

Our ref: DE00000904264

Dear Ms Brett,

Thank you for your correspondence of 2 December to Jane Ellison about the 'Talk to FRANK' service and drugs misuse. I have been asked to reply and I apologise for the long delay in doing so.

The Government takes drugs misuse very seriously and its commitments are set out in its drug strategy 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life', which is available at:

<https://www.gov.uk/government/publications/drug-strategy-2010--2>

I know this – I attended the launch of this Strategy as I said in paragraphs 55 and 56 of my submission to The Education Select Committee's Consultation on PHSE which I attached to my letter. I told Ann Milton (Minister of Health) at the meeting that FRANK was neither accurate, reliable nor up-to-date. There followed a rather tetchy and patronising correspondence with a civil servant. With their agreement, I completely re-wrote FRANK's cannabis information (free) for their re-launch in the autumn of 2011. All but 2 very small items were ignored. An utter waste of my time!

Many young people can face great pressure to use drugs and the Government is investing in a range of programmes that have a positive impact on young people and adults, giving them the confidence, resilience and risk management skills to resist drug use. Ministers want all young people to have access to education and information about drugs at a time in their life when they may be considering taking them, thereby helping them to make informed choices and resist peer pressure.

'Informed choice' – In paragraph 12 of the PHSE Consultation I explained how impossible it is for children (as young as 7 – QCA guidelines) to properly choose. They are neither physically nor psychologically capable of choosing as their brains are extremely underdeveloped, and will not be fully mature until the twenties. Among the last areas to mature is the part that signals inhibition. I wish they did have access to (reliable and accurate) education and information but they don't. FRANK lets them down – very badly.

The current arrangements for drug education require all schools to teach pupils about the effects of drugs, alcohol, tobacco and other volatile substances and medicines. These issues should be covered, at appropriate levels of detail, throughout primary and secondary education as part of the curriculum for Personal, Social, Health and Economic (PSHE) education and as part of the national curriculum for science. I agree.

The Government's FRANK service provides information, advice and awareness about drugs. It is updated to reflect new and emerging patterns of drug use, including new psychoactive substances, and will evolve to remain in line with young people's media habits and strengthen advice and support relevant to their situations.

In the case of cannabis it is NOT up-to-date, contains wrong information and has many omissions. Paragraphs 20 to 43 (PHSE Consultation) summarise the harmful effects of cannabis while paragraphs 46 to 53 list the failings of FRANK. FRANK's cannabis information is NOT evolving.

In addition, Public Health England (PHE) will shortly launch 'Rise Above', a new resource aimed at 11 to 16 year olds, which helps young people build resilience and to make positive choices for their health. PHE is also supporting local areas in sharing evidence to support local commissioning and the provision of effective public health improvement activities. It has also provided toolkits to support local areas' responses on specific issues surrounding new psychoactive substances and other drug groups.

'Rise Above' has already been published – July 2014, and says:

'Over the last 10 years FRANK has built a brand which young people recognise as an unbiased, trusted source of information'.

Certainly not in my experience or that of my students, and the Druglink (Drugscope) Nov/Dec 2013 magazine featured a survey on drug use carried out that year by Nottingham City Council among nearly 500 school children in the city. It reveals some interesting facts: 54% had heard of the government's drug advice service, Talk to Frank. 2% visited the Talk to Frank website. 1% thought Talk to Frank was very helpful – hardly the seal of approval.

Ministers believe that the Government's approach is working and drug use among 11 to 15 year olds has been falling from its peak in 2003 .

For the last three years, regular use (at least once a month) of drugs by 11 to 15 year olds has been stubbornly stuck at 6%. Something's not right!

I will address the points raised in your correspondence and the article you refer to individually.

You state that FRANK costs around £5million a year. In 2013/14, £60,000 was spent on the FRANK website. This includes hosting, maintaining and updating the website. The helpline, web chat, answering emails and text message elements of FRANK cost an estimated £840,000. However, given that its services are provided as part of a larger contract covering several other helplines, the Department cannot accurately separate out all the costs associated with FRANK. Approximately £1million was spent on campaign and advertising activities.

