



Jamie Halliday

Email us at: [foi@dvla.gov.uk](mailto:foi@dvla.gov.uk)  
Website: [www.gov.uk/browse/driving](http://www.gov.uk/browse/driving)

Your Ref:  
Our Ref: FOIR13019

Date: 2026

Dear Jamie Halliday,

### Freedom of Information Request

Thank you for your email of 29 December, requesting information under the terms of the Freedom of Information Act 2000 (FOIA).

You asked:

**This request concerns medical fitness to drive decisions where cannabis based products for medicinal use (CBPM) are relevant, and how these compare with other prescribed psychoactive medications.**

#### Medical standards and guidance

**1.1) Please provide copies of any current and superseded DVLA medical guidance, policy documents, decision-making frameworks or similar documents from 2018 onwards that:**

**a) Refer specifically to cannabis based products for medicinal use (CBPM),**

The Driver and Vehicle Licensing Agency (DVLA) does not hold recorded information in scope of question 1a.

Outside the provisions of the FOIA, it may be helpful to explain that the DVLA is not required to investigate the effects of medication on safe driving. This includes medicinal cannabis. The DVLA is required to investigate when notified of a medical condition that may affect someone's ability to meet the required medical standards for driving not any medication the licence holder may be taking

**b) Refer to cannabis or THC more generally in a medical fitness to drive context,**

This information is not held. However, outside of the provisions of the FOIA, you may find the Secretary of State for Transport's honorary medical advisory panel minutes that mention cannabis or THC useful. These can be found on [GOV.UK](https://www.gov.uk).

**c) Explain how DVLA expects medical professionals to advise patients who are prescribed CBPM about driving.**

This information is not held. However, outside of the provisions of the FOIA, you may find the information contained within the Assessing Fitness To Drive (AFTD): a guide for medical professionals useful. This can be found on [GOV.UK](https://www.gov.uk).

This guidance does not specifically mention medicinal cannabis as this is not distinguished from other prescribed medication. However, the guidance does advise that if drivers are taking prescribed drugs subject to the drug-driving legislation that medical professionals should advise them to carry confirmation that these were prescribed by a registered medical practitioner (Chapter 8- Medical effects).

**1.2) Please provide any recorded information which explains how DVLA distinguishes, in medical fitness to drive decision-making, between:**

- a) Lawful CBPM prescribed under the Misuse of Drugs Regulations 2001, and**
- b) Non-prescribed or illicit cannabis use.**

The DVLA does not hold recorded information in scope of questions 1.2 a and b.

Outside the provisions of the FOIA, it may be helpful to explain that the DVLA can refuse/revoke a driving licence/application where there is a relevant medical condition which means the licence holder/applicant cannot meet the required medical standards for driving.

Taking medication as prescribed, including prescribed medicinal cannabis, is not a relevant medical condition. If there is dependence on or persistent misuse of prescribed medication, which is usually considered to be the case when taking above prescribed dose regardless of how that is sourced, this may lead to there being a relevant medical condition which could result in the revocation of a driving licence or the refusal of an application.

Individuals who are prescribed cannabis (and can produce the required evidence) are not required to notify the DVLA of their cannabis usage. They only need to contact the DVLA if the medical condition for which they were prescribed cannabis is notifiable. The DVLA will consider each licensing application/notification on its merits.

GB driving licence holders need to be able to demonstrate the drug has been prescribed for medical purposes. They will also need to show that the drug has been taken in accordance with the directions given by the medical specialist who prescribed or supplied the drug, and with any instructions given by the manufacturer. Drivers taking prescribed drugs are subject to drug-driving legislation will need to be advised to carry confirmation that these were prescribed by a registered medical practitioner.

The DVLA's remit is to make a licensing decision when there is either misuse or dependence of either prescribed or non-prescribed cannabis product. If there is evidence of misuse of any prescribed drug, illicit drug or recreational drug use, we would investigate in line with the relevant medical standards. The guidance for misuse and dependence of drugs does not distinguish between prescribed and illicit/non prescribed drugs.

**1.3) Please provide any internal guidance or data dictionary text which explains how cannabis, CBPM or THC-related factors are coded in DVLA medical casework systems (for example flags, categories, or keywords used).**

**Licensing decisions involving CBPM and other prescribed psychoactive medicines.**

The DVLA does not hold recorded information in scope of question 1.3 as there are no such codings used to distinguish between different drug types.

**2.1) For each of the last five complete calendar years, please provide the number of driving licence applications or licence holders who were subject to any of the following outcomes where cannabis, CBPM or THC was recorded as a factor in the medical decision:**

- a) Refusal of a new licence,
- b) Revocation of an existing licence,
- c) Imposition of a short-term licence, or
- d) Requirement to meet specific medical review conditions.

**If possible, please:**

- i) Separate cases where cannabis use was recorded as lawful prescribed CBPM, and
- ii) Cases where cannabis use was recorded as non-prescribed or illicit. If this distinction is not recorded in your systems, please confirm this explicitly.

Although the DVLA may hold information in scope of question 2.1, it is not readily available. A case by case review of more than 30,000 cases where a medical investigation for drug misuse or dependency has taken place would be required to obtain it. This is estimated to exceed 24 hours work.

Under section 12 of the FOIA, a public authority is not obliged to comply with a request where the estimated cost of determining, locating, retrieving and/or extracting the information exceeds £600 or 24 hours of work. As it is our policy not to respond to requests for information that would exceed the appropriate cost limit, the information you have requested will not be provided.

