



DEBATE PACK

CDP 2015/0075 8 October 2015

Debate pack: E-petition relating to making the production, sale and use of cannabis legal

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Summary

This debate pack is prepared for the 12 October 2015 Westminster Hall debate on the e-petition relating to making the production, sale and use of cannabis legal.

Debate packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for MPs on request.

This pack will include a library briefing on cannabis, recent parliamentary questions and other Parliamentary material, recent press articles and links to further useful reading.

Inside:

1. Library Briefing
2. Press articles
3. PQs and Parliamentary debate
4. Useful links and further reading

The House of Commons Library prepares a briefing in hard copy and/or online for most, but not all, non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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Summary

This debate pack is prepared for the Westminster hall debate on 12 October 2015 on the e-petition relating to making the production, sale and use of cannabis legal. The E-petition has been signed by over 220,000 people so far, and following consideration by the House of Commons Petitions Select Committee was scheduled for a debate. The E-petition states that:

Legalising cannabis could bring in £900m in taxes every year, save £400m on policing cannabis and create over 10,000 new jobs.

A substance that is safer than alcohol, and has many uses. It is believed to have been used by humans for over 4000 years, being made illegal in the UK in 1925

Cannabis is currently controlled as a class B substance under the *Misuse of Drugs Act 1971* (it has previously also been a class C substance). This means that possession carries a penalty of up to five years in prison, an unlimited fine or both. Supplying cannabis can result in up to 14 years in prison, an unlimited fine or both.

A Government response to the petition has been published, this says that scientific evidence shows that cannabis is harmful to health and there are no plans to legalise the substance as this will not address the harms. The response also states that to legalise cannabis would send the wrong message to young people and may increase drug use.

There are mental and physical health effects associated with cannabis use. Short term mental health effects can include disorders of perception, impaired memory and anxiety. There is also evidence regular cannabis use is associated with an increased risk of developing a psychotic illness. However, only a minority of young people who use cannabis will develop a psychotic illness. Recent studies have attempted to compare cannabis harms with those from other substances.

The medicinal use of cannabis has been the subject of much debate recently. Currently, no form of cannabis can legally be supplied or possessed for medical use in the UK without a specific license from the Home Office. Such a license exists for one commercially available cannabis extract, Sativex, which is also the only form of cannabis extract to hold a medicines marketing authorisation (licensed for treatment of muscle spasm in multiple sclerosis).

1. Library Briefing

1.1 Cannabis

The cannabis plant (*Cannabis Sativa*) is a member of the nettle family and grows widely in temperate and tropical surroundings.

The main psychoactive compound within the plant is tetrahydrocannabinol (THC). There are a large number of chemicals within cannabis, the four main ones are delta-9-tetrahydrocannabinol, delta-8-tetrahydrocannabinol Cannabidiol (CBD) and cannabitol.

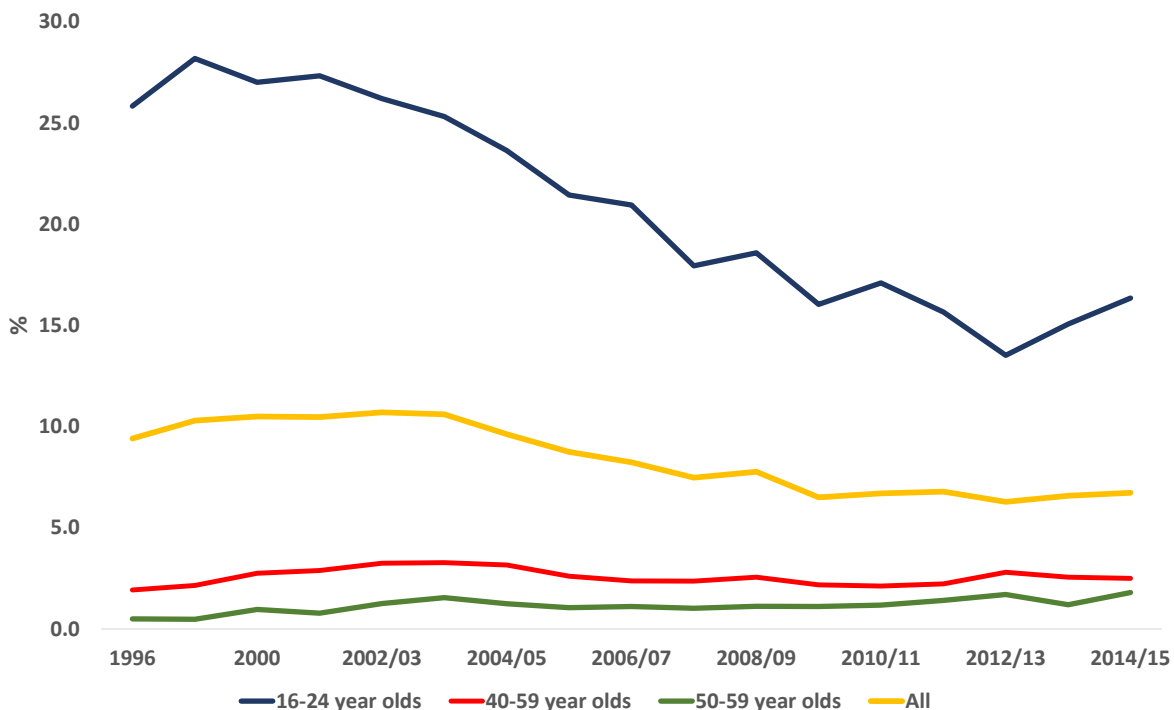
Cannabis can be found in a number of forms:

- Resin is a compressed solid mass. This is far less common than it used to be in the UK.
- Herbal cannabis is made of leaves and flowering tops of the plant. Skunk is a stronger type of herbal cannabis and has become more common in recent years in the UK.
- Cannabis oil is a solvent extract of cannabis

1.2 Cannabis use in the UK

Responses to the 2014/15 Crime Survey for England and Wales indicate that cannabis was the most commonly used drug in the last year, with 6.7 per cent of adults aged 16 to 59 using it in the last year. Over the longer-term, between the 1996 and 2003/04 surveys, the last year use of cannabis among all adults was stable, at around 10 per cent, before falling to 6.5 per cent in 2009/10. The trend since the 2009/10 survey has been relatively flat, at between six and seven per cent

Cannabis use in the past year by age group



[Source: Home Office - Tables for drug misuse findings from the 2014/2015 CSEW](#)

Among younger adults, aged 16 to 24, cannabis was also the most commonly used drug in 2014/15, with 16.3 per cent having used it in the last year. This is significantly lower than the 1996 survey level of 25.8%.

Although the trend in the use of cannabis among 16 to 24 year olds appears to have shown a steady increase since 2012/13, it is too early to conclude that this indicates a trend towards increased use. The estimates from the 2012/13 survey appear to be out of line with recent results, and a comparison of the latest estimate to previous years may indicate that the trend, which has been falling since the peak in 1998, has gradually stabilised.

Among 40-59 year olds, last year use of cannabis peaked in the 2002/03 survey at 3.3 per cent. Levels of last year cannabis use have since declined to 2.5 per cent in 2014/15. While use in the past year was lowest among the oldest age group of 50-59 year olds, there has been a steady increase since 1996 from 0.5% to 1.8% in 2014/15,

1.3 Control of cannabis

Under the Misuse of Drugs Act 1971, controlled drugs (i.e. illegal drugs) are divided into three classes (A, B and C), which carry different levels of penalty for possession and dealing. Cannabis is currently a Class B drug, which means that possession carries a penalty of up to five years in prison, an unlimited fine or both. Supplying cannabis can result in up to 14 years in prison, an unlimited fine or both.¹

Current penalties associated with convictions for drug offences are provided on the [GOV.uk website](#).²

The response to this recent Parliamentary Question provides a good overview of the legislation governing the use of cannabis in the UK:

The Misuse of Drugs Act 1971 controls the possession, possession with intent to supply, supply, production, cultivation and importation and exportation of cannabis. Cannabis is a Class B drug, and a Schedule 1 substance under the Misuse of Drugs Regulations 2001.

The 1971 Act also makes it unlawful for an occupier or manager of a premises to permit or suffer the consumption, production and supply of cannabis.

A new offence created by the Crime and Courts Act 2013 makes it illegal to drive with one (or more) specified drugs in the body above a specified limit. The new offence came into force on 2 March 2015.³

A House of Commons Library Briefing paper, [Driving: drugs](#) provides more information on the legislation and background on drug driving offences.

¹ [Drugs and the law](#), Home Office, accessed 21 August 2012

² Gov.uk, [Drug Penalties](#), 12 August 2015

³ [HL Cannabis:Written question - HL766 29 June 2015](#)

History of classification

In October 2001, the then Home Secretary, David Blunkett, announced proposals to reclassify cannabis as a class C drug placing it in the same category as anabolic steroids and benzodiazepine tranquillisers.⁴

Changes in classification under the *Misuse of Drugs Act* can be made by Order in Council, requiring the approval of both Houses of Parliament. There is a statutory requirement that this must be preceded by consultation with the Advisory Council on the Misuse of Drugs (ACMD).

