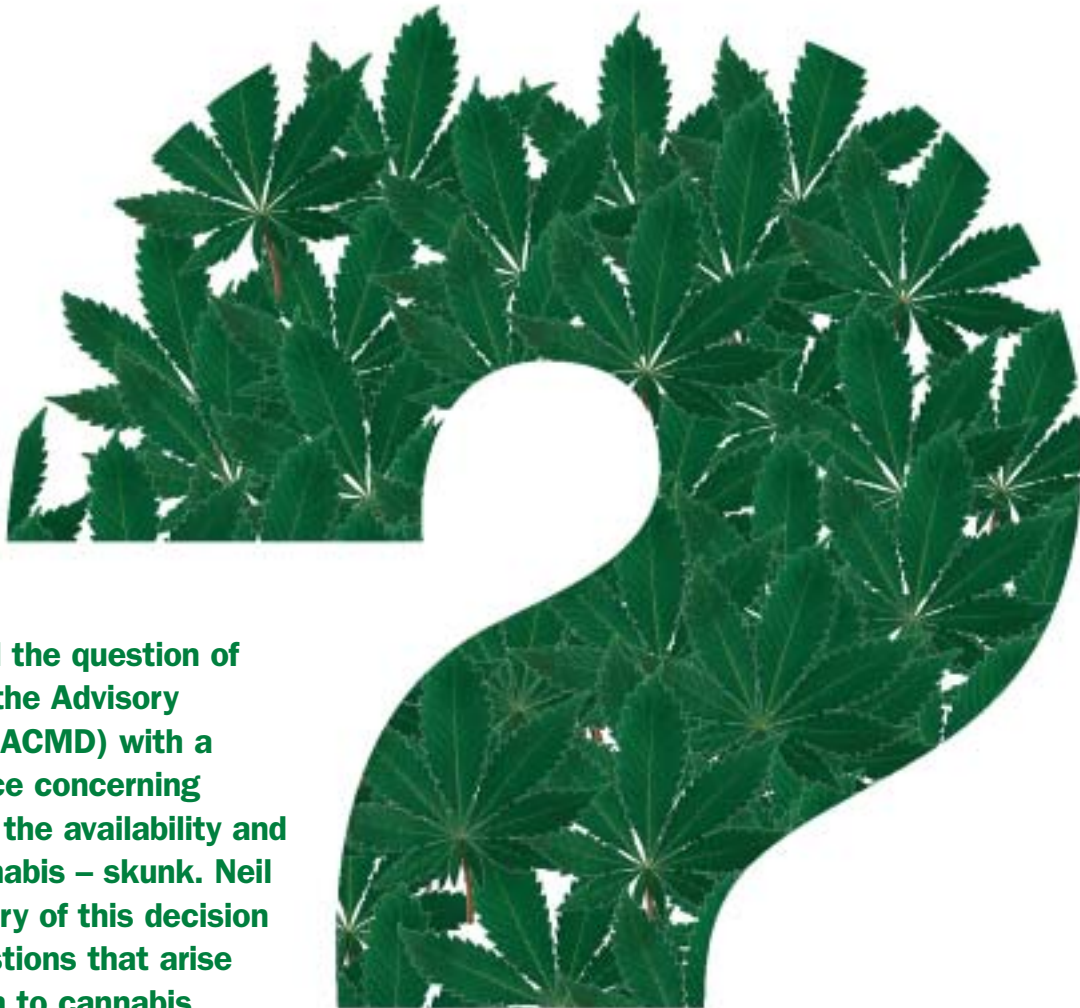


Revisiting cannabis classification: some questions we should ask



The Home Secretary has referred the question of cannabis' classification back to the Advisory Council on the Misuse of Drugs (ACMD) with a request to look at recent evidence concerning cannabis and, mental health and the availability and effect of increased strength cannabis – skunk. Neil Hunt sets out a little of the history of this decision and some of the associated questions that arise from an evidence-based approach to cannabis.

Throughout the last part of the 20th century cannabis was classified as a class B drug under the Misuse of Drugs Act (1971), in the same category as amphetamine and most barbiturates. Within debates about drug control there has been widespread and longstanding criticism of its classification as a class B drug because of a view that, whilst potentially harmful, these risks were not commensurate with other class B drugs. Significantly, the Police Foundation's Independent Inquiry (1999) into the Misuse of Drugs Act (1971) reached the same conclusion and this, along with a report from the ACMD that drew similar conclusions (ACMD 2002) created a climate in which the Home Secretary could successfully seek the reclassification of cannabis, with an aim of decriminalising its use. Almost inevitably, given its significance for prohibitionists and drug law reformers alike, this decision was highly politicised: with both a small and a large 'P'.

In practice, the extent to which its decriminalisation was achieved was limited by the introduction of more stringent penalties for offences connected with class C drugs and many people have been confused about how the law has changed and how the police should now respond to cannabis use. Nevertheless, in some respects the changes can still be seen as a

shift towards a more proportionate, evidence-based response.

Neither the evidence-base nor public opinion is static. Good public policy should be attentive to evolving evidence. Crucially, in the period following the decision to reclassify cannabis, new British and Dutch research has been published concerning the drug's potential role in causing or exacerbating major mental health problems (notably Arsenault *et al.* 2004; Henquet *et al.* 2004; Newcombe 2004). This has been accompanied by a series of media stories about the links between cannabis, psychosis and schizophrenia – especially among young people. Attention has also focused on changing cannabis potency and there is continuing interest in the way that cannabis is policed with respect to both resource utilisation and equity.

