12 January 2026

By Email

Dear Home Office FoI Team

This request is made under the Freedom of Information Act 2000.

It is submitted as part of an ongoing, transparent research programme examining the regulatory, criminal-law, equality, and real-world impacts of the framework governing cannabis-based products for medicinal use (CBPMs). The programme builds on material previously submitted to the Advisory Council on the Misuse of Drugs (ACMD) Call for Evidence on CBPMs, which closed on **17 October 2025**, and on subsequent analytical updates and correspondence provided to the ACMD as the evidence base has continued to develop.

This request seeks recorded information held by the Home Office concerning the design, drafting, justification, and implementation of the Misuse of Drugs (Amendments) (Cannabis and Licence Fees) Regulations 2018 (SI 2018/1055), with particular focus on Regulation 16A and Regulation 16A(3) and the foreseeable consequences for patients prescribed cannabis-based products for medicinal use.

This request relies on **Annex A (Publicly Available Documentary Chronology, A1–A15)** as the complete publicly available factual record evidencing the commissioning of advice, ministerial responses, parliamentary statements, guidance, and statutory instruments relevant to SI 2018/1055.

It also draws on **Annex B (Legal Comparators)** and **Annex C (Comparative Legislative Framework)** as contextual analysis. Annex B sets out orthodox regulatory and criminal-law comparators (including the Road Traffic Act drug-driving framework and the pregabalin/gabapentin control changes), and Annex C provides a cross-framework comparison of legislative mechanisms, patient-facing signalling, proportionality and equality / Public Sector Equality Duty (PSED) comparators.

This is a new request. It is not a continuation, refinement, or narrowing of any previous request.

Where any part of this request may engage section 12 of the Freedom of Information Act, please provide a breakdown of search parameters (including systems searched, date ranges, and custodians) sufficient to enable refinement, and please state explicitly where no information is held, in accordance with section 16.

Yours sincerely

Pete Lindsay

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FOI 1D — HOME OFFICE

Timeframe

Unless otherwise specified, please provide recorded information created or held between **1 January 2018 and 31 December 2020**.

This timeframe is intended to capture both the design and initial implementation phase of SI 2018/1055, including any contemporaneous consideration or absence of post-implementation review, monitoring, or evaluation.

If no recorded information is held in relation to any question, please state this explicitly.

HO-1 — Scope and limits of ACMD commissions

(Annex A: A6, A7; Annex B – orthodox rescheduling and regulatory design comparators; Annex C – novelty and regulatory architecture comparator)

Please provide recorded information explaining how the scope of the July 2018 ACMD commission, and its continuation in February 2019, was determined, including:

a) how and why consideration of criminal law, criminal liability, and withdrawal of statutory exemptions under the Misuse of Drugs Regulations 2001 was excluded;
b) whether any consideration was given to the implications of excluding such matters where a new medicines category was being created under secondary legislation; and
c) any recorded discussion of risks arising from those exclusions.

HO-2 — Creation of the CBPM definition as a regulatory model

(Annex A: A6, A7; Annex B - orthodox rescheduling models vs CBPM novelty; Annex C – novelty and regulatory architecture comparator)

Please provide recorded information relating to the development of the definition of "cannabis-based product for medicinal use" introduced by SI 2018/1055, including:

a) whether this approach was considered novel or atypical;
b) how this approach differed from conventional approaches used to control other medicines under the MDA/MDR framework (including standard rescheduling and associated controlled-drug safeguards); and
c) any recorded assessment of the consequences of making continued lawfulness conditional on compliance with Regulation 16A, including the operation of Regulation 16A(3) as the mechanism by which criminal liability may re-engage.

