



BACK TO WORK

The Economic and Human Case for Expanding Access to Medical Cannabis in the UK

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FOREWORD FROM

Dr Simon Erridge

Research Director at Curaleaf Clinic

As a doctor and researcher, I witness daily the profound impact that chronic ill health has on people's ability to function and participate fully in society. The conversations I have with patients on a daily basis not only highlight the medical burden of conditions such as chronic pain, fibromyalgia, anxiety, and post-traumatic stress disorder (PTSD), but also the invasive effects these have on every aspect of a person's life — their relationships, their sense of purpose, and their capacity to work.

When chronic illness removes someone from the workforce, the consequences extend far beyond the immediate medical symptoms. The social isolation, economic hardship, and psychological distress that often follow can create a cycle that perpetuates both physical and mental health problems. I have seen how the loss of professional identity and financial independence can compound the original health challenges, creating barriers to recovery that persist long after medical interventions begin.

This is what led me to coupling a career combining clinical practice with research, particularly in the field of medical cannabis. It is imperative that we continue to strive to explore all potential avenues for addressing the symptoms experienced by those living with chronic health conditions. At Curaleaf Clinic we take research seriously as we understand it is not just an academic pursuit with no purpose — it represents hope for the millions of people who find themselves unable to participate in the workforce due to long-term illness.

The findings presented in this report demonstrate the substantial economic potential when medical cannabis patients are able to return to productive employment. The £13.3 billion economic opportunity identified over ten years, alongside the projected 28% reduction in hospital admissions, illustrates the far-reaching implications when we successfully address the barriers that chronic illness creates to workforce participation.

These figures represent more than statistics — they reflect thousands of individual stories of people who

may regain their independence, sense of contribution, and ability to support themselves and their families.

The £283 million in economic value already generated through private medical cannabis prescriptions since 2018 provides evidence of what is possible when appropriate treatment pathways are available.

This is precisely why comprehensive exploration of all options through rigorous research, thoughtful policy reform, and evidence-based advocacy remains so critical. Every person who continues to struggle with chronic symptoms whilst eligible treatment options remain inaccessible represents both a human cost and an economic loss to our society.

The challenge before us is ensuring that those who might benefit from medical cannabis can access it appropriately through the NHS, supported by robust evidence and clinical oversight. This requires investment across the entire research spectrum - from fundamental pre-clinical studies through to real-world evidence collection and economic analysis.

Curaleaf Clinic's commitment to this research agenda reflects our understanding that evidence generation is not separate from patient care, but fundamental to it. **The UK Medical Cannabis Registry**, which now contains data on over 35,000 patients, represents the largest real-world evidence base of its kind. This report adds crucial economic analysis to that foundation, providing policymakers with the comprehensive data needed to make informed decisions about expanding access.

The moment for incremental change has passed. The evidence base is robust, the economic case is compelling, and the human need is urgent. It is time for policymakers, clinicians, and health system leaders to act decisively so that patients are not left without viable treatment options or the chance to return to work.



FOREWORD FROM

Pushpin Singh

Managing Economist, Centre of Economics
and Business Research (Cebr)

At Cebr, we have long believed that sound policy depends on clear, reliable evidence. This report provides exactly that: a rigorous assessment of the economic contribution of medical cannabis in the UK since its legalisation in 2018, and the potential scale of benefits if access were to broaden over the coming decade.

The analysis applies established economic methods to real-world data, combining medical prescription records with labour market statistics to capture the links between treatment, employment, and productivity. To ensure that the results reflect the impact of medical cannabis itself, rather than unrelated background trends, we compared developments across time, between groups, and against a relevant comparator country. This layered approach helps filter out wider influences such as differences in healthcare systems or overall spending patterns. The result is that the trends we observe are much more likely to show the genuine effect of wider access to medical cannabis, making the findings not just descriptive but a robust estimate of the causal impact.

This rigour matters because the context is so challenging. While rates of economic inactivity due to long-term sickness have eased slightly in recent months, they remain above pre-pandemic levels. Moreover, among the G7, the UK is one of only two countries — alongside the USA — to have seen an increase in inactivity since the pandemic. This marks a sharp reversal: between 2010 and early 2020, the UK consistently recorded some of the lowest inactivity rates among 15–64 year olds in the G7. Elevated inactivity is not just a personal hardship; it constrains the labour supply and acts as a drag on growth and productivity, the latter of which has been a longstanding concern for the UK economy. Against this backdrop, the potential for healthcare interventions to reduce sickness absence and support people back into work carries both economic and social significance.

