Cannabis: a Briefing Paper for Drug Education Practitioners
April 2005

Purpose of the briefing
The aim of this briefing is to provide information on cannabis and support in planning and delivering drug education and support to young people.

Who is the briefing for?
The briefing will be of particular relevance to drug education practitioners and other practitioners working with young people including:

- Teachers/tutors and other staff who deliver drug education
- Those with responsibility for co-ordinating drug education
- Head teachers/principals
- Youth workers
- Connexions personal advisers
- Other providers of drug education

Terminology
Young people
For the purpose of this briefing, 'young people' refers to those aged between 11 and 19.

Physical dependence
This is a compulsion to continue taking a drug in order avoid the physical discomfort from not taking the drug. This discomfort can take the form of withdrawal symptoms like for instance stomach cramps and sweating.

Psychological dependence
This is much more common and can happen with any drug (or many other sorts of human behaviour like gambling, work, or relationships). The person feels they need the drug to cope with everyday life, even though they are not physically dependent.

About Cannabis
Cannabis is a plant found wild in most parts of the world and is easily cultivated in temperate climates such as we have in the UK. There are two main types of cannabis smoked in the UK.

- **Hashish** is the commonest form of cannabis used in the UK. It is made by drying and compressing the plant to form a resin. It usually comes in light brown to black blocks. Most hashish is imported from Morocco, Pakistan, Afghanistan and the Lebanon. However, it is often cut or mixed with a number of substances to make up the weight. The end product has been dubbed 'soap bar' because of the unwanted additives such as beeswax, turpentine, milk powder, boot polish, henna, pine resin, ground coffee and others. Depending on the level of impurities, this also serves to 'dilute' the effect of the hash.
- **Herbal cannabis or marijuana** is a green/brownish preparation made from drying and chopping the leafy parts of the plant. In recent years

stronger, new hybrid strains of herbal cannabis have been developed. These are varieties grown indoors under artificial light. Initially originating from Holland, these hybrids are becoming increasingly available here as home grown crops. Common varieties are Skunk (also used as a generic name for these hybrids), Northern Lights and Netherweed.

Cannabis is most commonly smoked by rolling it up in cigarette papers, to make a joint or spliff. Cannabis resin is usually mixed into tobacco, but herbal cannabis may be smoked on its own or with tobacco or herbs. Resin is often quite hard and needs to be softened and broken up so that it can be sprinkled into a joint or pipe. To do this, users heat an edge of the resin block, usually over a flame, and then break small bits off.

Cannabis can also be smoked in a pipe, chillum (tube-like pipe), hookah or hubble-bubble water pipe or a bong (a container half submerged in or filled with water for cooling purposes), brewed into a drink, eaten on its own or cooked in food, especially cakes or biscuits. It is also sometimes smoked between two hot knives, known as hot-kniving.

Very roughly about £6 to £10 worth of cannabis (a sixteenth of an ounce) will make 3 to 6 joints. The cost will vary according to the type of cannabis and local availability. Hashish will often be sold wrapped in tin foil; herbal cannabis is usually sold in small plastic bags.

Most young people will buy cannabis in small quantities through a network of friends and acquaintances rather than directly from a professional dealer. Part of the mythology of drugs is the evil dealer hanging round the school gates. Most dealers will not want to have any direct involvement with young people because it is too risky.

Slang terms
There are many street names for cannabis including blow, draw, weed, skunk, dope, puff, hash and smoke. Spliffs and joints are names for cannabis cigarettes.

<u>Cannabis strength</u>
The strength of cannabis is measured by the percentage of THC (tetrahydrocannabinols) it contains. THC is the main active ingredient of cannabis, the chemical that creates the high.

There have been many claims that cannabis is now much stronger than it was in the 1960s and 1970s. Stronger forms of cannabis have always been available. But they would have been mainly used by regular and experienced adult users with access to some of the more exotic varieties. It is certainly true that the development of stronger hybrids like skunk (in effect genetically modified cannabis) has meant that more young people will have potentially easier access to stronger cannabis than before.

However, a recent European study (King 2004) has shown that there is no support for claims that cannabis is now ten or more times stronger than it was.