HO-3 — Regulation 16A(3): route of administration and criminal exposure

(Annex A: A6, A7, A8; Annex B – orthodox criminal-law signalling and primary-offence comparators; Annex C – exemption-withdrawal vs primary-offence model)

Please provide recorded information evidencing any legal analysis undertaken in relation to Regulation 16A(3), including:

a) assessment of the criminal-law consequences of withdrawal of the Misuse of Drugs Regulations exemption for patients prescribed CBPMs by reason of route of administration;
b) consideration of whether such withdrawal would foreseeably expose a subset of prescribed CBPM patients to criminal liability; and
c) any recorded advice or consideration at the design or drafting stage as to how that exposure was intended to operate in practice.

HO-4 — Separation of science, law, and policy in EM and IA drafting

(Annex A: A14, A15; Annex B – orthodox separation of policy choice and legal necessity comparators; Annex C – policy choice vs legal necessity comparator)

Please provide recorded information evidencing how the Home Office distinguished between:

a) scientific or clinical evidence;
b) legal necessity or statutory constraint; and
c) discretionary policy choice

when drafting the Explanatory Memorandum and Impact Assessment for SI 2018/1055, particularly in relation to:

- the prohibition on smoking;
- prescribing restrictions; and
- specialist-only access.

HO-5 — Enabling powers cited in the Explanatory Memorandum

(Annex A: A14; Annex C – statutory authority and scrutiny comparator)

Please provide recorded information relating to identification and citation of enabling powers in the Explanatory Memorandum, including:

a) any internal discussion concerning reliance on section 7(1)(b) of the Misuse of Drugs Act 1971 in addition to section 31(1)(a);
b) correspondence or advice relating to scrutiny by the Joint Committee on Statutory Instruments; and
c) any recorded acknowledgement or correction, whether contemporaneous or subsequent, relating to the identification or citation of enabling powers in the Explanatory Memorandum.

HO-6 — Equality Act 2010 considerations

(Annex A: A7, A8, A9; Annex B – foreseeability of equality impacts in comparable criminal-law frameworks; Annex C – equality / PSED comparator)

Please provide recorded information evidencing any consideration of Equality Act 2010 duties in relation to SI 2018/1055, including:

a) whether patients prescribed CBPMs were identified as a potentially affected disabled group;
b) whether impacts arising from Regulation 16A(3) were assessed; and
c) whether any mitigation or reasonable-adjustment considerations were recorded at the design or drafting stage.

HO-7 — Comparator analysis: pregabalin and gabapentin

(Annex A: A11, A12; Annex B – orthodox controlled-drug rescheduling comparators (pregabalin and gabapentin); Annex C – orthodox rescheduling comparator)

Please provide recorded information evidencing any comparison between the regulatory model adopted in SI 2018/1055 and the subsequent pregabalin and gabapentin rescheduling, including:

a) whether the CBPM approach was identified, described, or treated as differing from conventional controlled-drug rescheduling models; and
b) whether differences in legislative or regulatory method were analysed or justified.

HO-8 — Patient-facing communication of criminal risk

(Annex A: A7, A8; Annex B – orthodox patient-facing criminal-law signalling (including RTA drug-driving framework); Annex C – patient-facing criminal signalling comparator)

Please provide recorded information explaining how the Home Office considered communicating criminal-law risk to patients prescribed CBPMs, including:

a) why the Written Ministerial Statement of 11 October 2018 explicitly stated that the longstanding criminal prohibition on smoking cannabis would remain applicable, by virtue of the CBPM exemption not extending to smoking under Regulation 16A(3), including the stated rationale for highlighting that exclusion;
b) why those route-specific criminal-law consequences were not articulated in patient-facing guidance or labelling; and
c) any recorded discussion of the implications of that asymmetry.

HO-9 — Emergency and self-administration contexts

(Annex A: A3, A7, A8; Annex B – treatment of emergency or necessity contexts in comparable criminal-law frameworks; Annex C – emergency self-administration vs criminal exposure comparator)

Please provide recorded information evidencing whether any consideration was given, at the design or drafting stage of Regulation 16A, to foreseeable circumstances in which patients prescribed CBPMs might reasonably self-administer medication outside routine clinical settings (including urgent or acute situations), and how Regulation 16A(3) was intended to operate in such circumstances.

