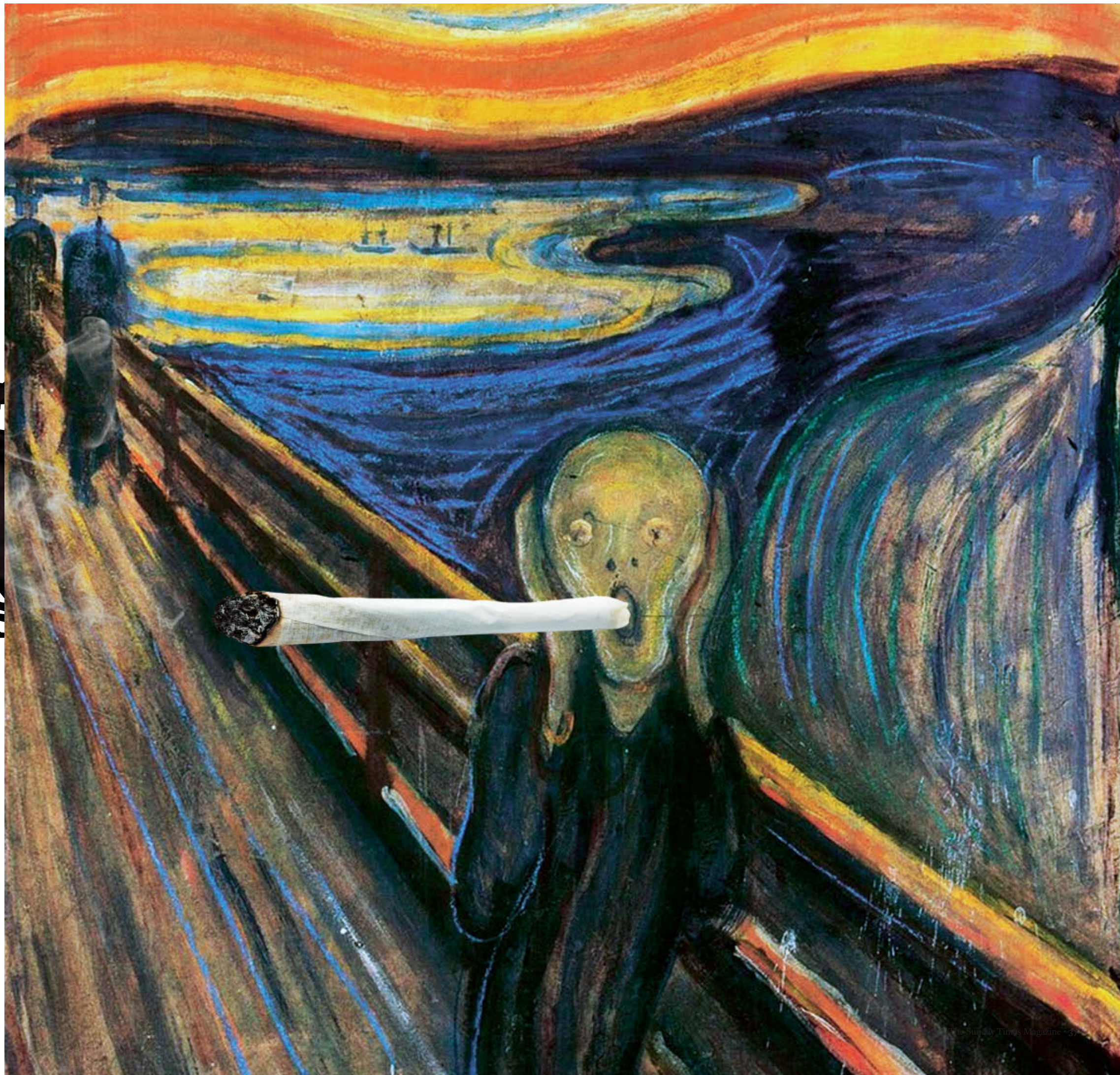


HOW SKUNK BLEW OUR MINDS

Cannabis is far stronger than it used to be and psychosis levels are soaring. *Megan Agnew* meets recovering smokers — and the medics helping to restore their sanity





Ad Gridley was 18 when he smoked his first spliff. It contained high-potency cannabis, also known as skunk, and it got him stoned. He loved the sensation. It made him feel he was special, the chosen one, floating above normal life. “As if I was in the most exclusive religion in the world,” he says. Smoking weed soon became the only way he socialised and relaxed. In fact, other than going to work at a hotel every day, he didn’t do much else other than get high. Gridley expected the giggles, the munchies, a bit of memory loss. What he didn’t know was that he would suffer severe, long-term psychological effects.

