



Yes We Can?

Experiences and views of the patient community



**Cannabis
Industry
Council**

Contributors

- Dr Shanna Marrinan, 4C Labs, CIC Research & Science Working Group Chair
- Anna Harren, University of Iowa
- CIC Patient Support Group



Disclaimer: This document is for informational purposes only, and should not be considered legal or regulatory advice. This document does not necessarily express the views of the Cannabis Industry Council, its Board, or its Executive Committee.

Foreword

The medicinal properties of the cannabis plant have been recognised for millennia, across numerous civilizations (Crocq, 2020). Use of cannabis was first documented in 2800 BC, when it was listed in the pharmacopoeia of Emperor Shen Nung (widely held to be the founder of Chinese medicine). Mentions of the therapeutic use of cannabis have also been found in the ancient texts of the Indian Hindus, Greeks, Assyrians, and Romans, where reportedly it was used to treat conditions including arthritis, depression, amenorrhea, pain, inflammation, lack of appetite and asthma.

It continued as a cornerstone of many traditional medicine systems up until its outlaw in the USA in 1937 (which went on to inform drug policy internationally). At the time of its scheduling, there were 28 patented medicines containing cannabis at that time, all of which were all but abandoned following the ban. In recent years, interest has once again reignited, and we now have an expansive and growing body of evidence supporting its therapeutic use.

The presence of an endogenous cannabinoid system (ECS), a network of interconnected receptors and ligands which has a critical impact on most major processes within the body, was discovered relatively late given its importance in maintaining the homeostatic functioning of our organism. In fact, the role of endogenous cannabinoids in so many essential aspects of human physiology suggests that we have evolved

to respond to cannabinoids, whether endogenous or otherwise. Notable processes impacted by the cannabinoid system include the control of movement, pain, endocrine and digestive response, reproduction, learning and memory, and appetite, as well as in the brain (Zou & Kumar 2018).

An estimated 1.8 million people in the UK regularly self medicate with cannabis (Curaleaf Clinic 2022). Although legal access to prescribed medical cannabis is now possible, only a fraction of this potential patient population is currently accessing a prescription (circa 45,000 a year, almost all of whom have private prescriptions).

In addition, there are many millions more people living in the UK with a diagnosed condition for which there is now a strong evidence base for the use of medical cannabis.

Several barriers exist for these patients; lack of availability of medical cannabis on the NHS (and resulting high cost), lack of patient awareness, societal stigma, misinformation or lack of support from current healthcare providers, and a current dearth of qualified prescribers.

Relatively little is known about those who have secured a prescription to date. There is no centralised data collection mechanism, such as with the NHS, and clinics record and share data in different ways and to different extents. The purpose of this survey was to collect the experiences of a sample of prescribed medical cannabis patients.



Introduction

Medical cannabis, in the form of Cannabis Based Prescription Medications (CBPMs), have been legally available in the UK for prescribed use since November 2018.

Following the rescheduling from Schedule 1 to Schedule 2, doctors on the Specialist Register of the General Medical Council (GMC) can prescribe unlicensed CBPMs, where deemed clinically appropriate.

CBPMs consist of cannabis or cannabis derived products, containing any of its active compounds, but usually including one of the primary constituents of Delta-9-Tetrahydrocannabinol (THC) and/or cannabidiol (CBD). CBPMs include those medicines with market authorisation,

products undergoing clinical trial, and 'specials' supplied through existing Medicines and Healthcare Products Regulatory Agency (MHRA) licensed routes.

Almost all prescriptions for CBPMs currently fall into the 'specials' category.

The Medicines and Healthcare Products Regulatory Agency (MHRA) defines specials as having 'been specially manufactured or imported...for the treatment of individual patients'. Doctors on the Specialist Register can prescribe CBPMs where they are

satisfied that other treatments have been tried, and were not effective. The NHS webpage on medical cannabis advises that prospective patients are assessed for suitability on a case-by-case basis, which includes case history as well as consultant assessment.

According to statistics published in 2023 by the NHS Business Service Authority, 89,239 prescriptions for unlicensed CBPMs were issued between November 2018 - 2022. This number has grown year on year and by the end of 2024, there will be an estimated 62,960 current medical cannabis patients in the UK, according to Prohibition Partners (2024). Very, very few of these prescriptions were on the NHS; 'The NHS Business Services Authority (NHSBSA) is unable to provide the number of National Health Service prescription items for unlicensed cannabis-based medicines dispensed in the community in England. This information is being withheld in accordance with the General Data Protection Regulation (GDPR), due to the number of items attributed to fewer than five patients and the elevated risk of potential patient identifiable information.'

Outside of this legal framework, there is a huge potential patient population - an estimated 1.8 million people in the UK regularly self medicate with cannabis (Curaleaf Clinic 2022). Several barriers exist for these patients in terms of moving to a prescription; lack of availability of the NHS (and resulting high cost compared to other prescription medication), lack of patient awareness, societal stigma, misinformation or lack of support from current healthcare

providers, a dearth of qualified prescribers, and some supply chain challenges, to name a few.

According to Maple Tree, there are around 120 active prescribers of cannabis medicines. Almost all of these work for private clinics, which are responsible for almost all prescriptions. There are now 47 clinics prescribing medical cannabis across the UK, Jersey, Guernsey and the Isle of Man (Medbud 2024).

Reasons why an individual may be prescribed cannabis vary. On the NHS, indications are restricted to three; rare, severe forms of epilepsy (adults and children); adults with vomiting or nausea caused by chemotherapy; and those with muscle stiffness/spasms caused by multiple sclerosis (MS)

Private clinics are able to prescribe cannabis for a much broader range of conditions, though certain key criteria must be met - the prescriber must believe the treatment will provide benefit for the patient's qualifying condition, and they must have previously trialled conventional medications without success. Some of the conditions for which CBPMs are prescribed are as follows:

- Anorexia
- Anxiety
- Arthritis
- Asthma
- Autism
- Back Problems
- Cancer

- Chemotherapy-induced nausea and vomiting
- Chronic pain
- Chronic Inflammation
- Chronic Regional Pain Syndrome
- Colitis
- Crohn's disease
- Depression
- Diverticulitis
- Dystonia
- Epilepsy / Seizure management
- Fibromyalgia
- Frozen Shoulder
- Gout
- Migraines
- Menopause
- Neuropathic pain
- Neuropathies
- Palliative care
- Parkinson's Disease
- Polymyalgia
- Rheumatica
- PTSD
- Rheumatoid
- Arthritis
- Sleep disorders
- Spasticity
- Tremors

Research into medical cannabis and its therapeutic applications has been thwarted by half a century of prohibition, and by a pharmaceutical pathway to profit which relies on the returns generated by market control via patent. Alternative models of data collection, including Real World Evidence, are increasingly gaining traction.

Early data from one such study, Drug Science's Project Twenty21, indicates that the patient groups in the UK are somewhat younger than in other European countries, with an average age of around 39, with 66% being male (Lynskey et al. 2022). The average prescription cost is £272 per month (Cannabis Business Times, 2024).

The current legal status of cannabis and the slow rate of change to implement access following its legalisation for medical use, places patients who choose to self medicate at risk of criminalisation. For those currently not able to access prescribed medical cannabis, sourcing and administering their medication could lead to a charge of possession, and means patients are inadvertently paying into criminal activity which often extends far beyond the supply of cannabis. Even for those with prescriptions, a lack of training within the police force, and the resulting inconsistent handling of the consumption of medical cannabis, means some patients continue to feel fearful even post-prescription.

Our report helps to build a picture of medical cannabis patients, and their journey to prescribed medical cannabis. Patients report overall increased satisfaction with prescribed medical cannabis vs illicit supplies, but quality of CBPMs was still an issue for some. Discrimination, especially from members of the public (including family) was a significant issue, as were concerns around the interactions of police. In the large majority, participants felt their medication was effective, had few side effects, and had not contributed to any road traffic accidents.

Survey Methods

There were 235 survey responses from adult medical cannabis users, collected between 1 November and 4 December 2023.

A survey was designed by the members of the Cannabis Industry Council (CIC) patient support group in order to collect information on the patient population currently consuming CBPMs.

To date, centralised data collection has not been possible due to the number of clinics offering private prescriptions.

Real World Evidence, such as the Twenty21 Registry (T21, 2023) have gone some way to addressing this data gap, but many patients access prescriptions outside of this.

This survey was designed to assess the patient experience of obtaining a prescription, and potential barriers to this happening or continuing.

