

Response to the CSJ Report - 'Cannabis: The Case Against Legalisation'

Scarlett Furlong | Policy Advisor at Volteface

Dr Will Lawn | Post-Doctoral Research Associate at University College London

February 2019

Introduction

The general public are now almost twice as likely to support the legalisation of cannabis in the UK than they are to oppose it¹. An October 2018 poll by Populus showed that public opinion has shifted significantly since May 2018², with those in support of the legalisation of cannabis increasing from 43% to 59%. This can be attributed to the legalisation of medical cannabis, growing awareness of the harms of the illicit cannabis market, and global shifts in cannabis policy.

At the end of last year, the Centre for Social Justice (CSJ) published its report '*Cannabis: The Case Against Legalisation*', a systematic take-down of why the UK should not follow the path of legalisation. Even amidst the political chaos surrounding Brexit, the debate around the legalisation of cannabis has entered the mainstream and, whilst there may be fundamental flaws within the CSJ's report, its entry into this debate is welcomed.

What this response seeks to do is to provide a brief examination of the credibility of the CSJ's claims and provide a robust alternative.

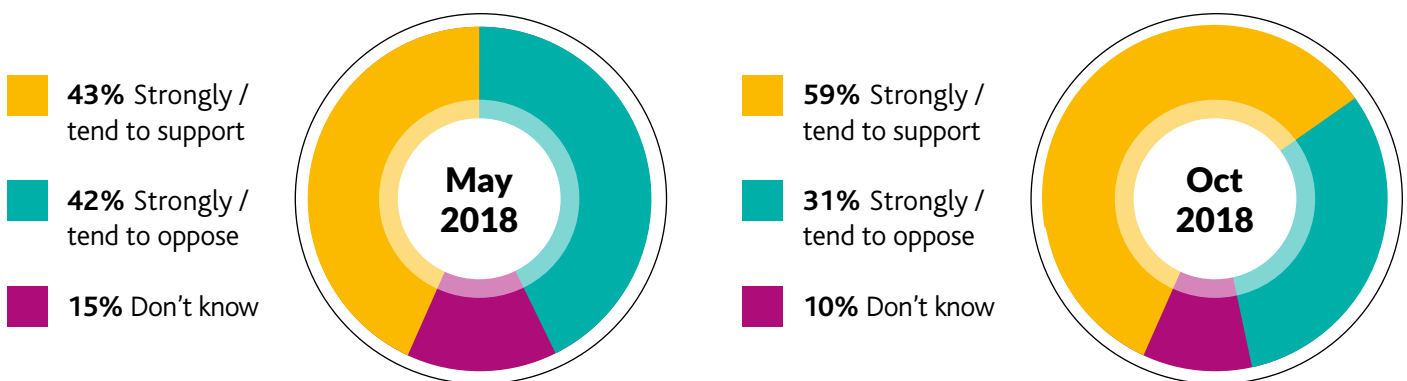


Figure 1 "Generally speaking, to what extent do you support or oppose the legalisation of cannabis in the UK?"

Public Health

One of the CSJ's leading arguments against the legalisation of cannabis is that it would have a detrimental impact on public health. It claims that harm would increase in the following ways:

- A significant increase in first-time users, and therefore an increase in problematic use and addiction, with particular reference to young people under 25. The CSJ predicted that "1,068,000 people aged 18-24 who had never tried cannabis would for the first time as a direct result of its legalisation" (p. 28).
- Lower potency products would become more available. Subsequently, new users would enjoy the product more and develop a tolerance. This would lead them to use more heavily and move onto higher potency products.
- Under-18s and users who would want to access higher THC products may continue to access cannabis through illicit means.

- Whilst the CSJ acknowledged that there is no established causal link between cannabis and mental health, it stated that “there is good reason for concern, within the context of strong correlational evidence, that there is a relationship between cannabis use and harm” (p. 17).

Whilst these concerns do hold some weight and are often made by those who have reservations against the legalisation of cannabis, the methods used by the CSJ to draw some of these conclusions are questionable and some of its claims are misleading.

Methodological Criticisms

New users and new people with cannabis dependence

The CSJ commissioned a poll of 1,646 people through YouGov, but little information about the poll was provided in the report. For example, it did not provide the age ranges of people that responded. As the data was not published online, Volteface directly requested the survey results from YouGov. These tables revealed that the CSJ’s sample size was very small and its prediction that cannabis “legalisation would mean more than a million new users under 25” (p. 2) may well be misleading.

