

About Rethink

Rethink, the leading national mental health membership charity, works to help everyone affected by severe mental illness recover a better quality of life. We provide hope and empowerment through effective services and support to all those who need us, and campaign for change through greater awareness and understanding.

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Executive summary

The evidence of a link between cannabis use and psychosis has become increasingly well established in recent years. In 2007, *the Lancet* published a meta-analysis looking at the evidence from all the relevant studies. This recommended informing people that using cannabis could increase their risk of developing a psychotic illness later in life.

In 2006, Rethink conducted a survey of over 680 people. The responses showed that;

- There is a strong correlation between believing that cannabis is bad for your mental health and quitting cannabis use.
- Illegality and drug classification does not motivate people to stop cannabis use. Only 3% gave illegality as a reason for quitting cannabis use.
- Just over half of respondents wanted more information about the effects of cannabis on mental and physical health.
- There was a strong preference for this information to be delivered by people with experience of using cannabis and / or medical experts.

Rethink's recommendations:

1. The classification system makes no difference to how much people use cannabis. The Advisory Council on the Misuse of Drugs should recommend leaving the cannabis classification as it is.
2. There is now sufficient evidence for the Government to educate people about the potential harms to cannabis users' long-term mental health.
3. The Government should deliver on its 2006 promise of a large scale public health campaign.
4. Providing information about the effects of cannabis is the best way to encourage quitting. Information must be accurate and credible to be effective, and must challenge media myths about the effects of cannabis.
5. There is a particular need to educate young people of these risks, since they are especially vulnerable to psychosis following cannabis use.
6. Further research is required to establish in more detail the mechanisms and size of risk associated with cannabis use.
7. Accurate information is needed on the risks of cannabis to counter media 'myths' and inaccurate reporting.
8. Following the impact of tobacco warnings on cigarette packets, rolling paper packets should carry warnings about the mental health effects of cannabis.

almost 1 in 4 people
think cannabis is better
for you than coffee



The Rethink survey

In 2006, Rethink conducted a survey on cannabis and mental health. 683 people responded to the survey – 566 (83%) responded online through the Rethink website, and the remainder on paper at the V music festival.

Respondents' cannabis use:

- 83% of the sample had used cannabis at some time in their lives
- 62% had used cannabis in the last year
- 52% had used cannabis in the last month

Of respondents who had used cannabis in the last year:

- 40% used every day
- 20% used 2-3 times a week
- 9% used once a week
- 18% used once a month

Of respondents who had ever used cannabis:

- 74% had used hash
- 90% had used weed
- 75% had used skunk
- 50% preferred to use weed
- 35% preferred to use skunk
- 21% preferred to use hash
- 89% had friends who use cannabis
- 9% had parents who use cannabis
- 37% had other relatives who use cannabis
- 73% had obtained cannabis from friends
- 40% from a regular dealer
- 12% from family members
- 10% from a street dealer
- 79% use cannabis at home
- 59% use at a friend's home
- 54% use at parties
- 13% use at college or university
- 3% use at school
- 83% use with friends
- 15% use with family
- 45% use cannabis alone

Respondents' characteristics	N	%
Gender		
Male	369	54
Female	312	46
Age		
Under 16	34	5
16 to 25 years	247	37
26 to 35 years	199	30
36 to 45 years	104	15
46 to 55 years	68	10
56 years and over	21	3
Ethnicity		
Asian or Asian British	16	2
Black or Black British	12	2
Chinese	5	1
Mixed Race	25	4
White	572	84
Other	42	6
Chose not to respond	11	2
Occupation		
Employed full-time	248	44
Employed part-time	56	10
Unemployed	51	9
Student	140	25
Other	67	12
Region		
Yorkshire and North East	57	10
North West	53	10
Northern Ireland	19	3
East Midlands	39	7
West Midlands	50	9
Eastern region	25	5
London	64	11
South East	81	15
South West	80	14
Other	92	16

Cannabis and psychosis

Research into the effects of cannabis

Internationally, a growing body of research has developed into the effects of cannabis. Research has focused on both the acute effects of intoxication and the long-term impact on mental health. **So why hasn't it always been taken seriously?**

Much of the research conducted has looked at Delta⁹-Tetrahydrocannabinol (THC) – the dominant psycho-active agent in cannabis.² However, there is evidence that other cannabinoids, in particular Cannabidiol (CBD), have anti-anxiety and anti-psychotic effects which counteract some of the more unpleasant effects of cannabis use.³ Research into the effects of THC alone is, therefore, not always a good indicator of the effects of cannabis.

