

Prevention Webinar Series – Webinar V – Marijuana Prevention – 02/11/2021

Keynote speaker: Kevin Sabet (SAM)

Panellists: George Ochieng Odalo (Slum Child Foundation), Carlton Hall (Carlton Hall Consulting), and Christopher Schmitz (Danish Network of Cannabis Therapists).

Recording: <https://vimeo.com/642229791>

Keynote Contribution – Kevin Sabet

Kevin Sabet has published two books on marijuana – We for Sanity – 7 great myths of marijuana, and Smokescreen, which is an investigative report of what is happening in the US. Read more about the books on the website of [SAM](#).

Often people are mainly talking about marijuana based on their own experiences, which is tempting but incorrect. It is not looking at the actual data and research which gives us the relative risk of what is most likely to happen. At the same time, we are currently working with new and stronger marijuana. Products, such as marijuana-infused candies, sodas, and chocolates, are designed to attract young people since that is where the addiction starts. Therefore, it is important to prevent people from using before they become adults since they are unlikely to ever use or develop an addiction when starting in their adulthood. There is currently a discussion going on regarding the prescription drug epidemic. However, here the argument is one-sided. It happens that overprescribed drugs can lead to an addiction, however, the majority of those developing a prescribed drug addiction had already a prior addiction. The fact is that addiction starts when you are young since it is a paediatric onset disease. This is why prevention is important and as well as focusing on marijuana discussions. Marijuana is the first drug children are exposed to, as well as tobacco and alcohol. Therefore, all three require focus and are combined in the [One Choice prevention message](#).

As mentioned before, the marijuana of today has a much higher potency than 30 years ago, which you could compare with the caffeine in one bottle of cola and 33 cups of coffee now. The long-term effects of the immense increase of THC are yet to be researched. At the same time, what is even worse, is that big tobacco is taking over the big marijuana industry. They are targeting youth, even if it is not legal for them yet. They strongly work with social media and link marijuana with joy, happiness, fun, etc. All these factors are appealing to youth. At the same time, the poor remain the most vulnerable since they have fewer resources to work against the push. Marijuana companies are targeting lower communities of colour. With legalisation, the people of colour will not be benefiting and disproportional arrests will still happen. Currently, there are more people arrested for alcohol than all drugs combined in the US, since it is legal. Just because something is legal does not mean that there are fewer trouble or arrests. At the same time, the illicit market will also not disappear when legalising, which is concluded in states that have legalised.

Overall, young people are persuaded by the message of fun marijuana before they are persuaded by the message that the drug is harmful. Therefore, we need to talk about the facts with youth regularly, while also encouraging them to do their own research with legitimate sources. For example, research concluded that there is those in public housing are heavily affected through secondary marijuana smoke. Two third of residence smell marijuana in their house. Whereas we learned the lessons from secondary tobacco smoking, we seem to forget the harms secondary marijuana smoke can do.

In cases where we cannot prevent it due to it already being legalised, we can make the legislation better by restricting concentrates, prohibiting advertisement, etc.

Questions to Kevin Sabet

How is medical marijuana different from off the shelf marijuana sold in the ghettos and hideouts?

In some countries, there is a legitimate derivative based on marijuana plants which are used with specific doses for specific reasons as a manifest. It is used as a medicine. Then there is medical marijuana, which is claimed to be regulated, but the product details are unknown. Finally, there is street marijuana, which is not very different from what you will find in the dispenser or on the shelf. The medication, which is often sprays and pills, can be legitimate since they go through a long process by officials. Medical marijuana does not go through such a process.

What do you see as the biggest losses for the marijuana prevention efforts to reach young people during the pandemic, which therefore now absolutely needs to be given priority?

There is only limited time for kids. What is interesting is the connection between marijuana and COVID-19. For example, research showcased that marijuana was the greatest risk for breakthrough infections of COVID (those who have been vaccinated and still get sick). For now, we have to be mobile and agile. Virtually we can reach more people and currently we can connect it to the pandemic.

Difference between 8THC and 10THC

[Delta 8 One Pager](#)

[The Failures of the Hemp Boom and the Rise of Potentially Dangerous Hemp-Derived Compounds](#)

Carlton Hall

Child safety should be the main focus when it comes to drug prevention. In normal daily life, when becoming [grand]parents, everything in the house will be changed into child security to create a safe environment for the child. This focus is also applicable to drugs and we need to start focusing on preventing children from using drugs.

Marijuana is an invisible danger since the potency of the drug continues to increase. Science has already indicated the risks. We need to change the delivery message and increase the opportunity to talk about the misuse of drugs and addiction. We are no longer talking about those that sometimes uses a joint, we are talking about those who consume regularly. No one knows what they are consuming anymore. We are looking at the impact of the commercialised push, which is the push towards legalisation.

