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Original Article

Training the police on legalized medical cannabis: lessons in building public trust, reducing harm, and avoiding reputational damage

Lindsey Metcalf McGrath*, and Helen Beckett Wilson

School of Law and Justice Studies, Liverpool John Moores University, Liverpool, United Kingdom

*Corresponding author. School of Law and Justice Studies, Liverpool John Moores University, John Foster Building, 80 Mount Pleasant, Liverpool L3 5UZ, United Kingdom. E-mail: l.j.metcalf@ljmu.ac.uk

ABSTRACT

Worldwide, cannabis-based products for medical use are legally available in over sixty countries, reflecting major advances in clinical research and pharmaceutical investment. Although UK biotech companies are global leaders in medical cannabis products, the country is behind the international tide of policy change. New regulations in 2018 legalized cannabis prescribing, but have not been consistently implemented, nor adequately communicated to the public and public bodies, including the police. This paper reports on a police knowledge exchange and training pilot, delivered to two cohorts of UK Police Constable Degree Apprentices ($n = 94$) in response to an identified knowledge gap on cannabis-based medicines. The results show improved officer knowledge and a reduction in stigmatizing attitudes. The knowledge exchange identified training needs and procedural challenges for officers navigating shifting drug policy. It offers insights for improving operational practice to build public trust, reduce harm, and avoid reputational damage.

THE INTERNATIONAL TURN TO MEDICAL CANNABIS

Globally, cannabis is used to relieve symptoms of a wide range of medical conditions. Canada became one of the first countries to legalize medical cannabis in 2001. Thirty-nine US states have legalized medical cannabis, following California who was the first to do so in 1996. By 2021, over sixty countries worldwide had legislated or made similar provision for the use of cannabis-based medicines (United Nations Office on Drugs and Crime 2023). Regulatory approaches vary widely, from limited access via a doctor's prescription for specified conditions, to wide access via dispensaries, cannabis 'clubs', or self-cultivation. A growing number of countries are moving further, by introducing measures to legalize or decriminalize cannabis more widely, not limited to medical use.

Cannabis policy: the impact on policing

In terms of medical cannabis legalization specifically, evidence shows that such laws have no negative implications for law enforcement, countering fears that crime would increase (Shepard and Blackley 2016). More widely, we do know that there are a range of impacts of decriminalization across different counties, not all positive, but the overall balance sheet tips in favour of regulated markets, in view of the well documented harms of prohibition (Haden 2006; Rolles et al. 2016). There are certainly benefits across a broad range of public policy areas, including crime, health, and the economy (see Shepherd 2022 for an overview). From a policing perspective, cannabis legalization and decriminalization policies 'have demonstrated a reduction in minor cannabis offences, reducing the need for enforcement and decongesting criminal courts as a result. While this is an inevitable outcome of liberalising, it is by no means trivial. As Uruguay has shown, the creation of legitimate cannabis markets can also reduce users' interaction with dealers in potentially unsafe spaces, improving public safety' (ibid. Shepherd 2022: 33).

Law enforcement agencies are crucial stakeholders in the redrawing of cannabis policy worldwide, whereby police officers experience 'the ground under their feet [shift]…' (Stanton et al. 2022: 39). The extent to which police professionals are prepared, equipped, and trained is pivotal to successful implementation of major policy change. There is a paucity of research about how to equip officers for cannabis legalization, although evidence from one study identified that law enforcement officials in one US state felt neither sufficiently prepared, nor adequately trained, to deal with the operational challenges arising from cannabis legalization (Stanton et al. 2022).

This paper reports on a knowledge exchange research project focused on understanding police training needs and practice since the 2018 legalization of cannabis prescribing in the UK. It emerged from research into the experiences of

prescribed patients within the UK's contradictory policy context (Beckett Wilson and Metcalf McGrath 2023; Metcalf McGrath and Beckett Wilson 2025). That research added to growing concerns (reported in the media and discussed below) about a lack of knowledge among police officers of the 2018 regulations and resultant mishandling of legally prescribed patients. The project discussed in this paper responds to calls from within and outside of the police, for officers to receive training about the legal status and rights of cannabis patients. It identifies officers' baseline training needs and evaluates their response to a workshop focused on the legal context of cannabis prescribing and patient experiences. It provides valuable insights into the potential of police training around medical cannabis and illuminates operational constraints that impact on officers tasked with enforcing the law within shifting drug policy contexts.