What is cannabis?

Cannabis is a highly complex substance, including over 480 different compounds. The effects of these compounds are varied and remain poorly understood.

The two most widely researched are THC (tetrahydrocannabinol) and CBD (cannabidiol). Research suggests that THC can bring about psychotic symptoms. CBD on the other hand may be an anti-psychotic.¹ The levels of CBD and THC vary depending on the source of cannabis.

Cannabis comes in different forms, including:

Weed

Made from the dried leaves of cannabis and looks like a dried herb.

Hash

Dried cannabis resin, bought in small blocks.

Skunk

A form of weed which contains higher levels of THC and has a strong, distinctive smell.

While THC alone may not be a good proxy for cannabis in research, the widely varying content of cannabis consumed by users remains a problem for researchers. THC levels in market cannabis have been shown to have increased in recent years, and CBD levels to have decreased, through intensive indoor cultivation and the increased use of sinsemilla.⁴

Research in this area has to rely on observational studies rather than experimental studies in which factors can be controlled.⁵ It can also be difficult to see the long-term effects of cannabis use, as comparatively few users continue to use cannabis in the long-term.⁶

It is also difficult to eliminate the possibility of reverse causation in observational studies. It is hard to tell whether results are caused by people using cannabis as a form of self-medication for pre-existing mental health problems. While studies have managed this problem in a number of ways, it remains an important factor to take into consideration. Considerable evidence suggests that there is a two-way causation.⁷

Finally, there has been considerable questioning around whether long-term outcomes of chronic psychotic illness have been confused with the acute effects of intoxication which can mimic psychotic symptoms. Again, there have been efforts to eliminate this possibility or factor it into the analysis for a number of studies.

Risk of developing long-term psychotic illness

Despite the difficulties of research in this area, studies into the effects of cannabis have produced significant and largely consistent results. Increasing evidence indicated that cannabis use is linked to a higher risk of developing psychosis. The most recent meta-analysis examining the link between cannabis and psychosis found seven relevant and high quality studies. The meta-analysis found that results consistently showed an increased risk of

developing psychosis. The pooled data showed that for people who had ever used cannabis the risk of psychosis increased by 40%. For heavy users¹ the risk increased by 50-200%.⁸ Moore suggests that “If having ever used cannabis increases risk of a psychotic outcome by 1.4 times (as suggested from the pooled analysis), we can estimate that about 14% (95% CI 7-19) of psychotic outcomes in young adults currently in the UK would not occur if cannabis were not consumed”. Moore highlights that this depends upon an assumption that the link is causal.

Though the link between cannabis use and psychosis is becoming more widely accepted the type of link is still widely debated. Degenhardt suggests four hypotheses to explain the link:

- (1) that cannabis causes psychosis;
- (2) that cannabis use precipitates psychosis among people with an existing vulnerability to it;
- (3) that cannabis worsens the prognosis of people with schizophrenia; and
- (4) that regular cannabis use is more common among people with psychosis.⁹

More than one of these may be true.

