

Cannabis: Let the Punishment Fit the Crime

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Executive Summary

- The UK has the highest rate of cannabis use among young people worldwide (Schlosser, 69-70). 51% of individuals under 20 years report having used cannabis (Information and Statistics Division, 78)
- The mortality rate and acute dangers of cannabis users are relatively low compared to those who consume harder drugs such as heroin. However, cannabis use has many adverse long-term effects including potentials for cancer, and impairment in the brain, heart, lungs, and respiratory tract.
- Cannabis contains 50-70% more carcinogens than tobacco smoke. It was estimated that 3-4 cannabis cigarettes daily are equivalent to 20 or more tobacco cigarettes in terms of damage (Maranatha, 5).
- Women who use cannabis during pregnancy pose serious threats to their unborn children with possibilities of major malformations, low birth weight, short gestation, retardation, etc.
- Symptoms of people who suffer from schizophrenia may be aggravated with use. Other adverse mental affects are associated with cannabis use such as depression, anxiety, and personality disturbances (Scottish Executive, 3)
- Cannabis poses indirect dangers. It impairs motor function, which could affect every day tasks such as driving. It also impacts memory and learning, and it is associated with amotivational symptoms. 40% of adolescents in a study by the University of Michigan indicated that using cannabis resulted in a loss of interest in activities (American Academy of Paediatrics).
- The gateway hypothesis, the basis of drug policies of many countries such as the Netherlands, contends that cannabis is typically the first drug used, and cannabis users are more likely to escalate to harder drugs.
- Prior to 29 January 2004, cannabis and cannabis resin were classified as class B drugs, while cannabis oil was classified as a class A drug. As of this date, cannabis, cannabis resin, and cannabis oil were all reclassified as class C drugs. This means that it remains a criminal offence to possess it, supply it to another, etc. Users face incarceration, fines, or warnings, but with decriminalisation the penalties for personal possession have decreased (Scottish Executive, 2).
- A separate act governs the medical use of cannabis. Although many countries are moving to allow medical uses of the drug, the UK has maintained its classification as a schedule 1 drug under the *Misuse of Drugs Regulations 1985*. This means that it can only be supplied for research and other special purposes, but home secretary David Blunkett has revealed a willingness to amend these regulations if current research were to demonstrate benefits. Clinical trials for medical use have been granted to GW Pharmaceuticals Ltd (Sleator and Allen, 35-37).

- A number of different camps have emerged arguing for legalization, harsher legislation, the status quo, and still others contend for decriminalization with a cannabis tolerant policy allowing for personal consumption as attempted in the Netherlands.
- The United States harsh legislation, and more lenient legislation exemplified by the Netherlands, have both shown to be ineffective in combating cannabis use.
- The United Nations Office for Drug Control and Crime Prevention discuss the Netherlands, "...the liberal attitude towards cannabis went parallel with relatively high levels of cannabis consumption...Abuse of almost all other drugs was increasing strongly..." (cited from Raabe and Stalley, 3).
- The costs of policing cannabis is very high, but the costs/gains of legalizing cannabis have been widely debated with potential gains from taxes, but losses in fines and clinics for addicts. The financial impact of legalization is essentially unknown.
- Decriminalisation with non-tolerance is the most effective approach in combating cannabis and harder drug use.

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Foreword

As we entered the lounge for our first party in Scotland, we immediately became part of the mob of college students listening to music, singing, dancing, and drinking. We met some kids, and decided to go to one of their rooms so we could talk and actually hear each other. We all piled into the bedroom, and one of the kids reached for a joint. They passed it around, and although my friends and I felt a little uncomfortable, we stayed passing on the joint. One of the kids began telling me about how he had been caught by the police with drugs, but was able to get out of it because he had another compound of ecstasy, not the one deemed illegal by the government. The students then took out a few ecstasy pills and began passing them around to his friends. From the experiences I have had living in University housing for the passed four months, this is a normal occurrence.

The UK has the highest rate of cannabis use among young people worldwide (Schlosser, 69-70). Dr. Alan Leshner, Director the National Institute of Drug Abuse supports, "Every year more than 100,000 people, most of them adolescents, seek treatment for their inability to control their marijuana use" (Maranatha, 3). According to the Scottish Drug Misuse Statistics in Scotland 2002, 51% of individuals under 20 years have used cannabis (Information and Statistics Division, 78). Cannabis use is not just a problem of the youth, but it is the single most used illicit drug among all adults. In 1999, Tony Blair declared that the drug trade is the most evil industry in the world. Between 1988 and 1999, British arrests for marijuana nearly quadrupled to almost 100,000 per year. 5,600 are annually imprisoned, yet British cannabis use continues to rise.

Because of the widespread negative impact, drugs have become the focus of the agenda of the English Parliament and the world. Ongoing debate has emerged on how to combat this problem. Since cannabis' acute effects are less than hard drugs such as heroin, some argue that legalization would decrease overall drug use (NIDA "Heroin" 1). Others contend that stringent legislation would create a greater deterrence effect. Recent legislation has decriminalized cannabis from a class B drug to a class C drug, decreasing the severity of punishment for possession.

Currently the Scottish Nationalist Party (SNP) does not have a formal stance either in favour or against the decriminalisation of cannabis, which occurred 29 January 2004. I, the research assistant of Michael Matheson (MSP), compiled this report to gather information and assess the most effective cannabis policy. Is the recent change toward decriminalisation adequate or do we need further revising? Would legalization or more stringent legislation provide a more affective policy?

