INFORMATION NEEDS OF HEAVY AND FREQUENT CANNABIS USERS

REPORT

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A. BACKGROUND AND OBJECTIVES

1. Background

Following the reclassification of cannabis in January 2004, the Home Office has been examining what communications are needed to ensure that bad outcomes from cannabis use are minimised. There is particular concern about frequent and heavy users of cannabis. The fear is that the drug may be damaging their physical and mental health in ways they have not necessarily been warned about and may not fully appreciate.

Research was commissioned to examine whether communications, aimed at this target group, were needed and what they should say. It was envisaged that the messages would seek to:

- alert frequent and heavy cannabis users to the risks they run
- help them to cut down their cannabis use, and/or
- encourage them to use more safely

Materials aimed at cannabis users in general (not specifically frequent and heavy users) already exist. HIT have developed information materials which aim to highlight the effects, risks and problems of using cannabis, as well as provide practical harm reduction advice for users. HIT have also launched a self-help website (www.cannabishelp.org.uk) to assist cannabis users with reducing or stopping their cannabis use. Lifeline and other drugs services have also developed materials intended to inform cannabis users.

Research was required to understand what messages are motivating and credible to heavy cannabis users, and also to explore what resources might be effective in encouraging them to cut back their use or practise harm reduction measures. A need was also identified to understand the role for communications in dissuading younger, less frequent cannabis users from developing into heavy users.
The intention was to use some of the existing HIT and Lifeline materials as stimulus for the research, to assess the effectiveness of their approach and messages, and to inform the development of further materials as necessary.

2. **Research objectives**

The specific objectives for this research were therefore to explore, with *actual and potential* heavy/frequent cannabis users:

- the impact of their cannabis use on their lives
- issues around cannabis use (including delivery methods: joints vs. bongs vs. buckets; nature, extent and context of cannabis use)
- perceived benefits of cannabis use
- perceived penalties of cannabis use (if any) covering...
  - short and long term physical and mental health (including whether cannabis introduces users to, or sustains, a tobacco habit)
  - friendships, relationships and social life
  - education/employment
- level of interest in information about cannabis use, its impact on them and advice on cutting down/harm reduction
  - what sources, if any, are currently used to obtain this information
  - views on the appropriateness of what is currently available
• what messages regarding cutting back on cannabis use are motivating, credible and likely to affect behaviour

• the potential impact of harm reduction messages on the behaviour of actual/potential frequent/heavy cannabis users

• the optimum formats and channels for any campaign or information resources; e.g. leaflets, credit cards, web-based tools, self-help programmes

  - appropriate tone, style and provenance of such communications

  - whether age, gender, social class or ethnicity affect the desired content or tone of messages and materials

  - and with those who used to use cannabis heavily but have recently cut back, to understand the triggers and motivations that brought about a change in their behaviour, and any difficulties faced
B. RESEARCH APPROACH

Fieldwork for the research consisted of individual depth interviews, paired depth interviews (two friends interviewed together), each of which lasted about one hour, and group discussions with 5 or 6 respondents, each of which lasted about an hour and a half.

Six paired depth interviews and six group discussions were conducted with potential heavy users of cannabis. These were specified, in terms of age, social class and location, as follows:

PD1: 13/14 years, male, BC1, North Yorkshire
PD2: 15 years, male, C2DE, North London¹
PD3: 14/15 years, male, C2DE, North London
PD4: 14/15 years, male, African-Caribbean, Leeds
PD5: 15/16 years, male, mixed ethnicity, North London
PD6: 15/16 years, male, C2DE, South London

G1: 16-18 years, male, BC1, Bridgend, South Wales²
G2: 16-18 years, male, C2DE, Sutton Coldfield
G3, 16-18 years, male, African-Caribbean, North London
G4: 16-18 years, female, C2DE, South London
G5: 18-22 years, female, mixed ethnicity, Leeds
G6: 18-22 years, female, BC1, Bridgend, South Wales³

Five group discussions, nine paired interviews, and four individual interviews were conducted with current heavy/frequent users. This fieldwork was specified as overleaf.

¹ Due to recruiting difficulties, PD2, which was originally intended to comprise 13/14 year olds, was held with 15 year olds
² During the course of the group it transpired that the majority of respondents in G1 were current and not potential heavy users
³ During the course of the group it transpired that the majority of respondents in G6 were current and not potential heavy users
G7: 16-18 years, male, BC1, North Yorkshire
G8: 16-19 years, male, unemployed, Sutton Coldfield
G9: 16-19 years, male, African-Caribbean, South London
G10: 20-24 years, male, C2DE, Bridgend, South Wales,
G11: 20-24 years, female, C2DE, Sutton Coldfield

PD7: 16-18 years, male, C2DE, Bridgend, South Wales
PD8: 16-18 years, male, mixed ethnicity, Leeds
PD9: 18-24 years, male, BC1, Sutton Coldfield
PD10: 20-24 years, male, mixed ethnicity, Birmingham
PD11: 20-24 years, female, BC1, Leeds
PD12: 20-24 years, female, African-Caribbean, South London
PD13: 25-28 years, female, BC1, South London
PD14: 25-28 years, female, C2DE, North Yorkshire
PD15: 24/28, F, C2DE, Midlands

D1: 18-24 years, male, C2DE, South London
D2: 20-24 years, male, BC1, Leeds
D3: 24-28 years, female, mixed ethnicity, Birmingham
D4: 29-32 years, female, C2DE, Bridgend, South Wales

Six depth interviews were conducted with ex-heavy users.

D5: 18-22 years, male, mixed ethnicity, South London
D6: 18-22 years, male, BC1, Bridgend, South Wales
D7: 23-26 years, male, C2DE, North Yorkshire
D8: 20-26 years, female, BC1, North Yorkshire
D9: 27-34 years, female, African-Caribbean, Sutton Coldfield
D10: 27-34 years, female, C2DE, North London

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4 Group 11 was under attended and PD15 added
5 PD12 and PD13 were combined and run as a mini-group due to late arrival of respondents
6 Added following under attendance of Group 11
7 Held as a paired depth due to nervousness of respondent
Four depth interviews with long-term heavy/frequent users.

D11: 40+ years, male, C2DE, North Yorkshire
D12: 40+ years, male, BC1, South London
D13: 40+ years, female, mixed ethnicity, Birmingham
D14: 40+ years, female, C2DE, Bridgend, South Wales

Sample Definitions

Current frequent and heavy users were defined as smoking cannabis at least 4 or 5 days a week, every week. In addition, at least half of all current frequent/heavy users were smoking skunk more often than other forms of cannabis.

Potential frequent/heavy users were defined as: either, smoking cannabis once or twice a week on a regular basis i.e. more or less every week, or smoking cannabis heavily—two or more days in one week—but not every week. Potential heavy users were also identified by their agreement or disagreement with the following attitudinal statements:

“I would smoke cannabis a lot more if I could afford to buy it more often.”

“I really enjoy smoking cannabis and could easily find myself smoking it more frequently than I do at the moment.”

“I think people who smoke cannabis all the time are a bit sad.”

“I really enjoy smoking cannabis but would prefer to smoke it a bit less often than I do now.”

Ex-heavy users were defined as those who used to smoke cannabis at least four or five days a week, consistently over a period of time, but who smoke it less frequently, or not at all, nowadays.

For this project mixed ethnicity was defined as having one parent white British and one parent of Afro-Caribbean or Asian origin.
Interview and discussion format

The interviews and discussions were unstructured and the ground covered depended to some extent on what respondents had to say about cannabis and their use of it. Researchers were however working with a topic guide which will be found amongst the appendices.
C. SUMMARY OF MAIN FINDINGS

1. Most of these heavy cannabis users started using when they were about 14, a few at a significantly younger age. In terms of background and circumstances, they did not appear to be much different to cannabis users in general. Almost all were enthusiastic about the effects of cannabis from first exposure to it, but this is not uncommon amongst cannabis users.

2. Use amongst those under 16 was generally opportunistic, therefore occasional, and frequently outside the home. Many of the young liked to get very stoned, rather than just ‘chilled’, if opportunity arose. Notwithstanding this, the most appreciated effect of cannabis amongst the young, who often smoked in groups, was the way it provoked laughter. There was a lot of variation in how use developed amongst over 16s but, in general, the older the user, the more use became routine and regular. Also, the older the user, the more use was likely to be solitary rather than sociable. However, almost everyone smoked more cannabis at the weekends than during the week.

3. Weekly amounts spent on cannabis by respondents recruited as heavy users ranged from about £10 to over £120, with a mean somewhere around £50-£60.

4. Many heavy users in employment confined their cannabis use to evenings. A sizeable minority of those in employment, or full time education, used during the day, often arguing that their work or studies did not suffer. Those who used during the day often had a joint first thing in the morning.

5. Skunk appeared to be the most popular variety of cannabis (but this may have been influenced by recruitment controls). Skunk was usually said to be significantly more powerful in its effects than other forms of cannabis and most of those who liked it did so because it was stronger. It seemed that many respondents thought that skunk delivered a different kind of high to weed or resin and was less conducive to inertia. However it was not uncommon for respondents to say that skunk was too powerful—weed or resin delivered more manageable
highs—and several said they avoided it. Those who were wary of skunk sometimes described it as artificial or chemical, and resin had a reputation for being adulterated with a variety of other substances. The reputation of cannabis as ‘natural’, often evoked as a reason to regard it as benign, seemed to belong much more to weed than to either skunk or resin. Respondents did not seem to be much interested in where their cannabis came from.

6. The overwhelmingly most popular way of using cannabis was smoking it in joints, almost invariably with tobacco. Joint making was a craft and a ritual—a not insignificant part of the pleasure of using cannabis. The amounts put into each joint varied by both individual and occasion. Bongs were briefly popular amongst a minority, chiefly of young users, in part because they were exotic but mainly because they were efficient—they made you more stoned on a given amount of cannabis than joints would do. But bongs were also cumbersome, conspicuous, and hard on the throat. Respondents over about 18 seemed to see them as trying too hard, and therefore as uncool. Buckets, lungs, and blow-backs were similarly viewed as appropriate only to young people going through their experimental stage. Vaporisers were hardly known.

7. All but the youngest respondents knew that you could ingest cannabis in cakes and other foodstuffs, and a small minority did so, one or two regularly. Cannabis was much slower to take effect if it was eaten rather than smoked. This ruled it out of many situations and, in addition, made it difficult to get the dose right.

8. A large majority of the sample smoked cigarettes, a few heavily. Non-cigarette smokers were sometimes contemptuous of tobacco on its own because there were no psychoactive effects. Some cigarette smokers claimed that smoking cannabis reduced their overall tobacco consumption. Flaunting the much publicised risks of tobacco use perhaps made cannabis users unreceptive to information about health risks with cannabis. Many respondents were, in any case, uncertain about how cannabis compared with tobacco in terms of health risk.

9. Almost all respondents drank alcohol but most preferred smoking cannabis to drinking. Many regarded their cannabis use as restraining
their alcohol use. Cannabis was frequently compared favourably with alcohol; it did not make people aggressive or violent. Regular and heavy cannabis use was generally perceived as much less of a problem than alcoholism.

10. Some teenage respondents were experimental users of a range of other illegal drugs, including amphetamine, cocaine, LSD, magic mushrooms and ecstasy. A few older people in the sample occasionally used other drugs, notably cocaine. With very few exceptions, respondents identified themselves as interested in cannabis in a way, and to a degree, that they were not interested in other drugs. They enjoyed the effects of cannabis, which they regarded as predictable; they felt safe with it. Other drugs were widely perceived as risky in a way that cannabis was not.

11. Most respondents were enthusiastic about cannabis; they used it because they liked the effects. We cannot be sure of this, but it did not seem to us that heavy users in general were self-medicating to mitigate personal problems or otherwise seeking different benefits to more moderate users.

12. Some teenage users seemed to be challenged by the illegal status of cannabis; using cannabis was cool, in part, because it was against the law. Defiance of parents, and doing what some kids do not dare do, is all part of the appeal also.

13. A core benefit of using cannabis is relaxation. This fieldwork was littered with references to cannabis as helping respondents ‘chill out’. Chilling out was often juxtaposed with feeling stressed or anxious, and in this sense cannabis was seen as therapeutic. People of course experience cannabis differently, but it seemed that cannabis-induced relaxation included elements of switching off, or retreating into a different space, insulated from outside pressures, where the self felt somehow privileged. Amongst the over 25s a routine joint in the evening seemed to be in almost exactly the same role as the glass of wine or whisky for the non-cannabis user.
14. A substantial minority of respondents said they used cannabis to help them sleep, although almost as many said using it late at night kept them awake.

15. It was quite often argued that smoking a joint could concentrate the mind on the task in hand, perhaps particularly if the task involved drudgery. A few respondents also said that smoking cannabis helped them concentrate on their studies (although more reported the opposite). Many said that cannabis stimulated interesting chains of thought, or supplied a new and different perspective on people and things. However it was often conceded that what went on in people’s heads when they were stoned was more reliably amusing than genuinely perceptive.

16. Some respondents were eloquent about how cannabis enhanced their appreciation of music, film or computer games. It was occasionally conceded that cannabis weakened the user’s ability to discriminate.

17. The fact that they felt safe with it contributed to many respondents’ liking for cannabis. In almost all respondents’ view, this drug, uniquely amongst illegal drugs, did not seriously threaten their well being. This confidence sprang from a number of sources. Respondents, with very few exceptions, did not feel they themselves had suffered any significant ill effects. They were aware that hundreds of thousands of people smoked cannabis in the UK, yet it seemed rare to hear of anyone suffering ill-effects. People did not die from overdoses. Cannabis was simple and ‘natural’ and had been used for centuries. Cannabis had medicinal benefits in the area of pain relief. (The relationship between heroin, morphine and ‘natural’ poppies was ignored.) The relativities were important. Cannabis seemed ‘officially’ to be seen as less dangerous than other illegal drugs, and it was at least arguable that it was less harmful than either alcohol and tobacco.

18. Many respondents were, however, willing to concede that there were downsides to cannabis use, especially to heavy use. This willingness generally emerged only when respondents had developed some confidence that the researchers were interested in hearing ‘good things’ about cannabis and were not pursuing a negative agenda.
19. Asked about downsides, many respondents, especially but not only among the young, mentioned cost before anything else; they regretted spending as much as they did on cannabis. Single mothers were amongst those who felt they could not afford to spend as much as they did.

20. Many respondents said that cannabis induced lethargy. In the short term, smoking a joint often meant that you failed to do what you had in mind. In the longer term it was often conceded that cannabis tended to make people lazy, mentally as well as physically. People who smoked a lot of cannabis were seldom highly motivated to do anything. Although it was sometimes acknowledged that these effects could have seriously prejudicial effects on someone’s life, they were usually discussed with light-hearted self-deprecation. Most respondents were confident that they would give up before the long term effects kicked in, or that they were not themselves being affected in ways they would regret.

21. Despite their assertions that cannabis was safer than alcohol, or even than tobacco, most respondents conceded that smoking it was bad for the health. Opinions about how bad it was in relation to tobacco differed, but it was generally regarded as common sense that taking smoke into the lungs damaged the respiratory system and might well cause cancer. These health risks were treated by cannabis users much as tobacco risks are treated by cigarette smokers; they trust it will not happen to them, and/or they expect to give up before the damage is done. Cannabis smokers may differ from cigarette smokers however in the strength of their conviction that the effects make the risks worthwhile; most of them see themselves not as victims of an addiction, but as people who enjoy getting stoned.

22. Those cannabis users who did not smoke cigarettes often seemed to underestimate the dangers of becoming addicted to nicotine via the tobacco they put in their joints. Similarly, it did not seem that the difficulty of giving up cigarettes whilst continuing to smoke joints was well appreciated. It is of course counter-intuitive that a big danger of using an illegal drug is that it will make (or keep) you addicted to a legal one.
23. Many respondents had ‘thrown a whitey’—become deathly pale, felt incapable of movement and nauseous—subsequent to smoking a joint. Whiteys were obviously very unpleasant but seemed to have surprisingly little deterrent effect on use.

24. Mental health problems in the context of cannabis use were slow to be mentioned, and usually needed prompting. Respondents were less reluctant to talk about physical health risks. Prompting on psychological or mental effects often produced references to short term memory problems. It was widely accepted that people who were stoned often forgot what they were trying to say in the middle of a sentence. Some respondents thought that the damage was cumulative, and that people who smoked a lot of cannabis had poor memories even when they were not stoned. However, this issue rarely seemed to be taken seriously and was often discussed with amusement. A few respondents wondered if cannabis’s effect on memory might be evidence of its potential to interfere with mental functioning generally.

25. Paranoia was often mentioned as a common penalty of smoking cannabis. Almost all respondents had suffered what they described as paranoia on occasion. Cannabis users who had dealings, when they themselves were stoned, with people who were ‘straight’, almost invariably felt self-conscious; they feared that their being stoned was vividly apparent to everyone. Young respondents sometimes said they were paranoid about the police. What was described as paranoia seemed not to trouble most respondents seriously; it was regarded as unfortunate but made more bearable by consciousness that it was caused by cannabis. Researchers have no expertise in making this judgement, but two or three respondents described mental states that perhaps suggested that things were going seriously amiss.

26. Some respondents supposed that cannabis might weaken mental faculties in some general way, so that cannabis users were somehow ‘a bit slow’. This supposition was related to the perception that long term cannabis use made people lethargic. That cannabis might provoke more serious or vivid mental health problems seemed rarely to be considered. There were, once the subject had been raised, a
number of glib references to cannabis killing brain cells, and occasionally to schizophrenia, but respondents seemed to feel perfectly satisfied that they were not going to be affected.

27. It became apparent, as the subject of mental health was pursued, that a sizeable minority of respondents had some sort of personal connection, often a bit tenuous, with a cannabis user who had run into mental difficulties. The tone in which these were mentioned suggested both that the gravity of schizophrenia (indeed what it was like to be mentally ill at all) was not appreciated, and also that respondents seemed certain that cannabis did not pose a serious threat to their own mental health. Most respondents clearly did not interrogate their own confidence in this regard; they did not like thinking about mental illness. Those who did think about it often believed that cannabis could ‘trigger’ psychotic illness in people who were in some way vulnerable, but not ‘cause’ it in people with no such vulnerability. One or two respondents, however, had been alarmed by newspaper reports about the association between cannabis and schizophrenia.

28. It was often asserted that cannabis is not addictive; indeed, that its being non-addictive is an important feature distinguishing it from other more dangerous drugs (as well as tobacco and alcohol). Some respondents felt sure they were in control of their consumption and had proved it to themselves by periodically taking breaks from cannabis. However a sizeable minority felt that they could not easily renounce cannabis. They said that if they did not have any cannabis, they became irritable and experienced severe mood swings. Most respondents in this minority referred to being dependent on cannabis rather than addicted to it. One or two described themselves as addicted and felt that cannabis was having a seriously damaging effect on their lives.

29. Throughout most of this fieldwork respondents gave the impression that they thought smoking cannabis was all right, not something to worry about. They did not see their use of cannabis as a problem, and therefore they were not thinking about whether or how to stop using. Although many acknowledged that they had a cannabis habit, they
asserted that their continued use was sustained by enjoyment of the effects.

30. However, there were a number of ex-users in the sample, as well as a few current users who wanted to cut back or stop using. Motivation to reduce or stop cannabis consumption included: encroaching family or employment responsibilities; pregnancy; a need to study or take exams; cost; wanting to regain fitness; gradual disenchantment with the effects; a generalised feeling (often driven by a conviction that it might not be that harmful, but it could not be good) that the time had come to stop.

31. Stopping using cannabis was consistently associated with irritability, and (in some) trouble sleeping. These symptoms seemed to be very differently experienced by respondents who had stopped; some had found them severe, others hardly noticeable. The duration of symptoms was days or (rarely) weeks rather than months. The difficulty of giving up was sometimes located more in the social context than in the physical symptoms. Being with people who were smoking cannabis was very difficult if you were trying to stop.

32. There did not appear to be much demand for information about cannabis from these heavy users. With few exceptions, they assumed, without much reflection, that using it (and talking to others who used it) had taught them everything they needed to know about the drug.

33. There were references to drugs education in schools, but most respondents were disparaging about this in general. They often felt they knew more about cannabis than the teachers did, and that drugs education was transparently intended to put them off taking drugs, rather than inform them in a more balanced way. It did not seem that what was said about cannabis in schools had challenged a conviction respondents had come to early on, namely that cannabis was enjoyable and did not do anyone any real harm.

34. Respondents did not think drugs helplines and drugs services were there for cannabis users. They were for people in extremis—for example, people who had felt very ill or collapsed after taking (too
much of) a drug, perhaps ecstasy, and people whose lives were in a mess because they were addicted to heroin, cocaine, crack or amphetamine. A large majority of these cannabis users were at a loss to know what they would talk to Frank about. Exceptions were few; one or two, after prompting, were interested in authoritative information on how cannabis might cause mental health problems, and one or two others said they needed support and guidance on how to stop using cannabis.

35. Asked about media to reach them with information about cannabis, many respondents thought first of printed material—leaflets distributed via conventional channels, GP clinics, libraries, schools, youth centres, drugs clinics, etc. Some, predominantly younger, respondents recommended posting information on the web, and also targeting groups associated with heavy cannabis use, for example via surfing and skating websites and magazines, head shops and the like. Carefully selected radio stations were also suggested as a good means of reaching heavy cannabis users. There was no agreement about the optimum provenance for communications about cannabis, though many respondents were wary of authority’s agenda and thought credibility depended on using a source that was clearly not anti-drug.

36. The HIT white booklet was generally well liked by respondents in their twenties and over. The presentation suggested a balanced approach and the style was not patronising. The Techniques and tips, and Take control sections were appreciated (although issue was taken with several of the tips). It was sometimes argued that starting with Cannabis and the Law set an inappropriate tone, and the What is cannabis? section suggested an audience other than heavy users. Younger respondents often complained that the booklet was too print heavy and said they would not bother to read it; they much preferred the smaller, shorter HIT yellow booklet, but, again, there were complaints about the amount of space given over to the ‘cannabis and the law’. Reactions to the other HIT materials, and the website, are given in the Detailed Findings section below.

37. The Lifeline green leaflet prompted lively discussion and polarised opinion. Men were more likely to like it than women. It had two great
strengths. First, it had strong visual appeal for many; they wanted to pick it up and read the captions under the drawings. Second, it seemed to have been produced by people who had themselves smoked cannabis, knew a lot about it, and were not against it. On the other hand, many respondents much preferred the production values of the HIT material, and strongly disliked the drawings which they thought created a misleading impression that cannabis users were no-hopers who were stoned all the time, unable to function, unmindful of their appearance and not much different to heroin or crack users.
D. CONCLUSIONS

1. Heavy and frequent cannabis users will be a difficult target to influence effectively with communications. They are not looking out for information or advice. With few exceptions, they believe that their cannabis use is driven by enjoyment of the effects rather than by dependence, and that they are already sufficiently mindful of the risks—which they regard as commensurate with the risks of drinking alcohol and smoking tobacco.

2. They are also difficult to target because they are not a homogeneous group. Heavy, frequent cannabis users come in both sexes and across a wide age band. It may be that, relative to all cannabis users, a higher proportion of heavy users are in some way frustrated or unfulfilled and use cannabis as a means of reconciling themselves to this, but on the whole we think heavy cannabis users are not much different to moderate users. They like the effects of cannabis, and they are either at a point in their lives when being stoned a lot of the time does not have seriously negative consequences, or they have found a way of reconciling cannabis use with responsibilities. Most of the young of course assume that they will not always be heavy users.

3. The relativities are hugely important to the image of cannabis. It is seen as significantly less dangerous than all the other illegal drugs, especially because it is believed that no-one ever dies from using it. All cannabis users are aware that it is respectable to argue that tobacco and alcohol are at least as damaging to health and wellbeing as cannabis. To a degree that is difficult to shift, the image of cannabis is therefore of a drug that does not have serious consequences—because it is seen as relatively safe, it is treated as innocuous.

4. Cannabis users like the drug and many think that it does not deserve to be illegal. This posture reduces their receptivity to communications about the risks of heavy use. Their starting point is generally defensive—they want to argue that it is reasonable to use cannabis a lot, and/or that it is unreasonable for smoking cannabis to be prohibited by law. This mental set is dissonant with the thought—‘cannabis is not as harmless as most people think’. When they stop being defensive,
many heavy users are willing to concede this, but their first thought is to resist it.