The CSJ cited that “most notably, of those aged 18-24, the proportion that said they would definitely or probably would try cannabis if it was legalised was 26 per cent” (p. 28). Using Office for National Statistics figures of how many people fall into this age bracket in the UK, the CSJ then stated that “this equates to over 1,068,000 people aged 18-24 who had never tried cannabis but would for the first time as a direct result of its legalisation” (p. 28). This extrapolation is based on a relatively small number of respondents. 184 respondents in the survey were aged 18-24 and 118 (64%) of these respondents stated that they had not used cannabis. Of the 118 respondents aged 18-24 who had not tried cannabis, 26% stated that they would definitely or probably try cannabis if it was legalised, which equates to 31 respondents. This shows that the CSJ based its leading figures and policy recommendations on responses from only 31 young people. Put simply, 26% is unlikely to be the correct percentage of 18-24 year olds (who haven’t tried cannabis) who would try cannabis for the first time. The CSJ’s estimate will have a large margin of error and any further extrapolations, for example, calculating the percentage of people who would then go on to be addicted³, are statistically unwise.

Only 3% of 18-24 year olds who had never tried cannabis said they ‘would definitely try it’ if it was legalised, compared to 23% who stated that they ‘would probably try it’. It should also be noted that nearly half (49%) of 18-24 year olds said that they ‘would definitely not try it’ if legalised, which rises

to 63% when looking at responses from all age groups. It is misleading to base firm conclusions on hypothetical intentions as what people say is not necessarily what they do, particularly when talking about future situations.

The CSJ then used a figure from the World Health Organisation (WHO), which estimates that 9% of those who have used cannabis develop a dependence. This statistic was obtained by the WHO from an American study in the 1990s. When the CSJ report was released, newspapers drew on the CSJ’s claim that there would be over one million new users aged 16-24 if cannabis was legalised.

We argue that it is better to use current data from the UK. For example, in the 2017-2018 Crime Survey for England and Wales, 23% of 16-24 year olds who have tried cannabis said they go on to become monthly users, and 25% of people who have used in the last month said they are daily (or near daily users)⁴. This means that approximately 6% of people who try cannabis end up as daily (or near daily) user. Assuming daily (or near daily) use is a good proxy of dependence, this percentage is smaller than the oft-quoted figure of 9%.

It is also worthwhile noting that addiction (including cannabis addiction) is not a lifelong disease and that people mostly recover. Large representative surveys from the US (including roughly 50,000 people) show that, over time, most people recover from drug addiction. Over a lifetime, 97% of people with cannabis dependence will recover and no longer have a problem⁵. In fact, of a group of 100 people with cannabis dependence, 50% of them will have recovered within six years⁶.

The CSJ report’s qualitative research can also be called into question. It stated that ‘in an effort to better understand this issue, the CSJ has interviewed cannabis addicts across the UK’, however, it did not disclose how many people it spoke to and only quoted one cannabis user in the entire report.



If the methodology was reliable, would the CSJ still have a case?

Legalisation will lead to an increase in cannabis use

The CSJ has claimed that harm will greatly increase if cannabis is legalised as the number of people using cannabis will rise. It may be the case that cannabis use does increase following legalisation, however, the CSJ does not acknowledge that, if cannabis was to be legalised, the Government would have access to a range of regulatory tools that could be used to control and regulate cannabis consumption. For example, the UK has successfully curbed tobacco consumption by introducing policies, such as plain packaging, the tobacco display ban and wider education on the health effects of tobacco⁷. Under the UK's current approach, cannabis consumption rates are left to chance and illegal distribution.

The CSJ stated that, as there has been a steady reduction of reported cannabis use in the UK for nearly 20 years, the law (the 1971 Misuse of Drugs Act) has had a moderating effect on cannabis consumption. However, in recent years there has been an upturn in cannabis use⁸ and cannabis treatment presentations⁹, and currently there is very little the Government can do to curb this.

Potency

Importantly, the CSJ did recognise that the cannabis available on the illicit market today is of a high potency variety and that many would, in fact, benefit from increased consumer access to lower potency cannabis in a regulated market.

