



A Critical Review of Home Office and ACMD FOI Responses

Seed our Future Campaign sent 45 Freedom of Information requests (to 42 Police and Crime Commissioners (PCC's), the Crown Prosecution Service (CPS), the Advisory Council for the Misuse of Drugs (ACMD) and the Home Office (HO).

The Home Office and the ACMD confirmed that they held the information that we had requested. See below, the responses from the Home Office and ACMD [and our critical analysis in blue text:](#)

Dear Mr Bevington,

Thank you for your email of 29th September 2020 in which you ask a series of questions regarding cannabis. Your request has been handled as a request for information under the Freedom of Information Act 2000 (FOIA). This response will answer each of your questions in turn.

1. FOUNDATION EVIDENCE for the claim that all genus of cannabis meets the currently accepted criteria for a schedule 1 substance in its raw form.

I confirm that the Home Office holds the information that you have requested. We believe that the information is **already reasonably accessible to you**, but we have also set out information which might be of use to you below.

SOF RESPONSE:

[If the information is reasonably accessible to the public then why is it that all Police Forces throughout the UK and the Crown Prosecution Service are unable to locate the information?](#)

Cannabis is a Class B controlled drug under Part II, Schedule 2, of the Misuse of Drugs Act 1971 ("the 1971 Act"). It is also listed in Schedule 1 to the Misuse of Drugs Regulations 2001 ("the 2001 Regulations") and designated under the Misuse of Drugs (Designation) (England, Wales and Scotland) Order 2015 (2015 Order).

The 2001 Regulations provide access to controlled drugs for legitimate medicinal purposes (and exceptionally for industrial purposes) under the 1971 Act. Drugs are placed into one of five Schedules to the 2001 Regulations. **The Schedule into which a drug is placed is based on an assessment of its medicinal or therapeutic usefulness, the need for legitimate access as well as its potential for harm when used.** The Schedule primarily dictates the extent to which it is lawful to import, export, produce, possess, supply and administer. It imposes requirements around prescribing, record keeping, labelling, destruction, disposal and safe custody.

SOF RESPONSE:

The above is just regurgitating the current legislation and does not in any way answer the request.

Evidence and advice received by the government on the harms associated with cannabis as well as its potential for therapeutic use are available in the public domain on gov.uk. In particular, we would like to draw your attention to the following sources.

The government received advice on cannabis in 2018 as part of work commissioned by the then Home Secretary, Rt Hon Sajid Javid MP, which led to changing the law to enable prescription of cannabis-based products for medicinal use in humans ('CBPMs'). The commission from the then Home Secretary is available at: <https://www.gov.uk/government/speeches/homesecretary-statement-on-medical-use-of-cannabis>.

SOF RESPONSE:

The Parliamentary speech by Sajid Javid in 2018 confirms the significant medicinal properties of cannabis which in the case of Billy Caldwell, clearly saved his life by not only drastically reducing his life-threatening seizures but also leading him to be discharged from hospital within days.

Over the weekend, I issued an emergency licence to allow Billy Caldwell's medical team to access cannabis-based medicine to treat life-threatening seizures caused by a severe form of epilepsy. This was an emergency procedure which was led by a senior clinician with the support of the Medical Director at Chelsea and Westminster Hospital. I am pleased to say Billy has now been discharged from hospital. It is now for his senior clinicians to develop a long-term care plan.

He continues by claiming that: *There is strong scientific evidence that cannabis is a drug which can harm people's mental and physical health, and damage communities. There are currently no legally recognised medicinal or therapeutic benefits.*

This statement **infers strong scientific evidence for the schedule 1 status of cannabis** but is clearly without any foundation evidence and then he mentions that *'the cannabis-based medicine Sativex can however be prescribed in the UK because there is a proven case for its safety and efficacy'*. A completely contradictory statement.

If the review identified that there are significant medical benefits then we do intend to reschedule. Cannabis (for medicinal use) was rescheduled to schedule 2 on the 1st November 2018 but over the past 2 years, only 3 NHS prescriptions have been issued whilst millions of UK residents continue to suffer and die unnecessarily and those of the estimated 1.4 million who take cannabis as a medicine illegally continue to live in fear of being dragged through the judicial system and/or having their children taken away from them.

See this BBC report from 1st November 2020 clearly showing that the Government have failed the families to which they claimed they would protect: https://www.bbc.co.uk/news/uk-england-kent-54749353?fbclid=IwAR1Krbh7hfqc1MWktRMIE1a_qVnP2g_m9if_yPfiGxyjHfQnqqNQx0V2jg

In conclusion, this carefully picked speech offers no FOUNDATION EVIDENCE for the schedule 1 status of cannabis in its raw form as requested.