Legalization and decriminalisation allowing for personal use both pose potentials for disaster. Both essentially legalize the drug. 1.25 million people have used cannabis in the past month, while between 10 and 11 million have legally smoked tobacco, and 42 million have consumed alcohol (Sleator and Allen, 45). In 1996, there were 4,372 alcohol related deaths as compared to 187 deaths due to heroin (Sleator and Allen, 62). Legalized substances are used more than illegal substances because they are cheaper and easier to obtain, and as a result there are more deaths due to legal substances than the more dangerous illegal substances. Thus, legalization would most likely escalate the number of cannabis users and cannabis related injuries

(Sleator and Allen, 45). International research further reveals that legalizing cannabis in any way would only damage our attempts toward this goal by increasing the use of cannabis and the trafficking of other drugs. Legalization would only increase the spiralling confusion on the dangers of cannabis, and enforce the message to our young people that cannabis is not harmful. It would furthermore increase the possibilities of individuals mixing legal drugs such as alcohol and cannabis, leaving the individual in an extremely dangerous state. Enforcement of law pertaining to smoking and driving would become yet another hurdle, because cannabis remains in the body much longer than alcohol--sometimes for days. Thus, the two arguments, for legalization and decriminalization but allowing personal use, would not only be unbeneficial, but it would amplify the serious problems that already exist.

Extremely stringent legislation such as placing cannabis on the same calibre as heroin presents further problems. This would almost be equivalent to punishing a thief for murder. Burglary is harmful, but we do not punish thieves as we do murderers. In the same way, cannabis should not be punished in the same manner as heroin. Our laws should reflect the amplitude of danger. Cannabis is a harmful drug, and we must show through laws that we do not intend to make this normative, but at the same time we must make reasonable laws that reflect the degree of danger. As Dame Runciman, chairman of the Police Foundation Inquiry remarked, "When young people know that the advice they are being given is either exaggerated or untrue in relation to less harmful drugs, there is a real risk they will discount everything else they are told about the most hazardous drugs, including heroin and cocaine" (quoted in Sleator and Allen, 56). Legally differentiating between hard and soft drugs may deter some people from progressing to harder drugs. Thus, our policy regarding cannabis should remain as it is: decriminalized as a class C drug while maintaining illegality and non-tolerance for possession.

General Background

Cannabis originates from the plant *Cannabis sativa*. It most likely comes from Asia, but can now be grown in any climate including Britain. The flowering buds of the female--and to a lesser extent the male--secrete a sticky yellow resin rich with cannabinoids. Several are psychoactive, more prominently delta-9-tetrahydrocannabinol (THC). This, along with a greenish-grey mixture of the dried shredded leaves and stems compose cannabis (Scholsser, 16). The main ingredient that affects the body is Delta-9-THC, which has a half-life of five days, meaning it diffuses widely throughout the human body.

Over the years, cannabis has acquired a number of different names depending on what country it is used including the following: marijuana, pot, hashish, hemp, ganja, charas, ma. The strength of cannabis has also changed throughout the years. Sophisticated plant breeding has led to the "skunkweed", a plant more potent in THC. Preparations of cannabis used today in the UK are argued to be ten times more potent than those taken in the 1960's and 70's, which affects much of the research conducted in this time period assessing the effects of marijuana (Maranatha, 11). Cannabis did not become popular as a recreational drug until the 1950's, but its use escalated in the 1970's, and now it is the most widely used illicit drug in the UK (Sleator and Allen, 21).

How It Affects the Brain?

When a person smokes marijuana, THC passes from the lungs into the bloodstream, which passes to organs throughout the body including the brain. Certain regions of the brain contain cannabinoid receptors on their nerve cells. When THC comes into contact with these cells, they bind to the receptor cells and get released inside the cell, thereby affecting these cells. Cannabinoid receptors are abundant in the cerebellum (body movement and coordination), hippocampus (learning and memory), cerebral cortex (higher cognitive functions), nucleus accumbens (reward), and the basal ganglia (movement). They are also concentrated in other areas such as the hypothalamus. When THC is released into these cells, they affect these parts of the brain (NIDA “Marijuana”, 2-3).

Initial Feelings Experienced By User

As THC enters the brain, it causes the user to feel euphoric or “high” by binding to the nerve cells in the *nucleus accumbens*, the area of the brain that responds to food and drink as well most abusive drugs. Consequently, these brain cells release dopamine (NIDA “Marijuana, 4).

A marijuana user may experience pleasant sensations, intensification of colours and sounds, and a perception that time slows. The user’s mouth feels dry, and the smoker may become very hungry or slow. Their hands may tremble and grow cold. After the euphoria passes, the user may feel sleepy, depressed, and occasionally it produces panic, fear distrust, or anxiety (NIDA “Marijuana”, 4).

Dangers

Marijuana has many direct dangers to the body. Although the mortality rate from cannabis is low with only four deaths recorded due to inhalation of vomit, cannabis has many potential direct adverse long-term affects on the body (Sleator and Allen, 23). While many of the studies on cannabis are inconclusive, there is evidence that suggests cannabis has an extremely negative impact on the body especially when used in the smoking form. This section is broken down into cancer, the brain, heart, lungs, pregnancy, and mental influence. Cannabis also has indirect adverse effects such as motor impairment, learning, youth, and effects on other drugs.

Direct Dangers: Cancer

Cannabis can cause cancer. The Royal College of Physicians and Royal College of Psychiatrists warned that cannabis use can produce lung diseases including lung cancer, cancer of the head, neck and bronchitis (*Drugs Dilemmas and Choices*, 9).

It is well known that a tobacco cigarette can cause cancer, but what is not as widely advertised is that a cannabis joint approximately delivers four to five times as much carcinogenic tar as a tobacco cigarette of the same size. Benzopyrene, a known carcinogen, is about ten times more concentrated in cannabis smoke compared to tobacco smoke (Maranatha, 4). It has a huge potential to promote cancer of the lungs of the respiratory tract because it contains irritants and 50-70% more carcinogens than

tobacco. Furthermore, it produces high levels of an enzyme that converts certain hydrocarbons into their carcinogenic form (NIDA “Marijuana”, 5)

A study comparing 173 cancer patients and 176 healthy individuals produced strong evidence that smoking marijuana increases the likelihood of developing cancer of the head or neck, and that it was directly correlated with the amount of marijuana smoked. The statistical analysis suggested that smoking marijuana doubled or tripled the risk of these cancers (NIDA “Marijuana”, 5).

