

Fergus Law enters the debate on the benefits and dangers of cannabis

# Should cannabis be legalised?

**C**annabis is the world's most widely used illegal drug. British school children have the highest (around 40 percent) and adults the second highest use compared with the rest of Europe.<sup>1</sup> About one in five 16-29 year olds have used it in the last year, one in eight within the last month. The majority of young people believe it is safe and should be legalised or at least decriminalised. Only a third of adults believe cannabis to be harmful. The pro-cannabis lobby has attracted massive support from the public, media and even political parties such as the Liberal Democrats. Successive governments have however rejected such pleas. Recently, the Conservative Party's shadow home secretary announced their 'zero tolerance' policy for cannabis possession; and eight members of the shadow cabinet immediately confessed to having used it!

Although much is known about cannabis and its effects, arguments for and against its use are complex and cannot be resolved because we lack an adequate knowledge base. Many organisations have attempted to summarise the evidence impartially.<sup>2,3,4,5,6</sup> Given this level of interest, it is clearly important for Christians to know how to respond in order to be salt and light to the world.

## Biological basis

Cannabis is derived from the hemp plant *Cannabis Sativa*. Used since antiquity, it was around in Jesus' day though not mentioned in the Bible. It contains over 400 chemical compounds (several thousand when smoked) including more than 60 cannabinoids - compounds unique to this plant genus. Cannabinoids interact with cannabis receptors in the body: like opiates, they substitute for endogenous compounds (eg anandamide) that interact with these receptors. Of all cannabinoids delta-9-tetrahydrocannabinol (THC) has the greatest effects on the brain.

## The law

It is illegal to grow, possess, produce, smoke or supply cannabis to another person; allowing your premises to be used for these purposes is also against the law. Cannabis and most cannabinoids are both

Schedule 1 (absolutely prohibited from medical use) and Class B (attracting prison terms of up to five years for possession or 14 years for dealing). This consumes a lot of police time, accounting for three-quarters of all drug offences and seizures. As the police frequently use their discretion, a wide gap has opened up between law formulation and practice. The Police Foundation recently recommended that cannabis be reclassified as Schedule 2 (allowing medical use) and Class C (reducing the penalties involved). Indeed they stated: 'The evidence strongly indicates that the current law and its operation creates more harm than the drug itself'.<sup>7</sup>

## Cannabinoids as medicines

We need to know if cannabis's potential benefits outweigh its risks. How does it compare with the alternative treatments available? The recent BMA review concluded: '...cannabis itself is unsuitable for medical use, (but) individual cannabinoids have a therapeutic potential in a number of medical conditions (see table) in which present drugs or other treatments are not fully adequate... present evidence indicates that they are remarkably safe drugs with a side-effect profile superior to many drugs used for the same indications'. They further stated that such therapeutic use should be confined to cannabinoids given as a tincture, oil or aerosol.<sup>8</sup> While two orally psychoactive cannabinoids (nabilone and dronabinol) can be prescribed legally in the UK, slow onsets of action and plasma level variability limit their therapeutic roles.

## Evidence for effectiveness<sup>2</sup>

Reasonable evidence

- Analgesic
- Antiemetic
- Appetite stimulant
- Muscle relaxant

Evidence inadequate or not promising

- Anticonvulsant
- Bronchodilator
- Glaucoma
- Hypertension
- Mood disorders
- Opiate and alcohol withdrawal
- Stroke & neurodegenerative disorders

## Non-medical use of cannabis

There are three main types (but many subtypes) of cannabis: herbal (marijuana or grass), hash (resin) and the much rarer oil. Cannabis has over 200 slang names including blow, dope, draw, ganja, grass, hash, herb, pot, puff, skunk, wacky backy and weed etc. The amount of THC in cannabis varies considerably even for specific sub-types. A typical joint (reefer, spliff, toke) would contain a half to one gram of cannabis plant material (of the size of one to two barley grains) that may contain between five and 150 mg THC (one to 15 percent purity). A 'teenth' (sixteenth ounce) is sufficient for five joints and a single one of these could be enough for two or three people. Regular users typically smoke one or two joints several times a week (an 'eighth' ounce weekly) but heavy users smoke five or more joints a day. Typically it is mixed with tobacco when smoked; a greater effect if obtained when smoked in a pipe (called a bong, hookah or hubbly bubbly) where the smoke is cooled but not detoxified as it passes through water. It may also be eaten in 'space cakes' or cookies or drunk as tea (bhang). Its cost ranges from five to 30 pounds per eighth ounce, depending on sub-type and quality. It has been suggested that cannabis is a gateway to other hard drugs; however, evidence suggests that the major predictors of progression to hard drugs are not cannabis use alone, but heavy use in association with psychiatric disorders or a family history of psychopathy (including alcoholism).<sup>9</sup>

