

Demolishing 15 key arguments for the downgrading of cannabis laws

<http://www.christian.org.uk/html-publications/cannabis.htm>

1. “Cannabis use is so common that the current laws are unworkable”

- **Most people have never used any illegal drugs**
According to the 2000 British Crime Survey around two-thirds (66%) of those aged 16 to 59 have never used an illegal drug. (1) If those aged 60 and over had been included the figure would be higher still.
- **Only a very small proportion of people are currently using an illegal drug**
Even of the one-third of 16 to 59 year olds who have tried drugs *in their lifetime* only 6% had used drugs *in the last month*. (2) Even amongst 20 to 24 year olds (the age group with the highest rate of use) only 20% reported having used an illegal drug in the last month. (3)
- **The fact that people break a law is not a good reason for scrapping it**
Large numbers of people break the speed limits - far more than use illegal drugs. Parliament has not, however, abolished speeding restrictions. Instead detection and enforcement have been improved by means such as speed cameras and on-the-spot fines. The government also uses hard-hitting advertising campaigns to discourage speeding.

The law has a restraining effect. So it is with cannabis. The law deters many from trying cannabis in the first place and causes others to give up using it for fear of getting a criminal record.

2. “Cannabis is a harmless drug. There is no need to outlaw it.”

- **Cannabis affects brain function**
There is an established link between schizophrenia and cannabis. Some experts have stated that cannabis can trigger schizophrenia (4) while others maintain that it severely worsens the symptoms and outcome of schizophrenia. (5) Smoking cannabis can cause hallucinations and delirium leading to disorientation and a distorted reality. (6) These symptoms may last several days. A Swedish study found that a person under the influence of cannabis is roughly 18 times more likely to take their own life by jumping from a height than a non-user. (7) Cannabis is also addictive. (8) 5-10% of all drug addicts in treatment are addicted to cannabis. (9)

Prolonged cannabis smoking also interferes with normal brain function.

Short-term memory is damaged and this affects the ability to learn. Thus amongst 150 long-term users of cannabis who smoked cannabis at least six times a week for at least two years, 66% had noticed that their memory was faulty, almost 50% were less able to concentrate on a complex task, whilst 43% were less able to think clearly. (10)

- **Cannabis can affect the heart**
Smoking cannabis simultaneously decreases the oxygen supply to the heart whilst increasing its need for oxygen. (11) This action has produced heart attacks in young, fit cannabis smokers. (12) It has been shown that the risk of a heart attack may be increased 3.2 times in the 60 minutes after marijuana use in the absence of other potential triggers of a heart attack. (13)
- **Cannabis causes lung disease and cancer**
Cannabis cigarettes can cause chronic bronchitis (14) because they do not have filters and cannabis smokers inhale more deeply and hold the smoke in their lungs several times longer than ordinary cigarette smokers. (15) The resultant amount of tar that is deposited in the lung from a cannabis joint is approximately four times that from a cigarette of the same weight. (16) Therefore a person who smokes 3-4 joints per day is equivalent to a 20 per day cigarette smoker in terms of bouts of bronchitis, chronic cough and wheeze. (17) Cannabis smoking is also associated with an increased risk of cancer of the lung (18), throat, (19) nose, (20) tongue (21) and gut (22). Cannabis use is associated with the early onset of cancers in young people (see page 10).

The Government's Advisory Council on the Misuse of Drugs said in March 2002: “Since cannabis use has only become commonplace in the past 30 years there may be worse news to come. Further research, coupled with a public health education programme, is required.” (23)

3. “Taking cannabis is a victimless crime. Using the law is unjustified.”

