



Cannabis

Report by the Advisory Committee on Drug Dependence

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ADVISORY COMMITTEE ON DRUG DEPENDENCE

(Chairman: Sir Edward Wayne, M.D., Ph.D., D.Sc., F.R.C.P., F.R.C.P.(G.))

Home Office Romney House Marsham Street London, S.W.1

1st November 1968

Dear Home Secretary,

I have much pleasure in sending you and your colleagues, the Secretary of State for Social Services and the Secretary of State for Scotland, the Report on Cannabis prepared by the Hallucinogens Sub-Committee of the Advisory Committee on Drug Dependence. The Report is submitted for consideration, with the complete endorsement of the Advisory Committee. subject to the minor reservations mentioned below.

Experience of cannabis within the United Kingdom has hitherto been too limited for comprehensive assessment. The Committee wish to pay tribute to the authors of the report for the many hours and painstaking study each contributed.

We do not pretend, however, that the Report can be regarded as final and definitive. On the contrary, as is made plain in the Report, there is a grave and urgent need for further expert study of all aspects of cannabis use and its consequences for the individual and society.

We think that the adverse effects which the consumption of cannabis in even small amounts may produce in some people should not be dismissed as insignificant. We have no doubt that the wider use of cannabis should not be encouraged. On the other hand, we think that the dangers of its use as commonly accepted in the past and the risk of progression to opiates have been overstated, and that the existing criminal sanctions intended to curb its use are unjustifiably severe.

The Sub-Committee's recommendations are clearly stated in paragraph 101 of the Report and fall into five main groups of research (recommendations (1) and (2)); recasting of the general drugs legislation (recommendation 3)); amendment of the existing law relating to cannabis (recommendations (4) (9), (12)); synthetic cannabinoids (recommendation (11)); and a review of police powers of search and arrest in relation to drug offences generally (recommendation 10)). In sum they represent a plea for the use of cannabis to be judged more realistically in our codes of law and social behaviour, in the light of our present understanding and pending the further studies that are necessary. These recommendations do not in any way run counter to the obligations to control cannabis assumed by H.M. Government as a Party to the Single Convention on Narcotic Drugs 1961.

The Advisory Committee has accepted recommendation (10) and intends to undertake as soon as possible a review of the present powers of arrest and search in relation to drug offences. We hope that you and your colleagues will feel able to accept the remaining recommendations and to initiate the appropriate legislative and other action that their implementation demands.

I should now mention reservations to the Report. Those made by individual members of the Sub-Committee need no elaboration on my part. Miss Murphy sympathises with the reservation made by Mr. Schofield to paragraphs 85 to 90 and regrets the proposal to retain imprisonment as a possible penalty for minor first offences. She suggests that on summary conviction unlawful possession, sale or supply of cannabis should be punishable in the case of a first offence with a fine not exceeding £100; and for any subsequent such conviction or any conviction on indictment the penalties should be those recommended by the Sub-Committee. The Committee is generally of the view that imprisonment is no longer an appropriate punishment for those who are unlawfully in possession of a small amount.

The Committee has carefully reviewed the problem of trafficking in the light of the reservations expressed by Mr. Brodie and Mr. Schofield. The dilemma is that a maximum penalty on indictment for unlawful possession which might be expected to deter a large-scale trafficker would have to be inordinately larger than the harmfulness of the drug itself would justify. The Sub-Committee felt that if possession with intent to use and possession with intent to supply could not be distinguished in law, the penalties for unlawful possession should be matched more obviously to the known harmfulness of the drug than to the potential profitability of large-scale professional trafficking. Dr. Bannister, Miss Hobkirk and Dr. Gibson wish fully to associate themselves with Mr. Brodie. Other members of the Advisory Committee would be disposed to favour a somewhat higher penalty on indictment than that proposed in paragraph 89 but do not consider that the matter can be determined without review of the corresponding penalties for other drugs; the majority of us endorse the recommendation of the Sub-Committee.

In conclusion, may I add that in the Advisory Committee's view general publication of the Sub-Committee's Report would make a valuable contribution towards a more informed understanding of the problem of cannabis. We earnestly recommend to you and your colleagues that the Report should be published as soon as possible.

EDWARD WAYNE

Chairman



(wootton report)

HALLUCINOGENS SUB-COMMITTEE

Report on Cannabis

To: The Advisory Committee on Drug Dependence

SECTION 1 INTRODUCTION

Appointment

1. At your third meeting, on the 7th April 1967, you appointed us as a Sub-Committee to examine the question of misuse of cannabis and Lysergic Acid Diethylamide (L.S.D.) in the United Kingdom, and problems arising. You invited us in particular to review available evidence on the pharmacological, clinical, pathological, social and legal aspects of these drugs. We have held seventeen meetings and now have pleasure in submitting our first report, which deals with the problems of cannabis.

Procedure

2. Our first enquiries were proceeding without publicity into the pharmacological and medical aspects when other developments gave our study new and much increased significance. An advertisement in *The Times* on the 24th July 1967 represented that the long-asserted dangers of cannabis were exaggerated and that the related law was socially damaging, if not unworkable. This was followed by a wave of debate about these issues in Parliament, the Press and elsewhere, and reports of enquiries e.g. by the National Council for Civil Liberties (1). This publicity made more explicit the nature of some current "protest" about official policy on drugs; defined more clearly some of the main issues in our study; and led us to give greater attention to the legal aspects of the problem. Government spokesmen made it clear that any future development of policy on cannabis would have to take account of the Advisory Committee's report. Accordingly, we decided to give first priority to presenting our views on cannabis.

3. At the first meeting of the Sub-Committee we invited Dr. C. R. B. Joyce, Head of the Department of Pharmacology, London Hospital Medical College, to serve as a co-opted member for this study. We are especially grateful for all the help he has given to us.

4 We are also greatly indebted to Sir Aubrey Lewis, Emeritus Professor of Psychiatry, University of London, for his special contribution to our work. At an early stage of our enquiry we were informed that he had begun a survey of the salient international clinical literature on cannabis and L.S.D., and was willing to place this at our disposal when completed. We were glad to co-opt him to the Sub-Committee, and we have made extensive use of his advice as well as his material, which, with his agreement, we reproduce as Appendix I to this report.

International Background

5. Cannabis is a substance of many varieties, each differing in potency, and all widely used throughout the world. Its active principles have not been exhaustively investigated, and are not fully understood. The literature is vast and contradictory. International discussion and decision-making have been handicapped by inexact or inadequate information. No previous attempt has been made to evaluate United Kingdom experience of this substance, or to compare that experience with that of other countries. United Kingdom adherence to the 1925 Geneva Convention [\(2\)](#) which first placed Indian hemp under international control, was undertaken when this country had no experience of its effects.

6. In 1961 new restrictions [\(3\)](#) on cannabis and cannabis resin were introduced by the Single Convention on Narcotic Drugs, designed to impose much the same controls on production and distribution of these substances as are applicable to opium and other drugs, and to bring to an end the non-medical use-of the drug in certain Eastern countries. In addition, these drugs were separately scheduled [\(4\)](#) with others of special danger such as heroin, because in the opinion of the World Health Organisation none of these drugs had an irreplaceable therapeutic value.

7. Since 1961 W.H.O. has introduced a new concept and terminology of "drug dependence" in place of the terms "addiction" and "habituation". Drug dependence, both physical and psychological, is presented as the interaction of three factors: the host (the individual), the agent (the drug), and the environment (society). Each dependence-producing drug demonstrates that interaction in its own way, varying with the characteristics of the individual and of the society in which he is placed (the W.H.O. appraisal of cannabis-type dependence is given in Appendix 3). As new criteria for judgment about drugs have been offered by W H O. new patterns of drug use have appeared. Even the term "narcotic" has been losing its identity, and there has been an understandable public tendency to try to simplify the classification of drugs, notwithstanding W.H.O. insistence on the individual character of the dependence produced by particular drugs. Lay opinion has readily recognised cannabis as "soft" in its own parlance, and found it difficult to understand why it is aligned with the opiates in the Single Convention, and in United Kingdom law.

Ambit of Sub-Committee's Study of Cannabis

8. Against this background our study has been focussed on three controversial topics: the effects of cannabis in different cultures, including its possible therapeutic use: the place of cannabis in the current United Kingdom drug "scene"; and the existing provisions relating to this drug in the Dangerous Drugs Acts .

9. Inevitably when the subject of study is an illegal activity, it is not easy to obtain reliable information or unbiased comment. Nevertheless, in the light of the evidence we received, we concluded that there was sufficient information available on which to reach a provisional judgment of the effects of cannabis in different cultures, and to form a reasonably clear picture of the use of cannabis in the United Kingdom.

10. To obtain first-hand evidence about the use and effects of cannabis in the United Kingdom we issued, by notice in the Press, a general invitation to people who might wish to express views to submit written evidence. This drew a very small response. We also invited a number of individuals who were known to be concerned with our problems to give oral evidence. The names of these witnesses are listed in Appendix 4. We are grateful for the help that they gave us.

11. Throughout our study we have borne in mind that the use of cannabis is a world-wide problem, about which the international authorities have repeatedly expressed concern. We strongly support the principle of international collaboration against the misuse of drugs,

and accept that international control must be based on a consensus of world opinion. At the same time we have thought it right not to restrict the scope of our review by consideration of external obligations. The United Kingdom drug problem is primarily for this country to resolve. It is entirely consistent with the W.H.O. concept of drug dependence to try to evaluate national factors bearing upon any particular drug problem. In the case of the United Kingdom and cannabis it is even more important to do so because evidence of the wider use of cannabis has come to notice so recently along with evidence of increased use of other drugs. In this respect the Single Convention has not been an obstacle to a wide-ranging review. Parties to the Convention have discretion to determine the stringency of penalties appropriate to particular drugs; and, in relation to drugs listed in the Fourth Schedule, they have discretion to adopt such additional measures of control as are necessary in "the prevailing conditions of the country".

