Since November 2018, patients in the UK have been legally allowed to be prescribed cannabis-based products for medicinal use on the National Health Service (NHS). Yet, despite this apparent legal shift, **NHS medical cannabis prescriptions remain rare**. Confusion over legal classifications, stringent prescribing regulations, and the NHS's cautious stance have all contributed to this situation. This article unpacks the key reasons behind the scarcity of NHS cannabis prescriptions, clarifies common misconceptions, and explains why access remains limited to specialist-only prescribing.

Understanding the Legal Framework: Class vs Schedule

One of the main sources of confusion around medical cannabis in the UK stems from misunderstanding the legal terminology—specifically the difference between **Class** and **Schedule**. These terms relate to UK drug control legislation but serve distinct roles.

Class of a Controlled Drug

Under the Misuse of Drugs Act 1971, controlled substances are categorised into Classes A, B, or C depending on their potential for harm and misuse:

- **Class A**: Most harmful drugs (e.g., heroin, cocaine)
- **Class B**: Moderate harm drugs (e.g., amphetamines, cannabis)
- **Class C**: Least harmful drugs (e.g., some benzodiazepines)

Cannabis is classified as a **Class B** drug, meaning possession or distribution without a licence is illegal.

Schedule of a Controlled Drug

The **Misuse of Drugs Regulations 2001** complement the Misuse of Drugs Act by setting out four Schedules (Schedules 1 to 4) which reflect the drug's medical use potential and control level:

- **Schedule 1:** No established medicinal use, high abuse potential (e.g., LSD)
- **Schedule 2:** Used medically but tightly controlled (e.g., morphine, cannabis-based products for medicinal use)
- **Schedule 3:** Medically used, less strictly controlled (e.g., certain barbiturates)
- **Schedule 4:** Diverse, less harmful substances (e.g., benzodiazepines)

Medicinal cannabis products prescribed on the NHS lie mostly within **Schedule 2**. This scheduling means they can be prescribed by doctors but come with strict storage and record-keeping requirements.

Why This Matters

Often, media and public discourse conflate the "Class B" status with Schedule 1's prohibition on medical use. Cannabis remains a Class B drug, but since November 2018, certain cannabis-derived medicinal products are reclassified under Schedule 2 to allow legal medical prescribing. This distinction is crucial — being Class B doesn't prevent all medical use, but Schedule 1 status would. The continuing Class B classification means recreational use is still illegal, maintaining strict controls around cannabis possession.

Takeaway: Class B means cannabis is illegal recreationally; Schedule 2 enables tightly regulated medical use.

What Changed in November 2018?

Before November 2018, all cannabis and cannabis-based products were controlled under Schedule 1, making medical prescribing effectively illegal. This meant no NHS prescriptions for cannabis-derived medicines were possible.

Following mounting pressure from patients, clinicians, and campaigns highlighting cases of therapeutic success, the UK government moved to reschedule cannabis-based products for medicinal use (CBPMs) into Schedule 2. The key change was:

- **Cannabis-based medicinal products could now be prescribed legally by specialist doctors on the NHS and privately.**
- **Doctors were given permission to do so, provided due clinical governance standards were met.**
- **The change did not legalise recreational cannabis, which remains a Class B offence.**

This regulatory adjustment opened the door for medical access but within a very controlled framework—hence NHS cannabis prescribing started technically but very slowly, with very few patients receiving prescriptions.

Takeaway: November 2018's rescheduling enabled medical prescribing but did not legalise recreational cannabis.

Why Does Cannabis Remain Illegal Under the 1971 Act?

Many headlines claim “weed is now legal on the NHS”—a claim that is misleading. Even after the 2018 rescheduling, cannabis remains illegal for recreational use under the Misuse of Drugs Act 1971:

- **Class B status means that possession, sale, or supply of cannabis outside medical channels is illegal and criminally punishable.**
- **Only cannabis-based products meeting stringent licensing criteria—and prescribed by specialist doctors—are lawful.**

The decision to keep cannabis Class B but reschedule medicinal cannabis products reflects government caution. It avoids opening the door to recreational legalisation while creating a narrow pathway for therapeutic use backed by medical evidence and regulatory oversight.

Takeaway: Cannabis remains illegal generally; NHS prescriptions are a small, controlled exception.