The report shows that these effects can be measured in a way that resonates with both policymakers and businesses. By expressing the impact in Gross Value Added (GVA) terms, the results can be compared directly with contributions from other sectors of the economy. The analysis suggests that medical cannabis has already delivered measurable benefits through reduced absenteeism and returns to work, and that under the baseline scenario, expanded access via the NHS could generate an additional £1.3 billion for the economy each year on average over the next decade.

That said, we appreciate that all projections carry an element of uncertainty. But by grounding the analysis in transparent methods, official data, and clearly defined assumptions, this report provides a strong foundation for evidence-based debate. In doing so, it demonstrates the value of quantifying healthcare interventions in economic terms and highlights the importance of robust modelling in guiding future policy choices.

Our hope is that this study will not only inform discussions on medical cannabis but also add to the broader body of economic research that considers the links between health, productivity, and growth. At a time when the UK is searching for ways to strengthen both economic resilience and social wellbeing, these connections have never been more important.

Executive summary

Office for National Statistics (ONS) data shows that record numbers of people are signed off work due to long-term health conditions¹, costing the UK economy billions in lost productivity. However, new economic analysis reveals that medical cannabis could help unlock a £1.3 billion per year opportunity to get Britain back to work. Equating to £4.5 billion over five years – in line with the government’s Get Britain Working plan - and £13.3 billion over a decade.

This groundbreaking research, commissioned by Curaleaf Clinic and conducted by the Centre for Economics and Business Research (Cebr), provides a comprehensive economic assessment of medical cannabis access in the UK. The analysis combines detailed economic modelling (drawing on multiple data sources, including ONS datasets, economic multipliers and workforce participation statistics) with polling of over 3,000 UK adults, including 1,000 people out of work, or who have taken time off work, because of a long term illness.

The findings demonstrate that the introduction of medical cannabis at its relatively limited scale has already delivered measurable economic returns. Since legalisation in 2018, private prescriptions alone have generated £283 million in Gross Value Added (GVA) by enabling patients to return to work.²

But this represents just a fraction of the potential. If access were expanded through the NHS, economic modelling projects an additional £13.3 billion in GVA over ten years, alongside a 28% reduction in hospital admissions for conditions where medical cannabis is currently prescribed annually.

The scale of unmet need is substantial. Polling³ conducted alongside the economic report explored public attitudes toward medical cannabis. Among those who have been out of work, or have taken time off work, due to long-term health conditions and have tried prescribed medication, 62% feel they have exhausted all traditional treatment options. Yet awareness of medical cannabis remains low, with 40% of those whose working status has been affected by a long-term health condition unaware it is legally available and 33% finding the current system on the NHS confusing or unclear.



Image owned by Curaleaf International

Despite lingering stigma, public backing for reform is strong. Two-thirds of UK adults (64%) believe people off work due to health conditions should have more treatment options to get back to work, while 71% of those directly affected say medical cannabis should be made more widely available if it can help.

Key findings:



£13.3 billion economic opportunity

through expanded NHS access over ten years



28% reduction in hospital admissions

among those prescribed medical cannabis is possible annually



64% public support for expanding treatment options for people off work due to health conditions

¹Based on the most recent [Office for National Statistics](#) figures (2023–2024), the number of individuals economically inactive due to long-term sickness hit a record high of 2.8 million.

²Centre for Economics and Business Research economic analysis, commissioned by Curaleaf Clinic, 2025

³Opinium Research polling commissioned by Curaleaf Clinic: 2,000 UK adults (20th -24 June 2025) and 1,000 people out of work, or have taken time off work, due to long-term health conditions (23rd June – 2nd July)

Methodology

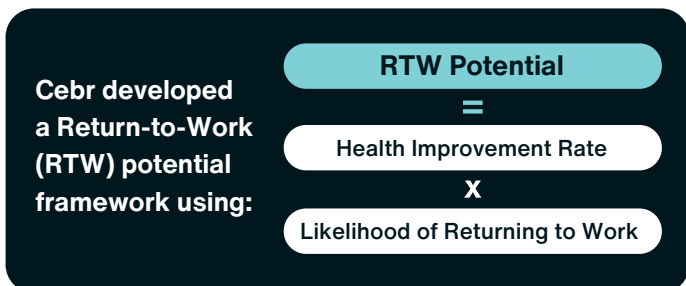
Cebr examined the economic impact of medical cannabis prescriptions in the UK since legalisation in 2018 and under expanded access scenarios. The analysis was supported by primary research conducted by Opinium Research on behalf of Curaleaf Clinic:

- **1,000 UK adults who have had to take time off work due to long-term illness** (23rd June - 2nd July 2025)
- **2,000 nationally representative UK adults** (20th - 24th June 2025)

Economic impact framework

Central to Cebr's model is the assumption that medical cannabis affects the economy primarily through labour market outcomes: supporting individuals' return to work from unemployment and reducing sickness-related absences among the employed.

The analysis combined proprietary prescription data from Curaleaf Clinic with NHS prescription records and ONS labour market data to establish comprehensive coverage across private and public sectors. Using May 2024 as the baseline, the study identified approximately 23,000 medical cannabis patients in the UK.



Health improvement rates were derived from UK Medical Cannabis Registry data focusing on statistically significant improvements across conditions commonly treated with medical cannabis. Employment outcome probabilities came from Department of Health and Social Care data on post-sickness absence employment patterns by health condition.

For employed patients, the analysis assessed productivity gains through reduced absenteeism, assuming medical cannabis treatment reduces sickness absence by 4.4 days annually per patient based on national averages – a conservative estimate given that target conditions typically cause significantly longer absences.

Future scenario modelling

To assess potential economic gains from expanded access, Cebr employed a difference-in-differences econometric approach, comparing Germany (high accessibility with ~300,000 patients) against the UK (limited uptake with ~23,000 patients). This methodology capitalised on the natural experiment created by divergent prescription accessibility patterns between the two countries post-legalisation.

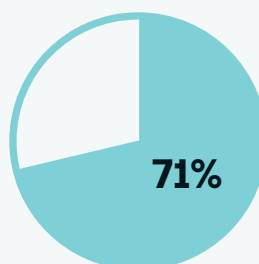
The analysis examined hospital admission records from 2015-2023 for diagnoses relevant to medical cannabis treatment, using triple-differencing techniques to isolate medical cannabis effects from broader healthcare system changes. This methodology estimated hospital admission reductions of 28% (baseline), with lower and upper bounds of 9% and 47% respectively, based on 95% confidence intervals.

Beyond the statistics

Behind every figure in this report is someone seeking to reclaim their life after chronic illness. They're people who've watched their ability to participate fully in life diminish alongside their health, whether through work, volunteering, caring for family, or simply engaging in their communities.

For some of these patients, expanded NHS access could mean ending the financial strain of private treatment costs and the postcode lottery where identical conditions receive different treatment options. When 71% of affected individuals say medical cannabis should be more widely available if it can help them return to work, they're asking for fair access to legally recognised treatment that might restore their ability to contribute to society in whatever way feels meaningful to them.

For the hundreds of thousands currently limited by chronic conditions, this represents hope backed by evidence, and the possibility of reclaiming not just their health, but their capacity to engage with the world around them.



Support for wider access among those affected by health-related work changes

The Economic Case

1.1 The Status Quo: Chronic Conditions and the Cost to the UK Economy

Tackling the scale of health-related barriers to work in the UK is both a vital step in supporting people with long-term conditions and one of the greatest opportunities to strengthen national productivity. Data from last year shows that long-term illness accounted for 7% of the working-age population being out of work. Many of those affected face ongoing health challenges that make it harder to stay in or return to employment, meaning they are not always able to contribute their skills and experience to the economy in the way they might wish.

This exclusion from the workforce carries a significant cost. For individuals, it often means lost income and independence; for society, it means reduced productivity alongside increased demand for public services and social support. The ripple effects are felt well beyond individuals, extending to families, communities, and the wider economy.

1.2 What's Changed Since 2018: Medical Cannabis Uptake and Economic Return

The rescheduling of medical cannabis in 2018 marked a turning point, though a true inflection has yet to be fully realised. Through private prescriptions, medical cannabis has already delivered approximately £283 million in GVA to the UK economy by enabling patients to return to work who had previously been excluded from the labour market.