- **The law has a role in protecting people from themselves**
Even if nobody else suffered directly from somebody using cannabis, the user makes himself a victim (see answer to Question 2 above). The law has an important role in protecting people from themselves. This helps explain why it is a criminal offence to fail to wear a seat-belt in a car.(24) As Bill Clinton's head of drug policy said: "U.S. law does not grant people the right to destroy themselves or others'...He endorsed the continuing prohibition on drugs because 'studies show that the more a product is available and legitimised, the greater will be its use...if drugs were legalised, the cost to the individual and society would grow astronomically.'"(25)
- **Danger to others**
Even if cannabis users never stole to feed their habit, cannabis use would still not be a victimless crime. A recent study published by the Department of Environment, Transport and the Regions found that there had been a six-fold increase in the involvement of illicit drugs in fatal road accidents since the mid-1980s.(26) The study reported that traces of cannabis had been found in 12% of road fatalities.(27) If current trends continue, even without any change in the law, cannabis use will overtake alcohol abuse as a factor in road accidents.(28)
- **Loss of productivity**
Society as a whole is the victim of cannabis use. It is not in the interests of society to facilitate the intoxication of its citizens. Cannabis use stops people from reaching their full potential. Cannabis users in general are likely to lack motivation, concentration and be less able to perform complex long-term tasks.(29) In the case of school-children, those who smoke cannabis play truant more often than other children.(30)

4. "Cannabis is not a gateway drug"

- Research shows there is a progression from cannabis to other drugsThe gateway theory states that taking one drug opens the gate to the use of other drugs.(31) There is evidence that because cannabis and harder drugs, such as heroin and cocaine, have similar effects on the brain, cannabis may act as a gateway to those harder drugs.(32) Researchers in the USA have found that young people tend to progress through a sequence of increasingly strong drugs where illegal drug use starts with cannabis and moves on to hard drugs. (33) A study from New Zealand in 2000 found that heavy cannabis users were 60 times more likely than non-users to take other illicit drugs such as Ecstasy and LSD.(34)
- **Cannabis users associate with people who encourage hard drug use**
Cannabis users associate with other cannabis users and dealers of harder illicit drugs in an environment where drug taking, whatever the drug, is accepted and encouraged .(35) If cannabis is perceived as a harmless drug, other drugs are too(36).
- **Most hard drug users started on cannabis**
Most abusers of hard drugs started their drug abuse career by smoking cannabis.(37) In one study, of those who used cannabis more than 1000 times, 90% had used other illicit drugs. Of those who had never used cannabis, only 6% had used hard drugs.(38) Another study concluded that children between the ages of 12 and 17 who smoked cannabis were 85 times more likely to end up using cocaine than their non-cannabis-smoking peers.(39)

5. "Locking up cannabis users who are actually dependent on it is cruel and harsh. We should be giving them medical help, not criminalising them."

- **Left to their own devices, users are unlikely to go for treatment**
One of the immediate effects of cannabis is apathy, a distorted sense of time, disordered thoughts and mental confusion.(40) After prolonged use of cannabis users often develop permanent memory loss, difficulties forming new memories and an inability to concentrate, even after a period of abstinence.(41) It is therefore very unlikely that addicts will be capable of completing a voluntary drug treatment programme.
- **The criminal justice system can make treatment more likely**
The National Institute on Drug Abuse has developed a set of principles of drug addiction treatment, based on 30 years of research. The Institute states that "successful outcomes often depend upon retaining the person long enough to gain the full benefits of treatment... Whether a patient stays in treatment depends on factors associated with both the individual and the program. Individual factors... include motivation to change drug-using behaviour... and whether there is pressure to stay in treatment from the criminal justice system..." Furthermore "potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible." "Treatment does not need to be voluntary to be effective... Sanctions or

enticements in the... criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.”(42)

- **Prisons provide high quality medical treatment for addicts**

Those addicts who are actually imprisoned for drug offences are likely to get high quality medical treatment for their drug problem. Punishment is combined with help for the addict. The prison service has developed a drugs strategy of which a key priority is “improving the availability and quality of treatment”.(43) For example, in November 2000, Cabinet Office Minister Ian McCartney opened the UK’s first drug therapeutic community in a women’s prison.(44)

6. “Cannabis is nothing like as dangerous as tobacco or alcohol yet they are legal and cannabis is not.”