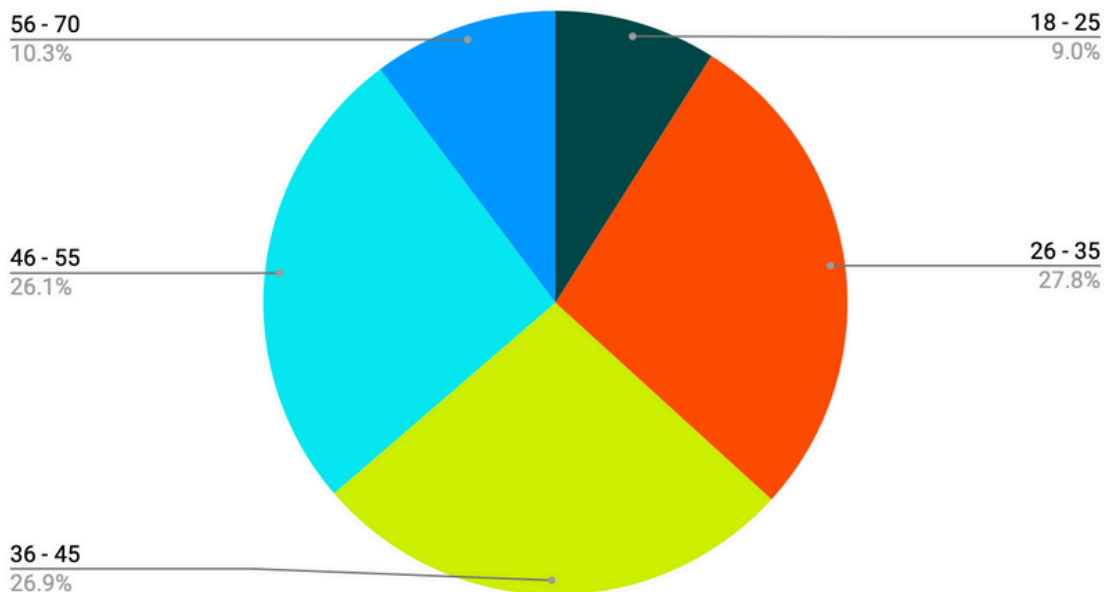
The survey was created using Google Forms, with the overall results automated by the software. Both qualitative (where respondents offer their views in longer form text) and quantitative (where respondents select answers from pre-defined options, such as numbers) methods were used.

The survey was disseminated for a period of 1 month and 3 days, via the CIC website, mailing list, newsletter and social media, and via partner organisations, including clinics, and campaigning/patient groups who disseminated to their mailing lists.

No incentives to participate were offered, and the survey could be completed online at a time and location convenient to the participant.

Demographics

What is your age?



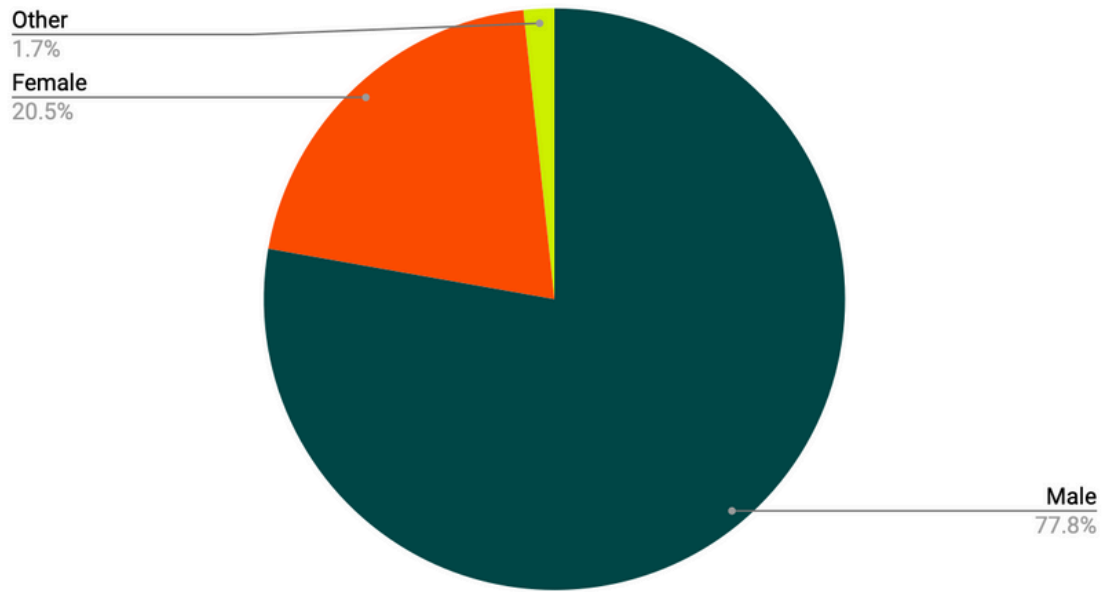
Medical cannabis patients constitute a diverse population with regards to age. A majority of respondents were aged from 26 and 55 years and were quite evenly distributed throughout this range (28% aged 28-35, 27% aged 36-45, 26% aged 46-55). A smaller percentage fell below and above this age range (9% aged 18-25 and 10% aged 56-70).

Particular attention should be given to the gender of participants. The sample was overwhelmingly male (77.8% male, 20.5% female, with a small number who either preferred not to answer or identified as non-binary).

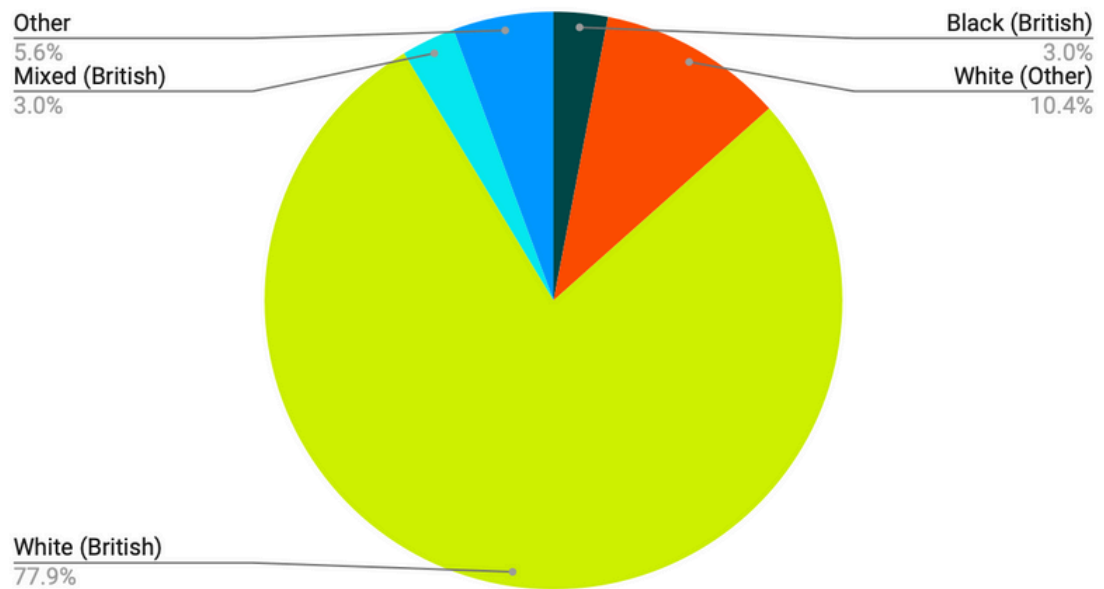
This was a higher male:female ratio than the most comprehensive data we have to date re the UK patient population (66% male in the T21 registry) but reflects a usual trend towards a more male patient body for medical cannabis (Ciesluk, et al., 2024; Lynskey et al, 2022).

As the conditions most frequently being treated do not typically affect one gender more than the other, this discrepancy is indicative of deeper barriers to access for women. Stereotypes around the consumption of cannabis may be more problematic for women to deal with, and this may reflect pre existing gender imbalances in the use of illicit cannabis (Cutler, et al, 2016).

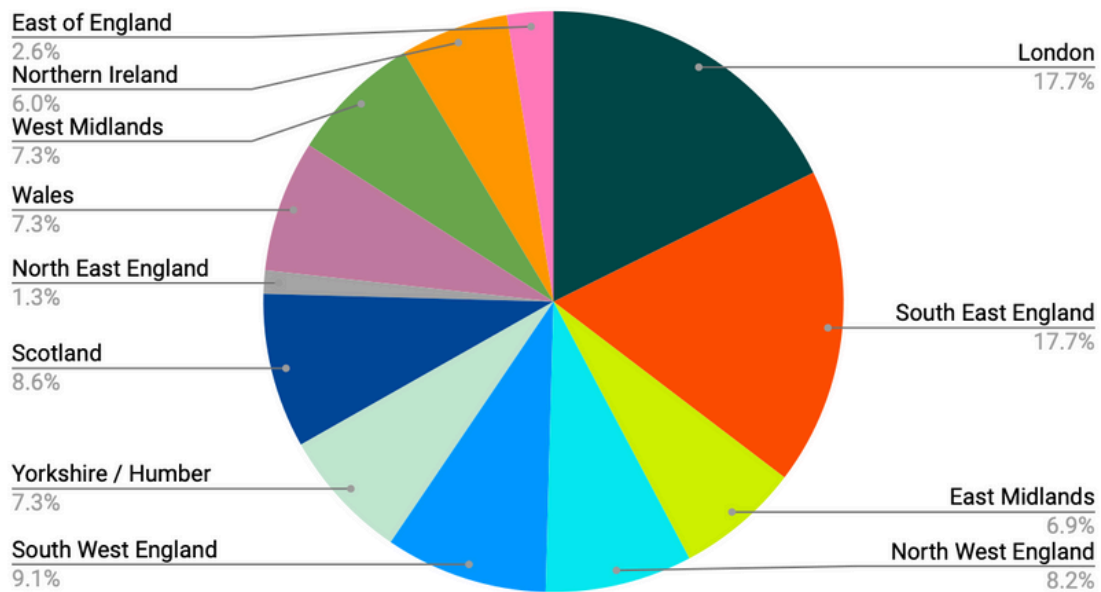
What is your gender?



What best defines your ethnicity?



Where are you based?



