UK medical cannabis law is often described in extremes: either cannabis is “fully legal” or it is still completely prohibited. Neither description is accurate. Since 1 November 2018, some cannabis-based products can be prescribed for medical use under tightly controlled conditions. That change did not legalise recreational cannabis, create a right to obtain a prescription, or make every product sold online lawful.

It helps to clarify what “legal” means. Are we talking about possessing a prescribed medicine, getting a prescription, or the supply chain that brings a product into the UK? Each involves different rules. The checklist below covers the misunderstandings patients most often encounter, and what the rules mean in practice.

## Misconception 1: “Cannabis is fully legal in the UK now”

**Reality: The 2018 change was a limited rescheduling, not full legalisation.** On 1 November 2018, certain cannabis-based products for medicinal use in humans (often shortened to CBPMs) were moved into Schedule 2 of the Misuse of Drugs Regulations 2001. This made it possible for qualifying doctors to prescribe them in specific circumstances.

That change did not make recreational cannabis lawful. Cannabis remains a controlled drug under the Misuse of Drugs Act 1971. Possessing it without lawful authority can be an offence, as can supplying or producing it. A medical prescription may give a patient lawful authority to possess the particular prescribed medicine, but it does not turn cannabis in general into an unrestricted product.



Nor does “medical cannabis” describe one standard medicine. Products, formulations, strengths and prescribing decisions differ. A product advertised online is not automatically a lawful UK prescription medicine just because it is described as medical, herbal or CBD-related.

## Misconception 2: “The 2018 law change means anyone can get a prescription”

**Reality: Prescribing is restricted, and a prescription is a clinical decision.** The 2018 rules established a route for specialist prescribing; they did not make access automatic. A specialist must decide that a CBPM is

clinically appropriate for an individual patient and prescribe in line with professional standards and the applicable regulations.

For routine prescribing, the specialist doctor must be on the **General Medical Council (GMC) Specialist Register**. Being a doctor, running a clinic or having experience treating a condition does not, by itself, satisfy that requirement. Patients can check a doctor's registration and specialist status using the GMC's online register.

There are limited regulatory exceptions, including certain arrangements involving a doctor acting under a specialist's direction. These do not create a general route for patients to get a prescription from any doctor. In ordinary patient-facing discussions, the key point is that a qualified specialist must lead the decision.

## Misconception 3: "My GP can start a medical cannabis prescription"

**Reality: A GP cannot initiate a routine CBPM prescription.** This is sometimes shortened to "GP cannot initiate". In practical terms, a patient should not expect their GP to start cannabis-based treatment simply because the patient requests it or has read about it online.

A GP may still have a role in a patient's care. For example, they may share relevant medical records, discuss a referral, or in some circumstances continue treatment under a specialist-led shared-care arrangement. That is different from independently deciding to begin a CBPM prescription. Whether shared care is appropriate depends on the clinical arrangement and the GP's agreement; it should not be assumed.

Patients can ask their GP to discuss the referral route or help coordinate care. A useful question is: "Can you refer me to an appropriate specialist, or explain whether a specialist-led service is available?" That is more realistic than asking a GP to prescribe cannabis directly.

## Misconception 4: "I can self-prescribe, or buy a prescription online"

**Reality: Self-diagnosis and payment do not replace a specialist's assessment.** A patient cannot lawfully make themselves a medical cannabis prescription. Nor does completing an online questionnaire guarantee treatment. A legitimate service needs to assess the person's history, current health, previous treatments and possible risks before a prescriber makes an independent clinical decision.

Some private clinics offer remote consultations, but remote access does not remove the prescribing rules. Patients should establish who will assess them, whether that doctor is on the GMC Specialist Register, what records are required, and what follow-up will involve. If a service promises a prescription before a meaningful assessment, treat that as a warning sign.

Companies such as Releaf may appear in searches for private medical cannabis services. That does not mean every patient will be eligible or that any particular clinic can guarantee an outcome. Check the prescriber's credentials and the service's terms directly rather than relying on marketing claims.

## Misconception 5: "I can order medical cannabis from another country"

**Reality: You cannot import from abroad just because a product is sold legally somewhere else.** The legality of a product in another country does not give a UK patient permission to bring it into the UK or order it through the post. Controlled drugs are subject to import and export controls, and the product, paperwork and circumstances matter.

In particular, an overseas website's claim that it has "medical-grade" cannabis does not establish that the product can lawfully be supplied to a UK patient. Do not assume a foreign prescription, a product label or an online payment is enough. Unauthorised import can create serious legal and practical risks, including seizure of the product.

There may be specific rules for travellers carrying prescribed controlled medicines, and those rules can depend on the destination, duration of travel and documents required. That is not the same as ordering a product from abroad for delivery. Before travelling with medication or considering an import, check current guidance from the UK Home Office and the relevant authorities in the destination country.