The first part of the review commissioned the then Chief Medical Officer ('CMO') for England and Chief Medical Adviser to the UK Government, Professor Dame Sally Davies, to carry out a review of the therapeutic and medical benefits of cannabis-based products. In her review, Dame Sally stated 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. The evidence that cannabis and some of its derivatives can be addictive and harmful has been known for some time and is not disputed by recent science, so I believe the reasons it is a controlled drug in the UK stand."*

Her report goes on to highlight that:

*"Grown cannabis has over 100 active **drugs**, which can have a wide variety of concentrations and ratios **creating different and often severe side effects**. Most important are two drugs: tetrahydrocannabinol usually shorted to THC, and cannabidiol. THC has the great majority of the effect including **harmful effects on the brain**; cannabidiol to some extent counteracts this. Because different forms of grown cannabis have different concentrations and ratios of these drugs, grown or street cannabis cannot safely be substituted for medicinal cannabis."*

Dame Sally's review is available at:

<https://www.gov.uk/government/publications/cannabis-scheduling-review-part1>

In accordance with the second part of the then Home Secretary's 2018 commission, the Advisory Council on the Misuse of Drugs (ACMD) provided advice to the government on the scheduling of cannabis-derived medicinal products, in which it also discussed the use of raw cannabis and cannabis based preparations for therapeutic use. The ACMD referenced the CMO's report, stating:

"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 policymakers 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."

Following receipt of advice from the ACMD, the government legislated to introduce a definition of CBPMs in the 2001 Regulations and placed substances meeting this definition in Schedule 2 to the 2001 Regulations on 1 November 2018. This legislation is available at legislation.gov.uk.

In reference to the harms associated with cannabis, the CMO noted in her 2018 review that:

Evidence of harm has been extensively covered by the Advisory Committee [sic] on Misuse of Drugs (ACMD). I see no reason to revisit this; cannabis is an addictive and harmful drug.

SOF RESPONSE:

The majority of cannabis medicines available globally are natural raw 'grown cannabis' or cannabis preparations. Raw cannabis and preparations have been used successfully as medicines for over 100 diseases for the past 5000 years with no serious side effects and not one recorded death from toxicity. There were over 2000 Western whole plant medicines for over 100 diseases prior to cannabis being removed from the US Pharmacopeia in 1941. Whole plant cannabis medicines were available in UK pharmacies until 1973 and were not removed on the basis of safety.

The Police Federation advised in 2000, 'Until 1973, tincture of cannabis had been available for medical use for over 100 years. In 1973, the medical use of cannabis was prohibited in the United Kingdom following a long decline in its use in favour of what were considered more reliable drugs.'

It is scientifically known that there are approx. 500 compounds within the cannabis plant which work synergistically together to create what was termed by Dr Ethan Russo, a prominent medical cannabis expert, as the 'entourage effect.'

Professor Dame Sally Davis continued: *As Schedule 1 drugs by definition have little or no therapeutic potential, it is therefore now clear that from a scientific point of view keeping cannabis based medicinal products in Schedule 1 is very difficult to defend. Moreover, I believe that it would not make sense to move cannabis and its derivatives out of Schedule 1 whilst leaving synthetic cannabinoids, which the evidence suggests have potentially greater therapeutic benefit and less potential for harm, in Schedule 1. I therefore recommend that the whole class of cannabis based medicinal products be moved out of Schedule 1.*

Professor Dame Sally Davis is clearly defending the position of the MHRA and the pharmaceutical industries position that pharmaceutical drugs derived from isolated and/or synthetic compounds are safer and have more efficacy than plant-based medicines with varying consistencies even though the lack of efficacy, the addictiveness, serious side effects, serious harms to physical and mental health and the shocking morbidity rates of these drugs is well documented. Also the fact that whole plant, raw cannabis or preparations cannot be patented and thus sold into the pharmaceutical market to appease the need of profits for shareholders is clearly not discussed nor the colossal damage to health and society we have seen from the synthetic cannabinoid known as 'spice'.

Professor Dame Sally Davis's statement: "*Evidence of harm has been extensively covered by the Advisory Committee [sic] on Misuse of Drugs (ACMD). I see no reason to revisit this; cannabis is an addictive and harmful drug*" shows that her statements regarding the harms associated with raw cannabis and cannabis preparations are hearsay, regurgitations of the Home Office's official statements and that she relies on the ACMD's findings to back up her argument.

