

# THE CHILDREN'S INQUIRY

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**volteface**

Volteface is an independent, cross party organisation that informs the public debate around drugs through excellence in policy, research and advocacy.

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# THE CHILDREN'S INQUIRY

**How effectively are the UK's cannabis policies safeguarding young people?**

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# Executive Summary

## Introduction

In The Children's Inquiry, Volteface examines how effectively the UK's cannabis policies are safeguarding young people from harm to their wellbeing and life chances. This is explored through considering the practical consequences of cannabis policies on young people's access to cannabis and the type of cannabis they are accessing, the impact this can have on their mental health and the support available to them, their interaction with the criminal justice system as users and dealers of cannabis, and who they and their families can turn to for information and guidance on cannabis.

## Key Findings

### Access to cannabis, cannabis potency and mental health

A national poll commissioned by Volteface reveals that young people perceive cannabis to be easier to purchase than alcohol. Cannabis can be easier to obtain than alcohol because – as an illegal drug – there are no age restrictions on its purchasing and it is commonly distributed through peer networks. The rise of social media platforms, such as Snapchat and Instagram, has also facilitated easy access for young people.

A 2018 study revealed that nearly all of the cannabis available to buy on the black market is of a high potency variety. This is concerning as evidence indicates that early use of high potency cannabis can have a detrimental effect on mental wellbeing.

In line with this, statistics show that hospital presentations for cannabis-related mental health problems have increased for young people and, for some conditions, at a higher rate than adults. Volteface's poll identified that one-third of 16 and 17-year-olds who had tried cannabis felt that using cannabis had made them feel worried or down.

In contrast, Freedom of Information (FOI) requests have revealed that there has been a small decline in young people with cannabis-related mental health problems presenting at Child and Adolescent Mental Health Services (CAMHS). Although anecdotal reports suggest that young people are facing barriers to accessing these services, there is the possibility that they are presenting but that their condition is not being recorded. This knowledge gap restricts the extent to which local agencies such as CAMHS can adequately support young people and plan preventative measures.

### Cannabis and the criminal justice system

While fewer young people and adults are being criminalised for the possession and cultivation of cannabis, Volteface's research reveals that young people are increasingly being criminalised for offences involved in the supply of cannabis, while fewer adults are being criminalised for this.

Figures obtained through FOI requests show that prosecutions of adults for the offences of possession with intent to supply and supplying cannabis are falling, but the same decrease cannot be seen for young people. In fact, the number of young people being prosecuted – and then convicted – of these offences is increasing. This is significant and concerning.

Within the context of cuts to policing and a deprioritisation of supply by police on the ground, a decline in the use of Stop and Search and an emphasis in recent years on policies of youth diversion, the criminalisation of young people should be decreasing.

Volteface's research suggests that young people are increasingly dealing cannabis in the UK today, either being groomed by adults (with explicit or implicit coercion present) to do so on their behalf, or selling or giving it to their peers 'socially'. This could explain why they are increasingly being criminalised for supply offences. The decline in adult prosecutions for the offences of possession with intent to supply and supplying cannabis and the increase in more young people being prosecuted for these offences could indicate that more young people are being exploited by adults to deal cannabis on their behalf.

Cuts to young people's services offering support and intervention, a lack of opportunities, a desire for money and social status, as well as social media easily connecting young people with dealers, have been proposed as reasons that make young people increasingly vulnerable to becoming cannabis dealers.

## Education and public awareness

The Children's Inquiry argues that education and awareness around cannabis is not being prioritised.

This is a by-product of a lack of direction from the Government. Its draft Relationship and Sex Education guidance falls short of encouraging schools to provide an effective, evidence-based intervention around drugs. Inadequate training provided to teachers and educational staff around drugs also leaves the door wide open to poor practice where such education is delivered.

In the absence of good quality drugs education in schools, parents and guardians are not adequately equipped to educate their children on cannabis. Volteface's research reveals that the vast majority of local authorities in England and Wales have not run any campaigns or initiatives to ensure that parents are informed about the risks associated with cannabis in the past 10 years.

Parents are often directed to FRANK, a Government-funded drug education website, but this does not contain any information about cannabis potency, despite well-evidenced concerns regarding its effects on young people's wellbeing. Additionally, no public health body in the UK has a system in place to monitor the potency of cannabis.

## Conclusion

Volteface's findings paint a worrying picture of the effect of current cannabis policies on young people in the UK today. They are not being effectively safeguarded from the risk of potential harm to their wellbeing or life chances and multiple failings are compounding this risk.

## Recommendations

Viable steps can be taken to begin to tackle the concerns raised in this report and The Children's Inquiry suggests a number of recommendations for policy-makers to consider.

These include further investigation into the extent to which social media platforms are facilitating cannabis dealing among young people, and that dealing cannabis as a young person be considered a potential indicator of vulnerability, rather than criminality, and should be treated as a safeguarding concern, much like in instances of child sexual exploitation. Police and policy-makers should also consider applying diversion schemes to young people who are involved in the dealing of cannabis.

Greater investment in youth services could improve young people's life chances and provide earlier opportunities to stop them becoming involved in cannabis dealing.

This report suggests that drugs education should be delivered in schools at least yearly and a system should be put in place to monitor the delivery of such education. The Department for Education must ensure that those delivering drugs education are adequately trained and advised by drugs education experts.

Public health bodies should also consider the implications of cannabis potency and take steps to ensure that that public is informed of the harms associated with high potency cannabis.

The UK should look to emerging evidence from Canada and the US to see what impact a legal, regulated cannabis market could have on young people's wellbeing.



This report makes clear that a new and pragmatic conversation is necessary in the UK around cannabis and young people. One that is honest, both about the world in which today's young people are growing up in, and the consequences of cannabis policies as they stand.

The Children's Inquiry aims to be the start of that conversation.



# Introduction

As the most widely used illicit drug in the UK, cannabis arguably generates the most debate among the public, politicians and the media.

But, going beyond the rhetoric and soundbites of decades past, what is the evidence on what is actually happening on the ground today in terms of cannabis use, the support and information available to those using it and how cannabis laws are being enforced?

The Children's Inquiry is a fresh examination of cannabis in relation to one key cohort, young people, and considers how effectively the UK's policies on cannabis are safeguarding them from potential harm to their wellbeing and life chances.

Although young people's use of cannabis has remained fairly stable in recent years, this cannot be taken as a measure of the success of the UK's cannabis policies.

This report aims to provide a broad understanding of the different ways in which the UK's cannabis policies are impacting young people by considering three main areas: accessing cannabis and mental health, criminal justice and education.

The Children's Inquiry will begin by asking how easy it is for young people to access cannabis. As a Class B drug, the aim of Government policy should be to restrict access, particularly among young people.

The type of cannabis young people are able to access will then be reviewed, as well as how this impacts on their mental health and the support that is available should a young person experience problems. Where policies fail to restrict access, the type of cannabis available and the support systems in place for young people in terms of their mental and physical wellbeing assume far greater importance.

This report will then turn to the response of the criminal justice system to young people and cannabis. It will consider the extent to which cannabis laws are impacting on young people, compared to adults, particularly in relation to the supply of cannabis, as well as its possession and cultivation.

Finally, the education provided by the Government to young people and their families, in the school setting and beyond, will be examined. Education – if delivered correctly – can be an essential safeguard, equipping young people and those close to them with the knowledge necessary to reduce harm.

By looking at how cannabis policies are playing out in practice in these different areas, The Children's Inquiry seeks to provide a rigorous evidence-based review of the extent to which the UK's cannabis policies are protecting young people from harm.

## Methods

A number of Freedom of Information (FOI) requests were submitted to local and central bodies to garner a national picture of how the UK's cannabis laws are working in practice.

Bodies that have supplied responses in the form of data and statements include: The Ministry of Justice, the Scotland Justice Directorate, the Northern Ireland Department of Justice, local authorities, NHS trusts, the Department for Education, Ofsted, Public Health England, Public Health Wales, Public Health Scotland and Public Health Northern Ireland.

Alongside FOI requests, Volteface conducted extensive analysis public datasets.

A national poll was commissioned by Volteface and conducted among 16 and 17-year-olds to ascertain how



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easy it is for them to access cannabis, as well as asking other questions relating to their wellbeing<sup>1</sup>.

To better understand emerging trends in the datasets, Volteface conducted 40 interviews with a range of stakeholders, including young people, parents, police, mental health professionals, educators and public health professionals.

A policy consultation was then conducted with experts in children's services, drug services, criminal justice, policing and mental health to guide the recommendations made in The Children's Inquiry.

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<sup>1</sup> Volteface commissioned Survation to conduct the poll and a 1035 sample size was used.

# Access

Young people are identified as a group particularly vulnerable to the harms of cannabis, with younger age of onset of use associated with more deleterious effects and increased longer-term likelihood of harm. Examples of the harm associated with early onset cannabis use include: psychosis, depression, cannabis use disorder, anxiety and cognitive problems<sup>1</sup>.