12. It hardly need saying that the law alone cannot dispose of the problem of cannabis, or any other form of drug-taking. When the Interdepartmental Committee on Drug Addiction (The Brain Committee) reported in 1961 they felt able to say that the incidence of addiction to, and trafficking in, manufactured drugs was very small: "the cause for this seems to lie largely in social attitudes, to the observance of the law in general and to the taking of dangerous drugs in particular, coupled with the systematic enforcement of the Dangerous Drugs Act 1951 and its Regulations". The position today is very different. Convictions for drug offences have recently shown a sharp increase; many courts are faced for the first time with the task of deciding how to deal with the trafficker and the drug user; some immigrants from countries more familiar with cannabis-use have had to adjust to United Kingdom attitudes; and the task of the police has been growing more onerous, particularly in enforcing the law against young drug-takers without disruptive effect on the wider fabric of society. When drug misuse spreads, it becomes more difficult to strike the right balance between preventive, penal and remedial measures so as to prevent some individuals, for whom these measures are provided, being hurt by them rather than helped. We think that it may be helpful to state our own basic point of view

Philosophy of Control

13. The great majority of the restrictions currently imposed upon an individual's freedom in this country are defended on the ground that they are necessary for the safety or well-being of others. Although there may be differences of opinion as to how far such restrictions may legitimately be carried, at least it is clear that the law which requires a landowner to obtain the approval of the local authority before he can erect a building upon his own property is not designed in the interests of his personal convenience; nor does anyone suppose that the law which fixes the maximum concentration of alcohol in the blood with which it is permissible to drive a motor vehicle is primarily intended to protect the drunken driver from himself.

14. Much more controversial, however, is the question whether, and if so, how far, it is justifiable for the law to restrict a man's freedom in what is presumed of be his own interest. On that issue there is considerable support today for J. S. Mill's dictum that "the only purpose for which power can rightly be exercised over any member of a civilized community against his will is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant". It was indeed, on this very ground that the Wolfenden Committee put forward a recommendation, which Parliament subsequently accepted, that homosexual acts committed in private between two consenting adults should no longer be criminal; and it can be argued that by similar reasoning the use or sale of drugs in general, and of cannabis in particular, ought not to be the subject of criminal proceedings. Adult men and women, it is said, ought to be free to make their own decisions, in accordance with their personal tastes, and their own moral judgments, as to what substances they think it proper to consume. Added weight is, moreover, given to this argument by the multiplicity of restrictions on individual liberty which in any complex modern society are incontestably necessary for the common good. The greater the number and variety of

unavoidable limitations on personal freedom, the more pressing, it may be said, is the urgency of preserving freedom of choice in what are matters of purely individual concern.

15. While we appreciate the force of this argument, it has to be recognized that no hard and fast line can be drawn between actions that are purely self-regarding, and those that involve wider social consequences. If, generally speaking, every one is entitled to decide for himself what he will eat, drink, or smoke, the fact remains that those who indulge in gross intemperance of almost any kind will nearly always become a burden to their families, the public authorities or both. Indeed, examples of actions which never in any circumstances involve social repercussions are by no means easy to find. Nor can it be said that any consistent principle dictates the occasions on which the law at present intervenes to protect the individual from himself. Suicidal attempts at immediate and total self-destruction are not criminal; yet he who shortens his expectation of life by misusing heroin is liable to prosecution. Again, anyone over the age of 16 is entitled to ride a motor bicycle, although the statistics of self-destruction thereby [\(5\)](#) bear eloquent testimony to the lethal character of these machines.

16. Every proposal to restrict the freedom of the individual in his own supposed interests must, therefore, be decided on merits, in the light of the probable severity of any damage that he may inflict upon himself, and of the risk that in damaging himself he may also involuntarily be the cause of injury to others.

17. In addition, account must be taken of public attitudes. It is clear that interest in mood-altering drugs has much increased in the past few years. Explanations of this phenomenon can only be speculative. To some extent it could not unreasonably be ascribed to growing disenchantment with the highly competitive and threatening nature of contemporary society, or to the destruction of the natural environment. Again, it is notable that some of those who use drugs such as cannabis or L.S.D. appear to be searching for spiritual experience. They speak of "new levels of consciousness" and of "the heightening of sensual, visual and musical experience" in terms reminiscent of those employed by mystics. The students of the epidemiology of crowd behaviour will, moreover be alive to the tendency of any new fashion, whether in contemporary speech, modes of recreation or forms of consumption, to spread throughout the community. In particular, a fashion that is illegal may be particularly tempting when the dangers are not clear.

18. Laws which seek to control the personal consumption of individuals are notoriously hard to enforce. We have to recognize that there comes a point at which public pressures become so powerful that it is idle to keep up attempts to resist them, the classic example in this context being the American prohibition of the consumption of alcohol. On the question whether this point has already been reached, or is likely to be reached in the near future, in relation to cannabis, differing opinions have been expressed to us. In any case, however, prohibition of the consumption of a substance which has become the normal accompaniment of social intercourse in all social classes must involve significantly more public disturbance than the continuance of a ban on the use of a drug which, in this country, is not, and never has been, in general use.

1. Report "Drugs and Civil Liberties"; published by the National Council for Civil Liberties
2. The Second Opium Conference Convention
3. A short account of the development of international control over cannabis is given in Appendix 2
4. Schedule 4 of the Convention
5. In 1996 over half the number of riders of motor bicycles who were killed, or seriously injured were in the age group of 15-19, i.e. 12,159 out of a total of 22,716



(wootton report)

SECTION II CANNABIS AND ITS CLINICAL FEATURES

19. Cannabis is the generic name of Indian hemp (*C.Sativa*). Cannabis drugs are obtained from the unfertilized flowering tops and the leaves of the plant, which can be grown in climates varying from temperate to tropical. Cannabis Sativa is one species which may be divided into two groups: (i) *C.Indica*, which is grown in the Indian sub-continent or from seeds originating there, and (ii) *C.non-Indica*. which originates and is grown elsewhere. The potency does not differ as between these groups, provided that the conditions in which they are grown are the same. To yield a potent drug a high temperature and low humidity are necessary, and these conditions are seldom available naturally in the United Kingdom.

20. There are many local names for preparations of cannabis, e.g. the dried leaves may be termed marihuana, or dagga; the resin obtained from the flowering tops is usually called hashish, or charras. The Anglo-Saxon countries also have an extensive and continually changing vocabulary.

21. Cannabis contains a number of identifiable constituents. Recent research indicates that the tetrahydrocannabinols (THC) are active principles: some have been shown to be highly potent. A detailed description of the pharmacology of cannabis is given in Appendix 5.

Clinical Features

22. In the following paragraphs we try to portray, so far as possible in layman's language, the effects of cannabis smoking (a) in moderation (b) in excessive use on a particular occasion, leading to acute intoxication. and c. in chronic use. This digest reflects the experience of a number of different cultures. In Section III we try to relate United Kingdom experience to this picture.

23. The effects of drugs which act upon the central nervous system are not determined solely by the drug and its dose. They are dependent also upon the person taking it, upon the immediate setting in which it is taken, and upon the cultural background. These are liable, in certain persons and in certain conditions, to produce unexpected effects. Any account of the effects of a drug can only be fully appreciated if this possibility is borne in mind. Some people can even take opiates regularly and become physically dependent on them without obvious deterioration in their health or social efficiency.

24. The response to cannabis may vary according to the form in which it is taken and to the dose consumed. Where it is smoked, the effect normally comes on within half an hour and lasts for two or three hours. When it is taken by mouth the onset is delayed sometimes up to two or three hours, and the effect may last twice as long. Because of the relatively rapid onset when the drug is smoked, experienced smokers can adjust their dosage to achieve the effect that they seek. When the drug is taken by mouth this adjustment is less easy to achieve. Apart from these considerations there does not appear to be any significant difference in effect between the many different forms of cannabis that are used throughout the world.

25. The taking of cannabis does not normally result in any characteristic physical effects except that of redness of the eyes. When the drug is smoked there may be some initial rawness and burning in the throat, and tightness in the chest. Upon occasions, particularly when the subject is initially anxious, headache may result. There may be nausea and vomiting. Once the effect of the drug has worn off there may be an increase in appetite, even ravenous hunger. There have been isolated reports in which death has been attributed to cannabis, but these are very rare and their validity cannot be confirmed.

26. The effects of cannabis in moderate amounts are predominantly psychological. They begin with a sense of excitement or tension, sometimes with apprehension or hilarity, followed as a rule by a sense of heightened awareness: colours, sounds and social intercourse appear more intense and meaningful. A sense of well-being is then usual. After this a phase of tranquillity and of passive enjoyment of the environment normally follows until, after a few hours, fatigue sets in and the subject sleeps. Although a "hangover" may follow this is not a common occurrence.

27. When the amount consumed is more considerable, or the subject is of a nervous disposition, or in an uncongenial social setting, symptoms of anxiety may be the first effects. These may be expected to settle, and the subject enters the euphoric or the passive state described above. On occasions, however, the anxiety may mount and symptoms suggestive of a deluded state ensue. As a rule these effects are not overwhelmingly intense. In most cases the subject retains his sense of contact with reality and remains aware of the fact that he is under the influence of a drug whose effects will pass off. On rarer occasions, usually with a heavy oral administration, the disturbance may be more profound.

28. The untoward effects of over dosage as described above appear, in the great majority of cases, to pass off uneventfully as the drug clears from the system. They would be described in medical language as a toxic psychosis. There have been reports of a psychotic state persisting longer, even in rare cases giving place to what appears to be a prolonged schizophrenic illness, but it is difficult from these reports to assess the exact role of the cannabis in these circumstances.

