



FEATURE

INVESTIGATION

Big cannabis in the UK: is industry support for wider patient access motivated by promises of recreational market worth billions?

The *BMJ* has uncovered links between companies, campaign groups, and individuals lobbying for wider patient access to cannabis for medical use and a parallel campaign to create a lucrative recreational market for the drug in the UK, **Jonathan Gornall** reports

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When Charlotte Caldwell arrived at Heathrow on 11 June 2018 with a six month supply of cannabis medication to treat her son Billy's epilepsy, it was no coincidence that journalists and TV crews were on hand for the press conference that followed the inevitable seizure of the drug by customs officers.¹

The stunt, along with the press conference and the subsequent outpouring of media outrage that her son had been denied treatment, had been orchestrated by Steve Moore, the former chief executive of David Cameron's failed Big Society initiative.^{2,3}

Caldwell revealed Moore's role in an article published under her name on the website *Vice* in July 2018. "A friend," she wrote, had put her in touch with him. He in turn had put her in touch with Tilray, a Canadian medical cannabis company, and had then fought her corner, organising press coverage and negotiating on her behalf with the Home Office.⁴ Moore confirmed his involvement, telling *The BMJ*: "I was very involved in the case of Billy Caldwell."

But Moore's interest in cannabis is not limited to the drug's medicinal use. His involvement in the Caldwell case is indicative of the increasingly blurred lines between groups and individuals campaigning for wider access to cannabis for medical reasons and those pushing for the legalisation of cannabis for recreational use.

Vested interests?

Moore is strategic counsel for the Centre for Medicinal Cannabis, "the UK's first ... industry membership body for businesses and investors operating in cannabis based medicinal products and cannabidiol wellness markets."⁵ He is also the co-founder and strategic counsel of Volteface, an advocacy organisation set up in 2017 to lobby for the legalisation of

cannabis in the UK for recreational use. Legalising the drug, Volteface maintains, would "take an estimated £2.5bn [€2.8bn; \$3.2bn] a year out of the hands of criminals and the black market and bring this money into the regular economy," in the process creating "estimated tax revenues of £1bn per year which can be spent on public services."⁶

Some suggest that the debate is being fuelled by a growing breed of new companies, ranging from large scale cannabis growers and distributors in Canada to UK and international investment groups, which are manoeuvring to take advantage of a widely anticipated shift in the UK's cannabis regulatory landscape.

"I am sympathetic to patients who feel that cannabis and its extracts are useful for their medical condition and are frustrated that it is not legally available to them," Ian Gilmore, director of the Liverpool Centre for Alcohol Research and chair of Alcohol Health Alliance UK, told *The BMJ*. "However, it is vital that there is complete transparency in those making the case and supporting patient groups.

"We must not drift into the situation we found ourselves in with tobacco and alcohol, where global companies seeking to maximise their markets distorted the arguments, often through third parties. We must protect patients from having groups with conflicts of interest building up unrealistic hopes."

Web of influence

Both Volteface and the Centre for Medicinal Cannabis were co-founded and are funded by Paul Birch, a multimillionaire who in 2015 founded the shortlived British political party Cannabis Is Safer Than Alcohol (CISTA) to campaign for the legalisation of recreational cannabis. CISTA fielded 32 candidates in the 2015 general election but won no seats. It is now defunct.

Birch's cannabis advocacy group Volteface and Tilray, the Canadian company that supplied the cannabis for Billy Caldwell, are also linked. Brendan Kennedy, Tilray's chief executive, has served as an adviser to Volteface.

Tilray is representative of a growing sector that can be characterised accurately as "big cannabis." When it went public on the Nasdaq in 2018 it became the first cannabis company to be listed on a major US stock exchange, and in 2019 it bought Ontario based Natura Natural Holdings and its 155 000 square feet of cannabis greenhouses for US\$26bn.⁷

There was further blurring of the line between the proponents of the medical and recreational uses of cannabis when Volteface and the Centre for Medicinal Cannabis joined forces in 2018 to commission an opinion poll looking at public attitudes towards both. The poll, based on 2065 online interviews, found that 75% of the UK public would be open to using cannabis as a prescribed medicine and that 59% supported the legalisation of the drug for recreational use.⁸

In November 2019 the Centre for Medicinal Cannabis spawned another trade body, the Association for the Cannabinoid Industry. Moore is strategic counsel for both organisations.

Some of the centre's member companies operate not only in the medicinal and wellness sectors but also in the manufacture and sale of recreational products. One example is the Canadian based Supreme Cannabis Company, which owns brands such as Sugar Leaf and Blissco, whose products include pre-rolled joints.

The Supreme Cannabis Company is based in Toronto, Canada, where the drug was legalised for medical purposes in 2001 and for recreational use in 2018. It has invested in several cannabis brands in Canada and Europe.