## Polling Ease of Access

To evaluate how effectively UK policies are restricting young people's access to cannabis, Volteface commissioned a nationally representative poll that surveyed young people's ability to access cannabis and benchmarked this data against their ability to access a regulated substance, alcohol. "Access" was defined as young people's ability to purchase these substances.

The poll identified that young people consider cannabis to be easier to purchase than alcohol. 21% of young people think it is 'somewhat easy' or 'very easy' to purchase cannabis, whilst 18% of young people think it is 'somewhat easy' or 'very easy' to purchase alcohol<sup>2</sup>.

This disparity became more stark when filtering the responses of young people who had experience of using cannabis and alcohol. 21.8% of young people who have tried alcohol think that it is 'somewhat easy' or 'very easy' to purchase. However, young people who have tried cannabis are more than twice as likely to think that cannabis is 'somewhat easy' or 'very easy' to purchase (44.1%). As young people who have used a substance are likely to have more knowledge and experience of the challenges of purchasing that substance, their account is likely to be more accurate than those who have not tried that substance.

It also appears that cannabis can be purchased even among younger children. The majority of young people (66%) who had tried cannabis had bought it aged 15 or under. A minority of young people (20.5%) who had tried alcohol had bought it aged 15 or under.

These findings indicate that current policies are, at best, limited in restricting young people's ability to purchase cannabis.

The poll's findings are particularly concerning as the data also reveals an association between access and use. Young people who had tried alcohol were 11.6% more likely to think alcohol was 'somewhat easy' or 'very easy' to access. Equally, young people who had tried cannabis were 28.2% more likely to think that cannabis was 'somewhat easy' or 'very easy' to access. International studies have found a similar association, with a US survey of young people and parents finding that accessibility of alcohol is associated with significant increases in the trajectories of young adolescent alcohol use<sup>3</sup>. A literature review of alcohol control policies in the US similarly concluded that there is a causal relationship between restricting access and reducing use<sup>4</sup>.

1 Rioux, C. Castellanos-Ryan, N. Parent, S. Vitaro, F. Tremblay, RV. Séguin, JR. 2018. "Age of Cannabis Use Onset and Adult Drug Abuse Symptoms: A Prospective Study of Common Risk Factors and Indirect Effects". *The Canadian Journal of Psychiatry*.63(7), pp.457-464.

de Graaf, R. Radovanovic, M. van Laar, M. Fairman, B. Degenhardt, L. Aguilar-Gaxiola, S. Bruffaerts, R. de Girolamo, G. Fayyad, J. Gureje, O. Maria Haro, J. Huang, Y. Kostychenko, S. Lépine, JP. Matschinger, H. Mora, MEM. Neumark, Y. Ormel, J. Posada-Villa, J. Stein, DJ. Tachimori, H. Wells, JE. Anthony, JC. 2010. "Early Cannabis Use and Estimated Risk of Later Onset of Depression Spells: Epidemiologic Evidence From the Population-based World Health Organization World Mental Health Survey Initiative". *American Journal of Epidemiology*. 172(2), pp.149-159.

O'Shea, M. Singh, ME. McGregor, IS. Mallet, PE. 2004. "Chronic cannabinoid exposure produces lasting memory impairment and increased anxiety in adolescent but not adult rats". *Journal of Psychopharmacology*. 18(4), pp.502-8.

Large, M. Sharma, S. Compton, MT. Slade, T. Nielsen, O. 2011. "Cannabis use and earlier onset of psychosis: a systematic meta-analysis". *Archives of General Psychiatry*. 68(6), pp.555-61.

Cha, YM. White, AM. Kuhn, CM. Wilson, WA. Swartzwelder, HS. 2006. "Differential effects of delta9-THC on learning in adolescent and adult rats". *Pharmacology Biochemistry Behavior*. 83(3), pp.448-55.

2 Survey was conducted via online panel with a 1035 sample size. Invitations to complete surveys were sent out to members of the panel. Population sampled were all residents aged 16 and 17.

3 Komro, KA. Maldonado-Molina, MM. Tobler, AL. Bonds, JR. Muller, KE. 2007. "Effects of home access and availability of alcohol on young adolescents' alcohol use". *Addiction*. 102(10), pp.1597-1608.

4 Gruenewald, P. 2011. "Regulating Availability: How Access to Alcohol Affects Drinking and Problems in Youth and Adults". *Alcohol Research Health*. 34(2), pp.248-256.



A substance may also become more accessible to a young person after they have tried it, rather than access being a precursor of use. However, interviews with professionals working with young people made clear that it is more common for young people to first start using a substance when they know how to access it.

*“It’s unlikely that a young person would experiment with cannabis by getting a reference to it through music but be around a peer group that never mentions cannabis at all ... I’m not saying that doesn’t happen, it probably does, but it’s much more likely that young people have access to it already and then try it.”*

*- Area manager, children’s and young people’s services*

## Explaining Ease of Access

Interviews were conducted with parents, young people and practitioners to examine why some young people may consider cannabis to be easily accessible.

The most commonly proposed reason was that, because cannabis is illegal, there are no age restrictions on buying it, whereas young people must be 18 or over to purchase alcohol. As a consequence of stricter alcohol retail policies<sup>5</sup>, it is likely that a young person would be required to show ID when purchasing it. Moreover, as there is only a small illicit alcohol market in the UK<sup>6</sup>, most young people would have to try to purchase alcohol via a licensed shop, either themselves or through an adult.

*“It wouldn’t take you more than a minute to find somebody who would know somebody who would sell [cannabis] to you. It wouldn’t take you more than five minutes to go and find that person. So, in other words, it’s prolific, it’s easy, it’s accessible. It’s not much different to buying anything, except you don’t get it in a high street store, you have to get it on the street corner.”*

*- Parent*

Though some young people will buy cannabis directly from a dealer, it has been highlighted by the Joseph Rowntree Foundation, and reaffirmed in interviews, that cannabis is more likely to be distributed within ‘social supply’ networks, where peers will sell or give cannabis to one another<sup>7</sup>.

*“Where someone has friends who do it all the time... they don’t even always have to buy it because you can just share it whenever one person has money. So, people that don’t necessarily have a lot of money or even a job are able to smoke, daily, just by being friends with people that do.”*

*- Young person*

Distributing cannabis through social networks further dismantles barriers to access as young people may not need to have money or the contact details of the dealer.

Young people’s ability to access cannabis through such networks has expanded with the rise of social media platforms, such as Instagram and Snapchat, which have widened the reach of drug dealers and increased the number of contacts available to young people.

*“You have hundreds of drug dealers all over Snapchat, Instagram, where they have an account. They put up all of their stuff, they show off videos, they brag about what they have and then you can literally just Snapchat them. They’ll either use Snapchat or they’ll give you a phone number and then you have the contact and it’s so easy because on Snapchat or Instagram, people can share an account name. So, it’s even easier.”*

*- Young person*

Interviewees also commented that young people can now order cannabis online through the so-called ‘darknet’ and have it posted to them<sup>8</sup>.

These online avenues have become increasingly accessible, with research from market intelligence agency Mintel finding that, in 2016, 78% of parents with children aged between 10 and 15 said their child used a smartphone, up from

5 Home Office. 2010. New conditions for licensed premises in England and Wales: age verification and smaller measures. London: Home Office.

6 Snowden, C. 2012. Drinking in the Shadow Economy. IEA Discussion Paper No.43. London: IEA.

7 Duffy, D. Schafer, N. Coomber, R. O’Connell, L. Turnbull, P. 2008. “Cannabis Supply and Young People”. York: Joseph Rowntree Foundation.

8 Miniter, F. 2017. “[The Growing Force That Will Soon Reshape The Entire Internet](#)”. Forbes. December 30.

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71% in 2014<sup>9</sup>.

There are inherent reasons why cannabis is so easy to access, namely that there are no age restrictions and it is commonly distributed through peer networks. However, the rise of online platforms has facilitated ease of access and will continue to do so as more young people have unsupervised access to the internet. The unregulated nature of the UK cannabis market poses significant challenges to placing restrictions on its purchasing.

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9 Mintel. 2016. "[Kids switch off from laptops: Smartphones overtake laptops as UK teens and tweens device of choice](#)". August 15.



# Mental Health

To better understand the harms associated with early access to cannabis, it is also necessary to consider the potency of the cannabis available on the UK's streets today.

A recent study by Potter et al analysed a 460 representative sample of seized cannabis which revealed that nearly all of the cannabis available to buy on the black market is of a high potency variety (sinsemilla), increasing from 51% of market share in 2005 to 94% in 2017<sup>1</sup>. Highly potent varieties of cannabis will have high amounts of THC (Tetrahydrocannabinol), the psychoactive chemical in cannabis that gets users 'high', and low amounts of CBD (Cannabidiol), a protective chemical that mitigates against THC's negative effects.

