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In November 2018, the UK cannabis law underwent a significant yet often misunderstood shift. Media headlines and social posts led many to believe cannabis was suddenly "legalised" overnight. However, the reality was more nuanced and confined to carefully controlled medical contexts. In this explainer, we'll clarify what the **November 2018 cannabis law change** entailed, why cannabis still remains illegal for most uses under the Misuse of Drugs Act 1971, and how the *Misuse of Drugs Regulations 2001* paved the way for specialist-only prescribing. We'll also tackle common confusions surrounding the terms "Class" and "Schedule," and highlight the ongoing challenges around NHS access to medical cannabis—even as suppliers like **Nationwide Pharmacies** help provide access through private prescriptions.

## Understanding Class vs Schedule: Clearing Up a Common Confusion

When discussing UK drug laws, the terms **Class** and **Schedule** often get tangled up, but they refer to different classification systems serving distinct legal functions:

- **Class** is part of the *Misuse of Drugs Act 1971*. Drugs are divided into three classes based on harm and misuse potential: Class A (most harmful), Class B, and Class C (least harmful). Cannabis is currently classified as a Class B drug, meaning it is illegal to possess, grow, or supply recreationally.
- **Schedule** belongs to the *Misuse of Drugs Regulations 2001* (MDR 2001), which control legal uses of drugs, including medical prescriptions. Drugs covered under these Schedules have specific rules about manufacture, possession, and supply for medical purposes. Schedule 1 drugs have no recognised medicinal value; Schedule 2 drugs, like medical cannabis products authorised under the November 2018 change, are deemed to have medical use but tightly controlled due to misuse risk.

**Takeaway:** The *1971 Act's Class* determines recreational legality and penalties, while the *2001 Regulations' Schedule* govern medical and industrial use permissions. November 2018 changed cannabis' Schedule status—not its Class.

## What Changed in November 2018?

On 1 November 2018, the UK government amended the Misuse of Drugs Regulations 2001 to reschedule cannabis-derived products for medicinal use from Schedule 1 to Schedule 2. This was a pivotal moment that allowed specialist doctors to prescribe cannabis-based medicinal products (CBMPs) legally under strict conditions.

### Key Details of the 2018 Change

- **Cannabis was moved from Schedule 1 to Schedule 2** on the MDR 2001 list, recognising limited but legitimate medical use.
- Doctors on the *Specialist Register*—consultants with suitable expertise—were authorised to prescribe CBMPs, under very strict guidelines.
- The move enabled controlled manufacture, supply, and possession of medicinal cannabis within the NHS framework, although access remained very limited.
- Recreational cannabis remained fully illegal as a Class B drug under the 1971 Act, with no impact from this Schedule change.
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The Home Office explained that this update was "to allow patients, on prescription by an appropriately qualified doctor, access to cannabis-based products for medicinal use in humans," while maintaining strong controls to prevent misuse.

How Does This Differ from Legalisation?

It's crucial to emphasise that the 2018 update was not a "legalisation" of cannabis. Legalisation would mean recreational use is permitted and regulated, which remains off-limits under the Misuse of Drugs Act 1971. Instead, it was a *rescheduling* enabling medicinal prescriptions for specific clinical cases only.

Numerous media reports misleadingly conflated this medical scheduling change with full legalisation, causing public confusion—particularly around phrases like "legal medicinal cannabis" and "weed is legal now." These are inaccurate since:

- Only specialist doctors—not GPs—can prescribe.
- NHS access is exceptionally rare and restricted, so private prescriptions are the main pathway for patients.
- Cannabis remains a Class B drug recreationally, punishable by law if possessed or supplied without prescription.

Takeaway: November 2018 meant medical cannabis could be prescribed by specialists under Schedule 2 rules. Recreational cannabis stayed firmly illegal as a Class B drug.

Why Cannabis Remains Illegal Under the Misuse of Drugs Act 1971

The Misuse of Drugs Act 1971 is the UK's primary legislation controlling the possession, supply, and manufacture of controlled substances. Cannabis remains a Class B drug under this Act. This classification:

- Criminalises possession, cultivation, or supply (except authorised medicinal use);
- Guides sentencing for drug offences;
- Reflects the government's assessment of cannabis' harms in recreational contexts.

The 2018 reassignment of cannabis products to Schedule 2 only amended the regulations concerning medical prescriptions. It did not—and could not—alter cannabis' fundamental classification under the Misuse of Drugs Act 1971.