29. Having reviewed all the material available to us we find ourselves in agreement with the conclusion reached by the Indian Hemp Drugs Commission appointed by the Government of India (1891-1894) and the New York Mayor's Committee on Marihuana (1944), that the long-term consumption of cannabis in moderate doses has no harmful effects.

30. There have been reports, particularly from experienced observers in the Middle and Far East, which suggest that very heavy long-term consumption may produce a syndrome of increasing mental and physical deterioration to the point where the subject is tremulous, ailing and socially incompetent. This syndrome may be punctuated on occasions with outbursts of violent behaviour. It is fair to say, however, that no reliable observations of such a syndrome have been made in the Western World, and that from the Eastern reports available to us it is not possible to form a judgment on whether such behaviour is directly attributable to cannabis-taking.

31. In Western society cannabis is sometimes taken with other drugs. There is no evidence to suggest that cannabis in man in customary doses enhances the effect of other drugs. When combined with another drug, cannabis in man does not cause this to exert an effect quantitatively greater than that which would result from the use of that drug alone in the same dosage; when cannabis is used with other drugs such as L.S.D., or occasionally alcohol, it is their effects, rather than those of cannabis, which predominate. Some persons who have taken L.S.D. frequently are apt to get a recrudescence of the hallucinogenic experience as a consequence sometimes of quite small doses of cannabis.

32. Those who believe that there is a syndrome of chronic excessive cannabis-taking describe symptoms of physical deterioration such as yellowing of the skin, tremor, wasting and unsteadiness of gait. Here again it is very difficult to make a confident judgment as to the role played by the drug and the changes brought about by other factors such as malnutrition. There is no evidence that in Western society serious physical dangers are directly associated with the smoking of cannabis.



(wootton report)

SECTION III CANNABIS IN THE UNITED KINGDOM

Prevalence

33. In 1956 the United Nations Commission on Narcotic Drugs observed that it was clear that consumers of cannabis, as of opium, numbered millions in the world, and that geographically it was the most widespread drug of addiction. 2 Few countries have published numerical estimates of consumers or consumption, preferring to rely on such data as the quantities of drug seized and the number of convictions, for demonstrating the nature of their cannabis "problem". These details often reflect altered emphasis in enforcement and are not a reliable guide to scale or trends, without supplementary evidence about what is not being detected.

34. Our witnesses considered that there had been a gradual growth in cannabis use in the United kingdom over the past 70 years, and the relevant statistics so far as they go are consistent with this. The following table shows the numbers of convictions for cannabis offences and of seizures by H.M. Customs and Excise, and the amounts seized, in each year since the end of the Second World War:

| | Convictions | No.of Customs Seizures | Amounts Seized (Kg) |
|------|--------------------|-------------------------------|----------------------------|
| 1945 | 4 | 4 | 0 |
| 1946 | 10 | ? | 2 |
| 1947 | 42 | ? | 8 |
| 1948 | 46 | 32 | 13 |
| 1949 | 60 | 38 | 25 |
| 1950 | 79 | 65 | 41 |
| 1951 | 127 | 46 | 48 |
| 1952 | 87 | 70 | 19 |
| 1953 | 83 | 44 | 27 |
| 1954 | 144 | 68 | 118 |
| 1955 | 115 | 48 | 82 |
| 1956 | 103 | 37 | 114 |
| 1957 | 51 | 36 | 237 |
| 1958 | 99 | 32 | 101 |
| 1959 | 185 | 36 | 282 |
| 1960 | 235 | 84 | 126 |
| 1961 | 288 | 66 | 107 |
| 1962 | 588 | 60 | 105 |
| 1963 | 663 | 68 | 150 |

| | | | |
|------|-------|----|-----|
| 1964 | 544 | 96 | 336 |
| 1965 | 626 | 84 | 250 |
| 1966 | 1,119 | 72 | 258 |
| 1967 | 2,393 | 87 | 192 |

35 In the early part of the period most seizures were of green plant tops, found in ships from Indian and African ports and thought to be destined for petty traffickers in touch with coloured seamen and entertainers in London docks and clubs. By 1950 illicit traffic in cannabis had been observed in other parts of the country where there was a coloured population. In 1950, however, police raids on certain London jazz clubs produced clear evidence that cannabis was being used by the indigenous population; by 1954 the tendency for the proportion of white to coloured offenders to increase was well marked, and in 1964 white persons constituted the majority of cannabis offenders for the first time.

The recent trend can be seen from the following figures:

| Cannabis offenders | 1963 | 1964 | 1965 | 1966 | 1967 |
|---------------------------|------|------|------|------|-------|
| White | 296 | 284 | 400 | 767 | 1,737 |
| Coloured | 367 | 260 | 226 | 352 | 656 |

Several witnesses discounted the significance of immigrant influence on cannabis-use, and asserted that international movement of young people and new attitudes to experimentation with mood-altering drugs were the main explanation of increased cannabis use by white persons in the United Kingdom since 1945.

36. The Times advertisement on 24th July 1967 claimed that

"The use of cannabis is increasing, and the rate of increase is accelerating. Cannabis smoking is widespread in the universities, and the custom has been taken up by writers, teachers, doctors, businessmen, musicians, artists and priests.... Smoking the herb also forms a traditional part of the social and religious life of hundreds and thousands of immigrants to Britain.... Uncounted thousands of frightened persons have been arbitrarily classified as criminals...."

We invited witnesses to estimate the numbers of people who had tried cannabis and of those who used it regularly. Only guesses were forthcoming and these ranged between 30,000 and 300,000. We could find no basis for constructing estimates of our own. It is clear from the convictions recorded that such use of cannabis as there is, is widely spread throughout the country. Most witnesses felt that cannabis-use would continue to be popular and to spread for some time yet. As to speed of growth, we doubt whether the annual doubling of convictions in 1966 and 1967 reflects a corresponding growth in the use of cannabis in that period. One explanation might be that the formation of drug squads in many police areas in the past three years has been responsible for more successful police action against cannabis offenders than previously.

Supply

37. The annual volume of seizures by the Customs has been fairly steady over the past decade or so. Individual cases have shown that large supplies have been brought in by highly organised smuggling. According to witnesses, however, there is also a substantial traffic in small amounts carried by persons returning from holidays abroad, or sent mainly

to immigrants by post from their home countries. Several witnesses felt that "amateur" smuggling was now becoming more organised, with a more standardised drug in the illicit market. Lebanon, Pakistan and Cyprus were mentioned as major sources. It was suggested that hashish now formed some eighty per cent of the traffic.

38. Within the United Kingdom, we were told, the competition of the "amateur" smuggler has made the illicit traffic a very loosely organised and often casual activity not exploited to any significant extent by professional criminals. We were informed that the price of cannabis on the illicit market has shown little fluctuation in recent years beyond what might be expected for varying quality, and that there has been no shortage of supplies.

Users

39. All our witnesses were agreed that cannabis-smoking in the United Kingdom was a social rather than a solitary activity, casual and permissive like the taking of alcohol. Friend introduced friend; the drug was readily enough available; if it did not suit the initiate, no one was the loser. The collective impression was that cannabis "society" was predominantly young and without class barriers. It resented middle-aged society's judgment on alcohol and cannabis. It was not politically inclined and our witnesses saw no special significance in the popularity of cannabis among members of radical movements.

40. Some witnesses thought that it was possible to distinguish particular social groups with ill cannabis "society" and mentioned staff and students in universities and art schools, jazz and pop musicians and entertainers, film makers and artists, and others engaged in mass media of publicity. They explained this part of the pattern by the particular appeal of the drug to those interested in creative work and self expression. But they also mentioned that there were growing numbers of workers in unskilled occupations who smoked cannabis for pleasure at weekends as their equivalent to other people's alcohol. The aspect that some of our witnesses thought most worthy of note was the broad similarity of attitude to cannabis and its dangers amongst all these groups.

41. The "professional" group for example, was described to us as fundamentally law-abiding; discriminating in the use of cannabis for introspection and elation as well as for social relaxation; "involved in life", often to the point of social protest; not much interested in experiments with L.S.D; generally disinclined to take amphetamines or alcohol (which was regarded as much more damaging than cannabis); and tending to stop the use of cannabis on marriage, or when the risk of prosecution was felt to be inimical to career prospects. The "unskilled" group was said to be similarly industrious and law-abiding and to see nothing wrong or harmful in its use of cannabis. I

42. Outside these groups the picture was much more confused and in flux. There were young people who had failed to adjust to university life or professional training or regular work. and who had "dropped out"; actively discontented and rebellious teenagers, looking for "kicks", who were prepared to take any drug offered to them: their weaker associates who took cannabis to avoid rejection by the group; and a few who were severely unstable and sought escape from their problems in a multiple drug use that included cannabis.

43. None of our witnesses felt able to estimate the relative sizes of the groups that they identified. We judged that they considered the responsible law-abiding regular users to be in the majority. They could tell us little about the use of cannabis by immigrants and we did not find any clear links between this and cannabis-smoking by other groups. Proportionately to their numbers there have been more convictions recorded against immigrants than indigenous United Kingdom nationals and we have no doubt that a number of those who have recently come to this country from areas where cannabis-smoking has been traditional have not given up their habit. We made special enquiry without success in an attempt to discover whether the smoking habits of immigrants made them particularly vulnerable to enforcement or caused unusual problems of social

adjustment with local communities.

Use and effects

44. Witnesses knowledgeable about patterns of use told us that although some people smoked every day without interference to work or social life, the typical user probably took the drug once or twice a week, aiming at a "high" of 2 or 3 hours. More intensive daily smoking tended to make the user withdraw from other activity, particularly if he was not in a full-time occupation. Some people responded badly to the drug and a small number of initiates gave up smoking quickly because they disliked feelings of nausea or burning in the chest. There was little bias as between leaves or resin, but most smokers were interested in distinctive effects and there were individual preferences for material from particular sources. Experience and the heightened suggestibility due to the drug allowed the regular smoker to achieve the elation he sought with successively smaller doses. There was no physical tolerance; and "hangovers", although occasionally severe, were extremely rare.

