

February 2025

## **Medicinal Cannabis and the Police – Guidance for Officers and Staff**

**Prepared by the Association of Police Controlled Drug Liaison Officers  
(APCDLO)**

### **Cannabis – The Wider Context**

Cannabis evolved around 28 million years ago on the Tibetan Plateau. It has been used for a variety of purposes by humans since our arrival on the planet around 300,000 years ago. For example, as a medicine, as part of religious rituals and for pleasure.

In the last one hundred years, cannabis has become a much more controversial issue with a fierce social, political and medical debate about its use, potential dangers and benefits.

In the twentieth century cannabis became subject to tighter regulation and prohibition in many countries. Cannabis is now being seen, by some doctors and in some countries, as a medicine that can help patients suffering from certain conditions and ailments when other treatments have proved ineffective.

The below guidance has been prepared specifically for police officers and police staff who may encounter those who have been prescribed medicinal cannabis. It has involved extensive consultation with, and feedback from, our health care and other partners.



## Purpose of This Guidance

1. To provide common sense and practical guidance to front line police officers and staff on the key issues relating to medicinal cannabis
2. To ensure that patients prescribed medicinal cannabis can possess it without undue hindrance from the police
3. To develop cooperation and reduce any potential conflict between the police and patients prescribed medicinal cannabis

## Legislation

When dealing with controlled drugs, the main legislation impacting on police officers and support staff is the Misuse of Drugs Act 1971. The Act creates three Classes of controlled drugs based upon risk, it categorises cannabis and cannabis-based products for medicinal use (CBPMs) as Class B controlled drugs with associated penalties for possession, supply, cultivation and production.

However, there is a great deal of other legislation that exists to control and regulate controlled drugs. Health care partners primarily use the Misuse of Drugs Regulations 2001 which legalises the possession, production, supply and administration for authorised individuals of controlled drugs that have important medical uses. This categorises controlled drugs into five Schedules.

Schedule 1 contains drugs which are deemed to have no current medical benefit. For example, raw opium and LSD. These drugs are not banned completely, they can be used in scientific research but this requires a specific Home Office licence.

Schedule 2 contains drugs which have important medical uses but must be tightly controlled, managed and stored due to their greater potential for abuse and addiction. Examples are morphine and ketamine. Cannabis based products for medicinal use (CBPMs) are also in Schedule 2.

Controlled drugs falling into Schedules 3 to 5 are subject to less restrictive arrangements but risk still remains. Examples include tramadol and some benzodiazepines.

On 1<sup>st</sup> November 2018, The Misuse of Drugs (Amendments) Regulations 2018 came into force. This legislation placed cannabis-based products for medicinal use (CBPMs) into Schedule 2.

It should be noted that cannabis *per se* (i.e. cannabis that is not produced or regulated as a medical product) still remains a Schedule 1 controlled drug.



## **What Are Cannabis Based Products for Medicinal Use (CBPMs)?**

The NHS defines *medicinal cannabis* as a broad term for any sort of cannabis-based medicine used to relieve symptoms (May 2022).

Home Office guidance defines medicinal cannabis or, to use its more correct term, cannabis-based products for medicinal use (CBPMs), as follows;

- The product is or contains cannabis, cannabis resin, cannabidiol or a cannabidiol derivative
- It is produced for medicinal use in humans *and*
- It is a product that is regulated as a medicinal product or an ingredient of a medical product (Home Office, 2024)

Cannabis can have different pharmaceutical forms, strengths or efficacy and can be made up of many components. The two main ones are CBD and THC. CBD is the non-psychoactive component whereas THC is the part that can create euphoria in humans. Further details can be found in the Home Office Factsheet (*see below*).

CBPMs can be both licensed and unlicensed (see below).

## **Making it Legal**

There is now a legal route for *unlicensed* cannabis-based products to be used as a medicine but prescribing can only be initiated by specialist doctors. These doctors must be on the General Medical Council (GMC) Specialist Register. However, once initiated, other health care prescribers can continue prescribing under the specialist's direction. Other prescribers can include GPs, nurses and pharmacists.

