If you live with long-term pain, it is understandable to look for something that might make day-to-day life easier. You may have heard about medical cannabis and wonder whether it could take the place of your current pain medicines.



For most people, the answer is not a simple yes or no. A cannabis-based medicine may be considered in some circumstances, but it is not a guaranteed substitute for existing treatment. Whether it is suitable depends on your symptoms, medical history, current medicines and a specialist's assessment. **Do not stop meds abruptly** or change your doses without advice from the clinician who prescribes them.

This article explains what medical cannabis can—and cannot—do, how it may fit alongside other treatments, and what to expect from NHS and private care in the UK. It is general information, not a personal treatment recommendation.



What does “medical cannabis” mean?

Medical cannabis is an umbrella term for medicines containing cannabis-derived ingredients, such as cannabidiol (CBD), tetrahydrocannabinol (THC), or both. Prescribed products are different from unregulated cannabis or CBD products bought online or in shops. Their strength, ingredients and quality may not be the same.

In the UK, cannabis-based medicinal products can be prescribed only by a doctor on the General Medical Council’s specialist register, under specific circumstances. A prescription is not automatic, and a private clinic must still follow clinical and legal requirements. A clinician should discuss potential benefits, risks and alternatives with you.

For chronic pain, evidence about benefit remains limited and varies by condition and product. Medical cannabis is not a cure, and it may not reduce pain enough to make a meaningful difference. Some people may experience side effects such as dizziness, tiredness, changes in concentration or mood, and nausea. THC-containing products can affect judgement and coordination; driving while impaired is unsafe and may be illegal.

Could medical cannabis replace my current pain medicines?

Sometimes a specialist may consider a cannabis-based medicine as one part of a treatment plan. That does not mean it will replace all your other medicines. It might be considered as an alternative to a particular medicine, as an addition to existing care, or not recommended at all. **Specialist supervision is required** to make that decision and to review how treatment is working.

Some medicines need to be reduced gradually. Stopping suddenly can cause withdrawal effects, a return or worsening of symptoms, or other health risks. This is especially important with certain opioid medicines, some antidepressants and anti-seizure medicines. Do not taper or stop a medicine yourself: ask the prescriber who knows your treatment plan.

Medical cannabis can also interact with other medicines. Tell your clinician about everything you take, including prescribed medicines, over-the-counter products, supplements and CBD products. Be particularly

cautious if you are pregnant, trying to become pregnant or breastfeeding; ask a healthcare professional before using cannabis-based products.

Questions to discuss with a specialist

- What is the aim of treatment: less pain, better sleep, improved movement, or another goal?
- How will we decide whether it is helping, and when will we review it?
- Could it interact with my current medicines or affect a health condition?
- What side effects should I watch for, and what should I do if they occur?
- If it does not help, how will treatment be stopped safely?
- Could I drive or work safely while taking it?

Why chronic pain in women deserves attention

Chronic pain is pain that lasts or keeps returning over a long period. It can affect sleep, work, relationships, movement and mental wellbeing. Research suggests that women are more likely than men to experience some types of chronic pain, although rates vary depending on the condition and how studies define pain.

Women's pain has not always been recognised or investigated promptly. Some people describe being told that symptoms are "normal", being offered repeated short-term treatment without a clear plan, or waiting a long time for a diagnosis. Pain is real even when it is not visible, and it can have several contributing factors at once.

Conditions such as endometriosis, migraine, pelvic pain, fibromyalgia and arthritis can affect women, but they are not exclusive to women. A person's symptoms and treatment needs should be considered individually rather than assumed from their sex, gender or diagnosis.

Endometriosis: delays and the impact of pain

Endometriosis occurs when tissue similar to the lining of the womb grows elsewhere in the body. It can cause severe period pain, pelvic pain, pain during or after sex, bowel or bladder symptoms, fatigue and difficulty becoming pregnant. Symptoms differ from person to person, and pain severity does not always match the extent of disease.. Exactly.

Diagnosis can take time. Symptoms may overlap with other conditions, and there is no single symptom that confirms endometriosis. A GP can assess symptoms, arrange initial investigations where appropriate and discuss treatment. Depending on symptoms and response, they may refer you to gynaecology or a specialist endometriosis service. A normal examination or scan does not always rule it out.

NHS treatment may include pain relief, hormonal treatments, further assessment, or surgery in selected cases. The right option depends on symptoms, preferences, fertility plans and clinical findings. A pain management service may also help with the wider effects of persistent pain, including pacing, sleep, movement and coping strategies. These approaches do not mean the pain is "all in your head"; they are tools to support function and quality of life.