- **Cannabis contributes to road accidents**

In a recent survey, cannabis was present in 12% of fatal road accident casualties (drivers, riders, passengers and pedestrians).(45) In contrast to alcohol cannabis can have an unpredictable effect on users.(46) A cannabis smoker may not be aware of any deficit. For example in one survey of drug-drivers, 10 out of the 39 cannabis users believed that taking cannabis improved their driving.(47) The impairing effect of cannabis use on driving can continue much longer than that of alcohol. Cannabis users can experience flashbacks several weeks after taking cannabis.(48) Roughly a quarter of cannabis users experience some kind of flashback.(49)

- **Cannabis causes cancer**

Cigarettes and cannabis both cause lung disease (see 2 above). Moreover cannabis smokers who develop cancer tend to do so earlier than cigarette smokers. In fact some sufferers are unusually young, developing cancer before the age of 40.(50)

- **Cannabis is linked to violent behaviour**

It has been noted that cannabis can cause relaxation, loss of inhibitions, decreased aggression and amotivation.(51) It is claimed this is better than excessive alcohol which can cause violent behaviour.(52) But in one study, 30% of a group of convicted murderers who were high on cannabis at the time of the homicide, stated that the crime occurred because they were on cannabis.(53) Similarly in susceptible individuals, cannabis can produce paranoia and mania.(54) Also schizophrenics are more likely to display aggressive and violent behaviour under the influence of cannabis.(55)

7. “Criminalising cannabis is draconian and causes more harm than good.”

- **Taking cannabis is harmful and the law should protect people from harm**

Once cannabis is decriminalised more people will use it (see pages 19 and 20). It will not be ‘good’ when we see more road deaths, more cases of cancer, bronchitis and schizophrenia, more mental health problems in vulnerable teenagers. It is right and necessary for the law to protect people. Also, cannabis users are more likely to get help once in the criminal justice system (see pages 8 and 9).

- **Breaching criminal laws must have consequences**

There is no point in having criminal laws unless those caught breaking them will at least risk prosecution. It is right that those who choose to deliberately flout the criminal law should face prosecution if caught. In reality most cannabis users caught for the first time will be cautioned.(56) In any event, many cannabis users will already have other criminal convictions. 49% of arrestees in a recent Home Office study tested positive for cannabis.(57)

- **There are many less serious activities that can lead to a criminal conviction and serious consequences**

You can receive a criminal record for many other activities which many people would regard less seriously, such as failing to complete a census form.(58)

8. “It is wrong to criminalise people who use cannabis for medical reasons.”

- **Products extracted from cannabis are being tested for possible medical benefits**

There are over 61 cannabinoids which can be extracted from cannabis.(59) Two pharmaceutical products, synthetic derivatives of cannabis, are already available on prescription (Nabilone and Dronabinol.) It **may** be that other cannabinoids may have medical benefits. This should be decided on the basis of thorough clinical trials.

- **Cannabis is not a medicine**

The difference between cannabis in its street form and the medically useful cannabinoids, is like comparing the painkiller morphine, which is given under medical supervision, with street heroin which may cause death from an overdose,(60) or may contain a fatal infection (61) or may be mixed with anything from talcum powder to strychnine.(62) The raw form is dirty and dangerous and of unpredictable toxicity. The other is a highly developed pharmaceutical product, administered in carefully regulated doses under medical supervision.

- **Sophisticated pharmaceutical products are one thing. Cannabis is another.**

Despite the medical potential, products extracted from cannabis, like other therapeutic drugs, are being subjected to rigorous clinical trials in order to produce a sophisticated pharmaceutical product that will provide real medical advantages without the, often dangerous, side effects. GW Pharmaceuticals, the company licensed by the UK Home Office to research and develop prescription cannabis-based medicines, began their investigations in 1998, yet they anticipate that their clinical trials will not finish until 2003.(63) Until their product has been granted official approval by the Medicines Control Agency, no practising doctor can prescribe it, outside of a clinical trial. The Government, whilst welcoming investigations into the therapeutic uses of cannabis, also stated that it “wishes to emphasise that the development and peer-review of high-quality clinical trials are processes which cannot be rushed, irrespective of the need, otherwise there would be a danger that an inadequate trial design would result in a flawed clinical study.”(64)

9. “Legalising cannabis would eradicate the black market and the associated crime and so enable the Government to regulate the supply of cannabis.”

