UKDPC

UK DRUG POLICY COMMISSION

Submission to the ACMD Cannabis Classification Review 2008

Briefing
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Kings Place
90 York Way
London
N1 9AG

020 7812 3790
info@ukdpc.org.uk
www.ukdpc.org.uk

UKDPC is a registered charity, established to provide independent and objective analysis of drug policy and find ways to help the public and policy makers better understand the implications and options for future policy.

UKDPC has been set up with support from the Esmee Fairbairn Foundation, initially for three years. Our objective is to analyse the evidence and explore options for drug policy which can improve the health, well being and safety of individuals, families and communities.

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Dawn Austwick OBE (Observer): Director, Esmee Fairbairn Foundation

UKDPC Chief Executive: Roger Howard, formerly Chief Executive of Crime Concern & DrugScope

About this paper

In December 2007 the Advisory Council on the Misuse of Drugs (ACMD) invited the UK Drug Policy Commission (UKDPC) to submit written evidence for a cannabis classification review, and this paper is our response.

Our overall conclusion is that **we find no compelling new evidence which would require the ACMD to alter its recommendation in 2006 to keep cannabis classified as Class C**. Cannabis can undoubtedly cause harms and we appreciate the concerns expressed by politicians and members of the public. However, the current C classification remains an appropriate and proportionate response and there appears to be little to gain from reclassification. Evidence does not support the view that it would further help to "*protect society and individuals from the harmful effect of illicit drugs*", which would be the main objective as outlined in the Home Secretary's July 2007 letter.[1] Reclassification is unlikely to 'send a message' to potential or current cannabis users or affect usage rates.

We have great respect for the quality of the ACMD's work in this area and we do not wish to duplicate their efforts in this paper. However we have outlined below the main points for consideration which have led us to our position.

Background/context

In January 2004 cannabis was reclassified from Class B to Class C following the advice of the ACMD in 2002.[2] This move attracted some criticism at the time, which has since been sustained by politicians and the media who have focused primarily on the following issues as justification for re-considering the classification:

- **Potency**: that cannabis is now much stronger and the use of 'skunk' has become more widespread.
- **Mental health**: that cannabis, particularly stronger types, is causing or aggravating mental health problems in young people.
- **Increased use**: that a lower classification encourages more young people to use cannabis.
- **Barrier to achieving full potential**: that cannabis causes young people to fail at school and is linked to juvenile offending.
- **Gateway theory**: that cannabis leads to more harmful (Class A) drug use.
- **Encouraging production and dealing**: that reclassification has encouraged more open markets in cannabis dealing, or diverted Class A dealers to less 'risky' cannabis dealing and domestic production of stronger varieties (skunk).
- **Public confusion**: that young people (and parents) are confused or ill-informed about the fact that cannabis is illegal and can be harmful.
- **Public opinion**: that a C classification is out-of-step with general public opinion.

In March 2005 the government asked the ACMD to review the classification of cannabis and, specifically, to consider whether cannabis was getting stronger and its effects on mental health. Following a detailed scrutiny of the evidence, the Council

[1] Letter from Home Secretary Jacqui Smith to Chair of ACMD Professor Sir Michael Rawlins.
[2] *The classification of cannabis under the Misuse of Drugs Act 1971*, ACMD, 2002.

published its review in January 2006.[3] It concluded that the average strength of sinsemilla ('skunk') may have more than doubled in the past ten years but the potency of other cannabis products, which were thought to represent the majority of the market, had not changed. It was not known whether stronger cannabis would lead to an increased intake of tetrahydrocannabinol (THC, the main psychoactive constituent of cannabis). The Council acknowledged that cannabis can unquestionably produce harms and worsen existing mental health problems but concluded that, at worst, the risk of developing schizophrenia as a result of using cannabis was very small. It recommended that cannabis should remain a Class C drug, and this was accepted by the government.

The current cannabis classification review has been prompted by a virtually identical request from government in July 2007 highlighting the same concerns about potency and mental health.[4] There is no question that the ACMD's January 2006 review was a thorough analysis, and therefore the key issue is whether there has been **any new evidence** since then that might lead the Council to change its position.

Evidence on cannabis potency

What evidence there is suggests that the average strength of 'skunk' has doubled in the past decade although the average strength of different cannabis products has not increased in more recent years. However, there are indications that the more potent "home-grown" herbal cannabis may be increasing market share. If this is so, the impact on cannabis users remains unknown and, as identified by the ACMD in 2006, this is a priority area for more research.

