Dr Owen Bowden-Jones
Chair of the Advisory Council on Misuse of Drugs

17 March 2023

Dear Dr. Bowden-Jones,

We are writing an open letter to you on behalf of the Cannabis Industry Council (CIC), the leading membership organisation for medical cannabis businesses in the UK.

We noted with interest your letter exchanges with Home Office ministers, most recently with Chris Philp MP in December last year. As you're aware, Mr Philp stated in his 12 December letter that: *"The Government wants to ensure that research into controlled drugs continues to expand…It is right to look for improvements that can be made to the legislation around controlled drugs."*

Additionally, Mr. Philp stated in Parliament this week that: *"I do strongly support making it as easy as possible for UK institutions—universities, hospitals and private companies—to conduct research using not just psilocybin, but all drugs, and there is clearly a commercial as well as an academic benefit. I am looking forward to receiving the ACMD advice as soon as possible."*

Cannabis currently sits within Schedule 1 of the Misuse of Drugs Act 1971, notwithstanding its 2018 rescheduling to Schedule 2 of the Misuse of Drugs Regulations 2001 to enable prescriptions by Specialists. In effect, cannabis used in a clinical trial still remains a Schedule 1 Drug under the Misuse of Drugs Act, which necessitates extensive Home Office applications and clearances.

It is therefore very difficult under the present regulations to run clinical trials which meet the stringent criteria required to obtain the data requested by NICE to expand access to cannabis-based medicines on the NHS. The industry has sought to provide substantive amounts of 'real world evidence', much of which suggests strong clinical effectiveness across a range of indications. This effectively uses cannabis as a Schedule 2 Drug prescribed by Specialists, but this on its own is not considered enough by regulators.

We are aware that some regulators hold concerns over the potential cost of expanding the number of cannabis prescriptions on the NHS. Adjustments to the regulations to make legitimate use of cannabis in research more accessible will improve industry's ability to provide the data requested by regulators, thereby taking over much of the costs burden from regulators. In order to address the regulators' calls for more data, the CIC (and partners) also recently commissioned the University of York to conduct a health-economics model on prescribed medical cannabis. The results will be available in the coming months and we look forward to sharing this with you.

As Mr Philp alluded to in the parliamentary debate, there is currently a "*chicken and egg*" scenario, where the scheduling of cannabis makes it extremely difficult to undertake the necessary research to enable its medical use to be expanded to help patients in need.

The Cannabis Industry Council therefore supports the adjustment of the scheduling of cannabis for research and strongly urge the ACMD to make such a recommendation in your response to the Home Office.

Yours sincerely,

Melissa Sturgess BSc, MBA, Co-chair, Cannabis Industry Council Research Working Group
Dr Shanna Marrinan, Co-chair, Cannabis Industry Council Research Working Group

CC: All members of the ACMD