

Ipsos MORI

Drugs: Our Community, Your Say.

A Report on the 2008
Drug Strategy Consultation

Views on Reclassifying
Cannabis to a Class B Drug

May 2008



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1. Introduction

Background

Tackling Drugs to Build a Better Britain, the first ten year national drug strategy, was launched in March 1998. This cross-government initiative set out a broad range of programmes and interventions to support those individuals and communities whose lives are damaged by the effect of illegal drugs.

The Home Office, on behalf of HM Government, commissioned Ipsos MORI to undertake a full and open consultation to seek views to inform the development of the drug strategy going forward. In addition to this, Ipsos MORI was also commissioned to conduct a wide-reaching programme of research that proactively sought the views of those who are directly involved and/or affected by drugs. The composition of this element of the consultation is described in detail overleaf.

Research Aims

The Government, through this combination of open consultation and wider programme of engagement, sought to address the following key research aims;

- Determine successes, strengths, weaknesses and gaps in the current drug strategy;
- Determine the appropriateness of current structures and performance management systems (targets, monitoring etc.) currently in place to deliver the strategy; and
- Determine the effectiveness of the Government's use of resources.

Methodology

Running the full consultation

The consultation, *Drugs: Our Community, Your Say* was launched on 25th July 2007 and communicated through the Home Office website <http://drugs.homeoffice.gov.uk>.

The full consultation document contained 52 questions with free-response text boxes. 5,000 copies of this document were issued to key stakeholders throughout the country.

In addition to the full document, a shorter set of seven questions were published in leaflet form, aimed at a more general public audience. 300,000 leaflets were printed and distributed through outlets such as doctors' surgeries, libraries and police stations.

We provided for responses, in questionnaire or free-flow format to be submitted through one of the following channels;

- Hard copy document (i.e. questionnaire provided with the consultation document)
- Personalised online survey form
- Electronically via a dedicated email address for submissions
- Free-phone telephone line for oral submissions
- Via FREEPOST channels in hard copy

The official 12-week consultation period closed on 19th October 2007.

In total, there were 1,023 written responses to the consultation which are broken down in the following table

CONSULTATION FORMAT	RESPONSES
Online responses to the Full Consultation Document	231
On-line responses to the Leaflet Consultation	442
Email Responses	240
Written/Letter Response	99
Supplementary Data	11

Cannabis Related Questions

As part of the consultation, HM Government were interested in views on the current classification of cannabis and whether there was support for a reclassification of the drug to Class B under the Misuse of Drugs Act 1971. Cannabis is currently classified as Class C.

Specifically, the following questions were asked in the full consultation document;

Q39a – The Prime Minister announced on 18 July that he will ask the Advisory Council on the Misuse of Drugs to look at whether cannabis should be reclassified from a Class C drug to the more serious Class B. This is because of concerns about stronger strains of the drug, particularly skunk, and the potential mental health effects they can have. Do you think cannabis should be reclassified and, if so, why?

Q39b – Are there any other changes that you would wish to see and, if so, why?

In the leaflet document that was published for wider general public consumption, the following question was asked;

Q7 – The Government is concerned about skunk and stronger strains of cannabis, because of the reported serious mental health effects they can have. The Government is therefore consulting on whether to make cannabis a Class B drug (it is currently Class C) which could mean tougher penalties. What are your views? Do you think this will help?

At an overall level there were 639 responses in total to either one of the two specific questions (Q39a and Q7) asked about cannabis reclassification. 273 respondents to the full consultation document answered Q39a, whilst 366 respondents to the leaflet document answered Q7.

Of these, the largest single group (399) were 'personal' responses from individuals; not representative of the views of an organisation. This category also includes those whose responses to the consultation were confidential and therefore anonymous.

Of those responding from or on behalf of an organisation, they are classified into the following seven categories, which represent the background/area of expertise of the respondent(s);

- **Health Professionals** e.g. Primary Care Trusts
- **Statutory Partnerships** e.g. Drug (and Alcohol) Action Teams, Crime & Disorder Reduction Partnerships, Local Strategic Partnerships
- **Policing Agencies** e.g. Police Forces, Constabularies, ACPO
- **Local Authorities** e.g. County/District Councils, Borough Councils, Social Services, Educations services and professionals, Young peoples and families services
- **Drug Treatment/Service Providers** e.g. rehabilitation and treatment centres, drop-in and outreach workers
- **Charity & Voluntary Groups** e.g. Drugscope, NACRO, Phoenix
- **Lobby/Activist/Pressure Groups** e.g. Transform, Legalise Cannabis Alliance

These categories have been created to aid further analysis of the qualitative findings, to tease out any key differences in view across these groups.

Numbers of respondents in each group, and the questions that they answered are summarised below.

Category of respondent	Numbers Responding (to Q39a or Q7)	Q39a	Q39b	Q7
Health Professionals	19	14	11	5
Statutory Partnerships	77	70	47	7
Policing Agencies	27	24	11	3
Local Authorities	50	41	18	9
Drug Service Providers	29	23	21	6
Charity & Voluntary Groups	23	19	15	4
Lobby/Activist/Pressure Groups	15	4	3	11
Personal Responses	399	78	61	321
Total	639	273	187	366

For purposes of analysis on the ‘headline’ issue of support for reclassification, answers to Q39a and Q7 have been analysed together – as they both ask respondents their views on the same issue.

The following tables, summarises the views given within the 639 responses to questions Q39a and Q7. They have been analysed and coded as one of four categories;

- **Yes** – in favour of reclassification to Class B
- **No** – against a reclassification, leave as a Class C
- **Legalise** – rather than being reclassified, cannabis should be legalised altogether (often with the caveat that Government control and regulation will be key)
- **Undecided** – often respondents were unclear either way as they did not feel there was enough evidence and would rather the experts made a decision.

Q39a. Do you think that cannabis should be reclassified?					
Q7. The Government is consulting on whether to make cannabis a Class B drug (it is currently Class C) which could mean tougher penalties. What are your views?					
Category of respondent	Nos. Responding	Yes - Reclassify to 'B'	No – leave as 'C'	Legalise	Undecided
Health Professionals	19	3	7	0	9
Statutory Partnerships	77	25	27	0	25
Policing Agencies	27	19	4	0	4
Local Authorities	50	13	22	0	15
Drug Service Providers	29	7	14	2	6
Charity & Voluntary Groups	23	4	9	1	9
Lobby/Activist/Pressure Groups	15	2	7	3	3
Personal Responses	399	48	188	118	45
Total	639	121	278	124	116

Balance of opinion (from Chapters 3 & 4)

On balance, consultation respondents were more likely to state that they were **against** a reclassification of cannabis from its current classification of 'C'. Those not in favour felt that it should be either left as it is (278 respondents) or that if a legislative change were to take place, it should indeed be in the other direction, and that cannabis should be legalised (124 respondents).

Of the eight 'categories' of consultation respondent, those responding from Policing Agencies were most likely to be strongly in favour of reclassification back to 'B'. Further differences amongst respondents from different organisations and backgrounds are highlighted later in Chapter 4.

Considerably more consultation respondents indicated that they were **against** the reclassification of cannabis to class 'B' than stated that they were in favour. Of those who stated that they would not want the Government to reclassify, a large number said that they would like to see cannabis legalised altogether. In fact, on balance, as many would like to see cannabis legalised as would like to see cannabis reclassified to class 'B'.

