

# Cannabis and Schizophrenia

**Schizophrenia is caused by a damaged gene or an insult in the womb or infancy that results in malfunction when the brain develops and gets exposed to hormones produced in adulthood. What role, if any, does cannabis play in this process? We asked Lester Grinspoon, MD.**

"There is now sufficient evidence to warn young people that using cannabis could increase their risk of developing a psychotic illness later in life," according to a paper in the *Lancet* July 28.

The "evidence" was produced by an exercise in statistics. The authors (no MDS among them) searched databases for relevant studies and then analyzed 35 of them deemed worthy. They claim to have "adjusted for about 60 different confounding factors, including other substance use, personality traits, socio-demographic markers, intellectual ability and other mental health problems." They concluded that people who have used cannabis face a 40% higher risk of psychosis, and that heavy use increases the risk to 50-200%.

### Political Context

The British government has been reconsidering the legal status of cannabis, which in 2004 was moved from Class B to Class C — a less dangerous drug category with less onerous penalties for growers, distributors and users. Prohibitionist forces — notably the big drug companies and law enforcement — protested. In 2005 the Advisory Council on the Misuse of Drugs reviewed the medical literature, held hearings and concluded that Class C indeed was the appropriate category. The Council's report stated "for individuals, the current evidence suggests, at worst, that using cannabis increases the lifetime risk of developing schizophrenia by 1%." The latest *Lancet* paper is being played as a trump card to that report:

**Classification of Drugs in the UK**  
**Class A** (most harmful) includes cocaine, heroin, ecstasy and LSD.  
**Class B** (intermediate) includes amphetamines, barbiturates and codeine.  
**Class C** (least harmful) includes cannabis, benzodiazepines, anabolic steroids, and GHB.

- "Weed May Make You Go Psycho" —*Daily Mail*
- "Smoking Just One Cannabis Joint Raises Danger of Mental Illness by 40%" —*Daily Telegraph*
- "Cannabis Use Doubles Chance of Psychosis" —*The Independent on Sunday*

The *Independent on Sunday* supplemented its coverage of the *Lancet* paper with a survey headed "50 Top Experts Confirm Mental Health Risk." The IoS has led the campaign to return cannabis to Class B. Their poll does not and literally could not "confirm" the risk posed by cannabis, it can only "confirm that most believe..." as the story explains: "A poll of more than 50 of the world's leading authorities on drugs and mental health, confirms that most believe cannabis, and particularly its stronger variant, skunk, pose significant health risks and increase users' susceptibility to psychosis and schizophrenia."

We sought a 51st opinion from Lester Grinspoon, MD, professor of psychiatry emeritus at Harvard who has been studying marijuana since 1967 and is the co-author of *Schizophrenia: Pharmacotherapy and Psychotherapy* and other textbooks. "It is hard to refute a

study that alleges certain things are going to happen in the years ahead," he says, "but smoking marijuana does not cause schizophrenia."

Grinspoon and the psychiatric establishment agree that schizophrenia is caused by a damaged gene or an insult in the womb or infancy that results, when the brain develops and gets exposed to hormones produced in adulthood, in an organic malfunction. There ensues a break with reality, sometimes accompanied by visual hallucinations or "voices." Very often the break has an apparent "precipitating event," says Grinspoon, "—a serious automobile accident, loss of a loved one, an alcoholic binge a bad reaction to LSD or even, I imagine, to marijuana. But it's important to distinguish between 'precipitating event' and 'cause.'"

Can those teenagers at risk for schizophrenia be warned that cannabis should be avoided? Grinspoon responds, "We have no way of identifying a pre-schizophrenic individual."

The *Lancet* paper is "a meta-analysis of studies that are themselves flawed," says Grinspoon (who discredited some of them himself). "It greatly exaggerates the risk to the individual."

