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The *Drugs (Sentencing and Commission of Inquiry) Bill*

Bill 21 2004-05

Nigel Evans, who drew second place in the ballot for Private Members' Bills, introduced the *Drugs (Sentencing and Commission of Inquiry) Bill* in the House of Commons on 12 January 2005. The Bill is scheduled to have its Second Reading on Friday 25 February 2005.

The Bill seeks to introduce mandatory sentencing for persons guilty of repeat offences in connection with the supply or offer to supply of class A drugs.

The Bill would also establish a Commission of Inquiry into the effects and classification of cannabis.

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Summary of main points

The *Drugs (Sentencing and Commission of Inquiry) Bill* contains provisions designed to address two separate drug related issues.

The first part of the Bill contains measures that aim to deter individuals from dealing in class A drugs by introducing mandatory sentences for a third offence of supplying, or offering to supply, a class A drug. The number of people found guilty or cautioned for drug trafficking offences each year has more than doubled in twelve years. In 1990, 6,680 people were prosecuted or cautioned for trafficking, rising to 21,540 in 1998, and falling back to 14,610 in 2002. This paper provides details of mandatory sentences and the extent to which they have been used.

The second part of the Bill seeks to establish a commission of inquiry into the effects and classification of cannabis. On 29 January 2004, cannabis was downgraded from a Class B to a Class C drug under the *Misuse of Drugs Act 1971*. However, the reclassification of cannabis does not constitute decriminalisation, or legalisation, and possession and supply of the drug remain a criminal offence.

Debate has continued following reclassification. This is largely based on the issues of the potential health and social consequences of reclassification and public confusion over the status of cannabis. This paper provides information on the extent to which cannabis is used and a summary of current medical views of the possible adverse mental and physical effects of cannabis use.

CONTENTS

I Introduction

Nigel Evans, Member of Parliament for the Ribble Valley and Vice Chairman of the Conservative Party, was drawn second in the ballot for Private Members' Bills.

The Private Member's Bill, which has the short title, *Drugs (Sentencing and Commission of Inquiry) Bill* and the long title, *A Bill to make provision about sentencing for persons guilty of an offence in connection with the supply or an offer to supply Class A drugs; and to establish a commission of enquiry into the effects and classification of cannabis*, will be put before the House of Commons for its second reading on Friday 25 February 2005.

The Bill would introduce a mandatory seven years jail sentence if a dealer is convicted of selling Class A drugs for the third time. Any adult convicted of selling Class A drugs to a minor for profit would receive a custodial sentence. The Bill would also establish an independent commission to look into the effects of cannabis and to make recommendations to the Government relating to its classification. Nigel Evans published a press notice on the measures contained in his Private Members Bill (PMB).

> Mr Evans said,
>
> "This PMB will address and review many of the problems that the selling of Class A drugs cause for millions of people.
>
> "It is a fact that drug-related offences have increased by almost a quarter since 2001-2. In Britain there are a million hard drug users whilst the British Crime Survey 2002-3 showed that three per cent of all people between the ages of 16 and 59 had used a Class A drug in the previous year.
>
> "The Daily Mail today (11/02/05) ran a story that cocaine can be bought more cheaply than coffee on the streets of the UK. Clearly the pushers need punishing.
>
> "We need a detailed examination of how cannabis should be classified in this country. Currently there is confusion amongst youngsters and the police as how to treat the drug, and the setting up of an independent commission will present the Government with options as to the most measured response to take.
>
> "This Bill will be tough on pushers of drugs and will help bring an end to the spiral of misery that their trade causes. Our children must be protected in legislation from such evil.
>
> "I look forward to presenting this Bill to Parliament and urge the Government to support it."[1]

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[1] "Punishing drug dealers", Press Notice from Nigel Evans MP, 11 January 2005, at: http://www.nigelmp.com/article.php?id=481

II Sentencing for Class A drugs

(Sally Broadbridge, Home Affairs Section)

A. Mandatory sentencing

1. Background

Probably the best known mandatory sentence is that of life imprisonment which must be passed when a person is convicted of murder. There is other legislation which provides that a life sentence, or a minimum fixed term of imprisonment, must be passed in certain circumstances.

Since 1997, courts have been required to pass a sentence of at least 7 years for a Class A drug trafficking offence when the offender was aged 18 or over and had been convicted on at least two separate occasions of a Class A drug trafficking offence.[2] They are also required to pass a sentence of at least 3 years on a third conviction for domestic burglary. The *Criminal Justice Act 2003* brought in a mandatory sentence of at least 5 years on conviction (which could be a first offence) of certain firearms offences. Other provisions of the 2003 Act, which are not yet in force, will replace existing provisions under which offenders convicted of a second "serious" offence must be sentenced to life imprisonment. When the new provisions come into force an offender convicted of a second sexual or violent trigger offence will be assumed to be dangerous by the court (unless, on the basis of all the evidence before it, the court considers the assumption to be unreasonable) which must then pass an "extended sentence" or "sentence for public protection".

The existing provisions prescribing minimum sentences have contained detailed provisions to avoid retroactive effect and (except in the case of murder) preserve some element of discretion for the sentencing judge. The extent (if any) of the discretion to be preserved has been controversial, provoking lively debate on the proposals in the Bills. In particular, when the "serious offence", drug trafficking and domestic burglary provisions were enacted in 1997 *The Guardian* commented:

> …A Labour-led alliance of peers, which included the Lord Chief Justice and former Tory cabinet ministers, defeated by 180 votes to 172 the Home Secretary's plans to remove the discretion of judges when sentencing persistent burglars and drug dealers. The former Tory Lord Chancellor, Lord Hailsham, was among the rebels voting against the Government.
>
> Mr Howard claimed that the defeat "drove a coach and horses" through his plans to introduce mandatory minimum sentences for third-time burglars and drug dealers and wrecked the objectives of his Crime (Sentences) Bill.

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[2] *Powers of Criminal Courts (Sentencing) Act 2000*, s110

> The Home Secretary's plans have provoked a fierce 18-month constitutional clash between the senior judiciary and the Government, with Mr Howard being accused of acting despotically since his proposals were unveiled at the 1995 Tory party conference.
> […]
> The Lord Chief Justice, Lord Bingham, who backed a Labour amendment to give the judges power to set aside the new minimum sentences if they would result in injustice, said: "The courts must have the power to decline to pass sentences which are offensive to their professional and moral consciences."
>
> Having already attacked the legislation as "radically unsound", last night he told peers: "Rules of thumb do not provide the answer to these problems because passing a sentence is not a mathematical task."
>
> Labour rejected Mr Howard's accusation that they had "wrecked the bill", and instead insisted they had simply "defined more closely the circumstances" in which a judge could set aside the minimum sentence. "These amendments ensure that judicial discretion is preserved while retaining a presumption in favour of mandatory sentences," said Lord McIntosh, the Labour spokesman. Jack Straw, the Shadow Home Secretary, repeated an offer of talks with Mr Howard to secure cross-party agreement.[3]

The provisions of the 1997 Act were not brought into force until after the General Election.

Two different formulae were used:

A. The minimum sentence for the third drug or domestic burglary offence must be imposed:

> except where the court is of the opinion that there are particular circumstances which—
> (a) relate to any of the offences or to the offender; and
> would make it unjust to do so in all the circumstances.[4] (**formula A**)

B. The life sentence for the second serious offence, and the 5 year sentence for the firearms offence, must be imposed-

> unless the court is of the opinion that there are exceptional circumstances relating to the offence or to the offender which justify its not doing so.[5] (**formula B**)

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3 "Lords reject 'three strikes and you're out' sentencing proposal", *The Guardian* , 14 February 1997
4 *Powers of Criminal Courts (Sentencing) Act 2000*, ss110,111
5 ibid s109, *Criminal Justice Act 2003* s287

The courts have so far declined to offer any guidance on what might make it unjust to pass an automatic sentence with formula A. In *R v Harvey*, the Lord Chief Justice said:

> The purpose of the section is, in the absence of specific or particular circumstances which would render it unjust to do so, to oblige the court to impose the prescribed custodial sentence. This means that Parliament has chosen a term of seven years as the standard penalty on a third drug trafficking conviction meeting the conditions in subsection (1). The object of the section quite plainly is to require courts to impose a sentence of at least seven years' in circumstances where, but for the section, they would not or might not do so. If that were not the intention of the section it is in our judgment very difficult to see what the intention of the section was.
> […]
> It would be wrong for us to attempt to say what might on the facts of any given case amount to circumstances which would make it unjust to impose the prescribed custodial sentence. That task must await a case in which the issue arises.[6]

The meaning of "exceptional circumstances" in formula B was considered by the Court of Appeal in *R v Offen.*[7] But that was in the context of sentencing for a second "serious" offence, which allowed the words to be construed on the assumption that the section was not intended to apply to someone in respect of whom it was established that there would be no need for protection in the future.