5. This difficulty of course has implications for tone. Heavy cannabis users will not take much notice of communications that seem to condemn cannabis. Communications will have to establish a tone that dispels suspicion of propaganda and which reassures heavy users that their enjoyment of the drug is understood.

6. The probability that someone who starts smoking a lot of joints will end up smoking cigarettes is not sufficiently front of mind amongst young users and deserves to be flagged. The message would be something like—do not let cannabis get you hooked on nicotine. A difficulty is that much the most popular way of using cannabis is with tobacco in joints, and smoking skunk, weed or resin without any tobacco encounters resistances—you get too stoned too quickly; you may burn the back of your throat; because it is quicker, it is liable to be less sociable. We do not know whether vaporisers might become popular if people were aware of them and they were cheaper, but not being able to use them outside is a big drawback for the prime target of teenage users.

7. Tobacco has been demonised by the strength of its association with cancer and other fatal diseases. The noise around tobacco has had the effect of making cannabis seem less risky. If cannabis smoke is carcinogenic, and carries other health risks, users need to be confronted with this.

8. Media coverage of research on cannabis and mental health has made a very few heavy users want to know more. However, in general, the benign image of cannabis, as well as their own experience, has meant that heavy users feel safe with the drug, mentally as well as physically. A hard-hitting campaign associating cannabis use with mental health problems would run into serious credibility problems because users would see it as propaganda, and an attempt to frighten them off. Nevertheless, that there is an association between cannabis and psychosis—that a minority of people are vulnerable to developing serious mental problems that are exacerbated by cannabis—deserves to be more widely known. The communication should include advice
that heavy, prolonged use is particularly associated with problems and that all cannabis users should have breaks when they do not use at all. Another element of the communication should be that the stronger the cannabis, the greater the risks; be careful with skunk, especially if you are under 18. Part of the problem in putting this issue into the public domain clearly is the unwillingness of many people to think about mental illness at all.

9. A sizeable minority of this sample had come to the view that they were dependent on cannabis, yet its image is of a non-addictive drug. The possibility of dependence is too often discounted. Communications should note, without overstating the degree of the problem, that many people have difficulty reducing or stopping their cannabis consumption after heavy, prolonged use.

10. The image of cannabis as benign rests to some extent on the perception that it is just a natural plant. There is perhaps scope for factual, authoritative communications about the chemical composition of typical street bought resin, skunk and weed. The adulterants in resin, and the conditions under which skunk is grown, perhaps particularly deserve to be brought to users’ attention.

11. There is some uncertainty about the legal status of cannabis following reclassification, but most heavy users get it roughly right and we are not convinced that better familiarity with the letter of the law would make any difference to attitudes or behaviour. There is perhaps a need to clarify the law on driving whilst under the influence of cannabis.
E. FINDINGS IN DETAIL

1. Histories of cannabis use

1.1 Starting

Most of these respondents, potential and current heavy users, as well as ex-users and long term users, had started using cannabis when they were 14 or 15. A sizeable minority had started a little younger, at twelve or thirteen, and a small minority had had their first cannabis at a significantly younger age, in some cases, eight or nine years. Another small minority started in their late teens and there were one or two instances of respondents not smoking cannabis until their early twenties.

One respondent had first smoked a joint on St Lucia when he had been eight, but in general it did not appear from this sample that African Caribbeans, or those of mixed ethnicity, typically started smoking earlier than white respondents. Nor were there any patterns by location. On this evidence girls seem, on average, to start a little later than boys. Whilst many female respondents conformed to the stereotypical pattern and started smoking cannabis when they were 14 or 15, there were no females starting at a much younger age, and several who did not start until their late teens.

Those starting younger than 14 had usually been introduced to cannabis by older siblings or older friends. A very few seemed to have obtained early supplies from their parents.

“I used to steal it from my mum… Just take a little bit each time.”
G5, ‘potential heavy users’, 18-22, F, mixed ethnicity, Leeds

Everyone in the sample was introduced to cannabis by someone they knew, usually a close friend or relative. Some (more male than female) respondents seem to have regarded people who smoked cannabis as cool (see also below, 5.1). Peer pressure is difficult to identify and assess, but it did not seem that any respondents had felt in any way pressured into using cannabis—they used it because they wanted to.
Respondents gave different reasons for getting interested in cannabis. The accounts of several give the impression that, with hindsight, they saw it as quite inevitable that they would come across cannabis and that it would appeal to them. There being ‘nothing to do’, perhaps especially for people under 16, was often given as a reason for starting to use cannabis regularly.

“There was something to do. There wasn’t much else to do. We just thought we’d try that. Just something to do, sound it out.”
D7, ‘ex-user’, 23-26, M, C2DE, Yorkshire

For reasons described in subsequent pages (see Section 5), the majority of the sample was enthusiastic about cannabis. Most respondents had liked its effects immediately. Their account of why they continued using cannabis is substantially the same as any cannabis users—they liked the effects and so wanted to take it again. No clear pattern or theme emerged that would help explain why these people, having started to take cannabis, went on to become heavy and frequent users, except possibly their enthusiasm for the effects. A sample of people who have become dependent on heroin or crack will usually include many who have suffered personal traumas or exceptional degrees of deprivation. There is no evidence to suggest that this was the case with this sample of cannabis users. The sample included single mothers and many who had endured periods of unemployment, but it did not seem, overall, that deprivation or lack of opportunity was a significant part of the explanation of why they had become heavy cannabis users.

1.2 Patterns of use

The dominant pattern was for cannabis use to be opportunistic and occasional when respondents were very young. Use was often restricted in these years by lack of funds, or, more rarely, by uncertain supply.
HOW MUCH DO YOU SMOKE?

“Only two or three times a week because it is really expensive... You couldn’t smoke it everyday because it costs so much.”

“I was 16 when I started but I didn’t do it that much then. I was living in the sticks and it was a case of when it was around. But when I came to Leeds it was easier to get hold of.”
PD11, ‘heavy users’, 20-24, F, BC1, Leeds

Although they used intermittently rather than regularly, people in their mid teens often smoked a lot on each occasion. The young liked to get very stoned.

“When you’re young you want to get wrecked.”

Use tended to become heavy once respondents had enough money to buy more cannabis—when they first started work, or were able to draw benefits. How use developed depended on a variety of factors, among them funds, responsibilities and leisure. Some of the younger respondents kept their usage secret from their parents and this imposed some restrictions on when they could use.

Respondents’ lives of course developed differently and there was a lot of variation in how the various factors influencing use came together. Use seems to have been particularly heavy amongst many respondents about one or two years after initiation, when they first had money of their own, before they had much in the way of responsibilities, and when their enjoyment of the effects—especially the stimulating, laughter-inducing effects—was most intense. Some older respondents looked back with a degree of nostalgia to this period in their lives.

“When I was younger, I used to smoke all the time. You’ve got more time on your hands, or no responsibilities.”
D14, ‘long term user’, 40+, F, C2DE, S. Wales

Responsibilities, especially to employment and to children, often constrained use amongst those in their early twenties or older, although their use typically remained heavy.
“I've been smoking weed every day since I was about 17, so for 7 years. Before that I just did it at weekends. I first tried it when I was 14 or 15. Then it was few and far between, but I think by the time I was 16 I smoked it every weekend. By the time I was 17 I smoked it every day… Now it's every night. Not in the morning, never during the day at work. On the weekend, sometimes through the day.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

Most respondents (and see Section 5 below) insisted that they smoked cannabis because they enjoyed doing so—they liked the effects. This was as much the case with older as younger respondents. However, use by older respondents was much more likely to be habitual than prompted by some social opportunity or impulse. Their use was often routine, at certain times of the day, often everyday.

Use amongst the young was generally less routine and there was a age-correlated difference of emphasis on motivation to use. Older respondents emphasised relaxation, ‘chilling’, or ‘so I can sleep’, as benefits rather than ‘having a laugh’. Younger respondents talked about ‘chilling’ a lot also, but they put more emphasis on cannabis as fun. Their use was typically less regular because it was more spontaneous, responding to whatever was happening socially.

In keeping with this, younger respondents often said that how much they smoked varied significantly from day to day and week to week, whereas older respondents—those over about 20—were much more able to generalise about quantities. For example, one ex-heavy user aged 33 (D10) said she had smoked at least three joints a day over a six year period.

Virtually all respondents said they were likely to smoke more at weekends than during the week.

“On Saturdays we smoke from as soon as we wake up until we go to sleep.”
PD1, ‘potential heavy users’, 13/14, M, BC1, Yorkshire

HOW OFTEN DO YOU HAVE A JOINT?
“Every day, at least four a day. More at the weekend. Double it.”
PD14, ‘heavy users’, 25-28, F, C2DE, Yorkshire

“On the weekend I smoke about three or four spliffs a day. Then thorough the week either one or two a day. But it’s always in the evening when I’m sat in front of the TV.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds
As would be expected, weekly consumption varied enormously. One respondent said she had consistently spent £120 a week on cannabis before deciding to quit a year or so ago. A few respondents said they spent in the region of £20 a week, two or three of the youngest respondents, about £10. The majority of the sample fell between these extremes, and reported spending between £40 and £70 a week (see also Section 6.2).

“I do an eighth every three days. Say about £20 every three days, but it could be more.”
D12, ‘long term user’, 40+, M, C2DE, Yorkshire

“I would spend about £10 a day. I smoke every day.”

The time of day respondents smoked their cannabis depended significantly on whether or not they were working. The most common pattern amongst those in employment was to have at least one joint (or bong, see Section 3) towards the end of the day, every day.

“Just before I go to bed. Just to wind down before I go to bed.”

Some respondents routinely lit a joint immediately on leaving work, and then smoked at least one later in the evening.

“I am a community worker… I finish work, build a spliff in the car, smoke it on the way home, go home, look after the kids, make sure they have done their homework, bath, bed. The older goes to bed at 10-30 and then I will have another spliff and that is my bedtime spliff. Then I go to bed.”
D3, ‘heavy user’, 24-28, F, mixed ethnicity, Midlands

Others were more variable and might have several joints.

“I come home from work and roll a little one. A normal cig paper. Have a pot of tea and have a smoke for half an hour. Chill out a bit. But normally I roll King Size Rizlas on an evening. I might have one, two or three.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire

Some employed respondents said that they did not smoke during the day (except at weekends) because it was incompatible with their responsibilities. Some of those not working also tried to avoid daytime joints because they knew doing so would make them lethargic.
“I wouldn’t do it at work and I wouldn’t do it as soon as I wake up because I get lethargic.”
D1, ‘heavy users’ (held as pair), 18-24, M, C2DE, London

“I don’t smoke in the morning because… I would sit at home all day smoking green if I start in the morning.”
“Yeah, I can’t even be bothered to leave my bed.”

“I don’t smoke at work. I am around three phase electricity, testing units. I could electrocute myself easy enough without being stoned as well.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire

Cannabis was, for many, strongly associated not only with relaxation but with a freedom from obligations. They only smoked in relaxed and relaxing circumstances—almost always evening.

“I set time limits for myself with marijuana because it calms me down, helps me to sleep, and just makes me feel really calm. So it’s not something I want to do in the day.”
D13, ‘long term user’, 40+, F, mixed ethnicity, Midlands

“I like to sit down and relax. If I know I’ve got to go somewhere, or I’ve got something to do, I can’t relax then. I’ll have a couple of puffs here and there, but I’m more of a sit and relax person—and then have a nice smoke.”
D14, ‘long term user’, 40+, F, C2DE, S. Wales

However, a sizeable minority (and a majority of those who were not working) had a joint first thing in the morning and continued to smoke routinely throughout the day.

“I would do it several times a day, everyday. I didn’t work at the time… It was part of everyday life.”
D8, ‘ex-heavy user’, 20-26, F, BC1, Yorkshire

Some of those who had a joint before going to work, and/or whilst they were at work, denied that it affected their performance. Indeed a few said that they thought they did their work better if they were stoned (see also Section 5.3 below).

“I smoke in the mornings… I have about two before I go in the mornings… I don’t like carrying it with me at work.”
D12, ‘long term user’, 40+, M, C2DE, Yorkshire

Some others said they regretted smoking first thing in the morning; a day that began with a joint was not usually, for them, a good day.
“There are times when I’ve got up and had one just before breakfast… You wake up and you have a joint and after two drags you’ve found yourself just sitting there in the same position… You forget what you are doing. It’s not good.”

PD9, ‘heavy users’, 18-24, M, BC1, Midlands

“I would sometimes do it before I went to work but I would be like a zombie. It is not good. You can feel the effects.”

D9, ‘ex-heavy user’, 27-34, F, African-Caribbean, Midlands

Several respondents said they smoked at school, or had done when younger. There were references also to scoring cannabis on school premises.

“You had one left over, then you’d take it to school in the morning… These days you got people selling it at school.”


Again there were those who recognised that being stoned at school was inappropriate, and others who wanted to argue that they concentrated better after a joint.

“I have done it in school and I got red eyed and just couldn’t walk straight.”

“You can’t look at the teacher.”


“I find that if I’m in school and I smoke a joint, I’m not as naughty. I just chill out, and do my work.”


As would be expected, social context was sometimes an influence on when respondents used cannabis. The young generally smoked in groups, and several said they would not think of smoking a joint on their own; the whole point was to ‘have a laugh’ with your friends.

“It’s boring, getting stoned on your own.”

G7, ‘heavy users’, 16-18, M, BC1, Yorkshire

“I was very against smoking by myself. I thought it was very sad. It is like alcohol. I would never drink by myself, so why should I smoke by myself. Now I smoke by myself. All my friends now smoke by themselves.”

D1, ‘heavy users’ (held as pair), 18-24, M, C2DE, London

Amongst the young, the bonding effects of using cannabis together were very marked.

“If you meet somebody and you smoke… You have something in common. You’re both smoking and you both can chill together. You become compatible.”

However, as they got older, almost all respondents said they were happy to smoke on their own. The single parents in the sample were all routinely smoking on their own. They put the child(ren) to bed and rolled a joint as a reward and an aid to relaxation.

Couples often smoked together, and a few older respondents enjoyed sharing joints with one or more friends...

"On a Friday night he (neighbour) comes round to our house. *Me and him will have a couple of bottles of wine, few beers, smoke a few joints. Hell of a lot cheaper than going to the pub. And you don’t feel like shit in the morning."*

D11, ‘long term user’, 40+, M, C2DE, Yorkshire

But in general, the older the person, the more likely use was to be solitary rather than sociable.

1.3 **Attitudes of family members**

Young respondents quite often said that their parents did not know that they smoked cannabis. Most of them feared an extreme and hostile reaction if their parents found out. They smoked their cannabis in parks, on the street, at school, and in friends’ houses.

Others were less fearful of parental wrath and smoked in their rooms at home; sometimes older siblings had taken the flack and made using cannabis more acceptable.

"My mum grounds me but I just walk out."
"My parents know that I smoke but they would prefer it if I didn’t. They just tell me to make sure I know what I am smoking and not to do anything else. ‘Be safe!’.”
"Your parents think that if you smoke a bit of ganja, that you will try harder drugs, but I wouldn’t.”

PD1, ‘potential heavy users’, 13/14, M, BC1, Yorkshire

Fear of parents finding out was often greater than fear of the law. Some respondents were not so much afraid of their parents being angry as anxious not to betray their trust.
“(The police) will nick you for one joint if they want to.”
"The police don’t actually care, but I don’t want my mum to know. If she found me out I know she’d be really disappointed.”
"I’m more scared on my mum’s punishment that I am of the police."

However others were open with their parents about their cannabis use. The parents of some of these respondents were themselves cannabis users. Quite often the important issue as far as parents were concerned was whether or not cannabis would prove to be a gateway to other drugs.

“They’re cool. As long as I don’t do it very much on school days, they’re cool.”

“When I’m too stoned my mum starts pushing me over and that, just laughing at me. ‘Straight to bed!’”
G7, ‘heavy users’, 16-18, M, BC1, Yorkshire

“My mum is very cool about it… She knows I’m the kind of person that I’ll do what I want to do whether she likes it or not. She just let me do it because it was the safer option than smoking it in the street.”
DO YOU SMOKE IN FRONT OF HER?
"Yeah.”

“My mum is all right with me smoking cannabis. She says—you can smoke it as long as you don’t go on nothing higher.”
PD8, ‘heavy users’, 16-18, M, mixed ethnicity, Leeds

The boot was sometimes on the other foot; several older users said that their children disliked their smoking cannabis. Some tried to conceal their use, others did not.

“My daughter’ll say—dad is smashed again… She always used to have a habit of coming downstairs at eight at night when I was smashed. ‘Can you help me with this dad?’ No chance. So now if I am going to have a smoke, I shout upstairs—have you got any homework? Do you want any help? Get down here, we’ll do it now before I have a smoke.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire

“I had to train myself to say—right, evenings only… My kids don’t like me doing it… My mum thinks it’s disgusting. She thinks I’m mad. My dad thinks it’s disgusting. My kids. All the family don’t like it.”
D13, ‘long term user’, 40+, F, mixed ethnicity, Midlands
2. Varieties of cannabis used

It was sometimes difficult to establish what varieties of cannabis respondents were using. A majority of younger people said they usually smoked skunk, although some also said it was difficult to get hold of.

"Skunk is hard to get hold of."
G8, ‘heavy users’, 16-19, M, unemployed, Midlands

Older smokers were more likely to use resin/hash. There were many references across the age groups to ‘weed’—herbal cannabis that was not skunk. A few respondents of West Indian origin used sensimilia. There was no mention of cannabis oil.

It sometimes seemed that young respondents wanted it to appear that they usually smoked skunk because skunk had the reputation of being the strongest. However it also seemed that some young people were lumping all herbal cannabis together as skunk, effectively distinguishing only between skunk and resin. Against this, it was quite often said that skunk looked and smelled distinctively different to weed.

As would be expected, skunk was regarded as significantly stronger than other types of cannabis. Many respondents, especially but not only amongst the young, preferred it because it was stronger.

"For me, the stronger the better."

Skunk was often seen as a relatively recent development. There was occasionally the feeling that cannabis users were perhaps still adjusting to the fact that it was different and stronger than ‘ordinary’ herbal cannabis, or than resin. Almost everyone agreed that skunk represented a significant increase in the strength of cannabis; it had been especially developed to be strong and was grown in highly specified conditions, very different to weed.

"I read a report in the Independent about how cannabis hasn’t got stronger… I think they are kidding themselves."
D1, ‘heavy users’ (held as pair), 18-24, M, C2DE, London
“On skunk there’s like crystals. It’s like THC. It’s used like hydrochloric chemicals in it sometimes… Weed is just grown naturally. So it doesn’t have all that.”

“Skunk… has a high level of THC. When you look at just a normal weed, just common weed, it’s mostly twigs, leaves. But when you look at skunk, it’s flowers, bud. It’s fluffy.”

Many respondents thought the effects of skunk were not the same as weed or resin. Skunk had more powerful effects.

“With skunk you get higher. You get more lean with it.”

“I only smoke skunk because it is around constantly. Sometimes I like to get battered.”
“I get bored of hash, because I have such a high tolerance now. Skunk just goes ‘bam!’ straight away.”
“But it can make you quite incoherent.”
“Yeah.”
“It scatters your thoughts, and that is the downside of it.”
D1, ‘heavy users’ (held as pair), 18-24, M, C2DE, London

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D1, ‘heavy users’ (held as pair), 18-24, M, C2DE, London

“Skunk was not just stronger, it delivered a different sort of high. Some respondents seemed to say that, in comparison with resin, it was more dynamic, more compatible with activity.

“Skunk is better than weed… Better buzz… There’s not that vagueness, as if you’re on drugs (sic).”

“I just prefer the taste of skunk.”
“It doesn’t make you feel as tired. With resin I could nod off.”
Skunk makes you giggle more.”
PD14, ‘heavy users’, 25-28, F, C2DE, Yorkshire

One respondent said he experienced resin as making him more stoned than skunk, but he appeared to be the only one with this opinion.

“I prefer black (resin)... It makes you more stoned like. Skunk mellows you out more and makes you more light headed... Black costs less and it stones you twice as well. With skunk you might need four or five joints, with blacky you might need two.”
D7, ‘ex-user’, 23-26, M, C2DE, Yorkshire
It was quite often suggested that the effects of skunk could be too powerful; it was fine for some occasions, but not if you had to be able to think. Weed was more manageable, less of a challenge.

“If you are doing something constructive, using both halves of your brain (don’t use skunk). But if you are just smoking and watching TV, OK.”

“Weed is more like for relaxing. Skunk is stronger. You get different buzzes.”
G5, ‘potential heavy users’, 18-22, F, mixed ethnicity, Leeds

There were occasional references to skunk as unnatural, or at least less natural than ‘weed’ or sensimilia.

“They add things to skunk.”
“They add chemicals.”

“It was mainly sensimilia (he used to smoke in St Lucia). It wasn’t skunk, not as strong as you get over here. More of a calm relaxing high. Pure. Over here the skunk is more heavy, more chemicals.”

And a substantial minority of the sample thought that skunk had to be treated with respect because it was so strong. Weed or resin delivered more manageable highs.

“My opinion is, the stuff around is too strong for me. I would be happier with plain old weed or hash. I do enjoy the stronger stuff, the skunk, but it is quite overwhelming, so I can’t go about my day as much as I could with weed or hash.”
D1, ‘heavy users’ (held as pair), 18-24, M, C2DE, London

“I prefer smoking weed because it’s less damaging… It seems less damaging because skunk just canes you. It’s not good. It’s too strong basically and weed just opens up your brain. Skunk shuts your brain down and weed opens it.”
PD9, ‘heavy users’, 18-24, M, BC1, Midlands

A few respondents thought skunk was to be avoided because its effects were so dramatic.

“I know a lot of people that have blazed skunk and they go all stupid.”
“It’s ten times more potent.”
“My advice would be get rid of skunk, start smoking more weed.”
“Yeah, skunk demotivates you.”
“Yeah, you don’t want to do nothing with skunk.”

It was also argued that the ‘best’ cannabis was not necessarily the strongest cannabis. The image of skunk as the coolest variety was perhaps unfortunate.

“With the skunk, may be young people… need to know there is other stuff out there. We started out on hash and then it was—Oh, hash, you are a weakling if you smoke hash’. That kind of pressure to smoke the best stuff around. Maybe they need to know more that a lighter high is all right.”
D1, ‘heavy users’ (held as pair), 18-24, M, C2DE, London

However, at least as many respondents said that skunk was to be preferred to resin. They felt the latter produced a more passive high.

“I only smoke skunk. I used to smoke resin about a year ago, and that’s all I smoked, and I used to smoke that heavily, but it just got too much… I don’t know, it just affects you differently to skunk. You notice it in the long run if you smoke a lot of it, it just starts messing with your head a bit… It gets you really, really relaxed sort of stoned, I’d say, where you just really veg out… With skunk it seems to get you more of a happy, hyper sort of stoned.”
PD7, ‘heavy users’, 16-18, M, C2DE, S. Wales

“Resin just makes you tired, don’t it?”
G7, ‘heavy users’, 16-18, M, BC1, Yorkshire

“Skunk makes you more comfortable and relaxes you more, and resin makes you tired and sleepy.”

And it was also argued that resin was adulterated with other substances. Skunk was ‘better quality’ than most resin.

“Skunk, because the quality is usually good… I don’t think it’s quite as bad for you as resin… There’s more tar in resin.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

“Resin makes you monged out, you can’t be arsed to do anything.”
“Skunk is better.”
“Resin has other stuff in it, hasn’t it, like plastic?”
“You get a dry mouth with resin.”
G7, ‘heavy users’, 16-18, M, BC1, Yorkshire

“If you’re smoking resin, you know you’re smoking tyres and footballs and stuff.”
PD9, ‘heavy users’, 18-24, M, BC1, Midlands
Resin was associated by some with unpleasant physical effects, notably headaches, a dry or burning throat, and an unpleasant dryness in the mouth.

“Resin didn’t agree with me. It gave me headaches and a bad throat.”
D9, ‘ex-heavy user’, 27-34, F, African-Caribbean, Midlands

“Resin is worse (for giving people a headache).”
“It creeps up on you.”
“It burns your throat.”
G5, ‘potential heavy users’, 18-22, F, mixed ethnicity, Leeds

“It makes your mouth drier, resin.”

