



The Cannabis Barometer

**How Germany's current
healthcare policies contribute
to the ongoing stigmatization
of medical cannabis patients**

*Based on a survey of 3,879 cannabis patients
and a DocCheck survey of 500 general practitioners.*





Dr. med. Julian Wichmann

CO-FOUNDER AND CEO BLOOMWELL GMBH

The Federal Ministry of Health (BMG) wants to radically restrict access to medical cannabis flower: they're calling to completely ban mail-order delivery and to require patients to meet in person with their treating physician at least once a year. As a responsible citizen, one expects legislators to justify such a paternalistic measure on the basis of facts and to validate its necessity before hastily publishing a draft law. After all, from a regulatory perspective, medical cannabis flower — rightly aligned with its risk factor — is a form of prescription-only medication, just like the majority of doctor-prescribed medications in Germany. Such a restrictive special treatment for a specific group of medication would be unprecedented in our country's health policy.

The BMG justified the draft law by pointing to a striking discrepancy between medical cannabis import figures and statutory health insurance (SHI, Germany's public health insurance), data on prescriptions from outpatient doctors. The BMG then hastily concluded, without further investigation, that medical cannabis was being abused. In addition to the surveys and analyses we have already published, we have now—unlike apparently the BMG—asked patients and doctors directly. And the data we collected reveal how far off the mark our ministry of health is when it broadly suspects cannabis patients of abuse. Among other findings, 90 percent of the 3,879 patients surveyed were able to completely discontinue or significantly reduce other medications after starting cannabis therapy.

The reasons for the rapid increase in private prescriptions and telemedicine-based prescriptions are the significant barriers to access through general practitioners and

specialists in private practice, even in cases with clear medical indications. The data confirms this: patients frequently cite lack of expertise among physicians and widespread reservations about prescribing medical cannabis within the medical profession. Many in-person, office-based doctors in Germany even prefer to prescribe narcotics, despite their significantly higher addiction potential and harsher side effects, over medical cannabis flower. No patient in Germany should have to beg for cannabis treatment in a doctor's office. Digital therapy is also faster, more accessible, more competent, and—with average effective monthly costs of €30–50 for the medication—affordable.

These results are consistent with a parallel survey conducted by DocCheck among 500 general practitioners in Germany: those who have not yet prescribed medical cannabis cite insufficient information, admit to fear of financial recourse claims, or do not consider cannabis suitable as a medicine. Fewer than three percent had taken a university course on medical cannabis during their studies. And while the majority have now cautiously begun prescribing medical cannabis, many GPs admit that narcotics remain their first choice. Against this backdrop, it is hardly surprising that general practitioners and specialists are given the grade 'poor' by patients when it comes to medical cannabis. Patients are tired of being denied treatment or having to endure the side effects of narcotics first.



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Chapter 1

Based on a survey of
3,879 cannabis patients



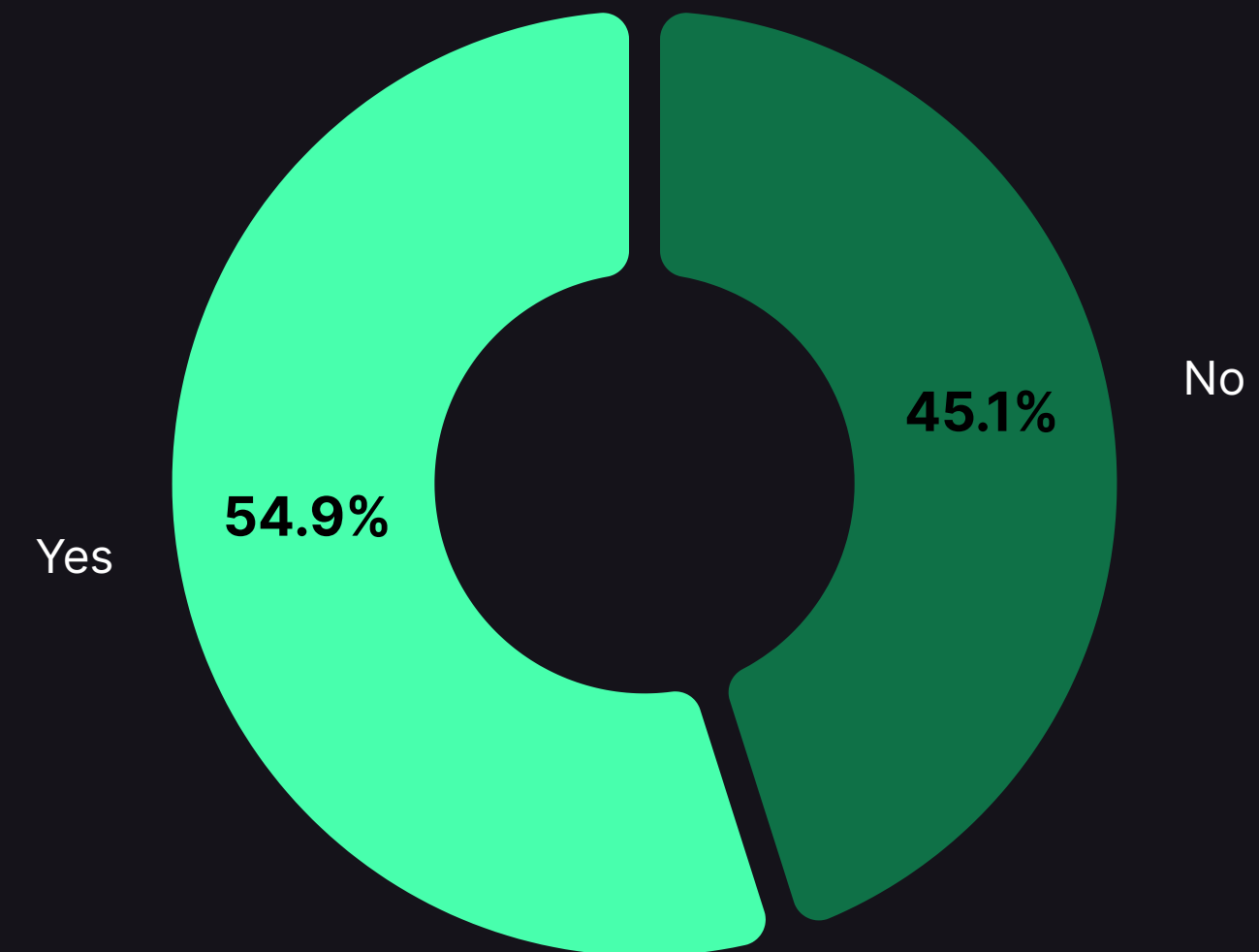
1

Majority seek access through Germany's public health insurance policies aka the statutory health insurance system (SHI)

More than half of the patients who currently access cannabis therapy via telemedicine as self-paying patients have already discussed the possibility with their GP or a specialist. Most then choose telemedicine for various reasons. Even those who initially receive reimbursed prescriptions often switch over time to platforms with specialized doctors.

Question

"Have you already spoken with your general practitioner or a specialist in private practice about medical cannabis therapy (NOT via a telemedicine platform)?"



n = 3.879

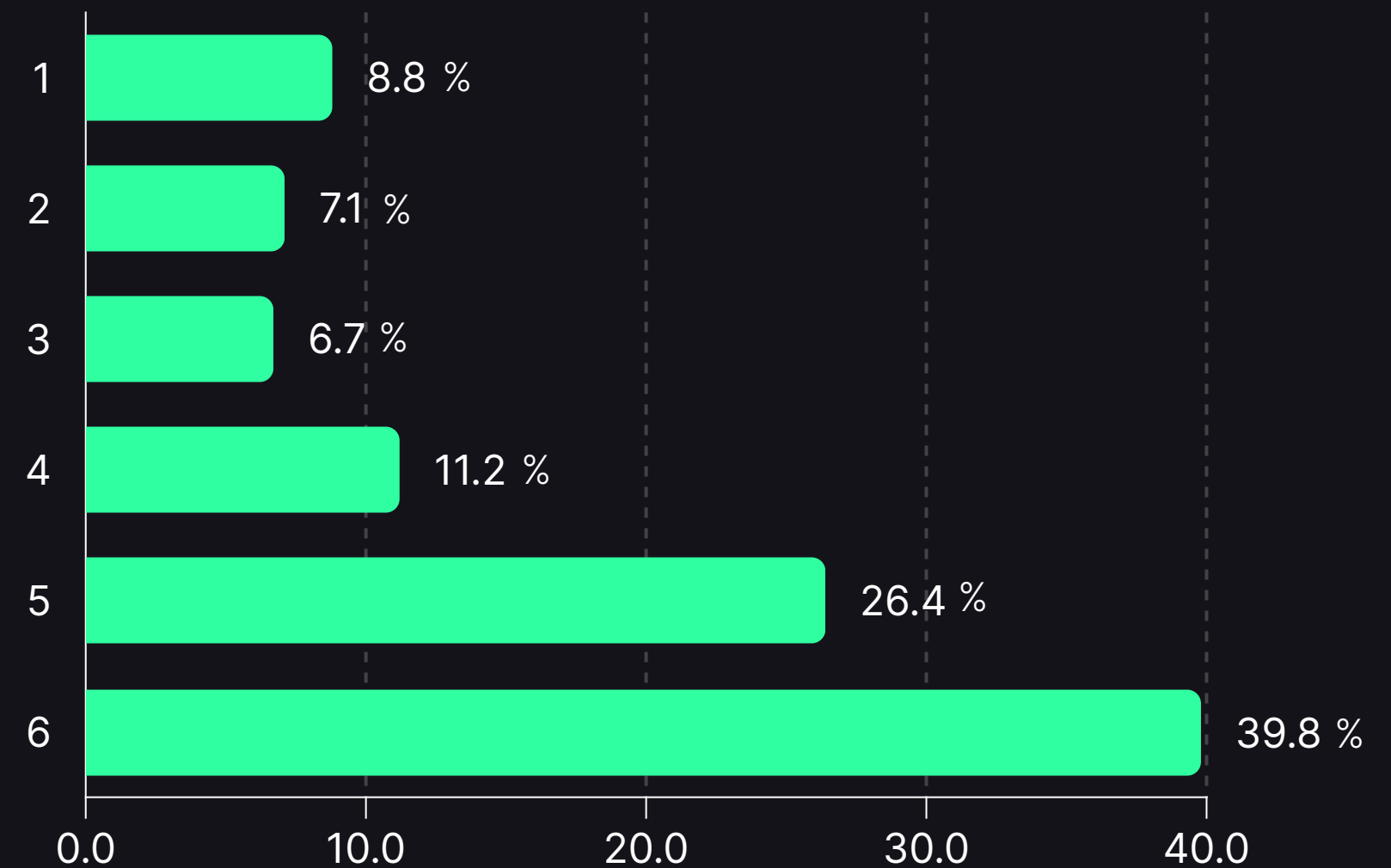
2

Grade 5+ for GPs and specialists

On average, patients rate their doctor's expertise at 4.6, equivalent to a grade 5+ in the German school system. Nearly two-thirds assign a grade of 5 or 6. Only about 16% rate their doctor's expertise as good or very good.