Following the report of the ACMD in spring 2002, a Statutory Instrument to reclassify cannabis was introduced in October 2003.

In 2007, the then Prime Minister announced a review of the government's drugs strategy, including whether or not to re-classify cannabis as a class B drug.⁵ Following a request from the then Home Secretary, the ACMD reviewed the evidence on cannabis and published a report in May 2008.⁶ It recommended that cannabis remain a class C drug

On 7 May 2008, the then Home Secretary Jacqui Smith made a statement on the classification of cannabis. While noting that "cannabis use is falling significantly across all age ranges", she was "concerned to ensure that the classification of cannabis reflects the alarming fact that a much stronger drug – known as "skunk" – now dominates the cannabis market."⁷

The Home Secretary went on to state that she accepted all of the recommendations made in the ACMD report apart from the recommendation relating to classification (that cannabis remain a class C drug): she would reclassify cannabis as a class B drug, subject to Parliamentary approval. This decision took "into account issues such as public perception and the needs and consequences for policing priorities".⁸

Police response to cannabis

There have been recent press reports that some police forces have relaxed their approach to the prosecution of cannabis.^{9,10} These were based on reported comments from Durham's Police Chief Constable, Ron Hogg.

However, in July this year Durham police published a position on cannabis which states that cannabis is an illegal drug and the police force takes the production, distribution and use of it very seriously and they will continue to pursue those who make, sell or use it.¹¹ It also

⁴ "Blunkett to focus on the menace of hard drugs", Home Office press release 255/2001, 23 October 2001

⁵ [HC Deb 18 July 2007 c268](#)

⁶ ACMD, [Cannabis: Classification and Public Health](#), 7 May 2008

⁷ [HC Deb 7 May 2008 c705](#)

⁸ *ibid*

⁹ ["Police are 'turning a blind eye' to cannabis across the country, experts claim"](#), *Telegraph*, 22 July 2015

¹⁰ BBC News, [Durham Police defend new cannabis prosecution stance](#), 22 July 2015

¹¹ Durham Constabulary, [Our position on cannabis](#), 22 July 2015

explains that alongside enforcing the law, the force looks for alternative methods to reduce drug use.

The National Police Chief's Council published a statement on the enforcement on drug laws in July 2015:

National Police Chiefs' Council Lead for Cannabis, Assistant Chief Constable Bill Jephson said:

"The issue of decriminalising any drug is a matter for Parliament.

"As police officers, our job is to enforce the law and under current legislation drugs are illegal, on the grounds that they have been shown to be harmful.

"Cannabis production not only feeds a multimillion-pound illicit market, but it is also an increasingly potent and dangerous drug and it is also a key driver in other serious crimes - such as violence, human trafficking and modern slavery.

"There are a range of options for dealing with those found in possession of cannabis or who cultivate the plant that are proportionate to the individual circumstances.¹²

1.4 Legalisation and regulation of cannabis

The petition

A [petition](#) to call for the production, sale and use of cannabis to be made legal was added to the UK Parliament and Government petitions website in June 2015. It argues that cannabis is safer than alcohol and that making it legal would bring in £990 million in taxes, save £400 million on policing and create over 10,000 jobs.

At the time of writing, the petition had over 220,000 signatures. A Government response to the petition has been published. This stated that scientific evidence shows that cannabis is harmful to health and there are no plans to legalise the substances as this will not address the harms:

Substantial scientific evidence shows cannabis is a harmful drug that can damage human health. There are no plans to legalise cannabis as it would not address the harm to individuals and communities.

The latest evidence from the independent Advisory Council on the Misuse of Drugs is that the use of cannabis is a significant public health issue ('Cannabis Classification and Public Health', 2008).

Cannabis can unquestionably cause harm to individuals and society. Legalisation of cannabis would not eliminate the crime committed by the illicit trade, nor would it address the harms associated with drug dependence and the misery that this can cause to families.

Legalisation would also send the wrong message to the vast majority of people who do not take drugs, especially young and vulnerable people, with the potential grave risk of increased misuse of drugs.

¹² National Police Chief's Council, [Police will enforce drug laws in a way that is appropriate to the circumstances](#), July 2015

Despite the potential opportunity offered by legalisation to raise revenue through taxation, there would be costs in relation to administrative, compliance and law enforcement activities, as well as the wider costs of drug prevention and health services.