The majority of participants were White British, at 78% this was very much in line with the percentage for the UK as a whole; nationwide, some 74.4% of the population identified as white British in the 2021 census (ONS, 2022). The respondents occupied a

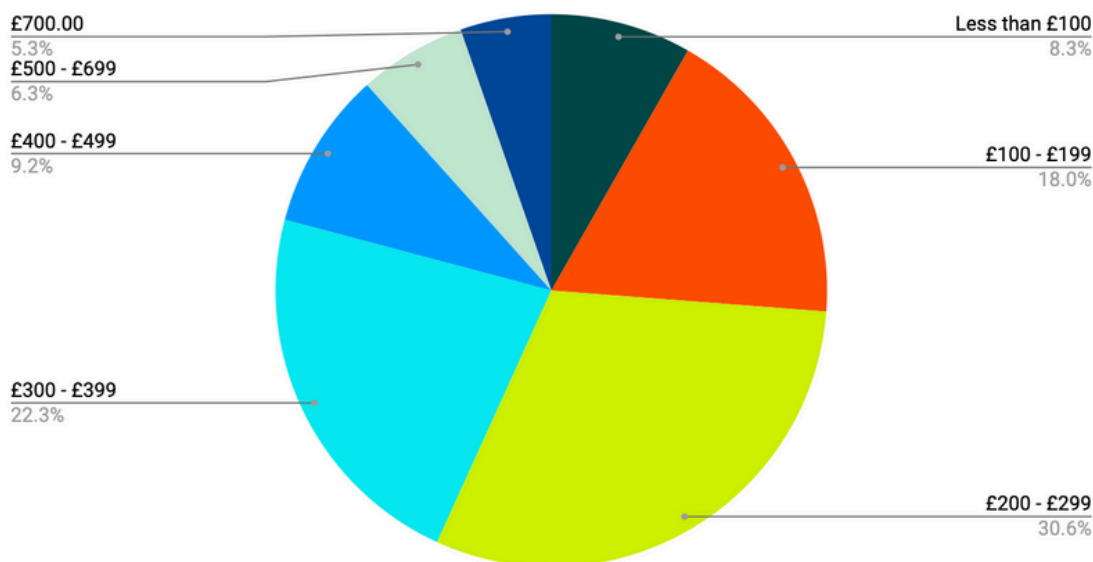
range of regions in the UK with the largest percentages being from London and Southeast England. Those based outside England, such as in the Isle of Man or Northern Ireland, were more likely to experience issues around consistent supply.

Cannabis Usage

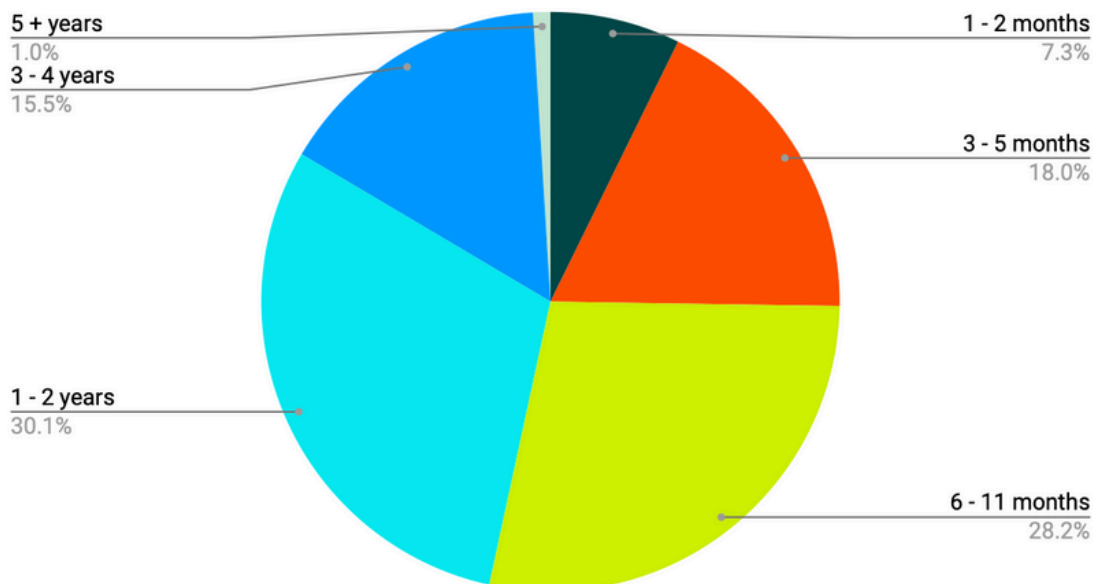
The study was aimed at medical cannabis patients. Unsurprisingly therefore, the vast majority (96.3%) reported currently having a cannabis prescription. The small number who do not (3.7%), may have previously had a prescription.

The length of time that respondents had been in receipt of a prescription for varied between 1-2 months (7.3%) and those who had had a prescription for more than 5 years. The most common duration was 1-2 years (30.1%), followed by 6-11 months (28.2%).

Looking at the last 6 months, how much do you spend on average per month on prescription cannabis medication and consultations?



How long have you been a prescription cannabis patient?



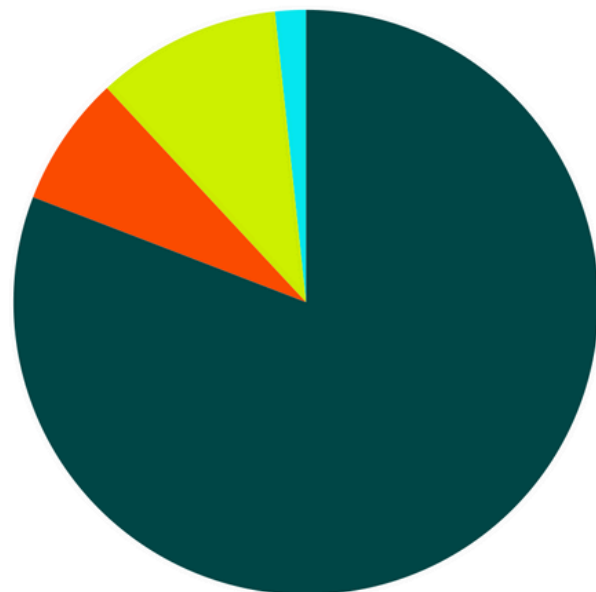
The amount of money spent by patients per month varied between less than £100, to over £700 a month. The majority of patients fell, however, into the range of £200 and £399 per month (30.6% pay £200 to £299 a

month, 22.3% pay £300 to £399 a month). A significant minority spend less than this range while an even smaller number pays more. These costs were considered by participants to be high.

“The costs on the high quality medical products are prohibitive, and I sincerely hope they will become available on the NHS as soon as possible. I am on an extremely low income and my disability means I cannot work, but the majority of my symptoms are aided by the high quality medical cannabis available, particularly the strains around the £10 mark.”

Which of the following have you ever obtained cannabis from?

- Both prescription and illicit market (including 'grow-your-own')
- Illicit market (including 'grow-your-own') only
- Prescription only
- Not applicable



When asked where they obtained their medical cannabis from, a majority of respondents reported obtaining cannabis from both prescription and illicit sources, with a minority exclusively obtaining cannabis through legal prescriptions. This suggests either supply constraints, where patients either cannot have their prescription needs met in a reliable and timely fashion, or it suggests that prescribed cannabis may be considered costly, and hence a large number of patients are supplementing through the purchase of illicit market cannabis. The question does

not however, distinguish between current and historical use ('which of the following have you ever...') so it is also likely that some patients who now exclusively use prescription cannabis, selected both due to their prior use of the illicit market.

A very small number of respondents obtained cannabis exclusively through the illicit market; this is a result of the recruitment strategies, and the desire to target prescribed patient populations, and is not intended to be a true representation of illicit market/prescription ratios overall.

It is also possible that some consume illicit market cannabis due to preference also, especially given responses to a later question in the survey where respondents deemed the quality of illicit market cannabis as being higher. A small percentage indicated that the question of where they source their cannabis from was not applicable.

As all respondents were assumed to have used cannabis (from the recruitment information and the responses to other

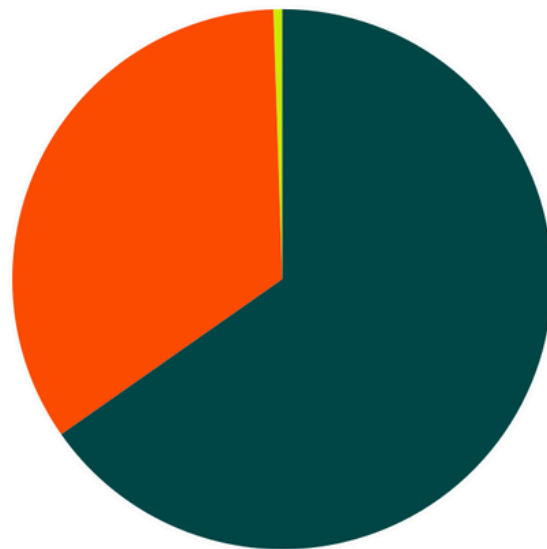
questions), it is assumed that these individuals did not want to share how they obtained cannabis.

Respondents were also specifically asked how they sourced their cannabis prior to obtaining a prescription, 65.3% purchased this on the illicit market, and 34.2% both grew their own, and made purchases.

A very small number exclusively grew their own.

Which of the following did you use before having a prescription?

