

Justice by Design – End of 2025 Assessment:

What the initial evidence Now Shows About CBPM Regulation

Since June 2025, Justice by Design has been analysing how the Home Office and DHSC created and defended Regulation 16A(3) — a rule that leaves disabled patients prescribed cannabis-based medicines exposed to risks no other lawful medicine users face.

Six months in, the pattern is now clear enough to report publicly.

This is not about predicting scandal. It is about stating what the evidence already shows before the deeper analysis continues through early 2026.

What the Evidence Shows So Far

Across the correspondence, equality-law duties, and FOI responses received to date, several points have begun to stand out:

- 1. The regulatory structure looks confused.**
Government has not clearly explained how lawful prescription use fits with routine police enforcement.
- 2. No shared understanding is visible across departments.**
It remains unclear who is actually responsible for ensuring disabled CBPM patients are not wrongly criminalised.
- 3. No Equality Act compliance has been acknowledged or demonstrated** in any response since June.
- 4. There is no clear shared articulation** of how the statutory framework is meant to work in practice.
- 5. The Home Office missed its own FOI deadline**, despite the policy being under review.
- 6. Responsibility keeps being passed sideways**, with no department identifying itself as the owner of the issues raised.

These are **structural warning signs**, evidenced directly in the material received so far.

Why This Should Concern People

Recent government failures — Horizon, Infected Blood, Windrush, and the disability findings from Covid — all started with the **same early ingredients**: unclear duties, weak ownership, equality issues pushed to the side, and confidence that the system was working when it wasn't.

By December 2025, **those same early ingredients are visible here.**

Where Things Stand at Year-End

The evidence so far is beginning to indicate:

- a regulatory design that is unclear and inconsistently understood,
- no demonstrated equality assessment,
- no clear operational protection for disabled patients,
- early signs of fragmented responsibility,
- and disabled patients navigating uncertainty that should never have existed.

Looking Ahead

The **Forward Look** sets out the next stage of analysis.

Work will continue throughout the first half of 2026, with a **fully updated Version 3** released in Q2–Q3.

By spring 2026, we expect to gain clearer insight into whether these early indicators reflect **simple administrative gaps** — or **the first signs of something deeper**.