

Government response to the
recommendations made by the
Advisory Council on the Misuse
of Drugs in its report *Cannabis:
Classification and Public Health*

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FOREWORD

We welcome the report *Cannabis: Classification and Public Health* from the Advisory Council on the Misuse of Drugs and take this opportunity to thank the Council again for its well-balanced and authoritative findings. The Council continues to play a vital role in informing government policy as well as the public on drug-related issues.

As the Advisory Council has consistently advised, cannabis poses a real threat to the health of those who use it. While we take some comfort from the fact that cannabis use is falling significantly across all age ranges, we remain concerned that it is the most widespread illegal drug used across all age groups.

As the Home Secretary announced on 7 May 2008, we have decided to reclassify cannabis to a Class B drug under the Misuse of Drugs Act 1971, subject to parliamentary approval. In doing so, we do not reject the Advisory Council's advice on this specific issue lightly, but it is the role of government to make decisions informed by all relevant factors and to take account of potential long-term impacts where the evidence is not conclusive at this time.

Our stance on classification cannot be isolated from the overarching aims of the Government's 10-year drug strategy – *Drugs: protecting families and communities* – which include prevention, education, early intervention, enforcement, treatment and reintegration. Our actions will sit within this strategy with cross-departmental management of implementation being overseen and driven by the Drug Strategy Delivery Group.

A comprehensive, public health-based programme of work covering a range of activities – from education through to specialist treatment – has been undertaken in relation to cannabis. While we must not be complacent, all the relevant data covering consumption, young people's awareness of the harms associated with cannabis and access to effective treatment suggest that the approach is working.

Among young people, we have seen cannabis use fall from 13.4 per cent in 2003 to 9.4 per cent in 2007. While this is encouraging, the potential for serious damage to be caused to the health of children from the use of cannabis is not something that government can ignore. The reclassification of cannabis to a Class B drug will reinforce the national message to young people that this is not a 'safe' drug to take. We will ensure that messages about the risks of using cannabis continue to be communicated to young people through drug education and the FRANK campaign. We also want to make sure that parents are aware of the harms that their children might experience from cannabis and that they take the opportunity to talk to their children about this issue and help protect them.

The Advisory Council's report contained 21 recommendations. In accepting 20 of those recommendations, action across government is required. We attach the Government's response, outlining which department has lead responsibility.



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CLASSIFICATION

Recommendation 3: *Cannabis should remain a Class C drug. (Home Office)*

The Government's decision to reclassify cannabis to a Class B drug under the Misuse of Drugs Act 1971, subject to parliamentary approval, is a preventative measure.

The Advisory Council on the Misuse of Drugs (ACMD) confirmed that cannabis use poses a real threat to health. While it also concluded that in the population as a whole cannabis most likely plays a modest role in the development of psychotic illness, the ACMD accepted the possibility that the greater use of higher than average potency cannabis may increase the risks to long-term mental health, particularly if young people start to 'binge smoke'.

Government is expected to take an overview. We do not dispute the ACMD's findings on harm, which are based on the current available evidence. But we have to maintain a classification for cannabis that takes account of its known risks to health as well as the potential long-term impacts on health where the evidence is not conclusive.

The significant increase in both the market share of higher than average potency cannabis and its actual potency in the last few years in the UK are compelling factors.

In reaching our decision, we have taken into account wider issues such as public perceptions and the needs and consequences for policing priorities. Reclassifying cannabis to Class B will reinforce our national message that cannabis is harmful and illegal, and will help to drive the enforcement priorities to reverse the massive growth in commercial cultivation. It will also contribute to our comprehensive package of measures used to tackle cannabis use as part of the Government's drug strategy, *Drugs: protecting families and communities*. This includes prevention, education, early intervention, enforcement, treatment and reintegration. The strategy is available on the Home Office website at:

<http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-2008>.

Recommendation 4: *The Council should convene a further review of cannabis in two years' time.*

It is for the ACMD to manage a programme of reviews of the classification of individual drugs and we are grateful to the Council for its continuing commitment to provide advice on this and other matters as and when new scientific evidence of the physical and social harms becomes available.

The Home Secretary may also ask the ACMD to review a drug's classification at any time.

PUBLIC HEALTH

Recommendation 1: *In the face of the widespread use of cannabis, a concerted public health response is needed to drastically reduce its use. (Department of Health)*

Recommendation 5: *A public health strategy, designed to minimise the harms from the use of cannabis, should be developed under the auspices of the Chief Medical Officers. (Department of Health)*

Recommendation 9: *Health professionals should be encouraged to identify, and offer help to, people dependent on cannabis. The health departments should consider making recommendations for combining cannabis treatment programmes with those of tobacco, alcohol and other substances. (Department of Health)*

Cannabis consumption is dropping, suggesting that our existing actions are working. Our public health response must avoid creating the impression that cannabis use is anywhere near as widespread as tobacco or alcohol use.