**2.2) For the same five year period, please provide equivalent figures (a to d above) for cases where the recorded medical factors included any of the following prescribed psychoactive medications:**

- a) Opioid analgesics,**
- b) Benzodiazepines,**
- c) Z-drugs (for example zopiclone, zolpidem),**
- d) Antidepressants,**
- e) ADHD medications (for example methylphenidate, lisdexamfetamine, atomoxetine),**
- f) Any other prescribed medication categories that DVLA codes as potentially impairing driving.**

**If separate counts by each medication category are available, please provide them. If not, please provide whatever grouped categories are recorded and explain how they are defined.**

### **Prescribed vs illicit cannabis in case handling**

Although the DVLA may hold information in scope of question 2.2, it is not readily available. A case by case review of every medical investigation for the time frame requested would be required to obtain it. This is estimated to exceed 24 hours work.

Under section 12 of the FOIA, a public authority is not obliged to comply with a request where the estimated cost of determining, locating, retrieving and/or extracting the information exceeds £600 or 24 hours of work. As it is our policy not to respond to requests for information that would exceed the appropriate cost limit, the information you have requested will not be provided.

**3.1) Please provide any recorded information (guidance, training material, standard operating procedures, internal emails or memos) that explains:**

- a) How DVLA caseworkers are instructed to handle cases where a driver declares lawful CBPM use,**
- b) How they are instructed to handle cases where illicit cannabis use is suspected or recorded, and**
- c) Whether different risk thresholds or decision criteria apply to prescribed CBPM patients versus illicit cannabis users.**

You clarified on 27 January 2026 that you are seeking:

**internal e-mails from 1 January 2018 onwards), using the following search terms (or your closest equivalents):**

- "CBPM"***
- "cannabis based product"***
- "cannabis-based product"***
- "medicinal cannabis"***
- "medical cannabis"***

**"prescribed cannabis"**  
**"cannabis prescription"**  
**"THC"**  
**"tetrahydrocannabinol"**  
**"illicit cannabis"**  
**"non-prescribed cannabis"**  
**"Misuse of Drugs Regulations 2001"**

The DVLA does not hold any e-mails in scope of this question.

**The information held in scope of question 3.1a)** shows that the DVLA's medical caseworkers are advised that no investigation is needed for prescribed cannabis.

**The information held in scope of question 3.1b)** shows that the DVLA will carry out a medical investigation if we are notified of possible drug misuse or dependence. If there is evidence of drug misuse or recreational drug use in addition to any prescribed does, the DVLA can undertake a medical investigation into the licence holder's fitness to drive.

**The information held in scope of question 3.1c)** shows that the DVLA does not distinguish between prescribed and illicit drug use in relation to misuse and dependence. The same medical standard for fitness to drive threshold applies to misuse and/or dependence of all cannabis based products whether prescribed or not.

#### **Equality and disability impact**

**4.1) Please provide any Equality Impact Assessments, Disability Impact Assessments, or similar documents produced since 2018 that consider:**

**a) The impact of DVLA medical fitness to drive policy on patients prescribed CBPM, and**

**b) The impact of DVLA policy regarding psychoactive prescribed medications more broadly on disabled or chronically ill drivers.**

**4.2) If no such assessments have been carried out specifically mentioning CBPM, please confirm whether CBPM is covered under any wider equality or disability impact assessments relating to medical fitness to drive, and provide those documents.**

The DVLA does not hold recorded information in scope of questions 4.1 a, b and 4.2.

#### **Complaints, appeals and reviews**

**5.1) For each of the last five complete calendar years, please provide:**

**a) The number of complaints received by DVLA where the complainant referred to their use of CBPM in relation to fitness to drive or licensing decisions, and**

Although the DVLA may hold this information, it is not readily available. A case by case review of each of the figures provided in the table below would be required to obtain it. This is estimated to exceed 24 hours work.

Under section 12 of the FOIA, a public authority is not obliged to comply with a request where the estimated cost of determining, locating, retrieving and/or extracting the information exceeds £600 or 24 hours of work.

The recorded information that can be provided within cost can be found in the table below. This provides the number of formal complaints received by the DVLA about medical cases/applications in which drug/alcohol misuse/dependence was a factor for each year from 2021 to 2025.

Calendar Year	Number of Formal Complaints
2021	1,340
2022	1,369
2023	1,152
2024	899
2025	633

**b) The number of appeals or requests for review of medical licensing decisions where CBPM was mentioned in the case records.**

Although the DVLA may hold this information, it is not readily available. A case by case review of each of the figures provided in the table below would be required to obtain it. This is estimated to exceed 24 hours work

Under section 12 of the FOIA, a public authority is not obliged to comply with a request where the estimated cost of determining, locating, retrieving and/or extracting the information exceeds £600 or 24 hours of work.

The recorded information that can be provided within cost can be found in the table on the next page. This provides the number of appeals against medical licensing decisions for drug/alcohol misuse/dependence for 2021 to 2025.

Calendar Year	Number of Medical Appeals
2021	318
2022	449
2023	445
2024	304
2025	243

The information which follows concerns the procedures for making any complaint you might have about the reply. Please quote the reference number of this letter in any future communications about it.

Yours sincerely,



Luke Davies  
Freedom of Information Team

## **Your right to complain to the DVLA and the Information Commissioner**

If you are not happy with the reply to your request, you can ask the DVLA to re-consider the response you received by writing (within two calendar months of receiving this response) to either [foi@dvla.gov.uk](mailto:foi@dvla.gov.uk) or the DVLA Freedom of Information Team, FOI, C2E, DVLA, Swansea SA6 7JL.

The DVLA will acknowledge and consider your request, re-visiting the response provided. This is known as an Internal Review and will be considered by a staff member not involved with the original reply.

If you disagree with the outcome of the Internal Review, you have the option to complain to the Information Commissioner's Office. Further information can be found via: <https://ico.org.uk/make-a-complaint/> Alternatively you may wish to write to: Customer Contact, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow SK9 5AF.