This economic benefit has been achieved despite significant barriers to access. While legal in the UK, most formats of medical cannabis are largely unlicensed, creating substantial obstacles to NHS adoption. The requirement for robust evidence of efficacy has meant that wider use within the NHS has been limited, leaving many patients reliant on private healthcare or unable to access this medication at all.

Curaleaf Clinic is helping to address these shortcomings by providing care for tens of thousands of patients,

whilst also addressing this evidence gap through developing the UK Medical Cannabis Registry. This now contains data on over 35,000 patients. This real-world evidence base demonstrates not just clinical outcomes but also the broader social and economic impacts of treatment, including patients' ability to return to productive employment.

The labour market participation impact, while significant, represents only a fraction of the potential economic benefit. Current access limitations mean that many who could benefit from treatment remain unable to obtain it, whether due to cost, awareness, or availability constraints.

1.3 A Forecast for the Future: NHS Access and National Productivity

Economic modelling by Cebr for this report projects that expanded NHS access to medical cannabis could generate an additional £13.3 billion in GVA over ten years. This substantial economic benefit would be achieved primarily through increased labour market participation among those currently excluded due to chronic health conditions.

The model accounts for both direct returns to work and reduced sickness-related absences among the employed. By enabling more effective management of chronic conditions, medical cannabis access could help maintain workforce participation and reduce the economic disruption caused by health-related absence.

Beyond workforce benefits, expanded access was associated with a reduction in hospital admissions by 28% annually among those prescribed medical cannabis in the Cebr modelling. This reduction would ease pressure on NHS services while generating cost savings that could be reinvested in other areas of healthcare delivery.

The productivity gains extend beyond individual patients to encompass wider economic benefits. Increased workforce participation contributes to tax revenue, reduces benefit expenditure, and supports economic growth across sectors currently experiencing skills shortages exacerbated by health-related workforce exclusion.

The Patient View

2.1 Out of Work and Out of Options

The patient experience reveals a healthcare system struggling to address the complex needs of those with chronic conditions. Among those who have been out of work or have taken time off work, due to long-term illness, and have tried prescribed medication 62% report feeling they have exhausted all traditional treatment options, highlighting a significant gap between medical need and available interventions.

62% feel they have exhausted all traditional treatment options



This sense of having reached the end of conventional treatment pathways is compounded by widespread lack of awareness about alternatives. Despite medical cannabis being legal since 2018, 40% of those affected by health-related challenges to their working status remain unaware that it is legally available, while 35% do not know it can be accessed through the NHS for certain conditions.²

The complexity and opacity of current access routes contribute to this knowledge gap. As 33% describe the current system in the NHS as confusing or unclear, it becomes evident that even legal treatment options remain effectively out of reach for many who might benefit.

However, there is interest in medical cannabis as an alternative therapy with nearly half (44%) who have not previously been prescribed it saying they would consider trying it if it were more widely available on the NHS.

2.2 The Emotional Toll of Health-Related Unemployment

The psychological impact of being excluded from the workforce extends far beyond financial concerns. Among those out of work due to health conditions, 56% report loss of self-esteem, while 52% experience declining self-confidence. These psychological effects can compound physical health challenges, creating barriers to both recovery and eventual return to work.

The data reveals a population struggling not just with their underlying conditions but with the broader social and personal consequences of workforce exclusion.

Nearly half (46%) report feelings of helplessness, while 47% say being out of work has negatively impacted their mental wellbeing. The social stigma associated with health-related unemployment is evident in the 39% who cite feelings of embarrassment.

This emotional toll represents both a human cost and an economic one. The psychological barriers to workforce re-entry can persist even after physical symptoms improve, suggesting that effective interventions must address both the medical condition and its broader social and psychological consequences.

2.3 Awareness gap and system barriers

Despite being legal since 2018, public understanding of medical cannabis access remains limited, creating significant barriers for those who might benefit from treatment. The polling reveals substantial knowledge gaps that prevent patients from exploring this option, even when traditional treatments have failed to provide relief - one-third (33%) of those who are out of work, or have taken time off work, because of a long term illness describe the current system on the NHS as confusing or unclear.

This confusion is understandable given the current regulatory landscape. Although medical cannabis is legal, most products remain unlicensed for the majority of conditions. As a result, patients face a complex patchwork of private and NHS access routes that vary significantly depending on their condition and treatment needs.

