

**FRANK**

**ACTION UPDATE**

CANNABIS EXPLAINED

0800 77 66 00 [talktofrank.com](http://talktofrank.com)

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**FRANK** is a confidential, anonymous and discreet drugs information service, ready to offer support, advice and information on all drug-related issues.

**FRANK** is available by phone (0800 77 66 00) on the web ([talktofrank.com](http://talktofrank.com)) or by email ([frank@talktofrank.com](mailto:frank@talktofrank.com)) to talk to young people, parents and carers concerned about drugs.

You can talk to **FRANK** in 120 languages – a translator will be on hand if you need one when you ring. And you can Textphone FRANK on 0800 917 8765.

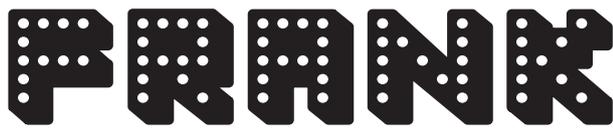
**FRANK** can also put you in touch with local services in your area, and can send out free information materials.

## FRANK NEEDS YOU!

The key to raising awareness about drugs and changing behaviour is what happens locally. **FRANK** gives you the opportunity to piggyback onto national campaign activity and to use the **FRANK** identity and materials in your own awareness and prevention work.

## FRANK HERE TO HELP

- Ring the **FRANK Campaign Support Line** on 020 7035 0200 for information, advice and support to help you run local activities in tandem with **FRANK**. Or email the **FRANK campaign team** at [frank@homeoffice.gsi.gov.uk](mailto:frank@homeoffice.gsi.gov.uk).
- Register at our **campaign web pages** – [www.drugs.gov.uk/frank](http://www.drugs.gov.uk/frank) – for news, information, resources and ideas to help you work alongside the national **FRANK** campaign.
- Order free **FRANK** materials using the **More FRANK** order form at the back of this Update. If you are registered you can also order and download **FRANK** materials online at [www.drugs.gov.uk/frank](http://www.drugs.gov.uk/frank)
- Visit [www.drugs.gov.uk](http://www.drugs.gov.uk) – the cross-government website for professionals – for in-depth information to support drug awareness, prevention and treatment.



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## WELCOME

Cannabis has been used as a medicinal and psychoactive compound since ancient times. Known to the Scythians, the Thracians and the ancient Hindus, it has been cultivated, eaten, smoked and burned for religious and recreational purposes for thousands of years.

Cannabis has also long been recognised as a harmful substance that can have a damaging effect on people’s mental and physical wellbeing. It has been prohibited for personal use in the UK since 1928, and it remains illegal to this day.

On January 29 2004, cannabis was reclassified from a Class B to a Class C drug in line with the UK Government’s Updated Drug Strategy. Two years later after recommendations from the Advisory Council on the Misuse of Drugs (ACMD) the government confirmed that cannabis would *remain* a Class C drug.

The arguments for this decision are compelling and clear. Contrary to expectation, reclassification has not led to an increase in consumption – in fact since 1998, the use of cannabis in the previous year among 16-24 year-olds has fallen by 24%<sup>1</sup>. The ACMD has also advised that the evidence for a link between cannabis and the development of mental health problems is stronger than the last time they reviewed the classification, but still small. However, the key message remains that while cannabis is considered less damaging than Class B drugs, *it is still harmful and it is certainly still illegal*.

## IN THIS ISSUE

This FRANK Action Update aims to help you understand the issues surrounding cannabis. Full of information, facts and statistics, it explains why cannabis has retained its Class C status, the legal implications of this decision, and the ongoing health risks associated with its use.

As part of its report to the Government, the ACMD recommended that there was a greater need for public education and information on the subject, particularly aimed at children, adolescents and young adults. This pack aims to help address that need, equipping you with the tools to communicate confidently to young people and parents about cannabis.

### CONTENTS:

<b>FRANK IN ACTION</b>	Feedback from the public and local networks	<b>2</b>
<b>VITAL STATISTICS</b>	Statistics, trends and info on cannabis, Government policy and the law	<b>4</b>
<b>IDEAS FOR ACTION</b>	Ideas and inspiration for working with young people	<b>13</b>
<b>USEFUL RESOURCES</b>	Useful contacts, publications, resources and websites	<b>16</b>

### LOOSE SHEETS:

<b>FRANK FACTS</b>	Cannabis FAQs
<b>FRANK ACTIVITY</b>	Wordsearch
<b>MORE FRANK</b>	Order your FRANK resources

The core audience for this Update is those who currently work (or are seeking to work) with young people aged 11-24

# FRANK

## FRANK IN ACTION

Questions about cannabis make up a considerable proportion of the calls taken by the FRANK helpline. **FRANK receives around 30,000 calls a month with 30% of those relating to cannabis.** The majority of calls tend to be from parents who are worried about their son or daughter getting into cannabis and looking for advice on what they can do about it. Health implications, and particularly mental health issues, are also a concern for parents. After parents, the next key group of callers are people who use cannabis asking questions about issues such as paranoia and looking for advice on giving up.