2. Mandatory sentencing for drugs offences

The existing provision for the use of mandatory sentences in drugs offences contained in s110 of the *Powers of Criminal Courts (Sentencing) Act 2000*, applies to a much wider range of drug trafficking offences than those contained in this Bill. The offences covered by existing provision are set out in the *Proceeds of Crime Act 2002* and include offences relating to unlawful supply and production of a controlled drug, permitting certain activities relating to a controlled drug, and Customs and Excise related offences.

3. The extent of the use of mandatory minimum sentences

In 2000, an article in *The Guardian* reported how infrequently mandatory sentencing had been used.

> Only four convicted drug dealers have received a statutory mandatory seven-year sentence for a second trafficking offence since the rule was introduced in October 1997.[8]

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6 R v Harvey (1999) Crim LR 849
7 [2001] 1 WLR 253: leave to appeal to the House of Lords was refused.
8 "Get tough sentencing policy left on back burner", *The Guardian*, 27 December 2000

There has been a recent parliamentary question concerning the use of mandatory minimum sentences imposed under the *Crime (Sentences) Act 1997.*

> **Mr. Grieve:** To ask the Secretary of State for the Home Department how many mandatory minimum sentences have been imposed under the Crime (Sentences) Act 1997 in respect of *(a)* third-time burglars and *(b)* third-time drug dealers.
>
> **Paul Goggins** *[holding answer 31 January 2005]:* The table shows the information reported to the Home Office on persons sentenced under sections 110 and 111 of the Criminal Courts (Sentencing) Act 2000 (previously section 4 of the Crime (Sentences) Act 1997) in England and Wales for a third offence of class A drug trafficking and a third offence of domestic burglary in the years 2000 to 2002. Statistics for 2003 are due for publication at the end of February and those for 2004 in the autumn.[9]

Persons sentenced under the Powers of the Criminal Courts (Sentencing) Act 2000, England and Wales	Minimum 7 years for third class A drug trafficking offence	Minimum 3 years for third domestic burglary
2000	2	—
2001	1	6
2002	—	2

4. Drug trafficking offences

The number of people found guilty or cautioned for drug trafficking offences each year has more than doubled in twelve years. In 1990, 6,680 people were prosecuted or cautioned for trafficking, rising to 21,540 in 1998, and falling back to 14,610 in 2002.[10]

B. The Bill: Clauses 1 and 2

The effect of Clauses 1 and 2 of the *Drugs (Sentencing and Commission of Inquiry) Bill* would be to introduce mandatory sentences for particular drug-related offences.

Clause 1 would add two new sections after s25 of the *Misuse of Drugs Act 1971*:

Section 25A: Its effect would be to prescribe a 7 year minimum sentence for a third offence under s4(3) of the Act, supplying or offering to supply a Class A drug, with no discretion for the judge to pass a sentence of less than 7 years.

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9 HC Deb, 2 February 2005, c951W

10 Home Office Statistical Bulletin 08/04 *Drug Seizure and Offender Statistics United Kingdom 2001 and 2002*

Although provisions for the use of mandatory sentences for a third class A drugs offence already exist, the provisions in this Bill differ in that there is no element of discretion for the sentencing judge.

Section 25B: This would oblige the court to impose a custodial sentence on any conviction (which could be a first offence) of an offence under s4(3) involving supply, or offering to supply a class A drug, to a minor, with the purpose of obtaining a profit. At present this offence is not subject to a mandatory sentence.

The new sections would apply only to offences under s4(3) of the *Misuse of Drugs Act 1971*.

III Commission of inquiry into cannabis

On 29 January 2004, cannabis was reclassified from a Class B to a Class C drug under the *Misuse of Drugs Act 1971*. However, the reclassification of cannabis does not constitute decriminalisation or legalisation and possession remains a criminal offence.

Debate has continued following reclassification. It centres around three main themes; confusion over the status of cannabis, the aims of reclassification and the potential health and social consequences of reclassification. The *Drug (Sentencing and Commission of Inquiry) Bill* contains provisions to establish a commission of inquiry into the effects and classification of cannabis.

A. Extent of cannabis use

Cannabis is the most widely used illicit drug in the UK and throughout Europe.

> Cannabis remains the most common illegal drug in Europe, with some three million people using it on a daily basis. Roughly one in five adult Europeans had tried it at least once in their lifetime.[11]

The British Crime Survey figures released in January 2005 suggest that there has been no change in the prevalence of cannabis use amongst the general population aged 16-59 since 1998. For young people, 16-24 year olds, there has been a gradual decrease in the prevalence of cannabis use.[12] The Survey results were reported in *The Independent*.

> According to details of the British Crime Survey which were published by the Home Office yesterday, 10.8 per cent of adults report taking cannabis over the past year, compared with 10.9 per cent in the previous 12 months. It also

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11 Drug related deaths in Europe are falling, BMJ 2004;329:1304 (4 December),

12 Cannabis Reclassification, Home Office Press Notice, Reference: Stat002/2005, 28 Jan 2005

> discovered that the proportion of 16- to 24-year-olds using the drug had fallen from 28.2 per cent to 24.8 per cent over the past five years.[13]

1. European comparisons of cannabis use among adults

The 2002/03 British Crime Survey findings showed that cannabis is the most frequently used drug with around three million 16- to 59-year-olds using it at least once in the year before interview.[14] Cannabis use was highest among younger age groups with 26% of 16- to 24-year olds reporting use in the previous twelve months. Levels of use decreased with age, to 15% among 25- to 34-year olds and 4% among 35- to 59-year olds. The Home Office estimated that around 3.3 million people aged between 16 and 59 had used cannabis on at least one occasion during the previous twelve months, of which 2 million used it in the previous month. The number of 16- to 24-year olds who had used cannabis during the previous year was estimated at 1.5 million.

The Lisbon-based European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), one of the decentralised European Community agencies, was set up in 1993 in response to the escalating drug problem in Europe. The *Annual Report 2004: the state of the drugs problem in the European Union and Norway* reports the extent of drug use in these countries.[15] In relation to cannabis the Report found:

> Drug use in the general population is assessed through surveys, which provide estimates of the proportion of the population that has used drugs over defined periods of time. Recent population surveys indicate that a significant proportion of the European adult population (aged 15–64 years) have tried the substance [cannabis] at least once, ranging from 5–10 % in Belgium, Estonia, Hungary and Portugal, to 24–31 % in Denmark, Spain, France and the United Kingdom. For comparison, in the 2002 United States national household survey on drugs, 40 % of adults (12 years and older) reported having tried cannabis or marijuana at least once, and 11 % reported having used it during the previous 12 months
>
> Surveys indicate that cannabis use is concentrated among young adults (aged 15–34 years), and particularly among people in their 20s. Rates of cannabis use are notably higher among males than among females. National surveys also suggest that use is more common in urban areas or areas with a high population density. Some of the national differences noted might, in part, reflect differences in levels of urbanisation.
> […]
> Recent surveys of 15-year-old school students indicate that lifetime prevalence of cannabis use ranges from less than 10 % in Greece, Malta, Sweden and Norway to over 30 % in the Czech Republic, Spain, France and the United Kingdom. The

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13 Cannabis arrests fall under softly softly law, The Independent, January 29, 2005

14 http://www.homeoffice.gov.uk/rds/pdfs2/r229.pdf

15 http://ar2004.emcdda.eu.int/en/home-en.html

> highest prevalence rates are found among boys in England (42.5 %), with slightly lower rates (38 %) among girls in England.
> […]
> A small but important, and consistent, proportion (around 15%) of 15-year-old school students in the EU who have used cannabis during the past year report using it on 40 or more occasions (considered to be 'heavy' use). Male students are more than twice as likely as female students to be heavy users. Among males, the proportion of 'heavy' users is the highest at between 5% and 10% in Belgium, Germany, Spain, France, Ireland, Slovenia and the United Kingdom.[16]

The survey found that a large proportion of cannabis use tends to be occasional, or discontinued after some time. In most EU countries, the proportion of adults who had ever tried cannabis and reported having used it during the previous year ranged between 20% and 40%, while between 1% and 10% reported using it during the month prior to interview. This implies that most cannabis use is occasional and is often discontinued in later life.[17]

2. Cannabis use in school age children

The Department of Health annual survey into *drug use, smoking and drinking among young people in England* found that, as with adults, cannabis was the most commonly taken drug in 2003 among school age children between the ages of 11 and 15. 13% reported having used cannabis during the previous year. Unlike adults, the prevalence of taking cannabis increased sharply with age. Whereas 1% of 11-year olds reported using cannabis at least once during the year before interview, 8% of 13-year olds and almost one-third (31%) of 15-year olds had used cannabis in the previous twelve months. In 2003, 42% of pupils had been offered a controlled substance. The most commonly offered drug was cannabis (27%). 17% of pupils felt that it was acceptable to try cannabis once and 10% thought that smoking cannabis on a more regular basis, say once a week, was acceptable. 4% of all 11- to 15-year olds reported Class A drug use during the previous twelve months.[18]

The European School Survey Project on Alcohol and other Drugs (ESPAD) was set up in the mid-1980s within the Pompidou Group at the Council of Europe. In March 1994, representatives from 21 countries met at the Council of Europe in Strasbourg for the first project meeting. Data on young people's alcohol and drug habits were collected in three waves. The first study was conducted in 26 participating countries in 1995, the second in 1999 in 30 countries and the third wave was undertaken in 2003 in 35 countries.

