

# Cannabis

**Bhang, black, blast, blow, blunts, Bob Hope, bush, dope, draw, ganga, grass, hash, hashish...**

...hemp, herb, marijuana, pot, puff, Northern Lights, resin, sensi, sensemilla, skunk, smoke, spliff, wacky backy, weed, zero etc.

## What is cannabis?

Cannabis is a plant found wild in most parts of the world and is easily cultivated in temperate climates such as the UK's. Some names are based on country of origin such as Afghan, Colombian, homegrown, Lebanese, Moroccan, Pakistani etc. Cannabis comes from *Cannabis sativa*, a bushy plant that grows in many parts of the world and is also cultivated in the UK. The main active ingredients in cannabis are the tetrahydrocannabinols (THC). These are the chemicals that cause the effect on the brain.



Cannabis © Thorsten Ulbricht - FOTOLIA




## Types of cannabis

Different forms of cannabis come from different parts of the plant and have different strengths. **'Hashish' or 'hash'** is the commonest form found in the UK. It is resin scraped or rubbed from the dried plant and then pressed into brown/black blocks. It is mostly imported from Morocco, Pakistan, the Lebanon and Afghanistan (or Nepal as below).

**Herbal cannabis** is made from the chopped, dried leaves of the plant. It is also known as 'grass', 'bush' and 'ganga' and in America as **'marijuana'** and is imported from Africa, South America, Thailand and the West Indies. Some is **'homegrown'** and cultivated in this country, sometimes on a large scale to sell but usually by individuals in their homes or greenhouses for their own use. Herbal cannabis is usually not as strong as the resin form. However, some particularly strong herbal forms such as **'sinsemilla'** and **'skunk'** have been cultivated in Holland and this country.

**Cannabis oil** is the least common form of cannabis found in the UK It is made by percolating a solvent through the resin.

## Making of Red Lebanese hash

		
Raw cannabis plant is firstly grated down	Further grating and sieving reduce it to powder	Which is pressed into blocks or chunks

## Making of Nepanese hash

		
The resin is rubbed off	And collected on the hands	This is then scrapped off into paste

In the UK cannabis is usually smoked rolled into a cigarette or joint, often with tobacco. The herbal form is sometimes made into a cigarette without using tobacco. Cannabis is also sometimes smoked in a pipe, brewed into a tea or cooked into cakes.

Hemp is the fibre of the cannabis plant. For centuries to the present day it has been used to make all sorts of products including rope, mats, clothing, cooking oil, fuel, fishing nets, cosmetics, herbal remedies, paints and varnishes.

## Potency

Many people believe that cannabis is becoming stronger. The EMCDDA released an European review of cannabis potency in June 2004. The study revealed that when the overall potency of cannabis products on the market is calculated, there is no evidence of a significant increase in potency. This is because, in most EU countries, imported cannabis dominates the market and this has remained stable over many years. A report of the study can be found on EMCDDA Drugnet (July-Sept 2004) <http://www.emcdda.eu.int/?nNodeID=411>

The full report can be found [here](#).

A more recent cannabis potency study, published by the Home Office in Spring 2008, can be found [here](#).

## Prevalence

Cannabis is the most widely used illegal drug in the UK and easily the illegal drug most likely to have been tried by young people. Drug Misuse Declared: Findings from the 2004/05 British Crime Survey <http://www.homeoffice.gov.uk/rds/pdfs05/hosb1605.pdf> (PDF) show that 9.7% of 16-59 year olds reported having used cannabis in the last year. In total over 9 million people in the 16- 59 age group have used it at least once with just over 3 million having used it in the last year.

Figures from the Department of Health survey Smoking, Drinking and Drug Use among young people in England 2004 <http://www.dh.gov.uk/assetRoot/04/11/81/54/04118154.pdf> (PDF) show that cannabis use by 11- 15 year olds decreased from 13% in 2003 to 11% in 2004. Prevalence of taking cannabis was slightly higher among boys (12%) than girls (10%)and increased with age: 1% of 11 year olds had taken the drug in the last year compared with 26% of 15 year olds.

There has been much debate about the legal status of cannabis. In general, government-commissioned reports in the English speaking world have recommended relaxation of the existing cannabis laws. These views are shared by a number of academics, politicians and senior law enforcers.