### FRANK THANKS

FRANK would like to thank all the DATs and partner organisations who worked hard to to make the FRANK 'Street Marketing' initiative such a success. FRANK 'lit up' in 32 areas around England with around 250 young volunteers acting as FRANK advocates reaching thousands of their peers. The young people were carrying the 'Brain Warehouse' theme with key messages about cannabis and mental health. The activity was flexible and could be adapted to large organised events or simply be an event in itself on the 'High Street'. As well as the 'Brain Warehouse' scratch cards, the marketing teams were handing out a range of FRANK giveaways including luminous wrist bands, glowsticks and luminous lanyards and flashing mobile phone stickers. Some areas even projected a large illuminated FRANK logo as a focal point to their activity. The peer element proved a great way to reach those vulnerable young people who are often hard to engage and there was also opportunity to promote local services as well as raise awareness of the FRANK helpline and website.

#### KEEP IN TOUCH!

Tell us what you're doing – and what people are saying locally about FRANK – by emailing the campaign team at [frank@homeoffice.gsi.gov.uk](mailto:frank@homeoffice.gsi.gov.uk)

“The six young people who took part in the FRANK campaign were great. I have to say that at one point I looked around and everyone was wearing a FRANK lanyard... The young people who did the marketing really enjoyed themselves and are very enthusiastic to take part in more events. One or two of the young people are making changes in their lives and would not normally be the ones to be chosen to do this kind of work. I could see a rise in their self esteem by the end of the night. Another young person who has just relocated to Newham from South London having left care has definitely made some friends and came out of her shell that I nearly did not recognise her at the end of the night.”

Martina Clarke – Newham DAT



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## NATIONAL ADVERTISING

In 2006, FRANK launched a national television and radio advertising campaign, as well as increasing on-line advertising, to highlight the risks involved in taking drugs, with a particular focus on cannabis. A series of 'Brain Warehouse' adverts rolled out, delivering the message that **"With stronger strains of cannabis than ever before, the more you mess with cannabis, the more it messes with your mind."**

This advertising campaign aimed to challenge the view, often held by young people, that cannabis use has no long-term health implications or consequences. The idea was to expose the fact that the long-term effects of cannabis are potentially more serious than the short-term effects that young people are more familiar with.



FRANK campaign research has revealed that young people don't generally regard cannabis in terms of harm. Basing their views on personal experience, observation and hearsay, young people believe that cannabis use does not automatically pose any risk to one's mental or physical health; it's certainly not seen to be as harmful as alcohol. Problems often associated with cannabis were more 'lifestyle' issues, such as not going out, having no money, apathy, etc.

Mental health problems were seen to be in part a consequence of an individual's vulnerability, which was exacerbated by cannabis use. However, it was admitted that these problems were viewed as more random and unpredictable than physical health problems.

FRANK's 'Brain Warehouse' adverts build on this sense of uncertainty and risk. The core campaign messages are:

- It is increasingly difficult to measure the effects of cannabis, especially as it is stronger than it's ever been
- It's becoming more of a lottery to use cannabis: Will you 'chill out' or 'spin out'?
- Messing with cannabis can mess with your mind.

Adverts at bus stops and bus panels were also used to extend the 'Brain Warehouse' theme in high focus areas, while scratch cards were made available to FRANK Street Marketing Teams (SMTs) to help engage young people at street-level.

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## VITAL STATISTICS

### THE TOPLINE



Cannabis is a coarse, bushy annual plant with deeply lobed leaves and clusters of small green flowers. Believed to have originated in the mountainous regions just north of the Himalayas, cannabis now grows wild and under cultivation in many parts of the world. It is one of the most commonly used recreational drugs on the planet.

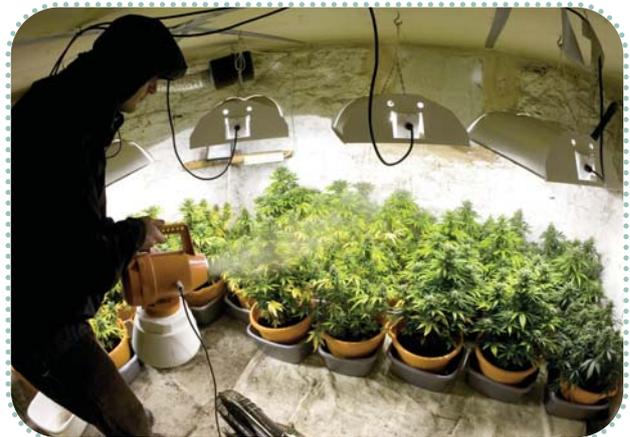
Cannabis has various components, properties and uses. Also known as hemp, the cannabis plant is made up of tough fibres that for thousands of years have been used to manufacture products such as paper, rope, clothing, sack, sails, paints and animal feed. The worldwide trade in hemp (an entirely legal commodity) is now worth millions.

