

TIME TO STOP ABROGATING  
OUR RESPONSIBILITIES

**RADIX PAPER NO 12**  
**OCTOBER 2019**

The Rt Hon Sir Norman Lamb MP

Foreword by  
Dr Joe Zammit-Lucia

**RADIX**

THINK  
TANK  
FOR THE  
RADICAL  
CENTRE

# PROTECTING CHILDREN AND YOUNG PEOPLE FROM HARM

THE PUBLIC HEALTH CASE FOR A  
LEGAL REGULATED CANNABIS MARKET



'IF THE PEOPLE  
CANNOT TRUST THEIR  
GOVERNMENT TO DO THE  
JOB FOR WHICH IT EXISTS -  
TO PROTECT THEM AND TO  
PROMOTE THEIR COMMON  
WELFARE - ALL ELSE IS LOST!'

Barack Obama

## ABOUT THE AUTHOR



Norman Lamb is the Liberal Democrat Member of Parliament for North Norfolk. Before his election to Parliament he was a partner of a law firm and specialised in employment law.

He was first elected in 2001. He has served on the Treasury Select Committee and has been the party's Shadow Secretary of State for the then Department of Trade and Industry, and then subsequently was Shadow Secretary of State for Health.

In 2010, he became Chief Parliamentary and Political Adviser to the Deputy Prime Minister, Nick Clegg. He was also an Assistant Government Whip. In February, 2012, Norman was appointed Parliamentary Under Secretary of State in the Department for Business, Innovation and Skills. In September of that year, he was promoted to Minister of State for Care and Support in the Department of Health, with a remit covering mental health, learning disability, autism and social care. He was subsequently appointed to the Privy Council.

In 2015, Norman stood for the leadership of the Liberal Democrats, losing to Tim Farron.

In 2017, Norman was elected Chair or the Science and Technology Select Committee.

In the Queen's Birthday Honours list in 2019, he was knighted, with the citation particularly referencing his work on mental health.

Norman has been married to Mary for 35 years. They have two sons, Archie and Ned.

### ACKNOWLEDGEMENTS

I would like to thank Dr Joe Zammit-Lucia, Kirsty Douse, Steve Rolles, Paul North, Lizzie McCulloch and William Cowie for their invaluable help and encouragement in putting this paper together.

# FOREWORD

In *The March of Folly*, Barbara Tuchman quotes an unnamed historian's comment about Philip II of Spain: *"No experience of the failure of his policy could shake his belief in its essential excellence."*

One would have thought that we might have moved on since the 16th century. Yet, as this paper so clearly lays out, we continue to exhibit the same human frailties.

Resistance to the legal regulation of cannabis reflects a strand of the current Western cultural belief system. The only thing that many people 'know' about cannabis is that it's 'a drug' – and therefore dangerous. Those who use it are decadent and dissolute. The only possible approach is criminalisation of its possession and use. Off with their heads!

That such an approach has manifestly failed; that it has done more harm than good; that it fuels the continued growth and enrichment of organised crime; that it draws people young and old into criminal networks; that it disproportionately damages the disadvantaged; that it harms the physical and mental health of millions of people, mainly the young; that it deprives the ill of a safe and effective therapeutic option – none of this seems to enter the discussion or cut any ice.

This paper lays out the evidence for all these harms and the abject failure of current policy. It also explains convincingly that legal regulation has been shown to mitigate the damage significantly. It provides a viable pathway to reform and harm reduction.

Given all of this, why do our politicians fail to take action?



WHY DO OUR POLITICIANS  
REFUSE TO TAKE ACTION  
TO PROTECT PEOPLE  
FROM HARM?

There was a time when our political class provided leadership. When they felt that their role, and their duty, was to define effective ways forward and then exercise the necessary leadership to carry the country with them.

Political leadership is in progressive decline. Today's retail politics is led by the findings of endless public polls. Too many politicians have given up leading; instead allowing themselves to be led by the nose in an attempt to satisfy public opinion – however damaging, misguided and uninformed that might be on certain issues.

Unable or unwilling to lead, they instead try to satisfy and meekly comply lest they upset some voters.

Assisted by often timidly conservative bureaucrats and policy advisers (“That’s very courageous, minister” – as they warn in *Yes Minister*), our leaders have become followers. Rather than conducting the orchestra, they merely play to the gallery.

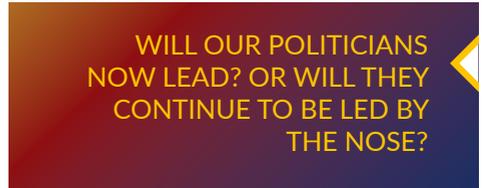
That is not what we should expect – or what works. Thankfully, it is far from universal.

In 2013, the Conservative-Liberal Democrat coalition government under David Cameron as Prime Minister passed legislation to allow same sex marriage even though it was unpopular with many in the Conservative electoral base. Yet, it was, Cameron felt, the right thing to do and he provided the necessary leadership. Cameron won the following election with an absolute majority.

Norman Lamb has spent much of his career leading on health policy. His commitment to improving people’s health and, in particular, protecting those with mental health issues is deep seated and personal. In this thorough, well-argued and evidence-based paper he continues that essential work.

We are grateful to him for his commitment and delighted to provide another platform for it.

How to overcome the stickiness of outdated policy approaches and stimulate reform, even, when necessary, radical reform, is core to our mission at RADIX. The legal regulation of cannabis is a perfect test case.



This paper is not the end of the process. We need to find ways to encourage the implementation of its clear recommendations. We invite everyone who cares about the well-being of the young and the vulnerable, and about reducing criminality on our streets, to participate.

This paper lays down a clear challenge to our politicians and policy makers. They have the opportunity to do something to protect people and to tackle increasing criminality. Will they now lead? Or will they continue to be led?

**Dr Joe Zammit-Lucia**  
co-Founder, RADIX

# PROTECTING CHILDREN AND YOUNG PEOPLE FROM HARM

*The Public Health Case for a  
Legal Regulated Cannabis Market*

Published in October 2019  
by Radix Group Ltd  
[www.radixuk.org](http://www.radixuk.org)

## ABOUT RADIX

RADIX is a non-aligned think tank for the radical centre. We welcome people from all parties and none. We challenge established notions and work to re-imagine our societies. We focus our efforts on policy initiatives that can drive towards system change rather than putting sticking plasters on the existing system. Our goals are to revitalize our liberal democracies, re-define capitalism, and re-build cohesive communities and societies. We want all citizens to live securely, with dignity, be active participants in society, and be free to pursue their own interpretation of the good life.

© Radix Group Ltd.

The moral right of Norman Lamb to be identified as the author of this work is asserted in accordance with the Copyright, Designs and Patents Act of 1988.

Some rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical or photocopying, recording or otherwise for commercial purposes without the prior permission of the publisher.

A CIP catalogue for this publication is available from the British Library.

ISBN (e-version) 978-1-912880-08-9

Radix Brand and Layout:  
Mark Huddleston

## CONTACT US

Radix  
The Raincloud Victoria  
76 Vincent Square  
Westminster  
London SW1P 2PD

[hello@radixuk.org](mailto:hello@radixuk.org)

## EXECUTIVE SUMMARY

Cannabis is in the news. Attitudes are changing. The debate over legalisation is no longer restricted to the fringes of politics.

Last year saw the first significant move in the UK with the Government taking action to legalise cannabis for medicinal use. Yet the reforms flattered to deceive. They have not led to access to medicinal cannabis under the NHS.

Opinion polls show growing support for legal regulation for both medicinal and recreational use. Is there a case for change?

Here I argue that we have a duty to consider reform because of the harm caused by the criminal market, harm which puts young people in particular at risk. Not to act would be an abdication of responsibility.

**NOT TO ACT WOULD  
BE AN ABDICATION OF  
RESPONSIBILITY**

I examine the prevalence of cannabis use in the UK and highlight evidence of the significantly increased potency of cannabis available on the criminal market. This leads to legitimate concerns about the risk to young people's mental health. Logic suggests

that this is a reason to regulate through legal means, rather than a justification for leaving things as they are.

I look at the evidence of the link between the criminal market and extreme violence, including gun and knife crime. I demonstrate how this disproportionately affects disadvantaged teenagers. This is a multi-billion pound market controlled by, and benefitting, organised crime.

I consider the impact of criminalising people for use of cannabis and the evidence of discrimination within the criminal justice system.

Black and Asian people are more likely to be convicted of cannabis possession even though their rates of use are lower.

Your chances of ending up with a criminal record also depends on where you live and the attitude of the local police force. There is no equality before the law.

We also continue to put those who use cannabis for relief of acute pain in fear of prosecution. Can we justify this any longer?

**CURRENTLY, THERE IS NO  
EQUALITY BEFORE THE LAW**

I then make the positive case for legal regulation and identify and discuss the following key benefits:

- Safer products, sold through regulated outlets, with clear labelling and a cap on potency;
- Breaking the link between the sale of cannabis and the sale of other riskier drugs, thereby undermining any claim that legalisation will result in cannabis acting as a 'gateway' drug;
- Confronting the extreme violence associated with the illegal trade, giving us the chance to make communities, particularly disadvantaged ones, safer;
- Freeing up police resources to help in the fight against serious crime;
- The potential for £1 billion in tax revenues to benefit the NHS, schools and the police, helping to fund public information about the risks of drug use - and diverting money away from organised crime;
- Most important of all, we can better protect young people from harm.