The data available for monitoring the potency of street-level cannabis is patchy, based on a small number of tested seizures, and tends to fluctuate year on year. However, as the ACMD acknowledged in 2005, over the past ten years it is likely that the average potency of the strongest varieties of herbal cannabis has doubled. Two unpublished studies confirm that the THC content in 'skunk' has risen from 7% in 1995 to 14% in 2005.[5] In one of these studies, about 4% of the skunk examined had a higher THC level than 20% and the strongest skunk was 24%. However, cannabis strength may not have increased overall in more recent years – see table 1.

Table 1: Street level mean percentage THC content of cannabis seized in the UK, 2003 to 2006.[6]

	2003	**2004**	**2005**	**2006**
Resin	9.8	3.4	5.3	3.3
Herbal Cannabis	10.7	12.7	13.5	11.3

In 2005 the maximum THC content recorded for herbal cannabis at street level in the UK was 28% (8% for resin) but levels higher than 20% were unusual and the typical (modal) strength was 13% (5% for resin).[7]

[3] *Further consideration of the classification of cannabis under the Misuse of Drugs Act 1971*, ACMD, 2006.
[4] Letter from Home Secretary Jacqui Smith to Chair of ACMD Professor Sir Michael Rawlins.
[5] *Skunk: potency doubles*, Max Daly, Druglink Sept/Oct 2007. The first study was by Leslie King for the EMCDDA and the second was by Kings College London.
[6] Forensic Science Service statistics, *2007 National Report to the EMCDDA*, Reitox National Focal Point, 2007.

It is difficult to estimate how much of the market is represented by stronger varieties of cannabis. However, there are some indications that the market share of herbal cannabis - particularly intensively 'home-grown' cannabis (which is generally stronger[8]) - is increasing. In 2004 it was estimated that about one-third of the market was herbal cannabis, and about one-half of this was imported.[9] However, enforcement agency assessments suggest that cannabis cultivation in the UK is rising, and this is reflected by some high profile cannabis farm closures. The quantity of cannabis plants seized more than doubled between 2004 and 2005, from 95,103 to 212,971 plants.[10] Although the true extent of any increase in herbal and home-grown cannabis market share is not known, and the increased seizures might simply reflect targeted police activity, this will be a cause for concern. As the ACMD highlighted two years ago, further work is needed to assess the potency of cannabis products being used in the UK, whether this leads to increased THC consumption levels or changes to the amount of the drug consumed, and what the implications of this might be.

Furthermore there is evidence which suggests that cannabidiol (CBD), an anti-psychotic agent, may offer a level of protection from the psychotic effects of THC and therefore high potency cannabis with lower levels of CBD may be more harmful.[11] We understand a research project is now underway to monitor the levels of CBD found in cannabis and produce a more accurate picture of street-level THC content.

Evidence on cannabis and mental health.

There is little doubt that a link exists between cannabis use and some mental health problems. In recent years there has also been an increase both in the numbers of people in treatment for problematic cannabis use and the number of recorded hospital admissions for mental and behavioural disorders diagnosed as "caused by" cannabis use. However, the underlying reasons for these increases are unclear and again this is an area where further research must be a priority. More should also be done by mental health and drug treatment services to identify and help those who experience both cannabis use and mental health problems.

Many of the findings from the longitudinal studies undertaken in New Zealand[12] and the Netherlands[13], which the Home Secretary refers to in her letter, were already available for (and indeed referenced by) the ACMD review in 2006. A recent and comprehensive meta-analysis based on 35 longitudinal studies is consistent with the 2006 ACMD findings, concluding that cannabis use increased the risk of developing a psychotic illness later in life by approximately 40%, and by up to 200% with heavy

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[7] *Statistical Bulletin Table PPP-5: Potency of cannabis products at retail level*, EMCDDA, 2005.
[8] *An overview of cannabis potency in Europe*, Leslie A King, EMCDDA, 2004.
[9] *An overview of cannabis potency in Europe*, Leslie A King, EMCDDA, 2004.
[10] *2007 National Report to the EMCDDA*, Reitox National Focal Point, 2007.
[11] *High Potency Cannabis: The forgotten Variable*, Neil Smith, Addiction (Vol. 100), 2005.
[12] *Tests of causal linkages between cannabis use and psychotic symptoms*, David M. Fergusson, R. Poulton, P.F. Smith and J.M. Boden, Addiction (Volume 100), 2005.
[13] *Cannabis and psychosis: a longitudinal population-based study*, J. van Os, M. Bak, M. Hanssen, R. Bijl, R. de Graaf, H. Verdoux. American Journal of Epidemiololgy (Volume 156), 2002.