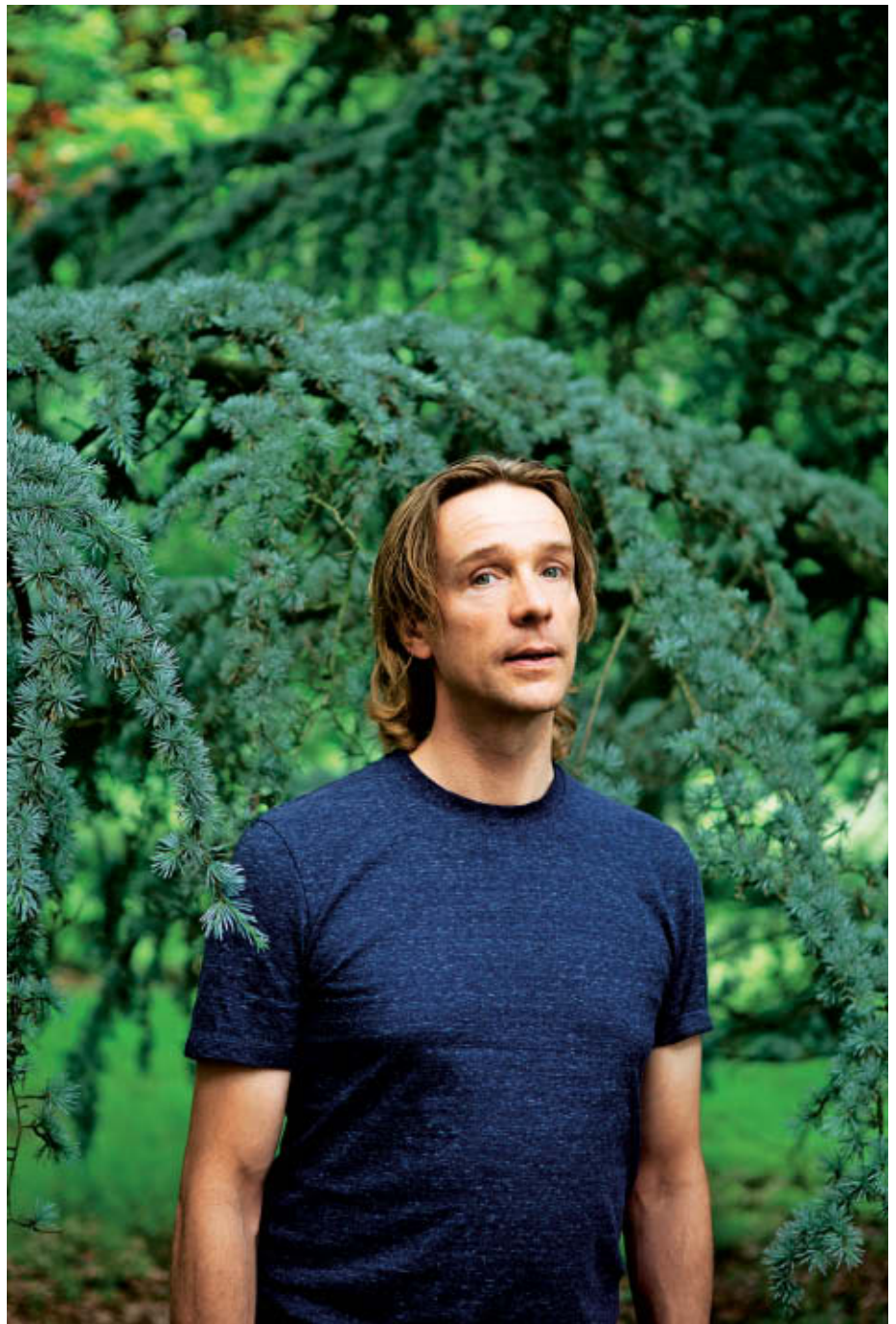
By the time he got to university, aged 19, Gridley was paranoid. He thought everyone in his lectures was conspiring against him. When he left the house, everyone was watching him and everything had a meaning — the cars that passed him on the street, police sirens, birdsong, rain on the window, his ticking clock. Then he started hearing voices. They made him feel as though he was being “crowded out” of his own head. He was experiencing psychosis. “Don’t take for granted your approach to life because it can shift from under you,” he says today. “When your own thoughts turn against you, it’s very worrying.”