Question

"How do you rate the expertise of your GP/specialist in medical cannabis on a scale of 1 to 6 (1 = very good / 6 = insufficient)?"



n = 2.129

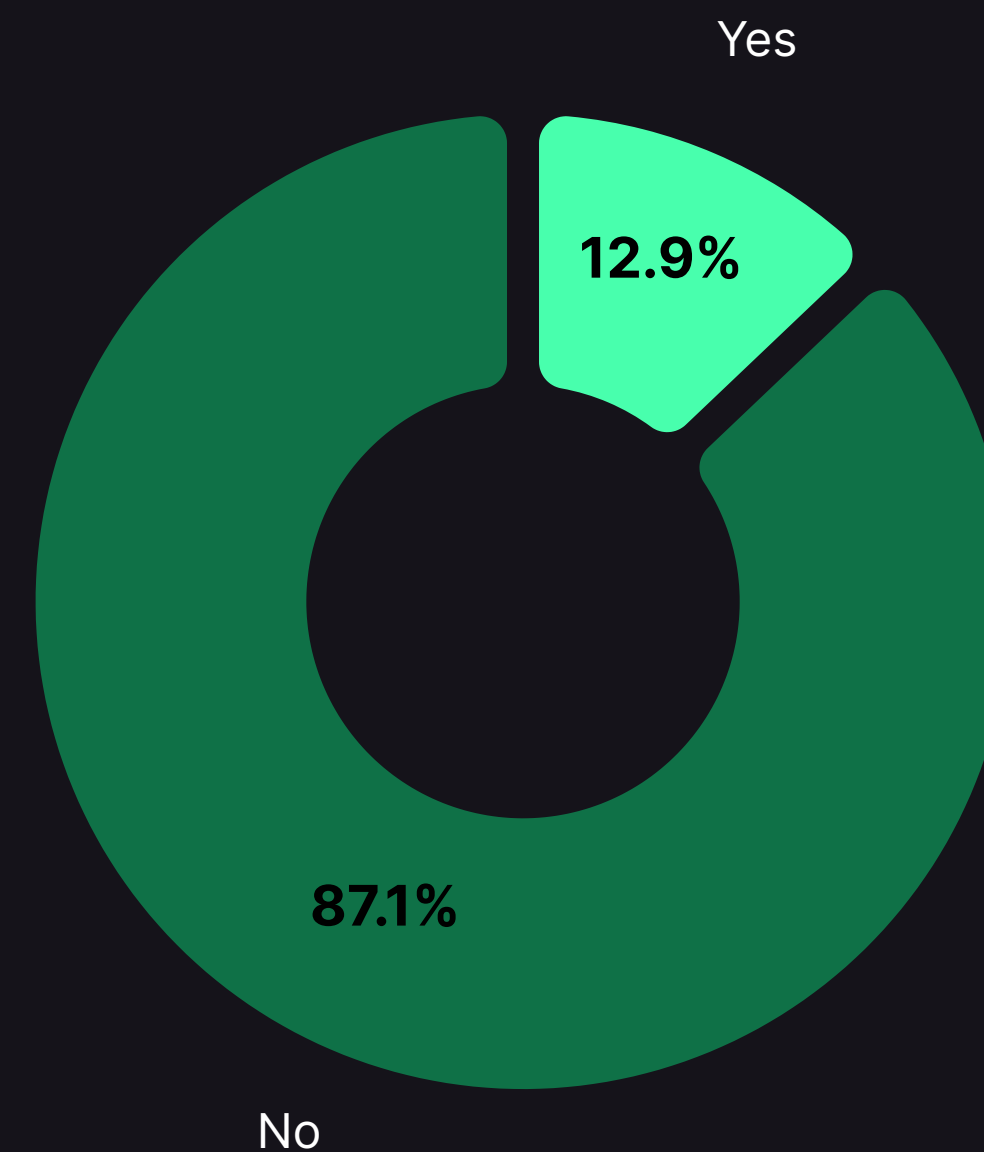
3

Office-based doctors only prescribe medical cannabis in rare cases

Only about 13% of patients who requested cannabis therapy actually received a prescription. This confirms how difficult it is to obtain cannabis prescriptions via the SHI system—even in cases with clear medical indications. It also explains the discrepancy between import figures and SHI prescription data, as rejected cases do not appear in statistics accessible to the BMG.

Question

"Has your GP/specialist prescribed you medical cannabis?"

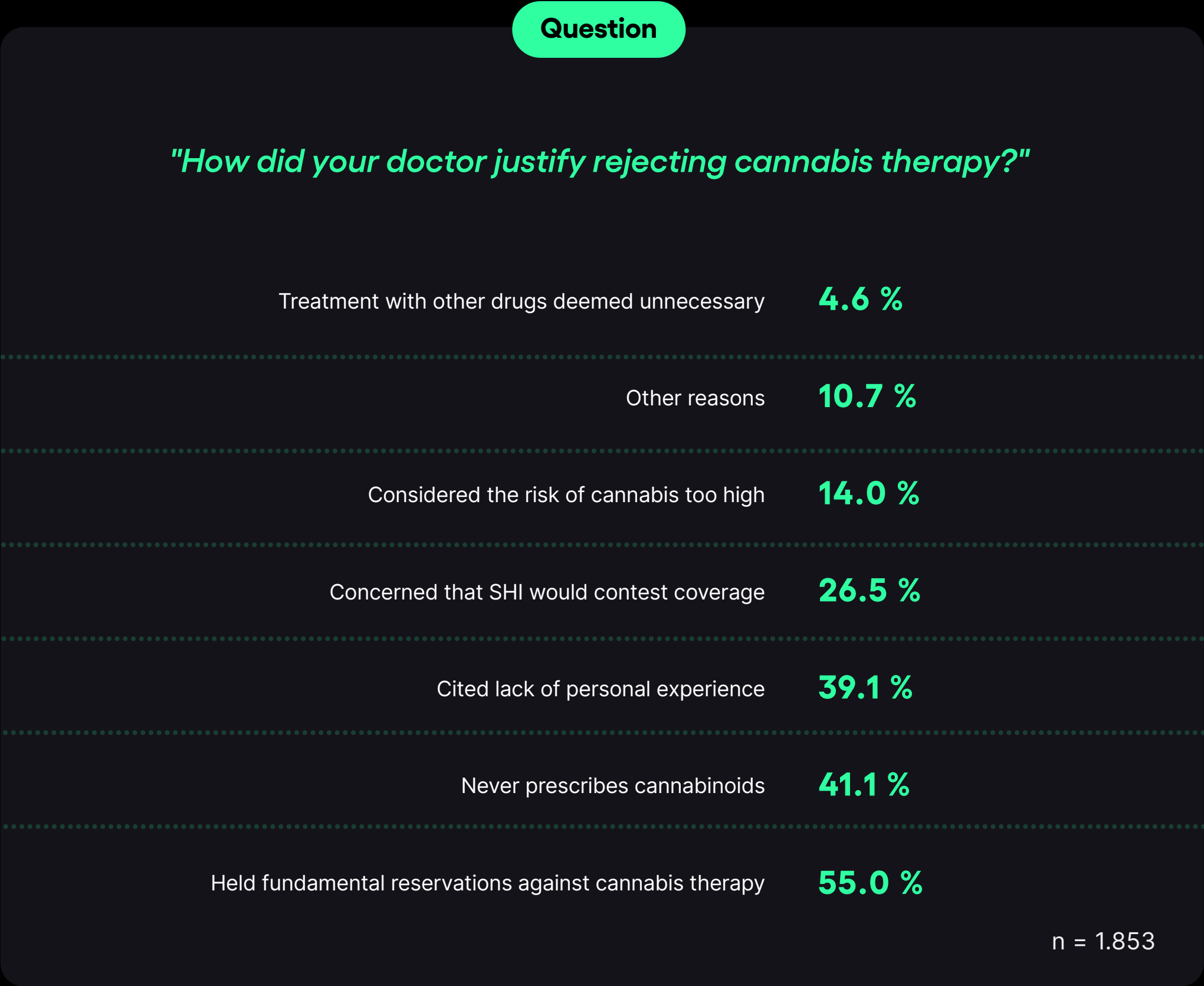


n = 2.129

4

Reasons for rejection:
lack of expertise, fear of
financial recourse, and
general reservations

These numbers show how unfounded the often-cited “abuse” thesis is. Only 14% of doctors cite excessive risk, and fewer than 5% say no therapy is necessary. The real reasons: lack of expertise, fear of insurance recourse claims, refusal to prescribe cannabinoids, and general prejudice. The result: stigma persists in medical circles even eight years after medical cannabis legalization went into effect.