The UK's approach on drugs remains clear: we must prevent drug use in our communities; help dependent individuals through treatment and wider recovery support; while ensuring law enforcement protects society by stopping the supply and tackling the organised crime that is associated with the drugs trade. The Government will build on the Drugs Strategy by continuing to take a balanced and coherent approach to address the evolving challenges posed.

There are positive signs that the Government's approach is working: there has been a long term downward trend in drug use over the last decade, and more people are recovering from their dependency now than in 2009/10. The number of adults aged 16-59 using cannabis in the last year in England and Wales has declined over the last decade from 9.6% to 6.7%, with cannabis use amongst young adults aged 16-24 and young people aged 11-15 following a similar pattern.¹³

International examples

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is an agency of the EU that provides a factual overview of drugs misuse in the EU. A [May 2015 report from the EMCDDA](#)¹⁴ provides an overview of the different models for the legalisation of cannabis. The table below, taken from the report, compares the different legal approaches that have been taken:

	Netherlands	Washington State	Colorado State	Uruguay	Oregon State	Alaska State	District of Columbia
Level of law	National prosecutor guidelines	State law (conflict with federal law)	State constitution (conflict with federal law)	National law	State law (conflict with federal law)	State law (conflict with federal law)	State law (conflict with federal law)
Regulatory Body	Municipality	Washington State Liquor Control Board	Colorado Department of Revenue	National Cannabis Institute	Oregon Liquor Control Commission (LCC)	Alcoholic Beverage Control Board	N/A
Age limit for possession	18	21	21	18	21	21	21
Growing at home	Up to five plants if for own use	Not allowed	Up to six plants, three in flower (cannot be sold)	Up to six plants/480 g	Up to four plants	Up to six plants	Six plants, only three in flower. No more than 12 plants in aggregate for multi-occupier unit.
Maximum amount permitted for possession	5 g (limit for investigation) 30 g (limit for prosecution)	1 oz (28.5 g)	1 oz (28.5 g)	40 g	1 oz (28.5 g)	1 oz (28.5 g)	2 oz (57 g)

Fig 1. Comparison of laws (Source: EMCDDA, Perspectives on Drugs Models for the legal supply of cannabis: recent developments, May 2015)

¹³ UK Government and Parliament petitions, Make the production, sale and use of cannabis legal, [Government response](#)

¹⁴ EMCDDA, [Perspectives on drugs: Models for the legal supply of cannabis: recent developments](#), May 2015

The Home Office Drugs International Comparators Study, published in October 2014 looked at the new international examples of regulation of cannabis production and sales. It concluded that the policies are highly experimental and there is no evidence yet that they will reduce the criminality associated with the drug trade. However, they will offer an opportunity to establish an evidence base on this:

Reflections Although differing methodologies mean direct comparisons cannot be made, the data suggests that cannabis use in the UK is lower than in Colorado and Washington, and on a long-term downward trend (Figure 4.6), unlike in Uruguay. In England and Wales, cannabis use among adults (16 to 59 years olds) has fallen from 10.9% in 2003/04 and now stands at 6.6%.⁴³ Among young people, cannabis use has also fallen sharply since the early 2000s, with the number of 11 to 15 year olds reporting last year cannabis use falling from 13.4% in 2001 to 7% in 2013.⁴⁴

We should note that the policies in Uruguay and the USA are highly experimental, and there is no evidence yet to indicate whether or not they will be successful in reducing the criminality associated with the drug trade. Nevertheless, the adoption of these policies provides an opportunity to establish an evidence base as to the efficacy of such approaches.¹⁵

For more information on the legal supply of cannabis internationally, the following sources may be useful:

- EMCDDA, [Models for the legal supply of cannabis: recent developments](#), 2015
- CICAD, [Cannabis: Laws, regulations and general guidelines](#), September 2014

1.5 Cannabis and health effects

The most recent review by the ACMD on cannabis and public health was conducted in 2008 (alongside consideration of the classification).¹⁶ At this time the ACMD concluded that there are a number of short term mental health effects associated with cannabis, these can include disorders of perception, impaired memory and anxiety. The ACMD also provides a discussion on the growing concern over whether cannabis may precipitate a long term psychotic illness. At the time, the ACMD concluded that the evidence did support a probable but weak causal link between the two. However, the majority of young cannabis users do not develop a psychotic illness.