HO-10 — Post-implementation review

(Annex A: A10–A13; Annex B – orthodox post-implementation review and safeguard frameworks; Annex C – post-implementation safeguards comparator)

Please provide recorded information relating to any post-implementation review, monitoring framework, or evaluation mechanism envisaged or designed in relation to Regulation 16A(3), including whether criminal-justice impacts affecting prescribed CBPM patients were anticipated or intended to be monitored.

HO-11 — Section 12 safeguards

(Annex A: A1–A15)

If any part of this request engages section 12 of the Freedom of Information Act, please provide a breakdown of search parameters sufficient to allow refinement and confirm explicitly which elements of information are not held.

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12 January 2026

By Email

Dear DHSC FoI Team

This request is made under the Freedom of Information Act 2000.

It forms part of an ongoing, transparent research programme examining the regulatory, criminal-law, equality, and real-world impacts of the framework governing cannabis-based products for medicinal use (CBPMs). The programme builds on material previously submitted to the Advisory Council on the Misuse of Drugs (ACMD) Call for Evidence on CBPMs, which closed on **17 October 2025**, and on subsequent analytical updates and correspondence provided to the ACMD as the evidence base has continued to develop.

This request relies on **Annex A (Publicly Available Documentary Chronology, A1–A15)** as the complete publicly available factual record evidencing the sequence of advice, ministerial responses, parliamentary statements, guidance, and statutory instruments relevant to the Misuse of Drugs (Amendments) (Cannabis and Licence Fees) Regulations 2018 (SI 2018/1055).

It also draws on **Annex B (Legal Comparators)** and **Annex C (Comparative Legislative Framework)** as contextual analysis. Annex B sets out orthodox comparators for controlled medicines and prescribed-patient safeguards, and Annex C provides cross-framework comparison of exemption-withdrawal versus primary-offence models, patient-facing criminal signalling, proportionality norms, and equality / Public Sector Equality Duty (PSED) comparators.

This is a new request. It is not a continuation, refinement, or narrowing of any previous request.

Where any part of this request may engage section 12 of the Freedom of Information Act, please provide a breakdown of search parameters sufficient to enable refinement, and state explicitly where no information is held, in accordance with section 16.

Yours sincerely

Pete Lindsay

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FOI 1D — DEPARTMENT OF HEALTH AND SOCIAL CARE

Timeframe

Unless otherwise specified, please provide recorded information created or held between **1 January 2018 and 31 December 2020**.

This timeframe is intended to capture both the design and initial implementation phase of SI 2018/1055, including any contemporaneous consideration or absence of post-implementation review, monitoring, or evaluation.

If no recorded information is held in relation to any question, please state this explicitly.

DHSC-1 — DHSC role in development and implementation

(Annex A: A2, A4, A6, A7; Annex C – cross-government roles and accountability comparator)

Please provide recorded information evidencing DHSC's role in the development, drafting, or implementation of SI 2018/1055, including advice or submissions provided to the Home Office and any recorded constraints, limitations, or boundaries on DHSC involvement.

DHSC-2 — Observer status and access

(Annex A: A2, A10; Annex C – governance and oversight comparator)

Please provide recorded information explaining DHSC's observer status in relation to ACMD commissions on CBPMs, what information DHSC accessed or was permitted to access via that status, and any recorded concerns or limitations arising from observer-only participation.

DHSC-3 — Clinical governance and Regulation 16A(3)

(Annex A: A3, A6, A7, A9; Annex B – orthodox separation between clinical governance and criminal liability; Annex C – clinical-governance vs criminal-exposure comparator)

Please provide recorded information evidencing how DHSC expected clinical governance relating to route of administration for CBPMs to interact with the legal mechanism in Regulation 16A(3) (withdrawal of a Misuse of Drugs Regulations exemption), including any DHSC consideration of resulting criminal-law exposure for prescribed CBPM patients.