It did not seem that respondents knew, or were much interested in, where their cannabis came from. Skunk was a partial exception to this, in that several users bought from dealers who grew it themselves.

“This lad I get skunk off, he grows it. Proper stuff with lights. He puts that out at £100 an ounce. I have half an ounce when I take him a cake. That is a bit of a deal.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire

“I know someone who’s grown skunk in the loft… He made a lot of money doing that.”
D12, ‘long term user’, 40+, M, C2DE, Yorkshire

“The guy I was living with who was growing it… he really looked after (the plants) and it was a lot stronger than most of the weed you can buy… He had to make sure that they had enough water and everything, and that the light wasn’t burning them, and all the nutrients were in there and everything.”
PD7, ‘heavy users’, 16-18, M, C2DE, S. Wales

Only one respondent mentioned growing (some of) his own weed.

“I’ve currently got four plants growing in the back garden. I did have 16 but I thought it was a bit dodgy so I handed them out to all the boys.”

3. Delivery mechanisms

The overwhelmingly most popular way of using cannabis was smoking it in joints. Every respondent’s joints included at least some tobacco, although a few said that they tried to minimise the tobacco content.
“I don’t use a lot of cigarette in mine, because I don’t like the taste of cigarettes. So I use as little cigarette as possible. You can just smoke pure, but you have to keep on lighting it, and it goes out after four or five tokes.”

Older respondents were often rolling joints using three or more standard-sized cigarette papers. Most of the young used one or two extra large papers—’silvers’. It was clear that many respondents prided themselves in their joint-rolling abilities. Preparing a good-looking joint was a satisfying ritual, a source of pride, and helped build a pleasurable feeling of anticipation.

“We have a book that shows you how to make joints and there is one called a t-junction which has two other joints coming off the sides.”
PD1, ‘potential heavy users’, 13/14, M, BC1, Yorkshire

On the basis of their accounts, the amount of cannabis respondents put into their joints appeared to vary enormously. Some respondents said they always rolled strong joints, others always relatively weak joints. Many respondents said that they varied the strength of their joints depending on the occasion—how stoned they already were, and/or on how plentiful their supply was.

Most joints were prepared using a thin cardboard roach. A very small minority used a filter (see also below).

A few younger male respondents were enthusiastic about ‘blow backs’—reversing the joint so that the lighted end was in the mouth and blowing smoke into someone else’s mouth. Thumping the recipient’s chest whilst he was inhaling a blow back was said to intensify the effect.

All respondents were aware of pipes, bongs, buckets and lungs. Most had used one or more of these methods at least once in the past but frequent use was confined to respondents under 18. There were hardly any respondents over about 25 who ever used anything but joints.

“Bongs aren’t that nice. You are a lot better off putting it in a joint.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire
The attraction of bongs etc was primarily efficiency; they were believed to get the user(s) more stoned on the same amount of drug than a conventional joint would do.

“I use bongs (more often than joints) because it gets you stoned more quickly and you use less gear and fags.”
PD1, ‘potential heavy users’, 13/14, M, BC1, Yorkshire

“It gets you buzzin’ quicker. You can put less in a bong than in a spliff.”
G2, ‘potential heavy users’, 16-18, M, C2DE, Midlands

For the young, they had other attractions. They intensified bonding effects; using a bong or bucket was yet more intensely a group activity than passing a joint. Making ‘cool’ bongs, buckets and lungs delivered similar creative satisfactions as rolling joints. The paraphernalia could be quite elaborate and exotic. It flattered young users that they were cool, sophisticated users who were ‘well into’ cannabis.

In theory, bongs etc enabled cannabis to be smoked without the use of tobacco, but almost all these respondents were routinely using tobacco/cannabis mixtures in these devices. For a variety of reasons, cannabis users, with few exceptions, discontinued using bongs and buckets after a short period of enthusiasm. They were time-consuming to set up, cumbersome and inconvenient. For young people using cannabis at home without their parents’ knowledge or approval, they were a give-away. They were tough on the throat and lungs, often making users cough, or giving them a ‘tight chest’.

“I could never do it (use a bong). It used to do my lungs in. I used to cough, which defeated the object.”

“It’s hard on your chest after a while, smoking bongs… The smoke comes through a lot thicker and quicker really.”
PD7, ‘heavy users’, 16-18, M, C2DE, S. Wales

“We used to do bongs back in the day… Bongs aren’t really that great… You have a drag and you start coughing your lungs out.”
PD9, ‘heavy users’, 18-24, M, BC1, Midlands

Passing around joints came to be seen as a more relaxed and graduated way of getting stoned. Using a bong was associated with getting very stoned indeed. More particularly, bongs ambushed the
user; they were not conducive to a relaxing evening because people become very stoned very quickly.

“You can still pass a bong round like a joint, like you would a joint… But instead of being there for ages smoking a joint, you just get a quick bite from it… It just knocks you out!”
PD7, ‘heavy users’, 16-18, M, C2DE, S. Wales

Many respondents recalled unfortunate experiences with bongs.

“Everyone chokes on bongs… I can’t handle the rush of it too quickly… I want to calm down, I don’t want that sort of rush.”
D4, ‘heavy user’, 29-32, F, C2DE, S. Wales

“I’ve tried a bong. A bong goes straight to the head, straight… It’s funny, but it’s like a party thing.”
D12, ‘long term user’, 40+, M, C2DE, Yorkshire

“Bongs? I tried once or twice and I threw up. Really bad. It’s so strong. It’s like one instant hit and I was like—oooph. I thought—not doing that again.”
D14, ‘long term user’, 40+, F, C2DE, S. Wales

“I have seen adults who have smoked weed, skunk, ganja all their lives smoke a bong and it has totally put them on their back. So that put me off ever touching a bong. Very much the same with the bucket. I just want to be on a level, I don’t want to get smashed.”
D3, ‘heavy user’, 24-28, F, mixed ethnicity, Midlands

The efficiency of bongs became less of a priority as disposable income increased. Once you were about 18 bongs began to seem uncool rather than cool—trying too hard, something an ingénue would use.

“When you are young, doing a bong is, like, cool.”

“Bongs and blowbacks, that was all part of the novelty… It was more like playing… That childish aspect in it. As you get older you just smoke it.”
D1, ‘heavy users’ (held as pair), 18-24, M, C2DE, London

“I tried a bong for fun… You do it when you are younger… I didn’t really enjoy it. It was too much… It weren’t comfortable.”

It was also said that bongs were unappealing because they were soiled by repeated use. A bong might be fine for the person who made it but could be repellent to other people. Joints were easier and socially more acceptable. Except amongst teenagers, bongs were private.
“We used to smoke out of bongs and water pipes and a bucket device and everything. But it’s just not convenient now really. They’re nice when you first use them but after a while they get a funny taste to them and they get black inside, the pipes, after a few months. It’s easier just to smoke a joint.”

D2, ‘heavy user’, 20-24, M, BC1, Leeds

“Most people who see my bong say it’s disgusting. I do clean after each time but… I don’t like them clean. Me personally, over the years, I’ve found that clean bongs don’t do as much for you.”

D7, ‘ex-user’, 23-26, M, C2DE, Yorkshire

Vaporisers were not well known; two or three respondents had used one. In one case a friend had been given it as a leaving present from work.

“I have had a vaporiser before but it wasn’t very nice… My friend got it. It is much stronger and my friends didn’t realise it and they just had too much and passed out… It is just like a heated element and you put the skunk or whatever you want on it and it fills a glass jar up with smoke.”

SMOKE?

“You can see it for a second and then it goes all clear and you start inhaling and then a minute later you feel it. You have to be careful as you think it is not effective but it is. You just can’t see it… It’s hard to hold as the glass gets hot… It is better as it is just using the heat and there is no smoke so there is no tar and it is just the weed.”


Another respondent who had used one had disliked the taste.

“It tastes very nutty (in a vaporiser). Because there is not much tar… As a smoker (of cigarettes) I wouldn’t go for something like that.”

D1, ‘heavy users’ (held as pair), 18-24, M, C2DE, London

A small minority of respondents had seen vaporisers advertised, or in Amsterdam. Otherwise they were unknown. Some were attracted to the idea; vaporisers seemed to them to be a new and intriguing feature of cannabis culture. For a few respondents, perhaps more women than men, they seemed to offer an obvious health benefit.

But overall, there was little interest in them. They seemed cumbersome and awkward to use in the same way that bongs were.

“With a spliff you can have it anywhere. You can’t carry that in your bag.”

“You’d have to go somewhere and plug it in.”

At £50 they were considered expensive to buy, and it was also alleged that they were not efficient—for a given quantity of cannabis, they did not deliver the maximum high.

“It is a really expensive way to do it. You need a lot.”
G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

With the exception of a few younger users, all respondents were aware that cannabis could be eaten. One man regularly baked fruit cakes, each containing an ounce of resin.

“I do a good line in cakes. Always take them when we go to (motorcycle) rallies. Get a better effect than smoking it. Just takes a lot longer.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire

And about a dozen other respondents had eaten cannabis in some form. All reported that the effects were invariably delayed—for at least an hour—but were usually more intense.

“I love my cakes. They just give me the giggles.”

“When you put it in a pizza, you get more stoned.”

“That takes longer to kick in and you don’t realise it. Usually takes about an hour. It’s ten times more intense.”
PD9, ‘heavy users’, 18-24, M, BC1, Midlands

“It’s nice to have hash chocolate.”
“Yeah, it is really fun, but you get, whoah, really high.”
“A friend of mine… his brother gave him a rice dish with about an eighth of green mixed into it and he ate it and he was very, very high for a long time, and very, very ill.”

“I’ve never had cake. I’ve had ice cream, and I’ve put skunk in a pizza with my friend.”

Eating cannabis was not popular. The effects were delayed for an hour or so. In part because of this delay, dosage was problematic; it was difficult to know how strong what you were eating was. Passing round a joint was more convivial, not least because people experienced the effects simultaneously.
4. Usage of other drugs

4.1 Tobacco

All of these cannabis users put tobacco in their joints, and a large majority were also smoking cigarettes, a few heavily.

Respondents who did not smoke cigarettes sometimes expressed contempt for them. They could see the point of having a joint because of its effects, but cigarettes ‘did nothing’.

“I hate smoking and I don’t really see the point in smoking as you don’t get high or anything.”

“The thing with smoking is that you don’t get anything out of it. With weed you are getting an effect so you don’t think so negative.”
G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

“I don’t like cigarettes. You don’t get nowt out of it… They say like cigarettes relieve stress but they don’t. It relieves stress if you have weed in it.”
PD4, ‘potential heavy users’, 14/15, M, African-Caribbean, Leeds

“It’s like me smoking a cigarette but getting a little bit more feeling. Doing it for a cause rather than smoking a cigarette.”
“Yes, exactly.”

Those who did not smoke tobacco often presented cannabis as a preferred alternative.

“When I used to smoke weed I never smoked tobacco… It would stop me smoking cigarettes.”
D9, ‘ex-heavy user’, 27-34, F, African-Caribbean, Midlands

And some cannabis users argued that, although they were regular cigarette smokers, their cannabis use restrained their tobacco use. For example, they said they would not normally smoke a cigarette once they had already had a joint. Some claimed that they smoked many more cigarettes if, for any reason, they could not get any cannabis.

“Once I have had a joint, I don’t like a cigarette, so by the evening I didn’t need a cigarette at all until the next day. Cigarettes in the day and joints at night time.”
“If I am not smoking weed I will definitely be smoking more cigarettes.”
PD11, ‘heavy users’, 20-24, F, BC1, Leeds

At least one respondent had given up smoking cigarettes by limiting himself to joints.

“I smoked cigarettes from about the age of 15 to the age of 20, then I gave up. The weed helped me give up because I still got a smoke… It ended up where I was smoking quite a lot of joints. Then I had to kind of wean my way back off the joints, but I’ve not touched a cigarette since, and that was about 4 years ago.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

On the other hand, a few respondents said that smoking a joint triggered a desire to smoke a succession of cigarettes.

“After a spliff, I constantly smoke cigarettes.”
G5, ‘potential heavy users’, 18-22, F, mixed ethnicity, Leeds

There was uncertainty in many respondents’ minds about how cannabis compared with tobacco in terms of the health risks.

“I read on the internet that if you smoke a spliff, it’s like smoking 20 B&H.”
“I’ve heard so much bull. I’ve heard it’s good for you, and I’ve heard it’s better than cigs, and I’ve heard it’s worse than cigs.”
G5, ‘potential heavy users’, 18-22, F, mixed ethnicity, Leeds

Several of those who did not smoke cigarettes said that they tried to minimise the amount of tobacco they used with their cannabis; they were conscious of the danger they would become addicted to nicotine, and they wanted to avoid the health penalties of tobacco. A majority of the sample however were unconcerned about the risks associated with tobacco. Tobacco as a perceived disadvantage of regular cannabis use is discussed further below (see Section 6.4).

4.2 Alcohol

Almost all respondents drank alcohol but, as reported elsewhere below, they generally perceived their alcohol use as restrained in comparison with non-cannabis users.

“It is very rare I go to the pub. It is a lot cheaper sat at home, having a smoke… I would rather get stoned than pissed.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire
“My friends that don’t do drugs drink a lot more than I do.”
PD11, ‘heavy users’, 20-24, F, BC1, Leeds

“If you want to get fully stoned, you know, instead of getting a bottle, a drink, you just go and get a smoke… I don’t drink.”
G5, ‘potential heavy users’, 18-22, F, mixed ethnicity, Leeds

“I have only been very drunk a couple of times… I just don’t like the taste of alcohol. It does nothing for me.”

However there was some evidence of binge drinking amongst male cannabis users in their mid-teens. A few older male respondents prided themselves in not going to the pub, but several seemed to drink quite heavily at home.

Many respondents believed that cannabis was a more benign drug than alcohol. They made a variety of largely familiar points. Alcohol could make people angry and violent whereas cannabis users were calm and pacific. Alcohol was more conducive to recklessness and poor judgement than cannabis.

“I would rather be using weed than drinking… If I drink too much my personality is totally different. I am out of control.
“Alcohol is so much worse… You don’t see people getting stoned and then getting into fights.”
“I feel safer doing cannabis than I do with alcohol.”
G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

“I’d rather just have a joint than have a drink… When you smoke a spliff it’s like it gives you a buzz and there’s nothing like it. It chills you out… When you get drunk you get a bit angry.”

“It’s better than alcohol because I’ve never seen anyone punch someone after they’ve smoked pot… If they brought out something like alcohol now, where you could drink a pint of vodka and you’d be a totally different person, it would be class A more than anything.”

“If you were drunk and someone offered you a pill you would be more likely to say yes, but if you were stoned you might not.”
G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

Cost was quite often mentioned as another reason for preferring cannabis to alcohol. A night in, with a few joints, was a lot cheaper than a night out in the pub.
“I'm what you call a heavy cannabis smoker... I smoke it all the time... Throughout the day.”
YOU HAVE A JOINT WHEN YOU WAKE UP IN THE MORNING?
“Yes... I haven't got much money to go out and do other things. So I just buy weed... It's cheaper than going out drinking, which is all you can do really.”
PD7, 'heavy users', 16-18, M, C2DE, S. Wales

Two or three respondents said that they had got into difficulties with alcohol and had turned to cannabis as a means of weaning themselves off it. Regular and heavy cannabis use was generally perceived as much less of a problem than alcoholism.

“My missus and I broke up and it was very stressful... so I used to drink a lot... I stopped drinking because it was affecting me, so I turned back to the smoking... Smoking was better than drinking really because that way I was more level headed.”
D12, 'long term user', 40+, M, C2DE, Yorkshire

“I had a problem with drink a few years ago so I don’t drink anymore.”
DID YOUR CANNABIS CONSUMPTION GO UP?
“A lot more. I swapped one addiction for the other.”
PD14, 'heavy users', 25-28, F, C2DE, Yorkshire

Although being an alcoholic carried a stigma that being a heavy and regular cannabis user did not, many respondents used alcohol as a benchmark of acceptability. Thus it was quite common for them to say they put cannabis and alcohol on the same level, by which they meant that smoking a joint was as normal and ordinary as having a drink. The implication, of course, was that cannabis was certainly no worse than alcohol and it did not deserve to be illegal.

“When I think of drugs, I think of proper addicts and I just don’t see cannabis as a drug really. I just count it as alcohol.”
G10, 'heavy users', 20-24, M, C2DE, S. Wales

“It is very difficult for this government to clarify why smoking is illegal and alcohol isn’t.”
PD11, 'heavy users', 20-24, F, BC1, Leeds

4.3  Other drugs

Some teenage cannabis users in the sample were also users of other drugs, including cocaine, ecstasy, amphetamine, magic mushrooms, and (more rarely) LSD. One or two London respondents said they used Ritalin. Older respondents had sometimes used other drugs when they were younger, and a few continued to do so.
“I don’t mind a bit of speed, a bit of coke on special occasions… We have a bit of coke when we go to rallies.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire

“Speed, cocaine, ecstasy. That’s it. That’s enough.”

But a large majority of these respondents had never been heavily into any illegal drug other than cannabis. Many said that cannabis was the only drug that interested them now; they thought of themselves as involved with cannabis in a way that they were not involved in alcohol or any other drug. Cannabis was the drug they imagined they would go on using.

“When you are young you want to experience different drugs. But I came back to this one thing, weed.”

“I done pills before, and mushrooms. All of that… Weed, it’s the one thing I’ve kept to. I don’t do any of those other things no more.”

“I’ve tried a few things but it’s not the same and I wouldn’t do anything else again.”
WHAT HAVE YOU TRIED?
“Mushrooms… Coke… Speed… That’s about it. LSD… They’ve just been one offs.”
PD9, ‘heavy users’, 18-24, M, BC1, Midlands

Respondents regarded cannabis as their drug of choice because they enjoyed the effects, and also because they thought it was low risk. They were wary of the dangers of other drugs, especially the risk of becoming addicted. They felt safe with cannabis.

“I wouldn’t take ecstasy because that just mucks you up.”

WOULD YOU BE MORE CONCERNED ABOUT YOUR HEALTH WITH ECSTASY THAN WITH CANNABIS?
“Yeah. Definitely. You can die.”
G7, ‘heavy users’, 16-18, M, BC1, Yorkshire

HAVE YOU TAKEN COKE OR ACID?
“No. They scare me a bit. I feel pretty safe with cannabis.”
D8, ‘ex-heavy user’, 20-26, F, BC1, Yorkshire

“I’ve been offered pills, Charlie, everything, but I just say no… I’ve seen some of my friends on it and I do not want to be like that.”
“You see people sticking needles in them, and doing sniffing lines and that. I doing none of that man. It’s just, I think that’s stupid… Just doing cannabis, it just gets you a buzz, but it’s not as dangerous.”

“It doesn’t sound appealing. I’ve seen them. I’ve heard what it’s done to people and seen what it’s done to people. Crack, coke. Once you start you can’t stop… To me cannabis is a natural kind of herb. You can take it or leave it. The harm I’ve seen from coke and crack. I know people that’s been on it and they’ve stolen, held people up, robbing handbags. I’ve never seen anyone do that for ganja… Don’t get me wrong. Smoking can give you cancer but the rest of them I think do more harm to your body that marijuana.”
D13, ‘long term user’, 40+, F, mixed ethnicity, Midlands

What stands out clearly from these discussions and interviews is that cannabis is perceived as apart from other drugs, with familiar, pleasurable and predictable effects. These respondents enjoyed using cannabis. They believed that it was benign relative to other drugs, and that use could be sustained over long periods of time without severe ill-effects (but see also Sections 5.5 and 6).

5. Perceived appeals and benefits of cannabis

A large majority of respondents were enthusiastic about cannabis; they looked forward to it; they enjoyed its effects; they liked themselves under the effects; and they quite often said their lives would be significantly less pleasurable without it.

“That’s what the benefit is, I like doing it.”
D12, ‘long term user’, 40+, M, C2DE, Yorkshire

“I prefer my personality when I am stoned.”
G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

“It just makes me feel so content, and nothing else does that… It’s what I look forward to all day. I often think that people that don’t smoke it, what do they look forward to?”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

“I don’t really want to give up. I do it because I enjoy it. If I didn’t enjoy it, then I’d give up… But I do enjoy it.”
PD9, ‘heavy users’, 18-24, M, BC1, Midlands

WHAT IS ENJOYABLE ABOUT IT?
“The feeling that it gives you. I just like feeling stoned.”
D8, ‘ex-heavy user’, 20-26, F, BC1, Yorkshire

For some, cannabis was a real comfort.
“It’s something like you can lay back on. If you’re on a
downer or something, you know you can lay back on it.”
“It’s like giving you a big hug.”
G5, ‘potential heavy users’, 18-22, F, mixed ethnicity, Leeds

And of course, cannabis was ‘something to do’. Younger respondents
in particular accounted for their enthusiasm for it by saying that there
was nothing else to do.

“It is really boring around here and there is nothing to do and
you get a kick out of it. It stops you being bored.”

“You are happy. I think if I didn’t smoke joints my life would
be boring. Because there’s nothing to do.”

We do not attempt in this section to assess whether any respondents
were using cannabis as a means of mitigating some sorrow or difficulty.
It may be that a benefit of cannabis for heavy users is help in coping
with or avoiding personal problems; heroin or crack use is often
explained in this way. Some respondents certainly used cannabis
because they were bored, or felt they had nothing to do. It is plausible
that, in quite a few cases, they found it easier to get stoned than to do
something about their situation. But in general terms it did not seem to
us that these cannabis users were in especially difficult personal
circumstances, or were self-medicating with cannabis. With a handful
of exceptions, they seemed to be using cannabis because it was a
habit they enjoyed.

5.1 ‘Bravado’, defiance

Some young respondents, potential as well as current heavy users,
certainly saw cannabis as cool in a way that alcohol and tobacco were
not. The presumption amongst the young seemed to be that its being
illegal contributed to cannabis’s image as cool.

YOU THINK ONE OF THE REASONS THAT PEOPLE ENJOY IT IS
BECAUSE THEY GET A BUZZ OFF IT BEING ILLEGAL?
“Yes.”
“Definitely.”
G2, ‘potential heavy users’, 16-18, M, C2DE, Midlands

Young users often seemed to have a strong sense of having entered
forbidden territory. Cannabis was ‘their thing’ and gave them a feeling
of superiority over other young people who had not experienced it.
Users of cannabis thought that they were in some way respected or envied by non-users of the same age.

“People who don’t smoke it look up to you, don’t they?… You smoke more than them and they’re like—whoa, I want to be like them.”
G7, ‘heavy users’, 16-18, M, BC1, Yorkshire

People who had not entered this territory were less interesting, in part because they were deemed to lack the courage or imagination, in part because they could not participate in conversations about being stoned.

“Whoever don’t smoke cannabis hangs around with people who are younger than them and are proper immature. We get bored of that.”
PD1, ‘potential heavy users’, 13/14, M, BC1, Yorkshire

It is difficult to gauge how important this image attraction is. Certainly, as cannabis users get older, they are less and less inclined to think that cannabis is cool because it is illegal—the illegal status of the drug appears to be a minor irritant and to matter little. There did not seem to be anything in these interviews or discussions to suggest that cannabis was in any way less cool or less forbidden as a consequence of the reclassification.

5.2 ‘Relaxation’

Cannabis was of course regarded as an aid to relaxation. Discussions and interviews were littered with references to it helping respondents ‘chill out’. Sometimes ‘chilling out’ was presented as a pleasure in itself, sometimes as an antidote to stress.

“Enjoyment. I enjoyed getting stoned. It relaxes me, it chills me out.”

“It relaxes you. I didn’t smoke it to get high, but just to relax and chill out. Say it was an evening like this, I would probably roll one and sit back chatting and smoking. Like a social evening. It wasn’t to get high.”
DID YOU GET HIGH?
“Yes I did, but I didn’t do it to get high. It was smoked to chill out.”
D9, ‘ex-heavy user’, 27-34, F, African-Caribbean, Midlands
Using cannabis was quite often spoken of as therapeutic—a way of managing anxiety and stress.

