

Cannabis and the Law

Introduction

This activity is about government decision making. It considers recent events in the reclassification of cannabis. Students look at the 2008 report to the Home Secretary from the Advisory Council on the Misuse of Drugs (ACMD). They consider some of the evidence used and the role of different interests groups in the decision making.

Resources

Access to internet is needed. This could be a class activity or home activity.

The full report by ACMD can be found on the [Home Office website](#).

The main evidence is summarised in the Discussion p 29-32. Students could be provided with copies of this for Part 2 to save time reading the whole report online.

Question 5 requires students to see the results of the [Ipsos Mori poll](#) commissioned for the report. The whole report is available or you may wish to copy pages 7, 12 and 14.

Here is the [Government response](#).

It may be helpful for you to have looked at this before the discussion.

The activity

Who is consulted?

1. This initial discussion is intended to start students thinking about the many different groups in society that might be affected by a classification decision.

There is an issue about the ethics of legislation that is designed to prevent an individual harming themselves, but little doubt that governments have the right to prevent children harming themselves and to prevent harm to others. These harms might include mental and physical illness, crime, social disorder criminalising drug users and the costs of policing and punishing those who use the drug.

How Science Works

Fb The popular media play a part in providing information, setting the agenda and influencing opinion on issues involving science and technology.

Gc We can assess the size of a risk by counting the number of instances of harm in a representative sample of cases.

Gd The perceived risk of an activity is often quite different from the actual measured risk. We tend to over-estimate the risk of: unfamiliar activities (relative to more everyday ones); imposed activities (relative to freely chosen ones); invisible or unseen hazards whose effects are not immediately apparent (such as ionizing radiation, or environmental pollutants).

Ge Several factors can influence a person's willingness to accept a specific risk. Most people are more willing to accept a process or situation that has some risk if they get direct benefit from it, and if they choose it voluntarily rather than having it imposed.

Hf Decision makers are influenced by the mass media, by special interest groups and by public opinion as well as by expert evidence. Decisions about science and technology may be influenced by decision makers' prior beliefs or vested interests, which can affect their interpretation and evaluation of the evidence.

Hi Decisions and opinions on ethical issues are based on values. An individual's view on an issue may be based upon a religious or moral position.

Hj Some decisions involve balancing the rights of certain individuals and groups against those of others.

2. The issue here is to recognise the wide range of views, mostly rational and well argued, but reaching different conclusions because of different experiences and different priorities. This should bring out the role of scientists, charities, public opinion, the police, the judiciary, psychiatrists and others in the formation of opinion about cannabis' legal status.

Views differ according to the perspectives of the organisation concerned. For example:
Organisations linked to mental health issues were in favour of reclassifying cannabis in order to give a strong message about the dangers of the drug.

Organisations supporting young people were against greater criminalisation of those using the drug.
Organisations which favour legalising cannabis (and other drugs) believe that this would lead to more people seeking help, reduce crime and undermine the drugs trade.
Governments are concerned to carry out policies which find public support.

How do governments decide?

Despite the ACMD report recommending the status quo, in January 2009 the Home Secretary upgraded cannabis to class B, suggesting that political pressures had more influence than the consultation exercise!

The next section, questions 4 and 5 could be done as homework or independent study. Questions 6 and 7 are better discussed in class.

4a) Give two possible risks to health from use of cannabis

A risk for those with heart and circulatory complaints, rise in blood pressure and heart rate

Risk in pregnancy

Use by people with schizophrenia increases risk of relapse

Increase in risk of developing a psychotic illness/schizophrenia, about 1:5000 young men

Depression

b) Discuss any uncertainties in assessment of these risks.

Pregnancy – all effects seen, minor birth defects, low birth weight, are also seen in women who smoke during pregnancy, not certain that cannabis is cause 4.4.2

Use by people with schizophrenia increases risk of relapse – unequivocal evidence

Increased risk of schizophrenia – evidence not consistent found in controlled studies but not in population studies. May be a common predisposition to both rather than a cause 8.10

Depression – evidence of association weak, confounding factors likely to explain any associations 8.13-

c) Give two possible risks to society from some people using cannabis.