DHSC-4 — Patient safety implications

(Annex A: A7, A14, A15; Annex B – orthodox patient-safety and safeguard frameworks in comparable regimes; Annex C – safeguards for prescribed patients comparator)

Please provide recorded information evidencing any consideration given by DHSC, at the design or drafting stage of SI 2018/1055, to foreseeable patient-safety impacts arising from the CBPM regulatory model adopted in SI 2018/1055, including any recorded assessment of risks associated with exemption withdrawal under Regulation 16A(3).

DHSC-5 — Emergency and self-administration contexts

(Annex A: A3, A7, A8; Annex B – treatment of emergency or necessity contexts in orthodox regulatory frameworks; Annex C – emergency self-administration vs criminal exposure comparator)

Please provide recorded information evidencing whether any consideration was given by DHSC, at the design or drafting stage of Regulation 16A, to foreseeable circumstances in which patients prescribed CBPMs might self-administer medication outside routine clinical settings (including urgent or acute situations), and how Regulation 16A(3) was considered (or not) in such circumstances.

DHSC-6 — Equality Act 2010 / Public Sector Equality Duty

(Annex A: A7, A8, A9; Annex B – foreseeability of equality and disability impacts in comparable criminal-law frameworks; Annex C – equality / PSED comparator)

Please provide recorded information evidencing any DHSC consideration of Equality Act 2010 duties or PSED compliance in relation to SI 2018/1055, including whether impacts on disabled patients prescribed CBPMs arising from Regulation 16A(3) were considered, and whether any mitigation or reasonable-adjustment considerations were recorded.

DHSC-7 — Engagement with Explanatory Memorandum and Impact Assessment

(Annex A: A14, A15; Annex B – orthodox transparency and disclosure of criminal-law consequences in comparable regimes; Annex C – transparency and presentation comparator)

Please provide recorded information evidencing any DHSC input to, review of, or comment on the Explanatory Memorandum and/or Impact Assessment accompanying SI 2018/1055, including whether DHSC raised issues relating to presentation of criminal-law consequences or patient impacts, or recorded any views on the adequacy or clarity of such presentation.

DHSC-8 — Post-implementation review

(Annex A: A10–A13; Annex B – orthodox post-implementation review and monitoring frameworks in comparable regimes; Annex C – post-implementation safeguards comparator)

Please provide recorded information relating to any DHSC involvement in the design, anticipation, or envisaging of post-implementation review, monitoring, or evaluation mechanisms in relation to SI 2018/1055, including whether criminal-law or patient-safety impacts affecting prescribed CBPM patients were anticipated or intended to be monitored.

DHSC-9 — Section 12 safeguards

(Annex A: A1–A15)

If any part of this request engages section 12 of the Freedom of Information Act, please provide a breakdown of search parameters sufficient to allow refinement and confirm explicitly which elements of information are not held.

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12 January 2026

By Email

Dear Cabinet Office / Department of Education / Equality Hub FoI Team

This request is made under the Freedom of Information Act 2000.

It forms part of an ongoing, transparent research programme examining the regulatory, criminal-law, equality, and real-world impacts of the framework governing cannabis-based products for medicinal use (CBPMs). The programme builds on material previously submitted to the Advisory Council on the Misuse of Drugs (ACMD) Call for Evidence on CBPMs, which closed on **17 October 2025**, and on subsequent analytical updates and correspondence provided to the ACMD as the evidence base has continued to develop.

This request relies on **Annex A (Publicly Available Documentary Chronology, A1–A15)** as the complete publicly available factual record evidencing the commissioning of advice, ministerial responses, parliamentary statements, guidance, and statutory instruments relevant to the Misuse of Drugs (Amendments) (Cannabis and Licence Fees) Regulations 2018 (SI 2018/1055).