Finally, I look at the steps to reform.

As we consider how we might implement a regulated market in the UK, I look at the lessons we can learn from Canada's decision to legally regulate cannabis. In particular, Canada succeeded by setting harm reduction as the cornerstone of reform along with other important objectives such as keeping profits out of the hands of criminals, reducing burdens on the police and the justice system, protecting public health and establishing a strict regulatory system covering production, distribution and sales.



HOW LONG WILL SUCCESSIVE  
GOVERNMENTS CONTINUE TO  
EXPOSE YOUNG PEOPLE TO  
GREATER RISK?

## FIVE KEY POINTS

- 1) *New evidence published in a US medical journal, from the biggest study to date, points to reduced use of cannabis by high school teenagers in states where cannabis has been legalised - this is a highly significant finding strengthening the public health case for legalisation.*
- 2) *Legalisation can reduce violence, particularly in the poorest communities, according to the evidence from the US.*
- 3) *Evidence demonstrates that legalisation can undermine the criminal market and cut the vast profits going to organised crime, but it takes time.*
- 4) *Canada provides an excellent case study for how we could legalise cannabis in the UK, whilst recognising that we can learn from some mistakes they have made.*
- 5) *If we are concerned about protecting teenagers from harm, we have a duty to act. By persisting with prohibition, the Government directly puts young people at risk, given the highly potent strains of cannabis available everywhere on the criminal market.*

## INTRODUCTION

*The debate on drug law reform is often emotive, polarised and ill-informed.*

Those advocating the status quo accuse reformers of playing fast and loose with the safety of young people. Each side in the debate condemns the other, and the most vocal extremes often drown out the more reasonable ground inhabited by the majority.

The reality is that all sides of this debate should be able to unite on the importance of reducing harm to young people – and particularly to those most at risk – teenagers.

Many people working in mental health highlight concerns about the dangers of highly potent strains of cannabis (now routinely referred to as skunk). They point out the risk of psychosis – and there is clear evidence of a correlation (even if causality is disputed by some).

Because of this fear of harm, I am instinctively hostile to the risky use of drugs, both those which are legal and those which are prohibited. That has always been my view as both a politician and as a parent. But this anxiety that I share with many other people leads me to what is surely the vital question – how do we best protect young people from harm?

THE VITAL QUESTION IS:  
HOW DO WE BEST  
PROTECT YOUNG PEOPLE  
FROM HARM?

FAILURE TO ACT AMOUNTS  
TO A RECKLESS ABDICATION  
OF OUR RESPONSIBILITY

I make the case for reform on that basis. I argue that failing to act, maintaining the demonstrably failing status quo, amounts to a reckless abdication of our responsibility to protect teenagers and young people from harm. In the interests of public health, community safety and the wellbeing of young people, we have an obligation to act.

All those who have loved ones whose mental health might have been impacted by use of cannabis have suffered this acute distress under the existing policy regime, with unregulated cannabis available on the street corner, not from a licensed outlet.

In this paper, I lay out the evidence for the failure of the Government's approach to cannabis, and put forward the alternative. I also discuss the big challenge, still to be confronted, of how we convince people across the country – and politicians – that reform is needed.

Finally, I examine Canada, which recently implemented a regulated market for cannabis. There are important lessons to learn from the way reforms were secured and subsequently implemented there.

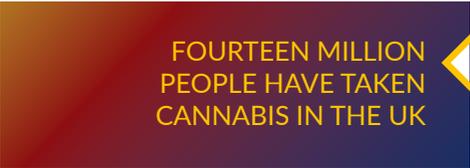
# CANNABIS IS EVERYWHERE

*All attempts to rid society of cannabis and other illegal drugs – the so-called ‘War on Drugs’ – have spectacularly failed. Drugs, and particularly cannabis, are available everywhere.*

## THE SCALE OF THE PROBLEM

The most recent data demonstrates the scale of the problem. According to the latest government figures, around 3.2 million adults aged 16 to 59 took illegal drugs in England and Wales in the year ending April 2019. Cannabis was the most commonly used drug by far. Over 7.6% of adults aged 16 to 59 took cannabis – that’s 2.6 million people. There has been a relative decline in cannabis use since 2003/04 – however while use was relatively flat until 2016/17, since then there has been a slight increase in use (+1%)<sup>1</sup>.

There has been a relative decline in cannabis use since 2003/04 – however, over the last decade, use has been relatively flat<sup>2</sup>.



FOURTEEN MILLION PEOPLE HAVE TAKEN CANNABIS IN THE UK

Those figures only cover a 12-month period. Of everyone in the UK who’s ever taken an illegal drug in their lifetime, 93% have used cannabis<sup>3</sup>. That equates to more than 14 million people, or over a quarter of the adult population<sup>4</sup>.

## DRUGS AND YOUNG PEOPLE

The biggest concern in the UK is that it’s young people - teenagers and children - who are most at risk.

One in five adults between the ages of 16 and 24 had taken an illegal drug in England and Wales in 2018/19<sup>5</sup>. A significant survey of the UK population suggests that the average age at which people use drugs for the first time is 19. Of those people who have taken drugs, 41% did so when they were aged between 16 and 18; and 23% when they were younger than 16<sup>6</sup>.

Clearly the UK’s approach to drugs is not achieving its stated aim.

1 & 2. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/832533/drug-misuse-2019-hosb2119.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832533/drug-misuse-2019-hosb2119.pdf).

3. (Mann, 2014)

4. (Office for National Statistics, 2018)

5. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/832533/drug-misuse-2019-hosb2119.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832533/drug-misuse-2019-hosb2119.pdf).

6. (Mann, 2014)

## THE CURRENT SYSTEM FAILS TO PROTECT YOUNG PEOPLE FROM HARM

The whole focus of the War on Drugs is stopping people, and especially teenagers, from getting access to drugs, including cannabis. This has been a total failure. But what is much worse is the harm which the current system inflicts.

The bottom line is that by continuing to pursue its current policy, the Government is tacitly facilitating an unjust and dangerous system which disproportionately harms teenagers and children. Furthermore, as I will explain, those from disadvantaged communities are most at risk. We must put a stop to this.



DISADVANTAGED  
COMMUNITIES ARE  
MOST AT RISK FROM THE  
CURRENT SYSTEM

### A. The harm to health

Because cannabis is illegal, consumers, including more vulnerable teenagers, have no idea what they are buying.

#### *i. The increasing potency of illegal cannabis*

The potency of illegal cannabis is considerably stronger than it was a decade ago. Researchers from Bath

University and King's College London recently found that across Europe, the proportion of THC

(tetrahydrocannabinol) in illegal cannabis has increased from 8.41% in 2006 to 17.22% in 2016<sup>7</sup>.

At the same time, CBD levels have fallen to near zero – and CBD is thought to have a protective effect, mitigating some of the risks of THC. This high potency 'skunk' cannabis represents 94% of the street market in London<sup>8</sup>.

This is particularly concerning, as there is some evidence of a link between high potency skunk and mental health problems such as psychosis<sup>9</sup>. High THC potency and lower CBD content tends to increase total THC exposure, and is also more closely linked to development of dependent patterns of use.

Worryingly it is the most potent and risky strains of cannabis that, when used regularly, particularly by young people, present the greatest health risk, and that are also increasingly dominating the illegal market. Milder, safer varieties are not available even for those who seek them.

7. (Doward, Cannabis strength doubles across Europe in 11 years, 2018)

8. (Potter, Hammond, Tuffnell, Walker, & Forti, 2018)

9. (Di Forti & al, High-potency cannabis and the risk of psychosis, 2009)

## THE MOST DANGEROUS FORMS OF CANNABIS DOMINATE THE ILLEGAL MARKET

### *The Government's negligence is shocking.*

It permits the existence of a system in which teenagers can easily access cannabis. But the only strains available are the ones which do real damage. Doing nothing effective about this risk to teenagers is complacent and wrong.

#### **B. The harm of an illicit market**

Because cannabis is illegal, consumers, including more vulnerable teenagers, have no idea what they are buying.

##### *i. Violence and the illegal drugs trade*

The simple reality of illegal markets is that, if you supply drugs, you do not, and cannot, resort to the courts when your territory is threatened.

Whilst not all drug markets are violent, the economic incentives of the illegal trade, absent of formal regulation, create an environment where violence can easily flourish, and when competing for turf, violence between drug gangs can sometimes reach extreme levels<sup>10</sup>.

10. (Duran-Martinez, 2018)

11. (National Crime Agency, 2019)

12. (National Crime Agency, 2019)

13. (Warrell & Alatise, 2019)

14. (National Crime Agency, 2016)

According to the National Crime Agency, "crime associated with drug trafficking is very often violent, with direct links to the criminal use of firearms and gang feud knife attacks". Internationally, we are told that "[c]annabis gangs in particular are notorious for the trafficking and exploitation of Vietnamese children and other vulnerable people to carry out live-in work in dangerous cannabis factories"<sup>11</sup>.

##### *ii. The 'county lines' phenomenon*

The UK is currently experiencing a phenomenon of so-called 'county lines'.

Over the last year there has been an increase from 720 to 2,000 such lines, in which "organised criminals use vulnerable young people to courier heroin and crack cocaine from urban centres to the regions"<sup>12</sup>.

