PART TWO - COMMISSION TO THE ACMD – SCHEDULING UNDER THE MISUSE OF DRUGS REGULATIONS 2001

I announced on 19 June that the Government will be commissioning a two part review of cannabis and cannabis related products.

Part one was led by the Chief Medical Advisor to the UK Government who considered the evidence available for the medicinal and therapeutic benefits of cannabis and cannabis related products and recommended that these be moved out of Schedule 1 to the Misuse of Drugs Regulations 2001' ("the 2001 Regulations").

The purpose of this commission (Part two) is to balance the potential risk of harm and diversion of cannabis and cannabis related products and provide advice on whether these should be should be rescheduled under the 2001 Regulations and if so, into which schedule they should be placed, as well as any other mitigating action to prevent risks of misuse and diversion.

This will consider the scheduling of cannabis and cannabis related products as is currently defined under Schedule 1 to the 2001 Regulations (attached at **Annex A**).

Background

"Cannabis" (except in the expression "cannabis resin¹") means any plant of the genus *cannabis* or any part of any such plant (by whatever name designated) except that it does not include cannabis resin or any of the following products after separation from the rest of the plant, namely:

- a. Mature stalk of any such plant;
- b. Fibre produced from mature stalk of any such plant, and
- c. Seed of any such plant

The following are controlled as Schedule 1 drugs under the 2001 Regulations:

- a. Cannabinol
- b. Cannabinol derivatives not being Dronabinol or its stereoisomers
- c. Cannabis (excluding Sativex²) and cannabis resin
- d. Those further compounds listed at **Annex A** (known as 'synthetic cannabinoids')

Commission to the ACMD on part two

¹ This means the separated resin, whether crude or purified, obtained from the plant of the genus Cannabis.

² A liquid formulation— (a) containing a botanical extract of cannabis— (i) with a concentration of not more than 30 milligrams of cannabidiol per millilitre, and not more than 30 milligrams of delta-9-tetrahydrocannabinol per millilitre, and (ii) where the ratio of cannabidiol to delta-9-tetrahydrocannabinol is between 0.7 and 1.3, (b) which is dispensed through a metered dose pump as a mucosal mouth spray, and (c) which was approved for marketing by the Medicines and Healthcare Products Regulatory Agency on 16th June 2010

The ACMD should <u>not</u> review or consider any of the following which fall under the Misuse of Drugs Act 1971:

- a. The classification of cannabis as a Class B drug under Schedule 2, Part II;
- b. Any associated criminal offences for cannabis as summarised in Schedule 4;
- c. The cultivation of the cannabis plant under section 6(2) or the cultivation under a licence of the cannabis plant under Regulation 12 of the 2001 Regulations (irrespective of the THC content of the seed or variety of the plant).

The ACMD will also need to consider cannabis' status under, and consequently the applicable provisions of, the 1961 Single Convention on Narcotic Drugs and the 1971 UN Convention on Psychotropic Substances. For example, the 1961 Convention requires cannabis to be prescribed on official forms; for persons involved in manufacture to be licensed)

The ACMD's commission is as follows:

Within 3 weeks of this commission (short term review)

- a. Can the ACMD advise, as a short-term measure, until their full report is provided, whether:
 - Cannabinol
 - Cannabinol derivatives not being Dronabinol or its stereoisomers
 - Cannabis (excluding Sativex³)
 - Cannabis resin
 - Those further compounds listed at Annex A (Also known as 'synthetic cannabinoids')

should be moved to a different schedule to the 2001 Regulations and be removed from the 2015 Designation Order?

b. Are there further provisions that could be made under the 2001 Regulations to reduce the risks of harm and diversion? An example of this could be restricting prescribing rights to a specified group, such as clinicians on the GMC's specialist register.

³ A liquid formulation— (a) containing a botanical extract of cannabis— (i) with a concentration of not more than 30 milligrams of cannabidiol per millilitre, and not more than 30 milligrams of delta-9-tetrahydrocannabinol per millilitre, and (ii) where the ratio of cannabidiol to delta-9-tetrahydrocannabinol is between 0.7 and 1.3, (b) which is dispensed through a metered dose pump as a mucosal mouth spray, and (c) which was approved for marketing by the Medicines and Healthcare Products Regulatory Agency on 16th June 2010

- c. If there any elements to this review which cannot be undertaken within the timescales of the short term review, it is open to the ACMD provide advice on these in the long term review.
- d. Can the ACMD provide short-term advice within three weeks of this commission?

Within 12 months of this commission (long term review)

Following on from their short-term advice, the ACMD is asked to conduct a full review (including on those elements it is unable to provide advice on in the short term) of:

- Cannabinol
- Cannabinol derivatives not being Dronabinol or its stereoisomers
- Cannabis (excluding Sativex) and cannabis resin
- Those further compounds listed at Annex A (Also known as 'synthetic cannabinoids')
- a. As part of this review, can the ACMD:

(i) assess whether a more refined listing of cannabis and cannabis related products under the Schedules to the 2001 Regulations should take place;(ii) undertake the assessment;

(iii) advise on any potential mitigation for harms and risks of diversion of rescheduling to a different schedule to the 2001 Regulations?

b. Can the ACMD provide a full review by no later than July 2019?