

Subject: Formal notice of potentially unlawful discrimination in Albert Hall Manchester's medicinal cannabinoids policy

From: Kieron JH <advocacy@thereasonableadjustment.co.uk>

Date: 16/02/2026, 01:24

To: info@alberthallmanchester.com

CC: accessibility@alberthallmanchester.com

Dear Management Team,

I write further to my earlier email regarding the treatment of a medical cannabis patient who reports being refused entry to Albert Hall Manchester and instructed to hide their prescribed cannabis flower in a bush outside your venue.

Since that email, I have reviewed your document titled "Our Position on Medicinal Cannabinoids, Albert Hall Manchester, 9 May 2025". Having considered it against current legislation and the new NPCC-approved guidance for police officers on prescribed medical cannabis, I am satisfied that your policy, as written, is prima facie:

- inconsistent with the Misuse of Drugs Regulations 2001, as amended in 2018 to create cannabis based products for medicinal use in Schedule 2; and
- potentially unlawful under Part 3 of the Equality Act 2010 in relation to the provision of services to disabled persons.

For the avoidance of doubt, this email is not marked "without prejudice". Please treat it as formal notice of the concerns set out below.

1. BLANKET BAN ON PRESCRIBED CANNABIS FLOWER

Your policy states that you do not allow any "raw cannabis based substances that could be smoked" into the venue, including "cannabis leaf, bud, flowersticks and resins", and that this ban also covers pre-prepared cannabis intended to be used in heating devices.

In practice, that provision operates as an absolute prohibition on the possession of prescribed cannabis flower on your premises, even where the product:

- is a lawfully prescribed cannabis based product for medicinal use in humans (CBPM);
- is dispensed in original packaging bearing a pharmacy label in the patient's name; and
- is prescribed for vaporisation only.

That position is not supported by drug law. Since 1 November 2018, CBPMs have been lawfully prescribable by doctors on the GMC specialist register. The legal definition of a CBPM in the Misuse of Drugs Regulations includes plant material, not just oils or synthetic preparations, provided the product meets the statutory test and is supplied in accordance with a prescription.

Your policy therefore does not merely prohibit smoking on the premises. It purports to outlaw the

possession of an entire pharmaceutical form of a Schedule 2 controlled medicine which is routinely prescribed in the UK as dried flower for use in dry herb vaporisers. A private venue has no power to rewrite the statutory scheme in this way.

2. DISCRIMINATORY "REASONABLE ADJUSTMENTS" AND SURVEILLANCE

Your policy claims to make "reasonable adjustments" for patients who vape by allowing them to leave the venue to use their device, subject to the conditions that:

- they must remain within direct sight of the security team; and
- they are liable to search on re-entry as an "exceptional" case.

This is not an adjustment in the sense used by section 20 Equality Act 2010. It is a more onerous surveillance and search regime, applied specifically and only because the person's medication is cannabis based.

Other customers are not required as a matter of course to stand under visual supervision by security staff every time they step outside, nor are they singled out for additional searches on return because they are taking prescribed codeine or diazepam.

Read together with the blanket ban on prescribed flower, your policy appears to amount to a "provision, criterion or practice" which:

- places people whose disability is treated with CBPMs at a particular disadvantage compared with non disabled customers and those whose treatment happens to use more socially familiar medicines; and
- is not justified by any objective evidence based rationale, given that you continue to allow tobacco use in smoking areas while invoking "passive inhalation" as a reason to ban cannabinoid vapour.

That raises clear concerns under sections 19, 20 and 29 of the Equality Act 2010.

3. SELECTIVE AND INCOHERENT USE OF "PASSIVE INHALATION"

Your policy states that cannabinoid e-liquids and other "atomising and inhalation devices" are prohibited throughout the venue, including smoking areas, "to prevent risk to other customers from passive inhalation".

If the protection of other customers from passive inhalation were genuinely your concern, you would not permit tobacco use in your smoking areas at all. It is difficult to see how you can credibly argue that low odour vapour from a medical dry herb vaporiser in an outdoor area poses an unacceptable risk to health, while the proven harms of tobacco smoke in the same space are tolerated.

In discrimination terms, this sort of internal inconsistency looks less like a neutral health measure and more like a targeted objection to one class of lawful medicine.