Just like any other controlled drug, no offence is committed if a patient who has been lawfully prescribed a CBPM has it in their possession.

It is also lawful to possess a CBPM as part of an approved clinical trial.

## **Licensed and Unlicensed CBPMs**

Currently, only a small number of cannabis based medicines are *licensed* for use. For example, Epidyolex® has been shown in clinical trials to be effective in treating certain types of epilepsy. Licensed products do not need to be prescribed by a specialist doctor.

Almost exclusively, the CBPMs that police encounter are private prescriptions which are unlicensed. An unlicensed medicine has not received what is known as 'market authorisation'. It is not officially approved for treating a patient's particular condition but a doctor can prescribe it if they feel it will provide a safe and effective treatment. This is a relatively common medical practice.

The key point to note as far as this guidance is concerned, is that unlicensed does not mean unlawful.



## **What does this mean to me as a Police Officer or Support Staff member?**

A very common question asked by officers and staff is,

*'What should I do if I encounter a patient who states they are legally in possession of medicinal cannabis?'*

General and common sense advice is to;

1. Ask to see the original packaging in which the cannabis is provided
2. Look for the dispensing label as this contains important information about the medicine and the patient to whom it is prescribed
3. The patient should have a letter from their prescriber or a copy of their original prescription. But there is no legal requirement to possess these documents
4. If they have a letter, this should include the patients details (including name and address), as well as the prescribing doctor's name and contact details
5. The person should be able to show ID to validate these documents
6. If no packaging, labelling or other documentation is available it is suggested that officers consider further enquiries with health care partners. This could mean contacting the prescriber or cannabis clinic
7. Further police action should only follow if the officer has justifiable grounds for believing that the individual is NOT a patient who has lawfully been prescribed medicinal cannabis

**This can only ever be general advice.** It is hoped that medicinal cannabis patients will be made aware of the above guidance by their health care providers.

Please remember that people in lawful possession of medicinal cannabis are patients. They are very likely to be suffering from chronic pain and/or other serious ailments. Medicinal cannabis will only be prescribed to an individual when other medicines and treatments have not been effective.

It should be assumed that people in possession of medicinal cannabis are patients until proven otherwise.

It is lawful to possess a CBPM as part of an approved clinical trial. Police are unlikely to encounter this situation but the above advice should still be followed.

### **Cancards**

Cancards are plastic cards indicating a holder has a medical condition that is treatable with cannabis. This does not mean they have a prescription for medicinal cannabis.

Patients prescribed medicinal cannabis are in receipt of documentation from their prescriber and therefore have no need for a Cancard which charges an annual fee.

Cancards are a controversial and misunderstood area. If you require more information please contact your Force Controlled Drug Liaison Officer (CDLO).



## **Smoking Medicinal Cannabis**

The smoking of medicinal cannabis is strictly prohibited by the legislation.

It should be noted that vaping is distinct from smoking as smoking involves combustion.

CBPMs should only be taken as directed by the prescriber. This could include using a mechanical device to inhale, in spray form or as an oil or liquid but smoking is not permitted.

The smoking of cannabis, in public and private places, can be an anti-social behaviour issue. You may wish to explain these regulations to partner agencies.

## **Medicinal Cannabis and Driving**

Legislation already exists in relation to driving whilst a patient is on prescribed medication. This should be followed in relation to medicinal cannabis.

In the United Kingdom, all packages and receptacles containing CBPMs must have warnings about the possibilities of the medication causing drowsiness, dizziness and the subsequent dangers of driving and operating machinery.

It is illegal to drive, with legal drugs in the body, if this impairs an individual's driving ability. If a patient is unsure whether their prescribed medication affects their ability to drive they should consult their prescribing doctor. This places responsibility on the individual driver.

Full details can be found under '*Drugs and driving: the law*' on the Gov.UK website.

## **Further Advice and Support**

Medicinal cannabis is a new and challenging area. Concerns, questions and problems will occur **and should be expected**.