There were times when he felt the only escape from the noise was to take his own life, which he attempted six times. On ten occasions he was admitted to an acute psychiatric ward, where he would be dosed up on anti-psychotic medication. “When I was on the meds, I walked into an empty room and it was silent. There were no voices, no noise.”

But on his release from hospital he would return to smoking skunk. He refused to believe it was causing his psychosis in the first place. He thought it was the cure. At 33 years old, he was admitted to an acute mental health ward for the final time. On this occasion, he says, he had a “personal epiphany” that made him give up smoking for ever. “I started feeling ashamed for what I did in those episodes of psychosis,” he says. “I’d subjected my consistently supportive family to such cruelty. I can’t believe it took so many years for the message to get through to me, but finally I saw dope as the enemy.” He has stayed clean since and his psychotic symptoms have stopped.

Gridley is one of a rising number of cannabis smokers who have suffered psychosis. While the proportion of the population using the drug has declined over recent decades, it is the most commonly used illegal drug in the UK, with 7.8 per cent of 16 to 59-year-olds having used it in the past year, increasing to 18.7 per cent among 16 to 24-year-olds.

Modern “skunk” is much stronger than ordinary cannabis, making it far riskier. Until the 1990s most



Ad Gridley suffered psychotic episodes and attempted to take his own life after smoking skunk regularly

cannabis sold in the UK was grown in fields in north Africa, where the climate was suitable. The cultivation was relatively uncontrolled, so each harvest was made up of a mixture of different strains, which were then condensed down into a resin, hashish.

A cannabis plant contains hundreds of naturally occurring compounds, the main two being tetrahydrocannabinol (THC) and cannabidiol (CBD). The former is the substance that makes you feel intoxicated and can trigger psychotic symptoms; the latter has almost the opposite effect, reducing anxiety and, some researchers believe, acting as a buffer against psychotic symptoms.

The hashish of the 1980s had relatively balanced levels of THC and CBD. Psychosis or addiction was rare. The image of happy, spaced-out hippies still prevailed. During the 1990s everything changed. Hydroponic technology became available at consumer level, allowing people to grow cannabis plants in the UK using nutrient baths and UV lights. Across the country, cannabis farms sprung up in private houses, garages and warehouses, where weed was grown and selected purely for its THC levels — ➤➤➤

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how “stoned” it made you feel. It became smellier, bushier and stronger — it became skunk. In 2005, 51 per cent of police seizures of cannabis were “high potency”. By 2015 it was 94 per cent. In 2008 the average ratio of THC to CBD was one to one. By 2016 it was three to one.

Today we have a “skunk monoculture”, says Steve Rolles, policy analyst at the Transform Drug Policy Foundation, “where you can only get the really strong stuff. It’s like going to a pub and only being able to buy vodka.” The number of cannabis-related hospitalisations in England increased by 57 per cent between 2013 and 2018 — from 19,765 to 31,130. Many more cases may go undiagnosed.

In 2019 a study in *The Lancet* showed that people who use high-potency cannabis every day were nearly five times more likely to be diagnosed with psychosis than those who had never used cannabis. Some researchers point out that it’s difficult to blame psychosis on just one thing. “There are lots of different risk factors,” says Philip McGuire, professor of psychiatry at King’s College London (KCL). “It is possible that the people who are more likely to use cannabis are also more likely to have these risk factors — being exposed to stress, adversity in childhood, growing up in a city. Teasing apart the causes of psychosis is difficult.” It also might be “the chicken and the egg”, he says. Some studies suggest that people with early symptoms of psychosis might use cannabis to self-medicate, in turn making the symptoms worse.