In fact, despite the greater availability of stronger skunk-like cannabis, the average strength of THC in UK cannabis in recent years, has remained fairly constant at around 6-8 per cent THC. The source of these claims is often the USA, where the European study says, the levels of THC content in cannabis has increased at a faster rate than in Europe.

Short-term effects

The effects generally start a few minutes after smoking, and may last up to one hour with low doses and for up to two or three hours with higher doses. When eaten or drunk, cannabis takes an hour or more to have an effect, but because the whole dose is taken at once, the effects are harder to control than if the drug is smoked. The effects after swallowing can last 12 hours or longer.

Physical effects

Cannabis causes a number of noticeable but usually mild physical effects, including increased pulse rate, bloodshot eyes, dry mouth, and occasional dizziness.

Cannabis use also often increases appetite. Users may feel hungry once they are stoned – the 'munchies' as it is often called – and may particularly crave sweet foods such as chocolate.

The acute toxicity of cannabis is very low and there are no records of fatal overdose.

Psychological effects

The drug has mildly sedative and euphoric effects and users will feel more relaxed, sociable, talkative, and giggly or alternatively the drug might induce introspective reflection.

There are feelings of enhanced awareness and appreciation of the feelings of other people, of music and other sensory experiences. In this state of increased attention to the immediate inner and outer environment, time often seems to stand still. The situation in which cannabis is often used – in comfortable, warm surroundings, with friends, during a period given over to leisure and relaxation – probably serves to encourage these kinds of responses.

Cannabis use may reduce inhibitions and increase the likelihood of sexual activity. This, combined with short-term memory loss, may lead to people becoming involved in sexual activity they later regret and being less likely to protect themselves and use contraception effectively.

With higher doses, there may be perceptual distortions, forgetfulness and confusion. There may also be varying degrees of temporary psychological distress especially paranoia and anxiety particularly if the user is already anxious or depressed or using in a threatening environment.

The subtlety of these effects mean that they can be interpreted by the user in a wide variety of ways depending on experience, what they expect or want to happen and on the reactions of other people around them. Novice users who do not know what to expect may find the experience of using cannabis particularly distressing, especially if strong variants are involved. On the other hand many people report that nothing much happened when they first smoked cannabis.

Long-term risks

Physical health

It has been shown that (as with tobacco smoke) frequent inhalation of cannabis smoke over a period of years can exacerbate bronchitis and other respiratory disorders, and can also cause cancer of the lung and parts of the upper digestive tract. Smoked cannabis contains high concentrations of potentially carcinogenic tar and toxins.

Smoking cannabis and tobacco together may be more damaging than smoking either alone. It is not known whether regular cannabis smoking will turn out to cause more or less risk to health than regular tobacco smoking. It does appear that cannabis users inhale less frequently, but more deeply and for longer, therefore possibly exposing the lungs less frequently but more intensely to harmful smoke.

Mental health

'Amotivational' syndrome - A lot of attention has been paid to the apparent tendency of cannabis to precipitate a chronic lack of motivation and bouts of apathy. Amotivational syndrome, as it is referred to, was one of the inherent dangers highlighted in the early seventies and eighties depicting intoxicated and permanently unmotivated youth.

A heavy user chronically intoxicated on cannabis may appear apathetic, lack energy, and perform poorly at school due possibly to cannabis-related problems involving memory and attention span. This state may persist for weeks after stopping use. However, such a condition seems rare and little different from what might be expected of someone chronically depressed or intoxicated on alcohol or other sedative-type drugs such as tranquillisers.

Concern has been raised that heavy cannabis use during early adolescence may have some effect on social or cognitive development. Adolescence is typically defined as a time when biological and social changes are at their most pervasive, impacting on future mental capabilities and lifestyle choices. Research in the US has shown that while cannabis use during this period can act as a weak predictor of poorer academic ability and job status, it does not predict intellectual development.

Psychosis - Studies undertaken in the UK and America suggest that cannabis can worsen the condition of some schizophrenic disorders. Individuals who are otherwise reasonably well controlled on anti-psychotic drugs have reported adverse reactions to regular or even sporadic use of cannabis. Some studies have linked episodes of schizophrenia following the onset of heavy

cannabis use. While it is not clear what role cannabis plays in such incidences and on general mental health, it is reasonable to say that those with a history of mental illness may be vulnerable to cannabis induced psychosis. Or where there is a family history of mental health problems.