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16 EMCDDA, Annual Report 2004, available online at: http://ar2004.emcdda.eu.int/en/page029-en.html
17 http://ar2004.emcdda.eu.int/en/page029-en.html
18 Department of Health *Drug use, smoking and drinking among young people in England in 2003*, available online at http://www.dh.gov.uk/assetRoot/04/09/89/17/04098917.pdf

At present the ESPAD analysis of the 2003 survey is still ongoing, however some early indications of the finding include:

- There are considerable country variations in lifetime prevalence rates for use of cannabis. High prevalence rates are reported in the Czech Republic, France, Ireland, Isle of Man, Switzerland and the United Kingdom (38% to 40%).

- The use of cannabis during the last 30 days is used as a measure to indicate regular use. Again, the countries with the highest regular use include the Czech Republic, France, Isle of Man, Switzerland and the United Kingdom (19% to 22%).[19]

The preliminary results obtained for the United Kingdom suggest:

> A vast majority of the students in the United Kingdom had drunk alcohol during the last 12 months (91%), which is above the average of all ESPAD countries (83%). Also the proportion reporting drunkenness during the same period is higher than the average (68% versus 53%).
>
> Lifetime prevalence of smoking cigarettes, however, is lower than average (58% compared to 66%) and this holds true also for the 30 days prevalence (29% versus 35%).
>
> Use of marijuana or hashish is reported by substantially larger proportions than the average (38% and 21% respectively), and so is the proportion reporting use of other illicit drugs than cannabis (9% versus 6%). [20]

The graph below shows the key results of the ESPAD 2003 survey from the UK compared to the average results from all countries participating in the survey.

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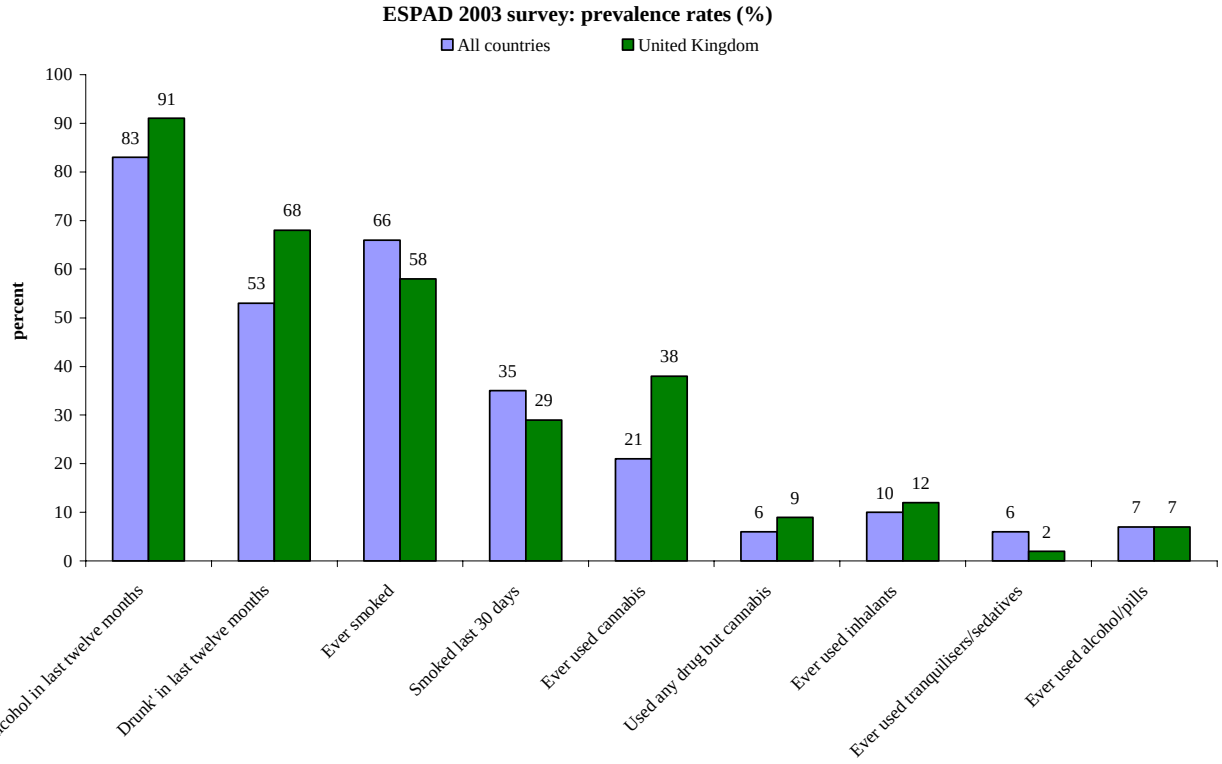
[19] ESPAD, Summary of the 2003 Survey at: http://www.espad.org/diagrambilder/summary.pdf
[20] ESPAD, UK situation, at: http://www.espad.org/key_uk.html



B. Medical effects of cannabis use

1. Short term effects

The acute effects produced by cannabis intoxication are impairment of cognitive and motor functions. These effects will impair an individual's ability to perform skilled motor tasks such as driving or operating machinery. Driving impairment is a major concern raised by recreational use of cannabis. A seminar published in The Lancet considered the extent of the cognitive effects of cannabis and stated:

> Electrophysiological and neuropsychological studies show that it [cannabis] may produce more subtle impairment of memory, attention, and the organisation and integration of complex information. The longer cannabis has been used, the more pronounced the cognitive impairment. These impairments are subtle, so it remains unclear how important they are for everyday functioning, and whether they are reversed after an extended period of abstinence.[21]

Other acute effects that may be produced by cannabis include:

- Anxiety
- Confusion

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21 "Adverse effects of cannabis", *The Lancet*, 14 November 1998

- Short term rise in heart rate, and a slight fall in blood pressure.

However, acute toxicity of cannabis is very low and there have been no recorded cases of fatal overdose.[22]

2. Long term effects

The long term effects of cannabis can be divided into mental health effects and physical effects. Whilst there is wide spread acceptance that cannabis does have adverse health effects there is disagreement about the seriousness of these effects. A lack of epidemiological research and disagreements about the interpretation of available data mean that the adverse health and psychological consequences of cannabis use remain uncertain.

However, the major concerns on the adverse health effects relate to an increased risk of lung cancer and other respiratory diseases and an association with the development of long-term psychiatric health problems, including depressive illness, psychosis and schizophrenia. An additional concern with chronic use is the possible development of dependent behaviour.[23]

a. Mental health effects

Many research studies provide a level of support for the idea that long term use of cannabis may be associated with psychiatric harm but there is less agreement about whether this is a causal link. In addition the evidence appears to show the risk is greatest in those who have a predisposition to developing a psychosis. The extent to which the evidence suggests cannabis use is a risk factor, a causal factor or simply associated through some more complex relationship is still subject to considerable debate

A recent article in the Lancet involved a systematic review of studies reporting associations between illicit drug use by young people and psychosocial harm. They concluded:

> In this review, we found little evidence from longitudinal studies in the general population about the outcomes of exposure to any illicit drugs other than cannabis. We confirmed the existence of evidence of associations between cannabis use and psychosocial harm; however, the extent and strength of this evidence seemed less than is perhaps sometimes assumed.
>
> Psychosocial problems might be more a cause than a consequence of cannabis use, especially with regard to associations between use and mental illness. Some studies adjusted for psychological symptoms reported at baseline or excluded

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22 "Comparing cannabis with tobacco—again", *British Medical Journal*, 20 September 2003

23 http://ar2004.emcdda.eu.int/en/page109-en.html

> incident problems occurring during early follow-up. Nevertheless, unreported or subclinical psychological problems might have preceded and precipitated cannabis use. Individuals with a pre-existing tendency to experience psychological difficulties might have a greater inclination to develop problematic patterns of drug use (for example, depressed individuals are more likely to start smoking tobacco and less likely to stop than those who are not depressed)[24]

The same edition of the journal also contains a commentary on the article, entitled, "*How to prevent cannabis-induced psychological distress . . . in politicians*".[25]

> Cannabis can cause anxiety, agitation, and anger among politicians. The consequences of this cannabis-induced psychological distress syndrome (CIPDS) include over-reaction with respect to legislation and politics and a lack of distinction between use and misuse of cannabis
> […]
> Rationality and factuality are needed to calm down politicians affected by CIPDS. That cannabis might cause infertility, cancer, cognitive decline, dependency, traffic accidents, and heart attacks, and that it can lead to the use of more dangerous drugs, are all arguments that have been used to justify the war on cannabis. Drugs can be harmful, whether they are legal or illegal, but claims about the dangers of cannabis are often overstated.
> […]
> There is some reason to believe that cannabis contributes to psychosocial problems in adolescents and young adults, and no responsible adult would want young people to take drugs. There is no question that this issue is an important candidate for education and prevention, but there is a fierce debate on the place repressive measures should have in this context. There is little reason to believe that criminalisation has had a strong effect on the extent of cannabis use by young people.[26]

However, the most recent paper on cannabis and mental health published in the *British Medical Journal* in January 2005 has concluded that there is a link between cannabis use and mental health problems.[27] The study found that young cannabis users were more likely to develop psychosis than non-users, particularly if other risk factors are also present.