“It gets you to chill out at the end of a stressful day.”
D7, ‘ex-user’, 23-26, M, C2DE, Yorkshire

“I’m a bit stoned during the day and I’m more stoned at night.”
WHAT WOULD YOU SAY IS THE BENEFIT TO YOU IN THAT?
“I don’t get as stressed out. I don’t snap at people as much, especially the kids.”
PD14, ‘heavy users’, 25-28, F, C2DE, Yorkshire

“When I first started my business it was very stressful, very painful… I found out when I was puffing I could deal with a lot of things differently. I could see, instead of looking down, I could see ahead of me.”
D12, ‘long term user’, 40+, M, C2DE, Yorkshire

“When you come home from work to de-stress.”
“It takes away all your aches and pains and that as well.”

The ‘chilling out’ benefit was differently appreciated, with patterns by age. Part of it seemed to be the notion of ‘switching off’, or retreating into a different space where pressures from outside were mediated and the self somehow enjoyed priority.

“I remember one day my Mum coming into me, I was about 17 or 18, my mum and dad had got divorced… She came into my bedroom one day and she said to me—why do you need to smoke this rubbish? And I said—because it relaxes me and chills me out. And I think that’s what got me into it. It was a kind of escapism. I would slip into my bedroom, have a joint or two and just escape from what was going on. Then it became a pure addiction and I thoroughly enjoyed getting stoned… It is a pure enjoyment. It started off as an escapism and then it was part of my life. It was part of my daily routine.”

Some respondents wanted to switch off by getting very stoned. Young respondents were particularly likely to say they enjoyed getting ‘wrecked’, but some older people also enjoyed heavy cannabis sessions as a means of marking an escape from everyday reality. Several likened their cannabis weekends to drinking binges.
“Sometimes I think—sod it, I’m just going to get blasted tonight. Mates will go out to pub and have a skinful. I am not into that. I’m quite happy sat at home and have a big smoke… I just like to get smashed… Half the time I can be sat there gavished. But it is really relaxing. I don’t go out drinking… I am happy sat there chilling out…. I like to get smashed. Nowt better than that… Way I look at it, I don’t do anything else. I don’t go on holiday. I am not interested. Don’t go out boozing. Don’t go buying umpteen CDs.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire

Although they often referred to chilling, younger respondents typically seemed less interested in using cannabis to relax than those somewhat older. For many of the young, the pleasures of cannabis were social, and central to these pleasures was amusement—cannabis altered their mood and their perceptions and made them laugh. Of course ‘chilling’ was part of the change in atmosphere that produced the laughter, but the overall benefit seemed more active and dynamic among the young, in part because they were often using cannabis to get as stoned as they could, rather than as a way of winding down.

“You’re laughing and laughing. You’ll laugh at anything with anyone, like… You just get a buzz out of it, and just have a laugh… You feel good. Not just happy, more lively. You feel lively… It’s as if you feel that you can laugh at anything.”

“You can have a laugh. Little things are funnier.”

“You have a laugh, and we just find that things are funny that are not funny at all! We just get the giggles.”
D8, ‘ex-heavy user’, 20-26, F, BC1, Yorkshire

Many older respondents liked using cannabis to help them turn their back on work, or after the chores had been done—much as other people used a beer or a gin and tonic.

“I put (my son) to bed, have a bath, have a spliff, and it relaxes me and I go to bed.”
PD15, ‘heavy users’ 24-28, F, C2DE, Midlands

For a substantial minority, cannabis was also an aid to sleeping. Some users said they found it impossible to sleep without cannabis.

“I couldn’t sleep without it.”

“I always make sure that I have one spliff for bed… I can’t sleep if I haven’t had a spliff.”
G8, ‘heavy users’, 16-19, M, unemployed, Midlands
However almost as many respondents said cannabis kept them awake if they smoked within an hour or so of going to bed.

“There have been times when I have tossed and turned and thought—is it me, or the weed? And it is the weed. Just can’t sleep. Can’t concentrate, just tossing and turning.”
D9, ‘ex-heavy user’, 27-34, F, African-Caribbean, Midlands

“If I smoke a spliff within about half an hour of going to bed my mind ticks over and races and keeps me awake. All my mates say that’s rubbish, they all fall asleep straight away. But it keeps me awake.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

5.3 Effects on concentration and sensory perception

Perhaps surprisingly, some respondents used cannabis as a means of focussing their concentration and freeing them from distractions, especially anxieties, so that they found it easier to get things done. Several young people said that their performance at school improved if they had smoked cannabis.

“When you smoke it, it makes you concentrate more. When I have smoked it and gone into school and I have done work I sometimes get higher marks.”

“I am better when I am stoned. I concentrate more.”

“Exams, I found I could concentrate more and remember things about certain subjects. It helped me concentrate…. With English, I used to write a lot more things down. I did really well.”

A number of respondents said that smoking cannabis could make drudgery interesting. Concentration on monotonous tasks (house work, collating and labelling tapes etc.) was improved.

“If I am at home at the weekend and I have a joint I can clean the house in an hour… You put the music on and off you go.”
PD14, ‘heavy users’, 25-28, F, C2DE, Yorkshire

“You can zone out and if you’re doing something you can be completely focused on doing that particular thing.”
PD9, ‘heavy users’, 18-24, M, BC1, Midlands

As already noted, some respondents smoked before going to work, or while they were at work. All argued that their performance was either improved or, at the least, not adversely affected.
“I used to be a hairdresser and I used to get out and smoke a spliff and then go back and cut hair.”
“Oh my God!”
“We never once had one complaint.”

“I will have one before I go to work.”
IT DOESN’T INTERFERE WITH YOUR WORK (SHE WORKS IN INSURANCE)?
“No. Sometimes I have to deal with difficult clients on the phone and it probably makes it easier… You concentrate harder. I double check everything I do.”
PD14, ‘heavy users’, 25-28, F, C2DE, Yorkshire

“I don’t smoke during the day. You just don’t feel like you’re fit for anything when you’re stoned. My head just totally goes.”
“Different people are different. I concentrate more if I have one… It kind of makes me feel as if, if I do something wrong, it’ll be because of that, so I try extra hard just to make sure I don’t do anything wrong.”

More generally, several respondents said that cannabis encouraged their thought processes. It took them into different mental territory, or gave them a different perspective.

“It does make me think a lot. It makes me think. You sit down by yourself.”
D12, ‘long term user’, 40+, M, C2DE, Yorkshire

“It makes you think deep.”

“You see things differently when you’re smoking a joint. You don’t see things in a negative way.”

It was also noted that cannabis-inspired chains of thought were not always coherent (though they were often funny). You could get pretty bogged down mentally when you were stoned.

“It helps you think of things from different perspectives.”
“And everything is funny.”

“It can make you think a lot.”
“Yeah. You can over-analyse things sometimes, though, can’t you? You find yourself going into really deep conversations.”

In terms of sensory experience, several respondents were eloquent about the way cannabis enhanced their appreciation of music.
“Say I’ve been away for a couple of days and I haven’t smoked a spliff, then I had one, the effect on me is like I’ve never smoked before. I can hear the music. I can hear every single instrument in the music. I can hear the triangle, the flute, the guitar, everything. You can hear everything more clearly.”
D13, ‘long term user’, 40+, F, mixed ethnicity, Midlands

For many, cannabis enhanced certain sensory experiences (music, television, computer games) making them more pleasurable. A few (typically younger) users claimed it was essential to be stoned to play computer games. Some older respondents had rituals involving favourite films and music; being stoned seemed a necessary condition for enjoyment of these.

“If kids are out, wife’s out, asleep or whatever, and I’m on my own, I just roll a big one up, either put Apocalypse Now or Easy Rider on video, a bit of Jimi Hendrix on stereo and sit and get smashed for a couple of hours. Make sure I’ve got two or three rolled up.”
HOW MANY TIMES HAVE YOU SEEN APOCALYPSE NOW?
“Hundreds... If you get on the right chair with stereo over there, telly over there, you get the balance right, you can pick up bits of sounds from the film and Hendrix as well. My wife thinks I’m barmy.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire

A corollary of this seemingly heightened sensibility was a willingness to find almost everything interesting, so that listening to (almost) any music, or watching any TV, became reliably enjoyable.

“I watch a lot of telly when I’m stoned... When you’re stoned you’re not as bored. Say you’re watching something that’s a bit boring, if you have a joint... you’re quite content to sit there... It is good for watching any kind of TV programme or listening to music.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

Conversation often flowed readily and seemed endlessly fascinating (although the fascination rarely survived the effects of the drug).

Young people who got stoned in groups often had a strong sense that they were sharing enjoyment and interest in an unusual and gratifying way. As noted elsewhere, cannabis bonded users together strongly.
5.5 Safety

Respondents almost all felt safe with cannabis; they were confident it was not doing them any great harm. This confidence rested on a number of perceptions.

Cannabis was natural, a plant that grew all over the world, not an artificial ‘chemical’ (but see above for skunk and resin). It was part of God’s creation.

“It’s nice and natural. It’s not a harsh drug. It’s not like taking coke. And it’s friendly. You share it.”

“It’s a naturally grown thing. Cannabis comes out of the ground… God must have made cannabis. So it must not affect you that badly because He made it.”

Moreover, people had been using it for centuries.

“Ganja doesn’t damage you if you smoke it on its own. It was on Solomon’s grave and it was in the Bible, so that is where I get the belief from.”
D7, ‘ex-user’, 23-26, M, C2DE, Yorkshire

So far as anyone knew, nobody had ever died from cannabis; it was not possible to overdose.

“Smoke a spliff, and you know that the most you’re going to do is go to sleep… You can’t overdose yourself.”
G5, ‘potential heavy users’, 18-22, F, mixed ethnicity, Leeds

Doctors were said to prescribe it to people suffering from various painful conditions, especially MS. The fact that cannabis reportedly had some medicinal uses was often treated as evidence that it could not be harmful. Respondents either ignored, or were unaware of, the fact that morphine is derived from poppies, just as heroin is.

“It has got some medicinal effect. I think cancer sufferers use it to help them relax and take their mind off the pain.”
“I don’t think it is illegal for medicinal purposes.”

“Queen Victoria used to use it for period pains and things like that.”
“They say it is good for pain. Well my Dad has a smoke for pain anyway. I think they should be allowed to have smoke for pain.”
D14, ‘long term user’, 40+, F, C2DE, S. Wales

“I know people that have to have cannabis because they have back problems and stuff like that… If you’re stressed out you smoke a joint and you’ll be calm… I think it’s harmless.”

Relativities were important. Many respondents compared cannabis favourably with other drugs (see above, Section 4). It was often argued that both tobacco and alcohol were more dangerous. Tobacco was highly addictive, and some respondents associated it more closely with cancer.

“It is better than smoking normal cigarettes.”

Some others believed that cannabis was worse for your physical health than tobacco. For example…

“I have always thought a spliff is equivalent to having four cigarettes.”
D1, ‘heavy users’ (held as pair), 18-24, M, C2DE, London

But many of these respondents rationalised away the health risks of cannabis by arguing that most cannabis users smoked many fewer joints than a cigarette smoker smoked cigarettes—a bad tobacco habit must be worse from the respiratory and cancer point of view than a bad cannabis habit. Moreover many younger cannabis users believed, as many tobacco users do, that they would quit before any health penalties set in.

“Doing it as I’m doing it now, if I done that for another say twenty years, I think it would affect me badly. I’m going to stop before then”
Pd7, ‘heavy users’, 16-18, M, C2DE, S. Wales

Almost everyone in the sample believed that alcohol was a more dangerous drug than cannabis. Alcohol changed a person’s personality, and could make people violent and reckless. The effects of cannabis were more subtle and essentially pacific.

“When you’re drunk you don’t know what you’re doing, but when you’re lean, you know what you’re doing.”
“I think it should be legalised… The most dangerous drug is alcohol… Why is alcohol legal and cannabis ain’t?”

With one or two exceptions, even very heavy users believed that they were in control of their cannabis use. Again the comparison was often with alcohol; a person could smoke a lot of cannabis and not get out of control in the short or long term.

YOU FELT SAFE SMOKING AS MUCH AS YOU DID?
“Yes… I was never out of control. To me drinking screws your liver up, you are out of control. When you are drunk you don’t know what you are doing. When you are smoking I do not believe that people don’t know what they are doing. You are the same person, you are just high.”

Many of these heavy users congratulated themselves on having made a sensible, safe choice in preferring to use cannabis heavily rather than alcohol.

Most respondents thought, with yet more conviction, that cannabis was clearly the safest of the illegal drugs. They felt safe with it in the way that drinkers felt safe with alcohol.

“I feel like I know skunk. I know what that feels like and I know it can get me stoned."
“It can’t do anything bad.”
“So I’d just rather smoke or drink than take a pill, because I know I’m going to be safe on that.”

Some acknowledged that cannabis could induce dependence (and see Section 6.6, below) but everyone agreed that it was not addictive in the way that heroin, crack and cocaine were. Because it was not addictive, it did not generate crime in the way the addictive drugs did. The image of cannabis was informed by the firm belief that, whatever harm it did, it was nothing like as harmful as other drugs. And many respondents refuted the notion that it frequently led people to take other drugs.

“Someone wouldn’t rob a bank or molest a child if they were stoned because they wouldn’t be capable of doing it. And then you get the hard drugs when people are looking for money or pinching money for their habit. On weed, you don’t really get that. It’s not a big issue.”
D14, ‘long term user’, 40+, F, C2DE, S. Wales
“You don’t see any long term harmful effects. Proper, bad, harmful effects on people, do you? Compared with other drugs like heroin and all that bollocks. It’s just a relaxing drug isn’t it? It doesn’t harm you at all.”
“It comes from the ground, and booze is man made, so it’s better isn’t it?”
“Alcohol kills more people than cannabis does.”
G7, ‘heavy users’, 16-18, M, BC1, Yorkshire

“I know it does do harm but I know it is not as bad as other drugs… I will never get into other drugs.”

“I don’t believe that puff is your gateway to anything else. I know people that do coke and don’t smoke.”

6. Perceived downsides of cannabis use

6.1 In general

Respondents were generally slow to acknowledge penalties of cannabis use. As described in previous sections of this report; their stance, with few exceptions, was that cannabis was all right and they enjoyed it.

Here and there respondents acknowledged that cannabis had downsides. It could develop into too big a part of a user’s life…

“There’s not a day goes past that I don’t smoke weed.”
HAVE YOU EVER TRIED CUTTING DOWN?
“No, I haven’t, I’d like to but I haven’t. Weed is a big part of my life now, where before it wasn’t at all. Now it’s a burden.”

A person could use too much cannabis. As with everything else, it was unwise to overdo it…

“I reckon weed should be taken in moderation.”

There were a number of typically rather glib references to the possibility that cannabis might lead to mental illness.
TELL ME EVERYTHING YOU KNOW ABOUT WHAT IS BAD FOR YOU IN CANNABIS
“Mental problems.”
“Paranoia.”
“Schizophrenia.”
AND HOW DO YOU KNOW THAT?
“Information booklets that have been given to me at school.”
PD1, ‘potential heavy users’, 13/14, M, BC1, Yorkshire
“I hate all other drugs. They’re bad for you.”
DO YOU THINK CANNABIS IS BAD FOR YOU?
“It’s obviously bad for you and I’ll stop when I’m 30 or something.”
IN WHAT WAYS DO YOU THINK IT’S BAD FOR YOU?
“Well, it’s the actual smoking bit, and I suppose you lose brain cells.”
PD9, ‘heavy users’, 18-24, M, BC1, Midlands

And, as noted above, it was quite frequently acknowledged that cannabis incurred the sort of health problems associated with tobacco.

But despite these references to a downside, the image of cannabis as benign relative to other drugs, including tobacco and alcohol, was very robust. The posture of many respondents was—‘all right, cannabis is not harmless, but it is not so harmful that I should forgo the pleasure it gives me’.

“There’s a risk to everything, isn’t there?... Everything that you do, there’s always risks involved.”

“It’s not good for my memory. It makes you paranoid. It’s obviously not good for my health, which was the reason I stopped smoking cigarettes. Carrying on smoking weed after doing that seems a bit stupid but... the enjoyment you get out of it! I just really do look forward to a spliff on a night... I enjoy it too much to worry about the side effects, which is quite bad.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

“At the end of the day you only live once don’t you, so.”
“I’m not bothered.”
G7, ‘heavy users’, 16-18, M, BC1, Yorkshire

“Nothing you enjoy is really good for you. Cannabis is not good for you but getting completely drunk is not either.”
D8, ‘ex-heavy user’, 20-26, F, BC1, Yorkshire

6.2 Cost

Asked about downsides, many respondents, especially but not only among the young, mentioned cost before anything else.
“When you are with your friends it is funny and you are all on the same level.”
“It is a laugh.”
“It relaxes you.”
“It takes your mind off things.”

IS THERE A DOWNSIDE?
“It costs a lot.”

“There are quite a few downsides to it.”
GO ON.
“Money.”
PD14, ‘heavy users’, 25-28, F, C2DE, Yorkshire

Weekly expenditure on cannabis ranged from about £10 to over £100. Several respondents said that they regretted spending as much as they did; they could think of other things that money would have been better spent on. Single mothers were amongst those who felt too much of their income went on cannabis.

“I am smoking £220 a month which is a lot of money for a single parent with two children. So I do think about that.”
D3, ‘heavy user’, 24-28, F, mixed ethnicity, Midlands

Occasionally, respondents had been taken aback when they had calculated how much, cumulatively, they were spending on cannabis.

“We spent about eight grand in a year and a half. It’s a lot of money.”
D7, ‘ex-user’, 23-26, M, C2DE, Yorkshire

“I asked someone who I get it from how much I’ve spent in the last six months and he said—about a grand. I was quite shocked.”

Some of the younger respondents said that they spent practically all their money on cannabis. Many of course were buying jointly with friends.

“We only go for a tens (£10), and it’s only like chipping in three quid, four quid, but it all adds up at the end of the day.”
P65, ‘potential heavy users’, 16-16, M, mixed ethnicity, London

And several justified their expenditure. They enjoyed smoking cannabis, it was ‘doing something’, so it was money well spent. They just wished it were cheaper.

“That’s what I do and that’s what I enjoy doing... It’s like a hobby… You wouldn’t be reluctant to pay to go fishing or something. You wouldn’t be reluctant to buy bait.”
P67, ‘heavy users’, 16-18, M, C2DE, S. Wales
“If it were cheaper we’d be sorted. We’d be stoned 24/7.”
G7, ‘heavy users’, 16-18, M, BC1, Yorkshire

6.3 Lethargy and under achievement

Many respondents said, often wryly, that smoking cannabis was not really compatible with purposeful activity. If you wanted to get something done, you had to do it before you lit a joint.

“You do suffer from lack of motivation, yes. I would always cook before I have a joint because afterwards you can’t be bothered to do anything.”

“If I’ve got owt to do, I’ll do it first… Not long since we got a new kitchen put in and I had all sorts to do on that… So I just didn’t bother having a smoke. If I had got home and lit a smoke up, then nothing would have happened.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire

There were a number of anecdotes about how good intentions—to do the garden, go to the supermarket, sell the car, etc—had been frustrated by smoking a joint.

Many respondents agreed that heavy use of cannabis could make people inactive. Cannabis made people content to sit around. Users often got out of the way of being active.

“It’s like football. I was proper into it and that and then I stopped going to training. I stopped training.”
WHY?
“Don’t know, just can’t be bothered… Makes me feel like bad in myself, like leaving out football.”

“I used to be a runner. I used to go running with my mates and I don’t do it anymore.”

“You can get to the stage when you are in the house all the time and you can’t be bothered to go out.”
G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

“I just didn’t want to do anything. It was not a problem me getting up in the mornings like, I just didn’t want to do anything.”
PD7, ‘heavy users’, 16-18, M, C2DE, S. Wales

There was often thought to be a cumulative effect—people who smoked a lot of cannabis became inert and lazy. Sometimes this laziness crept up on them and they only recognised it in retrospect.
“Lazy, makes you lazy, definitely.”

“I have been smoking for about four years now. I am beginning to see the downsides of it… Laziness. It makes you wanna sit back and do nothing… It slows you down.”

“It makes you very bone idle… It definitely makes you very lethargic.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

“You smoke it constantly… Two months down the line, you see yourself slowing down… You’re like a zombie.”
G5, ‘potential heavy users’, 18-22, F, mixed ethnicity, Leeds

“I wouldn’t have said at first, but after a while you’d notice that you were a bit lazy, and you did just want to sit in front of the TV and watch TV, instead of going out and doing something.”
D6, ‘ex-heavy user’, 18-22, M, BC1, S. Wales

The laziness could be mental as well as physical. It was not just that your body did not feel like doing anything, your brain was not up to activity or even coherent conversation.

“Smoking cannabis certainly doesn’t help with decision making.”
PD7, ‘heavy users’, 16-18, M, C2DE, S. Wales

“The only regrets are that it can slow you down, if you smoke it on a regular basis… You don’t do any work… It makes your brain lazy.”
D9, ‘ex-heavy user’, 27-34, F, African-Caribbean, Midlands

“If we’ve got owt to say to each other—a question, anything that is important—you always do all that before you light one up. Once you start getting smashed, you sit there talking a load of bollocks to each other… No-one else will understand us.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire

And it could take root, so that people who smoked a lot of cannabis lost their long term motivation as well as their short term energy.

“I remember one guy saying to me that his motivation was in the ash tray.”
PD11, ‘heavy users’, 20-24, F, BC1, Leeds

A few respondents agreed that they had been through periods of regarding cannabis as ‘boring’ because they were so lazy and inactive when they were using it heavily.
“You can get bored with it… It is just so repetitive. If you stop, you get a bit more spring in your step. At Uni I went through a phase of having it all the time and I was so bored because I felt so sleepy and when I stopped I actually felt a bit better.”
G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

There was some mention of difficulty in ‘getting going’ in the mornings, particularly if respondents were smoking heavily in the evening and were in full time employment or education. However, it was also widely agreed that alcohol delivered a more debilitating hangover than did cannabis.

“Sometimes we’re a bit slow the next day if we’ve had a heavy sesh. Perhaps we shouldn’t smoke so much because we’re so slow.”
D14, ‘long term user’, 40+, F, C2DE, S. Wales

HOW DO YOU FEEL THE NEXT DAY?
“I feel groggy.”
“Tired.”
“I don’t tend to be able to get up as early.”
“But it is easier than if you have been drinking.”
G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

Although a few respondents said they were concerned about becoming lethargic, and conceded that people who smoked a lot of cannabis were often in an obvious rut, in general these downsides of the drug were discussed with more levity than seriousness.

6.4 Health risks

There was, as already noted, quite a widespread willingness to acknowledge that smoking cannabis was bad for you. Smoking anything was bad for you; drinking was bad for you. Respondents often gave the impression they thought this was the way of the world and they were reconciled to it.

“When you’re drinking you get a bad liver… but when you smoke you get bad lungs.”

“Well, it’s smoking. That affects your health… Some things are no good for you. Drinking is no good for you… Cannabis is not good for you.”
D14, ‘long term user’, 40+, F, C2DE, S. Wales
“It's not exactly good for you, because when you’re smoking you’re putting smoke into your lungs, which can’t exactly be good for you.”
PD2, potential heavy users, 15, M, C2DE, London

“I know in the long run it is not good for me, I know it is not. I know there are some health problems with it and I would like to live longer.”
D3, ‘heavy user’, 24-28, F, mixed ethnicity, Midlands

It was often accepted that smoking cannabis was bad for the whole respiratory system in much the way tobacco was. Smoking cannabis would aggravate shortness of breath and asthma, just as smoking tobacco would do.

“Smoking itself is not very good for you, your lungs. Plus I am asthmatic as well… Coughing.”
D13, ‘long term user’, 40+, F, mixed ethnicity, Midlands

A number of younger respondents felt that using cannabis had damaged their fitness.

“Playing football, I could run for miles and miles. Now when I play I have to have short breaks. It does affect your health.”
PD7, ‘heavy users’, 16-18, M, C2DE, S. Wales

“Two years ago you could run and not get wheezy at all. I don’t get wheezy but you can feel it in your lungs. You know that it’s because of the smoking.”

“It makes you unfit, and you feel unfit when you’re running upstairs, or football… Out of breath, can’t run for long.”

The assumption amongst many respondents was that cannabis probably entailed the same more serious health penalties—cancer, heart disease, etc—as tobacco. Some believed cannabis might be worse for you.