In terms of its narcotic composition, cannabis contains various compounds called cannabinoids, some of which are 'pharmacologically active'. The most significant of these is a chemical called delta-9 tetrahydrocannabinol, or THC. It is the THC in cannabis that, through interaction with receptors in the brain, leads to relaxation, euphoria, attention diffusion, altered perception of time and space, altered sense of smell, sight and taste and stimulation of appetite. In short, it's what gets you high.

### CANNABIS CULTIVATION

Cannabis strains that are specifically cultivated for medicinal, spiritual and recreational uses tend to have a high THC content, whereas certified industrial hemp variants are low in THC. Different growers use different methods to achieve their desired harvest.

Over the past 20 years, advances in breeding and cultivation techniques have led to a steady increase in the diversity, quality and potency of cannabis strains around the world. These advances, such as the sinsemilla technique, include ways of breeding plants using water based cultivation techniques or cloning and growing plants under bright lights and behind closed doors. They mean that cannabis has now developed into a more potent drug than at any other time in its history.



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## RASTAFARI

For Rastafarians, smoking marijuana is a spiritual act that is believed to cleanse the body and the mind and bring them closer to their God, Jah. Many Rastafarians regard cannabis as an African herb, and the smoking of it part of their manifest destiny to return to and reclaim the African continent. According to Rastafarian belief, the will of Jah is clearly stated in the bible:

"...Thou shalt eat the herb of the field"  
(Genesis 3:18)



## TRENDS AND PREVALENCE

Today, cannabis is the most commonly used recreational drug in the world. In the UK, data from the 2005/2006 British Crime Survey<sup>1</sup> suggests that 8.7% of 16 to 59 year olds had used cannabis in the preceding year.

Cannabis use is particularly prevalent among young people, some of whom wrongly believe a) that cannabis is now legal, and b) that it cannot cause any harm because it comes from a plant and is therefore 'natural'.

Among 11 to 15 year olds in England in 2005<sup>2</sup>:

- Cannabis was the most frequently reported illicit drug used in the preceding year, used by 12%.

Among 16 to 24 year olds in England in 2005/06<sup>1</sup>:

- Cannabis was the most frequently reported illicit drug used in the preceding year, used by 21.4%
- Cannabis was also the most frequently reported illicit drug used in the preceding month, used by 13.0%.

However, there has been a decline in cannabis use since 1998. This has been sustained following the reclassification of cannabis from Class B to Class C, and there is no evidence to suggest any short-term increase in use among young people since or as a result of reclassification.

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## VITAL STATISTICS

### THE LOWDOWN



Cannabis comes in all shapes and sizes and goes by many different names. Also known (among other things) as bhang, black, blow, bush, dope, draw, ganja, grass, hash, herb, pot, puff, resin, sensi, skunk, smoke and weed, cannabis is prepared for consumption in a number of different ways, taking the form of:

#### CANNABIS RESIN – HASHISH

- A brownish substance rubbed or scraped from the surface of dried cannabis leaves then pressed into solid blocks.
- Varies in colour from greenish-brown to black, likewise in consistency, ranging from soft and crumbly to waxy and hard.
- Sometimes eaten (in cookies or cakes), but usually mixed with tobacco and smoked in a **joint** or **spliff**.
- Varies in strength and quality; mainly reaching the UK from Morocco, Pakistan, Afghanistan and the Lebanon.
- THC content: 2-10%\*.



#### HERBAL CANNABIS – MARIJUANA

- The leaves and flowering buds of the cannabis plant, dried, chopped and often mixed with seeds or stem.
- Varies in appearance, moving through shades of green and brown; leaves and twigs can be brittle or powdery and dry.
- Smoked, usually mixed with tobacco, in a **joint**, **spliff**, **pipe** or **bong**.
- Imported from Africa, South America, Holland, Thailand and the Caribbean.
- Some herbal cannabis is homegrown in the UK.
- THC content: 1-5%\*.



\*TCH contents sourced from *Young People and Cannabis*, Healthwise 2004

#### OTHER TYPES OF HERBAL CANNABIS:

##### SINSEMILLA

- A seedless and naturally occurring variant
- Grown in the absence of male plants – less common than marijuana but much stronger
- THC content: 2-3 times higher than in hashish or marijuana\*.

##### SKUNK

- A highly potent and artificially modified variant of herbal cannabis, renowned for its strong smell and effects on the mind
- Produced using a variety of breeding and cultivation techniques
- Once cultivated, prepared for use by drying the unfertilised female flowering buds
- Smoked, usually mixed with tobacco, in a **joint** or **spliff**
- Emerged from Western Europe, particularly Holland, in the late twentieth century, replacing **Sinsemilla** as the potent herb of choice among the cannabis community.
- THC content: 8-20%\*.

##### CANNABIS OIL

- This is rarely seen or used on the 'street'
- A dark, sticky liquid refined from cannabis resin
- Prepared by passing a solvent through the resin
- Smoked with ordinary tobacco: either smeared on the cigarette paper or mixed in with the tobacco
- THC content: average, 30% – but can be much higher\*.