The aim of the study was to investigate the relation between cannabis use and psychotic symptoms in individuals who had an above average predisposition for psychosis and who

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24 "Psychological and social sequelae of cannabis and other illicit drug use by young people: a systematic review of longitudinal, general population studies", *The Lancet*, 15 May 2004

25 Commentary, *The Lancet*, 15 May 2004

26 "How to prevent cannabis-induced psychological distress . . . in politicians", Commentary, *The Lancet*, 15 May 2004

27 "Prospective cohort study of cannabis use, predisposition for psychosis, and psychotic symptoms in young people", Cécile Henquet, research psychologist1, Lydia Krabbendam, lecturer1, Janneke Spauwen, research psychologist1 et al, *British Medical Journal*, 1 January 2005

had first used cannabis during adolescence. The study involved a total of 2,437 young people (aged 14 to 24 years) with and without a predisposition for psychosis. Each participant underwent an assessment of substance use and predisposition for psychosis based on personal interview at the start of the study and at follow up four years later. The follow up interview assessed whether psychotic symptoms had been experienced, and whether the individual had reported cannabis use.

The results showed that as the use of cannabis increased so did the incidence of psychotic symptoms, and this effect was much stronger in individuals with a predisposition for psychosis.

> After adjustment for age, sex, socioeconomic status, urbanicity, childhood trauma, predisposition for psychosis at baseline, and use of other drugs, tobacco, and alcohol, cannabis use at baseline increased the cumulative incidence of psychotic symptoms at follow up four years later
>
> The effect of cannabis use was much stronger in those with any predisposition for psychosis at baseline than in those without. The risk difference in the "predisposition" group was significantly greater than the risk difference in the "no predisposition" group. There was a dose-response relation with increasing frequency of cannabis use. Predisposition for psychosis at baseline did not significantly predict cannabis use four years later.[28]

The study concluded that cannabis use moderately increases the risk of psychotic symptoms in young people but this has a much stronger effect in those with evidence of predisposition for psychosis.

b. Tolerance and dependence

Cannabis use can cause dependence in a small proportion of users, as well as the associated problems of tolerance and withdrawal symptoms. High frequent, intensive use of cannabis means an increased risk of addiction. However, the duration of drug use does not play a crucial role in this respect. The degree of addiction seems to be lower than for a number of other drugs which makes detoxification easier and more successful.

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), *Annual Report 2004*, considered the question of dependency in relation to cannabis use and stated:

> It is likely that those most at risk of developing problems or becoming dependent are those that use the drug intensively, but it is in this area that information

[28] "Prospective cohort study of cannabis use, predisposition for psychosis, and psychotic symptoms in young people", Cécile Henquet,,, Lydia Krabbendam, Janneke Spauwen et al, *British Medical Journal*, 1 January 2005

> sources are weakest, although it is known that recent users (use in last 30 days) are typically young males living in urban areas.[29]

In April 2003, the Royal College of Psychiatrists issued a press release on factors that could be involved in predicting cannabis dependency.

> *Weekly Cannabis Use Predicts Dependence*
>
> Adolescents who smoke cannabis weekly are at increased risk of later dependence according to a new study published in the April issue of the British Journal of Psychiatry.
>
> Half to two-thirds of young adults in the UK, USA, New Zealand and Australia have used cannabis recreationally. Around one in ten users progress to dependence. This study in Victoria, Australia, set out to examine the adolescent factors that lead to cannabis dependence by young adulthood.
> […]
> Weekly cannabis use in adolescence was the strongest predictor of later dependence, with one in three weekly users meeting the criteria for dependence. Males were marginally more likely than females to use cannabis overall, but considerably more likely to become dependent
>
> Early and persistent cigarette smoking and antisocial behaviour also predicted cannabis dependence. By contrast, regular drinking in the teenage years appeared to be 'protective'.
> […]
> The recent reclassification of cannabis from a Class B to a Class C drug in the UK reflects a view that cannabis use poses less of a public health problem than other illegal drugs. The authors point out, however, that cannabis use is far more common than that of other illicit drugs. As well as cannabis smoking by young people becoming more prevalent, the proportion of users who become dependent appears to be rising.
>
> It took many years for the health risks of tobacco to be appreciated and even longer for policies to be introduced to reduce consumption. The authors of this study argue that the case seems strong for a more concerted public health response to rapidly increasing cannabis use and dependence.[30]

The European Monitoring Centre for Drugs and Drug Addiction review of the public health aspects of cannabis use stated:

> The effects of cannabis dependence or abuse appear to be less severe than those of other drugs. Most intensive cannabis users seem to be relatively integrated young people, who are at greater risk of other social problems (driving accidents,

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29 http://ar2004.emcdda.eu.int/en/page114-en.html
30 http://www.rcpsych.ac.uk/press/preleases/pr/pr_408.htm

> failure to complete their education or family disruption) than other criminal activities, and the interventions should accordingly be appropriate and not create further problems or exclusion.[31]

c. Physical health effects

There has also been some dispute amongst medical professionals about the extent of physical harm caused by cannabis. However, there seems to be an acceptance that smoking cannabis is damaging, perhaps more damaging than smoking tobacco alone. There is some difficulty in assessing the evidence because cannabis is frequently smoked with tobacco . Cannabis tends to be smoked in a different manner from tobacco; a lack of filters, a larger inhaled volume and a longer inhalation time, all lead to a greater retention of the products of cannabis.

A recent review by the British Lung Foundation found that cannabis when smoked caused chronic bronchitis and emphysema. There is less evidence relating to the risk of lung, mouth or tongue cancers in cannabis smokers. Although some doctors believe that there is also an increased risk of developing these cancers, there is little epidemiological evidence presently available.

There is also little agreement on whether the adverse effects of cannabis produces a long term effect on the mortality rate. In 2003, the *British Medical Journal* published an editorial that compared the adverse effects of smoking cannabis against those produced by tobacco. The article concluded that although cannabis had a number of adverse effects there was little support for the theory that cannabis use increased mortality. However, the authors accepted this could well be due to the fact that most individuals have a relatively low exposure to cannabis and do not become long term users. The effects of long term heavy use of cannabis are relatively unknown, as there is very little epidemiological evidence available.

> Deaths due to chronic diseases resulting from substance misuse generally result from the use of that substance (for example, tobacco and alcohol) over a long time. Importantly, and in contrast to users of tobacco and alcohol, most cannabis users generally quit using cannabis relatively early in their adult lives
>
> Therefore, even diseases that might be related to long term use of cannabis are unlikely to have a sizeable public health impact because most people who try cannabis do not become long term users. This observation is relevant to lung cancer, which, although strongly related to cigarette smoking, typically only occurs after at least 20 years of smoking. Also, a typical regular cannabis user smokes the equivalent of one marijuana cigarette or less per day, whereas consumption of 20 or more tobacco cigarettes is common. Exposure to smoke is

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[31] http://ar2004.emcdda.eu.int/en/page114-en.html

> therefore generally much lower in cannabis than in tobacco cigarette smokers, even taking into account the larger exposure per puff.
> […]
> Two caveats must be noted regarding available data. Firstly, the longer term follow up of cohorts of cannabis users may still show an increased risk of cancers, chronic diseases, and mortality if enough members of the study cohort continue to smoke cannabis often enough and for long enough. The cohorts to date have not followed cannabis smokers into later adult life so that it might be too early to detect an increased risk of chronic diseases that are potentially associated with the use of cannabis. Secondly, the low rate of regular use of cannabis and the high rates of discontinuation during young adulthood in the United States may reflect the illegality and social disapproval of the use of cannabis. This means that we cannot assume that smoking cannabis would continue to have the same small impact on mortality (as it probably does with current patterns of use) if its use were to be decriminalised or legalised.
>
> Although the use of cannabis is not harmless, the current knowledge base does not support the assertion that it has any notable adverse public health impact in relation to mortality. Common sense should dictate a variety of measures to minimise adverse effects of cannabis. These include discouraging the use by teenagers, who seem to be most at risk of future problems from drug use, not using before or during the operation of automobiles or machinery, not using excessively, and cautioning in people with known coronary heart disease.[32]

3. Therapeutic effects of cannabis

The therapeutic benefits of cannabis have been widely discussed. There has been a great deal of interest in the possible medicinal uses of both cannabis and cannabis based drugs. Anecdotal evidence suggests that cannabis may be effective at treating pain and spasticity in a number of medical conditions, with interest centred on multiple sclerosis and chronic pain. At present there is only one drug called Savitex that is close to being produced commercially.

