“Other treatments have failed” is common shorthand in discussions of medical cannabis in the UK. It can sound like a formal legal test: try a fixed number of medicines, prove they did not work, then qualify for a cannabis prescription. That is not how the rule works.

In practice, a specialist prescriber considers whether previous treatments have been evaluated and whether there is a specialist clinical need for a cannabis-based medicine. The decision depends on the person’s diagnosis, medical history, treatment options and the evidence for the particular product. There is no universal checklist that guarantees a prescription.



It also helps to clarify what “legal” means. The rules differ for possession, prescribing and supply or importation. A prescription does not make recreational cannabis lawful, and it does not give someone permission to self-prescribe or source products from an unregulated seller.

What changed in 2018?

On 1 November 2018, changes to the Misuse of Drugs Regulations 2001 allowed certain cannabis-based products for medicinal use to be prescribed in limited circumstances. The change followed a review led by the UK government’s then Chief Medical Officer and public concern about access to cannabis-based medicines.

It did not legalise cannabis for general use. Instead, it created a route for a defined category of products to be prescribed by specialist doctors. The change also did not mean that every cannabis product sold elsewhere could be prescribed, or that any doctor could start treatment.

The practical distinction is important:

- **Possession:** Possession of cannabis for recreational use remains illegal. A person may lawfully possess a prescribed cannabis-based product when it has been prescribed and supplied in accordance with the relevant rules.

- **Prescription:** A qualifying specialist doctor may prescribe an eligible product for a medicinal purpose after making a clinical assessment.
- **Supply and importation:** Products must come through lawful, regulated routes. Bringing cannabis products into the UK without the required permissions or documentation can create serious legal problems. A prescription alone should not be assumed to make any overseas purchase or import lawful.

These are separate questions, not one blanket label of “legal” or “illegal.” If there is a specific concern about travel, possession, importing or a prescription, seek advice about that particular situation rather than relying on a general claim.

Is “other treatments have failed” a formal eligibility rule?

There is no single statutory definition of “treatment resistant” that applies to every condition and every cannabis-based product. Nor is there a universal rule requiring a person to try an exact number of medicines before a specialist can consider cannabis-based treatment.

Clinicians may use “treatment resistant” to describe a condition that has not responded sufficiently to appropriate treatment. But what counts as an adequate attempt depends on the condition and the treatment. A medicine may have been ineffective, caused unacceptable side effects, been unsuitable because of another health issue, or not been tried because the specialist judged it inappropriate.

So the more useful questions are:

- What treatments were tried, and were they appropriate for the diagnosis?
- What dose and duration were used, and was the treatment taken as prescribed?
- Was there any benefit, and how was it measured?
- Were side effects or other risks a reason to stop?
- What treatments remain available, and why might they not be suitable?

These details help a specialist assess previous treatments evaluated, rather than simply counting prescriptions. A treatment that was stopped after a short period may still matter, but the clinician will need to understand why it was stopped. Likewise, a treatment that helped a little may not count as a complete failure; it may have provided some benefit without adequately controlling symptoms.

What does a specialist look for?

The core issue is not whether someone can meet a slogan or tick a prescribed number of boxes. It is whether the prescriber can justify a treatment decision for that individual. Relevant considerations may include:

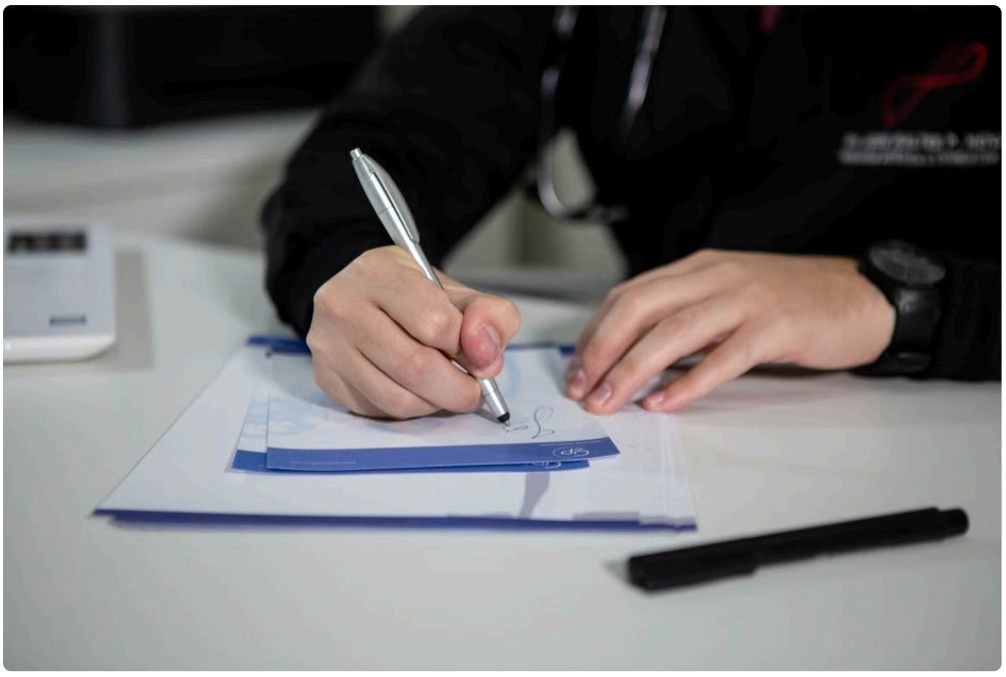
- **Diagnosis and records:** The specialist needs a clear understanding of the condition, relevant investigations and past care.
- **Previous treatment:** The medicines or therapies tried, their effects, and reasons for stopping or avoiding them.
- **Potential benefits and risks:** The possible benefits of the proposed product, known uncertainties, side effects, interactions and individual risk factors.
- **Other options:** Whether established treatments remain suitable and whether cannabis-based treatment is reasonable in comparison.

- **Monitoring:** How the prescriber will review response, side effects and whether continuing treatment remains appropriate.

A “specialist clinical need” is therefore a clinical judgement, not a guarantee based on a diagnosis alone. Having a chronic condition, significant symptoms or a long history of treatment does not automatically mean a cannabis prescription will be appropriate. Equally, a person should not assume theukrules.co.uk that they must have exhausted every conceivable treatment before asking a specialist for an assessment.

Who can prescribe medical cannabis?

In the UK, cannabis-based products for medicinal use are generally prescribed by a doctor on the General Medical Council’s Specialist Register. The specialist should have expertise relevant to the condition being treated. The prescribing decision remains the doctor’s responsibility, and an assessment does not guarantee that a prescription will follow.



This is different from asking a GP to start treatment. GPs may support ongoing care, share information or help coordinate with a specialist, but they are not generally the route for initiating a cannabis-based medicine under the specialist prescribing arrangements. A GP’s involvement should not be confused with authority to start the prescription.

Patients can check whether a doctor is on the GMC Specialist Register using the GMC’s online register. It is reasonable to ask a clinic who will assess the case, what relevant specialist experience they have, and who will be responsible for follow-up.

NHS access and private clinics: what to expect

NHS access

NHS prescribing is possible, but access is limited. NICE guidance and NHS pathways are condition- and product-specific, and recommendations do not amount to a general approval for cannabis for any persistent symptom. NHS England has also described prescribing as uncommon and generally specialist-led.

For example, NICE guidance includes specific recommendations for certain medicines and circumstances, including some forms of epilepsy, spasticity in multiple sclerosis, and chemotherapy-related nausea and vomiting where other options have not worked. These recommendations have particular criteria; they should not be read as a broad entitlement to medical cannabis.

Someone considering NHS access can discuss the matter with their treating specialist. The specialist can explain whether a relevant NICE recommendation or local pathway applies, what evidence is needed and whether other treatments remain more suitable.

Private access

Private clinics may assess a wider range of cases, but they still operate within the same prescribing rules. Paying for an appointment does not guarantee eligibility, a prescription or a particular product. The specialist must still decide that treatment is clinically appropriate and prescribe responsibly.