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## VITAL STATISTICS: EFFECTS AND RISKS

### EFFECTS AND RISKS

Whether it is consumed as resin, herb or oil, cannabis gives rise to a broad spectrum of psychological and physical effects. These effects can depend on a number of factors, such as the species and hybridisation of the source plant, the strength and purity of the variant, how much is consumed, the environment in which it is used, and the mental and physical condition of the user. In short, as with any drug, cannabis can be unpredictable.

Similar amounts of the same substance will have different effects on different people. After a few **tokes** (puffs) on a spliff, some people will feel nothing at all, while others will get an immediate **hit**.

Other factors determining the effects of cannabis include:

- Whether cannabis is smoked or eaten
- Whether a filter system is used (and how effective this system is)
- Whether other drugs, including alcohol and prescribed medicines, are used alongside cannabis
- Whether the person taking the drug has high or low cannabis tolerance.

### SHORT TERM

Short-term effects include:

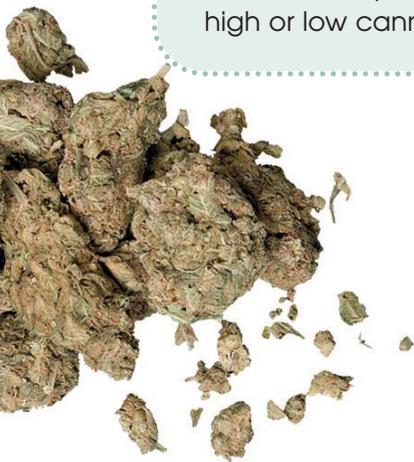
- Mild sedation and relaxation
- Euphoria
- Intense concentration and mental clarity
- Reduced attention span
- Altered perception of time and space
- Altered sight, hearing and sense of smell
- Stimulation of appetite (known as **the munchies**).

Using cannabis has also been found to:

- Increase the pulse
- Lower blood pressure
- Cause dizziness and disorientation
- Cause loss of coordination and locomotive skills
- Give people the giggles
- Reduce inhibitions
- Slow reaction times
- Cause paranoia, agitation and anxiety
- Induce nausea and vomiting
- Increase awareness of colours and patterns
- Stimulate sexual arousal and heighten sexual pleasure
- Affect the immune system
- Cause bloodshot eyes and dry mouth.

### POLY DRUG USE

The use of more than one drug at a time can be dangerous and unpredictable. Cannabis is no exception, and mixing hash, resin or skunk with other substances can greatly exacerbate their associated risks and effects. Combining cannabis with alcohol, for instance, can increase the risks of accidents, while mixing cannabis with hallucinogens might lead to a really bad trip.



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## VITAL STATISTICS: EFFECTS AND RISKS



The Advisory Council on the Misuse of Drugs (ACMD) has reported that one of the major short-term risks to **physical health** posed by cannabis consumption is the impact on blood pressure and heart rate which is similar to that caused by exercise. This can be dangerous for people with coronary artery disease, irregular heart rhythms or high blood pressure, especially if they are not aware of it. The effects of cannabis on coordination and concentration can also result in accidents, particularly if people attempt to drive or operate machinery while under the influence of the drug.

### LONG TERM

There is little conclusive evidence about the exact longer-term effects of cannabis consumption. What is certain, however, is that cannabis is harmful and can have severe negative impacts on people's mental and physical wellbeing. Smoking cannabis, for instance, can worsen asthma and cause damage to the respiratory tract that is at least equal to, if not greater than, the damage caused by smoking cigarettes. There is also increased incidence of chronic bronchitis and a potential risk of lung and throat cancer in long-term smokers of cannabis. Exposure to cannabis during pregnancy, meanwhile, can have adverse effects on a foetus similar to those caused by tobacco.

There is also evidence that frequent use of cannabis over a long period of time can lead to fertility problems in both men and women. In particular, the THC in cannabis can affect sperm function, making it less likely for sperm to reach the female egg, and therefore making it more difficult for couples to conceive.

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## CANNABIS AND MENTAL HEALTH

In recent years, growing medical evidence has pointed to correlations between cannabis use and the onset or exacerbation of mental health problems – correlations that have been further complicated by the rise in high-potency strains. Some people believe that cannabis may trigger latent psychological problems such as depression, psychosis and schizophrenia.