Savitex is a cannabis based drug being developed by GW Pharmaceuticals. It is produced as a spray that will be administered sub-lingually (under the tongue). Savitex is expected to be licensed for the treatment of conditions such as multiple sclerosis where the patient suffers from painful muscle spasms and cramps. The Medicine and Healthcare products Regulatory Authority (MHRA) have not yet granted the product a license. However, the product has recently been granted a license in Canada.

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[32] "Comparing cannabis with tobacco—again", *British Medical Journal*, 20 September 2003

C. Social aspects of cannabis use

1. Crime

The *EMCDDA Annual Report 2004* included a literature review of the harmful social and health effects of cannabis. In relation to crime, the review found that:

> Violent crime under the influence of cannabis is rare. The sedative effect which follows soon after consumption is rather opposing aggressive behaviours than intensifying or producing them. Thus – in contrast to cocaine, crack or alcohol - cannabis does usually not increase violent offences in different situations.[33]

The report added:

> However, in contrast to other drugs, such as heroin, there appears to be no strong association between cannabis use and other types of offending.[34]

2. Impact on police resources

a. Lambeth Project

In July 2001, the Metropolitan Police introduced a pilot scheme in the London Borough of Lambeth for dealing with cannabis offences, initially for six months then extended for a further six months. Under the scheme, warnings were issued to individuals found in possession of small amounts of cannabis and the drug confiscated. The scheme was designed to free up police time to allow them to deploy resources to tackle more serious offences such as the problems caused by class A drug use. An evaluation of the scheme found that:

- The amount of police time saved under the scheme was equivalent to 2.75 officers.
- Police activity against class A drug dealers had increased.[35]

3. Wider social costs

There is clear evidence, that not only motivation but also ability of an individual to perform at their optimal level is reduced through cannabis use. Reduced performance at school and workplace, lower marks at school and broken-off school or university

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[33] "Cannabis: Public health issues. Overview of key findings", EMCDDA, Annual Report 2004, available online at: http://www.emcdda.eu.int/?nnodeid=4811

[34] http://ar2004.emcdda.eu.int/en/page109-en.html

[35] "UK drug situation 2002", Report to the EMCDDA by the Reitox National Focus Point, 2002

education are associated with cannabis use. These effects are probably a consequence of the acute cognitive impairments caused by cannabis intoxication.[36]

In a debate published in the British Medical Journal on whether the costs of cannabis control outweighed the benefits Professor Colin Drummond stated that the evidence base of the harms caused by cannabis was incomplete and at present in some cases the evidence is conflicting. He believes that a comparison with tobacco or alcohol is a poor model for believing cannabis use to be relatively harmless as alcohol claims more than 40,000 lives a year and tobacco some 120,000 lives.[37]

D. Reclassification of Cannabis

On 29 January 2004, cannabis was reclassified from a Class B to a Class C drug. The reclassification brought the law into line with the conclusions on harm assessment in the report from the Advisory Council on the Misuse of Drugs. Cannabis, as a Class C drug, is controlled under the *Misuse of Drugs Act 1971* and possession is still a criminal offence.[38]

1. Background

In October 2001, the Home secretary announced that he was asking the Advisory Council on the Misuse of Drugs for advice on the reclassification of cannabis. In March 2002, the Council published the *Report of the Independent Inquiry into the Misuse of Drugs Act 1971*. The Report concluded that cannabis was in the wrong class based on both its dangers relative to other drugs and in respect of the penalties attached to its possession, cultivation and supply.

On the 9 May 2002 the Home Affairs Select Committee published the report, *The Government's Drugs Policy: Is It Working?*[39] The report examined drugs policy including the recommendations to reclassify cannabis and concluded:

> 117. In evidence to us on 23 October 2001, shortly after we began this Inquiry, the Home Secretary made his announcement that he would seek the advice of the Advisory Council on the Misuse of Drugs on the possible reclassification of cannabis from Class B to Class C. The Minister, Mr Ainsworth, explained to us the motives for this policy move:

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36 "Cannabis: Public health issues. Overview of key findings", EMCDDA, Annual Report 2004, available online at: http://www.emcdda.eu.int/?nnodeid=4811

37 "Cannabis control: costs outweigh benefit", *British Medical Journal*, 12 January 2002

38 *The Misuse of Drugs Act 1971* places drugs into one of three categories, A, B or C, for the purposes of control. Classification broadly reflects the risks and harms caused by misuse of the controlled drug in question, and is reflected in penalty levels for drugs offences

39 http://www.publications.parliament.uk/pa/cm200102/cmselect/cmhaff/318/31802.htm

> "The motives...were not simple and singular; they were about trying to bring the law into line with that which was being practised in some police authorities in any case, and provide some consistency within police authorities; direct police resources a little more towards Class A drugs where the most damage was being done; and get a more credible message to send out to young people in order to get through to them about the damage that drugs do
>
> 118. On 14 March, the Advisory Council reported their view that cannabis should be reclassified as a Class C drug, as "the current classification of cannabis is disproportionate in relation both to its inherent harmfulness, and to the harmfulness of other substances, such as amphetamines, that are currently in Class B".
>
> 119. Mr Ainsworth clarified to us what reclassification would mean, in effect, for the person caught in possession of small amounts of cannabis: "possession of small amounts would not be an arrestable offence...the effects of reclassification would be very similar in terms of policing to what is going on in Lambeth at the moment".
>
> Conclusions on cannabis
>
> 120. We accept that cannabis can be harmful and that its use should be discouraged. We accept that in some cases the taking of cannabis can be a gateway to the taking of more damaging drugs. However, whether or not cannabis is a gateway drug, we do not believe there is anything to be gained by exaggerating its harmfulness. On the contrary, exaggeration undermines the credibility of messages that we wish to send regarding more harmful drugs.
>
> 121. We support, therefore, the Home Secretary's proposal to reclassify cannabis from Class B to Class C.
>
> 122. We stress that reclassification does not amount to legalisation. It simply means that in future the maximum penalties for the supply and possession of cannabis, among other offences, would be reduced from 14 years' imprisonment to five years (for supply) and from five years to two years (for possession) as the table below shows. In addition, possession of cannabis would cease to be an "arrestable offence", which means that the offence would no longer attract the investigative powers which attach to arrestable offences, eg the power to enter and search premises without a warrant, and will leave the police free to concentrate on more harmful drugs.[40]

The Home Secretary accepted the recommendations of the Council and, in July 2002, announced that he would be making proposals to reclassify cannabis from a class B to a class C drug. The main reasons for this decision were:

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[40] http://www.publications.parliament.uk/pa/cm200102/cmselect/cmhaff/318/31808.htm

- This reflected a more accurate assessment of the harm caused by cannabis, relative to other class B drugs such as amphetamines.

- The continued classification of cannabis as a class C drug under the *Misuse of Drugs Act 1971* reflects the health risks associated with using cannabis.

- It would signal the Government's intention to concentrate drugs policy on the most harmful class A drugs such as heroin, crack cocaine and cocaine.

In October 2003, the statutory instrument to reclassify cannabis as a class C drug, (S.I.2003/3201), was introduced to the House of Commons.[41] The order took effect on 29 January 2004.

2. Legal effects of reclassifying cannabis

Cannabis, as a Class C drug, is controlled under the Misuse of Drugs Act and possessing it is a criminal offence.

a. Possession

Following the reclassification of cannabis, the maximum penalties for possession were reduced from 5 years' to 2 years' imprisonment and an unlimited fine. People aged 18 and over are no longer automatically arrested for possessing cannabis.

However legislation was introduced to retain the powers of arrest for the possession of cannabis after reclassification from a class B to a class C drug. Section 3 of the *Criminal Justice Act 2003* adds the offence of possession of cannabis or cannabis resin to the list of specified offences which are arrestable offences under the *Police and Criminal Evidence Act 1984*. The power does not apply to other Class C drugs.

Although The Association of Chief Police Officers' guidance states there is a presumption against arrest, powers of arrest are retained for:

- Flagrant disregard of the law, for example smoking in a public place
- Repeat offending
- Those whose use of cannabis could cause a public order problem.
- Those in possession of cannabis in or near where young people are present.

b. Trafficking of cannabis

Section 284 of the *Criminal Justice Act 2003* increases the maximum penalty for supplying a class C drug from 5 years to 14 years imprisonment. This means that the

[41] HC Deb,29 Oct 2003,C329

maximum penalty for trafficking cannabis is still 14 years' imprisonment and the courts remain able to impose substantial sentences for serious dealing offences.[42]

c. Public understanding

Following reclassification, there was some initial doubt as to whether the public were clear about the legal status of cannabis.

The Home Office announced the start of a £1 million information campaign to educate the public about the law change on cannabis on 17 January 2004 (Home Office press notice 020/2004). The evaluation of that campaign, revealing 93 per cent of young people understand cannabis use is illegal, was announced on 17 May 2004.