## THE PROHIBITIONIST PARADIGM FUELS VIOLENCE AND KNIFE CRIME

Individual lines can make profits of over £800,000 per annum<sup>13</sup>. Around 30% of county lines gangs also sell powder cocaine and cannabis<sup>14</sup>.

The emergence of county lines is arguably a manifestation of 'successful' policing of traditional adult dealing networks. Instead of being eradicated, they simply adapted to evade enforcement by exploiting children.

It is not the policing per se that is at fault - it is the entire prohibitionist paradigm.

### iii. Knife crime and 'county lines'

The 'county lines' drug trade is closely associated with violence.

A joint police operation which uncovered county lines earlier this year resulted in the seizure of 140 weapons, including 12 firearms, swords, machetes, axes and knives<sup>15</sup>. In particular, the 'county lines' trade is linked to knives. According to internal police documents, 85% of police forces have reported knives in relation to 'county lines'<sup>16</sup>.

Across the country, knife crime has reached record levels. There have been significant increases in rural knife crime, as 'county lines' bring the drugs trade out of urban areas.

According to Vince O'Brien, head of drug operations at the National Crime Agency, "[t]here is an increasing level of violence coming from city gangs establishing themselves in new drug markets in rural areas"<sup>17</sup>.

In Hertfordshire, Warwickshire, Cambridgeshire, Hampshire and Essex, knife crime has doubled over the past three years<sup>18</sup>. There are even 27 'county lines' reportedly running out of London and into Norfolk, which is where I live and is home to the constituency I

represent, North Norfolk<sup>19</sup>. Knife crime has doubled there too.

There has been a corresponding increase in knife crime in urban areas too. The number of stabbings across the country were at a record high last year. Of the 285 knife-related homicides in 2018, 132 took place in London<sup>20</sup>.

Nationally, the year ending September 2018 saw an increase in knife crime offences by two-thirds compared to the year ending March 2014<sup>21</sup>.

Of course, not all this increase in knife crime will be down to the drug trade. There are wider socio-economic drivers related to austerity, inequality and cuts to public services.

However, the same factors that drive knife crime can drive people into the illegal economy, as well as into problematic drug use.

It is also important to recognise that, even if the UK were to regulate cannabis, the county lines phenomenon and violence more generally would persist given a continuing illegal trade in other drugs.

Nonetheless, undermining the profitability of the illegal drugs trade by diminishing the illegal market in cannabis through regulation may well help to reduce illegal activity and the violence associated with it.

15. Ibid

16. (Townsend, 2019)

17. (Collins & Ramzan, 2019)

18. Ibid

19. (Townsend, 2019)

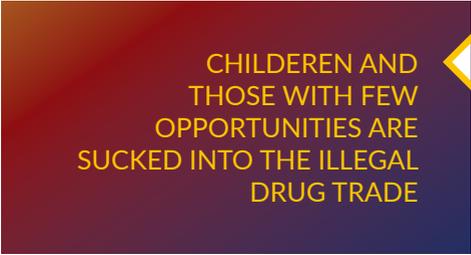
20. (BBC, 2019)

21. (Shaw, 2019)

#### iv. *The impact of the drugs trade*

The violence of the drug trade particularly affects those from disadvantaged as well as ethnic minority communities. A quarter of those who were killed in knife-related homicides in 2018 were black<sup>22</sup> - even though only 3.3% of the population is black<sup>23</sup>.

Disadvantaged people, with few opportunities, are more likely to get drawn in to the illegal drugs trade and its associated violence and criminality. The 'county lines' trade targets vulnerable people, and in particular children, "with impoverished backgrounds, who have experienced family breakdown or intervention by social services or exclusion from school"<sup>24</sup>.



**CHILDREN AND  
THOSE WITH FEW  
OPPORTUNITIES ARE  
SUCKED INTO THE ILLEGAL  
DRUG TRADE**

Tragically, many disadvantaged young people see the drug trade as a route out of poverty.

Gangs purposefully target these vulnerable children because they are unlikely to be on the radar of the

police<sup>25</sup>. This allows drugs trafficking to go undetected. This behaviour is morally pernicious.

Children are groomed on social media platforms. They are shown images of the 'spoils' of a life of crime. Being in a gang can be effectively marketed as a lifestyle aspiration, of wealth and status. There are reports of gangs circulating images of children holding tens of thousands of pounds in cash, to try and recruit more young people<sup>26</sup>.

The result is shocking: police estimate that 10,000 children are involved in the 'county lines' trade, some of whom are as young as 11<sup>27</sup>. The consequences for many are disastrous.

And the end-product of all this is that the Government's policy enriches and sustains criminal networks.

Billions of pounds in income every year is earned by organised crime from the trade in cannabis. Estimates of the size of the illegal cannabis market vary between £1.3 billion and upwards of £3 billion each year<sup>28</sup>.



**CURRENT GOVERNMENT  
POLICY IS NEGLIGENT. IT  
ENRICHES AND SUSTAINS  
CRIMINAL NETWORKS**

22. (BBC, 2019)

<https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest>

24. (Townsend, 2019)

25. (Warrell & Alatise, 2019)

26. (Kelly, 2019)

27. (Warrell & Alatise, 2019)

28. (Furlong, 2017)

The drugs trade disproportionately targets and impacts on the most vulnerable and disadvantaged children and young people. The violence is increasingly extreme.

The Government tacitly permits this by refusing to countenance any alternative approaches. It is complicit in the harm of the illegal drugs trade and must bear part of the responsibility for the ongoing exploitation of our children.

We should be taking action, yet the Government does nothing, defaulting to populist drug war rhetoric, and failed enforcement crackdowns.

## **C. The harm of criminal convictions**

### **i. Drug penalties**

As a class B drug, the maximum sentence for cannabis possession is five years in prison, or an unlimited fine, or both. Police can also issue a formal caution (which gives you a criminal record) or a warning, or an on-the-spot £90 fine if you're found in possession of cannabis<sup>29</sup>.

Just receiving a caution, let alone a prosecution, can ruin your career. There does not have to be any intent to supply in order to prosecute. In 2017, there were over 6,500 cautions for cannabis possession. There were over 33,000 warnings and 15,000 prosecutions<sup>30</sup>.

## ***Depressingly, there is a total postcode lottery nationally.***

Some local police authorities are happy to prosecute. In others, cannabis is effectively decriminalised. This is fundamentally unjust and runs contrary to the basic legal principle of equality before the law.

In Durham, for instance, the number of prosecutions for cannabis possession dropped from 68 in 2015 to 39 in 2017. Meanwhile, in Warwickshire, there were 72 prosecutions in 2015, and that has remained reasonably consistent, with 67 prosecutions in 2017. The Metropolitan Police prosecuted over 5,700 people in 2017<sup>31</sup>. Admittedly, the population it is dealing with is far larger. But clearly there is huge variation across the country.



**CURRENT POLICY IS UNJUST  
AND DISCRIMINATORY**

There is also a huge sense of injustice in the disparity of treatment which you receive based on the colour of your skin. Black and Asian people were convicted of cannabis possession at 11.8 and 2.4 times the rate of white people, despite lower rates of self-reported use. Black people made up a quarter of those convicted of cannabis possession despite comprising less than 4% of the population.

There is clearly a great deal of evidence of discrimination<sup>32</sup>. There is a real sense of injustice.

29. (Drugs Penalties, 2019)

30. (Cannabis: Written question - 157684, 2019)

31. Ibid

32. <https://www.release.org.uk/sites/default/files/pdf/publications/The%20Colour%20of%20Injustice.pdf>

We must seriously question whether the arbitrary criminalisation of people who are using cannabis is in any way morally defensible.

## ii. Medicinal cannabis and the illegal market

Then there are the people who use cannabis for pain relief or to ease the symptoms of conditions such as multiple sclerosis and epilepsy. For most of these people, the Government's reforms in respect of cannabis for medicinal use have made no difference thus far. Access remains incredibly restricted.

We have a bizarre situation where the Government denies access to medicinal cannabis while the NHS simultaneously hands out prescriptions of highly addictive opioids.

Over 40 million opioids were prescribed in 2017 – an increase of 10 million from 2007<sup>33</sup>. Deaths from opioid addiction (which includes illegal opioids) are up by 41% over the last decade. Last year, around 2,000 people died from opioid related overdoses.

Whilst we have not yet experienced a US-style opioid crisis, the trend is deeply disturbing.

Over two million Americans have become dependent on opioids, and in 2017 there were nearly 50,000 opioid related overdose deaths.

**MEDICINAL CANNABIS IS UNAVAILABLE. HIGHLY ADDICTIVE AND DANGEROUS OPIOIDS ARE READILY AVAILABLE.**

This catastrophe flows in part from allowing prescriptions in the US to balloon from 112 million in 1992 to 282 million in 2012<sup>34</sup>. This is the equivalent of 90 opioid prescriptions for every 100 people living in the US in 2012<sup>35</sup>. In the UK in 2017, there were roughly 60 opioid prescriptions per 100 people – clearly lots of people are getting multiple prescriptions.

If you are a sufferer of chronic pain in this country and you want relief from that pain, and you believe that cannabis-based medicines might help, your choice is clear. Either you can procure medicinal cannabis illegally (running the risk of a career-ending prosecution in the process), or you can accept the default prescription for highly addictive opioids, of questionable long-term efficacy.

