Yes—but only in specific circumstances. Medical cannabis became legal to prescribe in the UK in November 2018. That change did not make cannabis generally legal, or mean that anyone can get a prescription. Cannabis-based medicines can be prescribed only by doctors who meet strict professional requirements, and NHS prescriptions remain limited.

For people living with chronic pain, endometriosis or menopause symptoms, the rules can be confusing. You may see clinics offering an **online eligibility check** or a **private video consultation**, but neither guarantees that treatment is suitable or that a prescription will follow.

This guide explains the UK rules in 2026, what NHS treatment may involve, and where medical cannabis fits alongside established care. It is general information, not legal or medical advice.

What does “medical cannabis legal UK 2018” mean?

In November 2018, the law changed to allow certain cannabis-based products for medicinal use to be prescribed by specialist doctors. These products are often called **cannabis-based products for medicinal use**, or CBPMs. The change created a legal route for treatment; it did not legalise recreational cannabis or give patients the right to buy cannabis from ordinary shops.

In England, Wales and Scotland, many CBPMs are controlled drugs. A prescription must come from an appropriately qualified doctor, and the prescriber must be satisfied that the treatment is clinically appropriate. Prescribing rules and NHS arrangements may differ across the UK, so patients should check the relevant health service guidance where they live.

Some products contain cannabidiol (CBD), tetrahydrocannabinol (THC), or both. CBD and THC are different compounds, and products vary in their ingredients and effects. A product sold as a wellness supplement is not automatically a licensed medicine or a legal substitute for a prescribed CBPM.

UK cannabis prescription rules: who can prescribe?

Under UK rules, a CBPM can generally be prescribed by a doctor on the **General Medical Council’s Specialist Register**. This means it is not usually something a GP can start on their own. A specialist may involve other clinicians in a patient’s care, but the decision to prescribe remains a specialist medical decision.

For an unlicensed medicine, the prescriber must take responsibility for deciding that it is appropriate for the individual patient. They should consider the diagnosis, previous treatment, possible benefits and risks, and how the response will be monitored. Being referred to a clinic, completing an online form, or having a condition that causes pain does not automatically meet the clinical threshold.



In practice, private clinics may consider a CBPM where standard treatments have not helped enough, have caused unacceptable effects, or are unsuitable. Each case is assessed individually. A responsible service should explain the evidence and uncertainty, discuss alternatives, and be clear about the likely costs of consultations, medication and follow-up.

Can you possess medical cannabis?

Possession may be lawful when the medicine has been prescribed to you by an authorised prescriber and is used in line with the prescription. Keep it in its original packaging and carry evidence of your prescription when travelling with it. Do not share your medicine with anyone else, even if they have similar symptoms.

Taking a prescribed medicine abroad can raise separate legal issues: another country may restrict or prohibit it, and extra documentation may be needed. Check the rules with the destination country and the relevant UK authorities before travelling. A UK prescription does not automatically make possession lawful elsewhere.

Are cannabis-based medicines available on the NHS?

Cannabis-based medicines on the NHS are available only in limited circumstances. The NHS does not routinely prescribe cannabis for chronic pain, endometriosis or menopause symptoms. Some cannabis-based treatments are recommended for particular conditions under defined criteria, while other products may be considered by a specialist in exceptional cases.

NICE guidance includes specific recommendations for a small number of situations, such as certain forms of epilepsy and multiple sclerosis-related spasticity. Eligibility depends on the medicine, diagnosis and clinical criteria. A specialist will also consider whether recommended treatments have been tried and whether the expected benefits justify the risks.

Although the law allows specialist prescribing, access through the NHS has remained limited. This is partly because the evidence for many uses is uncertain, and because NHS clinicians must follow guidance and local prescribing policies. A private prescription is not the same as NHS approval, and it can involve substantial ongoing costs.

Question Plain-English answer Did the UK legalise cannabis for general use in 2018? No. The change allowed specialist prescribing of certain cannabis-based medicines. Can a GP usually prescribe medical cannabis? Usually not as the initiating prescriber. Specialist doctors make the prescribing decision. Can I get it on the NHS for chronic pain or menopause? It is not a routine NHS treatment for these symptoms. A specialist can explain suitable options and any local pathways. Does an online eligibility check mean I qualify? No. It is an initial screening step, not a diagnosis or prescription.

Women, chronic pain and the search for treatment

Chronic pain affects people of all genders, but research and patient experience point to important differences in how pain is reported, investigated and treated. Women are more likely than men to experience some pain conditions, including migraine and fibromyalgia. They may also face delays in having persistent or severe pain taken seriously, although individual experiences vary.

That context matters when discussing medical cannabis. People who have spent years seeking answers may understandably look for another option. But the fact that pain is severe, long-lasting or undertreated does not by itself show that cannabis will work. Evidence differs by condition and product, and potential side effects can include dizziness, sleepiness, impaired concentration and changes in mood or perception. THC-containing products may also affect driving and may interact with other medicines.

A clinician should review the full picture: what the pain feels like, how it affects daily life, possible underlying causes, treatments already tried, and the person’s goals. A prescription should be part of a broader care plan rather than a substitute for investigating symptoms or offering other support.