However, despite welcome reductions in the overall level of cannabis use, we remain committed to using all appropriate mechanisms to ensure that our public health response is proportionate and effective.

We have undertaken a number of activities in this area and are in the process of doing more. The Department

of Health has, for example, produced a mental health pack for practitioners toolkit.

Earlier this year, the Department of Health also announced funding for the implementation across all medical schools in England of an undergraduate curriculum on substance misuse, which will mean that in the coming years we will have thousands more healthcare professionals who are better able to respond to drug issues, including cannabis use.

In addition, advice on the health risks associated with cannabis use and where to get help will be provided by NHS Direct, NHS Choices, the NHS Smoking Helpline, Drinkline and through other public information points.

The FRANK campaign, which has been extremely effective in highlighting to young people the harms associated with cannabis, will be updating its messages on cannabis following the ACMD's report and an enhanced campaign of activity reflecting these new messages will be undertaken in the near future.

The Department of Health will also shortly publish an expert report on the health risks associated with the use of both cannabis and tobacco, drawing on input from experts of the Scientific Committee on Tobacco and Health and the ACMD.

We are also considering the most effective way that any further public health work involving the Chief Medical Officers can be developed and implemented.

Drug treatment providers already deal with cannabis dependence alongside other drugs that are misused and many tackle their clients' alcohol problems too. In the light of the expert report on cannabis and tobacco, we will look further at what scope there is for combined approaches for dealing with tobacco and cannabis dependency to maximise the effect of these programmes.

The latest data show that, while cannabis use is falling, more people are accessing treatment as a result of dependence on cannabis. This demonstrates the improvements that have been made in the availability

of effective drug treatment. We will continue to monitor the situation to ensure that all drug users continue to have access to the treatment they need.

In Wales, we will consider recommendation 5 in the light of work currently under way to develop *Our Healthy Future: A Public Health Strategic Framework for Wales* and will ask the group looking at health-related behaviours and risk to consider the ACMD's report. We will also ask the implementation board overseeing the delivery of the new Welsh substance misuse strategy, *Working Together to Reduce Harm*, to consider the ACMD's report.

In Scotland, recommendation 5 will be considered as part of the implementation of their drugs strategy, *The Road to Recovery*, which was published on 28 May 2008 and, in particular, the ongoing development of the Know the Score public information campaign which provides factual information about the dangers and harms of drug use.

In Northern Ireland, recommendation 5 will be covered within the context of the *New Strategic Direction for Alcohol and Drugs*.

Recommendation 13: *Warnings regarding cannabis use and particular at-risk groups should be emphasised. (Department of Health)*

We are updating and refreshing our messages in the light of the ACMD's recommendations, focusing particularly on the at-risk groups that the ACMD has highlighted. We are also exploring how we can further share good practice in prevention and treatment, again focusing on at-risk groups.

PREVENTION AND COMMUNICATIONS

Recommendation 2: *Special emphasis should be placed on developing effective primary prevention programmes, directed at young people. (Department of Health/Department for Children, Schools and Families)*

In the Government's drug strategy, *Drugs: protecting families and communities*, published in February 2008,

we outlined our continued commitment to primary prevention programmes for young people and outlined government funding support of over £55 million per year going directly to local authorities to deliver this. Evidence shows that involving parents and providing interventions with families at risk will deliver the best results in the long-term prevention of substance misuse by young people. In the strategy, we outlined the work that government is doing to take this forward in terms of Parenting Experts in all areas, Family Pathfinders and Parenting Early Intervention Pathfinders. More recently, with further funding, we have extended the successful Family Intervention Projects to help an additional 500 families affected by substance misuse.

In addition, the strategy states that the focus of prevention work should be on the vulnerable groups of young people that we know are more likely to develop substance misuse problems – including young offenders, those truanting or excluded from school, and those with substance-misusing parents. In the majority of cases, cannabis use by young people does not lead on to drug dependency, but is more likely to contribute towards other poor outcomes such as involvement in crime or experiencing problems at school. To tackle the progression of issues that affect the most vulnerable young people, all local areas must have targeted youth support services in place by the end of the year; bringing together preventative approaches to a range of poor outcomes for young people that share similar root causes.

We are also committed to improving the evidence base of what works for all drug treatments through a cross-government research programme co-ordinated by the Home Office.