A lack of knowledge about medical cannabis:

33% find the current NHS system confusing or unclear

36% unaware of NHS access for certain conditions

40% unaware it is legally available as a treatment to eligible patients

44% who have not been previously prescribed it would consider it if available on the NHS

These figures suggest that addressing awareness and system clarity could significantly expand access to those who might benefit, without requiring immediate changes to licensing or prescribing frameworks.

The Public View

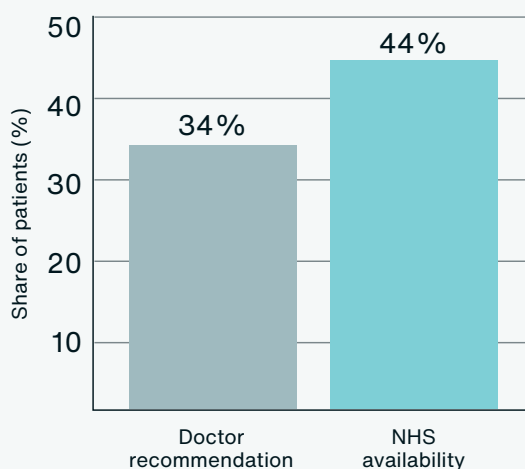
Public opinion research reveals strong support for expanding medical cannabis access, particularly when framed in terms of supporting workforce participation. Among UK adults, 71% agree that medical cannabis should be made more accessible if it was shown to help people return to work, while 64% support providing more treatment options for those unable to work due to chronic illness.

This public backing extends across demographic groups and suggests readiness for policy reform that many political leaders may not have anticipated. The support is particularly notable given ongoing debates about cannabis policy in other contexts, indicating that the public distinguishes clearly between medical and recreational use.

Among those who have experienced health-related changes to their working status and have not previously been prescribed medical cannabis, openness to medical cannabis as a treatment option is substantial. When recommended by a medical professional, 34% would consider trying medical cannabis, while accessibility through the NHS would increase this to 44%.

This suggests that both professional endorsement and system integration are crucial factors in patient acceptance.

Patient openness



Cost Implications

Any discussion of expanding medical cannabis access must acknowledge the economic realities: medical cannabis, like any prescription medication, comes with costs. However, these costs must be evaluated against both immediate savings and long-term economic benefits.

The key to cost reduction lies in scale, standardisation, and NHS procurement. As with other medications, bulk purchasing could significantly reduce per-patient costs through volume purchasing power.

More significantly, medical cannabis costs must be weighed against the substantial expense of dependency-forming medications. For example, research shows the NHS incurs an estimated annual loss of £455-518 million due to unnecessary prescribing of opioids, gabapentinoids, benzodiazepines, and Z-drugs for chronic pain conditions⁴. The NHS has already cut opioid prescriptions by 450,000 in under four years due to concerns about overuse⁵.

While opioids may appear cheaper upfront, long-term costs include dependency treatment, withdrawal services, and productivity losses. Opioid dependence can occur within 2-3 weeks, leading to serious side effects including cognitive impairment and reduced work capacity⁶.

The projected 28% reduction in hospital admissions among people prescribed medical cannabis for eligible conditions, combined with increased workforce participation, creates a compelling economic case for expanded access that extends far beyond immediate prescription costs.

⁴Davies, J. et al. (2022). "The costs incurred by the NHS in England due to the unnecessary prescribing of dependency-forming medications," Addictive Behaviors.

⁵NHS England (2023). "Opioid prescriptions cut by almost half a million in four years as NHS continues crackdown."

⁶Ketamine and Hydroxynorketamine as Novel Pharmacotherapies for the Treatment of Opioid Use Disorders (2024), *Biological Psychiatry*

The International Picture

The UK's approach to medical cannabis access sits within a global landscape where different countries have taken markedly different paths toward patient access. Examining international models reveals both the potential for expanded access and the various mechanisms through which this can be achieved.



Germany

Germany, which Cebr has taken as the baseline comparison for projections as to how medical cannabis could have an effect on the UK economy with expanded access, has emerged as the largest medical cannabis market in Europe since passing comprehensive legislation in March 2017. Removing cannabis as a narcotic in April 2024 has been a major legislative change as part of 'CanG' Pillar 1, which has improved patient access as it removes prescription barriers for prescribers. This approach has enabled broader patient access while maintaining medical oversight.



