Written evidence from Cannabis Skunk Sense

www.cannabisskunksense.co.uk

1. Aims  Cannabis Skunk Sense (also known as CanSS Ltd) provides straight-forward facts and research-based advice on cannabis. We raise awareness of the continued and growing dangers to children, teenagers and their families of cannabis use.

2. We provide educational materials and information for community groups, schools, colleges and universities; and guidance to wide range of professions, Parliament and the general public - with a strong message of prevention not harm reduction.

3. The Inquiry document says: ‘Government's stated intention in its 2017 drug strategy is to reduce all illicit and other harmful drug use…….’

4. Missing from this Inquiry document is the following 2017 Strategy statement: ‘preventing people – particularly young people – from becoming drug users in the first place’. Prevention should be first and foremost in any statement as well as in the minds of us all. FRANK was mentioned just once in this strategy; ‘develop our Talk to FRANK service so that it remains a trusted and credible source of information and advice for young people and concerned others’. This claim will be challenged in this report.

5. If prevention (pre-event) were to be successful, there would be little need for a policy of reducing harmful use. Unfortunately, for fifteen or sixteen years now, prevention has taken a back seat.


7. Objectives included: ‘to discourage young people from taking drugs’ and to ensure that schools offer effective programmes of drug education, giving pupils the facts, warning them of risks, and helping them to develop the skills and attitudes to resist drug use – all good common sense.

8. On harm reduction, the government said, ‘The ultimate goal is to ensure people do not take drugs in the first place, but if they do, they should be helped to become and remain drug-free. Abstinence is the ultimate goal and harm reduction should be a means to that end, not an end in itself’.

9. In 1998 the Second National Plan for 2001-2, ‘Tackling Drugs to Build a Better Britain’ was published. Although prevention was still the aim, the phrase ‘informed choice’ appeared, the downhill slide from prevention had started.

10. The’ Updated Strategy in 2002 contained the first high-profile mention of ‘Harm Minimisation (Reduction)’. David Blunkett in the Foreword said, ‘Prevention,
education, harm minimisation, treatment and effective policing are our most powerful tools in dealing with drugs’.

Some bizarre statements appeared, e.g.: ‘To reduce the proportion of people under 25 reporting use of illegal drugs in the last month and previous year substantially’. Is infrequent use of drugs acceptable?

In October 2002 at a European Drugs Conference, Ashford, Kent, Bob Ainsworth, drugs spokesman for the Labour government, said that harm reduction was being moved to the centre of their strategy. Prevention was abandoned, ‘informed choice’ and ‘harm reduction’ ruled.

The official government website for information on drugs is FRANK set up in 2003. It continued with the harm reduction policy of the Labour Government.

From the beginning, FRANK was heavily criticised. The Centre for Social Justice (CSJ), founded by Iain Duncan-Smith MP in 2004, consistently criticised FRANK for being ill-informed, ineffective, inappropriate and shamefully inadequate, whilst citing a survey conducted by national treatment provider Addaction who found that only one in ten children would call the FRANK helpline to talk about drugs. Quite recently, when asked about sources where they had obtained helpful information about alcohol or smoking cigarettes, young people put FRANK at the bottom.

The CSJ recommended that FRANK be scrapped, and an effective replacement programme developed to inform young people about the dangers of drug and alcohol abuse based on prevention rather than harm reduction.

The IHRA (International Harm Reduction Alliance) gives the following definition of harm reduction:

*Harm reduction refers to policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights - it focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.*

The use of Harm reduction instead of Prevention is tantamount to condoning drug use – a criminal activity. The legitimate place for harm reduction is with ‘known users’ on a one to one basis as part of a treatment programme to wean them off completely and attain abstinence in a safer manner than abrupt stoppage which can be very dangerous. One example of this is to inhale the fumes of heroin rather than injection, thus avoiding blood-borne diseases such as AIDS, hepatitis and septicaemia.