- **Legalisation does not result in control of cannabis production**

In Holland the sale of cannabis is allowed in licensed ‘coffee shops’. Yet almost all of the cannabis grown there is grown illegally and therefore not subject to tax. Even in licensed coffee shops it is estimated that up to 70% of what is sold has come from an illicit crop. The estimated illegal sale of cannabis is \$10 billion per year in Holland.(65)

- **It is an illegitimate trade that cannot be legitimised**

Drug-dealing is a dirty business. For example, there is a well established link between the drug trade and the sex industry.(66) Prostitutes constitute a significant minority of drug market customers and are helping to maintain it. Prostitutes may have several roles in the market, including buying drugs for and using drugs with clients. Prostitutes may also accept drugs as payment and sell drugs themselves. Drug dealers are often involved as pimps. This arrangement would continue even if cannabis were legalised.

- **Drug dealers will not give up selling harder drugs if cannabis is legalised**

If cannabis is legalised, most existing dealers will not seek legitimate employment in the new legalised business. Many dealers would simply conclude that greater cannabis consumption will create a much bigger market for hard drugs and continue to deal in those drugs.

10. “Under the current law young people who want cannabis have to go to dealers. This brings them into contact with suppliers of harder drugs. Legalisation would break this link.”

- **Legalisation does not break the link**

The evidence seems to be that easing the law on cannabis is even more likely to bring youngsters into contact with suppliers of hard drugs. In Brixton, personal use of cannabis is effectively legalised because users are cautioned but not arrested. Fred Broughton, chairman of the Police Federation, has said that because of this procedural change “crack abusers and crack dealers - are becoming more visible and more active”.(67) In Brixton “Young people were telling everybody that cannabis is now OK, that it is OK to possess in the streets, in schools... The street dealers seem to be exploiting the situation in many places by basically carrying small pieces of cannabis and using that as a cover for dealing in more dangerous drugs”.(68) The Criminal Justice Association has stated that in Holland hard drug dealers were more likely to frequent the legal outlets and that many licensed outlets had been closed for dealing in hard drugs.(69) Also, a University of Amsterdam study asked cannabis users in Amsterdam if other drugs were available at the same place they obtained their cannabis. Of those who said cocaine was also available, 54% said it could be found at a licensed outlet. Similarly, 57% of those who said ecstasy was available identified a licensed outlet as its source.(70)

- **Even where cannabis is legal, under-age users still obtain it illegally**

In Holland licensed cannabis shops are not allowed to sell cannabis to those under 17, but teenagers are still obtaining cannabis illegally and in considerable quantities.(71) Recent statistics show that Dutch 15-16

year olds have the third highest rate of consumption of cannabis compared to their European peers(72) and that they are still coming into contact with suppliers of hard drugs.(73)

11. “Our current drugs laws are simply not working. Young people need to be told about the risks of drugs and then left to make their own choices.”

- **The current approach is soft on cannabis use**

The reason why current policy is failing to reduce cannabis use is because the policy is to be soft on it. The CPS and the police are giving up on the idea of prosecuting cannabis users. Instead, they let them off with a caution. The percentage of cases dealt with by caution has risen from 3% in 1982 to 55% in 1998.(74)

- **Cautions and convictions for possession of cannabis, UK**

Year:	Number of cautions	Number of convictions	Total number of cautions & convictions	% dealt with by caution
1982	422	14,856	15,278	3
1983	1,078	16,628	17,706	6
1984	1,948	15,914	17,862	11
1985	3,328	14,885	18,213	18
1986	4,014	12,421	16,435	24
1987	5,747	12,833	18,580	31
1988	8,307	14,921	23,228	36
1989	11,781	18,249	30,030	39
1990	16,282	19,804	36,086	45
1991	19,583	18,874	38,457	51
1992	22,113	15,330	37,443	59
1993	30,871	14,495	45,366	68
1994	39,248	25,850	65,098	60
1995	41,155	27,447	68,602	60
1996	38,318	26,636	64,954	59
1997	45,362	32,150	77,512	59
1998	48,480	40,119	88,599	55