The UK and medical cannabis: a confusing picture

In the UK, cannabis prescribing was legalized in 2018, in response to high-profile campaigning by the families of children with severe treatment-resistant epilepsy experiencing up to 300 life-threatening seizures per day. This was achieved via The Misuse of Drugs (Amendments) (Cannabis and Licence Fees) (England, Wales, and Scotland) Regulations 2018, which amended the 2001 Misuse of Drugs Regulations. The measure received cross party support, including through the All-Party Parliamentary Group (APPG) for Medicinal Cannabis Under Prescription. Cannabis remains criminalized under the 1971 Misuse of Drugs Act, meaning that both unlicensed growing and selling of cannabis are illegal, as is the possession of unprescribed cannabis. The focus of this paper is cannabis-based medicines that contain tetrahydrocannabinol (THC), the psychoactive compound in cannabis, since cannabidiol-only (CBD) products with very low THC levels are not controlled drugs under UK law.

The UK is the largest producer and exporter of legal cannabis for medical and scientific purposes in the world (House of Commons 2023). Despite this, its implementation of medical cannabis policy reform for UK patients lags behind the international tide of policy change. As well as experiencing financial and other barriers to legal prescriptions (Case 2020), patients report that the changes are not widely known or understood, including by the police (Beckett Wilson and Metcalf McGrath 2023; Metcalf McGrath and Beckett Wilson 2025). Fewer than five individuals have accessed a prescription for unlicensed cannabis-based medicines from the National Health Service (NHS) (unlicensed means prescribed for conditions outside of those which are officially approved, a common practice for other drugs in the NHS) (Burns 2024). Resultantly, access to legal prescriptions is almost exclusively via private clinics, which creates health inequalities. By 2024, an estimated 45,000 patients had accessed cannabis prescriptions privately in the UK (Burns 2024). The most recent figures available show that 177,566 unlicensed cannabis-based prescription medicine items were dispensed in 2022–3, and the number prescribed each year continues to increase by at least 100 per cent annually (Care Quality Commission 2024).

The 2018 legal reforms have largely gone 'under the radar' in the absence of any official public information campaign or professional training programmes to support implementation of the new regulations. One survey found that 41.5 per cent of the public were aware that cannabis can be legally prescribed (Releaf 2023). Legal patients are subject to stigmatizing attitudes arising from the ongoing criminalization of the drug (Beckett Wilson and Metcalf McGrath 2023; Metcalf McGrath and Beckett Wilson 2025). Many patients fear confrontation, particularly when needing to use their medication in public spaces, venues, or when travelling (Beckett Wilson and Metcalf McGrath 2023; Metcalf McGrath and Beckett Wilson 2025). This is particularly so for people prescribed cannabis flower; its distinctive smell attracting more attention than, say, cannabis oil. Patients must also navigate peoples' assumptions about cannabis in a multitude of potentially challenging situations, experiencing anxiety that misinformed neighbours, employers, and landlords could impinge on their freedom and safety to consume their prescribed medications.

Patients report a lack of knowledge about the law among professionals including police, venue security staff, airport and border officials, and healthcare providers (Beckett Wilson and Metcalf McGrath 2023; Metcalf McGrath and Beckett Wilson 2025). The significant gains of cannabis-based medicine to health and life quality are often countered by stressful encounters with misinformed police and other authority figures (Beckett Wilson and Metcalf McGrath 2023; Metcalf McGrath and Beckett Wilson 2025). Patients have been wrongly advised that their prescription cannabis is illegal, had medication seized, had their fitness to parent called into question, or experienced other infringements of their rights and liberty (ibid; Troup et al. 2022). Health inequalities and stigma surrounding cannabis-based medicine are preventing children and adults from accessing necessary healthcare and preventing patients from feeling safe to consume their prescribed medicine as required.

The harms of getting it wrong: the patient

Cannabis is prescribed for a wide range of physical and mental health conditions, including anxiety disorders, chronic pain, multiple sclerosis, post-traumatic stress disorder, Tourette's syndrome, epilepsy, attention deficit hyperactivity disorder, and other symptoms (Lynskey et al. 2023). Patients may be prescribed different products, with varying THC:CBD ratios, taken through various administration routes, depending on their needs. For example, a patient might take cannabis oil to control chronic pain and vaporize cannabis flower to help breakthrough symptoms (the former has a slower release and the latter is faster acting). As the UK market develops, other product forms, such as inhalers, suppositories, and patches, are becoming available on prescription (Lynskey et al. 2024). While the legalization of prescribing in the UK was driven by the high-profile cases of child patients with severe, treatment-resistant epilepsy, patients of all ages can now be prescribed cannabis. For example, older adults aged 65 and over being prescribed cannabis for chronic pain and other conditions showed significant improvements to their quality of life, general health, mood, and sleep (Lynskey et al. 2024). Patients report significant improvements to quality of life and

in many cases can reduce the quantity of other prescribed medicines taken, such as opioid medicines (Beckett Wilson and Metcalf McGrath 2023; Sunderland et al. 2023).