Of the eight categories of respondent, those from anonymous or personal responses, Drug Service/Treatment providers, Charity & Voluntary Groups and Lobby/Activist/Pressure Groups are more likely to have spoken out against the reclassification of cannabis.

Interpretation of consultation responses

Single versus group responses

It is important for the reader to note that consultation responses, and the views contained within, are sometimes representative only of the views of that individual, not of a team, or department or division of an organisation or indeed of an organisation as a whole. In many cases however, respondents have consulted with colleagues or a wider audience prior to submitting a response – and therefore aim to represent a particular group's view.

Such responses may have sought and included the views of local stakeholders, concerned and interested parties, local community groups and members of the public, local service user groups, youth groups and many other relevant parties. As such, consultation responses do not contain the

views of one individual or group alone. It is important that, when making comparison across views of different groups and organisation types, it is possible that a broad summary of views is reflected within each individual response.

It is therefore not possible to make direct comparison across the numbers of respondents within certain categories, or making views on different issues, by the 'weight' of responses alone.

It is also important to note that, whilst in some instances consultation respondents make it clear that they are responding **on behalf of** their own organisation, in other cases, the response may be a personal or individual response and not considered to be the views of the organisation as a whole. It is not always possible to tell where this may or may not be the case.

Sample and population

It is important to note that the findings from this public consultation are from a consultation and not an opinion poll or referendum. It cannot be used to generalise or extrapolate in the same way as representative quantitative research. A consultation is seeking information and views relating to a specific proposal and is not intended to elicit representative samples of opinion.

Typically with consultations, there can be a tendency for responses to come from those more likely to consider themselves affected and more motivated to express their views. Responses also tend to be more biased towards those people who say they will be negatively impacted upon by the implementation of this policy. The nature of consultation is that respondents are self-selecting and therefore not necessarily representative of opinion across England & Wales or the UK. It is also important for the reader to note that the findings contained within this report relate solely to those who have chosen to respond from the certain respondent category 'types'. Their views are not a representative sample of '**all**' Policing Agencies for example, but are representative of those Policing Agencies who **chose** to respond to the consultation.

Presentation and interpretation of qualitative data

Key findings from the cannabis related questions within the consultation form the bulk of this report. Supporting verbatim comments have been used for illustrative purposes. It is important to note that these comments are not statistically representative of the views of all consultation and research respondents; they are used to highlight the range of comments made, and to give a sense of the strength of feeling held by the different consultation audiences.

Publication of the findings

It is important that the interests of the Home Office, HM Government and Ipsos MORI are protected by ensuring that the results are accurately reflected in any press release or publication of findings. As part of our standard terms and conditions of contract, the publication of the findings of this research is therefore subject to advance approval of Ipsos MORI. Such approval will only be refused on the grounds of inaccuracy or misrepresentation. The Home Office retains copyright of data and the report. Reproduction in other publications or research cannot take place without explicit permission of the Home Office.

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2. Executive Summary

Headline Findings

The balance of opinion given within the scope of the consultation was **against** a reclassification of cannabis to Class B. Over twice as many responses assert that they would oppose such a move, than stated they favour a reclassification.

Q39a. Do you think that cannabis should be reclassified?					
Q7. The Government is consulting on whether to make cannabis a Class B drug (it is currently Class C) which could mean tougher penalties. What are your views?					
Category of respondent¹	Nos. Responding	Yes - Reclassify to 'B'	No – leave as 'C'	Legalise	Undecided
Health Professionals	19	3	7	-	9
Statutory Partnerships	77	25	27	-	25
Policing Agencies	27	19	4	-	4
Local Authorities	50	13	22	-	15
Personal Responses	399	48	188	118	45
Drug Service Providers	29	7	14	2	6
Charity & Voluntary Groups	23	4	9	1	9
Lobby/Activist/Pressure Groups	15	2	7	3	3
Total	639	121	278	124	116

Reasons for reclassifying to Class B

Responses outlined an array of different reasons in support of the move to reclassify cannabis. The strongest argument in favour of reclassification referred to a perceived lack of clarity amongst the general public, and in particular amongst young people, as to the current 'legal' status of the drug.

¹ Of those responding from or on behalf of an organisation, they are classified into seven categories, which represent the background/area of expertise of the respondent(s). These categories have been created to aid further analysis of the qualitative findings, to tease out any key differences in view across these groups.

It is important for the reader to note that the findings contained within this report relate solely to those who have chosen to respond from the certain respondent category 'types'. Their views are not a representative sample of 'all' Policing Agencies for example, but are representative of those Policing Agencies who chose to respond to the consultation.

There is a strong concern that at present, cannabis is perceived as 'safe' and in many instances 'legal' due to a wide-spread misunderstanding of the rules governing the classification of illegal substances. Those citing this particular issue as their main justification for reclassification feel that such a move would reinforce the message that cannabis is indeed dangerous and is still illegal.

There are a large number of other reasons given supporting a move for reclassification by respondents to the consultation, as outlined below;

- A feeling that cannabis acts as a 'gateway' to other, more harmful Class A and B drugs;
- Concerns over the link to mental health problems such as psychosis and schizophrenia;
- Worry over the increase in home-grown cannabis and the growing influence of organised crime in this market in particular;
- And those who favour a higher classification for cannabis to act as a deterrent though would not necessarily want to see young people criminalised.

Reasons against reclassification

Arguments against reclassification also included a wide range of views. At the overall level, the main concern is why there is a need for a further reclassification without any clear evidence that cannabis is more harmful now than it was the last time the Advisory Council on the Misuse of Drugs (ACMD) looked into it. Respondents want to see scientific evidence that there is a causal link between cannabis use and mental health problems before a reclassification is considered.

Other arguments against reclassifying the drug include;

- Reclassification will not impact on the numbers using the drug, and will instantly criminalise large numbers of users, particularly those who are young and vulnerable;
- Tobacco and alcohol are felt to be more harmful yet the Government do not exert stronger controls over their use;

- More severe punishments will prove to be a drain on police and prison resources;
- A further legislative change will add further confusion to an issue which the general public are already uncertain over;
- Drug classification is an issue for the experts, the ACMD, and not a political issue for the Government to be focussing on;
- Resources and effort would be better focussed on targetted public information and education campaigns;
- Cannabis has many medicinal uses, and those who rely on it to ease suffering should not be criminalised.

Amongst those who speak out against reclassification, there are a large number (124 responses in total) who would like to see the Government take the step of legalising cannabis altogether. They feel that state control and regulation will take cannabis out of the hands of the criminal gangs, and with proper labelling and quality control, give people more information about the substance they are taking.

Who is against and who favours reclassification?

Next we outline the numbers of responses from the key sub-categories² who respond against or in favour of reclassification. The most common response to the issue of whether respondents feel the Government should reclassify cannabis to Class B is highlighted in bold.

² Of those responding from or on behalf of an organisation, they are classified into seven categories, which represent the background/area of expertise of the respondent(s). These categories have been created to aid further analysis of the qualitative findings, to tease out any key differences in view across these groups.