During the 1990s, on the back of renewed interest about drug use among young people, the cannabis reform lobby took various guises ranging from the Green Party and the UK Cannabis Alliance to supportive editorials in the broadsheets and in particular the pro-reform campaign of the Independent on Sunday. The Liberal Democrats have supported legal changes and lobbied for a Royal Commission to explore the issues.

## Price

Resin costs around £80 per ounce or £16 for an eighth of an ounce. Herbal cannabis costs anything from £70 per ounce to £120 for strong strains such as skunk. (source - Independent Drug Monitoring Unit Drug Prices) Heavy and regular cannabis users might use an eighth of an ounce per day. Many people only smoke occasionally.

Recently, stronger types of herbal cannabis have become available with names like northern lights and super skunk. They are grown from specially cultivated seeds, often imported from Holland.

The effect of these strains are more pronounced and can cause hallucinogenic effects. Some people may find them too strong and the experience of smoking them very disturbing, while others may enjoy the greater effects. Increasing amounts of these strains are being homegrown for private use or sold on the cash market and among friends.

## The public and political debate

The trend in UK public opinion, particularly among under 35s, is towards support for decriminalisation of cannabis use (but not for other illegal drugs) though not necessarily full scale legalisation. There is also widespread support among all age groups for doctors being able to prescribe cannabis to patients. Many commentators see politicians as lagging far behind public opinion.

## The key issues

The debate about the law on cannabis centres on a number of important legal and social issues concerning civil liberties and personal choice, legal coherence and International agreements. In addition, there are arguments about the link between cannabis and use of other drugs, whether law changes would increase or decrease drug problems and exactly what changes might take place.

Perhaps the most hotly debated social issue is that of civil liberties and personal choice. This argument hinges on the point at which it is appropriate to legislate to stop individuals from doing something that may do them harm and/or may result in substantial costs to society, even though such legislation is an infringement of personal choice.

Underlying this issue is fierce debate about exactly how dangerous cannabis use actually is. While some people see cannabis as a relatively harmless drug others see it as having detrimental impact on individual users and wider society.

The impact of criminalising otherwise law abiding mainly young citizens, the detrimental impact on their future lives and careers (for example losing jobs or not being able to work in jobs with children) and damage to the relationship between police and communities also need to be taken into account. Concerns over such issues were highlighted sharply by serious rioting in London.

## History



Cannabis was first documented as a herbal remedy in a Chinese pharmacy text of the first century AD. It was widely used in the Middle East, India and China as a medicine, to manufacture a range of products (such as clothes, rope and sacks), for religious ceremonies and for pleasure.

Cannabis was first introduced into Western medicine in the 1840s by a doctor who had been working in India. It was used for painkilling purposes particularly in childbirth and for period pains. Rumour has it that Queen Victoria was prescribed cannabis by her doctor. In the late 19th century and early part of this century cannabis was used by many people as a herbal remedy for a range of conditions.

Roman mosaic of

## cannabis plant 1st century A.D

Use of cannabis for pleasure also dates back to ancient China and India. The drug was brought to Western Europe by soldiers in Napoleon's army who had been fighting in north Africa at the beginning of the 19th century.

Non medical use of cannabis was first banned in the UK in 1928 after South African and Egyptian delegates at an international conference about opium persuaded other countries that cannabis drove people mad.

*"Hashish absorbed in large quantities produces a furious delirium and... predisposes to acts of violence and produces a characteristic strident laugh... [With habitual use] the countenance of the addict becomes gloomy, his eye is wild, and the expression of his face is stupid... his intellectual faculties gradually weaken and the whole organism decays. The addict very frequently becomes neurasthenic and eventually insane."*

### **Dr El Guindy, Egyptian delegate, Second International Opium Conference, 1924.**

This idea that cannabis drove people mad and that it led to them being out of control was popularised in the 1930s and 1940s in America by the head of the Narcotics Bureau, Harry Anslinger. He organised pamphlets, stories in magazines and newspapers and even a film called 'Reefer Madness' to convince people that terrible crimes were committed by people who used cannabis.