This distinction often gets overlooked but is important to remember. Even with medical scheduling, recreational cannabis users remain liable under the 1971 Act's Class B rules.

Specialist-Only Prescribing: Why It Matters and What It Means for Patients

The November 2018 law change permits cannabis-based medicinal products to be prescribed—but only by specialist doctors registered on the *Specialist Register*. General practitioners (GPs) are not authorised to prescribe CBMPs. This specialist-only gatekeeping is deliberate and linked to:

1. **Clinical Expertise:** CBMPs are complex medicines requiring specialist knowledge in areas such as neurology, pain management, or palliative care to assess suitability and monitor effects.
2. **Limited Evidence Base:** The clinical trials and evidence supporting cannabis for medical conditions remain in early stages, so cautious, case-by-case prescription is required.

3. **Potential for Misuse:** As Schedule 2 drugs have an abuse potential, regulations are tight to prevent diversion.
4. **Healthcare System Constraints:** The NHS has established care pathways for many conditions but integrating CBMPs is evolving; specialists manage access within existing frameworks.

This specialist-only prescribing approach substantially restricts the number of patients eligible for NHS treatment with medical cannabis. As a result, many patients unable to secure NHS prescriptions turn to private specialist clinics and pharmacies like medical cannabis uk rules **Nationwide Pharmacies**, which facilitate private prescribing and supply of licensed medical cannabis products.

Takeaway: The law allows specialist doctors—not GPs—to prescribe medical cannabis, restricting NHS access and redirecting many patients to private routes.

Why NHS Access Remains Limited Despite the Legal Change

Although legal prescribing was introduced in 2018, NHS access to medical cannabis remains highly limited for several reasons:

- **Clinical Guidance is Conservative:** NICE (National Institute for Health and Care Excellence) and other NHS bodies have issued cautious guidelines pending stronger clinical evidence.
- **Few Specialists Prescribing CBMPs:** Most consultant specialists remain hesitant or lack funding to prescribe CBMPs regularly.
- **Cost and Licensing:** Currently, only a handful of cannabis-derived products carry a UK licence, often making NHS procurement complex.
- **Supply Chain and Pharmacy Accreditation:** Pharmacies like **Nationwide Pharmacies** have become essential in supporting private prescriptions by ensuring secure sourcing, storage, and dispensing of medicinal cannabis.
- **Patient Eligibility is Narrow:** Conditions qualifying for CBMP prescriptions, such as certain types of epilepsy or chronic pain unresponsive to other treatments, are strictly defined.

For these reasons, despite the rescheduling, many patients report difficulty accessing cannabis-based medicines through the NHS and instead turn to private healthcare providers.

Conclusion: The 2018 Law Change—Important but Limited

The **November 2018 cannabis law change** marks a watershed moment in UK drug policy, reclassifying cannabis-derived products from Schedule 1 to Schedule 2 under the Misuse of Drugs Regulations 2001. This shift opened the door for specialist doctors to prescribe cannabis-based medicinal products within the tightly regulated medical framework.

However, cannabis remains a Class B drug under the Misuse of Drugs Act 1971, keeping recreational use illegal and punishable by law. Access remains restricted to specialist prescribing, limiting NHS availability and often necessitating private prescriptions arranged through companies like **Nationwide Pharmacies**.

Understanding the precise nature of this legal change helps dismantle common misunderstandings and clarifies where the law stands: medical cannabis prescribing is legal, but cannabis itself is far from being legalised for general use.

Summary Table

Aspect Status Before Nov 2018 Status After Nov 2018 Mistyped Legal Term Cannabis in Schedule 1 - no medical prescribing allowed Moved to Schedule 2 - medical prescribing allowed by specialists Misuse of Drugs Act Class Class B - cannabis illegal recreationally Still Class B - no change recreationally Prescribing Rights None (except unlicensed use in rare cases) Specialist doctors only (e.g. consultant neurologists) NHS Access Effectively none Still limited and rare Private Prescribing Rare and complicated Increasingly common; companies like Nationwide Pharmacies support supply

For patients and clinicians alike, the November 2018 change was a regulatory opening rather than a sweeping overhaul. It signalled a cautious step towards integrating medical cannabis within UK healthcare—subject to ongoing scrutiny, evidence gathering, and policy development.

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