Despite the 2018 regulations, people who need access to cannabis-based medicines face a multitude of challenges. The financial burden of securing a prescription, unreliable medication stock levels and quality, communication problems with clinics and dispensaries, and experiences of stigma add to the stress of living with chronic illness (Beckett Wilson and Metcalf McGrath 2023). Patients report significant anxiety about being challenged by police or other people in positions of authority. Situations where police handle things incorrectly and insensitively are particularly harmful given the high proportion of people being prescribed cannabis for anxiety disorders (Lynskey et al. 2023). Research with cannabis patients in US states with a similar context to the UK (i.e. cannabis is medically legal but otherwise not) shows that legal patients remain vulnerable to police harassment and arrest (Newhart and Dolphin 2019; Reid 2020). Patients had medication confiscated and rendered useless, due to incorrect storage by the police. Some were fearful of the police, some having been roughly handled with no regard for their physical disabilities. Discrepancies between federal, state and local policies mean that 'officers are caught between…state and federal laws' and patients face uncertainty about how police will treat them (Newhart and Dolphin 2019: 184). While some encountered more sympathetic law enforcement officials, patient stress was compounded by the 'unpredictable variability in officer attitudes toward medical cannabis [and] layers of the law that allow completely different responses to the medical cannabis patient' (Newhart and Dolphin 2019: 184).

UK research (Beckett Wilson and Metcalf McGrath 2023; Metcalf McGrath and Beckett Wilson 2025) based on in-depth interviews with UK people prescribed cannabis, and their carers, highlighted cases where the actions of untrained police caused harm to patients. Officers reported one cannabis patient to social services, questioning her fitness as a parent. Clinic staff had to intervene to educate police and social services about the legality of prescribed cannabis. The encounter caused immense stress to the patient, whose cannabis-based medicine had helped control her epileptic seizures to the point where she no longer needed support from her family to care for her child. Another patient was refused entry to an outdoor festival, despite carrying his prescription. Police suggested he leave the event and return later without the cannabis, which would have prevented him from taking his medication as prescribed. Another patient did gain entry to a similar event but expressed anxiety due to the unpredictability of not knowing whether staff on a particular entrance were educated about the law. She perceived that her wheelchair gave a layer of credibility that might not be afforded to patients with invisible disabilities, who she feared might face extra scrutiny by police. Black patients were particularly anxious about how uninformed police may treat them, given the racist stereotypes associated with 'typical' drug users. These fears are based on the differential and search figures for minoritized communities—even controlling for differentials in geographical racial composition, 'Asian or Asian British were searched at a rate 1.3 times higher than those from a white ethnic group…in the year ending March 2024, [and] people identifying as mixed were searched at a rate 1.7 times higher than white people' (Gov.uk 2024: Table 2.25). These cases underline the harmful stress and anxiety caused to patients where police do not handle encounters lawfully and professionally (Beckett Wilson and Metcalf McGrath 2023). Wrongful arrests or confiscation of prescription cannabis cause further damage, not least by preventing patients taking their prescribed doses as advised by their doctor.

The harms of getting it wrong: the police

The lack of awareness among police about prescribed cannabis has attracted scrutiny. National UK newspaper The Guardian ran a feature in November 2023 highlighting cases where medical cannabis patients had been arrested and had their medication seized by police (Busby 2023). The newspaper claims twenty-four patients contacted them about encounters with 'police who did not accept their explanations for consuming cannabis in public'. One who complained about their treatment received a reply from Sussex Police's professional standards team stating that 'I am afraid that *police officers cannot be expected to know about every aspect of every law* that affects UK citizens' (cited in Busby 2023, *emphasis added*). In April 2024, drugs charity Release launched their '#ReleaseOurMeds' campaign, which enables prescribed patients who have experienced concerning encounters with the police to report it to the charity's legal team (Release 2024). South Wales Police came under scrutiny after distributing a leaflet with the headline 'Cannabis is still illegal', which listed reasons people would be arrested for cannabis offences but omitted any recognition of legal patient rights. They withdrew the leaflet after being challenged by the APPG for Medical Cannabis under prescription (APPG MedCan 2024). Bournemouth Police have been similarly criticized by a patient advocacy group for stating on social media that 'There is no such thing as "legal weed." Weed, or cannabis, in any form, is illegal' after having removed posters with images of cannabis from the town centre (PatientsCann 2024a).

Following a question raised in Parliament (14 October 2024) about what training police officers receive to deal appropriately with cannabis patients, the Minister of State could only reference a Home Office circular, and an NHS document issued in 2018, demonstrating the absence of police training (Hansard 2024). In 2025, a Parliamentary debate highlighted concerns about the harms caused to constituents by shortcomings in police knowledge (Hansard 2025). While there are examples of *ad hoc* information sessions being provided by cannabis industry members to groups of police in specific forces (see, e.g., GlassPharms 2024), there is an apparent lacuna in comprehensive police training on this topic nationally. A survey conducted 4 years after the legal change found that 28.5 per cent of UK police officers did not know cannabis was legal on prescription. 88.5 per cent of officers said they needed more training on cannabis-based medicines and how to identify legal patients (Erridge et al. 2024).