However, despite some research indications (page 6) there is no convincing evidence of cannabis use causing psychosis ('cannabis psychosis') or schizophrenia in people who do not already have mental health problems. It is also needs to be borne in mind that individuals with mental disorders may be more inclined to use cannabis and to use it heavily, possibly in an attempt to self-medicate either against their feelings or the effects of their prescribed medication.

Dependency and tolerance

In a laboratory situation, where people have been exposed to high doses of cannabis every few hours for several weeks, it has been possible to produce a mild withdrawal syndrome consisting of irritability, restlessness, insomnia and decreased appetite. The development of a cannabis dependency syndrome in heavy users has been observed, and is associated with an inability to control use of the drug, cognitive and motivational handicaps, lowered self-esteem and possible depression in long-term users. The extent of these symptoms among users is not clear, but general consensus is that very few users experience physical dependence. Regular users can come to feel a psychological need for the drug or may rely on it as a 'social lubricant'. It is not unknown for people to use cannabis so frequently that they are almost constantly under the influence and feel they cannot face other people or the world without being stoned.

While the vast majority of adult drug users who present to drug agencies for help have heroin as their main drug of misuse, surveys show a significant and growing number of people are asking for help with cannabis-related problems.

Tolerance will develop in regular users, though many also become sensitised to its effects. Regular users therefore may often only need a little to enjoy the drug's effects, but will go on to smoke a lot of the drug without becoming overly stoned.

'Stepping stone' or 'gateway' theory

One of the enduring myths of cannabis use is that there is something 'in' the drug which means that users becoming resistant to the effects and go on to seek out ever-more powerful highs from drugs like heroin. In other words, cannabis is a 'stepping stone' to other drugs or that cannabis opens a 'gateway' into the world of illegal drugs.

Certainly most heroin users would have used cannabis earlier on in their drug career, but they would also have smoked tobacco and drunk alcohol. Overall there is no clinical evidence for this theory.

However, it would be true to say that because cannabis users have to engage with the illicit market to buy the drug, this may expose them to offers of other

drugs. In fact, part of the rationale for the more liberal attitude towards cannabis in the Netherlands is to put young people at a further distance from the illicit drug scene, by making cannabis more legally available.

Prevalence
Cannabis is by far the most common and regularly used illegal drug in the UK.

A 2003 survey of around 10,000 English schoolchildren aged 11-15 conducted by the Department of Health found that:

- fourteen per cent of boys and twelve per cent of girls claimed to have used cannabis in the past year. This was age related: at 11 years old, there was one per cent use rising to thirty one per cent at 15 years old.

- thirty-one per cent of boys and twenty five per cent of girls claimed to have been offered cannabis – the drug most likely to have been offered. Again it was age related with over half of 15-year-olds claiming to have been offered the drug.

- at between 16 and 19 years of age, percentage of use increases. The British Crime Survey for the years 2000-2002 found that around 38 per cent of young people in this age range say they have used cannabis at least once.

There is no doubt that cannabis use has increased significantly over the past twenty years among young people in the UK. But as these figures indicate, by no means all young people have even tried cannabis once.

Legal status
The possession and supply of cannabis is controlled under the Misuse of Drugs Act 1971 (Modification) Order 2001. The Act divides drugs into three categories – A, B and C on the basis of:

- how dangerous they are, not just to individuals, but to society as a whole
- the degree to which they have some value as a legitimate medicine.

In January 2004, cannabis was reclassified from Class B to Class C.

<u>Reasons for the reclassification</u>
Cannabis is a harmful drug and its use may pose risks to individual health and to society, but according to medical experts, cannabis is substantially less harmful than other Class B drugs, such as amphetamine and barbiturates. The Government believed that the classification of cannabis was disproportionate in relation to the harm it caused and failed to differentiate between cannabis and drugs that cause the most harm i.e. Class A drugs such as heroin and crack-cocaine. Reclassification of cannabis was to help send clear and credible messages, especially to young people, about the

relative harms of different drugs and in particular the dangers associated with the use of Class A drugs.