To conclude, the inclusion of a 'review of reviews' into what are now schedule 2 substances when a HO licence is acquired and hearsay statements which clearly contradict those of her predecessor Professor David Nutt who publicly stated that 'cannabis was by far safer than alcohol' prior to him being immediately sacked by the HO from his position, we feel that hearsay from employees who may well be under duress is not a suitable response for our FOI requests.

Previous publications from the ACMD detailing the harms associated with cannabis are in the public domain. These include “The classification of cannabis under the Misuse of Drugs Act 1971”, published in 2003 and available at:

<https://www.gov.uk/government/publications/the-classification-of-cannabisunder-the-misuse-of-drugs-act-1971-2002>

and “Cannabis classification and public health”, published in 2008 and available at:

<https://www.gov.uk/government/publications/acmd-cannabis-classificationand-public-health-2008>

Most recently, the harms associated with cannabis were commented on by Dame Carol Black in part 1 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:

<https://www.gov.uk/government/publications/review-of-drugs-phase-onereport>.

SOF RESPONSE:

The damning report ‘Drug Classification: Making a hash of it?’ Published 2006 by the House of Commons Science and Technology Committee’ makes it clear that the MoDA classification system and scale of harm are based on political objectives with no clear scientific evidence on which to draw in making policy decisions.

<https://publications.parliament.uk/pa/cm200506/cmselect/cmsctech/1031/1031.pdf>

Colin Blakemore, Chief Executive of the Medical Research Council described the MDA’s classification saying ***“It is antiquated and reflects the prejudice and misconceptions of an era in which drugs were placed in arbitrary categories with notable, often illogical, consequences”***.

Below are some findings from the report:

With respect to the ABC classification system, we have identified significant anomalies in the classification of individual drugs and a regrettable lack of consistency in the rationale used to make classification decisions. In addition, we have expressed concern at the Government’s proclivity for using the classification system as a means of ‘sending out signals’ to potential users and society at large—it is at odds with the stated objective of classifying drugs on the basis of harm and the Government has not made any attempt to develop an evidence base on which to draw in determining the ‘signal’ being sent out.

We have found no convincing evidence for the deterrent effect, which is widely seen as underpinning the Government’s classification policy and have criticised the Government for failing

to meet its commitments to evidence-based policy making in this area. More generally, the weakness of the evidence base on addiction and drug abuse is a severe hindrance to effective policy making and we have therefore urged the Government to increase significantly its investment in research.

Finally, we have concluded that the current classification system is not fit for purpose and should be replaced with a more scientifically based scale of harm, decoupled from penalties for possession and trafficking. In light of the serious failings of the ABC classification system that we have identified, we urge the Home Secretary to honour his predecessor's commitment to review the current system, and to do so without further delay.

The Government's desire to use the Class of a particular drug to send out a signal to potential users or dealers does not sit comfortably with the claim that the primary objective of the classification system is to categorise drugs according to the comparative harm associated with their misuse. It is also incompatible with the Government's stated commitment to evidence based policy making since it has never undertaken research to establish the relationship between the Class of a drug and the signal sent out and there is, therefore, no evidence base on which to draw in making these policy decisions.

Physical Health:

The effects of cannabis on the heart and blood vessels are similar to the effects of moderate exercise and do not constitute a risk in healthy adolescents or adults. Furthermore, tolerance occurs with repeated use. In essence there may be a risk to health for people with a low tolerance to cannabis with cardiovascular conditions, however it is no more dangerous than exercising. In a legal regulated market, warnings on packaging and cannabis products with a ratio of CBD/THC would easily overcome these dangers of harm.

Concerns of cannabis smoking being related to long-term damage to the respiratory tract and the lungs, with an increased risk of chronic bronchitis and risks of lung cancer are inconclusive. The extent to which these longer-term effects are causally related to cannabis use is uncertain: such changes also occur in people who use tobacco over long periods of time. In Britain, cannabis is commonly smoked with tobacco. Due to the nature of cannabis use, fewer joints are smoked by an individual over long periods compared with cigarettes. The Council therefore considers that smoking cannabis, even when mixed with tobacco, is less likely to harm lungs than if tobacco is used alone.