Brain

When THC enters the lungs, it gets released into the blood and binds to cannabinoid receptors in the brain. Professor Griffith Edwards of the National Addiction Centre revealed, “There is enough evidence now to make one seriously worried about the possibilities of cannabis producing long-term impairment of brain function” (Maranatha, 5-6). Under experimental conditions, it has been found that cannabis can cause severe shrinkage and even death of brain cells (Maranatha, 6). Dr. Robert Gilkeson further supports, one joint of cannabis taken every day for two to three years has been observed to lead to brain cell destruction (Maranatha, 6).

Heart

Cannabis has an affect on the heart. It increases the heartbeat and blood pressure, and reduces the oxygen-carrying capacity of blood. People with history of cardiovascular disease are at risk (NIDA “Marijuana”, 5). Researchers at Harvard Medical School found that in the first hour after taking cannabis, the heart attack risk is 4.8 times higher as compared to non-use periods (Maranatha, 5)

Lungs

Studies have shown that cannabis poses dangers to the lungs including cancer discussed above. For example, there are many reports recording cancer in the aerodigestive tract in young adults with a history of heavy cannabis use (Maranatha, 3). Lung function is significantly poorer and there are greater abnormalities in the airways of marijuana smokers (Maranatha, 5) “It is estimated that 3-4 cannabis cigarettes daily are equivalent to 20 or more tobacco cigarettes per day in terms of incidence of acute and chronic bronchitis and damage to the bronchial epithelium” (Maranatha, 5).

Respiratory Tract

The Royal College of Psychiatrists and Royal College of Physicians have revealed that since cannabis joints contain carcinogens, regular cannabis smokers develop chronic bronchitis and squamous metaplasia of the respiratory tract, leading to an increased risk of cancer (*Drugs Dilemmas and Choices*, 200). Dr. Dontal P. Tashkin, of the University of California, found substantial evidence that smoking may cause chronic bronchitis, changes in cells of the central airway that are potentially precancerous, and impairment in scavenger cell function which could increase the risk of respiratory infection. Smoking cannabis has been shown to lead to an increased risk of chronic cough, bronchitis, and emphysema (Maranatha, 5).

Pregnancy and Marijuana

If THC enters a woman's body during pregnancy, it does not only have the potential to hurt her, but it could have serious damaging effects on her unborn child. Research has revealed that babies born to women who used marijuana during their pregnancies display altered responses to visual stimuli, increased tremulousness, and a high-pitched cry, which may indicate neurological development problems (NIDA "Marijuana", 7). In an analysis of 12,424 mothers, it was noted that marijuana use was associated with low birth weight, short gestation, and major malformations- in fact, the risk of malformations increase in the baby by 36% (Maranatha, 6). In a survey by 4,000 women by Professor Michael Bracken of Yale University, it revealed that if a woman smoked marijuana even as occasionally as three times per month, she doubles or triples the risk of her baby being born early, with low birth weight, or with foetal growth retardation (Maranatha, 6). Three studies also have shown an increased risk of non-lymphoblastic leukaemia, rhabdomyosarcoma, and astrocytoma in children whose mother reported using cannabis during their pregnancies (Maranatha, 6).

Children born to mothers who smoked marijuana during pregnancy also exhibit greater difficulties in school. For example, during infancy and preschool years, marijuana-exposed children show more behavioural problems and poorer performances on visual perception, language comprehension, sustained attention, and memory task than non-exposed children (NIDA "Marijuana", 7). In school, these children are more likely to exhibit deficits in memory, attentiveness, and decision-making (NIDA "Marijuana", 7).

Fathers who use cannabis also affect the health of the unborn child. For instance, a California study interviewing the parents of 239 infants who died of cot death and 239 healthy infants, found that the risk of cot death doubled when fathers used cannabis (Maranatha, 7). Cannabis has also been shown to reduce sperm in males, probably decreasing fertility (Royal College, *Drugs Dilemmas and Choices*, 9).

Mental Influence

Studies have revealed that cannabis may impact the mental well being of its users. Depression, anxiety, and personality disturbances are all associated with marijuana. The symptoms of schizophrenia are worsened by cannabis (Scottish Executive, 3). Professor S.H. Ashton, Department of Psychiatry in the University of Newcastle explains the potential danger, "Cannabis can aggravate or precipitate schizophrenia in vulnerable individuals and may antagonise the therapeutic effects of anti-psychotic drugs in previously well-controlled schizophrenic patients" (Maranatha, 8). Cannabis may also induce anxiety and panic (Maranatha, 7). It affects memory and concentration, a topic that is discussed on page 13. Furthermore, a national prison survey conducted by the Royal College of Psychiatrists found a correlation between cannabis and a higher risk of psychosis (Royal College, "Prison Survey..." 1).

Indirect

Other than direct medical dangers, cannabis also has indirect consequences by affecting motor tasks, youth, memory and learning, and other drugs.

Effects on Driving

Since cannabis use leads to impairment of psychomotor and cognitive function, it inevitably has an affect on such tasks as driving (NIDA “Marijuana”, 4). It impairs a person’s ability to form memories by affecting the hippocampus. It disrupts coordination and balance by binding to receptors in the basal ganglia and cerebellum, the parts of the brain that regulate balance, posture, coordination of movement, and reaction time. Furthermore, it affects a person’s ability to shift attention from one thing to another (NIDA “Marijuana”, 4)

However, the evidence is not just hypothetical. In America 6-11% of fatal accident victims test positive for THC, a country where marijuana is strictly prohibited as a Schedule 1 drug (NIDA “Marijuana”, 4). A study by National Highway Traffic Safety Administration showed a moderate dose of cannabis impaired driving performance, but the combination of alcohol and marijuana were markedly greater than either drug alone (National Highway Traffic Safety Administration, 398)

This impairment of motor function extends beyond just driving. It affects other motor tasks such as flying, skiing, swimming, etc. Evidence has shown that it causes impairment of aircraft piloting skills (Maranatha, 11)

Under current legislation, if a person is found driving under the influence of cannabis, like other illegal drugs, they can face prison sentences, heavy fines, and disqualification from driving (Scottish Executive, 2).

