PUBLIC ATTITUDES TO DRUGS IN THE UK

2019

Is the UK ready for drug policy reform?



CONSERVATIVE
DRUG POLICY
REFORM GROUP

CONTENTS

		PAGE
1.	FOREWORD	2
2.	INTRODUCTION	3
3.	KEY FINDINGS	5
4.	ATTITUDES TOWARDS MEDICINAL CANNABIS	6
5.	ATTITUDES TOWARDS CANNABIS FOR ADULT RECREATIONAL USE	9
6.	ATTITUDES TOWARDS WIDER DRUG POLICY	14
7.	REFERENCES	18
8.	APPENDIX	20

1. FOREWORD

The Conservative Drug Policy Reform Group (CDPRG) exists to educate and inform the debate around drug policy reform. We are here to act as a forum where all parts of the debate can interact based on the evidence.

This is not as simple as it sounds, because views on drug reform are very entrenched, with the centre right of politics extremely resistant to even considering minor reform to the current prohibition policies. Yet it has become increasingly obvious that our approach to drugs is causing terrible damage to young people, families and communities across the UK. There has been significant growth in recent years of the supply of Class A drugs such as heroin and cocaine and drug related deaths have reached record levels in England, Wales and Scotland. The Home Office estimates that the financial cost to the taxpayer is estimated at over £10 billion a year in policing, healthcare and crime and it continues to grow. At the same time, violent criminal gangs are making massive financial gains while preying on the weak and vulnerable. There must be a better way. This is why the CDPRG commissioned a landmark survey with YouGov, to be repeated every year, to see how the public currently views drug policy. The results are, in many respects, startling. This report sets out the detailed survey findings and shows the public are ahead of the politicians in their thinking and appetite for reform. The findings of this survey demonstrate the urgent need for policymakers and government to start to reshape policy as part of an open, fully informed and evidence-based debate on the future of drugs policy.



Rob Wilson, CEO

CONSERVATIVE
DRUG POLICY
REFORM GROUP

2. INTRODUCTION

For more than fifty years international drug policy has strictly prohibited the manufacture, supply and possession of drugs, with severe criminal penalties for offenders, in the belief that doing so will prevent the sale and use of drugs. Yet, after 50 years of prohibition and billions spent on law enforcement, there is no convincing evidence that strict criminal sanctions reliably deter either demand or supply.

In fact, a 2014 Home Office report looking at different legal frameworks concluded the contrary; that there was no "obvious relationship between the toughness of a country's law enforcement against drug possession and levels of drug use in that country"[1], a conclusion supported by the findings of many other reports[2,3,4] and studies.[5,6]

A drug policy approach centered around prohibition and law enforcement has also brought with it many unintended negative consequences, such as serious organised crime, corruption to the Police Force [7] and increased levels of violence. The recent surge in violent crime is part driven by changes in the market for illicit drugs[8] as gangs compete for drug profits[9] and those profits further fuel the underworld of organised crime. Prohibition has made controlled drugs stronger (much like the prohibition of alcohol in America) and drug related deaths are now at record highs across the UK. A punitive based approach to drug use in particular has also undermined harm reduction strategies. Prohibition and the so called "war on drugs", as declared by former US president Nixon back in the 1970s has exacerbated harms rather than reduce them [10,11,12] nor reliably curb demand.

With this approach increasingly being discredited across the globe, a growing number of countries and international agencies, including the World Health Organisation,[13] are now supporting drug control strategies with reduced focus on the criminalisation of users. Portugal, for example, took an alternative approach and decriminalised all drug possession and use (of a small amount) eight years ago, deciding to treat drug use as a public health issue instead. This approach was supported by a network of services concerning harm reduction, education and prevention, diverting people away from punitive measures where pragmatic and sensible to do.

Recent statistics show that the UK now has one of the highest rates of drug-related deaths in the EU, with Scotland's death rates fifty times that of Portugal's decriminalised model, which has led to demands for an alternative approach.

A wave of countries have moved towards decriminalisation the past fifteen years whether officially like Portugal with a "de jure" model or "de facto". decriminalisation where drug possession is deprioritised[14], focusing resources on drug manufacture and supply instead.

While decriminalisation of the possession of drugs seems like a natural first step towards a more rational approach to drug use, it does not undercut or remove the criminal organisations behind the booming drugs industry, so some countries have gone a step further and legalised cannabis (the most popular controlled drug globally), such as Canada and Uruguay (at a national level) and at a state level in twelve US states, despite remaining federally illegal.

Alternatives approaches to prohibition differ from market to market and there isn't a one-size-fits all approach, but the motivation behind them is to reduce harm in view of a growing acceptance that prohibition and criminalisation have not worked and to better focus resources. The degree of success within each market can now be debated based on the outcomes and the evidence.

Prohibition-focused policies have hindered scientific and medical research into controlled drugs due to the significant financial and administrative burdens they impose. Schedule I drugs, are considered to have no medicinal value and can only be used by licensed research centers if they comply with very strict regulations on storage, record-keeping and disposal. It has been estimated that these regulations increase the cost of research by a factor of ten compared to research on drugs in Schedule II. This has meant that proper clinical research into the potential medical benefits of cannabis, for example, has been severely hindered. Following the advice of Chief Medical Advisor, Professor Dame Sally Davies, and the Advisory Council on the Misuse of Drugs, some cannabis-based products were rescheduled in November 2018 to Schedule II and designated as 'specials' – unlicensed medicines that may be prescribed off-licence under specific conditions. Access through prescription is still extremely limited in the UK but the rescheduling has significantly reduced the obstacles to scientific and medical research.

The Conservative Drug Policy Reform Group (CDPRG) recognizes the damage drugs can do to individuals, families and communities and understands their dangers, which is why as a policy forum we seek to promote informed debate on drug policy reform. Wanting to understand public perceptions of drug policy, the CDPRG commissioned YouGov to run a poll looking at public attitudes. With a highly charged debate in the UK on drug policy, it's vital to know what the public thinks about drugs and want to see from drug policy. This research makes a contribution to the debate by examining public attitudes towards three main areas relating to drug policy: medical cannabis, cannabis for adult recreational use, and attitudes to wider drug policy in the UK.