Current evidence now also suggests that cannabis can be addictive. Regular users can experience withdrawal symptoms such as cravings, irritability and difficulty sleeping.¹⁷

The Royal College of Psychiatrists provide a [2014 leaflet on cannabis and mental health](#). This reports that there is growing evidence that people with serious mental illness, such as depression are more likely to

¹⁵ Home Office, [Drugs: International Comparators](#), October 2014

¹⁶ ACMD, Cannabis classification and public health, 2008

¹⁷ NHS choices, [Cannabis: the facts](#), 2014

use cannabis, and reports that recent studies have strongly suggested a link between early cannabis use and later mental health problems in those with a genetic vulnerability:

There is growing evidence that people with serious mental illness, including [depression](#) and psychosis, are more likely to use cannabis or have used it for long periods of time in the past. Regular use of the drug has appeared to double the risk of developing a psychotic episode or long-term [schizophrenia](#). However, does cannabis cause depression and schizophrenia or do people with these disorders use it as a medication?

Over the past few years, research has strongly suggested that there is a clear link between early cannabis use and later mental health problems in those with a genetic vulnerability - and that there is a particular issue with the use of cannabis by adolescents.

Depression

A study following 1600 Australian school-children, aged 14 to 15 for seven years, found that while children who use cannabis regularly have a significantly higher risk of depression, the opposite was not the case - children who already suffered from depression were not more likely than anyone else to use cannabis. However, adolescents who used cannabis daily were five times more likely to develop depression and anxiety in later life.

Psychoses - schizophrenia and bipolar disorder

There is now sufficient evidence to show that those who use cannabis particularly at a younger age, such as around the age of 15, have a higher than average risk of developing a psychotic illness, such as [schizophrenia](#) or [bipolar disorder](#).

These studies also show that the risk is dose-related. In other words, the more cannabis someone used, the more likely they were to develop a psychotic illness. Furthermore, a study in Australia recently showed that those who used cannabis could develop the illness about 2.70 years earlier than those who did not.

Why should teenagers be particularly vulnerable to the use of cannabis? It is thought that this has something to do with brain development. The brain is still developing in the teenage years – up to the age of around 20, in fact. A massive process of ‘neural pruning’ is going on. This is rather like streamlining a tangled jumble of circuits so they can work more effectively. Any experience, or substance, that affects this process has the potential to produce long-term psychological effects.

It is also known that not everyone who uses cannabis, even at a young age, develops a psychotic illness. The available research shows that those who have a family history of a psychotic illness, or those who have certain characteristics such as [schizotypal personality](#), or possibly have certain types of genes, may increase the risk of developing a psychotic illness following the regular use of strong cannabis.¹⁸

Cannabis can also have impacts on physical health. This can include effects on circulatory and respiratory systems and fertility. There are also health effects from the tobacco that cannabis is generally smoked with. The ACMD reported in 2008 that the physical harms associated with

¹⁸ Royal college of Psychiatrists, [Cannabis and mental health](#), June 2014

cannabis are no greater than those seen with other class C substances, but there were people who could be particularly at risk, including those with pre-existing respiratory or circulatory disease, and pregnant women.¹⁹

For further information on the health effects of cannabis, the following sources may be useful:

- [FRANK](#) , Cannabis
- [NHS Choices](#), Cannabis: the facts, 2014
- [Drugscope](#), Cannabis
- Rethink, [Cannabis and mental health](#), February 2015
- Department of Health, [A summary of the health harms of drugs](#), 2011

Comparison of harms

There has been some recent consideration of the harms (health and otherwise) associated with cannabis and how these may compare with other substances, both legal and illegal. The studies below use different methods (both of which have some limitations) to attempt to compare different substances:

- David J Nutt, Leslie A King et al, [Drug harms in the UK: a multicriteria decision analysis](#), The Lancet, November 2010
- Lachenmier D, Rehm J, [Comparative risk assessment of alcohol, tobacco, cannabis and other illicit drugs using the margin of exposure approach](#), Scientific reports, January 2015

The gateway effect

It is often reported that cannabis acts as a gateway drug to other, more harmful substances. It is true that most people who use drugs such as heroin will have used cannabis, but only a small group of those who use cannabis will go on to use more harmful drugs.

However, buying cannabis will expose people to the sale of illegal drugs making it more likely they will have contact with harder drugs.²⁰

Medical use of cannabis

No form of cannabis can legally be supplied or possessed for medical use in the UK without a specific license from the Home Office. Such a license exists for one commercially available cannabis extract, Sativex, which is also the only form of cannabis extract to hold a medicines marketing authorisation (licenced for treatment of muscle spasm in multiple sclerosis).

