Short answer: NICE guidance influences whether the NHS is likely to offer a cannabis-based medicine, but it does not decide whether every individual can receive a prescription. In the UK, a specialist doctor may prescribe a suitable cannabis-based product for a medicinal purpose when they consider it clinically appropriate. In practice, however, NHS prescribing is limited, and many people who explore treatment do so through a private clinic route.

It also helps to be precise about what "legal" means. The rules differ for possession, prescribing, supply and importing. A prescription does not make recreational cannabis lawful, and it does not let you import or self-prescribe cannabis products.

This guide explains what changed in 2018, what NICE guidance says, who can prescribe, and what NHS and private access usually look like. It is general information, not personal medical or legal advice.

What changed in 2018?

On 1 November 2018, the UK changed the classification of cannabis-based products for medicinal use (CBPMs). Certain products meeting the legal definition were moved from Schedule 1 to Schedule 2 of the Misuse of Drugs Regulations 2001. Schedule 2 drugs are controlled, but they can be prescribed and supplied under specific rules.



This change created a lawful route for specialist doctors to prescribe qualifying cannabis-based products for medicinal purposes. It did *not* legalise recreational cannabis, make every cannabis product available on prescription, or establish a general right to treatment.

- **Possession:** Possessing a qualifying product may be lawful when it has been prescribed to you and you follow the applicable rules.
- **Prescription:** A specialist doctor can prescribe a CBPM where they consider it appropriate and meet professional and legal requirements.
- **Supply:** The product must come through a lawful supply chain, such as a pharmacy supplying against a valid prescription.

- **Importing:** A UK prescription does not give you permission to order cannabis products from overseas or bring them into the country yourself.

So, “medical cannabis is legal” is too broad. The relevant question is whether this particular product, prescribed by an authorised clinician and supplied through the correct route, is lawful in your circumstances.

What does NICE guidance on cannabis say?

NICE published its guideline on cannabis-based medicinal products, NG144, in November 2019. NICE guidance helps the NHS make evidence-informed decisions about treatment. It is influential in NHS practice, but it is not the same thing as legislation, and it does not automatically approve or prohibit an individual prescription.

The https://www.theukrules.co.uk/medical-cannabis-in-the-uk-what-the-law-permits-and-how-patients-access-it/ guideline recommends cannabis-based medicines for a small number of specific situations. Examples include certain forms of treatment-resistant epilepsy and nausea or vomiting caused by chemotherapy, where other treatments have not worked or are unsuitable. NICE also recommends offering a trial of THC:CBD spray, such as nabiximols, to some adults with moderate to severe spasticity from multiple sclerosis when other medicines have not provided adequate relief.

For chronic pain, NICE’s position is more restrictive: it advises not offering cannabis-based medicinal products, except as part of a clinical trial. That recommendation is a major reason the phrase **nice guidance cannabis** often comes up in discussions about pain treatment. It helps explain why NHS pathways can be difficult to access, but it does not by itself answer whether a specialist could consider an individual case.

There is an important distinction between a NICE recommendation and the legal power to prescribe. A medicine may be legally prescribable but not routinely recommended for a particular condition on the NHS. Conversely, a guideline’s recommendations do not guarantee that a person will meet the clinical criteria or be offered treatment.

Who can prescribe medical cannabis?

For a cannabis-based product for medicinal use on the UK market, initiation must be by a doctor on the **GMC Specialist Register**. The doctor should have appropriate expertise in the relevant condition and must be satisfied that prescribing is clinically justified. The specialist needs to consider the available evidence, the person’s medical history, potential benefits and risks, and other treatment options.

This is not a route for a GP to start a medical cannabis prescription. A GP may sometimes be involved in ongoing care after a specialist has initiated treatment, depending on local arrangements and whether the GP agrees to participate. Shared care is not automatic, and many NHS GPs will not take over prescribing.

A specialist’s decision is still a clinical decision, not a guaranteed entitlement. They may decide that the evidence is insufficient, that risks outweigh potential benefits, or that another treatment is more suitable. A clinic should explain its assessment process rather than suggest that a prescription is assured.

Does NICE guidance control whether I can get a prescription?

No—not on its own. NICE guidance has a strong practical effect on NHS access, especially where it recommends against routine use. But prescribing depends on several factors:

- Whether the product is a qualifying cannabis-based medicinal product.

- Whether a GMC-registered specialist considers it appropriate for your condition.
- Whether the likely benefits justify the risks in your individual case.
- Whether the treatment is available through the NHS pathway or a private service.
- Whether the prescription and supply arrangements comply with controlled-drug rules.

Private clinics are also expected to follow professional standards and prescribing law. A private prescription does not cancel NICE guidance or make an unsuitable treatment appropriate. A responsible clinic should review your records, discuss alternatives and explain uncertainties, rather than treating a consultation as a simple purchase.

NHS prescribing is limited: what that means in practice

The phrase **nhs prescribing limited** reflects a real access issue. NHS prescriptions are uncommon, particularly for chronic pain, because NICE does not recommend routine cannabis-based treatment for that use outside clinical trials. Specialist services may also have local policies, commissioning constraints and limited experience with these products.