Effects on psychomotor performance leads to increase in car accidents

Anti-social behaviour

Organised crime involved in cannabis farms

d) Discuss any uncertainties in assessment of these risks.

Car accidents good evidence, from France

Acquisitive crime – no evidence for this

Anti-social behaviour – unlikely, perceptions of link probably due to alcohol use

Organised crime - police evidence shows increase in number of cannabis farms

5. In addition to medical and social evidence the Home Secretary asked ACMD to consider public opinion in their report (using evidence from a public opinion poll).
- a) Suggest some reasons why she considered this important in the decision-making process.
Politicians cannot do anything that is very unpopular because they risk losing the next election
The media can create a major campaign against unpopular legislation
Unpopular laws are often broken
The police need public support in their work
- b) Do you think that public opinion on classification, p 7 and on penalties, p12, gives a clear guide to government policy makers?
No, opinion is divided and inconsistent. Although largest single group want class A the rest of the respondents were spread over all other categories including 11% for legalisation. The penalties reveal strong inconsistency with only 11% wanting up to 7 years although this is the penalty for class A possession.
- c) Compare public opinion on the impact of cannabis, p 14, with the scientific information summarised in the report. Suggest reasons for any discrepancies.
The public seem much surer of the harms from cannabis, particularly in mental health risks and social disorder. This may be partly because of the wording, the public is right that there is some mental health risk, the report is able to discuss how much.
The crime and social disorder may be due to recent media stories, they are not borne out by the evidence in the report.
6. The ACMD report recommended no change in classification (i.e. to keep cannabis as a class C drug). Suggest reasons why the Home Secretary has prepared an Order in Parliament to reclassify cannabis as a class B drug.
There was strong political pressure for the government to be seen to make a strong commitment to tackling drugs. The 2004 legislation (when David Blunkett was Home Secretary: see [BBC](#)) which downgraded cannabis from Class B to C was seen by many to have been a political mistake. There is also increasing concern about increases in the strength of cannabis available, with some evidence for an increase in THC content (the psychoactive ingredient), though this predates the 2001 legislation.

The reasons given on the [Home Office](#) web site

A preventative measure.

High potency cannabis may increase risks

Need for a “classification 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”. We might classify this as the precautionary principle.