The *Misuse of Drugs Regulations 2001*, made under provisions of the *Misuse of Drugs Act 1971*, allows some classified drugs (such as morphine) to be used as medicines subject to certain controls. Sativex has been added to these [regulations](#).²¹

¹⁹ ACMD, Cannabis classification and public health, 2008

²⁰ NHS Choices, [Cannabis: the facts](#), 2014

²¹ Scheduling of the cannabis medicine 'Sativex', 27 March 2013

The Advisory Council on the Misuse of Drugs ([ACMD](#)) has not identified any medicinal uses of raw cannabis, and the Medicines and Healthcare Products Regulatory Agency (MHRA) has licensed no cannabis products other than Sativex as medicines:

It is important to make clear that the ACMD considers that cannabis based medicines (as tightly defined above) are distinct from herbal cannabis. The definition above delineates cannabis based medicines, where the active ingredients are specific and tightly controlled, from herbal cannabis, which remains a Schedule 1 drug.²²

A [November 2014 Parliamentary question](#) response provides information about the Government's assessment of the potential medicinal uses of cannabis. The Minister for Life Sciences, George Freeman said there were difficulties in getting this policy right and reported that there is insufficient evidence for the use of cannabis in cancer treatment. He also confirmed it was not the Government's plan to further liberalise the licensing of cannabis:

Norman Baker (Lewes) (LD): What recent assessment he has made of the potential medicinal benefits of cannabis. [906222]

The Parliamentary Under-Secretary of State for Health (George Freeman): Cannabis is classified as a class B drug under the Misuse of Drugs Act 1971, as my right hon. Friend knows. To sell cannabis or preparations made from it as a medicinal product would necessitate obtaining a licence from the Medicines and Healthcare products Regulatory Agency. Cannabis in its raw form is not authorised as a medicinal product in the UK. However, certain cannabis extracts are contained in Sativex spray, which is the only medicine produced from the cannabis plant that is approved for use as a medicinal product in the UK. It is licensed for use in treating spasticity in multiple sclerosis and was approved in June 2010.

Norman Baker: Over the last year or so, I have met a number of credible people from all walks of life and with a range of medical conditions who have told me that the only substance that helps their medical condition is cannabis. However, they cannot secure it through the NHS and they risk getting a criminal record if they try to obtain it for themselves. Will the Minister look at the much wider availability of cannabis for medicinal purposes in other countries and try to find a way to help those in need in our country?

George Freeman: As a former Home Office Minister, the right hon. Gentleman will be aware of the difficulties of getting this policy right. I do not believe that anyone in the House thinks that we ought to allow the prescription of a controlled substance willy-nilly without good evidence. I should like to draw his attention to this evidence from Cancer Research UK, which states:

"At the moment, there simply isn't enough evidence to prove that cannabinoids—whether natural or synthetic—work to treat cancer in patients, although research is ongoing. And there's certainly no evidence that 'street' cannabis can treat cancer."

²² [Advisory Council on the Misuse of drugs, Definition of cannabis based medicine, February 2013](#)

13 Cannabis

We continue to keep this matter under close observation, and there is good evidence of science being done by companies and by the National Institute for Health Research.

2. Press articles

The Guardian

9 September 2015

[MPs to debate cannabis legalisation after petition reaches 200,000 signatures](#)

Damian Gayle

The Independent

25 August 2015

[Government issues damning response to 200,000-signature cannabis legalisation petition](#)

Doug Bolton

New Statesman

18 August 2015

[Britain's patient outlaws: should the UK legalise medical cannabis?](#)

Katherine Quarmby

The Telegraph

22 July 2015

[Police are 'turning a blind eye' to cannabis across the country, experts claim](#)

Martin Evans

The Guardian

23 June 2015

[Lib Dems: legalise medicinal cannabis and possession of drugs for personal use](#)

Frances Perraudin

The Telegraph

15 February 2015

[Super strong cannabis responsible for quarter of new psychosis cases](#)

John Bingham

The Independent

15 Cannabis

14 February 2015

[Cannabis party called Cista launched in UK to campaign for drug law reform ahead of elections](#)

Lamiat Sabin

3. PQs and Parliamentary debate

This section includes a selection of recent and relevant Parliamentary questions and links to other Parliamentary material.

17 June 2015

Asked by Baroness Meacher, Answering Member Lord Bates, Home Office

To ask Her Majesty's Government whether they have any plans to reschedule cannabis from Schedule 1 to Schedule 2 to the Misuse of Drugs Regulations 2001 to enable its use for medicinal purposes.

