

Evidence from SANE to the Advisory Council on the Misuse of Drugs for its review of the classification of cannabis

1. SANE has been alerting governments for over 20 years to the links between cannabis and psychotic illness and evidence that the drug, particularly in its more toxic form of skunk, may not only precipitate psychotic breakdown but cause long-term mental damage. As a leading mental health charity supporting people affected by mental illness, we are concerned about the effects of the drug on individuals, families and mental health care.
2. As well as triggering or exacerbating mental illness in those who are vulnerable, cannabis can rob young people of their life chances and cause widespread collateral damage. It can deprive young people of their appetite for life, motivation, focus, energy and hope. Many families tell us of their extreme concerns, not only for those family members for whom cannabis has triggered a psychotic breakdown, but for others who they fear may be similarly affected if they have a history of using cannabis. They report the heartbreaking and destructive effects on family life of violent and unpredictable behaviour, often over long periods of time.
3. We have also been concerned about the damaging effects of the increasing numbers of cannabis-related hospital admissions on the care that can be given to other psychiatric patients, the effects of cannabis use and drug dealing on the environment of hospital wards, and the difficulties these present for staff working in psychiatric units in providing safe, therapeutic and effective care.

Scientific research

4. There has been mounting research evidence linking cannabis use to mental illness. In its report submitted to the Home Secretary in December 2005, the Council stated:

“The mental health effects of cannabis are real and significant. They include adverse effects on psychological and psychomotor performance, acute intoxication reactions, dependence, and the precipitation of relapse in individuals with schizophrenia. These were well-recognised and were considered fully in the Council’s previous report”

“Since the publication of the Council’s last report, further evidence has emerged about the possible link between the use of cannabis and the subsequent development of psychotic symptoms. While these studies do not of themselves prove beyond reasonable doubt that such a link exists, the accumulating evidence suggests that there is a causal association.”

5. In July 2007, *The Lancet* published a meta-analysis of 35 studies dated up to 2006, undertaken to assess whether there was evidence to connect cannabis use to the occurrence of psychotic or mental health disorders. This analysis found that individuals who had ever used cannabis were 41% more likely than those who had never used the drug to have any psychosis. The risk increased relative to dose, with the most frequent cannabis users more than twice as likely to have a psychotic outcome. Depression, suicidal thoughts, and anxiety outcomes were examined separately, and findings for these outcomes were less consistent, with fewer attempts made to address non-causal explanations than for psychosis.

6. Annex 2 is a paper by a researcher at SANE reviewing literature published in 2007, together with earlier research on the link between use of cannabis and serious mental illness.

Cases known to SANE in which cannabis is believed to have triggered or exacerbated mental illness

7. SANE is aware of a substantial and concerning number of cases in which cannabis use is believed to have contributed to the onset of mental illness or exacerbated an existing condition. In our presentation to the Council, we will be distilling the stories and testimonies of individuals and families.

8. Even those calling SANE's helpline, SANEline, with other problems cite cannabis as a factor in their problems - see Annex 3.

Increasing numbers of cannabis-related hospital admissions

9. In June 2007, government figures on admissions to hospital in England for treatment of a mental or behavioural disorder resulting from the use of cannabis showed an increase of 85% between 1996-07 and 2005-06 (510 admissions in 1996-07 and 946 in 2005-06). In the five years from 2001-02 to 2005-06, hospital admissions had risen by 65%. The patients concerned included people with a chronic addiction to cannabis, people with acute cannabis psychosis and those with cannabis-related schizophrenia.

10. Commenting on these figures, Professor Robin Murray of the Institute of Psychiatry said: "There is no doubt that cannabis-related psychiatric problems have increased substantially. This might be down to better recognition, but I would say these figures are just the tip of the iceberg. It's only more recently that psychiatrists have understood the importance of cannabis use." He went on to say that cannabis use was a contributing factor in up to 10% of schizophrenia cases, yet this was under-recognised: "There are probably 1,500 new cases of cannabis-related schizophrenia a year."

11. Health authority figures reported in January 2008 show that in 2006-07, 16,685 adults were treated in hospitals and clinics in England after using cannabis, compared with 14,828 in 2005-06 and 11,057 in 2004-05 (albeit against a background of rising hospital admissions related to all causes of illness). The number of children treated following cannabis use totalled 9,259 in 2006-07, compared with 8,014 in 2005-06. The total number of adults and children treated for cannabis use in 2006-07 was 25,994, or around 498 a week.