Public views on UK drug policy: Key findings

Is the UK ready for drug policy reform?

Attitudes towards medical cannabis

77% **support the recent legalisation of cannabis-based medicines** to patients who could benefit

76% **would consider using a cannabis-based medicine** if they had a condition where there was strong evidence of a benefit

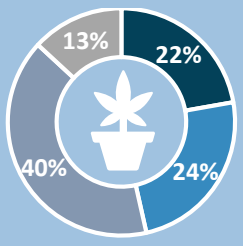
69% are **not concerned** that cannabis-based medicines will have **negative consequences** for society

(17% are concerned)

Attitudes towards home-growing cannabis

40% said **no one** should be allowed to grow their own cannabis plants, under any circumstances

13% Don't Know



22% said **anyone** should be allowed to grow their own cannabis plants

24% said **only people who have been prescribed cannabis by their Dr** should be allowed to grow their own cannabis plants

Support for prosecution

52% **oppose individuals being prosecuted** for unlawfully using cannabis to **self-treat medical conditions**

Only **17%** support prosecution

Attitudes towards cannabis for adult recreational use

48% support government legalisation of cannabis

24% oppose

50% think legal regulation would offer more protection to the young and vulnerable

23% think it would offer less protection

Prevalence

31% have tried cannabis

the average age cannabis is first used is 20 years old

Attitudes towards wider UK drug policy

76% think the threat of criminal punishments are not effective at deterring individuals who unlawfully use drugs

69% think the threat of criminal punishments are not effective at deterring individuals who sell drugs

70% said current UK drugs policy has been unsuccessful at reducing the harm done by drug abuse.

79% said UK government was not dealing well with the country's drug problems.

53% think that drug use is best seen as a health issue, which should be dealt with by HCPs and focused on reducing harm

31% think drug use is best seen as a criminal activity that should be dealt with by the police

16% It is morally wrong to use drugs

CONSERVATIVE DRUG POLICY REFORM GROUP

Materials were designed by the CDPRG team in conjunction with YouGov. Interviews were conducted with a nationally representative sample of n=1690 respondents in Great Britain (GB) aged 18+ and took place online between the 16th and 19th June 2019 with quotas set on age, gender, region, social grade and voting profile. Results have been weighted to ensure they are representative of GB.

4. ATTITUDES TOWARDS MEDICINAL CANNABIS

In October 2018 the government legalised some cannabis-based medicinal products (CBMPs), giving specialist doctors the power to prescribe them to patients if they think the patient could benefit from the treatment.

Our research showed that the majority of the British public (77 per cent) support the recent legalisation of cannabis-based medicines to patients who could benefit. A similar proportion (76 per cent) would also consider using a cannabis-based medicine themselves if they had a condition where there was strong evidence of a benefit. However, the reality is that hardly any NHS prescriptions for CBMPs have been issued to British patients to date. Despite the change in law, it is still very difficult for UK specialist doctors to prescribe CBMPs.

Private prescriptions are more easily available from specialist centres, but at a substantial cost to the patient. Those who may benefit from CBMPs, such as the families of children with treatment-resistant epilepsy, must either raise hundreds or thousands of pounds every month to pay for private prescriptions, or risk criminal sanctions for bringing in the medication from abroad illegally.



The 2019 report from the Health and Social Care Committee, Drugs Policy: Medicinal Cannabis,[15] recommended that "we should not be treating patients or their families who are resorting to bringing medication here from abroad because they cannot obtain it on prescription here as if they are committing a criminal offence. Neither should patients have their medication confiscated… this cruel practice must not happen again."

Many patients, such as those with chronic pain or MS have opted to unlawfully grow their own cannabis to self-treat their condition (another form of illegal access to cannabis for medical purposes) but opinions are divided on whether people should be allowed to grow their own cannabis plants. Our survey showed that 22 per cent of the public think that anyone should be allowed to grow under any circumstances and 24 per cent think that only those who have been prescribed cannabis by their doctor show be able to grow cannabis plants. On the other hand, 40 per cent do not think anyone should be allowed to grow cannabis under any circumstances. This figure is higher for Conservative voters, with 57 per cent saying no-one should be allowed to grow cannabis under any circumstances *[see figure 1]*.

Who should be allowed to grow cannabis?