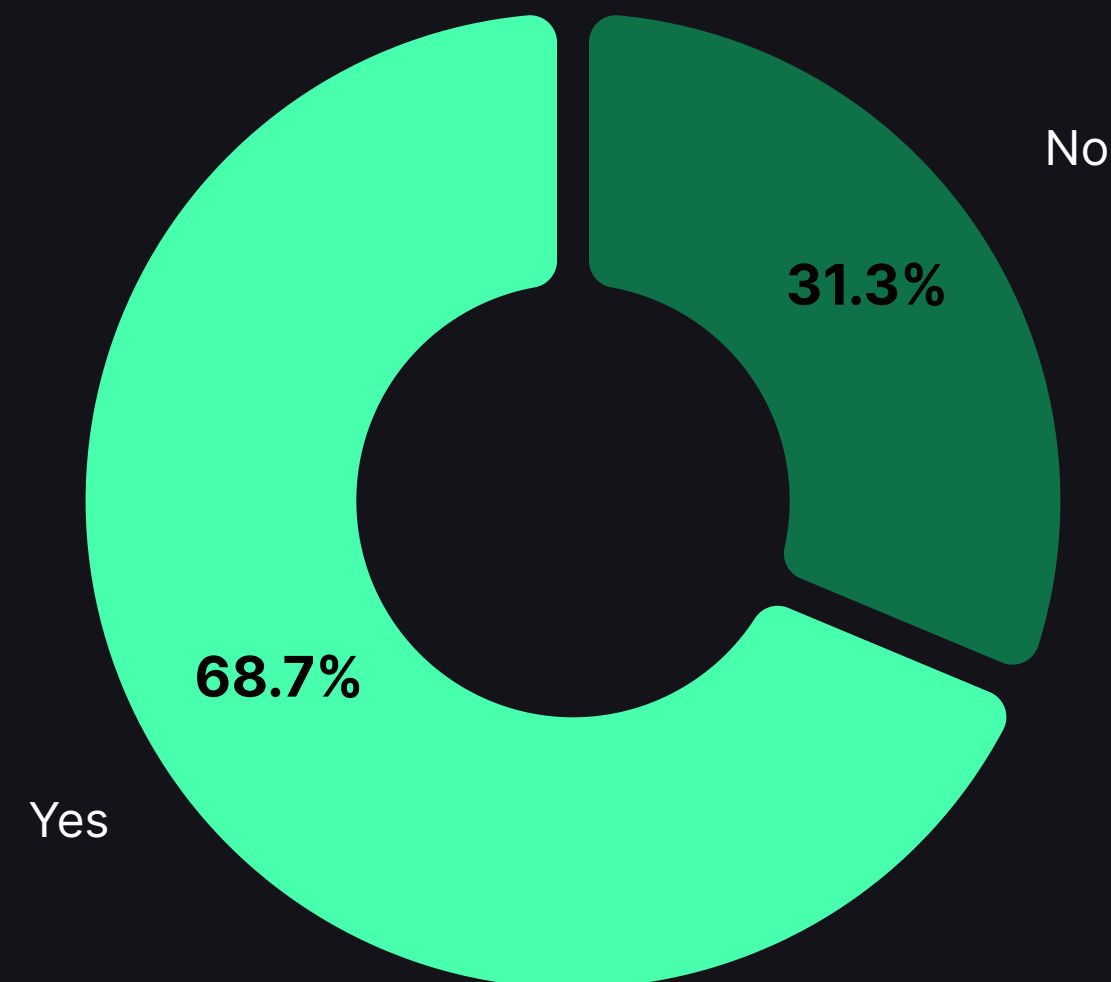
5

Doctors prefer other prescription drugs

In over two-thirds of cases, doctors prescribe another drug instead of cannabis. Many patients then avoid these alternatives due to potential side effects and turn directly to telemedicine specialists.

Question

"Has your doctor prescribed you another prescription drug instead"



n = 1.853

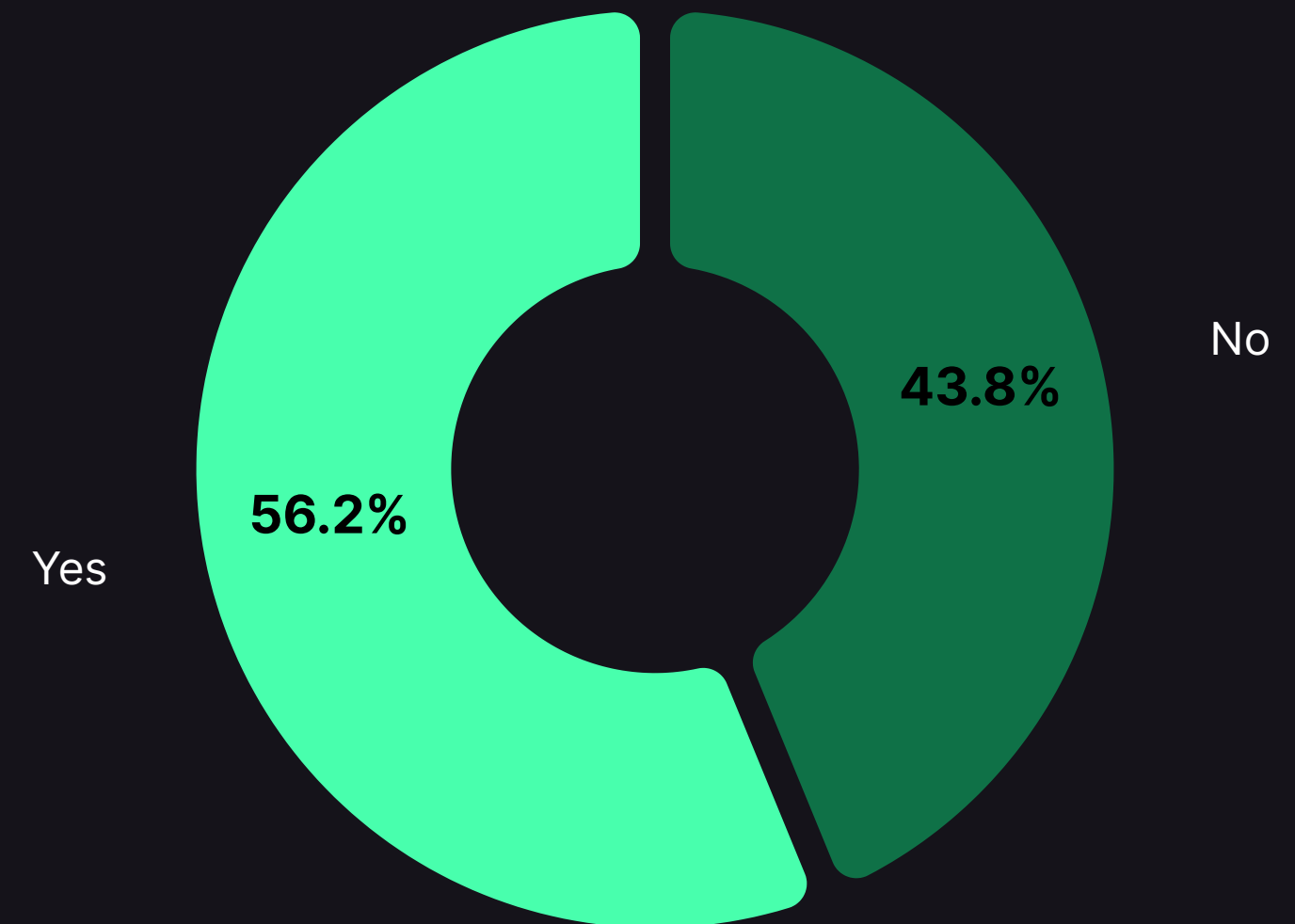
6

More than half receive narcotics

Doctors prescribe cannabis far more restrictively than other drugs—and often replace it with narcotics. These carry significantly harsher side effects and high addiction risks, especially opioids. Given these figures, it is surprising that Germany has not yet publicly addressed an “opioid crisis” like in the U.S.

Question

"Has your doctor prescribed you a narcotic drug?"



n = 1.272

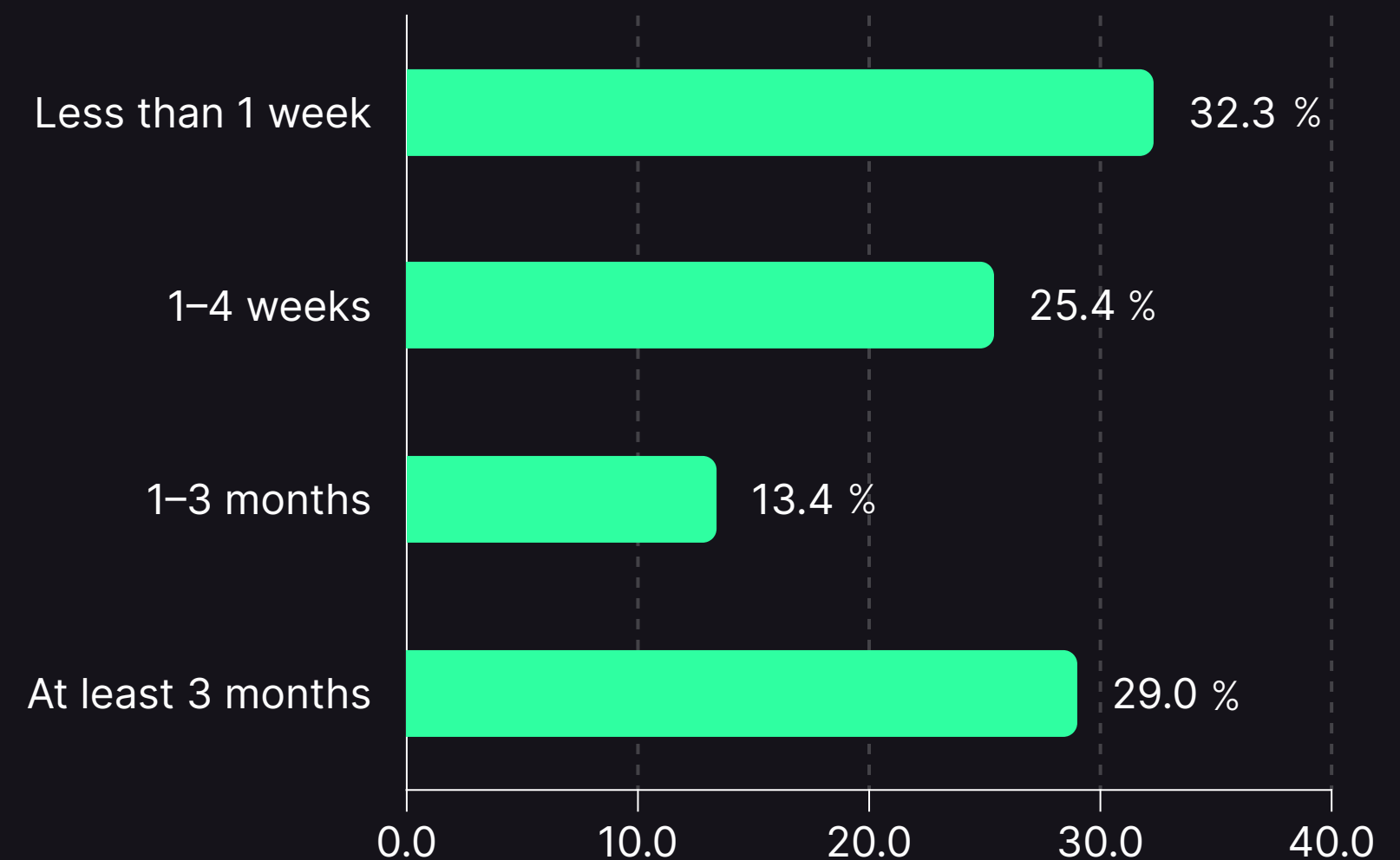
7

Over 42% wait longer than a month

While telemedicine platforms usually deliver prescribed cannabis within 1–2 days, patients often wait over a month for treatment via office-based doctors; nearly 29% wait at least three months.