- Illicit market only
- Both illicit market and 'grow-your-own'
- 'Grow-your-own' only

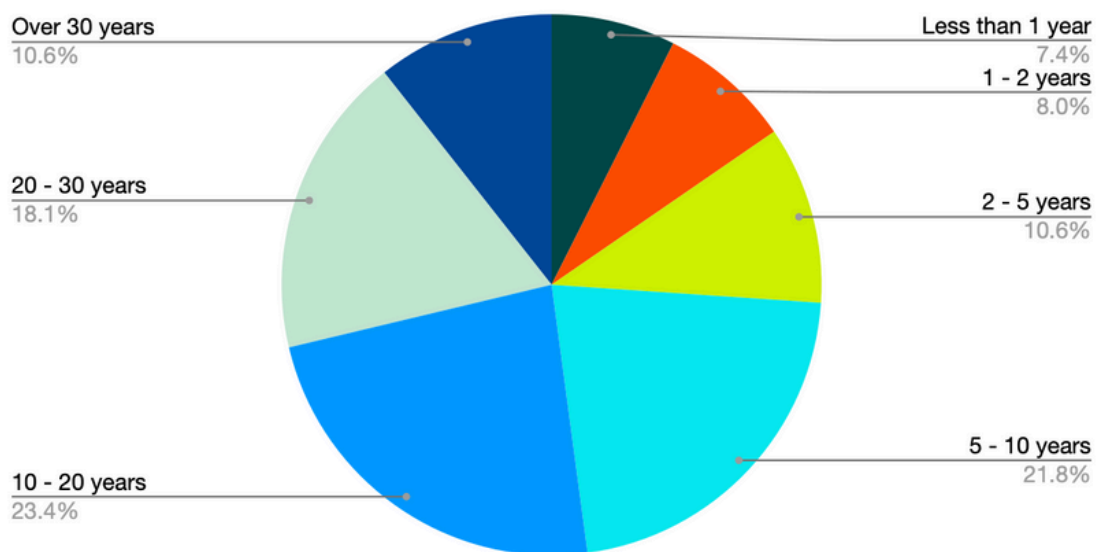


In the qualitative section, there was reference to the lack of a legal option for medical patients to be able to 'grow their own' cannabis:

'Medical patients should have the right to grow their own medicine, then patients can access the strain that is right for them consistently.'

Prescription & illicit cannabis

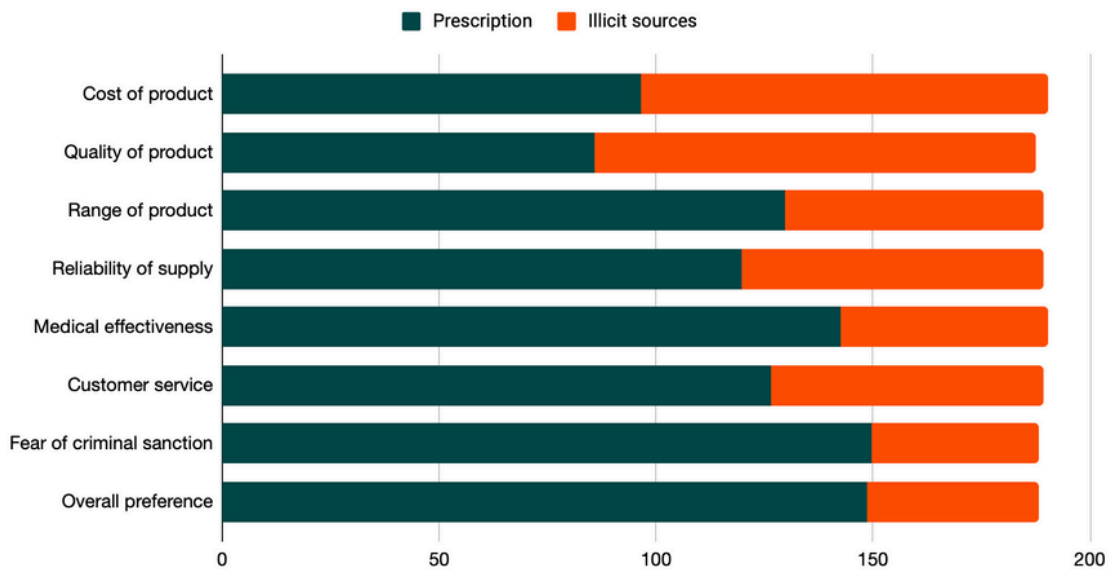
How long before you obtained a prescription did you self-medicate via illicit sources ?



Prior to obtaining a prescription, a majority of respondents self-medicated for a significant amount of time before seeking a prescription. The single largest group stated they had self-medicated for between 10-20 years, with significant amounts having

consumed for 20-30 and over 30 years too. Only 7.4% had medicated for less than one year prior, and it is unclear how many of these, if any, were naive users at the point of prescription.

Please indicate whether you prefer a prescription or illicit sources for each of the following



Preferences

When looking at preferences, there appears to be an overall preference for obtaining prescription cannabis as opposed to illicit, with prescription cannabis scoring more highly on all measures, except quality of product, where illicit cannabis was rated as being superior. Interestingly, prescription cannabis was dominant on cost, albeit by a very small majority (51%). Often, the high cost of medical cannabis consultations and prescription fulfilment has been a barrier to access, but in our survey, prescribed CBPMs were perceived as being cost effective for

most. Cost was however, also one of the most common grievances raised in the qualitative data section.

This information illustrates a nuanced balance in preferences among the surveyed individuals, with some favouring the formal medical route due to perceived cost advantages and others finding the illicit market more economical. One respondent acknowledged a preference for illicit cannabis cost. Another participant acknowledged a similar preference;

‘Cost is still a big problem, some months it is just unaffordable and I have to continue being in pain or deal with ADHD symptoms. Why is cannabis still not prescribed through the NHS?’

'Medical cannabis has helped me leave opioids behind. However, the costs involved are causing major stress issues. When your health depends on how much you have in the bank, life becomes problematic.'

'I want to be able to obtain my medication through prescription but it I'm finding it too expensive just to start the process with a private prescription and my pain team would rather put me on seriously strong opiates like fentanyl or ketamine rather than prescribe cannabis that has allowed me to control my pain adequately for nearly 3 years and allowed me to stop fentanyl patches'

'My journey took an unexpected turn when I became aware of the possibility of legal cannabis use. At first, I assumed it was reserved for cases as dramatic as cancer or epilepsy, so I didn't pursue it further. Several months later, I delved into the topic for my husband, who struggled with a chronic pain. Surprisingly, we managed to secure access for him quickly and easily, though we couldn't afford it for me at the time'

'Nonetheless, it's crucial to acknowledge the hurdles I've faced. The financial strain of affording this vital medication has been a constant source of stress. At times, we've had to skip meals to make ends meet. Pursuits like hobbies, dining out, and small luxuries have become distant dreams. The isolation resulting from the inability to socialise has taken its toll, and buying new clothes has become a luxury we can ill afford. The lion's share of our income now goes toward securing this life-saving medication.'

Similarly, there is a notable divide in preferences among respondents on the quality of the product. A significant portion (46%) expressed a preference for the quality of prescription cannabis while a larger number (54%) associated the illicit market with a higher quality product. Participants were largely critical of the quality of prescribed cannabis in the qualitative data.

This divide is likely exacerbated by variable quality of illicit market supply - some consumers will have access to quality 'craft' strains while others will be consuming mass produced high-strength cannabis that may not have been grown or stored in ideal conditions.

The range of products available via the prescription route was favoured by a significant majority (69%). Especially for those seeking a more balanced ratio (CBD:THC), CBPMs offer not only a variety of options, but these are also tested and tightly defined.

On the illicit market it is often difficult or impossible to know the proportion of active compounds, and the vast majority of illicit market growers focus exclusively on THC content, with CBD and other minor cannabinoids not being typically selected for.

Similarly, a larger portion of respondents (63%) expressed a preference for the reliability of prescription cannabis while a smaller portion (37%) preferred the reliability of illicit cannabis. While it is to be expected that CBPMs are considered a

more consistent product, it is concerning that this figure is not higher.

Further research is needed to understand why 37% of the patient population sampled here felt the illicit market provided more consistent quality.

'Eventually, a turning point came when I won my PIP appeal, allowing me to join the ranks of legal cannabis users. To say it was a life-changing experience is an understatement. I bid farewell to my ADHD medication and established a consistent routine, finally finding solace in restful sleep – both of which had been monumental challenges for me. Beyond that, it proved instrumental in helping me manage my addiction to other substances.'

'Perhaps most significantly, cannabis had the remarkable effect of brightening my outlook on life. It was like discovering a secret ingredient that made the recipe of life not only palatable but enjoyable. Granted, my path may not align with the choices most people make, but I've found contentment and a general sense of happiness.'

'I am new to using medical cannabis which is helping me manage my osteoarthritis pain. It has been life changing and I'm grateful to have access.'

'Cannabis has been the most effective treatment for my wife's chronic pain condition. She has been put on opioid painkillers for years and given a £50,000 spinal stimulator from the NHS which is now stealing away her ability to walk. ...After my son was born I let her try some illicit Cannabis and it worked for her pain far better than any other medical intervention she has had. It was like finding water in a desert for her and then we discovered medical cannabis. So we get my wife a prescription and it comes and she has the best month with pain she's had.'