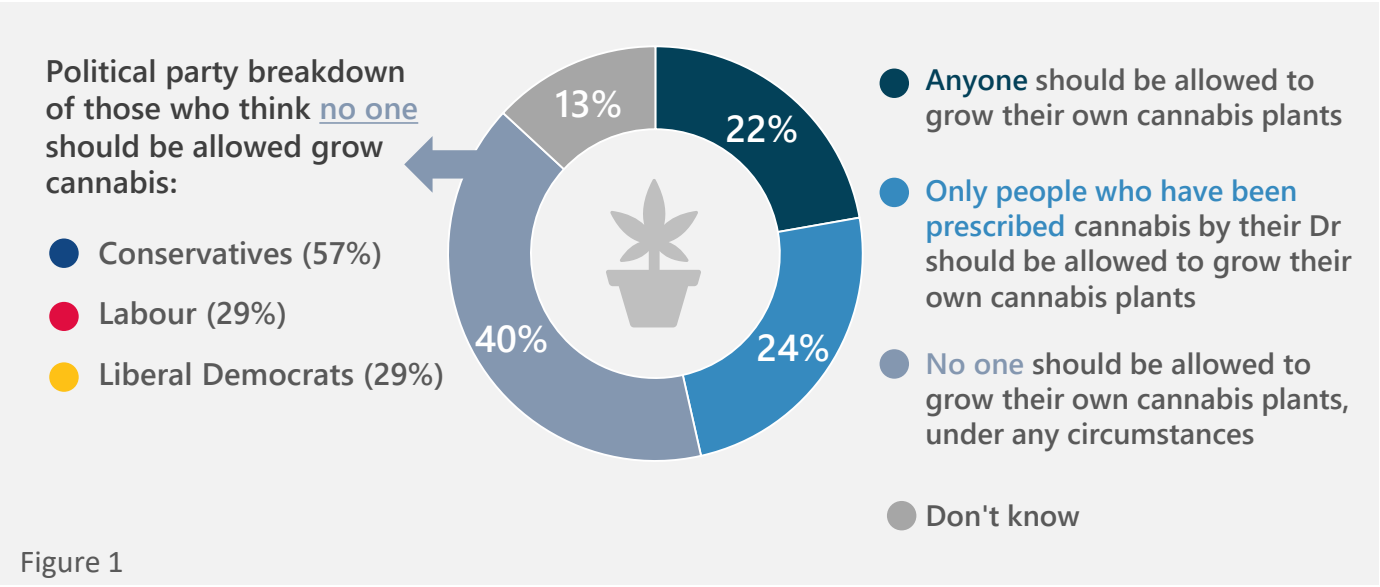


Figure 1

Despite divided opinions on home-growing, only 17 per cent think individuals should be prosecuted for unlawfully using cannabis to self-treat a medical condition (again, higher at 23 per cent among Conservative voters). 52 per cent of the public outright oppose prosecution for self-treating a medical condition with unlawfully obtained cannabis.

We also asked the public whether or not they were concerned that allowing access to cannabis-based medicines would have negative consequences for society. More than two thirds (69 per cent) said they were not concerned that it would have negative consequences.

Only 17 per cent said they were concerned, although concern was a little higher among Conservative voters at 24 per cent.

Despite the general lack of public support in prosecuting patients who unlawfully use cannabis for medical reasons, the Crown Prosecution Service (CPS) continues to charge such individuals. In January 2019, Lezley Gibson, 55, was arrested for possession and cultivation of 10 baby cannabis plants which she was growing to treat the symptoms of multiple sclerosis.[16] Her medicine was seized by the police and she was charged in June 2019. Like many patients in the UK, Lezley found that there was no availability of CBMPs through the NHS. Although eligible for a private prescription, it costs her in excess of £1,000 each month and is unaffordable long-term. Recently, another parent, Tannine Montgomery, mother of a 5-year-old child with a rare condition causing epileptic seizures was stopped at Stansted airport and had her daughter's medication from the Netherlands confiscated.[17] It seems neither seems right nor in the public interest to confiscate CBMPs from those obtaining a legal prescription from abroad.

The public broadly back the use of newly legalised cannabis-based medicines, yet with real barriers for British patients in accessing these life-changing medicines, the Government must prioritise opening up safe and affordable access. In the short-term, the Government should consider sanctioning access of cannabis-based medicines for British patients through self-import of prescribed medications or self-cultivation. Our survey suggests that a large majority of the public would support decriminalisation of such access for British patients.

The public broadly back the use of newly legalised cannabis-based medicines, yet with real barriers for British patients in accessing these life-changing medicines, the Government must prioritise opening up safe and affordable access

5. ATTITUDES TOWARDS CANNABIS FOR ADULT RECREATIONAL USE

When asking a general question on the legalisation of cannabis, an increasing proportion of the public at 48 per cent support legalisation, up from 43 per cent according to a YouGov poll conducted in May 2018.[18] [See figure 2] Support increases to more than half for younger adults (52 per cent of adults aged 18 - 49 support legalisation) and those based in London, where 56 per cent support a legal cannabis market. Only 24 per cent of the public oppose cannabis legalisation and regulation, and the remainder at 28 per cent felt unable to take a stance on either side. It is unsurprising that one in four (28 per cent) are sat on the fence when it comes to the legalisation of cannabis. Legalisation and government regulation come with many unknowns about what it could look like here in the UK. With many different types of legalisation models being implemented across the globe, it's important to bear in mind that there is not a one-size-fits-all approach and that such a direct question undoubtedly hides more nuanced views.

We also looked at people's position when provided with 3 options:
(1) Legalisation
(2) Decriminalisation (meaning that while the sale and possession of cannabis may remain illegal, it is regarded as a minor offence instead akin to parking in the wrong place rather than a criminal offence)
(3) Cannabis possession and sale remaining a criminal offence as it is now

Support for government legalisation of cannabis

48%

support government legalisation of cannabis

Only

24%

oppose government legalisation



Conservatives voters are divided with 37% in favor and 37% opposing government legalisation

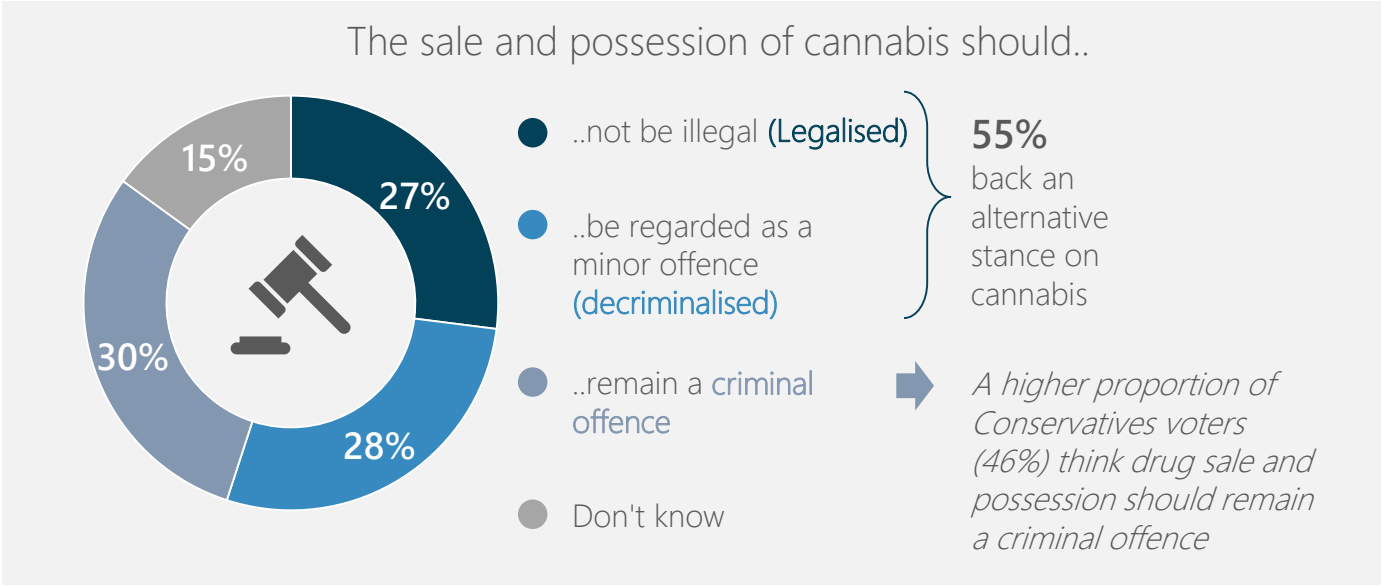
Political party breakdown of those in favour of legalisation:

- Conservatives (37%)
- Labour (57%)
- Liberal Democrats (60%)

Figure 2

When framing the question in this way, we see that a majority (55 per cent) back an alternative stance on cannabis compared to our current approach. 28 per cent think the sale and possession of cannabis should be decriminalised and a further 27 per cent think it should not be illegal at all (legalised). Only 30 per cent think the sale and possession of cannabis should remain a criminal offence as it is now. [See figure 3].

How should the sale and possession of cannabis be treated?



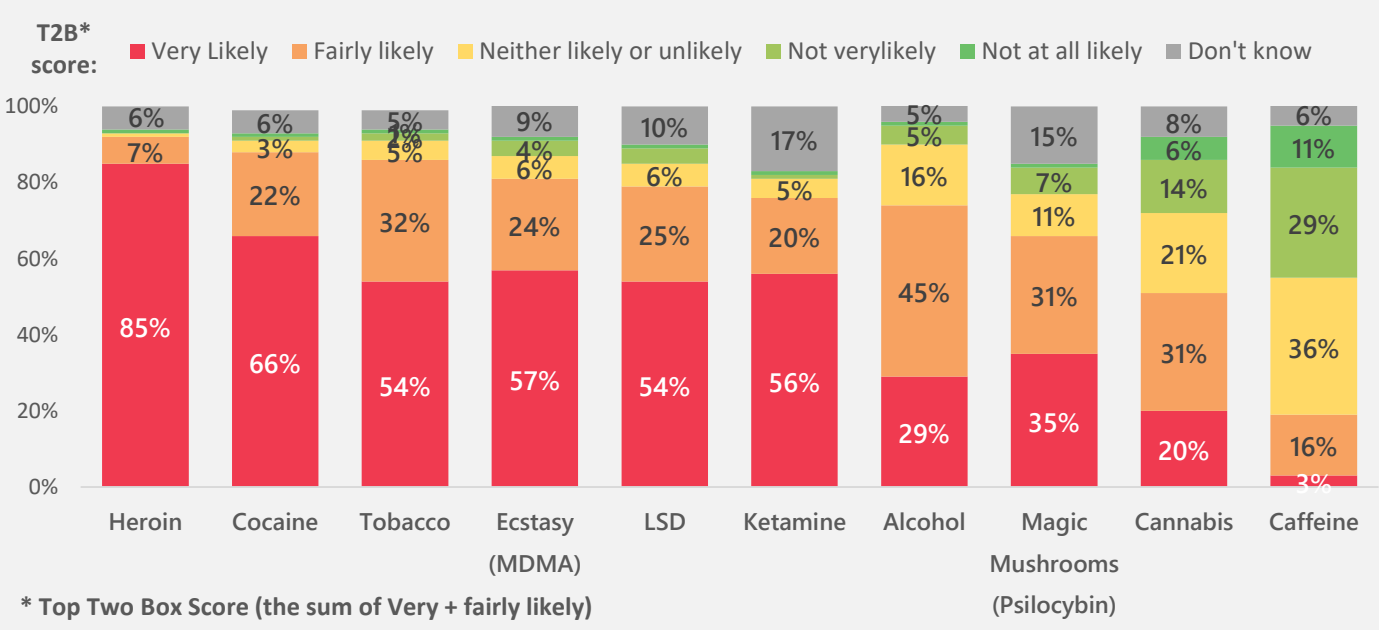
When we look at Conservative voters, they are much more divided than Labour and Liberal Democrats voters when it comes to their views on cannabis legalisation. While 37 per cent of Conservatives are in favour of cannabis legalisation, 37 per cent equally oppose it.

Conservative voters are also less likely to back an alternative stance on cannabis, with 46 per cent saying that the sale and possession of cannabis should remain a criminal offence, compared to 30 per cent of the public overall holding this view.

Two thirds (67 per cent) of the public believe that cannabis use is sometimes or frequently harmful when used regularly. Interestingly, a similar proportion of those who have used cannabis themselves acknowledge that regular use could be harmful (63 per cent). However, the perception of potential harms from frequent cannabis use is lower among younger adults aged (18-24). Half (52 per cent) of this age group think regular use is sometimes or frequently harmful.

When asking how likely cannabis is to cause harm to the people who use it (not necessarily with regular use), half (51 per cent) felt that cannabis was likely to cause harm to the user (20 per cent: 'very likely' and 31 per cent: 'fairly likely'). This question was asked in the context of other legal and controlled drugs (legal drugs being tobacco, alcohol and caffeine) and within this context, cannabis was regarded as the least harmful drug except for caffeine. [See figure 4]

Perceived likelihood of the harm caused by drugs to those who take them



Looking at what people know about cannabis, the results showed a lack of education and awareness regarding two of the key components in cannabis, THC and CBD, and their effects. Two in five (42 per cent) said they did not know or could not recall knowing that THC is the key component in cannabis which causes someone to feel high or stoned. More than half, 55 per cent, also said that they did not know or could not recall knowing that cannabis with high THC and low levels of CBD seem to be more addictive and have worse effects on memory *[See table 5 in Appendix]*.