Youth and Cannabis

According to a report entitled “Young People’s Drug taking in Manchester” published by Lifeline, children in Manchester as young as six are smoking cannabis (Maranatha, 15). Great Britain has the highest rate of marijuana use among young people (Schlosser, 70). In fact, Drug Misuse Statistics reveal that in 2001/2, 51% of individuals under 20 years report using cannabis. This number has grown by almost 10% in four years (Information and Statistics Division, 147). 58% of pupils by age 15 report that they have been offered cannabis, making it by far the most offered drug. 31% of pupils 15 years-old reported using cannabis in 2002. In general, drug use seems to be a problem of the youth with numbers decreasing as age increases (Sleator and Allen, 61).

Children and young people using cannabis is a problem that extends beyond health concerns. Youth is a chaotic time for children to find their interests, find themselves, and what they want to do with their lives. Cannabis has been shown to cause amotivational syndrome as well as disruption with memory and learning, a topic that is addressed in the next section. Studies have shown that early adolescent cannabis users have an increased the risk of not graduating high school, perceived drugs as not harmful, exhibited problems with alcohol and cigarettes, and were involved in other deviant crimes such as assault (Brook, Balka, and Whiteman, 1549).

Compounding the blurring affects of marijuana with the uncertainty of adolescence could have detrimental consequences for the rest of the youth's life.

Memory and Learning

Cannabis affects memory and learning, thereby decreasing students' abilities to excel in school. Cannabis use is associated with amotivational syndrome. In a University of Michigan survey, approximately 40% of the surveyed adolescents who were asked about the consequences of marijuana indicated a loss of energy, and a significant number indicated a lost interest in activities (American Academy of Pediatrics). Cross-sectional studies reveal that cannabis users have lower grade point averages, increased school absences, and a general poorer performance in school (Lynskey and Hall, 1621).

Cannabis and other Drugs

Although cannabis alone can cause negative effects, it may also lead to damaging consequences associated with other drugs. Cannabis itself can be laced with other drugs, compounding the dangerous effects than with either alone. Marijuana is frequently combined with other drugs such as crack cocaine, sometimes without the user being aware of it. The risks associated with marijuana may be compounded with the risks of added drugs. A number of theories further contend that cannabis use leads to experimentation with other drugs. Two such theories are the Gateway Hypothesis and the Stepping-Stone Theory.

The Gateway Hypothesis, the basis of many policies such as the Dutch's drug policy, states that cannabis is usually the first illicit drug experimented with, and usually opens the gate for users to escalate to harder drugs. For example, adolescents who use marijuana are 104 times as likely to use cocaine compared with their peers who haven't (Maranatha, 12). It is hypothesized that this is for two main reasons:

1. "Risk Assessment": Users find that the effects of cannabis are not as significant as been attributed, so they assume that all drugs exhibit a lessened effect, and are thus more likely to experiment.
2. Social Circles: Users who try cannabis come into contact with the criminal social network that has easy access to other harmful drugs (United Kingdom Parliament, Annex B).

Longitudinal studies reveal the existence of this gateway phenomenon. Differentiating between hard and soft drugs through decriminalization could alleviate this progression.

A similar theory, the Stepping-Stone theory, states that the physiological effect of the chemicals unleashed by cannabis causes the brain to desire new chemicals, leading to experimentation of other drugs. However, the House of Commons found that this theory has very little evidence and should be rejected (United Kingdom Parliament, 1).

Legislation¹

Recently, cannabis has been decriminalized. Under the *Misuse of Drugs Act 1971*, drugs were classified as either class A, B, or C depending on the degree of harm. Class A offences are the highest penalty resulting in a maximum of seven years and/or unlimited fine for possession. An offender may also receive life and/or unlimited fine for production or trafficking. Class B has slightly lower penalties with a maximum of five years and/or unlimited fine for possession, and fourteen years and/or unlimited fine for production and trafficking. Class C, the lowest of the three, has a maximum of 2 years imprisonment for possession, and a recently increased fourteen-year maximum for trafficking (UK Online, Tackling Drugs, 1).

Up until 29 January 2004, cannabis oil (liquid cannabis or hashish oil) was classified as a class A drug. Cannabis oil contains 60% THC (Sleator and Allen, 24). Cannabis and cannabis resin were classified as class B drugs meaning that they were illegal to grow, produce, possess or supply cannabis to another person, and it was illegal to allow a premise to be used for dealings with cannabis.

Other Relevant Legislation

1. Customs and Excise Management Act 1979: prohibits unauthorized import or export of controlled drugs
2. Criminal Justice (International Co-operation) Act 1990
3. The Drug Trafficking Act 1994: enables the UK to meet obligations under the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1998. It places the burden of proof on the defendant to show that the assets were lawfully acquired and applies to the civil standard of proof on the balance of probabilities (Sleator and Allen, 12).

Legislation as of 29 January 2004 has decriminalized cannabis including cannabis oil and resin to become a class C drug meaning that it remains a criminal offence to possess cannabis for personal use, supply to another, or possess with the intention of supplying to another. It is illegal for the occupier or any person involved in the management of property to allow production of cannabis, smoking of cannabis, or using the premise for supplying (Scottish Executive, 2). Anyone attempting to establish Cannabis cafes such as seen in the Netherlands risk imprisonment, fines, or both. Users face incarceration, fines, or warnings.

Please note: Although matters pertaining to drugs and medicine are reserved for the UK Parliament, implementation may differ in Scottish Courts.