Menopause symptoms are more than hot flushes

Menopause and perimenopause can involve a wide range of symptoms. Alongside hot flushes and night sweats, some people experience sleep problems, joint or muscle aches, headaches, changes in mood,

anxiety, difficulty concentrating, vaginal or urinary symptoms, and changes in sexual wellbeing. Not every ache is caused by menopause, so new, severe or persistent symptoms deserve assessment rather than assumption.

A GP or other qualified clinician can talk through symptom patterns, health history and treatment choices. Depending on the person, options may include hormone replacement therapy (HRT), non-hormonal medicines, vaginal treatments, lifestyle support or referral for further assessment. HRT is not suitable for everyone, and the benefits and risks should be discussed in light of individual circumstances.

If you are considering medical cannabis for pain or sleep during menopause, ask a clinician to review the whole picture. It should not be assumed to treat the underlying cause of symptoms or to replace an assessment for other conditions.

What treatments might the NHS offer first?

NHS care for persistent pain usually starts with understanding what may be causing it, what makes it better or worse, and how it affects your life. Treatment depends on the condition. A plan may combine more than one approach rather than relying on a single medicine.

Approach What it may involve Important point Assessment and diagnosis Talking through symptoms, examination and tests or imaging where clinically appropriate. Not every painful condition shows up on a scan or can be diagnosed in one appointment. Medicines Depending on the cause, a clinician may consider painkillers, anti-inflammatory medicines, or medicines used for nerve pain. Benefits, risks and review dates matter; some medicines need gradual reduction. Movement and rehabilitation Physiotherapy, graded activity, or advice on adapting movement and daily tasks. A tailored programme should take account of your condition and current ability. Psychological and self-management support Pain management programmes, relaxation strategies, or approaches such as cognitive behavioural therapy. These can support coping and function; they do not imply that pain is imagined. Condition-specific care For example, gynaecology assessment and hormonal options for suspected endometriosis. Referral depends on symptoms, examination, test results and local pathways.

If pain persists despite initial care, ask your GP what the next step is. Depending on the problem, referral may be to a specialist such as a gynaecologist, rheumatologist, neurologist or pain service. Referral criteria and waiting times vary across the UK. You can ask what to expect, whether there are interim options, and what symptoms should prompt urgent review.

How to explore a private medical cannabis assessment

If you are considering private care, an **online eligibility check** can be a useful first step to see whether a service may be able to assess your situation. It is a screening tool, not a diagnosis, a prescription or a promise that treatment will be offered. Be wary of any service that guarantees a prescription before a qualified clinician has assessed you.

If you appear eligible for further assessment, a **private video consultation** may let you discuss your pain, previous treatments and goals with a clinician. You may be asked for medical records or a list of current medicines. The clinician should explain whether a cannabis-based medicine is clinically appropriate, what alternatives exist, and how follow-up and monitoring would work.

Before booking, check who will assess you, whether they are appropriately registered, what the consultation and follow-up costs are, and whether the service will communicate with your NHS GP—with your consent. A

private prescription does not mean your NHS clinician should stop supporting your other care.

Making a safe plan

If you already take pain medicines, bring a complete list to any appointment. Include doses, how often you take them, what they help with, side effects and any medicines you have tried before. If you have a diagnosis such as endometriosis or are going through menopause, note how symptoms change over time and what you have already discussed with your care team.

1. Write down the main symptoms and what you hope treatment will improve.
2. Ask your GP or specialist about NHS options and appropriate referral pathways.
3. If exploring cannabis-based treatment, use an eligibility check only as an initial screen and seek a proper clinical assessment.
4. Agree a review plan and clear measures of benefit with the prescriber.
5. **Do not stop meds abruptly**; make any changes only with the prescriber's guidance.

Seek urgent medical help for sudden, severe or rapidly worsening pain, or symptoms such as chest pain, difficulty breathing, fainting, new weakness or numbness, releaf clinic or heavy bleeding. Contact NHS 111 or emergency services as appropriate.

The bottom line

Ask yourself this: medical cannabis does not automatically replace other pain medicines, and it is not suitable for everyone. In some cases it may be considered possible alongside treatments, but only after an individual assessment and with ongoing review. NHS treatments—including diagnosis, condition-specific care, medicines, physiotherapy and pain support—may remain important parts of your plan.

If you are interested, speak with your GP or a relevant specialist, and make sure any private clinician has a full picture of your health and medicines. **Specialist supervision is required**, and changing existing treatment safely is just as important as deciding whether to try something new.