At the time cannabis was hardly used in the UK and up to the mid 1960s its use was confined mainly to the London jazz scene and some West Indian communities. In the 1960s its use grew rapidly, especially among young university and college students. In 1973, as part of the introduction of the Misuse of Drugs Act, the government decided that cannabis had no medical uses and banned it being available on a doctor's prescription.

Although with the passing of the 1960s 'hippy' period, use of cannabis became less newsworthy, its actual use spread to other groups in society beyond middle class students and media personalities. There was more attention for cannabis during the reggae boom of the mid 1970s and once again more recently on the back of the general rise in drug use among young people in the 1990s. To top

## **The Law**

### **Current classification**

Cannabis is controlled under Class B of the Misuse of Drugs Act.

The government's decision to reclassify cannabis to Class B under the Misuse of Drugs Act 1971 was announced by Home Secretary on 7 May 2008. Cannabis was reclassified to Class B on 26 January 2009.

In 2008, the Advisory Council on the Misuse of Drugs (ACMD) recommended that cannabis remain a Class C drug, as a result of a review of the evidence on the harms posed by cannabis. Their report, [Cannabis: classification and public health](#) (PDF) can be viewed [here](#) (PDF)

The Government response to the recommendations made by the ACMD in its report Cannabis: Classification and Public Health can be viewed [here](#). The Government accepted 20 of the 21 recommendations made by the ACMD. It did not accept the recommendation that cannabis should remain a Class C drug.

The reclassification of cannabis to Class B has a number of implications for the way that police will respond to offences involving the drug.

### **Cannabis penalties**

#### **Supply and production**

As a Class B drug, the maximum penalty for supplying or producing cannabis is 14 years imprisonment and/or an unlimited fine. This remains unchanged from when the drug was Class C.

#### **Possession**

##### **Maximum penalty**

As a Class B drug, the maximum penalty for possession increases from two to five years imprisonment.

##### **'Escalation' penalty system**

On 13 October 2008, the Home Secretary Jacqui Smith announced the government's intention to introduce a new set of penalties for over 18s caught in possession of cannabis. In her announcement Ms Smith indicated the new penalties would come into force at the time of the upgrading of cannabis to class B on January 26 2009. You can read the announcement [here](#).

A new 'escalation' penalty system for cannabis possession means that the penalty issued is directly related to the number of times an individual has previously been caught in possession of the drug.

#### **If an adult is caught in possession of cannabis:**

**1) for the first time** - they will be issued with a cannabis warning. A cannabis warning is a spoken warning given by a police officer, either on the street or at the police station. The police have the option of using a cannabis warning when someone is caught with a small amount of cannabis for personal use.

'Cannabis warnings' were first introduced in 2004 as a way for police to respond to cannabis possession offences while the drug was at Class C. However, cannabis warnings issued during the period that cannabis was a Class C drug (between January 29 2004 and January 26 2009) will not be carried forward.

**2) for the second time** - they will be issued with a Penalty Notice for Disorder (PND) for cannabis possession. PNDs are tickets that police officers can issue at the scene of an incident or in custody - they carry an on-the-spot fine of £80.

**Please note:** as of January 23 2009, the introduction of PNDs is awaiting parliamentary approval. The Government has indicated that the introduction of PNDs for cannabis possession will go ahead as soon as possible, subject to the agreement of parliament.

**3) for the third time** - police officers will consider further action. This could include release without charge, caution, conditional caution or prosecution.

**4) any additional times** - According to government statements 'all subsequent offences are likely to result in arrest'.

In the case of someone being brought to prosecution for cannabis possession, as a Class B drug the maximum penalty is five years imprisonment.

#### **Does the escalation penalty system apply to other class B drugs?**

No. With regards to drugs the government has said that extensions for the Penalty Notice for Disorder Scheme apply to the possession of cannabis only. According to the Home Secretary 'there are no plans to extend the scheme to other Class B drugs or any Class C drugs'. Read more [here](#).

#### **Does escalation penalty system for cannabis possession apply across the UK?**

No. The new policing approach to cannabis possession only applies to over 18s in England and Wales. In Scotland and Northern Ireland, anyone found in possession of cannabis will be reported to the Procurator Fiscal (Scotland) or Public Prosecution Service (Northern Ireland) where a decision on cautioning or prosecution will be made.