And if you don't want to break the law or face the risks of long-term opioid use, then you are left suffering with the very limited options for less effective pain OTC medications.

Tragically, some of my own constituents are in exactly this situation, and I'm sure thousands more are around the country. It is unconscionable.

33. (Gregory & Collins, 2019)

34. (CNN Library, 2019)

35. (United States Census Bureau, 2011)

## LEGAL REGULATION WILL REDUCE HARMS

*The 'War on Drugs' has failed in its stated aim of stopping people from being able to access drugs - which are now cheaper and more easily available than ever.*

It has enabled a system in which our children and teenagers can easily access incredibly strong strains of cannabis, (with milder varieties largely unavailable) – and face growing risks of getting caught up in the violence of the drugs trade. At the same time, people who only want to relieve their pain or illness with cannabis-based medicines face criminalisation.

The status quo does not offer harm reduction but harm promotion.



### THE CURRENT SYSTEM PROMOTES HARM

Many people on the other side of the argument will tell you there is a simple solution: to escalate the War on Drugs and bring the full force of the law down upon drug users. But the reality of such policies demonstrates no evidence of effectiveness.

A 2014 Home Office study commissioned, during the Coalition Government, by former Liberal

Democrat Minister, Norman Baker, into different drugs regimes around the world “did not...observe any obvious relationship between the toughness of a country's enforcement against drug possession, and levels of drug use in that country”<sup>36</sup>.

This finding has been supported by key international agencies, including the World Health Organisation and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)<sup>37</sup>.

The latter's report, 'Cannabis Legalisation in Europe', examines the effect of increasing penalties for cannabis use upon rates of consumption of the drug in EU countries. It concluded that “no simple association can be found between legal changes and the prevalence of cannabis use”.

The other side of the debate will frequently use Japan as an example of a country where there is a tough stance on drugs and use is low. However, Japan is a case, not of causation, but correlation.

The Home Office report states that “it is difficult to tell whether low levels of drug use are a consequence of legislation, or a product of the same cultural attitudes that have informed the zero-tolerance approach”.

It is easy to cherry pick examples that can make either case.

36. (Home Office, 2014)

37. <http://www.emcdda.europa.eu/system/files/publications/4135/TD0217210ENN.pdf>

Many countries with liberal regimes have low use but the various more objective overviews show that there is no pattern. Levels of drug use appear to be driven more by social, economic and cultural forces, with law enforcement strategies having only a marginal role.

Policy and law also impact on more than just prevalence and use related harms. As we have seen, the illegal drugs trade is frequently associated with brutal violence. Johann Hari, in his book, *Chasing the Scream*, suggests that police crackdowns often lead to a surge in violence. They take one criminal gang out and a battle ensues to grab the vacant territory.



**SIMPLY 'ESCALATING  
THE WAR ON DRUGS'  
DOESN'T WORK**

**LAW ENFORCEMENT  
STRATEGIES ARE MARGINAL  
OR COUNTERPRODUCTIVE**

A significant academic review (Werb et al, 2011) examined 15 studies which evaluated the impact of drug law enforcement on violence in the drugs market. Its conclusion was that “gun violence and high homicide rates may be an inevitable consequence of drug prohibition and...disrupting drug markets can paradoxically increase violence”<sup>38</sup>.

Not to mention that the drug war is often waged upon the lines of race – just look at the devastating impact of the crack cocaine epidemic upon black Americans in the 1980s and 90s.

By 1989, one in four black Americans between the ages of 20 to 29 was either incarcerated or on probation or on parole<sup>39</sup>. Research suggests that the greatest social costs of the crack epidemic were “associated with the prohibition-related violence, rather than drug use per se”<sup>40</sup>.

No matter how harsh the penalty or how violent the crackdown, evidence suggests that once demand is established people will keep on using drugs, and the illegal market will find a way to profit from them. People will continue to consume cannabis, whether we like it or not.

Billions wasted over the past century demonstrate that attempts to use punitive enforcement to eradicate such use do not work, and are invariably counterproductive.

The UK Government’s current approach to drugs has failed, and it is now time to seek out a new way.

I believe that there is a clear route to reducing the harm caused by cannabis: realigning from a punitive paradigm to a public health based approach, one that includes a responsibly regulated legal market for adult use of the drug.

38. <https://www.ncbi.nlm.nih.gov/pubmed/21392957>

39. <https://www.britannica.com/topic/crack-epidemic>

40. Ibid

## A. Safer products

*In a regulated market, there will be no more uncertainty.*

When people purchase cannabis they will be able to look at the label, which will tell them how strong the strain is. People will have a choice between the stronger strains which may pose some risk, and the weaker ones which are far less dangerous.

The Expert Panel<sup>40.1</sup> I established to advise the Liberal Democrats on how to establish a regulated market, recommended a maximum THC potency (and minimum CBD content) for cannabis available through licensed outlets; in clearly labelled, unbranded, child proof packaging. In this way, key risks from unregulated supply can be minimised.

Think of the alcohol market during the Prohibition-era in the US.

In an illegal market, there are inevitable questions about what is being consumed. The stuff that was served was often illegal moonshine – so strong that you could go blind. The introduction of a regulated market meant people knew what they are drinking. When you look at your bottle of beer or glass of wine, it will tell you the strength of what you're being served.

People on the other side of the argument might claim that consumers will always opt for the stronger strains of cannabis. But that's certainly not the case with alcohol.

When you look around a bar, you don't see everyone consuming cask strength whisky. Nor indeed do customers all gravitate to the most potent products in jurisdictions where a variety of cannabis products are legally available.



REGULATION AND  
A PUBLIC HEALTH  
APPROACH HAVE BEEN  
SHOWN TO WORK

In Canada - high CBD low THC products have proven popular. In the Netherlands traditional hashish still occupies a significant market niche.

And, crucially, sensible regulation can be combined with a public health approach towards cannabis.

That strategy has been successful at getting people to stop smoking tobacco.

40.1 (2016). A framework for a regulated market for cannabis in the UK: recommendations from an expert panel. Steve Rolles et al; published by Liberal Democrats

Since 2011, there has been a reduction in the number of smokers from 19.8 million to 14.9 million in 2017 – that’s nearly a quarter<sup>41</sup> - in a legal, regulated market. A combination of a cap on potency and price signals through heavier taxation of more potent strains maximises the chances of reducing risk.

### **B. A gateway drug - breaking the link to other riskier drugs**

Opponents of reform say that legalising cannabis poses a health risk because cannabis is a ‘gateway drug’. Their argument is that if we legalise cannabis, more people will try it. And if you try cannabis, you are more likely to try other, more dangerous drugs.

*The facts do not back up these claims.*

Admittedly, cannabis is the illegal drug which most drug users use first – 82% of people who have taken drugs consumed cannabis first. But, crucially, there is a significant drop-off between users of cannabis and users of other, riskier drugs. Half of cannabis users have never taken another illegal drug<sup>42</sup>.

**THE ‘GATEWAY DRUG’  
ARGUMENT IS FALSE**

Alcohol is almost certainly the drug (legal or illegal) which most drug users use first. I wouldn’t be surprised if the vast majority of people who have taken cannabis (or any other illegal drug) had first consumed alcohol. But that doesn’t mean that alcohol is a gateway drug – because, significantly, a large proportion of people who have consumed alcohol have not consumed any other drugs.

It is exactly the same with cannabis<sup>43</sup>

Further, introducing a regulated market for cannabis, would mean that consumers are no longer buying from a dealer who also sells other riskier drugs, thus potentially reducing the chances of consumers getting offered those riskier drugs.

### **C. Reducing harm from criminal violence**

By reforming cannabis laws, we can take supply out of the hands of criminals, with all the associations with violence described above.

Instead, the Government will have ultimate oversight of the market. Drugs reform therefore offers a great chance to significantly reduce violence currently associated with the illegal drugs trade.

41. (Office for National Statistics; Public Health England, 2018)

42. (Mann, 2014)

43. Ibid

## *Research shows that as legal access to cannabis is widened, there is a related fall in gang violence.*

The legalisation of medicinal cannabis in US states on the Mexican border resulted in a steep decline in violence<sup>44</sup>. These states have a 15% higher crime rate than non-border states, primarily due to the violence of the drugs trade. Mexican drug trafficking organisations supply illicit drugs across the border and are allied to local gangs within the border states.

However, the legalisation of medicinal cannabis has created a new source of production for the drug – now from within US states. As a result, the market share – and therefore the power – of the Mexican drug trafficking organisations started to wane. This led to a fall in violence in US states bordering Mexico as the strength of the cartels declined – even in places where medicinal cannabis hadn't been legalized. Significantly, there was a 15% drop in violent crime in California; and 7% in Arizona<sup>45</sup>.

The author of this research made the case clear by saying, “[w]hen the effect on crime is so significant, it’s obviously better to regulate marijuana and allow people to pay taxes on it rather than make it illegal”<sup>46</sup>.

**WHO CONTINUES TO  
OPPOSE AN APPROACH  
THAT HAS BEEN SHOWN TO  
REDUCE VIOLENT CRIME?**

With a regulated market and competitive pricing, legal cannabis can put illicit suppliers out of business. We have a real opportunity to eliminate a lot of criminal activity, help tackle the violence of the ‘county lines’ phenomenon and confront the entrapment of disadvantaged young people in a life of crime.