## Misconception 6: "Having a prescription makes every way of using cannabis lawful"

**Reality: A prescription applies to a particular medicine and its directions, not every cannabis product or method of use.** A prescription does not authorise recreational use, sharing medicine with another person, or using an unprescribed product. Patients should follow the product information and the prescriber's instructions.

It is also important not to confuse **vaping** with **smoking**. Some prescribed cannabis flower may be intended for use with a suitable vaporiser, according to the prescriber's instructions. Smoking cannabis is not the same method and should not be assumed to be authorised by a prescription. Ask the prescriber or pharmacist about the specific product and permitted method of use.

If travelling, driving, working or taking other medicines, ask the clinical team about relevant safety advice. A prescription does not remove the need to follow rules on impairment or to use medication responsibly.

## Misconception 7: "The NHS routinely offers medical cannabis"

**Reality: NHS access exists, but it remains limited.** The legal ability to prescribe is not the same as routine availability through the NHS. NICE guidance and NHS commissioning arrangements restrict use to particular clinical situations. Commonly discussed examples include severe epilepsy in specific circumstances, chemotherapy-related nausea and vomiting when other treatments have not worked, and spasticity associated with multiple sclerosis when other options have been ineffective.

These examples are not a guarantee of NHS treatment. The exact criteria, clinical evidence, specialist judgement and local arrangements matter. Many people with chronic pain will not meet the relevant NHS criteria, even if they have tried several treatments. This gap between what the law permits and what the NHS routinely funds is a major source of confusion and frustration.

If an NHS specialist does not recommend a CBPM, that does not necessarily mean the treatment is unlawful. It may reflect the evidence, the patient's circumstances or the NHS criteria. Patients can ask for the reason, what alternatives are available, and whether a second specialist opinion is appropriate.

## Misconception 8: "Private access means guaranteed treatment, or a simple monthly price"

**Reality: Private clinics can assess patients, but eligibility and costs vary.** Private services may offer appointments with specialist prescribers, but the same fundamental requirement for a clinically appropriate

prescription applies. A consultation is not a promise of treatment. A specialist may decide that a CBPM is unsuitable or that more information is needed.

Costs can include an initial assessment, follow-up appointments, the medicine itself and any delivery or dispensing charges. Prices vary by clinic, product and dose, and a patient's treatment plan may change over time. Ask for an itemised explanation before committing, including what happens if treatment is not recommended and how often follow-up is expected.

Online reviews can help identify themes in patient experiences, but they are not a substitute for checking clinical and regulatory details. Trustpilot may show customer feedback about a clinic or service; read a range of reviews and note when they were posted. Reviews cannot confirm that a prescriber is on the GMC Specialist Register or that a product is suitable for you.



Similarly, Similarweb can provide estimates of website traffic and audience patterns. It is a market-research tool, not a clinical regulator, legal adviser or quality certificate. High traffic does not prove that a clinic is safe, and low traffic does not prove the opposite.

## Misconception 9: "If there is a dispute, any solicitor can confirm my treatment is legal"

**Reality: Legal questions depend on the facts and the issue involved.** A patient worried about possession, importation, employment, driving or a supply dispute may need advice specific to that situation. A solicitor can explain legal rights and risks, but cannot make an unlicensed product lawful or replace a specialist's prescribing decision.

For example, Irwin Mitchell solicitors is a recognised UK law firm that people may come across when researching legal issues. Before instructing any firm, check that it handles the relevant type of matter and understands controlled-drug or healthcare issues. For general regulatory information, consult named sources such as the Home Office, the GMC, NICE and NHS guidance. For personal legal advice, speak to a qualified solicitor.

## A quick checklist: what to verify

- **Prescriber:** Is the doctor on the GMC Specialist Register?
- **Assessment:** Has a clinician reviewed your medical history and treatment options?
- **Product:** Is it the specific medicine prescribed and supplied through a lawful UK route?
- **Use:** Do you understand the prescribed dose and method, including the difference between vaping and smoking?
- **Costs:** Have you checked consultation, medicine and follow-up charges?
- **Travel:** Have you checked the rules before carrying medication across a border?

## The bottom line

The 2018 rescheduling created a narrow, regulated pathway for medical prescribing. It was **not full legalisation**. Recreational use remains unlawful; a patient cannot self-prescribe; a GP cannot initiate routine CBPM treatment; and you cannot import from abroad simply because a product is legal where it is sold.

For patients, the most childhood epilepsy cannabis prescription useful next step is to separate three questions: Is the medicine lawfully prescribed? Is it being supplied through an authorised route? And are you using it in the way your prescriber instructed? Checking those points with the GMC, NHS, NICE or Home Office can help cut through online claims and make the next conversation with a clinician more productive.