#### **What happens with under 18s ?**

According to the government 'the current procedure for under-18s caught in possession - which uses a reprimand, final warning and charge - will remain unchanged as it provides an appropriate escalation mechanism.'

<http://nds.coi.gov.uk/Content/Detail.asp?ReleaseID=381162&NewsAreaID=2>

According to the Home Office, a young person found to be in possession of cannabis will be arrested and taken to a police station where they can receive a reprimand, final warning or charge depending on the seriousness of the offence. This must be administered in the presence of an appropriate adult.

Following one reprimand, any further offence will lead to a final warning or charge. Any further offence following a warning will normally result in criminal charges. After a final warning, the young offender must be referred to a Youth Offending Team to arrange a rehabilitation programme.

<http://drugs.homeoffice.gov.uk/drugs-laws/cannabis-reclassifications/>

#### **Does being issued with a PND or cannabis warning result in a criminal record ?**

Neither a PND nor a cannabis warning is a conviction so therefore they will not result in a criminal record. However, the fact that a cannabis warning or PND has been issued may be recorded by the police. At present the recording of cannabis warnings is a matter for individual police forces at a local level.

#### **Recent cannabis laws (before 2009)**

Between 29 January 2004 and 26 January 2009, cannabis was a Class C drug. The 2004 reclassification to Class C, from Class B, was seen as one of the biggest developments in British drug policy for 30 years. It was based on evidence provided in a report by the Advisory Council on the Misuse of Drugs (ACMD).

In March 2005 the Home Secretary asked the ACMD to examine new evidence on the harmfulness of cannabis, and to consider whether this changed their assessment of the drug's classification. On 19 January 2006 the decision was taken to keep cannabis as a Class C drug, but for there to be further research into the links between cannabis and mental illness and for there to be a public information campaign advising of cannabis's dangers.

See the [ACMD report on the classification of cannabis](#) (Jan 2006)

See the Government statement [here](#) (Jan 2006)

Between January 29 2004 and January 26 2009, cannabis was a Class C drug. 'Cannabis warnings' were introduced as a way for police to respond to cannabis possession offences while the drug was at Class C. A cannabis warning is a spoken warning given by a police officer, either on the street or at the police station. The police have the option of using a cannabis warning when someone is caught with a small amount of cannabis for personal use. Between January 29 2004 and January 26 2009, someone could receive more than one cannabis warning without any further penalty.

At the same time that cannabis was moved to Class C, the penalties for supply, dealing, production and trafficking of Class C drugs was increased to be equal to those for Class B. This meant that between January 29 2004 and January 26 2009, the maximum penalty for supply, dealing, production and trafficking of cannabis was 14 years imprisonment. This remained the same after the reclassification of cannabis to Class B in January 2009.

Between January 29 2004 and January 26 2009, penalties for possession of cannabis were reduced from five years to two years imprisonment. The penalty for possession increased to five years following the reclassification of cannabis to Class B in January 2009.

#### **Effects/Risks**

Smoking cannabis causes a number of physical effects including increased pulse rate, decreased blood pressure, bloodshot eyes, increased appetite and occasional dizziness. Effects start within a few minutes and may last several hours depending on how much is taken. When eaten the effects take longer to start but may last longer. Eating cannabis may mean a large dose is taken in one go making it difficult to avoid any unpleasant reactions.

*"When I first started it was just to relax. It reduced the tension after a days work. We just used to sit around giggling and playing music and then getting the munchies and eating our heads off. And next morning I felt fine. No hangover at all".*

Cannabis has a mild sedative effect but the experience can vary greatly depending on the users mood and what they expect to happen. Many people find that when they first use cannabis nothing much happens. Generally cannabis makes people relax. They may become giggly and very talkative or alternatively quieter and subdued. Users often report that they become more aware of music and colours and that time seems to stand still.

*"Music is beautiful when you're high. Every note is separate, perfect and complete - similarly every word. Beauty and love is epitomized in each note. Your hearing becomes so acute - you can hear sounds miles away and differentiation between different tones, notes, sounds, no matter how close in tone they might be to one another, is heard without any effort or thought. Your eyesight is affected also. Things become more defined, distinct, more silhouetted - colours are more beautiful. There's nothing I enjoy more when I'm smashed than to sit in a garden full of flowers, with birds singing, while the sun is going down. I really saw God in his own wonder then, for the first time."*

#### **J. Berke and C. Hernton, The cannabis experience. Peter Owen, 1974.**

Whilst under the influence of cannabis short term memory (such as recall of what has just happened or been thought about) may be affected but this stops once the effects of cannabis wear off. Co-ordination can be affected meaning accidents may be more likely especially if people drive or operate machinery whilst stoned.