45. We found a large measure of agreement among witnesses about the principal subjective effects of the drug. Most gave chief emphasis to its relaxing and calming effect. Several medical witnesses speculated that it had appeared to be beneficial for young patients during depression and also to have helped ex-addicts to abstain from heroin. Others contested this. Some suggested that cannabis tended to concentrate the user's attention on his anxieties, aches and pains, without helping him to resolve them and to induce passivity without removing suffering. Apart from relaxation, the main sensations looked for were euphoria, tolerance of environment, and at a more intellectual level heightened awareness of self. Much reference was made to the varying influence of the circumstances in which the drug was used, little to altered visual or sensory perception. It was generally agreed that it was dangerous to drive a motor vehicle under the influence of cannabis not so much because driving ability was over-estimated (as with alcohol) as because of possible distortion of perception of depth and perspective.

46. We were told by more than one medical witness that cannabis-users did not seek treatment. and, when seen for other reasons, did not feel that treatment was needed for a cannabis habit. One medical witness mentioned having seen a few cases of acute psychosis following cannabis-use, but did not feel completely satisfied that cannabis had been the cause. The same witness was impressed by evidence of severe disturbance in a sample of chronic cannabis-users. but as this group was self-selected this information seemed to be of doubtful relevance to the generality of experience of cannabis-taking. A review carried out by the Ministry of Health has been reported to us as showing that 82 cases were admitted to hospital in 1966 with the diagnosis of drug addiction where cannabis was mentioned as the only or one of the drugs concerned. Further data were obtained in 79 of these cases. In 29 cases further evidence as to the significance of cannabis in leading to admission to hospital was inconclusive because of inadequate data or the patients concurrent misuse of other drugs. Of the remaining cases 8 had psychoses or confusional states. and 9 had other mental symptoms (not psychoses), which appeared to be attributable primarily to using cannabis. Although other drugs might have been taken. 20 cases showed evidence of a way of life in which cannabis had played a significant part in the social deterioration which had led to admission, although acute symptoms had not been the immediate cause. In this group the concurrent misuse of other drugs was a significant consideration. In 13 cases cannabis appeared to be irrelevant as a reason for admission to hospital. Thus in 42 cases the evidence was inconclusive or irrelevant and in the other 37 other drugs might also have been used.

1. The moderate use (of hemp drugs) practically produces no ill effects. In all but the most exceptional cases. injury from habitual moderate use is not appreciable. Indian Hemp Drugs Commission.

"From the study as a whole it is concluded that marihuana is not a drug of addiction, comparable to morphine, and that if tolerance is acquired, this is of a very limited degree. Further more those who have been smoking marihuana for a period of years showed no mental or physical deterioration Which may be attributed to the drug^--New York Mayor's Committee.

2. Official Records of the Economic and Social Council, Twenty-second Session, Supp. No. 8 (E/2891), para. 133.

3. A similar picture of attitudes was found by investigators in Oakland, California who obtained the confidence of youngsters, mostly Mexicans and Negroes, through providing them with club amenities without strings. The youngsters were firm in their conviction, based on their own experience, that the use of such drugs as marihuana resulted in harmless pleasure and increasing conviviality, did not lead to violence, madness or addiction, was less harmful than alcohol, and could be regulated. They cited case after case of individuals known to them who had net been harmed in health, school achievement, athletics or career as a result of a habit of smoking marihuana: and they were not themselves interested in being helped to abstain from the drug. Most had taken up marihuana-smoking from a simple desire to emulate older boys, and not as reason of emotional disturbance or social stress. On the contrary the group regarded those who took drugs to excess has having a weak personality, and marihuana-users generally as making a positive effort to be in the main stream of organised society and reality



(wootton report)

SECTION IV SOCIAL ASPECTS OF CANNABIS USE

47. Much of the main controversy about the dangers of cannabis has attached to the claims that its use leads to opiate addiction and to the commission of violent crime. We paid particular attention to these aspects in our review of the salient literature and of evidence as to United Kingdom experience.

Progression

48. Hitherto discussion of the question whether there is a progression from cannabis to heroin has relied chiefly upon evidence from retrospective investigations of the previous habits of heroin-users. In the nature of the case such evidence can never be conclusive. On the assumption that the use of cannabis is still confined to a fairly small section of the population, evidence that a high proportion of heroin addicts have previously taken cannabis would only suggest that the marihuana-smoker is more likely than the non-smoker to take to heroin; what it cannot do is to give any clue to the frequency of such a progression among marihuana-smokers generally. For what they are worth, such retrospective investigations (which incidentally more commonly deal with American than with British experience) indicate that many heroin addicts have previously sampled other drugs including cannabis.

49. Most observers discount any pharmacological action disposing the cannabis-smoker to resort to other drugs, and look for other explanations. Some have suggested that in order to obtain their supplies cannabis-users must inevitably resort to the criminal underworld where opiates are also available. According to our witnesses supplies of cannabis in this country are not necessarily obtained in the same places as heroin. However, social mixing of some cannabis and some opiate-users takes place and involvement with opiates could thus occur on a socio-cultural basis.

50. Others suppose that dissatisfaction with the relief or pleasure to be obtained from cannabis leads users on to other drugs, and a minority postulate a predisposition to cannabis which is also a predisposition to heroin. These suggestions arise because most observers obtained their information from drug-users who are patients or offenders. These are often the multiple drug-users who rarely avoid trouble and are frequently to be found in clinics and before the courts. There appears to be a particular group of emotionally deprived, disturbed personalities who have tried most of the illegal drugs (including cannabis) before becoming heroin addicts. In fact most heroin addicts are multiple drug-users and have the emotionally impoverished family background not infrequently found in other delinquent groups, such as high incidence of broken homes, poor school record, police record, unemployment and work-shyness. Cannabis-users with similar personalities and backgrounds may have a predisposition to heroin, amphetamines and other illegal drugs. It is the personality of the user, rather than the properties of the drug, that is likely to cause progression to other drugs.

51. It can clearly be argued on the world picture that cannabis use does not lead to heroin addiction. So far as the United Kingdom is concerned no comprehensive survey has yet

been made but a number of isolated studies have been published. none of which demonstrate significant lines of progression. Our witnesses had nothing to add to the information already available, and we have concluded that a risk of progression to heroin from cannabis is not a reason for retaining the control over this drug.

Crime

52. Published statements on links between cannabis and crime tend to confuse the consequences of enforcing legal restrictions on non-conforming drug users with alleged criminogenic effects of cannabis-smoking itself. Since possession of cannabis is generally prohibited, the user found in possession automatically acquires a criminal record. To obtain his supply. an illicit source must also be involved.

53. A main charge against cannabis overseas, but not in this country. has been that its use makes people commit crimes of violence, because it removes inhibitions. There have been reports of outbursts of wild agitation and unprovoked violence by chronic users. Other observers have denied any direct link with violent crime. The Indian Hemp Drugs Commission concluded that "the connection between hemp drugs and ordinary crime is very slight indeed", but that excessive use did, in some very rare cases, make the consumer violent; 600 witnesses were asked by the Commission whether they knew of cases of homicidal frenzy, and very few did. A considerable majority of these witnesses did not consider that the drug produced unpremeditated crimes of violence, and some said, as other writers have since, that there is a negative relation because cannabis makes men quiet as a rule. The New York Mayor's Committee reported to similar effect: many criminals might use the drug, but it was not the determining factor in the commission of major crimes.

54. Probable reasons for this divergence of views are: criminals in some countries have based their defence on alleged cannabis-intoxication which provoked behaviour which they could not remember and for which they could not be held fully responsible; many of these users had combined cannabis with opium, heroin. amphetamine, barbiturate or alcohol, and it was impossible to identify which of these if any was to blame for an individual's criminal behaviour; samples of persons investigated have mostly been small and the history of drug-taking, its duration and its degree in each individual has been provided exclusively by the man himself, who often believed it to be in his interest to lie about it.

55. The most that emerges from the welter of conflicting statements is that an excessive dose of cannabis may lead to an attack of disturbed consciousness, excitement, agitation, or panic, and reduce self-control. The stronger with alcohol than with the smoking of cannabis.

56. In the United Kingdom the taking of cannabis has not so far been regarded even by the severest critics, as a direct cause of serious crime. It is not, of course. disputed that a number of criminals take cannabis as many do alcohol. We sought further evidence on these matters, but we found that for lack of reliable methods of detecting cannabis in the body the police were not in a position to offer any information.



(wootton report)

SECTION V A COMPARISON OF CANNABIS AND OTHER DRUGS

57. Cannabis has intrinsically different effects from most other drugs. As with most other drugs its effects are very variable, and depend not only on the substance consumed but on the person and his social setting. To this extent it is not easy to make any close comparison between cannabis and other drugs in common social use. Nevertheless, science, the law and social attitudes tend to create a common frame of reference for all drugs and, provided the risks of oversimplification and borne in mind, comparison of cannabis with other substances that affect the mind is relevant to our study even though it must necessarily be in broad terms.

58. Unlike the "hard" drugs, such as heroin, cannabis does not produce tolerance. Consuming the same, sometimes even a smaller, amount of cannabis continues to produce the original effect. Unlike heroin, cannabis does not cause physical dependence and withdrawal effects do not occur when its use is discontinued. The majority of users regard cannabis as pleasurable and so continue its use, but if they decide to give it up they do not usually experience difficulty. Here it might be said is a form of psychological dependence, but it is of a different order from the intense psychological dependence which normally follows the use of the "hard" drugs. The "hard" drugs are also physically dangerous: the direct result of over-dosage may be death, and possible indirect results are ill-health and even death, from pneumonia, malnutrition and infection due to dirty syringes. The social effects of taking opiates and cannabis are very different. The opiate-user frequently gets drawn into a "junkie" sub-culture where obtaining the drug and all that goes with it becomes a way of life, and this inexorably leads to gross deterioration. This is not true of cannabis, the use of which by itself does not appear to impair the subject's efficiency. In Western society it is clear that some adolescents form aberrant social groups around cannabis-taking; but where these are personally or socially deleterious it is not clear that the cannabis itself is primarily to blame. The use of other drugs as well as cannabis is often to be found in such groups and the social implications of adolescent alienation are probably of greater significance than the actual drugs.