Some form of causal link is supported by consistent findings that there is a dose-response effect – heavier users of cannabis show a higher risk of psychotic outcomes. On the other hand, people have argued against a direct causal link on the basis that increased cannabis use has not been reflected in increased incidence and prevalence of schizophrenia. Large-scale evidence from Australia shows that incidence of schizophrenia has not increased alongside increased cannabis use.¹⁰

This may be explained, Moore suggests, by a time lag or a lack of reliable incidence data. Other studies have suggested that there is, in fact, an increased incidence of schizophrenia, at least in some areas, for example South East London.¹¹

The most likely scenario, therefore, appears to be that cannabis is a component cause of the development and worsening of psychosis. This suggests that people with a vulnerability to psychosis are more likely to develop it, and at an earlier age, if they use cannabis. Vulnerability to psychosis has been linked to genetics and evidence has shown a stronger link between cannabis and schizophrenia among people with a relative with acute psychosis¹² and among those with an assessed psychosis liability.¹³

Cannabis and psychosis in adolescents

There is also evidence that cannabis is more likely to cause psychotic outcomes if used at an early age. Studies conducted with humans and animals suggest that exposure at a younger age is more likely to lead to the development of schizophrenia in later life.¹⁴ There is some evidence that cannabis affects neurodevelopment, which may help to explain this.

One study found that people who had used cannabis before the age of 15 were four times as likely to have a diagnosis of schizophreniform disorder by 26.¹⁵

Although studies into the relationship between cannabis and psychosis remain limited, the mounting evidence, and the difficulty of carrying out definitive experiments, have prompted many to argue that it is time to warn users about the link. Moore concludes that “Despite the inevitable uncertainty, policymakers need to provide the public with advice about this widely used drug. We believe that there is now enough evidence to inform people that using cannabis could increase their risk of developing a psychotic illness later in life”.¹⁶

¹ Heavy use has been defined in different ways. A number of studies have looked at daily use. Moore defines heavy use as use on more than 100 occasions.

What does the public know about cannabis and health?

The links between cannabis use and psychosis are becoming more established within the research community. There is also some evidence to suggest that the public, and cannabis users, are becoming more aware and more credulous of these risks. Between 2002 and 2004, the number of young people who believed occasional use of cannabis to be harmless dropped from 47% to 40%.¹⁷

Cannabis users are aware of the short-term effects of cannabis use on the mind. Our survey indicates that people often use cannabis specifically because they want to experience its psychological effects. However, respondents also reported negative experiences of the effects of cannabis.

The majority of respondents² to the Rethink survey identified negative effects of using cannabis. 61% said that using cannabis could damage your mental health, and 22% said cannabis could damage your health more generally. This was often linked to the dangers of smoking tobacco with cannabis. The mental health risks mentioned included developing schizophrenia, depression or anxiety and becoming paranoid. It is not clear whether responses referred to the immediate effects of cannabis or to longer term risks.

Negative effects of using cannabis:

- damage to mental health – 61%
- damage to general health – 22%
- makes you tired / apathetic – 11%
- dependency – 8%
- illegality / impact of illegality – 7%
- hallucinations / altered perceptions – 3%

Rethink survey, 2006

When asked specifically about the effect on mental health, 60% of respondents³ said that cannabis is bad or very bad for your mental health, 25% said that it makes no difference and 15% said that cannabis is good or very good for your mental health. 51% said that cannabis was bad or very bad for your physical health.

Generally the risks associated with cannabis were seen as long-term risks, rather than short-term risks. Half of respondents said that cannabis is good or OK for you in the short-term, with only 28% saying that cannabis is bad or very bad for you in the short-term. This compares with 27% who said that cannabis is good for you in the long-term, and 56% who said that cannabis is bad or very bad for you in the long-term.

The group most likely to see cannabis as harmful are those aged between 26 and 35. 34% of this age group said that cannabis was bad or very bad for you in the short-term and 53% said it was bad in the long-term. Those in the older age groups were less likely to believe that cannabis caused short or long term harm.

Respondents generally viewed cannabis as being less harmful than alcohol. A number of respondents commented on greater harm to the user and to society caused by alcohol. 46% said that cannabis is better for you than alcohol, with 23% saying that cannabis is worse. 23% thought that cannabis is better for you than coffee. 42% thought that cannabis is better for you than tobacco.

In general, respondents who had used cannabis were aware of psychological changes caused by its use. For many the overwhelming experience of these changes was positive and this seems to have directly led to people's beliefs about the risks associated with cannabis use. Some users seemed to accept the possibility of these risks but others were sceptical of some of the claims they had read about the long-term impact on mental health.