“Lung cancer.”
“Strokes.”
“It clogs up your arteries and stuff.”
“Apparently one joint is the equivalent of 10 cigarettes.”
G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

Others thought it was not so harmful, in part because a joint was perceived as simple and natural, a cigarette as refined and manufactured.
"I don’t see any difference between smoking cannabis and cigarettes… It’s probably better smoking weed than cigarettes actually… In cigarettes there’s God knows what. There’s loads of crap evidently. This is natural grown! It’s healthy!"
D14, ‘long term user’, 40+, F, C2DE, S. Wales

A difference between a joint and a cigarette was that the latter usually had a filter whereas the former did not. Respondents tended to assume that joints were rendered more harmful to health because they had no filter.

“We only use like a third of a fag in a joint. I do sometimes wonder, when you’re smoking a joint, that because there is no filter in there, you’re getting all the tar and it’s going straight to your lungs.”

“You’re putting tobacco in a joint or a bong without any filter, so it’s not filtering out all the chemicals that are going through. It’s got to be worse for you.”
PD7, ‘heavy users’, 16-18, M, C2DE, S. Wales

Although, in the research situation, many respondents conceded that smoking cannabis was harmful to their health, it did not seem that they were thereby much deterred from continuing, or motivated to try and stop. Some were impatient with the risks in the same way as cigarette smokers are, arguing that life cannot be risk free.

“I get sick of hearing ‘Smoking Kills’. So does crossing road. I am not interested in packing up smoking because it is going to kill me…There are plenty of more things that is going to kill you aren’t there? If I get to 65, 70 and have a heart attack due to smoking, that is tough shit. If your number is up, that is it.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire

As already noted (see Section 4.1 above) some discounted the risks because they assumed that they would give up ‘in time’, or trusted that it ‘wouldn’t happen to them’. Moreover, just as tobacco smokers do but often with yet more emphasis, they argued that the risks were more than balanced by the pleasures. They really enjoyed using cannabis.

The fact that smoking joints involves smoking tobacco, and the dangers of the consequent link between cannabis and tobacco, seemed in general to be inadequately appreciated. One respondent was indignant about having acquired a nicotine addiction through smoking joints…
But in general those respondents who did not smoke cigarettes, but only tobacco in joints, often seemed unaware of how addictive nicotine is. Similarly, it did not seem that the difficulty of giving up cigarettes whilst continuing to smoke joints was sufficiently appreciated.

Underrating the way tobacco contributes to the risks of using cannabis is perhaps unsurprising. It is counter-intuitive that a big danger of using an illegal drug is that it will make (or keep) you addicted to a legal one.

Under the heading of ‘health risks’ it is worth noting the phenomenon of ‘whiteys’. Many respondents, a large majority, had at some point ‘thrown’ a whitey shortly after smoking a joint. Typically this experience involved the blood draining from the face, a sweaty pallor developing over the whole body accompanied by a feeling of acute illness. Most people felt incapable of any movement during a whitey and many vomited.

“I seen people throw whitey’s at their desk, and their skin just changes colour to colour. It goes white… blue to purple to green, back to like their normal self again.”


It may be that many debutante users of cannabis have thrown whiteys and been put off for life. But these heavy cannabis were remarkably tolerant of them. The experience of whiteys was clearly very disagreeable, yet it seemed not to deter use.

“Now and again I go through a whitey. You know what to expect… I’ll be sat there and my vision will go. I start getting hotter and hotter. Even when I am sat in the garden in middle of winter, you still break out in a sweat, a cold sweat, head spinning… You know it is coming and nowt you can do about it so you might as well go somewhere and throw up.”

YOU ARE SMILING ABOUT THIS. YOU DON’T HATE WHITEYS?

“If it happens, it happens.”

D11, ‘long term user’, 40+, M, C2DE, Yorkshire
"I went white once… My eyes were really bloodshot and I had a headache and I felt ill. I went to sleep for eight hours and I was fine."

THAT DIDN’T PUT YOU OFF?

“No.”

WHY NOT?

“I just like it.”


“A lot of people say that when they’ve pulled a whitey they feel like they are going to die.”


6.5 Mental health risks

Most respondents were able to discuss cannabis and their consumption of it apparently openly without giving any spontaneous indication that they were aware that cannabis might be harmful to mental health. The risks to mental health appeared to be significantly less top of mind and less readily conceded than the risks to physical health. Prompting on the ‘psychological’ effects of cannabis use, however, often revealed a surprisingly widespread awareness of the various ways that cannabis is suspected of causing or contributing to problems.

Short term memory loss was readily accepted as a penalty of using cannabis. Many respondents noted that, when they were stoned, they forgot what they were saying, or what they had got up to do.

“Your memory is a bit – it does make you forget.”

D13, ‘long term user’, 40+, F, mixed ethnicity, Midlands

“There’s been times when I’ve been talking and completely forgot what I was saying.”

PD15, ‘heavy users’ 24-28, F, C2DE, Midlands

Not everyone agreed that memory impairment was cumulative or permanent. Some thought that they were forgetful when they were stoned but not thereafter.

Others believed that smoking a lot of cannabis over a prolonged period could mean that you became a forgetful person even when you were not stoned.
“Everybody knows that it’s not good for your memory. That’s a problem we’ve all suffered from for years. It’s a nightmare. You can kind of go upstairs to get something and you get there and you’ve no idea what you’ve gone upstairs for. It’s a constant battle. It’s certainly worse when I’m stoned, and I think even when I’m not stoned it affects my memory.”

D2, ‘heavy user’, 20-24, M, BC1, Leeds

“I will be having a conversation with the wife and then just like that I have forgot what I am on about. That is regular. You will be talking away on one subject, then you are off on a tangent.”

D11, ‘long term user’, 40+, M, C2DE, Yorkshire

Fear for his memory (and his mental health more generally) contributed to at least one ex-user’s decision to stop smoking cannabis. Several other respondents seemed to fear that cannabis’s effect on memory might be evidence of its potential to interfere more fundamentally with mental stability.

“With one of my friends, who’s a really heavy user, I can see the effects with him when he’s stoned… He’s ridiculously forgetful… He’d be in the middle of a conversation with you, and he’d be talking to you, and then he’d go—er, er—and just forget what he was saying… It scared me a bit. I knew that I wasn’t like that, but it is worrying… And I’ve got friends… I can see the difference in their personalities and the way they behave… They’re mentally different… Unstable.”

D8, ‘ex-heavy user’, 20-26, F, BC1, Yorkshire

“I know it did things to your mind. My memory is absolutely poor. With the job I’ve got to do (he works for a supermarket), it doesn’t help. I know it makes you a bit more mad as well.”

D7, ‘ex-user’, 23-26, M, C2DE, Yorkshire

However, most respondents seemed to regard short term memory loss as relatively trivial in the scheme of things. Many were amused by it and seemed not to regard it as a reason why they might stop smoking cannabis, or cut back.

There were many references to paranoia. Respondents reported that they sometimes, even often, became ‘paranoid’ after using cannabis. Paranoia seemed to be accepted as disagreeable but to be expected, especially in certain circumstances. People who were stoned were highly likely to feel paranoid if they mixed with people who were not stoned. Many respondents reported feeling acutely conscious that
their brains were functioning differently and were sensitive to other, 'straight', people becoming aware of this.

“I was only paranoid around straight people. I couldn’t go and pick up my daughter from school stoned because the other mums would freak me out. For some people it is such a bad thing. Straight people don’t have a clue.”

“There’s nothing worse than smoking a spliff then having to go to the pub or something. You just feel self-conscious, your confidence goes… My mind just doesn’t function when I’ve had a spliff.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

“In a social environment, because it makes you so tense when you get paranoid in that kind of situation. You’re worried about what you say, you don’t want to make yourself look a fool. You worry about all that kind of thing a lot more than you would if you’d not had a smoke.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

“You usually get paranoid around people that you know you can’t let them know that you’re doing it.”

Some users, in public situations, felt uncomfortably conspicuous, even if they were not having to talk to anyone.

“When you go in shops you are a bit slow and you think that everyone knows.”
PD11, ‘heavy users’, 20-24, F, BC1, Leeds

“I might not want to go out in case people could see that I was stoned. Going into a shop when you have had a joint is awful.”
G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

“I’m just walking down the street on my own and I’ve got to do stuff like go to the bank, and I’m like so aware of my hands and what I’m doing. I feel everyone is looking at me.”

A small minority had no such problems and one or two argued that they became more confident and open in social situations if they had smoked cannabis beforehand.

“When I haven’t had any alcohol or a spliff, I’m very self-conscious and stuff, so I don’t feel as confident talking to people and being open and that. Whereas when I’ve smoked something I chill out and I speak my mind. I do like the way it makes me open and stuff.”
PD15, ‘heavy users’ 24-28, F, C2DE, Midlands
The illegality of cannabis seemed to contribute to some younger respondents’ paranoia. They were worried about getting caught.

“You think the police are coming all the time.”

There were some reports also of respondents behaving obsessively as a result of fears that were described as ‘paranoid’.

“My biggest problem when I’m stoned is making sure everything is locked up on a night… I get paranoid about security.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire

And one ex-heavy user said that she had a panic attack which she blamed on cannabis-induced paranoia.

“I actually passed out once because I was very stoned…. I had a panic attack. I was sitting in the bath and I was shaving under my arm and I felt a lump and I thought I had cancer. I had a panic attack and collapsed. I remember stumbling and it was being stoned that triggered off the paranoia.”

As noted, most respondents seemed unperturbed by their paranoia. One or two said that it was manageable because they knew it was caused by cannabis.

“If something’s playing on your mind, right, you can start losing it, and start crying or stuff like that… You think to yourself—Oh! I’m just getting paranoid.”
YOU CAN PULL YOURSELF OUT OF IT?
“Yes.”
G5, ‘potential heavy users’, 18-22, F, mixed ethnicity, Leeds

Researchers were not, of course, qualified to assess how serious respondents’ experiences of paranoia were from a mental health point of view. Accounts from two or three respondents perhaps suggested things might be going quite seriously amiss.

“I feel like something bad is going to happen all the time. I am paranoid about everything… The house setting on fire, people breaking in. I worry about everything… I have had issues with mental health in the past… I have been on Prozac. They say I am depressed.”
ARE YOU AWARE THAT THERE IS AN ASSOCIATION BETWEEN CANNABIS AND MENTAL HEALTH PROBLEMS?
“Yes.”
PD14, ‘heavy users’, 25-28, F, C2DE, Yorkshire
“Over the last few years, I can’t sit down and concentrate on stuff. I can’t watch films... After 20 minutes I’m bored... I can’t watch tele like I used to.”

What do you put that down to?

“Don’t know. I don’t do as much fishing as I used to. I can’t be bothered really... I get a few of them (panic attacks), but that don’t bother me... And a bit of paranoia sets in.”

Ever heard voices?

“No, but I have a lot of conversations.”

With people who aren’t there?

“Yeah. Wife has a go at me for that. I can be sat in garden middle of night talking to myself or frog sat on patio. I think that is part of it. Don’t bother me.”

D11, ‘long term user’, 40+, M, C2DE, Yorkshire

“It does do your head in... It makes you more mad, doesn’t it? Makes your head screwed up more... I do worry about that, yes. It’s one reason why I’m thinking of stopping it, because I think I’ll end up being mental if I keep going, because I am getting quite bad at the moment... It just makes your head fucked and it’s paranoia and that, always worried about something... Too paranoid.”

D7, ‘ex-user’, 23-26, M, C2DE, Yorkshire

It was quite common for respondents to suppose, but without much sense of urgency or personal relevance, that using cannabis might weaken mental faculties in some general way, so that cannabis users were somehow ‘a bit slow’. One woman thought she might have been affected herself.

“I do believe it has screwed up a few of my brain cells... I am forgetful. I suppose you get slower. If it didn’t affect you it would be legalised and it wouldn’t be a drug.”


That cannabis could cause serious mental illness was rarely mentioned spontaneously, and almost never with much sense of foreboding. References to mental problems often seemed glib, especially from the young.

“I heard somewhere that a spliff, like, it kills a few brain cells off.”


What do you know about it, what it does to you?

“I don’t know much about it. We had a little bit at school.”

“It messes your brain up. You won’t be as smart as you could be.”

“It kills your brain cells. It clogs up your arteries and stuff. It just messes with your body.”

“It eats away at your brain cells.”

“Sometimes I am a bit scared but you get a kick out of it. You take the chance.”

“I suppose it can affect people in different ways. Some people, when they smoke it, they might get depression and schizophrenia and stuff like that, but when you smoke it normally you just relax.”

“It can do permanent brain damage or something... I don’t know. It might do you some harm but I don’t think that much... Most people what smoke it every day that I’ve seen just act normal... I don’t think it will do me permanent damage.”
PD4, ‘potential heavy users’, 14/15, M, African-Caribbean, Leeds

It became apparent that a sizeable minority of respondents had some sort of personal connection with cannabis users who had run into mental difficulties. Again, the tone with which these were mentioned often seemed to suggest that the gravity of schizophrenia was not appreciated, or that the stories were to be somehow discounted. It was rare for these connections to be mentioned in a way that registered any implications for respondents’ own cannabis use. Sometimes it was suggested that mental health problems were perhaps attributable to drugs other than cannabis, or to a combination of cannabis and other drugs.

“My mum knows someone that had got (schizophrenia).”
AS A RESULT OF SMOKING CANNABIS?
“Yeah.”
“My brother’s friends, a couple of them have been affected… They’ve probably tried other drugs as well.”

“My mum suffers from schizophrenia still... I dunno... It is all caused by stress. If you are stressed out and it all gets on top, schizophrenia kicks in.”
DO YOU SEE ANY DOWNSIDES OF SMOKING CANNABIS?

“My mum suffers from schizophrenia still... I dunno... It is all caused by stress. If you are stressed out and it all gets on top, schizophrenia kicks in.”

“Do you see any downsides of smoking cannabis?”
“A lot of people do get schizophrenia from it... They have a lot of problems with their head. But there’s not been one reported death from cannabis use, so that’s a good sign... One of my friend’s sisters had a lot of problems through drugs. It wasn’t just cannabis, it was a lot of other drugs, but she was schizophrenic... My mum’s done a lot of nursing work as well, and she’s always said about it (cannabis being associated with mental health problems) and mentioned it to me.”
PD7, ‘heavy users’, 16-18, M, C2DE, S. Wales

Several people were mentioned whose continuing cannabis use seemed very ill advised.
“My friend who I used to smoke weed with all the time got to a point where all he would do was sit in a chair and smoke. He went a bit mad and ended up in hospital and found he has a brain disease which gets triggered… He stripped and walked outside his house saying that Jesus was coming… He is fine now. It was a few years ago. He has started smoking again.”

PD11, ‘heavy users’, 20-24, F, BC1, Leeds

“I know someone that smokes and has schizophrenia… She used to think people were following her and she used to smoke and I used to say it was bad. She used to say it calmed her down… She would say it had a mellowing effect on her and didn’t make her paranoid. It just calmed her down.”

D9, ‘ex-heavy user’, 27-34, F, African-Caribbean, Midlands

In part because of this incidence of family, friends or friends of friends getting into some sort of mental trouble, awareness that cannabis was associated with schizophrenia was reasonably high. Several respondents had come across something about the association between cannabis and mental health in the media.

WHAT DO YOU THINK ARE THE LONG TERM EFFECTS OF SMOKING A LOT OF CANNABIS?
“Slow reactions.”
“Memory loss.”
“Forgetfulness.”
“Schizophrenia… It can send you that way.”

G2, ‘potential heavy users’, 16-18, M, C2DE, Midlands

“I’ve read a piece today in the Daily Mail about the schizophrenic side effects and the psychotic side of it… It said I think 80% of mental illness, the sufferers have all smoked. If that is true, it worries me… You just don’t know who to believe.”

D2, ‘heavy user’, 20-24, M, BC1, Leeds

Overall, this awareness that cannabis was associated with mental health problems seemed to have remarkably little deterrent effect on respondents’ own use. It is not entirely clear why this should be so. The image of cannabis as a relatively benign drug, known to be very widely used, is certainly a factor influencing some.

“I have heard it being discussed (that cannabis can cause mental health problems) but I don’t know how true it is. I have heard it affects you mentally. I can’t see how it can. I don’t class it as dangerous or addictive, so I don’t see how.”

D9, ‘ex-heavy user’, 27-34, F, African-Caribbean, Midlands
One respondent suspected that reports in the media about cannabis causing serious mental health problems were not to be believed because they were propaganda.

“\textit{I had heard reports on TV (about an association between cannabis and mental health problems) but I didn’t think it was real hard hitting effects. I thought they just told you because they didn’t want you to use it.}”


Some respondents seemed to have a blind confidence that psychosis ‘wouldn’t happen to them’, much as cigarette smokers convince themselves that cancer will not happen to them.

“\textit{I can’t see that happening (developing psychotic illness)… Don’t take any notice. It wouldn’t stop me… I don’t see it happening to me.}”


However in the case of cannabis, some of those who had given this some thought believed they had a robust reason for thinking it would not happen to them. They believed that people adversely affected by cannabis had some sort of vulnerability that the generality of users did not have.

“\textit{From what I’ve heard, it’s people having a family history of schizophrenia, that sort of mental illness. If they are regular smokers, then it’s going to aid it and bring it more into the open.}”

PD9, ‘heavy users’, 18-24, M, BC1, Midlands

“I have a friend who suffers from drugs psychosis… He has had quite a fucked up life, and he potentially suffers from depression and things. But he had drugs psychosis induced by green and he’s never been the same, and he’s tried to commit suicide a couple of times.”

ARE YOU CONCERNED ABOUT CANNABIS AFFECTING YOUR MENTAL HEALTH?

“I think you’ve got to be prone to it in the first place, because I can smoke a hell of a lot and some people who smoked the same amount as me wouldn’t be able to handle it.”


“With things like mental disease and things like that, I think you’ve got to have an element of that in your head before. Not so much with paranoia, because everyone can get paranoid… They say schizophrenic and things like that… I think you’ve got to have an element of that anyway… I know people in their 30s and that and they’ve been smoking it half their life and they’re all right.”

Sometimes this belief was coupled with another—that only people who smoked very excessive amounts of cannabis were affected.

“I know about that (the link between cannabis and mental illness) but again I don’t know if I believe it… If you smoke the seed I think it can trip you and maybe if you had a mental disorder, maybe it could trigger that… I don’t smoke to that degree. I don’t smoke to get myself smashed.”
D7, ‘ex-user’, 23-26, M, C2DE, Yorkshire

It was widely believed that cannabis accentuated whatever mood a person was in. People who got depressed on cannabis were usually people who had a joint when they were already depressed.

“It brings out the emotions in depth really. It pushes them out more. So if you’re in a bad mood, then you’re going to be depressed off it.”
PD7, ‘heavy users’, 16-18, M, C2DE, S. Wales

Cannabis made depression worse, rather than caused depressive illness.

“If you’re a depressed person and you start smoking it… you just get more depressed I suppose.”

By extension, the logic seemed to be (though very few respondents thought about it enough to get here) that cannabis perhaps made the mentally ill more ill, rather than caused mental illness. A large majority of the sample did not feel that they were vulnerable to mental illness.

6.6 Dependence

Many of these cannabis users confidently asserted that they were not addicted to cannabis, and that it was not addictive. Its not being addictive was one of a number of factors differentiating cannabis from drugs perceived as more dangerous, including (for many) alcohol as well as tobacco.

“I am not dependent on it. I just do it because I enjoy it.”
D4, ‘heavy user’, 29-32, F, C2DE, S. Wales

“It is not addictive. I wasn’t addicted… You don’t have cravings for it.”
D9, ‘ex-heavy user’, 27-34, F, African-Caribbean, Midlands
“I don’t think that I crave for a joint. I want to because I want to, I don’t need to. I could stop right now and never smoke a joint again.”

Several users were adamant that they were entirely in control of their cannabis consumption. They used it because they wanted to, did not allow it to get in the way of anything important, and did not spend money on it they could not afford. If they wanted to stop, they could.

“I don’t need cannabis as soon as I get paid or owt like that. If I have something to pay out of wage packet, then drugs comes down list. I might not be able to afford it that month or make do with the little I’ve got.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire

“I am in control of it. I am not affecting anybody. I provide for my family, my family comes first… I am not affecting anybody by doing it… At the moment I want to do this, and I am doing it because I can… If I ever thought that I couldn’t give it up, I think that would panic me. But I don’t feel like that.”
D4, ‘heavy user’, 29-32, F, C2DE, S. Wales

“You feel like you need it but I’ve gone for days and not bothered. If you’ve got stuff to do, you don’t think about it, but when you haven’t you’re like—I wish I had a joint right now.”

Some heavy users took breaks from cannabis—sometimes a few days, sometimes a few weeks—and this tended to confirm their view that they were not dependent on it.

“I can go a day, couple of days, without.”
D1, ‘heavy users’ (held as pair), 18-24, M, C2DE, London

“There are times when I do everyday, at least one a day. But then there are just times when you say you don’t want anymore and you give it up for a while… A month, two months… It could be any number of reasons really. Sometimes you just do it to recuperate your lungs I suppose… You know you can’t constantly do it… We have to maintain a certain sense of reality. We’re living in the real world. If you did it constantly it does alter your perception of everything.”
PD9, ‘heavy users’, 18-24, M, BC1, Midlands

“I’ve been smoking since 15 or 16 (he’s 43). I’ve smoked it since. Not constantly. I might have a good stretch at it and then a couple of months off. If you smoke too much your body gets immune to it. It is like drink—the more you have, the more you need to get a buzz out of it. You go a couple of weeks and have a few days off.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire
However a sizeable minority felt that they could not easily renounce cannabis. Some of them wanted to make a distinction between the sort of dependence they felt and ‘addiction’.

“You buy a little packet and you start buying more and you start buying more and it’s like smoking cigarettes… I think I’m dependent on it. It’s like been there for me… It’s not addiction. It’s something I can’t explain.”
D12, ‘long term user’, 40+, M, C2DE, Yorkshire

Some thought their feeling of dependence might arise in part from their social context and the fact that all their friends were cannabis users.

“I wouldn’t say I’m addicted addicted, but I’ve tried quitting a couple of times and it hasn’t worked… It’s just because everyone around me still smokes cannabis.”
PD7, ‘heavy uers’, 16-18, M, C2DE, S. Wales

But others thought their dependence possibly went beyond this. They found it very difficult to go without cannabis; trying to do so left them feeling irritable and ill at ease. How definite they were about this, and how seriously they took it, varied considerably. Some respondents seemed to have only recently started thinking about dependence as a possibility.

“You can depend on it if you’re not careful. We’ve been to places where you’re not allowed to smoke and we get a bit ratty and miserable.”
D13, ‘long term user’, 40+, F, mixed ethnicity, Midlands

“It’s like we’re dependent on it now. Everything we do needs to be with a spliff.”

“It is mad in a way.. It starts getting mad when you have it every day and you haven’t got it and start moaning about it. That is when it starts getting serious.”
PD7, ‘heavy users’, 16-18, M, C2DE, S. Wales

“I was thinking, have I got a problem smoking it all the time? But I don’t think I have. I do smoke it most nights, but not a lot. Well, I don’t know what you’d say is a lot. I have a few spliffs a night… Last night I was thinking—I smoke too much, could I stop if I wanted to?… You could say I’m like addicted to it… I’ve noticed if there were times in the past when I haven’t had a spliff I’d get a bit ratty. If I go a couple of days without a spliff, I’ve been ratty, stressed, then when I have one it chills me out.”
PD15, ‘heavy users’ 24-28, F, C2DE, Midlands

A few blamed nicotine for their dependence on cannabis (but see Section 4.1, above).
“I would like to not smoke at all but I am hooked... I think I am hooked on the nicotine. It is having something to smoke as well. Something in your mouth.”
G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

“It is an addictive drug. Mildly, but it is addictive, I think mainly the fact that people use tobacco in it... You need that nicotine. In one joint there’s not much tobacco, but in all the joints you smoke, there’s a lot of tobacco.”

Dependency on cannabis was sometimes said to be psychological, or mental, and this was seen as distinguishing it from drugs like heroin, users of which developed a physical addiction.