Endometriosis: delays, impact and treatment pathways

Endometriosis is a long-term condition in which tissue similar to the lining of the womb is found elsewhere in the body. It can cause severe period pain, pelvic pain, pain during sex, bowel or bladder symptoms, fatigue and difficulties with fertility. Symptoms can affect work, education, relationships and mental wellbeing.

Diagnosis can take time. Symptoms vary, can overlap with other conditions, and may not be obvious on initial examination or scans. A normal scan does not always rule out endometriosis. If symptoms are persistent or affecting everyday life, it is reasonable to ask for a review and discuss referral to gynaecology. NICE guidance advises considering referral when symptoms persist, return, or have a significant impact.

What may be offered first?

Depending on symptoms and personal circumstances, initial care may include pain relief and hormonal treatment. A GP or specialist might discuss non-steroidal anti-inflammatory drugs (NSAIDs), hormonal contraception or progestogen treatment. These options are not suitable for everyone, and treatment choices should reflect plans for pregnancy, medical history and preferences.



If symptoms continue or are severe, referral to a gynaecologist or specialist endometriosis service may be appropriate. Further options can include investigations, surgery or support from pain services, depending on the individual situation. Patients can ask what the referral is intended to assess and what to do if symptoms worsen while waiting.

Medical cannabis is not a standard first-line treatment for endometriosis in NHS guidance. A private clinic might assess someone with persistent pain, but that does not replace gynaecological assessment or established treatment. It is important to continue investigating new, changing or severe symptoms with a qualified clinician.

Menopause symptoms are more than hot flushes

Menopause can involve a wide range of symptoms. Alongside hot flushes and night sweats, people may experience sleep disruption, low mood, anxiety, reduced concentration, joint and muscle aches, headaches, vaginal or urinary symptoms, and changes in sexual wellbeing. Symptoms can vary over time and may have other causes, so a clinician can help assess what is going on.

NHS care may include discussion of hormone replacement therapy (HRT), non-hormonal options, and practical measures such as adjusting the sleep environment or identifying symptom triggers. Vaginal oestrogen may be offered for certain vaginal and urinary symptoms. Suitability depends on an individual's health, history and preferences; a clinician can explain benefits and risks.

Menopause symptoms can affect quality of life, but there is not strong enough evidence to treat cannabis as an established menopause therapy. It is not a routine NHS treatment for hot flushes, sleep problems, anxiety or menopause-related pain. If symptoms are disrupting daily life, speak with a GP or menopause clinician about recognised treatment options before considering an unlicensed medicine.

What happens at an online check or private video consultation?

An **online eligibility check** can help a clinic gather basic information, such as your diagnosis, symptoms and previous treatments. It is usually a screening tool. It cannot confirm a diagnosis, assess every safety issue or promise that you will be offered treatment.

If you appear potentially suitable, a clinic may offer a **private video consultation** with a clinician. This should be a proper medical assessment, not simply a sales call. The clinician may ask about your medical history, current medicines, previous care, mental health, pregnancy plans and the effects of symptoms on daily life. They may request relevant records or recommend further assessment before making a decision.

Questions to ask a clinic

- Is the prescribing doctor on the GMC Specialist Register?
- What evidence supports the proposed treatment for my specific condition?
- What NHS or standard treatments should be tried or continued?
- What are the possible side effects, interactions and driving implications?
- How much will consultations, prescriptions, medicine and follow-up cost?
- How will the treatment be reviewed, and what happens if it does not help?
- Will you communicate with my GP or other clinicians, with my consent?

Be cautious of any service that guarantees a prescription, claims cannabis is risk-free, or encourages you to stop existing treatment without speaking to your clinician. Ask for clear written information about the product, dose, monitoring and total costs.

Where to start if you are living with ongoing symptoms

1. **Write down your symptoms.** Note when they began, how often they happen, what makes them better or worse, and how they affect daily activities.
2. **Book an appointment with your GP or relevant clinician.** Explain what you have tried and what you need help with, such as pain control, investigation or referral.
3. **Ask about the pathway.** For suspected endometriosis, discuss gynaecology referral. For menopause symptoms, ask about a menopause assessment and suitable treatments.
4. **Review your medicines and goals together.** Tell the clinician about supplements and other medicines too, including any products bought online.
5. **Consider private assessment only with clear expectations.** An online check and video consultation may help you explore an option, but they do not guarantee eligibility, benefit or an NHS prescription.

The bottom line

So, **is medical cannabis actually legal in the UK in 2026?** Yes: specialist doctors can prescribe certain cannabis-based medicines under UK rules. But cannabis is not generally legal, NHS access femalefirst.co is tightly limited, and a private prescription is not an automatic answer for chronic pain, endometriosis or menopause symptoms.

If you are struggling, you deserve a careful assessment and a clear plan. Start with a clinician who can investigate the cause of your symptoms, explain first-line treatments and refer you when needed. If you explore a private clinic, treat an online eligibility check as a first step—not a promise—and make sure any proposed treatment is discussed in the context of your wider care.