It also draws on Annex B (Legal Comparators) and Annex C (Comparative Legislative Framework) as contextual analysis. Annex B sets out orthodox comparators showing how equality, proportionality, and prescribed-patient safeguards are addressed elsewhere, and Annex C provides the cross-framework matrix used to structure equality / Public Sector Equality Duty (PSED) comparison, exemption-withdrawal mechanisms, and patient-facing criminal signalling.

This is a new request. It is not a continuation, refinement, or narrowing of any previous request.

Where any part of this request may engage section 12 of the Freedom of Information Act, please provide a breakdown of search parameters sufficient to enable refinement, and state explicitly where no information is held, in accordance with section 16.

Yours sincerely

Pete Lindsay

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FOI 1D — EQUALITY HUB

Timeframe

Unless otherwise specified, please provide recorded information created or held between **1 January 2018 and 31 December 2020**.

This timeframe is intended to capture both the design and initial implementation phase of SI 2018/1055, including any contemporaneous consideration or absence of post-implementation review, monitoring, or evaluation.

If no recorded information is held in relation to any question, please state this explicitly.

EH-1 — Identification of affected cohorts

(Annex A: A7, A8, A9; Annex B – orthodox identification of prescribed patients as affected cohorts in comparable regimes; Annex C – identification of affected groups comparator)

Please provide recorded information evidencing whether patients prescribed cannabis-based products for medicinal use were identified as a group potentially affected by SI 2018/1055 for the purposes of Equality Act 2010 analysis.

EH-2 — Public Sector Equality Duty assessments

(Annex A: A7, A10, A11; Annex B – orthodox equality and PSED assessment practices in comparable regulatory frameworks; Annex C – PSED compliance comparator)

Please provide recorded information evidencing any consideration, advice, coordination, or oversight undertaken by the Equality Hub to support or discharge the Public Sector Equality Duty in relation to SI 2018/1055, including equality impact assessments, internal advice, or ministerial briefings.

EH-3 — Regulation 16A(3) and indirect discrimination

(Annex A: A3, A6, A7; Annex B – foreseeability of indirect discrimination risks in comparable criminal-law frameworks; Annex C – exemption-withdrawal and indirect discrimination comparator)

Please provide recorded information evidencing any consideration (including legal advice or equality analysis) of whether Regulation 16A(3), by withdrawing a statutory exemption based on route of administration, could amount to indirect discrimination affecting disabled patients prescribed CBPMs.

EH-4 — Criminalisation risk

(Annex A: A7, A8; Annex B – equality implications of patient-facing criminal-law signalling in comparable regimes; Annex C – patient-facing criminal signalling comparator)

Please provide recorded information evidencing any consideration of whether the re-engagement of criminal liability under Regulation 16A(3) was considered or advised upon for equality or discrimination risk.

EH-5 — Emergency and self-administration contexts

(Annex A: A3, A7, A8; Annex B – treatment of emergency and necessity contexts in equality-compliant regulatory frameworks; Annex C – emergency self-administration vs equality safeguards comparator)

Please provide recorded information evidencing whether any consideration was given by the Equality Hub, at the design or drafting stage of Regulation 16A, to foreseeable circumstances in which patients prescribed CBPMs might self-administer medication outside routine clinical settings (including urgent or acute situations), and whether Regulation 16A(3) was considered or advised upon for compatibility with Equality Act 2010 duties in such circumstances.

EH-6 — Mitigation and reasonable adjustments

(Annex A: A7, A10, A11; Annex B – availability of alternative regulatory designs and reasonable adjustments in comparable frameworks; Annex C – reasonable adjustments comparator)

Please provide recorded information evidencing any consideration of mitigation measures or reasonable adjustments in relation to Regulation 16A(3), including discussion of alternative regulatory approaches.

EH-7 — Absence of post-implementation equality review or safeguard framework

(Annex A: A12–A15; Annex B – orthodox post-implementation equality monitoring and review frameworks; Annex C – post-implementation equality safeguards comparator)

Please provide recorded information relating to any Equality Hub involvement in the design, anticipation, or advising upon of post-implementation review, monitoring, or evaluation mechanisms in relation to SI 2018/1055, including whether equality impacts affecting prescribed CBPM patients were anticipated or intended to be reviewed.