A significant portion of respondents (75%) expressed a preference for the medical effectiveness of prescription cannabis. This suggests that, for a large portion of respondents, formal medical channels are associated with greater medical efficacy. A quarter of respondents (25%) indicated a preference for obtaining cannabis from illicit sources based on the perceived medical effectiveness of the product. It is encouraging that medical effectiveness is deemed higher in the CBMPs; this may be attributable to both prescriber skill in defining the best quantity and product, and the availability of more balanced strains than can typically be found in the illicit market.

Customer service was felt to be superior in the medical model than the illicit, by 67% of respondents. This may be because patients appreciate the convenience of online initial consultations, streamlined processes for repeat prescriptions, and the fact that prescriptions are shipped to the patient's home. Purchases on the illicit market may be less time consuming initially (no registration or consultation) but likely involve more effort in terms of regularly obtaining the product.

Some respondents were particularly critical of the service they had received obtaining their prescription however:

'There needs to be a standard that we can all use and are aware of, getting information about real time turnaround is nearly impossible, some people can request, pay, and be sent the next day, some (me) have to wait seven days from prescription to delivery because the pharmacy has to have a hard copy of the script...'

'Clinics vary so much & you can also be doing so well in a particular flower - then be unable to order it again. So lots of improvements needs to be made, but it's a new industry so I'm just chuffed to be part of it :)'

'Stock issues (especially) with living in Northern Ireland can be really stressful. The process of written prescriptions that arrive to a chosen pharmacy only then to be out of stock is very damaging to patients. We will have paid for our monthly prescription, clinic fees and deliveries, only to go without your medication until your prescription is back in stock or get a re-write. This on average takes a week and sometimes up to four weeks... We also still have all our flower and oils being shipped in from abroad which for logistics and freshness of the product is just again not fair on patients. Cannabis needs to be available on the NHS asap without the (current) procedures and timings.'

Another mentioned wanting hard copy prescriptions instead of having everything digital only, and for the medication labels to be made in a way where the ink did not rub off. Both of these requests are presumed to be to support a patient being able to evidence their prescription on demand.

Unsurprisingly, the prescription model offered patients more security with regards to the legality of their cannabis use. 80% indicated a preference for obtaining cannabis through a prescription when considering the fear of criminal sanction.

The remaining 20% of patients who feel more secure with the illicit market are possibly either suspicious of government agencies and data collection,

or they feel sufficiently safe with their illicit product and supply chain to feel that criminal sanctions are not a significant worry for them.

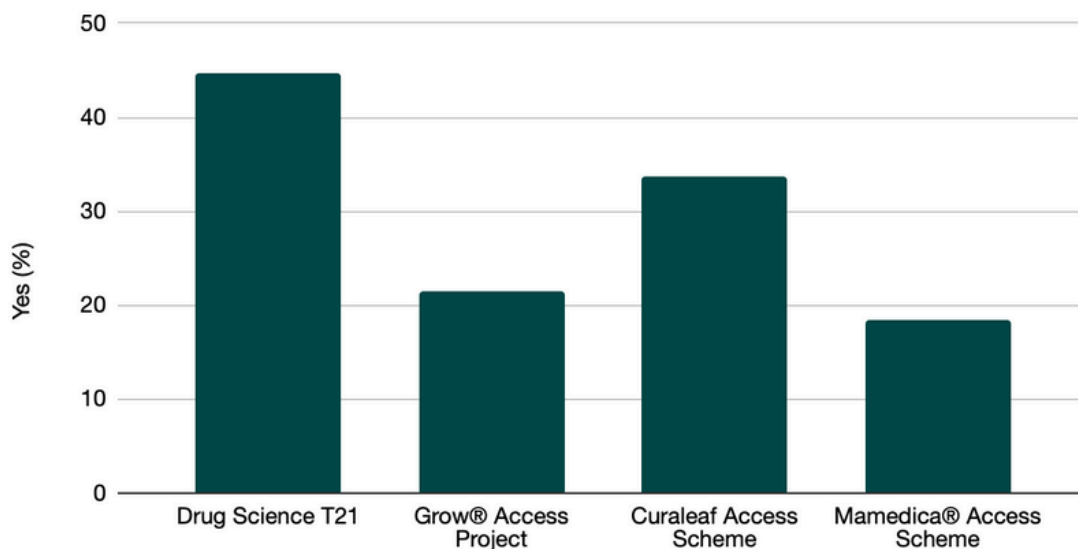
In terms of overall preference, a significant majority (79%) indicated a preference for prescription cannabis as opposed to cannabis sourced from the illicit market. The high preference for prescription sources suggests a trust in the medical system, emphasising factors like product range, customer service reliability, and medical effectiveness. The fear of criminal sanction emerged as a significant factor, with a strong preference for prescription sources, indicating safety concerns associated with illicit channels.

'There is also an access issue where pathways are not always obvious or available.'

'We need some type of advertising so the U.K. can actually know that it's legal. Every police department across the U.K. should have been fully trained on the legislation on CBPM and should be now as a matter of urgency. Employers the same.'

Product Access

Have you ever participated in any of the following prescription cannabis access programmes?



Respondents have participated in a range of prescription cannabis access programmes. The programs with the largest percentage of participants include Drug Science T21 (44.8%), Curaleaf Access Scheme (33.7%), Grow Access Project 21.4%, and Mamedica Access Scheme (18.4%).

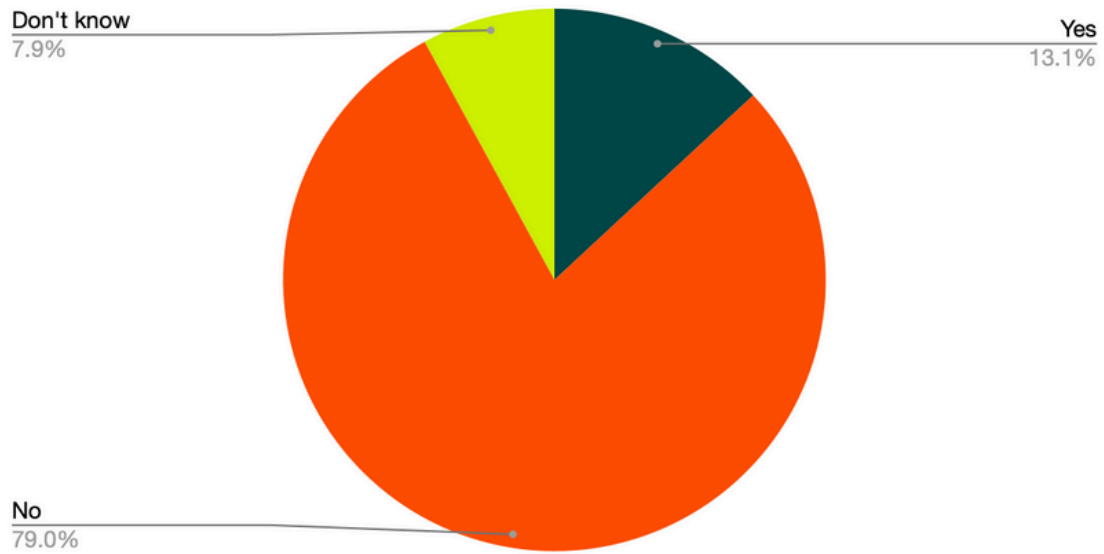
Although a list of the major access programmes was provided for participants to select from, some selected 'other' and then went on to mention an access programme previously listed. For this reason, we have amalgamated responses where these clearly relate to the same scheme.

Respondents were asked about their experiences of user choice and engagement in the prescribing process. This question hoped to determine whether patients were restricted in terms of the pharmacy they could use to obtain their CBPMs from.

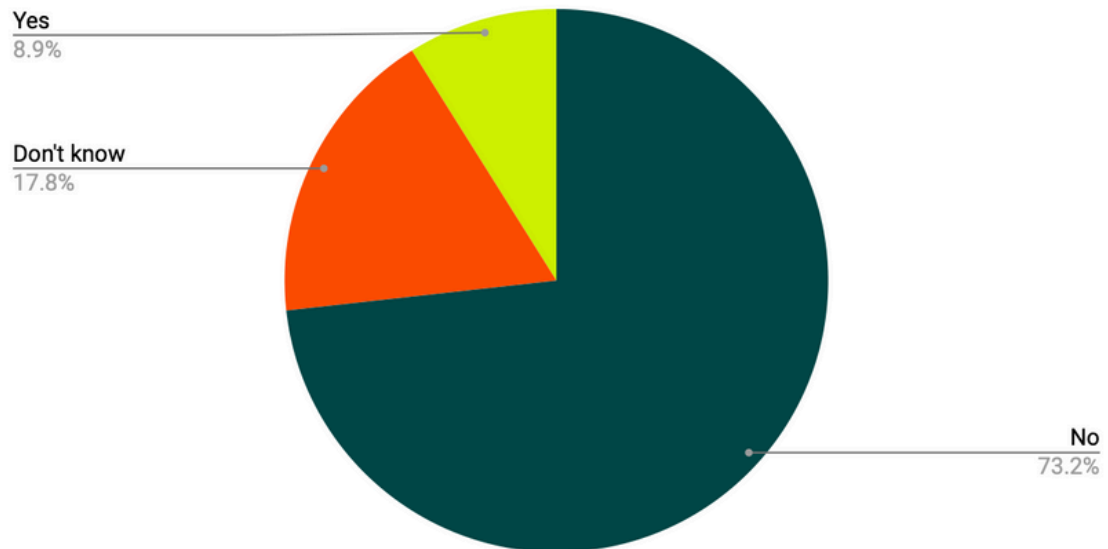
The majority were not offered a choice of pharmacy; this is likely because most clinics operate within existing relationships with pharmacies.