users.[14] However, as the ACMD concluded, because the overall likelihood of developing psychosis is low, the number of people developing such illnesses as a result of using cannabis will be small. However, the risks are real and the consequences can be serious for individuals and their families. Although it is clear that those with existing mental health problems or those who have schizophrenia in the family are particularly vulnerable, additional research is needed to understand the relationship between cannabis use and mental health. However, more should be done to ensure that existing evidence is understood by professionals and the general public, and that the necessary mechanisms are in place for both drug workers and mental health professionals to identify and treat cannabis-users who are at particular risk of, or suffering from, mental health problems.

There has been a sustained increase in the number of people going into treatment with cannabis as the main problem drug (see table 2). With adults this has broadly been in line with the overall increase in numbers in drug treatment, but for young people the proportion who reported cannabis as the main problem drug has increased in recent years and now represents three-quarters of under-18s in drug treatment. Whilst this increase might be a cause for concern, it is not necessarily an indication that overall problematic cannabis use has increased. For instance, better identification and treatment of problematic cannabis use could be one alternative explanation, as could increased provision.

Table 2: number of individuals in treatment in England who reported that cannabis was the main problem drug used, 2003/04 – 2006/07.[15]

	2003/04*	**2004/05***	**2005/06**	**2006/07**
Adults (18+)	6,700 (6%)	8,312 (7%)	12,300 (7%)	13,087 (7%)
Young People (under 18)	3,800 (61%)	5,033 (67%)	9,500 (75%)	11,582 (75%)

According to Hospital Episode statistics (table 3), there has also been a steady rise in hospital admissions relating to mental illness caused by cannabis in recent years (although in the last year the number of admissions fell). Again, the reasons for this are not clear. For instance, the average age of admission is 26/27 years and therefore it may be that the increase reflects the consequences of the peak in cannabis prevalence experienced in the late 1990s (the average age of first use of cannabis is about 15). It may also just be that more cannabis-related mental health problems are being identified and recorded as such, rather than demonstrating an actual increase in the number of cases.

[14] *Cannabis use and risk of psychotic or affective mental health outcomes: a systematic review*, T.H.M. Moore, S. Zammit, A. Lingford-Hughes, et al., The Lancet (Volume 370), 2007.
[15] National Drug Treatment Monitoring System (NDTMS) statistics, National Treatment Agency (NTA).
* Figures for 2003/04 are estimates derived from percentages, and methodological issues for both 2003/04 and 2004/05 mean this data is likely to under-represent treatment levels and should be used with some caution.

Table 3: the number of patients admitted to English NHS hospitals where the primary diagnosis was "mental and behavioural disorders due to use of cannabin".[16]

	Admissions	Aged under 15	Mean age
2006-07	750	23	27
2005-06	946	50	26
2004-05	868	44	26
2003-04	868	54	27
2002-03	713	31	27
2001-02	674	26	26
2000-01	581	23	27
1999-00	598	17	27
1998-99	625	17	26

Evidence of cannabis population prevalence levels

The decline in reported cannabis use amongst children and young adults since around 2001 appears to have been unaffected by reclassification. International evidence supports the view that legal status and levels of enforcement have little, if any, direct impact on prevalence. It is likely that wider social, cultural and economic factors, rather than classification status, are more important in influencing overall prevalence levels.

As the Home Secretary acknowledged in her July 2007 letter, cannabis use has continued to slowly decline post reclassification, apparently unaffected by the January 2004 change.

Table 4: Reported use of cannabis in the last year.

	2001/2	2002/3	2003/4	2004/5	2005/6	2006/7
11-15 year olds (%)[17]	13.4	13.2	13.3	11.3	11.7	10.1
16-24 year olds (%)[18]	27.3	26.2	25.3	23.6	21.4	20.9

Furthermore, domestic and international evidence suggests that there is no direct link between the enforcement of drug law controls and prevalence of drug use. Countries with approaches that are more liberal than the UK have proportionately fewer cannabis users, and data from the Netherlands (where cannabis possession is effectively decriminalised) suggests that de-penalisation of cannabis use does not itself lead to increased use, although the commercial promotion of the drug may have had such an effect.[19] It is therefore extremely unlikely that reclassification back to Class B would have the desired effect of further deterring young people from using cannabis, including those who are likely to be most at risk of experiencing health problems because of their cannabis use. In a recent study of young heavy