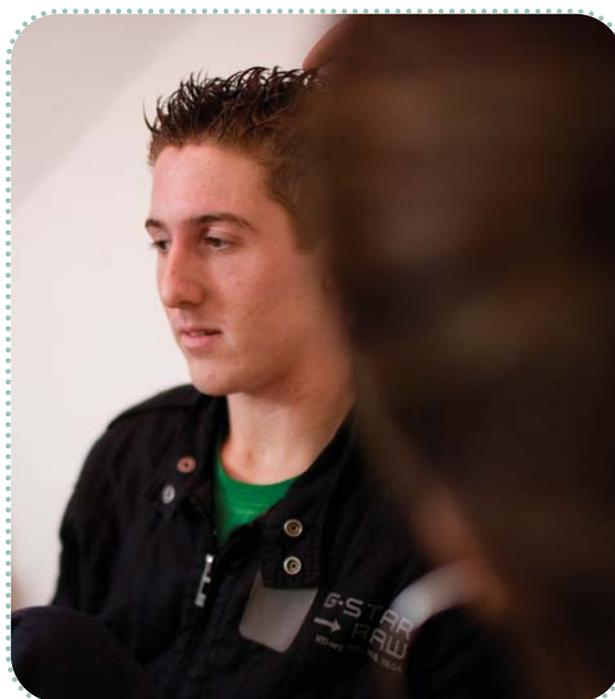
In 2005 the Advisory Council on the Misuse of Drugs (ACMD) undertook a review of the reclassification of cannabis, including an in-depth look at recent research claiming causal links between cannabis and mental health problems. The report, concludes that:

- The mental health effects of cannabis are real and significant. They include:
  - **Adverse effects on** the performance of tasks that require sustained attention and physical control and coordination, such as driving
  - **Acute intoxication reactions**, such as panic attacks, paranoia and confusion, very occasionally resulting in hospitalisation
  - **Dependence**, related to the duration and amount of the drug used, as well as the characteristics of the user, although substantially less common than with heroin and crack cocaine
  - **Precipitation of relapse** in individuals with schizophrenia.
- However, while the evidence suggests a causal association exists, the consumption of cannabis is neither a necessary, nor a sufficient, cause for the development of schizophrenia. In the last year, over three million people appear to have used cannabis, but very few will ever develop schizophrenia. And many people who develop schizophrenia have never consumed cannabis. Based on the available data, the use of cannabis makes only a small contribution to an individual's risk for developing schizophrenia.

Overall, the ACMD report states that cannabis is without doubt a harmful substance, but that it is significantly less harmful than other drugs, such as amphetamines, barbiturates or codeine, that are currently controlled as Class B under the Misuse of Drugs Act 1971.

*"I started using cannabis to relax. I found that the odd spliff now and then helped me to unwind and took the edge off things. But then the panic attacks began. I would suddenly find myself freaking out, getting all twitchy and anxious."*  
Pete, 20, Reading

*"First time I tried hash I turned white and puked. Never again, I thought. But pretty soon I was talked into smoking some more. It wasn't so bad and seemed to really focus my thoughts."*  
Jane, 18, Bolton



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## VITAL STATISTICS: EFFECTS AND RISKS

### SPOTTING THE SIGNS

These could be signs that someone might be using cannabis but remember that some of these could just be normal aspects of teenage behaviour. These include:

- Stains and smells: fingers, hands and clothing can become soiled and stained, while the smell of cigarette-smoke and cannabis can linger for some time.
- Dilated pupils
- Giggling
- Lack of money
- Mood-swings or sudden bouts of acute hunger
- Secretiveness: drug users tend to be very closed off, reluctant to share information even with friends.
- Sleepiness and drowsiness
- Sudden changes in behaviour
- Loss of interest in school, hobbies, work, sport, friends
- Loss of concentration and motivation
- Poor coordination.

For additional signs of cannabis use, you may find that paraphernalia is more evident than the substance itself. Things to look out for include:

- Discarded lighters and matches
- Homemade pipes or bongs
- Scatterings of tobacco
- Cigarette papers, torn cigarette packets.

Signs of long-term dependency and harm might include:

- Severe coughing, bronchitis
- Respiratory problems
- Worsening asthmatic conditions
- Deteriorating mental health, including depression, anxiety and psychosis, or sudden relapses into schizophrenia for those already suffering from this problem.
- Memory loss.

### HARM MINIMISATION

There are a number of things you can do to minimise the risks associated with cannabis use the obvious one being smoke less or stop, but:

1. Roll it and use a filter. Research suggests that a joint is the least harmful way to smoke cannabis\*, leading to less carbon monoxide being inhaled. However, with or without tobacco, smoking cannabis can still be a risky business.  
  
**\*People often think that eating cannabis is the safest option, but this can in fact be dangerous and unpredictable.**
2. When sharing a pipe, run the flame of a lighter over the mouthpiece before and after each toke. This will help to eradicate cold viruses and may reduce the chances of catching something more serious, such as cold-sores, flu, or even Hepatitis B.
3. Don't mix cannabis with other drugs. Mixing drugs of any kind can be dangerous and unpredictable. Poly drug use is a major cause of drug-related harm.
4. Cannabis and alcohol together often cause people to spin out and feel sick, so smoking when drunk isn't a good idea.
5. Some people believe that holding down a lung-full of smoke can greatly enhance a 'hit'. Recent research has contradicted this theory, suggesting that the only thing that will be gained by doing this is an increase in carbon monoxide absorption.
6. Don't drive or operate heavy machinery while under the influence of cannabis. This can lead to serious accidents and drug driving is just as illegal as drink driving.

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## VITAL STATISTICS – THE LAW

### RECLASSIFICATION

The reclassification of cannabis from a Class B to a Class C drug in January 2004 reflects the relative harm of cannabis to other illegal drugs and has allowed the police to focus their attention on those drugs that cause the most harm, such as heroin and crack cocaine.