It is important for the reader to note that the findings contained within this report relate solely to those who have chosen to respond from the certain respondent category 'types'. Their views are not a representative sample of 'all' Policing Agencies for example, but are representative of those Policing Agencies who chose to respond to the consultation.

Health professionals

Numbers responding: 19

Number in favour of reclassification: 3 Number against: 7

In favour of full legalisation: 0 **Undecided: 9**

Statutory Partnerships

Numbers responding: 77

Number in favour of reclassification: 25 Number **against: 27**

In favour of full legalisation: 0 Undecided: 25

Policing professionals

Numbers responding: 27

Number **in favour of reclassification: 19** Number against: 4

In favour of full legalisation: 0 Undecided: 4

Local Authorities

Numbers responding: 50

Number in favour of reclassification: 13 Number **against: 22**

In favour of full legalisation: 0 Undecided: 15

Drug Service/Treatment providers

Numbers responding: 29

Number in favour of reclassification: 7 Number **against: 14**

In favour of full legalisation: 2 Undecided: 6

Charity & Voluntary groups

Numbers responding: 23

Number in favour of reclassification: 4 **Number against: 9**

In favour of full legalisation: 1 **Undecided: 9**

Lobby/Activist/Pressure Groups

Numbers responding: 15

Number in favour of reclassification: 2 **Number against: 7**

In favour of full legalisation: 3 **Undecided: 3**

Personal and anonymous responses

Numbers responding: 399

Number in favour of reclassification: 48 **Number against: 188**

In favour of full legalisation: 118 **Undecided: 45**

Other and general issues raised

On top of the arguments for or against the reclassification of cannabis, responses covered many other areas that they would like the Government to consider during the scope of their review of cannabis.

In particular, respondents feel that the classification in general may warrant a complete review and overhaul. There is a feeling that the system is open to misinterpretation and does not make it clear what exactly is illegal and what is supposedly unsafe. There is a strong call for a clearer system to take its place, and one which focuses on risk and harm caused by drugs.

Other respondents feel strongly that alcohol and tobacco use and abuse have a key part to play in this debate, and as such, feel that the 1971 Misuse of Drugs Act should be reviewed and widened in scope to become a 'Substance' Misuse Act.

The issue of clear empirical evidence is raised throughout, and respondents want to ensure that the Government and the ACMD in particular are basing any future change to the classification of cannabis on unambiguous scientific evidence.

3. Arguments for Reclassification to 'B'

Chapter summary:

Whilst on balance, consultation respondents were not in favour of reclassification of cannabis to class 'B', there were some consistent reasons given to justify the view that reclassification is called for. These largely focus on a criticism of the decision taken in 2004 to down-grade cannabis, which respondents felt sent out a confusing and mixed message to people about the legal status and harmful nature of the drug. In particular, young people were felt to be most widely influenced by this 'message', and respondents in favour of a reversal of this down-grade feel that a firmer and clearer message is needed.

Main arguments in favour of reclassification

The following key 'arguments' were put forward by respondents as reasons in favour of a reclassification of cannabis. They are discussed in further detail below.

- Confusion over the 'legality' of cannabis – and the lack of clarity in message to young people
- A 'gateway' drug?
- Link with mental health problems; psychosis and schizophrenia
- A boost for home-grown cannabis and organised crime
- Classification as a deterrent and not necessarily as punishment

Confusion over the 'legality' of cannabis

Consultation respondents felt that the classification of cannabis as a 'C' leads people, particularly young people, to feel that cannabis use and possession is indeed legal. At best, it confuses people about the 'legal status' of the drug. A firm definition and further clarity is sought.

Communication regarding re-classification from class B to C was confusing and misinterpreted particularly by young people

Stoke on Trent DAAT, Q39a

There was a sense amongst those in favour of a reclassification that the public took the wrong message from the previous change in classification;

The message was "Cannabis is less clinically dangerous than some other illicit drugs" - the message that was received was "Cannabis is harmless and legal"

Kenward Trust, Drug Service Provider, Q39a

Indeed, a large number of responses referred directly to the notion that a firm message is needed for young people to see that cannabis use is harmful, and wrong.

Young people need parameters, their attitude to heroin is negative [and] it is with hope seeing the effect cannabis has had on their peers they will take a similar view [with cannabis]

IDCS Ltd (The Independent Drug Consultancy Service), Drug Service Providers, Q39a

A 'gateway' drug?

There was also a fear that cannabis users, under the misapprehension that cannabis is legal – and perhaps therefore not harmful – were more likely to move onto other more harmful drugs.

Recent studies in Canada have shown that where the cannabis market took hold it created a ready market place for the switch to the production and use of Methamphetamine

Nottinghamshire Police, Policing Agencies, Q39a

Cannabis access can provide access to other drug scoring opportunities. As such our view is that cannabis may well merit reclassification

Ealing DAAT, Policing Agencies, Q39a

Cannabis should be reclassified back to class B , and we should be testing for it on arrest at police stations - cannabis in a high number of cases usually leads to class A use

Anonymous response, Q7

Link with mental health problems; psychosis and schizophrenia

Respondents in favour of a reclassification cited personal experience of its links with mental health problems, particularly those with direct contact with cannabis users;

It should never have been put down to Class C. Time to make it right again. As an officer, I have seen the dreadful effects of drug-induced psychosis in kids through cannabis

Northamptonshire Police, Policing Agencies, Q7

The potential of a causal link between cannabis and mental health problems was seized upon by many respondents, who felt that, in particular, the stronger strains referred to within the consultation document and leaflet, could have damaging effects on heavy and long-term users.

It should never have been lowered- the whole thing has been a disaster and put us back years- in terms of counteracting the belief that spliff is "natural" and "just a bit of puff". Skunk is a very powerful drug- and I have seen many young people who have serious mental health issues as a consequence of smoking it in their teens

General public response, Q39a

There has been a significant increase in cannabis induced psychosis and other cannabis associated mental health issues

Oldham PCT, Health Professionals, Q39a

The damaging health effects on users are felt to cost the Government and burden the NHS.

It is a drug that causes mental health issues, not to mention chest problems, all costing the government money and putting more of a strain on the NHS

Turning Point, Charity & Voluntary Groups, Q7

A boost for home grown cannabis and organised crime

There was a worry that the reclassification in 2004 had led to a rise in the volume of cannabis being grown within the UK, both for personal use and also by organised crime gangs.

The current situation has allowed organised crime groups like the Vietnamese based groups to capitalise on a gap in the market and establish skunk cannabis factories in the UK on a massive scale

Cambridgeshire Constabulary, Policing Agencies,
Q39a

Cultivation and supply is largely controlled by criminal gangs, and it is important that these individuals are seen to be criminals, causing harm to individuals and society

General public response, Q39a

Classification as a deterrent and not necessarily as punishment

There were frequent mentions of a desire to see cannabis reclassified to a 'B' for the purpose of giving a clear message that it is illegal and harmful, though respondents were also keen to see that there is not an increase in the use of custodial sentencing.

Because drug use tends to be non-violent as a crime it should be punishable by community "benefit" orders, rather than imprisonment

Anonymous response, Q7

Courts should, in appropriate cases, make use of community orders linked to short but intensive awareness courses delivered by drugs workers

Durham DAAT, Statutory Partnerships, Q39a

Some respondents do however, feel that the law – in terms of punishment – does need to toughen-up considerably in regard to those caught dealing cannabis.