[16] Hospital Episode Statistics (HES), The Information Centre for Health and Social Care. The term '*cannabin'* is used in the source material.
[17] *Smoking, drinking and drug use among young people in England in 2006*, The Information Centre for Health and Social Care, 2007.
[18] *Drug Misuse Declared: findings from the 2006/07 British Crime Survey*, Rachel Murphy and Stephen Roe, Home Office, 2007. Statistics are for England and Wales.
[19] *An Analysis of UK Drug Policy*, Peter Reuter and Alex Stevens, UK Drug Policy Commission, 2007.

cannabis users, many considered the legal status of cannabis to be an irrelevance, and would continue to use cannabis regardless of its classification.[20]

The use of drug legislation to send messages was strongly criticised by the House of Commons Science and Technology Committee report in 2006. They found no evidence that people respond to the signals emitted by classification, or that classification offered the potential for a 'deterrent effect'.[21] It is likely that wider social, cultural and economic factors are much more important in influencing overall prevalence levels.[22]

Evidence of cannabis as a barrier to a child achieving their full potential

Drug use is one of a series of characteristics associated with 'vulnerability' amongst young people. Therefore cannabis users are more likely to be youth offenders and truants (and vice versa). However the relationship between these factors is complex and cannot be described as a directly causal one. It is not clear to what extent regular cannabis use might impede a child's ability to achieve their full potential but some evidence suggests heavy cannabis use can compound existing lack of opportunity. More evidence is needed to understand the true impact of cannabis use.

There have been reports that more young people with cannabis problems are presenting themselves to youth offending teams, which prompted the Magistrates Association youth courts Chair to write to the Home Secretary to request a tightening of the cannabis laws.[23] However, personal correspondence between the UKDPC and those commissioning the survey (the Association of Youth Offending Team Managers) suggests the results have been misinterpreted by the media. Clearly there is an association between drug use and offending, and the latest annual Youth Offending Teams inspection report found evidence of drug misuse in 40% of cases.[24] Young people who have never taken drugs are less likely to be offenders than those who have taken drugs (see table 5). Those who have taken Class A drugs are slightly more likely (76%) to be an offender than 'other' drug users (64%), who would probably be predominantly cannabis users.

Table 5: Proportion of 10 to 17 year olds reporting different levels of offending by drug status[25]

	No drugs	**Any drugs**	**Non-class A**	**Class A**
Offenders	23%	66%	64%	76%
Non-offenders	77%	34%	36%	25%

[20] *The impact of heavy cannabis use on young people*, Margaret Melrose with Penny Turner, John Pitts and David Barrett, Joseph Rowntree Foundation, 2007.
[21] *Drug Classification, Making a hash of it? Fifth report of session 2005/06*, House of Commons Science and Technology Committee, 2006.
[22] *An Analysis of UK Drug Policy*, Peter Reuter and Alex Stevens, UK Drug Policy Commission, 2007.
[23] *Reclassification of cannabis 'fuels youth crime wave'*, The Independent on Sunday, 16 September 2007.
[24] *Joint Inspection of Youth Offending Teams Annual Report 2006/2007*, HM Inspectorate of Probation, 2007.
[25] *Young People and Crime: Findings from the 2004 Offending, Crime and Justice Survey*, Tracey Budd, Clare Sharp, Guy Weir, Debbie Wilson and Natalie Owen, Home Office, 2005.

However, there is a similar association between drug use, offending and other signs of 'vulnerability' such as truancy, homelessness or being 'looked after'. In a Home Office survey the proportion of vulnerable young people (aged 10-25) taking cannabis was 41% compared with 12% of those who were not vulnerable.[26] The extent of any 'cause and effect' between these factors is not well understood and is likely to be complex. For instance a recent study of young people and professionals in Sheffield found that few young people or young offenders believed there was a link between their cannabis use and subsequent engagement in anti-social behaviour. Instead they emphasised the role played by alcohol. Some professionals thought cannabis amplified existing offending behaviour but others questioned whether the association was directly linked. Overall, the authors concluded that evidence of a link between cannabis use and anti-social behaviour was slim.[27] Another recent report on young heavy cannabis users suggested that existing lack of opportunity appeared to lead to high levels of cannabis consumption, which further impeded a young person's ability to achieve their full potential.[28]

Without additional compounding factors, the majority of cannabis users will not experience the same barriers to achievement. Another recent study of more than 5,000 young people aged 16-20 in Switzerland found those who smoked marijuana did as well or better in some areas than those who did not.[29] This is yet another area where more research is needed to fully understand the impact of cannabis on young people's personal, social and educational development.

