Chronic pain can affect almost every part of life: sleep, work, relationships, movement and mental wellbeing. It is also more common among women, who may face extra delays when conditions such as endometriosis or menopause-related symptoms are involved. It is understandable that people look for treatments beyond standard painkillers, including products containing THC.

But the key message from **NICE 2019 cannabis chronic pain guidance** is clear: THC products are not routinely recommended for chronic pain. NICE also has separate guidance on assessing and managing chronic pain in adults. This article explains what the guidance means, what NHS care may involve, and where to seek advice.

This is general information, not a diagnosis or a personal treatment recommendation. A clinician can help assess what may be causing your pain and which options are appropriate for you.

What is THC, and what does NICE say?

THC, or tetrahydrocannabinol, is a cannabis compound that can cause intoxicating effects. Cannabis-based medicinal products may contain THC, cannabidiol (CBD), or a combination of the two. They are not all the same, and evidence or recommendations for one product cannot automatically be applied to another.

In its 2019 guideline on cannabis-based medicinal products, NICE recommended that healthcare professionals **do not offer THC-containing products to manage chronic pain**. The recommendation covers products such as THC alone and combinations of THC and CBD. NICE also advises against offering CBD alone for chronic pain.

In everyday terms, **THC products are not offered as a standard NHS treatment for chronic pain**. This does not mean NICE has said that every cannabis-based medicine is never appropriate for any health condition. Its recommendations differ by condition. For example, the guidance discusses specific circumstances involving severe treatment-resistant epilepsy and nausea and vomiting caused by chemotherapy. Those recommendations do not apply to chronic pain.

Does “not recommended” mean THC can never be prescribed?

No. In the UK, a cannabis-based medicinal product containing THC may be prescribed by a specialist doctor in limited circumstances. However, this is not the same as being a recommended, routine treatment for chronic pain. A prescription is not guaranteed, and decisions depend on the individual’s condition, previous treatment, clinical judgement and the relevant rules.



Nor should people assume that cannabis bought online or from an unregulated source is equivalent to a prescribed medicine. Products may differ in their contents, strength and quality. THC can also cause unwanted effects, and it may affect alertness and driving. Discuss any cannabis product you use with a healthcare professional, particularly if you take other medicines or have concerns about side effects.

Question What the guidance means Does NICE recommend THC for chronic pain? No. NICE's 2019 cannabis guidance says not to offer THC-containing products for chronic pain. Does the guidance apply to every cannabis medicine and condition? No. Recommendations are specific to the product and the condition being treated. Can a specialist prescribe a THC-containing medicine? Possibly in limited circumstances, but this does not make it a routine or guaranteed treatment for chronic pain.

What does NICE recommend for chronic pain in adults?

NICE guideline NG193, *Chronic pain (primary and secondary) in over 16s*, focuses on assessment and care that can help people manage pain and improve daily life. It distinguishes between **chronic primary pain** and **chronic secondary pain**.

- **Chronic primary pain** means pain that is not adequately explained by another condition, or where the pain itself has become a condition. The pain is real, even if scans or tests do not show a clear cause.
- **Chronic secondary pain** is linked to an underlying condition, such as endometriosis, arthritis or nerve damage. A person can have both primary and secondary pain.

The distinction matters because treatment for secondary pain may include care for the condition causing it. NICE encourages a person-centred assessment that considers the pain, its effect on day-to-day life, the person's priorities and any other physical or mental health needs.

First-line care for chronic primary pain

For chronic primary pain, NICE recommends discussing options that support quality of life and day-to-day function. Depending on the person's needs, these may include:

- a supervised group exercise programme suited to the person's abilities and preferences

- psychological therapy for pain, such as cognitive behavioural therapy (CBT) or acceptance and commitment therapy (ACT)
- acupuncture, when delivered by an appropriately trained practitioner and in line with the guideline
- in some cases, an antidepressant medicine after a discussion of possible benefits and harms, even if the person does not have depression.

These approaches are not a suggestion that pain is “all in your head”. Pain involves the body and nervous system, and it can be influenced by many factors. Support with movement, coping strategies, sleep and mood can be part of treating real pain—not a substitute for taking it seriously.

NICE advises against starting certain medicines specifically to manage chronic primary pain, including opioids, gabapentinoids, benzodiazepines and paracetamol. It also advises against starting non-steroidal anti-inflammatory drugs (NSAIDs) for this purpose. People already taking medicines should not stop them suddenly without speaking to the prescriber, as a safe review or reduction may need to be planned.

When pain is linked to another condition

For chronic secondary pain, the care plan should take account of the underlying condition as well as the pain. Treatment may involve a GP, a relevant specialist, physiotherapy, pain services or other services. The most suitable route depends on the suspected cause, symptoms and what has already been tried.

