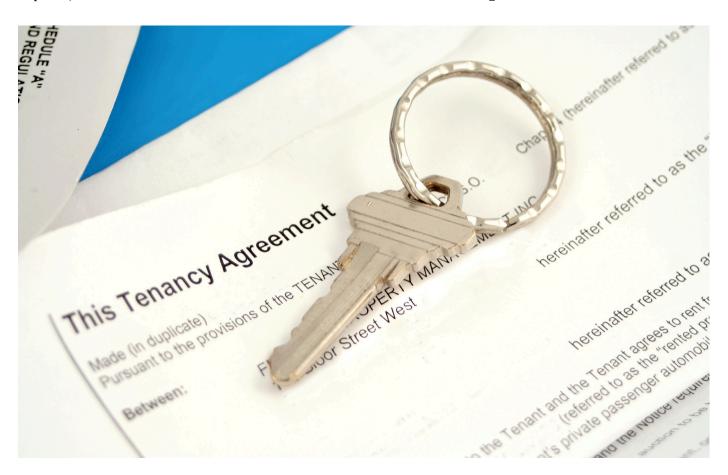
Tenants have the right to request reasonable accommodations for their medical condition, including the use of prescribed medical cannabis in accordance with the Equality Act 2010. [1.3] [1.4] [1.5] [1.6] [1.7]

### **Privacy and Confidentiality**

Landlords and property managers must respect the privacy and confidentiality of tenants' medical conditions and prescriptions, adhering to data protection laws.

### Compliance

Consuming cannabis medicine as directed by the prescribing doctor. Cannabis flower for inhalation, should not be smoked (method of combustion) in any property as this is not lawful in accordance with the Misuse of Drugs Act 1971 Section 8(d). [2.1]



## Conclusion

The use of prescribed cannabis, particularly in the form of herbal vaporisers, presents a nuanced and evolving landscape in the United Kingdom.

The enactment of legislation for Cannabis-Based Products for Medicinal use in humans in 2018 marked a significant step towards providing access to medical cannabis for patients with qualifying conditions. With an increasing number of individuals receiving medical cannabis prescriptions, it is essential to address the implications and considerations surrounding its use in residential, public, and private premises.

The findings and recommendations outlined in this document underscore the importance of upholding principles of equality, dignity, and patient-centred care in accommodating individuals with medical cannabis prescriptions. Compliance with the Equality Act 2010 mandates that landlords, housing associations, and property managers make reasonable adjustments to accommodate tenants' medical needs, including the use of prescribed medical cannabis where appropriate.

Furthermore, the safe use of herbal vaporisers indoors requires careful consideration of ventilation, discretion, and cleanliness to minimise any potential impact on other residents. Research supporting the safe use of medical cannabis with heated nebulisers (herbal vaporisers) emphasises

the importance of recognising these devices as legitimate medical interventions, distinct from recreational vaping or smoking.

In navigating the legal and regulatory framework surrounding the use of prescribed cannabis, it is crucial for stakeholders to align policies with the evolving understanding of medical cannabis and patients' rights. Education and training for housing associations, property managers, and tenants play a pivotal role in fostering understanding and collaboration, while clear communication and respect for privacy uphold the dignity and autonomy of prescribed patients.

Ultimately, by implementing the recommendations outlined in this position paper, stakeholders can contribute to creating an inclusive and supportive environment that prioritises the well-being and rights of individuals with prescribed medical cannabis. Collaboration, empathy, and adherence to legal principles are essential in ensuring equitable access to medical treatment and fostering a culture of understanding and respect within residential and public spaces in the UK.

### References

- [1] UK Public General Acts, Equality Act 2010 (c. 15) UK Government [online]. Available from: <a href="https://www.legislation.gov.uk/ukpga/2010/15/contents">https://www.legislation.gov.uk/ukpga/2010/15/contents</a>
- [1.1] Section 13 Direct Discrimination. UK Public General Acts (2010 c. 15), Equality Act (2010) UK Government 2010 [online]. Available from: <a href="https://www.legislation.gov.uk/ukpga/2010/15/section/13">https://www.legislation.gov.uk/ukpga/2010/15/section/13</a>
- [1.2] Section 15 Discrimination arising from disability. UK Public General Acts (2010 c. 15), Equality Act (2010) UK Government 2010 [online]. Available from: <a href="https://www.legislation.gov.uk/ukpga/2010/15/section/15">https://www.legislation.gov.uk/ukpga/2010/15/section/15</a>
- [1.3] Section 20 Duty to make adjustments. UK Public General Acts (2010 c. 15), Equality Act (2010) UK Government 2010 [online]. Available from: <a href="https://www.legislation.gov.uk/ukpga/2010/15/section/20">https://www.legislation.gov.uk/ukpga/2010/15/section/20</a>
- [1.4] Section 21 Failure to comply with duty. UK Public General Acts (2010 c. 15), Equality Act (2010) UK Government 2010 [online]. Available from: <a href="https://www.legislation.gov.uk/ukpga/2010/15/section/21">https://www.legislation.gov.uk/ukpga/2010/15/section/21</a>
- [1.5] Section 36 Leasehold and commonhold premises and common parts. UK Public General Acts (2010 c. 15), Equality Act (2010) UK Government 2010 [online]. Available from: <a href="https://www.legislation.gov.uk/ukpga/2010/15/section/36">https://www.legislation.gov.uk/ukpga/2010/15/section/36</a>
- [1.6] Schedule 4 Premises: reasonable adjustments. UK Public General Acts (2010 c. 15), Equality Act (2010) UK Government 2010 [online]. Available from: <a href="https://www.legislation.gov.uk/ukpga/2010/15/schedule/4">https://www.legislation.gov.uk/ukpga/2010/15/schedule/4</a>
- [1.7] Schedule 5 Premises: exceptions. UK Public General Acts (2010 c. 15), Equality Act (2010) UK Government 2010 [online]. Available from: <a href="https://www.legislation.gov.uk/ukpga/2010/15/schedule/5">https://www.legislation.gov.uk/ukpga/2010/15/schedule/5</a>
- [2] UK Public General Acts, Misuse of Drugs Act 1971 (c. 36) UK Government [online]. Available from: <a href="https://www.legislation.gov.uk/ukpga/1971/38/contents">https://www.legislation.gov.uk/ukpga/1971/38/contents</a>
- [2.1] Section 8 Occupiers etc. of premises to be punishable for permitting certain activities to take place there. UK Public General Acts (2010 c. 15), Equality Act (2010) UK Government 2010 [online]. Available from: <a href="https://www.legislation.gov.uk/ukpga/1971/38/section/8">https://www.legislation.gov.uk/ukpga/1971/38/section/8</a>
- [3] FOI Request to the Department of Health and Social Care regarding the use of dry herb vaporiser in public and private spaces. January 2024 [online] Available from: <a href="https://patientscann.org.uk/wp-content/uploads/2024/04/FOI-1485042-Wasway.pdf">https://patientscann.org.uk/wp-content/uploads/2024/04/FOI-1485042-Wasway.pdf</a>