- **Even drugs education does not aim to discourage drug use**

“Harm reduction” in the drugs field is a philosophy which, instead of seeking to prevent drug use, seeks to reduce some of the damaging effects of drugs use. It was designed for use with addicts, but is now a common approach in drugs education with all audiences, including school children, whether or not they have ever taken drugs. This approach undermines drugs law enforcement, and sends out a signal that drugs can be used safely, rather than discouraging drug use.

For example, the introduction to a teaching guide, *Taking Drugs Seriously* states: “This pack starts from the position that drug use is a part of some young people’s lives and will not be prevented by education... They [pupils] should be given as much information and develop as many skills as possible, with the minimum pollution by others’ dogma.”(75)

- **We need to take prevention seriously**

The Government ought to be pursuing a tough and consistent prevention approach, including making sure that schools and all publicly funded agencies support the Government’s approach. The goal should be preventing young people from taking drugs in the first place, not teaching them how to take drugs more ‘safely’.

Bill Clinton’s head of drug policy, General Barry McCaffrey, certainly believed this. In March 2000 he said: “...the ‘prevention of drug, alcohol and tobacco use among children and adolescents’ is the overriding goal of current U.S. drug policy...”(76) The following month McCaffrey went further: “The indirect campaign to legalise drugs has tried to manipulate the issues of ‘medical marijuana’ and ‘harm reduction’. This approach should offend America’s sense of integrity. The welfare of children must come first. Reducing drug abuse is in our country’s most fundamental interest.”(77)

12. “The prohibition of cannabis actually encourages drug taking because the thrill of illegality attracts young people.”

- **The acceptability of cannabis makes use more likely**
When a group of first year medical students from Newcastle University were asked why they took illicit drugs, 63% of the men and 50% of the women said it was for pleasure. In total 45% of the students in this study had experimented with cannabis at some stage during their life compared with 21% of students from a previous survey in 1987. The authors conclude that the reason for this difference was because “cannabis use has become more acceptable in the young today”.[\(78\)](#) It was the *acceptability* not the *illegality* that increased use.
- **Attitudes at home influence young people**
As well as peer pressure, young people may be influenced by attitudes and behaviour at home. For example results from the 1998/1999 Youth Lifestyle Survey, and the British Crime Survey 2000, showed that children with a parent who had taken drugs at some time in their life were themselves significantly more likely to have taken cannabis during the last year.
A similar effect was found amongst siblings. 43% of children whose older or younger brother or sister had taken drugs at some time in their life reported drug taking compared to 20% of those with no drug-using siblings.[\(79\)](#)
- **Legalisation would encourage use**
The amount of cannabis smoking is influenced by its perceived image. A survey of over 1500 readers of the magazine *New Musical Express* showed that if cannabis possession were decriminalised, 61% of respondents who had never used cannabis would start smoking it.[\(80\)](#)

13. “Legalising cannabis would release the police to deal with more serious crimes and it would free up the courts and prisons. It would concentrate resources on the ‘real’ problem of hard drug dealers.”

- **Convenience should never be the criteria for law enforcement**
The police are there to enforce the laws which Parliament has enacted for as long as they remain on the statute books. Car crime is prevalent and takes up a lot of policetime. This is not a valid argument for legalising it.
- **Weakening the law worsens the problem**
Relaxing the law on cannabis would lead to more people taking the drug. Cannabis is a gateway to hard drugs (see answers to Question 4). Therefore more users of cannabis would ultimately mean more users of hard drugs. Increasing demand for hard drugs would increase the problem of drug dealing, resulting in more work for the police.
- **There is evidence to show that a ‘zero tolerance’ approach to policing is more effective**
The Swedish Government has adopted a tough approach to drugs use based on tough and consistent enforcement of the law and prevention policies. Only 9% of Swedes have tried drugs [\(81\)](#), compared with 34% of British people aged between 16 and 59.[\(82\)](#)