Harder, tougher penalties should be brought in especially for dealers who are dealing to young people as young as 9 yrs of age

St Lukes Cares, Drug Service Providers, Q7

Who said what – subgroup differences

In total, 121 responses were in favour of reclassifying cannabis from a 'C' to 'B'. These were split amongst the following eight categories of respondent.

Health professionals

Three responses from Health Professionals were in favour of the reclassification of cannabis.

These responses all refer to long-term mental health concerns, in particular schizophrenia.

Yes [it should be reclassified], because of the impact of cannabis use by young people on their long term mental health, especially the development of schizophrenia

Nottinghamshire PCT, Health professionals,
Q39a

Statutory Partnerships

Twenty-five responses from Statutory Partnerships were in favour of the reclassification of cannabis.

Responses in this group focussed on the view that there is a proven link between cannabis use and mental health problems;

'Skunk' poses a serious risk to mental health, for those with and without pre-existing conditions

Ealing DAAT, Statutory Partnership, Q39a

Respondents from Statutory Partnerships also frequently discussed the confusion that reclassification in 2004 had upon local communities;

The confusion over the previous reclassification has meant local communities think it is "legal" – it was not marketed very well and because enforcement around the issue was reduced, it was assumed to be "OK" to use. If it is to be reclassified once more a clearer marketing/media message HAS to be delivered

Knowsley DAAT, Statutory Partnership, Q39a

Policing Agencies

Nineteen responses from Policing Agencies were in favour of the reclassification of cannabis.

Policing agencies were the most likely group of consultation respondents to favour a reclassification of cannabis back to a 'B'. This group was more likely to focus on the issues of organised crime than other respondents;

There is a clear increase in the large-scale production of cannabis by organised groups (often foreign nationals). This growing problem does require a comprehensive and broad strategic approach to be put in place to address it and the re-classification of cannabis would be one element that could be introduced

Staffordshire Police, Policing Agencies, Q39a

Respondents from this category were also strongly in favour of reclassification for the purposes of sending out a clear and strong message about the legal status of cannabis.

There are too many mixed messages about cannabis. There is a need to simplify it: it is unlawful, the consequences can be serious and it is linked to crime

Leicestershire Constabulary, Policing Agencies,
Q39a

The Magistrates' Association felt that reclassification is particularly necessary for young people;

We want to protect young people from harming themselves as there is now overwhelming medical evidence that smoking cannabis will have a detrimental effect on their health. At the Magistrates' Association's AGM in Coventry last November, it was proposed that cannabis should be re-classified as a Class B drug for the under 18s. The meeting overwhelmingly carried the motion

Magistrates' Association, Policing Agencies, Q39a

This is a sentiment echoed by other respondents, who felt that in particular, the psychological effects of cannabis can be more damaging amongst young people.

Local Authorities

Thirteen responses from Local Authorities were in favour of the reclassification of cannabis.

The risk to mental health was commonly cited by Local Authority respondents. Also frequently mentioned by those favouring reclassification was a sense that young people in particular need to be given a strong message that cannabis is still illegal and harmful;

The law needs to be a lot clearer especially for young people. It is no good saying this might happen or that might happen. Young people need to be clear and when it's said it will happen it should

DPEAP Education Services, Local Authorities,
Q39a

Drug Service/Treatment providers

Seven responses from Drug Service/Treatment Providers were in favour of the reclassification of cannabis.

Drug Service/Treatment providers in favour of reclassification were another category of respondents who felt that the previous reclassification of cannabis sent out the wrong message to people, and in particular young people. They also cited health impacts as reasons for moving cannabis to a class 'B'.

Should be class B – still ruins lives and health – those who want the softly softly approach should work with the people who have been destroyed by this 'safe' bit of weed

Treatment Provider, Q39a

Charity & Voluntary groups

Four responses from Charities and Voluntary Groups were in favour of the reclassification of cannabis.

As well as a sense that mental health issues are a justification for reclassifying cannabis, there is also a notion raised that there is a link between cannabis consumption and violent criminal behaviour;

[There are] too many tragic crimes (i.e. murders) caused by people on cannabis. Young people think its ok to use cannabis

Lobby/Activist/Pressure Groups

Two responses from Lobby/Activist/Pressure Groups were in favour of the reclassification of cannabis.

Reasons given for this view relate to a feeling that a tougher penalty for possession will act as a deterrent to those wishing to avoid gaining a criminal record.

Another reason given here concerns not only the dangers to mental health, but physical impact too;

It should be noted that research has shown e.g. that head and neck cancers occur much earlier in cannabis smokers than they do in tobacco smokers, and that immune systems can be compromised; clearly, the harms are not confined to mental health aspects

National Drug Prevention Alliance, Q39a

Personal and anonymous responses

Forty-eight anonymous and personal responses were in favour of the reclassification of cannabis.

Responses in this category focussed largely on the issues of risks to both physical and mental health and the sense that the previous reclassification sent out mixed and confusing messages to people about the legal status of the drug.

There was also a view that cannabis use is having a detrimental impact on the educational attainment of young people;

We are concerned about the adverse impact that cannabis is having on the education of some teenagers

Anonymous response, Q39a

4. Arguments against Reclassification to 'B'

Chapter summary:

Consultation respondents were more likely to report that they were **against** a reclassification of cannabis, with a large number feeling that cannabis could even be declassified altogether and made legal.

Respondents urge the Government to let the Advisory Council on the Misuse of Drugs (ACMD) review the evidence and establish links between cannabis use and mental health problems. Respondents question the need for a further review in this area, given the recent ACMD reviews and lack of further subsequent and credible evidence becoming available.

There are also fears that large numbers of people, and in particular vulnerable young people, becoming criminalised – as it is not felt that reclassification will impact on use and demand for cannabis.

Main arguments against reclassification

Consultation respondents gave a wide range of views against reclassification. The following summarises the more common themes, and the following sections discuss them in more detail.

- Many will be criminalised, but few, if any, will stop using
- Lack of clear evidence about mental health links
- Tobacco and alcohol proven to be far more damaging
- A drain on police and prison resources
- A further change would lead to further confusion
- Not a government/political decision – a job for ACMD
- Efforts should be focussed on education and information
- Cannabis has many medicinal uses

BUT

- 'Skunk' may be more harmful, and may warrant a 'B' classification.

Stronger strains of cannabis to be upgraded in classification

The stronger strains of cannabis with a high proportion of THC were considered more potent than others and there was support for upgrading those stronger strains, whilst keeping the weaker forms at a class C.

A view could be taken that leads to differing types or strains of cannabis being considered separately.

Plymouth Children's and Young People's
Trust / Plymouth City Council, Local Authority,
Q39b

Many will be criminalised, but few, if any, will stop using

One of the more frequently cited justifications given for maintaining the classification of cannabis at its current level is an assertion that cannabis users will use the drug regardless of the level of classification. Other messages, in particular more health-related 'messages', are felt to be more effective than re-enforcing the fact that cannabis is illegal.

I do not think it would help to make cannabis a Class B drug. I do not think that making heavier criminal penalties around drugs stops the use. Education on the dangers of skunk and support for users would be more effective

Anonymous response, Q7

However, there was also a view that the previous reclassification did indeed have the effect of reducing use of cannabis amongst young people.