An awful lot of money – squandered.

With regard to your comments about the rationale behind FRANK, its role is to provide impartial, reliable, accurate and confidential information and advice about drugs, so that people have all the relevant facts available to make an informed decision not to use drugs. For FRANK to be credible, it has to be impartial, knowledgeable and not omit relevant information, such as how drugs are used, especially when that information could save lives. An example would be to show that it can be easy to confuse a 'magic' mushroom with a poisonous and potentially toxic mushroom, or that drinking too much when you have taken ecstasy can be dangerous.

I have already said many times that FRANK information is not reliable, accurate or knowledgeable, and certainly does omit relevant and essential information.

FRANK advises that, 'Most people take between 1 and 5 g' of magic mushrooms, and 'People don't tend to eat fly agaric mushrooms raw as they can make you feel really sick'. It is NOT the job of the Government to tell children how to take drugs or to take them safely! Go down that route and you give them a green light to experiment. It is completely irresponsible. I know personally of at least one youth, following FRANK's harm reduction advice about cannabis who became psychotic – and still is. I have been told of others. I asked FRANK to remove their harm reduction on cannabis and they did comply. Astonishingly however - the FRANK Harm Reduction Service provides maps of various drop-in centres in the country which give advice and information about staying safe while using drugs (harm minimisation), needle exchange, safer injecting advice etc. It begs belief!

Article 33 of the Convention on the Rights of the Child, an International Treaty says, "States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties".

As you can see it is the drugs themselves that children are supposed to be protected from – NOT the harms of these drugs! Harm reduction advice is a betrayal of, and runs counter to an International Treaty to which Britain is a signatory.

You say that FRANK is 'based on the erroneous but determinedly non-judgemental assumption that children will take drugs anyway'. FRANK accepts that the majority of young people do not use drugs. However, the Government recognises that some young people will have questions about drugs and that a minority may be tempted to try drugs. They deserve to have access to impartial, reliable, accurate and confidential information and advice.

Yes they do and they are NOT receiving it.

The Department also notes your concern that FRANK plays down the damaging effects of cannabis. The Government is very clear that cannabis can have some very real, harmful effects on a user's mind and body, and has the potential to create longer-term problems, such as addiction and mental health problems.

It's all far too vague. Anyone who has had much to do with children (and I have taught biology to grammar school boys for over 30 years) must know that they want detail and in particular figures! One in ten people who ever try cannabis will become addicted and in children it rises to one in six. And, just this week it has been announced that The 2012 National Survey on Drug Use and Health in the USA found that up to half of daily marijuana smokers become addicted -- an estimated 2.7 million people in the U.S. 5.4 million people reported using marijuana daily or almost daily. According to treatment specialists, cannabis addiction is THE most challenging to treat. The vast majority of my pupils had no intention of ever taking drugs and desperately wanted true scientific facts to explain to their drug-using friends why they wouldn't be joining them.

Anyone taking too much cannabis at one time will suffer a transient psychotic episode (Murray et al 2009). And, Professor Sir Robin Murray said, in The Independent 24th January 2015, that 'studies show that if the risk of schizophrenia for the general population is about one per cent, the evidence is that, if you take ordinary cannabis, it is two per cent; if you smoke regularly you might push it up to four per cent; and if you smoke 'skunk' every day you push it up to eight per cent'. On Wednesday 18th February this year another paper appeared from the Murray team. Findings included: daily use of skunk roughly triples the risk of psychosis compared with non-users and skunk appears to be responsible for 1 in 4 of all serious new mental disorders. This is exactly the sort of information that children want and need – talk to them, get to know them, ask them what they feel about drugs. Their answers may surprise you!

The gateway effect of cannabis is a contentious issue. There are many factors that might influence an individual to use drugs and become dependent, such as any genetic pre-disposition to dependence, traumatic life experiences, peer pressure, environmental factors, early use of tobacco and alcohol, and a predisposition to indulge in risky behaviour. FRANK simply notes that there may be a gateway effect that some people believe that cannabis is a gateway drug and that using cannabis could lead to using other drugs like cocaine and heroin, but that many people who have used cannabis do not go on to use other drugs.