Question

"How long did you wait for cannabis treatment?"



n = 276

8

30% see their doctor less than quarterly

A third of patients with prescriptions see their doctor less than quarterly. The assumption that forcing patients into already overcrowded practices improves care is misguided. Questions and dose adjustments usually arise later in therapy, not at the start. App-based follow-up allows faster access to doctors and generates valuable scientific data.

Question

*"How often do you have follow-up appointments with your doctor regarding medical cannabis treatment?"
(Excludes automatic prescription renewals)"*

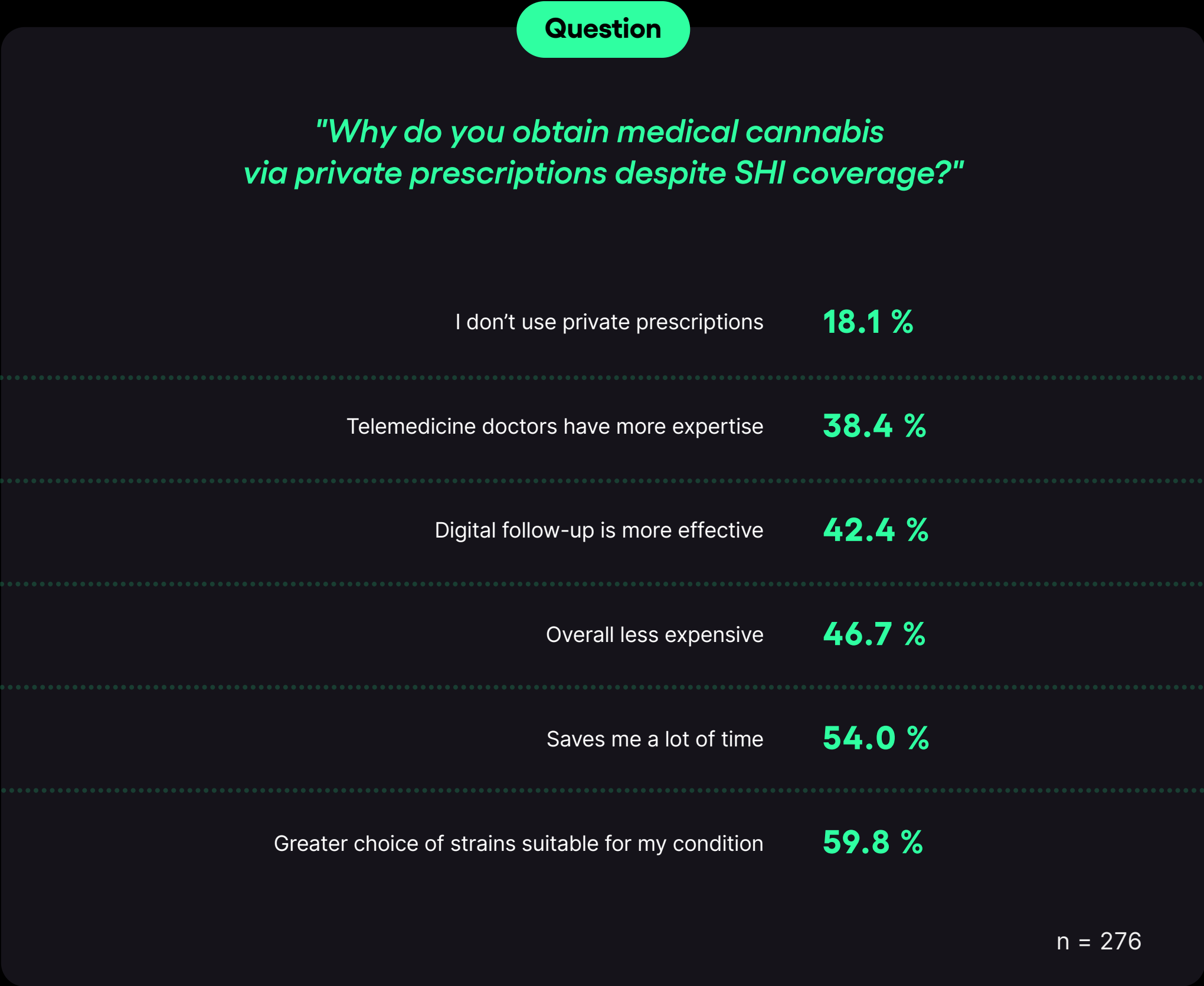


n = 276



Costs, time, choice – advantages of digital care

Even patients entitled to SHI reimbursement often choose private access. Reasons include: expertise (39%), more effective follow-up (42%), lower overall costs (47%), time-saving (54%), and better product availability (60%). A shipping ban would effectively block patient access, as local pharmacies cannot reliably supply cannabis flowers.



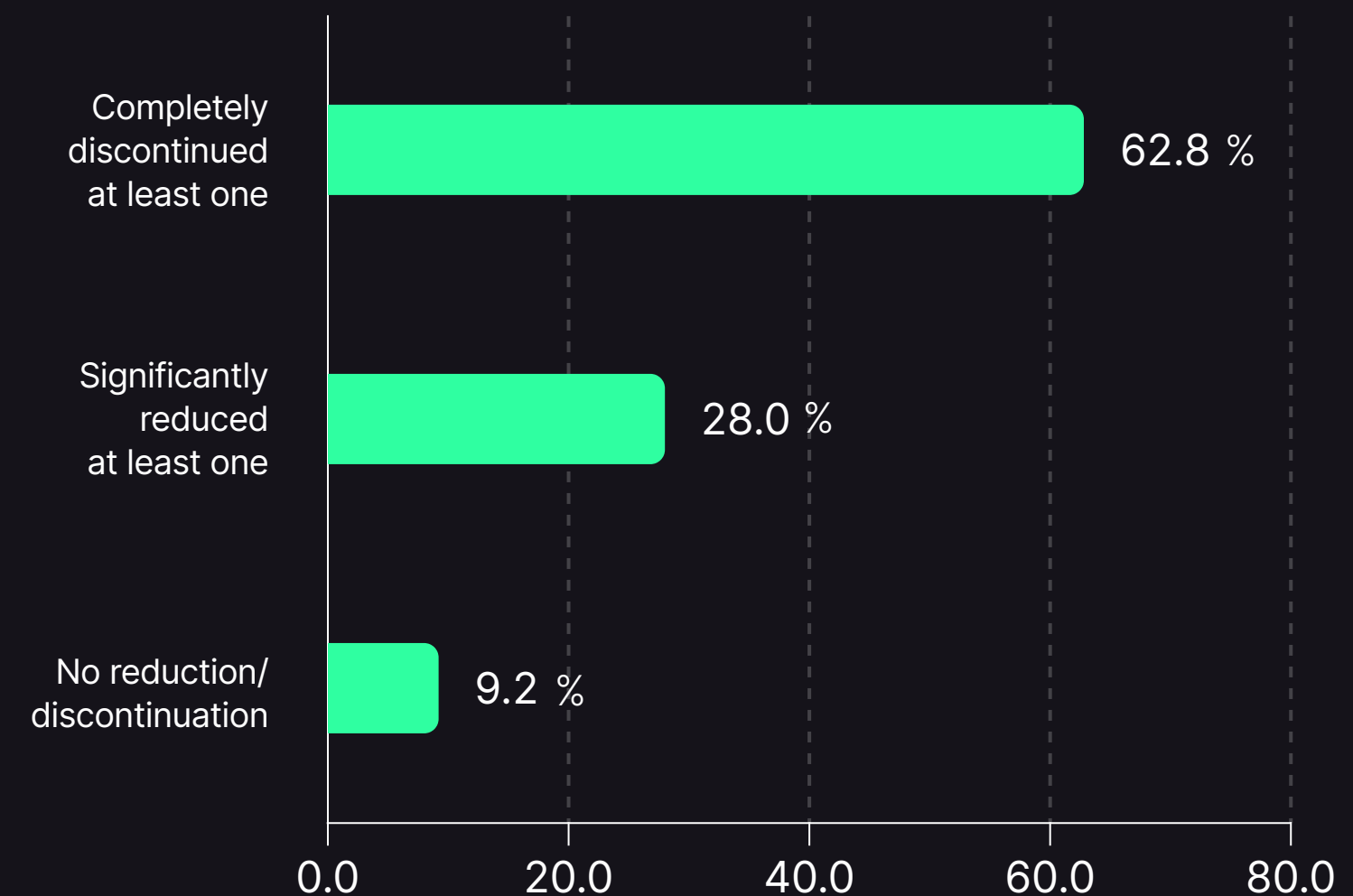
10

No evidence of abuse: 90% were able to discontinue or reduce other medications

Nearly 63% discontinued at least one drug, and another 28% significantly reduced usage. Overall, 9 in 10 patients reduced or eliminated other medications. These results are remarkable and should be further researched and supported by the BMG. Against this backdrop, it is even more questionable that legislators assume widespread abuse—without evidence. According to the health insurance Barmer, 5-10% of ER cases in Germany are due to side effects of medications; in older patients, drug side effects account for up to 30% of hospital admissions. The true burden on public health is likely even higher.