In comparison, researchers at the University of California (UCLA) School of Medicine announced the results of an 8 - year study into the effects of long-term cannabis smoking on the lungs. In Volume 155 of the American Journal of Respiratory and Critical Care Medicine, Dr. D.P. Tashkin reported "Findings from the present long-term, follow-up study of heavy, habitual marijuana smokers argue against the concept that continuing heavy use of marijuana is a significant risk factor for the development of [chronic lung disease. ..Neither the continuing nor the intermittent marijuana smokers exhibited any significantly different rates of decline in [lung function]" as compared with those individuals who never smoked marijuana. Researchers added: "No differences were noted between even quite heavy marijuana smoking and non-smoking of marijuana."

Mental Health:

On balance, the Council considers that the evidence points to a probable, but weak, causal link between psychotic illness and cannabis use. Whether such a causal link will become stronger with the wider use of higher potency cannabis products remains uncertain.

Only a minority of young people who use cannabis will develop a psychotic illness. Hickman and colleagues estimate that around 5,000 young men, or 20,000 young women, would need to be prevented from using cannabis to avoid one person developing schizophrenia.

The Council remains unconvinced that there is a causal relationship between the use of cannabis and the development of any affective disorder (anxiety or depression).

Again, with a legal, regulated market, high THC products could have a health warning and cannabis products with a higher ratio of CBD would provide those with psychosis/schizophrenia and other personality disorders the option to use natural, non-toxic alternatives (CBD is anti-anxiety and anti-psychotic).

Social Harms:

The stated social harms comprise of the short-lived psychoactive effects and how these may influence those driving, piloting an aircraft or using heavy machinery however consideration of those who have built a tolerance is not discussed and the evidence is inconclusive. The other harms are from serious organised crime gangs and the potential of being prosecuted (consequences of prohibition).

Gateway Theory:

The Council does not consider the risks of progression to Class A drugs as a consequence of using cannabis to be substantial; and considers that such risks are likely to be less than those associated with the use of alcohol and tobacco

Treatment:

To return to Dame Carol's review earlier this year:

After heroin and crack cocaine, cannabis is the most common drug that results in people seeking treatment (around 25,000 people in 2017/18).

This **statement is extremely misleading** as the report excludes the most dangerous and addictive drugs, alcohol and tobacco which cause approx. 90% of deaths from all drugs combined and to place the harm of tobacco in perspective, there were 77,800 deaths and almost 500,000 hospital admissions attributed to smoking tobacco in 2017.

In England, there are an estimated 586,780 dependent drinkers (2017/18), of whom 82% are not accessing treatment. In the UK, in 2016 there were 9,214 alcohol-related deaths (around 15 per 100,000 people) and alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year-olds in the UK, and the fifth biggest risk factor across all ages.

<https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-statistics>

The review estimates 2,500,000 cannabis users in the UK (the results of a survey (Nov 2018) estimates that 15% of the UK adult population have consumed cannabis which equates to approx. 10 million + a further 6 million CBD users - <https://www.statista.com/statistics/976850/cannabis-use-in-the-uk/>) and 25,000 would be 1% of the reviews estimated users (0.25% using our estimates).

Proportion of users in treatment: 2% in 2018/19, with nearly half of those also in treatment for heroin use. Many of those in treatment for cannabis are also receiving interventions for other substances including alcohol.

Unfortunately, the report does not provide data on the treatment statistics for alcohol (not considered a dangerous drug even though deaths, dependency, violent crimes and treatment outcompete all illicit drugs combined) nor does it mention the number of those in treatment for cannabis being related to the criminal justice system (choose prosecution or treatment) however it does show 25% of those in treatment for opiate and crack cocaine are within the criminal justice system, many more people are arrested for cannabis offences than any other illicit drug so we should expect a higher percentage. In reality, the percentage of cannabis users in treatment primarily for cannabis use is 0%.

2. FOUNDATION EVIDENCE for the claim that cannabinoid preparations meet the currently accepted criteria for a schedule 1 substance.

The answer to question 1 details **advice** received by the government, which outlines the harms associated with cannabis and concerns around the use of raw, street and grown cannabis (and cannabis-based preparations). As detailed in the answer to question 1, following receipt of the ACMD's advice, the government decided to place products meeting the definition of a CBPM in Schedule 2 to the 2001 Regulations.

SOF RESPONSE:

This does not answer our request. Advice from HO employees/advisors contained in reviews and publications commissioned by the HO without any clear scientific evidence is unacceptable.

At this stage we can confidently conclude that there is NO FOUNDATION EVIDENCE for the schedule 1 status of raw cannabis or cannabis preparations.