“When I haven’t got it I am in a right mood. You don’t get physically addicted to it. I think it is more mentally... I am dependent on it and when I can’t get it my mood completely changes.”
PD14, ‘heavy users’, 25-28, F, C2DE, Yorkshire

A few respondents described themselves straightforwardly as having been addicted to cannabis. One or two were very upset about the effect their addiction to cannabis was having on their lives.

“I smoke too much so I can’t do what I need to do... Right now I’m dependent on weed... I want to go back to how I was. I was into sports and that but I don’t do sports no more. I don’t play basketball no more. I don’t do nothing... I know I’m addicted... I was thinking—I can’t get this upset about draw. I don’t like to admit it though. I just want to try some way of controlling it.”

“It is a definite addiction. I couldn’t sleep without it. I used to crave coming home from school to skin up.”
AND YOU ARE CERTAIN THAT HAD NOTHING TO DO WITH NICOTINE?
“Definitely not. I wanted to be stoned.”

Heavy users were consistent in their accounts of how they felt if they stopped using cannabis. All described feeling tense and irritable, with frequent mood swings. Several ex-users described the same symptoms and these withdrawal symptoms were clearly felt as unpleasant and difficult but appeared to be moderate rather than severe and to last for days rather than weeks.
“One of my friends, I know he needs it. He goes very aggressive, and very ratty, if he doesn’t have it… We went on holiday once and he couldn’t get any. He was a nightmare for a couple of days, just tantrums… I’d say he’s dependent on it… He must be addicted… I don’t think he likes his frame of mind when he’s not stoned. I think that’s what it is.”
D6, ‘ex-heavy user’, 18/22, M, BC1, S. Wales

6.7 Other perceived drawbacks

6.7.1 ‘Munchies’

Cravings for food whilst stoned were mentioned by a sizeable minority as a unwelcome corollary of smoking.

“There is a munchy cupboard in our house. It’s every night.”
D13, ‘long term user’, 40+, F, mixed ethnicity, Midlands

“It does make you hungry. You could eat the house down.”
D9, ‘ex-heavy user’, 27-34, F, African-Caribbean, Midlands

Several respondents described the munchies is quite extreme terms.

“You never want to stop eating.”
“You can’t move but you want more food.”
“Our stomach is saying—I want to eat—and your brain is saying—no!”

“When I’m stoned I get the killer munchies. Some of the stuff I’ve ate, the next day I’ve thought—Oh my God! How could I have ate that?… I’ve put weight on.”
PD15, ‘heavy users’ 24-28, F, C2DE, Midlands

However, one or two young female respondents said they believed using cannabis had caused them to lose weight.

6.7.2 Mood swings

A few cannabis users said that long term use produced effects not dissimilar to those described as accompanying withdrawal.

“It makes you snap more. The longer you smoke it over the years, it makes you snap more.”
MAKES YOU IRRITABLE?
“Yeah… It’s one of the side effects over the years.”
D7, ‘ex-user’, 23-26, M, C2DE, Yorkshire
6.7.3 Driving

Several respondents said that they had tried driving whilst stoned and regretted it.

“I tried riding my bike once when I was stoned. I gave up on that… I got paranoid about my speed, going a bit fast, checking in mirror, make sure no cops. I was only doing about 30. So I just don’t bother now.”
D11, ‘long term user’, 40+, M, C2DE, Yorkshire

“My driving is not good after a spliff. You find yourself going a lot slower and just with decision making and stuff it’s not good. So I try and avoid it. A lot of my friends do though.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

“I tried to drive once. It scared me so I would never do it again. I thought I left it long enough after I had a smoke, but… when a car came towards me I was not sure where I was on the road. I felt like I had no control over the car.”
D8, ‘ex-heavy user’, 20-26, F, BC1, Yorkshire

But these respondents were outnumbered by others who were quite happy to drive and believed they drove safely. This was another front on which cannabis was believed to compare favourably with alcohol.

“I have never had a problem with driving when I am stoned… I used to find myself quite alert when I was driving. I used to drive having a joint.”
YOU DIDN’T FIND YOU WERE DRIVING SLOWLY?
“Yes, but more carefully. I was driving slowly because I was smoking a joint and because I didn’t want to go over the speed limit.”

“When you’re drunk you’re like—yeah, yeah. But when you’re stoned, you’re like—I know I’m stoned and I’ve got to drive now.”

“I still get in the car if I have had a joint.”
“My boyfriend says he is much more aware when he is stoned and driving.”
G6, ‘potential heavy users’, 18-22, F, BC1, S.Wales

“About driving, I would love to do a test after I have smoked a spliff. I will go out and I will smoke all night, have one drink and I can drive home better than anyone else. I think if you have the heater on in the car and the windows closed then yes. I have been driving since I was 22 and I have never had a crash, touch wood. Again I think that is based on people that are getting smashed.”
D3, ‘heavy user’, 24-28, F, mixed ethnicity, Midlands
7. Reducing or stopping cannabis use

7.1 What sustains use?

A majority of respondents did not see their cannabis consumption as a problem. Many of them emphasised how much they enjoyed cannabis. The feeling throughout much of this fieldwork was that smoking cannabis was all right, not something to worry about.

In keeping with this, most respondents did not have any intention of stopping using. Many envisaged going on smoking cannabis into their middle age and beyond.

“If you haven’t got a reason to cut back, what are you cutting back for? You’re enjoying it.”
D12, ‘long term user’, 40+, M, C2DE, Yorkshire

In addition to the pleasure they associated with cannabis, many respondents acknowledged (and see the previous Section) that they were in the habit of use. Their life styles had evolved around being stoned a lot of the time, especially of course in the evenings. They were not sure they wanted to change, and rarely felt they had much motive to change.

7.2 What encourages users to cut back or stop?

A substantial minority of respondents had reduced, or wanted to reduce, their cannabis consumption. Some were tired of being reluctant to get up in the mornings...

“I try to manage it in the way where I try not to smoke after 1 o’clock at night. That way when I wake up in the morning I don’t feel so lazy and laid back. Sometimes when I wake up I still feel the effects of the night before, whereas when I try not to smoke after 1 or 2 o’clock, I wake up slightly more fresher.”

Others felt more generally that smoking so much cannabis had left them in a rut.

“I’ve cut down over the last couple of years. And I do feel better, I must admit… You feel like you’re getting into a rut.”
D14, ‘long term user’, 40+, F, C2DE, S. Wales
Or that responsibilities were beginning to encroach on them which they recognised would be difficult to shoulder if they continued to use cannabis heavily.

“I have to quit now… I’m getting older now. I have to like shape up… Like get a good job, and a house and all that.”

**USING CANNABIS WOULD STOP YOU DOING THAT, DO YOU THINK?**

“Well, I’d cut down like. I won’t be doing bong… It just gets you more wrecked I suppose… I’ll probably go on to joints and hopefully quit… In the long run It’s just going to mess me up. So I’m going to have to stop it. It’s not so bad when you’re younger because you haven’t got responsibilities. You haven’t got children, like a family, a house. When you are younger, you don’t have a car or anything. You’ve got no responsibilities, nothing to spend your money on. So you might as well (smoke cannabis)… I’m not going to smoke it forever, because by the end of the day I’m going to have to have bills to pay and everything, so there’s just no way I’d be able to do it.”

PD7, ‘heavy users’, 16-18, M, C2DE, S. Wales

Children were prominent amongst these responsibilities. Many respondents said that they had smoked less cannabis once they had had children. In part this appeared to be for practical reasons—they felt they could not be adequate parents if they were stoned much of the time—in part a more general retreat from dependence or excess.

“If it’s not there I can do without it. I remember the days when I had to have a spliff, got to have it. But having children, you’ve got to mellow down.”

D13, ‘long term user’, 40+, F, mixed ethnicity, Midlands

“Kids make it all different. You have to really cut back. I think if I hadn’t had my kids I’d probably still be smoking it as much as a was before.”


Pregnancy of course affected cannabis use. Some respondents had stopped smoking completely—both cannabis and cigarettes—when they had become pregnant. Often they had resumed very quickly after the birth.

“As soon as I knew I was pregnant I stopped smoking (both joints and cigarettes)… I would have a couple of puffs of my husband’s cigarette but I never put a joint to my mouth. I had quite an easy birth and I think I had a joint within days of giving birth.”

Giving up for the duration of the pregnancy was the firm intention of many users yet to have a child. Several felt that they might well stop using completely.

“If I got pregnant I’d completely stop… Maybe if I was actually having the birth I would have one.”

“I would stop if I had children.”
G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

Not everyone who was pregnant stopped using cannabis. Two or three women with children said that they had continued to smoke it regularly. There was a self-consciousness about smoking during pregnancy, and those who did so said they were trying to smoke less.

“With me being pregnant I have tried to cut down and I am only smoking three or four joints a day…I will have one in the morning, half in the morning and half in the afternoon and one in the evening.”
PD14, ‘heavy users’, 25-28, F, C2DE, Yorkshire

Having to study, or cope with the pressures of work, were other reasons occasionally quoted as reasons for cutting back or stopping cannabis use. It was widely acknowledged that cannabis interfered with concentration and made studying difficult (but see above, Section 5.3). Respondents facing exams often anticipated stopping well before them.

“I reckon I’m not going to do it for ages before my exams… If you’re going to do exams, you can’t kill off your brain.”
PD9, ‘heavy users’, 18-24, M, BC1, Midlands

“I smoke it once every three months and it has an effect on me that I don’t really like any more…I am studying and I am under pressure. If I was to smoke then that would go out of the window because it puts you to sleep and I really need to stay awake… It doesn’t suit me any more.”
D9, ‘ex-heavy user’, 27-34, F, African-Caribbean, Midlands

Two or three respondents said they had stopped because they felt they needed a break from it. In at least one case, cost was a contributory factor.
“I stopped a year and a half ago and I am eight months pregnant. I just thought—I need a break. Since I have started I have never stopped. Even on my holidays. I just thought—I need to quit. Whether I will quit for the rest of my life I couldn’t tell you… I still smoke tobacco.”

WHAT PROMPTED YOU TO STOP?
“I don’t know. Partly I was spending a lot of money on it… Half an ounce a week, so you are talking nearly £100 a week.”


Other respondents who had stopped, or were thinking of stopping, sometimes gave the impression that there was a predictability—even inevitability—about this. They talked as though it was obvious they would stop at some point. Some of the young wondered if it would still be cool to smoke cannabis when they were older; there was something sad about passive, ambitionless ‘middle-aged stoners’.

“Everybody of our age knows that if you carry on smoking it will affect us in the future. So most of us do plan to stop. I plan to stop in like three or four years, once I actually get a proper job. At the moment it is just relaxing.”


“I want to cut it out by 19 so I’m not a middle aged stoner. I have seen what happens to you. There is a bloke who carried on smoking ‘till 20 and now he can’t get out of bed. He gets up, has something to eat and goes back to bed.”

PD1, ‘potential heavy users’, 13/14, M, BC1, Yorkshire

Wanting to play sport, or get fit, was occasionally mentioned by young male respondents as a contributory reason for stopping, or wanting to stop.

“I quit for about two years… I just got bored with it really. I didn’t want to do anything. It was affected me too much… Just my health and stuff. I started to think about it more and concentrated more on sport and stuff, so I just quit. Because I wasn’t like addicted to it, I didn’t need it, so I just stopped.”


But often motivation seemed to spring more generally out of a creeping sense that cannabis was not good for the health. Several respondents felt they were beginning to suffer various penalties.

“I’ve cut down a lot now. I just smoke the odd spliff now and then.”

WHY?
“Mashes my head up… It really does… It slows me down.”

G5, ‘potential heavy users’, 18-22, F, mixed ethnicity, Leeds
“There was one stage that it was a habit every day. Constant smoking. But then you just see yourself, you don't look healthy... You think again... You think—there's no point, it's just making me stupid... It eats away your head.”
G5, ‘potential heavy users’, 18-22, F, mixed ethnicity, Leeds

“I started using it quite heavily for a year and a half, two years. And then I had had enough. I thought—what's the point? It's not good for you. I just stopped.”
D6, ‘ex-heavy user’, 18/22, M, BC1, S. Wales

And/or, they came to feel that being stoned a lot of the time was not pleasurable in the way that being stoned every now and then had been. Cutting back could be a means of enjoying cannabis again.

“For about a year it controlled me but now I've managed to control it.”
HOW?

“Started cutting it down, like at weekends... I want it to be fun again. I want it to be like it was in the beginning when it was enjoyable.”

7.3 How difficult is it for heavy frequent users to stop using?

As noted above (Section 6.6) reports of withdrawal symptoms with cannabis were fairly consistent; heavier users said they experienced mood swings, were irritable and tense, etc. Those who habitually smoked before going to sleep sometimes had problems with insomnia.

“Mood swings. Very irritable. You go through your cold turkey and your mood swings, but you get over it. It is an addiction that you can get over. I went through my tough weeks and then I got over it. There were times when I really fancied a joint, but I am pregnant anyway so it doesn’t come into it now.”
“I couldn’t understand how someone could put their head on the pillow and fall asleep without being stoned. That was the scariest thing when I was giving up.”
D10, ‘ex-heavy user’, 27-34, F, CZDE, London

It is not clear how difficult these symptoms make giving up, especially as people are different and users no doubt experience them to varying degrees. The overall impression arising from this evidence is that giving up is not that difficult. Many respondents made light of it.
“Have a few days off now and again… You miss it for a couple of days. You are sat there thinking—I could just do with one now. But it don’t bother me. I’ve smoked all my life, fags, roll ups. If I lose my fags… I have to tap a few off my mates. But with smoking joints, I don’t miss them as much as I miss the fags.”

D11, ‘long term user’, 40+, M, C2DE, Yorkshire

“I stopped for about a year and I didn’t think about it at all. I just didn’t really feel like it at all and I didn’t miss it.”

G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

“When I go on holiday, if I don’t take any with me and I don’t have it for a week, I think about it but I don’t go mad for it… I do think—I could kill for a spliff! But I’m not climbing the walls or anything. But then again when I’m on holiday I’ve got lots to keep me occupied.”

D2, ‘heavy user’, 20-24, M, BC1, Leeds

“It took a few months. I did decide because of the children and I thought I could do it gradually and I have. I am quite happy about that… I have more of a clear head… It is easy to stop… It was a habit, but it was easy to break.”

D9, ‘ex-heavy user’, 27-34, F, African-Caribbean, Midlands

As with tobacco, abstention was more difficult if there was cannabis readily to hand, or you were in the company of others who were smoking. It was the social context—keeping away from other users—that often made stopping difficult, especially for young people.

“When it’s there, you just have to take it… There’s always going to be someone with a spliff.”


“It’s just will power basically… You just chuck your dealer’s number away. You have to do it. Just as soon as you say—yeah, I’m going to quit—get your phone and start deleting some numbers… I’ve done that a couple of times, but they were only for temporary give ups.”

PD9, ‘heavy users’, 18-24, M, BC1, Midlands

DID YOU HAVE ANY WITHDRAWAL EFFECTS?
“None at all… The only thing I had was, if I walked in a room and someone else had it, then I would think—I could do with one.”

D9, ‘ex-heavy user’, 27-34, F, African-Caribbean, Midlands

The difficulties of overcoming a cannabis habit clearly go beyond putting up with the withdrawal symptoms of irritability and so on. Those social and personal factors that encourage the development of a habit will, if they still apply, make breaking it difficult.
8. Current information provision

8.1 Finding out about cannabis

Many respondents thought they were well informed about cannabis. They commonly considered themselves better informed than those charged with providing information on the subject. This said, knowledge (or at least discussion of knowledge) was skewed to practicalities: the different types of cannabis; how to roll a good joint; (for the young) how to make a really effective bong. Many respondents were also interested in cannabis as a topic for discussion: its history, its uses, its apparently benign effects.

“I think there’s probably nothing that I don’t already know about weed. It’s difficult because a lot of sources you wouldn’t respect.”

D2, ‘heavy user’, 20-24, M, BC1, Leeds

The process of acquiring knowledge about cannabis was informal and experiential. Unsurprisingly, then, older friends and older siblings were considered to be the most credible and helpful sources of information. Here were people who could be trusted to tell you about (and often supply you with) the best stuff to smoke and techniques for enjoyment, and who would look after you if things went awry. Experiencing cannabis was also thought instructive: you picked up information as you went along.

“I just know what I know from smoking it… I know this and that.”

D7, ‘ex user’, 23-26, M, C2DE, Yorkshire

“I don’t know, you just grow up in it. I found out a bit because my brother used to grow it in the greenhouse. It was a nice big plant and he chopped it down and put it under the grill and I said ‘What are you doing?’”

D14, ‘long term user’, 40+, M, C2DE, Yorkshire

8.2 Schools and cannabis information

Many of those under 25 spoke at some length about information delivered through schools about drugs. Almost everyone was critical of the quality of such information, considering it strongly biased towards the negatives (the health risks, the legal penalties). There was also a
feeling that those delivering information were inexperienced: typically hapless teachers or a local police officer who had been handed the task.

“At school they’re just informing you most of the time about the bad sides…. They’re just going to tell you the negative side of it.”
“They just tell you the scientific names and all.”
G7, ‘Heavy users’, 16-18, M, BC1, Yorkshire

‘My school, they said ‘Name all the drugs you know. Write on the board.’ Then they started talking about them… I just looked at him and thought ‘I know more about it than you do’,”

Occasionally, external speakers, sometimes ex-drug users, were mentioned, although the effect of their contributions was not always clear. In the instance described below, the accounts of one speaker were said to have glamorised the subject.

“We had talks in school. What I can remember of them, they were quite informative, but not in a bad way. The guys that were giving the talks, I remember he was a - he worked for - I think it was DASH… and he was an ex drug addict. And he kind of glorified it to the class! We just laughed about it… Not drugs, just the use, and he just laughed about the effects that it had, and maybe like [at] the police. He just - you know, he made the class laugh, but at the same time he was more or less glorifying it, if you know what I mean? And I could see that. I could remember that…”
D6, ‘ex heavy user’, 18-22, M, BC1, S. Wales

There was also criticism of the tone and character of drugs education in schools. It was often perceived as intended to justify the law rather than attempting to inform a debate—trying to make the case against drugs rather than to offer a more balanced picture. Some also felt information about drugs lacked credibility because education (reportedly) treated drugs as a simplified generality, rather than talking about issues specific to each.

“What you are told at school, they classify everything together. When I was in year 6 a police officer came in, ‘Tell me what drugs you know?’ Everyone in the class started reeling off these drugs. She was writing manically on the board, she looked really shocked… We were 11 or 10 she was trying to explain that drugs are bad and we were all like—‘It can’t be. You can’t put heroin and skunk together’,”
8.3. Frank and cannabis information

There was little spontaneous mention of the Frank brand, but prompted awareness was strong amongst many 16-24 year olds. There was scattered recall of a recent television campaign about ecstasy and also of some radio advertising. This was well liked by some younger respondents who found it thought-provoking, although others were more critical of its approach.

“I seen an advert called Frank. I didn’t really understand it. Talk to Frank. It meant nothing and I still don’t know much about it but I know it’s for drugs, for people who are trying to recover.”

“It is on Radio one—‘If you are curious about drugs, ask Frank’. It’s trying to be too youthful, hip almost. Like the McDonalds of counselling.”

There was also prompted awareness of a Frank website and telephone line. The website was, again, well received by some younger respondents.

“It’s good. It’s got all sorts of drugs on there. You can just look at them and it doesn’t tell you bullshit. It tells you all the truth about it and what it does to you. It’s not making a load of stuff up like school.”
G7, ‘Heavy users’, 16-18, M, BC1, Yorkshire

The availability of a helpline was (on prompting) well known, perhaps particularly because the endlines ‘Ask Frank’, ‘Talk to Frank’ logically suggested such provision. Some respondents were bemused by this persona: why ask Frank? who was he? what did he know? On this evidence, the Frank branding had only limited success in overcoming negative presumptions about helplines. There was often a lack of interest and engagement with the helpline, which was widely assumed to be only for use in desperate situations (by definition, therefore probably not cannabis-related).

“The drug phone lines, they tell you things about it, but it makes you think ‘They are only saying that because they are against it.’ rather than a balanced thing.”
8.4 Cannabis-specific provision

The great majority of respondents in this sample did not imagine that there would be much in the way of information or services relating specifically to cannabis. There was low awareness and recall of drugs information generally, and cannabis was considered to be fairly low risk in the context of other drugs. This said, many felt there should be more—and more candid—information available about cannabis. It was felt by some that the recent changes in legislation might have prompted more of a debate about its status, although as yet this seemed not to have been the case.

“I still don’t think there is enough information, although the government are becoming more lenient. They still just attack whoever does it… When you compare it to smoking cigarettes or drinking there is nothing out there… We know more about it than anyone else.”

Most felt there would be little call for services to help people in trouble with cannabis. Such people were imagined to be rare, and likely to be able to help themselves.

“I walk past [a drug drop-in centre] to go to work. I think that’s where people go to get their needles and things. I’m not sure. There are signs outside about needles and heroin and that type of thing. So I should imagine it would be there.”
IS THAT THE SORT OF PLACE YOU WOULD GO IF YOU WERE WORRIED ABOUT CANNABIS USE?
“No. I wouldn’t go in there.”
WHY NOT?
“I don’t know. They’d think I wanted a needle or something.”
D14, ‘long term user’, 40+, M, C2DE, S.Wales

In a handful of cases, however, there was felt to be a need for cannabis services.

DO YOU KNOW ANY CANNABIS SERVICES OR HAVE HEARD OF ANYTHING LIKE THAT?
“I’ve never seen any… I don’t know. If not they should do. Places like this where there’s nowt to do. It’s hard to get people off… They need something to do in Otley.”
D7, ‘ex user’, 23-26, M, C2DE, Yorkshire
8.5 Media for information about cannabis

Many respondents could not recall having received printed information about cannabis, although the expectation was that material was most likely be made available in leaflet format. Those who did recall having seen such leaflets could not remember much about provenance, but tended to be critical of content.

“Well the school information leaflet, bloody hell, that’s got some right crap in it.”

“What kind of stuff can you remember?
“I don’t know, like for the effects, it says weed can give you hallucinations and stuff and you’re like—no it doesn’t.”
“They don’t know what they are talking about. You can’t write a book about ganja if you don’t know what it tastes like and what its effects are.”

G7, ‘heavy users’, 16-18, M, BC1, Yorkshire

When asked, most had little to say about appropriate routes for distribution and suggested only what would be expected: GP clinics, libraries, youth centres, schools, drugs clinics and so on.

Where should they put this?
“Libraries.”
“College.”
“On the way out.”


“Clinics. Connexions, job centres… A lot of people just go in and sign on, they are not looking for a job. They are the ones that are just smoking.”


A minority, however, felt strongly that targeting of such information needed to be tight and had to be specific to heavier users if it was to have any authority and credibility.

“I would be more inclined to pick something up if I saw [information] in an environment that wasn’t typically associated with that, in a public environment. If you are doing a supermarket shop with your dad and you are 13 and 14 and you read it when you get home…I go to university but I don’t go down the local library to check out the leaflets.”


Several younger respondents mentioned using search engines to see what typing in ‘cannabis’ threw up although these were not systematic searches for more information. The web was also sometimes
mentioned as a more positive, open-minded forum for information about drugs.

“On the website it is generally the good sides. On ‘everybody does it’, it’s got videos showing you bongs and how to skin up and stuff, different ways to roll.”
G7, ‘Heavy users’, 16-18, M, BC1, Yorkshire

This segment also suggested: head shops; surfing and skating magazines (e.g. Adrenalin) and shops; music magazines (e.g. NME, Mixmag); appropriate bars, clubs and cinemas; websites (e.g. www.ukcia.org, www.urban75.co.uk).

WHERE WOULD YOU WANT TO GET HOLD OF INFORMATION?
“Not in something like a drug centre.”
“In shops that sell the equipment.”
“Skate shops, places like that.”
G6, ‘potential heavy users’, 18-22, F, BC1, S.Wales

“In the Indian hemp shop. It sells everything to do with hemp. They must have booklets in there. Or I’d look in the music magazine, look for that book and order it.”
D13, ‘long term user’ 40+, F, mixed ethnicity, Midlands

“You know the music magazines, like heavy rock music, this man used to have it and you could order it. It’s like the cannabis monthly magazine and it shows you all the latest pipes and things. There are even clothes made out of hemp. There’s a hemp shop in Mosley (?) where everything is made from Indian hemp. They’ve got hemp hair oils, hemp candles, there’s just so much you can make out of this apart from smoking it.”
D13, ‘long term user’ 40+, F, mixed ethnicity, Midlands

“Cinemas where kids hang out…I may have found it useful because I didn’t know anything apart from my dad smoked it at music festivals and I just had a picture of Jimi Hendrix every time I thought of weed. So maybe it would be useful to have it.”