There is increasing evidence that there is a gateway effect simply with using cannabis. A Christchurch NZ study from birth concluded that the greatest single factor in progressing to other drugs is the use of cannabis, and on-going research in Sweden's Karolinska Institute has found that in animals, the use of cannabis "primes" the brain for the use of other drugs. The brain is altered, made more susceptible and sensitive. Evidence and references for all my information is in the scientific report on cannabis, 'Cannabis – a general view of its harmful effects', I was commissioned to write in 2006 by Iain Duncan Smith's Social Justice Policy Group (now the CSJ (Centre for Social Justice)). I regularly update it and it is available on our CanSS website (www.cannabisskunksense.co.uk). This information was contained in my submission to the PHSE Consultation that I attached. There is a section on the 'Gateway Effect'.

You also mention that a member of the FRANK team was one of the authors of 'A Summary of the Health Harms of Drugs' report. While a member of the FRANK team was part of the team that commissioned the report and provided comments and suggestions, they were not one of the report's authors.

'We would also like to thank Alex Fleming and colleagues at the National Treatment Agency for Substance Misuse and Mark Prunty and Tara Mean from the Department of Health'. This quote appears at the front of the report. Mark Prunty may not have been an author but he was undoubtedly involved with the production of this report from the John Moores Liverpool University, the birthplace of the harm reduction policy on drugs. Courses and qualifications on harm reduction are on offer. Remember that the policy (2010) of this coalition government was supposed to be Prevention! So why was a Harm Reduction University approached for the information? Harm reduction organisations always, in my experience, play down the damaging effects of cannabis.

With regard to your comments on skunk, as explained, the Government constantly reviews and updates FRANK. The line you quoted has not been used on FRANK's cannabis page for a long time. The page currently states that '...grass was normally imported and much weaker than the 'skunk' types of cannabis usually sold now. Skunk is a group of different types of strong herbal cannabis... and this group could pose even more risks because of their strength'.

Again this is not nearly detailed enough. 'How much stronger' was one of the commonest questions I was asked. In 2008 the Home Office conducted a potency study on cannabis. The average THC content of mid-seventies herbal cannabis, was less than 1% (UNODC). In the skunk of 2008, the THC content averaged 16.2% ranging to 46%. Of the cannabis seized, a massive 80% was skunk. The rest was hash (resin), around 4-6% THC. The Dutch equate a THC content of over 15% with our class A drugs, heroin and cocaine. Simple maths shows just how much stronger and more powerful is today's skunk. This was probably the most important fact that my pupils seized on to arm themselves with excuses to say 'No'. I would hazard a guess that the percentage of skunk used today is even higher! I gave all this information in written and oral evidence to The Home Affairs Select Committee. It was ignored. No-one listens.

However, the Frequently Asked Questions page on cannabis strength has not been updated, but will be updated as a matter of urgency to state: 'The most common forms of cannabis used today, often referred to as skunk, are, on average, stronger than the herbal cannabis that was used in the 1960s and through to the early 1990s. It is possible this has increased some of the risks of using it.'

'are on average, stronger than....' The figures have simply been cut out! The official potency study has now been available for the last 6+ years. Why on earth has it not been used to give solid figures on strength to warn our vulnerable children of the true dangers of this drug that bears no resemblance to old-fashioned weed. It is not only possible that skunk is more dangerous – it has been shown to be so. In 2009, Murray's team found that skunk users were 7 times more likely to suffer from psychosis than users of hash. This research was done over 5 years ago.

You also state that FRANK does not 'mention of the virtual absence of antipsychotic CBD in today's skunk – the ingredient that helped balance the psychoactive THC ingredient in old herbal cannabis'. The Government has previously considered including this information. However, there were concerns that this might encourage people to use skunk. For example, rather than seeing the absence of CBD as making skunk even more dangerous, some people may see the absence of CBD as a good thing as it makes skunk more powerful or gives a 'bigger' high.