Specialist-Only Prescribing and Why NHS Access Is So Limited

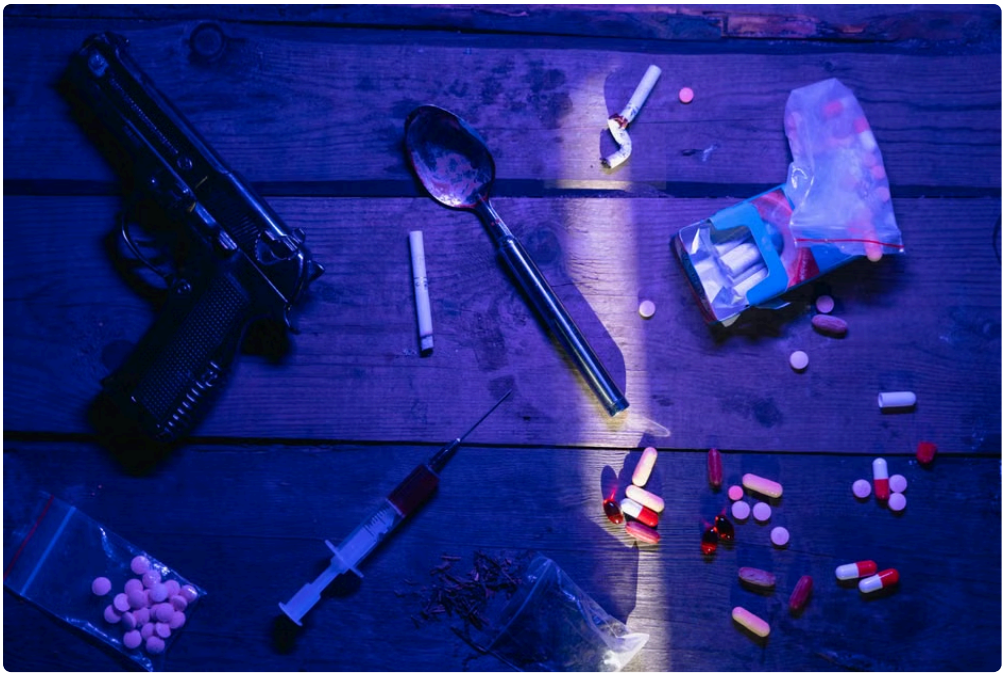
The NHS’s conservative approach to medical cannabis prescribing is another significant factor limiting access. Unlike some other medicines that GPs prescribe broadly, cannabis-based products are restricted to specialist prescribers. This restriction is based on several factors:

- **Limited Clinical Evidence:** While certain cannabis products have evidence supporting efficacy for rare epilepsy syndromes and multiple sclerosis spasticity, comprehensive, high-quality evidence across broader conditions is lacking. The National Institute for Health and Care Excellence (NICE) emphasises the need for more research.
- **Complex Risk Profile:** Side effects, dependency potential, and drug interactions must be carefully managed by experienced clinicians.
- **Strict Regulatory Requirements:** Prescribing, storage, and record-keeping standards mean that only specialist teams in hospital settings can meet compliance requirements reliably.

The ‘Specialist Only’ Requirement

NHS England's guidelines specify that cannabis-based medicines can only be prescribed by consultants or specialists with expertise in the relevant condition—general practitioners do not have prescribing rights. This means referrals to specialists who are knowledgeable (and willing) are necessary for NHS patients seeking treatment.

Many specialists remain cautious or sceptical about prescribing cannabis products, citing insufficient evidence or regulatory uncertainty. This is compounded by:



- Low awareness or doubts around the appropriateness of cannabis medicines
- Lack of formal training and guidance on indications and dosing
- Concerns about the cost and funding within the NHS budget

Private Prescriptions and Providers Like Nationwide Pharmacies

Due to NHS restrictions, many patients turn to private prescriptions, increasing demand for private suppliers like **Nationwide Pharmacies**. These providers specialise in supplying legally prescribed cannabis products for private patients across the UK. Private prescriptions offer quicker access but come at significant out-of-pocket cost, and not all patients can afford them.

While private access expands options, it does not address inequalities in NHS care. As such, the UK's NHS medical cannabis landscape remains patchy and limited.

Takeaway: Specialist-only prescribing and cautious clinical attitudes limit NHS cannabis prescriptions, pushing many towards private options.

What About the Evidence for NHS Use?

dispensing medical cannabis uk

The scarcity of NHS medical cannabis prescriptions uniquely reflects the UK's commitment to evidence-based medicine. NICE and NHS England require robust clinical trial data demonstrating benefits outweigh harms before endorsing widespread use. The evidence so far supports cannabis-based medicines only in narrowly defined conditions:

Condition Current Evidence Summary Severe Childhood Epilepsy (e.g., Dravet syndrome) Good evidence that cannabidiol (CBD) reduces seizure frequency. Multiple Sclerosis Spasticity Moderate evidence that cannabis extracts reduce muscle stiffness. Cancer-related Pain, Chemotherapy-induced Nausea Evidence limited and inconsistent; cannabinoids not first-line treatments. Chronic Pain, Anxiety, Other Conditions Insufficient high-quality evidence for routine use on the NHS.

NHS England's criteria for prescribing cannabis-based medicinal products reflect this cautious approach. Doctors must also ensure no suitable alternative licensed treatment exists before initiating cannabis-based therapies.

Takeaway: NHS cannabis prescriptions are evidence-driven and currently for limited specific conditions only.

Summary: Why Are NHS Medical Cannabis Prescriptions So Rare?

1. **Legal Confusion:** Cannabis remains Class B illegal recreationally, but select cannabis products are Schedule 2 medicines usable on prescription.
2. **2018 Rescheduling:** Paved the way for medical use but left strict controls intact.
3. **Specialist-only Prescribing:** Only consultants with relevant expertise can prescribe, limiting capacity.
4. **Limited Evidence Base:** NHS prescribing restricted to specific, evidence-backed conditions per NICE guidelines.
5. **Cautious NHS Policies:** NHS prioritises traditional treatments and cost-effectiveness; many specialists remain hesitant.
6. **Private Alternatives:** Demand for private prescriptions via companies like Nationwide Pharmacies grows due to NHS barriers.

While medical cannabis is a legal treatment option on the NHS, access remains exceptional rather than routine. Misunderstandings about Class vs Schedule, the impact of the 2018 rescheduling, and specialist-only prescribing explain the sparse NHS uptake. As clinical evidence accumulates and guidance evolves, patient access may improve but for now, NHS medical cannabis prescriptions remain a tightly regulated and rare occurrence.

Final Takeaway:

The rarity of NHS medical cannabis prescriptions results from complex legal classifications, conservative medical guidelines, and specialist prescribing restrictions—all ensuring cannabis-based medicines are only used safely and effectively in specific cases.