### ***D. Reducing harm through freeing up police resources and raising tax revenues***

By reforming cannabis laws, we can take supply out of the hands of criminals, with all the associations with violence described above.

There are other clear benefits from a legalised and regulated market.

The police would save time and money. Of all prosecutions for possession of any drug – Class A, B or C - cannabis possession prosecutions make up nearly 60% of the total<sup>47</sup>. In a regulated market, pressures on the police would decline.

44. (Gavrilova, Kamada, & Zoutman, 2017)

45. (Gavrilova, Kamada, & Zoutman, 2017)

46. (Doward, Legal marijuana cuts violence says US study, as medical-use laws see crime fall, 2018)

47. (Criminal Justice System statistics quarterly: December 2017, 2018)

## ***We have an opportunity to free up police resources as we erode the criminal market.***

Benefits would also accrue to the taxpayer.

When the Liberal Democrats were in Government, we commissioned a Treasury analysis of anticipated tax revenues which would accrue from a regulated market for cannabis in the UK. The Treasury report, which was never published but leaked to the BBC, suggested hundreds of millions of pounds a year would be generated in tax revenue<sup>48</sup>. This money could be spent on our schools, the police or the NHS and on prevention, education on the risks of drugs, harm reduction and treatment.

### ***E. Protecting our children and young people***

***Ultimately, reforming our cannabis laws is the only way we can protect our children and young people from the harms of potent skunk.***

The evidence is compelling.

A comprehensive study published in the JAMA Pediatrics journal used data provided to national health surveys from 1.4 million US high school pupils over the last twenty five years<sup>49</sup>.

In US States that legalised recreational cannabis, there was:

- an associated 8% decrease in cannabis use among high school pupils;
- a 9% decrease in frequent cannabis use (ten times or more over 30 days);
- a resulting lower use among teenagers.

Interestingly, this effect was specific to recreational cannabis – *in states where only medicinal cannabis was legalised, there was no change.*

The figures become even more striking when put into the national context over the period.

Across the US, cannabis use among young people rose: the proportion using cannabis alone went from 0.6% to 6.3% of young people over the period, and those using cannabis and alcohol rose from 3.6% to 7.6%.<sup>49.1</sup>

48. (Hopkins, 2015)

49. <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2737637>

49.1 <https://ajph.aphapublica/ons.org/doi/abs/10.2105/AJPH.2019.305122?af=R&>

If reform to our cannabis laws really does reduce young people's exposure to the harms of the drug, then there is clearly a moral case for making a change.

A few years ago we could hypothesise about how, in theory, a regulated market for cannabis could protect our young people. But we lacked real world examples of its success – because nowhere had tried it.

In 2019, things are different. Cannabis reform is spreading, and that means that we can look around the world and see whether what works in theory is working in practice. The results are starting to be delivered in the affirmative – and this nationwide study is the most significant piece of evidence yet.

# THE WAY FORWARD – STEPS TO REFORM

*There is a powerful case, based on public health and the principle of harm reduction, and backed up by a wealth of evidence, for the introduction of a responsibly regulated cannabis market. But how do we get there?*

## **A. Fear, stigma and cannabis**

Reformers must understand the fears and anxieties of many people. These are often based on misunderstandings about what regulation means in practice. We therefore have a responsibility to explain clearly the policy model and how it will positively impact people's lives, whether they use cannabis or not.

Fundamentally, concerns about reform are driven by a fear of harm. People do not want to risk permitting further harms, particularly to young people.

Fear of harm is legitimate, and it deserves a proper response.

**THE RISK OF HARM IS  
GREATEST WHEN THE  
MARKET IS CONTROLLED BY  
ORGANISED CRIME**

As I have argued, the risk of harm is greatest when the market is controlled by organised crime. It's *because* there are potential health risks that it makes sense to control and regulate supply.

## **B. Shifting Public Opinion**

There is evidence to suggest that public opinion is shifting.

Recent polls indicate that over 75% of the UK public are in favour of medicinal cannabis being legal<sup>50</sup>. Polling undertaken as part of an Evening Standard investigation into recreational cannabis legalisation, showed the highest support levels yet recorded in favour of the regulated stance<sup>51</sup>: 47% of the public support regulation, compared with 30% who are opposed and 23% who 'don't know'.

Following the BBC coverage in July 2019 of the visit by three MPs - David Lammy, Jonathan Djanogly and myself - to Toronto to witness how a legally regulated cannabis market has worked so far in Canada, a YouGov poll indicated a further shift:

**52% favour legal regulation;  
32% are opposed.**

50. (United Patients Alliance, 2018)

51. <https://www.standard.co.uk/news/uk/the-cannabis-debate-63-per-cent-of-londoners-think-uk-should-follow-canada-and-make-cannabis-legal-a4179291.html>

Public opinion is moving in favour of legal regulation.

Frustratingly, Government ministers resist a proper examination of the evidence and seem fearful of media reaction.

When I was in Government, I sat, for a while, on a cross-departmental ministerial group looking at drug policy. There was no interest in looking at the evidence for more substantive reforms.

### WHY DOES GOVERNMENT HAVE NO INTEREST IN LOOKING AT THE EVIDENCE?

Yet reform in the United States has, in the vast majority of cases, resulted from people voting in state referenda for legalisation. And it hasn't just been in 'liberal' states – cannabis is legal for recreational purposes in Alaska. In most cases, the first step has been to decriminalise personal possession and use of cannabis, and make cannabis legally available for medicinal purposes, with reform of recreational use following. This is what has happened in California.

Politicians fearing the media and public reaction to reform should take note of the US citizen-led reforms and should also recognise that the Canadian Liberals won a general election with a manifesto proposing legal regulation.

It was not politically fatal for them. Indeed, the reform platform was a political asset, establishing their pragmatic credentials with audiences young and old. Strikingly, the opposition Conservative Party in Canada has now pledged not to repeal legalisation, recognising where public sentiment lies.

### LEGAL REGULATION HAS PROVEN TO BE AN ELECTORAL ASSET

#### *C. The role of medicinal cannabis in removing the stigma around cannabis*

Access to medicinal cannabis can play an important role in shaping attitudes.

In places where cannabis has been legalised for recreational use, there is frequently a robust medicinal cannabis system in place first.

In ten out of the eleven states in the USA which have legalised cannabis for recreational use, there was already access to medicinal cannabis. Meanwhile in Canada, medicinal cannabis became legal in 2001<sup>52</sup>.

To be clear, medicinal and recreational cannabis are very different things. They should operate in distinct markets even in places where recreational cannabis is legal. But it's undeniable that access to medicinal cannabis helps remove the stigma around cannabis. If medicinal cannabis access is available,

52. (Gibbs, O'Sullivan, & Yates, 2018)

more people will come into contact with the drug and see the positive medical impact it can have, either on themselves, their family or their friends.

People realise that when the supply of cannabis is carefully controlled and out of the hands of criminals, much of the harm surrounding the drug is eliminated. Availability for medicinal purposes demystifies cannabis.

#### ***D. Expanding access to medicinal cannabis in the UK***

In the UK, medicinal cannabis has, in theory, been available to prescribe on the NHS since November 2018<sup>53</sup>. But the expectations of availability of cannabis for pain relief and other ailments have yet to be realised.

I was informed by the NHS Business Services Authority in March 2019 that the number of NHS medicinal cannabis prescriptions was expected to be so low that they were not even intending on publishing the data, for fear of identifying patients. My understanding, at the time of writing, is that less than five NHS prescriptions have been authorised. There are some private prescriptions being issued, but the numbers also remain very low.

Despite medicinal cannabis being nominally legal, the UK faces a situation in which it is practically impossible to secure a prescription on the NHS – due to a combination of restrictive clinical guidance; local NHS bureaucracy; doctors who are unwilling to prescribe

- partly through fear of personal liability flowing from the fact that none of the cannabis products available have gone through the medical licensing process - and expensive supply which has to be obtained from overseas<sup>54</sup>.



**WHILE LEGAL, PATIENTS  
CONTINUE TO BE DENIED  
ACCESS TO MEDICINAL  
CANNABIS**

It is vitally important that in the short term, the UK looks to expand access to prescriptions of medicinal cannabis products. Otherwise we face a situation where sufferers of chronic pain will have to continue to attempt to gain access to medicinal cannabis from the illegal market.

The Government must confront the fact that if it sticks to the traditional route for the licensing of medicinal cannabis, we will wait years for wider access. There needs to be a parallel process to enable access.

53. (BBC, 2018)

54. (Gibbs, O'Sullivan, & Yates, 2018)

## CASE STUDY: THE CANADA MODEL

Canada legalised medicinal cannabis in 2001. By the time it proposed a legal market for recreational cannabis in 2015, much of the stigma had already dissipated. In October 2018, Canada became only the 2nd country in the world, after Uruguay, with a legal market for non-medical cannabis.

Harm reduction arguments were central to winning the battle of public opinion.

The Canadian Liberal Party made protecting young people from harm, and tackling organised crime, the central tenets of their policy. According to UN data, Canada had the fourth highest use of cannabis (14.73% of the population) in the world (after Israel, the USA and Chile)<sup>55</sup>.

