



# HEALING IN MOTION

*People are always part of the picture*

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## POLICE OFFICER RETURNS TO WORK WITH PRESCRIBED CANNABIS

*A real-world operational scenario*

### **Operational Scenario Brief | Policing Sector**

*A constructed scenario based on real-world patterns. A serving police officer returns to duty following injury or illness, now holding a lawful prescription for cannabis-based medicinal products (CBPMs).*

Prepared by Healing in Motion | 2026 | Not Legal Advice

*Where law, medicine, and operational responsibility intersect.*

## THE SITUATION

A serving police officer returns to work following a period of absence due to an injury sustained in the line of duty, or a chronic condition that develops later in life.

During this period, they are prescribed cannabis-based medicinal products (CBPMs) as part of their treatment.

Before returning to active duty, Occupational Health is engaged as part of the standard process. At this point, an officer with over a decade of service is required to formally disclose that they hold a prescription for a cannabis-based medication.

## THE REALITY

### What has not changed

- The role
- The expectations
- The responsibilities

### What has shifted

Their position within the legal framework they are required to enforce.

They are still required to enforce drug legislation, assess possession and intent, and make proportionate decisions in real time. Nothing within the legal framework has shifted.

*But their position within it has.*

## OPERATIONAL REALITY — WHEN THEORY BECOMES PRACTICE

In many cases, the officer is not operating in a passive role. They may be a trained driver, regularly responsible for transporting colleagues and responding to live incidents. They may be the lead driver on a shift, trusted to make rapid decisions in dynamic and often high-risk environments.

Their role continues as expected.

*The presence of a prescribed cannabis-based medication introduces a factor that is unfamiliar within established operational norms.*

## THE INTERNAL CHALLENGE

At some point, the prescription becomes known within the team. Not through misconduct. Not through error. But through routine disclosure, Occupational Health processes, or general awareness within a working environment.

**A colleague raises a concern. Not as an accusation. But as a question.**

- A question about safety
- About judgement

- About whether they are comfortable being driven, or relying operationally, on someone prescribed a cannabis-based medication

That concern is escalated. Initially informally. Then through formal channels.

- Supervisors become aware
- Occupational Health is engaged
- Human Resources may become involved

## THE SHIFT FROM INDIVIDUAL TO ORGANISATIONAL ISSUE

*At this point, the situation is no longer contained to the individual officer. It becomes an organisational matter — one that requires a response. Not in principle, but in practice.*

The organisation is now required to navigate a position that is legally clear, but operationally complex.

### Must consider

- Fitness for duty
- Perception of risk within the team
- Application of existing Drug & Alcohol policies
- Organisational responsibilities relating to safety and fairness

### Must also ensure

- Consistency of approach
- Compliance with the law
- Confidence within the wider team
- Proportionate and defensible decision-making

*None of these considerations sit neatly within a single policy line. They exist at the intersection of legislation, operational judgement, workplace dynamics, and individual disclosure.*

## PERCEPTION AND INTERPRETATION

Perceptions of risk in these situations are not formed in a vacuum. They are often shaped by long-standing associations between cannabis and impairment, which do not always reflect the clinical context of prescribed use.

**In practice, prescribed cannabis may be used to support:**

- pain management
- sleep regulation
- the reduction of symptoms that would otherwise impair concentration and day-to-day functioning

**The presence of prescribed cannabis does not, in itself, provide a clear or consistent indicator of impairment.**

Operational decisions do not arrive in controlled conditions. They are made in real time, with partial information, under pressure, and with immediate accountability.

Evidence indicates that awareness and understanding of prescribed cannabis within operational environments remains inconsistent. This issue has also been raised at parliamentary level, reflecting wider recognition of the challenges associated with consistent operational response.

## THE LIKELY OUTCOME WITHOUT CLARITY

In the absence of clear, applied understanding, responses begin to diverge.

### Supervisor A

Adopts a cautious approach based on uncertainty

### Supervisor B

Relies strictly on the legal position and takes no action

### Supervisor C

Escalates further for reassurance, creating process overhead

Colleagues form their own views. Confidence may be affected. Uncertainty may extend beyond the immediate situation.

## THE PUBLIC DIMENSION

Situations of this nature are not theoretical. They are a natural consequence of increasing lawful access to prescribed cannabis, established operational responsibilities, and evolving workplace realities.

*If they have not already arisen within an organisation, it is a matter of time before they do.*

Where such situations are not clearly understood or consistently handled, they may progress beyond internal management into:

- formal complaint
- internal dispute
- external scrutiny
- public or media visibility

## WHY THIS MATTERS

Situations of this nature do not exist in isolation. They sit within operational environments where decisions must be made consistently, fairly, and in accordance with both legal and organisational expectations.

### Without operational clarity

- Uncertainty among staff
- Variation in supervisory response
- Unnecessary escalation or undue caution
- The same scenario approached differently depending on who is involved

### With operational clarity

- Consistent, defensible decision-making
- Confident supervisory response
- Proportionate handling across teams
- Reduced risk of escalation and complaint

This is not a failure of intent. It is a consequence of evolving legal frameworks, emerging clinical practices, and the absence of clear, applied understanding at the point where policy meets practice.

*The pace of legal and clinical developments in this area has been significant. As frameworks evolve, it is not always straightforward for operational understanding to adapt at the same rate.*

**Recognising this complexity is the first step. Ensuring consistent, practical understanding is the next.**

**Operational clarity supports lawful, proportionate, and defensible organisational response.**

### **Healing in Motion**

*A specialist training and advisory organisation supporting lawful medical cannabis integration across housing, employment, and public service settings.*

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