Across Europe, cannabis (both cannabis and hash) have increased in potency from 2006 to 2016¹⁰. In the UK, sinsemilla (the strong form of herbal cannabis, sometimes referred to as 'skunk') now dominates the market, increasing from 51% of the market share in 2005 to 94% in 2017¹¹. Use of stronger cannabis is associated with an increased risk of addiction¹², seeking drug treatment¹³ and psychosis¹⁴. Legalising cannabis would: (1) increase availability of lower strength cannabis and (2) put a cap on THC level (e.g. 15%). Having said that, it is important to consider that users 'titrate' the amount they put into a joint¹⁵ and the amount they puff on a joint¹⁶ based on the strength of the cannabis. People rarely drink pints of vodka; similarly, people rarely smoke joints with 400mg of 20% THC-strength skunk.

However, the CSJ report went on to suggest that this increased availability and access to lower potency products would actually increase the rate of frequent consumption. It used a statement from the World Health Organisation (WHO)¹⁷ to substantiate this argument as the WHO "identifies positive initial experiences with cannabis as prevalent amongst now frequent users" (p. 35).

The CSJ report also claimed that an increase in the availability of low-potency cannabis would necessarily lead new users to enjoy the product more and then go on to use higher potency products (p.35). It argued that this would subsequently lead to more people being addicted to cannabis. This complex claim is entirely speculative and requires significant research to test it, which does not currently exist.

'Cannabis 2.0'

The CSJ report failed to acknowledge that legal cannabis industries are adapting to our increasingly health conscious society. Often referred to as 'Cannabis 2.0', the 'new wave' of cannabis is being promoted as cleaner, healthier and more responsible. Keen to shift perceptions away from cannabis only being smoked as a 'joint', companies are developing alternative forms of consumption, such as vaping, edibles and cannabis-infused beverages that include little or no alcohol¹⁸.

Would the legalisation of cannabis reduce alcohol use?

There is evidence from the US¹⁹ and Canada²⁰ that people specifically use medical cannabis as a substitute for alcohol and other drugs, to help them in their aim of reducing alcohol and other drug use. A recent systematic review²¹ found that cannabis can act as both a substitute and a complementary drug to alcohol. Of 39 studies, 16 showed that cannabis use substituted alcohol (i.e. an increase in cannabis use was associated with a decrease in alcohol use), 10 showed that cannabis complemented alcohol (i.e. an increase in cannabis use was associated with an increase in alcohol use) and 12 showed no change. The review found that the substitution of cannabis for alcohol may occur where there are more lenient cannabis policies. Another US study²² explored the link between medical cannabis laws and alcohol consumption. They found that counties located in states that had legalised medical cannabis saw monthly alcohol sales reduce by 12.4%.



Cannabis-infused beverages have been poised to dominate the US' legal cannabis market in the years to come, heavily disrupting the alcohol market²³. Many cannabis-infused beers are alcohol-free, low in sugar and gluten-free.

Changes in adolescent use following legal changes in cannabis status

One important aim of legalising cannabis in the UK would be to reduce the number of children using it. This would require successful age verification and policing. The UK has become much better at this in recent years with alcohol, for example. Since the implementation of the 'Challenge 25' policy there has been a consistent decline in alcohol consumption and a change in attitudes towards alcohol use among young people²⁴.

Currently, evidence from the US is mixed about whether legalising cannabis reduces teenage use of cannabis. Some recent data suggests a decline in adolescent use following legal changes in cannabis status. Recent data from the National Survey on Drug Use and Health (NSDUH) shows that the cannabis consumption rate for the 2015-16 school year was the lowest it's been since 2007-08 (9.1%)²⁵. The Healthy Kids Colorado Survey (HKCS) also indicates that the proportion of students trying cannabis before turning 13 decreased from 9.2% in 2015 to 6.5% in 2017. In contrast, adolescents in Washington did use cannabis more following the change in law and also perceived it to be a less harmful substance²⁶. Other studies²⁷ and data²⁸ demonstrates that there has been no change in adolescent cannabis use or harmfulness ratings following legalisation.