This is unbelievable! It looks like the same reasoning has been used that lies behind the apparent reluctance to spell out the true THC potency of skunk. I would guess that the number of children with this 'twisted' thinking could be counted on one hand. To the rest it's yet another welcome reason to distance themselves from drugs. To withhold proven facts like this from the public is nothing short of gross negligence and a dereliction of duty. FRANK IS the official Government website for drug information and it appears to be considered acceptable to pick and choose what the public should be told. Remember that this site is not only for the use of children but adults, particularly parents. At school parents' evenings I was bombarded for literature that spelled out unequivocally all the harms of cannabis so they could use it to protect their offspring and convince any of them that viewed cannabis as a harmless drug that they were wrong. I would like to know just who on earth was the Government official who made this exceedingly ill-judged decision.

You say that FRANK does not include information about the 'persistence of cannabis in the body's (I used the words 'brain cells') cells. FRANK does state that cannabis can be detected in a urine test for up to three days after one-off use and up to two months for heavy users.

It's hardly the same thing! Children are not immediately going to work out exactly where the THC has been lingering i.e. in the brain. Nor will they reason out that this persistence in the brain cells will interfere with the total functioning of the brain unless they are told simply how the brain works, i.e. with chemicals called neurotransmitters. Children actually like using long words! And they love explanations, especially with diagrams.

Turning to the loss of IQ points over time and impaired executive brain functioning, whilst FRANK does not mention IQ points, it does state that 'Cannabis can affect the way the brain works. Regular, heavy use makes it difficult to learn and concentrate and research has linked cannabis use to poor exam results. This is a potentially serious risk if you're young, when the brain is still developing. People who take a lot of cannabis can also find they lack motivation'.

Again – too generalised. Children don't need to be patronised by being denied an explanation of why and how these undesirable effects occur. Appropriate scientific explanations tailored to age, work wonders. As understanding dawns, their faces light up and they can see why drug taking is a pretty dumb thing to do. The vast majority of children are on our side about drugs and they do not take kindly to being patronised by skimming over the facts.

In addition, FRANK does state that using cannabis can make some people 'aggressive'. However, the Government is not aware of a scientific consensus on whether or not cannabis use increases a person's suicide risk.

Then the Government has not done its job. Someone needs to explore the scientific literature. When I met the FRANK team, there was no-one with a background in scientific research. When tasked with such an important job – which must be to try to PREVENT children from ever becoming involved with drugs, scientific research is the most important ingredient. I have so far failed to find the word 'PREVENT (ION)' in any area of the FRANK website. The research is all in the public domain. If I can access the cannabis research, then so can anyone. There is a section in my aforementioned report that deals with Depression, Aggression, Violence and Suicide. Some examples:

In Andreasson and Allbeck's study of 45,000 Swedish conscripts (1990) exploring relationships between cannabis, schizophrenia and suicide, they concluded that the cannabis indirectly increases the risk of suicide as a result of its ability to precipitate, exacerbate and cause depression and psychosis.

A 1995 (Fugelstad et al) Swedish study looked at suicides. In a study of 53 people who jumped from a great height, 11% were under the influence of cannabis, a disproportionate number. They calculated that a cannabis smoker is 18.7 times more likely to take his own life by jumping than a non-smoker. The number of cannabis-related suicides, in comparison with suicides related to the use of users of heroin, amphetamines or alcohol, was much higher and none of them jumped from high places or committed murder before taking their own lives. No homicides were carried out by the users of other drugs who committed suicide.

There are another nine papers linking cannabis and suicides written between 1997 and 2014 in my report, there will be more! So for over 20 years, this evidence has been available. What does it take for common sense to prevail? If you want to know how drugs cause the harm they do – ask a researcher! And co-opt him/her on to your FRANK committee.