² 550 responded to this question

³ 621 answered this question

Reasons for using cannabis:

- aids relaxation – 35%
- helps to sleep – 5%
- relieves mental health problems – 4%
- to get high – 7%
- increases creativity or productivity – 3%
- for altered perceptions – 5%
- relieve pain or physical symptoms – 8%
- to be sociable, friends do it – 12%
- habit / dependency – 4%

Rethink survey, 2006

The different views shown in our survey reflect the caveats which need to be borne in mind when warning people about the effects of cannabis. Cannabis has been shown to increase the risk of psychosis, but it is not a necessary or sufficient cause of psychosis. Many people will use cannabis without experiencing long-term harm. The tendency to report risks in exaggerated terms encourages some users to dismiss the findings altogether on the basis that they are disproved by the user's own experience. It is important, therefore to deliver the information accurately and to target those who may be particularly vulnerable to the risks.

Rethink believes that;

There is now sufficient evidence for the Government to educate people about the potential harms to cannabis users' long-term mental health.

There is a particular need to educate young people of these risks, since they are especially vulnerable to psychosis following cannabis use.

Further research is required to establish in more detail the mechanisms and size of risk associated with cannabis use.



Law and cannabis

Classification as a deterrent to cannabis use

The legal status of cannabis makes no difference to people's use of it. Our survey shows no link between the class that cannabis is thought to be in and whether the respondent is still using cannabis, or whether they have considered quitting use of cannabis. Of those respondents who said that they had considered giving up cannabis, only 3% gave illegality as a reason for quitting. Other research supports the claim that classification is not an adequate deterrent. McSweeney and May's study in 2007, found that more than half of the young people they interviewed were not put off carrying cannabis by the threat of arrest.¹⁸

In 2006, the House of Commons Science and Technology Committee found "no solid evidence to support the existence of a deterrent effect, despite the fact that it appears to underpin the Government's policy on classification."¹⁹ The committee also found that despite government efforts to inform people about the re-classification, there was widespread confusion about what it meant.

The Joseph Rowntree report, Policing cannabis as a class C drug highlighted the confusion caused by reclassifying cannabis at the same time as changing the relevant penalties and police powers. Police guidance was implemented inconsistently in different areas and the subtleties of the changes were shown to be poorly understood by the public, particularly young people.²⁰

The negligible impact of the 2004 re-classification on people's decisions about their own cannabis use is highlighted by the marked drop in use since then. The British Crime Survey figures show that cannabis use among 16 to 59 year olds has decreased from about 10.5% in 2003/4 to 8.2% in 2006/7.²¹ The most likely explanation for this decline is the high levels of media coverage around the risks associated with cannabis during debate about re-classification.

Rethink believes that;

The classification system makes no difference to how much people use cannabis. The Advisory Council on the Misuse of Drugs should recommend leaving the cannabis classification as it is.

Rethink survey

The message that cannabis is an illegal drug in class C has, for the most part, got through by the time of the Rethink survey in 2006.

- 88% knew that cannabis is illegal
- 86% said that you would be arrested if caught in possession of cannabis.
- 75% knew that cannabis is in class C
- 13% thought it was in class B
- 5% thought it was in class A
- 6% said that they did not know which class cannabis is in.

Rethink survey, 2006

"I feel that as a young teenager I was not given sufficient warning as to how psychologically harmful cannabis could be, and how some people could be more susceptible to its negative effects than others." Rethink member

Health information

When cannabis was reclassified to class C in 2004, the subsequent advertising campaign made no mention of mental health effects. Since then, however, media reporting of cannabis and mental health has increased. So what kind of information should we provide the public with?

What information do people want?

Just over half (53%) of respondents to Rethink's survey said that they would like more information about the effects of cannabis. People who had considered quitting were more likely to want more information, 57% compared to 46% of those who had not considered quitting.