POLICE TRAINING GAPS: THE CURRENT STUDY

The examples above demonstrate the chorus of voices expressing concern about gaps in police knowledge on medical

cannabis. The following section reports on the outcomes of a knowledge exchange project that responded to the knowledge gaps among officers. The project aimed to improve police knowledge and understand the needs of officers navigating the practice terrain in the context of changes to medical cannabis regulations.

Methods

The authors developed a knowledge exchange project, delivered to two cohorts of officers ($n = 99$) from a single UK police force on the police constable degree apprenticeship (PCDA) during summer/autumn 2024. The PCDA is a relatively new police entry route, whereby student officers are employed as police constables while completing their 3-year university course (Watkinson-Miley et al. 2021). The project employed a survey with both quantitative and qualitative questions, which measured knowledge and beliefs before and after the training session/knowledge exchange. This paper reports on the findings of surveys completed by PCDA officers before and after the knowledge exchange workshop delivery ($n = 94$). The research team collectively recorded their observations of, and learning from, the knowledge exchange. This data captured some of the discussion in the workshops which provides important context to officers' perspectives.

The project was exploratory. It aimed to:

- establish baseline knowledge among police officers of current law and issues surrounding medical cannabis;
- pilot training for officers on the 2018 cannabis prescribing regulations and research evidence on patient experiences; and
- understand and inform policing practice for identifying and responding to those legally in possession of cannabis.

A 3-hour knowledge exchange workshop was delivered to officers who were ~18 months into their operational duties and university studies. It included both lecture-style training and discussion. The training covered the law on cannabis prescribing, the background to the 2018 legal reforms, and key findings from relevant academic research, including patient profiles and case studies from the authors' own study of patient experiences. Officers were shown photographs of prescribed cannabis and equipment and prescribed cannabis packaging. The training delivery was interspersed with discussion and questions. Officers were invited to share their opinions on medical cannabis law and their operational experience of dealing with people in possession of cannabis. Officers were shown a real case study of a patient from our research who had been wrongly treated by police and invited to discuss what they felt was the correct course of action. The final section of the workshop invited participants to reflect on how to approach someone in possession of cannabis to establish best practice for operational officers.

Ethical approval was granted by the University Research Ethics Committee for an evaluative research study to be conducted during the knowledge exchange. The workshop was delivered to PCDA officers as part of their core module delivery. The officers were given only outline information about the content of the workshop in advance, so as not to prejudice the robustness of the evaluation of baseline knowledge. Officers were told that the workshop would focus on recent research relating to drugs policy of relevance to their operational duties, but 'medical cannabis' was not specifically mentioned until the workshop was underway. All officers present at the workshop were invited to complete a two-part questionnaire, which was developed specifically for the project, and asked as follows (Table 1).

At the outset of the workshop, participants were invited to complete Part 1 of the questionnaire, which captured their knowledge and beliefs about cannabis, cannabis law, and users of the drug. During the workshop, a verbal explanation of the research study was given, and attendees were invited to participate on a voluntary basis. Each officer was given a Participant Information Sheet that reinforced this. Those who consented to participate in the study were invited to complete Part 2 of the questionnaire and to submit it along with Part 1 at the end of the workshop. They also submitted a signed consent form. The small number of workshop participants who opted out of the study were reminded to not submit their completed questionnaires.

Fifty-five officers out of fifty-eight participating officers from the first workshop cohort and thirty-nine out of forty-one from the second cohort opted into the research study. Questionnaires were transcribed into SPSS software. Firstly, one of the researchers re-coded the brief qualitative answers (string variables) to group them into analysis categories (numeric codes). Secondly, descriptive statistics were generated from the quantitative data. NVivo software was used to analyse word frequency and generate word clouds. Data from the field notes (taken by the two researchers/workshop facilitators) were employed to illustrate the discussions and questions raised by officers in the classroom.

FINDING AND OUTCOMES

Police attitudes towards cannabis users

In the pre-workshop questionnaire, participants were asked to write down the first three words that sprang to mind in relation to the term 'cannabis user'. The question was repeated in the post-workshop questionnaire. Table 2 displays the top ten most frequent words (grouped with synonyms).

Word clouds offer a useful comparative visual representation of the responses written by participants in the questionnaires. The more prominent words in the cloud represent the words used with greater frequency (see Figs 1 and 2).