Public perceptions

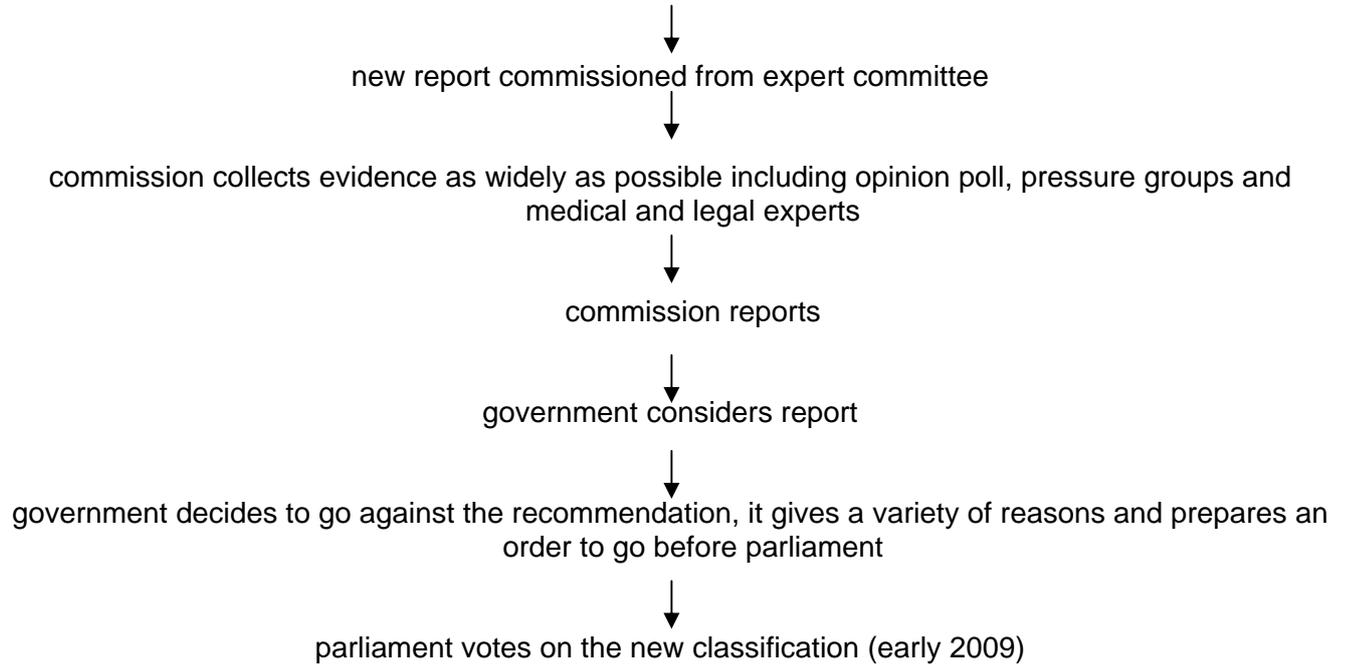
“Reclassifying cannabis to Class B will reinforce our national message that cannabis is harmful and illegal, and will help to drive the enforcement priorities to reverse the massive growth in commercial cultivation.”

Reclassifying will ensure that preventing cannabis use is seen as part of the measures included in the Government’s drug strategy.

It should also be noted that the committee made 21 recommendations and recommendation 3, the classification, was the only one rejected, but of course this was the original purpose of the report.

7. Represent the decision-making process in this case as a flow chart or similar diagram.

public/media opinion, or perhaps new evidence such as the availability of stronger cannabis suggests that there may be a need for a change in the law



8. Students should be encouraged to develop an argument expressing their own opinion on the classification of cannabis. This could be in the form of a short written essay or a class debate.

January 2009



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Drug classification

Read your textbook pages 15-16 to make sure you understand the classification system for illegal drugs.

Who is consulted?

1. In discussion in small groups, make a list of all the different factors that need to be considered when making a decision on the legal status of any recreational drug. Remember that these include but go beyond the harm caused to individuals.
2. Now consider the different perspectives of various organisations which were invited to give oral evidence at ACMD meetings in April 2008. Annex C, below, is taken from the ACMD report, and lists the organisations asked to give evidence to ACMD. Choose three or four organisations which have differing views and perspectives about the classification of cannabis. Use the weblinks provided to investigate the organisations you choose. Take about 15 minutes on this. Outline their views and suggest reasons why their views are different.
3. Share your research with the class to build up an overview of the different perspectives on the issue.

The report by ACMD can be found [here](#) .

How do governments decide?

The members of the team who wrote this report are experts but even they admit to many uncertainties. Like most government decisions this one has to be made on the basis of incomplete information. Look at the discussion section of the report, section 12 or if you have time at the details in individual sections.

4.
 - a) Give two possible risks to health from use of cannabis
 - b) Discuss any uncertainties in assessment of these risks.
 - c) Give two possible risks to society from some people using cannabis.
 - d) Discuss any uncertainties in assessment of these risks.
5. In addition to medical and social evidence the Home Secretary asked ACMD to consider public opinion in their report (using evidence from a public opinion poll).
 - a) Suggest some reasons why she considered this important in the decision-making process.

Look at the results of the [Ipsos MORI poll](#). See pages 7, 12 and 14 of the report.