Private costs vary. They may include an initial consultation, follow-up appointments, the medicine itself and any delivery or administration charges. Ask for a written breakdown and check how often reviews are expected. Do not compare a quoted consultation fee with another clinic's total ongoing cost as if they were the same thing.

For example, Releaf is one private provider a patient may encounter when researching UK medical cannabis services. Treat provider information as a starting point for questions, not as independent proof of clinical suitability. Check who prescribes, whether the clinician's specialist status can be verified, how follow-up works and what costs are excluded from headline prices.

What remains illegal or needs extra care?

The 2018 change did not remove the general prohibition on recreational cannabis. It also did not make it lawful to obtain cannabis products without a valid prescription or to decide independently that a product is a medicine.

- **Recreational use:** Cannabis for non-medical use remains controlled under UK law.
- **Self-prescribing:** Patients cannot prescribe controlled cannabis medicines to themselves. A specialist prescriber must make the clinical decision.
- **Unregulated supply:** Buying a product from an online seller, friend or overseas source does not make it a prescribed medicine or establish that its supply is lawful.
- **Importing:** Import rules are not a simple "prescription means permitted" matter. Do not travel with or order a product from abroad without checking the current requirements and obtaining any permissions needed.

Smoking cannabis is not the same as vaping a prescribed product. They are different routes of administration, and a prescription for one product does not authorise every method of use. Follow the prescriber's instructions and product information; ask the clinic or pharmacist if the route is unclear.

If a dispute or legal concern arises, a specialist solicitor can explain how the rules apply to the facts. Irwin Mitchell solicitors, for instance, may be one source people consider when seeking legal advice, but a law firm's general information is not a substitute for advice on an individual case.

How to prepare for an assessment

A short, organised treatment history can make a consultation more useful. It does not need to be perfect: the specialist can help identify gaps and request records where appropriate.

1. **Write down your diagnosis** and the clinician or service that manages it.
2. **List previous treatments**, including medicine names, approximate dates, dose if known and how long you took them.
3. **Record outcomes**: no benefit, partial benefit, side effects, or why a treatment was not suitable.
4. **Bring relevant records**, such as clinic letters, medication lists or investigation results, if available.
5. **Ask about the plan**: expected benefits, risks, alternatives, review schedule and full costs.

Do not stop or change prescribed treatment simply to appear eligible. If a medicine is causing problems, speak with the clinician responsible for your care.

Using Trustpilot and Similarweb carefully

Online tools can help with preliminary research, but they answer limited questions. Trustpilot can show customer reviews and recurring service complaints or praise. Reviews may reflect customer service, delivery or billing rather than the quality of a clinical decision. Read a range of recent reviews and look for specific, verifiable detail rather than relying on a single rating.

Similarweb can provide estimates of website traffic and audience patterns. It cannot confirm that a clinic is medically sound, that its doctors are appropriately registered or that a patient will qualify. Use it to understand a company's online reach, not as a clinical endorsement.

Before booking, verify the prescriber through the GMC, ask how the service handles medical records and follow-up, and request clear information about fees. If a provider promises a prescription before reviewing your case, treat that as a reason to ask more questions.

In short

Question Practical answer Does "other treatments have failed" mean a fixed number? No. There is no universal count. A specialist evaluates the person's treatment history and clinical circumstances. Does a diagnosis guarantee access? No. The prescriber must judge that there is an appropriate specialist clinical need. Can a GP normally start the prescription? No. Prescribing is specialist-led under the UK arrangements. Did the 2018 change legalise recreational cannabis? No. It enabled limited prescribing of eligible medicinal products; recreational use remains illegal. Does a private appointment guarantee treatment? No. Private clinicians must still assess suitability and prescribe responsibly.

Ultimately, "other treatments have failed" is best understood as a shorthand for a careful review of what has already been tried, what happened, and what options remain. The decision is individual, specialist-led and separate from the broader legal questions of possession, supply and importing.