The impact that high potency cannabis can have on mental health was documented in a study of 120 daily cannabis smokers, which concluded that those with higher levels of THC in their hair were associated with increased depression and anxiety<sup>2</sup>. High-potency cannabis use is also associated with an increased severity and likelihood of dependency or 'cannabis use disorder'<sup>3,4</sup>. But, due to the estimated time lag between use, dependence forming and entry into treatment<sup>5</sup>, this harm is more likely to be seen in adult years. A seminal study by Di Forti et al concluded that the "risk of individuals having a psychotic disorder showed a roughly three-times increase in users of skunk-like [high potency] cannabis compared with those who never used cannabis"<sup>6</sup>. Another study by Di Forti et al also found that daily use, especially of high potency cannabis, can drive earlier onset of psychosis<sup>7</sup>.

## Hospital Presentations

As the literature indicates that early use of high potency cannabis can have a detrimental impact on mental wellbeing, it would be expected that a rise in the accessing of mental health services would follow<sup>8</sup>.

When examining hospital presentations for cannabis-related mental health problems in England and Wales<sup>9</sup>, the data shows a sharp increase in presentations between 2012/13 and 2016/17.

»54.1% increase in under-18s presenting at hospitals with the primary and secondary diagnosis of 'mental health and behavioural disorders due to the use of cannabinoids'. A primary diagnosis is the main condition or symptom being treated and a secondary diagnosis is the condition that co-exists at the time of admission or develops subsequently.

»38.2% increase in under-18s presenting at hospitals with the primary diagnosis of 'mental and behavioural disorders due to use of cannabinoids'<sup>10</sup>.

1 Potter, D. Hammond, K. Tuffnell, S. Walker, C. Di Forti, M. 2018. "Potency of  $\Delta^9$ -tetrahydrocannabinol and other cannabinoids in cannabis in England in 2016: Implications for public health and pharmacology". *Drug Testing and Analysis*. 10(4), pp.628-635.

2 Morgan, C. Gardener, C. Schafer, G. Swan, S. "Sub-chronic impact of cannabinoids in street cannabis on cognition, psychotic-like symptoms and psychological well-being". *Psychological Medicine*. 42(2), pp.391-400.

3 Freeman, TP. Winstock, A. 2015. "Examining the profile of high-potency cannabis and its association with severity of cannabis dependence". *Psychological Medicine*. 45(15), pp.3181-3189.

4 Freeman, TP. Peggy, P. Kuijpers, W. Wisselink, J. Ravi, DK. Rigter, S. Laar, M. Griffiths, G. Swift, W. Niesink, R. Lynskey, M. 2018. "Changes in cannabis potency and first-time admissions to drug treatment: a 16-year study in the Netherlands". *Psychological Medicine*. 31, pp.1-7.

5 EMCDDA. 2017. "European Drug Report. Trends and Developments". Lisbon: EMCDDA.

6 Di Forti, M. Marconi, A. Carra, E. Fraietta, S. Trotta, A. Bonomo, M. Bianconi, F. Gardner-Sood, P. O'Connor, J. Russo, M. Stilo, SA. Marques, TR Mondelli, V. Dazzan, P. Pariante, C. David, AS. Gaughran, F. Atakan, Z. Iyegbe, C. Powell, J. Morgan, C. Lynskey, M. Murray, RM. 2015. "Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study". *The Lancet Psychiatry*. 2(3), pp.233-238.

7 Di Forti, M. Sallis, H. Allegri, F. Trotta, A. Ferraro, L. Stilo, SA. Marconi, A. La Cascia, C. Reis Marques, T. Pariante, C. Dazzan, P. Mondelli, V. Paparelli, A. Koliakou, A. Prata, D. Gaughran, F. David, AS. Morgan, C. Stahl, D. Khondoker, M. MacCabe, JH. Murray, RM. 2014. "Daily use, especially of high-potency cannabis, drives the earlier onset of psychosis in cannabis users". *Schizophrenia Bulletin*. 40(6), pp.1590-1517.

8 Due to the estimated 9 year time lag between first use of cannabis, dependence forming and entry into drug treatment, the impact of recent UK cannabis policies on dependence has not yet been seen.

EMCDDA. 2017. "European Drug Report. Trends and Developments". Lisbon: EMCDDA.

9 Northern Ireland were unable to provide data by specific diagnosis due to issues around disclosure. Scotland were unable to provide data for 0-17 year olds age bracket as doing so would exceed the Freedom of Information cost threshold.

10 This data includes presentations due to the use of Synthetic Cannabinoid Receptor Agonists (SCRAs), more commonly known as Spice. The NHS are unable to separate out data for cannabis and SCRA's as both are recorded under 'cannabinoids'. Interviewees commented that use of SCRAs is likely to apply to a very small amount of under 18 presentations as its use is more concentrated among adult populations, such as prisoners and rough sleepers.

Ralph, R. Williams, L. Askew, R. Norton, A. 2017. "Adding Spice to the Porridge: The development of a synthetic cannabinoid market in an English prison". *International Journal of Drug Policy*. 40, pp.57-69.

Williams, J. 2017. *The pale, wasted figures caught in a Spice nightmare that's turning Piccadilly Gardens into hell on earth*.

Williams, J. 2017. "[The pale, wasted figures caught in a Spice nightmare that's turning Piccadilly Gardens into hell on earth](#)". Manchester Evening News. June 26.

» 112% increase in under-18s presenting at hospitals with the primary and secondary diagnosis of 'mental and behavioural disorders due to use of cannabinoids- psychotic disorder'.

» 73.3% increase in under-18s presenting at hospitals with the primary and secondary diagnosis of 'mental and behavioural disorders due to use of cannabinoids- harmful use'<sup>11</sup>.

Where the cannabis-related mental health problem is a primary diagnosis, the rate of increase among young people (38.2%) is nearly double that of the adult population (19.2%). Young people have also seen a 112% increase in cannabis-related psychosis, whereas adults have seen a 11.5% increase.

The rate of increase in mental and behavioural disorders due to the use of cannabinoids among under-18s (54.1%) is also 9.2% higher than the general increase in mental and behavioural disorders recorded in this group<sup>12</sup>(44.9%).

## Primary Explanation

As cannabis use among young people has remained fairly stable in recent years, interviewees suggested that rising cannabis potency is likely to be driving need. This is particularly the case as, in the context of austerity, the number of hospital spaces is not increasing<sup>13</sup>.

*"Certainly, you have to be in a bad way to get into an acute mental health hospital, so these aren't the people with mild problems. There's competition, as it were, to get into hospital because year on year, the number of beds is decreasing, and decreasing drastically... you need to be more ill in 2018 than you would have been in 2008 to secure a psychiatric bed, at whatever age."*

- Lecturer in mental health

The national poll commissioned by Volteface showed that, of the young people who had tried cannabis, one-third felt that using it has made them feel worried or down (34.9%)<sup>14</sup>. Interviewees commented that this is a significant proportion of young people and has concerning implications for their present and future wellbeing.

*"I'm a psychologist clinician so I work in a service where we see young people who develop psychosis for the first time and there's no doubt that we see a significant number of cases who come to our service with psychosis because they have used street cannabis, that they describe as being the skunk type... When you look at the national rates of cannabis consumption in youngsters overall, they've gone down in the last decade, but what has really changed is the type of cannabis available, so my concern is that where the rate of cannabis use in young people in this country has gone down, and the type of cannabis they can access is only high-potency, perhaps we are seeing more adverse consequences on mental health, than we saw before."*

- Clinician scientist

This explanation, alongside young people's increased vulnerability to the harms of cannabis (see page 5), may be why, for some indicators, presentations are rising faster among young people than adults.

## Secondary Explanations

An increase in need will not solely explain the rise in presentations. Interviewees commented that, among practitioners, there is a growing awareness of the harms of cannabis, and clinicians are now more likely to recognise and diagnose a cannabis-related mental health problem<sup>15</sup>.

*"I think there is more awareness now that it can be a problem. On a societal level, people are often a bit more laidback about cannabis as not being so harmful and I think for lots of people, it isn't. I think for lots of people, it's not as harmful as alcohol, for instance. But there is an awareness that, for some, it can be, so I think we're getting a bit more clued-up."*

- Clinical director

11 "A pattern of psychoactive substance use that is causing damage to health. The damage may be physical (as in cases of hepatitis from the self-administration of injected psychoactive substances) or mental (e.g. episodes of depressive disorder secondary to heavy consumption of alcohol)."

World Health Organisation. 2003. "Chapter V. Mental and behavioural disorders (F00-F99). Mental and behavioural disorders due to psychoactive substance use (F10-F19)".

12 The rate of increase mental and behavioural disorders among young people (44.9%) was calculated by the number of admissions of young people (aged under 18) with any mention of mental and behavioural conditions (diagnosis F10-F99), excluding neurological conditions.