An opioid substitute drug for heroin addiction, methadone has the advantage of being taken orally and only once/day. As the dosage is reduced, abstinence will be attained more safely. However, methadone users are often ‘parked’ for months on this highly addictive drug without proper supervision or monitoring. In 2008 in Edinburgh, more addicts died of methadone than heroin.

Harm reduction is a green light. If children are encouraged to use drugs by being given tips on how to use them more safely, many will do it. The son of a friend told
his mother. ‘It’s OK we go on to the FRANK website and find out how to take skunk safely by cutting our use and inhaling less deeply’. He is now psychotic!

Prevention works. Between 1997 and 1991 America saw drug use numbers plummet from 23 to 14 million, cocaine and cannabis use halved, daily cannabis use dropped by 75%.

In 2005, Jonathan Akwue of In-Volve writing in Drink and Drugs News, criticised the campaign for lacking authenticity; its ill-judged attempts at humour which try to engage with youth culture; and diluting the truth to accommodate more socially acceptable messages.

The conservatives regained power under David Cameron. FRANK did not change.

In 2005, Mr Iain Duncan Smith again criticised FRANK, saying "Drugs education programmes, such as Talk to FRANK, have failed on prevention and intervention, instead progressively focussing on harm reduction and risk minimisation, which can be counter-productive”

In 2011 it was announced FRANK would be re-launched and the team commissioned ‘A Summary of Health Harms of Drugs’ from The John Moore’s University Liverpool, a hotbed of harm reduction. A psychiatrist from The FRANK Team was involved. Their section on cannabis is totally inadequate, out of date, no recognition of deaths, brain shrinkage, violence, homicides, suicides, the huge increase of strength of THC etc. Professor Sir Robin Murray’s research on mental illness (2009) and the discovery that CBD is virtually absent from skunk are of vital importance.

Many worrying papers have been written since, especially about brain development, all of which are ignored. CanSS met with the FRANK team prior to their re-launch in 2011 where it was agreed that the cannabis section would, with their assistance, be re-written. All but two very small points were ignored, one about driving after taking alcohol with cannabis and the effect on exam results. The harm reduction advice about cannabis was removed at the request of CanSS.

Scientific evidence detailing FRANK’s inaccuracies was given to the Government by CanSS and other drug experts over the years - all of it ignored. Complaints and oral evidence were submitted to the HASC in April and September 2012 and the Education Select Committee in 2014. Government drugs spokesmen have also been contacted with concerns about FRANK.

As the official government source of information on drugs for the UK public, the FRANK site must be regularly updated and contain the many new accurate findings from current scientific research. The public is owed a duty of care and protection from the harm of drugs, especially cannabis, the most commonly used.

The following list contains some of the glaring omissions and vital details from the FRANK website:

Deaths from cancers except lung, road fatalities, heart attacks/strokes, violent crime, homicides, suicides. Tobacco doesn’t cause immediate deaths either.
Alcohol with cannabis can be fatal. An alcohol overdose can be avoided by vomiting but cannabis suppresses the vomiting reflex.

Cases of severe poisoning in the USA in toddlers are increasing, mostly due to ‘edibles’ left within reach. Accidental ingestion by children should be highlighted. Hyperemesis (violent vomiting) is on the increase. Abnormally high levels of dopamine in the brain cause psychosis (the first paper on this was written in 1845) and schizophrenia, especially in those with genetic vulnerabilities, causing violence, homicides and suicides. Skunk-induced schizophrenia costs the country around £2 billion/year to treat.

Young people should understand how THC damps down the activities of the whole brain by suppressing the chemical messages for several weeks. It is fat soluble and remains in the cells. Messages to the hippocampus (learning and memory) fail to reach its cells, some die, causing permanent brain damage. IQ points are lost. Few children using cannabis even occasionally will achieve their full potential.

Serotonin is depleted, causing depression and suicides. The huge increase in the strength of THC in cannabis due to the prevalence of skunk (anything from 16% to over 20%) and the almost total lack of CBD is ignored as is the gateway theory, medical cannabis, passive smoking and lower bone mineral density, bronchitis, emphysema and COPD.