59. In this country the barbiturates and the so-called minor tranquillizers such as meprobamate and chlordiazepoxide are widely prescribed by doctors and are all capable of producing varying degrees of tolerance and physical and psychological dependence. Over the last ten years the death rate from barbiturate poisoning (both accidental and suicidal) has doubled and cases of self-poisoning necessitating hospital admission have trebled. The amphetamines are also widely prescribed, and tolerance, psychological dependence and psychosis have become increasingly recognised as a consequence of their excessive use. Misuse of intravenous methylamphetamine (Methedrine) and related compounds carries with it the same risks of syringe-transmitted infections as are associated with heroin. No similar hazards have been observed to result from the use of cannabis.

60. We shall in due course be submitting a report on our study of L.S.D. and therefore do not propose to deal with it at length here. Suffice it to say that L.S.D. and other hallucinogens have for some while had a limited role in research and in experimental psychiatry. It is only in the last few years that these drugs have been used illicitly. It is still

not easy to reach a clear assessment of their effects and dangers in this context, and it is therefore extremely difficult to make a clear comparison between them and cannabis. The subjective reports of those taking hallucinogens, both in clinical and in illicit conditions, suggest a response that is very much more intense. Under the influence of L.S.D. subjects may be so dangerously deluded that serious, even fatal, accidents occur, but there are no reliable reports of similar episodes among those who have taken cannabis alone.

61. Cannabis is often described as an "intoxicant" and frequently compared with alcohol. Both produce relaxation and euphoria; both, taken in excess, impair judgment, speed of reaction, and co-ordination. Cannabis more readily distorts perception of time and space. Unlike alcohol, cannabis is not known to enhance the effects of certain other drugs, induce a limited degree of tolerance or, over the long term, cause physical damage to body tissues directly or by dietary deficiency. Cannabis may well, however, be at least as dangerous as alcohol as an influence on driving or other responsible activity. This sharpness of similarity and contrast is considerably blurred by the effects of very different social settings. Alcohol in our culture is in general use and not illegal. Cannabis is used by a minority, and mostly against the law. Drinking patterns vary widely by country and by social class. Though many drinkers, particularly those who can be regarded as alcoholics, drink to get drunk, alcohol-users normally take a small amount, seeking only mild effects and a little social relaxation. The patterns of cannabis-smoking are more obscure. Experienced cannabis-users often smoke cannabis for a mild intoxication that they feel will improve their performance in a particular social setting or activity, e.g. playing jazz. Many smokers, however, take the drug in anticipation of a few hours of intense mental elation without the aggressive impulses often associated with taking large amounts of alcohol. All in all, it is impossible to make out a firm case against cannabis as being potentially a greater personal or social danger than alcohol. What can be said is that alcohol, with all its problems, is in some sense the "devil we know"(1); cannabis, in Western society, is still an unknown quantity.

62. Tobacco-smoking is, of course, the most widespread "drug-addiction" in our society. The immediate effects are well known and substantially harmless. Physical dependence does not appear to occur, but habituation is intense, and people find great difficulty in giving up smoking. The long-term dangers of smoking in inducing cancer of the lung, in exacerbating chronic bronchitis and in contributing to coronary thrombosis are great. Nevertheless the danger that smoking may produce lung cancer was for a long while not apparent. It is not possible to say that long continued consumption, medically or for pleasure, of cannabis, or indeed of any other substance of which we have not yet had long experience, is free from possible danger.

63. To make a comparative evaluation between cannabis and other drugs is to venture on highly subjective territory. The history of the assessments that have been given to different drugs is a warning against any dogmatic judgment.

64. Tobacco was once the object of extreme judgments. In the 17th century a number of countries attempted to restrict or forbid its use, but without success. In 1606 Philip 111 of Spain issued a decree restricting its cultivation. In 1610 in Japan restrictions were issued against planting and smoking tobacco, and there are records of at least 150 people apprehended in 1614 for buying and selling it contrary to the Emperor's command, who were in jeopardy of their lives. At the same time, in Persia, violators of the laws which prohibited smoking were tortured and in some cases beheaded. The Mogul Emperor of Hindustan noted "as the smoking of tobacco has taken a very bad effect in health and mind of so many persons I order that no person shall practice the habit". Smokers were to have their lips slit. In 1634 the Czar of Russia forbade smoking, and ordered both smokers and vendors to have their noses slit, and persistent violators to be put to death. Medical reports of the period are full of accounts of its deleterious effects on mental and physical health.

65. Even non-alcoholic beverages that are now in common use have, in their time, been regarded as gravely dangerous. As late as the beginning of this century the Regius Professor of Physic at Cambridge along with the most distinguished pharmacologist of the time described in a standard medical textbook the effects of excessive coffee consumption: "the sufferer is tremulous and loses his self-command, he is subject to fits of agitation and depression. He has a haggard appearance.... As with other such agents. a renewed dose of the poison gives temporary relief. but at the cost of future misery". Tea was no better. "Tea has appeared to us to be especially efficient in producing nightmares with ... hallucinations which may be alarming in their intensity.... Another peculiar quality of tea is to produce a strange and extreme degree of physical depression. An hour or two after breakfast at which tea has been taken . . . a grievous sinking ... may seize upon a sufferer, so that to speak is an effort.... The speech may become weak and vague.... By miseries such as these, the best years of life may be spoilt".

66. With such earlier judgments in mind we do not wish to make any formal or absolute statement on a comparison of cannabis and the other drugs in common social use. All we would wish to say is that the gradations of danger between consuming tea and coffee at one end of the scale and injecting heroin intravenously at the other, may not be permanently those which we now ascribe to particular drugs.

1. In 1996, 66,468 males and 4,031 females were convicted of offences of drunkenness



SECTION VI GENERAL CONCLUSION AND RECOMMENDATIONS

67. The evidence before us shows that:

An increasing number of people, mainly young, in all classes of society are experimenting with this drug, and substantial numbers use it regularly for social pleasure.

There is no evidence that this activity is causing violent crime or aggression, anti-social behaviour, or is producing in otherwise normal people conditions of dependence or psychosis, requiring medical treatment.

The experience of many other countries is that once it is established cannabis-smoking tends to spread. In some parts of Western society where interest in mood-altering drugs is growing, there are indications that it may become a functional equivalent of alcohol.

In spite of the threat of severe penalties and considerable effort at enforcement the use of cannabis in the United Kingdom does not appear to be diminishing. There is a body of opinion that criticises the present legislative treatment of cannabis on the grounds that it exaggerates the dangers of the drug, and needlessly interferes with civil liberty.

Table A Penalties Inflicted under the Drugs (Prohibition of Offences) Act 1964

| Year | Discharge | | Resignment | Hospital Order | 12 Month Order | Detention Centre | Mental Health Act 1959 | Probation Orders | | | | | | | | | | | | | Total Probation Orders | Total Penalties | | | |
|------|-----------|------|------------|----------------|----------------|------------------|------------------------|------------------|----------|----------|----------|----------|----------|----------|----------|-----------|------------|------------|------------|------------|------------------------|-----------------|------------|------------|------|
| | Absolute | Life | | | | | | 12 or less | 12 to 24 | 24 to 36 | 36 to 48 | 48 to 60 | 60 to 72 | 72 to 84 | 84 to 96 | 96 to 108 | 108 to 120 | 120 to 132 | 132 to 144 | 144 to 156 | | | 156 to 168 | 168 to 180 | |
| 1963 | 16 | 31 | 1 | 3 | | 44 | 20 | 67 | 110 | 28 | 119 | 222 | 54 | 1 | 3 | | | 46 | 54 | 3 | 5 | | | 101 | 514 |
| 1964 | 26 | 124 | 11 | 31 | | 38 | 58 | 59 | 151 | 3 | 133 | 268 | 73 | 17 | 7 | 1 | | 49 | 217 | 11 | 18 | | | 130 | 1216 |
| | | | | | | | | 266 | | | | | 474 | | | | | 209 | | | | | | | |

Penalties Inflicted under the Dangerous Drugs Act 1965 (Cannabis Only)

| Year | Discharge | | Resignment | Hospital Order | 12 Month Order | Detention Centre | Mental Health Act 1959 | Probation Orders | | | | | | | | | | | | | Total Probation Orders | Total Penalties | | | |
|------|-----------|------|------------|----------------|----------------|------------------|------------------------|------------------|----------|----------|----------|----------|----------|----------|----------|-----------|------------|------------|------------|------------|------------------------|-----------------|------------|------------|------|
| | Absolute | Life | | | | | | 12 or less | 12 to 24 | 24 to 36 | 36 to 48 | 48 to 60 | 60 to 72 | 72 to 84 | 84 to 96 | 96 to 108 | 108 to 120 | 120 to 132 | 132 to 144 | 144 to 156 | | | 156 to 168 | 168 to 180 | |
| 1964 | 5 | 34 | | 7 | | 3 | 4 | 15 | 41 | 13 | 36 | 138 | 62 | 15 | 6 | 1 | | 44 | 142 | 51 | 36 | 8 | 1 | 64 | 932 |
| 1965 | 3 | 41 | 2 | 3 | | 19 | 9 | 21 | 58 | 14 | 37 | 198 | 69 | 16 | 4 | 1 | | 30 | 121 | 23 | 6 | 14 | | 74 | 624 |
| 1966 | 12 | 66 | | 2 | | 42 | 33 | 31 | 108 | 13 | 85 | 300 | 166 | 46 | 10 | 5 | 1 | 41 | 156 | 59 | 13 | 17 | | 121 | 1104 |
| | | | | | | | | 171 | | | | 613 | | | | | | 188 | | | | | | | |

cannabis is very much less dangerous than the opiates, amphetamines and barbiturates, and also less dangerous than alcohol. The implications of its mental effects are much less clear. Psychosis or psychological dependence, it is true, do not seem to be frequent consequences of cannabis-smoking. But the subjectivity of the mental effects of cannabis makes it particularly difficult to measure the total effect of cannabis experience on any individual, or to assess what changes even a moderate and seemingly responsible habit might bring in the smoker's relationships with family and friends, study or work. We think that too little is known about the patterns of use to predict that in Western society it will produce social influences similar to those of alcohol. It was significant that even those of our witnesses who saw least danger in the drug were concerned to discourage juveniles from using it.