Our evidence from a survey of 1800 young people in Brighton & Hove in 2007 is that experimentation with cannabis has gone down since the reclassification. This has partly benefited from education and information exploring the risks and harms of cannabis more than its legal status. It would be a retrograde step to reclassify cannabis to class B. It does not have nearly the same potential for harm as other A and B illegal drugs

Healthy Schools Programme, Local Authority
Education Service, Q39a

Other respondents look to the example of Holland for 'proof' that state regulation and control of cannabis leads to fewer young people using the drug.

There is no evidence that changing the classification of a drug has an impact on use but there is evidence that

reducing the legal penalties can reduce the harm of people getting caught up in the criminal justice system - which has a far greater deleterious impact on people's lives than cannabis

Anonymous response, Q7

Following on from this, respondents also argued that a reclassification would criminalise large numbers of people, and in particular young people whose lives, it is felt, would be irreversibly damaged by contact with the criminal justice system.

It is important that is it not reclassified to 'B', the damage caused to young people and their families by prison is enormous, as is the damage to society in criminalising so many young people. Two years prison is already disproportionate

General public response, Q39a

Lack of clear evidence about mental health links

Consultation respondents saying that they would be against a reclassification also dispute the claims that there is a clear link from cannabis use to mental health problems. Most commonly mentioned here was a lack of clear scientific evidence supporting this causal link, though some acknowledge there may indeed be a correlation.

The claims of a causal link with mental illness do not appear to be borne out by the epidemiological evidence, as the incidence of cannabis has grown dramatically in the UK over the last fifty years, and yet the incidence of mental illness has remained static

Drug Treatment/Service Provision, Q39a

Respondents also felt that there was no 'new' evidence about this link available since the ACMD conducted their last review of the classification, and would therefore question the need for a further review when no additional evidence is available.

Recently published studies, including a review of the evidence on cannabis use and psychotic outcomes published in the Lancet in July 2007, echo and do not contradict the ACMD's findings. It is unclear what new evidence has emerged since 2005 to merit a further review or a reclassification from class C to B

Drugscope, Voluntary Sector, Q39a

Lifeline notes that the classification has only recently been reviewed by the ACMD and would argue that most of the findings in relation to mental health were already available at the time of that review

Lifeline, Treatment Service Provider, Q39a

Respondents also report that there is a similar lack of evidence supporting the claims that cannabis has increased in strength in recent years. Whilst many of these responses refer to personal experience of smoking the drug over many years and not noticing a difference in quality or strength, others look more widely at available evidence to support their claims;

There is no hard evidence that it is stronger than before, all the results are different. Look at Holland where it is legal....are there loads of mental health problems there? Don't think so

Anonymous response, Q7

On 17 September the London.net published an article about research at King College, showing that checked samples of cannabis seized by the police in 2007 had the same strength as when similar checks were conducted a decade ago

Anonymous response, Q7

What is clear from respondents is a call for a broader evidence base and more research to be conducted and reviewed before this decision is taken;

More research is needed before this decision is made. Getting the right decision is more important than doing it quickly. The Mental Health issues are still not resolved either way from reading the literature

Safer Communities Team, Nottinghamshire
County Council, Local Authorities, Q39a

The ACMD included among its recommendations that there should be 'a substantial research programme' into the relationship between cannabis use and mental health, to better determine the link between cannabis use and mental health problems and the development of preventative measures. DrugScope continues to support the recommendation – nearly two years on we are not aware that such a programme is underway

Drugscope, Voluntary Sector, Q39a

Tobacco and alcohol proven to be far more damaging

Respondents spoke frequently about the relative physical and mental harm caused by tobacco and alcohol consumption. Respondents here felt that the legal status and classification of cannabis is disproportionately severe when the numbers of deaths associated with these legal substances is taken into consideration.

The current legal framework is incoherent and out of date. It makes no mention of the two most dangerous drugs, alcohol and tobacco

West Sussex DAAT, Statutory Partnerships,
Q39a

There have been zero reports of any deaths resulting from cannabis consumption, yet far more dangerous drugs, such as tobacco which kills over 50,000 people each year in the UK, and alcohol kills over 30,000 people each year

Anonymous response, Q7

Respondents felt that whilst tobacco and alcohol consumption can cause not only individual physical and mental harm, they also have wider societal implications; for instance citing the correlation between alcohol and violence, and the 'strain' put on the NHS by tobacco and alcohol consumption in the UK. Cannabis, it is felt, does not have this wider financial impact on the health service, and therefore does not merit a harsher classification.

As such, there was support for cannabis use and supply to be controlled and regulated in the same way as alcohol and tobacco;

No-one is seriously proposing that alcohol and tobacco become banned substances; for these very harmful drugs our society has already settled upon a regime of control and regulation, rather than proscription, albeit with rather mixed results to date. The big question is therefore this: if that is our preferred option for these drugs then why do we treat other, demonstrably less harmful, substances so differently?

North Wales Police, Policing Agencies, Q39a

A drain on police and prison resources

There was a clear concern from a range of respondents about the impact that a possible reclassification would have upon the criminal justice system. The

main concern is that custodial sentences for cannabis related offences would prove to be a drain upon criminal justice resources.

It would defeat the principle of resources following risk, because it would attract disproportionately high sentences compared to the risk that cannabis users present and use up resources in the criminal justice system that should have been directed towards more risky candidates

Probation Officer, Surrey, Policing Agencies,
Q39a

Re-classification of the drug would threaten once again to target cannabis users with inappropriate legal sanctions and tie up criminal justice time and resources that might be better deployed elsewhere

Lifeline, Treatment Provider, Q39a

Respondents here felt that criminal justice resources are better focussed upon those involved with more 'serious' drugs such as heroin and crack cocaine.

Leave cannabis as Class C and free up resources to deal with the real problems: hard drugs such as crack, methamphetamine and heroin that are steadily growing in popularity in this country

Anonymous response, Q7

Some respondents felt that rather than focussing resources on the criminal justice system, money would be better spent on improving the range and availability of drug treatment services. Improvements to information provision are also felt to be effective uses of resources.

By diverting money away from criminalisation and the legal system, services would be better funded and placed to offer effective treatment and information. This has to be a priority, however this would take a government that is prepared to really take on the issue and not shy away. The government needs to get more input from drug services that understand the issues

Anonymous response, Q7

A further change would lead to further confusion

Whilst respondents in favour of a reclassification cited the confusion that the previous reclassification caused, there was a sense that a reversal of that

2004 decision will lead to further confusion and uncertainty surrounding the message that the Government is attempting to give about cannabis.