Medical Use of Cannabis

Medical use of cannabis has been a topic widely debated, probably since the research assessing its value is very inconclusive. The authors of the House of Lords Science and Technology Committee report on cannabis acknowledges the insufficiency of knowledge in the medical capabilities of cannabis, but they advocate that cannabis should be allowed legally for medicinal purposes (3). A press release reveals that, “cannabis can be effective in some patients to relieve the symptoms of

¹ For medical legislation, please refer to page 13.

MS, and against certain forms of pain. The Lords say this evidence is enough to justify a change in the law” (quoted from House of Lords Press Notice in Sleator and Allen, 35). The British Medical Association, on the other hand, opposed altering cannabis’ status from Schedule 1 to Schedule 2 instead allowing only certain cannabinoids to be rescheduled (Sleator and Allen, 35). Future research may reveal a need for a change in legislation, but currently it remains a schedule 1 drug. Clinical trials have been granted to GW Pharmaceuticals Ltd to grow cannabis with the goal of developing medically viable cannabis (Sleator and Allen, 37).

Past legislation has hindered the medical use of marijuana. The *Misuse of Drugs Regulations 1985* classifies drugs into 5 schedules with schedule 1 meaning that the drugs are not available for normal medical uses, and cannot be prescribed by doctors without licenses. Schedule 1 drugs can only be supplied for research and other special purposes. Cannabis was classified schedule 1 drug with no therapeutic indications (House of Commons, 1). However, David Blunkett has revealed that if the current research demonstrates benefits of cannabis for pain alleviate, he will consider amending these regulations.

Police and Costs

With the vast majority of drug related crimes dealing with cannabis, cannabis has become a drain on the public purse. In 1998, 97,249 persons were prosecuted for a cannabis-related crime in the UK compared to 26,111 just ten years ago, and this number is only increasing.

Let’s take a look at the year 1997/8. In 1997/8, the Comprehensive Spending Review estimated that the total cost of drug related spending across the UK was £1.4 billion, and from this number it was estimated that £790 million is spent on cannabis annually (please note: this number is an estimate of cost prior to decriminalization). This involves courts, time, imprisonment, police monitoring, probation, international supply activities such as customs, etc (Sleator and Allen, 66). Clearly, the cost of policing is enormous. With decriminalization, the costs of courts, prisons, and police resources related to these matters should decrease. The Police Foundation themselves regarded imprisonment for cannabis as ineffective and expensive (The Police Foundation, 4). Instead, their inquiry reveals that they agreed with decriminalization of cannabis, with an increased penalty associated with drug trafficking. Even before decriminalization, a study revealed that 2/3 officers said they would not prosecute a person possessing four cannabis plants, while they would prosecute for other drugs (Sleator and Allen, 45). Thus, officers were distinguishing between cannabis and harder drugs without legislation allowing for this.

If cannabis was legalized, it is very difficult to estimate the total monetary loss or gain expected. An increase in revenue through taxes on cannabis is possible, but this would also be accompanied by losses in costs of treatment and rehabilitation. Ironically, enforcing legalization of cannabis could also pose policy problems such as smoking and driving laws. The elimination of cannabis toxin from the body is slow, because it dissolves in fatty acids, and is only gradually released (Royal College, *Drugs Dilemmas and Choices*, 8). Since it is eliminated slowly from the body, how would the police regulate whether a person is able to drive? It can take a heavy

smoker four days for marijuana traces to be removed from the system, while it can take just hours for first time users. How could one justly legislate for this?

International Experience

Internationally, the classification of cannabis is also changing. The world tends to be leaning towards more lenient legislation towards cannabis. Here are just a few countries that have made recent changes: the upper house of the Swiss Parliament voted to legalize in Dec. 2001. In Belgium, possession of marijuana for personal use was decriminalized in 2001. Spain and Italy further decriminalized possession in the 1990's. In Canada, use of marijuana as a medicine was legalized in the summer of 2001. Germany has made changes in the narcotic drug law in 1998 to allow a cannabis derivative to be used for medicinal purposes. Portugal decriminalized possession of all drugs in 2001 (Schlosser, 69).

For our purposes, we will take a look at two countries in detail, the United States and the Netherlands, to compare the divergent approaches taken by these countries. Please note that the Dutch's method of decriminalisation, which allows tolerance of coffee shops, conflicts with international obligations as specified by the United Nations: "...there are significant contradictions between the coffee shop policy in the Netherlands and international agreements" (Sleator and Allen, 20).

United States

In the United States, cannabis is used more frequently than all other illegal drugs combined. The first American Law in 1619 required all households to grow cannabis. However as the dangers associated with cannabis became more well-known, local ordinances passed banning the sale of cannabis beginning in El Paso, Texas 1914. By 1931, 29 states had outlawed cannabis. In 1937, Congress passed the Marijuana Tax Act, criminalizing the possession of cannabis throughout the United States. In 1951, the Boggs Act was passed at the height of the McCarthy Era due to an increase in the use among the young, and lenient judges were thought mainly to blame. By 1962, most states had passed legislation tougher than those deemed by federal law (Scholsser, 19-26). In 1970, the Compromise Drug Abuse Prevention and Control Act differentiated cannabis from other narcotics and reduced federal penalties for the possession of small amounts. The 1980's under Regan brought stringent drug legislation such as the Anti-Drug Abuse Act of 1986 and the "3 Strikes you're out" for repeat drug offenders. Cannabis is currently classified as a schedule 1 drug meaning:

1. It has a potential for abuse
2. Not officially accepted for any medical use
3. No safe level of use under medicinal supervision (Scholsser, 25-26)

Punishments for drug offenders vary greatly from state to state with some states fining, while others incarcerating for decades for the same amount of weed. The United States has generally had stringent cannabis policies, yet it has not produced the anticipated results. While use has not decreased, the cost of the War on Drugs has evolved into a major problem. The United States spends \$24 billion annually on prisoners for non-violent drug-related crimes, and has the highest percentage of its population in prison than any other nation (Sleator and Allen, 55). This overcrowding

has forced the United States to reassess its criminal justice system with a greater need for alternatives to incarceration such as home sentences, parole, and treatment. Prisons, which are extremely expensive, have become overcrowded, and the underground marijuana drug market has become incredibly lucrative. Many US police officers have revealed their remorse at the way the system currently handles cannabis offences.