The vast majority (60 per cent) of those who use or have used cannabis said they rarely or never had the option of choosing from a range of different strains or knew the name of the strain they were using (58 per cent), nor were they able to approximate the ratio of THC or CBD (71 per cent) *[See figure 6 in Appendix]*.

To put this in context, for most individuals using cannabis, their experience is akin to going into a bar and the only option being a drink of unknown quality and strength. You would not know if you were drinking beer, wine or absinthe. Close to a third (31 per cent) of our sample reported using cannabis, with the majority of those users in this blindfolded position.

Of those who said they had used cannabis, the average age of first use was 20 years old but the vast majority, at 71 per cent, said that they no longer use cannabis. Those currently using tended to be younger adults aged 18 to 24 (with 46 per cent currently using versus a national average at 25 per cent) [See table 7 in Appendix].

While 20 years old was the average age of those first using cannabis, a third (35 per cent) said that they had used it for the first time under the age of 18. These results don't tell us the frequency of this cannabis use under the age of 18 but, with studies showing that the risks of cannabis are higher when used at younger ages, this is a striking number, particularly when factoring in that most are unaware of the potency of what they're consuming.

Thinking about the potential harms of drug use to the individual (and the wider community) we posed the question to the public of whether government regulation of cannabis would offer more or less protection for the young and vulnerable. 50 per cent said that cannabis legalisation and regulation would better protect the young and vulnerable.

Proportion of people who think legalisation and the government regulation of the sale of cannabis would offer more protection for the young and vulnerable

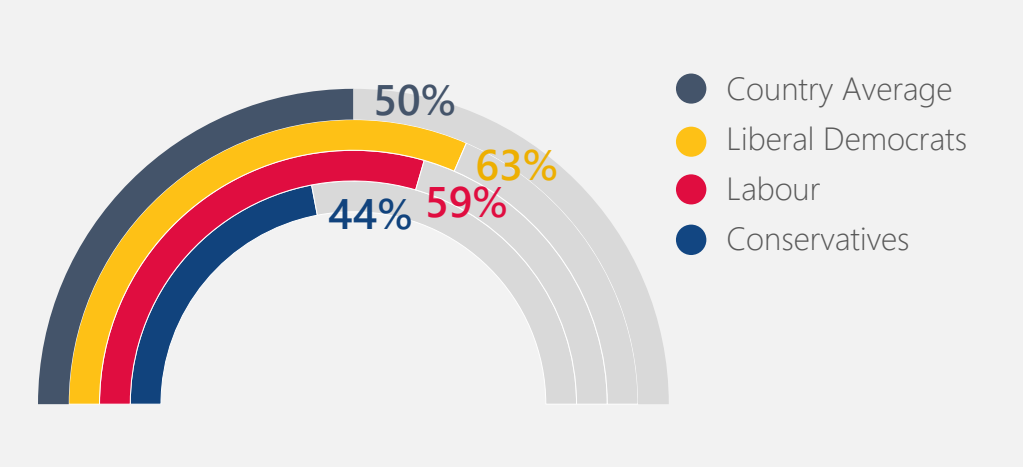


Figure 8

Conservative voters were a little less convinced by the potential harm reduction benefits of cannabis legalisation, with a slightly lower proportion at 44 per cent thinking it would offer more protection for the young and vulnerable. [See figure 8].

With studies showing that the risks of cannabis are higher when used at younger ages, the fact that 35% had used it for the first time under the age of 18 is striking - particularly when factoring in that most are unaware of the potency of what they're consuming

It was out of the scope of this research to probe as to how the public thinks government regulation might offer more protection to the young and vulnerable. Advocates of regulation argue that it could better protect children and prevent them from accessing cannabis by introducing age restrictions preventing sale to those under the age of 18, similar to existing controls on alcohol sales (with harsh penalties such as loss of license for dispensers) and by creating quality control with clear product labelling to support adult users in making more informed consumption choices.

Despite the growing number of international examples of legal regulation, the UK government has been reluctant to consider alternative policies. It would be sensible for government to carefully monitor the economic, social and public health outcomes of the different regulated cannabis market models. These survey results show a clear appetite among the British public to consider alternatives to the current status quo of prohibition and criminalisation of cannabis for adult recreational use with close to half (48 per cent) backing legalisation already. Government should assess the costs and benefits of cannabis prohibition, alongside the different approaches in other markets, giving government and parliament the evidence needed to decide whether the UK should adopt a similar or adapted approach, learning from the pros and cons of different international models.

Government should assess the costs and benefits of cannabis prohibition, alongside the different approaches in other markets, giving government and parliament the evidence needed to decide whether the UK should adopt a similar or adapted approach, learning from the pros and cons of different international models

5. ATTITUDES TOWARDS WIDER DRUG POLICY

This appetite for change extends beyond cannabis. Our results show large public dissatisfaction with the UK's overall approach to drugs policy. The majority of the British public (76 per cent) said that the threat of criminal punishments is not effective at deterring individuals who unlawfully use drugs. In fact, only 11 per cent think the threat of criminal punishments is effective at deterring drug use. Slightly more, but still only 17 per cent, think criminal punishments effectively deter people from unlawfully selling drugs.

70 per cent think that UK drug policy has been unsuccessful at reducing the harm done by drug abuse, and an even higher proportion (79 per cent) think that the government has not dealt well with the country's drug problems.

76%

think the threat of criminal punishments are not effective at deterring individuals who unlawfully use drugs

11% think they are effective

69%

think the threat of criminal punishments are not effective at deterring individuals who sell drugs

17% think they are effective

70%

said current UK drugs policy has been unsuccessful at reducing the harm done by drug abuse.

7% think it has been successful

79%

said UK government was not dealing well with the country's drug problems.

5% think they have dealt with it well

The public view is in concert with those of many senior law enforcement figures. Law Enforcement Action Partnership UK (LEAP UK) is an organisation constituted of retired and serving law enforcement officers including undercover drug officers, chief constables, intelligence agents, and members of the military. They advocate for evidence-based policies with a public health focus for drugs and mental health. One of their members, Neil Woods, who spent fourteen years (1993-2007) infiltrating drug gangs, estimated that for the 1,000 years of cumulative prison time given in sentences to offenders following an average six-month police operation, the flow of drugs in any city was interrupted for only around two hours. [19]

The reality of the limited effect of policing on drug supply paired with its failure to reduce the harm caused by drugs has caused a number of prominent voices in law enforcement to speak out and call for alternatives from the government.