A change in the classification of cannabis at this stage is likely to cause significant confusion, particularly amongst young people and young adults. It may be sufficient to maintain the existing classification and re-emphasise that it is still illegal

Norfolk DAAT, Statutory Partnerships, Q39a

Please do not change this AGAIN!! It was a nightmare last time and it will cause yet more chaos and confusion. Another change in the law will not help

Croydon Department of Children, Young People and Learners, Local Authority, Q7

Not a government/political decision – a job for ACMD

Many respondents were keen to ensure that the assessment of empirical evidence was conducted by an impartial independent body that is removed from the political process;

In the short term at least, the only solution is to make all scrutiny as independent as possible. Only then would the independent evidential base be in place to provide the foundations on which progressive political reform can occur. The current situation, where the drug policy research and analysis agenda, and its published outputs, are translated through the prism of populist law and order politics can only lead to bad policy making and is in no one's interests

Transform, Lobby/Pressure Group, Q39a

As such, respondents were keen to point towards the Advisory Council on the Misuse of Drugs (ACMD) as the organisation that they felt should be responsible for looking into cannabis classification. It was felt that they are best placed to review evidence and make judgements;

Cannabis should not be re-classified. The ACMD have twice considered the evidence and they are the acknowledged experts

South Tyneside DAT, Statutory Partnership, Q39a

Efforts should be focussed on education and information

Building on the view that the classification of cannabis has no impact on the levels of consumption, particularly amongst young people, respondents felt that resources could be more effectively geared towards information and education campaigns.

We do not support a further reclassification of cannabis. There is no evidence that this would lead to a reduction in use or harm and it is almost certain that it would lead to confusion about the legal status of the drug. We suggest that attention in this area is channelled into delivering effective public health campaigns that inform people of the evidence

Greater London Alcohol & Drug Alliance
Womens Voices, Voluntary Agency, Q39a

The notion of education, information and support is echoed by a wide range of consultation respondents.

We do need improved education, information and support/treatment services for those who develop problems [with] cannabis

Bristol Drugs Project, Treatment
Service/Provider, Q39a

Cannabis has many medicinal uses

Reference to the use of cannabis by sufferers of a number of degenerative and long-term illnesses comes from those not only against the reclassification of cannabis, but also from those who favoured reclassification to class 'B'. For some, they would like to see different legislation in place for those who can benefit medicinally from cannabis use.

Release urges the Government to immediately introduce a new law allowing for the use of cannabis for medicinal purposes. The continued criminalisation of people who use cannabis for medicinal purposes is simply wrong

General public response, Q39a

Who said what – subgroup differences

In total, 278 responses were against reclassifying cannabis from a 'C' to Class 'B'. These were split amongst the following eight categories of respondent.

Health professionals

Seven responses from Health Professionals were against the reclassification of cannabis to Class B.

One response sought to examine the link between cannabis use and mental health problems from a different perspective, questioning why those with pre-existing conditions may turn to cannabis in the first instance.

Consideration should be made to focus upon why people with mental health problems and those at risk of developing mental health problems, choose to use cannabis. Often these groups are marginalised and therefore seek approval amongst other marginalised groups. The question here is about whether to integrate users and work with them, or criminalise them further and exclude them from mainstream society completely

Manchester PCT, Health Professionals, Q7

The feeling here is that criminalising those with pre-existing conditions and problems may not be the most suitable approach.

Other health professionals also tended to focus on the mental health link, though call for more research and stress that medical evidence is key in future policy decisions.

Statutory Partnerships

Twenty-seven responses from Statutory Partnerships were against the reclassification of cannabis to Class B.

The impact of cannabis and in particular cannabis legislation on young people was the main focus of respondents from statutory partnerships. One respondent felt that keeping cannabis in a different classification would serve to make it less attractive to young people, and pointed to the Dutch experience to support this argument;

The Dutch experience has shown if you distance cannabis from other more harmful drugs in the way they've done, the drug loses much of its kudos and attraction to the young

Winchester & Mid-Hants DAT, Statutory Partnership, Q7

Other responses from Statutory Partnerships focus on the harm that criminalising young people could have on their future life chances.

Criminal records impact on young people's ability to achieve all 5 Every Child Matters outcomes by creating further barriers and young people are using cannabis regardless of the law. We need to find some way of making consequences valid and real without creating more barriers for already vulnerable young people

Hammersmith & Fulham DAAT, Statutory Partnership, Q39a

Further confusion and more 'mixed messaging' from the Government on the legality of cannabis was frequently cited by respondents in this category. There was a feeling here that a further change would cloud matters more and lead to greater confusion amongst young people.

There is already a lot of confusion around the classification of cannabis and many people will not know what it is currently classified as. Changing its classification again could further confuse this issue

St Mungos Community Housing Association,
Statutory Partnership, Q39a

Respondents felt that the Government should prioritise re-enforcing the message that cannabis is still illegal, and not focus on the differences between 'B' and 'C' classification.

Policing Agencies

Four responses from Policing Agencies were against the reclassification of cannabis to Class B.

As noted as a concern amongst consultation respondents at the overall level, policing respondents fear that reclassification would only serve to criminalise and damage vulnerable young people.

Criminalising cannabis further will not discourage use of the drug, will not make the drug any safer, will not make

the drug any less available but it will make the lives of those discovered using it worse

Brighton & Hove YOT, Policing Agencies, Q7

Local Authorities

Twenty-two responses from Local Authorities were against the reclassification of cannabis to Class B.

Amongst the reasons given by Local Authority respondents against a further reclassification of cannabis is a strong sense that the actual level of classification or class given to cannabis has little impact on the likelihood that young people will choose to use it.

In our work with young people we are told that legality and the class of a drug feature low down on the list of factors young people consider when choosing whether to use a drug. Reclassification for a second time would confuse many and we believe it would have little impact on young peoples' choices around cannabis use

Cambridgeshire Personal, Social and Health Education Service, Local Authorities, Q39a

Respondents here were more concerned that suitable effort and resources were going to be focussed on information and education.

The mayor does not support a further reclassification of cannabis. He suggests that the challenge here is in gaining a better understanding of the potential risks and in delivering effective public health campaigns that inform people of the evidence and emphasis that cannabis remains an illegal and harmful drug

Mayor of London, Local Authorities, Q39a

One Local Authority respondent felt that the local level was the appropriate place for information campaigns to run, with appropriately skilled drugs workers.

Locally we should be able to fund information and training in order that the local public can have quality information and workers can have the skills to be able to deliver this in a variety of settings

Bolton Council, Local Authority, Q39a

Drug Service/Treatment providers

Fourteen responses from Drug Service/Treatment Providers were against the reclassification of cannabis to Class B.

Service/Treatment providers give a wide range of views on the issue of reclassification, with those against a change echoing similar sentiments to other respondents.

This group frequently mention the more damaging impact that alcohol is felt to have on individuals and society, and felt that this should be more of a priority for the Government.

Leave it where it is. Alcohol is a far more serious problem that needs to be looked at

DISC Durham, Treatment Provider, Q39a

With regards to the issue of the differing strengths of strains of cannabis, this group refer to the example of differing strengths of alcohol which do not require different tiers of legislation;

The use of cannabis should be controlled like the use of alcohol. There are many different strengths of alcohol, from a pint of draught beer to a bottle of 12% Belgian beer, from wine to vodka - alcohol abuse creates a more serious problem for both victim and the resources of the courts, the police and NHS. Many people have learnt to drink sensibly and they should be allowed to do the same with cannabis. Therefore it should remain as a class c drug

The Roofie Foundation, Treatment/Service Provider, Q7

Charity & Voluntary groups

Nine responses from Charities and Voluntary Groups were against the reclassification of cannabis to Class B.

There was strong support amongst respondents in this category for efforts to be focussed upon public health information campaigns;

We suggest that attention in this area is channelled into delivering effective public health campaigns that inform people of the evidence.