Australia

Australia represents perhaps the most comprehensive example of systematic medical cannabis integration. Since federal legalisation in 2016, Australia has developed streamlined access pathways that enable both medical practitioners and nurse practitioners to prescribe cannabis for any patient with any condition they believe would benefit clinically⁷.

The Australian system operates through two main pathways: the Special Access Scheme for individual

patient applications (typically approved within 24-48 hours) and the Authorised Prescriber Scheme for practitioners treating multiple similar patients. Australia's SAS-B scheme has now recorded more than 177,000 approvals across 2,600 prescribers, reflecting significant patient demand for medicinal cannabis, particularly for chronic pain, anxiety, and sleep-related conditions⁸.



Canada

Canada provides a model for insurance integration within a nationalised healthcare framework. While medical cannabis itself is not covered under provincial healthcare plans, Veterans Affairs Canada provides coverage for up to three grams per day with costs capped at \$8.50 per gram⁹. Many private insurance providers also offer coverage through Health Spending Accounts, with companies like Sun Life covering seven different conditions.

G7 Policy Landscape

Among G7 countries, approaches vary significantly. Canada leads with full recreational legalisation alongside comprehensive medical access. Germany has increasingly robust medical access with limited access to personal recreational consumption. Italy has legal medical cannabis with government-controlled cultivation, while regions like France or Spain will pursue a more restrictive approach. 40 US states and four overseas territories have access to legal medical and adult-use cannabis with a patchwork of different regulations guiding access across those jurisdictions¹⁰.

The United Kingdom currently sits towards the more restrictive end of this spectrum, with legal medical access but significant practical barriers to NHS prescribing. This creates an anomaly where the UK lags behind both European partners and Commonwealth countries in translating legal access into patient availability.



⁷Queensland Health (2025). "Prescribing medicinal cannabis in Queensland"

⁸SAS data <https://dashboard-data.health.gov.au/single/?appid=1066afbe-2b37-427d-8c47-2caa5082cccc&sheet=088f611b-10de-4d72-be68-ccf8d12c54e9&select=clearall>

⁹Medical Marijuana Consultations Canada (2021). "Insurance Coverage for Medical Cannabis in Canada"

¹⁰Seedsman Blog (2020). "The G7 Countries And Their Cannabis Policies"

Key Lessons for the UK

No two health systems or countries are alike, and therefore approaches which have been implemented in other jurisdictions are not guaranteed to be successful in the UK. However, there are clear lessons that can be learned and adopted into a British context. The NHS stands as a clear outlier as a healthcare model even among other developed Western nations. Through a mix of public and private models in other parts of the world it is clear that one of the core mechanisms to facilitate improved access is integration into traditional healthcare settings and appropriate funding. This has yet to be achieved in over 6 years since the rescheduling of medical cannabis, but we believe it is achievable with the correct alignment.

Real-World Evidence (RWE): Whilst much has been made of the reluctance for existing bodies and healthcare professionals to accept the available evidence on the efficacy and safety of medical cannabis, it should be considered that these frameworks are those which are well-recognised and accepted by medical bodies. Changing medical orthodoxy is not an overnight process. Whilst randomised controlled trials (RCTs) are the gold standard of evidence there needs to be a willingness to understand the challenges of these for medical cannabis products and adopt the pre-existing frameworks for the use of real-world evidence in Health Technology Assessments to accelerate access to medical cannabis. There has been continued growth of available evidence through the UK Medical Cannabis Registry which could help inform decisions to widen medical cannabis access. While RWE provides an important and immediate basis for decision-making, it should be viewed as complementary to – rather than a replacement for – traditional RCTs.

Randomised Controlled Trials: Whilst real-world evidence can play an important role in how the UK can evaluate the efficacy of medical cannabis and improve access in appropriate populations, randomised controlled trials should continue to be part of the roadmap for expanding the evidence base further. At present, restrictions on conducting research with medical cannabis and the prohibitive costs of conducting these need to be recognised by the government. Therefore, it is imperative that more government funding for clinical research on medical cannabis is made available. As highlighted in this report, there could be direct returns for the government through early investment in this research.

Supply Chain: At present medical cannabis is only a Schedule 2 medication when a medication is prescribed specifically for a patient. This places extra restrictions on the movement of raw materials for both research and the manufacturing of medications. Moving all cannabis that has been cultivated and is intended for manufacturing into medical cannabis into Schedule 2 would help reduce the costs of the supply chain, which could be passed on to patients who currently access these medications privately. This would also help improve the cost-effectiveness of these medications when they are evaluated to determine if they should be made available on the NHS.