The former Chief Constable of Durham Police Mike Barton says "we can't arrest our way out of drug problems. Many of us have been calling for a public health approach to drugs. These figures show the British public agree criminalisation isn't the solution to drug problems. A public health approach could reduce harms for users as well as freeing up police resources to tackle serious crime."[20]

More than half (53 per cent) of the British public felt that drug use would be best seen as a health issue that should be dealt with by healthcare professionals focused on reducing harm (as opposed to seeing drug use as something that is a criminal activity or something that is simply morally wrong). *[see figure 9]*

Public Perception of people who use drugs

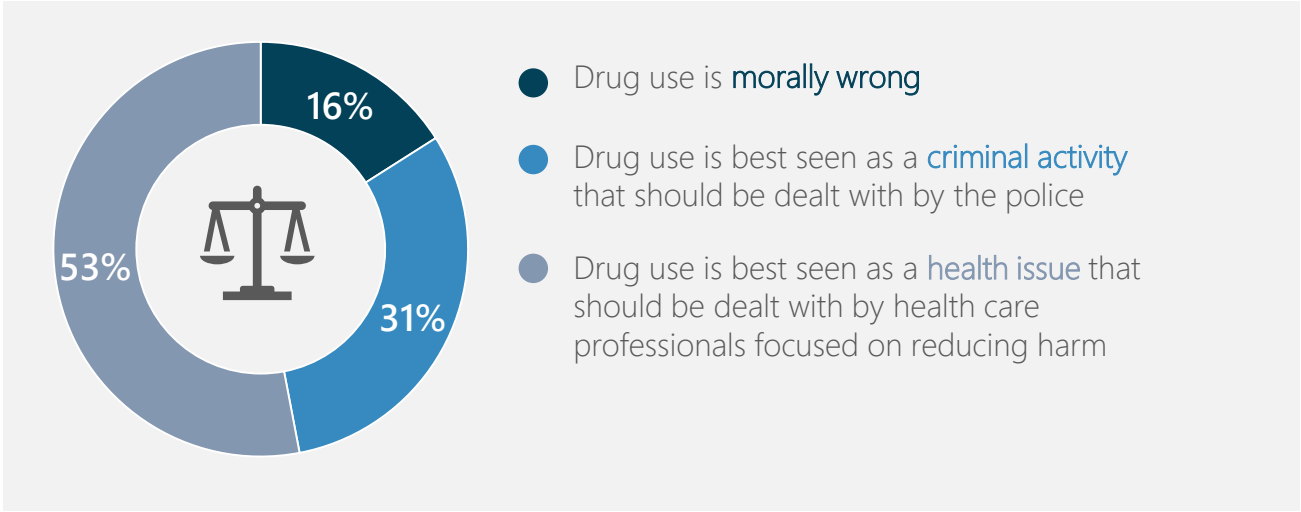


Figure 9

The Royal College of Physicians, the Faculty of Public Health, the Royal Society for Public Health and The British Medical Journal (BMJ) have all called for an end to criminal sanctions against people who take drugs.[21]



> *We can't arrest our way out of drug problems. Many of us have been calling for a public health approach to drugs. These figures show the British public agree criminalisation isn't the solution to drug problems. A public health approach could reduce harms for users as well as freeing up police resources to tackle serious crime*
>
> *Mike Barton*
> *Former Chief Constable, Durham*

With so many prominent voices in both law enforcement and medicine calling for a change in how we view, control and treat drug use, and with those views now reflected in public opinion, it would be opportune for the government to commission a comprehensive review of drug policy in the UK and act decisively on the findings.

While half (53 per cent) of the British public do think drug use could be better seen as a health issue, there are some interesting differences in this view among political parties. More than two thirds of Labour and Liberal Democrat voters think drug use would be better seen as a health issue compared to just over a third of Conservative voters [see figure 10].

Proportion of people who think drug use is best seen as a health issue, focused on reducing harm

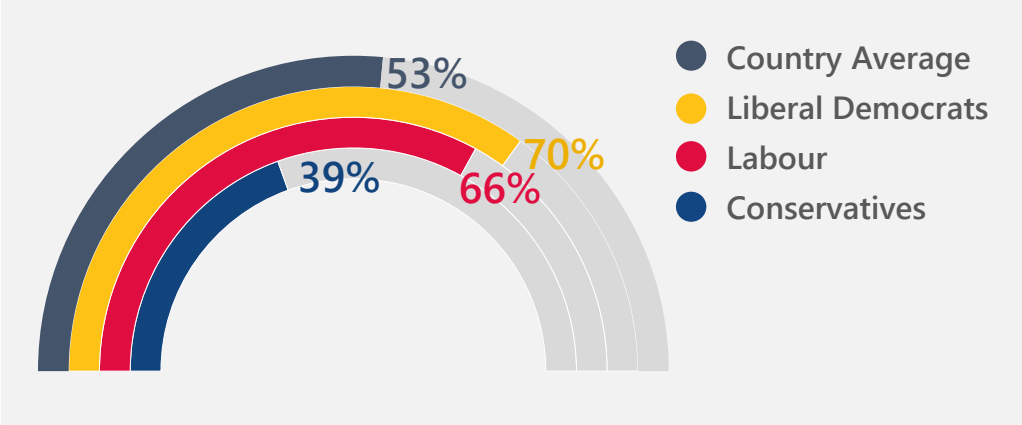


Figure 10

These views among Conservative voters make sense when we also see that they are less convinced by the prospect of legalisation offering more protection to the young and vulnerable, with only 44 per cent agreeing that legalisation could offer more protection compared to 50 per cent of the public overall. Similarly, only 38 per cent of Conservative voters thought that government regulation of drugs would free up police time to deal with other crimes, whereas 53 per cent of Labour voters and 55 per cent of Liberal Democrat voters were persuaded by this argument. [See figure 11 in appendix].