- [3.1] <u>Controlled Drugs (Supervision of management and use) Regulations 2013:</u> Information about the Regulations <a href="https://assets.publishing.service.gov.uk/">https://assets.publishing.service.gov.uk/</a> media/5a7cc5e540f0b65b3de0b14d/15-02-2013-controlled-drugs-regulation-information.pdf
- [4] Global Medical Device Nomenclature Agency. www.gmdnagency.org. (n.d.). GMDN Agency. [online] Available at: https://www.gmdnagency.org/
- [4.1] Global Medical Device Nomenclature (GMDN). (2022). Term Details: Ambulatory nebulizer, heated. [online] Available at: <a href="https://members.gmdnagency.org/Terms/">https://members.gmdnagency.org/Terms/</a>
  Details/2008616
- [4.2] Global Medical Device Nomenclature (GMDN). (2022). Term Details: Benchtop nebulizer, heated. [online] Available at: <a href="https://members.gmdnagency.org/Terms/">https://members.gmdnagency.org/Terms/</a> Details/120967
- [5] FOI Request to the Home Office regarding the use of dry herb vaporiser (medical devices) in administering lawfully prescribed (CBPMs) in public and private spaces when following the official guidance provided by the specialist consultant prescriber. January 2024 [online] Available from: <a href="https://patientscann.org.uk/wp-content/uploads/2024/04/FOI2023\_05814\_-Guy\_Coxall-Response.pdf">https://patientscann.org.uk/wp-content/uploads/2024/04/FOI2023\_05814\_-Guy\_Coxall-Response.pdf</a>
- [1.4] Section 21 Failure to comply with duty. UK Public General Acts (2010 c. 15), Equality Act (2010) UK Government 2010 [online]. Available from: <a href="https://www.legislation.gov.uk/ukpga/2010/15/section/21">https://www.legislation.gov.uk/ukpga/2010/15/section/21</a>
- [<u>1.5</u>] Section 36 Leasehold and commonhold premises and common parts. UK Public General Acts (2010 c. 15), Equality Act (2010) UK Government 2010 [online]. Available from: <a href="https://www.legislation.gov.uk/ukpga/2010/15/section/36">https://www.legislation.gov.uk/ukpga/2010/15/section/36</a>
- [<u>1.6</u>] Schedule 4 Premises: reasonable adjustments. UK Public General Acts (2010 c. 15), Equality Act (2010) UK Government 2010 [online]. Available from: <a href="https://www.legislation.gov.uk/ukpga/2010/15/schedule/4">https://www.legislation.gov.uk/ukpga/2010/15/schedule/4</a>
- [1.7] Schedule 5 Premises: exceptions. UK Public General Acts (2010 c. 15), Equality Act (2010) UK Government 2010 [online]. Available from: <a href="https://www.legislation.gov.uk/ukpga/2010/15/schedule/5">https://www.legislation.gov.uk/ukpga/2010/15/schedule/5</a>
- Solowij, N., Galettis, P., Broyd, S.J., de Krey, P. and Martin, J.H. (2018) Second-Hand Exposure of Staff Administering Vaporised Cannabinoid Products to Patients in a Hospital Setting. Drugs in R&D [online]. 18 (1), pp. 41–44.

Available from: <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5833909/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5833909/</a>

### **About the CIC**

The Cannabis Industry Council (CIC) is a leading membership organisation representing the entire UK cannabis industry. Membership is open to organisations and business which either work within or operate from the United Kingdom, the Channel Islands, and the Isle of Man.

Together, our mission is to lead the industry to success and enable it to speak with one voice – for, and by, the sector.

A collective voice for the medical cannabis, CBD, and hemp sector across the UK.



#### **Contact**

Cannabis Industry Council 64 Nile Street London NI 7SR

enquiries@cicouncil.org,uk cicouncil.org.uk











