Review: current evidence does not show a strong causal relation between the use of cannabis in young people and psychosocial harm


Does the use of cannabis in young people have consequences for their psychological or social health?

NOTES
Studies were categorised as higher, uncertain, and lower quality. Evidence was categorised as higher quality if there was a low probability of selection bias, exposure to drugs was assessed by a validated method, and there was a follow up period of several years and adjustments for confounding. The validity and relevance of the outcome measure was also considered.

COMMENTARY
This review includes general population longitudinal studies reporting associations between cannabis use and psychosocial harm. Other substances are mentioned briefly. The search strategy is more exhaustive than in previous reviews, and relevant methodological issues are appropriately discussed. Cannabis use is associated with negative outcome in educational attainment, use of other drugs, and to some extent psychological problems. However, the authors conclude that these associations are not based on causal mechanisms. Instead it is proposed that methodological limitations prevent firm conclusions.

Different negative outcomes have been proposed to follow from cannabis use in a causal way (for example, “amotivational syndrome” and “cannabis psychosis”) but there has been little empirical support for any of these hypotheses. There is general agreement that it is difficult to disentangle any specific effects of cannabis on various psychosocial outcomes, and that most of the existing studies suffer from methodological limitations. Therefore, the conclusions of the review are in accordance with other previous reviews. A notable exception is a recent review by Arseneault on the relation between cannabis use and schizophrenia. Here the authors conclude that cannabis use increases the risk for development of schizophrenia in a causal way. However, both review agree that causal effects of cannabis use for psychosocial outcomes must be limited, and the divergent conclusions rest partly on different conceptualisations of causality.

The authors suggest that the results have implications for policy practice. They argue that as cannabis cannot be causally linked with negative psychosocial outcome, harm reduction policy based on prevention of cannabis and other drug use is unlikely to produce improvements in public health. A more conservative standpoint would be to await results from further large scale studies with a sound methodology.

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REFERENCES