It has only been possible, in this document, to provide some general guidance.

You can seek further advice and assistance from your Force Controlled Drug Liaison Officer (CDLO). A full list of CDLOs can be found at <https://www.apcdlo.org>

Or you can contact the police service representative on the Care Quality Commission (CQC) National Controlled Drug Group – Richard List QPM.  
[Richard.list@thamesvalley.police.uk](mailto:Richard.list@thamesvalley.police.uk)

## **A 'Short Summary' for Operational Officers and Staff**

The Department of Health and Social Care has kindly proposed a 'short summary' of this guidance for operational officers and staff;



1. Since 1 November 2018, cannabis-based products for medicinal use (CBPMs) have been legal to possess in accordance with an NHS or private prescription, or as part of a clinical trial
2. Patients should be able to provide proof of their prescription and identification should match that on the prescription, doctors letter or product label
3. If in doubt, make further enquiries with the healthcare professional or provider named on any patient/product documentation to verify lawful possession.

This may be more useful for officers and staff when they do not have access to the full guidance

### **Home Office Circular rescheduling Cannabis as a medicine in humans**

Home Office Circular 018 2018 (below) provides further detail about the re-scheduling of cannabis-based products for medicinal use in humans.

<https://www.gov.uk/government/publications/circular-0182018-rescheduling-of-cannabis-based-publications-products-for-medicinal-use-in-humans>

### **Other Useful Links**

For drugs legislation - <https://www.legislation.gov.uk/ukxi/2001/3998/contents>

A list of the most commonly encountered drugs currently controlled under misuse of drugs legislation can be found at Gov.UK ([www.gov.uk](http://www.gov.uk)).

Home Office 'Drug licensing factsheet; cannabis, CBD and other cannabinoids' (Home Office, Updated 3 October 2024) ([www.gov.uk](http://www.gov.uk))

### **Sources;**

*British National Formulary - BNF 85* (March to September 2023). Royal Pharmaceutical Society / BMA

'*Cannabis, Seeing through the Smoke – The New Science of Cannabis and Your Health*' by Professor David Nutt (Yellow Kite, 2021)

'*Drugs Without the Hot Air – Making sense of legal and illegal drugs*' by Professor David Nutt (UIT Cambridge, 2021)

Letter from Professor Dame Sally Davies '*Cannabis based products for Medicinal Use*'. Department of Health and Social Care / NHS. 31 October 2018

The Misuse of Drugs (Amendment) (Cannabis and Licensing) (England, Scotland and Wales) Regulations 2018

CANCARD website (accessed 21.11.2024)



'Medicine, Ethics and Practice. Edition 46'. The Royal Pharmaceutical Society (July 2023)

'*Drug Use, Drug Problems, Drug Control: A Political Economy Perspective*' by Seddon, T and Stevens, A in 'The Oxford Handbook of Criminology' Seventh Edition edited by Liebling, Maruna and McAra (OUP, 2023)

'Drug Science and British Drug Policy; Critical Analysis of the Misuse of Drugs Act 1971' Edited by Crome, I, Nutt, D and Stevens, A (Waterside Press, 2022)

### **Review by Health Care Partners**

Health care partners from the NHS have kindly, and independently, reviewed this document against the following publications to ensure accuracy;

- The Royal Pharmaceutical Society: Medicines, Ethics and Practice, edition 46, July 23
- NICE Guidance 144: Cannabis Based Medicinal Products,
- GMC advise on CBPM prescribing and specialist register (Information for doctors on Cannabis-based products for medicinal use (CBPMs))
- NHS England: Cannabis Based products for Medicinal Use
- Home Office Circular 2018: rescheduling of Cannabis-based products for medicinal use in humans, 1<sup>st</sup> Nov 2018
- The Misuse of Drugs (Amendments) (Cannabis and Licence Fees)(England, Wales and Scotland) Regulations 2018
- MHRA: A Guide to what is a medicinal product, MHRA Guidance Note 8, Appendix 10, Mar 2020
- CQC: Cannabis products for medicinal use

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