The Government is also focusing on reducing the number of young people using any illicit drug on a frequent basis. Young people who use cannabis weekly or daily may be unaware of the affect this can have on their physical and emotional health or their motivation at school or work. It was hoped that reclassification would encourage more honest and open discussion about the effects of frequent cannabis use. Schools, the media and many other agencies working with young people have a key role in alerting young people to these risks.

(To receive free information and campaign material from FRANK on cannabis and in particular on reclassification, log on to www.drugs.gov.uk/campaign)

What reclassification means in practice is that:

If you are an adult over 18 and you are stopped in possession of a small amount of cannabis, you are unlikely to be arrested. Instead, the drug will be confiscated and you will be cautioned. If you are caught repeatedly, you may well be arrested and charged, especially if you are caught smoking in public and near a school or other public place where children congregate.

If you are under 18, you are more likely to be arrested. In most cases, young people found in possession of cannabis will be **reprimanded** for first offences and the drugs will be seized.

If they have already received a reprimand (whether for cannabis or another offence) and are subsequently found in possession of cannabis, a **warning** will be issued and the drugs will be seized.

Any further offending (whether for cannabis or other offences) will normally result in a charge being brought. It will be for the courts to determine the sentence within the limits identified above.

If a young person is subsequently convicted this will result in a criminal record. Reprimands and final warnings are not convictions and as such do not constitute a criminal record for a young person. However they are recorded on the National police Database.

When the young person is issued with a reprimand or warning for possession they will be required to attend a police station by appointment, rather than being arrested automatically (unless there are aggravating factors). They will be referred to the local Youth Offending Team for further assessment or routes into diversionary activities. Evidence is required and photographs and fingerprints will be taken. An appropriate adult is also required to attend if the young person is under 17 years of age.

What are the consequences for young people?
If a young person is caught in possession of cannabis, and formally warned or convicted, their future opportunities could be jeopardised. All warnings and convictions must be declared on:

- all overseas VISA applications
- motor insurance
- most job applications
- university application forms

If a reprimand or final warning is given to someone under the age of 18, this will be kept on the Police National Computer for up to 10 years. However, once the young person turns 18:

- if they have previously received a reprimand only, it will be removed;
- if they have previously received a reprimand and a final warning, they will be removed once the final warning is over 2 years old.

Implications of reclassification for those working with young people
Premises issues
Section 8 of the Misuse of Drugs Act 1971 states that it is an offence for the management of establishments to knowingly permit the use, supply and production of illegal drugs on their premises. **This includes cannabis.** Offences against Section 8 could hold penalties of a fine or up to 5 years imprisonment. This law applies to all institutions and services where young people can be found, including schools and educational establishments, Connexions centres, youth clubs, Youth Offending Institutions and residential care homes.

Management of drug-related incidents
It is recommended that any service/institution working with young people has a clear and robust **drugs policy,** which sets out the procedures for managing and responding to different kinds of drug-related incidents. It is good practice for you to consult with your local police about the appropriate course of action, and the policy should be endorsed by other relevant agencies, for example, local drugs services and services offering support to young people. The policy should be developed in consultation with young people themselves, school governors and parents/carers.

For more information on developing a drug policy that includes the management of drug related incidents, see Section 4 – Good management of drugs within the school community, Drugs: Guidance for Schools (DfES 2004).

Cannabis and the media
Since the reclassification of cannabis, sections of the media (and some police and politicians) who disagree with the change have been at pains to highlight the dangers of the drug and to suggest that there is confusion now among police, parents and young people about its legal status.

The impact of cannabis on the longer-term mental health of young people is a growing concern among professionals caring for this age group, especially where vulnerable adolescents are concerned. However trying to establish the

real dangers has been undermine by press sensationalism which has either implicated cannabis use as the underlying cause of extreme violence and psychotic behaviour in a handful of cases involving very disturbed young people – or used extreme examples of cannabis consumption to generalise about the dangers of the drug.

There is also a tendency to generalise from the results of clinical studies and assume that any bad effects identified in studies will affect the majority of users. Scientists themselves are usually quite cautious about research findings. There are many reasons why one has to be cautious about clinical research, particularly where illegal drugs are concerned because of the highly emotional and political nature of the topic:

- studies may only involve a very small number of subjects and do not have properly matched control groups for a comparison of the results;
- a number of factors may not be properly accounted for including the variation in dosage that users may take and the fact that cannabis smokers may use other drugs as well;
- it may be difficult to factor in physical and mental health of users and their general lifestyle and how these might impact on the results;
- where the results are based on animal studies, these might not relate at all to normal use of drugs by humans.