Prominent word associations reported before the workshop included 'illegal' 'baghead', and 'young'. These indicate assumptions that all cannabis is illegal, and that a typical cannabis user is a younger person. The use of the pejorative term 'baghead' (UK slang for a drug user and, in some regions, connoting a heroin user) raises concerns about officers reproducing stigmatizing attitudes, conflating cannabis with other drugs (a common response in professionals who have not received appropriate training—see Beckett Wilson et al. 2017).

Pejorative language and assumptions of criminality were far less prominent in the post-training word cloud, demonstrating the impact of education in shifting officer attitudes. For

Table 1. Survey questions.

Pre-training survey	Post-training survey
1. Write down the first three words that spring to mind when you hear the word cannabis user	1. Did you know anything about prescribed cannabis before this presentation? • Lots • Little • Nothing
2. What does the law say about the possession of cannabis?	2. How much do you know now, having seen the presentation? • Lots • Little • Nothing
3. In practice, in what situation might you *stop* someone on the grounds of cannabis possession?	3. Write down three words that spring to mind now when you hear the word cannabis user
4. In practice, in what situation might you *arrest* someone on the grounds of cannabis possession?	4. Can you tell us one thing (or more!) that will stay with you?
5. Are there any situations in which people can legally be in possession of cannabis (*please tick*)? • Yes • No If any, can you outline them here?	5. Will you do anything differently in your practice after the training today? If so, what? 6. Was there anything you liked about the training delivery today? 7. Is there anything the trainers could do differently to improve this training? 8. Would you prefer to have received todays training in a live online session? • Yes • No 9. Would you prefer to have received todays training in a recorded online session? • Yes • No 10. Any other comments on the research?

Table 2. Write down the first three words that spring to mind when you hear the word cannabis user (ten most frequent words).

Pre-training survey			Post-training survey		
Word (with synonyms)	**Count**	**Per cent**	**Word (with synonyms)**	**Count**	**Per cent**
Smell	34	12.8	Medical	39	15.7
Addict	23	8.7	Prescription	19	7.7
Young	15	5.6	Illegal	17	6.9
Drugs	12	4.5	Addict	17	6.7
Illegal	11	4.1	Smell	13	5.2
Student	11	4.1	Drug	9	3.6
Baghead	10	3.8	Legal	7	2.8
Crime	6	2.3	Student	6	2.4
Stoner	6	2.3	Crime	5	2.0
Stopsearch	5	1.9	Stoner	5	2.0

example, use of the pejorative term 'baghead' reduced from a count of ten to zero. The term 'medical' rose from three mentions pre-training, to thirty-nine mentions post-training. The word 'prescription' rose from zero to nineteen. The attitude of professionals to the drug itself, and users of it, is important. Research on the impact of professional attitudes, specifically in healthcare, demonstrates that prohibitionist narratives and stereotypes are correlated with pejorative beliefs which result in the stigmatization of patients:

> Drawing upon the narrative environment of addiction and prohibition, physicians recurrently marginalised medical cannabis users, by passing on moralistic judgements of patients and describing them as malingerers or manipulative (Zolotov et al. 2018: 9).

Police knowledge of cannabis law

Baseline knowledge of medical cannabis regulations was relatively low. Eighty-eight per cent of participants said they

Figure 1. Pre-training question—the first three words participants thought of when they heard the term cannabis user.

Figure 2. Post-training question—the first three words participants thought of when they heard the term cannabis user.

knew little or nothing about prescribed cannabis prior to the presentation. When asked, 'what does the law say about cannabis?', 73 per cent stated that it was illegal. While many indicated that they would generally seek alternatives to arrest, such as a voluntary attendance interview, some were keen to exercise their powers—one participant stated that they would always arrest first, until the person could prove their legal right to be in possession:

> Anyone is getting locked up. It is illegal to possess.

Only 14 per cent of the participants reported that cannabis was illegal except for medical reasons. A further 12 per cent offered a vaguer answer, suggesting that it was illegal but that there could be an (unspecified) lawful excuse. Only when prompted further, did 86 per cent replied 'yes' to the question of whether there was 'any situation in which someone could be in legal possession of cannabis.' Of these, 33 per cent clearly mentioned prescription medicine. A further 47 per cent demonstrated the earlier levels of confusion when they identified medical uses, but their answers included some misinformation:

> Medical that has been prescribed, No THC.
> Medicinal user on prescription from GP or consultant.
> Medical reasons? (grey area).
> Prescribed by doctor (only about 4 people in UK).