Evidence for the 'gateway' theory

Despite copious research on the subject, there is no conclusive evidence to support the gateway theory.

Evidence for the 'gateway effect', whereby cannabis use in some way predisposes individuals to subsequent use of more dangerous (Class A) drugs, has been found to be lacking by several noteworthy reports. The ACMD considered the gateway theory in its 2002 report on cannabis. The report concluded that proving any causal relationship between cannabis use and later use of Class A drugs was "*very difficult due to the many confounding factors that might also act as gateways*", including the individual's personality and their environment and peer group.[30] The House of Commons Science and Technology Committee in 2006 also found no conclusive evidence to support the gateway theory.[31] The RAND report they commissioned

[26] *Young People and Crime: Findings from the 2004 Offending, Crime and Justice Survey*, Tracey Budd, Clare Sharp, Guy Weir, Debbie Wilson and Natalie Owen, Home Office, 2005.
[27] *Young people, cannabis use and anti-social behaviour*, Tim McSweeney, Tiggey May and Ian Hearnden, ICPR Kings College London, 2007.
[28] *The impact of heavy cannabis use on young people*, Margaret Melrose with Penny Turner, John Pitts and David Barrett, Joseph Rowntree Foundation, 2007.
[29] *Some Go Without a Cigarette: Characteristics of Cannabis Users Who Have Never Smoked Tobacco*, J. C. Suris, Christina Akre, André Berchtold, André Jeannin, Pierre-André Michaud, Archives of Pediatrics and Adolescent Medicine (Volume 161) 2007.
[30] *The classification of cannabis under the Misuse of Drugs Act 1971*, ACMD, 2002.
[31] *Drug Classification, Making a hash of it? Fifth report of session 2005/06*, House of Commons Science and Technology Committee, 2006.

concluded "*the gateway theory has little evidence to support it despite copious research*".[32]

Evidence of the legal impact of reclassification and encouraging supply

It can be argued that reclassification itself has not significantly changed the legal status of cannabis and has made no difference in criminal penalties for producers, traffickers and dealers. However, the way that adult possession offences are policed has changed. The use of cannabis warnings has led to an increase in recorded offences as they appear to have replaced informal (unrecorded) police warnings. It is not clear what impact this has had on young people (e.g. increased sentences for cannabis possession offences).

When cannabis was reclassified in January 2004 very little actually changed in terms of its legal status. A change in the law meant that the maximum penalties for trafficking and supply of Class C drugs became the same as those for Class B drugs, and there has been no indication that these supply offences are now policed more 'softly'. On the contrary, there has been reported enhanced police action against cannabis 'farms'. Therefore whilst enforcement agency assessments suggest that cannabis cultivation in the UK is rising, it does not logically follow that reclassification has in any way encouraged cultivation, dealers or open markets.

Before reclassification, the possession of a Class C drug was a non-arrestable offence. However, following representations from the police, a further legislative change meant that the power of arrest was retained for cannabis possession after reclassification. Although the maximum sentence for possession was reduced from 5 years to 2 years in prison (plus an unlimited fine), very few people will have received prison sentences (let alone maximum sentences) for 'simple' cannabis possession. However, significant changes have been brought to the policing of cannabis through guidance from the Association of Chief Police Officers (ACPO). Guidance produced in 2003 stated that, while the power of arrest was available for simple possession offences, the presumption was that in the majority of cases, a 'street warning' would be given. Arrest would only be appropriate in aggravating circumstances, such as smoking cannabis in a public place, repeat offences or smoking near a school. This guidance was updated in 2006 to take account of the Serious and Organised Crime and Police Act 2005. Under this new Act, an officer needs to be able to demonstrate that any arrest is 'proportionate and necessary'. A similar set of situations where an arrest might be necessary is included in the guidance. Street warnings were also renamed 'cannabis warnings'.

The increase in the number of recorded cannabis possession offences since 2004/5 has been largely fuelled by the increase in the number of cannabis warnings. Before these were available, police would tend to either arrest (which was a time-consuming response) or informally warn cannabis users. It therefore appears that cannabis warnings have in large part substituted informal warnings, although there is also some evidence to suggest that police forces may be 'net-widening' by seeking out cannabis possession offences in order to increase sanction detection statistics.[33]

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[32] *The evidence base for the classification of drugs*, Ruth Levitt, Edward Nason, Michael Hallsworth, RAND, 2006.

