VIRTUAL ROUND TABLE

The current landscape surrounding the use of medical cannabis

Date of preparation February 2026

curaleaf laboratories

PULSE

Brief summary of background to the project

On the 10th of December 2025, 5 UK-based healthcare professionals (HCPs), including general practitioners (GPs), specialists, and psychiatrists met to discuss the current issues surrounding medical cannabis use in the UK. Another HCP was interviewed separately on the 9th of December, owing to scheduling conflicts, with insights from their interview weaved into the discussion. The conversations focused on their views surrounding current applications, access, and misconceptions around the prescription and use of medical cannabis.

The Advisors first discussed challenges around prescribing medical cannabis in the UK, providing their expert insights into the current landscape and associated challenges. Further discussions focused on the challenges associated with the application and access to medical cannabis, including an interesting discussion on whether the perceived lack of robust scientific data has a significant impact. The Advisors also discussed the misconceptions around medical cannabis and potential ways in which these could be combatted. Finally, recommendations and next steps that could affect the uptake of medicinal cannabis clinically were discussed.

The opinions and recommendations of the Advisors are summarised herein.

Abbreviations

Abb	Definition
GP	general practitioner
HCP	healthcare practitioner
NICE	National Institute of Health and Care Excellence

Participants

Dr Asim Suleman
GP Pain Specialist, NHS Bradford and Airedale

Dr Daniela Herescu
Consultant Psychiatrist, Zerenia Clinic UK

Dr Jennifer Forbes
GP and Addictions Medicine, Associate Medical Director at Jorja Emerson

Dr Niraj Singh
Specialist in Neurodevelopmental Psychiatry, Fitzrovia hospital

Dr Vasileios Georgopoulos
Advanced Physiotherapist Practitioner and Research Fellow for the Pain Centre of the University of Nottingham

Professor Michael Barnes
Retired HCP, Consultant Neurologist and medical cannabis expert, Founder and President of the Medical Cannabis Clinicians Society*

Cameron Brown
Curaleaf

Matthew Rawding
Curaleaf

Lauren Tebay
Chair, Cogora

Rachel Foulkes
Cogora

* Professor Barnes was interviewed prior to the roundtable, as he could not attend on the day.

This project has been funded by Curaleaf Laboratories. This report has been prepared in collaboration with Curaleaf Laboratories.

Executive summary

A number of factors limit the prescription of medical cannabis in the UK healthcare system. The restriction on general practitioners (GPs) prescribing of medical cannabis was highlighted as a key issue that limits access for patients, with the lack of a strong recommendation from the National Institute of Health and Care Excellence (NICE) suggested as a further stumbling block. However, it was also acknowledged that the primary care system is stretched thin and addition of new responsibilities without corresponding resources (including clear guidance, care pathways, education and mentorship from specialist prescribers) if prescribing powers were extended to GPs, would also be detrimental to the more widespread adoption of medical cannabis.

In addition, the stigma associated with medical cannabis, as well as the fear of it being seen as a "cure all", owing to the increasing popularity of unregulated CBD products outside the healthcare system, were highlighted as barriers to uptake. Education is clearly required to progress the use of medical cannabis in the UK, with bespoke strategies needed for each target audience across the healthcare system and for patients.

Multiple barriers currently prevent widespread medical cannabis use

Lack of GP prescribing and pressure on the primary care system limit access to medical cannabis

While there is some awareness in general practice about the use of medical cannabis for paediatric epilepsy and cancer-related pain, the main uses extend well beyond these areas. One expert described the primary uses of medical cannabis from their own experience, which comprised chronic pain (~55%), chronic anxiety and anxiety-related conditions like PTSD (~30%), other psychiatric indications such as depression, OCD and mania, and chronic neurological conditions, including epilepsy, Parkinson's disease, Alzheimer's disease, multiple sclerosis, motor neurone disease (~10–15%), with cancer-related pain accounting for a very small proportion of prescriptions.

Despite many of these uses being conditions for which patients would be treated at the primary care level, under the current legislation, GPs working in the NHS cannot prescribe medical cannabis, unless their patient is under shared care with a specialist provider. In addition to this lack of prescribing power, the absence of a clear prescribing pathway from the National Institute for Health and Care Excellence (NICE) and lack of resources to support prescribing were also highlighted as barriers to more widespread use of medical cannabis.

There was clear reference to the time and resource pressure that primary care providers are under, with this also expected to limit the uptake of less familiar medications, including medical cannabis. Gaining support from secondary care providers through a shared-care system was highlighted as one way in which this could be tackled – stronger communication between GPs and secondary care providers could support broader use.