However, CANNABIS IS STILL ILLEGAL.

Reclassification did not mean legalisation or decriminalisation. As a Class C drug, cannabis remains controlled under the Misuse of Drugs Act 1971. To clarify, the change in law means that:

- Cannabis in all forms, including the plant, resin, herbal and oil variants, is a Class C drug
- The maximum penalty for possession of cannabis 'for personal use' is two years' imprisonment
- The maximum penalty for trafficking/supply of cannabis is 14 years
- Cannabis possession, growing cannabis plants (whether or not they are harvested), possession with intent to supply, supply and import and export are all illegal and remain criminal offences.
- It's also illegal to knowingly allow someone to smoke cannabis in your home.



### ENFORCEMENT

The Association of Chief Police Officers (ACPO) have revised their guidelines for policing the possession of cannabis, to help ensure a consistent national approach.

#### FOR ADULTS (18+)

- It is unlikely that an individual will be arrested if the police are satisfied that the drug is for personal use
- The cannabis will be confiscated
- The individual will be given a 'Cannabis Warning'
- A record of the incident will be made at the police station and an offence of possession will be recorded against them, however this does not constitute a criminal record.
- If an individual has received two previous 'Cannabis Warnings' then the police will look at further options for prosecution. An arrest may be necessary in order for an investigation to be carried out.
- It may be necessary to arrest someone if;
  - they are so intoxicated they are in need of protection or can't understand the warning
  - the person is vulnerable because of their mental health
  - the person is smoking cannabis in the vicinity of young or vulnerable people who may be at risk if an arrest is not made
  - there is a serious problem associated with cannabis in the community where that person is, or a fear of public disorder related to its use.



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## VITAL STATISTICS – THE LAW

### YOUNG PEOPLE AGED 10 - 17

Young people cannot receive a 'Cannabis Warning' and are still likely to be arrested. Although the new guidelines ask officers to consider alternatives to arrest, such as taking the person home, in many circumstances it will still be necessary to arrest because of the vulnerability of those under 18 years.

When the police do arrest, the young person will be dealt with under provisions in the Crime and Disorder Act 1998 which means:

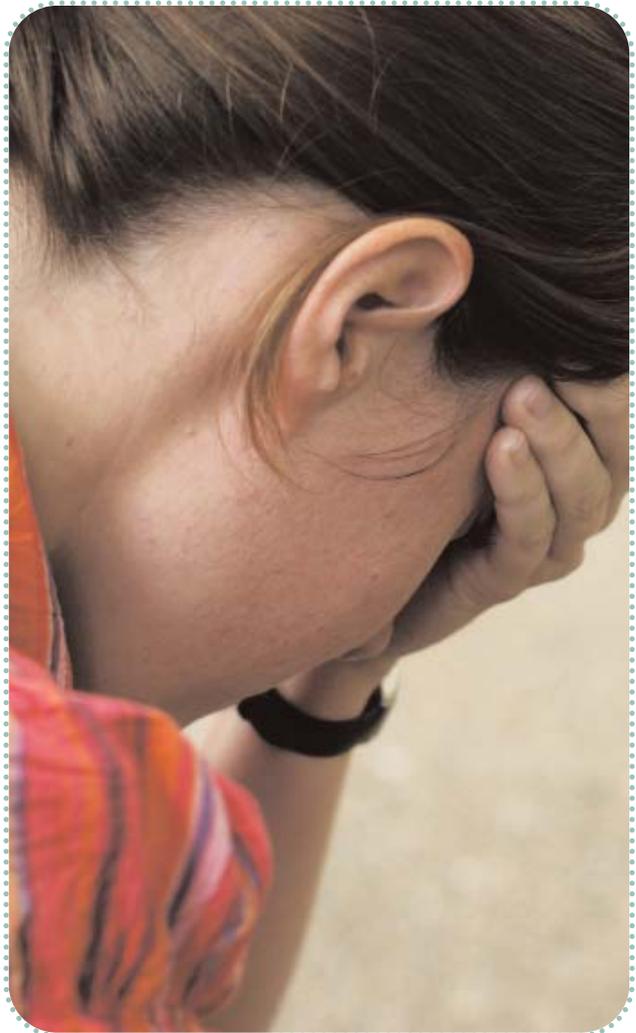
- If it is a first offence, they are likely to receive a warning. For under 17's this has to be done in the presence of an appropriate adult so may happen at the police station. A warning is likely to result in the young person being referred to a youth offending team.
- Further offences are likely to result in a reprimand and the youth offending team is likely to recommend further support for the young person or involvement in a 'rehabilitation' programme.

### UNDER 10'S

Children under the age of 10 in possession of cannabis should be considered 'at risk of significant harm' and the child protection team will be prompted to make the appropriate referrals to other agencies.

### DRUG DRIVING

Driving while under the influence of cannabis is a serious offence and if the police have evidence of impairment, the driver should be dealt with under the Road Traffic Act 1988 and treated in the same way as a drink driver would be.