While this offers perhaps the most streamlined and efficient patient experience, it does to an extent remove a level of choice.

Are you asked explicitly which pharmacy you'd like each prescription sent to?



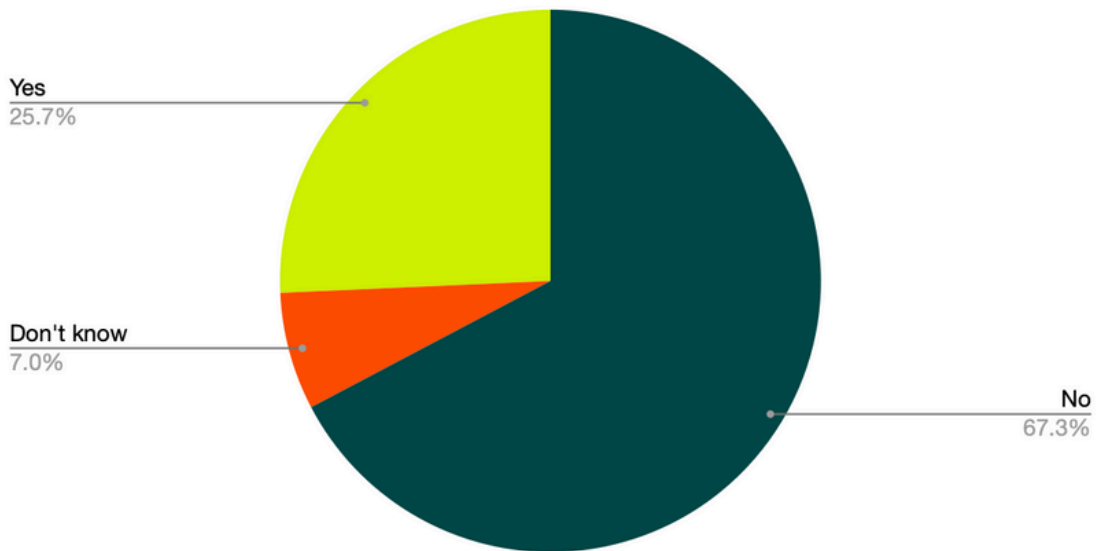
Have you ever been refused having your prescription sent to your chosen pharmacy?



Participants were asked if they'd ever had a request refused to have their prescription sent to a particular pharmacy; the majority said no (73.2%) with only 8.9% saying they had been refused (the remainder replied they did not know). It is not clear what proportion overall had made such a request.

When asked if they had ever been refused access to an available medication, for reasons OTHER than medical supervision, 25.7% reported they had been refused; it is not known on what grounds.

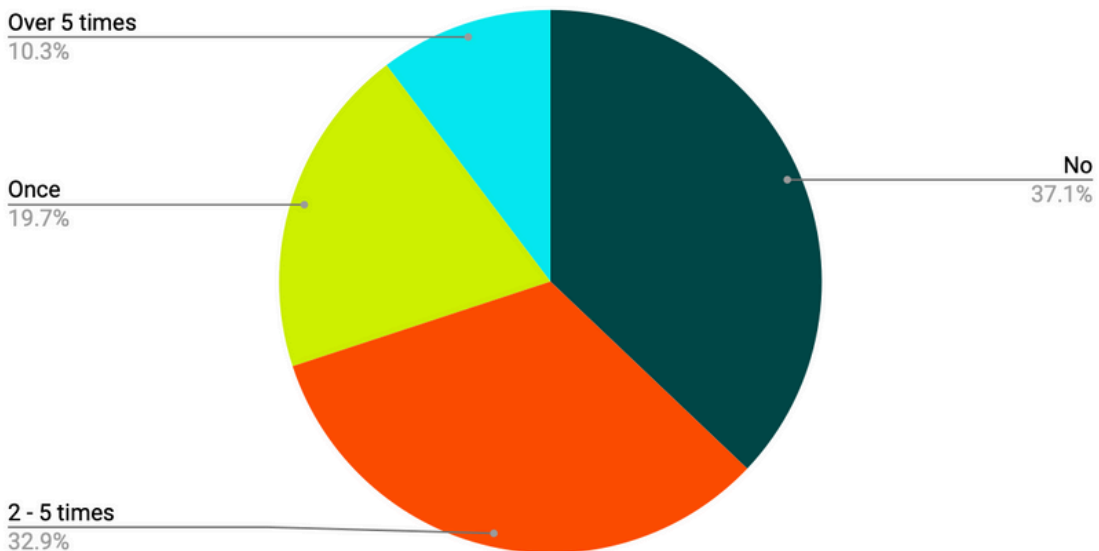
Have you ever been refused access to an available medication for reasons other than your own medical suitability?



Notable issues with the prescription supply chain (and its associated bureaucracy and red tape) were identified; 62.9% had been

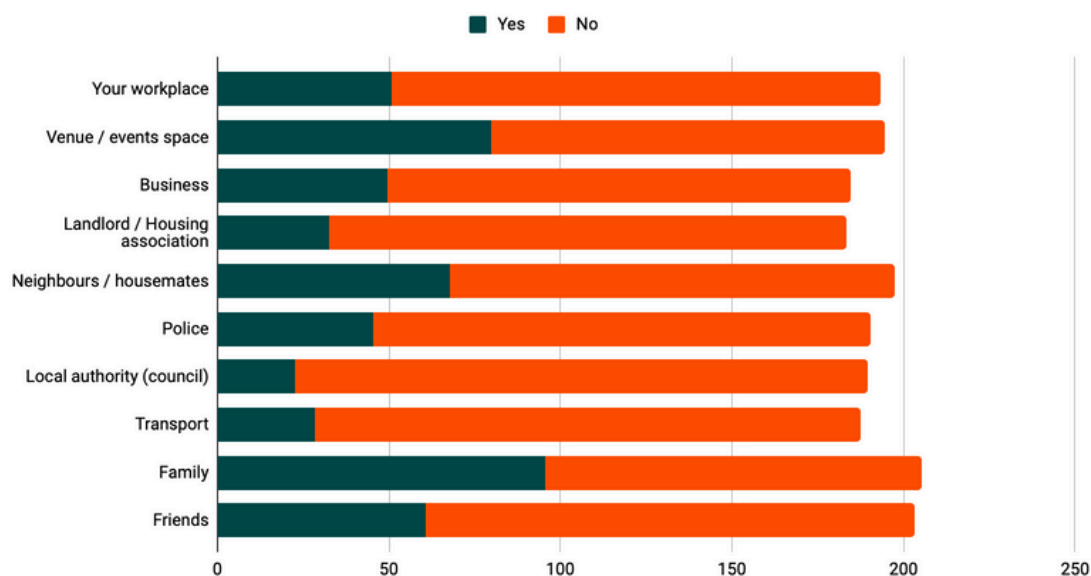
left without their prescribed medication at least once, and for the majority of those, this had been multiple times.

Have you ever been left without prescribed cannabis medication due to an availability issue with your medication?



Health & Social impacts

Have you ever encountered issues / discrimination from any of the following for using your prescribed medication?



There are a wide range of scenarios where prescription cannabis users may experience discrimination including in the workplace, events space, places of business, housing associations, and with neighbours, police, local authority, transport, family, and friends. In all settings, the majority reported they had not experienced discrimination.

However, a significant minority had, especially with family (47%) who disapproved of their medical cannabis prescription. The next most common scenario was in venue and event spaces, where consuming in public had been

problematic on at least one occasion for 41% of the sample. 35% also faced discrimination with neighbours.

The most significant environments where respondents indicate discrimination is with members of the public. These findings indicate a need for greater understanding of medical cannabis to promote acceptance and minimise discrimination.

Reassuringly, a much lower number of patients reported issues with workplaces and public bodies such as the police or transport providers.

However, one respondent said:

'I wish more people were educated on medical cannabis as I still have a lot of reservations using my medication at work/in public due to worry about reaction/response from others. Luckily I haven't had any encounters with the police but this is a huge concern of mine especially given I have an anxiety causing condition. There really needs to be more conversation surrounding medical cannabis and more awareness raised in my opinion.'

Only one respondent in the qualitative section actively mentioned not having faced any discrimination, but this individual had

largely kept this information from others, perhaps for fear of reprisal.

'I have not faced discrimination for my cannabis use as I have generally kept it secret.'

