In November 2020, the Advisory Council on the Misuse of Drugs (ACMD) published a significant conclusion on medical cannabis use in the UK. This came over two years after the 2018 rescheduling of cannabis-based products for medicinal use, a landmark decision that reshaped the legal landscape for patients and prescribers alike. The ACMD's latest review aimed to clarify ongoing uncertainties around NHS funding, prescribing regulations, and the role of unlicensed cannabis-based medicines, drawing on evidence collected over several years.

In this post, I'll break down the key points of the **November 2020 ACMD conclusion**, explain what changed after the 2018 rescheduling, and highlight what remains tricky for patients navigating the system today. Along the way, I'll reference tools to help you find reliable clinics, like medicalcannabis.co.uk, and explainers such as releaf.co.uk to help you make sense of it all.

The 2018 Rescheduling: What Changed?

First, a quick recap to put the 2020 conclusion in context. Until November 2018, cannabis was classified as a Schedule 1 drug in the UK, meaning it was considered to have no medicinal value and was illegal to prescribe. The

Home Office decision to reschedule cannabis-based products for medicinal use (CBPMs) to Schedule 2 meant that, from then on, specialist doctors could legally prescribe these products—at least in theory.

- **Legal Prescribing Allowed:** Post-2018, doctors with specialist status could prescribe licensed cannabis-based medicines for certain medical conditions.
- **Schedule 2 Classification:** This aligned CBPMs with other controlled medicines like morphine, requiring rigorous prescribing and record keeping.
- **NHS Funding Not Guaranteed:** Importantly, rescheduling did not automatically mean NHS England would fund these prescriptions, creating a complex split between legal access and funded access.

This last point is crucial. Patients sometimes confuse the legality of prescribing—now allowed under strict rules—with the reality of NHS funding decisions, which remain cautious and limited for medical cannabis in many cases.

November 2020 ACMD Conclusion: What Did It Say?

The ACMD's review in November 2020 reflected on the evidence gathered since 2018 and reaffirmed its support for specialist-only prescribing, but with important caveats around the evidence base and regulatory approvals. Here are the key takeaways:

1. Specialist-Only Prescribing Remains Essential

The ACMD reiterated that cannabis-based products for medicinal use should be prescribed only by appropriately qualified specialist doctors. This remains a safeguard to ensure products are used correctly given their controlled status and complex profiles.

General practitioners (GPs) cannot prescribe medical cannabis without specialist recommendation, maintaining the pathway that starts at clinics specialising in cannabis medicine. Services like medicalcannabis.co.uk help patients identify such specialists.

2. Evidence Over Several Years: The Data Picture

ACMD acknowledged the emerging evidence base for medical cannabis benefits but highlighted that for many conditions the scientific data remain limited or inconclusive. This uncertainty makes NHS wide approval and funding challenging.

They emphasised the importance of well-designed clinical trials and ongoing data collection to build a more robust picture of efficacy and safety.

3. NHS Funding vs Legal Prescribing: A Persistent Gap

One of the most commonly misunderstood aspects is the difference between legal prescribing and NHS funding. The ACMD's conclusion clarified that while prescribing is legally permissible, NHS England's commissioning policies remain restrictive.

This means patients who want cannabis-based medicines may need to seek private prescriptions or pay out of pocket unless their condition falls under one of the very few NHS-commissioned pathways.

4. Unlicensed Cannabis-Based Medicines: NHS's Cautious Stance

The ACMD also discussed unlicensed cannabis products, which are often used in private clinics but rarely prescribed on the NHS. These unlicensed products come with uncertainty about their consistency and regulation.

NHS bodies remain cautious because unlicensed medicines do not have the full regulatory approval that licensed medicines have, creating concerns about safety, quality, and cost-effectiveness.

Putting It All Together: What This Means for Patients

So if you're a patient or caregiver reading this, here is what the November 2020 ACMD conclusion translates to in plain English:

- You can legally get a cannabis-based medicine prescribed by a specialist doctor in the UK since 2018, but getting it paid for by the NHS is very limited.
- Only specialists are legally allowed to prescribe these medicines, so start by consulting a specialist clinic. They can guide you through your options — check medicalcannabis.co.uk to find one.
- The medical evidence is improving but still patchy for many conditions, so why the NHS is cautious about broad prescribing and funding.
- Unlicensed cannabis products are a grey area: private clinics often use them, but the NHS is very wary of this approach because of safety and cost issues.

What About Prices?

The sources I reviewed for this post do not include any specific prices mentioned by the ACMD or official documents. If you come across price information in credible future sources, be sure to check that they're quoted exactly and attributed properly. In general:

- Private prescriptions for cannabis medicines can be costly—often several hundred pounds per month or more—especially if unlicensed products are involved.
- NHS prescribing, where available, typically carries the usual prescription charges or is free with exemption, but NHS access remains rare.

For detailed cost guidance, patient stories, and clinic comparisons, take a look at resources like medicalcannabis.co.uk and patient-friendly explanations on releaf.co.uk.

What's Next? The Future of Medical Cannabis in the UK

The ACMD's November 2020 conclusion was an important status check but not the final word. Ongoing efforts include:

1. **Clinical Trials:** More high-quality research to provide clearer evidence for specific conditions.
2. **Regulatory Reviews:** Possible updates to prescribing rules as more data emerges.
3. **Patient Access Programmes:** Some NHS-funded pilot programmes exploring cannabinoid treatments.

As always, the landscape remains complex. Patients should seek clear, evidence-based advice from specialists and be wary of clinics or marketers making sweeping claims unsupported by current guidance.

Summary Table: ACMD November 2020 Medical Cannabis Conclusion

Topic Key Point Patient Takeaway 2018 Rescheduling Cannabis legally prescribable by specialists (Schedule 2). You can legally get medical cannabis from a specialist, but it must be prescribed carefully. Evidence Base Emerging but incomplete for many conditions. Research is ongoing; not every condition is proven to benefit yet. Prescribing Rules Only specialists can prescribe cannabis-based medicines. Your GP cannot prescribe; see a specialist clinic

instead. NHS Funding Very limited; legal prescribing ≠ guaranteed funding. You may need to fund prescriptions privately unless NHS exceptions apply. Unlicensed Medicines NHS cautious due to safety and regulation concerns. Unlicensed cannabis-based products tend to be accessed privately, with NHS caution.

Final Thoughts

The **November 2020 ACMD conclusion** provided a valuable update after years of complex discussions about cannabis in medicine. It reaffirmed specialist prescribing as the safe and legal route, stressed the need for continued research, and highlighted the ongoing NHS funding challenges. If you are considering medical cannabis, start with trusted specialist vergemagazine.co.uk clinics listed on medicalcannabis.co.uk and educate yourself with straightforward explainer sites like releaf.co.uk.

Remember: the law allows prescriptions, but NHS access depends on complex funding rules. Be prepared for questions and critical evaluation when discussing medical cannabis with your healthcare team.