



CANNABIS SMOKING

The facts about cannabis smoking

- Cannabis is the most widely consumed illegal drug in the UK¹
- 3-4 cannabis cigarettes a day are associated with the same evidence of acute and chronic bronchitis and the same degree of damage to the bronchial mucus membrane as 20 or more tobacco cigarettes a day²
- Cannabis tends to be smoked in a way which increases the puff volume by two-thirds and the depth of inhalation by one-third. There is an average fourfold longer breath-holding time with cannabis than with tobacco³. This means that there is a greater respiratory burden of carbon monoxide and smoke particulates than when smoking a similar quantity of tobacco
- The tar in a cannabis cigarette contains many of the same known carcinogens as tobacco smoke but the concentrations of these are up to 50% higher in the smoke of a cannabis cigarette⁴
- It also deposits four times as much tar on the respiratory tract as an unfiltered cigarette of the same weight⁵. Smokers of cannabis and tobacco have shown a greater increase in cellular abnormalities indicating a cumulative effect of smoking both⁶
- The drug has recently been declassified from a class B to a class C drug and recent media coverage has focussed on the public and political debate around the reclassification and how the police should deal with those who sell or are found to be in possession of varying amounts of the substance

Who Smokes cannabis?

- In 2001/02, the most commonly used drug by young people was cannabis, which had been used by 33 per cent of young men and 21 per cent of young women in the previous year⁷
- In 2000, cannabis was the most widely used drug among 11- to 19-year-olds, 12 per cent of those aged 11 to 15 years in England were using cannabis and 25 per cent of those aged 16 to 19 years in England and Wales were using cannabis⁸
- 44% of 16 to 29 year-olds have tried cannabis at some point in their lives⁹
- In 2001/02 there were 4.6 million 16 to 59-year-olds living in London. Among this population the British Crime Survey estimates prevalence of illicit drug use was 14 per cent for cannabis¹⁰

Impact of cannabis smoking

- It is difficult to ascertain whether or not the inhalation of cannabis smoke causes damage to the lungs and airways independently of the tobacco smoke or not. In general, the studies indicate that there is an increased negative health impact on those who do not smoke cannabis compared to those who do not smoke at all
- When cannabis is smoked with tobacco, the effects are cumulative. However, what is not clear is whether it is the addition of cannabis or the tobacco which is more harmful or whether this is the result of the combined effect of equally harmful substances
- Studies comparing the clinical effects of habitual cannabis smokers versus non-smokers demonstrate a significantly higher prevalence of chronic and acute respiratory symptoms such as chronic cough and sputum production, wheeze and acute bronchitis episodes¹¹
- Cannabis smoking is likely to weaken the immune system. Infections of the lung are due to a combination of smoking-related damage to the cells lining the bronchial passage (the fine hair-like projection on these cells filter out inhaled micro-organisms) and impairment of the principal immune cells in the small air sacs caused by cannabis¹²
- The evidence concerning a possible link between cannabis smoking and COPD has not yet been conclusively established. A number of studies indicate a causal relationship between the two, whereas others contradict these findings¹³
- The THC in cannabis has been shown to have a bronchodilator effect. This has led to suggestions that THC may have therapeutic benefits in asthma. However, the noxious gases, chronic airway irritation or malignancy after long term use associated with smoking would seem to negate these benefits¹⁴

More about cannabis smoking

- The cannabis smoked today is much more potent than that smoked in the 1960s. The average cannabis cigarette smoked in the 1960s contained about 10mg of tetrahydrocannabinol (THC), the ingredient which accounts for the psychoactive properties of cannabis, compared to 150mg of THC today¹⁵. This means studies carried out in the 1960s and 1970s may not be indicative of the effects of cannabis smoked today

Policy and key issues

- The British Lung Foundation does not cover the legal or moral aspects of cannabis, but simply wishes to ensure that everyone has the fullest possible information on the medical and scientific evidence of the impact of cannabis

- We recommend a public health education campaign aimed at young people to ensure that they are fully aware of the increased risk of pulmonary infections and respiratory cancers associated with cannabis smoking

(See the British Lung Foundation Report ‘A Smoking Gun?’)

For further information, please contact:
British Lung Foundation
Telephone: 020 7688 5555
Email: parliamentary@blf-uk.org

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- ⁶ A Smoking Gun? (2002) British Lung Foundation
- ⁷ National Statistics www.statistics.gov.uk
- ⁸ National Statistics www.statistics.gov.uk
- ⁹ <http://www.bbc.co.uk/science/hottopics/cannabis/index.shtml>
- ¹⁰ Written answer to parliamentary question by Caroline Flint MP to Simon Hughes MP 18-03-04
- ¹¹ A Smoking Gun? (2002) British Lung Foundation - several studies cited
- ¹² Newton, CA., Klein, TW. And Friedman, H. (1994) Secondary immunity to Legionella pneumophila and Th1 activity are suppressed by 9-tetrahydrocannabinol injection, Infect. Immun. 62, 4015-4020
- ¹³ A Smoking Gun? (2002) British Lung Foundation
- ¹⁴ A Smoking Gun? (2002) British Lung Foundation
- ¹⁵ Ashton, H. (2001), Pharmacology and effects of cannabis: a brief review, the Br J of Psychiatry, 178, 101-106