The Minister of State, Home Office (Lord Bates) (Con): My Lords, the Government have no plans to reschedule cannabis. There is clear scientific evidence that cannabis is a harmful drug which can damage people's mental and physical health, and which can have a pernicious effect upon communities. We will not undermine our continuing efforts to reduce drug harms or circumvent the regulatory process by which drugs are assessed by the Medicines and Healthcare Products Regulatory Agency for their safety and efficacy as medicines.

Baroness Meacher (CB): My Lords, nine European countries, including Germany and Italy, as well as many other countries across the world, provide access to medicinal cannabis for patients who really need it, while some 30,000 people in this country risk a criminal record in order to take medicines based on cannabis that they need to alleviate their pain and suffering. Will the Minister agree to look at and consider the

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human rights aspect of UK policy, and will he make the findings of that assessment available to your Lordships in the Library?

Lord Bates: The noble Baroness has a long-held position on these issues in terms of her role in the All-Party Parliamentary Group for Drug Policy Reform. Obviously that is a respectable position but it is not one that is shared by the Advisory Council on the Misuse of Drugs, which advises the Home Office on drugs misuse. The council's view is that the case is not made. Where there are derivatives from cannabis, as has recently been the case, applications can be made to the Medicines and Healthcare Products Regulatory Agency. In fact, in one particular case, which is that of Sativex, the licence to market has actually been granted.

Lord Walton of Detchant (CB): Is the Minister aware that, in 2000, your Lordships' Select Committee on Science and Technology, of which I was then a member, conducted a major investigation into the potential medical benefits of cannabis preparations and cannabis itself. We were satisfied that smoking cannabis was just as dangerous in causing cancer as smoking tobacco, if not more so. Nevertheless, we received substantial anecdotal evidence of benefits from cannabis ingestion in a variety of medical conditions. Subsequently, a company called GW Pharmaceuticals produced a wholly standardised cannabis-based preparation. That was subjected to some very convincing clinical trials

which led to it being licensed by the MHRA in 2010 for the treatment of spasms and spasticity in multiple sclerosis. That is now the case, but the evidence is growing that various cannabinoids may also be of benefit. Would not the reschedule recommended by my noble friend Lady Meacher help to expedite additional trials and lead to the beneficial effects of cannabis being more available for medical conditions?

Lord Bates: The noble Lord is absolutely right in tracing this back to a long debate in the Select Committee, the work of which I pay tribute to. That was, of course, taken into account in the MHRA's decision. Should there be new drugs of this classification which have proven benefits for patients, they should, of course, make an application and undergo clinical trials in the same way.

Lord Ribeiro (Con): My Lords, although I do not accept the need to legislate for cannabis, the evidence from America—particularly from Colorado, which has recently legislated for its use—shows that the use of medical marijuana may well be of benefit to soldiers and veterans who suffer from post-traumatic stress disorders, and nightmares in particular. If the evidence proves to be robust, there is a case for clinical trials to be undertaken in this country to see if that actually is of benefit because we have many troops who have come back from Afghanistan and suffer from these conditions.

Lord Bates: My noble friend and other noble Lords are experts in the medical world, and I am realising very quickly that the problem is that there are many

different types of medical research and science, some bits of which are contradictory. For example, the Institute of Psychiatry and Cancer Research have taken a different view on this. That is why we need to have a process which clearly and openly evaluates the introduction of these drugs, primarily to ensure that people are kept safe.

Lord Howarth of Newport (Lab): My Lords, in continuing to list cannabis in Schedule 1, on the basis that it is a drug of extremely limited medicinal value, are the Government not flying in the face of much academic and expert medical opinion, contrary to the principle of basing policy on scientific evidence just enunciated by his noble friend Lord Gardiner of Kimble? Why should patients who have been prescribed a cannabis-based medication, because nothing else relieves their chronic pain so effectively, be obliged to make repeated trips—at heavy cost in cash, stress and fatigue—to Holland to collect it, when under a sensible and humane regime they would be able to pick it up at a local pharmacy in their own country?

Lord Bates: Part of the argument here is that one of the reasons why Sativex is not widely prescribed, although it has been licensed for marketing, is that general practitioners believe that there are other drugs which are more effective in tackling the issues it is meant to deal with. That is a point for debate, but we are acting on the advice of the Advisory Council on the Misuse of Drugs and abiding by the decisions of the Medicines and Healthcare Products Regulatory Agency. It would be

a derogation of duty for the Government to do anything other than that.