| | Unlawful Possession | | | Premises Offences | | | Unlawful Supply | | | Unlawful Procuring | | | Licence and Reception | | | Licence Cultivation | | | Licence | | | Other Drug Offences | | | Offences under other statutes | | | Total | | |
|-----------------------|---------------------|-------|------|-------------------|----|-----|-----------------|----|----|--------------------|----|----|-----------------------|---|----|---------------------|-----|-----|---------|-----|-----|---------------------|-----|---|-------------------------------|-------|-------|-------|---|---|
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c |
| Female defendants | 1 | 1 | 1 | 11 | 4 | 1 | 3 | 21 | 3 | 30 | — | 7 | 10 | — | — | 5 | 2 | — | 10 | — | — | 19 | 4 | — | — | — | — | — | — | — |
| Maximum sentence | 5 | 20 | 200 | 14 | — | 100 | 10 | 10 | 10 | 100 | — | 10 | 10 | — | — | 10 | 100 | 100 | 100 | — | — | 10 | 10 | — | — | — | — | — | — | — |
| Total offences | 43288 | 2412 | 2297 | 2000 | 10 | 10 | 415 | 15 | 25 | 270 | 10 | 51 | 280 | — | 24 | 15 | — | — | 105 | 279 | 291 | 100 | 409 | — | 40591 | 54195 | 26435 | | | |
| Imprisonment (months) | 1 day | 1 day | 2 | 2 | 2 | 2 | 6 | 6 | 6 | 6 | 4 | 16 | 4 | 4 | — | — | 7 | — | — | 7 | — | — | 7 | — | — | — | — | | | |
| Home sentences | — | — | — | — | — | — | — | 4 | 6 | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | | | |

Total No. of persons prosecuted under the Dangerous Drugs Act 1928 and the Drug Trafficking Act 1954. n=2531. 1954. 1954.

71. We conclude, therefore that in the interests of public health it is necessary to maintain restrictions on the availability and use of this drug. For the purpose of enforcing these restrictions there is no alternative to the criminal law and its penalties. As we have already stressed however (paragraph 15) it is difficult to draw a hard and fast line between actions that are purely self-regarding and those that involve wider social consequences. It is particularly difficult to do so when the matter at issue is the use of a drug with wide appeal as a relaxant, and the possibly deleterious effects of which - at least in the United Kingdom - are still unknown. Smoking cannabis may be an act of simple enjoyment, a demonstration of self neglect or an indication of social irresponsibility. Distinctions such as these cannot be written into the law, but can and should be recognised by the courts in their consideration of cannabis offences and offenders. The measures that we now suggest are intended to meet the needs of the immediate situation as we see it. They should be kept under review in the light of experience and research.

Class 100.

| | M | F | Total | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 | 1969 | 1970 | Total |
|--|---|---|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| Non-petroleum derivatives | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Residual Offences—Drug Offences only | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Residual Offences—Non-Drug Offences only | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Residual Offences—Drug and Non-Drug | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Total | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| GRAND TOTAL | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

Note: These figures refer to the number of charges for cannabis offences and not to the number of persons concerned. Of these charges 50% were classified as misdemeanours and 50% as felonies by the Hospital or Civilian Unit. Without proceeding to conviction. The table does not show charges brought in respect of offences relating to the cannabis plant.

52

Research

73. It will be clear from this Report that there is still a great deal that we do not know about cannabis. Precise description of the chemical structure and behavioural effects of its active constituents has not yet proceeded far. Chemical research on the synthesis of the active principles of cannabis and some of their derivatives has only recently begun to yield results. Accurate scientific knowledge is lacking of the personality of those who habitually use cannabis, of the significance of the circumstances in which it is used, and of the psychological, physiological and social consequences of its long-term use. No detailed information is available about the extent of cannabis use by immigrants and the effects of this on United Kingdom social conditions. No data exist on which to form reliable estimates of prevalence or to make meaningful projections of the possible growth of cannabis-taking, still less to gauge the social consequences of any such growth. The social consequences of the advent of synthetics may be important, but little scientific information has so far been assembled to guide us. Further study of all these things will be difficult and time-consuming. In a matter as complex and continuously changing as that of cannabis use in our society it is not reasonable to suppose that research alone will provide sure answers to all the problems. We were glad therefore to learn of the setting up, by the Medical Research Council, of three working parties specially to study problems of drug dependence, and of the formation of the new Institute for the Study of Drug Dependence. We have no doubt that these developments will lead to a much needed enlargement of inquiry into the cannabis problem and we most strongly urge that every encouragement, both academic and financial, be given to suitable projects.

74. It is not within our competence to make detailed recommendations as to the kind of investigation that should be undertaken: but we think it useful to indicate the general areas in which research might be most immediately helpful. Information is needed about the pharmacological effects of natural cannabis in its different forms, both on man and on experimental animals. The effects of synthetic derivatives should be studied as a matter of urgency. There is a pressing need for chemical tests, both qualitative and quantitative, to detect the presence of cannabis and its metabolites in the body fluids of users. Clinical reports of ill-effects, both immediate and long-term, following cannabis use are still haphazard and ill-documented. There is a need methodically to investigate possible cases of cannabis psychosis and, in particular, to study the concomitant effect of other drugs and of the abuse of alcohol in these cases. The possible therapeutic use of cannabis and its synthetic derivatives also deserves further investigation. There is also an immediate need for sociological studies to establish the prevalence of usage, and to define more closely the different social groups, and the personality patterns, of consumers of cannabis as well as the effects of the drug-use upon their social efficiency. More information is urgently needed on the incidence of cannabis-taking by adolescents and the extent to which this is made up of the transient use of the drug at parties and week-ends and of sustained regular use. It would be helpful to see if there are differentiating characteristics between users who take only cannabis, users who take other drugs besides cannabis, and people who used to take

cannabis but have now given up all drug-use.

75. The present legal position is unhelpful to research. Cannabis may be obtained for research if the Home Office gives authority, but, as the law stands, any research requiring it to be smoked by human beings is illegal except on Crown premises. There is considerable uncertainty as to whether hospital or university premises are exempt. These legal uncertainties have made it virtually impossible to undertake this kind of research. However, merely to remove the restriction on premises would be insufficient to allow the relevant research to be carried out. As social factors are so important in the use of cannabis qualified workers should be free to study these phenomena by observation and laboratory and social experiments without the risk of prosecution.

The need for changes in the law relating to cannabis(2)

76. The maximum penalties for any offence relating to cannabis are, on summary conviction, a fine not exceeding £250 or imprisonment for not more than 12 months or both. And, on conviction on indictment, a fine not exceeding £1,000 or imprisonment for not more than 10 years or both. These penalties are common to all drugs prohibited or controlled under the Dangerous Drugs Act 1965, including heroin. Originally introduced in the Dangerous Drugs Act of 1920 (to deal with traffic in opiates) and increased by the Dangerous Drugs and Poisons (Amendment) Act 1923, they were applied to offences relating to Indian hemp by the Dangerous Drugs Act 1925 and have since remained virtually unchanged.

77. Article 36 of the Single Convention obliges Parties to penalise intentional offences of possession (and trafficking) but not of use. The selection of penalties is left for domestic law to determine. The Dangerous Drugs Act 1965 imposes the same penalties for unlawful possession as for unlawful supply. A high maximum penalty for possession has been justified in the past by the argument that it must allow for due punishment of the trafficker, who is more likely to be found in possession than in the act of supply.

78. While maximum penalties for dangerous drugs offences have stood unaltered, the general law on the treatment of offenders has been changed considerably. More alternatives to custodial treatment have been developed, and greater flexibility introduced into sentencing. Scientific studies have increased understanding of the origins of anti-social behaviour and of the relative effectiveness of deterrent and other approaches. In common with offenders against other laws the drugs offender has no doubt benefited by these developments. At the same time it seems to us that the penalties for cannabis offences have gone unreviewed for too long. Now that experience here (and overseas) has shown misuse of drugs to be a complex and rapidly changing social problem, it seems to us essential that the law should progressively be recast to give greater flexibility of control over individual drugs, and of adjustment of the relevant penalties in accordance with the dangers presented by a specific drug or form of drug-taking.

