

# 11 Summary and Conclusion

## 11.1 What are the important messages?

In light of the research reviewed above, what should be done to help inform the community about the risks? What evidence-based factual messages can be used to help prevent the adverse mental health effects of cannabis?

Although there is still some uncertainty about the nature of the relationship between cannabis use and mental health disorders, the following conclusions can be drawn:

1. The evidence that cannabis use causes psychotic disorders that would not have occurred otherwise is not conclusive, yet there is good evidence that cannabis use will contribute to the development of psychosis in predisposed people who would have become psychotic anyway and can exacerbate existing psychotic disorders. Those who have a psychotic disorder, and their families, need to be informed of this and be advised to avoid or cease use. It is possible that in a small number of cases, cannabis can cause psychotic disorders in those who would not have otherwise developed psychosis. A precautionary approach would be to inform the public of this possibility.
2. The association between cannabis use and later experience of psychosis (either symptoms or disorders) is stronger for those who are younger when they start using cannabis and who use heavily. Young people should be advised of the potential risk of all of the adverse outcomes of cannabis use, including but not restricted to the possibility that cannabis use may contribute to eventual mental health disorders.
3. Other adverse outcomes associated with cannabis, such as poorer educational achievement and employment, are also more likely the younger the person is when they begin to use cannabis, but the causal role of cannabis use in educational underachievement is not clear.
4. There is some evidence that cannabis use is associated with an increased risk of depression, particularly with long-term, frequent use and early initiation of use. These risks may be greater for females.
5. The use of many psychoactive substances is likely to have adverse effects on those experiencing a mental health disorder.
6. It is unlikely that eliminating the supply of cannabis, if this could be accomplished, would eradicate the motivation to use it. Most cannabis users report that they would substitute another drug, usually alcohol, in its absence.

## 11.2 Increasing community awareness of the link between cannabis and mental health

Cannabis is but one factor among many that appears to affect the development of mental illnesses. For a small minority of people, it may be a dominant factor, and this is perhaps the most crucial aspect of the message to be imparted to the public. Mental health professionals are extremely limited in their ability to identify these susceptible individuals, and the individuals themselves currently appear to have no greater success. Providing the best information about the pathological interactions between cannabis and psychological states may allow individuals to better assess their own risk profile. For example, it is known that relying upon cannabis to manage negative mood is highly predictive of dependence and the emergence of serious mental illness. Therefore, warnings about not using cannabis to manage stress become important.

## 11.3 Treatment issues

There is another important point that emerges from this monograph. Although the nature of the relationship between a specific mental health disorder and a particular substance is not always clear from the research available today, what cannot be denied is that mental health disorders and substance use disorders often occur together. Interventions need to be in place to assist those with both types of disorders, as evidence suggests that those with substance use and mental health disorders have worse prognosis than those with only one type of disorder. This point was made clearly in the recent Mental Health Council of Australia report on cannabis and mental illness <sup>[268]</sup>.

Preventing and treating comorbid mental health and substance use disorders is difficult for a number of reasons, including the major issue of which disorder to treat first. The causal relationship between substance use and mental health, as has been explored in this monograph, are complex, and it is not always clear whether one disorder is a consequence or a cause of the other, or if the causal relationships between the two disorders shift and change over time. As pointed out by Steinberg and colleagues <sup>[269]</sup>, when developing treatment for cannabis and mental health disorders, it is likely that a number of interventions will be needed, rather than just a single intervention. Recent research in Australia has been investigating the efficacy of cognitive behavioural therapy as a treatment for people with comorbid psychotic disorders and substance use disorders <sup>[270][271]</sup>, but there is still much research to be conducted in the area of efficacious, effective and cost-effective treatments for comorbid cannabis and mental health disorders <sup>[272]</sup>.