Loss of inhibitions may mean people are more likely to get into sexual situations they later regret and that they are less likely to practice safer sex and use condoms.

Cannabis can be harmful to physical health. It can increase heart rate, which may be dangerous to those with coronary artery disease or high blood pressure. Smoking cannabis can worsen asthma and can cause at least as much damage to the lungs as smoking cigarettes. Severe cases of lung damage have been reported in young, very heavy users.

Some people find that cannabis makes them very anxious, panicky and paranoid (feeling everyone is out to get them). This can happen with inexperienced users or if people are already anxious or consume strong varieties or high doses of cannabis. Heavy use by people who already have mental health problems may lead to very distressing experiences.

*"I once had what is known as 'the horrors' when I had not been smoking long. The marijuana was a very strong variety, far stronger than anything I had ever smoked before, and I was in an extremely tense and unhappy personal situation. I lost all sense of time and place and had slight hallucinations - the walls came and went, objects and sounds were unreal and people looked like monsters. It was hard to breathe and I thought I was going to die and that no one would care. This feeling receded every now and then and I glimpsed reality. It lasted about half an hour and then I feel asleep."*

#### **J. Berke and C. Hernton. The cannabis experience. Peter Owen, 1974.**

There is no physical dependence associated with cannabis use. Regular users who stop smoking do not suffer withdrawal symptoms in the same way as with drugs like heroin. Even so regular users can become psychologically dependent and come to rely on using cannabis to get them through the day. Cannabis dependent users who stop can experience psychological craving, decreased appetite, lethargy, mood changes and insomnia. It is not unknown for some people to use cannabis so frequently that they are almost constantly stoned.

*"Now I need to smoke it most of the time. At the moment it's all I really think about. My daily routine is work, think about a joint, get stoned, sleep, back to work. I can't imagine life without it. Whilst I'm stoned my memory sometimes goes. Where did I put the keys? Why did I walk into this room? What have I got to do? I've reached a point where I was smoking so much and I couldn't take any more spliff. The paranoia was too much. Your life tends to float along in a haze"*.

There is clear evidence that cannabis use may worsen mental health problems and lead to relapse in some people, but over the past few years there has been growing concern as to whether cannabis may cause psychotic illnesses, including schizophrenia. The Advisory Council on the Misuse of Drugs has concluded (January 2006) that there may be an association between cannabis use and the onset of psychotic illness, although current evidence suggests that the risk of developing schizophrenia as a result of using cannabis is very small (for individuals the risk increases "at worst" by 1%). The Council concluded that there was insufficient evidence to establish that frequent or heavy users were at greater risk of developing chronic psychotic symptoms (or, by implication, that irregular users were at less risk). Despite evidence of a link between cannabis use and the development of schizophrenia, the Council recommended that it remain a Class C drug as it remains "substantially" less harmful than Class B drugs such as amphetamine or barbiturates.

There have been comments in the media and elsewhere suggesting that "skunk" (a stronger form of cannabis) maybe responsible for episodes of 'cannabis psychosis' but this has not been conclusively proved. In 2004 the European Monitoring Centre for Drugs and Drug Addiction published a report reviewing the situation in Europe regarding cannabis potency. <http://www.emcdda.eu.int/index.cfm?fuseaction=public.AttachmentDownload&nNodeID=2950&slanguageISO=EN>

Someone who uses cannabis excessively may appear apathetic, lack energy and motivation and perform poorly at their work or education. This state may carry on for weeks after stopping use of the drug. However, such a condition seems rare and is similar to what would be expected from someone who drinks too much or regularly uses tranquillisers.

It has also been claimed that cannabis use leads to use of drugs like heroin and cocaine. Most heroin and cocaine users have used cannabis but the vast majority of people who have used cannabis have never used heroin or cocaine. In other words cannabis use does not automatically lead to use of other drugs

#### **Medical use**

Cannabis has a very long history as a folk remedy and for medical use. It was only in 1973 that an amendment to the Misuse of Drugs Act 1971 prohibited the medical use of cannabis and its derivatives, which had in any event become rare.