Experience in the United States suggests that stringent federal criminalization of cannabis has not proven to be adequate in decreasing cannabis use. Instead, it has created a number of problems including a drain on public resources to finance prisons for drug offenders and a dissatisfied public over unreasonable laws. The United States' approach does not differentiate between hard and soft drugs, which could also lead to problems of harder drug use as set forth in the Gateway Hypothesis.

Netherlands

The Netherlands have decriminalized marijuana since 1976 tolerating government regulated coffee shops to sell small quantities without fear of prosecution (Zimmer and Morgan, 49). Under the Dutch Opium Act, growing and trading cannabis is a punishable offence as well as selling over 5 grams of cannabis. Moreover, Holland has imposed a minimum purchase age of 18. The justification behind this drug policy is based on the gateway hypothesis or stepping stone theory that suggests that a cannabis user progresses to harder drugs. By differentiating between the two types of drugs, the government hoped to stop this progression ("Cannabis Policy in the Netherlands", 4). Other positive aspects of this policy are that it regulates the cannabis in both content and amount making it safer for the public's use.

Although such a policy has brought mixed reviews, as a result of the policy, the use of the drug nearly tripled from 15% to 44% between 1984 to 1996 (Raabe and Stalley, 1). The UN office for Drug Control and Crime Prevention further states, "Cannabis cultivation in the Netherlands is among the largest in Europe" (Raabe and Stalley, 1).

Cannabis tolerance has not decreased hard drug use either. An estimated 80% of heroin seized in the UK and France has passed through Holland since it is considered a haven for criminals. The United Nations Office for Drug Control and Crime Prevention concluded, "...the liberal attitude towards cannabis went parallel with relatively high levels of cannabis consumption...Abuse of almost all other drugs was increasing strongly...." (cited from Raabe and Stalley, 3)

Many hurdles associated with this drug policy have emerged including regulation in the amount of cannabis that a coffee shop possesses. Authorities are now facing problems with the actual quantities that enter are well above the accepted level (Sybling and Persoon, 4). Coffee shops also normalize cannabis into society, and may influence an individual who may have not smoked before to try cannabis. This drug policy furthermore neglects to address the enormous medical problems associated with cannabis. Although the justification follows that legalizing cannabis may deter some from using harder drugs, two significant problems emerge with this argument. First of all, deterrence has not proven true. Hard drugs such as ecstasy are

becoming more popular. Secondly, tolerance makes it easier to use a dangerous substance, cannabis. Dr. Colin, St. George's Hospital Medical School, London explains, "Countries that have taken steps to decriminalize drugs such as Holland and Switzerland, have found rising prevalence and problems without achieving the benefits claimed by the programme makers, and the governments are considering a reversal of policy" (Maranatha, 13). Further problems have emerged with the Netherlands becoming a popular place for "drug tourists", increasing the problems police must combat. Thus, the more liberal attitude has not reaped benefits either.

Legislative Possibilities: Legalization, Stringent Legislation, or the Status Quo?

After assessing the medical and social affects as well as past international experiences, I now intend to examine the possible policies and consequences associated with such legislation. Should the Scottish Nationalist Party support the recent change of cannabis decriminalisation to a class C drug? Is this the optimal legislative pathway of combating drug use? Would legalization, tolerance, or stringent legislation provide a more adequate response? For our purposes, I will be distinguishing between the Netherlands' cannabis tolerant approach and decriminalization. Although cannabis is not legal in the Netherlands, it is tolerant in small quantities. Current decriminalisation in the UK to class C includes non-tolerance for cannabis in any amount.

Legalization:

Legalization in its most liberal form can be defined as when all points of the supply and consumption process are legal. Rarely, does this exist without any restrictions such as prohibition for minors. Paul Flynn introduced a bill on 13 April 2000 that proposed the allowances of cannabis and cannabis resin on particular licensed properties. At second reading, it was objected to and rescheduled for 21 July 2000. That same day, Mr. Flynn submitted an Early Day Motion for recreational cannabis use for an experimental period. It received 21 signatures on the same day indicating the substantial support for this policy (Sleator and Allen, 36). Proponents argue that cannabis should be legalized and use the following as justifications:

1. Its minor health effects in comparison to other drugs
2. Legalization would allow separation between cannabis and more harmful drugs as well as between civil and criminal societies.
3. Decrease tension between police and the citizens
4. Regulation of the drug, so that it is not mixed with more detrimental substances such as cocaine. Regulation would also prevent supplies reaching the young.
5. Decrease in costs of enforcement, the criminal justice system, and imprisonment with a gain from taxes
6. Direct enforcement on harder drugs, prevention, and treatment
7. Removal of drug market from criminal hands and transfer power to government (Sleator and Allen, 41)
8. Decrease in organized crime to fund drug habit

I intend to analyse these justifications one by one, and compare consequences that decriminalisation would have on these.

1. *Minor health effects compared to other drugs/not physically addictive:*

Proponents of legalization argue that cannabis has few minor health effects. Although cannabis has few acute dangers, there is potential for detrimental long-term effects such as cancer, heart problems, mental illnesses, lung problems, etc. Legalization would make it seem less harmful than it actually is.