Confusion over the legal status of THC and CBD is evident, since prescription cannabis *can* include THC. CBD-only products without THC may be legally purchased in health food shops, for example, and no prescription would be necessary. Some officers were unaware that a general practitioner cannot write a cannabis prescription; unlicensed cannabis-based products for medicinal use may only prescribed by a consultant on the Specialist Register (Home Office, 2018). During the workshop discussions, some officers were surprised that authorized cannabis use was legal. Some told us that trainers had misinformed them that almost no one that they encountered could be in legal possession of the drug, misreporting that only four people had been prescribed cannabis in the UK. Almost all participants were shocked at the true scale of legal prescribing, estimated to be approximately 45,000 people and rising (Burns 2024), at the date of the training. During the workshop, it became clear that officers had no knowledge of the legal processes around cannabis clinics and pharmacies. They were surprised to learn that prescription cannabis can be delivered, for example, by Royal Mail. Most were unaware that prescription cannabis flower is vaped—the smoking of cannabis-based medicines remains prohibited under UK law.

Procedural challenges around medical cannabis

Officers identified several barriers to implementing changes in operational practice to accommodate legally prescribed patients, not least because those in charge of policing policy had not given guidance on the change in the law. Participants wanted clear directives on what they were and were not allowed to do procedurally and were reluctant to engage with questions of why and when, stating this was for more senior people to deal with. They felt powerless to change their practice until those in senior positions were also aware of the legal change:

> Supervisors need to know.
> This training needs to be presented to Sergeants.
> Inform senior management as well. New officers are vulnerable so this [lack of awareness of prescription cannabis] could bring more uncertainty.

This lack of policing policy-level leadership on the change in the law led to frontline officers facing ambiguity and conflicting procedural demands in several aspects of their operational duties, as outlined below.

Verifying legitimate possession of cannabis

Officers demonstrated some confusion over the verification process for identifying those who can legally be in possession of cannabis. Legally, patients should produce their prescription to prove their status (NHS 2024). However, several mentions of a 'medical card' by participants underline the lack of clarity over medical cannabis ID cards. The confusion is understandable. A card scheme developed by a cannabis patient advocate is marketed to people obtaining cannabis illicitly (e.g. due to inability to pay for a legal prescription) (Cancard 2024). Individuals can submit their health records to prove their theoretical eligibility for a prescription and pay an annual membership to obtain a card. The scheme asserts its official endorsement by

some senior police (Cancard 2024), but the Home Office (2023) contradicts this claim, denying the card has any legal status or endorsement. In terms of prescribed patients, one clinic advertises that they provide a medical card to clients. This has been criticized by patient groups who argue that it obscures the fact that only the prescription is needed to prove lawfulness (PatientsCann 2024b).

Although not supported by any documented evidence that prescriptions are easily forged, several officers became focused on the notion of fake prescriptions and were unwilling to trust this as evidence of legal possession, even if accompanied by valid ID (despite this being the official procedure). Similarly, they speculated that containers with pharmacy labels might also be misappropriated/forged. In the workshop discussion, a few officers mooted the idea of elaborate and intrusive national databases of patients who are prescribed cannabis as an alternative verification check.

Stop and search

Current stop and search procedures [which 'allow officers to detain a person who is not under arrest in order to search them or their vehicle' (College of Policing 2017)] reportedly make it difficult for officers to act in ways that acknowledge the legal right to possess prescription cannabis. Junior officers felt pressure from supervisors to search when they stop someone, no matter what evidence suggests this might be unnecessary. The workshop facilitators asked whether they could avoid proceeding to a full search if they were shown a valid prescription and ID. The dominant view was that powers to stop and search should be deployed wherever possible when it came to cannabis, 'to protect the public'. Notably, this conception of the public was narrow—when facilitators suggested that members of the public who are prescribed cannabis may find a body search stressful, officers reiterated that people in this situation should accept this loss of liberty to keep them 'safe'. There was little sympathy with a case study from the media where a patient was handcuffed whilst searched. Participants described this as 'for the safety of the officer and the public' (despite no weapons etc. being established as present). Officers stated that searching was their right as they believed it often led to finding other illegal items. They said that supervisors who scrutinize their practice are looking for them to identify wrongdoing at all opportunities (apparently regardless of community relations cost). This finding accords with research by Grace et al. (2022) that found that officers felt pressure from managers, obliging them to take action when cannabis was found.

When asked about the reason for searching even those who provided valid ID and prescriptions, participants speculated that patients could be carrying 'knives' or 'more cannabis than prescribed', despite officers not carrying scales and being unable to say how they would establish the latter. The officers' determination to search appeared to be underpinned by entrenched prohibitionist beliefs (which they explained stemmed from their training) that cannabis possession is always synonymous with criminality.