13 Royal College of Psychiatrists. 2018. "Mental health trusts' income lower than in 2011-12".

14 200 weighted total response rate.

15 McCulloch, L. "Black Sheep". London: Volteface.



If the rise in hospital admissions has been partly driven by clinician awareness, it does not take away from the underlying concern that there is a cohort of young people who are experiencing cannabis-related mental health issues. Moreover, it could be that growing clinical awareness has been a reaction to rising need, rather than a phenomenon which has evolved separately.

The data can also be judged to be of sufficient quality as a 2012 systematic review of the accuracy of hospital coding data concluded that such data is sufficiently robust to be used for research and managerial decision-making (p.138)<sup>16</sup>.

Thus, the data can be judged to be of sufficient quality to make the case that, among young people, there is an emerging and pre-existing prevalence of cannabis-related mental health problems. This is in keeping with the findings of Volte-face's poll, which showed that more than one-third of 16 and 17-year-olds who have tried cannabis feel that using cannabis has made them feel worried or down. Though there will be some identification of pre-existing need by clinicians, the increasing dominance of highly potent varieties, and the relative ease with which they can be accessed, is likely to be increasing cannabis-related mental health problems among young people.

## Child and Adolescent Mental Health Service Presentations

If hospital presentations are being fueled by rising need, it might reasonably be expected that Child and Adolescent Mental Health Services (CAMHS) would be experiencing a similar rise in presentations. However, this is not the case. FOI requests reveal that CAMHS have, in fact, seen a 4.5% decline in presentations for 'mental health and behavioural disorders due to the use of cannabinoids' between 2012/13 and 2016/17.

The divergence between hospital presentations and those for CAMHS may be the result of young people presenting at CAMHS but being unable to access the service due to shrinking capacity as a result of austerity<sup>17</sup>. Where there is competition for spaces, interviewees commented that young people presenting with a cannabis-related mental health problem were unlikely to be prioritised.

*"The problem CAMHS is facing is that there's a whole range of conditions that are competing for attention – eating disorders, young people self-harming. I think they're being pushed and pulled all over the place, and with very limited resources. So in some ways, I don't agree with it, but I can understand why you might think, 'well, somebody who's got a problem with cannabis is not the top of the hierarchy'. If I've got a five-stone girl in front of me who is not eating or drinking much, that becomes life-threatening. Are problems due to cannabis life-threatening? In the main, they're not. That's the state of the services keeping people alive, which isn't brilliant, really."*

- Lecturer in mental health

However, there are doubts over whether community-based CAMHS have experienced more budgetary cuts than acute hospitals, where a significant rise in presentations has been seen. Interviewees explained that the rise in hospital presentations could indicate that, at the point a young person presents at a hospital, their cannabis-related mental health problem is acute enough and can successfully compete for attention.

*"People who use substances are either able to cope in the community and when they reach a certain threshold they present as so disturbed that when they turn up in A&E, they don't get referred the following day to the community service, they are admitted on the spot."*

- Clinician scientist

Stigma can create further obstacles, with a literature review from the National Institute for Health and Care Excellence (NICE) finding that, in community health and social care services, there is "evidence of barriers related to stigma and negative attitudes towards people with a dual diagnosis"<sup>18</sup>.

<sup>16</sup> Burns, EM, Rigby, E, Mamidanna, R, Bottle, A, Aylin, P, Ziprin, P, Faiz, OD. 2012. "Systematic review of discharge coding accuracy". *Journal of Public Health*. 34(1), pp.138-148.

<sup>17</sup> Royal College of Psychiatrists. 2018. "[Mental health trusts' income lower than in 2011-12](#)".

<sup>18</sup> Marcus, E, Brown, M, Stockton, S, Pilling, S. 2015. "Severe mental illness and substance misuse (dual diagnosis): community health and social care services. Draft Review 2: Service user, family and carer, provider and commissioner views and experiences of health and social care services for people with a severe mental illness who also misuse substances. A Systematic Review." London: NICE, pp.55-58.



*"If a young person goes to their GP and says they want to be referred into CAMHS but also says they're smoking cannabis, the GP will more often than not turn around and say, 'you have got to deal with the cannabis first, reduce or stop the cannabis use and the referral can go in'."*

*- Young person's drug and alcohol practitioner*

Concern around stigma could be stopping young people from presenting at services. As cannabis is illegal, interviewees commented that young people might be reluctant to tell their parents or a professional that they have developed a problematic relationship with it and, equally, parents may be reluctant to tell authorities. It was also reported to Volteface that young people feared being judged as weak by their peers. A systematic review of quantitative and qualitative studies that examined the impact of mental health-related stigma on seeking help found that young people were disproportionately deterred by stigma<sup>19</sup>.

Interviewees commented that families may also be reluctant to tell authorities that their child has developed a problematic relationship with cannabis due to fear of judgement. A vignette design population survey found that "family stigma related to drug dependence... is worse than for other health conditions, with family members being blamed for both the onset and offset of a relative's disorder and likely to be socially shunned" (p.239)<sup>20</sup>.

*"The help is asked for when it gets to a point of crisis or to a point of where it is substantially impacting the young person and their ability to function."*

*- Youth worker*

It was also reported to Volteface that families could attempt to present at services, but be unclear about how to access support.

*"In terms of community support, it was out there but I found it difficult. It wasn't easily signposted and, when it was signposted, it was confusingly so. The example I give when I try to illustrate that is if I went to a doctor and the doctor said 'you've got diabetes', when I went home, I'd go, 'hey, everybody. I've got diabetes. What are we going to do about it?'. Google it, read every book about it, go to the diabetes experts. I'd be onto it like that. [Snaps fingers]. With this, it was 'what do I do?' There was no one to say, 'go here' or 'go there', 'do this, do that'. Everywhere I went, somebody would confuse me further by saying 'actually, go there' or 'go there'. So, it took a lot of time to sink my way through what was being presented to me in terms of how to help my son."*

*- Parent*

Interviewees explained that the potential consequences of barriers to access are that young people may circumvent community mental health services and present at hospital, stay out of services or deteriorate and present at hospital with an acute cannabis-related mental health problem. Therefore, barriers to accessing CAMHS may also be having a causal effect on rising hospital admissions.

## Reluctance to Diagnose

It cannot confidently be known whether or not young people are presenting at CAMHS as, within this service, there can be a reluctance to diagnose or use diagnostic coding. 46.9% of NHS trusts responded to Volteface's FOI request but were unable provide data on how many people were presenting to CAMHS with cannabis-related mental health problems. Cited reasons included: a lack of routine use of ICD-10 codes meaning the data would not reflect the service user population; that the data was not monitored so would require a manual trawl; and that trusts did not use diagnostic codes, ICD-10 codes or record cannabinoids.

Interviewees said that a reluctance to diagnose may be guided by a philosophy found in CAMHS.

19 Clement, S. Schauman, O. Graham, T. Maggioni, F. 2015. "What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies". *Psychological Medicine*. 45(1), pp.11-27.

20 Corrigan, P.W. Watson, A.C. Miller, F.E. 2006. "Blame, shame, and contamination: the impact of mental illness and drug dependence stigma on family members". *Journal of Family Psychology*. 20(2), pp.239-246.



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*“In healthcare it’s classically medical doctors who make diagnoses. They are very much in the minority in CAMHS services and [the problem] tends to be more psychologically viewed and more what’s called ‘systematic’, so taking people in their wider environment, taking people in terms of their family and what’s going on around them and less focused on finding a diagnostic cause... I think they are anxious about what can be a blip in the young person’s life and not trying to label them.”*

*- Clinical director*

This lack of recording is problematic because it results in a gap in information which can make it challenging to fund, commission and deliver services in an environment where service provision is increasingly led by evidence-based local need<sup>21</sup>.

*“If you don’t understand the problem, how can you treat it? How does one make the case for resource without the evidence to back it up? When services go to the commissioners, to the clinical commissioning group, to the Government, with ‘we need this’, the first question is ‘what do you need, and why, and how much of it do you need?’. And if you can’t provide that information... Without the datasets it resorts to anecdotes and that tends to be a really soft way to win resources, it makes it harder to provide care... To me, it’s a call to arms, people have to record it so you know what you’re dealing with.”*

*- NHS trust medical director*

Though a reluctance to use diagnostic codes may be guided by goodwill and a desire not to prematurely stigmatise, by not recording young people’s mental health experiences, it becomes more difficult to understand the challenges they are facing and how to respond appropriately. Thus, it cannot be confidently known whether or not young people experiencing cannabis-related mental health problems are coming up against barriers to accessing CAMHS as they may be presenting at services, but their condition may not be recorded. This knowledge gap restricts the extent to which agencies can adequately support young people and plan preventative measures.

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<sup>21</sup> Local Government Association. The University of Birmingham. ADASS. Department of Health. Think Local Act Personal. 2015. Commissioning for Better Outcomes. London: Local Government Association.