4. POLICE GUIDANCE, CANCARD, AND EVIDENCE OF PRESCRIPTION

Your policy lists both a private prescription and a “CanCard” as examples of “probable evidence of legitimacy”, but then states that you “cannot validate either of these formally” and that they are only indicative.

The newly issued national guidance for officers and staff on medicinal cannabis, produced by the Association of Police Controlled Drug Liaison Officers and approved for publication via NPCC channels, takes a very different line.

In summary, that guidance instructs police to:

- treat people in possession of CBPMs as “patients first, suspects second”;
- treat the original pharmacy packaging and dispensing label as the core proof of lawful possession;
- regard a prescription copy or clinic letter as helpful but not mandatory; and
- recognise that CanCard is not proof of a prescription and is not necessary for patients who already hold lawfully dispensed CBPMs.

You can verify this for yourself by reading the guidance in full. A public copy is available here:

<https://thereasonableadjustment.co.uk/wp-content/uploads/2026/01/APCDLO-Medicinal-Cannabis-Guidance-Version-1.pdf>

It is striking that Albert Hall Manchester has adopted a position which gives more weight to a commercial card scheme with no legal standing than to the form of evidence that the police are now trained to recognise as determinative, namely the original labelled packaging of the dispensed medicine.

It is more striking still that your policy imposes a stricter and more suspicious regime on disabled patients than the one Parliament, the Home Office and the NPCC now expect from the police service itself.

5. COERCED “DISPOSAL” OF CONTROLLED MEDICINES

Your policy states that you have no facilities to store medications and cannot “legally” retain and return any item you refuse to allow into the venue, but that you “may offer” the option for a customer to dispose of their medication into a locked amnesty bin.

If that bin is being used to receive prescribed Schedule 2 controlled drugs such as CBPMs from paying customers, there are obvious questions about:

- on what authority those drugs are being accepted;
- whether appropriate records and destruction processes are in place; and

- what advice you are giving people about the consequences of discarding part of their prescribed treatment.

Presenting a disabled person with the choice of either abandoning their medication in your container or being denied admission, while their non disabled peers enter freely with their own prescriptions, is not compatible with a duty to avoid substantial disadvantage.

WHAT I AM ASKING YOU TO DO

In light of the above, please treat this as a formal request that Albert Hall Manchester:

1. Immediately commissions competent legal advice on the compatibility of the 9 May 2025 policy with the Misuse of Drugs Regulations 2001 (as amended) and with sections 19, 20 and 29 of the Equality Act 2010.
2. Confirms, in writing, whether it accepts that CBPMs include prescribed herbal cannabis flower, and that possession of such products in original labelled packaging by the named patient is lawful.
3. Undertakes an urgent review of the policy with the following minimum outcomes:
 - removal of the blanket prohibition on prescribed cannabis flower and other raw CBPMs;
 - removal of the “within sight of security” and automatic re-entry search requirements as a supposed “reasonable adjustment”;
 - replacement of CanCard references with the evidential structure set out in the APCDLO / NPCC guidance, namely original packaging and dispensing label as the primary proof.
4. Provides a clear timetable, not exceeding 28 days from the date of this email, for updating front line training and written procedures, so that staff do not repeat the unlawful assertions reported by the patient in question, for example that cannabis flower “cannot” be prescribed.

If you decide to maintain the policy in its present form, despite being on notice of these issues, you should understand that you are increasing your exposure to:

- individual claims in the County Court under the Equality Act 2010 by disabled patients who are refused entry or subjected to detriment in reliance on this policy;
- complaints to your local licensing authority, on the basis that your door policies are not being exercised in a lawful and non-discriminatory way; and
- scrutiny by disability rights bodies and the Equality and Human Rights Commission, who will be provided with your policy text, your replies and the relevant national guidance.

To be clear, nobody is asking Albert Hall Manchester to permit smoking of cannabis on your premises. What is being asked is that you bring your approach to prescribed CBPMs into line with the law, with current NPCC-approved guidance, and with the basic requirement not to subject

disabled customers to a harsher and more stigmatising regime than the one applied to everyone else.

I look forward to your substantive response.

Yours sincerely,

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Kieron JH

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