However, the journals that publish such research and the subsequent media reporting are often less cautious about extrapolating widely from tentative research results.

There is no such thing as a totally safe drug. Any drug which is psychoactive or mind- altering like cannabis has inherent risks attached to it, especially for those whose mental health is already compromised in some way. However:

- there is no conclusive evidence that smoking cannabis in moderate amounts can induce a serious mental health problem like schizophrenia although it might increase the risk of psychosis for someone with a predisposition to mental health problems;
- there is no evidence that smoking cannabis leads onto the use of other more dangerous drugs, except insofar having contact with the criminal world in order to buy cannabis may expose an individual to other drugs.

And from the legal point of view:
Cannabis is still an illegal drug. The only difference is that if you are an adult (over18), you are less likely to be arrested and taken to a police station if you are found in possession of a small amount which is obviously for personal use. Ultimately it is down to the individual officer at the time to decide exactly what action to take on a case by case basis. Different police forces may take a more or less lenient view.

Good practice in drug education
The Department for Education and Skills (DfES) published their revised guidance on drug for schools *Drugs: Guidance for schools* (DfES 2004).

Practitioners should refer to this document for guidance and support in planning and delivering drug education and supporting young people.

The document provides guidance on all matters relating to drug education, the management of drugs within the school community and drug policy development.
Copies of the guidance can be downloaded from www.dfes.gov.uk/drugsguidance. Hard copies are available from DfES publications by calling 0845 602 2260, quoting reference number DfES/092/2004.

For practitioners working in further education institutions, it will be useful to also refer to *Drugs: Guidance for Further Education Institutions* (DrugScope and Alcohol Concern 2004). This document can be downloaded from DrugScope website **www.drugscope.org.uk** and Alcohol Concern website **www.alcoholconcern.org.uk**

Drugs: Guidance for schools (DfES 2004) states that the aim of drug education is to provide opportunities for all young people to develop their knowledge, skills and attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions. It states that drug education should increase knowledge and understanding and clarify misconceptions about:

- the short and long term effects and risks of drugs
- the rules and laws relating to drugs
- the impact of drugs on individuals, families and communities
- the prevalence and acceptability of drug use among peers
- the complex moral, social, emotional and political issues surrounding drugs.

Develop personal and social skills to make informed decisions and keep themselves safe and healthy, including:

- assessing, avoiding and managing risk
- communicating effectively
- resisting pressures
- finding information, help and advice
- devising problem solving and coping strategies
- developing self awareness and self esteem.

To explore their own and other peoples' attitudes towards drugs, drug use and drug users, including challenging stereotypes, and exploring media and social influences

Cannabis education
Drugs: Guidance for schools (DfES 2004) emphasises that drug education should include teaching about all drugs, including illegal drugs, alcohol, tobacco, volatile substances, over-the-counter and prescription medicines. "Pupils need to understand that all have the potential to cause harm; that using drugs in combination can increase risk; and that legal drugs can be as addictive as some illegal drugs" (DfES 2004). The guidance goes on to

suggest that there may be occasions when you may need to focus on particular drugs. Practitioners should include cannabis as part of their overall drug education provision but in some cases may feel it is important to focus on cannabis, especially if an incident involving cannabis has taken place, if there has been increased media attention to cannabis or if there is particular interest from young people.

Practitioners should reinforce to young people that cannabis is still an illegal drug. Drug education should continue to increase pupils' knowledge and understanding of all drugs and help them to develop skills and attitudes, so that they can make informed choices. It should also provide opportunities for pupils to explore the stereotypes, attitudes, myths and discrimination that exist regarding the use of cannabis and their implications for young people and adults.

It will be necessary for schools to update their curriculum materials to reflect the changes in the law regarding cannabis. Schools should make sure that other people contributing to drug education, for example, outside visitors and non-teaching staff have correct information. Schools also have a role in involving and informing parents about the drug education programme their child receives, and they may wish to inform them about cannabis as part of this obligation. The Local Education Authority School Drug Adviser or equivalent and Local Healthy School Programme will be able to offer further support.