79. The tables (*included in this section, drugtext*) give analyses of:

A. penalties inflicted for cannabis offences under the Dangerous Drugs Act 1965 in the years 1964-1966 and for offences under the Drugs (Prevention of Misuse) Act 1964 in the years 1965 and 1966;

B. penalties inflicted in 1967 for cannabis offences, other Dangerous Drugs Act offences, and offences under the Drugs (Prevention of Misuse) Act;

C. cannabis prosecutions and disposals in 1967 related to age groups and weights of the drug.

80. These tables show some notable features about the cases dealt with by courts in 1967.

Over two-thirds of all cannabis offenders (and nearly all found guilty of possessing more than 1 Kg) did not have a record of non-drug offences. Nine out of ten of all cannabis offences were for possessing less than 30 grams. About a quarter of all cannabis offenders were sent to prison (or borstal, detention centre, or approved school); only about 13% were made subject to a probation order; and about 17% of first offenders were sent to prison. There was notably greater emphasis on fines and imprisonment for possession of cannabis than of other dangerous drugs, but less use of probation and conditional discharge for possession of cannabis than for possession either of other dangerous drugs or of amphetamines and other 1964 Act drugs. Average fines for possession offences in 1967 were £36 in the case of cannabis: £39 in the case of other dangerous drugs and £28 10s. Od. in the case of 1964 Act drugs.

81. We believe that the association of cannabis in legislation with heroin and the other opiates is entirely inappropriate and that new and quite separate legislation to deal specially and separately with cannabis and its synthetic derivatives should be introduced as soon as possible. We are also convinced that the present penalties for possession and supply are altogether too high.

82. Several of our witnesses also draw attention to the principle of absolute liability on which drugs legislation had been constructed and to the effect of various High Court judgments that mens rea does not have to be proved before a person can be convicted of an offence of possession. They argued that in the circumstances it was not surprising that defendants made allegations of "planting" by unknown persons or the police, or that some sections of the public should feel disinclined to bring evidence of offences to the notice of the authorities. It was outside the scope of our enquiry to examine these matters in general. We were glad to note, however, that following the judgment of the House of Lords in the case of Warner v Commissioner of Police for the Metropolis, the Home Secretary undertook to examine, in conjunction with the Law Commission, the whole question of absolute liability in relation to drug offences. So far as cannabis is concerned, we have found nothing to justify making possession without knowledge an offence to which the law provides no defence, but we think that the form which defences might take is best left to be determined by the Home Secretary's review.

83. From our study of the statistics and other evidence about the supply of cannabis in the United Kingdom we have come to the conclusions that the traditional view of the supplier as a large-scale criminal is an over-simplification, and that having a heavy maximum penalty for possession to allow for punishment of the large-scale trafficker exaggerates the criminality of drug-taking itself. It seems clear that in cannabis "society" there is a regular give and take of the drug and that many users are in a position to supply it, and do supply it, in very small quantities without real criminal intent. None of our witnesses felt that "amateur" activities of this kind should be described as trafficking or singled out for particularly severe penalties. On the other hand, the margin between casual supply and purposeful profiteering is not so wide that a trafficker needs to be in regular possession of very large amounts to find his operations worth while. The courts today face considerable difficulty in penetrating the ambiguity of "possession", particularly since the norms of moderate drug-taking are not widely known. There is therefore a real risk, when the range of penalties is so extensive, that the courts may treat drug-takers with more, and drug-traffickers with less, severity than they deserve.

84. We considered the practicability of reducing this risk by distinguishing more clearly in the law between possession intended for use and possession intended for supply. One approach, which we understand has been tried in some countries overseas, would be to provide a specific offence of possession with intent to supply, attracting higher penalties than the offence of simple possession and with an onus on the defendant, after the prosecution had shown him to be knowingly in possession of a prohibited drug, to prove, on the balance of probabilities, that he did not intend to supply it to another person. It may be that such a provision would be valuable in clarifying the true nature of offences of

possession, but it cannot be fully considered apart from the broad balance of obligations on prosecution and defence. We therefore recommend that the possibilities should be further examined in the Home Secretary's review of the question of strict liability. Subject to this, however, we think that a test of intent could produce further uncertainty in the law which it is our wish to remove.

85. Another course might be to devise a formula based on the amount of the drug found in a person's possession for determining the penalty to be imposed. Thus a person having, say, 30 grams or less of cannabis leaf or resin in his possession without authority at the time of his arrest would be liable only to a small fine; unauthorised possession of larger amounts would attract a higher penalty. Such a formula, however, would present serious difficulties for enforcement because of the practical requirements for determining the amount, type and purity of any drug found with sufficient exactitude to sustain proceedings for unauthorised possession of more than the specified amount; for establishing, when synthetic alternatives become available, comparable norms attracting a fine only; and for dealing with the problems of adulteration and identification. The introduction of a quantitative formula might also have an effect on trafficking. The limitation of risk to a small fine might not only lead small-scale traffickers to conduct their operations on a wider scale and more openly, it might also encourage professional criminals to become involved in this activity: once a large consignment had been imported and concealed a well organised distribution of small amounts could be carried on with virtual impunity. We have concluded that these difficulties make it impracticable to introduce a quantitative formula into cannabis offences at this time.

86. After the fullest consideration we have come back to the view that the only practical way to legislate for the situation over the next few years, is to retain the principle of a single offence namely unlawful possession, sale or supply of cannabis or its derivatives. This offence should carry a low range of penalties on summary conviction but a substantially higher range on indictment. If such legislation were brought in we would anticipate that the police would proceed on indictment only in those cases in which they believed that there was organised large-scale trafficking. Offences involving simple possession and small-scale trafficking would, we hope, be dealt with summarily. (3)

87. In considering the scale of penalties our main aim, having regard to our view of the known effects of cannabis, is to remove for practical purposes, the prospect of imprisonment for possession of a small amount and to demonstrate that taking the drug in moderation is a relatively minor offence. Thus we would hope that juvenile experiments in taking cannabis would be recognised for what they are, and not treated as antisocial acts or evidence of unsatisfactory moral character. On the other hand, we would expect repeated convictions for possession of cannabis in the same way as convictions for drunkenness to carry certain social implications and penalties, e.g. in certain kinds of employment where evidence of a drug habit might be thought to be a disqualification. In our view the cannabis-taker who is open to reason is more likely to be deterred by considerations of this kind than by a scale of penalties.

88. On summary conviction we think that the fine should be limited to £100. In many ways we would have preferred to have suggested no alternative prison sentence. It has, however, been represented to us that in United Kingdom law hybrid offences, such as we are suggesting, normally carry some prison sentence on summary conviction, and that this gives the judiciary useful discretion in dealing suitably with difficult individual cases. In this instance we can foresee situations where a person, repeatedly engaging in small-scale trafficking, but nevertheless trafficking of a blatantly commercial nature, would not be deterred by modest fines, whereas a short prison sentence without the panoply of proceedings by indictment would be appropriate. We recommend therefore that on summary conviction there be a maximum alternative penalty of four months imprisonment. In choosing this period we have been influenced by the fact that a four month sentence on summary conviction is one which allows the defendant an option of going for trial by jury.

. . a not inconsiderable civil liberty. It is relevant to add that under section 39 of the Criminal Justice Act 1967 a court which imposed a sentence of not more than six months imprisonment for a cannabis offence, would be obliged to suspend that sentence except in certain conditions, of which the most important are that the offender has already served a sentence of borstal training or imprisonment, or is already on probation or under conditional discharge.

89. It is socially undesirable for an organised criminal underworld to be able to make large profits from any illicit activity. Therefore we recommend that on indictment the offence should be punishable by an unlimited fine or a sentence of imprisonment not exceeding two years or both. The maximum penalty for smuggling cannabis imposed by the Customs and Excise Act 1952 (as amended by the Dangerous Drugs Act 1967) should be reduced from 10 to 2 years. The existing provision under the Dangerous Drugs Act 1965 whereby proceedings on indictment are subject to the fiat of the Director of Public Prosecutions should be retained. In our view, however, such proceedings should normally only be appropriate in dealing with the large-scale trafficker.

90. It is our explicit opinion that any legislation directed towards a complex and changing problem like the use of cannabis cannot be regarded as final. For the foreseeable future, however, our objective is clear: to bring about a situation in which it is extremely unlikely that anyone will go to prison for an offence involving only possession for personal use or for supply on a very limited scale. We recommend that over the next three years the Advisory Committee should keep that objective under review and be ready to propose further measures if the objective is not being realised.

Use of premises for cannabis smoking or dealing

91. Section 5 of the Dangerous Drugs Act 1965 makes it an offence for an occupier to "permit" premises to be used for smoking or dealing in cannabis or cannabis resin and for any person to be concerned in the management of premises used for any such purpose. The object of this provision, which was first enacted in the Dangerous Drugs Act 1964 (on the model of a long-standing provision about opium-smoking, now to be found in section 8 of the 1965 Act), was to discourage communal smoking and trafficking in cannabis in premises of public resort by placing the onus on the occupiers or managers to ensure that such premises were not used for these purposes. The precise effect of the law is now the subject of an appeal to the House of Lords. In considering the present provisions we have assumed that the question of the appropriateness of strict liability in the offence will be examined in the Home Secretary's general review (paragraph 82).

92. In favour of the provision it was represented to us that if landlords or occupiers could not be held responsible, smoking parties would tend to increase, and drug-traffickers would be likely to use them to introduce smokers to other types of drugs. This would expose many young people to serious dangers outside the purview of routine checks by the police. In these circumstances it was urged that there should be a special obligation on those in charge of premises to prevent such activities. In the case of public premises, we were told that those having illicit possession of drugs found it easy to evade arrest by simply throwing the drugs on the floor. Unless those in charge of premises had a special obligation to prevent the use of, or traffic in, drugs, their tolerance of these activities it was said, could make for a considerable increase in the misuse of drugs

93. The "pot party" is the natural focus for public disquiet about cannabis and for the myths about the drug. If it were clear that intoxication, aggressive behaviour, sexual excesses, multiple drug use and crime were the predictable results of social smoking of cannabis, there would be a strong case for special steps to protect young people and for trying to enlist the help of those in charge of private premises. But, as is shown by the comparison we have drawn above between cannabis and other drugs, there is no evidence that taking cannabis in any special way stimulates behaviour of this kind. If cannabis is

taken at a "wild party" it is not because it supplies the spark to what would otherwise not catch fire.