# Criminal Justice

To understand how cannabis laws are being enforced, in relation to both young people and adults, Volteface submitted FOI requests to the Ministry of Justice asking how many prosecutions and convictions there have been for cannabis-related offences in England and Wales over the past five years – 2012/13 to 2016/17<sup>1</sup>.

The figures<sup>2</sup> provided by the Ministry of Justice in response show that:

*Both young people and adults are being criminalised less for the offence of possession of cannabis.*

- » Prosecutions and convictions for young people have decreased by 53.4% and 57.1% respectively
- » Prosecutions and convictions for adults have decreased by 31.3% and 31.6% respectively

*The criminalisation of young people and adults for the offence of cultivating cannabis has decreased.*

- » Prosecutions and convictions of young people have dropped by 78.8% and 88.1% respectively
- » Prosecutions and convictions of adults have dropped by 62.4% and 60% respectively

*The criminalisation of young people for the offence of possession with intent to supply cannabis has slightly increased, while decreasing for adults.*

- » Prosecutions and convictions of young people have risen by 5.5% and 5.1% respectively
- » Prosecutions and convictions of adults have fallen by 22.1% and 10.6% respectively

*More young people are being criminalised for the offence of supplying cannabis, at the same time as fewer adults are being brought before the courts for this offence.*

- » Prosecutions and convictions of young people have increased by 14.5% and 25.6% respectively
- » Prosecutions of adults have decreased by 16.4% and there has been a 1.4% increase in their convictions

## Supply Trends

In recent years, debate around the policing of cannabis has focused on its possession, with a number of police forces, such as Durham<sup>3</sup>, Derbyshire and Dorset<sup>4</sup>, supporting no longer targeting individuals for possession of cannabis or its cultivation for personal use and, instead, prioritising tackling the supply of cannabis through targeting dealers, gangs and organised crime.

In line with this, the figures obtained by Volteface show that the criminalisation of both young people and adults for possession and cultivation of cannabis has, indeed, declined nationally.

However, a more complex picture emerges with regards to supply.

Although the figures show that prosecutions of adults for the offences of possession with intent to supply and supplying cannabis are falling, the same decrease cannot be seen with regards to young people. In fact, the number of young people being prosecuted – and then convicted – for these offences is increasing. This is significant and concerning.

<sup>1</sup> The data presented is likely to be an under-representation as some prosecutions and convictions may still be pending and hence not yet recorded, particularly for the periods 2015/16 and 2016/2017. Criminal justice bodies in Scotland and Northern Ireland were unable to provide data on outcomes for cannabis-related offences as recording for these offences is grouped with other Class B drugs

<sup>2</sup> The figures provided by the Ministry of Justice represent a 100% response rate.

<sup>3</sup> Gayle, D. 2015. "[Durham police stop targeting pot smokers and small-scale growers](#)". The Guardian. July 22.

<sup>4</sup> Gayle, D. 2015. "[Police won't target pot smokers and small-scale growers, say commissioners](#)". The Guardian. July 22.



Cuts to policing in recent years – officer numbers dropped by nearly 22,000 between 2010-2017<sup>5</sup> – may explain why adult prosecutions for these offences are falling. Despite the stated intention of police forces to focus on tackling supply, stretched resources could mean that this is not actually happening on the ground.

Even where supply is being prioritised, those Volteface spoke to explained that organised crime will take priority over the targeting of adult dealers who are growing and selling cannabis but are not affiliated to gangs.

*“It’s more about what comes along, cops haven’t got the time to go and look [for adult dealers]... If we had an organised crime group controlling a number of houses or a large warehouse cultivating cannabis that would be a priority because it’s linked to organised crime. An [adult] cultivating in their flat is going to drop down the list.”*

- Police Inspector

Given this context of police cuts and a deprioritisation of supply – as well as a decline in the use of Stop and Search in recent years<sup>6</sup> and an emphasis on policies of youth diversion, which is aimed at preventing young people from ending up in court or in prison<sup>7</sup> – it must be asked: why are prosecutions and convictions of young people for the supply of cannabis not falling, when it can reasonably be expected that they should be? Even more worryingly, why are prosecutions and convictions of young people increasing?

Having presented our data to young people and professionals working in this field, it was reported to Volteface that young people today increasingly see dealing cannabis – either on behalf of adults or ‘socially’ to their peers – as a viable option to make money and obtain status among their peers.

As it goes against trends in criminal justice policy, it is unlikely that the increase in their prosecution and conviction reflects an ‘active’ criminalisation; a result of a choice made by police to target and criminalise more young people.

If more young people are increasingly becoming involved in the supply of cannabis, carrying larger quantities of cannabis around with them, this could explain why more young people are being prosecuted and convicted of this.

In a national poll commissioned by Volteface of 16 and 17-year-olds, 29% of young people who had tried cannabis said they believe that the people selling cannabis in their local area can be best described as being under 18.

That prosecutions of adults for the offences of possession with intent to supply and supplying cannabis are decreasing while, at the same time, more young people are being prosecuted for these offences could be an indication that more young people are being exploited by adults to deal cannabis on their behalf. Thus, as the criminalisation of one group has decreased, the other has increased.

Interviewees commented that, despite adults most likely being the suppliers of cannabis to young people who are involved in dealing – as they will often have the connections, money and ability to obtain or grow large amounts of cannabis themselves – they require detection and are therefore increasingly evading criminalisation by police. Young people, in contrast, are more visible, congregating on the streets or dealing cannabis on their bikes.

In this way, it has been suggested to Volteface that, more adults are getting away with dealing cannabis, while young people are increasingly being criminalised for it. This indicates a significant failure of Government policy.

*“It’s an interesting question: do the police take the approach of seeing these under-18s as children being exploited who should therefore be dealt with in some other way, as opposed to being criminals who should be punished? It’s interesting to see an increase [in the criminalisation] of under-18s... That does go against the direction of policy from 2008 which has been to divert young people away from the criminal justice system and the reason for that is, once they’re charged and convicted, they find it hard not to reoffend. So, it’s quite a dark finding.”*

- Policing policy expert

5 Home Office. 2017. Police Workforce, England and Wales, 30 September 2017. Statistical Bulletin 01/18. London: Home Office.

6 Home Office. 2018. “Stop and search. 11 May”. May 11.

7 “In the last decade there has been an 85% reduction in the number of children entering the system for the first time”. Youth Justice Board. 2018. “The Youth Justice Board for England and Wales Annual Report and Accounts 2017/18”. London: Youth Justice Board for England and Wales, p.6.

It is interesting to note that, as the rise in the prosecutions and convictions of young people for the supply of cannabis is unlikely to reflect an active criminalisation by the police, the figures provided by the Ministry of Justice are likely to be under-representative of the true scale of the problem of young people dealing cannabis on the ground.

## Grooming

While county lines – the subject of much political<sup>8</sup> and media attention<sup>9</sup> – involves high-level exploitation and grooming, in which young people are trafficked to different parts of the country by gangs to sell drugs such as heroin and crack cocaine, those Voltface interviewed said that this model has not, as it stands, taken hold with cannabis.

Instead, interviewees commented that young people are being targeted by adult dealers to deal cannabis on their behalf, usually for money or to get cannabis to smoke, with explicit or implied coercion involved.

Although the high-level exploitation of county lines will not be present in such situations, the young people involved are still vulnerable to adversely affecting their wellbeing and life chances.

Cuts to young people's services, which have the potential to intervene and offer support, was cited by one interviewee as a reason why young people are increasingly vulnerable to being coerced into dealing cannabis on behalf of adults. The rise of social media and its role in encouraging children's involvement in drug markets by making interaction with adults dealers easy and convenient, as well as exposing young people to others their age who are dealing cannabis, has also been given as a significant factor by academics.

Even if there is no explicit coercion involved, there is often implicit coercion at play – wanting to replicate the lifestyle of an adult dealer, gaining status, making money, getting cannabis to smoke, or learning the ropes to eventually start up as a dealer themselves, for example.

Given the power dynamics at play, this can leave young people vulnerable as they aim to please the adult dealer. Interviewees commented that this can include young people becoming involved in further criminality on behalf of adult dealers which, in turn, can affect their life chances through getting expelled from school or getting a criminal record.

*“A ‘shotter’ is a young person who is hired by a dealer to sell on their behalf... There’s a couple of reasons why young people do that, instead of selling on their own behalf. One is a lot of drug dealers are very territorial so if you try to sell in their area, you could get stabbed, attacked or just have your stuff taken. Two, to buy in large numbers and to make any reasonable profit, you need connections and the start-up cash... The most common thing is for people to start as a shotter until they can earn enough money to deal on their own. A lot of young people now see it as a viable way to make money.”*

- Young person

Young people who sell cannabis for an adult dealer are at greater risk of being criminalised as they are more likely to congregate on the streets where they can come to the attention of police.