The Illicit Cannabis Market

In its executive summary, the CSJ report stated that:

"Legalisation may be detrimental to the illicit cannabis trade. However, the extent to which the illicit market will be affected, the permanence of this depletion in revenue, and the likely reaction of the criminal elements that currently provide this drug are all far from certain. In the US, legalisation States such as Colorado and Oregon, have seen the illicit drugs trade adapt rather than disappear" (p. 4).

The report failed to expand on this point at all and this brief paragraph does not provide any concrete evidence or references.

Nevertheless, its point that an illicit marketplace could diversify and adapt, rather than disappear, is a very relevant one. Recent evidence²⁹ from Colorado does suggest that the illicit market is adapting as criminals are now exporting legal cannabis into

US states where it is not currently legal. There are incentives for criminals to diversify in this way as legal products can be sourced more cheaply, the products they sell on would be regulated, and there is a greater range of products for them to now sell, such as the more readily available edibles³⁰. However, criminals are only able to diversify in this way due to the poor regulatory model for cannabis in the US, which sees cannabis being legalised in some geographic locations but not others.

The CSJ also failed to explore evidence about legalisation and crime levels. One study from America³¹ concluded that "in the case of marijuana, when the supply chain of the drug is legalised, or at least decriminalised, a lot of the violence disappears and the business of organised crime structures is hurt"³². Earlier findings³³ from Colorado indicate that most crime decreased statewide from 2009 to 2014. However, crime has increased in subsequent years³⁴. Nevertheless, national crime statistics³⁵ also show this same trend, suggesting that the increased levels of crime in Colorado reflect broader trends of crime, rather than changes due to the legalisation of cannabis.

Revenue

A prominent theme that runs through the CSJ report is that, whilst the legalisation of cannabis may generate significant revenue through taxes

(evidence is given of the revenue generated from Colorado), this should not be at the expense of public health and the wider community.



The report stated that those on both sides of the debate should ultimately be “more concerned with public health and social equity” (p. 4). The report recognised other ways that legalisation would be of financial advantage the UK, pointing to the fact that it would greatly reduce the burden on the criminal justice system. However, again, the CSJ reverted back to its core argument that it would be unacceptable to compromise public health to “merely achieve the benefit of either a saving of over £300 million or a boost in revenue to the treasury of over £1 billion” (p. 39).

The CSJ raises valid points here and this argument should be welcomed. The prospect of financial gain should not be the reason that drives reform. Nevertheless, whilst the CSJ illustrated how much revenue Colorado has generated from cannabis

taxes, it failed to highlight what these revenues were used for. In 2016-17, Colorado’s cannabis tax revenue distributions contributed significantly to areas such as³⁶:

- Substance abuse and treatment contracts
- Mental health services for juvenile and adult offenders
- Substance abuse prevention
- Public awareness cannabis education campaign
- School bullying prevention and education

Therefore, whilst revenue should not be the primary incentive, the benefits that can be generated from tax revenues should not be ignored and could even promote the CSJ’s argument of needing to improve public health and social equity.

Recommendation: The Misuse of Drugs Act is imperfect but it is the best model available

The CSJ report recommended that “recreational cannabis remains unlawful and the Misuse of Drugs Act 1971 continues to prohibit the possession, supply or cultivation of cannabis” (p.5). As mentioned throughout this response, there are many reasons why the UK’s 1971 Misuse of Drugs Act is not fit for purpose. Firstly, it allows young people relatively easy access to cannabis³⁷, which even the CSJ recognised in its report. Secondly, while cannabis remains unregulated, the UK is unable to control its potency, which is

also discussed in the CSJ’s report. Thirdly, the CSJ acknowledged that the illicit cannabis market allows criminals and organised crime groups to continue to flourish, but it did not consider the impact illicit markets have on communities and society’s most vulnerable people³⁸. Finally, evidence indicates that current drug laws discriminate against BAME and lower socio-economic groups in the criminal justice system^{39 40}, something which the CSJ also did not discuss at all in its report.

Conclusions

For too long, cannabis legalisation has been a fringe issue and it should be commended that the CSJ has entered the debate, particularly at a time when public opinion is overwhelmingly in support.

Whilst some of the CSJ’s claims are considered and require thought, others are misleading. As the CSJ did not disclose information about its polling data, Volteface requested this from YouGov. The data revealed that the CSJ’s suggestion, that cannabis legalisation would generate over one million new users under 25, was extrapolated from just 31 respondents. To extrapolate from these very small numbers to the entire UK population of 18-24 year olds is statistically unwise. It is also problematic to make future assertions based on hypothetical intentions.