Question

"Through cannabis therapy, were you able to reduce or discontinue other medications?"



n = 3.879

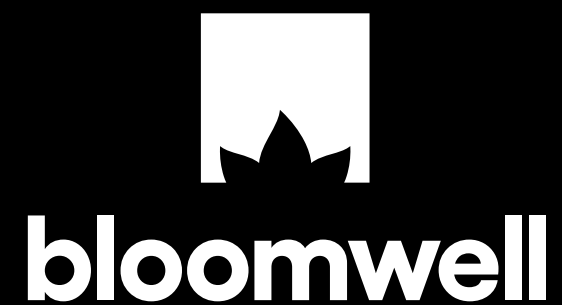
Patient Responses to the Survey:

Anonymous Submission

"I'm from northern Mecklenburg-Vorpommern. If you go to your family doctor here with something like this (editor's note: medical cannabis), they treat you like a criminal, and your own doctor writes to your health insurance company saying that you have a drug problem and suggesting addiction therapy. After that, you won't even get opioid-based medication for a toothache. Nothing! You're labeled and simply abandoned! No longer socially acceptable! That's the reality in Germany! My family doctor no longer treats me."

Michael from Munich

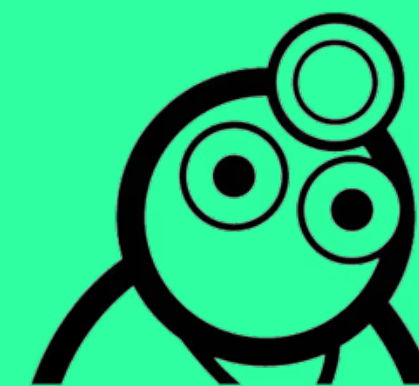
"Most family doctors expressed fears of getting into trouble with the authorities. My blood values were so dramatically poor that my new GP called me an internal wreck. I immediately stopped the pharmaceutical hammers like Ibu 600 or Mirtazapim (banned in the U.S.) and other 'mild gifts' of the pharmaceutical industry that allegedly are not addictive. After three months as a cannabis patient with Bloomwell, my blood values stabilized back into the normal range. My GP doctor was literally speechless. His feeble attempts to attribute my recovery to other factors were obviously far-fetched. My conclusion is that the medical profession is simply afraid of losing their license! Finally, I want to express my gratitude to Bloomwell, who through their courageous work have given me back a great deal of quality of life! To experience that at the age of 72—I would have never thought it possible."



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Chapter 2

**DocCheck survey
of 500 general
practitioners.**



DocCheck

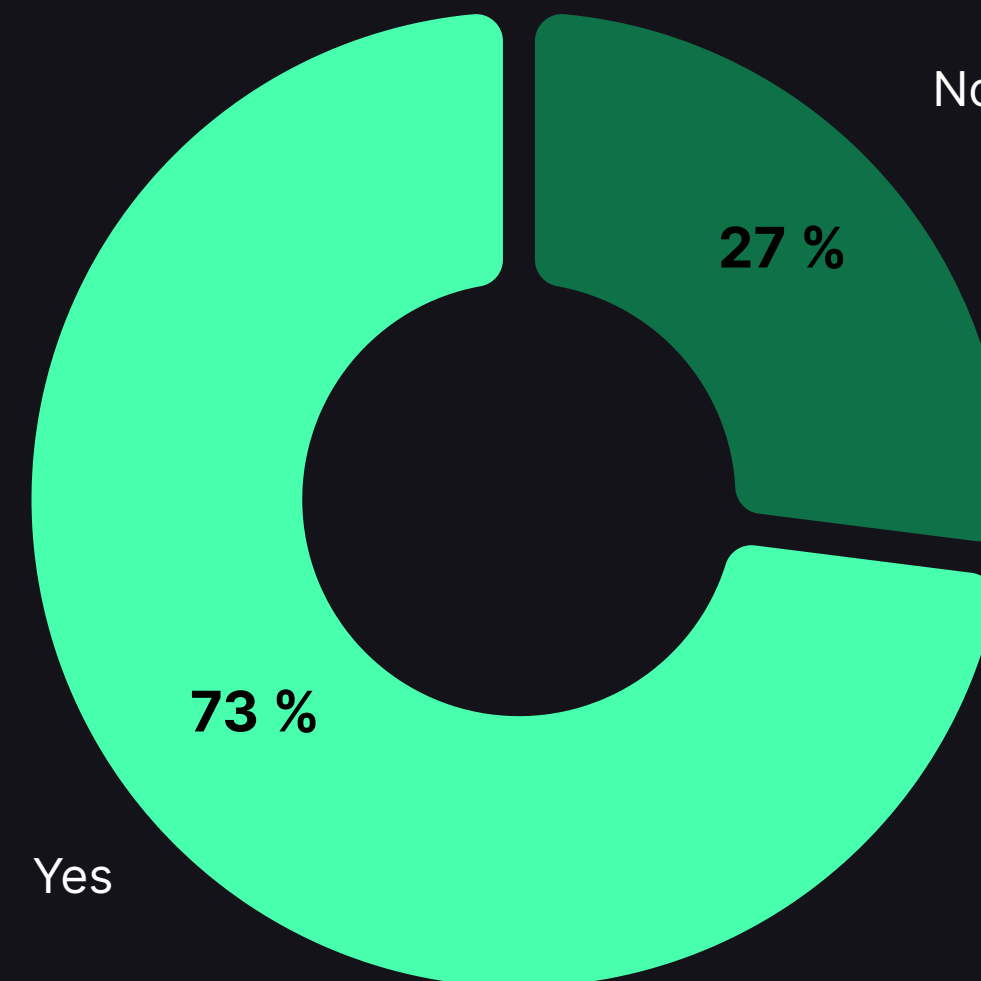


11

27% of family doctors have not prescribed medical cannabis since April 2024

Although medical cannabis can be used for a wide range of conditions and has formally been on the same level as other prescription drugs such as high-dose ibuprofen since April 2024, 27% of surveyed family doctors have not prescribed medical cannabis even once since the reclassification. According to patient feedback, most doctors prescribe only very restrictively and in exceptional cases: 50% of doctors have prescribed medical cannabis to fewer than six patients since April 2024 – even though the medical potential is slowly being recognized.

Prescribed medical cannabis since April 2024



n = 500

12

Typical Indications: Chronic pain and chronic neurological disorders

Among family doctors who have prescribed medical cannabis, the most common underlying condition by far is chronic pain (89%). 48% have prescribed cannabis for chronic neurological disorders, 34% as part of chemotherapy. Other widespread conditions such as migraine (10%) or sleep disorders (16%) are currently treated with medical cannabis by only a few doctors – which may be one reason why patients turn to specialized platforms. Interestingly, therapy success for these two conditions, which are often considered therapy-resistant, is often better—alongside pain. Against this backdrop, medical cannabis should be used more frequently, at least as a therapy trial before prescribing narcotics.

Question

"For which indications have you prescribed medical cannabis since April 2024?"

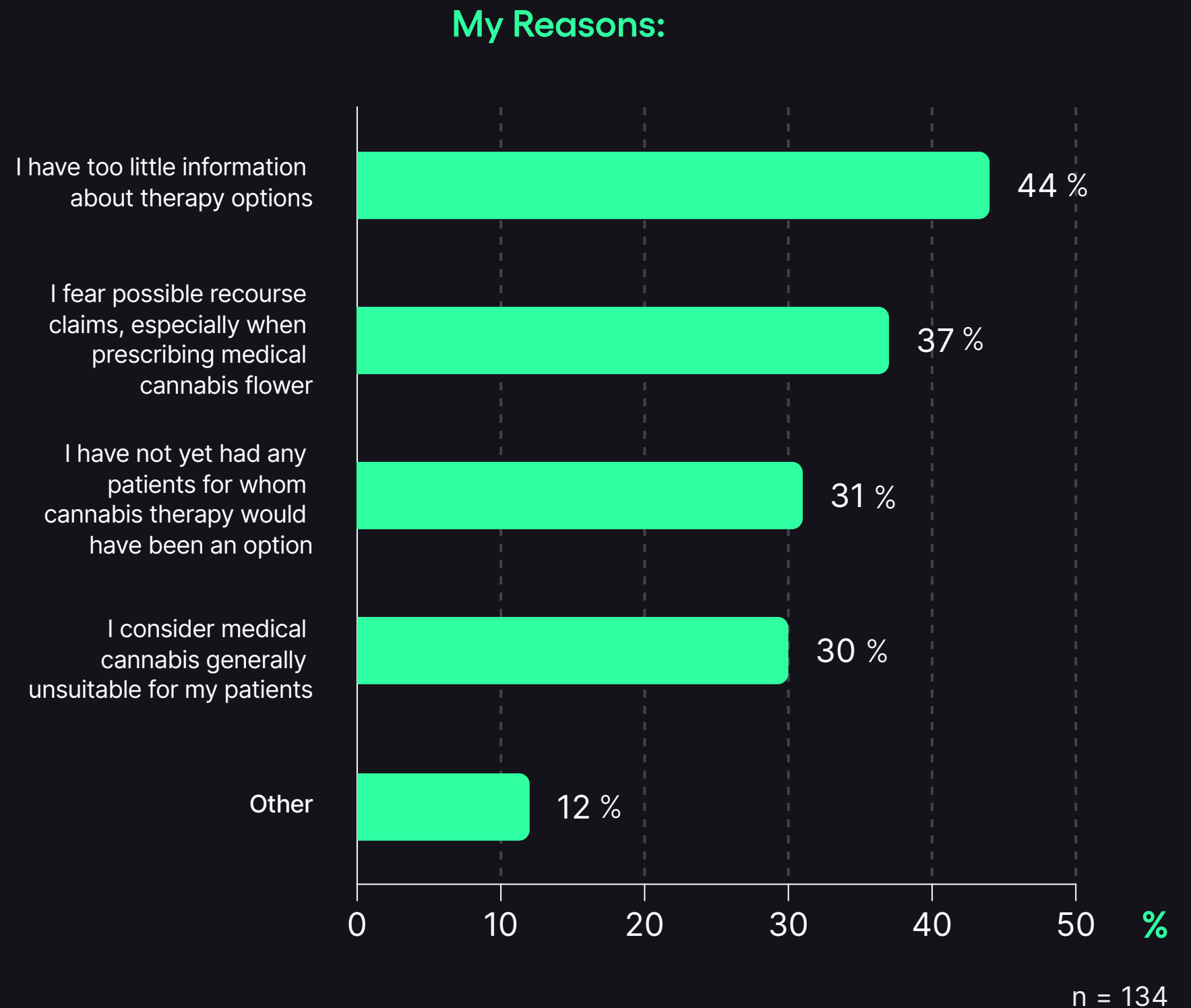
Chronic pain	89 %
Chronic neurological disorders (e.g., multiple sclerosis)	48 %
As part of chemotherapy	34 %
Appetite stimulation	17 %
Sleep disorders	16 %
Depression or other mental illnesses	16 %
ADHD	11 %
Migraine	10 %
Chronic inflammatory bowel disease (e.g., Crohn's disease)	8 %
Gynecological conditions (e.g., endometriosis)	4 %
Other	4 %