Respondents were asked how they would like to receive information. **Nearly a third said that information would be best delivered through people who had used cannabis** and over a quarter said medical experts. These responses highlight the importance of credibility in delivering health information. Users and health professionals may be seen as 'experts' on the health impacts, compared to Government, teachers and police. People want unbiased, accurate and non-moralising information to allow them to make decisions about the risks to their health.

Does information drive quitting?

65% of the respondents who had ever used cannabis had considered quitting. A significant correlation is found between believing cannabis to be bad for your physical and mental health, and considering quitting.

Of those who had considered quitting, two thirds believed it to be bad for mental health, compared to 29% of those who had not considered quitting. 57% of those who had considered quitting believed it to be bad for physical health, compared with 25% of those who had not considered quitting.

How should information be delivered?

- 32% said information should come from cannabis users
- 27% said medical experts
- 22% said health or social care professionals
- 8% said Government
- 6% said teachers
- 5% said police
- 23% said information on cannabis should be delivered through the internet
- 21% said TV
- 11% said radio

Rethink survey, 2006

A sub-group of respondents stated explicitly whether or not they continued to use cannabis. Of those who said they no longer use, half (53%) considered it to be bad or very bad for you in the short-term and 78% in the long-term. In comparison, only 8% of those who still use cannabis thought it was bad in the short-term and 27% in the long-term. 71% of those who had quit cannabis thought it was bad or very bad for physical health and 86% thought it was bad or very bad for mental health. This compared to 29% and 33% respectively for those who indicated that they still use cannabis. **People who think cannabis is harmful are more likely to stop using it.**

Rethink believes that;

The Government should deliver on its 2006 promise of a large scale public health campaign.

Providing information about the effects of cannabis is the best way to drive quitting Information must be accurate and credible to be effective, and must challenge media myths about the effects of cannabis.

Media myths and cannabis

Information about the risks of cannabis must be presented in an accurate and unbiased way. The Rethink survey supports findings of other studies which suggest that people are sceptical of media reports over playing or simplifying the short-term dangers of cannabis use.

The complexity of factors relating to cannabis and risks to mental health, and the difficulty of conducting definitive experiments, means that evidence must be treated carefully. Some in the media have frequently misinterpreted or misreported findings, damaging the credibility of anyone providing information about the risks of cannabis use. A public information campaign must play a role in de-bunking the myths propagated about cannabis, as well as laying out the evidence accurately.

30 times stronger?

It has been widely reported in the media that the potency of cannabis has increased dramatically. One of the more extreme figures was used by Rosie Boycott in a comment piece in *The Independent on Sunday*, which claimed that skunk is today 30 times stronger than cannabis was 30 years ago (*The Independent on Sunday*, Rosie Boycott: Skunk is dangerous. But I still believe in my campaign to decriminalise cannabis, 18 March 2007). It is not clear what the source is for this wildly exaggerated

Current information

74% of respondents said they knew 'some' or 'a lot' about the effects of cannabis on mental and physical health. Only 15% said they knew little or nothing about these effects. However, many of the respondents were not getting their information from reliable sources. 52% of respondents said they get their information from friends, 63% from the internet and 21% from family.

Younger respondents are more likely to get their information from friends and family and less likely to get it from media or books.

Rethink survey, 2006

claim, though it has been suggested that it comes from comparing the very weakest cannabis available 30 years ago with the very strongest available now – not a particularly revealing comparison, given that cannabis with different levels of THC content has always been available (*The Guardian*, Reefer Badness, 24 March 2007).

The World Drug Report from 2006, which examines the trends in cannabis potency, says "Claims of extreme increases in potency and the reaction they have garnered have cast doubt on the general argument that cannabis today is different from cannabis in the past. This is unfortunate, because there can be little doubt that cannabis has changed and that high potency cannabis represents an important and growing sector of the market in a number of major consumer countries." (World Drug Report, 2006) In fact, evidence suggests an increase in the mean THC potency from about 6% in 1995 to about 12% in 2002, a two-fold increase.

Link between cannabis and violence?