The Former Mayor of New York Rudolph Guiliani has said that he favours arresting anyone caught in possession of cannabis.[\(83\)](#) Mayor Guiliani enforced a ‘zero tolerance’ policy towards all types of crime, including cannabis possession, from 1994-2001. In that time the number of burglaries and the number of murders in New York both fell by nearly two-thirds.[\(84\)](#) Enforcing this policy consistently across all drugs had amazing results. In New York City crack cocaine is widely considered a thing of the past.[\(85\)](#)

14. “The law is out of touch with public opinion. Most people are in favour of legalising cannabis.”

- **The public do not favour legalisation**
The last British Social Attitudes survey on cannabis found that 64% of respondents said that they thought taking cannabis should remain illegal.[\(86\)](#)

The British Social Attitudes surveys are the most authoritative annual survey of public attitudes in Britain. They are conducted by The National Centre for Social Research, the largest independent social research institute in Britain.[\(87\)](#) British Social Attitudes surveys have been conducted annually since 1983. Each survey consists of approximately 3,500 interviews with a representative, random sample of adults in Britain.[\(88\)](#)

Opinion polls used by those who claim the public favour softening the law are often based on small samples of adults and exclude the views of those over a certain age (e.g. Only 16-59 year olds are questioned). Often leading questions are used to ensure the result that the questioner wants.

- **Opinion has been influenced by pro-cannabis propaganda**
One of the reasons that public opinion does seem to be shifting in some polls is that so many false claims are made about cannabis, including the claim that it is harmless. Repeated claims that smoked cannabis has unique medicinal qualities have also confused the issue in the minds of many people. It is one thing to change public opinion on the basis of genuine fact. It is another thing to manipulate public opinion by misinformation.

An opinion poll for the *Independent on Sunday* asked respondents for their view on the law. [\(89\)](#)

They asked whether cannabis possession:

Should be illegal	17%
On Prescription for Medical Use	45%
Freely available like tobacco or alcohol	9%
Sale to remain illegal, possession decriminalised	9%
Should be legal but only through licensed government outlets	17%
No Opinion	3%

- It is clear from the above that 17% of the respondents opposed changing the law and 45% only supported a change in the law to allow cannabis for medical use.

Only 35% supported decriminalising the possession of cannabis for recreational use. However the headline that appeared in the *Independent on Sunday* was “Huge majority want cannabis legalised - Government isolated as 80 per cent back our campaign for radical change in the law.” [\(90\)](#)

- **The effects of legalising cannabis will not be determined by a vote**
Politicians should be sensitive to public opinion. However they have an overriding duty to ensure that policies are in the best interests of society and to base their proposals on hard evidence. The damage caused by legalising cannabis is real. Politicians can vote to legalise it, but they cannot vote to make it harmless.

15. “The use of cannabis has always been just as widespread as it is today. Even Queen Victoria used it.”

- **Use of illegal drugs, such as cannabis has rocketed in recent decades**
The widespread use of ‘recreational’ drugs is a modern phenomenon. The West has never before had such a drugs problem. The number of registered drug addicts (all drugs) has soared in the last 70 years. In 1934 the first official statistics on drugs addicts put the total number of addicts at 300. [\(91\)](#) In 1984 alone 5,400 new addicts were registered. [\(92\)](#)
The number of cannabis offences has also rocketed.

Year	Cannabis Charges/Convictions
1964	544 charges (93)
1975	8,987 convictions/cautions (94)
1985	20,976 convictions/cautions(95)
1989	33,669 convictions/cautions(96)
1999	88,548 convictions/cautions(97)

- **Medical science has advanced**
In past centuries people were not aware of the damaging consequences of certain drugs. Neither did they have access to the wide range of clinically tested drugs that are available now.
- **The fact that some have used drugs in the past does not make it right**
In the past substances such as mercury, arsenic and sea water were used as medicines. It was thought that they would relieve pain. We now know otherwise.