People sometimes hear that only a handful of NHS patients receive treatment. Numbers change over time and can depend on what is counted, so it is better to check current NHS or government data than rely on a figure repeated online. The practical point is that NHS availability remains narrow, not that NHS prescribing is legally impossible.

If you are considering an NHS route, you can ask your consultant:

- Is a cannabis-based product relevant to my diagnosis and treatment history?
- Does NICE guidance cover my condition, and how does that affect local NHS access?
- Is there an NHS specialist service or clinical trial I could be referred to?
- If treatment is started, who would prescribe and monitor it?

Your GP can help with referrals and medical records, but should not be presented as someone who can independently initiate this specialist prescription.

The private clinic route

For some people, the **private clinic route** is more accessible than waiting for an NHS service or meeting a local NHS pathway. A private clinic may offer an appointment with a specialist who can assess whether a prescription is appropriate. You pay for consultations and, if prescribed, the medicine and associated dispensing costs.

Private access still has limits. The specialist can say no, and the clinic should not promise a particular product or outcome before assessing you. You may need to provide medical records, evidence of previous treatments and details of other medicines. Ongoing reviews may be required, and your treatment can be changed or stopped if it is not helping or creates unacceptable risks.

Costs vary by clinic, product, dose, review frequency and pharmacy. Ask for a written breakdown covering the initial appointment, follow-ups, medication, delivery and any administrative charges. Do not assume that an advertised starting price represents the full ongoing cost.

Providers such as Releaf may be among the names people encounter when researching private services. That does not amount to an endorsement or guarantee of suitability. Compare providers on clinical

oversight, eligibility criteria, follow-up arrangements, transparent fees and how they handle records and complaints.

Using online tools to compare providers

Trustpilot can show customer feedback about communication, appointment administration or delivery experiences. Reviews are not a substitute for clinical evidence, and they cannot establish that a medicine is effective or appropriate for you. Look for patterns across a range of reviews, check dates and read how the company responds to concerns.

SimilarWeb can provide estimated website-traffic and audience information. It does not verify a clinic's medical quality, prescribing standards or patient outcomes. Use it only as a limited research tool, alongside direct checks of the clinic's clinicians and policies.

If you believe you have been misled or have a dispute about a private clinic, you may want independent advice. Irwin Mitchell solicitors is one example of a legal firm people may research for health-related or consumer matters; whether a firm can help will depend on the facts. For concerns about a doctor's professional conduct, the GMC is the relevant regulator, while the Care Quality Commission regulates certain healthcare services in England. The regulator and route depend on the issue and the nation of the UK.

What remains illegal or restricted?

The 2018 change did not remove the wider controls on cannabis. Keep these distinctions in mind:

- **Recreational use:** Cannabis remains a controlled drug. A medical prescription does not legalise recreational possession or supply.
- **Self-prescribing:** You cannot lawfully create your own prescription or use an online purchase as a substitute for assessment by an authorised specialist. Doctors are also subject to professional rules on prescribing for themselves or people close to them.
- **Importing:** Do not order cannabis products from another country or carry them across a border without checking the specific legal requirements and obtaining the necessary authorisations. A UK prescription alone is not an import licence.
- **Unauthorised supply:** Buying from an unlicensed seller or sharing prescribed medicine can put you outside the lawful prescription and supply arrangements.
- **Smoking versus vaping:** Vaping is not the same as smoking. Prescribed products may be intended for a particular method of administration, such as oral use or vaporisation, but you must follow the product and clinician's instructions. Smoking cannabis is not made lawful simply because you hold a prescription.

Rules for travel, driving and carrying controlled medicines can be specific. Before travelling, check official guidance for your destination and transit countries, and ask your prescriber or pharmacist for documentation advice. Do not assume a prescription is recognised internationally.



A short checklist before you decide

1. **Clarify your aim:** Are you asking about legal possession, getting a prescription, or the lawful supply of a product?
2. **Check the clinician:** Confirm that the prescriber is on the GMC Specialist Register and has relevant expertise.
3. **Ask about NICE:** Find out what NICE says for your condition and how that affects NHS access.
4. **Compare full costs:** Request a breakdown of appointments, medicine, monitoring and follow-up.
5. **Check the supply chain:** Use the dispensing route specified by the prescriber; do not self-import or buy from an unverified seller.
6. **Understand the plan:** Ask how benefit will be measured, what side effects to watch for and when treatment might be reviewed or stopped.

The bottom line

NICE guidance does not decide every individual's eligibility for medical cannabis. It strongly shapes NHS practice, and its restrictive position on chronic pain helps explain why NHS access is limited. Since 1 November 2018, qualifying cannabis-based products can be prescribed within a controlled framework, but initiation must be by an appropriately qualified specialist on the GMC Specialist Register.

A private clinic may offer another assessment route, but it does not bypass the law, professional standards or the need for a genuine clinical decision. Before proceeding, separate the questions of possession, prescription and supply; check the clinician and the costs; and remember that recreational use,

unauthorised importing and smoking are not made lawful by the existence of a medical cannabis prescription.