GP Prescribing: At present GPs are not able to start a patient on medical cannabis and instead can only manage a patient under shared care. The most common conditions for which medical cannabis is prescribed, such as chronic pain, anxiety, and other psychiatric conditions are commonly managed in the dailywork load of primary care physicians. In addition, there is no legal restriction on the ability for GPs to prescribe other Schedule 2 medications. While many GPs may still not initiate medical cannabis for a patient, much like ADHD medications, changing this would allow them to prescribe if they felt comfortable to do so.



Image owned by Curaleaf International

Real stories brought to life



Tom's story

Before starting medical cannabis treatment, Tom Evans struggled to hold down jobs because of the challenges that came with living with ADHD. Even part-time roles felt overwhelming when combined with his passion for content creation, often leading to burnout and setbacks in employment. Since beginning treatment at Curaleaf Clinic, Tom says he has regained confidence, consistency and stability in his working life.



*“Living with ADHD made it feel impossible to find opportunities and keep jobs once I had them. Even managing the workload of a part-time job while pursuing my passion for content creation was overwhelming. Full-time work often pushed me into cycles of burnout that ended with me either quitting or being let go. **Since starting medical cannabis, I've regained confidence in myself and can maintain consistent work standards.** Today, I run my own content creation business, and work has never felt better.”*



Fatma's story

For Fatma Mehmet, chronic pain had a devastating effect on both her physical and mental health. Previously independent and ambitious in her career, she found herself unable to get out of bed or continue working, which left her feeling as though her sense of identity was being stripped away. At what felt like rock bottom, Fatma discovered medical cannabis through Curaleaf Clinic. Since then, she has been able to return to work, lead a team, and regain her independence.



*“Living with chronic pain took a huge toll on my physical and mental health. As someone independent and career-driven, not being able to get out of bed and go to work made me feel as if my identity was being stripped away. When I felt like I was at rock bottom and out of options, I discovered medical cannabis. I now have the ability to work, lead a team, and regain my independence. **Expanding medical cannabis via the NHS would mean greater choice for more people, which can only be a good thing.**”*

What Are We Asking For

The evidence presented in this report demonstrates both the human need and economic opportunity that expanded medical cannabis access represents. However, realising this potential requires coordinated action across multiple areas of health policy and practice. We call for change to three key interventions that would transform access while maintaining the rigorous standards expected within the NHS.

NHS Commissioning Clarity and Funding for Randomised Controlled Trials

We call for NHS England to develop comprehensive commissioning guidance that establishes clear pathways for medical cannabis prescribing within existing clinical frameworks. This guidance should specify eligible conditions, prescribing protocols, and monitoring requirements that enable consistent access across all NHS regions.

Crucially, this must be accompanied by dedicated funding for robust randomised controlled trials (RCTs) that can generate the clinical evidence needed to support wider NHS adoption. While real-world evidence from the UK Medical Cannabis Registry and international experience provides valuable insights, RCTs remain the gold standard for NHS decision-making.

Government investment in UK-led clinical trials would not only support evidence generation but also position the UK as a leader in cannabis medicine research, potentially attracting international investment and expertise to British research institutions.

Training and Education on Medical Cannabis and the Endocannabinoid System

A significant barrier to NHS prescribing is the limited knowledge among healthcare professionals about medical cannabis and the endocannabinoid system. This knowledge gap undermines clinical confidence and perpetuates uncertainty about appropriate prescribing.



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We recommend the inclusion of endocannabinoid system education within both undergraduate medical curricula and postgraduate specialist training, ensuring that future and current clinicians understand this crucial physiological system and its therapeutic potential.

Targeted investment in healthcare professional education would help close the knowledge gap that restricts NHS prescribing, while building the expertise required to ensure safe and effective medical cannabis use. Initiatives such as CuraleafEducation.com are stepping in to provide this much-needed training until formal programmes are established.

Reform of Prescribing and Reimbursement Frameworks

Current prescribing frameworks create unnecessary barriers that limit patient access and discourage clinical engagement. The requirement for specialist-only prescribing, complex approval processes, and unclear reimbursement pathways all contribute to restricted access.