3. FOUNDATION EVIDENCE for claim that cannabis is a 'controlled' substance in the UK and who is making that claim of control.

Whether a drug is a controlled substance in the UK, and the class or schedule in which it is placed is determined by legislation and in particular the 1971 Act and the 2001 Regulations.

Details of the class and schedule of cannabis under the 1971 Act and 2001 Regulations respectively are in the public domain, available at legislation.gov.uk. There are also publications that will assist you in this regard and they include those at:

<https://www.gov.uk/government/publications/controlled-drugs-list--2> and
<https://www.gov.uk/government/publications/cannabis-cbd-and-othercannabinoids-drug-licensing-factsheet>.

SOF RESPONSE:

So an ACT within legislation is making the claim of control without any FOUNDATION EVIDENCE. This would explain why the Crown Prosecution Service are now having to drop charges for cases involving the controlled status of cannabis as seen in the recent case below:



a Thribwlysoedd EM
HM Courts &
Tribunals Service

Y Ganolfan Ddinesig
Yr Wyddgrug
Sir y Fflint
CH7 1AE

Mold Crown Court
The Law Courts
Civic Centre
Mold
Flintshire
CH7 1AE

DX 702521 Mold 2

Ffôn / T 01352 707340
Goldfax 08703240321
E-bost / E [e-mail
address]@hmcourts-
service.gsi.gov.uk

Llinell Gymorth I Bobl Anabl
Disability helpline: 0800 358 3506

[www.gwasanaeth-
llysoeddem.gov.uk](http://www.gwasanaeth-
llysoeddem.gov.uk)

www.hmcourts-service.gov.uk

Ein cyfl/Our ref: T20200045

Eich cyfl/Your ref:

DARREN SCOTT

PENNANT ROAD

Dear Sir,

You will need to complete the enclosed transcript request form in order to obtain a transcript of your case. You need to send the completed form back to us and we will send it to the transcription agency for processing. There is a cost for the transcript which you will be liable for, you would need to contact the agency for any costings.

I can tell you that your case was heard on the 13th August, 2020, the Crown Prosecution Service offered no evidence as they said there was no realistic prospect of a conviction as they couldn't prove that the drugs were controlled drugs. You have been acquitted of all matters.

Yours faithfully,

Debbie Davies
Swyddog Gweinyddol/Administrative Officer Gwasanaeth Llysoedd a Thribwlysoedd EM
Cymru/ HM Courts & Tribunals Service Wales Llys y Goron Yr Wyddgrug/Mold Crown Court
Llysoedd Barn/law Courts Yr Wyddgrug/Mold
CH7 1AE
01352 707340

In this case, the Police seized approx. 4 ounces of cannabis flowers and 5 young cannabis plants but the CPS could not prove that the 'drugs' were controlled drugs even though Mr Scott admitted to them all being cannabis.

4. FOUNDATION EVIDENCE for what is considered misuse of raw cannabis and its various preparations.

Cannabis is a controlled drug under the 1971 Act and what is considered misuse of raw cannabis and its various preparations is therefore a question of law. Details of what constitutes unlawful activity in relation to cannabis is in the public domain and the relevant legislation is accessible at legislation.gov.uk. In addition, the following publication should assist you:

<https://www.gov.uk/government/publications/cannabis-cbd-and-othercannabinoids-drug-licensing-factsheet>. This states that:

Cannabis is a Class B controlled drug under Part II, Schedule 2, of the Misuse of Drugs Act 1971 (MDA 1971). It is also listed in Schedule 1 to the Misuse of Drugs Regulations 2001 (MDR 2001) and designated under the Misuse of Drugs (Designation) (England, Wales and Scotland) Order 2015 (2015 Order). As such, it is unlawful to possess, supply, produce, import or export this drug except under a Home Office licence. It is also an offence to cultivate any plant of the genus Cannabis except under a Home Office licence.

“Cannabis-based products for medicinal use in humans” (“CBPM”) – a defined category of cannabis, cannabis resin, cannabidiol and cannabidiol derivatives - are listed in Schedule 2 to the MDR 2001 and removed from designation under the 2015 Order.”

SOF RESPONSE:

So to clarify, the term ‘misuse’ is a legal term to describe the act of possession, cultivation, production, supply, importation or exportation of cannabis without a Home Office licence and has absolutely nothing to do with the misuse of drugs in the act of consumption.

