Long-term cannabis use and mental health

WAYNE HALL and NADIA SOLOWI

The mental health consequences of the daily or near-daily use of cannabis over years and decades remain uncertain, and are likely to remain so for some time given the difficulties involved in investigating them. Nevertheless, there is sufficient evidence that its effects are neither as benign as proponents of its legalisation often argue, nor as malign as some partisans of continued prohibition claim (Hall et al, 1994).

DEPENDENCE

Dependence on cannabis is the most prevalent and under-appreciated risk of regular cannabis use. About 10% of those who ever use cannabis (Anthony et al, 1994) and one-third to one-half of those who use it daily (Kandel & Davies, 1992) will lose control of their cannabis use and continue to use the drug in the face of problems they believe are caused or exacerbated by its use. Animal studies show that there is a cannabis withdrawal syndrome (Compton et al, 1990) but withdrawal symptoms are not often reported by cannabis users, probably because they are generally mild and not recognised as such. Uncertainty remains as to how difficult it is to overcome cannabis dependence and what is the best way to assist individuals to become abstinent (Hall et al, 1994).

ADOLESCENT DEVELOPMENT

The effects of cannabis use on adolescent development are a major community concern (Kandel & Davies, 1992). The apparent severity of its adverse effects on adolescent development has been exaggerated because it is the most troubled adolescents who are the heaviest cannabis users (Hall et al, 1994; Fergusson & Horwood, 1997). None the less, there is now evidence from longitudinal studies (Hall et al, 1994; Fergusson et al, 1996) that regular cannabis use independently contributes to poor psychosocial outcomes among adolescents and young adults.

A more contentious matter has been whether cannabis use increases the likelihood that adolescents will use other illicit drugs. Among American adolescents in the 1970s (Kandel & Davies, 1992) the use of alcohol and tobacco typically preceded the use of cannabis, which in turn preceded the use of hallucinogens and 'pills', and in a minority, the use of heroin and cocaine. The earlier the age at which cannabis was first used, and the greater the involvement with it, the more likely an adolescent was to use heroin and cocaine (Kandel & Davies, 1992).

The least likely explanation of the role played by cannabis in this sequence of drug involvement is that the pharmacological effects of cannabis directly increase the use of other drugs. A more plausible explanation is that the sequence reflects two processes: the greater recruitment to early cannabis use of nonconforming adolescents who have a propensity to use all types of illicit drugs; and their socialisation within an illicit drug-using peer group that provides the opportunity and encouragement to use other illicit drugs (Hall et al, 1994).

COGNITIVE IMPAIRMENT

The possibility that chronic cannabis use causes cognitive impairment has been extensively investigated but much of this research has been poorly controlled (Hall et al, 1994). Long-term heavy cannabis users do not show the marked cognitive impairment found in chronic alcoholics (Hall et al, 1994) but the cognitive performance of chronic and heavy cannabis users is poorer than that of non-users on tasks of selective and focused attention, visual and verbal memory and visuo-motor functions (Solowij et al, 1995; Pope & Yurgelun-Todd, 1996). The personal and social significance of these findings, and the degree to which they can be reversed by abstinence, remain to be determined.

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