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Dear Mr Jappie,

Thank you for your letter of 22 December 2020 to the Home Secretary on behalf of Mr Phil Monk and We The Undersigned (WTU), regarding the decriminalisation of cannabis. You enclose several documents, namely WTU Testimonials and Membership Survey, Mr Monk's VAT analysis and Professor Barnes's paper entitled "The case for delta-9-tetrahydrocannabinol (THC)". Your letter has been passed to the Drugs Legislation Team at the Home Office.

Whilst the points in your letter and supporting documents have been noted, the Government's position on cannabis and the harms it causes to individuals and wider society remains unchanged. Most recently, the harms associated with cannabis were commented on by Dame Carol Black in part one of her Independent Review of Drugs, commissioned by the Home Office and published in February 2020. Dame Carol stated that:

"After heroin and crack cocaine, cannabis is the most common drug that results in people seeking treatment (around 25,000 people in 2017/18). Cannabis poses a large number of health risks, including psychological and respiratory disorders, particularly given recent increases in potency."

Dame Carol's review is available at:

www.gov.uk/government/publications/review-of-drugs-phase-one-report

You have referred to the use of cannabis for medicinal purposes. As you are aware, in line with the advice of experts, cannabis-based products for medicinal use (CBPMs) were rescheduled from Schedule 1 under the Misuse of Drugs Regulations 2001 ('the 2001 Regulations'), to Schedule 2 on 1st November 2018. This allows CBPMs to be prescribed appropriately where there is a clinical need. Only products meeting the definition of a CBPM have been placed in Schedule 2; all other cannabis-based products containing controlled drugs (other than those with a marketing authorisation for use as a medicine

that have been separately scheduled) remain in Schedule 1. The law does not restrict which conditions CBPMs may be prescribed for. Specialist clinicians can decide to prescribe CBPMs when they deem it clinically appropriate and in the best interests of their patients.

Since 2018, two cannabis-based medicines have been made available for prescribing on the NHS for patients with multiple sclerosis or hard to treat epilepsies, where clinically appropriate. This follows clear demonstrated evidence of their safety, and clinical and cost effectiveness. The majority of CBPMs are unlicensed and have not demonstrated clear evidence of their quality, safety and efficacy. The National Institute for Health and Care Excellence (NICE) has issued clinical guidelines which recognise that the evidence base is not sufficiently developed to allow for decisions to be made on the routine funding of these products on the NHS. The Department of Health and Social Care (DHSC) is the lead department for operational healthcare matters relating to CBPMs and is working with NHS England-NHS Improvement (NHSE-I) and the National Institute of Health Research (NIHR) to establish clinical trials to develop the evidence base to support further commissioning decisions. Meanwhile, individuals who think these products may be of benefit to them should continue to discuss their treatment with those responsible for their care.

With regard to comments about self-medicating with cannabis, we would like to draw your attention to part one of the cannabis rescheduling review which considered the therapeutic and medical benefits of cannabis. This was carried out by the then Chief Medical Officer for England and Chief Medical Adviser to the UK Government, Professor Dame Sally Davies, in 2018.

This review reported that:

“Cannabis has many active chemicals and only cannabis or derivatives produced for medical use can be assumed to have the correct concentrations and ratios. Using other forms, such as grown or street cannabis, as medicine for therapeutic benefit is potentially dangerous.”

Part one of the review can be found at:

www.gov.uk/government/publications/cannabis-scheduling-review-part-1

In addition, the Advisory Council on the Misuse of Drugs (ACMD) has considered the question of cannabis harms, most recently part two of the rescheduling of cannabis under the 2001 Regulations. In its 2018 advice it reiterated the Chief Medical Officer’s concerns and added further detail as follows:

“The CMO’s report states that “using other forms, such as grown or street Cannabis, as a medicine for therapeutic benefit is potentially dangerous”. The ACMD agrees that raw Cannabis (including Cannabis-based preparations) of unknown composition should not be given the status of medication.

Prescribers, patients, regulators and policy-makers must have confidence in the effectiveness, composition and consistency of Cannabis-derived medicinal products to ensure patient safety. Cannabis-derived medicinal products should meet defined safety and quality assurance standards to ensure that they do not put patients at risk of harm. Risks to patients may arise from impurities and adulterants, and variability in the composition of active constituents.”

The ACMD report can be found at: www.gov.uk/government/publications/advice-on-scheduling-of-cannabis-based-medicinal-products

The Government will continue to take an interest in any new evidence relating to cannabis, and take advice from experts, including the ACMD. The ACMD's latest advice on CBPMs, published on the 27 November 2020, is available at the following link:

www.gov.uk/government/publications/cannabis-based-products-for-medicinal-use-in-humans-cbpms

The Government will consider the advice carefully before responding. The response will be published on gov.uk.

It is the Government's position that the harms associated with the recreational use of cannabis, including the crime for which the illicit trade is responsible, would not be eliminated by legalisation or decriminalisation.

Thank you for highlighting your interest in this issue.

Yours sincerely,

Drugs Legislation Team

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