They need to be taught that there is reduced ability to process information, self-criticise and think logically. Users lack attention and concentration, can’t find words, plan or achieve routines, have fixed opinions, whilst constantly feeling lonely and misunderstood. They should know of the risk of miscarriages and ectopic pregnancies.

Amazingly, the fact THC damages our DNA is virtually unknown among the public. In the 1990s, scientists found new cells being made in the adult body (white blood, sperm and foetal cells), suffered premature ‘apoptosis’ (programmed cell death) so were fewer in number. Impotence, infertility and suppressed immune systems were reported. This is important.

In 2016 an Australian paper discovered THC badly interferes with cell division i.e. where chromosomes replicate to form new cells. They fail to segregate properly causing numerous mutations as chromosomes shatter and randomly rejoin. Many cells die (about 50% of fertilized eggs (zygotes). Any affected developing foetus will suffer damage. Resultant foetal defects include gastroschisis (babies born with intestines outside the body), now rising in areas of legalisation, anencephaly (absence of brain parts) and shortened limbs (boys are about 4 inches shorter). Oncogenes (cancer-causing) can be switched on. Bladder, testicle and childhood cancers like neuroblastoma have all been reported. The DNA in mitochondria (energy producers in cells) can also be damaged.

Parliament controls the drug laws, so why are the police able to decide for themselves how to deal with cannabis possession?
Proof of the liberalisation of the law on cannabis possession appeared in the new Police Crime Harm Index in April 2016, where it appeared 2nd bottom of the list of priorities. In the following November it fell to the bottom. Class ‘A’ drug possession was immediately above. Possession has clearly become a very low priority. In 2015, Durham Police decided they would no longer prosecute those smoking the drug and growing it ‘for their own use’. Instead, officers will issue a warning or a caution. Then Durham Chief Constable Mike Barton announced that his force will stop prosecuting all drug addicts from December 2017 and plans to use police money to give free heroin to addicts to inject themselves twice a day in a supervised ‘shooting gallery’. This surely constitutes dealing. The police can it seems, alter and ‘soften’ laws at will.

Several weeks ago, I happened to check the FRANK website. Quietly, stealthily and without fanfare, a new version had appeared - completely changed. Absent were the patronising videos, games and jokes. Left were A to Z of Drugs, News, Help and Advice (e.g. local harm reduction information) and Contact.

There is poor grammar, i.e. ‘are’ instead of ‘is’ and ‘effect’ where it should be ‘affect’. Mistakes like these do not enhance its credibility.

The drug information is still inadequate with scant essential detail, little explanation and still out of date. This is especially true of cannabis. THC can stay in the brain for many weeks – still sending out its damping-down signals.

What shocked me though were the following:

Our organisation recently received an email about a call to FRANK requesting advice. A friend, a user who also encouraged others to use as well, had lied in a court case where her drug use was a significant factor. He contacted FRANK about her disregard for the law for a substance that was illegal. The advisor raised his voice whilst stating the friend has the right to do what she wants in her own home and mocked him about calling the police. He was shocked and upset by the response.

Ecstasy - Physical health risks

- Because the strength of ecstasy pills are so unpredictable, if you do decide to take ecstasy, you should start by taking half or even a quarter of the pill and then wait for the effects to kick in before taking anymore – you may find that this is enough.
- If you’re taking MDMA, start by dabbing a small amount of powder only, then wait for the effects to kick in.
- Users should sip no more than a pint of water or non-alcoholic drink every hour.

The ‘NEWS’ consisted of 8 pictures with text. In 2 of the 8 items, opportunity is taken to give more ecstasy harm reduction advice. One is titled, ‘Heading out this weekend with Mandy or Molly?’ This is blatant normalisation. The others aren’t ‘news’ items either, but more information about problems.