Support and guidance

There are various support and guidance structures in place, which provide further help in dealing with drug issues. The Drug Action Team will have a Young People's Substance Misuse Plan. This outlines an integrated approach to the provision of substance misuse/drug education for all young people and their carers. It also focuses on the early identification of the needs of young people vulnerable to drug misuse, such as:

- Those looked after by local authorities or local authority care-leavers;
- Those involved in juvenile offending;
- Those excluded or disaffected from school (including those on unauthorised absence);
- Those with drug or alcohol misusing parents or carers;
- Those living in difficult family circumstances or who have experienced trauma (including child abuse, domestic violence);
- Those living in deprived areas where drugs are readily available.

Practitioners can access additional services through the School Drug Adviser, the local Healthy Schools Programme, School Health Team, and the Connexions service. Services working with young people could also make information on outside sources of help clearly displayed and accessible to young people. This includes local drug agencies and support services, drug information websites and the FRANK helpline (0800 77 66 00).

References

Department for Education and Skills (2004) *Drugs: Guidance for schools,* London.

DrugScope (1999) *The Right Responses: Managing and making policy for drug-related incidents in schools*, London

DrugScope (2002) *Cannabis Drug Notes*, London

DrugScope (2004) *DrugLink Guide to Drugs*, London.

King (2004) *An overview of cannabis toxicity in Europe*, Lisbon

For more information about cannabis:

DrugScope: **www.drugscope.org.uk**

HIT: **www.hit.org.uk**

FRANK: **www.talktofrank.com**

There are several sites specifically devoted to cannabis. These are often very informative, but be aware that usually they are run by those campaigning for the legalisation of cannabis. The major UK site is UKCIA – **www.ukcia.org**

Useful organisations and websites

Adfam

Adfam offers information to families of drug and alcohol users, and the website has a database of local family support services.
Tel: 020 7928 8898
Email: **admin@adfam.org.uk**
Website: **www.adfam.org.uk**

Connexions Direct

Connexions Direct can help young people with information and advice on issues relating to health, housing, relationships with family and friends, career and learning options, money, as well as helping young people find out about activities they can get involved in. Connexions Direct advisers can be contacted by phone, email, text or webchat.
Tel: 080 800 13219
Website: **www.connexions-direct.com**

Drug Education and Prevention Information Service (DEPIS)

Online information about drug education and prevention projects and resources for those working with young people and their parents and carers.
Website: **http://www.info.doh.gov.uk/doh/depisusers.nsf/Main?readForm**

Drug Education Forum (DEF)
A forum of national organisations in England which provide drug education to children and young people or offer a service to those who do.
Website: **www.drugeducation.org.uk**

DrugScope
DrugScope is a centre of expertise on illegal drugs, aiming to inform policy development and reduce drug-related risk. The website includes detailed drug information and access to the Information and Library Service. DrugScope also hosts the Drug Education Practitioners' Forum.
Email: **info@drugScope.org.uk**
Website: **www.drugscope.org.uk**

FRANK
FRANK is the National drugs awareness campaign aiming to raise awareness amongst young people of the risks of illegal drugs, and to provide details of sources of information and advice. It also provides support to parents/carers, helping to give them the skills and confidence to communicate with their children about drugs.
24 hour helpline: 0800 77 66 00
Email: **frank@talktofrank.com**
Website: **www.talktofrank.com**
Practitioners can receive free FRANK resource materials, updates and newsletters by registering at **www.drugs.gov.uk/campaign**

Health Development Agency
The functions of the HDA have been transferred to the National Institute for Clinical Excellence and has become the new National Institute for Health and Clinical Excellence known as (NICE) **www.nice.org.uk**

Release
Provides legal advice on all drug related matters.
388 Old Street
London EC1V 9 LT
Website: **www.release.org.uk**

Health Information websites for young people

Mind, Body and Soul – for young people aged 14-16
Website: **www.mindbodysoul.gov.uk**

Lifebytes – for young people aged 11-14
Website: **www.lifebytes.gov.uk**

TeacherNet
TeacherNet is the Government site for teachers. Use this site to access resources, training, professional development and support.
Website: **www.teachernet.gov.uk/pshe**

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