Since then in America and now in Britain, there has been increasing interest in the therapeutic potential of cannabis and its derivatives for a wide range of conditions.

There is considerable research and anecdotal evidence that cannabis has therapeutic value for complaints such as asthma, glaucoma, treating mild to severe pain and muscle spasms, muscular spasticity, multiple sclerosis, anorexia, mood disorders, and convulsive disorders. The recent identification of anandamide, a cannabinoid receptor in the brain and body, has also led to speculation that cannabis and some cannabinoids may be effective as treatment for a number of psychological or physical disorders.

Individual members of the medical profession, as well as the BMA, have added their support to the campaign for medical cannabis. In contrast to patients who often want smokable cannabis the BMA advocates cannabis derivatives (in medicinal form) being made available to patients shown to benefit from its administration. The 1998 House of Lords Select Committee Report 'Cannabis - The scientific and medical evidence' reached similar conclusions and suggested that the law should be changed so that doctors could prescribe cannabis and its derivatives in a similar way as they now can for drugs like heroin and methadone.

Internationally a lot of research is being carried out to identify cannabis extracts and develop them into medicines. In future the law might change to allow doctors to prescribe a range of cannabis-derived medicines in non-smokable form - possibly tablets, inhalers, sprays, rectal suppositories, skin patches etc. Smokable cannabis is unlikely to become a prescribed drug. The Government and the BMA say that smokable forms are difficult to administer in precise dosages, contain a number of carcinogens, tars and toxins that can damage health and have negative mood altering properties. Underlying the debate is the issue of who controls medicines and medication. The question is also posed as to whether it is right to allow patients to self administer drugs which might not just have positive medical effects but may also make them feel pleasantly stoned.

The legal sale of drugs derived from cannabis has not yet happened. GW Pharmaceuticals, which specialises in developing clinical drugs from cannabis, has completed clinical trials of its spray-administered Sativex drug. It is still awaiting approval.

#### **Some key cannabis reports**

##### **Drugs: our community, your say: a report on the 2008 drug strategy consultation: views on reclassifying cannabis to a class B drug.**

The results of a consultation undertaken by IPSIS Mori about the possible reclassification to Class B.

<http://drugs.homeoffice.gov.uk/publication-search/cannabis/cannabis-response?view=Binary>

#### **Cannabis: classification and public health**

The reasons for the majority decision by the Advisory Council on the Misuse of Drugs (ACMD) against reclassification.

<http://drugs.homeoffice.gov.uk/publication-search/acmd/acmd-cannabis-report-2008?view=Binary>

#### **Home Office Cannabis Potency Study 2008**

This report from ACMD represents the Council's response to the Home Secretary's request for more information on the potential mental health effects of cannabis.

<http://drugs.homeoffice.gov.uk/publication-search/cannabis/potency?view=Binary>

#### **Cannabis supply and young people**

This report from the Joseph Rowntree Foundation looks at how young people in a large city and a rural village obtain cannabis. The report concludes that cannabis supply among the young people was social rather than commercial, and not linked to more overtly criminal drug markets. However, cannabis use was embedded in their social world. Change in the drug's legal status may have little impact. More guidance is needed on dealing with offences of social supply of cannabis

<http://www.jrf.org.uk/knowledge/findings/socialpolicy/2175.asp>

#### **Young people, cannabis use and anti-social behaviour**

This report from the Institute of Criminal Policy Research and King's College London studies the views of young people, professional and local residents on the effect of cannabis use. One of the report's recommendations is for credible campaigns for education and advice and that such campaigns would benefit from input from both professionals and young people.

<http://www.kcl.ac.uk/depsta/law/research/icpr/publications/FinalYPandCannabisReport>

#### **Educating Reefer: effective health education and warnings on cannabis**

Rethink calls for better public education on cannabis

[http://www.rethink.org/how\\_we\\_can\\_help/news\\_and\\_media/briefing\\_notes/educating\\_reefer.html](http://www.rethink.org/how_we_can_help/news_and_media/briefing_notes/educating_reefer.html)

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