Other methodological approaches that the CSJ utilised for this report are also questionable. Notably, it did not fully disclose the number of people interviewed, even though it stated that it ‘interviewed cannabis addicts across the UK’ (p. 41), and only provided a quote from one person.

The CSJ failed to discuss particular issues such as: how the revenue generated from cannabis tax can be spent on public health and recovery from cannabis addiction; the impact cannabis legalisation may have on alcohol consumption; and product innovation that reduce the harms of cannabis.



The report omitted mentioning key reasons as to why the 1971 Misuse of Drugs Act is not fit for purpose, such as that it allows for the relatively easy access of cannabis for young people, it provides no control over the potency of cannabis, the consequences of allowing the illicit market to prosper, and the extent to which punitive laws discriminate against BAME groups.

This rebuttal has demonstrated that many of the CSJ's claims used to make the case against the legalisation of cannabis are selective and misleading. As the debate around cannabis legalisation continues to advance in the UK, it is critically important that evidence is accurately reported. We believe that the evidence available supports a carefully monitored move towards the legalisation of cannabis.

Footnotes

- 1 Populus conducted 2,065 online interviews with a nationally representative sample of UK respondents aged 18+. 59% said they 'strongly support or tend to support' the legalisation of cannabis, compared to 31% who 'strongly oppose or tend to oppose'; Populus. 2018. What are public perceptions around cannabis? <https://www.populus.co.uk/insights/2018/11/what-are-public-perceptions-around-cannabis/>
- 2 YouGov. 2018. Majority now support liberalising policy towards cannabis. <https://yougov.co.uk/topics/politics/articles-reports/2018/05/30/majority-now-support-liberalising-policy-towards-c>
- 3 The Telegraph. 2018. Legalising cannabis will create 100,000 addicts, think tank warns. 7 December. <https://www.telegraph.co.uk/news/2018/12/07/legalising-cannabis-could-result-extra-one-million-young-people/>
- 4 Home Office. 2018. Drug misuse: findings from the 2017 to 2018 CSEW. <https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2017-to-2018-csew>
- 5 Lopez-Quintero et al. 2010. Probability and predictors of remission from life-time nicotine, alcohol, cannabis or cocaine dependence: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Addiction*. Vol 106. Issue 3.
- 6 Ibid.
- 7 Office for National Statistics. 2018. Adult smoking habits in England. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/adultsmokinghabitsinengland>
- 8 Home Office. 2018. Drug Misuse: Findings from the 2017/18 Crime Survey for England and Wales. Statistical Bulletin 14/18. July. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729249/drug-misuse-2018-hosb1418.pdf
- 9 Monaghan, M. Hamilton, I. Lloyd, C. Paton, K. 2015. Cannabis matters? Treatment responses to increasing cannabis presentations in addiction services in England. *Drugs: Education, Prevention and Policy*. 23(1), p. 54-61.
- 10 Freeman et al. 2018. Increasing potency and price of cannabis in Europe, 2006-16. *Addiction*.
- 11 Potter, D. Hammond, K. Tuffnell, S. Walker, C. Di Forti, M. 2018. Potency of Δ^9 -tetrahydrocannabinol and other cannabinoids in cannabis in England in 2016: Implications for public health and pharmacology. *Drug Testing and Analysis*. 10(4), pp.628-635.
- 12 Freeman et al. 2015. Examining the profile of high-potency cannabis and its association with severity of cannabis dependence. *Psychological Medicine*. 45(15), p.3183-3189.
- 13 Freeman et al. 2018. Changes in cannabis potency and first-time admissions to drug treatment: a 16-year study in the Netherlands. *Psychological Medicine*. (14), p.2346-2352.
- 14 Di Forti et al. 2015. Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study. *Lancet Psychiatry*. 2(3), p.233-8.