Respondents were not asked about discrimination from within the healthcare system. Education and training for medics and other healthcare professionals is still

sparse and largely insufficient. One participant nevertheless recounted serious challenges;

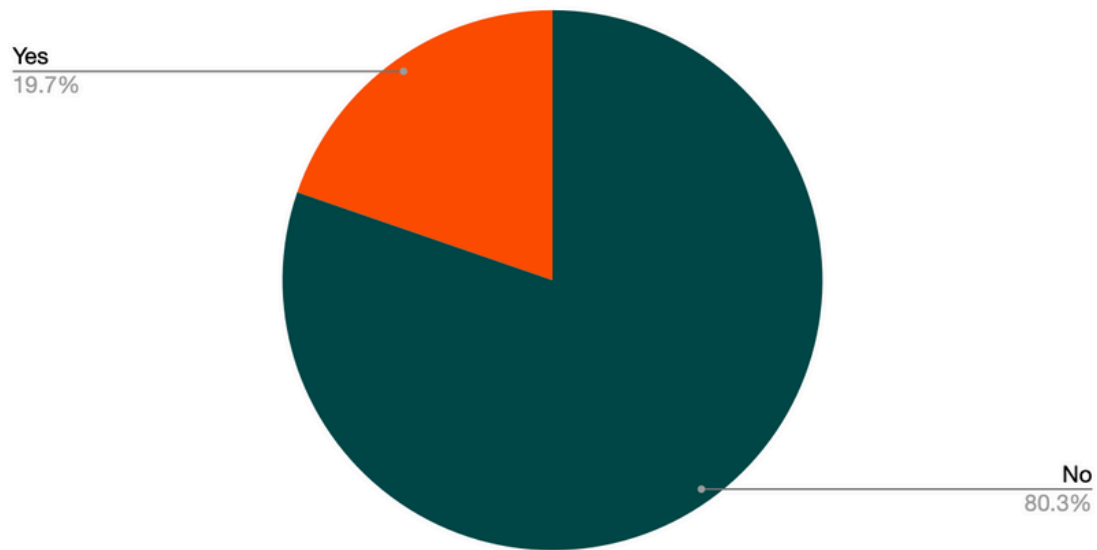
'I've recently had a terrible incident at A&E whereby my very serious reason for being there became discriminatory after revealing I had used MC that day. The nurse was completely unaware of CBPM and believed I was lying, the conversation moved to class A drug use (I've never used any illegal drug). And my serious reason for being there was completely ignored due to her believing it was a Cannabis issue. Despite several times trying to tell her otherwise.'

'Getting my GP to understand cannabis is a viable alternative to SSRI's has been impossible.'

Another described some difficulty consuming their prescription while in hospital:

'Access to use MC (medical cannabis) in hospitals has been sketchy, but with prior warning accessible'

Have you ever had any interactions with the police as a result of your cannabis prescription?



Respondents were asked if they'd ever had an interaction with the police as a result of their cannabis prescription, and 80.3% responded that they had not.

No data was collected regarding the outcome for the 19.7% who had. However, one respondent said:

"I had my prescription confiscated by the police, who were insistent it wasn't in any way legal, despite having my tub and prescription certificate with me. I was told on followup I 'should not leave the house with it' despite clarifying I did in fact rely on my medication to function when I leave my home... I now have serious anxiety whenever I have to take my medication anywhere with me, which is exactly the problem it's prescribed for in the first place"

Anxiety and fear around police interactions were raised by other participants;

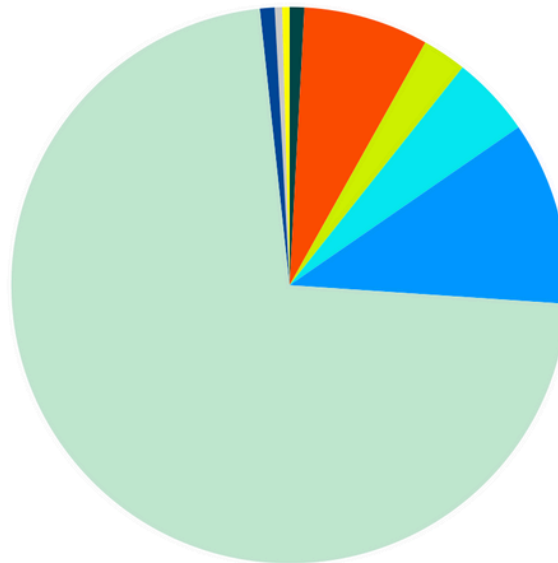
'I work from home so have had little interaction with people when I vape. I'm also less likely to use in public for fear of being arrested.'

'Though I hold my prescription with me at all times, the anxiety in holding my medication due to the lack of police training has made me consider not using cannabis anymore. This is whilst holding a prescription'

'I wouldn't dare leave my house with my prescription for fear of police. If they decided to arrest me for having my prescription and manhandled me they're likely to break bones with my condition. So I stay at home with it in fear.'

If you are stopped by the authorities while in possession of cannabis products, do you keep any of the following with you to provide clarity?

- Prescription, Card & Clinical letter
- Cancard
- Unspecified card scheme
- Clinical letter
- No
- Prescription
- Prescription & Cancard
- Prescription & Clinical letter
- Releaf medical cannabis card



A large majority of respondents keep a means of authentication of their prescription status with them to provide clarity to authorities. Most respondents provided their

prescription (66.8%) or a Card scheme (12%) while a small percentage do not keep any means of authentication on them (11%).

'I bought a Cancard as a 'belt & braces'. I know now that I don't need it, I was naive and just wanted to protect myself the best way I could at the time. Police education is the only way forward. I am a retired Police Officer and frustrated more so by the ignorance of the law on this fundamental issue.'

Others also mentioned education, both for the police, and also for patients around their rights, and what to do if stopped regarding their prescription use;

'Better education is needed and better clarity for what to do if stopped by authorities. I personally haven't had an issue but I know others have.'

'(There's a) lack of information on patient rights as well as dosing instructions.'

'There needs to be serious education with the police. I have yet to be stopped, but it is going to happen at some point and I don't know what the police response will be.'

Unfortunately, at least one felt the onus was on them to 'handle' police interactions appropriately, and suggested the outcome could be very different based on the ability

of the patient to communicate effectively. For those with anxiety or conditions affecting social communication, this may be more challenging.

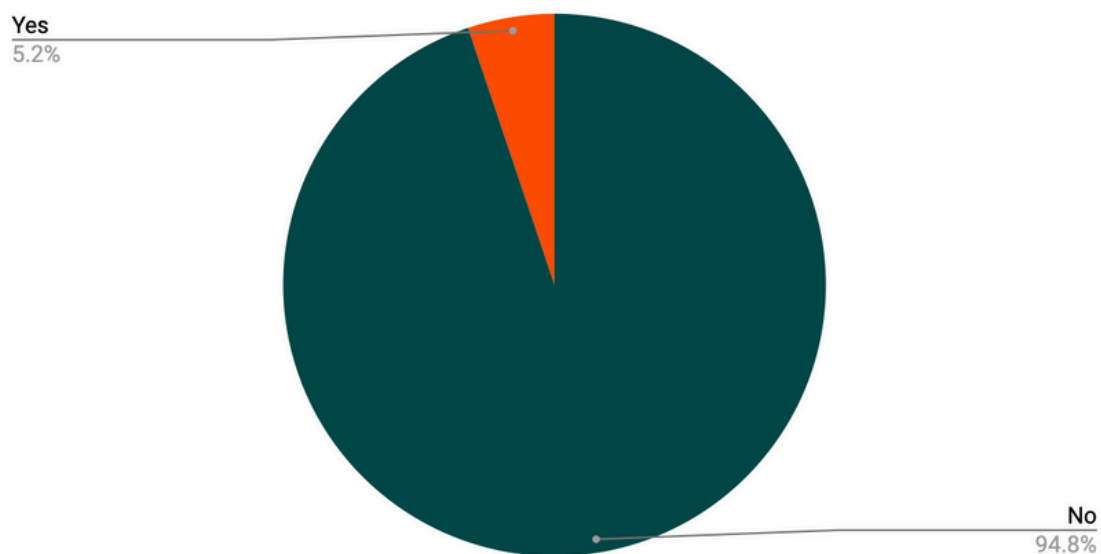
'If people speak to Police offhandishly then they can expect problems. My interactions have been very positive so far. If talk of removing your medication is mentioned, politely refuse to comply with that order and request a senior officer to attend this will normally resolve any issues however I stress remain calm and polite and answer all questions asked.'

'To be fair, Police are polite and so long as you're patient and give them the time they need to carry out checks they are perfectly reasonable. Give them shady answers or attitude and you see things get confiscated.'

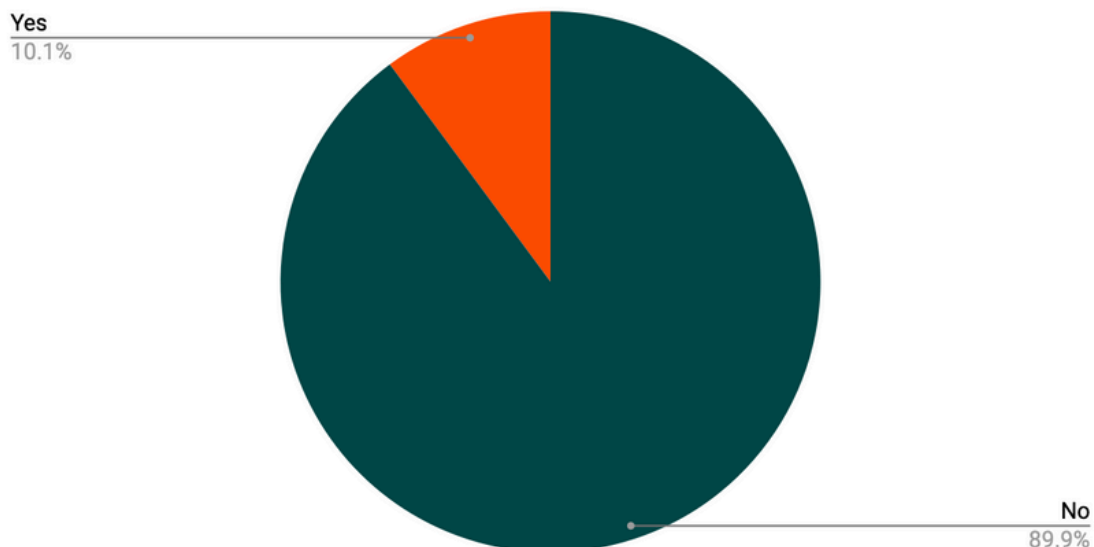
Fortunately, the vast majority had not experienced a road traffic accident where their cannabis use was a factor (99.1%). For the 0.9% who said they had, it is not clear whether roadside testing was performed, or whether the patient felt impaired at the time of driving. This does reiterate the need for

clear guidance around driving with a medical cannabis prescription, and the need for revised guidance on acceptable blood THC levels for prescription holders. Overall, a minority of the sample (5.2%) had ever been tested for cannabis during a roadside sobriety test.