> Research, following a Government advertising campaign to educate the public on the change in the law, shows that 93 per cent of 14 to 17 year olds surveyed are clear that cannabis is illegal.
>
> In addition, early figures from police forces indicate that the number of arrests for cannabis possession are falling. This will help the police and benefit the community by focusing police time and resources on the most serious drugs and offences. As data becomes available a more thorough assessment of the impact of reclassification on policing will be undertaken.
>
> Home Office Drugs Minister, Caroline Flint, said:
>
> "Cannabis is a harmful drug and remains illegal. I'm pleased that the FRANK adverts caught teenagers' attention and helped them understand the change in the law and that cannabis remains illegal and harmful. By the end of the campaign significantly more young people knew that they would be arrested for possession and, encouragingly, fewer teenagers would take cannabis if offered it.
>
> "This is just the first phase of our drive to make sure people, of whatever age, know the dangers and side effects of taking cannabis. We are working with the Mentor Foundation to get health information to 13 to 16 year olds, and will be targeting frequent and heavy cannabis users. We are also working with other key players in the sector to establish appropriate messages and how best to communicate them.
>
> "Cannabis was reclassified to allow the police to focus on tackling the class A drugs which cause the most harm to individuals, families and our communities. Early arrest figures are encouraging in terms of achieving this aim."
>
> The £1 million FRANK campaign ran for four weeks in January and February this year, to educate the public about the change in law following cannabis reclassification. Under 18s were a particular focus of the campaign which

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[42] http://www.drugs.gov.uk/ReportsandPublications/DrugSpecific/1100128824/Cannabis.pdf

> included radio adverts, leaflets and an information pack sent out to all schools drug advisors, drug action teams, drug charities, health organisations and student unions.
>
> Additional findings from the FRANK research are:
> - 45 per cent had heard the FRANK radio ads;
> - 93 per cent know cannabis is illegal;
> - 61 per cent were aware of the changes to the cannabis law compared to 38 per cent before the campaign;
> - 58 per cent feel confident that they are aware of the repercussions of cannabis possession and 64 per cent for dealing; and
> - of those who are aware of the campaign, 24 per cent took action, such as talking about cannabis with their friends, or in some cases obtaining more information after hearing the ads or seeing the leaflets.[43]

E. Effects of reclassification of cannabis

The Government believed that the reclassification of cannabis would free up police resources to deal with more serious crime. In December 2004, the Parliamentary Under-Secretary of State for the Home Department, Caroline Flint, gave the following response to a parliamentary question on whether reclassifying cannabis had been detrimental to society:

> As the right hon. Gentleman knows, we reclassified cannabis for a number of reasons. First, we had A, B and C categories, and we felt that having cannabis in B was not appropriate. We are trying to have a credible discussion with young people and adults about the different harms of different drugs. Cannabis is still illegal, however. Secondly, we felt that reclassifying cannabis would allow the police to devote greater amounts of time and resources to priority areas such as class A drugs. A recent Metropolitan Police Authority report showed a 53 per cent. decrease in arrests for cannabis possession, which has saved a huge amount of officer time, which can be better used, for example, to shut down crack houses—150 have been shut down this year—and to support efforts to tackle those organised criminals involved in drug distribution and supply. That is the right way to tackle the problem.[44]

F. First anniversary of reclassification of cannabis

The Times reported

> Arrests for possession of cannabis have fallen by a third since the drug was reclassified Class C**,** according to Home Office research. Drugs arrests fell by

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43 "Frank Cannabis Campaign Results", Home Office Press Release, Ref: 183/2004, 17 May 2004

44 HC Deb 20 December 2004 c1904

> 24,875 from 68,225 to 43,350 in the first year since the drug was downgraded and police were told they could caution users and confiscate the drug.
>
> Caroline Flint, the minister responsible for drugs policy, said that an estimated 199,000 hours of police time had been saved.
>
> The use of cannabis has also stabilised, the research shows. Since 1998 the percentage of 16 to 24-year-olds using the drug had dropped from 28.2 to 24.8 per cent. [45]

G. Response to reclassification of cannabis

1. Charities

a. DrugScope

DrugScope is the UK's leading drugs charity. Their aim is to inform policy and reduce drug-related harm. They issued a press statement on the first anniversary of the legalisation of cannabis, broadly supporting the policy.

> Commenting on the statement on cannabis reclassification and the fall in arrests for possession, the Chief Executive of DrugScope, Martin Barnes, said:
>
> "We supported and continue to support the reclassification of cannabis and it is encouraging that cannabis usage is stable. The real win is for our communities as police have been able to divert an estimated 199,000 police hours to policing other crimes.
>
> The reclassification of cannabis was in recognition that all drugs are not the same. Young people respond well to accurate and balanced information but are sceptical of scare stories.
>
> Most young people know that cannabis is illegal and can be harmful but we need a much greater focus on drug education and prevention. It is concerning that the Government's own schools inspectorate has this week criticised the level and standard of drug education in some schools. We need to move on from the debate on cannabis reclassification to concentrating on practical responses to drug use and harm".
>
> These figures as well as a Maastricht University study released late 2004 have reinforced DrugScope's stance on reclassification:[46]

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[45] "Sharp decline in cannabis arrests", *The Times*, January 29, 2005

[46] 'Prospective cohort study of cannabis use, predisposition for psychosis, and psychotic symptoms in young people', Henquet, Krabbendam, Spauwn, Kaplan, Lieb, Wittchen and van Os at the South Limburg Mental Health Research and Teaching Network, Maastricht University

- Cannabis is harmful, but reclassification gives greater clarity to the drug laws
- Reclassification will not necessarily increase use, but allows us to give more accurate messages about the risks of drug use
- Harm will increase if you have a predisposition or history of mental illness
- If you use cannabis heavily, especially daily, the risk of harm increases
- You are more at risk of negative health effects if you start smoking at an earlier age
- The majority of young people do not use drugs.[47]

b. Rethink

However, the mental health charity Rethink believes that there should be a review of the evidence that cannabis use may cause psychosis in individuals at risk of developing mental illness.

> A mental health charity is calling on MPs to investigate the effects that smoking cannabis has on users. Rethink wants a parliamentary select committee to assess evidence that smoking the drug may cause psychosis in people at risk of mental illness. The charity claims that there has been a 60 per cent increase in the number of people who smoked drugs and developed mental health problems in the last five years.
>
> The call comes a year after the Government reclassified cannabis from a Class B to a Class C drug. The charity, which represents schizophrenia sufferers, said the reclassification had sent a "confusing message" to young people and left many under the impression that using the drug was risk free.
>
> "Cannabis is not risk free," said Rethink chief executive Cliff Prior on Saturday. "We have known for years that using cannabis makes the symptoms of schizophrenia far worse in people who already have the illness." The charity also called for the introduction of a "long-term, well-funded, innovative campaign" to publicise the mental health risks associated with cannabis and to counter the "risk-free" message prompted by the reclassification of the drug.[48]

2. Political Party comment

a. Government

The Home Office issued a Press Notice on the first anniversary of the reclassification of cannabis detailing the beneficial effects that the reclassification of cannabis has had on the use of police resources. This also provided the most recent figures from the British Crime Survey showing that cannabis use has remained stable following reclassification.

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47 DrugScope briefing on cannabis reclassification, Press release, 28 January 2005

48 http://www.politics.co.uk/domestic-policy/health-charity-calls-cannabis-study-$13003521.htm

Arrests for cannabis possession have fallen by one third in the first year since re-classification. This has led to an estimated saving in police time of 199,000 police hours, the Home Office announced today.

Cannabis use by young people has remained stable following reclassification, and is significantly down since April 1998 - 28.2 per cent of 16-24 year olds used cannabis then compared to 24.8 per cent now.

Caroline Flint said:

"The Government's drugs strategy focuses on tackling the class A drugs which cause the most harm to communities, individuals and their families. A year ago we reclassified cannabis on the recommendation of the Advisory Council on the Misuse of Drugs, so that the police could concentrate on the far more destructive class A drugs.

"One year on the picture is encouraging with significant savings in police time which can now be used to drive more serious drugs off our streets and make our communities safer. 155 crack houses were closed by the police between January and September last year and in January we launched a national enforcement campaign, Operation Crackdown, to clamp down further on class A drugs.

"I am also pleased that figures show that some predictions that cannabis use by young people would increase were wholly unfounded. Following a major Government information campaign to get across that cannabis is harmful and remains illegal, the figures show that young people's cannabis use has remained stable since reclassification and is still significantly down from 1998 levels.

"We are not complacent about drugs. Illegal drug use is still too high and fuels crime and misery for individuals and neighbourhoods. That is why we are continuing to take tough action to tackle drug users, dealers and the organised criminals who supply the drugs which end up on our streets."