n = 366

13

Main Reasons for Rejecting Cannabis Therapy: Lack of information, fear of financial liability, and ideology

Doctors who have not prescribed medical cannabis since April 2024 point above all to lack of information (44%) and potential recourse claims (37%). The first point is particularly striking given the hundreds of cannabis strains on the market and the absence of medical cannabis in the curriculum of German universities. A large proportion of these doctors therefore refer patients to specialists, including telemedicine platforms. Fundamental reservations are also still present: 30% of respondents consider medical cannabis generally unsuitable, despite its reclassification as a non-narcotic in April 2024.



14

Family doctors prefer narcotics compared to medical cannabis

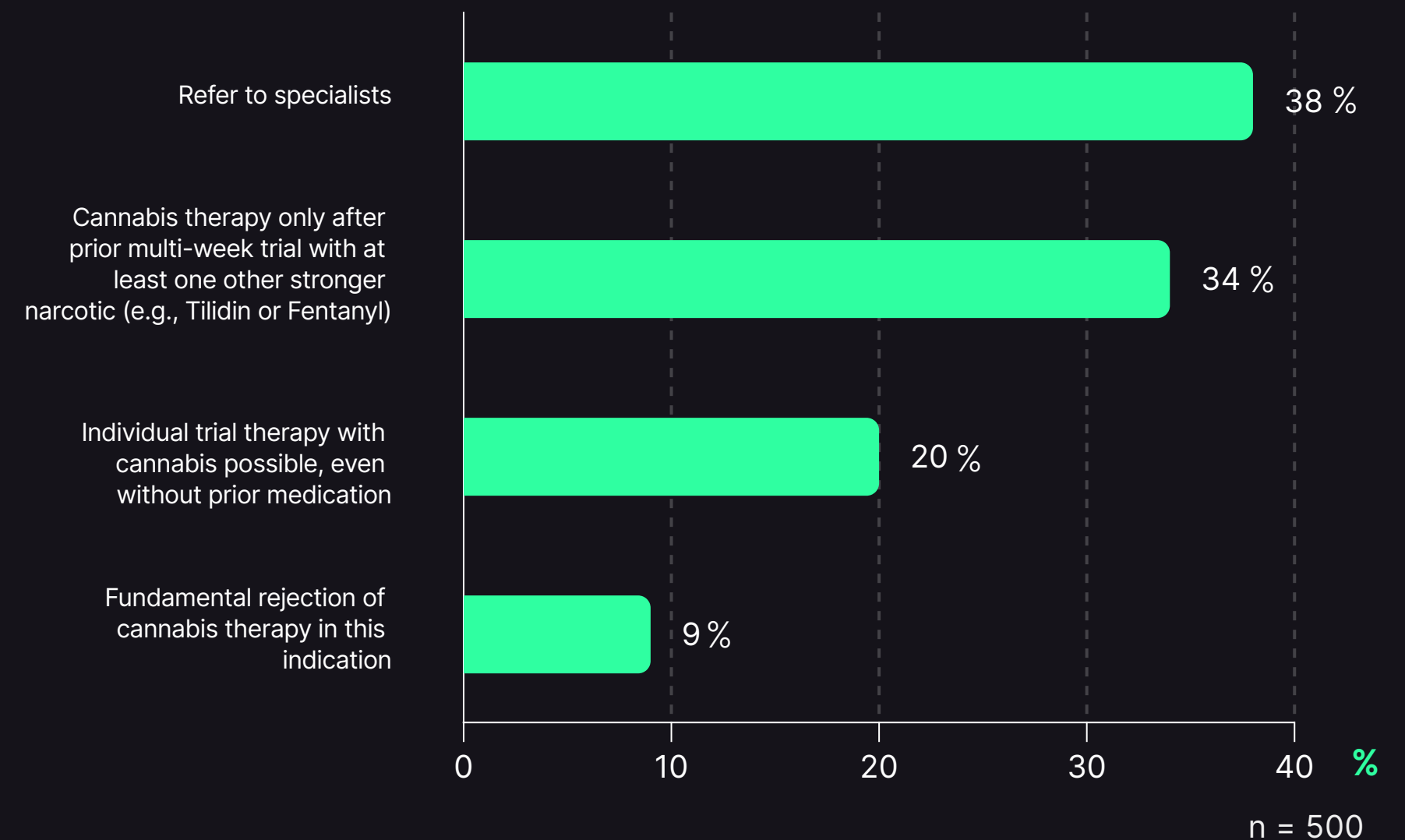
Only one-fifth of family doctors report they would consider starting cannabis therapy for a chronic pain patient in a typical case study, without first trying other medications such as Tilidin or Fentanyl. Around one-third would insist on a prior trial with another form of medication, such as strong narcotics. 38% of family doctors who support cannabis therapy do not conduct it themselves but refer patients to specialists. This result ultimately renders the BMG's draft law—shifting prescribing responsibility to family doctors—pointless, since in many cases these doctors refer their patients to telemedicine anyway. Almost 10% even reject cannabis therapy for such a case outright.

Question

Case example

- Male, 36 years old – Two herniated discs in lumbar spine
- Chronic pain 8/10 – On Tramadol 2x/day for 6 months

Expresses desire to start medical cannabis therapy. How do you proceed?



15

Lack of university courses –
personal exchange and
specialist articles as key
information sources

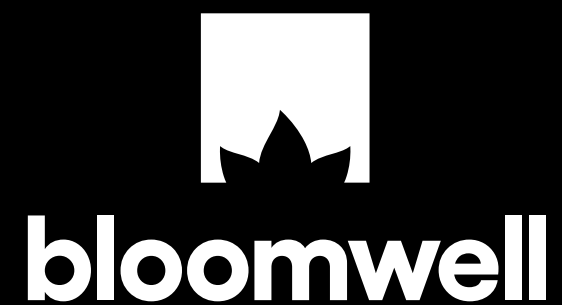
Family doctors are informing themselves and showing interest in medical cannabis, a sign they increasingly recognize its potential. Only 3.6% reported they aren't seeking to learn about the topic at all. The most important sources are personal exchange with colleagues (53%), professional books and journals (49%), and webinars or online training (40%). By contrast, very few doctors attended courses on medical cannabis during their studies (3%), often because they simply did not exist.

Question

"Which information sources have you used
so far to learn about cannabis therapy?"

Personal exchange with colleagues/experts	53 %
Professional books & journals	49 %
Webinars / online training	40 %
Medical communities (e.g., coliquio, DocCheck, esanum)	33 %
Conferences and symposia	32 %
Study results (e.g., PubMed)	28 %
Manufacturer websites	19 %
AI-powered chatbots (e.g., ChatGPT, Google Gemini)	7 %
Specialized podcasts & video platforms (e.g., YouTube)	6 %
Social media (e.g., Facebook, Instagram, X)	3 %
University courses during studies	3 %
Other	5 %
I do not inform myself on this topic	3 %