EH-8 — Section 12 safeguards

(Annex A: A1–A15)

If any part of this request engages section 12 of the Freedom of Information Act, please provide a breakdown of search parameters sufficient to allow refinement and confirm explicitly which elements of information are not held.

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12 January 2026

By Email

Dear ACMD FoI Team

This request is made under the Freedom of Information Act 2000.

It forms part of an ongoing, transparent research programme examining the regulatory, criminal-law, equality, and real-world impacts of the framework governing cannabis-based products for medicinal use (CBPMs). The programme builds on material previously submitted to the Advisory Council on the Misuse of Drugs (ACMD) Call for Evidence on CBPMs, which closed on **17 October 2025**, and on subsequent analytical updates and correspondence provided to the ACMD as the evidence base has continued to develop.

This request relies on **Annex A (Publicly Available Documentary Chronology, A1–A15)** as the complete publicly available factual record evidencing the commissioning of advice, the scope constraints applied, ministerial responses, parliamentary statements, guidance, and the Misuse of Drugs (Amendments) (Cannabis and Licence Fees) Regulations 2018 (SI 2018/1055).

It also draws on Annex B (Legal Comparators) and Annex C (Comparative Legislative Framework) as contextual analysis. Annex B sets out orthodox comparators (including pregabalin/gabapentin and the Road Traffic Act drug-driving framework), and Annex C provides cross-framework comparison of exemption-withdrawal versus primary-offence models, proportionality norms, patient-facing criminal signalling, and equality / Public Sector Equality Duty (PSED) comparators.

This is a new request. It is not a continuation, refinement, or narrowing of any previous request.

Where any part of this request may engage section 12 of the Freedom of Information Act, please provide a breakdown of search parameters sufficient to enable refinement, and state explicitly where no information is held, in accordance with section 16.

Yours sincerely

Pete Lindsay

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FOI 1D — ADVISORY COUNCIL ON THE MISUSE OF DRUGS

Timeframe

Unless otherwise specified, please provide recorded information created or held between **1 January 2018 and 31 December 2020**.

This timeframe is intended to capture both the design and initial implementation phase of SI 2018/1055, including any contemporaneous consideration or absence of post-implementation review, monitoring, or evaluation.

If no recorded information is held in relation to any question, please state this explicitly.

ACMD-1 — Understanding of commission scope and limits

(Annex A: A2, A3, A5, A10; Annex C – scope-setting and downstream criminal-consequences comparator)

Please provide recorded information evidencing how the ACMD understood the scope and limits of the July 2018 commission from the Home Office, including exclusions relating to criminal law, offences, and cultivation, how those limits were discussed internally, and how they shaped the advice provided.

ACMD-2 — Route of administration and smoking

(Annex A: A3, A5, A6; Annex B – orthodox treatment of route-of-administration as a clinical rather than criminal issue; Annex C – clinical risk vs legal consequence comparator)

Please provide recorded information evidencing the scientific basis on which smoking was considered impermissible as a route of administration for CBPMs, whether alternative routes were assessed comparatively, and whether the legal consequences of exemption withdrawal under Regulation 16A(3) were considered, discussed, or explicitly excluded as being outside the ACMD's remit.

ACMD-3 — Awareness of criminal-law consequences

(Annex A: A6, A7, A8; Annex B – orthodox criminal-liability attachment models for prescribed medicines; Annex C – exemption-withdrawal vs primary-offence model)

Please provide recorded information evidencing whether the ACMD explicitly considered, or was made aware, that Regulation 16A(3) operates by withdrawal of a statutory exemption under the Misuse of Drugs Regulations 2001, thereby re-engaging offences under the Misuse of Drugs Act 1971 for prescribed CBPM patients.