Greater London Alcohol & Drug Alliance, Charity Sector, Q39a

Lobby/Activist/Pressure Groups

Seven responses from Lobby/Activist/Pressure Groups were against the reclassification of cannabis to Class B.

Those against the reclassification of cannabis from this category are more likely to focus on the lack of evidence that supposedly stronger strains of cannabis – or ‘skunk’ – are indeed stronger, or have any harmful health side-effects.

Skunk - the tabloid media has got a new word to scare people with, and scares sell newspapers. The research evidence collected by a research group at Kings College London, does not on average show that cannabis has increased in strength in the last ten years. Skunk has been about since the 1970s and is a term referring to varieties crossbred between Sativa and Indica strains, thus enabling it to be grown in a European climate. When the government debated the issue of moving cannabis to class C, Caroline Flint, then the Drugs Minister announced that the samples collected by the police were no stronger than they ever were

Campaign to Legalise Cannabis Association,
Pressure Group, Q7

Even the authors of the oft-quoted reports on possible links between cannabis use and psychosis are not in favour of the ban (Prof Fergusson, Prof Murray), and furthermore stress that their conclusions are theoretical and limited to very few individuals

Legalise Cannabis Alliance, Pressure Group, Q7

Personal and anonymous responses

One hundred and eighty-eight anonymous and personal responses were against the reclassification of cannabis to Class B.

The majority of responses against the reclassification of cannabis come from either anonymous or personal responses. Within this category, the range of reasons given in justification of the stated stance very much echo those highlighted as overall ‘themes’ in the earlier part of this chapter.

Personal responses were more likely than those from other categories to stress that there is no proven link between cannabis use and mental health problems;

I do not believe the claims of damage to mental health. If that was true why have mental health rates remained unchanged for decades?

Anonymous response, Q39a

They were also more likely to feel that the class given to cannabis will not impact on the demand for and use of cannabis, let alone the available supply.

Changing the penalties will not change the supply or demand of the substance, this has already been shown by numerous statistical surveys. In fact when alcohol was prohibited in the US there were more places you could get a drink than before !

Anonymous response, Q7

Personal respondents were also keen to stress that the debate on drugs is wider than the issue of cannabis, and felt that it is important for the Government to address its stance on all harmful substances.

Keep it as a class C and have a debate about drug use as a whole. We give out some very confused messages at present that some drug use is ok (e.g. alcohol) and others are not (e.g. heroin). Society should give out clear messages such as 'all drug use carries risks and can cause health and social problems', and make advice and help widely available

Anonymous response, Q7

5. Any other issues

Chapter summary:

Key calls within the 'additional requests' section of the classification include a desire for the Government to review the classification system in general, and in particular for the Misuse of Drugs Act to become a Substance Misuse Act that includes the widely mentioned and harmful alcohol and tobacco.

Responses here also include further reference to and emphasis on a fear that reclassification will draw many young people into the criminal justice system, and will also raise further confusion about the legal status of cannabis.

Main 'other' discussion areas

Legalisation

Legalise cannabis

In addition to the key themes outlining the case against reclassification, a large proportion of the personal responses felt that the Government needs to further relax the laws governing cannabis possession and use, and take the step of legalising it altogether. Many refer to the Dutch 'controlled use' policy, governing supply and use, as a model worth exploring in the UK.

The key reasons given by respondents in favour of legalising cannabis are summarised below;

- Regulation will ensure the safety and quality of cannabis
- Clear 'labelling' will ensure people are aware of the strengths of different 'strains'
- Government will benefit from increased taxation
- Reduction in 'stigma' associated with drug use
- Reduced power and control of organised crime
- Reduced fear of crime and anti-social behaviour

Classification System

Whole classification system needs rethinking

There were arguments that the whole drugs classification system needs rethinking, not just cannabis. The Misuse of Drugs Act was cited as now being outdated and that classification should be set according to the harm a particular drug can cause.

There should be a more sophisticated approach to this whole issue. An overall review by an expert body (the ACMD) looking at the classification of all drugs with respect to their pharmacological danger should be undertaken.

Plymouth Children's and Young People's Trust /
Plymouth City Council, Local Authority, Q39b

In summary, if the UK really wants a radical, evidence based strategy then the current 'war on drugs' policy, which as the RSA Commission notes wastes huge amounts of money...should be replaced, and the Misuse of Drugs Act 1971 should be repealed and replaced by a new 'Substance Misuse Act' based upon the legalisation and careful regulation of all substances of abuse in one consistent manner. This new Act will have at its core a philosophy of objectively assessed harm assessment and reduction.

North Wales Police, Policing Agencies, Q39a

Another issue raised by some policing agency respondents, but also by other respondents is that of the drugs classification system as a whole. There is a call for this classification system to be reviewed, to see whether it is felt to still be fit for purpose and the most appropriate method of grading and categorising individual drugs.

Rather than simply reclassifying cannabis back to class B the entire classification scheme needs to be re-assessed – a similar issue occurs with ecstasy and it is surely time to revisit the classification scheme in its entirety, rather than altering the grading of individual drugs

Thames Valley Police, Policing Agencies, Q39a

A high number of responses from DAAT's alluded to the need for a shake-up of the entire drugs classification system. Many argued that classification should be based on the harm a substance can cause.

If the Government were to review the whole classification system, there are some feelings, especially out in the community, that classification is not necessarily aligned with the crime and harm attached to certain substances. More obvious examples include illicit use of Ketamine, gamma hydroxybutyrate (GHB) which can have devastating effects, but which are at the lowest classification.

Warwickshire DAAT, Statutory Partnership,
Q39b

Research

More research is needed around effects of cannabis / don't talk about supposed effects until it's proven

Some respondents argued that there has not been enough research into the effects of cannabis to soundly discuss the issues. More research was called for in this area so that action could be taken upon fact as opposed to speculation.

Scientific testing is needed to provide accurate data for making decisions.

Anonymous response, Q39b

Alcohol & Tobacco

Alcohol and tobacco to be treated on a par with illegal substances

A number of responses highlighted the dangers of legal substances (alcohol & tobacco) in relation to illegal substances such as cannabis, arguing they are often more harmful.

ALCOHOL must have parity with illegal drugs

Education Leeds Health Initiatives Team,
Local Authorities, Q39b

Charity & Voluntary Group respondents also make reference to a desire to see the whole classification system reviewed, and a wider definition brought in to include other 'harmful' drugs such as alcohol and tobacco.