Other experts believe the evidence of a link between skunk and psychosis is now too compelling to ignore. Dr Marta Di Forti, a senior fellow at KCL, and her team have concluded that removing high-potency cannabis as a risk factor would reduce first-episode psychosis in London by 30 per cent.

“There is a clear, evidenced link,” Di Forti says. “A person might have a predisposition to psychosis, but you still need the cannabis-use component [to trigger it]. Young adults with psychosis who continue to use high-potency cannabis report more severe psychotic symptoms, they are more likely to relapse and more likely to be readmitted to hospital — and for longer.”

Di Forti now runs the first NHS clinic in England specifically dedicated to cannabis smokers with psychosis. “I have emails from parents and young people across the country asking to come to the clinic

“WEED JUST MADE ME FEEL RELAXED,” OLI SAYS. WITH HINDSIGHT, HE WAS USING IT TO SELF-MEDICATE WHAT WAS EVENTUALLY DIAGNOSED AS BIPOLAR DISORDER



of police cannabis seizures in 2015 were “high potency”, up from 51% in 2005

Modern strains of cannabis contain high levels of the euphoria-inducing compound THC, which can trigger psychosis in users

and I have to say no,” she says. “I can only see a fifth of the people who get referred to me.”

“Before the clinic existed,” she continues, “I used to refer my patients to cannabis addiction centres. They would say to me, ‘I don’t have anything in common with the rest of the group because my relationship with cannabis is very different.’ The experience that is central to my patients — the psychosis experience — was missing. So they couldn’t connect with it.”

Treatment at the clinic, based at the Maudsley Hospital in south London, lasts a minimum of 15 weeks, comprising one-to-one sessions with specialist therapists to help patients wean themselves off cannabis and cope in their new life without it. There is also a weekly group session where peers can share their experiences and hear from experts. This is designed to help patients make informed decisions about their cannabis use.

I join a number of the clinic’s group meetings, which used to be face to face but now take place over Zoom. Its 10-20 members are at different stages of recovery. Some are in-patients in acute psychiatric wards, others have been clean and stable for years.

Ad Gridley still attends the sessions to help keep him on track. “We all celebrate our abstinence milestones every week — it’s such a thriving group and there’s nowhere else I can go for that support,” he says. “You get the feeling that it’s a little pocket of resistance against all the people who say cannabis is fine.” They are quite chaotic meetings, but also energetic and optimistic. “I’ve learnt the different weeds in Brixton and the rival sellers,” says one participant. “Let me tell you about this Rasta I met called Fire...”

“OK,” interrupts Di Forti, laughing. “We don’t need a guide to what we can buy from who, thank you!”

Another patient says: “There was a point when it was, like, oh, it’s only a joint, it’s not too bad — and 16 years later I’ve only just put it down.” She was hospitalised a number of times for psychosis. “When I left the ward I had no hope. I found myself going back to cannabis and became unwell again. I woke up at 6am and I’d have a joint by half past.” With the group’s help, she has now gone a few months without cannabis. “I’m dancing round the house, music full blast. Don’t give up on the first try,” she tells her peers. “I just want everyone else to know that — keep trying.”

Di Forti believes cannabis addicts with psychosis need to be given more leeway than other addicts if they miss a session. It may not be a sign of disengagement with recovery but instead the result of a psychotic episode. One common hurdle is that patients often believe cannabis is curing their psychotic symptoms rather than causing them. Di Forti has learnt to approach this carefully: “There is no point in openly challenging someone with delusions or hallucinations. If I said, ‘I can give you some medication to get rid of these experiences,’ they would say, ‘Why should

medication have anything to do with my neighbour wanting to kill me?’ The way you engage them is by saying the medication will reduce the stress that comes from the experience you’re having.