Effects of cannabis-related hospital admissions on other psychiatric patients

12. An article in *Psychiatric Bulletin* in 2000 stated that substance use on psychiatric wards had reached epidemic proportions, and that apart “from the potential for, sometimes, seriously harmful effects of substances for individual patients, use or misuse can have unsettling effects on ward regimes as a whole. This may lead to conflict between staff and patients, as well as between patients.”

13. The article went on to say: “What is apparent from the literature, anecdotal reports and the observations of the Mental Health Act Commission (MHAC) (1995, 1997, 1999) is that people who present these mixtures of problems are now commonplace in mental health services.” It reported also on the increased risk of aggressive and anti-social behaviour, and the difficult clinical and managerial problems posed by substance use, particularly when presented in the confined environment of in-patient services.

14. In its 9th Biennial Report (1999 - 2001) the Mental Health Act Commission stated: “Staff on acute wards have frequently reported that a large proportion of emergency admissions are drug related. The incidence of drug misuse appears to compound the amount of aggression experienced by staff, and in some instances by patients, and adds very significantly to the pressures ordinarily experienced in acute wards.”

15. In 2001, SANE’s Chief Executive, Marjorie Wallace, visited psychiatric units and other mental health services, and interviewed patients, families and mental health professionals, to examine the changes since the charity had been founded fifteen years previously for a series of articles published in *The Times* to mark the anniversary. Several of the psychiatrists to whom she spoke expressed concern about the dramatic increase in the use of illegal drugs and the impossibility of imposing a no-drugs policy in psychiatric units.

16. Professor Sir David Goldberg, Professor Emeritus at King’s College, London, agreed with other psychiatrists that this was the most alarming change in mental health services in the past 15 years, saying: “Fifteen years ago the illegal drug problem was contained, now it is out of hand, making

patients more ill and aggressive and taking away resources from other people.”

17. In a newspaper article written by Marjorie Wallace in 2003 on the problems presented by the availability of street drugs on wards, she said:

“The problem is street drugs have become a rogue factor in distorting and inflaming the more frightening symptoms of mental illness. They can make patients behave unpredictably and staff no longer feel confident they can provide effective care. If you are a girl who harms herself or a depressed middle-aged woman, even if you may be at risk of suicide, few psychiatrists will admit you on wards where the atmosphere is so intimidating.”

18. Psychiatrists now estimate that in some areas cannabis accounts for 80% of admissions to psychiatric units with first-episode psychosis. With a national average bed occupancy in psychiatric units of 100% and shortages of psychiatrists, mental health nurses and other mental health professionals, SANE is concerned that patients with non-cannabis induced mental illness are being deprived of necessary in-patient care because resources are being diverted to those with cannabis-related illness.

Classification of cannabis

19. We accept that the majority of people can smoke cannabis without risk, but it can be disproportionately dangerous and life threatening for those who are vulnerable to mental illness. If Professor Murray is right in his estimate that there may be 1,500 new cases of cannabis-related schizophrenia each year, there could be several thousand new cases over the next few years while the issue continues to be researched.

20. We recognise that the arguments for and against raising the classification of cannabis from Class C to Class B are finely balanced. We understand the widely held view that education rather than the level of classification is the more effective and less damaging route to follow in seeking to alert young people, parents and the general public to the risks of the drug. We are also very conscious of the consequences of a higher classification if the current penalties for possession remain unchanged, ie that more people may end up in prison or at least with a criminal record. We have no wish to see this happen, but our experience is that parents, teachers and young people are extremely confused about the legality of cannabis and still regard it as legal or at least a safe or relatively harmless drug to use.

21. We of course agree that education has a vital role to play (although we are concerned that the jury is out on the effectiveness of awareness campaigns, especially when they are directed at young people). But we have reluctantly come to the view that it may take at least five years for a campaign



to have a significant effect, and that in the meantime the scale of the potential damage to individuals and families is so great that we cannot afford to wait – and hope.

22. We respect the views and expertise of those individuals and organisations that hold different positions from our own, but we believe that the many tragic stories brought to our attention by cannabis users and their families support the reclassification of cannabis from Class C to Class B as an essential first step towards countering the confusion and mixed messages resulting from downgrading the classification.

23. We believe that society must balance the long-term and possibly irretrievable damage to a significant minority of people at risk against the shorter-term punishment (even taking into account other consequences) for those who possess and deal in cannabis. We would, however, urge the government to review penal policy in this area in order to make a prison sentence a genuinely last resort. We trust that those experienced in this field will be supplying the necessary research and expertise.