

Cannabis Overview - Tender Brief

Background

The National Advisory Committee on Drugs (NACD) was established in July 2000 to advise the Government in relation to the prevalence, prevention, treatment/ rehabilitation and consequences of problem drug use in Ireland, based on the analysis of research findings and information. The Committee is overseeing the delivery of a three-year work programme on the extent, nature, causes and effects of drug use in Ireland. The Committee comprises representatives nominated from relevant agencies and sectors, both statutory and non-statutory. The Committee operates under the aegis of the Department of Tourism, Sport and Recreation and reports to the Minister of State responsible for the National Drugs Strategy. Further information can be obtained from the Department's website <http://www.arts-sport-tourism.gov.ie/>.

Commission

Prepare an overview on one or more of the following areas relating to up to date scientific information on Cannabis drugs which would highlight gaps in our knowledge. The areas to be covered are:

1. Pharmacotoxicological information;
2. Psychological effects on cognition, mood and mental functioning;
3. Sociological/criminological information;
4. Public Health risks: epidemiological information, physical health, mental health and dependence, performance impairment;

It is **not** expected that the reviewer(s) would base their report(s) on an evaluation of the original medico/scientific/sociological or criminological literature on Cannabis drugs, but that they would focus on the many recent international reviews, some of which are listed in Appendix 1 of the tender brief. These would need to be brought up to date by a consideration of information published since 1999.

It **is** expected that the format of the report(s) would be based on the detailed headings (attached to tender brief) set out in each of the Technical Annexes A,B,C and D of the EMCDDA's "Guidelines on Risk Assessment of New Synthetic Drugs" (ISBN - 92-9168-061-3, website) <http://www.emcdda.eu.int/> appropriately modified for use with Cannabis drugs of natural origin.

The NACD at its absolute discretion may award a contract for the complete study (parts 1 - 4) or for each separate component. You are therefore invited to tender for the contract to prepare the report as a whole or to tender for each component separately. The report and each of its parts must also highlight gaps in knowledge particularly as they relate to the use of Cannabis drugs in Ireland.

The report should also highlight any limitations of the evidence or bias inherent in using certain methodologies. It is important to specify where there is general agreement or disagreement with regard to the evidence.

You are not expected to give views or opinions other than those of a scientific nature based on the evidence reviewed.

Duration of project

We expect to receive a complete and final report 3 months from the award of the contract.

Requirements

Tenderers must submit a written proposal detailing the following:

- Research methodology to be employed and justification of outputs;
- Project management from conception to completion with clear milestones;
- Personnel involved, their credentials, use of consultants and track record; and
- Description of administrative and technical costs.

Evaluation

Evaluation of the submissions be will based on the following criteria:

Research methodology

- Understanding of the project;
- Understanding of the work involved;
- Feasibility of the approach suggested.

Project management

- Ability to deliver key outputs on time;
- Clarity in description of milestones;
- Credibility of personnel and consultants involved;
- Track record.


Value for money

- Description of cost;
- Justification for proposed costs;
- Best use of resources.

The standard contract terms and conditions are available from the office. The total budget available for this project is in the region of €30,000.

Closing date: 4pm Tuesday 25th June 2002.

You will be required to sign an FOI declaration (see link below) and you must include an up to date tax clearance certificate with your submission.

 [link to Disclosure of Information under the Freedom of Information Act 1997 form](#)

Copies of the tenders should be addressed to:

Secretary
NACD
3rd Floor, Shelbourne House

Shelbourne Road
Ballsbridge
Dublin 4
Tel: (01) 667 0760 / 667 0765;
Fax: (01) 667 0828.
Email: info@nacd.ie;
Web: www.nacd.ie

Appendix 1:

Scientific information on Cannabis Some recent reviews

1. Marijuana and Medicine: Assessing the science base. Institute of Medicine. Washington DC 1999 National Academy Press.
2. Marijuana: The Forbidden Medicine Grinspoon L and Bakalar JB. Yale University Press. New Haven Ct. 1997.
3. World Health Organisation: Cannabis: A Health Perspective and Research Agenda, 1997.
4. House of Lords Science and Technology Committee 9th Report. Cannabis: The Scientific and Medical Evidence. HMSO London.
5. Addiction Research Foundation. The Health Effects of Cannabis. Toronto 1999.
6. Zimmer L., Morgan J., Marijuana Myths, Marijuana Facts: A Review of the Scientific Evidence. The Lindesmith Centre, New York 1997.
7. British Journal of Psychiatry. Vol. 178, February 2001.
8. Solowij N., Cannabis and Cognitive Functioning. Cambridge University Press, Cambridge 1998.
9. Addiction. Editorials (various) on e.g. Reproductive Toxicity; Mutagenicity and Carcinogenicity; Respiratory Symptoms; Dependence; Assessing the Public Health Burden.
10. Report presented to the International Scientific Conference on Cannabis at the initiative of the Minister's of Public Health of Belgium, France, Germany, The Netherlands and Switzerland, led by Rodin Foundation and the Ministry of Public Health, Belgium.

Technical Annex A

Pharmacotoxicological evidence

A1. Chemical, pharmaceutical information

- A1.1. Chemical description (including methods of synthesis, precursors, impurities if known, type and level)
- A1.2. Legitimate uses of the product
- A1.3. Pharmaceutical form (i.e., powder, capsules, tablets, liquids, injectables, cigarettes. Any distinctive markings, logos, etc., to be noted)
- A1.4. Route of administration and dosage (e.g., oral, inhalation, intravenous, etc.)