- 15 Freeman et al. 2014. Just say 'know': how do cannabinoid concentrations influence users' estimates of cannabis potency and the amount they roll in joints? *Addiction*. 109(10) p.1686-94.
- 16 van der Pol et al. 2014. Cross-sectional and prospective relation of cannabis potency, dosing and smoking behaviour with cannabis dependence: an ecological study. *Addiction*. 109(7) p.1101-9.
- 17 World Health Organization. 2016. Cannabis: The health and social effects of non-medical cannabis use. https://www.who.int/substance_abuse/publications/msbcannabis.pdf
- 18 Forrest, B. 2018. Cannabis 2.0: surveying the industry's next wave. *National Post*. <https://nationalpost.com/sponsored/news-sponsored/cannabis-2-0-surveying-the-industrys-next-wave>
- 19 Reiman, A. 2009. Cannabis as a substitute for alcohol and other drugs. *Harm Reduction Journal*. 6(35).
- 20 Lucas, P. 2012. Cannabis as a substitute for alcohol and other drugs: A dispensary-based survey of substitution effect in Canadian medical cannabis patients. *Addiction Research & Theory*. 21(5), p.435-442.
- 21 Subbaraman, M. 2016. Substitution and complementarity of alcohol and cannabis: A review of the literature. *Substance Use and Misuse*. 51(11), p.1399-1414.
- 22 Baggio, M. Chong, A. Kwon, S. 2018. Marijuana and Alcohol Evidence Using Border Analysis and Retail Sales. SSRN.
- 23 Berke, J. 2018. The market for marijuana-infused beverages could explode to \$600 million in the next four years. <https://www.businessinsider.com/marijuana-infused-beverages-600-million-market-2022-2018-9?r=US&IR>
- 24 Retail of Alcohol Standards Group. 2014. Rising to the challenge: A report into the application and impact of Challenge 25. <https://www.wsta.co.uk/images/Media/Challenge-25-Report-2014.pdf>
- 25 Colorado Department for Public Safety. 2018. Colorado Division of Criminal Justice Publishes Report on Impacts of Marijuana Legalization in Colorado. <https://www.colorado.gov/pacific/publicsafety/news/colorado-division-criminal-justice-publishes-report-impacts-marijuana-legalization-colorado>
- 26 Cerda et al. 2017. Association of State Recreational Marijuana Laws With Adolescent Marijuana Use. *JAMA Pediatr*. 171(2), p.142-149.
- 27 Ibid.
- 28 Colorado Department for Public Safety. 2018. Colorado Division of Criminal Justice Publishes Report on Impacts of Marijuana Legalization in Colorado. <https://www.colorado.gov/pacific/publicsafety/news/colorado-division-criminal-justice-publishes-report-impacts-marijuana-legalization-colorado>
- 29 Ibid.
- 30 Adams, M. 2018. Marijuana legalization makes black market better in prohibition states. <https://www.forbes.com/sites/mikeadams/2018/11/13/marijuana-legalization-makes-black-market-better-in-prohibition-states/#5c9016572633>
- 31 Gavrilova, E. Kamada, T. Zoutman, F. 2013. Is Legal Pot Crippling Mexican Drug Trafficking Organisations? The effect of Medical Marijuana Laws on US Crime. SSRN.
- 32 Ibid.
- 33 Colorado Department of Public Safety. 2016. Marijuana Legalization in Colorado: Early Findings A Report Pursuant to Senate Bill 13-283. <http://cdpsdocs.state.co.us/ors/docs/reports/2016-SB13-283-Rpt.pdf>
- 34 Ibid.
- 35 James, N. 2018. Recent Violent Crime Trends in the United States. <https://fas.org/sgp/crs/misc/R45236.pdf>
- 36 Silbaugh, L. 2016. Distribution of Marijuana Tax Revenue. https://www.colorado.gov/pacific/sites/default/files/16-04%20Distribution%20of%20Marijuana%20Tax%20Revenue%20Updated_2.pdf
- 37 McCulloch, L. Matharu, H. North, P. 2018. The Children's Inquiry. <http://volteface.me/publications/the-childrens-inquiry/>
- 38 EMCDDA. 2016. EU Drug Markets Report. http://www.emcdda.europa.eu/publications/eu-drug-markets/2016/online/ramifications/other-impacts-on-society_en
- 39 Shiner et al. 2018. The Colour of Injustice: 'Race', drugs and law enforcement in England and Wales. <https://www.release.org.uk/sites/default/files/pdf/publications/The%20Colour%20of%20Injustice.pdf>
- 40 The Lammy Review. 2017. The Lammy Review: An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643001/lammy-review-final-report.pdf