ACMD-4 — Scientific advice vs policy implementation

(Annex A: A3, A6, A7; Annex B – orthodox separation between scientific advice and discretionary policy implementation; Annex C – policy choice vs legal necessity comparator)

Please provide recorded information evidencing any distinction drawn by the ACMD between scientific or clinical advice provided and discretionary policy choices adopted by Government in implementation, including specialist-only prescribing and route-based restrictions.

ACMD-5 — Emergency and self-administration contexts

(Annex A: A3, A5, A7; Annex B – orthodox treatment of emergency or necessity contexts in prescribed-medicine frameworks; Annex C – emergency self-administration vs criminal exposure comparator)

Please provide recorded information evidencing any consideration by the ACMD of emergency or acute contexts in which patients prescribed CBPMs may reasonably self-administer medication to avoid escalation to professional medical intervention, and how such contexts were considered or excluded when advice was provided.

ACMD-6 — Equality and vulnerable cohorts

(Annex A: A3, A10, A11; Annex B – orthodox identification of vulnerable or prescribed-patient cohorts in comparable regulatory frameworks; Annex C – equality / PSED comparator)

Please provide recorded information evidencing any consideration by the ACMD of whether disabled patients prescribed CBPMs constituted a distinct or vulnerable cohort, and whether impacts arising from Regulation 16A(3) were considered or excluded.

ACMD-7 — Engagement with Explanatory Memorandum and Impact Assessment

(Annex A: A14, A15; Annex B – orthodox presentation of criminal consequences and safeguards in medicines regulation; Annex C – transparency and presentation comparator)

Please provide recorded information evidencing any ACMD engagement with, review of, or commentary on the Explanatory Memorandum and/or Impact Assessment accompanying SI 2018/1055, including whether divergence between scientific advice and policy framing was identified or discussed.

ACMD-8 — Post-implementation review and scope constraints

(Annex A: A10–A13; Annex B – orthodox post-implementation review and safeguard expectations where criminal liability attaches; Annex C – post-implementation safeguards comparator)

Please provide recorded information evidencing how the ACMD understood its role in post-implementation review following SI 2018/1055, and how scope constraints set out in subsequent commissions affected its ability to revisit criminal-law or patient-impact issues.

ACMD-9 — Section 12 safeguards

(Annex A: A1–A15)

If any part of this request engages section 12 of the Freedom of Information Act, please provide a breakdown of search parameters sufficient to allow refinement and confirm explicitly which elements of information are not held.

12 January 2026

By Email

Dear MoJ FoI Team

This request is made under the Freedom of Information Act 2000.

It forms part of an ongoing, transparent research programme examining the regulatory, criminal-law, equality, and real-world impacts of the framework governing cannabis-based products for medicinal use (CBPMs). The programme builds on material previously submitted to the Advisory Council on the Misuse of Drugs (ACMD) Call for Evidence on CBPMs, which closed on **17 October 2025**, and on subsequent analytical updates and correspondence provided to the ACMD as the evidence base has continued to develop.

This request relies on **Annex A (Publicly Available Documentary Chronology, A1–A15)** as the complete publicly available factual record evidencing the commissioning of advice, ministerial responses, parliamentary statements, guidance, and statutory instruments relevant to the Misuse of Drugs (Amendments) (Cannabis and Licence Fees) Regulations 2018 (SI 2018/1055).

It also draws on Annex B (Legal Comparators) and Annex C (Comparative Legislative Framework) as contextual analysis. Annex B sets out orthodox comparators for criminal-law signalling, safeguards and proportionality in prescribed-medicine contexts, and Annex C provides cross-framework comparison of exemption-withdrawal versus primary-offence models, proportionality norms, patient-facing criminal signalling, and equality / Public Sector Equality Duty (PSED) comparators.

This is a new request. It is not a continuation, refinement, or narrowing of any previous request.

Where any part of this request may engage section 12 of the Freedom of Information Act, please provide a breakdown of search parameters sufficient to enable refinement, and state explicitly where no information is held, in accordance with section 16.