A2. Toxicology and pharmacology in animals

- A2.1. pre-clinical safety data
 - A2.1.1. Single-dose toxicity
 - A2.1.2. Repeated-dose toxicity
 - A2.1.3. Reproduction function

- A2.1.4. Embryo-foetal and perinatal toxicity
- A2.1.5. Mutagenic and carcinogenic potential

A2.2. Pharmacodynamics

A2.2.1. In vitro tests (data from enzyme, receptor-binding, immunomodulatory and hormonal tests)

A2.2.2. In vivo tests

- Effects on central nervous system
- Effects on cardiovascular system
- Effects on respiratory system
- Effects on gastrointestinal system
- Effects on liver, kidneys, genito-urinary system
- Behavioural studies

A2.2.3. Pharmacokinetics in animals

- Absorption
- Distribution
- Metabolism (including major metabolising enzymes and metabolites)
- Excretion (including elimination half life)
- Pharmacokinetic interactions

A3. Human pharmacology

A3.1. Laboratory studies in volunteers

- A3.1.1. Effects on cognition and behaviour
- A3.1.2. Cardiovascular effects
- A3.1.3. Respiratory effects
- A3.1.4. Gastrointestinal effects
- A3.1.5. Effects on liver, kidneys, genito-urinary system
- A3.1.6. Effects on immune system
- A3.1.7. Interactions with other drugs and medicines
- A3.1.8. Effects on ability to drive and use machinery
- A3.1.9. Effects of overdose

A3.2. Pharmacokinetics in humans

- A3.2.1. Absorption
- A3.2.2. Distribution
- A3.2.3. Metabolism (including major metabolising enzymes and metabolites)
- A3.2.4. Excretion (including elimination half-life)
- A3.3.5 Pharmacokinetic interactions

A4. Clinical experience

A4.1. Studies on street users

A4.2. Dependence potential in humans

- A4.2.1. Tolerance
- A4.2.2. Abstinence symptoms
- A4.2.3. Drug-seeking behaviour

A4.3. Clinical safety

Technical Annex B

Psychological risk assessment (cognition, mood and mental functioning)

B1. Acute effects

- B1.1.** Effects on cognitive functioning (neuropsychological assessment)
- B1.2.** Effects on intelligence (multifactorial intelligence tests)
- B1.3.** Effects on emotional status, behavioural patterns and personality (psychological instruments, rating scales)
- B1.4.** Effects on psychopathological status-psychiatric comorbidity (psychological and psychiatric assessment)

B2. Chronic effects

- B2.1.** Effects on cognitive functioning (neuropsychological assessment)
- B2.2.** Effects on intelligence (multifactorial intelligence tests)
- B2.3.** Effects on emotional status, behavioural patterns and personality (psychological instruments, rating scales)
- B2.4.** Effects on psychopathological status-psychiatric comorbidity (psychological and psychiatric assessment)

B3. Psychological effects of drug-using careers

B4. Psychological factors that increase the probability of harm (e.g., mood and anxiety conditions leading to self-medication, sensation seeking)

Technical Annex C

Sociological/criminological evidence

C1. Social consequences for the user

- C1.1.** Primary relations and/or family problems
- C1.2.** Education and employment problems
- C1.3.** Marginalisation

C2. Consequences on the social behaviour of the user

- C2.1.** Drug-related disorderly conduct
- C2.2.** Drug-related acquisitive crime
- C2.3.** Drug-related violence
- C2.4.** Drug-related traffic offences

C3. Other social consequences

- C3.1.** Presence or absence of major value conflicts surrounding the use of the drug
- C3.2.** Implications for social institutions (school, labour, recreational, etc.) and community services

C4. Wholesale production and distribution

- C4.1. Violence in connection with wholesale production and distribution
- C4.2. Money-laundering aspects
- C4.3. Involvement of (international) organised crime

C5. The retail market

- C5.1. Non-commercial 'private' consumption market among users
- C5.2. Semi-public subcultural consumption market (discos, etc.)
- C5.3. Existence and characteristics of street markets
- C5.4. Violence, public order and nuisance implications of the retail market
- C5.5. Entrepreneurial criminal suppliers

C6. Social factors that increase the probability of harm

Technical Annex D

Public health risks: epidemiological evidence

D1. Availability and quality of product on the market

- D1.1. Availability at consumer level (extent/quantities)
- D1.2. Sources (at consumer level)
- D1.3. Trends in availability
- D1.4. Average dose and degree of variability
- D1.5. Purity levels and presence of adulterants
- D1.6. Other active ingredients
- D1.7. Typical prices and range

D2. Knowledge, perceptions and availability of information

- D2.1. Availability of scientific information on product
- D2.2. Availability of information on effects of product
- D2.3. Level of awareness of product amongst drug consumers in general
- D2.4. Level of knowledge of product, effects and perceptions among consumers of product
- D2.5. General population

D3. Prevalence and patterns of use

- D3.1. Extent of use of product
- D3.2. Frequency of use
- D3.3. Route(s) of administration
- D3.4. Other drugs in combination with product
- D3.5. Geographical distribution of use
- D3.6. Trends in prevalence and patterns of use

D4. Characteristics and behaviour of users

- D4.1. Age and gender of users
- D4.2. Social groups where product available/used
- D4.3. Risk behaviours associated with use
- D4.4. Special concerns about vulnerable groups
- D4.5. Trends in characteristics/behaviours of users

D5. Indicators of health consequences

- D5.1. Hospital emergencies
- D5.2. Deaths (direct and indirect)
- D5.3. Traffic accidents
- D5.4. Requests for treatment/counselling
- D5.5. Other health indicators

D6. Context of use

- D6.1. Risk factors linked to circumstances and rituals of consumption

D7. Implications for the non-using population