Prior to the 2005 general election, the Conservative party pledged to reclassify cannabis



back to class B, putting pressure on Labour to keep step with efforts to appear equally tough on drugs – a posture that conventional wisdom, rightly or wrongly, says plays well with the electorate. The government's response was to refer cannabis back to the ACMD for their advice on the significance of the new evidence. To what extent this was driven by a passionate commitment to evidence-based policy or was just a politically expedient way of defusing the issue while an election loomed, is open to debate. However, the result is that the ACMD is once again reviewing aspects of the safety and control of cannabis.

No terms of reference have been provided to the ACMD in documentary form, although the ACMD's work has been directed towards concerns about the impact of cannabis on mental health and the availability and effect of increased strength cannabis. The ACMD's review process will be to take oral evidence in late summer 2005, which they will appraise with a view to reporting to ministers towards Christmas.

So, what questions are important to consider when appraising the latest evidence?

Most obviously and immediately, the ACMD will need to critically appraise the latest mental health research. In the field of epidemiology, does the work of researchers such as Arsenault *et al.*, Newcombe and Henquet *et al.* suggest that the incidence of cannabis-associated psychosis is changing? Is the incidence of schizophrenia increasing and, if so, is there anything to suggest that this may be attributable to cannabis? At the neurological level, does new research suggest that we should re-evaluate our understanding of the way in which cannabis exposure contributes to later problems by causing transient or long-lasting changes to brain function – especially among young people and others who are exposed to sustained or high levels of cannabis?

In epidemiological terms, a different question concerns what is known about the impact of the declassification of cannabis on its use. Is there evidence that this has increased or even, paradoxically, decreased since the law has changed and how should any such change be interpreted. If cannabis consumption patterns have changed, is this associated with wider effects that are relevant to public health? For example, are changes associated with alterations to the use of other legal and illegal drugs? Are there corresponding decreases in the use of, say, alcohol or heroin that we should note? Or does increased use have a parallel rise in tobacco use?

The question of tobacco raises further questions about cannabis consumption patterns, some of which may be connected with the potency and form in which cannabis is available – recently reviewed for the EMCDDA by Les King (2004). Do we observe changes in these? Is there anything to suggest that this relates to changes in the way that cannabis is classified? Choices between consuming cannabis with tobacco, smoking it on its own (as resin or grass) or in a vaporiser that avoids the inhalation of smoke particles; each has a bearing on public health. Clearly, associated increases or decreases in tobacco use would affect respiratory and cardiac health. But is there evidence that cannabis potency is increasing, or of other shifts in cannabis consumption patterns that have implications for the way that we appraise risks to mental health?

By referring the classification of cannabis back to the ACMD, there is an implication that its classification can have a deterrent effect on its use and the accompanying harms. This poses questions for sociologists and criminologists. How have the changes to cannabis' classification been understood by the public? Do we detect changes in social attitudes towards cannabis use that suggest that its reclassification has led to increased social acceptability and a greater propensity to use cannabis? In particular, how have the attitudes of young people been affected? The UK stopped short of allowing a 'coffee shop' model, which might have allowed a degree of state control over who obtains cannabis and under what circumstances that is not so amenable to control within unregulated cannabis markets. But have the recent changes increased

young people's access to cannabis and, if its classification was changed again, would this have any likely effect on consumption and harm? If the answer to this question is 'no' then it suggests that good social policy needs to be looking in other directions. What contribution can 'social marketing' approaches developed by organisations such as HIT make to cannabis use? Are there expanded responses that we should encourage from youth services? And are there enhanced ways in which young people's drug services can work with cannabis users? Framing our emerging understanding of cannabis-related harm purely within the debate about its classification does not mean that this is the most important direction in which to look, or the only policy option available to us.

Besides the questions about the immediate harms of cannabis and how our responses might reduce these, there are important questions to ask about the costs and other consequences of our societal response to cannabis. What is the impact on policing: community relations, the use of police time and the ability of the police to prioritise their activities? How have the recent changes been experienced and what are the possible effects of further changes? And if we adopt policies that increase the criminalisation of cannabis users, what are the direct costs of imprisoning more people? What are the associated costs within the criminal justice systems? And to what extent are there further costs, such as the impact on families when parents, carers or wage-earners are imprisoned, or the consequences for the offender of being marked with the stigma of a criminal record? Many such questions have recently been reviewed by Lenton (2005).

All of these questions seem germane to an understanding of the harms from cannabis and how

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we might best respond. It would not be enough to merely assess whether we think the harms associated with cannabis have changed. There is a clear requirement for the ACMD also to appraise whether changing its classification would be likely to have an impact on any new understanding of the risks and to weigh this against the possible costs of such an approach.

As a final thought, an evidence-based approach

to drug policy suggests that we have a duty to promote the generation and proper use of good evidence. The declassification of cannabis represents something of a 'natural experiment'. For many questions about drug policy, a 'before and after' design of this sort is the most robust design that is practically or ethically feasible. The government's reclassification of cannabis has created the conditions for us to extend the evidence base on which policy decisions should be made. Commissioned research from research groups such as the Institute for Criminal Policy Research, Kings College London, along with the use of indicators that are structured into social research, such as the Exeter school surveys and the British Crime Survey will, in time, give valuable insights into the way that cannabis use alters in the wake of legal change.

Although it has been possible to outline a number of questions that arise from the reclassification of cannabis from class B to class C, it is in many ways premature to assess them. Consequently, one last question that the ACMD might consider, would be whether there are lost opportunities for evidence-based drug policy that could arise from policy reversals before the impact of one change has been properly evaluated?

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KCA are holding a conference in London on 16 September to assess and debate most recent evidence concerning cannabis use, harm and society's response.

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