## Major obvious effects of cannabis

The effects of cannabis depend on the amount and mode of use and the user's expectations and mood. When smoked the effects begin in a few minutes and last up to one hour with low doses or two to three hours with high doses. The most obvious effects of being 'stoned' are being relaxed, talkative and laughing easily (giggly and silly in naive users), followed by 'sleepiness' (followed by sleepiness). Users may experience 'the munchies' (hunger) and heightened sensory perception (eg colours or music). Sometimes they have difficulty in thinking, problem solving, walking or

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remembering the immediate past. Some users also become anxious, suspicious or paranoid and panic attacks can be precipitated. At high doses hallucinations may occur. Chronic use leads to a prolongation of these effects, often in association with low energy and poor motivation, work or educational performance. Perhaps five to ten percent of regular users become addicted, finding it difficult to stop and experiencing a mild withdrawal syndrome when they do.

### Comparison of cannabis with alcohol and cigarette smoking

Both alcohol and cannabis are often used for their intoxicating and euphorant effects. Both produce many similar effects on the brain although those due to cannabis are typically milder. Admittedly, chronic heavy cannabis use does not cause the range of problems that alcohol does (eg brain damage and liver cirrhosis). With the exception of nicotine and cannabinoids, cigarette and cannabis smoke contain the same toxic constituents. However, cannabis smoke contains a substantially higher proportion of particulate matter; more carcinogens and tar are inhaled longer and more deeply, causing increased daily cough, phlegm and wheezing, in addition to chronic respiratory disease such as chronic bronchitis. Tobacco smoking causes cancers and has toxic effects on the heart; as it is so similar, cannabis smoke probably also causes these. If the two are smoked together, the rate of damage is further accelerated.<sup>10</sup>


### Conclusion

Cannabis is not a harmless drug. This is not disputed. Experts are also of the opinion that it is less harmful than the other main illicit drugs. ‘When cannabis is systematically compared with other drugs

against the main criteria of harm (mortality, morbidity, toxicity, addictiveness and relationship with crime), it is less harmful to the individual and society than any of the other major illicit drugs or than alcohol and tobacco.’<sup>11</sup> Overall these reports agree that cannabis or cannabinoids should be legalised for medical use and that there are strong arguments to reduce the penalties associated with its use. A recent internet survey of nearly 1,000 doctors found 54 percent thought the law on cannabis was too strict and only about 12 percent thought it was not strict enough.<sup>12</sup>


God gave us reward systems in our brains so that we could enjoy the good things in life. Drugs of abuse interact with these natural reward systems and addiction is a sign that they have been ‘hijacked’, resulting in reduced control over their use. As Christians we serve only one master and should seek help if another begins to gain control. We choose not to support the distribution of drugs by potentially violent criminal gangs and oppose the glamourisation of any drug of addiction. We are aware that our body is the temple of the Holy Spirit, to be kept pure and holy. The Bible advises against intoxication with alcohol<sup>13</sup> and no doubt the same should apply to cannabis. Furthermore, we must not do anything that might make our brother stumble, in order to reflect more fully the glory of Christ. Overall we need to support strategies which ensure that those patients who will benefit from cannabis’s therapeutic properties can have access to it, whilst at the same time dispelling myths, increasing awareness of its harmful effects and actively discouraging its harmful use.

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## KEY POINTS

Cannabis and cannabinoids do have therapeutic potential in a number of medical conditions for which other treatments are not fully adequate; but cannabis is not a harmless drug. It produces disinhibition, cognitive difficulties, emotional disturbances, poor motivation and (sometimes) addiction. Cannabis smoke also contains carcinogens, particulate matter and tar suggesting that in regular users it will produce a similar spectrum of respiratory, circulatory and neoplastic diseases to tobacco smoke. Christian doctors need to speak the truth about cannabis’s adverse effects, discourage its harmful use and support legislation which protects the vulnerable from exploitation, whilst supporting the evidence-based therapeutic use of cannabinoids where appropriate.



### References

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- 10 Hall W, Solowij N, Lemon J. *The health and psychological consequences of cannabis use*. *National Drug Strategy Monograph Series No.25*. Canberra: Australian Government Publishing Service, 1995
- 11 Police Foundation. *Op cit*:103
- 12 www.Medix-uk.com
- 13 Proverbs 23:29-35; Ephesians 5:18; 1 Peter 4:3-4