These reforms should be implemented gradually, with pilot programmes in selected regions providing evidence for wider rollout. International models, particularly from Australia and Germany, provide proven frameworks that can be adapted to NHS structures and requirements.

Conclusion

This report has presented compelling evidence that medical cannabis represents a significant untapped opportunity to address one of the UK's most pressing challenges: getting people back to work after long-term illness. The convergence of economic necessity, patient need, and public support creates a unique moment for transformative policy action.

The economic case is unambiguous. With £283 million in economic value already generated through limited private access, the potential for £13.3 billion in additional GVA through NHS expansion demonstrates the scale of opportunity available. The projected 28% reduction in hospital admissions for those prescribed medical cannabis would not only improve patient outcomes but also ease pressure on an NHS under unprecedented strain.

The public understands this. Nearly two-thirds of UK adults (64%) believe people with chronic ill health should have more treatment options to get back to work. This is not a fringe issue but a mainstream concern that reflects the widespread impact of health-related economic inactivity on families and communities across the country.

International experience provides the roadmap. Australia's streamlined access pathways, Germany's physician-led prescribing, and Canada's insurance integration models demonstrate that effective medical cannabis programmes can be implemented while maintaining safety standards and clinical oversight.

The barriers to progress are not insurmountable. They are systemic issues that require coordinated policy intervention: NHS commissioning clarity, healthcare professional education, occupational health integration, and prescribing framework reform. Each of these challenges has clear solutions supported by international evidence and domestic expertise.

What makes this moment particularly significant is the alignment of multiple policy priorities. The government's commitment to reducing economic inactivity, reforming the NHS, and improving productivity all point toward medical cannabis access as an intervention that serves multiple objectives simultaneously.



Image owned by Curaleaf International

The choice before policymakers is straightforward. Continue with a system that leaves hundreds of thousands unable to work despite available treatments, or act on evidence to help expand access. The cost of inaction, measured in lost productivity, ongoing healthcare expenditure, and human suffering, far exceeds the investment required for reform. The question is not whether the UK should expand access, but how quickly it can implement the changes needed to realise this opportunity.

The evidence is clear. The moment is now. We can't afford to leave people out of work and out of options.

Appendices

Appendix A: Full Methodology

Economic Modelling Methodology (Centre for Economics and Business Research)

The economic analysis presented in this report was conducted by the Centre for Economics and Business Research (Cebr) commissioned by Curaleaf Clinic. The analysis examined the impact of medical cannabis prescriptions in the UK, both since legalisation in 2018 and under scenarios of expanded access.

Core Framework: Central to the model is the assumption that medical cannabis affects the economy primarily through labour market outcomes, by supporting individuals' return to work from unemployment and reducing sickness-related absences among the employed.

Key Findings:

- £283 million in Gross Value Added (GVA) generated since 2018 through private prescriptions
- Projected additional £13.3 billion in GVA over ten years with expanded NHS access
- 28% potential reduction in hospital admissions annually
- Economic benefits calculated through increased workforce participation and reduced healthcare costs

Polling Methodology (Opinium Research)

Two separate research studies were conducted by Opinium Research on behalf of Curaleaf Clinic:

Study 1: General Public Attitudes

Sample: 2,000 UK adults (nationally representative)

Fieldwork: 20 - 24 June 2025

Method: Online polling

Study 2: Health Condition Experiences

Sample: 1,000 UK adults out of work, or have taken time off work, because of a long term illness

Fieldwork: 23 June - 2 July 2025

Method: Targeted online polling with bespoke sampling

Appendix B: About the Research Partners

Centre for Economics and Business Research (Cebr)

The Centre for Economics and Business Research is an independent economics consultancy providing economic analysis, forecasting, and research services. Cebr specialises in economic impact assessment and policy analysis for both private and public sector clients.

Curaleaf Clinic

Curaleaf Clinic is the largest medical cannabis clinic in the UK, formerly known as Sapphire Clinics. Registered with the Care Quality Commission in 2019, Curaleaf Clinic is dedicated to improving medical cannabis access for patients while building essential evidence through the UK Medical Cannabis Registry, which contains data on over 35,000 patients.

Opinium Research

Opinium Research is a strategic insight agency built on the belief that in a world of infinite choices, people need a partner to guide them towards the right decisions. The company combines the dynamism of a startup with the rigour of an established research company.



curaleaf^{leaf} clinic

 [curaleafclinic.com](https://www.curaleafclinic.com)