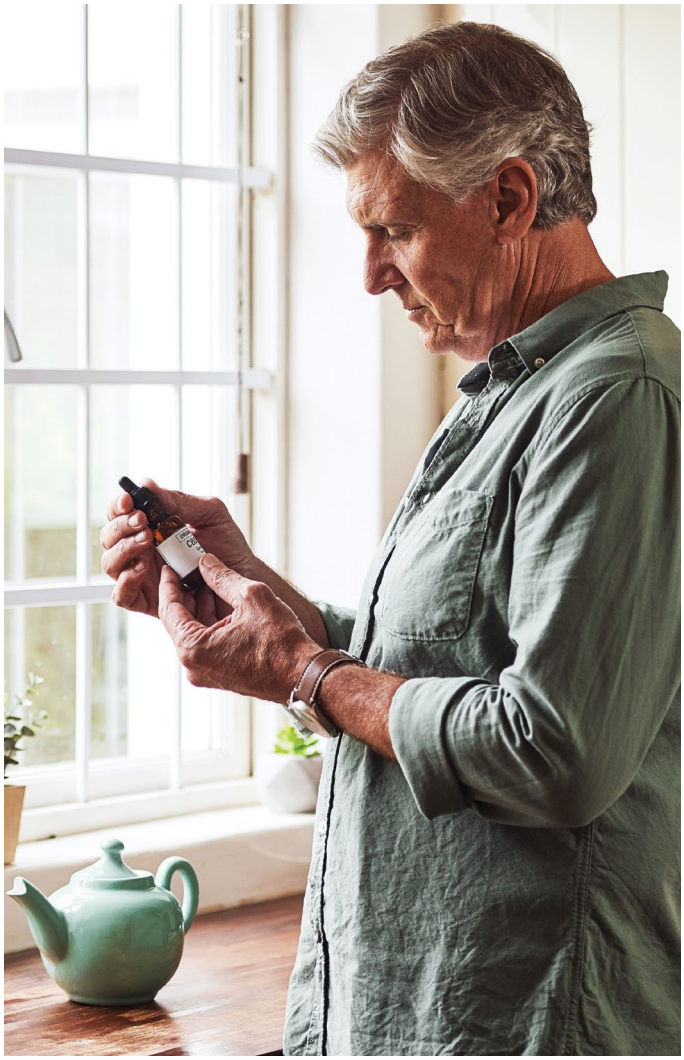
> **"The GPs are disempowered. They don't necessarily have the sort of ... clear guidance in what to do."**
> An expert speaking on the lack of prescribing power that GPs have under the current system

There was reference to the lack of educational programmes available for people wanting to prescribe medical cannabis, which was inferred to be a deterrent to prescribing. Further, some experts noted that the supervision and support from clinics to those interested in prescribing varied greatly.

Stigma prevents uptake of medical cannabis

It was felt that stigma and a lack of high-quality educational resources on the appropriate uses of medical cannabis also limit its adoption, with a strong need identified to destigmatise medicinal cannabis by separating it from other, less regulated products.

The experts perceived stigma as a significant barrier to the uptake of medical cannabis, not only for the general public but also across the healthcare system. This stigma was primarily due



to the poor perception of recreational cannabis use, for example the smell associated with smoking it, and its long-standing illegality blurring the lines of acceptability.

There were also concerns that medical cannabis may be viewed as a "cure-all" medicine; something that can be used for everything, with one HCP stating:

> **"Let's just be careful that we are not deeming [medical cannabis] to be a panacea for everything. It will be helpful, no doubt. However, there are more important things that need to be done to get the patient ... where they want to be."**

As there are no current SmPC guidelines that GPs can refer to that indicate which medical cannabis products are suitable for their patients, HCPs are having to take on a level of personal responsibility with their prescribing.

Some of the myths surrounding the use of medical cannabis were suggested as contributing to the stigma, such as the perceived lack of safety data and the potential addictive properties of these products.

There are data available supporting the use of medical cannabis; however, the lack of data from randomised controlled trials was highlighted as a potential concern for GP prescribers who lack experience in medical cannabis. However, given the complex botanical nature of medical cannabis – i.e., a plant containing multiple compounds that contribute to the overall effect – it was also noted by one of the experts that medical cannabis does not lend itself to placebo-controlled RCTs. Furthermore, extracting individual elements and treating them as a pharmaceutical in order to fit the pharmaceutical paradigm of gold-standard evidence generation ignores the value of the whole plant, which should be considered as a single botanical, rather than as a sum of individual elements.

Rebranding could alter perceptions of medical cannabis, but "hiding it in plain sight" could backfire

Owing to the historical stigma associated with cannabis, one Advisor hypothesised that perhaps "rebranding" medicinal cannabis with a new name could dissociate the historical and recreational use from modern medicinal use. This would also extend to the naming of cultivar strains, which currently often retain the associated recreational names. Advisors noted that such labels, which are often impudent (e.g., big red beard, emergen-C) *"[do not] help its general acceptance in the medical market"* and that *"getting away from [the recreational names] would help the general acceptability, and we've got to get this accepted as a mainstream medicine."*

However, there were mixed opinions on whether changing the name of medical cannabis and the cultivars would reduce the stigma around it. It was agreed that "cannabis" had negative connotations; however, there were suggestions that changing the name could be counterproductive and be seen as keeping the cannabis "a secret", which may be viewed as dishonesty or an attempt to mislead.