[33] *Policing cannabis as a Class C drug*, Tiggey May, Martin Duffy, Hamish Warburton, Mike Hough, Joseph Rowntree Foundation, 2007.

However, in the first year after reclassification, the Home Office reported that arrests for cannabis possession had reduced by one third, equivalent to an estimated saving in police time of 199,000 police hours.[34] The number of cautions for cannabis possession also fell when cannabis warnings were introduced, from 29,209 in 2003 to 15,214 in 2004.[35] It is important to note that a caution amounts to a criminal record which can affect employment and travel opportunities, whereas a warning does not (although it is logged locally by police).

Table 6: The number of recorded cannabis possession offences and cannabis warnings by year.

	2004/05	**2005/06**	**2006/07**
Total number of recorded cannabis possession offences (including those that resulted in warnings)[36]	88,263	119,917	130,406
Number of 'cannabis warnings' issued[37]	37,119	60,059	77,110

We cannot say (because the statistics are not readily available) whether an increase in the number of people in contact with the police for cannabis possession offences has, in turn, led to an increase in the numbers being subsequently processed through the criminal justice system. We do not know how many people have been arrested or prosecuted for cannabis possession after having being given the maximum of two cannabis warnings allowed under current policing guidelines.[38]

Cannabis warnings cannot be given to young people under 18 and therefore reclassification will have had very little impact on the way young people are treated by the police. It is also important to note that a reclassification of cannabis back to B would not necessarily lead to a change in the way it is policed, and cannabis warnings could still operate.[39]

Evidence of confusion of the legal and health impact of cannabis

Contrary to the impression given by the media and some politicians, it would appear that only a very small number of young people actually think that cannabis is legal or harmless. However, there is confusion about what might happen if you are caught in possession of cannabis. It is important that young people understand all of the legal and health risks involved in using cannabis.

Recent research for the government's FRANK campaign has shown that most young people do perceive cannabis to be harmful, and this perception can be affected by communications (see table 7). However, there is also a significant minority who either perceive no risks or do not know some of the risks.

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[34] Home Office press release, 28 January 2005.
[35] Hansard, 28 March 2007: Column 1624W.
[36] *Crime in England and Wales 2006/07*, Sian Nicholas, Chris Kershaw and Alison Walker, Home Office, 2007.
[37] Hansard, 27 Nov 2007: Column 354W. Note that prior to 16 January 2007 cannabis warnings were called 'Formal warnings for cannabis possession'.
[38] *Guidance on policing cannabis - use of Cannabis Warnings*, ACPO, 2007.
[39] Following ACPO's announcement that they supported reclassification to class B in November 2007, the BBC reported on 20 November that "*police say any reclassification would not necessarily change the way that they currently police possession of cannabis*".

Table 7: Perceived risks of cannabis amongst 11-24 year olds.[40]

	Very likely	Quite likely	Not very likely	Not at all likely	Don't know	Don't want to answer
Get addicted	39%	28%	13%	9%	9%	2%
Overdose or die	20%	19%	21%	24%	14%	2%
Damage your looks	29%	27%	16%	12%	15%	2%
Damage your body	47%	27%	8%	7%	9%	2%
Damage your mind	55%	25%	6%	5%	8%	2%
Make you feel sick	37%	31%	10%	6%	13%	3%
Get arrested or in trouble	46%	26%	10%	7%	10%	2%

Immediately following the classification of cannabis in 2004, 14-17 year olds were interviewed to find out what their understanding of the law was, and whether FRANK campaign messages had been effective (see table 8). This research found that nearly all (93%) young people knew that cannabis was illegal. Instead, the issue of confusion was found to be more complex and was more about the consequences of being caught by the police in possession (which was not markedly different from before reclassification).

Table 8: Understanding of the law post-reclassification amongst 14-17 year olds, February 2004.[41]

Cannabis is illegal and you will always be arrested if found in possession	22%
Cannabis is illegal and you are likely to be arrested if found in possession	34%
Cannabis is illegal but most police will give informal warning	28%
Cannabis is illegal but authorities will turn a blind eye to personal use	8%
Cannabis is legal if taken in certain places e.g. home, private party	5%
Cannabis is legal and can be taken in most places	1%
Any cannabis is illegal	**93%**
Any cannabis is legal	**6%**

Public understanding cannot have been helped by the fact that five Home Secretaries over the course of seven years have each sought, in one way or other, to address the issue of classification.[42] This has been further exacerbated by the accompanying politicking on this issue and the resulting media coverage which has sometimes misreported the legal status of cannabis.[43]

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[40] *FRANK advertising effectiveness tracking survey* conducted by Synovate for HM Government, 2007.