Many young cannabis users obtain cannabis to smoke by dealing it on behalf of adults. It is therefore in the interests of adult dealers to keep these young people using cannabis. This is concerning, given the impact of high potency cannabis on the mental health of young people, detailed elsewhere in this report.

Young people dealing cannabis are most likely to be 17 years old. According to a national poll<sup>10</sup> commissioned by Voltface, of the young people who had tried cannabis, 24% of 17-year-olds had been encouraged to sell cannabis or been given cannabis to sell, compared with 3% of 16-year-olds. This suggests that young people are particularly at risk at transitional periods of their lives, such as leaving school, moving into sixth form or college or leaving home, when friendship groups and priorities can change. One interviewee commented that this was especially the case with care leavers.

*“Anything transitional for young people is turbulent. It’s about what’s going on for them at that time when GCSEs have finished, they’ll be going into work, into college, friends are changing.”*

- Youth worker

<sup>8</sup> Home Office. 2017. “Criminal Exploitation of children and vulnerable adults: County Lines guidance”. July. London: Home Office.

<sup>9</sup> Glass, K. 2017. County lines — a new form of modern-day slavery. The Sunday Times. December 3.

<sup>10</sup> 200 weighted total response rate.



The way in which police may be approaching young cannabis dealers could be seen as a departure from how they treat victims of crimes such as child sexual exploitation<sup>11</sup>. A change in perception of children as being vulnerable and not responsible for their own exploitation has also been driven forward in recent years around county lines<sup>12</sup>.

*“If a young person is exploited to deal drugs and burgle houses or commit robberies, we criminalise them even though they’ve gone through the same grooming process [as with child sexual exploitation]. Young people being criminalised and having the label of ‘drug dealer’ around their necks for the rest of their lives stops them from getting into college, universities, getting jobs, travelling abroad. They’re put into a situation which is not their making.”*

- Neighbourhood police officer

It is worth noting that, according to those Volteface interviewed, this model of grooming is more common in inner cities.

## ‘Social Selling’

According to Volteface’s interviewees, it is also increasingly common for a young person wanting respect and status, money, or simply something to do, to start buying cannabis – most likely from an adult or from another young person who has bought it from an adult – and then start giving or selling it to their friends ‘socially’.

Although coercion or exploitation, on the face of it, is not involved, this can still leave young people vulnerable.

Many of those Volteface interviewed emphasised that a lack of opportunities and services for young people today make them vulnerable to going down this path. Academics have also cited the rise in young people wanting, and being pressured, to obtain status and respect from their peers by dealing drugs, rather than finding a legitimate form of employment, such as working in a supermarket, which lacks ‘street credibility’.

The widespread use of mobile phones and social media has meant that young people can now easily arrange to meet with inconspicuous adult dealers or sell cannabis to one another.

*“A lot of young people supply their friends, but they’re not drug dealers for the community... It’s ‘I’m the one who knows the dealer, I’ve got a hundred mates in my year who smoke weed therefore I can be a little entrepreneur, but I’m not really a drug dealer’. It’s still supplied by a cultivation done by adults. You can see why vulnerable young people who don’t have money or self-esteem, have been kicked out of school or feel disenfranchised, do it.”*

- Substance misuse worker

*“You get a lot of people that are too young to get a job and they want money. Some are doing badly in school, they see it as the only way to ever make any real money. A lot of people just enjoy it and it’s a way for them to fund their use.”*

- Young person

Interviewees explained that the risks that come with young people selling cannabis to their friends can include coming into contact with the criminal justice system – as Volteface’s figures show – and getting a criminal record for an offence relating to the supply of cannabis; being robbed by adult dealers (one youth worker commented that he knew of several cases where this had happened in recent years); being vulnerable to involvement in other forms of criminality; being excluded from school; or mental health problems from constantly being around and smoking highly potent varieties of

11 “That children and young people may appear to cooperate cannot be taken as consent: they are legally minors and subject to many forms of coercion and control”.

Sharp-Jeffs, N. Coy, M. Kelly, L. 2017. “Key Messages from Research on Child Sexual Exploitation: Police”. London: Centre for Expertise on Child Sexual Abuse & London Metropolitan University.

12 Home Office. 2017. Criminal Exploitation of children and vulnerable adults: County Lines guidance. July. London: Home Office.

cannabis.

However, it was explained that, young social sellers often do not view themselves as cannabis 'dealers', leaving them naive to the consequences of this, legal and otherwise.

## Youth Diversion

Youth diversion schemes can be used by police in cases of low-level offending. Instead of receiving a formal caution or being arrested and then charged and prosecuted and ending up with a criminal record, the principle behind youth diversion is to avoid placing young people into the criminal justice system as evidence shows that early interaction with it makes it more likely that they will go on to reoffend.

During the course of this research, one such programme – focusing specifically on young people and drugs – that Volt-eface was made aware of is the Kent Youth Drug Intervention Scheme (KYDIS)<sup>13</sup>. This is aimed at young people found, on the first occasion only, in possession of a Class B or C drug or where it is suspected that they are at risk of misusing drugs. It is a confidential, one-to-one intervention covering drugs education, the law, prevention of drug misuse, harm reduction and the impact of drug offending.

KYDIS is not intended for those caught in possession with intent to supply or supplying drugs such as cannabis. Whether such diversion schemes should also apply to young people who are dealing cannabis is worthy of consideration by police and policy-makers.

Although supply offences may not seem to constitute low-level offending, whether young people's involvement in such crimes should be seen as an indicator of vulnerability, rather than criminality, should be considered, as it has with regards to child sexual exploitation and county lines.

## Policy Failure

That the criminalisation of young people for being involved in the supply of cannabis is not decreasing, but is actually showing an increase, is a significant failure of Government policy.

The fall in adult prosecutions for offences involving the supply of cannabis, at the same time as an increase in this outcome for young people, could indicate that young people are increasingly being exploited by adults (with explicit or implied coercion present) to deal cannabis on their behalf. The increase could also be the result of more young people selling cannabis 'socially' to their peers.

In both cases, the UK's current policies are allowing a state of affairs in which young people are increasingly getting caught up in dealing cannabis and see it as a viable option to obtain respect and status among their peers, to make money, and to get cannabis to smoke. The rise of social media has facilitated this, easily connecting young people with adult cannabis dealers or others their age who are dealing the drug.

Where youth diversion is implemented by police forces, it may not apply to young people in relation to offences involving the supply of drugs.

That it is increasingly normal for young people to be able to buy cannabis, become involved in its dealing and then be prosecuted and convicted for being involved in its supply – with all the risks to their physical and mental wellbeing that this brings and the disadvantages resulting from coming into contact with the criminal justice system at an early age – is extremely concerning and indicative of a failure of Government policy to protect young people.

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<sup>13</sup> Kent Police. 2014. [O34 Kent Youth Drug Intervention Scheme / Medway Drug and Intervention and Support Programme](#). September 14.





# Education

The Children's Inquiry has found that good quality education on cannabis for young people in the UK is lacking, compounding concerns that they are not adequately being safeguarded against the risk of harm.

As it is the most commonly used drug in the UK<sup>1</sup>, cannabis should be a part of drugs education and at the forefront of any interventions.

Research by the Cochrane Drugs and Alcohol Group shows that universal drugs education programmes targeting young people can have an impact on the prevention of substance misuse<sup>2</sup>. Mentor, a charity specialising in drugs education, states that even interventions with a modest impact can be effective<sup>3</sup>.

*"There is sound research that says if young people do have the right access to proper evidence-based drug prevention and education work it can change the odds and increase the chance of young people making healthier and safer choices. And when they don't have that support, they're at a greater risk of making the wrong choices and we know what impact that can have in the long-term."*

- CEO of drug education service provider

However, in 2015, only 48% of students received drugs education once per year or less, according to a study carried out by Mentor<sup>4</sup>. A report by Ofsted found that, in 2012, 40% of schools inspected were delivering poor or inadequate Personal Social and Health Education (PSHE) lessons. Since this report, Ofsted has not inspected PSHE lessons in schools in England again<sup>5</sup>.

Volteface submitted FOI requests to local authorities, asking how many education initiatives or programmes had been provided to young people in schools, specifically around cannabis. In response, 90% of local authorities in England and Wales said that they had not commissioned any programme of this nature in the past 10 years (2006/07 to 2016/17)<sup>6</sup>.

In July this year, the Department for Education published a draft consultation document, 'Relationships Education, Relationships and Sex Education (RSE) and Health Education', which is set to be introduced in September 2020. This draft document will make health and wellbeing education a mandatory requirement for all state schools in England, which according to the guidance, includes drugs education.