Proportion of British Crime Survey respondents who report use of cannabis in the last year

	1998	2000	2001/02	2002/03	2003/04
16-24 year olds	28.2	27.0	26.9	25.8	24.8*
16-59 year olds	10.3	10.5	10.6	10.9	10.8

1. * = Statistically significant difference between 1998 and 2003/04 (at the 5% level)
2. From 2001 the reporting year switched from calendar to financial years[49]

[49] "Cannabis reclassification", Home Office Press Release, Reference: Stat002/2005, 28 January 2005 at: http://www.homeoffice.gov.uk/n_story.asp?item_id=1222

b. Conservative party

The Conservative Party did not support the reclassification of cannabis.

> *Conservatives - Impossible to be soft on drugs and tough on crime*
> David Davis, the Conservatives shadow Home Secretary, said downgrading cannabis had been wrong and would be reversed by a Conservative government, as it made young people think the drug was harmless and made the streets more difficult to police.
>
> He said: "It is wrong because it sent out the message to millions of young people that smoking cannabis is harmless. It is not." And he added: "Police are left bewildered by the changes and confusion is rife as to how to treat blatant smokers who break the law in public … No Government can be soft on drugs and tough on crime at the same time." [50]

The Independent reported the Conservative response to the Home Office's Press Notice, *Cannabis Reclassification*, released on 29 January 2005.

> But the Tories, who have pledged to reverse the reclassification, accused the Government of releasing misleading statistics. They pointed to a separate survey that suggested overall drug use by teenagers has doubled since 1997. David Davis, the shadow Home Secretary, said: "Downgrading cannabis was a mistake, which has sent mixed messages to the young and the vulnerable about the dangers of drugs. Mr Blair's government is deceiving itself by using misleading figures to measure cannabis use." [51]

Michael Howard has announced that a future Conservative Government would reverse the reclassification. [52]

c. Liberal Democrat Party

A Liberal Democrat policy briefing on drug law was produced in February 2005, *Drug law reform,* and supports the reclassification of cannabis.

> Liberal Democrats would break the link between cannabis use and organised crime by:
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> - Maintaining the classification of cannabis as a Class C drug, but issuing policy guidance that it is not in the public interest to prosecute

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50 http://www.politics.co.uk/issueoftheday/conservatives-impossible-be-soft-on-drugs-and-tough-on-crime-$3127382.htm

51 "Cannabis arrests fall under softly softly law", The Independent, January 29, 2005

52 http://www.conservatives.com/tile.do?def=news.story.page&obj_id=117583

> individuals for possession of cannabis for their own use, cultivation of small numbers of cannabis plants for their own use, or social supply of cannabis.[53]

H. The Bill: Clauses 3-11

Clauses 3 -11 provide details of the remit and organisation of the Commission of Inquiry into the Effects and Classification of Cannabis.

1. Clause 3

Clause 3 details the provisions to establish a Commission of Inquiry. The terms of reference of the Commission would be to investigate:

- the health effects of the use of cannabis and cannabis resin on users,
- the other effects of the use of cannabis and cannabis resin, on users,
- the other effects of the use of cannabis and cannabis resin other than on users.

The Commission would also consider whether cannabis should remain classified as a class C drug, under the *Misuse of Drugs Act 1971*, or whether the reclassification should be reversed.

2. Clauses 4 – 7

These clauses provide details of the membership of the Commission, the duration of the term of appointment to the Commission, the powers of the Commission and the payment of Commission expenses.

3. Clauses 8 and 9

Clause 8 states that the Commission would, within an eighteen month time period, publish a report of the findings of the Inquiry. The provisions of Clause 9 would require the Secretary of State to publish a response to the recommendations of the report, within 6 months of the report's publication date.

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[53] http://www.libdems.org.uk/documents/policies/Policy_Briefings/10DrugLawReform.pdf

I. Appendix: Statistics

(Ross Young, Social and General Statistics Section)

1. Drug use

The 2002/03 British Crime Survey found that 47% of 16-to-24 year olds had used a controlled substance and 17% had used a Class A drug at least once in their lives, compared to 36% and 13% respectively for all people aged between 16 and 59. Since 1996, the BCS has found that Class A drug use among young people has remained relatively constant at around 9%, while in 2002 3% of all 16-to-59 year olds reported using Class A drugs during the previous 12 months. Although the proportion of young people using amphetamines and LSD was lower in 2002/03 than in 1996, the proportion using cocaine had increased. Ecstasy use among young people, which fluctuated between 5% and 7% after 1996, fell from 7% in 2001/02 to 5% in 2002/03.

The 2002/03 BCS estimated that there were around 1 million 16-to-59 year olds who used Class A drugs during the previous year, of which slightly under one-half reported using them on at least one occasion in the month prior to interview.[54] Comparable data from the 2003-04 British Crime Survey will be published by the Home Office later this year.

2. Crime and drug use

The *New English and Welsh Arrestee Drug Abuse Monitoring* project (NEW ADAM) combines self-reported information about drug use and offending histories with "urinalysis" of voluntary samples to allow a detailed analysis of the association between drug use and offending. The research was conducted on arrestees in police custody suites in 16 sites across England and Wales and was a voluntary programme. As a guide to the proportion of crime that is drug-related, the self-reported data indicate that while only 21% of drug using arrestees reported having previously offended in the past 12 months, this figure rises to 75% for those arrestees who use heroin and/or cocaine/crack.

The key findings from the first year of the NEW-ADAM programme were published in 2001.[55] They included:

- The urine tests of arrestees revealed that 65% tested positive for one or more illegal drugs, and 30% tested positive for two or more such substances.
- 29% of arrestees tested positive for opiates (including heroin) and/or cocaine (including 'crack'). A short-term drugs strategy is to reduce the proportion of arrestees testing positive for these drugs by at least three percentage points (to 26% for these eight sites) by 2001–02.

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54 http://www.homeoffice.gov.uk/rds/pdfs2/r229.pdf

55 See also the findings from the second developmental stage of the NEW-ADAM programme (2000) published at http://www.homeoffice.gov.uk/rds/pdfs/hors205.pdf

- A longer-term aim of the Home Office's anti-drug strategy is to reduce the levels of repeat offending among drug misusing offenders. 15% of the interviewed arrestees were repeat offenders, regularly using heroin and/or cocaine/crack. The target is to reduce the size of this group by 25% in 2005 and by 50% in 2008.
- Average expenditure on drugs, by those who had used them in the previous 12 month period, was highest of all for those consuming both heroin and cocaine/crack at £290 for the seven days prior to arrest, equivalent to £15,000 per year. This compared with £169 per week (around £9,000 per year) for all interviewed arrestees.
- Users of both heroin and cocaine/crack represented just under one-quarter of all arrestees interviewed, although were responsible for more than three-fifths of the illegal income reported. On average, their illegal income was around £15,000 per year – a similar amount to their expenditure on drugs.
- 40% of arrestees who reported using illegal drugs in the last year acknowledged a link between their drug use and offending. Users of heroin and/or cocaine/crack were nearly twice as likely (78%) to acknowledge such a link.[56]

Following a review of the NEW-ADAM programme, data collection ended in April 2002. A revised programme of research, *The Arrestee Survey*, was launched in September 2003 and will provide nationally representative data. The full report from the review of the NEW-ADAM programme and the first findings from the Arrestee Survey are available on-line via the Home Office website.[57]

3. Drug offenders and drug seizures

The chart below details the number of individuals either cautioned by the police or found guilty by the courts for indictable drug offences.[58] The latest data published by the Home Office relate to seizures made in 2002. Data include those individuals cautioned more than once or those who were repeat offenders.

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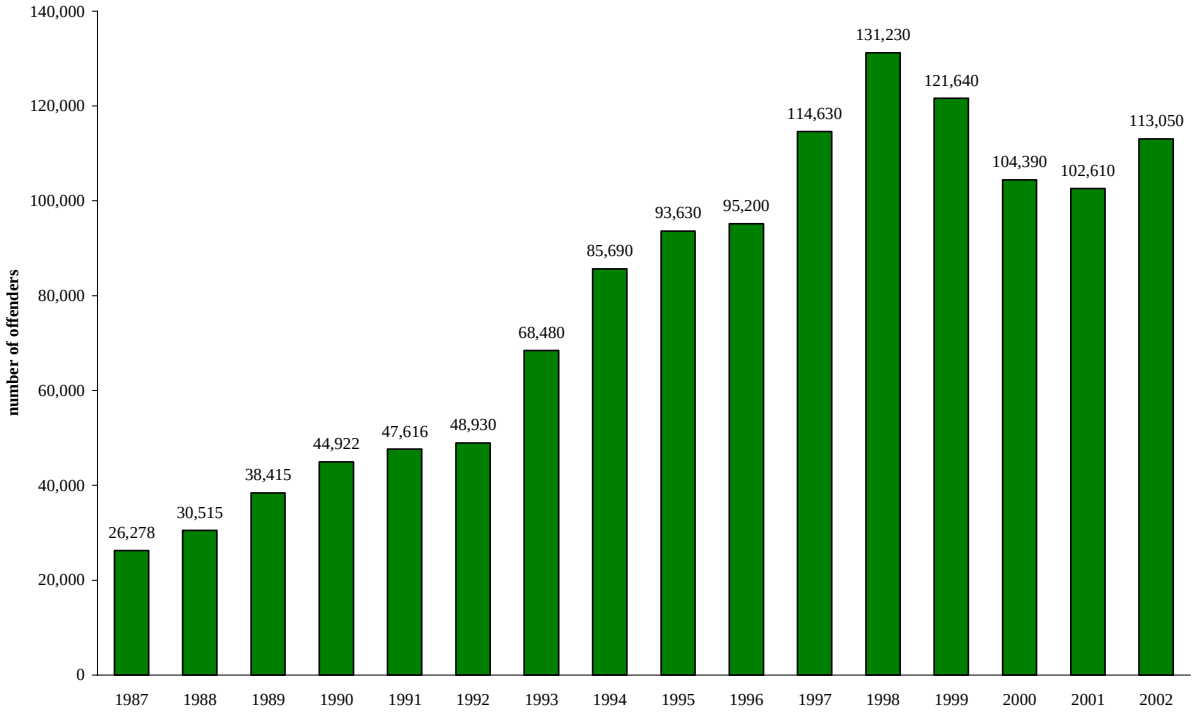
56 http://www.homeoffice.gov.uk/rds/pdfs/r148.pdf