n = 500



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Chapter 3

**Trends in Medical
Cannabis Flower in the
Third Quarter of 2025**



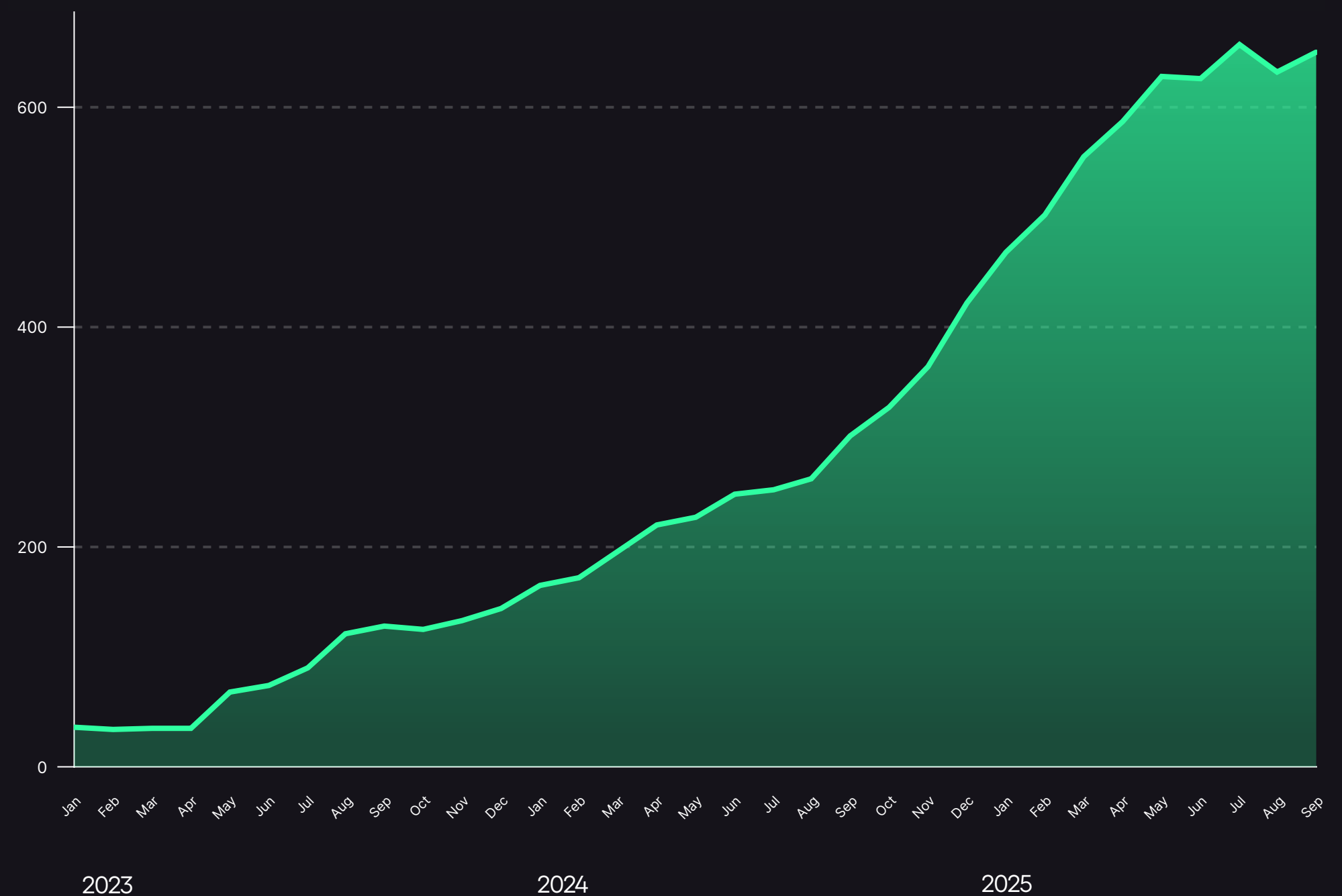
1

Extremely large variety: over 650 different products

The number of different medical cannabis products has leveled off at around 650 varieties. This high figure is one of the reasons why physicians are specializing in medical cannabis - to make well-informed decisions about which strain is appropriate for which indication. For many doctors without sufficient expertise, this immense variety makes prescribing more difficult.

Trend

Number of flower supplied



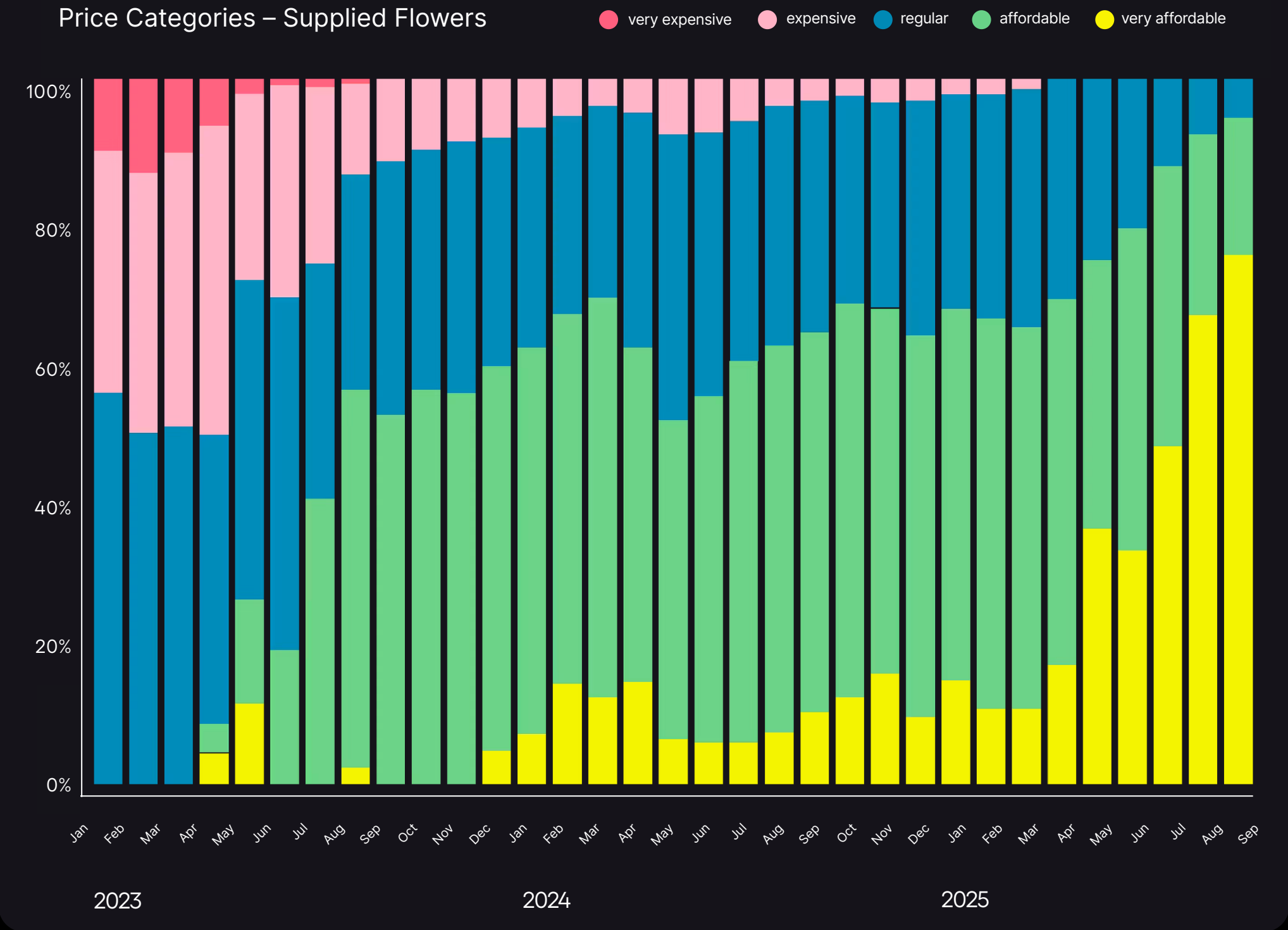
2

Share of flower costing less than Nine Euros rises to around 94 percent

Therapy is becoming increasingly affordable for self-paying patients. The share of very inexpensive flower under Six Euros per gram now accounts for the majority of prescriptions. Including the low-cost flower under Nine Euros per gram, this amounts to around 94 percent of prescribed cannabis flower in September. A small proportion still pay Nine to Twelve Euros per gram. Expensive and very expensive flower costing over Twelve Euros per gram are practically non-existent that this point.

< €6.00/g (Very inexpensive)
= €6.00 to < €9.00/g (Inexpensive)
= €9.00 to < €12.00/g (Regular)
= €12.00 to < €15.00/g (Expensive)
≥ €15.00/g (Very expensive)

Trend

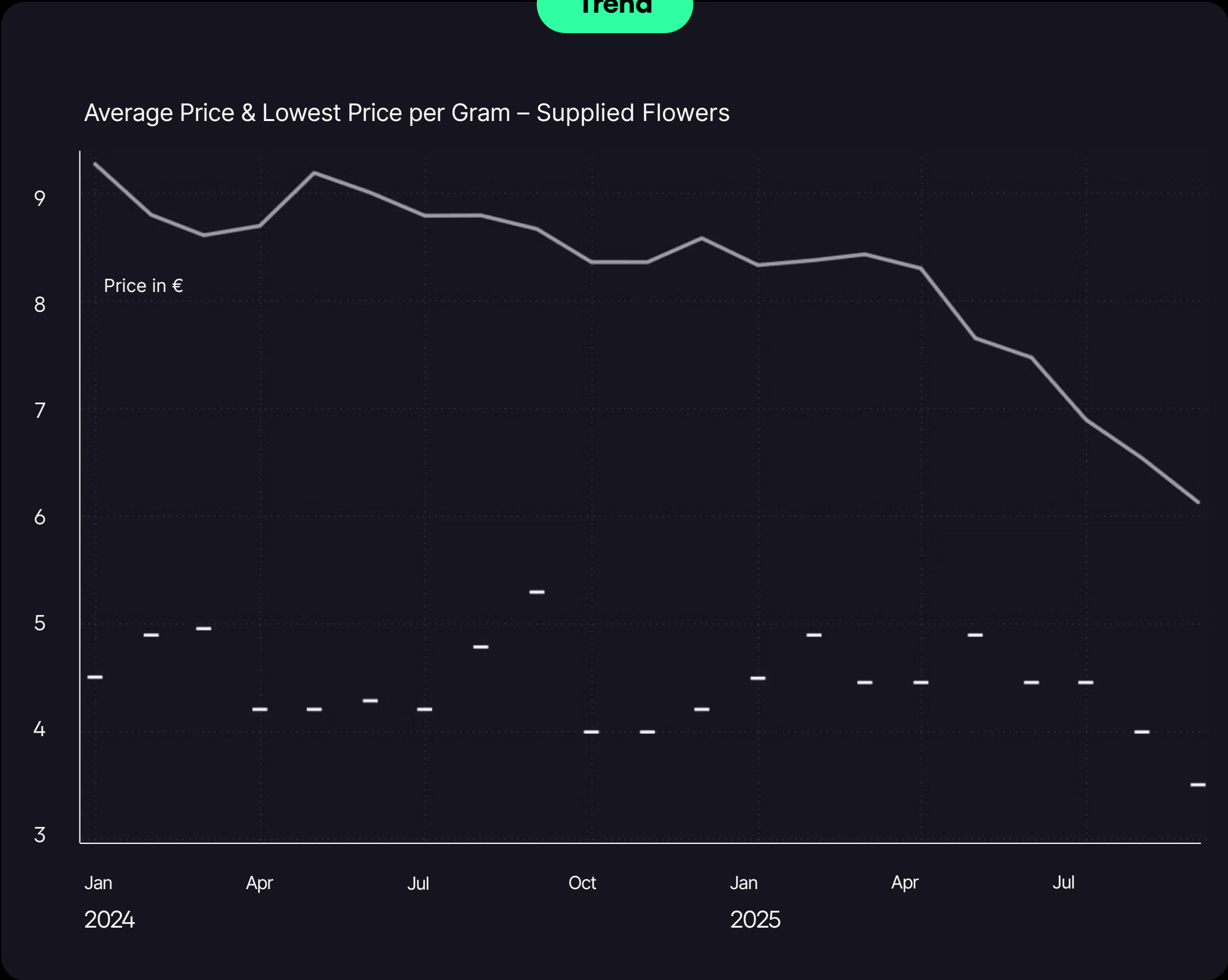


3

Average price falls to just over Six Euros

The average price per gram of medical cannabis flower is now only €6.12. Thus, prices continue to decline in 2025 despite the steadily increasing number of patients – in the second quarter of 2025 the average was still around €7.50.

