

## Addressing the barriers to securing access to medical cannabis in the UK in law, policy, and practice

Proposed supervisors: Dr Melissa Bone and Dr Nataly Papadopoulou

Medical cannabis has been legal in the UK since November 2018 if authorised by a specialist physician. However, at the time of writing, there have only been three cannabis prescriptions issued on the NHS, and it is estimated that approximately 1.4 million people in the UK source cannabis illegally, risking prosecution and imprisonment in the belief that it has medical benefit to them (Bone and Potter, 2021). Cannabis is regulated for both medicinal and recreational use in an increasing number of countries worldwide, and it has been reported by UK users to alleviate a wide variety of mental and physical health conditions ranging from common, minor ailments to rare and serious illnesses. This project aims to address the barriers to securing access to medical cannabis in the UK in *law, policy, and practice*.

The PhD candidate will focus on the *legal* barriers to accessing cannabis in the UK, reviewing the 2018 Cannabis Regulations, the Misuse of Drugs Act, 1971 and the Misuse of Drugs Regulations, 2001. The candidate will explore possible ways forward to challenge barriers to access *in law* by utilising human rights arguments.

The PhD candidate will additionally explore barriers to access resulting from the criminalising aspects of the UK's drug *policy*. The candidate will focus on drug sentencing considerations including: the proportionality of sentences in relation to the purported harms of cannabis possession, supply and cultivation offences in a medical context (this will be particularly timely in view of the punitive approach taken in the UK government's 2021 Drugs Strategy). Possible ways forward to address the impact of criminalisation and remove this additional barrier include exploring the utility of police diversion schemes, decriminalisation, and other regulatory proposals, and through engaging in a comparative approach with other jurisdictions that have legalised medical cannabis.

Finally, the PhD candidate will consider barriers to access in *practice*. The candidate will interview medical practitioners, patients, and other relevant stakeholders to explore why there is a reluctance to prescribe medical cannabis in *practice* and they will develop their recommendations for reform.

The research methods employed will consist of a desk based, doctrinal research methodology and a qualitative methodology to interview medical practitioners, patients, and other relevant stakeholders.

The methodology is partly legal doctrinal analysis -to determine the legal parameters in this area – and to explore the legal 'room for manoeuvre' that could exist to remove barriers to medical access when you apply a human rights perspective to cannabis policy.

The methodology is partly qualitative and will involve the candidate interviewing medical practitioners, patients, and other relevant stakeholders to thematically analyse what the key barriers are for practitioners and patients in relation to prescribing and accessing medical cannabis in practice.