With the majority of Conservative voters acknowledging that the current approach of drug prohibition is failing but less convinced than other voters by a change in approach, it is clear that such arguments need to be further justified for some with the potential benefits of such alternative models further substantiated by continued research. Critical evaluation of alternative models happening in the UK and internationally is therefore essential.

Our survey showed that 35 per cent of adults admitted to using an illegal substance at some point in their life, a figure which is also supported by the British Home Office report on Drug Misuse.[23] This means, incredibly, that one in three adults are criminals in the eyes of the law under current drug policy. In 2015 over 50,000 people were criminalised for simple drug possession, despite a 2014 Home Office review of international evidence showing that tough sanctions have no impact on rates of drug use[24] while a criminal record negatively affects life chances for our British citizens. With public opinion largely not in favour of further criminalisation, billions of pounds being spent on enforcement that many law enforcement professionals do not back, and huge profits from the illegal drug market funding organised crime, support has never been stronger for an urgent evaluation of UK drug policy

Public support for an evaluation of current drug policy against the alternatives is not new. Back in 2013, an Ipsos MORI poll[25] showed that 64 per cent of the public supported government commissioning a full independent review of drug policy, comparing our current system of criminalisation with alternatives, including: decriminalising drug possession, legalisation and state regulation, and increased criminal penalties. With a growing body of real-world examples of drug policy innovations across the globe, the debate around drug policy is moving away from an ideological one towards one that is about assessing the evidence on reducing crime, improving health outcomes and protecting the young and vulnerable. At the CDPRG we are advocating for a parliamentary commission to assess the costs and benefits of these different international approaches to drug policy, to challenge the status quo of prohibition as the only solution, and to enable Parliament to determine what model might work for the UK and provide better outcomes.

We need a parliamentary commission to assess the costs and benefits of these different international approaches to drug policy, to challenge the status quo of prohibition as the only solution and to enable Parliament to determine what model might work for the UK and provide better outcomes.

6. REFERENCES

[1] Home Office (2014) Drugs: International comparators. p.47

[2] BMA Board of Science (2013) Drugs of Dependence: The Role of Medical Professionals.

[3] The Police Foundation (1999) Drugs and the law: Report of the independent inquiry into the Misuse of Drugs Act 1971 (The Runciman Report). London: The Police Foundation.

[4] HM Government (2006) Government response to the 5th Report from the House of Commons Science and Technology Committee session 2005-06 HC1031. London: Her Majesty's Stationery Office.

[5] Degenhardt, L., Chiu, W., Sampson, N., Kessler, R. C., Anthony, J. C., de Girolamo, G., Gureje, O., Huang, Y. Karam, A., Kostyuchenko, S., Lepine, J. P., Mora, M. E. M., Neumark, Y., Ormel, J. H., Pinto-Meza, A., Posada-Villa, J., Stein, D. J., Takeshima, T., & Wells, J.E. (2008). Toward a Global View of Alcohol, Tobacco, Cannabis, and Cocaine Use: Finding from the WHO World Mental Health Surveys. PLoS Medicine, 5(7), 1-14.

[6] Pratt, T. C., Cullen, F. T., Blevins, K. R., Daigle, L. E., & Madensen, T. D. (2006). The Empirical Status of Deterrence Theory: A Meta-Analysis. In F. T. Cullen, J. P. Wright, & K. R. Blevins (Eds.), Taking Stock: The Status of Criminological Theory (p. 367-395). New Brunswick, NJ: Transaction Publishers.

[7] Woods, N & Rafaeli, J S (2018) Drug Wars. Ebury Press: London.

[8] HM Government. (2018) Serious violence strategy.

[9] Cobain, I and Vikram, D (2018) 'London gangs driven by desire to profit from drug trade, study finds' The Guardian. 6th June. Available at: https://www.theguardian.com/society/2018/jun/06/london-gangs-profit-drug-trade-study.

[10] Hurley, R. (2017) Drug policy isn't working, medical leaders and lawmakers agree. BMJ. 2017;358:j3461

[11] Global Commission on Drug Policy (2011) War on Drugs.

[12] IDPC (2018) Taking Stock: A Decade of Drug Policy.

[13] WHO (2017) Joint United Nations statement on ending discrimination in health care settings.

[14] Eastwood, N., Fox, E., & Rosmarin, A. (2016). A quiet revolution: Drug decriminalisation across the globe. London, England: Release

[15] House of Commons Health and Social Care Committee (2019) Drugs policy: Medicinal cannabis. (HC 1821). London: House of Commons.[16] MS Sufferer Lezley's story - Medicinal cannabis (2019) YouTube: Conservative Drug Policy Reform Group [Online]. Available at https://www.youtube.com/watch?v=cRskH4ylN9M

[16] MS Sufferer Lezley's story - Medicinal cannabis (2019) YouTube: Conservative Drug Policy Reform Group [Online]. Available at https://www.youtube.com/watch?v=cRskH4ylN9M

[17] Cannabis oil: Girl's medicine confiscated at Stansted Airport (2019). BBC News, Suffolk. 27th July. Available at: https://www.bbc.co.uk/news/uk-england-suffolk-49135185

[18] Curtis, C. (2018) A majority support liberalising policy towards cannabis. YouGov. May 30th 2018. Available at: https://yougov.co.uk/topics/politics/articles-reports/2018/05/30/majority-now-support-liberalising-policy-towards-c

[19] Reed, R and Whitehouse, P. (2018) Harsher drug prohibition won't stop violence, but regulation might. BMJ 2018; 361:k1999 doi: 10.1136/bmj.k1999

[20] Barton, M. (2019) "It's a myth that we can arrest our way out of drug problems" - Mike Barton speech at CDPRG launch" CDPRG, 4 July. 2019, Available at: https://www.cdprg.co.uk/blog/2019/7/4/its-a-myth-that-we-can-arrest-our-way-out-of-drug-problems-mike-barton-speech-at-cdprg-launch

[21] Godlee, F. (2018) Drugs should be legalized, regulated and taxed. BMJ 2018;361:k1832. 10.1136/bmj.k1832 29695470

[22] Joint United Nations Programme on HIV/AIDS (2016) Do No Harm: Health, Human Rights and People Who Use Drugs; Global Commission on Drug Policy (2017) The World Drug Perception Problem: Countering Prejudices About People Who Use Drugs; International Network of People Who Use Drugs (2014) Drug User Peace Initiative: Stigmatising People Who Use Drugs.