> **"Well, you're trying to be a little bit clandestine about this, but actually, it's got all this history behind it ... [rebranding] can actually backfire potentially ... you can label it as ... whatever, but it's still going to be the same thing."**

Opinions varied on whether the cost of medical cannabis affected its use

The experts had varying opinions on whether the cost of medical cannabis affected its use, with some indicating that people will make sacrifices for their care where private prescription is currently the only option for most, and others indicating that in more deprived communities, it would simply not be feasible for patients to self-fund a prescription.

> **"I think there's so much variance in that as well, depending on which clinic pharmacy you're looking at. So yeah, it's definitely a factor, and I think unfortunately, going to be growing."**
>
> An expert opinion on the impact of the cost of medical cannabis

Potential cost to and savings for the NHS were also discussed. Some experts noted that should NICE guidance be amended and GP prescribing be implemented, the cost of new prescriptions, e.g., for chronic pain, which the experts estimated impacts 1 in 5 adults in the UK, could be prohibitive to the NHS. However, as a counterpoint, it was noted that some preliminary economic analyses suggest that more widespread use of medical cannabis could result in cost savings for the NHS owing to reduced use of other medications (e.g., opioids).

Pathways to progress – how do we get there?

Education will be key in the destigmatisation of medical cannabis

Education was considered a cornerstone to increasing the acceptability and use of medicinal cannabis; not only for convincing GPs that medical cannabis is a safe product for their patients but also ensuring that the general public feel comfortable using medical cannabis products.

There is clearly stigma that still surrounds the use of medical cannabis, and therefore targeting key groups, such as the general public, GPs and primary care providers, and secondary care, would improve the overall confidence in these products. The messaging needs of these different groups, as well as for different age groups within each group, are distinct and targeted approaches are needed rather than a single educational strategy.

Normalising medical cannabis as a part of care was one way in which all medical professionals could be educated around its use. A strong recommendation from the Advisory board was the use of multiformat education, highlighting success stories of patients who found medical cannabis useful for their condition. From this, people who could potentially benefit from medical cannabis but who believe that it is "not for them" may reconsider their position if they see themselves in patient success stories. The use of patient perspectives to share the impact of medical cannabis on patient quality of life would be beneficial, humanising the results rather than reducing it to facts and figures. There was clear understanding that patient narratives can be powerful tools for advocacy and education, with a central role to play in influencing policy and public opinion.

An educational approach that may contribute to the destigmatisation of medical cannabis that was proposed was to reframe educational approaches to focus more broadly on the endocannabinoid system. Tailored content could be created, at suitable education levels for a variety of audiences, to ensure that patients understand the pathways within their bodies that are dysregulated and how use of medical cannabis could address the underlying cause. It was acknowledged that this would necessitate making complex scientific information more accessible and understandable for patients, which could shift the focus towards benefits of treatment. Education for patients should be non-promotional and independent, as far as possible.

Another suggestion was to ensure that there is a clear distinction between medical grade cannabis versus not only recreational cannabis, but also non-prescribed cannabidiols.

Finally, the decriminalisation of cannabis from its status, as of 2025, as a Class B drug was suggested as an additional way help to reduce the stigma associated with its medical counterpart, especially for patients. This could be supported through partnering with relevant charities, contacting politicians and the House of Lords, and supplying appropriate evidence to support policy change.

Support GPs who want to prescribe medical cannabis

Providing additional support for GPs who want to prescribe medical cannabis through better communication with their secondary care colleagues was considered to increase the prescription of medical cannabis.

The addition of medical cannabis as an add-on treatment, as part of a multidisciplinary team approach, was also suggested as a way to make prescription more palatable over time. Implementing small pilot teams, where GPs participate in the prescribing of medical cannabis under specialist supervision could build confidence and enhance knowledge about medical cannabis use. Having a multidisciplinary team to mentor and support prescribing and monitoring could facilitate broader implementation.

> **"It's, you know, low risk to prescribe, it's low risk to use; you're not inhaling anything… I think there are areas that we could package up to support GPs, NHS specialists to have a look at medical cannabis as an add on to everything else they're doing without … the stigma around the big area of medical cannabis."**
>
> An HCP on reducing the stigma around the breadth of uses for medical cannabis.

Summary

The roundtable offered a candid exploration of the practical, cultural, and systemic complexities surrounding medical cannabis prescribing in the UK. While patient interest and the clinical potential for symptom relief are rising, GPs face significant barriers: a lack of clear NHS prescribing pathways, insufficient high-quality evidence acknowledged by NICE, and concerns over personal responsibility for prescribing unlicensed medicines.

The discussion underscored the importance of targeted, accessible education for both clinicians and patients to address knowledge gaps and destigmatise medical cannabis, distinguishing regulated medical use from recreational products. Participants debated potential NHS cost implications, ranging from fears of unsustainable demand to data suggesting long-term savings through reduced polypharmacy and opioid reliance.

Ultimately, GPs are advised to stay informed, support nuanced, patient-centred conversations, and advocate for incremental policy, educational and collaborative innovations as the landscape for medical cannabis continues to evolve.

cogora.com

 First published 2026 by Cogora, 1 Giltspur Street, London EC1A 9DD.