Recommendation 6: *A well resourced campaign alerting young people to the dangers of cannabis should be developed. (Home Office/Department of Health/ Department for Children, Schools and Families)*

Recommendation 7: *Schools and higher education establishments should develop and publish policies on substance misuse. (Department for Children, Schools and Families)*

Recommendation 8: *Credible and consistent advice and support should be available for parents and families about the appropriate action(s) they should take if their child is in possession of an illegal drug. (Department for Children, Schools and Families)*

We will refresh and update the messages within government communications with young people and parents about drugs in the light of the ACMD's recommendations.

The FRANK campaign is the key channel by which the Government communicates the dangers of drugs, including cannabis, to young people. FRANK is a well-established and recognised service and is well placed to communicate the risks of cannabis to young people. Research in 2008 shows that 89 per cent of young people aged 11–21 recognise FRANK advertising and 82 per cent are aware of the helpline. The recent 'Brain Warehouse' cannabis campaign is recognised by 80 per cent of 11–21-year-olds, while 58 per cent of 11–14-year-olds agree that cannabis is 'very likely to damage the mind of someone using it'. This is up from 45 per cent in 2006.

As cannabis is the most commonly used illegal drug among young people, it continues to be a key part of the communications strategy for FRANK. We are committed to informing young people about the risks associated with its use and will launch a new phase of campaigning on cannabis in January 2009. The campaign will use a variety of media, including TV, radio and online advertising, to reach young people with the message that cannabis poses a risk to the mental health of the user.

The 2008 drug strategy, *Drugs: protecting families and communities*, reiterates a commitment to the FRANK campaign and states that FRANK will be extended to provide access to support and interventions for key audiences. We will also launch a new 'cannabis self-help tool' on the FRANK website to encourage young cannabis users to cut down or stop their cannabis use.

Existing guidance, *Drugs: Guidance for Schools* (published by the Department for Education and Skills in 2004), is clear that all schools should have a policy which sets out

the school's role in relation to all drug matters, and that the policy should be widely publicised and readily available as a reference source.

In *The Children's Plan* (Department for Children, Schools and Families, December 2007), we committed to undertake a review of drug and alcohol education to include all those providing information on cannabis to young people, such as parents, colleges and youth services, as well as schools. The Advisory Group established as part of this review is producing a report of the latest evidence and will submit a series of recommendations for Ministers to consider.

It is vital that parents are part of the effort to educate children about the harms that cannabis can cause. We are taking forward work to support and inform parents about the changes in the law and the most up-to-date advice, and parents are now a core audience for FRANK going forward.

In the drug strategy, we committed to improving the ability of the national FRANK helpline in assisting parents and young people to access the treatment and support they need at a local level. We have run a pilot project to inform the process, and are currently considering how to take this forward more widely.

REDUCING SUPPLY

Recommendation 10: *The Council strongly supports the police in being able to devote greater resources to reducing cannabis supply, particularly through restricting the domestic cultivation of cannabis. (Home Office)*

The tasking of the police is an operational matter. The Association of Chief Police Officers (ACPO) and the Serious Organised Crime Agency (SOCA) are developing the way forward for law enforcement agencies in tackling domestic cultivation. ACPO has appointed a national co-ordinator to develop a national problem profile and co-ordinate the national policing response.

The classification system provides a framework to inform decisions by law enforcement, including the police, SOCA and HM Revenue & Customs, in line with the Government's assessment and expectations. Class B status will help to inform and support these decisions on policing priority and resource allocation while allowing chief police officers to make assessments within their own communities.

Recommendation 11: *The Home Office should assess the extent to which the trade in cannabis paraphernalia might be more effectively regulated. (Home Office)*

It is unacceptable that cannabis cultivation and use are facilitated and/or glamorised in any way.

Consideration of how best to restrict the availability of paraphernalia associated with cannabis use and its cultivation must be targeted at the problem, take full account of the legitimate uses of these items and be in line with the Government's Better Regulation principles.

We are currently working with ACPO and other partners to look at how existing legislation and powers can be used more effectively by the police, local authorities and other partners to curtail the sale and promotion of these items by taking local, targeted action.

The National Policing Improvement Agency is leading on drafting practice advice for police and partner agencies to tackle so-called 'head shops' that glamorise this trade in drug paraphernalia. The Agency's work will be completed by March 2009.

Recommendation 12: *Additional aggravating factors should be introduced into legislation concerning the seriousness of offences involving the supply of controlled drugs. (Home Office/Ministry of Justice)*

Those who supply drugs to the most vulnerable individuals in our communities should face the stiffest penalties. The Government has already introduced statutory aggravating factors where supply is made on, or in the vicinity of, school premises and where a courier under the age of 18 is used.