Supreme Cannabis Company, in keeping with others, clearly sees the UK and European markets as having great potential. In June 2019 it launched London based Supreme Heights, an investment company "focused on opportunities in the UK and Europe's CBD health and wellness space."

The chief executive is Patrick Morton, a former investment bank analyst and co-founder of the 2018 investor conference Cannabis Invest UK. Supreme Heights did not respond to a request for comment from *The BMJ* about whether it was planning to emulate its Canadian parent company and invest in the recreational market in Europe and the UK if the regulatory landscape changes. However, in an interview published online in April 2019 Morton indicated that the growing acceptance of medicinal cannabis would inevitably pave the way to "massive" recreational opportunities.

"As the discussion enters the public sphere, more and more people will realise that cannabis provides nothing but positive benefits for society as a whole," he was quoted as saying.

"It boosts Government tax revenues, money isn't wasted on prohibition, it creates jobs and is beneficial to public health. Then, as we move on from medical cannabis, the conversation will turn to recreational cannabis. This is going to provide some massive, massive opportunities for business."⁹

Asked if he was comfortable with this apparent overlap between the stated aims of the Centre for Medicinal Cannabis and the recreational commercial ambitions of some of its member companies, Birch told *The BMJ* he supported "access to cannabis for those who would derive benefit from its use therapeutically and also for cannabis to be legal and regulated for responsible adult use."

In addition to funding from Birch "and grassroots donations," the advocacy group Volteface is funded by MPX International

Corporation, a Canadian company with London offices which invests in recreational cannabis.

Birch told *The BMJ* that the UK's cannabis policies caused "significant harm to our society and that Volteface is the leading advocate for reform. Legally regulating the UK's recreational cannabis market will restrict children's access, divert vast sums of money from criminal gangs into the legal economy, and allow consumers to make informed choices."

Moore declined to comment on whether his engagement with the Caldwell case was part of a conscious effort to normalise the conversation around cannabis, in keeping with Volteface's agenda to see the recreational use of cannabis decriminalised. But he insisted: "Decriminalisation in and of itself would not financially benefit any legal licensed cannabis companies and there is little indication that the government is considering any such reform."

Neither view, however, appears to be shared by big cannabis.

Opening the market

The potential of the medicinal and recreational cannabis markets in the UK and Europe was highlighted in December in a market report published by Prohibition Partners, a marketing consultancy formed in 2017 "with a mission to open up the international cannabis industry through reliable data and intelligence."¹⁰

By 2024, it predicted, the UK's medicinal market, "servicing nearly 340 000 active patients," would be worth nearly \$1.3bn. But, predicting that the recreational use of cannabis could be legalised by as soon as mid-2021, it estimated the value of that market by 2024 would be even greater—roughly \$1.7bn, "with nearly three-quarters of a million people being regular recreational cannabis customers."¹¹

Regulatory debate in Europe was currently "mostly focused on legislation for medical cannabis and CBD products," the report added. But "as countries adopt medical cannabis programmes and economic studies show the benefits of a regulated market, many European states are opening up the recreational cannabis debate," creating a potential market worth €65bn by 2028.¹²

Stephen Murray, executive director of Prohibition Partners, told *The BMJ* that the debate about the medical use of cannabis was "normalising the conversation around cannabis, bringing it into social circles where it wouldn't have been debated previously," and that major corporate investors were becoming increasingly interested in the broad range of cannabis opportunities.

"You would be surprised by the amount of pharmaceutical groups and FTSE 100 groups who have been working on cannabis opportunities for the past two or three years," he said. "I'm often down in Canary Wharf, in Switzerland, and in New York, meeting a lot of significant investment groups and financiers who are looking at making considerable entrances into cannabis, both medicinal and recreational."

Prohibition Partners is one of several offshoots of European Cannabis Holdings, a UK private investment group "with a mission to make cannabis more accessible and acceptable." The company recently split into two groups: Nobl, which is focused on the media and data side of cannabis markets, and the Lyphe Group, which operates seven medical cannabis clinics around England, as well as an import and distribution company and an "academy" of medical cannabis for clinicians seeking education. It also plans to open the UK's first medical cannabis dispensary.

The Lyphe Group is involved with Drug Science, the organisation founded in 2010 by David Nutt after the home

secretary sacked him from his post as chair of the Advisory Council on the Misuse of Drugs.¹³ In November 2019 Drug Science announced it was launching “Europe’s first and biggest national medical cannabis registry.” Project Twenty21 aims to recruit 20 000 patients with one or more of seven conditions—anxiety disorder, chronic pain, epilepsy, multiple sclerosis, post-traumatic stress disorder, substance use disorder, and Tourette’s syndrome—to whom cannabis will be prescribed, free of charge, even though the evidence for its efficacy in most such cases is weak.¹⁴ The aim is to create “the largest body of evidence for the effectiveness and tolerability of medical cannabis ... to demonstrate to policymakers that medical cannabis should be as widely available, and affordable, as other approved medicines.”¹⁵ This is not, however, a randomised controlled trial, and efficacy will be assessed not by comparison with standard treatments but by “a health outcome questionnaire specific to each included indication ... a general health-related quality of life questionnaire [and] patients’ impression of change.”¹⁶

Perceived conflicting interests

The Lyphe Group says it is “a strategic partner and member of the newly established Medical Cannabis Working Group” set up by Nutt, and a spokesperson for Drug Science confirmed it was in talks with the group’s Medical Cannabis Clinics to discuss their role as potential treatment centres for Project Twenty21.