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## IDEAS FOR ACTION



In its recent report to Government, the ACMD stressed that there was a greater need for public education and information, particularly aimed at children, adolescents and young adults. The local level is vital as part of this communication challenge, and outlined below are a number of pointers and ideas for action to help you meet this challenge head-on.

### KEY COMMUNICATIONS CHALLENGE

Following reclassification from Class B to Class C in 2004, some people have taken the message to be “cannabis is harmless and legal”.

### KEY MESSAGES

- **Cannabis can cause health problems both physical and mental, including things like anxiety and paranoia. Just because it comes from a plant doesn't mean it's harmless**
- **Cannabis is illegal. It's a Class C drug and you can get up to two years in prison for possessing it and 14 years for supplying it**
- **The potency of cannabis can be unpredictable. The amount of THC in sinsemilla and skunk has more than doubled in the last ten years, whereas average THC levels in grass and hash haven't changed much. However, it's not just THC that affects the strength of cannabis. You can get strong herbal cannabis and weak skunk and you can't predict their effects**

### WORKING WITH YOUR LOCAL MEDIA

#### REACTIVE WORK

When cannabis is in the news, media enquiries may come through to you and may well focus on the issues of mental health and the strength of the drug.

Make sure, therefore, that you:

- Are fully briefed with the latest national research and the ACMD report
- Have some national and local statistics to hand
- Give a clear message
- Have a soundbite ready, such as “It's still harmful. It's still illegal”
- Have some examples on hand of real stories from the people you work with, (changing identities and respecting confidentiality) where necessary of course
- Mention the name of your organisation and of FRANK and include any helpline numbers or web addresses where people can go for more information
- Tell them about any cannabis campaigns and education you have been doing and explain its effectiveness

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## IDEAS FOR ACTION

### PROACTIVE WORK

Seek to get the message across by creating coverage in the media. Timing is very important in getting your press releases turned into stories so always be on the lookout for 'hooks' that connect to the 'with stronger strains now than ever before, the more you mess with cannabis, the more it could mess with your mind' message'.

For example:

- If you launch any new services, or you produce any new statistics, make sure you tell the press about it
- Any high profile stories to do with convictions of local drug dealers can be used to reinforce the message that dealing cannabis can land you a 14 year jail term, the same as for class B drugs.

#### Don't forget:

The media love: facts and figures, real life stories and examples, lists (eg ten things you may not have realised about the health impacts of cannabis), concise tips and advice. Always have these to hand.

### FRANK OUT THERE

FRANK has a range of leaflets for you to order and use free of charge. Or you may wish to produce new printed materials of your own. If you do, consider these key points:

- **Keep it simple:** People are bombarded with huge amounts of information. Keep the message clear and obvious
- **Target it:** decide who you want to read it and make sure the tone and design speaks to that group
- **Brand it:** Use the FRANK logo and make sure your logo is clear and prominent (email [FRANK@homeoffice.gsi.gov.uk](mailto:FRANK@homeoffice.gsi.gov.uk) for the logo)
- **Proof read it and get an outside eye to proof it too:** Typos in printed materials are very common and give a less than professional feel
- **Signpost** services for further help and advice.

Some places where you might want to leave materials: schools, colleges, pubs, cinemas, clubs, youth centres, hairdressers, places of worship, fast-food outlets, bus and rail stations, betting shops, record shops, skate shops, hospitals, doctors surgeries, STD clinics, internet cafes.

### HEALTH PROMOTION ACTIVITIES

The ACMD report provides a new springboard to launch health promotion activities. Parents and young people may still be confused. Questions such as "are the mental health risks far higher than first thought?", "is cannabis getting much stronger?" and "does a C classification make it legal?" Could be on people's minds. There is a hunger for clarity, meaning that health promotion events which allow a parent or young person to speak to an expert face to face will be welcomed.

# FRANK

## GET INTO TOWN

Saturday afternoon, eye-catching, town-centre displays and activities are a good way of getting your literature into people's hands and also provide the opportunity for one-to-one chats with concerned members of the public. A way of attracting attention is to have some sort of 'stunt' or prop. You could think around the issue of the unpredictable potency of cannabis and how, unlike most products, you have no idea what you are really getting. People could win an inexpensive and simple prize (a branded pen, mouse mat etc) for guessing something obvious (eg guess the strength of this bottle of wine, or guess what's in an unmarked tin). This could then be a conversation starter for talking about the potency issue, or the fact that drugs don't come with labels and ingredients.

### Communicating with heavy cannabis users

Heavy and frequent users of cannabis will have different communications needs to those who just enjoy the odd smoke now and then. To engage with more serious cannabis users, you need to consider the following:

- Your target audience may well lead quite a sedentary lifestyle. General ambient media and advertising may pass them by. So, think about accessing very specific social and communications networks: specialist magazines, websites, record shops and radio stations will be good locations for information media and messaging.
- Reduced levels of concentration and motivation may mean that written material needs to be short, concise and clear: don't crowd leaflets or posters with words or use complicated language – this will just put people off.
- Don't approach heavy cannabis use in isolation; explore other related problems, such as debt and money worries, depression, heart

problems and respiratory difficulties – this will enable you to provide more integrated messaging and address key issues and concerns relevant to your audience.