The section on each drug entitled, ‘Worried about drug x’ mostly consists of giving FRANK’s number. ‘If you are worried about your use, you can call FRANK on 0300 1236600 for friendly, confidential advice’. Any perceptions that FRANK is anything but a Harm Reduction advice site are dispelled completely.
Mentor International is a highly respected worldwide Prevention Charity. Government-funded Mentor UK is in charge of school drug-education with their programme, ADEPIS (Alcohol and Drug Education and Prevention Information Service). Mentor UK masquerades as a ‘Prevention’ charity but practices ‘Harm Reduction’ and has done so from its inception in 1998. A founding member, Lord Benjamin Mancroft, is currently prominent in the APPG: Drug Policy Reform, partly funded by legaliser George Soros’s Open Society Foundation.

Professor Harry Sumnall of John Moores University Liverpool, a trustee on Mentor UK’s board, signed a ‘Legalisation’ letter in The Telegraph 23rd November 2016 along with the university, Professor David Nutt, The Beckley Foundation, Nick Clegg, Peter Lilley, Transform, Volte-face and other well-known legalisation advocates. Eric Carlin, former Mentor UK CEO (2000-2009), is now a member of Professor David Nutt’s Independent Scientific Committee on Drugs (ISCD). At a July 2008 conference in Vienna, he said “we are not about preventing drug use, we are about preventing harmful drug use”.

Examples of their activities:

The ‘Street Talk’ programme, funded by the Home Office, carried out by the charities Mentor UK and Addaction and completed in March 2012 was aimed to help vulnerable young people aged 10 – 19, to reduce or stop alcohol and drug misuse. Following the intervention, the majority of young people demonstrated a positive intention to change behaviour as follows: “I am confident that I know more about drugs and alcohol and can use them more safely in the future” – 70% agreed, 7% disagreed’.

Two CanSS members attended a Mentor UK meeting on 7th January 2014 at Kent University, where Professor Alex Stevens, a sociology professor favouring the opening of a ‘coffee shop’ in Kent and supporting ‘grow your own’ was the main speaker. The audience consisted mainly of young primary school teachers. He became increasingly irritated as CanSS challenged his views, becoming incandescent when told knowledge of drug harms is the most important factor in drug education. The only mention of illegality (by CanSS) was met by mirth!

In a Mentor UK project ‘Safer at school’ (2013), the greatest number of requests from pupils, by 5 to 6 times, were: - effects of drugs, side-effects, what drugs do to your body and consequences. Clearly it had been ignored. Coggans 2003 said that, ‘the life skills elements used by Mentor UK may actually be less important than changing knowledge, attitudes and norms by high quality interactive learning’.

Paul Tuohy, the Director of Mentor UK in February 2013 emailed CanSS, ‘Harm reduction approaches are proven and should be part of the armoury for prevention……..there are many young people harming their life chances who are already using and need encouragement to stop, or where they won’t, to use more safely’.

In 2015 Mentor incorporated CAYT (Centre for Analysis of Youth Transitions) with their ‘The Climate Schools programmes’. Expected Outcomes: ‘To show that alcohol and drug prevention programmes, which are based on a harm minimisation approach
and delivered through the internet, can offer a user-friendly, curriculum-based and commercially-attractive teaching method’.

In November 2016, Angelus and Mentor UK merged, ‘The Mentor-Angelus merger gives us the opportunity to reach a wider audience through the delivery of harm-prevention programs that informs young people of the harms associated with illicit and NPS drug-taking, to help support them in making conscientious healthy choices in the future’.

The under-developed brains in young people are quite incapable of making reasoned choices. Nor should they. Drug-taking is illegal.

Michael O’Toole (CEO 2014 –2018) said in an ACMD Briefing paper. ‘Harm reduction may be considered a form of selective prevention - reducing frequency of use or supporting a narrowing range of drugs used’. “It is possible to reduce adverse long-term health and social outcomes through prevention without necessarily abstaining from drugs”.

It is a puzzle that any organisation, including the Government, can condone drug-taking, an illegal activity, either by testing drugs or dishing out harm reduction advice, without being charged with ‘aiding and abetting’ a crime.

Mary Brett, Chair CanSS and Lucy Dawe, Administrator CanSS

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