“The reality patients perceive should not be patronised. It is absolutely real to them. They need the tools to reduce their cannabis intake so they can realise the impact of cannabis in the first place. It has never happened to date that one of the people in the clinic has said, ‘Now I’ve stopped using cannabis, I still don’t think it had anything to do with my psychosis.’ In the end, they realise the connection.”

Psychologists assess the patients’ day-to-day functioning, mental state and current cannabis intake. The patient then sets their own goal for reduction. This approach is the main difference between the clinic and an acute psychiatric ward, where patients must go “cold turkey”. They wean themselves off cannabis one joint at a time in order to reduce physical and psychological withdrawal symptoms and, therefore, are more likely to remain abstinent.

Many need help finding something else to do in the time they would usually be smoking. “For most of the patients, their social life gravitates around cannabis,” Di Forti says. “So often they have to cut themselves off completely from their friends in order to quit.” The clinic rewards patients with vouchers when they reach a goal of abstinence or session attendance. Some eventually save up to buy a laptop, DJ decks, video games, books — anything to fill their lives now they aren’t smoking cannabis.

Oli, 25, is “rebuilding” his mind with the help of the cannabis clinic after he was hospitalised a number of times for psychotic episodes. He began smoking skunk aged 13. “I was quite a shy kid,” he says. “I had a lot of problems with self-esteem and didn’t feel like I fitted in. Weed just made me feel relaxed. It was like a secret little culture.”

With hindsight, Oli says, he was using cannabis to self-medicate what was eventually diagnosed as bipolar disorder. Being high made him feel at “peace”, “like everything was going to be OK”. But as the years went on, the cannabis slowed him down. “I’ve always been quite spaced out, but it just added to that,” he says. “So when I was 20 I decided just to quit. I went from smoking every day to cold turkey. After about a month I started to experience symptoms of extreme mania. I guess a lot of the stuff I was pushing down by smoking weed all came up to the surface.”

Dr Robert Murray, professor of psychiatric research at KCL, says that quitting cannabis suddenly, rather than being weaned off, can sometimes worsen symptoms of psychosis. This is what happened to Oli. Initially the mania made Oli feel like he was “soaring”. “Where I’ve been very depressed for most of my life, it was actually amazing,” he says. “I couldn’t

“I THINK HE ENJOYED THE MANICNESS OF PSYCHOSIS. HE WAS HIGH FOR DAYS, CLIMBING BUILDINGS, RUNNING ACROSS ROOFTOPS — HE THOUGHT HE WAS ACTION MAN”

GETTY IMAGES/ALAMY



From top: the availability of hydroponic equipment has led to home-grown skunk operations; traditional techniques yielded a far less potent form of the drug

believe I could ever be that happy.” But it became too much. “I became too crazy,” he continues. “You’re in another world, you feel like a spiritual being, you think everything you see is a message from the universe.”

Oli’s family drove him to A&E, where he was sectioned. “I didn’t know what was going on. They gave me so many drugs I felt so small — I was just a 20-year-old boy.” He went into psychiatric hospital four times over three years. Each time he was discharged he would start using cannabis again and the psychosis would return. Finally he found his way to Di Forti’s clinic where he was given the support he needed to quit for good.

“There are a lot of treatment plans for crack and heroin users but not really anything for people who use cannabis,” he says. “The psychiatric hospitals don’t help you quit — they just say, ‘You have this mental illness, we’re going to prescribe you these drugs.’ Now, with the cannabis clinic, I’m looking at life in a whole different way. My brain is starting to work again, I’m doing an apprenticeship, I’ve got back into art and produced music. This programme has changed my life.” ➔

Ryan, 27, wishes his older brother, Theo, had known about the cannabis clinic. Theo's psychotic symptoms began while he was a young professional living in London. He spent days on end "living like a homeless man", says his brother, "running around the city, sleeping in doorways, breaking into churches to smoke cannabis and dance on the altar". He quickly got fired from his job and moved back to his parents' house in the home counties. The more paranoid he became, the more he smoked, desperate to calm down.