- As heavy cannabis use is linked with certain short and long-term health problems, make use of healthcare environments, GP clinics, waiting rooms etc as venues for posters and information leaflets.
- Credibility is key – your communications materials need to convey a sense of 'knowing the score', or else they will simply be ignored. Wherever possible, acknowledge shared experiences and problems and, if you can, enlist recovered cannabis users to talk about their own personal journeys. This could help motivate existing users, showing them that other people have experienced what they're going through and come out the other side.

### With all of your activities please always remember:

- There are lots of other people trying to communicate lots of other messages at the same time as you. Do not get disheartened when things don't work as you had hoped.
- When something does work well, make a note of why and please let FRANK know about it so that best practice can be shared with others.
- Don't try and do too much or be too ambitious. Do small things well, and often, to reinforce your message.

For more information on communicating with vulnerable young people (who are particularly prone to substance misuse), see the FRANK Action Update 'Vulnerable Young People – Making the Difference'. The FRANK Action Update 'Talking Diversity' also gives information and advice on reaching minority communities with drug information. Order or download from [www.drugs.gov.uk](http://www.drugs.gov.uk) or use the More FRANK form in this pack.

# FRANK

## USEFUL RESOURCES

### ORGANISATIONS

#### Release

Advice on drugs and the law for drug users, their families, friends, and statutory and voluntary agencies.

☎ 0845 4500 215

@ ask@release.org.uk

🌐 www.release.org.uk

#### NHS Smoking Helpline

☎ 0800 169 0 169

🌐 www.givingupsmoking.co.uk

#### Know Cannabis

Government-backed initiative designed to communicate the health risks of cannabis use.

🌐 www.knowcannabis.org.uk

### REPORTS AND PUBLICATIONS

#### ACMD Report – *Further consideration of the classification of cannabis under the Misuse of Drugs Act 1971 (2005)*

www.drugs.gov.uk

#### ACPO Guidelines (2006)

Joining Forces – Drugs: Guidance for police working with schools and colleges. Cannabis; Guidance on Policing – Use of cannabis warnings. Both reports can be found at: [www.acpo.police.uk/policies.asp](http://www.acpo.police.uk/policies.asp)

#### ADFAM

Range of resources for people living with a drug user, with leaflets for parents, partners and friends of drug users as well as reports for professionals.

☎ 020 7928 8898

@ admin@adfam.org.uk

🌐 www.adfam.org.uk

#### Communicating the health risks of cannabis use – Practitioners' Pack (2004)

Available from [www.knowcannabis.org.uk](http://www.knowcannabis.org.uk)

#### Drugs: Guidance for Schools (2004)

Available from [www.teachernet.gov.uk/wholeschool/behaviour/drugs](http://www.teachernet.gov.uk/wholeschool/behaviour/drugs)

#### NHS

Cannabis and Mental Health – information for patients and practitioners [www.csip.org.uk/our-initiatives/mental-health/mental-health-and-cannabis.html](http://www.csip.org.uk/our-initiatives/mental-health/mental-health-and-cannabis.html)

#### Rethink

Dual Diagnosis: Mental Health and Substance misuse – A guide for professionals and practitioners [www.rethink.org/dualdiagnosis/toolkit.html](http://www.rethink.org/dualdiagnosis/toolkit.html)

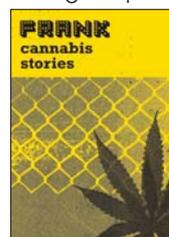
#### Young Minds

Cannabis and Young People's mental health: A guide for those working with young people Cannabis – What does it really do to you? An information booklet for young people [www.youngminds.org.uk/cannabis](http://www.youngminds.org.uk/cannabis)

#### FRANK leaflets

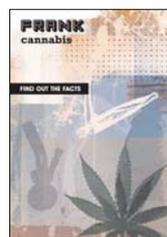
The FRANK campaign has recently produced a range of cannabis leaflets and information materials. A cannabis leaflet for young people. Cannabis information for parents and adults and a cannabis leaflet for heavy and regular users with advice on Harm minimisation and helping them to stop. This new series of campaign literature aims to equip audiences with knowledge about the effects, risks, social and legal implications of cannabis use. To order these publications, call 08701 555 455.

Young People



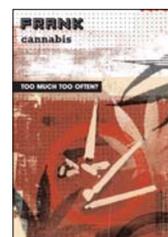
Ref: 273966

Parents



Ref: 270337

Users



Ref: 266823

### REFERENCES

- 1 Figures from the 2005-2006 British Crime Survey, Home Office
- 2 Fuller, Elizabeth (Ed) 2006 Drug use, smoking and drinking among young people in England 2005 published by the Information Centre for Health and Social Care