- **The existence of drug use in society in previous centuries does not change its moral status.**
There are other things that people did in the past, such as slavery, that we now maintain are morally wrong.
- **Increased potency of smoked cannabis**
Cannabis smoked recreationally today in the U.K. is far more potent than cannabis used in the past, even the fairly recent past. A typical “reefer” in the 1970’s contained about 10mg of tetrahydrocannabinol (THC), the main psychoactive ingredient of cannabis. A typical “joint” today may contain anything from 60mg to over 150 mg (98) - i.e. it is between six and fifteen times more potent.

[Top](#)

References

- (1) *Drug misuse declared in 2000: results from the British Crime Survey*, Home Office Research Study 224, Home Office, 2001, Table 2.1, page 13
- 2 *Loc cit*
- 3 *Ibid*, pages 13-14. Cannabis remains the most widely consumed drug in all age groups with 27% of 16-59 year olds reported having used it. (44% of young people aged 16-29).
- 4 *The classification of cannabis under the Misuse of Drugs Act 1971*, Advisory Council on the Misuse of Drugs, Home Office, 2002, page 7; *Sunday Mail*, 5 August 2001
- 5 Johns, A, 'Psychiatric effects of cannabis', *British Journal of Psychiatry*, 187, 2001, pages 116-122
- 6 Ramstrom, J, *Adverse Health Consequences of Cannabis Use*, Socialstyrelsen, 1998, pages 19-20
- 7 *Ibid*, pages 35-36
- 8 *The classification of cannabis under the Misuse of Drugs Act 1971*, *Op cit*, page 8
- 9 *Loc cit*
- 10 Ramstrom J, *Op cit*, pages 48-49
- 11 Mittleman, M A et al, 'Triggering Myocardial Infarction by Marijuana', *Circulation*, 103, 2001, page 2808
- 12 Podczek A, Frohner, K and Steinbach, K, 'Acute myocardial infarction in juvenile patients with normal coronary arteries', *International Journal of Cardiology*, 30, 1990, pages 359-361; Choi, Y S and Pearl, W R, 'Cardiovascular Effects of Adolescent Drug Abuse', *Journal of Adolescent Health Care*, 10, 1989, pages 332-337
- 13 Mittleman, M A et al, *Op cit*, pages 2805-2809
- 14 Tashkin, D P et al, 'Respiratory Symptoms and Lung Function in Habitual, Heavy Smokers of Marijuana Alone, Smokers of Marijuana and Tobacco, Smokers of Tobacco Alone, and Nonsmokers', *American Review of Respiratory Disease*, 135, 1987, pages 209-216;
- Bloom, J W et al, 'Respiratory effects of non-tobacco cigarettes', *BMJ*, 295, 12 December 1987, pages 1516-1518; *The New Zealand Herald online*, 27 November 2000 see <http://www.nzherald.co.nz/storyprint.cfm?storyID=162086> as at 21 January 2002
- 15 Petersen, R C, 'Importance of inhalation patterns in determining effects of marijuana use', *The Lancet*, 1, 31 March 1979, pages 727-728
- 16 Wu T, Tashkin D P, Djahed, B and Rose, J E, 'Pulmonary Hazards of Smoking Marijuana as Compared With Tobacco,' *New England Journal of Medicine*, 318, 1988, pages 347-351
- 17 *New Scientist*, 21 February 1998
- 18 Barsky, S H et al, 'Histopathologic and Molecular Alterations in Bronchial Epithelium in Habitual Smokers of Marijuana, Cocaine, and/or Tobacco', *Journal of the National Cancer Institute*, 90, 1998, pages 1198-1205
- 19 Ramstrom, J, *Op cit*, page 72
- 20 *Loc cit*
- 21 *Loc cit*; Hall, W and Solowij, N, 'Adverse effects of cannabis', *The Lancet*, 352, 1998, pages 1611-1616
- 22 Ramstrom, J, *Op cit*, page 72
- 23 *The Classification of Cannabis under the Misuse of Drugs Act 1971*, *Op cit*, page 7
- 24 Road Traffic Act 1988, Section 14 10
- 25 *Washington File*, US Department of State, 14 March 2000 see <http://usinfo.state.gov/topical/global/drugs/monsen.htm> as at 10 April 2002
- 26 Sexton, B F et al, *The Influence of Cannabis on Driving*, DETR, TRL Report 477, 2000 page 1
- 27 *Loc cit*
- 28 *Home Office Statistical Bulletin: Motoring Offences and Breath Test Statistics England and Wales 2000*, Home Office, Issue 24/01, 20 December 2001, pages 15-16
- 29 Ramstrom, J, *Op cit*, pages 36-37. Also see *The Classification of Cannabis under the Misuse of Drugs Act 1971*, *Op cit*, pages 7-8
- 30 Kuipers, S B M et al, *A Closer Look At Cannabis Users*, Utrecht/Houten, 1997 see <http://www.ivv.nl/ivz/publications/cannngb/en/index.html> as at 19 March 2002; Goulden, C and Sondhi, A, 'At the margins: drug use by vulnerable young people in the 1998/99 Youth Lifestyles Survey', Home Office Research Study 228, Home Office, November 2001 pages v and 9-11
- 31 Witton, J and Mars, S, 'Cannabis and The Gateway Hypothesis', Submission by DrugScope to Home Affairs Select Committee on Drugs, October 2001, Annex B
- 32 'Marijuana: Harder than Thought?', *Science*, 276, 1997, pages 1967-1968
- 33 Ramstrom, J, *Op cit*, pages 52-53
- 34 Fergusson, D M and Horwood, L J, 'Does Cannabis Use Encourage Other Forms of Illicit Drug Use?', *Addiction*, 95(4), 2000, pages 505-520 and *The New Zealand Herald*, 13 May 2000
- 35 Witton, J and Mars, S, *Op cit*, Annex B
- 36 *Loc cit*
- 37 Yamaguchi, K and Kandel, D B, 'Patterns of Drug Use From Adolescence to Young Adulthood III. Predictors of Progression', *American Journal of Public Health*, 74 (7), 1984, pages 673-681
- 38 Kandel, D B et al, 'The Consequences in Young Adulthood of Adolescent Drug Involvement', *Archive of General Psychiatry*, 43, 1986, pages 746-754