Radio was also suggested as a more subtle and appropriate channel for information distribution.

“I think radio is quite good because a lot of young people listen to the radio… I know that Radio 1 do these campaigns where they say—Be aware, you can find out the truth about drugs. Then looking on their websites and stuff. They promote that stuff quite heavily and that’s all good, I think. But it needs to be a medium that you respect.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds
A small number talked about informative articles exploring associations between cannabis and mental health in the broadsheet press, most notably *The Guardian*.

Respondents seemed to have little specific to say about desirable sources or branding for information about cannabis. There was no prior awareness of Dr John Marsden (presenter of the Body Works television series). No strong feelings were expressed about him, although his medical credentials were sometimes seen as a hindrance.

“Doctors have to say what is generally right. They don’t want to encourage you and they don’t want to tell you something that could be wrong… Think how many doctors smoke. It is a stressful job, but they have to say that. You can see the outside influence on what they are saying. You need someone who has smoked it. An everyday kind of person. I think there is a particular voice it should be.”


One or two suggested Bob Geldof and it was thought Howard Marks would have unparalleled credibility when it came to cannabis where insider experience of the subject was a prerequisite.

“Real people, who are they? I don’t know - Bob Geldof?”

D14, ‘long term user’, 40+, M, C2DE, Yorkshire

“Get Howard Marks to do it - he has got credibility”


There were scattered reports of reading books about cannabis, of which Howard Marks’s *Mr Nice* was one.

9. **Information materials shown in research**

A range of cannabis information materials from HIT and Lifeline was shown to all respondents for examination and comment. The order and timing of showing (at the beginning and towards the end of interviewing) was varied to ensure even exposure. There was no prior awareness of any of the materials examined.
9.1 HIT A6 white booklet

9.1.2 Positive comments

*Design and content*

The design and content of this booklet were relatively well received by those over 18, particularly women. Many found the front cover design eye-catching and thought the ‘rainbow’ colours made the cannabis leaf look pretty and cool.

> “Anything that has got a ganja sign on I will look at. That would catch my eye…the cannabis and the colour.”
> D3, ‘heavy user’, 24-28, F, mixed ethnicity, Midlands

The leaf icon and use of bright colours suggested a neutral approach: there was an expectation that the content would not be obviously anti-cannabis. Some thought the lack of cover information suggested this was aimed at those who already smoked cannabis, although others took issue with the number of leaves. They felt there were more usually seven leaves than nine and, for some, this undermined the credibility of the information inside: how much did the people behind this really know about cannabis?

> “That’s trippy, I like that.”
> “It’s got 9 leaves though. There’s only 7 on the actual leaf.”
> G7, ‘heavy users’, 16-18, M, BC1, Yorkshire

The leaflet size and the weight and feel of the paper were pleasing to this older audience: here was something to keep and refer back to (as well as providing good roach material).

> “This is quite smart. It is effective this one. This one would keep me interested… You are going from the plain white with that, the paper as well, it feels like time was spent on it.”
> D4, ‘heavy user’, 29-32, F, C2DE, S.Wales

> “If it is a good roach thing they are going to have it all the time. When you are stoned you are roaching something and you will read it.”
To them, the amount of text seemed manageable. Negotiation of the content was helped along by the variation in font sizes, the different page designs and layouts and the use of different colours.

Techniques and tips; Take control sections

Including sections on ‘Techniques and tips’ and ‘Take control’ was well-liked and some thought these deserved more—perhaps standalone—prominence if the booklet was aiming for heavy users.

“Techniques and tips for reducing use… Yea, these are good. I would read these. And they’re pocket sized, these, and even young people would probably pick these up and shove it in their pocket.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

“This is quite informative… Just the way it’s smoked, the way it can have effects on you. I thought it was like saying how to smoke it. And then it’s got the problems. I suppose it has to have those, does it? It’s - it’s not against it, because it’s telling you how to smoke it, and how to reduce risks.”
D6, ‘ex heavy user’, 18-22, M, BC1, S. Wales

The reminders to clean weed and other equipment and why, were thought helpful, and this was new information to some.

“I didn’t know that. Most people who see my bong say it’s disgusting. I do clean after each time but…”
D7, ‘ex user’, 23-26, M, C2DE, Yorkshire

Similarly, the mention of not using a cigarette filter for a roach was reassuring – hardly anyone in the sample was doing this, but appreciated being told why it was not wise.

“Some of them are good—don’t use a cigarette as a roach—I’ve never seen that.”

Having cannabis-free days was thought good advice which had not occurred to some: here was practical, achievable advice underpinning a generally more adult approach.
“It is different.”
WHY?
“It’s teaching you if you’re doing it then it’s how to reduce the risks.”
G7, ‘Heavy users’, 16-18, M, BC1, Yorkshire

“I learnt something from this. We all did and we smoke. So that is quite good. I know quite a lot but I still learnt something.”

“Well it says here—’If you use it every day, have a couple of days off each week, smoke fewer spliffs a day or…’ So I think I would try that. ‘If you are trying to cut down, avoid places or people that remind you of cannabis.’ That’s true because when you go to a big dance or a concert it just makes you want to have it.”
D13, ‘long term user’ 40+, F, mixed ethnicity, Midlands

“I could cut back. It does look interesting. It does help you out, doesn’t it, by the looks of it? It’s not helping you stop straight away. It’s actually getting you out of it. So obviously they must know that you can’t just stop. You have to gradually get out of doing it day by day. They must know.”
D7, ‘ex user’, 23-26, M, C2DE, Yorkshire

9.2.2 Less positive comments

Target audience

The target audience for the booklet was not always clear. Whilst the cover suggested there would be balanced information aimed at those already using cannabis, the ordering and nature of some of the content could indicate otherwise. Leading with a section titled ‘Cannabis and the law’ set a rather authoritarian tone and was off-putting to some who felt (albeit mistakenly) that they could predict the remainder of the content. Following this with a ‘What is cannabis?’ section was widely thought inappropriately basic for heavy smokers.

“What is cannabis? – I think I know what cannabis is.”
D3, ‘heavy user’, 24-28, F, mixed ethnicity, Midlands

Perhaps surprisingly, given the general enthusiasm for cannabis – and attendant tendency to underplay risks – one or two were concerned that, should the booklet be widely distributed, it might encourage take-up of smoking cannabis amongst those who had not previously considered it. Whilst its informative tone and balanced content were
welcomed by existing heavy users, one or two respondents thought it might not be so appropriate for others outside this group.

“If somebody who has never smoked it, never thought about smoking it, picks it up, it might actually encourage them to try it. It could well do. It tells you what cannabis, what it does is. ‘Cannabis is both relaxing and stimulating. It heightens appreciation of things like music, conversation and ideas…’ If you’d not smoked it before that could actually persuade you to try it!”

D2, ‘heavy user’, 20-24, M, BC1, Leeds

Use of language

Some respondents objected to the use of the third person e.g. ‘If a user…’, rather than ‘If you…’. They found this depersonalising and thought it suggested a judgmental, superior (non-smoking) voice for the booklet, setting up a ‘them and us’ dynamic. Alternatively, it could suggest that the target audience was friends and family rather than people who smoked cannabis.

In addition, some took issue with the term ‘users’ to describe those smoking cannabis. ‘Using’ had connotations of addiction, injection and Class A drugs. Some respondents thought it was pejorative and for many it was not an accurate description of their relationship with cannabis. Many preferred to compare cannabis to cigarettes or alcohol rather than other illegal drugs.

“You're not like doing heroin!”
“You’d call a heroin addict a user. You don’t say—are you a user of alcohol?”
“You—do you use cigarettes?”


Techniques and tips section

Despite appreciating this section in principle, some of the ‘techniques and tips’ lacked credibility. The suggestion of not holding smoke in the lungs seemed to defeat the object of smoking cannabis; it was counterintuitive that this did not help you get stoned: more explanation was required here if this was to be credible.

“Everyone does that.”
“Otherwise you won’t get the buzz.”
“You can get more of a buzz, if it is inside you.”
“Yeah. So what is the point of smoking it then?”

“I don’t understand that, it says not holding the smoke in their lungs. What does that mean?”
D7, ‘ex user’, 23-26, M, C2DE, Yorkshire

The advice about not using too many papers was irrelevant to those respondents (probably the majority) who were using extra-long papers.

“Like it’s saying here about don’t use three skins of paper. No one really does that anyway.”

In particular, the recommendation not to share joints was considered laughable. The passing it around, the sharing, was a key part of the convivial experience of cannabis.

“No-one is not going to not share a spliff.”

Most felt the reason given for not sharing a joint—the risk of passing on germs—was a trivial concern.

“Avoid sharing joints, germs can be passed.”
IS THAT SOMETHING YOU DIDN’T KNOW?
“Well probably. Well obviously you know you can get germs but no-one’s bothered are they?”
G7, ‘heavy users’, 16-18, M, BC1, Yorkshire

One respondent claimed to have heard that illnesses more serious than suggested by the apparently minor ‘germs’ (e.g. hepatitis) could be spread by sharing joints. If this is the case, mentioning such diseases might add some weight to the recommendation. One or two thought this particular suggestion might encourage people to smoke more cannabis than they might otherwise.

“I don’t think there’s a lot of people can smoke a joint to themselves. You have to share it. It depends how big they are but I don’t think I’d be able to smoke a full joint. They make your mouth more dry.”
D7, ‘ex user’, 23-26, M, C2DE, Yorkshire
‘Taking control’

Some heavy and long-term users thought this section was misconceived. They felt talking about taking control was to overstate the potential for dependency on cannabis.

“I think this is the wrong, what do you call it? It’s the wrong way of putting it, Take Control. Taking control is like it’s just taking over your life. It’s just taking over who you are. I don’t think it is. It’s not taking over who you are.”
D12, ‘long term user’, 40+, M, C2DE, Yorkshire

9.2.3 Younger respondents

Although some younger respondents liked this approach (see above for positive comments), most were generally less positive in their reactions to the booklet. For them, it was off-puttingly long and text-heavy and reminded them of information from school. It appeared to take too much time and effort to read. It was also thought too conspicuous to have around, but too weighty to be throwaway.

9.2 HIT A7 yellow leaflet ‘Know Cannabis’

This leaflet was much better received by those younger respondents who had found the white A6 version discussed above heavy-going. The pared down text, the distilled copy and the design and production values were usually well received by them. The ‘retro’ styling was found appealing and accessible; it invited and engaged attention.

“It is really colourful, it’s really nice and eye catching.”

Those with concerns about the weightiness or conspicuousness of the white booklet liked the dimensions of this leaflet.

“The pictures are pretty good… I like these because they’re so easy to read… [This] one is also more discreet to shove in your pocket.”

Less positively, some of the credibility problems identified in relation to the risk reduction content of the A6 booklet (‘techniques and tips’) were echoed here. The ordering of the content was also found off-putting.
Beginning with ‘problems’ suggested to some that the content would not be balanced and its intention would be to upweight the negatives of cannabis. On this same point, there was also some feeling that the content was weighted too strongly towards coverage of cannabis and the law, with five pages from a total of sixteen given over to it.

9.3 HIT red postcard

This postcard had a strong ‘look at me’ factor. The combination of the visuals and the striking background colour prompted curiosity and invited attention. Respondents of all ages were initially engaged by this approach.

“I am drawn to anything with a spliff on it… I would look at it because of the spliff, I would read the red side because it has got less. This is something I use in youth work.”
D3, ‘heavy user’, 24-28, F, mixed ethnicity, Midlands

There was, however, criticism of the visual of the joint in the top right hand corner. Many respondents took pleasure in rolling attractive joints. This one was widely thought to be poorly constructed: too lumpy with three papers when most would have had just one king-size paper.

“That is terrible… That looks like a rollup with a twig on the end of it”.

“It is wrong. Way too much Rizla on it… The roach is too big as well, make you cough, and won’t be a nice relaxing draw.”

There was also some feeling that red Rizlas (used here as roach material) were out of favour and had been for some time.

“No, that [red Rizla] was around in ‘96.”

Putting commonly used names for cannabis in brackets (hash, rocky, draw) was also disliked by some respondents. It seemed patronising and created a distance between the writer and the reader, of the sort—‘it is really called cannabis, but you might call it….’.

“I hate the way they do the bracket hash/draw. It is more aimed at older people who don’t understand. Even my 11 year old nephew would read that and find it a bit patronising.”
The reverse of the card was almost always considered dull by comparison with the front: it was visually less exciting and the size and amount of text could be off-putting. Some of those who persevered, however, were interested in the sections addressing the thorny issues of whether or not cannabis should be considered a ‘gateway drug’ and its potential for addictiveness. The comments made here were admired for their balance.

Less positively, the validity of some of the points under ‘problems associated with cannabis’ was questioned, in particular those to do with the effects of cannabis on driving and on the effectiveness of short term memory. Many reportedly drove having smoked cannabis and felt that their reactions were not impaired (see also section § below). For this to be credible, more evidence-based information was needed. The experience of some strongly suggested cannabis was not a negative influence on their capacity to drive.

**DO YOU SMOKE AND DRIVE?**

“Yea.”

‘Does it affect your driving?’

‘No. It makes you more aware.’

‘Jeremy Clarkson done a test and the guy performed better after he smoked a spliff.’

‘When I’m smoking ganja I feel more relaxed.’


“It makes me more alert.”

“I took my driving lessons when I was stoned. Even my instructor used to comment on how good I was.”


And, as also indicated above, some felt cannabis helped sharpen up their thinking, focussing them and helping their concentration (see Section 5.3 above). This led them to take issue with the point: ‘Cannabis can affect short term memory making study or work more difficult’.
"I would argue with that….when I was retraining I did a one day a week course and qualified as a youth worker, whilst I was doing that I had to write essays and stuff like that and I found going to work on the computer at 10 o’clock at night putting on Bob Marley, lighting a spliff and then attacking my work, I flew through my work. If I didn’t have any Ganja or skunk I would be more picky with my work, I wouldn’t be so relaxed."

D3, ‘heavy user’, 24-28, F, mixed ethnicity, Midlands

Finally, some also felt that drawing comparisons between experiences of LSD and of cannabis was unjustified and unhelpful. For most, the two were very different: attempts to draw comparisons were seen by some as scare-mongering.

9.4 HIT ‘credit’ cards (general and ‘Cannabis Law’)

These smaller format materials seemed less likely to provoke discussion, but were appreciated for their neat size and for providing information, simply put, that could be quickly assimilated. Respondents who wanted to see cannabis risk reduction and/or taking control messages given more (standalone) prominence thought this format might be appropriate.

The ‘Cannabis Law’ card was the better received of the two. The design style and colours were modern and eye-catching and some of the content on the reverse was new and prompted discussion. The distillation of current law was helpful, and it might conceivably be useful to have this information in a portable format. In particular, respondents were surprised about the definition of dealing (‘supply includes selling [or even giving] small amounts to friends’) and the extent of the possible penalty for doing so (‘the maximum sentence…is 14 years in prison and an unlimited fine’).

The general cannabis card (plain red background, joint visual) was less well received. Criticisms echoed those made for the postcard (which it summarised), namely the visual of the joint was thought ‘unprofessional’ and there were quibbles about associating cannabis (however loosely) with LSD.
9.5 HIT ‘Billy Busted’ (et al) material

Posters, a key-ring and a credit card variously carrying the Billy Busted/Harry Hazard/Peter Paranoid HIT characters were shown briefly to respondents. Most felt these were destined for a much younger audience than themselves, imagining they might be well received by those in Years 5 and 6 about to make the transition to secondary education. The cartoon style and the language used were strongly suggestive for most of a school-based resource aimed at non-users of cannabis.

This said, some male respondents were amused by the copy and thought the posters might become desirable as an ironic statement in the bedrooms of cannabis smokers. And others liked the use of language, feeling that it did address users effectively: quickly and simply, but with humour.

“Until you feel those effects you don’t really understand them, but it might bring it home to people who have smoked it and feel paranoid. At first I don’t think I realised for about a year that it was the weed that was making me feel paranoid, so I think that one is quite good to make it clear that it’s all this weed I’m smoking that’s making me feel like this…”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

“Good…I think I would read the ones with the least information on first.”
D3, ‘heavy user’, 24-28, F, mixed ethnicity, Midlands

“Rather than saying ‘Billy wants to smoke a cannabis cigarette’ - that would piss me off.”

“Only we could get that joke.”

Content aside, the key-ring and card formats did not seem appropriate for the message they were carrying. Why did the statement ‘Some people think cannabis is now legal – it’s not’ deserve preserving in this way?

“Where could you put this?... In a wallet. Dunno. What is it for?”

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8 We understand these were developed for teenage, heavy users of cannabis and have been successful at communicating with this audience.
Even those who approved of the sentiment, felt more information was needed here.

“*It’s very good. But ‘Some people think cannabis is now legal, it’s not.’ It doesn’t actually tell you what it is. I didn’t know myself until 20 minutes ago. That’s just confusing things even more, I think it needs to tell you what the law is.*”

D2, ‘heavy user’, 20-24, M, BC1, Leeds

9.6 HIT website

Respondents were shown one or two download pages from HIT’s website which showed illustrations of its self-help programme. Most were surprised that a tool which aimed to help people reduce their cannabis intake was available on the web. It had simply not occurred to many of them that external help might be available and/or of value.

A minority were curious about what the programme was like and were interested in trying it out. These respondents were interested in cannabis, and, by extension, interested in their relationship with cannabis. Seeing their cannabis ‘habit’ plotted had novelty value, and they were curious about it – how did it work?

“I’ve never heard of this before… I maybe would have a read of it.”

D2, ‘heavy user’, 20-24, M, BC1, Leeds

The majority, however, did not feel it was for them. Most were happy with their current levels of consumption. The handful who were not, could not envisage this sort of approach working for them: what they needed was a life-change, or to gather the resolve from within; this seemed artificial, a bit silly, or just too much trouble: ‘it’s only cannabis after all’. One or two expressed concerns about the security of the site and were worried about posting personal details online.

9.7 LIFELINE A5 green leaflet

Of the materials shown, this Lifeline publication prompted the liveliest discussion and the strongest reactions, both in favour and against. In contrast with the white HIT booklet, appeal here was strongest amongst males, particularly those under the age of about 20, and long-term users.
9.7.1 Positive views

For those who liked it, the leaflet worked very well to demonstrate that it understood cannabis from the smokers’ perspective. Given the defensiveness around smoking cannabis, this in itself was no mean feat. It was praised for the current of humour running through both the text and the illustrations (although, for some, the text was too dense and the focus was more on the captioning and summaries).

“It’s got a bit more of an amusing side to it hasn’t it? You’re more likely to look at it because it has shorter pieces of text.”
“Shorter paragraphs because you can’t be arsed reading long paragraphs.”
G7, ‘heavy users’, 16-18, M, BC1, Yorkshire

The content and tone were laidback, easy-going – a good fit with the way respondents perceived cannabis:

“That is funny…I like the way they try to make it into a comedy thing… A relaxed sort of approach.”

The line drawings were considered a particular strength: the portrayals of excess struck a chord with this segment: the ‘Skin Up’ visual was especially well-liked.

“Because of the picture. And the size of the book, more information. The picture had attracted me, everything you need to know about cannabis, and now that it’s really a class C drug. That interests me.”
D13, ‘long term user’ 40+, F, mixed ethnicity, Midlands

“It’s more appealing. It’s got more colours as well. It makes it more funny and you want to see what it’s like inside. You’d think it’s got some funny pictures inside.”
D7, ‘ex user’, 23-26, M, C2DE, Yorkshire

The tone and content conveyed in the leaflet was written by an experienced and well-informed author, perhaps someone positively disposed towards cannabis.

“It looks…just that it’s normal and it’s like…they don’t look as if they’re against cannabis… Yes, you know, for legalisation. They basically give you some information about it, and about who smokes it, but not in a bad way.”
D6, ‘ex heavy user’, 18-22, M, BC1, S. Wales
“I think I’d definitely pick it up. It’s attractive so I’d pick it up. But it doesn’t look like it’s warning you about it. ‘Everything you need to know about cannabis!’ (laughs) Then there’s like having a big joint. Are these telling you it’s bad for you? I would think these are kind of pro-cannabis, to be honest. I would definitely pick these up, yea. I would definitely read them. They are very informative as well actually.”

D2, ‘heavy user’, 20-24, M, BC1, Leeds

The opening chapter beginning—’some people believe…’ was singled out for mention here: setting up the differences of opinion was appreciated. The credibility of the narrative meant that some smokers who were in the habit of undermining information about cannabis, assuming it to have a hidden (prohibition-based) agenda, admitted (albeit somewhat reluctantly) that there was new information here.

“It’s all right. I think it’s informative. It’s got a couple of things in there that I won’t say I didn’t know but it’s just opened my mind a bit. Like on page 3 it talks about memory and judgmental health facts and things.”


9.7.2 Less positive views

Women and some men (especially those over 20) were generally much less enthusiastic about the approach taken here. Detractors objected strongly to the visual style. They did not see the intended humour and instead thought it looked grubby and immature. For them, it was pushing a stereotype of cannabis smokers as no-hopers who were stoned all the time, unable to function, effectively much the same as (they imagined) hard drug users.

“When I look at it, I get the impression that this person isn’t a good person, someone I can relate to… It is a bit of an assumption that of the type of people who smoke cannabis, they think we are all cheap, dumb teenagers wearing hoodies, it is all jokey but teenagers smoke it. Although I am not a business man and I am just out of teenage life it puts you in one group and that is the stoners.”


“It doesn’t apply to me, it says yobbo to me, sticking your fingers up to the world while you are having a spliff and I just don’t believe that people who smoke weed look like that or act like that. I have heard it from a police officer that he has never had an arrest from somebody who was smoking Cannabis or weed but he has arrests from all the other drugs. He said ‘Cannabis makes you peaceful’. And the guy on the front there looks like a yobbo so again that wouldn’t
apply to me. To be honest I wouldn't even use that in my youth work.”
D3, ‘heavy user’, 24-28, F, mixed ethnicity, Midlands

Less importantly, the production values also seemed poor and dated and the A5 size was not well-liked: it was awkward and indiscreet. This segment rarely looked closely at the text: the visuals were distractingly off-putting.

WHAT ABOUT THE INFORMATION, ANYTHING THERE THAT IS NEW OR INTERESTING?
“In that book? I knew it all, I am just looking at the pictures.”
“It is too boring it is too much.”
“Look at that! Eurgh!”
“Well you are not going to take it seriously.”
“It is too long and boring, no-one is going to read that. It looks like they are classing us like one of them.”
“They’re [cartoons] just ugly.”

10. **Issues where more information may be required**

Most respondents felt they had all the information they needed about cannabis—indeed, they felt they were often better informed than those charged with providing information. They did not imagine there were dedicated services for cannabis users in trouble or in need of more information. The majority did not feel such provision was warranted.

However, after some discussion, some of it prompted by examination of the materials described above, some areas emerged which might usefully be clarified.

10.1 ‘Technical’ aspects of cannabis

In the course of discussing the cannabis materials, there were scattered requests for more explanation of some of the ‘technical’ points made. The provision of such information seemed unlikely to have much influence on behaviour; rather, respondents wanted to satisfy their curiosity.

Most respondents did not appear concerned about the risks from heating ink, plastics, foil, and paper. ‘Roach material’ seemed to
consist of whatever seemed to work most effectively, regardless of safety considerations.

“My brother did bring me some Rizla cork strips from Amsterdam but I use cardboard stuck together. It is whatever is handy.”
D3, ‘heavy user’, 24-28, F, mixed ethnicity, Midlands

A handful, however, were interested in knowing what the dangers from these materials were and the level of risk.

There was also some interest in cigarette filters. No one in this sample was using them, not because they were considered unsafe—on the contrary they were intuitively thought to be less risky than roaches—but because this was not general practice and it was thought the effects from the cannabis would be weakened.

“It would be healthier to use filters but it doesn’t work as well.”
G6, ‘potential heavy users’, 18-22, F, BC1, S.Wales

A small number of respondents were interested in understanding why, therefore, cigarette filters were not recommended.