There is an example of a marijuana truck in New York that promotes the use of marijuana as something fun and innocent. Which is only one example of how the marijuana industry tries to normalise its use. The more they normalise it, the less we see it. The goal of prevention is to make the invisible visible. There is a huge shift that is happening and there is a great increase in marijuana use disorder. While making the unheard seen, consider your role on how we can make the hidden danger much more obvious in our society.

George Ochieng Odalo

In Kenya, which is not alone, alcohol, tobacco, and marijuana top the list of substances responsible for the death and ill health of millions. Cannabis is the main preferred narcotic drug in Kenya, followed by Heroin. The cartels are targeting the youth as their consumers and use the Rastafarian movement to push for their agenda. Marijuana is very accessible and schools catch several cases of marijuana using

students a week. The number of people that have used cannabis is on the high end. 4.9 million Kenyans aged 16-65 years are using at least one drug or another substance and there are 3 million drug users in the country that are addicted. However, in terms of facilities, the offer is inadequate and the treatment itself is very expensive.

Underlying factors behind drug use are lack of parental responsibility, gender-based violence, poverty, lack of basic needs (drug-affected parents, no drug support groups), peer pressure, accessibility of drugs, idleness, lack of role models (not the right information provided), lack of mentors. Drugs, in general, have led to school dropout, health has deteriorated, crime has increased, etc.

It is important to have a consolidated effort among government, civil society, families, etc. Currently, corruption affects every level and policies are not being implemented. Yet, policies without action do not make sense. A lot of effort is needed and primary prevention intervention should be embraced. Provide input and mechanisms while keeping to advocate to ensure that legalisation does not find a space in our society. We will not sit back and see drugs become legalised and cause negative health effects by those who only want profit. Let's educate our children to understand the truth that will help them live a life set free now and in the future, while also consolidating efforts.

Christopher Schmitz

The situation in Denmark is as follows: it is practically legal here. Not in the sense that it is legalised but it can easily be bought off the streets. In Copenhagen, there is the area of Christiania where you can buy marijuana easily and it is no secret that people are travelling to Christiania to try out cannabis. The cannabis sale is, however, connected to criminal activity. The politicians are, unfortunately, nervous for their voters and move towards opening up. They started a social experiment, which lasted for several years and will not be removed. At the same time, they try to balance the problem of cannabis being sold on the streets out.

The problem in Denmark and the Nordic region is rhetoric. The way we are talking about the substance is pseudo-science and not fact-based. Which becomes our task. We need to inform better and challenge the rhetoric at the political level as well as societal level. It is surprising that politicians are not fact-based and mainly listen to the voices of the voters. Regardless, everyone is entitled to their own opinion, but not their own facts. At the same time, clinicians working with youth in marijuana addiction treatment also need to get educated and make sure that they don't reproduce the same myth. For statistical references, currently, 95 per cent of adolescence under 18 years are getting into treatment because of cannabis in Denmark. Therefore, there is a lot of work to do.

Questions to the Panel

What do you consider to be the most necessary result that must be achieved by preventive measures to obtain the desired results of drug prevention that will benefit young people?

Carlton Hall: There is an important area of work that needs to be considered in prevention. The first thing we can do is consider the idea and concept that the Institute of Health has promoted in their [OneChoice message](#), which is a clear identified message. Everything we do in prevention should be geared to one goal for reasons of health, not to use nicotine, alcohol, and marijuana. It provides a guide of what we are doing, to clarify the message and efforts that people will be able to understand what prevention is. It allows us to engage with people outside of our circles. Provide the question, begin to organise ourselves, spread the OnceChoice message, and clarify. In the end, 90% of addiction starts in adolescence.

Which drug prevention measure/strategy has been most effective for your organisation to reach girls and women?

George Ochieng Odalo: We have been trying our best to come up with women empowerment programmes. In these programmes, we train young girls to gain skills to make them busy and avoid substance abuse. These programmes have been effective. It helps most of the girls to be self-reliant and provide for their families. However, it also has its challenges. It is very hectic for them to afford. Yet, it is a start to gain some microbusiness skills that generate. Slum Child Foundation has also been working on a child-friendly [prevention] model, the slum child ambassador. It has shown effects with young children. It brings them together to become ambassadors among their peers. Together they share the right information and talk about issues related to drugs. It breaks the generational [knowledge] gap that young persons get.

How many are represented by girls/women among the large number of people you described seeking help?

Christopher Schmitz: [Link](#) to the statistics

What causes you to be optimistic about our cause in all of your experience with leaders you engage with at your level?

There are a lot of reasons to stay optimistic. First of all, we know that what we are doing is right. We are working in the business of saving lives while also giving people their life back. The argument that drugs use is just a personal life choice is fundamentally wrong. We are trying to make sure to protect and that people can live their life to their full potential, which we have to make them understand. Maybe they will realise the message after some painful experiences or maybe the world will get worse, but it will get better afterwards. We are working in a business of hope.

Other resources

- [White Guide](#)
- [Nordic Summit](#)
- [Global Advocacy Training](#)
- [Interview with Kevin Sabet at the Swedish Conference \(November 3rd, 2021\)](#)