According to Grinspoon, the canna-

bis-causes-psychosis line is disproved by the absence of "even a blip in the incidence of schizophrenia in the US after millions of people started smoking marijuana in the 1960s." The incidence of schizophrenia in adults is about 1% worldwide and seemingly independent of whether or not cannabis use is widespread in a given country.

A meta-analysis published in the *Lancet* in 2004 (Macleod, et al) stated, "Cannabis use appears to have increased substantially amongst young people over the past 30 years, from around 10% reporting ever use in 1959-70, to around 50% reporting ever use in 2001 in Britain and Sweden. If the relation between use and schizophrenia were truly causal and if the relative risk was around five-fold, then the incidence of schizophrenia should have more than doubled since 1970. However, population trends in schizophrenia incidence suggest that incidence has either been stable or slightly decreased over the relevant time period."

This sweeping, common-sense refutation of a causal link can only be gotten around by defining currently available cannabis as a new and different drug — which is what the prohibitionists are doing with their "skunk" appellation.

But the increase in THC content is not a sudden phenomenon, it has occurred over the course of decades (documented in the U.S. by DEA analysis of confiscated cannabis). The incidence of schizophrenia has not risen correspondingly. Nor has the widespread use of Marinol —synthetic THC available in the US since 1987 — resulted in a higher incidence of schizophrenia.

Unmentioned in the media response to the *Lancet* paper of July 28 is the fact that Prohibition has prevented growers from developing cannabis strains high in cannabidiol (CBD), a component of the plant that counters the anxiety- and confusion-producing effect that THC exerts on some people.

## The Unambiguous Dangers of Cannabis

According to John Macleod (lead author of the *Lancet's* 2004 meta-analysis), "It is unfortunate that the debate around whether cannabis causes schizophrenia has become conflated with the debate around the legal status of cannabis, and that this question has come to dominate discussions around the appropriate public-health response. The public-health case for prevention of cannabis use by young people is strong, irrespective of whether use also causes schizophrenia."

And what does Macleod see as "the public-health case" against young people using cannabis? "Most users seem to smoke cannabis with tobacco," he writes. "Cannabis use can actually lead to initiation of tobacco use, reinforce toxic effects of tobacco, and make abstinence from tobacco more difficult. Moreover, in most jurisdictions, cannabis use exposes young people to risks of criminalisation that could have additional consequences for their health."

## Cannabis for Bipolar Disorder?

### To the Editor:

I have a 22-year-old son who was diagnosed with bipolar disorder (type 2). From age 16.5 to 18 he was on various different medications which mostly sedated him. He has done better off his meds than on.

He smokes marijuana at times & tells me that when he smokes he sleeps well (instead of being up for days), has good dreams instead of nightmares, feels "normal," can converse & enjoy social activities without being self absorbed or self conscious.

My initial reaction is —this is illegal, that is not true, etc. However, as I read more information it seems that possibly this is true?? It would be sad if there was something that could help him and we closed our minds to it. Most of the research seems to be directed toward marijuana causing mental illness & little or none on the treatment of....

I am just beginning to look into this but already have hit a number of dead ends. We live in Missouri & I don't think that helps! I got your name from your article on the obituaries of Tod Mikuriya, MD.

Would you be a source of any help for me? If so, I appreciate it very much.

**Margaret Mickens, Joplin, MO**

### Dr. Grinspoon Responds

*O'Shaughnessy's* has asked me to reply to your e-mail concerning your son's use of marijuana. I should introduce myself as a professor of psychiatry emeritus at Harvard who has been studying marijuana since 1967. Most recently I have been interested in furthering its renaissance in Western medicine as a remarkably useful and safe therapeutic in the treatment of a wide variety of symptoms and syndromes. While re-

cently more and more attention is being given to its usefulness in other medical situations, little note has been made of anecdotal accounts of its usefulness to people who suffer from bipolar disorder. Should you wish to read more about this utility, I would suggest you take a look at the second edition of *Marijuana, the Forbidden Medicine* by myself and James B. Bakalar (Yale University Press, 1997) and my medical marijuana website ([www.rxmarihuana.com](http://www.rxmarihuana.com)) where you will find a published paper on this topic under the Publications Section, and in the section on Shared Experiences a number of accounts written by bipolar users who have found marijuana more useful than conventional medicines.