Most doctors and clinicians Theo came in contact with recognised that cannabis was causing his psychosis, but they didn't have any tools to help him beyond prescribing anti-psychotic medication. Any attempts by his family to stage an intervention would backfire. "He would stay up all night and I would try to be with him to keep him safe," Ryan says. "But if you told him to stop smoking weed he would just tell you to f*** off, which meant you couldn't be with him to stop him doing something really bad. So I'd watch him skin up another joint and I'd think, 'How am I just letting him do this?'"

After attacking someone's house with a sledgehammer and chasing someone else down the street, Theo was sectioned and forced to quit cannabis.

"I think in a way he really enjoyed a lot of the maniacness of psychosis," says his brother today. "He was high for days, climbing buildings, running across rooftops — he thought he was Action Man. He thought MI5 was trying to get him, he felt very important. Then you get sectioned and you realise you were wrong the whole time, that you've humiliated yourself. All his pride and dignity was stripped — total ego breakdown. It was really sad to see."

Two years on and Theo is clean from cannabis — he knows he can "never smoke it again" — he is no longer psychotic or paranoid, has repaired his friendships and is holding down a job again. "He is still very embarrassed," says his brother. "There is a huge amount of shame for him."

Di Forti points out this is not unusual. How do you begin to comprehend that, for a period of your life, your world was not as you thought? "It takes a very long time to understand the experience of psychosis," she says. "It is a long and painful process and sometimes people don't want to do this kind of work, they want to move on."

This is why Di Forti believes the work done at her clinic is vital. "This is a complex population. They have a dual diagnosis, so these patients fall between the gap of the two main services." Yet her clinic is funded by a temporary research grant from the South London and Maudsley NHS Foundation Trust rather than directly by the NHS, which means it is reviewed for continuation.

Bubbling away in the background is a very big question — should we follow other countries and decriminalise the drug? Those in favour argue that it



Marta Di Forti runs the first NHS clinic in England dedicated to cannabis smokers suffering from psychosis

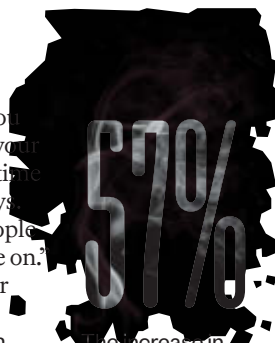
would allow the cannabis market to be properly regulated and therefore make it safer. Opponents say it might lure new users by giving the impression that cannabis, even skunk, is safe.

Philip McGuire, the psychiatry professor at KCL, thinks it is "really important that big decisions like that are deferred until we really know how linked cannabis addiction is with psychosis". Robert Murray believes those places that have legalised cannabis can't be sure of the outcome. "Cannabis is, in the public imagination, a safe drug," he says. "For some people it's a sacred herb and now we have the growing power of the cannabis industry implying that cannabis is a medicine. It seems to me we have a big experiment going on in North America in terms of recreational cannabis and mental health. There will be a lag [in psychosis symptoms] — so we are just waiting to see what happens." It is still largely unknown as to why some people suffer psychosis when they smoke skunk and others don't.

Di Forti tries to keep the political issue around legalisation separate from medical research. "My contribution to the debate is providing data to make sure that if we go for legalisation we do it alongside a proper public education campaign, so people make an informed choice," she says. "Tobacco and alcohol are legal but it doesn't mean they're safe. You can have something that's legal, we just need to be aware you can become dependent on it and if you use it heavily there can be consequences for your mental health."

Ad Gridley, the former smoker who recovered from his psychosis, certainly wishes he'd been made more aware of the consequences. "I wish I'd known there were proper downsides to it," he says. "I thought my mind would never turn on me. A couple of years later I found that I couldn't hear myself think. The cannabis clinic sessions... I've forgotten what I was going to say — memory loss. It does happen," he trails off. "There is a negative imprint left on my brain. All these years later and I can still feel it." ■

Some names have been changed



The increase in the number of cannabis-related hospitalisations in England in 2013-18

"NOW, WITH THE CLINIC, I'M LOOKING AT LIFE IN A WHOLE DIFFERENT WAY. MY BRAIN IS STARTING TO WORK AGAIN, I'M DOING AN APPRENTICESHIP. IT HAS CHANGED MY LIFE"