You say that FRANK does not include information about the effect of cannabis on the immune system and how cannabis use is a risk factor for heart attacks, strokes, permanent brain damage, deaths (from driving and cancers, other than lung), male infertility, impotence, cognitive and behaviour problems in children born to mothers using it, bronchitis or emphysema. Whilst it does not directly reference each of the conditions listed, FRANK references the majority of them. For example, whilst it does not state that using cannabis can lead to bronchitis or emphysema, it does state that 'smoking cannabis has been linked to lung diseases like tuberculosis and lung cancer'. Of the conditions listed, the only ones that are not referenced are cancers other than lung cancer, impotence, and cognitive and behaviour problems in children born to mothers using cannabis.

Just where is the immune system mentioned? I have again read through all the information on the 'Talk to FRANK' website, looked at the FAQs and personal stories, and re-read the cannabis leaflet. This is yet another instance of the Government failing to do its job. THC damages the DNA of any new cells being made in an adult's body, i.e. sperm, foetal cells and our defence against disease, the white blood cells. The process of apoptosis (programmed cell death) is prematurely induced. Again this research has been known for years. Cannabis users are more vulnerable to infections, their illness is more severe and lasts longer. The risk of strokes and heart attacks and permanent brain damage (scans show that the volume of some areas of the brain have decreased) are missing. The fact that deaths may occur from heart attacks or strokes, traffic accidents, various cancers, depression leading to suicide and homicides must be spelled out to children. I would have thought that a warning about emphysema or bronchitis would take priority over a warning about TB, mercifully fairly uncommon. Doctors in Sweden, on being presented with a young person with bronchitis, are advised to ask them about any cannabis use.

With regard to your comments about a survey conducted by Addaction, which found that only one in ten children would call the 'FRANK' help-line to talk about drugs, the results from the Addaction survey were published in October 2008. Since then, FRANK has had a major revamp. Furthermore:

- the survey sample of 500 young people is small and covered both England and Scotland, even though FRANK does not cover Scotland; and - the survey asked the more specific question 'who would you be most likely to tell if you were using drugs' and not the more general question of who you would talk to about drugs.

It gets worse! The Nottingham City Council survey, mentioned above revealed that only 2% of school children visited the Talk to Frank website and 1% thought Talk to Frank was very helpful. Hardly a ringing endorsement of all the money spent on it. Their cynicism may be explained by the fact that the FRANK poster for skunk is, according to my former pupils, 'pathetic, trite, useless, patronising, stupid and encouraging of drug use'.

<http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/frank/skunk-poster>

It is also worth noting that the FRANK website includes the 'Your Say' section, where people can share their stories and experiences relating to many of the points you have raised.

Personal experiences and anecdotes may be useful on a website, and have their place, but in no way are they a substitute for peer-reviewed scientific research.

You also mention that evidence you gave to the Home Affairs Select Committee inquiry 'did not feature in their final report'. The Home Affairs Select Committee is comprised of backbench MPs from all parties and is independent of Government. Therefore, the Department cannot speculate on the drafting process of the report and the Committee's decisions on what evidence to include and to omit.

Maybe some changes are needed so that there is some co-operation and joined-up thinking

You also refer to a Department for Education PSHE consultation. The Department for Education is not currently consulting on PSHE and officials believe you are referring to the Education Select Committee's inquiry into PSHE and Sex and Relationships Education (SRE) in schools. Further details are available on the Parliament website at:

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/education-committee/inquiries/parliament-2010/pshe-and-sre-in-schools-inquiry/>.

Of course I am referring to the Education Select Committee's consultation on PHSE. I sent the link (which contained the words 'education committee') for my evidence to this consultation in my letter to Jane Ellison! I have constantly referred to it in this lengthy reply. The apparent confusion arises because I inadvertently called it 'The Department of Education Consultation into PHSE' and I apologise for that, but it should have become obvious in this letter that I confused the Department of Education with The Education Select Committee. This is my evidence:

<http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/education-committee/pshe-and-sre-in-schools/written/9763.html>

Like the Home Affairs Select Committee, the Education Select Committee is independent of the Government. Once the Committee's inquiry has closed and its report has been published, the Government will provide a full response.

