

CANNABIS: SOME FACTS

CANNABIS SATIVA IS A plant which has been used for pain relief and as a recreational drug for more than 5000 years. It is used in Hindu rituals and has been smoked across the world, particularly Islamic countries where alcohol is forbidden.

As a medicine, it was introduced to the UK in the 1830s. It was most extensively used in the second half of the 1800s, as an alternative to more addictive drugs. By the 20th century, cannabis was becoming viewed more as an intoxicant than a medicine. The concern about the potential for it to be abused meant that in the UK, it became illegal to prescribe cannabis for therapeutic purposes in 1971. In 2004, cannabis was moved from Class B to Class C. However, in January 2009 the government, against the advice of The Advisory Council on the Misuse of Drugs, reclassified cannabis back to being a Class B drug. Cannabis is the third most used recreational drug after alcohol

and tobacco, and the most widely used illegal recreational drug.

Up to one third of the population aged 15 to 50 in most Western countries will admit to having tried cannabis at least once. However, the British Crime Survey in 2007 showed that illicit drug use is now at its lowest level since 1995 with the proportion of 16- to 24-year-olds who have smoked cannabis in the last year falling from 28% in 1997 to 21% this year. The same survey showed a 9% rise in cannabis possession offences to 130,000 incidents. Unlike alcohol, there are virtually no examples of people dying from an overdose of cannabis, nor any evidence that the drug provokes aggressive or criminal behaviour. The British Crime Survey in 2007 suggested that 17% of violent offences are committed by people who have been using drugs, while nearly half are linked to alcohol.

PHARMACY
DEBATE PACKS

CANNABIS: EFFECTS ON HEALTH AND WELLBEING

The most serious long-term health hazard in smoking cannabis is probably the smoke itself. Because cannabis smokers tend to inhale more deeply than cigarette-smokers and hold their breath in the mistaken belief that this will enhance the absorption of the chemicals into their lungs, they deposit 4-5 times more tar in their lungs than cigarette-smokers. Some researchers have also suggested that cannabis can cause mental health problems in some users.

In the last 20 years, an increasing number of patients with severely debilitating diseases such as multiple sclerosis have used cannabis obtained on the street to relieve their symptoms. In a test case in May 2005, five Britons lost their appeal against convictions for illegally using cannabis for pain relief. Multiple sclerosis patients in the UK are able to obtain cannabis-based pain relief on the National Health Service. The drug is a mouth spray called Sativex. It contains 2 chemicals found in cannabis (tetrahydrocannabinol and cannabidiol).

Scientists are carrying out research into the use of cannabis and cannabinoids (the active chemicals in them) in the treatment of epilepsy, schizophrenia, bladder dysfunction, to reduce weight loss and loss of appetite for people with AIDS, and for relief of pain as a result of cancer. Research suggests that cannabinoids interact with the human body's systems of pain control, brain function and regulation of the immune system.

In February 2007, a Dutch pharmacy was set up specially to dispense medical cannabis on prescription. It was established by the Foundation for Medicinal Cannabis to supply pharmaceutical quality cannabis at a price comparable to the supplies available in coffee shops in the country. Prescription cannabis is produced in a laboratory to standardised strength, quality and content. An estimated 15,000 patients in the Netherlands use medicinal cannabis. They are mainly suffering from multiple sclerosis, cancer and rheumatism. The Cannabis Pharmacy is being run by the Dutch Ministry of Health.

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CANNABIS: FIRST PERSON ACCOUNTS

Clare Hodges, MS patient and campaigner for medical uses of cannabis:

"After a short time, my body completely relaxes, which relieves my tension and spasms. During the day I have to use a catheter whenever I want to empty my bladder, and, most notably, cannabis relieves the discomfort and difficulty I have controlling it. It has also stopped the nausea that kept me awake at night..I don't often take enough to 'get high'. When I do, I'm sure the feeling of calm and euphoria does my spirits a lot of good, too."

Quoted in Sarah Mars and Virginia Berridge 'Drugs-therapy and pleasure' in 'From Victorian to Viagra: 150 years of medical progress.' (Wellcome Trust, 2003)

Horatio Clare, former cannabis user:

"It was fun, it was cheap, it was communal, you did not throw up and it was cool... Just illegal enough to seem naughty, just accepted enough to seem safe... before I got into dope there was no indication that the well brought up, academically able, happy, active and popular boy would end his twenties with convictions for taking without consent, arson, and two cautions for dope... When I was young I wanted dope to be legalised so that I could get it more easily. Now I want it to be legalised so we might be frank about its increased dangers, cover it with health warnings and rob it of its cool."

Quoted in The Sunday Times, July 22nd 2007

**PHARMACY
DEBATE PACKS**

THE CONTROL OF HARMFUL SUBSTANCES

MEDICINES AVAILABLE BEFORE the 1800s varied from harmless flavoured waters to dangerous poisons. Yet until the mid-1800s there was no control of them: sellers did not have to see a prescription from a doctor, or ask questions about how a customer was going to use a poisonous substance, or keep records of any sale.

In the late 1840s public concern emerged about how easy it was to buy poisons. Newspaper and government reports began to draw attention to the large number of deaths resulting from poisoning. More than a third resulted from the use of arsenic. Many solutions to the problem were proposed, including a total ban on selling arsenic, and the reporting of every sale to the nearest police station.

A new law, the Arsenic Act, was passed in 1851. For the first time sales of poisons were restricted. Pharmacists had to record every sale, the buyer had to be known to the seller, and the arsenic had to be mixed with soot or indigo to colour it.

In the late 1850s a series of high profile poisoning cases resulted in calls for greater control over the sale of poisons. In May 1868, another law was passed so that only pharmacists could sell poisons to the public.

Even after further laws were passed to control the sale of medicines, opium and cocaine were available without a prescription until the Dangerous Drugs Act in 1920.

As new and powerful medicines were developed in the early 20th century, such as barbiturates and digitalis, a new level of control was introduced in 1933. Certain dangerous drugs could only be sold to the public if the customer had a prescription given by a doctor, dentist or vet. This represented a major increase in the medical profession's control of the supply of drugs to the general public.

However, it wasn't until the Medicines Act in 1941 that it became compulsory for medicines to show their ingredients on the label. Before this law, brand name medicines did not have to show their contents and were sometimes known as 'secret remedies.'

The Medicines Act in 1968 finally introduced control over all 'medicinal products'. This term was used to include any substance or article used for a 'medicinal purpose', which might be treating, preventing or diagnosing disease. However, it did not include herbal medicines and foods with vague medicinal claims.

**THE
CONTROL
OF
HARMFUL
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We want to know what you think?

Male

Female

Age _____

Please tick:

I enjoyed using the Pharmacy Debate Packs

AGREE

DISAGREE

DON'T KNOW

I learned some interesting new things

The information in the Packs was easy to use

The Packs have made me want to find out more

I know more about pharmacy now than at the beginning

The Packs have made me look at news headlines differently

I enjoyed...

I didn't enjoy...

I was surprised by...

I was bored by...

Please tick:

	AGREE	DISAGREE	DON'T KNOW
Did you enjoy using the debate packs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the debate packs pitched at the correct level for the class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the balance between the different sections right?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think that the students were engaged and enjoying themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you invite a practising pharmacist to talk to your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you find this useful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What skills or abilities do you think that the packs stimulated?

Do you think your class were using different skills or abilities to those that you usually see in the classroom? eg. literacy skills, communication skills, thinking skills, social skills, creative skills

Did your pupils increase or gain skills as part of the project?

What have you learnt about your class?

What would you change about the Pharmacy Debate Packs to make them more useful?

Any other comments