There is no single treatment pathway that suits everyone. If pain is affecting daily life, ask your GP or healthcare team for a review and discuss what the next step should be. A referral may be considered when symptoms need specialist assessment, when the cause is unclear, or when initial care has not helped enough.



Why women’s chronic pain deserves careful attention

Chronic pain affects people of all genders, but women are more likely than men to report some forms of persistent pain. There is no single figure that captures every condition or population, and estimates vary depending on how chronic pain is defined. What is important in practice is that women’s symptoms deserve the same careful assessment and attention as anyone else’s.

Some women live with pain related to menstrual cycles, pelvic conditions, migraine, musculoskeletal problems or changes around menopause. More than one cause can be present. Pain may also affect work, caring responsibilities, exercise, relationships and mental wellbeing. If symptoms are dismissed or repeatedly treated without reviewing the underlying picture, it can take longer to reach suitable care.

Endometriosis: delays and the wider impact

Endometriosis is a condition in which tissue similar to the lining of the womb is found elsewhere in the body. It can be associated with severe period pain, pelvic pain, pain during or after sex, pain when passing urine or having a bowel movement, fatigue and difficulty conceiving. Symptoms vary, and not everyone experiences all of them.

Diagnosis can take years. UK estimates of the average delay vary over time and between sources, but recent reporting has put the wait at around eight years. That delay can mean years of managing symptoms while trying to work, study, care for others or maintain relationships. Persistent or worsening symptoms are worth discussing with a GP; severe pain should not simply be assumed to be an ordinary part of menstruation.

A GP can assess symptoms and discuss investigations, pain relief and referral to gynaecology. If endometriosis is suspected, or symptoms continue despite initial care, a specialist assessment may be appropriate. Keeping a record of symptoms, cycle timing, medicines tried and their effects can help make a consultation more focused.

Menopause symptoms are not just hot flushes

Menopause can bring a wide range of symptoms. Alongside hot flushes and night sweats, some people experience sleep problems, low mood or anxiety, difficulty concentrating, joint and muscle aches, headaches, vaginal or urinary symptoms, and changes in sexual wellbeing. Symptoms differ from person to person and can affect everyday life.

Joint or muscle pain can have several possible causes, so it is sensible not to assume that every new pain is due to menopause. A healthcare professional can talk through the timing of symptoms, other possible explanations and options for support. Depending on the person and their medical history, menopause care may include lifestyle measures, hormone therapy or non-hormonal options. Persistent, severe or unexplained pain deserves an assessment in its own right.

How to seek help through the NHS

A practical first step is to arrange an appointment with your GP or another suitable NHS clinician. You do not need to wait until you have found the perfect words for your symptoms. It may help to explain what the pain feels like, when it began, what makes it better or worse, and what it stops you doing.

1. **Describe the impact.** Include effects on sleep, movement, work, mood, relationships or caring responsibilities.
2. **Bring a list.** Note current and previous medicines, treatments, tests and any side effects or benefits.
3. **Ask about the likely cause.** Find out whether the pain may be primary, linked to a condition, or needs further investigation.
4. **Agree a plan.** Ask what to try, when to review progress and what should prompt you to seek help sooner.

5. **Discuss referral if needed.** Depending on symptoms, this might involve a relevant specialist or a pain service.

For women with possible endometriosis or menopause-related symptoms, mentioning the timing and pattern of symptoms can be especially useful. A symptom diary is one way to record this, but it is optional. If you feel your concerns have not been addressed, you can ask for the reasons behind a decision and what the next step could be.

Considering private care or a cannabis assessment?

Some private services provide an **online eligibility check** or a **private video consultation**. These may help you find out whether an assessment could be appropriate, but an online check is not a diagnosis and does not promise that a clinician will prescribe THC. A clinician should review your history, current medicines, previous treatments and potential risks before making any decision.

Before booking, check who will assess you, whether they are appropriately qualified, what the consultation and follow-up costs are, and how they coordinate with your NHS care. Be cautious of claims that guarantee a prescription or promise that a cannabis product will cure chronic pain. If you are prescribed a medicine, ask how it should be used, what side effects to watch for and when it will be femalefirst.co.uk reviewed.

The takeaway

For people searching for **guidance chronic pain adults**, NICE's advice is not to use THC as a routine treatment for chronic pain. The NHS approach is to assess the person and the possible cause, consider treatments that support function and wellbeing, and refer for specialist care when needed. Women's pain—including possible endometriosis and symptoms around menopause—should be taken seriously and assessed on its own merits.

If pain is persistent, getting worse or disrupting your life, speak with a healthcare professional about an assessment and a plan. If you already use THC or another cannabis product, tell your clinician so they can discuss it with you safely.