WHY WOULD ANY GOVERNMENT REFUSE TO PROTECT PEOPLE FROM HARM AND UNDERMINE ORGANISED CRIME?

Examining how Canada achieved a regulated recreational cannabis market in detail provides an instructive model for how the reform in the UK might happen - but also offers some lessons from mistakes made.

### A. The political narrative

There were three key elements to the political narrative which was promoted by the Liberal Party:

- The first, and main, argument for reform was that prohibition has failed to protect children and youth from the risks of cannabis;
- Second, reform would protect public health by regulating and restricting access (and promoting responsible adult use);
- And third, reform would keep profits out of the hands of criminals and organised crime associated with the illegal market (Canadians spent \$5.7bn on cannabis in 2017, 90% of it for illegal, non-medical purposes)<sup>56</sup>.

The Canadian Liberal Party's manifesto provides a clear statement of their position:

*"Canada's current system of marijuana prohibition does not work. It does not prevent young people from using marijuana and too many Canadians end up with criminal records for possessing small amounts of the drug.*

*Arresting and prosecuting these offenses is expensive for our criminal justice system. It traps too many Canadians in the criminal justice system for minor, non-violent offenses.*

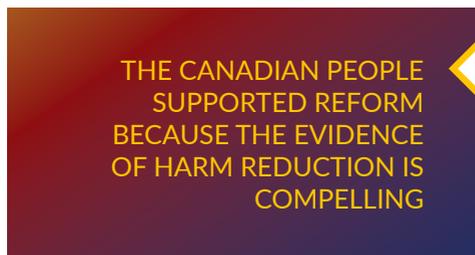
55. (UNODC, 2018)

56. (Statistics Canada, 2019)

*At the same time, the proceeds from the illegal drug trade support organized crime and greater threats to public safety, like human trafficking and hard drugs.*

*To ensure that we keep marijuana out of the hands of children, and the profits out of the hands of criminals, we will legalize, regulate, and restrict access to marijuana.”<sup>57</sup>*

The Canadian Government was able successfully to achieve reform of the system by focusing on harm reduction and young people. They made a clear, evidence-based case that prohibition was not working; that a legal market would reduce harm and tackle other damaging consequences of a criminal market.



The evidence was convincing, and the people of Canada supported the reforms.

## **B. Delivering the reforms**

Following its 2015 election victory, the Liberal Government created a Task Force on Cannabis Legalisation and Regulation in June 2016. The nine principal objectives which would inform the Taskforce’s work were set out in a discussion paper<sup>58</sup>.

Just like in the Liberal Party’s manifesto, **harm reduction was the cornerstone of the approach**. The main objective was “[protecting] young Canadians by keeping cannabis out of the hands of children and youth”.

Among the other objectives were:

- keeping profits out of the hands of criminals;
- reducing the burdens on police and the justice system associated with possession of cannabis offences;
- protecting public health, and establishing a strict system of production, distribution and sales.

The eventual recommendations of the Task Force provided the basis for the Cannabis Act, which became law in 2018.

To attempt to ensure that opposed parties were kept engaged during the process, Trudeau’s government made a political judgement to introduce tougher sentences for those convicted of supply to minors or driving while impaired. The right approach must surely be to ensure that penalties are consistent for offences of supplying alcohol, tobacco or cannabis to minors.

57. (Liberal Party (Canada), n.d.)

58. (Toward the legalization, regulation and restriction of access to marijuana: Discussion paper, 2016)

### **C. Lessons from the market structure**

Critical to the approach taken in Canada was to establish a strong regulatory system with cannabis sold through dedicated outlets.

One week after the reforms were implemented, I witnessed an orderly queue of people of all ages waiting on the pavement outside the central Montreal dispensary.

Licensing the whole supply chain from grower to seller, taxing at a level which ensures that the price in dispensaries makes the criminal market unattractive, controlling the potency of the cannabis sold (although this is not a feature of the regulated regime in Canada), banning sales to under 18s, having public health information available to raise awareness and understanding of risk. These are all things that you can do to protect teenagers and young people.

Among the key elements of the new federal regulations are:

- Adults over 18 are allowed to possess up to 30g of cannabis in public;
- Herbal cannabis is available from provincially regulated retail outlets and online sales;
- Adults are permitted to cultivate up to 4 cannabis plants per household for personal use (although this is not permitted in some provinces);

- Cannabis will be sold in plain packaging with clear health warnings and content information - minimal brand logo and information is allowed;
- Strict controls on advertising and promotions - including bans on sponsorship, celebrity endorsements, and any information that is seen by or targets youth.

Provinces and territories are responsible for determining how, and to whom, cannabis is sold within their jurisdictions. They set rules around:

- how cannabis can be sold (most have opted for a state monopoly on cannabis retailing, with purchase only legal in government-operated stores, though some allow sale through private licensed stores);
- where stores may be located;
- how stores must be operated.

Provinces and territories also have the flexibility to set added restrictions, including:

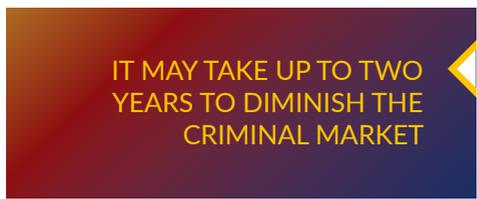
- lowering possession limits;
- increasing the minimum age (most have raised the legal age to 19 to harmonise with alcohol/tobacco laws);
- restricting where cannabis may be used in public;
- setting added requirements on personal cultivation.

Consequently, there is a patchwork of rules and regulations across the country. There is also a federal-provincial dispute over home cultivation: although the Federal Cannabis Act permits cannabis cultivation of up to four plants per residence, it is prohibited in some provinces including Quebec. Although Quebec has said it will not challenge the federal law, it has committed to defending itself from any citizen challenge.

#### **D. Evidence of success:**

The Canadian cannabis market has only been active for a few months at the time of writing, so it is difficult to draw conclusions on its success.

This problem is exacerbated by the supply shortage experience in Canada immediately following legalisation. Until supply – and therefore prices – stabilises, we cannot expect the full impact on the criminal market to be realised. These are clearly teething problems. The example of Colorado, which legalised cannabis in 2014, suggests it will take up to two years to substantially diminish the criminal market<sup>59</sup>.



**IT MAY TAKE UP TO TWO YEARS TO DIMINISH THE CRIMINAL MARKET**

59. (Cecco, 2019)

60. (Lemon, 2018)

61. (Smith, 2018)

However, it is possible to make some preliminary judgements based on the limited evidence available.

First, the Canadian press reports that police departments in the country have not seen any increase in driving while under the influence of cannabis<sup>60</sup>. This is significant. A regulated market does not give people a free pass to behave as they like under the influence of drugs.

Driving under the influence is quite rightly illegal and will remain so under a regulated market. The whole approach is about trying to avoid, rather than promote, harms. Maintaining a tough response to irresponsible driving after using cannabis - just as we do with drink/driving offences - is critical.

Secondly, the leader of the Canadian Conservatives, Andrew Scheer, has stated that his party will not reverse the policy if they enter government. He said, “[we] recognize the reality now, so I do not intend to go back and make marijuana illegal again”<sup>61</sup>. Clearly the Liberal Government’s arguments have convinced enough people to make it difficult to overturn the laws.

Some opponents of reform point to the rise of hospitalisations in Colorado, a US state where cannabis is legal for recreation use, as an argument that legalisation will only lead to further harm.

However, cannabis has been legalised in Colorado but regulation is lax. Instead, policy in the state has been commercially-oriented.

Evidence suggests a disproportionate level of the hospitalisations has been caused via the sale of edibles. It takes longer for the effect of edibles to impact a user, which can lead to individuals over-consuming. As a result, from January 2012 to December 2016, edibles were responsible for 10.7% of cannabis-related Emergency Room trips – despite only accounting for 0.32% of cannabis sales in that time<sup>62</sup>.

### ***E. Lessons from the Canadian system***

Canada's legal regulation of the cannabis market provides a great lesson for us in the UK.

First, the Canadian Government was able to win the political argument for reform by making the case for harm reduction.

Second, the way in which the Liberal Government then secured the reforms is important.

The commitment to harm reduction continued to be at the heart of the approach and the eventual regulated system. It commissioned a task force of independent experts to make recommendations, and it engaged in extensive consultations with a wide range of stakeholders and viewpoints, including police, health experts, cannabis users, and indigenous, youth, family and community groups.

When we visited Toronto in July, 2019, we heard from senior police officers who had sat on the Government task force. They had started out as sceptics of legalisation but had become convinced of the case for reform through their work on the task force.



**THOSE INITIALLY SCEPTICAL  
WERE CONVINCED BY THE  
EVIDENCE**

The Government also reached out to opponents who wanted assurances that they would be tough on those who broke those regulations. By setting up a carefully regulated market, the Canadian Government has set itself in the best position to control and reduce the harms brought about by cannabis.

Finally, Canada offers an incredibly valuable evidence base.

An evaluative framework was hardwired into the system to make sure impacts of the new market could be effectively monitored and responded to appropriately. Already, we have seen some teething problems: in many provinces, domestic supply was not prepared for change. To undermine the criminal market, cannabis needs to be priced effectively. When supply is limited, it is difficult to achieve that as prices are high. Equally, we don't want prices to drop too low as this would incentivise use.

