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Harms to body and soul: an ideological balancing act for preventing and reducing cannabis use

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Harms to body and soul: an ideological balancing act for preventing and reducing cannabis use

Abstract

In their piece for debate, Macleod & Hickman [1] present some credible arguments around the ways in which ideology may shape evidence and policy and describe the inevitable use of select aspects of scientific evidence to advance an agenda and drive funding directions. While the strength of evidence regarding causality in the association between cannabis and schizophrenia may not be incontrovertible, some of their arguments are indeed driven by their own ideology and advancement of their proposition that the main harm associated with cannabis use pertains to its intimate relation to tobacco use, and that this, and the development of dependence, are the main reasons to prevent cannabis use. Whether this helps the cause is debatable.

Keywords

balancing, act, preventing, soul, reducing, ideological, cannabis, body, harms

Disciplines

Arts and Humanities | Life Sciences | Medicine and Health Sciences | Social and Behavioral Sciences

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COMMENTARY

Commentary on Macleod & Hickman (2010): Harms to body and soul: an ideological balancing act for preventing and reducing cannabis use

In their piece for debate, Macleod & Hickman [1] present some credible arguments around the ways in which ideology may shape evidence and policy and describe the inevitable use of select aspects of scientific evidence to advance an agenda and drive funding directions. While the strength of evidence regarding causality in the association between cannabis and schizophrenia may not be incontrovertible, some of their arguments are indeed driven by their own ideology and advancement of their proposition that the main harm associated with cannabis use pertains to its intimate relation to tobacco use, and that this, and the development of dependence, are the main reasons to prevent cannabis use. Whether this helps the cause is debatable.

One would hope that the considerations driving the decisions around changing the classification of cannabis at any given time might have included both a desire to reconceptualize thinking around cannabis use towards being a health issue, and therefore prevent the criminalization of young people, and also to acknowledge and respond to emergent evidence and scientific and clinical judgements. The swings to and from harsher and more lenient classifications may well reflect mixed messages from a sometimes divided scientific community.

Vociferous public debate around relaxation of cannabis classification is not surprising, given the wealth of attention given to any new evidence on the association between cannabis use and the development of psychotic symptoms or mental health problems, regardless of the strength of that evidence with regard to cannabis being causal in the aetiology of schizophrenia. A growing literature on biological mechanisms that may underpin the interaction between cannabis use and psychotic symptoms [2-4] serves to endorse, give credence to and potentially explain the personal experiences of many affected families and individuals in the community, while the clamorous reaction of mental health lobby groups can hardly be criticized when a devastating disorder such as schizophrenia is at stake.

The arguments put forth around modelling and prevention of cannabis use in thousands of cannabis users in order to prevent a single case of schizophrenia serve little to ameliorate the pain felt by thousands of families affected by cannabis use in association with mental health problems. Given the weight placed by Macleod & Hickman on tobacco-related harms and dependence in association with cannabis use [1], it would be useful for them to apply a similar modelling approach to examine what is required with regard to prevention of cannabis

use in order to prevent a single case of tobacco-related harm or dependence—how might this differ on the population level in contrast to their estimates for prevention of schizophrenia?

Estimating the burden of disease attributable to cannabis is important for policy considerations; psychosis risk assessment is warranted and cannabis use worthy of targeting in prevention of schizophrenia [10]. Weighting the relative importance of harms associated with cannabis use raises questions such as whether the proportion of cases developing dependence should be considered as the more critical sequelae to target than the proportion who may experience psychotic symptoms, mental health problems or overt schizophrenia. While there is no doubt that tobacco-related harms are serious, there is no clear evidence that most people mix cannabis with tobacco, nor clear information on what percentage of young people's continued tobacco use is reinforced by their use of cannabis. Further, more general psychosocial, developmental, educational/occupational, interpersonal and cognitive problems experienced by cannabis users may have greater face validity in the community and for users themselves than tobacco-related harms when co-used with cannabis. It is hard to imagine that refocusing efforts on tobacco-related harms would make a significant difference in preventing the uptake of cannabis use *per se*, and existing cannabis users could simply switch to smoking 'pure' cannabis.

Macleod & Hickman state that current interventions to prevent cannabis use by young people are only modestly effective, at best. The ramifications of this observation are equally pertinent to whether the goal is to prevent schizophrenia or dependence and tobacco-related harms. There is evidence that cannabis use among young people has declined significantly in recent years [11-13]. The reasons for this are not known, but could be speculated to be related to the greater public awareness of significant risks and harms precisely to mental health. For an individual, the fear of developing a serious mental disorder may have greater immediate salience in preventing cannabis use than tobacco- or dependence-related *future* harms. Perhaps, for once, the dramatization by the media may have had a beneficial outcome in reducing the uptake of cannabis use by young people.

An unintended risk from debates of this kind, that contest evidence for one harm in favour of the relative importance of another, is the potential to divide further the research and clinical community and detract

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attention from the important points on which most of us agree: (i) that there *are* harms associated with the use of cannabis; and (ii) that we require a united effort towards reducing *all* harms associated with the use of cannabis by advancing the ultimate goals of reducing cannabis use in the community and, in particular, preventing the use of cannabis among young people. Classification and legislation appear to be less effective drivers of behaviour change [14] than finding other means to best achieve this. Perhaps balancing the attention given to physical harms and dependence, on one hand, and mental health problems on the other hand, could be targeted, respectively, towards reduction and prevention strategies.

Declaration of interest

None.

Keywords Cannabis, mental health, policy, schizophrenia.

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