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- b) Do you think that public opinion on classification, p 7, gives a clear guide to government policy makers?
 - c) Compare public opinion on the impact of cannabis, p 14, with the scientific information summarised in the report. Suggest reasons for any discrepancies.
6. The ACMD report recommended no change in classification (i.e. to keep cannabis as a class C drug). Suggest reasons why the Home Secretary has prepared an order in Parliament to reclassify cannabis as a class B drug.
 7. Represent the decision-making process in this case as a flow chart or similar diagram.
 8. Develop an argument expressing your own opinion, using as much evidence from the report or elsewhere as you think necessary to support your argument. Remember to acknowledge and refute any significant counter-argument.

Annex C: Oral evidence given to the Advisory Council on the Misuse of Drugs at its meetings in February and April 2008

Professor Louis Appleby. National Director for Mental Health, Department of Health

http://www.dh.gov.uk/en/AboutUs/MinistersAndDepartmentLeaders/NationalClinicalDirectors/NationalDirectorsBiography/DH_4105299

Ms Debra Bell. Talking About Cannabis <http://www.talkingaboutcannabis.com/>
[Charity supporting families]

Ms Cindy Burnett. Magistrates Association <http://www.magistrates-association.org.uk/>

Assistant Chief Constable Association of Chief Police Officers

Simon Byrne <http://www.telegraph.co.uk/news/uknews/1578995/Cannabis-users-to-face-fixed-penalty.html>

Mr Andrew Clatworthy. Forensic Science Services [Role of cannabis in road accidents etc]
http://www.theargus.co.uk/news/1157836.deathcrash_teenagers_had_taken_cannabis/

Mr Paul Corry Rethink

http://www.rethink.org/how_we_can_help/campaigning_for_change/cannabis_and_mental_illness/

Dr Martin Frisher. Keele University [links between drugs and mental illness]

<http://www.guardian.co.uk/society/2008/apr/04/drugsandalcohol.justice>

Ms Sheila Hardwick. Home Office Scientific Development Branch [sensors for detecting drugs].

http://www.rsc.org/images/TheChemicalSciencesandCrimePrevention_tcm18-12644.pdf

Dr Matthew Hickman Centre for Research on Drugs and Health Behaviour,
University of Bristol [reported on cannabis use and schizophrenia]

Dr Leslie King. Home Office Scientific Development Branch [cannabis potency]

<http://216.239.59.104/search?q=cache:fm21o2NDyQAJ:drugs.homeoffice.gov.uk/publication-search/cannabis/potency%3Fview%3DBinary+Dr+Leslie+King.+Home+Office+Scientific+Development+Branch&hl=en&ct=clnk&cd=1&gl=uk>

Professor Simon Lenton. Beckley Foundation and National Drug Research Institute, Australia

Professor Glynn Lewis Academic Unit of Psychiatry, University of Bristol. [Reported on cannabis use and psychosis]

Dr Paul Morrison. Department of Psychological Medicine, King's College London

Mr David Potter GW Pharmaceuticals <http://www.samedanltd.com/magazine/15/issue/60/article/1344>
[Medical use of cannabis]

Mr Steve Rolles. Transform <http://www.tdpf.org.uk/>

Dr Simon Thomas. National Poisons Information Service,
Newcastle Regional Drugs and Therapeutics Centre

Ms Rhonda Wake. Ipsos MORI <http://www.ipsos-mori.com/content/polls-08/public-views-on-cannabis.ashx>

Ms Marjorie Wallace. SANE <http://www.sane.org.uk/>

Dr Mike White Forensic Science Services
<http://www.guardian.co.uk/society/2008/feb/06/drugsandalcohol>

Ms Marije Wouters University of Amsterdam

Representatives from the Home Office, the Department of Health and the Department for Children, Schools and Families

Other relevant weblinks

<http://www.homeoffice.gov.uk/drugs/drugs-law/cannabis-reclassification/>

<http://www.sane.org.uk/news/view/211>

http://en.wikipedia.org/wiki/Advisory_Council_on_the_Misuse_of_Drugs

<http://cannabis-hm.net/2008/02/10/feedback-from-acmd-cannabis-review-5th-february-2008/>