Trend

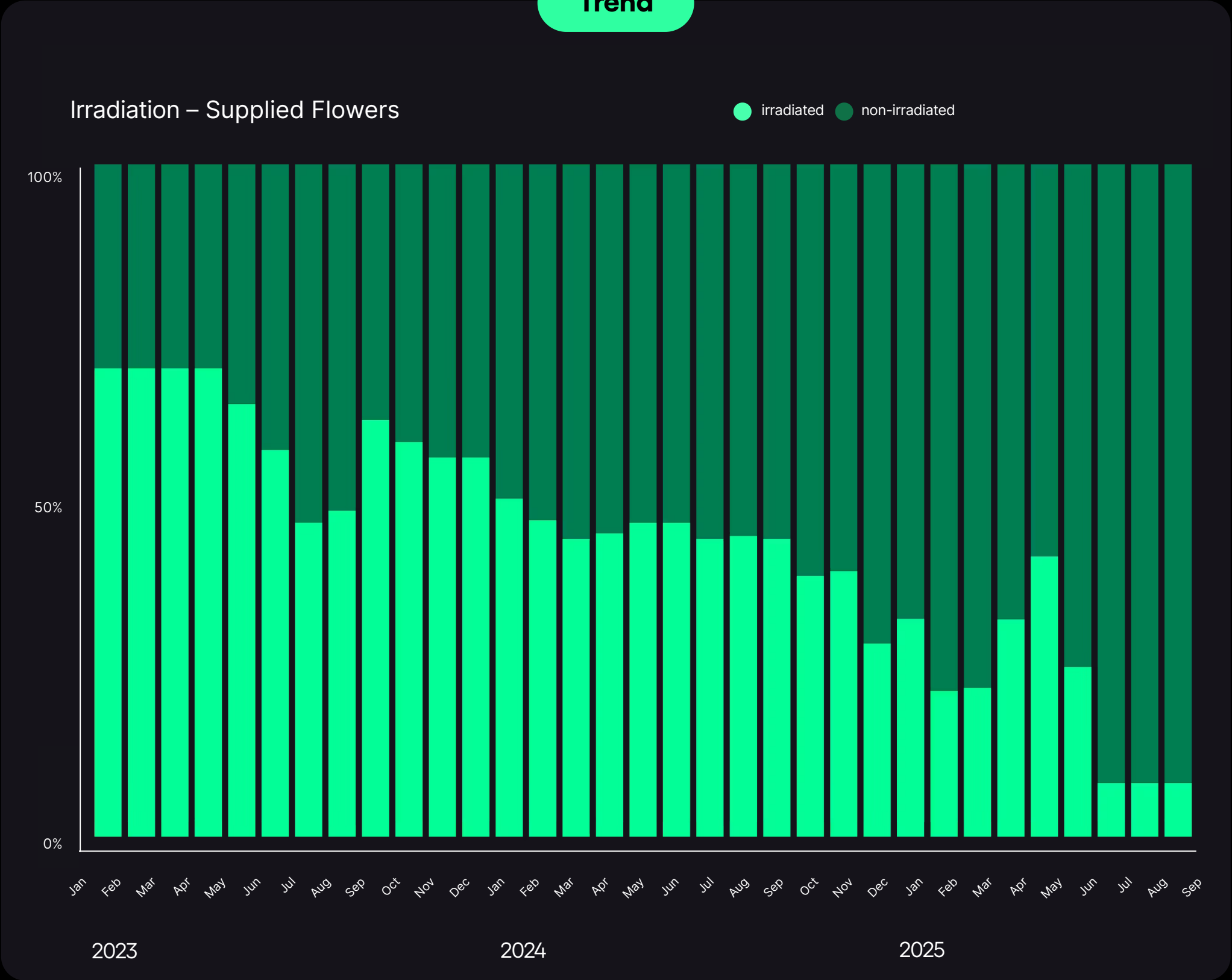


4

Non-irradiated flowers at over 90 percent

While a year ago a significant proportion of patients still received irradiated flower, today this is only a minority. In September 2025, the share of non-irradiated flowers was around 91 percent.

Trend



5

THC content continues to rise

While the share of flower with a THC content of over 25 percent had stabilized in the second quarter, comparatively many cannabis flower varieties with more than 25 percent THC were prescribed in August and September. By contrast, the share of flower with less than 16 percent or less than 20 percent THC was below five percent in both August and September 2025. Accordingly, the average THC level also increased in September 2025 to just under 26 percent.



6

Number of cannabis patients rises by 1,700 percent

Compared to March 2024, the last month before medical cannabis was removed from the Narcotics Act (BtMG), the number of cannabis patients per month had increased by more than 1,700 percent by September 2025. Telemedicine platforms have thus enabled patients to access therapy that continues to be denied to them by their general practitioners and specialists due to persistent stigmatization within the healthcare system.

Trend





Niklas Kouparanis

CO-FOUNDER AND CEO BLOOMWELL GROUP

While the Recreational Cannabis Act (KCanG) is being evaluated before adjustments are made, the policy maker wants to forego such a scientific review for the Medical Cannabis Act (MedCanG) – and push sick people back into illegality, based on a ‘perceived’ abuse, which in reality is completely arbitrary and purely ideological. The planned adjustment of the MedCanG is based solely on a general suspicion, not on data or facts. With Bloomwell, we have now factually analyzed why many cannabis patients do not go the conventional route through the statutory healthcare system but prefer access via telemedicine platforms. Instead of simply accusing these people—several hundred thousand in Germany—of abuse, our two surveys of 3,879 patients and 500 family doctors in Germany paint a more nuanced picture. A majority of family doctors admit that cannabis is by no means the first-line treatment. And patients report in large numbers about frustrating experiences in conversations with their family and specialist doctors as soon as they bring up cannabis. Some patients are simply fed up with the statutory healthcare system – no wonder, given waiting times

of often more than a month before therapy can begin. Many people just want digital convenience when it comes to their health. And why not? Digitalization is the goal of a modern, truly patient-centered healthcare system. At least, that’s what the federal government itself has proclaimed. But the double standards of legislators on cannabis are obvious. Instead of recognizing digital cannabis therapy as a success story, the BMG wants to drag us back into the analog Stone Age – a step that the results of our surveys do not justify in any way. I therefore hope that rationality will finally prevail over ideology in this debate, and I repeat my offer: with Bloomwell, we stand ready to provide lawmakers with our unique European data as a key information bank and point of reference, if they themselves are unwilling to collect it.

Methodology

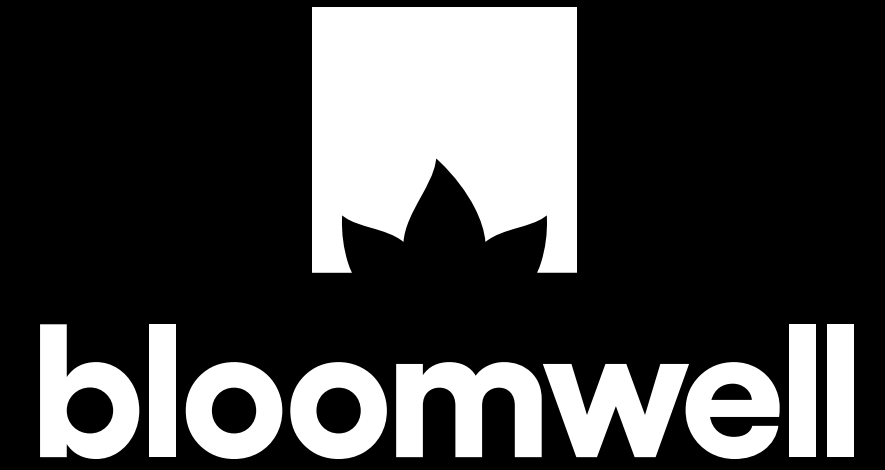
Bloomwell surveyed 3,879 patients in August and September 2025, most of whom had begun cannabis therapy through Bloomwell, and evaluated the results anonymously.

In addition, DocCheck, Europe's largest community for medical professionals, surveyed 500 outpatient doctors in general and internal medicine (without specialization) in Germany on behalf of the Bloomwell Group in September 2025.

For this report, prescriptions from January 2024 to September 2025 in the six-digit range were also analyzed anonymously. Data for September 2025 are extrapolated and may vary slightly at a later point. All prescriptions were redeemed by self-paying patients via the Bloomwell online platform at German partner pharmacies.

About Bloomwell

Based in Frankfurt, the Bloomwell Group is one of Europe's leading medical cannabis companies. Founded in 2020, it has developed into a central hub within a new cannabis ecosystem that covers the entire value chain—excluding cultivation. Through innovation and the digitalization of the entire therapy process, the Bloomwell Group ensures effective and reliable access to medical cannabis for patients and contributes to the destigmatization of cannabis in medicine through data-driven research activities based on real-world data. The Bloomwell Group is a European pioneer in the development of telemedicine services, digital payment integrations, and tailored e-prescription solutions for medical cannabis. Today, it provides tens of thousands of cannabis patients, pharmacies, physicians, and wholesalers with a central digital infrastructure every month. Upon request, patients can receive an individual e-prescription via the Bloomwell platform, complete with a qualified remote signature by D-Trust, a company of the German Federal Printing Office (Bundesdruckerei).



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