Sarah Wollaston (Totnes, Conservative) Click here to watch Sarah speak

It is a pleasure to follow the thoughtful contribution of Caroline Lucas. I welcome her bringing this debate to the House.

I will speak about a harm-reduction approach to drugs policy. I do not hold a moralistic view on the taking of drugs, other than my objection to people supporting one of the most evil worldwide businesses or cartels. It always surprises me that people who object to buying coffee in Starbucks and who refuse to support Amazon are quite happy to support cartels that cause untold misery to hundreds of thousands of people around the world. Until such time as we have a change in drugs policy, I hope that people who support the drugs industry will reflect on the wider harms that they, personally, are causing.

Talking of harm reduction, I welcome an approach that says, "Let's look at the evidence and be driven by the evidence in what we do." However, there is one piece of evidence on which we should reflect, which is that drug use is falling in this country. According to surveys from the Office for National Statistics, the level of class A drug use among young people—16 to 24-year-olds—has fallen from 9.2% in 1996 to 4.8% in 2012-13. That is a significant drop.

Caroline Lucas (Brighton, Pavilion, Green)

I am grateful to the hon. Lady for the approach that she is taking. However, we need to be really clear about the evidence that drug use is going down. The only real model that we can see over time is that there was a 32% increase in respect of some of the most serious drugs, heroin and morphine, last year. Cannabis use has been coming down, but that has happened irrespective of the policy context and of whether it has been class B, class C or anything else.

Sarah Wollaston (Totnes, Conservative)

I thank the hon. Lady for that point. Cannabis use among 16 to 24-year-olds is now at its lowest level since records began, at around 13.5%. I think the view we sometimes hear that we are losing the war on drugs is factually incorrect, and there are many markers.

Ian Swales (Redcar, Liberal Democrat)

I have great respect for the hon. Lady's experience in this matter. Does she see a connection between the falling use of illegal drugs that she is highlighting, and the rising use of legal highs?

Sarah Wollaston (Totnes, Conservative)

Legal highs are a rather separate issue. I agree we must consider that they may have unintended consequences, but I would not follow that as a direct cause or link. I do not agree with that.
I would like to focus on cannabis for a moment—that is the issue I have most correspondence about—and on its harms. Cannabis is often presented as somehow a harmless product, and if we compare it with alcohol and consider the numbers of deaths and injuries, alcohol undoubtedly currently causes far greater harm in our society. However, before we assume that it must therefore be acceptable to legalise cannabis, I want to focus a little on its harms. In the short term, there is double the risk of a car crash for people driving under the influence of cannabis, and in the longer term, one in six young users will become dependent. It simply not true to say that cannabis is not a drug of dependence—it is.

For me, this is about the impact of cannabis on young users and teenagers, because they will double their risk of a psychotic illness. In my career I have met many families and young people whose lives have been completely devastated as a result of psychosis—I come to this debate from that viewpoint and my real concern about what psychosis does to people, because many of them did not recover. That is particularly important for those who have a family history of psychotic illness. For example, if someone has a first degree relative with a history of schizophrenia and they start using cannabis as a teenager, they will double their risk of a psychotic illness from 10% to 20%—a significant increase.

Julian Huppert (Cambridge, Liberal Democrat)

It is always interesting to listen to the hon. Lady, and I do not think anybody is trying to make the case that drugs, legal or illegal, are harmless. Does she accept, however, that because we make it an illegal system, we cannot do what has been done in California, for example, where medicinal marijuana has allowed the breeding of strains of marijuana that are less psycho-harmful?

Sarah Wollaston (Totnes, Conservative)

That is why I want to see the longer term results from Colorado and Washington state, and whether as a result of that system the harm to young people from cannabis is reduced. Personally, I think it is too early to say what the effects will be, but I will be following the results closely. If I see clear evidence of harm reduction, I will completely change my approach to this issue. People often write to me and say, “Well look at Portugal where there has been a reduction in drug use”, but the Czech Republic, which has the same approach in not prosecuting people for personal use, has one of the highest levels of cannabis use across Europe. We must be careful about how selectively we quote from the evidence.

Mike Thornton (Eastleigh, Liberal Democrat)

I have great respect for the hon. Lady's skill and knowledge, which is probably greater than mine. In Portugal they take a great deal of care to look after the people brought to their attention who have problems with drugs, and they treat them properly, which works. Perhaps in the Czech Republic they do not use the same approach. It could be that that is the case.
Sarah Wollaston (Totnes, Conservative)

There is certainly a strong case for a much better medical approach to drug use—certainly for hard drug use. My point is about relative uses. People often write to me and say that we would cut cannabis use if we took a different approach to decriminalisation. As I say, I am not dogmatic about the issue, and I would like to see the longer term outcomes from legalisation in Washington state and Colorado.

Stephen Phillips (Sleaford and North Hykeham, Conservative)

Will my hon. Friend give way?

Sarah Wollaston (Totnes, Conservative)

May I finish a few points about the medical aspects of this issue? There is also the issue of educational achievement for long-term, regular cannabis users in adolescence, because we know there is a reduction in their school performance, and it is more likely that they will end up with cognitive impairment later on. Whatever we do, we must be mindful of the effect of our policies on young people. The harms are greatest for young people who start using cannabis heavily at an early age. I hope the Minister will assure the House that when we review drugs policy he will particularly focus on its effects on young people, so that we do not head down a route that could lead to greater harm to young people as a result of policy changes.

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