In final conclusion, we find that there is **NO FOUNDATION EVIDENCE** to justify the schedule 1 status or Class B penalty of raw cannabis or cannabis preparations as legislated for, that the classification system remains un-evidenced, unfit for purpose, un-reviewed by a Home Secretary and based on ideological, racist and political views opposed to ‘real’ harms to health or society and that there is **NO FOUNDATION EVIDENCE** for the controlled status of raw cannabis or preparations and that our health, freedoms, human rights, environment and economy are purposefully downtrodden for unfounded laws which revolve around inaccessible licences from the Home Office.

You have intentionally lied to the people of the United Kingdom for almost 50 years, destroyed millions of people’s and families lives, made a mockery of the police and judicial system and have committed grand misconduct in public office by not abiding by the 7 principles of public life by grossly exaggerating the harms of cannabis. If the possible harms of a substance akin to cannabis was enough to justify placement within the MoDA, most substances would be illegal. Where is the clear scientific evidence for the justification of alcohol and tobacco being exempt?

If you are dissatisfied with this response you may request an independent internal review of our handling of your request by submitting a complaint within two months to foirequests@homeoffice.gov.uk, quoting reference 60391. If you ask for an internal review, it would be helpful if you could say why you are dissatisfied with the response.

As part of any internal review the Department's handling of your information request would be reassessed by staff who were not involved in providing you with this response. If you were to remain dissatisfied after an internal review, you would have a right of complaint to the Information Commissioner as established by section 50 of the FOIA.

Yours sincerely

Serious and Organised Crime Group – This is the one statement to which we agree.

Home Office

Response from the Advisory Council on the Misuse of Drugs (30/10/2020):

Dear Guy Coxall,

Thank you for your e-mail dated 5 October 2020, in which you requested information held by the Advisory Council on the Misuse of Drugs (ACMD) relating to the revaluation of the classification system, and evidence around cannabis (its harms and original classification). Your request has been handled as a request for information under the Freedom of Information Act 2000.

We will respond to each of your questions in turn.

'1. Please provide any written correspondence between the ACMD and the Home Secretary regarding reviewing the classification system within the Misuse of Drugs Act from 2005 to present.'

We are unable to provide you with the information, as the information that you have requested is not held by the ACMD.

SOF RESPONSE:

On 19 January 2006, following his statement on the classification of cannabis, the then Home Secretary Charles Clarke announced that he was initiating a review of the ABC classification system: *"The more that I have considered these matters, the more concerned I have become about the limitations of our current system. [...] I will in the next few weeks publish a consultation paper with suggestions for a review of the drug classification system, on the basis of which I will make proposals in due course."*

We understand that the ACMD operates within the framework set by the Misuse of Drugs Act 1971 but, bearing in mind that the Council is the sole scientific advisory body on drugs policy, we consider the Council's failure to alert the Home Secretary to the serious doubts about the basis and effectiveness of the classification system at an earlier stage a dereliction of its duty.

We urge the new Home Secretary to honour his predecessor's promise to conduct the review—our findings suggest that it is much needed. Although we are, of course, pleased that the Home Office is placing such store by our recommendations, the long delay in publishing the consultation paper on the review of the classification system has been unfortunate and should be rectified immediately.

Extracts from **'Drug Classification: Making a hash of it?' Published 2006 by the House of Commons Science and Technology Committee'**

The above response clearly demonstrates that the promised review into the ACMD's classification system, deemed 'not fit for purpose,' never happened.

'2. The Home Office consistently claim that there is 'clear scientific and medical evidence that cannabis is a harmful drug which can damage people's mental and physical health, and harms individuals and communities'. Can you please provide this clear evidence.'

The most recent ACMD report on cannabis was published in 2008 (<https://assets.publishing.service.gov.uk...>). This report included an extensive review of evidence reviewed by the ACMD. Please see the annex to this report for a list of references. This topic has not been reviewed since then by the ACMD.

SOF RESPONSE:

See the critical review of the ACMD's 2008 review above. It is also worth noting that the said report was initiated following political and media pressure to return cannabis back to Class B. The recommendations from the ACMD within the review was against this proposal.

'3. When the Misuse of Drugs Act was approved as law in 1971, what foundation evidence was available to justify placing cannabis as a schedule 1 drug with a Class B penalty as legislated for?'

We are unable to provide you with the information, as the information that you have requested is not held by the ACMD.

SOF RESPONSE:

The ACMD are admitting that they hold no information/evidence to justify the initial inclusion of cannabis as a schedule 1 drug with a class B penalty within the 1971 MoDA.

Kind regards,

ACMD Secretariat