[41] *Tracking the effectiveness of Advertising/Publicity for Re-classifying Cannabis From a Class B to Class C Drug*, LVQ Research for the FRANK campaign, HM Government, 2004.

[42] In 2000 Jack Straw rejected the Police Foundation Independent Inquiry proposals; David Blunkett concurred with the ACMD & Home Affairs Committee recommendations and Parliament endorsed the re-classification; Charles Clarke invited the ACMD to reconsider the classification but accepted their recommendation, upon which a review of the classification system was promised; this was scrapped in 2006 by John Reid; and finally in 2007, Jacqui Smith re-opened the debate.

[43] For example an article in The Sun, 27 July 2007, inaccurately reported that cannabis possession ceased to be an arrestable offence when it was reclassified to C, and quoted David Davis MP describing the reclassification as "declassifying" cannabis. In The Observer on 13 January 2008, it was reported that cannabis is "set to be recriminalised".

If there has been confusion over the legal and health aspects of cannabis following reclassification, we do not consider this a reason for justifying a return to Class B which would only risk further confusion. Rather more crucially, it is a reason for ensuring there is an enhanced public information campaign which effectively communicates in a consistent way the facts about the legal status and health risks of cannabis in all its varieties.

Evidence for public opinion on cannabis

Public opinion is difficult to measure and surveys can be used to back both sides of the argument ('for' and 'against' reclassification). However, some evidence suggests the public perceive cannabis to be lower down the hierarchy of harms than most other illegal drugs. Wherever true public opinion lies, it raises the question as to how classifications should be decided, and what role public opinion should play in this.

In the Home Secretary's letter to the ACMD, she highlights that "*there is real public concern*" about the potential mental health effects of cannabis use, and there have been suggestions that public opinion favours a return to Class B.

Public opinion is difficult to measure, it can change over time and according to events, and will depend on the methodologies of the research conducted. 'Snapshot' surveys can be used by both sides of the argument ('for' and 'against' reclassification) to demonstrate that they are backed by public opinion. However, there is no published evidence which demonstrates where considered public opinion lies and a recent survey of nearly 3,000 adults across Great Britain showed that, in relation to other drugs, cannabis is perceived to be lower down in a hierarchy of harms.

Table 9: General public perceptions of how much harm different drugs cause to individuals and their families and friends. (% saying 'a great deal' or 'some').[44]

Injected heroin	97
Smoked heroin	96
Crack cocaine	96
Powder cocaine	94
Solvents	93
Ecstasy	92
Crystal meth	90
Tobacco	90
LSD	86
Alcohol	83
Cannabis	**64**
Prescribed tranquillizers	55
Coffee	10

In the same survey the use of alternatives to prosecution appeared to be supported by the wider public. Only 38% of adults thought that the possession of 'soft drugs' such as cannabis for personal use should be treated as a criminal offence. Most

[44] YouGov survey results, RSA Commission on Illegal Drugs, Communities and Public Policy, 2007. The survey was conducted in June 2006.

people felt possession for personal use should be regarded as a lesser offence, like speeding, or should not be an offence at all.[45]

Wherever true public opinion lies, it raises the issue about how classifications should be decided, and whether public opinion should influence this. Given the vagaries of public opinion, we do not feel that it is appropriate that it should play a significant role in influencing classification decisions.

Conclusions

1. **We find no compelling new evidence which would require the ACMD to alter its recommendation in 2006 to keep cannabis classified as a Class C controlled substance**.
   - Cannabis can undoubtedly cause harms and we appreciate the concerns expressed by politicians and members of the public. However, the current C classification remains an appropriate and proportionate response and there appears to be little to gain from reclassification.
   - Evidence does not support the view that reclassification would further help to "*protect society and individuals from the harmful effect of illicit drugs*", which would be the main objective as outlined in the Home Secretary's July 2007 letter:
     - Reclassification would make no difference to the legal consequences for producers, traffickers and dealers.
     - Evidence suggests that reclassification would not 'send a message' to potential or current cannabis users and usage rates would be unaffected.
     - Reclassification would only risk causing further confusion.