<sup>62</sup>. (Holpuch, 2019)

And Canada's value as a case study will only increase over time. As we take British policy forward, we can learn from what works well in Canada and what works badly – it is important to follow the evidence.

### *International treaties must change*

Canada's decision to legalise cannabis for recreational use placed the country in technical non-compliance with specific articles relating to cannabis prohibition in three UN Treaties they have signed and ratified - the Single Convention on Narcotic Drugs, 1961, the Convention on Psychotropic Substances, 1971 and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

The International Narcotics Control Board (the INCB), a quasi-judicial independent body which oversees treaty compliance within the UN system, criticised the Canadian Government for ending the prohibition of cannabis stating that it "maintains that by moving forward with the legalisation of cannabis for non-medical purposes in disregard of its legal obligations and diplomatic commitments, the government of Canada has contributed to weakening the international legal drug control framework and undermining the rules-based international order."



THE UN MUST  
EVENTUALLY REFORM ITS  
OUTDATED APPROACH

Although the criticism is clear and strong, it seems that no action will be taken, beyond such formal public critique.

Efforts to modernise the UN Treaties to allow flexibility for member states to explore cannabis regulation continues to grow, including from an increasing number of UN member states, with many arguing that the Treaties are counterproductive, legitimising sometimes draconian policies which breach people's human rights. As more countries consider reform - Luxembourg being the latest to confirm plans to legalise production and consumption, and with New Zealand due to hold a referendum on legalisation in 2020 - the strain between the clear terms of UN Treaties and sovereign countries deciding to proceed with reform irrespective of their international obligations will become untenable.

Ultimately, the treaty system will surely be forced to modernise, in response to emerging evidence, and pressure from more and more member states whose needs are no longer being met by rigid ideological prohibitions from a long distant era.

## *A cautious, tough regulatory regime remains essential*

In October 2015, I set up an independent panel to advise the Liberal Democrats on how a regulated market could be introduced. Its membership included a serving Chief Constable, Mike Barton from Durham, and a retired Chief Constable from Cambridgeshire, Tom Lloyd. It was chaired by Steve Rolles, Senior Policy Analyst at Transform Drug Policy Foundation.

Their clear conclusion was that there was a public health case for legal regulation. They recommended introducing a strict regulatory regime with limits on potency to protect young people from mental health risks<sup>63</sup>.

The regulations would be designed to reduce harm to the greatest extent possible. Edibles, which offer reduced risks in one way, by avoiding smoking, but potentially greater risks in terms of dosage control, would only be included in a second implementation phase, once the herbal cannabis market was established and bedded in.

Another recommendation from the panel was that the smoking of cannabis in public spaces should, at the least, be subject to the same strict regulations which tobacco smokers face. And likewise, that driving while impaired by cannabis should result in similar punitive action as drink driving.

It makes both pragmatic and political sense to start cautiously with a stricter regime and to then monitor its effectiveness. If you start with a lax regime and then try to toughen it up, you are faced with commercial interests who will fight hard against change.

63. (A framework for a regulated market for cannabis in the UK: recommendations from an expert panel, 2016)

# CONCLUSION

IT IS OUR RESPONSIBILITY TO PROTECT OUR YOUNG PEOPLE

I have set out the case for a legally regulated cannabis market.

It is clear that the current system is not working and that substantial harms result: avoidable risks to the mental health of young people, the use of extreme violence, arbitrary criminalisation which blights people's careers, and the enrichment of organised crime networks.

We can surely all agree that it is our responsibility to protect our young people. The current situation negligently puts teenagers at risk of serious harm. It is intolerable not to confront this public health challenge. The time has come to act.

We have a real opportunity to limit the harms which have festered in the illegal market and to improve the lives of some of the most disadvantaged young people. Now we need to seize the initiative. We should use the approach taken in Canada to guide us on how we win this vital public health argument so that we can achieve better protection for teenagers and young people.

We've let the War on Drugs deliver failure after failure for too long. It's time to follow the evidence, and to introduce a legally regulated market for cannabis.

IT IS INTOLERABLE NOT TO CONFRONT THE  
CANNABIS PUBLIC HEALTH AND CRIMINAL  
CHALLENGE WITH A REGULATED SYSTEM THAT  
HAS BEEN SHOWN TO WORK

## BIBLIOGRAPHY

(2016). A framework for a regulated market for cannabis in the UK: recommendations from an expert panel. Steve Rolles et al; published by Liberal Democrats.

(2016). A framework for the legalization and regulation of cannabis in Canada: the final report of the Task Force on Cannabis Legalization and Regulation. Health Canada.

BBC. (2018, November 1). Medicinal cannabis products available on prescription. Retrieved from BBC: <https://www.bbc.co.uk/news/health-46045487>

BBC. (2019, February 7). Knife crime: fatal stabbings at highest level since records began in 1946. Retrieved from BBC: <https://www.bbc.co.uk/news/uk-47156957>

British Paediatric Neurology Association. (2018). Guidance on the use of cannabis-based products for medicinal use in children and young people with epilepsy.

Cannabis: Written question - 157684. (2019, July 2). Retrieved from [www.parliament.uk](http://www.parliament.uk): <https://www.parliament.uk/written-questions-answers-statements/written-question/commons/2018-06-26/157684>

Cecco, L. (2019, April 17). Canada's legal weed struggles to light up as smokers stick to black market. Retrieved from The Guardian: <https://www.theguardian.com/world/2019/apr/17/canada-cannabis-stores-sales-black-market-dealers>

CNN Library. (2019, 11 April). Opioid Crisis Fast Facts. Retrieved from CNN Library: <https://edition.cnn.com/2017/09/18/health/opioid-crisis-fast-facts/index.html>

Collins, D., & Ramzan, I. (2019, May 6). 'County lines' drug gangs spread knife crime epidemic to shires. Retrieved from The Times: <https://www.thetimes.co.uk/article/county-lines-drug-gangs-spread-knife-crime-epidemic-to-shires-3zg2v9tlj>

Criminal Justice System statistics quarterly: December 2017. (2018, August 16). Retrieved from Gov.uk: <https://www.gov.uk/government/statistics/criminal-justice-system-statistics-quarterly-december-2017>

Curtis, C. (2019, May 30). A majority support liberalising policy towards cannabis. Retrieved from YouGov: <https://yougov.co.uk/topics/politics/articles-reports/2018/05/30/majority-now-support-liberalising-policy-towards-c>

Davis, N. (2019, March 19). High-strength cannabis increases risk of mental health problems. Retrieved from The Guardian: <https://www.theguardian.com/society/2019/mar/19/high-strength-cannabis-increases-risk-of-mental-health-problems>

Di Forti, M., & al, e. (2009). High-potency cannabis and the risk of psychosis. *British Journal of Psychiatry*, 488-49.

Di Forti, M., & al, e. (2019). The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicentre case-control study. *Lancet Psychiatry*.

Doward, J. (2018, December 30). Cannabis strength doubles across Europe in 11 years. Retrieved from The Guardian: <https://www.theguardian.com/society/2018/dec/30/cannabis-strength-doubles-across-europe>

Doward, J. (2018, January 14). Legal marijuana cuts violence says US study, as medical-use laws see crime fall. Retrieved from The Observer: <https://www.theguardian.com/world/2018/jan/14/legal-marijuana-medical-use-crime-rate-plummets-us-study>

Drugs Penalties. (2019). Retrieved from Gov.uk: <https://www.gov.uk/penalties-drug-possession-dealing>

Duran-Martinez, A. (2018). The Politics of Drug Violence: Criminals, Cops and Politicians.

Ellis-Petersen, H. (2018, December 19). Duterte's Philippines drug war death toll rises above 5,000. Retrieved from The Guardian: <https://www.theguardian.com/world/2018/dec/19/dutertes-philippines-drug-war-death-toll-rises-above-5000>

Furlong, S. (2017, December 11). We don't know how big the UK illicit cannabis market is but we know it is vast. Retrieved from Hanway: <https://www.hanway.associates/news-opinion/2017/12/11/uk-illicit-cannabis-market>

Gavrilova, E., Kamada, T., & Zoutman, F. (2017). Is Legal Pot Crippling Mexican Drug Trafficking Organisations? The Effect of Medical Marijuana Laws on US Crime. *The Economic Journal*.

Gibbs, B., O'Sullivan, S., & Yates, A. (2018). Medicinal cannabis in the UK: a blueprint for reform. Centre for Medicinal Cannabis.

Gregory, A., & Collins, D. (2019, February 24). Britain's opioid epidemic kills five every day. Retrieved from The Sunday Times: <https://www.thetimes.co.uk/article/britains-oidioid-epidemic-kills-five-every-day-83md7wc3k>

Guy, J., & Clarke, H. (2018, October 22). Report says that UN's global 'war on drugs' has been a failure. Retrieved from Cnn: <https://edition.cnn.com/2018/10/21/health/drug-report-un-failure-intl/index.html>

Health Europa. (2019, March 29). Learn about medical cannabis in the Czech Republic. Retrieved from Health Europa: <https://www.healtheuropa.eu/medical-cannabis-czech-republic/91043/>

Home Office Crime Survey for England and Wales 2017/18. (2019, April 15). Retrieved from gov.uk: <https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2017-to-2018-csew>

International Drug Policy Consortium. (2018). Taking Stock: A Decade of Drug Policy.