Many pro-legalization activists contend that cannabis is not addictive making it less dangerous than other drugs. Although there is some validity in cannabis not possessing physically dependent chemicals, this argument fails to address the consequences of psychological and mental addiction. "...Every year more than 100,000 people, most of them adolescents, seek treatment for their inability to control their marijuana use. They suffer from compulsive, uncontrollable marijuana craving, seeking and use" (Maranatha, 9). The Royal College of Psychiatrists further support, "Cannabis smokers who blissfully think they can quit any time with little or no withdrawal symptoms should think again (Royal College, "Cannabis..." 1)." National Drug and Alcohol Research Centre in Sydney found that 92% of 220 long-term cannabis users depend on it and 40% were severely dependent (Maranatha, 9). Clearly, cannabis does have a mentally addictive effect on its users.

Since cannabis has few acute dangers, decriminalization would account for these comparatively acute dangers, while maintaining punishments for use.

2. *Differentiation between soft and hard drugs, and between criminal and civil society:*

The gateway hypothesis contends that cannabis is typically the first drug used in the progression to more dangerous drugs. Proponents argue that legalizing cannabis would decrease the use of harder drugs. They contend that cannabis users may not be in contact with the criminal society needed to obtain harder drugs if they were legalized.

Although longitudinal studies have shown possibilities of the gateway hypothesis, evidence from the Netherlands suggests otherwise with an increase in harder drug use since the government's tolerance approach to cannabis was implemented.

Decriminalisation would also distinguish cannabis from harder drugs. Differentiated classification between cannabis and more harmful drugs could decrease the use of harder drugs by legally defining harder drugs lead to more negative effects. However, it would not separate cannabis users from criminal society.

3. *Reduction in tension between the police and the citizens*

Pro-legalization activists reason that tension would be mitigated if cannabis were legalized. Since much of the population breaks the law by smoking cannabis, if this law were repealed then tension would be eased. People may not feel as violated by unfair incarceration as reflected by the numerous websites, books, and movies dedicated to legalization. These cite unfair and unreasonable cases creating hostility towards the police.

Although tension may be reduced in terms of “unfair incarceration”, other problems could proliferate such as tension created by smoking and driving from premises that allow cannabis, problems with cannabis delivery services such as what has propagated in the Netherlands, public disorder, etc. If cannabis is easier to obtain, there has also been evidence that it triggers violent behaviour, and other types of problems that would increase tension between the community and the police. More specifically, in terms of smoking and driving, cannabis remains in the body for hours, possibly days after smoking, making it difficult to regulate and test.

Decriminalisation would also ease some of this “tension” by decreasing the punishments associated with cannabis, without creating the regulating problems of legalization among other benefits.

4. Regulation of the drug, so that it is not mixed with more detrimental substances such as cocaine. It would also prevent supplies reaching the young.

Proponents argue that legalization would allow for regulation of the drug. Police could regulate that the cannabis consumed is cannabis without other substances such as ecstasy laced within the drug. Although this does have some validity, the problem with cannabis is cannabis in the pure form can have many negative consequences.

In terms of the youth, legalizing the drug would make it easier and cheaper to obtain. Therefore, legalization would either maintain or increase the number of young people using cannabis, which counters the goal of minimizing drug use.

Decriminalisation sustains cannabis as an expensive drug, and thus more difficult to obtain. It makes it more difficult for the young to use it frequently simply by expense alone. However, it does not help with regulation of cannabis mixed with more detrimental substances.

5. Decrease in costs of enforcement, the criminal justice system, and imprisonment with a gain from taxes.

Legalizing marijuana would have significant changes in the cost considering the staggering amount of money spent on policing cannabis. The overall gain/loss of legalization is very difficult to predict. There is a potential increase in revenue from the taxing of such products, yet there could also be a drain with loss of money from fines. With an increased use of cannabis, there is a potential for more public spending on clinics to help cannabis addicts.

Decriminalisation, however, also decreases the amount of money spent on incarceration, while gaining revenue from such enforcement as fines. With such a policy, there would be no taxing profits, but the public health and well-being is a greater concern.

6. Increased enforcement on harder drugs, prevention, and treatment

Proponents state that legalization would allow police to focus their time on

more important matters rather than wasting their time in court for simple possession cases. However evidence from the Netherlands, where cannabis is tolerated in state-regulated coffee shops, prove that this is not working. Harder drug use in the Netherlands has increased since these coffee shops opened, and currently the government is decreasing the number of shops allowed. Police resources used to regulate coffee shops, personal consumption, and drug trafficking remains an enormous problem. Police face further problems with drug tourists and disorder.

Decriminalisation, like legalization, would decrease police resources in the courtroom, while also allowing them more discretion on how to prosecute for cannabis use. With less resources spent on cannabis, police will be able to focus on enforcement of harder drugs. Police, as revealed by the Police Inquiry Foundation, believe that decriminalisation is the most effective policy.

7. Removal of drug market from criminal hands and transfer power to government (Sleator and Allen, 41)

The cannabis market is an incredibly lucrative market. Proponents argue that if the market was transferred to the government, revenue could be gained through taxes on such products. Removal of the drug market from the underground would also decrease the power of criminals. However, this argument neglects to address that the removal of cannabis from the underground could potentially increase the market for harder drugs, which is what has occurred in the Netherlands.

What is more likely is an increased legalized market in cannabis, and increase in harder drug market for the underground market. It is similar to the market created when pornography in the United States was legalized. These capitalists did not just stop organized crime; instead they increased production of pornography pushing the limits of the government. When pornography became “legalized”, Rueben Sturman, the messiah of the pornography industry, began creating peep shows and other ideas that would sell on the market. Like pornography, legalization would most likely proliferate the cannabis market making such services as cannabis delivery as exemplified in the Netherlands.

Another potential of legalization is an increased market in other illegal activities. Criminal capitalists are inspired by gains: if the money in cannabis decreases, they are more likely to focus on another type of lucrative illegal activity.

Decriminalization would retain the separation of the criminal and government markets.