One respondent was interested in the bio-chemical effects of cannabis: why, for example, did cannabis have such an effect on appetite?

“I would like to know why cannabis gives you the munchies because right now I want some chips. I don’t like chocolate but if I have been out on a night out and I have smoked some spliffs I want some chocolate on the way home.”
D3, ‘heavy user’, 24-28, F, mixed ethnicity, Midlands

Another wanted to find out why the effects—good and bad—of cannabis seemed to vary so much from person to person.

“I would like to know how it does affect somebody who is smoking this much, I would like to know what the real effects are. I don’t believe in some of them but that is probably because I don’t believe in the extreme. I am a cautious but heavy user.”
D3, ‘heavy user’, 24-28, F, mixed ethnicity, Midlands
10.2 **Tobacco link**

As already noted (see Section 6.4) the relationship between smoking cannabis and smoking cigarettes went largely unexamined by respondents. More particularly, the potential for developing an addiction to nicotine was often not in focus: tobacco was considered a minor addition to the joint, only there to help it burn effectively. This marginalising of its role contributed to it being sidelined. Cannabis was considered an active ingredient, a substance with notable effects. By contrast, tobacco was inert and what it did was less considered.

“*The thing with smoking is that you don’t get anything out of it. With weed you are getting an effect so you don’t think about the negative side.*”

G6, ‘potential heavy users’, 18-22, F, BC1, S.Wales

This research was avowedly about cannabis. Unsurprisingly, therefore, most respondents presented themselves as cannabis smokers who also (on prompting) happened to smoke cigarettes, especially when it was more socially acceptable to do so, for example at work. The strength of identification with cannabis (and the attendant widespread conviction that it was generally not especially harmful) seemed to distract from the health risks which were undeniably attached to tobacco. Moreover, it seemed that some had never asked themselves the question ‘am I addicted to tobacco?’ and were surprised to be asked; the emergence of a cigarette habit was often gradual, creeping, and therefore went unexamined.

10.3 **Risks to mental health**

We report above (see Section 6.5) what respondents had to say about the psychological effects of using cannabis and the risks to mental health. It seemed that many respondents, especially but not only the young, had little conception of what mental illness is. Often they referred very lightly to cannabis as destroying brain cells. There was evident confusion in some minds between deteriorating mental faculties—people becoming in some sense ‘slow’—and psychotic mental illness.
It is perhaps surprising that so many cannabis users appear to make some connection between using cannabis and mental health problems, but think so superficially about what these problems might be like and are so unperturbed about them. This is the case despite the fact that, on this qualitative evidence, many cannabis users have some personal connection with someone who used a lot of cannabis and ran into mental health problems.

Overall, although many cannabis users are aware of there being an association between heavy, prolonged cannabis use and serious mental health problems, few are well informed about the nature of this association. The fact that using cannabis is very ill advised for people already suffering from depression, or people who have experienced psychotic episodes, appears not to be well enough known. That persistent paranoia should ring alarm bells in heavy cannabis users seems not to be appreciated. If it were possible to devise a checklist that would help people identify whether or not they are vulnerable to mental illness, this would be certainly be worth publicising. (The subject of what communications about cannabis and mental health are appropriate is the subject of a separate Cragg Ross Dawson study which is expected to be completed in November 2004.)

10.4 Cannabis and the law

The majority of respondents were aware that there had been a recent change in the law regarding cannabis which meant it was now looked upon less seriously than previously.

“*I think it is grade C and if you are stopped and searched they can take it off you. It is illegal even though it has been downgraded.*”
D9, ‘ex-heavy user’, 27-34, F, African-Caribbean, Midlands

“*It went from B to C.*”
“*It is the same as prescription drugs.*”
“*You are only allowed a certain amount because otherwise they will think you are dealing.*”
“*It is still illegal.*”
G6, ‘potential heavy users’, 18-22, F, BC1, S.Wales

It seemed that many respondents thought, usually rather vaguely, that the Government was trying to bring the law into line with public
attitudes—a lot of people smoked cannabis, most thought it was less harmful than other drugs, including alcohol, and it did not make sense to be criminalising so many people.

There were a number of references to the change in classification of cannabis having been driven by wanting to make better use of police time.

“It (reclassification) didn’t really make much difference to me. They’ve been talking about it for so long, then when it finally happened, I kind of thought it was to save police time more than anything else, because nothing has really changed apart from the police not having to fill in a lot of paperwork if they catch you.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

“It is not a main priority for the police any more.”

The change was more applauded than condemned, but most respondents thought that the law was not a dynamic influence on cannabis attitudes or behaviour.

“I don’t take much notice actually. They are on about legalising it aren’t they? I think you can have so much on your possession but anything over that limit could be classed as dealing or whatever.”
D14, ‘long term user’, 40+, M, C2DE, Yorkshire

“From what I read there there’s nothing really changed. I thought that if the police arrested you and found some cannabis on you then they wouldn’t arrest you, whereas before they would have.”
D2, ‘heavy user’, 20-24, M, BC1, Leeds

Some heavy smokers were convinced that skunk (their preferred variety) was in a different class from other forms of cannabis, but continued to smoke it regardless of whether the law was more punitive.

“Skunk is A class.”
“Normal weed is C class.”
“Skunk is with cocaine and heroin.”

One or two respondents were concerned about the law because they feared the effect of a cannabis-related offence on their careers.
“I don’t carry it on me. I am petrified of being caught. Being in teaching, I would ruin my career for something that I think is less bad for you than drinking. It is so unfair.”
G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

Precisely what the recent change in the law had been was often unclear to respondents, and some had an exaggerated impression of the extent to which the law had been relaxed. A very few respondents thought cannabis use had effectively been legalised, and somewhat larger numbers seemed to feel that users now had certain rights to use limited quantities in certain situations.

“I thought it was the same as alcohol.”
G6, ‘potential heavy users’, 18-22, F, BC1, S. Wales

“You can walk down the street and smoke it. You can smoke at home.”

“You cannot be arrested now for having it on you…It is still illegal. I don’t know. You can be found with a certain amount on you now but not be arrested, is that right? I didn’t think it was legal but I knew it had been changed but did not know how. I would not walk around with a load in my pocket.”
D8, ‘ex-heavy user’, 20-26, F, BC1, Yorkshire

“They are trying to make it legal… You can have it so long as it is only for personal consumption.”
D4, ‘heavy user’, 29-32, F, C2DE, S. Wales

“You can have it in your house. You’re not supposed to travel on the road with it or use it in a public place. You’re not really supposed to have more than a couple of spliffs because more than that you could be accused of being a supplier.”
D13, ‘long term user’ 40+, F, mixed ethnicity, Midlands

However, most respondents got the law roughly right. Usually they were ‘guessing at’ rather than confidently knowing the legal status of cannabis.

“It is still illegal but they might turn a blindish eye. If they find it on you, you can get fined. If you are having a spliff in your house I don’t think you’ll get into trouble.”
D13, ‘long term user’, 40+, F, mixed ethnicity, Midlands

“I suppose technically it is still illegal… I know it is more tolerated… But they will still do you if they catch you, won’t they?
D11, ‘long term user’, 40+, M, C2DE, Yorkshire
There was, however, widespread misunderstanding about the differences in the law governing under and over 18s. Most respondents seemed unthinkingly to have assumed that whatever the law was, it applied whatever someone’s age.

Some respondents were clear that the law treated dealing much more seriously than possession.

“If they find it on you, you can get fined. But as a supplier it still is a heavy prison sentence. And you can’t bring it into the country, that’s prison.”
D13, ‘long term user’ 40+, F, mixed ethnicity, Midlands

“It is still illegal but they can’t arrest you for possession but if you are supplying you get 14 years.”
PD11, ‘heavy users’, 20-24, F, BC1, Leeds

“It’s just bad if they catch you intending to sell.”
G8, ‘heavy users’, 16-19, M, unemployed, Midlands

But many were taken by surprise by the severity of the penalties for supply. Some queried the logic of this.

“They pulled it down to a Class C but at the same time people have to sell it to other people who want it. Therefore they’re not really breaking the law by selling it to someone that wants it.”
“Yeah. To have it in quantity and sell it you’re breaking the law but to sell it and only have a little bit you’re not really breaking the law.”

It is difficult to believe that a clarification of the law in these respects would make much difference to any of these respondents’ behaviour in relation to cannabis.

10.5 Driving

As reported above (see Section 6.7) respondents had different experiences of driving whilst under the influence of cannabis. Many thought it was not a problem.

Attitudes to driving having smoked cannabis were not underpinned by a good understanding of the law and there may be a case for clarifying it. A majority of drivers in this sample thought that it was probably not illegal to drive under the influence of cannabis, but this was not a
robustly held view and was often called into question as discussion arose. Some felt there was perhaps no legislation governing drug-driving and that there was probably a legal loophole to be exploited. A handful assumed it was illegal, but that the police would struggle to make an arrest. And one or two wondered whether there was a prescribed ‘safe limit’ where individuals were permitted to drive, but, if the limit was exceeded, were liable to be arrested. The exchange below illustrates the different points of view: two friends arguing the toss about the legal position.

“They are not going to nick you for driving and smoking…no way…”

“They nicked Tom and Pat on two different occasions. They were smoking in the car…It was an unmarked car. It was behind them. Waved them down and told them to get to the side. Tried to open the door….They took them back to the station, cautioned them, searched them and let them go.”

‘Really?’

PD10, ‘heavy users’, 20-24, M, mixed ethnicity, Midlands

Some respondents made reference to a recent Jeremy Clarkson broadcast which reportedly suggested that driving abilities were enhanced or unaffected by cannabis use.
**593 – Discussion Guide: ‘Current heavy/frequent users’**

*Introduction, warm up*
- Name, home/family background, employment/education – as appropriate.

*Leisure interests*
- What do they do in their spare time?
- Who do they spend time with, who are their friends?
- How would they describe their relations with their family, friends?

*Attitudes towards and use of cannabis*
- Personal experiences of cannabis.
- Experience of other drugs, if any. Relationship between cannabis use and use of other drugs?
- When and how did they start using cannabis?
- Description of current cannabis use, nature, extent, context. Probe for type of cannabis used (resin, skunk, other weed) for use of joints, bongs, buckets. Do they ever eat cannabis? Any awareness of vaporisers? What sort of roach are they using in their joints? How many papers are they using for a typical joint. If they are using buckets/bongs, are they using plastic bottles, rubber hoses, PVC, foil or aluminium for these?
- Have they ever grown their own cannabis? Do they know others who do grow their own? Any idea where the cannabis they buy comes from?
- What influences their use of cannabis e.g. friends, availability, mood, occasion?
- How has usage changed over time; when did they start using it more often/more consistently, and why; have they changed the form in which they smoke cannabis, why?
- how much do they spend, in a typical week, on cannabis?
- To what extent do they see their usage as 'normal'/out of the ordinary, dependent/not dependent, heavy/not heavy; who do they compare themselves with; how do they feel about this?
- What do they like/dislike about cannabis; what do they feel are the good/bad things for them about their cannabis usage; does their cannabis usage ever worry them?
- Do they think their cannabis use has in any way affected their energy, pleasures in life, achievements or aspirations?
• Have they ever considered or tried cutting back on their cannabis use? why, what have been the prompts? how have they tried to cut back, with what success?
• Do they think their cannabis use might change in the future; if so, how and why; how will they feel about this?
• How would they describe 'heavy' cannabis use – e.g. in terms of frequency, consistency, amount, form used, effect it has on people etc?
• How would they describe heavy cannabis users and how do they feel about them?
• Do they think that cannabis usage has any negative effects? Are negative effects associated with particular levels of use, with particular forms of the drugs, or particular ways of using it? Probe for awareness that cigarette filters are not advised, that some bong materials give off toxic fumes, etc.
• What about heavy cannabis use, how do think it might affect users in terms of e.g. health, relations with family/friends, their education/employment, general interest in life/motivation etc?
• If necessary, prompt for: paranoia, depression, unhappiness; damage to throat and lungs, cancer; addiction to tobacco; short term memory loss; loss of motivation; underachievement; dependence; mental health problems.
• Extent to which they feel their cannabis use has affected them in any of these ways; how do they feel about this?
• Comparison with other drugs; if using other drugs, how would they perceive the dangers/downsides of cannabis relatively?
• Are downsides of cannabis associated with this drug or are they attributed to mixing drugs?

Reducing cannabis use
• Have they ever considered reducing their cannabis use?
• If so, what have been the prompts e.g. friends/family saying something, money, effect on own life etc?
• Relative success/failure of any past attempts to reduce cannabis use and reasons for this? Have they tried to have one or two cannabis free days each week? Have they tried rolling weaker joints? Have they tried spending less time with heavy-using friends?
• If not tried before, how do they feel about reducing their cannabis use; do they see any need to do this? Why/why not?
• Do they consider there are any risks attached to heavy use of cannabis?
• What would they see as the advantages/disadvantages of reducing their use?
• Have they changed, or might they consider changing, how they use the drug, eg moving from joints to buckets, using herbal cannabis only joints, buying a vaporiser?
• What would encourage them to consider reducing; what would they imagine might be the difficulties/obstacles they would face?

**Cannabis services**
• Any awareness or usage of services? Detailed views on these if accessed or known.
• Do they imagine that there are services available to people who feel unable to control their cannabis use? how would they start looking for such services?

**Drugs/cannabis information**
• How do they know what they know about cannabis?
• Are there things they know now that they wish they had known earlier?
• Were they to find themselves face to face with a ‘cannabis expert’ is there anything they would like to ask?
• Have they seen leaflets, videos, web sites or any other form of communications about cannabis? Views on content, format, tone, provenance etc.
• FRANK? awareness and credibility? would they call FRANK to find out more about the health risks of cannabis?
• What questions about cannabis are interesting and relevant to them? what would they like to know more about?
• Currently, where might they go to find out what they would like to know; who would they trust; what would be the optimal media for getting information to them?

**Responses to content of messages – HIT and any other materials**
• Anything new, surprising?
• Exploration of: level of interest; impact; understanding; relevance; credibility.
• Do they believe what the material says about cannabis
• Does the material put any unfamiliar arguments against cannabis? Are these compelling?
• Is the communication relevant to their own use of cannabis
• From what they have seen, do there appear to be safer ways to use cannabis; level of interest in these, level of interest in knowing more

Development of information materials
• Have the materials they have seen affected their attitudes towards cannabis? What information or arguments have particularly struck them? Are they thinking about changing their habits in relation to cannabis?
• Responses to presentation of messages in terms of tone, design, style, format and channel; suggested improvements. Are some materials more compelling or convincing because of their tone or style?
• Where or who would they expect to be behind his sort of information? Do some information providers have more credibility than others?
• Explore role and credibility of Frank, of NGOs such as HIT.
• How would they expect to come across this information e.g. sent to them, available at school/college, available at clubs/bars, inserted into magazines etc?
• Have they heard of John Marsden (show image if necessary), the presenter of Body Hits on BBC? Might he be a suitable person to front a video or website giving facts about cannabis?

Summing up
• Overall strengths and weaknesses of this sort of information; what seems most/least effective?
• What, if anything, do they feel they’ve learnt about cannabis and its effects?
• The government would like to persuade people who use cannabis not to get too heavily into it—because heavy use is very bad for the lungs, heart etc, and the heavier the use, the greater the risk of mental problems—how should they best achieve this objective?
• Any effect on their attitudes towards cannabis?
• Any likely impact on behaviour?
Discussion guide: ‘Ex-users’

Introduction, warm up
Name, home/family background, employment/education – as appropriate.

Leisure interests
- What do they do in their spare time?
- Who do they spend time with, who are their friends?
- How would they describe their relations with their family, friends?

Ex users: Attitudes towards and use of cannabis
- Personal experiences of cannabis.
- Experience of other drugs, and relationship between cannabis use and use of other drugs.
- Description of current use, nature, extent, context.
- Perceived appeal of cannabis; how did these evolve in the course of their use?
- Perceived downside of cannabis; what do they experience as downsides? are there downsides that are not about the experience of using, but about mental or physical health?
- History of cannabis usage; when they started using; how and when their usage became heavier; when they cut back/stopped. Explore changes in frequency, consistency of use, amount or form smoked and reasons for these.
- Why and how did they cut back/stop; how easy/difficult did they find this; did they seek any advice/help, how useful was this?
- Looking back on their heaviest period of cannabis use, to what extent do they think their usage at that point was ‘normal’/out of the ordinary, dependent/not dependent, heavy/not heavy?

Cannabis services
- Any awareness or usage of services? Detailed views on these if accessed or known.
- Do they imagine that there are services available to people who feel unable to control their cannabis use? would they ever have been interested in such services?
**Drugs/cannabis information**

- How do they know what they know about cannabis?
- Are there things they know now that they wish they had known earlier?
- Were they to find themselves face to face with a ‘cannabis expert’ is there anything they would like to ask?
- Have they ever seen leaflets, videos, web sites or any other form of communications about cannabis? Views on content, format, tone, provenance etc.
- What questions about cannabis are interesting and relevant to them? what do they think cannabis users need to know?
- What provenance do they think the typical cannabis user would trust; what would be the optimal media for getting information to them?

**Responses to content of messages – HIT and any other materials**

- Anything new, surprising?
- Exploration of: level of interest; impact; understanding; relevance; credibility.
- Do they believe what the material says about cannabis?
- Does the material put any unfamiliar arguments against cannabis? Do they regard these as compelling?
- Does the material reflect their own reasons for stopping smoking cannabis?

**Development of information materials**

- Responses to presentation of messages in terms of tone, design, style, format and channel; suggested improvements. Are some materials more compelling or convincing because of their tone or style?
- Where or who would they expect to be behind his sort of information? Do some information providers have more credibility than others?
- Explore role and credibility of Frank, of NGOs such as HIT.
- How would they expect to come across this information e.g. sent to them, available at school/college, available at clubs/bars, inserted into magazines etc?

**Summing up**

- Overall strengths and weaknesses of this sort of information; what seems most/least effective?
• What, if anything, do they feel they’ve learnt about cannabis and its effects?
• Any effect on their attitudes towards cannabis?
Introduction, warm up

- Name, home/family background, employment/education – as appropriate.

Leisure interests

- What do they do in their spare time?
- Who do they spend time with, who are their friends?
- How would they describe their relations with their family, friends?

Attitudes towards and use of cannabis

- Personal experiences of cannabis?
- Experience of other drugs, if any? Relationship between cannabis use and use of other drugs?
- When and how did they start using cannabis?
- Description of current cannabis use - nature, extent, context? Probe for use of joints, bongs, buckets. Any awareness of vaporisers? What sort of roach are they using in their joints? How many papers are they using for a typical joint. If they are using buckets/bongs, are they using plastic bottles, rubber hoses, PVC, foil or aluminium for these?
- What influences their use of cannabis e.g. friends, availability, mood, occasion?
- How has usage changed over time in terms of frequency, consistency, amount or form smoked?
- To what extent do they see their usage as ‘normal’/out of the ordinary, dependent/not dependent, heavy/not heavy?
- What do they like/dislike about cannabis? What do they feel are the good/bad things for them about their cannabis usage? does their cannabis usage ever worry them?
- Do they see their cannabis use changing in the future? if so, how do they think it might change i.e. in terms of frequency, consistency, amount or form smoked; why do they think it might change?
- Do they know of friends/other people who they think use cannabis heavily?
- How would they describe ‘heavy’ cannabis use – e.g. in terms of frequency, amount, form used, effect it has on people etc?
- How would they describe people who use cannabis heavily; what effect does it have on them; how do they feel about these people; do they see themselves as similar/different to these people?
- Do they think that cannabis usage has any negative effects? Are negative effects associated with particular levels of use, with particular forms of the drugs, or particular ways of using it? Probe for awareness that cigarette filters are not advised, that some bong materials give off toxic fumes, etc.
- What about heavy cannabis use, how do they think it might affect users in terms of e.g. health, relations with family/friends, their education/employment, general interest in life/motivation etc?
- If necessary, prompt for: paranoia, depression, unhappiness; damage to throat and lungs, cancer; addiction to tobacco; short term memory loss; loss of motivation; underachievement; dependence; mental health problems.
- To what extent do they see themselves at any risk of these dangers of cannabis, now or in future?
- Comparisons with other drugs; if using other drugs, how would they perceive the dangers/downsides of cannabis relatively?
- Are downsides of cannabis associated with this drug or are they attributed to mixing drugs?

**Reducing cannabis use**

- Have they ever considered reducing their cannabis use?
- If so, what have been the prompts e.g. friends/family saying something, money, effect on own life etc?
- Relative success/failure of any past attempts to reduce cannabis use and reasons for this? Have they tried to have one or two cannabis free days each week? Have they tried rolling weaker joints? Have they tried spending less time with heavy-using friends?
- If not tried before, how do they feel about reducing their cannabis use; do they see any need to do this? Why/why not?
- Do they consider there are any risks attached to heavy use of cannabis?
- What would they see as the advantages/disadvantages of reducing their use?
- Have they changed, or might they consider changing, how they use the drug, eg moving from joints to buckets, using herbal cannabis only joints, buying a vaporiser?
- What would encourage them to consider reducing; what would they imagine might be the difficulties/obstacles they would face?
Cannabis services
- Any awareness or usage of services? Detailed views on these if accessed or known.
- Do they imagine that there are services available to people who feel unable to control their cannabis use? how would they start looking for such services?

Drugs/cannabis information
- How do they know what they know about cannabis?
- Are there things they know now that they wish they had known earlier?
- Were they to find themselves face to face with a ‘cannabis expert’ is there anything they would like to ask?
- Have they seen leaflets, videos, web sites or any other form of communications about cannabis? Views on content, format, tone, provenance etc.
- What questions about cannabis are interesting and relevant to them? what would they like to know more about?
- Currently, where might they go to find out what they would like to know; who would they trust; what would be the optimal media for getting information to them?

Responses to content of messages – HIT and any other materials
- Anything new, surprising?
- Exploration of: level of interest; impact; understanding; relevance; credibility.
- Do they believe what the material says about cannabis
- Does the material put any unfamiliar arguments against cannabis? Are these compelling?
- Is the communication relevant to their own use of cannabis
- From what they have seen, do there appear to be safer ways to use cannabis; level of interest in these, level of interest in knowing more

Development of information materials
- Have the materials they have seen affected their attitudes towards cannabis? What information or arguments have particularly struck them? Are they thinking about changing their habits in relation to cannabis?
• Responses to presentation of messages in terms of tone, design, style, format and channel; suggested improvements. Are some materials more compelling or convincing because of their tone or style?
• Where or who would they expect to be behind his sort of information? Do some information providers have more credibility than others?
• Explore role and credibility of Frank, of NGOs such as HIT.
• How would they expect to come across this information e.g. sent to them, available at school/college, available at clubs/bars, inserted into magazines etc?
• Have they heard of John Marsden (show image if necessary), the presenter of Body Hits on BBC? Might he be a suitable person to front a video or website giving facts about cannabis?

Summing up
• Overall strengths and weaknesses of this sort of information; what seems most/least effective?
• What, if anything, do they feel they’ve learnt about cannabis and its effects?
• Any effect on their attitudes towards cannabis?
• Any likely impact on behaviour?
Cannabis resin (hash, dope, roly) is a greenish/brown block of compressed resin, prepared for smoking by heating and crumbling into a pipe or a joint (spliff).

Herbal cannabis (grass, bush, weed) is the leaves and flowers from a mature female cannabis plant. Seminilla (sens) is grass without seed and is much stronger than ordinary grass. Shank is one type of sensimilla, developed in northern California and cultivated in the Netherlands, and increasingly in the UK.

Although cannabis can be eaten, it is usually smoked. Joints are by far the most common method, although pipes, bongs, hot boxes, buckets and bongs are also used.
HIT ‘Bully Busted’

HIT website homepage

Cannabis Help

WELCOME
HIT welcomes you to the cannabis help website.
Get help to cut down or stop using cannabis.
Get information about the effects, risks, ways of reducing harm and the legal status of cannabis in the UK.

terms and conditions | privacy policy | HIT’s privacy policy

http://www.cannabishelp.org.uk/

22/06/2004
EVERYTHING YOU NEED TO KNOW ABOUT

CANNABIS

NOW THAT IT'S REALLY A CLASS C DRUG