[23] UK Home Office (2018) Report on Drug Misuse 2017/18 Crime Survey for England and Wales

[24] UK Home Office (2014) Drugs: International comparators, October 2014.

[25] Full question wording: "Would you support the government commissioning a full independent review of drug policy, that compared our current system of criminalisation with alternatives, including: increasing the criminal penalties for production, sale and use of drugs: decriminalising drug possession as described: and the legalisation and state regulation of production and supply for some currently illegal drugs?" Base: all respondents 18+. Source: Ipsos MORI (2013) Drug legalisation omnibus survey for Transform Drug Policy Foundation. Retrieved from: https://www.ipsos.com/ipsos-mori/en-uk/public-attitudes-drugs-policy.

7. APPENDIX

Table 5

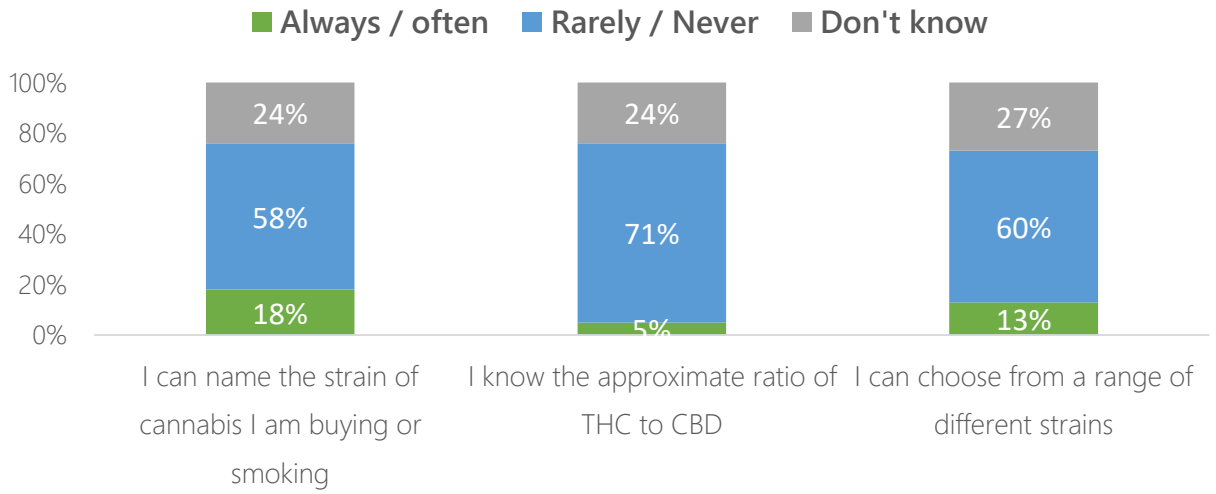
Q: Looking at the following statements, please indicate if you were aware of the following information regarding cannabis

	I knew this already	Aware of some of this inform-ation	I did not know any of this	Don't Know	B2B
Cannabis is a plant which contains an array of over 100 components known as cannabinoids such as THC and CBD which are the most prominent	31%	33%	26%	10%	**36%**
The primary component/cannabinoid which causes someone to feel 'stoned' or 'high' is called THC	34%	24%	31%	11%	**42%**
The cannabinoid CBD does not cause changes in mood and perception like those associated with feeling 'high' or 'stoned' but is thought to have potential health benefits for some medical conditions	30%	31%	27%	11%	**38%**
Cannabis with high levels of THC and low levels of CBD seems to be more addictive and have worse effects on memory	18%	27%	40%	15%	**55%**

*Bottom Two Box Scores (the sum of 'did not know' + 'don't know')

Figure 6

Q: How often, if at all, are each of the following statements accurate of your experience of purchasing or using cannabis?



Base: Respondents who have used cannabis (n=519)

Table 7

Frequency of cannabis use

	Total (GB)	Age			
		18-24	25-49	50-64	65+
Base size (n=)	519	55	290	117	56
Every day / Most days	5%	0%	7%	2%	3%
About once or twice per week	4%	9%	4%	1%	7%
About once or twice per month	3%	2%	3%	3%	2%
About once every three months	1%	5%	1%	0%	2%
About once every six months	3%	5%	3%	1%	3%
About once every year	3%	14%	2%	2%	0%
Less often than once a year	6%	11%	6%	4%	3%
I no longer use cannabis	71%	47%	70%	80%	77%
Prefer not to say / Don't Know	4%	7%	3%	6%	5%

Base: Respondents who have used cannabis (n=519)

Table 11

Q: Thinking about how the government regulation and taxation of drugs might impact police time and resources, which of these statements comes closest to your view?

	Total (GB)	Political Party (based on 2017 vote)		
		Con	Lab	Lib Dem
Base size (n=)	1690	575	525	106
Police time and resources would be freed up to deal with other crimes	44%	38%	53%	55%
There would be no impact on police time and resources	12%	14%	12%	6%
More police time and resources would be taken up by policing the legal drugs market	18%	24%	14%	18%
Don't know	27%	25%	22%	22%

The full survey findings from YouGov can be accessed here:
https://d25d2506sfb94s.cloudfront.net/cumulus_uploads/document/jebv23n429/CDPRG_190617_190619_Combined.pdf

CONSERVATIVE
DRUG POLICY REFORM GROUP

Author: Amber Moore – Senior Researcher
Suite 1.34, Citibase,
1st Floor Millbank Tower,
21-24 Millbank,
London, SW1P 4QP
w. www.cdprg.co.uk
E. Amber.Moore@CDPRG.co.uk