It has closed and the evidence has been published.

Because the issue of drugs falls between the Departments of Education, Health and The Home Office, there seems to be no communication whatsoever. Someone is needed to oversee and co-ordinate all the different facets of drug issues so that one hand knows what the other two are doing. Maybe then we would see some good old-fashioned common sense.

With regard to Mentor UK, it is important to note that Mentor UK has been chosen to provide the Alcohol and Drug Education and Prevention Information Service (ADEPIS). ADEPIS gives practitioners and commissioners accurate, up-to-date information and resources to increase the capacity of local areas to critically assess and choose evidence-based interventions.

I attached a summary of my concerns regarding Mentor UK. Was this ever read?

Sorry! But Mentor's information on cannabis is even more dire than that of FRANK. I have, on several occasions, contacted Mentor International and their President about this and nothing has been done.

<http://preventionhub.org/en/training/drugs/marijuana>

Incredibly the words skunk, psychosis and schizophrenia are not used at all, and yet the site is dated 2014. Information overall is sparse, out of date and has many omissions.

Given that Mentor UK is a non-government organisation, it would be inappropriate for the Department to respond on its behalf to the concerns you have raised. However, the Department considers Mentor UK to be a reputable organisation and to be best placed to provide ADEPIS.

Well, I'm afraid whoever was in charge of vetting Mentor UK for this crucial job failed to do his/her homework. Mentor UK masquerades as a Prevention charity but in reality has a policy of harm reduction (remember this government's policy was one of PREVENTION).

Just a few of Mentor's failings as a prevention organisation (taken from my attachments):

In a 'Street Talk' survey 2012, conclusions included:

- 1 70% agreed with the statement 'I am confident that I know more about drugs and alcohol and can use them more safely in future: 7% disagreed.**
- 2 'I know that the decision to take action and use drugs and alcohol more safely is up to me' – 81% agreed, 5% disagreed.**
- 3 'If I use, I fully intend to use drugs and alcohol more safely in the future' 74% agreed, 8% disagreed.**

This is pure Harm Reduction "speak" and condones the use of drugs. Moreover, this project clearly illustrates the problem of mixing legal and illegal drugs in discussions of prevention.

"This includes preventing 'problematic use' and avoiding the harm that drugs can cause."

No, it should be, 'preventing any use and avoiding drugs altogether' (Article 33).

"Further research will enable more certainty about the extent to which harmful substance use can be reduced."

No! it should say, 'substance use can be prevented'.

An evaluation of one school programme used by Mentor 'Unplugged' (Faggiano 2010) found that in 1 or 2 classes, 1 case of alcohol abuse and 1 of cannabis use could be prevented. Very little return for a massive amount of work.

I attended a Mentor meeting in Kent. The word 'illegal' had not been uttered till I spoke. It was greeted with mirth by the audience, many of them young female teachers who are in charge of our young people. On being challenged about giving immature minds 'choice' I was subjected to an astonishingly explosive rant from Sociology Professor Alec Stevens about choosing to join the army. I wasn't aware that it was illegal to join up. He was incandescent! It's not surprising really since he has called for "decriminalisation of growing cannabis", saying six plants per person is an 'acceptable amount'. He did not want to harm people for "things they are going to do anyway". He also backed a controversial trial by Kings College London which involved 'the nasal administration of cocaine' by hundreds of students, and the opening of a 'coffee shop' in Kent. It would appear that Mentor does not encourage rational discussion

I hope this reply is helpful and, once again, I apologise for the delay in responding to you.

It is very helpful in that it has demonstrated that this Coalition Government's apparent legitimisation of the use of drugs by its harm reduction advice is totally at odds with its pledge of prevention.

. Under John Major's Government Prevention was the policy. It has been downhill all the way ever since.

Prevention has always been better than cure and always will be. Prevention is what every parent wants for their children. Prevention works. Prevention is what this Coalition Government promised but has totally failed to deliver!

Yours sincerely,

Neil Achary
Ministerial Correspondence and Public Enquiries
Department of Health

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