Yours sincerely

Pete Lindsay

Pete.lindsay@justicebydesign.org.uk

Justicebydesign.org.uk

FOI 1D — MINISTRY OF JUSTICE

Timeframe

Unless otherwise specified, please provide recorded information created or held between **1 January 2018 and 31 December 2020**.

This timeframe is intended to capture both the design and initial implementation phase of SI 2018/1055, including any contemporaneous consideration or absence of post-implementation review, monitoring, or evaluation.

If no recorded information is held in relation to any question, please state this explicitly.

MoJ-1 — Awareness of criminal-law mechanism

(Annex A: A7, A8, A9; Annex B – orthodox attachment of criminal liability to prescribed medicines; Annex C – exemption-withdrawal vs primary-offence model)

Please provide recorded information evidencing the Ministry of Justice's awareness that Regulation 16A(3) operates by withdrawal of a statutory exemption under the Misuse of Drugs Regulations 2001, thereby re-engaging offences under the Misuse of Drugs Act 1971 for prescribed CBPM patients.

MoJ-2 — Likelihood of investigation or prosecution

(Annex A: A7, A8; Annex B – orthodox enforcement expectations and safeguards for prescribed patients; Annex C – proportionality and enforcement norms comparator)

Please provide recorded information evidencing any assessment of the likelihood of criminal investigation or prosecution of patients prescribed CBPMs arising from non-compliance with Regulation 16A(3), including any advice provided to other Departments.

MoJ-3 — Novel or atypical criminal-justice model

(Annex A: A7, A14, A15; Annex B – orthodox criminal-justice models for controlled prescribed medicines; Annex C – novelty vs orthodox control models)

Please provide recorded information evidencing any consideration of whether the CBPM regulatory framework constituted a novel or atypical criminal-justice approach, including the attachment of criminal liability to a subset of prescribed patients through exemption withdrawal rather than primary criminal prohibitions.

MoJ-4 — Proportionality and foreseeability

(Annex A: A7, A10, A11; Annex B – orthodox proportionality and foreseeability safeguards in criminal regulation; Annex C – proportionality safeguards comparator)

Please provide recorded information evidencing any assessment of proportionality and foreseeability in relation to criminal liability arising from Regulation 16A(3), including whether impacts on prescribed CBPM patients were considered proportionate to regulatory objectives.

MoJ-5 — Emergency and self-administration contexts

(Annex A: A3, A7, A8; Annex B – orthodox treatment of emergency or necessity contexts in prescribed-medicine frameworks; Annex C – emergency self-administration vs criminal exposure comparator)

Please provide recorded information evidencing any consideration of emergency or acute contexts in which patients prescribed CBPMs may reasonably self-administer medication to avoid escalation to professional medical intervention, and how criminal liability under Regulation 16A(3) was expected to operate in such contexts.

If no such information is held, please state this explicitly.

MoJ-6 — Equality Act 2010 considerations

(Annex A: A7, A8, A9; Annex B – orthodox consideration of equality impacts where criminal liability affects prescribed patients; Annex C – equality / PSED comparator)

Please provide recorded information evidencing any consideration of Equality Act 2010 duties in relation to prescribed CBPM patients, including whether the operation of Regulation 16A(3) was assessed for indirect discrimination risk.

MoJ-7 — Post-implementation review

(Annex A: A10–A13; Annex B – orthodox post-implementation review expectations in criminal-justice regulation; Annex C – post-implementation safeguards comparator)

Please provide recorded information relating to any post-implementation review, monitoring, or evaluation by the Ministry of Justice of criminal-justice impacts arising from SI 2018/1055.

MoJ-8 — Section 12 safeguards

(Annex A: A1–A15)

If any part of this request engages section 12 of the Freedom of Information Act, please provide a breakdown of search parameters sufficient to allow refinement and confirm explicitly which elements of information are not held.