The loss of liberty did not stop at being searched. One officer with concerns about the verification of prescriptions said he would feel obliged to confiscate the cannabis, particularly as trainee officers wear body-worn cameras and 'have to justify to an assessor why they hadn't taken the drug "off the street"'. Officers were very conscious of such targets and the need to justify their actions to these police training assessors, who were looking for 'results' (meaning arrests, not maintaining the liberty of the public). Participants made clear that they wanted to find drugs rather than not find them, as this is what they are told to aim for. They said they would rather err on the side of confiscating medication and apologizing later, rather than having to explain to an assessor why they did not search the person and/or seize their drugs.

Driving and cannabis

Participants were heavily critical of guidance developed to protect the rights of cannabis patients who drive. They were shown extracts from the Cannabis Industry Council (2023a)'s guide for police:

> Roadside swabs (preliminary tests) are to identify the presence of an illicit controlled drug and should not be administered until the validity of the prescription is sought.
>
> Unless evidence can be adduced to prove that the patient was not following their prescriber's and manufacturer's guidance (generally do not drive if impaired), an investigation into a Section 5A charge should be NFA.
>
> If you are unsure about compliance with prescriber and manufacturer guidance, then no arrest should be made.
>
> If you believe the patient is impaired, you should follow PACE and investigate a Section 4 offence in which a sample of urine will suffice.

A companion guide (Cannabis Industry Council 2023b) offers advice patients to take prescription cannabis as prescribed, carry evidence of the prescription, avoid driving if they feel impaired, and respond calmly and politely to any challenge by police.

During the discussion, officers dismissed the notion that prescribed cannabis was comparable to other prescribed medication (e.g. anti-depressants or opiates) whereby patients are advised not to drive if they feel impaired, with police only stopping and challenging those people witnessed driving in an erratic or unsafe way. Officers argued that since cannabis has a strong smell, they could not ignore it and would have to take action to challenge a driver, regardless of how safe their driving appeared to be. Notably they did not explain how this situation was likely to arise (i.e. smelling cannabis from inside a moving vehicle).

There was vociferous opposition to the Cannabis Industry Council guidance from participants, who almost unanimously stated that they would always begin with a roadside drug test, even if a driver could pass a roadside fitness test and evidenced their cannabis prescription. Officers reported that any positive roadside test result would oblige them to arrest the individual so that more precise testing at the police stationing could ascertain the levels of cannabis in their system. Overall, the driving discussion during the training indicated that officers conflate legally prescribed/illicit users of cannabis and people driving safely/dangerously. Research suggests that such distinctions

are important, however. Love et al.'s (2023) study of Australian drivers found that recreational and medical users of cannabis had distinct patterns of drug use, drug driving and drug perceptions. Medical cannabis patients were more likely to be law-abiding and more responsible in their consumption of cannabis and in their post-consumption driving. Our findings underline the need for greater clarity in the detail of operational procedure to better distinguish between lawful/unlawful situations and risks to public safety, while respecting the rights of legal patients.

The effect of research-informed training on officer knowledge, attitudes, and practice

The results show that research-informed training on prescribed cannabis increased the levels of knowledge self-reported by participants. Following the workshop, 67 per cent of officers now said they knew 'a lot' about prescribed cannabis (compared with 10 per cent beforehand). As discussed earlier, the post-training questionnaires also indicated a shift in police officers' attitudes towards people who use cannabis.

Officers were asked to state one thing that would stay with them from the training. The most frequent answers related to learning that prescription cannabis was legal (20 per cent), that there were more legal patients in the UK than officers had thought (25 per cent), and new knowledge about the medical benefits of cannabis and patient profiles (11 per cent):

> That not everyone is using cannabis illegally, more people use it medically than I knew.
>
> The difficulties that families face obtaining medical cannabis products.
>
> The back story of people that need cannabis—it gives perspectives.

The results indicate that the training has the *potential* to impact upon policing practice (although measuring *actual* change in practice is beyond the scope of the current project). What the research does demonstrate, as outlined above, is that the capacity for frontline officers to implement change is mitigate by what procedural policy allows them to do, meaning that the training would need to begin with the architects of police policy. Without policy leadership, it was perhaps unsurprising that in the post-workshop questionnaire, 47 per cent of officers said they would not change anything in their operational practice:

> No [change], because I ask if there is any medical reason for drugs already.
>
> Always approach drug use in the same way as before. Ultimately prescribed or not, cannabis is illegal until innocence is proved with prescription.

That said, 42 per cent of officers did intend to change their practice in future, for example, by checking if someone in possession of cannabis had a prescription (37 per cent), showing more compassion (3 per cent), or educating their colleagues (1 per cent):

> Ask for prescription for proof of legal use.
>
> Gather information before jumping in to search.
>
> Be more understanding.
>
> Made me think of how scared legally prescribed cannabis users are [if searched by police].
>
> Educate other officers.