57 http://www.homeoffice.gov.uk/rds/pdfs04/r219.pdf

58 Home Office Statistical Bulletin 08/04 *Drug Seizure and Offender Statistics United Kingdom 2001 and 2002* (2004). Total includes persons found guilty, cautioned, given a fiscal fine, or dealt with by compounding



The total number of known drug offenders has risen considerably over the past decade, reaching a peak of 130,118 in 1998 compared with 30,315 ten years before. Between 1998 and 2001, the number of known offenders fell by 22% to 102,610, rising significantly in 2002, by 10%, to 113,050. The table below reports data relating to seizures of controlled substances between 1990 and 2002 and the number of people found guilty, cautioned, given fines, or dealt with by compounding during the same period.

Seizures of controlled drugs and persons found guilty, cautioned, given a fiscal fine or dealt with by compounding

United Kingdom
number of seizures and persons

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Seizures of controlled drugs													
Total number	60,859	69,807	72,070	88,350	108,520	114,340	122,360	139,870	151,750	134,100	125,080	131,190	137,340
of which:													
Cannabis*	52,856	59,420	57,660	70,000	88,900	90,940	91,880	107,210	114,690	98,450	91,700	98,660	102,390
Amphetamines	4,629	6,821	10,570	11,730	13,030	15,460	18,280	18,610	18,630	13,390	7,070	6,820	6,980
Heroin	2,593	2,640	2,970	3,680	4,480	6,480	9,830	12,510	15,190	15,520	16,460	18,260	15,370
Cocaine	1,536	1,446	1,550	1,830	1,730	2,270	2,820	3,840	5,210	5,860	6,010	7,000	6,640
'Crack'	316	583	870	1,160	1,320	1,450	1,330	1,680	2,490	2,510	2,770	3,690	4,260
LSD	1,859	1,636	2,470	2,530	2,300	1,160	1,140	850	620	480	300	170	60
Ecstasy-type	399	1,735	2,400	2,340	3,610	5,520	6,220	5,100	4,850	6,640	9,780	10,460	8,300
Quantity seized (kg)													
Cannabis**	30,877	32,190	41,150	53,560	228,200	49,170	101,250	150,000	110,260	70,740	73,860	85,750	79,170
Amphetamines	304	421	570	970	1,310	820	2,620	3,300	1,810	2,020	1,770	1,730	1,410
Heroin	603	493	550	660	740	1,390	1,070	2,240	1,350	2,350	3,390	3,930	2,730
Cocaine	610	1,076	22,250	710	2,250	650	1,220	2,350	2,960	2,960	3,950	2,840	3,580
'Crack'	1	2	0	0	10	20	10	30	30	20	30	60	60
LSD (thousands)	143	99	340	310	130	370	210	160	40	70	30	40	20
Ecstasy-type (thousands)	135	421	710	300	1,600	680	5,850	2,030	2,130	6,330	6,550	8,030	5,852

Persons found guilty, cautioned, given a fiscal fine or dealt with by compounding

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Total persons	44,922	47,616	48,930	68,480	85,690	93,630	95,200	114,630	131,230	121,640	104,390	102,610	113,050
of which:													
Unlawful possession	39,350	42,575	43,490	60,480	76,130	82,800	83,990	102,150	118,120	108,780	92,880	91,770	102,160
Trafficking	6,680	6,329	8,450	13,090	15,240	17,680	18,690	20,190	21,540	19,620	16,680	14,570	14,610
of which:													
Immediate custody	3,402	3,268	2,830	4,160	4,870	6,180	7,610	9,220	9,570	9,870	8,070	8,660	8,240
Fine	16,437	15,255	12,990	16,140	20,130	20,870	20,320	25,250	30,670	30,190	26,750	25,950	28,100
Cautioned	17,025	20,742	24,750	35,520	44,820	48,820	48,080	56,760	59,680	50,420	42,020	40,340	46,030
Compounded	1,184	1,066	720	730	780	670	630	550	510	390	…	140	…
Fiscal fine	*	*	*	*	*	*	*	790	1,320	1,260	680	900	920
of which:													
Cannabis	40,194	42,209	41,350	56,420	72,390	76,690	72,900	87,280	99,510	89,640	76,590	72,820	82,550
Amphetamines	2,330	3,532	5,650	7,620	8,550	10,360	12,920	13,470	15,120	12,250	6,690	4,950	5,820
Heroin	1,605	1,466	1,420	2,160	2,970	4,220	5,930	8,890	11,750	12,960	12,430	12,390	11,790
Cocaine	860	838	910	1,670	1,800	2,070	2,470	3,390	4,480	5,360	5,470	4,950	5,990
'Crack'	..	..	..	..	..	..	480	530	910	1,140	1,220	1,420	1,800
LSD	915	1,200	1,430	1,890	1,880	1,270	840	730	630	490	260	180	120
Ecstasy-type	286	559	1,520	1,580	1,880	3,280	3,940	4,220	3,200	4,470	6,670	7,370	6,560

Drugs are siezed in a variety of forms but where possible for the purpose of this table, amounts have been converted to weights.
Seizures of unspecified quantities are not included.
As siezures and offences can involve more than one drug, figures for individual offences, drugs or disposals cannot be added together to produce totals.

* including cannabis plants (number seized in 2001: 71,507)
** excluding cannabis plants

Source: Home Office *Drug Siezure and Offender Statistics, United Kingdom, 2001 and 2002 (2004) and earlier editions*

Over these twelve years, the total number of seizures of controlled substances doubled from 60,859 in 1990 to 137,340 in 2002. Cannabis was consistently the controlled substance seized most frequently. In 1990, cannabis accounted for 87% of seizures, falling slightly to 75% by 2002. During the mid-1990s, the number of seizures of amphetamines grew considerably, accounting for as much as 18% of seizures in 1995. After 1996, there was a noticeable increase in the number of heroin and ecstasy seizures.

In 2001, ecstasy accounted for 8% of seizures (compared with less than 1% in 1990), falling to 6% in 2002, while heroin accounted for 14% of seizures in 2001 (11% in 2002) compared with just 2% of all seizures twelve years before.

Overall, the number of seizures of Class A drugs has tripled over the past decade, from 10,780 seizures in 1992 to 33,350 in 2002. Heroin has consistently been the Class A drug seized most frequently and, since 1994, ecstasy-type drugs have been the second most frequently seized. LSD seizures have fallen significantly over the period.

Across the UK as a whole, the average rate for the number of Class A drug seizures in 2002 was 567 per million population. Higher than average rates of seizures were observed in many of the Scottish police force areas, notably Strathclyde (1,140), Grampian (940), Dumfries and Galloway (940), Lothian and the Borders (770), and Tayside (780); Dyfed-Powys (690) and South Wales (740); Cleveland (1,020), Devon and Cornwall (620), Gloucestershire (770), Humberside (1,070), Lancashire (850), Metropolitan and City of London (840), Northumbria (1,720, the highest in the UK), West Midlands (900), and West Yorkshire (670). Average seizure rates tend to be higher in Scotland (890) and Wales (580) than in England (510). The areas with the lowest Class A seizure rates in 2002 were Hertfordshire (80) Merseyside (100).[59]

The number of people found guilty or cautioned for drug-related offences also doubled over the period, from 44,922 persons (1990) to 113,050 (2002). Most people were charged with unlawful possession of controlled substances. The proportion of people charged with drug trafficking has remained constant at between 10% and 15%. Whereas in 1990, the number of people cautioned was broadly similar to the number given fines, by 2002 an individual was almost twice as likely to be cautioned as fined and almost six times as likely to be cautioned than given a custodial sentence. In 2002, 7% of those found guilty were placed in immediate custody.

[59] Home Office Statistical Bulletin 08/04 *Drug Seizure and Offender Statistics United Kingdom 2001 and 2002 – Area Tables* (2004)