8. Decrease in organized crime to fund drug habit

Cannabis is a very expensive drug. To finance the drug habit, users may engage in organized crime. However, it is absurd to argue that legalizing a drug would decrease organized crime. Instead, it would transfer the aims of the criminal organization to another type of illegal behaviour such as harder drugs or even marketing within that sector as discussed in number 7.

Decriminalisation or any type of policy would probably not decrease organized crime.

Other Potential Problems with Legalization

1. *Legalization would most likely result in an increase in the number of cannabis users.*

Although some argue that legalization will not necessarily result in an increase in users, the numbers show that it is almost inevitable that users will increase: approximately 10 to 11 million people smoked tobacco, 42 million consumed alcohol, while 1.25 million smoked cannabis in one month (Sleator and Allen, 45). Who knows how many people consumed caffeine? Clearly, people use legal substances more than illegal substances for four main reasons. They are cheaper, easier to obtain, socially acceptable, and users do not face punishment. For example, a study published by the New South Wales Bureau of Crime Statistics and Research shows that 91% of those who currently use cannabis weekly said that they would use it more if it were legalized (Maranatha, 13).

2. *“Legalising soft drugs...would allow them to assume a ‘normal’ image and create the likelihood that growth patterns will follow the example of legal drugs such as alcohol and tobacco” (Maranatha, 14).*

Legalizing a drug is a tacit acceptance that using that substance is allowed by society such as drinking alcohol or caffeine. Citizens assume that it is not as detrimental to health if the government allows it. In the United States, when alcohol was prohibited, its use decreased considerably. After legalization, however, people began using it more. A University of Michigan study further revealed that marijuana use increased among 18 year olds when they perceived the risk of being caught had decreased. Greater ease of obtaining it led to an increase of 150% among 13 year olds (Maranatha, 17).

3. *Amotivational syndrome*

Youth is a time when young adults encounter much confusion attempting to achieve freedom while coming to grips with who they are as people. It is a time when many learn what they want to do, and where their interests lie.

Compounding cannabis use amidst this vulnerable time can have significant adverse effects on young people. Studies have revealed that young people exhibit less interest in activities, such as a University of Michigan survey where 40% of the adolescents reported a lost interest in activities (American Academy of Pediatrics). Legalizing cannabis could become hazardous by increasing this syndrome, preventing young adults from reaching their potential.

4. *Combining drugs*

Another problem that cannot be ignored is the negative consequences associated with combining cannabis and other drugs. For example, if a person were to smoke cannabis and drink, studies have shown that the combined effects of these two substances could be fatal. A moderate dose of cannabis alone was shown to impair driving performance, but the effects of even a low dose of cannabis combined with alcohol were markedly greater than for either drug alone with effects on reaction time,

visual search frequency, and the ability to perceive/respond to changes in the velocity of other vehicles (National Highway Traffic Safety Notes, 398). If both drugs were legal, the numbers of traffic related accidents could escalate putting everyone in our society at risk.

5. Increased Dangers associated with mental sicknesses such as schizophrenia

As discussed under mental dangers, cannabis can cause feelings of anxiety, panic, and personality disturbances. Symptoms of schizophrenia can become aggravated by cannabis, and it can counteract therapeutic effects of anti-psychotic drugs. If cannabis is legalized, people suffering from such disorders may be more likely to use it. This could be very dangerous for them and everyone around them.

Legalization could create an enormous amount of problems with few benefits aside from possible monetary savings, which is hypothetical at best, and separating the criminal society from civil society, a theoretical advantage that has not been experienced in practice.

Stringent Legislation

Stringent legislation such as reclassifying cannabis as a class A drug is another option. Proponents of stringent legislation contend that draconian legislation sends the message to society that drugs are dangerous, use will not be tolerated, and if you do use drugs, you will be punished. They believe if a cannabis use is viewed to be taboo, and strictly enforced, then people will be less likely to use it due to fear of punishment and societal condemnation. Supporters argue that severe legislation will make cannabis more difficult and expensive to obtain, so people again will be less likely to use it. Furthermore, they contend that if drug use is blocked at the level of cannabis, then users will be less likely to escalate to harder drugs as described in the Gateway Hypothesis.

Regan attempted this strategy in the 1980's in the United States, and it proven to be a failure. With policies such as "three strikes you're out", the country continues to feel the financial drain of the War on Drugs, without experiencing the benefits purposed by supporters. Classified as a schedule 1 drug, the highest level of drug classification in the United States, the country now faces an extremely high level of cannabis use, a high recidivism rate, and an unsatisfied public. State legislatures have been responding to the ineffective federal policies by creating new policies such as rehabilitative measures and decriminalisation.

Other problems that emerge with such a policy are:

1. tension between police and society
2. gateway hypothesis: users may escalate to harder drugs if there is no differentiation between hard and soft drugs
3. draining of police resources/ public money
4. ineffectiveness in combating cannabis use
5. disregard for legislation on harder drugs (if users deem cannabis law unfair based on danger, they might assume other laws on harder drugs are wrongly classified also)

Our Position: Decriminalization

Currently, the UK has decriminalized cannabis to a class C drug maintaining its illegality, while also decreasing the penalties associated with the drug. It is clear that cannabis poses a threat to our society because of its popularity and harmful effects. Legalization would only add salt to a problem that has wounded our society sending the message to our youth that cannabis is not a dangerous drug, which may lead to even more dangerous abuse such as ecstasy use reflected in the Netherlands. Although legalization is a dangerous path, draconian legislation also poses significant hurdles exemplified by the United States, a country that is responding to its ineffective policies. Decriminalisation will legally differentiate between hard and soft drugs, yet it will also reiterate the message that cannabis is a dangerous substance and use will not be tolerated in any way. It will decrease police resources spent in the courtroom, allow lengthy prison terms (public money) to be spent in more useful ways, while also maintaining illegality, the societal taboo, and a punishment for use. Reclassification to a class C drug is an appropriate measure; it is a just law.

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