Kafkadesk. (2019, February 1). Czech government considering reimbursing medical marijuana. Retrieved from Kafkadesk: <https://kafkadesk.org/2019/02/01/czech-government-considering-reimbursing-medical-marijuana/>

Kelly, A. (2019, February 5). 'County lines' drugs gangs tracking children via social media. Retrieved from The Guardian: <https://www.theguardian.com/global-development/2019/feb/05/county-lines-drug-gangs-blackmailing-tracking-children-social-media>

Lemon, J. (2018, November 15). Canada has not experience increase in weed-impaired driving after marijuana legalization, police say. Retrieved from Newsweek: <https://www.newsweek.com/no-increase-stoned-driving-after-canada-weed-legalization-police-say-1218265>

Liberal Party (Canada). (n.d.). Marijuana. Retrieved from Liberal Party (Canada): <https://www.liberal.ca/realchange/marijuana/>

Mann, J. (2014, October 5). British drugs survey 2014: drug use is rising in the UK - but we're not addicted. Retrieved from The Observer: <https://www.theguardian.com/society/2014/oct/05/-sp-drug-use-is-rising-in-the-uk-but-were-not-addicted>

National Crime Agency. (2019, April 15). Drug Trafficking. Retrieved from National Crime Agency: <https://nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking>

National Crime Agency. (2019). NCA publishes annual assessment of county lines as over 600 arrested as part of national co-ordinated activity targeting drug dealing model. Retrieved from National Crime Agency: <https://nationalcrimeagency.gov.uk/news/nca-publishes-annual-assessment-of-county-lines-as-over-600-arrested-as-part-of-national-coordinated-activity-targeting-drug-dealing-model?highli-bnR5liwibGluZXMiLCJsaW5JyJlslmxbpmUiLCJsaW5pbm>

Nicholls-Lee, D. (2019, March 3). Medicinal cannabis users left high and dry by Dutch tolerance policy. Retrieved from Dutch News.nl: <https://www.dutchnews.nl/features/2019/03/medicinal-cannabis-users-left-high-and-dry-by-dutch-tolerance-policy/>

Office for National Statistics. (2018, June 8). Projected UK adult population for 2018. Retrieved from Office for

National Statistics: <https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/projectedukadultpopulationfor2018>

Office for National Statistics; Public Health England. (2018). Adult smoking habits in the UK: 2017.

Patton, G. C., Coffey, C., Carlin, J. B., & al, e. (2002). Cannabis use and mental health in young people: cohort study. *British Medical Journal*, 1195-1198.

Potter, D., Hammond, K., Tuffnell, S., Walker, C., & Forti, M. (2018). Potency of  $\Delta^9$ -tetrahydrocannabinol and other cannabinoids in cannabis in England in 2016: implications for public health and pharmacology. *Drug Test Analysis*, 628-35.

Royal College of Physicians; Royal College of Radiologists; Faculty of Pain Medicine of the Royal College of Anaesthetists. (2018). Recommendations on cannabis based products for medicinal use.

Shaw, D. (2019, March 14). Ten charts on the risk of knife crime in England and Wales. Retrieved from BBC: <https://www.bbc.co.uk/news/uk-42749089>

Smith, M.-D. (2018, October 24). Scheer clarifies that no, a Conservative government would not re-criminalize cannabis. Retrieved from National Post: <https://nationalpost.com/news/politics/scheer-clarifies-that-no-a-conservative-government-would-not-re-criminalize-cannabis>

Statistics Canada. (2019). Cannabis Economic Account 1961 to 2017. Retrieved from Statistics Canada: <https://www150.statcan.gc.ca/n1/daily-quotidien/180125/dq180125c-eng.htm>

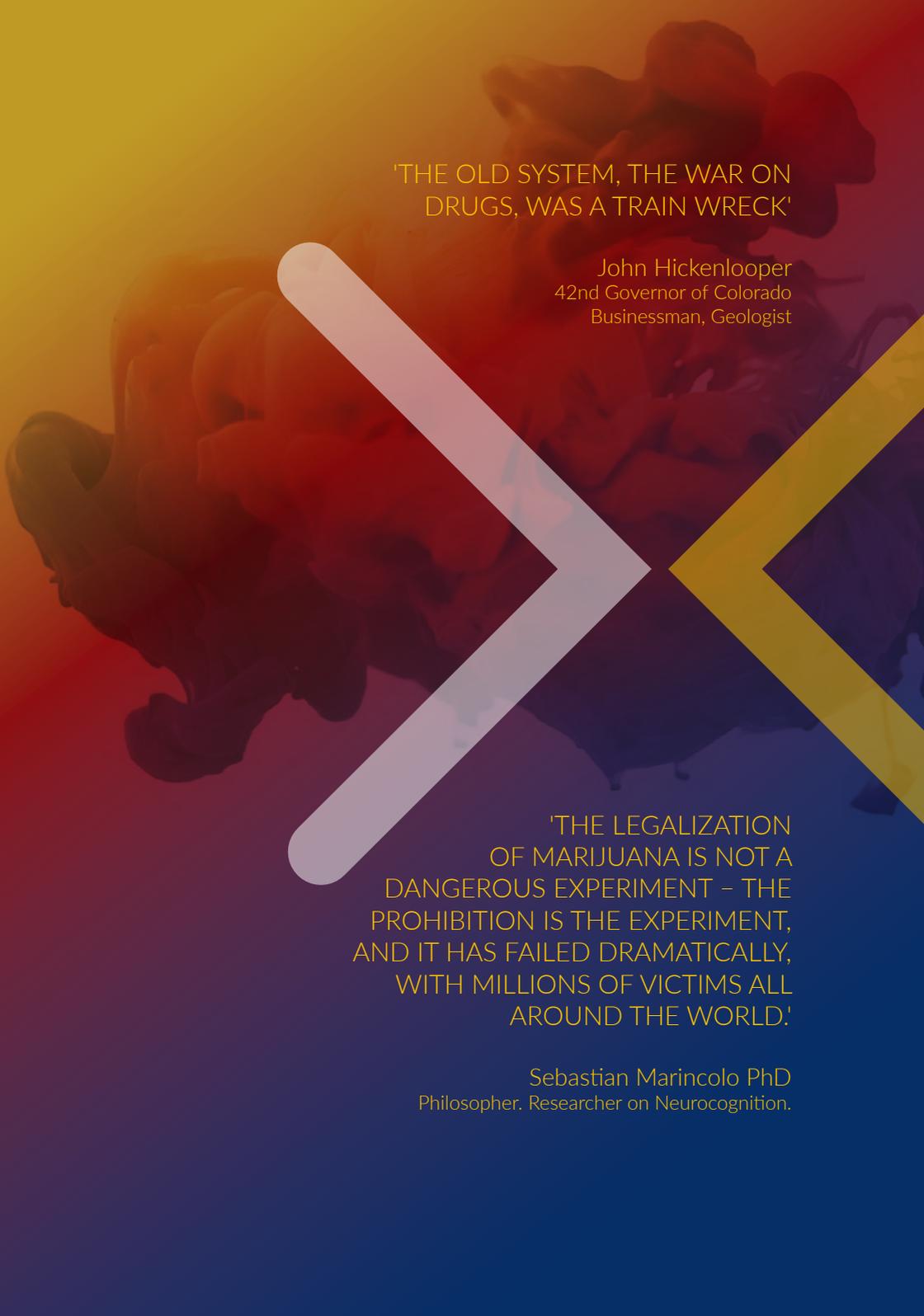
(2016). Toward the legalization, regulation and restriction of access to marijuana: Discussion paper. Ottawa: Government of Canada.

Townsend, M. (2019, March 9). County lines gangs: how drug-running is fuelling knife crime. Retrieved from The Guardian: <https://www.theguardian.com/society/2019/mar/09/county-lines-drug-gangs-fuel-knife-crime-london-norfolk>

United Patients Alliance. (2018, October 29). UK Medicinal and Recreational Cannabis Public Poll. Retrieved from United Patients Alliance: <https://www.upalliance.org/newsmediainternal/2018/10/29/populus-cannabis-poll-results>

Warrell, H., & Alatise, S. (2019, January 29). Big increase in UK 'county lines' drug trafficking. Retrieved from Financial Times: <https://www.ft.com/content/5405348c-23b9-11e9-8ce6-5db4543da632>





'THE OLD SYSTEM, THE WAR ON  
DRUGS, WAS A TRAIN WRECK'

John Hickenlooper  
42nd Governor of Colorado  
Businessman, Geologist

'THE LEGALIZATION  
OF MARIJUANA IS NOT A  
DANGEROUS EXPERIMENT – THE  
PROHIBITION IS THE EXPERIMENT,  
AND IT HAS FAILED DRAMATICALLY,  
WITH MILLIONS OF VICTIMS ALL  
AROUND THE WORLD.'

Sebastian Marincolo PhD  
Philosopher. Researcher on Neurocognition.

# RADIX



THINK  
TANK  
FOR THE  
**RADICAL  
CENTRE**

[www.radixuk.org](http://www.radixuk.org)  
[hello@radixuk.org](mailto:hello@radixuk.org)

The Raincloud Victoria  
76 Vincent Square  
Westminster  
London SW1P 2PD

Registered Education Charity  
1167393