

Head to Head

Would decriminalising personal use of cannabis lead to higher rates of mental illness?

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*Removing criminal penalties for possession could increase adolescent use, say **Bobby P Smyth, Mary Cannon, and Andrew Molodynski**. But **H Valerie Curran, Niamh Eastwood, and Adam R Winstock** find no evidence for this and say that liberalisation of drug laws could reduce harms*

No—H Valerie Curran, Niamh Eastwood, Adam Winstock

The causes of mental illness in a society are multifactorial, with risks linked to inequality, socioeconomic deprivation, and poor physical health. Regular use of drugs such as cannabis and alcohol can exacerbate pre-existing mental illness and worsen outcomes.

The vast majority of people who use cannabis do so for a limited time (often from adolescence to mid-20s) and experience few mental health consequences, if any. A minority do experience problems, and around 9% become dependent on the drug—a lower rate than dependence on alcohol (22%) or nicotine (67%).¹ Experts have rated cannabis 11th of 20 commonly used recreational drugs for its dependence-inducing effects as well as its general harms to individuals and society, well behind alcohol and nicotine.² Frequent cannabis use has also been associated with psychosis in people who are vulnerable from genetic, environmental, or childhood adversity factors.³

Potency matters

The type of cannabis used is critical to mental health. High potency varieties—rich in tetrahydrocannabinol (THC) and very low in cannabidiol (CBD)—are associated with increased rates of dependence and treatment seeking.⁴ Strains containing >10% THC may increase the probability of psychotic disorder among predisposed young people, whereas strains with <10% **may not**.⁵

Cannabis containing THC but negligible CBD (unlike balanced strains) can also increase psychosis-like symptoms in healthy people⁶. Although depression and anxiety are often comorbid with cannabis dependence in daily users, causality is weak and complex^{3,4}. Indeed,

the biggest risk that cannabis use poses to mental health is the exacerbation of pre-existing mental illness, not its *de novo* development.

Decriminalisation versus prohibition

Currently in the UK, cannabis is prohibited for recreational use but can be legally prescribed for limited medicinal purposes. Decriminalisation would remove criminal sanctions for possessing small quantities for personal use. Civil penalties, including fines or referral to a drug awareness course, could be given but without the person acquiring a criminal record. Such a move could have beneficial effects on mental health, because a criminal record stigmatises and can impinge adversely on employment, relationships, and travel all of which can contribute to negative health outcomes.⁷ As heavy cannabis use can be associated with lower educational achievement, unemployment and lower income, what society would wish to compound these disadvantages further with criminalisation? Decriminalisation has been associated with better health and social outcomes and reduced (re)offending among people caught in possession of cannabis, suggesting that decriminalisation would be positive for drug users' mental health and general wellbeing.⁸ Decriminalisation may also reduce barriers to users seeking help and engaging with health services.⁹

Criminalisation of cannabis, in particular possession offences, affects police-community relations: UK black people were searched for drugs nine times more than white people in 2016-17⁸, despite government data showing that black people are less likely to use cannabis than the white population¹⁰. And prohibition is expensive. Cannabis use represents 80% of all illicit drug use, and drug stop-and-searches, driven largely by cannabis possession, account for 60 per cent of all police searches⁸. So the costs of policing alone are vast and could be more helpfully invested in prevention, **harm reduction** and youth social initiatives.

Because early first use can increase the risk of mental health problems⁴, potential effects of decriminalisation on adolescents are of particular concern. . A reanalysis of the WHO Collaborative Cross-National Survey¹¹ compared 18 countries that had maintained cannabis prohibition from 2001 to 2010 with 20 countries that had more liberal policies (11 had decriminalised cannabis). No association was found linking "liberalisation" with higher odds of adolescent cannabis use: similar findings to a study comparing US states that had and had not legalised the supply of cannabis.¹² If rates of use do not increase among adolescents, as the evidence suggests, neither should mental illness. Indeed, in Europe, no consistent effect

on rates of cannabis use in the general population has been observed after either reductions or increases in penalties for possessing cannabis.¹³

State control is healthiest

Drug policies are complex, with multiple components and consequences. Mental health and criminology experts recently evaluated four different cannabis policies in terms of their consequences on seven criteria, including health promotion, public wellbeing, social factors, crime reduction, and cost.¹⁴ This ranked state control of supply as the most beneficial policy, free market supply second, decriminalisation of use alone with illegal supply third, and prohibition last, in terms of beneficial consequences.

The experts concluded that state control of cannabis markets could have major public health benefits in providing cannabis varieties with lower THC and higher CBD content to reduce rates of drug dependence and possibly psychosis. Age controls and harm reduction advice given at purchase could also reduce adverse consequences associated with the current mass diversification of potent cannabis products (such as edibles, oils, and concentrates). However, decriminalisation of people who use cannabis may need to be the first step in liberalising cannabis policy in the UK. Decriminalisation would allow the culture and conversation around drug use in the UK to change from zero tolerance to harm reduction. Reduced stigma would support earlier help seeking. The question is not whether decriminalisation would lead to more people using cannabis but whether it would lead to overall worse population health outcomes. We suggest the evidence strongly supports our view that it would not.

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