Before the demerger of European Cannabis Holdings its chief medical officer was Michael Barnes, honorary professor of neurological rehabilitation at Newcastle University. Barnes is now chief medical officer for the Lyphe Group, clinical director of Medical Cannabis Clinics, and director of education for the Academy of Medical Cannabis.

He was until recently also the chief medical officer of SOL Global Investments, an international investment company based in Toronto, Canada, “with a focus on the cannabis industry in legal US states” and “strategic investments and partnerships across cultivation, distribution and retail.”¹⁷ It is, it says, “one of the cannabis industry’s leading publicly traded companies with over \$190m in assets.”¹⁷

Barnes’s expertise in the medicinal potential of cannabis is widely recognised. In 2016 he prepared a summary of research evidence¹⁸ for the All Party Parliamentary Group for Drug Policy Reform that formed the basis of a report calling for the legalisation of cannabis for medical use.¹⁹

Yet *The BMJ* has learnt that in the eyes of the National Institute for Health and Care Excellence (NICE) his link with SOL Global Investments disqualified him from membership of the NICE advisory committee appointed in 2019 to develop the regulator’s guidelines on the prescribing of cannabis-based medicinal products.²⁰

A spokesperson for NICE said it would not comment on confidential correspondence but confirmed that “Professor Barnes was interviewed for a position on the cannabis guideline committee but was not appointed.”

Barnes told *The BMJ* that his rejection by NICE was “bizarre” as although he was at the time involved with SOL, “I said in my interview that I had no conflict of interest in the UK market.” He was, he added, no longer involved with SOL. “I am not employed by them, not had anything to do with them for months, and have not been paid since July.” In his view, “they just didn’t want me for the reason that I had a stated position on medical cannabis, which of course no one else on the panel had.”

Barnes told *The BMJ* that as chief medical officer of Lyphe Group he was involved only with the “purely medical arm” and had “no recreational involvement.” He had, he said, “never commented publicly on recreational cannabis policy as I have felt it would get in the way of the medical cannabis debate. I would not want a broader and entirely legitimate debate on recreational policy to slow down the introduction of a better medical cannabis prescription process.”

Wider uptake of cannabis for medical use is the objective of Project Twenty21, but whatever the outcome of Nutt’s initiative it may be compromised by the perceived conflicts of interest of its backers, which include three cannabis companies.

On its website Drug Science says it was founded “with a passionate belief that the pursuit of knowledge should remain free of all political and commercial interest,” yet a spokesperson told *The BMJ* that “a small group of medical cannabis companies are supplying products to the Twenty21 project, and also providing direct project funding.”

A spokesperson for Drug Science told *The BMJ* it was “a charity that pursues its goals independently of any commercial influence, yet we do work with commercial partners when they form part of a consortium, such as the current Medical Cannabis Working Group.” On occasion, “Drug Science may work also with a single company; the arrangements for such would be under the terms of an unrestricted educational grant, where the commercial entity has no influence over Drug Science’s processes or outcomes.” Drug Science, he added, “will not engage with companies whose aims, objectives, or ethics conflict with its own.”

Other experts are unconvinced. Psychiatrist Marta Di Forti is a member of the government taskforce appointed to review evidence for the safety and efficacy of cannabis for the treatment of pain, which is due to report this spring. Based at the Institute of Psychiatry, Psychology and Neuroscience at King’s College London, Di Forti is concerned about the engagement of cannabis companies with patient groups and the “big jump” that medicinal cannabis should be made more widely available to treat a range of conditions for which evidence was still lacking.

As things stand, she said, “to go around saying that cannabis is wonderful for pain is like saying that if you are in pain a glass or two of wine might help. People advocating for cannabis use in pain or in any other condition who have been using cannabis at home are talking about getting relief from their discomfort thanks to a recreational substance.”

She added: “It’s a very important issue and I’m not dismissing it. But it is very easy for companies to offer an avenue of hope to patient groups, to say ‘would you like easier access to something that is making you feel better?’ and you can see how alliances can get formed.

“I am upset by this because some of these groups are vulnerable people with chronic conditions and looking for real relief and help.”

Competing interests: I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

Provenance and peer review: Commissioned; not externally peer reviewed.

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