In 2007, several newspapers claimed that cannabis contributed to violent attacks and murders. *The Daily Mail*, ran a series of these stories, sometimes linking them to scientific reports on the effect of cannabis. (*The Daily Mail*, Smoking just one cannabis joint raises danger of mental illness by 40%, 19, July, 2007) That article lists 3 cases in which it suggests that cannabis was linked to violent attacks. In none of these cases was cannabis shown to be a cause of the attack.

In fact, studies into the link between substance abuse and violence have not shown any increased tendency towards violence among users of cannabis. In a review of the literature in 2003 concluded "in general, scientific reviews have concluded that violent behaviour is either decreased or unaffected by marijuana use." (Boles and Miotto, 2003). There is, however, an increased tendency to violence through excessive alcohol consumption or use of other drugs which may coincide with cannabis use.

Rethink believes that;

Accurate information is needed on the risks of cannabis to counter media 'myths' and inaccurate reporting.

Health warnings

In 2007, the Home Office and Department of Health collaborated on the FRANK 'Brain warehouse' campaign. The June 2007 evaluation of the FRANK 'Brain Warehouse' cannabis campaign shows a high recall of the television advert amongst young people (67%).²²

The FRANK initiative is welcome, but the link between frequent cannabis use and psychotic illness was not conveyed in its advert, and long-term effects were not mentioned. Information on cannabis must include warnings about the risks of long-term mental illness associated with its use. To achieve this, Government needs to invest more heavily in health education.

Rolling paper warnings

We must be more creative to get the message out to a wide group of cannabis users. The most obvious place to start is with products that we know cannabis users use: rolling papers. Warnings on cigarettes and other tobacco products have been very effective by displaying strong health warnings about the dangers of tobacco, targeting tobacco users at the point of consumption.

Large warnings on cigarette packets in the UK have had a dramatic effect. 12% of quit attempts in 2004 were prompted by packet warnings. Packet warnings are the second largest source of callers to the NHS Stop Smoking Helpline.²³ As the warnings have grown bigger, the number of people who said that the warnings had stopped them from having a cigarette doubled, and the number of people saying they have led them to consider quitting has gone from 25% to 40%.²⁴ The growing evidence of health risks associated with cannabis use requires a similar approach to that taken with tobacco.

Rizla's marketing campaign, under the slogan "It's what you make of it" has been criticised in the past for encouraging cannabis consumption. In 2003, an advert featuring the phrase "twist and burn" was banned for this reason.²⁵ They have also been criticised for the sale of king-sized papers, which, it is generally accepted, are more suitable for cannabis consumption than tobacco.



What are large rolling papers used for?

Through YouGov, Rethink asked nearly 2000 people: "In your experience, which, if any, of the following do people use king size rolling papers for (e.g. Rizla)?"

50% said that they were used for cannabis consumption, and 49% said tobacco. Among younger age groups, the proportion who answered cannabis was even higher, with 52% of 18-24 year olds, and 65% of 25-34 year olds.

YouGov, December 2007 ²⁶

Given this strong association, rolling paper manufacturers should take responsibility for warning users of the dangers of cannabis use.

In a recent letter to Rethink,⁴ Rizla owners, Imperial Tobacco, commented that "it is the role of governments to provide the general public with clear and consistent messages about the health risks to smokers that are associated with their smoking. We do not challenge those messages." Rizla acknowledges that its products are used for cannabis consumption and says it does not condone this use. These claims would seem stronger if they were taking action to warn people of the dangers of using papers for smoking cannabis.

Rethink believes that;

Following the impact of tobacco warnings on cigarette packets, rolling paper packets should carry warnings about the mental health effects of cannabis.

⁴ Letter dated 11th December, 2007

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Joining Rethink is easy

If you're affected by mental health problems and would like help, information or advice or if you share our vision of fairer, more enlightened mental health care fit for the 21st Century, we want you to join us.

Our 'Pay What You Can' membership scheme means you don't have to pay to join, but please make a donation if you can to cover costs.

Apply online at www.rethink.org
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Working together to value difference and release talent.

Author

Sarah Hamilton

rethink

Working together to help everyone
affected by severe mental illness
recover a better quality of life



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