

THE RECLASSIFICATION OF CANNABIS – MAY 2008

In July 2007 the Prime Minister announced that he had asked the Advisory Council on the Misuse of Drugs (ACMD) to once again look at the classification of cannabis under the Misuse of Drugs Act.

In May 2008 the Home Secretary announced the government's decision to reclassify cannabis as a Class B drug.

This briefing looks at the evidence that the government's advisors, the, provided the government with a focus on what they said about young people. It also covers what the government's response and decision.

THE ACMD - CANNABIS: CLASSIFICATION AND PUBLIC HEALTH 2008

The ACMD's report, [Cannabis: Classification and Public Health 2008](#), recognises that young people are the predominant users of the drug, and that the British Crime Survey (BCS) is likely to underestimate the overall use of cannabis (because it doesn't survey those under 16). However, they say that there appears to have been a decline in use by around 20% to 25% over the past 5 years and point out this is replicated in both the BCS and the national survey carried out in English secondary schools.

In terms of physical health harms they say:

Smoking cannabis is associated with longer-term damage to the respiratory tract and the lungs, with an increased risk of chronic bronchitis. There is also a potential long-term risk of lung cancer. Severe cases of lung damage (bullae formation) have been reported in young heavy cannabis users. 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. [Page 10]

On mental health issues they say:

As discussed in our previous reports, there is clear evidence that the use of cannabis may worsen the symptoms of schizophrenia and lead to relapse. The high prevalence of cannabis use, as well as the use of other controlled substances among those with schizophrenia or psychotic disorder, is not well understood. Nevertheless, there are clear and obvious harms associated with the use of cannabis by people with psychotic disorders, and recent studies confirm this. The Council's clinical experts report, anecdotally, that dealing with cannabis use (including dependence) is now a major element in the clinical management of many young men with established psychotic illnesses. [Page 16]

It is evident that the majority of young cannabis users do not develop psychotic illnesses. Those who do so must have one or more predisposing factors. [Page 20]

Later they say:

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. [Page 31]

They do, however, warn against "binge" smoking.

Looking at criminal and anti-social behaviour associated with the drug the council say:

A study among 11 to 19-year-old cannabis users showed that cannabis transactions among young people were social rather than commercial; and that they were not overtly linked to criminal markets.

Buying with friends – “chipping in” – was the most common way of purchasing cannabis because it allowed young people access even when they had only small amounts of money. Most purchases were from friends, friends of friends, or family members. Only 6% had bought cannabis from an “unknown seller”. [Page 22]

They say that the median expenditure on cannabis amongst those surveyed was £20 a week, with most of the money coming from pocket money or part-time jobs.

Looking at why young people use the drug they cite a survey of 100 young people which found:

that the use of cannabis enabled them to relax, relieve boredom and enhance otherwise mundane, everyday activities. Nevertheless, young people also identified negative personal and social impacts, including lower academic attainment, poorer relationships with their parents and the possibility of getting a criminal record. Less than half the respondents stated that they had engaged in any activity they would regard as anti-social after smoking cannabis, and few suggested there was a causal link. [Page 22]

In their section on the cultivation of cannabis the ACMD say that criminal groups involved in the domestic production of the drug include child labour.

Looking at what they think should happen they say:

There is consistent evidence, from different sources (Section 3), that the use of cannabis appears to have diminished by around 20% to 25% over the past five years. Nevertheless, use is still widespread, particularly among young people. Cannabis use is of particular concern to the Council because of the risks of precipitating relapse in those with schizophrenia (Section 7) and of enduring psychotic illnesses (Section 8). Vigorous steps should therefore be taken to minimise the supply of cannabis in the vicinity of psychiatric institutions and prisons, as well as educational establishments and extra-curricular and non-school facilities provided for young people, such as youth clubs. [Page 30]

Turning to public perceptions they say:

Those seeking reclassification did so largely because they believed it would send out a signal to young people about the dangers associated with its use. Few, if any, however, wished to see the penalties for possession to be increased. Only 24% of the sample polled wished the penalties for possession to be increased while 67% sought for the penalties for possession to be either unchanged or abolished. [Page 33]

In their conclusions and recommendations they say:

The Council hopes that the government, parliament and the public appreciate that the use of cannabis is, ultimately, a public health problem; and that it requires a public health response if current use and the associated harms are to be substantially reduced. Although the criminal justice and classification systems have a role to play – especially in reducing supply – the major emphasis must be directed at ways that drastically reduce demand (i.e. primary prevention), especially in the young; and to provide help for those who are dependent on cannabis (i.e. secondary prevention).

Recommendation 1: *In the face of the widespread use of cannabis, a concerted public health response is needed to drastically reduce its use.*

Recommendation 2: *Special emphasis should be placed on developing effective primary prevention programmes, directed at young people.*

They then say more about primary prevention:

The government should be congratulated on its FRANK campaign. Nevertheless, the Council recommends that a more generously resourced campaign to alert young people to the dangers of cannabis should be developed.

The recommendation is to develop a well-resourced campaign alerting young people to the dangers of cannabis.

They go on to say:

In addition, schools (including the independent sector) and local authority youth services should be required to develop and publish their policies relating to substance misuse. This should include the nature and extent of the teaching given to children (as advised by the Department for Children, Schools and Families), as well as the actions taken when pupils are found possessing or dealing illegal substances. The higher education sector should also (in view of the extensive use of cannabis by undergraduate students) be requested to develop and publish policies in relation to the actions taken where students or staff are found in possession of illegal drugs, including cannabis, both for personal use and for supply.