STUDY LIMITATIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

The knowledge exchange project detailed in this paper was developed in response to our previous research findings, and other evidence outlined in this paper's introductory section, that pointed to a lack of police training and knowledge of the post-2018 cannabis prescribing framework in the UK. The project here has taken an exploratory approach that aimed to establish baseline knowledge levels among police officers, share relevant research findings with them, and then elicit their perspectives on these findings to better understanding how patient experiences of the police and policing practice can be better aligned. This research has several limitations and identifies avenues for future research.

Firstly, the research here was confined to Police Constable Degree Apprentices from a single UK police force. The researchers gained access to this cohort from Programme Leaders on the PCDA who were clearly open to cannabis prescribing training being offered on the curriculum.

We cannot be sure that officers from different regional forces, with alternative entry routes, career histories or experience levels would not have different perceptions of cannabis users or differing knowledge of prescribing law, for example. As recorded in our field notes, some participants themselves alluded to their perceptions that some of their colleagues who had not entered policing via that PCDA route, or who had been out of training for some time, might have different attitudes. Future research on a larger and national scale would be important to better understand how local forces respond to cannabis patients nationally. Officers at different levels of experience and seniority should be represented in such work.

Secondly, the quantitative element of this research is based on a simple cross-sectional survey design which measured officers' immediate reactions to the training workshops that they participated in. To mitigate the potential for socially desirable responses, we reminded participants that their questionnaires were anonymous. Participants were also instructed not to discuss their responses whilst completing the pre- and post-workshop paper surveys, but we cannot be sure participants were not influenced by those sitting closely to them in the workshop. Any repeat of this knowledge exchange might benefit from more confidential electronic survey tools. Because we collected the post-training survey data immediately following the workshop, we can only measure officers' self-reported intentions to change their practice. Future research is recommended to follow up how training of this kind may or may not translate into actual changes in officer's practice in the longer term.

Despite its limitations, this paper contributes important insights into police perspectives on the contradictions of the UK cannabis policy context. In a limited field of knowledge

currently about police training on cannabis prescribing, it offers insights into how UK law can be better implemented to both equip officers and better protect patients' rights.

CONCLUSIONS AND RECOMMENDATIONS

This project evidences the importance of training for police to equip them to respond appropriately to shifting drug policy on medical cannabis. The research shows that, seven years since the legalization of cannabis prescribing, UK police remain inadequately trained on how to respond to patients. In the absence of training, officers may conflate legal and illegal possession of cannabis, infringe the rights of people prescribed the drug, and reproduce stereotypes about people who use drugs.

This research also identifies areas of operational procedure that need clarification due to the 2018 legal reforms. Officers, quite rightly, want clarity over how they should conduct themselves operationally within the UK's cannabis policy context. They express the need for backing from senior officers to allow them to apply their new knowledge with confidence. Stop and search processes and driving are two contexts where police remain confused about how to distinguish between prescribed patients and people in possession of illicit cannabis. Officers are also unsure which processes have official police/Home Office endorsement, for example confusion over unofficial guidance and card schemes. We therefore recommend that policing policy leaders take action to eliminate the 'grey areas' around procedural processes for prescription verification, cannabis-related searches and driving stops. This needs to be supported by the provision of accurate training on post-2018 cannabis law, both for new and experienced officers.

Inadequacies in police knowledge and procedure on prescribed cannabis have serious implications for citizens in legal possession of the drug, as illustrated by cases where patients have been wrongfully detained or had medication confiscated (Busby 2023). This should be of serious concern to police forces across the UK, who have been criticized for both their poor handling and their misleading messaging around medical cannabis (Busby 2023; APPG MedCan 2024; PatientsCann 2024a). The examples we have provided of negative media coverage are particularly damaging at a time when public trust and confidence in the police is declining (Brown and Hobbs 2023).

This project demonstrates that training can impact on police knowledge and attitudes and therefore has the potential to influence practice. It shows that police are receptive to training about medical cannabis and the workshops increased police knowledge. A significant number of officers planned to improve their practice as a result, and we recommend further, longitudinal, research to measure actual changes to practice following this type of training. The training has the potential to shift officers' attitudes away from harmful stereotyping towards a more balanced understanding of the different contexts in which cannabis is used. This included an increased awareness of the medical applications of cannabis and greater understanding of the health and other challenges facing people prescribed the drug.

The findings have international significance at a point where many countries are (re)considering their legal frameworks in relation to cannabis. Clearly, the updating of police training and procedures are crucial steps in the implementation of legal reforms. This research has shown that this is overdue in the UK; its absence is causing harms to patients and damaging the reputation of the police. There is a need for further research to identify and share good practice amongst policymakers internationally, in contexts where medical cannabis is legal, to inform effective police operational responses to, and implementation of, cannabis policy reforms.

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CONFLICT OF INTEREST

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