94. Whatever may be the justification for the provisions of section 8 of the Dangerous Drugs Act 1965 in regard to the smoking of opium (see paragraph 91) we are convinced that there is no sufficient justification, in the harmfulness of cannabis, for placing occupiers and landlords of private premises under any special obligation to prevent cannabis-smoking, and there is even less justification for doing so in respect of cannabis-dealing (since this is not distinctively different from dealing in any other kinds of drug). We therefore recommend that section 5 should be repealed in relation to premises to which the public has no access.

95. We think that occupiers and managers of premises open to the public are in a different position. Society expects those who undertake to provide services and entertainment for the public to conduct their premises in a proper way, and it is not unreasonable to place on them a duty to prevent open use of, or trafficking in, drugs. Even here, however, it is evident that the duty may be more onerous in some directions than in others. It is easy enough to detect the odour of burning cannabis, but much more difficult to confirm that an exchange of tablets between two customers is a breach of the law. We think that a reasonable course would be to redefine the scope of section 5 so as to apply it only to premises open to the public, to exclude the reference to dealing in the drug, and to remove the absolute nature of the liability on managers.

96. We are aware that there are some types of premises which are, strictly, not open to the public, but are not private premises in the conventional sense. The Private Places of Entertainment (Licensing) Act 1967 provides, on adoption by a local authority, for a measure of supervision over certain types of club. Although this Act may not cover all the kinds of premises which, reasonably, should be subject to the obligation we have proposed for public premises, we are satisfied that the main sectors about which we know the police to be most concerned are covered by our proposals.

Powers of arrest and search

97. In paragraph 81 we have recommended the separation of cannabis from the opiates in drugs legislation and in paragraph 8 and 89 we have proposed a reduction in penalties. Depending on the form and context in which legislative effect were given to these changes, consequential adjustments would have to be made in the present provisions which govern police powers of arrest and search in relation to cannabis offences. The present position is that under Section 2 of the Criminal Law Act 1967 the police have power to arrest without warrant any person who has committed or attempted to commit, or whom they have reasonable grounds to suspect to have committed or attempted to commit an "arrestable offence". Such an offence is one which is punishable with a sentence of at least 5 years imprisonment. In England and Wales this power may be exercised in respect of offences against the Dangerous Drugs Act 1965 (i.e. including cannabis offences) which, on conviction, carry a possible penalty of up to 10 years imprisonment. The Criminal Law Act does not apply to Scotland and Northern Ireland and in those countries the police powers of arrest without warrant for cannabis offences derive from section 15 of the Dangerous Drugs Act 1965, as amended by section 6 of the Dangerous Drugs Act 1967. Under these provisions the police have power to arrest without warrant any person who either has, or who is suspected of having, committed or attempted to commit a dangerous drugs offence, only if they have reasonable grounds for believing that that person will abscond unless arrested, or whose name and address are unknown to the police and cannot be ascertained by them, or in whose case the police are not satisfied that the name and address given to them are true. As regards powers of search section 6 of the Dangerous Drugs Act 1967 introduced for drugs scheduled under the Dangerous Drugs Act 1965 and the Drugs (Prevention of Misuse) Act 1964 new powers enabling the police to search persons and vehicles on suspicion. If the penalties for cannabis offences are reduced as we propose and

if cannabis were excluded from the Dangerous Drugs Act 1965 the case for retaining these police powers would have to be reopened. This question of police powers cannot be realistically considered in relation to cannabis alone and it has been outside our task to examine the general issues. In the course of our enquiry, however, we have been made strongly aware both of concern about the effect of the exercise of these powers upon the relationship between the police and the public, and of the difficulties faced by enforcement authorities in recent years for which these wide powers of arrest and search have been thought to be essential. Because these features have contributed to so much of the current "protest" against the existing law we recommend that as a matter of urgency the Advisory Committee should begin a general review of police powers of arrest and search in relation to all drug offences with a view to advising the Secretary of State on any changes that may appear appropriate, particularly as regards cannabis. In the meantime, however, changes in cannabis legislation should go forward without any specific recommendation about arrest and search. This omission will not have any immediate practical consequences in that the powers referred to will stand for the other drugs; search on suspicion is normally for drugs in a general sense rather than for cannabis specifically.

Control of synthetic cannabinoids

98. Neither the Single Convention on Narcotic Drugs 1961 nor the Dangerous Drugs Act 1965 applies to synthetic cannabinoids. Preliminary reports have suggested that some substances in this group are more potent than the natural product. So far no manufacture of such substances for non-scientific or non-medical purposes has come to notice, but such a development may be expected as soon as the necessary technical processes have been evolved. Without further amendment the powers available in the Pharmacy and Poisons Act 1933 and the Drugs (Prevention of Misuse) Act 1964 would permit controls to be applied to manufacture, distribution and sale and to limit authorised possession. We think that these powers should be sufficient, but we recommend that the position should be kept under review.

99. At present cannabis can be prescribed by doctors in the form of extract of cannabis and alcoholic tincture of cannabis. Until very recently the demand for these preparations has been virtually negligible. In recent months however, there has been a striking increase in the amounts prescribed. Our enquiries, supported by what we were told by our witnesses, indicate that there are a number of doctors who are beginning to experiment with the use of cannabis in the treatment of disturbed adolescents, heroin and amphetamine dependence and even alcoholism. Whilst we do not expect cannabis prescription will ever become standard medication in the treatment of these conditions, it is quite likely that the amount dispensed on medical prescriptions will continue to increase and that this process may be accelerated when synthetic cannabis derivatives, properly standardised, become available. We see no objection to this and believe that any new legislation should be such as to permit its continuance. We think, however, that when cannabis or its derivatives are prescribed, records of the kind that can be inspected by H.M. Inspectors of Drugs should be available. This will enable the prescribing trend over the next few years to be kept under methodical review.

EDUCATION

100. The law alone cannot dispose of the problem of cannabis. However wise the law and whatever it says there will be those who will use cannabis and some who will suffer by it. Education too has a part to play. By "education" we do not mean formal propaganda (the need for which it has been outside our terms of reference to consider); a proper understanding of the significance of cannabis in our society at this time cannot be given simply by description of the effects of the drug and the relevant law. Rather do we mean the general process of questioning, observation, argument and assessment by which society commonly forms balanced attitudes to community problems and dangers. We hope

that this report will contribute to an understanding both of the facts (and uncertainties) about cannabis and of the wider issues surrounding the problem of its control.

101. The following is a summary of our recommendations:

(1) We recommend that in the interest of public health, it is necessary for the time being to maintain restrictions on the availability of cannabis (paragraphs 70 and 71).

(2) Every encouragement, both academic and financial, should be given to suitable projects for enquiry into the cannabis problem (paragraph 73). Suggestions about areas in which research is required are made in paragraph 74.

(3) The law should progressively be recast to give Parliament greater flexibility of control over individual drugs (paragraph 78).

(4) The association in legislation of cannabis with heroin and the other opiates is inappropriate and new legislation to deal specially and separately with cannabis and its synthetic derivatives should be introduced as soon as possible (paragraph 81).

(5) Unlawful possession of cannabis without knowledge should not be an offence for which the law provides no defence (paragraph 82). The practicability of distinguishing between possession intended for use and possession intended for supply should be examined (paragraph 84).

(6) Possession of a small amount of cannabis should not normally be regarded as a serious crime to be punished by imprisonment (paragraphs 87 and 90).

(7) The offence of unlawful possession, sale or supply of cannabis should be punishable on summary conviction with a fine not exceeding £100, or imprisonment for a term not exceeding four months, or both such fine and imprisonment. On conviction on indictment the penalty should be an unlimited fine, or imprisonment for a term not exceeding two years or both such fine and imprisonment (paragraph 86. 88 and 89).

(8) The existing law which inhibits research requiring the smoking of cannabis (section 5, Dangerous Drugs Act 1965) should be amended to allow qualified workers to study its use both by observation and by laboratory and social experiments (paragraph 75).

(9) Section 5 of the Dangerous Drugs Act 1965 (permitting premises to be used for smoking cannabis, etc.) should be redefined in scope so as to apply only to premises open to the public, to exclude the reference to dealing in cannabis and cannabis resin, and to remove the absolute nature of the liability on managers (paragraphs 94 and 95).

(10) The Advisory Committee should undertake, as a matter of urgency, a review of police powers of arrest and search in relation to drug offences generally with a view to advising the Secretary of State on any changes that may be appropriate in the law, particularly as regards cannabis (paragraph 97).

(11) The development of the manufacture of synthetic cannabinoids should be kept under review and, if necessary, control should be imposed under powers provided by The Pharmacy and Poisons Act 1933 and The Drugs (Prevention of Misuse) Act 1964 (paragraph 98).

(12) Preparations of cannabis and its derivatives should continue to be available on prescription for purposes of medical treatment and research. Provision should be made in legislation for records to be maintained so that the position can be kept under review (paragraph 99).

102. We wish to express our most cordial appreciation of the help that we have had from our secretaries, Dr. E. G. Lucas and Mr. D. G. Turner. Their skill in clarifying issues and their patience in feeding our seemingly insatiable appetite for drafts and redrafts far surpassed anything that we had a right to expect. We would also like to extend our thanks to those other officials of the Home Office Ministry of Health and Scottish Home and Health Department who assisted us with valuable information and advice.

1. JAMA, the Journal of the American Medical Association. Vol 204, No. 13. June 24th. 1968.

2 See Appendix 6 for a summary of the main provisions of the law relating to the control of drugs.

3. In England and Wales offences are dealt with summarily at a magistrates' court the verdict being decided by the magistrate. Trial on indictment takes place at a court of assize or quarter sessions where the verdict is decided by a jury.

In Scotland offences are dealt with both summarily and on indictment at a Sheriff Court.

Trial on indictment may also take place in the High Court.

WOOTTON OF ABINGER

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Joint Secretaries

4th October 1968