In the first instance, the Home Office and Ministry of Justice will pursue this recommendation with the Sentencing Guidelines Council, which is due to consult on the guidelines on all drug offences. The courts are obliged by statute to have regard to relevant Sentencing Guidelines Council guidelines. This route is preferred, to ensure that any guidelines are comprehensive and that an appropriate level of deliberation is given in defining the aggravating factors.

RESEARCH

Recommendation 15: *The Home Office should extend the British Crime Survey to the under-16s and the survey should include drug use. (Home Office)*

There are two well-established National Statistics time series on the use of illicit drugs: the British Crime Survey (BCS) which measures the use of cannabis by adults aged 16 years and over in residential households in England and Wales; and the Survey of Smoking, Drinking and Drug Use among Young People which measures use by secondary school-age children in England. These two surveys are complementary and each provides a consistent measure of trends in the use of cannabis among the population that they cover.

The BCS is being extended to cover under-16s from January 2009. The principal reason for doing this is to fill a gap in our knowledge about the extent and trends of crimes experienced by children and it would not be a good use of public funds to duplicate information collected by the schools survey among children of the same age. However, it is our current intention, subject to further testing and field trials, to include some questions on the use of cannabis among children. These data will complement information from the schools survey and, for example, enable us to examine the relationship between the use of cannabis by children and their parents.

Recommendation 17: *Continued monitoring of the market share of cannabis and its potency should be undertaken. (Home Office)*

We will continue to monitor the market share of respective cannabis products through all available data sources. In respect of the Home Office's own study, the first tranche of results of which were published in May 2008 in the *Home Office Cannabis Potency Study 2008*, it is our intention to repeat this study during the course of 2009.

Recommendation 14: *The scale and public health significance of cannabis use in the UK require further research. (Department of Health)*

Recommendation 16: *Further research is required into the pattern of the use of cannabis, dependency and resulting physical and physiological complications, particularly to assess how users react to more potent forms. (Department of Health)*

Recommendation 18: *Research is required into the clinical and cost effectiveness of measures designed to help cannabis-dependent users recover from their addiction. (Department of Health)*

Recommendation 19: *Further research should be aimed at identifying young people who may be at risk of developing enduring psychoses from the use of cannabis. (Department of Health/Department for Children, Schools and Families)*

Recommendation 20: *Data on the incidence and prevalence of schizophrenia should be obtained in order to better estimate the risks to young people when they smoke cannabis. (Department of Health)*

Recommendation 21: *Further research on the biological mechanisms involved in cannabis addiction, and the consequent potential treatments, is needed. (Department of Health)*

We agree that more research and analysis is needed, both on the effects of cannabis and the quest for better treatments.

The Government's drug strategy, *Drugs: protecting families and communities*, announced that addiction would be one of the joint priorities for health research funding, led by the Medical Research Council (MRC).

The MRC is developing a strategy for addiction research as part of the strategic co-ordination with the Office for Strategic Co-ordination of Health Research (OSCHR). The strategy for addiction research is being developed in discussion with some important stakeholders in the UK, for example, the Economic and Social Research Council, the Home Office and charities, and links with overseas agencies have also been established.

The UK addiction research base is of high quality, but would benefit from increased capacity and improved cross-disciplinary links. For this reason, the MRC has devised a strategy that aims to attract investigators from outside the addiction field to work together with existing researchers in a limited number of addiction research clusters. It is anticipated that research undertaken by the clusters will span beyond the 'traditional' interests of the MRC much more into the applied, social and policy research areas.

While it is not possible yet to predict the research themes that these research clusters will address, the following issues highlighted in the ACMD report would fall within the remit as we currently envisage it:

- research that assesses the scale and public health significance of cannabis use in the UK;
- research into the pattern of use of all psychotropic and addictive drugs including cannabis; and
- research on the biological mechanisms involved in cannabis addiction, its consequences and potential treatments.

As part of the aforementioned strategy, the MRC also launched a call in August 2008 for applications for pilot studies in addiction. The call specifically states that research proposals addressing gaps in knowledge

identified in the ACMD report would be welcomed, where such needs can be delivered through biological, medical and related sociological research and are relevant to this call.

Research on drug regulation or the economic evaluations of existing treatments are outwith the scope of this call.

The MRC already supports basic research on cannabinoid receptors and also a major epidemiological study which will look at how cannabis use is associated with the development of a mental state that is high risk for psychosis.

Department of Health officials will continue to work with colleagues across government and, for example, the Forensic Science Service in monitoring trends.

