

Cannabis and Mental Illness

Journal Articles:

[**Causal association between cannabis and psychosis: examination of the evidence**](#) by Louise Arseneault, Mary Cannon, John Witton and Robin M. Murray in the *British Journal of Psychiatry*.

On an individual level, cannabis use confers an overall twofold increase in the relative risk for later schizophrenia. At the population level, elimination of cannabis use would reduce the incidence of schizophrenia by approximately 8%, assuming a causal relationship. Cannabis use appears to be neither a sufficient nor a necessary cause for psychosis. It is a component cause, part of a complex constellation of factors leading to psychosis. Cases of psychotic disorder could be prevented by discouraging cannabis use among vulnerable youths. Research is needed to understand the mechanisms by which cannabis causes psychosis.

[**Psychiatric effects of cannabis**](#) by Andrew Johns in the *British Journal of Psychiatry*.

An appreciable proportion of cannabis users report short-lived adverse effects, including psychotic states following heavy consumption, and regular users are at risk of dependence. People with major mental illnesses such as schizophrenia are especially vulnerable in that cannabis generally provokes relapse and aggravates existing symptoms. Health workers need to recognise, and respond to, the adverse effects of cannabis on mental health.

[**Cannabis use and risk of psychotic or affective mental health outcomes: a systematic review**](#) by Theresa HM Moore, et al. in *The Lancet*.

The evidence is consistent with the view that cannabis increases risk of psychotic outcomes independently of confounding and transient intoxication effects, although evidence for affective outcomes is less strong. The uncertainty about whether cannabis causes psychosis is unlikely to be resolved by further longitudinal studies such as those reviewed here. However, we conclude that there is now sufficient evidence to warn young people that using cannabis could increase their risk of developing a psychotic illness later in life.

[**Adverse Reactions to Marijuana — Classification and Suggested Treatment**](#) by Andrew T. Weil in the *New England Journal of Medicine*.

Adverse acute reactions to marijuana are infrequent, but physicians will see more of them as use of the drug increases and reaches new areas of society. Several very distinct types of reactions occur. In persons without a history of mental disorder

who have never taken hallucinogenic drugs, marijuana may cause simple depressive reactions, panic reactions (most common) and toxic psychoses. In persons who have previously taken hallucinogens, marijuana may also trigger recurrences of hallucinogenic effects and may occasionally precipitate delayed psychotic reactions. Finally, in ambulatory schizophrenics, marijuana can cause atypical reactions, frequently marked by derealization. Most of these reactions are self-limited and benign but can be worsened by improper medical management. A few require psychiatric and psychopharmacologic intervention.

Medical assoc. positions:

[APA Position Statement on Marijuana as Medicine:](#)

“There is no current scientific evidence that marijuana is in any way beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders. Adolescents are particularly vulnerable to harm, given the effects of cannabis on neurological development.”

[ASAM Public Policy Statement on Medical Marijuana:](#)

“ASAM asserts that cannabis, cannabis-based products, and cannabis delivery devices should be subject to the same standards that are applicable to other prescription medications and medical devices and that these products should not be distributed or otherwise provided to patients unless and until such products or devices have received marketing approval from the Food and Drug Administration. ASAM rejects smoking as a means of drug delivery since it is not safe. ASAM rejects a process whereby State and local ballot initiatives approve medicines because these initiatives are being decided by individuals not qualified to make such decisions.”

[American Medical Association](#)

Our AMA (1) discourages cannabis use, especially by persons vulnerable to the drug's effects and in high-risk situations; (2) supports the determination of consequences of long-term cannabis use through concentrated research, especially among youth and adolescents [...] Our AMA believes that (1) cannabis is a dangerous drug and as such is a public health concern.”