They also make a recommendation around research:

The scale and public health significance of current preparations of cannabis use in the UK require further research if the harmful consequences for future generations of young people are to be substantially diminished. This should include considerations of effects on families. Qualitative research on the impact of cannabis farms on local people should be undertaken.

Recommendation 14: *The scale and public health significance of cannabis use in the UK require further research.*

Efforts should be made to improve cannabis use data collected from children and the general population. We understand that the Home Office is considering the feasibility of including under-16s within the British Crime Survey (or a separate similar survey). We would welcome this approach and encourage the collection of drug-related data.

Recommendation 15: *The Home Office should extend the British Crime Survey to the under-16s and the survey should include drug use.*

They identify a need for research into those young people who might be at particular risk of developing enduring psychoses, which they think could inform an effective public health campaign; as could research they would like to see commissioned on collecting data on the incidence and prevalence of schizophrenia.

THE GOVERNMENT

In her [statement](#) to the House of Commons the Home Secretary said:

I have given the council's report careful consideration. Of its 21 recommendations, I accept all bar those relating to classification. I have decided to reclassify cannabis, subject to parliamentary approval, as a class B drug. My decision takes into account issues such as public perception and the needs and consequences for policing priorities. There is a compelling case for us to act now rather than risk the future health of young people. Where there is a clear and serious problem, but doubt about the potential harm that will be caused, we must err on the side of caution and protect the public. I make no apology for that. I am not prepared to wait and see.

She went on to tell Parliament that she had asked ACPO (the Association of Chief Police Officers) to look at their enforcement processes to ensure that they were proportionate and there was an escalation if someone was found in possession more than once. She did say:

For those under 18 caught in possession, I am content that the current procedure, which uses a reprimand, a final warning and then charge, provides an appropriate escalation mechanism.

Recognising that reclassifying cannabis on its own will not change patterns of consumption she outlined how the government will approach cannabis use as a public health issue:

Through campaigns such as the "Frank" campaign, we will continue to make the public aware of the health harms associated with cannabis use. My right hon. Friend the Secretary of State for Health will also ensure the following: that we update our messages on the harms caused by cannabis; that we look into providing more advice on the health risks and where to get help through NHS Direct, NHS Choices, the Smoking Helpline, Drinkline and other public information points; that we publish a report on the health risks associated with smoking cannabis and tobacco, and, where appropriate, include advice on cannabis misuse in NHS smoking cessation services; and that we seek the advice of the four UK chief medical officers on what more needs to be done to reduce the risks to public health.

In response to a question by Keith Vaz MP, Chair of the Home Affairs Select Committee, she said:

We are allocating more than £6 million this year, partly to the "Frank" campaign, which has proven very successful, with a high rate of recognition among young people, and in increasing by 12 percentage points the number of young people who now recognise that cannabis impacts on mental health. The drugs strategy, published at the end of February, made it clear that, together with my right hon. Friend the Secretary of State for Children, Schools and Families, we will work closely with parents through a new coalition of family charities; improve the information and guidance available to all parents; and continue to provide important drug advice through "Frank", and also through improving universal education and information for children and young people about drugs, alcohol and other volatile substance misuse. That drugs strategy, together with the proposals that I have set out today, forms a coherent approach that sees reclassification as the start of the process, not the end. It also takes seriously the responsibility to ensure that the public health messages sent to young people and others are communicated clearly.

The government's [press release](#) confirms the decision to reclassify cannabis:

Taking effect from early 2009, the reclassification will mean:

- more robust enforcement against cannabis supply and possession, and those repeatedly caught with the drug will not just receive cannabis warnings

- a new strategic and targeted approach to tackling cannabis farms and the organised criminals behind them
- introducing additional aggravating sentencing factors for those caught supplying cannabis and other illegal substances near further and higher educational establishments, mental health institutions and prisons
- working with the Association of Chief Police Officers to look at how existing legislation and powers can be used to curtail the sale and promotion of cannabis paraphernalia updating and
- refreshing our public information messages on the harm caused by cannabis.

The Home Secretary is quoted saying:

'Cannabis is and always has been illegal. It now dominates the illegal drugs market in the UK and is stronger than ever before.'

'There is accumulating evidence, reflected in the Advisory Council on the Misuse of Drugs report, showing that the use of stronger cannabis may increase the harm to mental health. Some young people may be 'binge smoking' to achieve maximum possible intoxication which may be very serious to their mental health.'

'I make no apology for erring on the side of caution and upgrading its classification. There is a compelling case to act now rather than risk the health of future generations.'

The Health Secretary says:

'The message has always been that cannabis is a harmful and illegal drug and should not be used. We are determined to ensure that young people in particular are well aware of all the risks. Our multi-media 'FRANK' campaign will ensure that this is the case.'

And the Secretary of State for Children, Schools and Families says:

'Cannabis use by young people has been falling over recent years but remains a persistent problem. The reclassification sends the right message to young people about the risks from cannabis use – this is especially important given its increased strength and the heightened risk to young people.'

'We also know parents are concerned about the recent trend towards the use of stronger strains of cannabis by young people and the potential for significant mental health problems that would severely impact on a young person's future.'

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