2. **The ACMD should continue to press for a substantial research programme as outlined in their 2006 report**
   - We are aware that work is underway to gain a better understanding of cannabis products in the current market at street-level in the UK.
   - We need to better understand patterns of usage and how 'dosages' are affected by the market for different types of cannabis.
   - At the time, the government accepted the Council's view that more research on the mental health implications of cannabis was needed. However, we are not aware of any subsequent announcement of a programme of research.
   - More research is also needed into factors which may increase the risk of adverse health effects, such as consuming high potency preparations, early age of onset and frequency of use and quantity consumed.

3. **There is a need for a wider review of the role of the classification system and the way that decisions are made about classification.**
   - Some politicians and media appear to be confused as to the role of the classification system. It is not an appropriate mechanism for sending out a 'signal' to the public and it does not deter use.
   - Classification should instead provide a framework for policing and sentencing guidelines –and the guidelines themselves probably have a greater impact on outcomes than classification per se. A review should consider the role of

[45] YouGov survey results, RSA Commission on Illegal Drugs, Communities and Public Policy, 2007.

classification in this light, and acknowledge the impact of the Association of Chief Police Officers, the Sentencing Guidelines Council, the courts and police when it comes to interpretation and practice of the Misuse of Drugs Act.

- Former Home Secretary Charles Clarke announced a review of the classification system in January 2006[46] but this was subsequently shelved. However, in July 2006 the House of Commons Science and Technology Committee described the classification system as 'not fit for purpose' and urged the government to honour the review they had promised.[47] The Committee's call for a more scientific scale of harm was developed further by the RSA Commission on Illegal Drugs based on a hierarchy of harms report by Professors Nutt and Blakemore.[48] We believe it is not an option to do nothing to address the issues that have been raised.
- We do not believe the credibility of the current system or clarity of message has been enhanced when, in just the space of seven years, five Home Secretaries have sought one way or another to address the classification of cannabis.
- We understand there is to be a wider review of the ACMD during 2008 as part of a programme of reviews of non-departmental public bodies (NDPBs).[49] We would urge the ACMD to press the Home Secretary to take the opportunity to question the role of politicians in making decisions about the classification of controlled drugs. In our submission to the government's drug strategy consultation, we commented that such a review might "explore whether there are models which place decision-making about classifications outside of direct ministerial control".[50]

4. **The ACMD should continue to press for a commitment to a sustained public information programme to communicate the potential health and legal consequences of cannabis possession and use.**
   - We stress there is a need for a strong and consistent message about cannabis to be communicated to the public, especially young people. However, this can and should be done without recourse to reclassification.
   - Communications must educate the public about factors which increase health risks, and provide clarity on the consequences of being caught in possession of cannabis.
   - Although efforts from the FRANK campaign have shown promise, we do not believe they represent the *"massive programme of public education to convey the danger of cannabis use"* as promised by the government in January 2006.[51]
   - Much of the public confusion about the classification system hinges on a misunderstanding of the role of the ABC classification system in establishing an accurate hierarchy of harms and a framework for policing and sentencing guidelines. We would urge the ACMD to continue to press for a public information programme (as they did in 2005) to better inform the media and

[46] Hansard, 19 January 2006: column 984.
[47] *Drug Classification, Making a hash of it? Fifth report of session 2005/06*, House of Commons Science and Technology Committee, 2006.
[48] *Drugs – facing facts*, RSA Commission on Illegal Drugs, Communities and Public Policy, 2007.
[49] *Follow up Memorandum to Science and Technology Committee report – Drug Classification: Making a hash of it?*, Home Office, 2007.
[50] *A response to Drugs: Our Community, Your Say Consultation Paper*, UKDPC, 2007.
[51] Hansard, 19 January 2006: column 984.

public about the legal and health-harm relativities of the ABC system. It is disappointing that, 37 years after the Misuse of Drugs Act, it is still not clear to some that a Class C classification still means the drug is illegal and can attract some of the stiffest sentences in Europe.

At the heart of the debate about classification (of any drug) is the search to find a **proportionate** response, one which recognises and ranks the harms in relation to other illegal drugs. The ABC classification system, however imperfect in some respects, seeks to do this. It is our considered view that the earlier ACMD analysis, which determined that the harms of cannabis warrant a C classification, remains a proportionate one. Rather than further tinkering with cannabis classification, we would urge the government to embark on major communication, treatment and research programmes and adopt a system which guarantees an evidence-based and consistent approach to future drug classification decisions.