*"Pupils should know the facts about legal substances and illegal substances, including drug-taking, and the associated risks, including the link to serious mental health conditions. The law relating to the supply and possession of illegal substances. The physical and psychological risks associated with alcohol. Consumption and what constitutes (relatively) safe alcohol consumption. The physical and psychological consequences of addiction, including alcohol dependency. Awareness of the dangers of drugs which are prescribed but still present serious health risks. The facts about the harms from smoking tobacco (particularly the link to lung cancer), the benefits of quitting and how to access support to do so<sup>7</sup>."*

- Draft consultation document

While this is a step forward, concerns remain with regards to how such interventions are to be delivered, how drugs education will be monitored, and how much drugs education will actually take place. For example, the draft consultation document states that schools must deliver this content "by the end of secondary" education, rather than on a regular basis of study, meaning that some young people may only ever receive a one-off drugs education session once in their entire school education.

1 NHS Digital. 2018. "Statistics on Drug Misuse: England". Leeds: NHS Digital.

2 Foxcroft, D. and Tsertsvadze, A. 2011. "Universal school-based prevention programs for alcohol misuse in young people". Cochrane Database of Systematic Reviews.

3 James, C. 2011. "Drug prevention programmes in schools: What is the evidence?" London: Mentor.

4 Thurman, B. and Boughelaf, J. 2015. "We don't get taught enough" An assessment of drug education provision in schools in England. London: Mentor.

5 Ofsted. 2012. "Not yet good enough: personal, social, health and economic education in schools. Personal, social and health education in English schools in 2012". London: Ofsted.

6 The figures provided by local authorities in England and Wales represent an 87.5% response rate.

7 Department for Education. 2018. "[Relationships Education, Relationships and Sex Education \(RSE\) and Health Education. Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers](#)". Draft Consultation. July.



A similar situation exists in Wales, Scotland and North Ireland, where it is advised that drugs, alcohol and tobacco are discussed with students, but no system of monitoring or specific guidelines on frequency are provided.

The Scottish Government's report 'What works in drug and alcohol prevention?' examined the available evidence on drugs education and concluded that "while the evidence does not show clear findings about how long or concentrated a programme should be, there is agreement that programmes need to be of sufficient intensity and duration to influence change and no reviews suggest the use of a one-off single session<sup>8</sup>".

The Department for Education's draft consultation document also makes no recommendation that drugs education should be delivered as a specialist intervention or consultation, unlike for eating disorders and extreme weight loss which the guidance states "are a specialised area and schools should access qualified support or advice as needed. They should avoid addressing them without that support<sup>9</sup>".

As it is not advised that teachers have access to qualified support or advice around drugs education, teachers are often left ill-equipped to deliver it.

*"Teachers often get really, really put out by the idea of doing drugs education. They really don't know how to go about it. They don't really know where the research is. I don't think it is necessarily very easy to find that evidence either, obviously there's really good work done by people like Mentor – ADEPIS (Alcohol and Drug Education and Prevention Information Service) but it is very much at the fringe of what schools are thinking about."*

- Former PSHE trainer

The lack of guidance enables a system in which malpractice can easily occur. As schools are not given any direction, the door is left open for drugs education to be delivered by practitioners who may be unqualified or provide young people with inappropriate messages.

*"There is definitely a potential for bad practice to occur within schools. Teachers are left without any real preparation or guidance when they are covering the intervention. I have been made aware of numerous practitioners going into schools and the schools not knowing if they had the right experience or if they were using the right tools to educate the kids. I have known about certain religious groups going in and giving a type of education which is based more on ideology than science. From a parent's point of view this is quite worrying."*

- Former PSHE trainer

The lack of effective drugs education in schools across the UK is putting young people at a greater risk of harm.

8 Scottish Government. 2016. "[What Works' in Drug Education and Prevention?](#)" Scottish Government. December 7.

9 Ibid



# Public Health Information

In the absence of effective drugs education in schools, parents and guardians should be well-placed to provide this information to their children.

Research on the effectiveness of public health campaigns suggests that such programmes can change behaviours and play a key role in ensuring a population is informed of relevant health risks<sup>1</sup>. Volteface examined what steps the Government is taking to ensure that parents are given up-to-date information on cannabis.

FOI requests were sent to every local authority in the UK asking what policies or procedures they had in place to ensure that parents are informed about the risks of cannabis so that they can better safeguard their children. Of all the local authorities or councils that responded, only 3% had run a campaign or programme to ensure that parents were informed about the risks associated with cannabis in the past 10 years<sup>2</sup>. Of all the local authorities who stated they did have a policy or procedure to inform parents on the risks of cannabis, only one had a monitoring system in place.

FOI requests were also sent to Government departments responsible for public health to ascertain whether relevant information is disseminated to those who need it<sup>3</sup>. The responses showed that no public health body in the UK has a system in place to monitor the potency of cannabis and no single body provides an update on cannabis via any of its reporting channels. If local authorities were given relevant and up-to-date information on cannabis by the Government, it is more likely that proactive steps would be taken educate and inform parents.

In the absence of information from local authorities and public health bodies, parents are often directed to FRANK, a national online drugs education service established by the Department of Health and the Home Office in 2003. This website, despite continued Government investment, provides no information on cannabis potency even though clear and well-evidenced rises are taking place in this regard in the UK<sup>4</sup>. Since FRANK is advertised as an official platform for drugs advice and information, this is often a first port of call for parents.

*“The first thing I did when I heard [my son] was smoking cannabis was looked on the internet and saw talktofrank.com. It had quite a lot of information, but it was not until I spoke to someone who was from treatment that I was told that cannabis can come in different strengths.”*

- Parent

As FRANK does not provide the most up-to-date and relevant information on cannabis, parents are left in the dark and often turn to other parents for advice. However, interviewees told Volteface that it is unlikely for parents to have sufficient knowledge or understanding in this area.

*“In my experience, there was nowhere obvious to get information about it. In a way, the parents would have to figure it out for themselves as much as the children would. My experience has been informed by my generation’s experience of cannabis, which was that it was quite friendly and not terribly dangerous and was at the lowest level of types of drugs out there. Not particularly scary. It seems to me that there is no obvious place where parents can get information beyond just their own social contact with other people, what they hear and what they pick up from their own social groups. As things stand at the moment, everybody is just left to figure it out for themselves.”*

- Parent

*“I did start speaking to other parents, then it was quite clear that there was not much information and it made a lot of people uncomfortable. I think where I live there’s a real ambivalence with the issue, people are not aware of it and, if they are, it’s a bit like climate change – they are “cannabis impact deniers.”*

- Parent

1 Wakefield, M. Loken, B. Hornik, R. 2010. “Use of mass media campaigns to change health behaviour”. The Lancet. 376(9748), pp.1261-1271.

2 Volteface contacted a total of 436 city, local, district, parish and county councils to ask if they had a policy or procedure in place, as the responsible authority can differ according to locality. Of all the councils contacted, 41.6% replied and just 3% had a policy or procedure in place.

3 Freedom of information requests were sent to Public Health England, Public Health Wales, Public Health Scotland and Public Health Northern Ireland.

4 Potter, D. Hammond, K. Tuffnell, S. Walker, C. Di Forti, M. 2018. “Potency of  $\Delta^9$ -tetrahydrocannabinol and other cannabinoids in cannabis in England in 2016: Implications for public health and pharmacology”. Drug Testing and Analysis. 10(4), pp.628-635.

This absence of information was described by one professional as a “blind spot” in public health, which has suffered from a lack of funding and prioritisation.

*“Cannabis is a huge blind spot, I think, in public health issues. One, because there’s a general impression around its relative harm compared to cocaine and stimulants and opioids. There’s also a massive resource issue that these local authorities have lost their core spending power in the last seven or eight years so it’s drifted down the level of priority. So, anything that’s potentially going to be of a preventative emphasis is bound to attract less funds.”*

- Senior manager at drug education provider

Another interviewee suggested that this “blind spot” has developed because issues around cannabis play too small a part in wider public health debate.

*“There is a lack of information. Putting cannabis into the wider context of public health at the moment, we’re looking at illicit drugs as a very small part of the public health debate. There is only a limited section of the public health community that engages significantly with the illicit drugs issue in general, because it’s not at the significant level in the population that tobacco or obesity are. And when we look more specifically at our drugs policy, it’s about heroin and synthetic cannabinoids – these are the things that are cared about, the things that are seen as big health issues, the things that cause a lot of headlines and cause a lot of deaths, and are seen as drugs of addiction and dependence. Unlike cannabis, which is seen as recreational and therefore less of an issue.”*

- Public health charity spokesperson

With cannabis-related mental health problems rising significantly among young people, there is a clear need for public health bodies to provide parents with accessible and accurate information. The failure to do this is placing young people at a greater risk of harm.



# Conclusion

For each of the areas examined in this report, evidence has been presented setting out that the UK's current policies around cannabis are failing to adequately safeguard young people.

Of great concern is that the failings are multiple and multi-layered, that the existence of 'checks and balances' are non-existent, and that the potential for harm is being compounded.

The ease with which young people can access cannabis – which is increasingly of a high potency variety – is particularly concerning when considered within the context of Volteface's findings on mental health admissions to hospitals. For some diagnoses, a far greater increase is occurring in cannabis-related mental health problems amongst young people, compared with adults. There are reported to be barriers to young people accessing CAMHS, but, in the absence of accurate diagnostic coding, it is unknown if this group is accessing these services or not.