Although the legal framework for classifying drugs is not addressed in the consultation document, DrugScope believes that the Misuse of Drugs Act should – as the Government announced in 2006 – be reviewed. The review should include consideration as to whether – as recommended by both the RSA Commission and the Science and Technology Select Committee – there should be a new scale of harms including alcohol and tobacco

Drugscope, Voluntary Sector, Q39a

6. Appendices

Respondent organisations

The following is a list of the named organisations responding to the cannabis related consultation questions within each of the categories;

Health Professionals

- York House Surgery
- Oldham Primary Care Trust
- Young Peoples Substance Misuse Psychiatrists Group
- North East London Mental Health Trust (NELMHT)
- Leeds Primary Care Trust
- Guy's & St Thomas' Poisons Unit
- Nottinghamshire County Primary Care Trust
- Somerset Primary Care Trust
- North Lancashire Primary Care Trust
- Berkshire East Primary Care Trust
- North Somerset Primary Care Trust
- Manchester Primary Care Trust
- Birmingham and Solihull Mental Health NHS Trust
- Education Leeds Health Initiatives Team
- Pennine Care NHS Mental Health Trust

Statutory Partnerships

- Stoke on Trent Drug and Alcohol Action Team

- Darlington Drug and Alcohol Action Team
- Safer Bristol Partnership
- Northumberland Drug & Alcohol Action Team
- West Berkshire Drug and Alcohol Action Team
- St Helens Drug and Alcohol Action Team
- Devon Drug and Alcohol Action Team
- Reading Drug and Alcohol Action Team
- Oldham Drug and Alcohol Action Team
- Buckinghamshire Drug & Alcohol Action Team
- Warwickshire Drug and Alcohol Action Team
- Plymouth Drug and Alcohol Action Team
- South Tyneside Drug Action Team
- Sheffield Drug and Alcohol Action Team
- Somerset Drug and Alcohol Action Team
- Cumbria Drug and Alcohol Action Team Partnership
- Police/enforcement
- Lancashire Drug and Alcohol Action Team
- Ealing Drug and Alcohol Action Team
- Leicestershire Drug and Alcohol Action Team
- Wirral Drug and Alcohol Action Team
- Southampton Drug and Alcohol Action Team
- Knowsley Drug and Alcohol Action Team
- Windsor and Maidenhead Drug and Alcohol Action Team

- Surrey Heath Drug and Alcohol Action Team
- Essex Drug and Alcohol Action Team
- South Gloucestershire Drug and Alcohol Action Team
- Sefton Drug and Alcohol Action Team
- Cheshire Fire Service
- Hartcliffe and Withywood Community Partnership
- Barnsley Drug and Alcohol Action Team
- LB Hounslow/Hounslow PCT (on behalf CSP)
- North Tyneside Drug and Alcohol Action Team
- Wandsworth Drug and Alcohol Action Team
- Northamptonshire Drug and Alcohol Action Team
- Norfolk Drug and Alcohol Action Team
- Suffolk Drug and Alcohol Action Team
- Norfolk Drug and Alcohol Action Team
- London Drug Policy Forum
- Salford Drug and Alcohol Action Team
- Leicester Drug and Alcohol Action Team
- Leicestershire Drug and Alcohol Action Team
- Rutland Drug and Alcohol Action Team
- Derbyshire Drug and Alcohol Action Team
- Hampshire Drug and Alcohol Action Team
- Birmingham Drug and Alcohol Action Team
- Safer Guildford Crime & Disorder Reduction Partnership – Substance Misuse Sub Group

- Haringey Drug and Alcohol Action Team
- Camden Drug and Alcohol Action Team
- Swindon Community Safety Partnership
- Bradford CDRP
- Kent & Medway Drug and Alcohol Action Team
- Hammersmith & Fulham Drug and Alcohol Action Team
- Shropshire Drug and Alcohol Action Team
- West Sussex Drug and Alcohol Action Team
- Nottinghamshire Drug and Alcohol Action Team
- Hertfordshire Drug and Alcohol Action Team
- Young people/community partnership
- Warwickshire Drug and Alcohol Action Team
- Medway Drug and Alcohol Action Team
- Torbay Drug and Alcohol Action Team
- Spencer House Winchester & Mid-Hants Drug & Alcohol Team
- Runnymede Borough Council Local Strategic Partnership
- Vale of White Horse Crime Disorder Reduction Partnership
- St Albans Crime Disorder Reduction Partnership
- Brent Drug Action Team
- Blackburn & Darwen Drug Action Team

Policing Agencies

- Northamptonshire Police
- West Mercia Constabulary

- Cambridgeshire Constabulary
- Nottinghamshire police
- Durham Constabulary
- Staffordshire Police
- ACPO
- Her Majesty's Prison Service
- Sussex Police
- Avon & Somerset Constabulary
- Devon & Cornwall Constabulary
- South Yorkshire Police
- Leicestershire Constabulary
- Suffolk Constabulary
- Surrey Police
- Thames Valley Police
- Magistrates' Association
- Metropolitan Police
- Derbyshire Constabulary
- Norfolk Constabulary
- Gwent Police
- North Wales Police
- Brighton & Hove Young Offenders Team

Local Authorities

- Croydon Department of Children, Young People, and Learners

- Me-and-Us Ltd
- Rushmoor Borough Council - Housing Service
- Swindon Healthy Schools Team
- Healthy Schools
- Connexions Gloucestershire
- Waveney District Council
- Safer Communities Team, Nottinghamshire County Council
- Four S
- DPEAP
- Education Leeds Health Initiatives Team
- Cambridgeshire Personal, Social and Health Education Service
- Me-and-Us Ltd
- Young people's Drug Delivery Group
- Wirral LA
- Norcas
- The Children's Society
- NIMHE National Early Intervention Programme
- IDCS Ltd (The Independent Drug Consultancy Service)
- St Mungo's Community Housing Association, W6
- Government Office North West (GONW)
- Coventry City Council
- Redcar and Cleveland Safer Stronger Communities Partnership
- Manchester Drugs and Race Unit

- Woking Borough Council
- Bolton Council
- East Riding Safe Communities
- Plymouth Children's and Young People's Trust / Plymouth City Council
- London Borough of Tower Hamlets
- Healthy Schools Programme
- London Borough of Barking & Dagenham
- Government Office for the South East
- The Safer Sutton Partnership Service (SSPS)
- Surrey Heath Borough Council
- Durham County Council
- Nottinghamshire County Council
- Mole valley District Council
- Association of Directors of Adult Social Services: Regional/National
- Woking Borough Council
- Lambeth Council
- Derbyshire County Council
- Safe Newcastle

Drug Treatment/Service Providers

- Leeds Addiction Unit
- Kenward Trust
- Addiction Recovery Agency
- BAC O'Connor (The Burton Addiction Centre)

- Bridges
- Southend Dual Diagnosis Service
- Double Impact Services
- Bristol Drugs Project
- CADAS
- DISC Durham
- St Luke's Cares
- Uturn-Young People's Substance Misuse Service
- Addiction Resolution
- The Roofie Foundation
- Wakefield Integrated Substance Misuse Services (WISMS)

Voluntary & Charity Sector Groups

- HIAH
- Bridgegate Drug Service
- The Matthew Project
- Eurad (Europe against drugs)
- RSA (Royal Society for the encouragement of Arts, manufactures and commerce)
- Compass
- Streetscene
- Nottingham City Drugs/Ex Drugs Users Forum
- Joseph Rowntree Foundation
- Mentor UK
- DrugScope

- Greater London Alcohol & Drug Alliance Womens Voices
- Open Road
- Greater London Drug and Alcohol Alliance
- Addaction
- Charity - Housing
- SPODA - Family Support
- ADAS
- Colchester Rape Crisis Line
- Turning Point

Lobby/Activist/Pressure Groups

- Transform
- UKDPC
- Legalisation
- NPDA
- Legalise Cannabis Alliance
- Dads Against Drugs
- Tenants Union
- Wellcoolstuff.com
- Humedi
- Campaign to Legalise Cannabis Association
- Cannabis HM
- Legalise Cannabis Campaign

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