Unfortunately, while you will not find many physicians who are familiar with the possibility that in some patients suffering from this disorder, it would

appear to be the "medicine of choice" because for these people it works best and it is surely less toxic than conventional medicines. It is also, even with the prohibition tariff, often less expensive. While I cannot assure you that it will be useful to your son (although he has some experience which suggests that it is) it is unlikely to be harmful to him. It would be best if he could find a psychiatrist who would be willing to follow him as he explores this possibility.

If after looking at the material mentioned above you have questions, I will be glad to try to answer them. Your son suffers from a very difficult disorder and I hope that you will find these suggestions helpful.

**Sincerely yours,  
Lester Grinspoon, MD**

## One reason “bipolar” diagnoses are soaring: Dr. Biederman

Biederman's role has been to widen the customer base for the pharmaceutical manufacturers, which is why he's so well-funded and highly positioned within psychiatry.

A million kids in the U.S. are now diagnosed with “Bipolar Disorder,” which used to be known as “Manic Depression” and occurred only in adults. On “Sixty Minutes” Sept. 30 Katie Couric did a jailhouse interview with the mother of a four-year-old girl named Rebecca Riley who died from an overdose of pharmaceutical drugs prescribed for Bipolar Disorder. Rebecca's parents are charged with murder. Her mother had taken Rebecca at age two-and-a-half to a psychiatrist at Tufts-New England Medical Center who labeled her bipolar and soon had her on a stew of Seroquel, an “unconventional antipsychotic,” Depakote, an anticonvulsant, and Clonidine, a blood pressure drug. On the fatal night Rebecca had the sniffles; her mother gave her Children's Tylenol



Plus Cough & Runny Nose and, when she couldn't sleep, half a Clonidine. She was dead by 6 a.m.

Tufts-New England issued a statement: “The care we provided was appropriate and within responsible professional standards.” Couric quoted Dr. Kifuji's lawyer to the same effect: “she was just practicing mainstream psychiatry.” Couric then went to “one of the leading proponents of bipolar disorder in children, whose research Dr. Kifuji said had influenced her. He is Dr. Joseph Biederman, professor at Harvard and head of child psycho-pharmacology at Mass General Hospital.”

Harvard's Biederman has influenced not just Dr. Kifuji but the entire field of child psychiatry. He is the most cited author of “scientific” papers on



**DR. JOSEPH BIEDERMAN of Harvard Medical School has promoted “Bipolar” from a rare disorder to a common one.**

ADD/ADHD (thanks to which 5 million American kids are on strong stimulants) and has done more than anyone to promote “Bipolar” from a rare disorder to a common one. Biederman has a stern manner, and speaks in a German-sounding accent. His parents were Czech, he grew up in Argentina.

Couric asked how a million kids came to be labeled bipolar. Biederman said, “The idea is rare if you define it in very strict ways. Our contribution has

been to describe the many ways that this condition may emerge in children that may make it a little bit more diagnosable and less rare than people have thought about it.”

Dr. Biederman's contribution has been to widen the customer base for the pharmaceutical manufacturers, which is why he's so well-funded and highly positioned within psychiatry. Couric, to her credit, explained that the bipolar diagnosis for adults used to involve extreme mood swings that can last for months. “Dr. Biederman's definition for children, though, is much broader. It emphasizes extreme irritability and at least four other symptoms such as recklessness, sleeplessness and hyperactivity.” Cut to Biederman behind his desk: “The average age of onset is about four. It's solidly in the preschool years.”

Tod Mikuriya, MD, was the antithesis of Biederman — his polar opposite. See his article “Cannabis as a first-line treatment for childhood mental disorders.”

—O'S News Service