Lord Paddick (LD): My Lords, will the Minister please confirm that the drug he mentioned in answer to a previous Question is no longer approved by NICE? Does he agree that it is slightly disingenuous of him to suggest that a cannabis-based product is widely available in this country?

Lord Bates: It is not that the drug is no longer approved; it was never approved by NICE. It has been licensed for marketing and is available on private prescription in England. In Wales, it is available on prescription. People are still evaluating its performance. NICE's view was that alternatives are available which are more cost effective and more effective in their treatment outcomes. That is a decision for it.

Lord Dubs (Lab): My Lords, is it not the case that some people suffering from MS who feel that they have a need for cannabis can manage only to get skunk—which is pretty dangerous—through their own means? Would it not be better if people suffering from MS had access to a safer form of cannabis, such as is suggested in the Question, rather than having to resort to the stuff that is more easily available?

Lord Bates: That is the case. Where safer drugs are available, a licence should be applied for from the Medicine and Healthcare Products Regulatory Agency. If they are safe and effective, they will be licensed for use in the UK.

HL Deb 17 Jun 2015 c1161

27 January 2015

Asked by Charles Walker

To ask the Secretary of State for Health, when his Department conducted its most recent study into the potency of skunk cannabis; and if he will commission a new potency study with respect to that drug.

Answering Member: Jane Ellison, Department of Health

In 2008, the Home Office Scientific Development Branch published 'Home Office Cannabis Potency Study 2008', which noted that skunk cannabis was "on average, 2-3 times that of imported herbal cannabis or cannabis resin."

In August 2011, the Department published 'A summary of the health harms of drugs', which summarises the scientific evidence about the risk factors associated with a range of licit and illicit substances, including skunk, commonly used in the United Kingdom. It notes that the:

"health effects of increases in the potency of cannabis products are not clear; may depend on the impact on routine use, however there is evidence of binge use among some users increasing the risk of dependence and psychotic symptoms"

24 November 2014

Asked by David Simpson

To ask the Secretary of State for the Home Department, what recent discussions she has had with police forces on steps to tackle cannabis cultivation across the UK.

Answering Member Lynne Featherstone, Home Office

We work closely with the police to support the policing of illegal cannabis cultivation and meet them on a regular basis to discuss this issue.

We have, for example, recently worked in partnership with the police and Crimestoppers on a 'scratch and sniff' cannabis card campaign, which ran for one month earlier this year. This involved distributing cards to the public to inform them about the signs to spot and the specific smell of cannabis when it is growing and encourage them to alert the police to suspicious activity. Hot spot areas were targeted by police forces throughout the UK. We are currently working with the police to assess the effectiveness of the campaign but initial reports suggest that this has led to an increase in police activity and built on the success of last year's campaign.

The police also work to improve their knowledge and understanding of the trade through activity-led intelligence gathering.

As well as working with the police, we work with other partners with an interest in this area, such as energy companies and the property sector, to promote cooperation and the sharing of best practice in tackling cannabis cultivation across the UK.

Written Question 214833 Cannabis, 24 November 2014

[Backbench Business debate, UK Drugs Policy, 30 October 2014 c434](#)

4. Useful links and further reading

- EMCCDA, [Perspectives on drugs Models for the legal supply of cannabis: recent developments](#), 2015
- Home Office, [Drugs: International Comparators](#), October 2014
- Royal College of Psychiatrists, [Cannabis and mental health](#), 2014
- House of Commons Home Affairs Select Committee, [Drugs: Breaking the Cycle](#), Ninth Report of Session 2012–13, December 2012
- United Nations Office of Drugs and Crime, [World Drug Report 2014: Cannabis](#),
- World Health Organisation, [Cannabis](#)
- Cancer Research UK [Cannabis, cannabinoids and cancer – the evidence so far](#)
- Epilepsy Foundation, [Medical marijuana and epilepsy](#), April 2015
- [FRANK](#) , Cannabis
- [NHS Choices](#), Cannabis: the facts, 2014
- [Drugscope](#), Cannabis
- Rethink, [Cannabis and mental health](#), February 2015
- Department of Health, [A summary of the health harms of drugs](#), 2011
- [The cannabis experiment](#), Nature, August 2015
- [Cannabis regulation: High time for a change?](#), BMJ, May 2014
- British lung Foundation, [The Impact of cannabis on your lungs](#), 2012
- Mark Bryan, Emilia Del Bono, Stephen Pudney (Institute for Social and Economic Research) [Licensing and regulation of the cannabis market in England and Wales: Towards a cost-benefit analysis](#) September 2013
- [CISTA](#)
- [NORML UK](#)

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