Volteface's findings on the increasing criminalisation of young people, compared to adults, for being involved in the supply of cannabis also raise serious questions. For too many young people, the cannabis market appears to be an easy way to make money and gain status in the absence of other opportunities and support. The growing normalisation of young people becoming cannabis dealers on behalf of adults or 'social sellers' to their peers, and ending up in the criminal justice system as a result of this, must be examined further.

Unfortunately, the failings in these areas are not being mitigated with a clear and effective system of education and prevention. Where drugs education is delivered in schools, it appears to be sparse, is rarely evidence-based and is not being monitored.

The Department for Education's draft guidance on relationships, sex and health education, to be introduced next year, falls short in not recommending that drugs education should be delivered as a specialist intervention in schools. The guidance also raises concerns about how drugs education will be monitored and how much will actually be delivered.

The same indifference is found in the Government's approach to educating parents and carers on cannabis through a lack of adequate public health provision. Parents and families are not given the information they need and are often left to conduct their own research, which is not only time-consuming, but can result in misinformation and confusion.

The Children's Inquiry makes clear that the UK's current policies on cannabis are not working for young people. In order to safeguard their mental and physical wellbeing and ensure that they do not enter adulthood with debilitating barriers in the way of their life chances, a fresh conversation around the UK's approach to cannabis and young people needs to take place. One which does not turn a 'blind eye' to the realities of cannabis use among young people and the world they are growing up in, but is an honest, evidence-based, creative debate that seeks to urgently protect young people from the failings of ineffective policy.

In the following section, recommendations are given that Volteface believes should be considered in order to begin to tackle the concerns raised in this report. Our hope is that policy-makers, politicians, public services, the media and members of the public will find them to be an innovative and interesting starting point into the complexities of this issue.

# Recommendations

## Recommendation 1

Young people's relatively easy access to highly potent varieties of cannabis has been further facilitated by the rise of online platforms, which provide a space for such products to be marketed. Hospital admissions data indicates that early use of high potency cannabis is having a detrimental impact on young people's mental health.

The Children's Inquiry recommends that there should be further investigation into how social media platforms, such as Snapchat and Instagram, are being used to facilitate cannabis dealing. This research should inform the new social media code of practice to be released this year that will set out minimum expectations on social media companies<sup>1</sup>.

## Recommendation 2

For young people experiencing cannabis-related mental health problems, anecdotally there are reported to be some barriers to accessing CAMHS (Child and Adolescent Mental Health Services). However, good data on the actual numbers presenting at CAMHS is lacking – a problem that appears to be driven, at least in part, due to some services not using diagnostic coding at all, or inconsistent use of coding.

This report recognises the limitations of diagnostic coding systems and the challenges to their validity, as well as the potential harm that can come from prematurely stigmatising young people through diagnostic labels. However, diagnostic coding can improve services by informing service provision and design, identifying the need for preventive measures and making a more effective case for resource. Moreover, in an environment where commissioning is increasingly outcome-based, it is likely that greater importance will be placed on recording and monitoring outcomes for specific diagnoses to secure future contracts.

It is recommended that CAMHS adopt ICD-10 diagnostic coding, use these codes on a routine basis and implement systems that monitor and report on this coding. Accurate diagnostic coding and local needs assessments will reveal if actions are required to improve service accessibility for young people with cannabis-related mental health problems.

## Recommendation 3

Volteface's research shows that more young people are being prosecuted and convicted of possession with intent to supply and supplying cannabis, while at the same time, fewer adults are being prosecuted for these offences. This suggests that young people are increasingly being exploited by adults to sell cannabis on their behalf, as well as the possibility that more young people are selling cannabis to their peers 'socially'. Cannabis dealing by young people is bringing them into contact with the criminal justice system, which can have an adverse impact on their life chances.

To protect against this, it is recommended that dealing cannabis as a young person be considered a potential indicator of vulnerability, rather than criminality, and should be treated as a safeguarding concern, much like in instances of child sexual exploitation<sup>2</sup>.

Police and policy-makers should consider applying diversion schemes to young people who are involved in the dealing of cannabis. Diversion schemes are programmes which aim to divert people away from the criminal justice system. Instead of being criminalised, young people could receive multiple meaningful interventions around issues that contributed to them committing the offence, be taught what the laws are around cannabis and be screened for signs of vulnerability and exploitation.

1 Department for Digital, Culture, Media & Sport. 2018. "Government outlines next steps to make the UK the safest place to be online". February 6.

2 HM Government. 2017. Tackling Child Sexual Exploitation Progress Report. February. London: HM Government.



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## Recommendation 4

The Children's Inquiry suggests that dealing cannabis is increasingly seen by young people in the UK as a viable option to make money and obtain status.

Earlier interventions are required to prevent young people from becoming involved in cannabis dealing. This approach will require investment in youth services that aim to build on self-esteem, confidence and improve life chances. This investment has been absent in recent years in the wake of cuts to the Early Intervention Grant which was reduced from £2.37 billion in 2012/13 to £1.32 billion in 2016/17<sup>3</sup>.

## Recommendation 5

To provide tailored support and interventions, further research is needed to better understand the profile of young people who sell cannabis and what their needs are. For example, their socio-economic background, whether they are NEET (Not in Employment, Education or Training) or care-leavers.

## Recommendation 6

Criminal justice bodies in Scotland and Northern Ireland were unable to provide data on outcomes for cannabis-related offences as recording for these offences is grouped with other Class B drugs. As cannabis is the most commonly used drug in the UK, these bodies should be recording outcomes for cannabis-related offences specifically, rather than grouping them with other Class B drugs.

## Recommendation 7

Although drugs education is included in the Department for Education's draft guidance on relationships, sex and health education in schools, concerns remain as to how such interventions will be delivered. The draft guidance states that a drugs education intervention just needs to be delivered once in a pupil's entire secondary school education. There is no system of monitoring in place or direction on how teachers should prepare to teach such a complex subject.

This report recommends that the draft guidance is amended to state that drugs education interventions must be delivered at least yearly to pupils and that a system is in place to monitor education delivery. This report also recommends that a system is put in place by the Department for Education that ensures those delivering drugs education are adequately trained and advised by drugs education experts.

## Recommendation 8

As it stands, the only Government-funded website on drugs, FRANK, does not contain up-to-date information for families on cannabis. Local authorities rarely provide awareness raising campaigns and parents are left to scour the internet and work out the complexities of cannabis for themselves.

Public health bodies should consider the implications of cannabis potency and take steps to ensure that the public is informed of the harms associated with high potency cannabis. This could be done through utilising existing alert systems, commissioning awareness raising campaigns and updating FRANK.

## Recommendation 9

Stakeholders should look to the evidence emerging from Canada and US jurisdictions to see what impact a legal, regulated cannabis market could have on young people's wellbeing.

In Canada, the case for legalisation has explicitly been made on the grounds of protecting young people. The Cannabis Act, passed in June 2018, seeks to: restrict youth access to cannabis; protect young people from promotion or enticements to use cannabis; deter and reduce criminal activity by imposing serious criminal penalties for those breaking the law, especially those who import, export or provide cannabis to youth; protect public health through strict product safety and quality requirements; reduce the burden on the criminal justice system; provide the legal production of cannabis to reduce illegal activities; allow adults to possess and access regulated, quality controlled legal cannabis; and enhance public awareness of the health risks associated with cannabis.

The Cannabis Act states that no person could sell or provide cannabis to any person under the age of 18 (in some provinces the age is 19). It creates two new criminal offences, with maximum penalties of 14 years in prison, for giving or selling cannabis to youth, and using a youth to commit a cannabis-related offence. The Act also prohibits: products that are appealing to youth; packaging or labelling cannabis in a way that makes it appealing to youth; selling cannabis through self-service displays or vending machines; and promoting cannabis, except in narrow circumstances where the promotion could not be seen by a youth. Penalties for violating these laws would include a fine of up to \$5million or three years in prison<sup>4</sup>.

The Canadian Government has also committed to spending close to \$46million over the next five years on public education and awareness activities to inform Canadians, especially youth, of the health and safety risks of cannabis consumption<sup>5</sup>.

Young people have been placed at the centre of the Canadian Government's proposed policies and assessing their outcomes would be a worthwhile exercise.

4 Government of Canada. 2018. Legalizing and strictly regulating cannabis: the facts (online). Available at:<<https://www.canada.ca/content/dam/hc-sc/documents/services/campaigns/27-16-1808-factsheet-the-facts-2018-en.pdf>> (Accessed 27 July 2018).

5 Government of Canada. 2018. Cannabis Public Education Activities, (online). Available at:<<https://www.canada.ca/en/health-canada/news/2018/06/cannabis-public-education-activities.html>> (Accessed 27 July 2018).



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