- 86 Jowell, R et al, *British Social Attitudes (The 13th Report)*, SCPR, 1996, page 97
- 87 http://www.scpr.ac.uk/news/news_bsa_pr2001.htm as at 19 March 2002
- 88 Jowell, R et al, *Op cit*, page xii
- 89 <http://www.mori.com/polls/1997/cannabis.shtml> as at 28 January 2002
- 90 *Independent on Sunday*, 12 October 1997
- 91 Edwards, G and Busch, C, *Drug Problems in Britain- A Review of Ten Years*, Academic Press, London, 1981, page 9
- 92 *Home Office Statistical Bulletin: Statistics of the Misuse of Drugs in the United Kingdom 1984*, Home Office, Issue 23/85, 3 September 1985, page 9
- 93 Edwards, G and Busch, C, *Op cit*, page 10
- 94 *Home Office Statistical Bulletin: Statistics of the Misuse of Drugs in the United Kingdom 1985*, Home Office, Issue 28/86, 25 September 1986, Table 5, Page 17
- 95 *Loc cit*
- 96 Corkery, J M, *Drug Seizure and Offender Statistics, United Kingdom 1999*, Home Office, 5/01, 30 March 2001, Table 3.12, page 68
- 97 *Loc cit*
- 98 Ashton, C H, Evidence submitted to the House of Lords Select Committee, 6 April 1998, Para 1.1. (Professor Heather Ashton is Emeritus Professor of Clinical Psychopharmacology, Department of Psychiatry, University of Newcastle upon Tyne.)