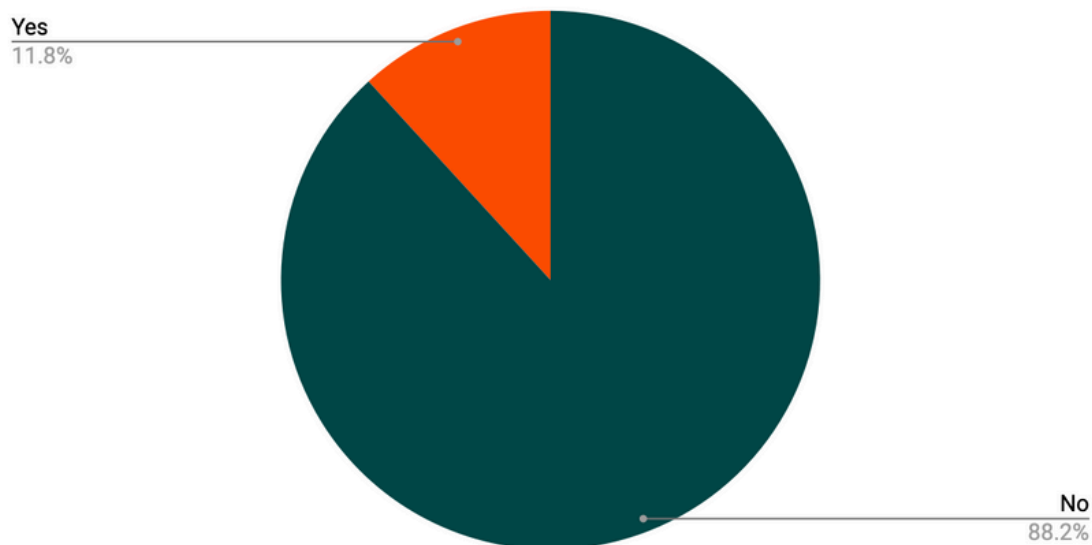
Have you ever been tested for cannabis during a roadside sobriety test?



Have you faced any difficulties related to your medical cannabis prescription while travelling? [Within the UK]



Have you faced any difficulties related to your medical cannabis prescription while travelling? [Outside the UK]

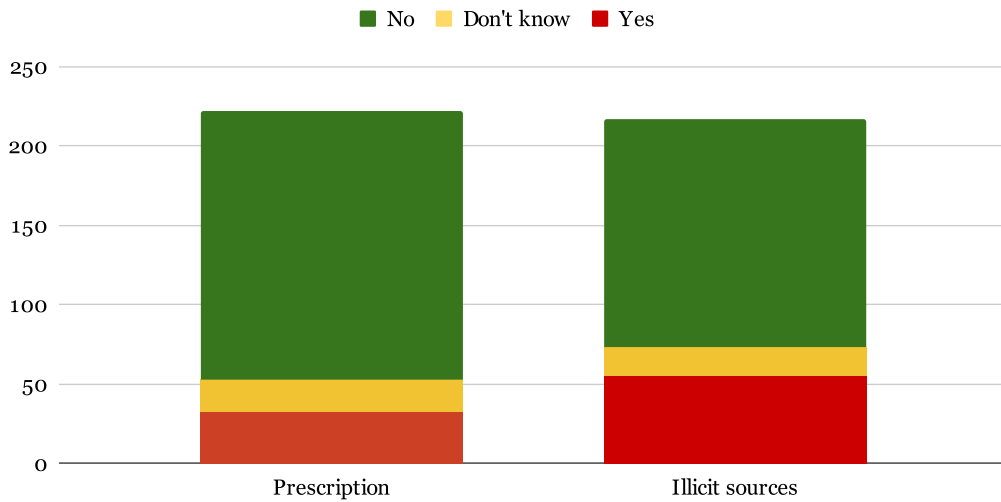


Fortunately, very few (12% in the UK, 11% outside the UK) had experienced challenges around travelling with a medical cannabis

prescription, but of those that had, slightly more had experienced these difficulties outside of the UK.

'I've not been able to travel abroad in the past 6 years as I am never clear on what the rules are. Researching online and speaking to embassy never seem to get me anywhere. The thought of attempting to travel and be arrested or have my medication taken off me causes me huge distress and impacts on my condition. So with that I choose to not go on holiday which is also sad and life limiting. There needs to be more clarity and a system in place for patients like me so we can travel with our medication without the threat of legal action.'

Please indicate whether you have had any medical issues or side effects (e.g. headaches, lung problems, asthma, skin conditions etc.)



A majority of patients say they experienced no side effects with both prescription and illicit cannabis. However, a greater minority say they experienced side effects with

cannabis obtained through illicit markets than through prescription. To the contrary, efficacy was mentioned in the qualitative data and side effects were not:

'Medical Cannabis changed my life. It's given me a freedom I could never expect from the NHS and I'm extremely grateful given the horrendous pain medicine they were serving me up for the last 15 years.'

'Without medical cannabis I would be in bed most days! Improved my quality of life!'

'Really positive experience with MC so far'

'I am using to relieve multiple sclerosis symptoms'

'Medical cannabis has been very helpful with my conditions.'

References

Crocq MA. History of cannabis and the endocannabinoid system . Dialogues Clin Neurosci. 2020 Sep;22(3):223-228. doi: 10.31887/DCNS.2020.22.3/mcrocq. PMID: 33162765; PMCID: PMC7605027

Zou S, Kumar U. Cannabinoid Receptors and the Endocannabinoid System: Signaling and Function in the Central Nervous System. Int J Mol Sci. 2018 Mar 13;19(3):833. doi: 10.3390/ijms19030833. PMID: 29533978; PMCID: PMC5877694

NHS Business Services Authority (NHSBSA) 2023

Maple Tree (2023) UK Medical Cannabis: 5 Years On <https://www.mapletreeconsultants.co.uk/product-page/uk-medical-cannabis-five-years-on>

MedBud (2024) All UK Clinics Prescribing Medical Cannabis <https://medbud.wiki/clinics/>

Lynskey MT, Schlag AK, Athanasiou-Fragkouli A, Badcock D, Nutt DJ. Characteristics of and 3-month health outcomes for people seeking treatment with prescribed cannabis. Drug Science, Policy and Law. 2023;9. doi:10.1177/20503245231167373

Cannabis Business Times (2024) UK'S Medical Cannabis Boom: <https://www.cannabisbusinesstimes.com/news/uk-medical-cannabis-boom-patients-demand-consumption-surge-to-all-time-high/>

TheyWorkForYou, Cannabis: Medical Treatments, 13 January 2023. <https://www.theyworkforyou.com/wrans/?id=2023-01-06.117459.h&s=cannabis>

Office for National Statistics (ONS), released 29 November 2022, ONS website, statistical bulletin, [Ethnic group, England and Wales: Census 2021](#)

Ciesluk B, Erridge S, Sodergren MH, Troup LJ. Cannabis use in the UK Front Psychol. 2024 Jan 8;14:1279123. doi: 10.3389/fpsyg.2023.1279123. Erratum in: Front Psychol. 2024 Feb 13;15:1368554. doi: 10.3389/fpsyg.2024.1368554. PMID: 38259543; PMCID: PMC10802163.

Curaleaf Clinic, released 20 October 2022 <https://curaleafclinic.com/study-suggests-a-sharp-rise-in-number-of-people-using-illicitly-obtained-cannabis-to-manage-medical-conditions/>

Cuttler C, Mischley LK, Sexton M. Sex Differences in Cannabis Use and Effects: A Cross-Sectional Survey of Cannabis Users. Cannabis Cannabinoid Res. 2016 Jul 1;1(1):166-175. doi: 10.1089/can.2016.0010. PMID: 28861492; PMCID: PMC5576608.

Mackinnon, L. (2023) How many medical cannabis patients are there in the UK? <https://releaf.co.uk/education/cannabis-101/statistics/how-many-medical-cannabis-patients-are-there-in-the-uk>

NHS Choices, NHS, Medical Cannabis. <https://www.nhs.uk/conditions/medical-cannabis/>

Releaf (2024) What are the qualifying conditions for a UK medical cannabis prescription? <https://releaf.co.uk/blog/what-are-the-qualifying-conditions-for-a-medical-cannabis-prescription-uk>

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.

[Learn more](#)



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

Contact

Cannabis Industry Council
64 Nile Street
London N1 7SR

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





**Cannabis
Industry
Council**



cicouncil.org.uk