



## Cannabis and public health—a need to reclaim the narrative

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Cannabis is the most widely used illegal drug in Ireland, 8% of adults reporting some use in the past year, prevalence being higher in males and younger age ranges [1]. Use can sometimes lead to health harms [2, 3]. For this reason, it is an issue of public health concern. How much health harm is it causing? We briefly examine three areas of harm: addiction, mental health problems, and medical problems.

One fifth of past-year users in an Irish general population survey reported symptoms consistent with cannabis dependence [1]. That equates to about 45,000 people in Ireland. This is borne out in data on addiction treatment in Ireland where cannabis is now the most common main drug in first treatment episodes [4]. Even though alcohol is much more widely used by young people, cannabis is now the substance which is most likely to cause people under 25 years old to seek addiction treatment in Ireland ([www.drugsandalcohol.ie/tables/](http://www.drugsandalcohol.ie/tables/)). Qualitative research on such young people provides testimony to the severe problems associated with cannabis dependence in this age range [5].

Cannabis can cause a range of other mental health problems [6–8]. These problems are most likely to occur where use is frequent, starts at a young age, and involves high-potency cannabis [2, 6]. The Irish Hospital Inpatient Enquiry (HIPE) database indicates that 877 people required an emergency medical admission with a cannabinoid-related diagnosis in 2019. There were 309 admissions to psychiatric hospitals in 2019 with a cannabinoid-related diagnosis, this being greater than the combined total of admissions related

to cocaine, opioids, and stimulants (*personal communication from the National Psychiatric In-Patient Reporting System*). These are record levels of such admissions and confirm the ongoing trend in escalations in these cannabis-related problems over the past 12 years [3].

Cannabis was also the most common illegal drug involved in emergency department presentations of deliberate overdose among men aged 15–24 year old in Ireland in 2019 [9]. There is growing awareness of the link between cannabis use and suicidal behaviour, especially in youth, and a systematic review has shown that cannabis use in youth is associated with a threefold increase in risk of suicide attempts and suicidal thoughts [7].

Across Europe, cannabis has become the drug most likely to cause people to seek out addiction treatment, and a recent survey of drug related emergency department attendances across 27 sentinel hospitals in 19 European countries found that cannabis was the drug most likely to precipitate such attendances, surpassing drugs such as cocaine and heroin [10].

Sadly, this significant and escalating public health crisis related to cannabis use in Ireland has received remarkably little attention. The national conversation has been unhelpfully dominated by the campaign which has pushed for cannabis to be recognized as a “medicine.” Such campaigns soften up public opinion toward cannabis and cause confusion among young people about cannabis-related risks [11].

Apart from the use of cannabidiol in the treatment of severe forms of childhood epilepsy, the evidence that cannabis-related products have therapeutic properties is extremely weak [12–14]. A recent scoping review of 72 systematic reviews found no good evidence that cannabis-related products have therapeutic efficacy for management of pain, spasticity, or nausea and vomiting and indeed found that they may be more likely to produce adverse effects [15]. A systematic review of cannabis-related products for treatment of mental health conditions found no convincing evidence for efficacy [16].

In Ireland, in the face of a sustained campaign by parents and other activists, with very substantial media support, the

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Department of Health approved use of some cannabis-based products for a limited number of specified conditions such as childhood epilepsy. The Department of Health recently produced guidance for doctors in which the terms “medical cannabis” and “medicinal cannabis” were appropriately and carefully avoided [17]. However, when launching the program for the public, the Department of Health opted to call it the *Medical Cannabis Access Programme* which erroneously promotes the idea of cannabis as a medicine. The Department of Health has now set the precedent where politicians largely bypass the Health Product Regulatory Authority in determining what is and what is not a medicine. This is a slippery slope to legalization, as those with non-qualifying conditions, especially chronic pain, will insist that they too are added. Despite the lack of scientific evidence for efficacy [14, 15], chronic pain is by far the most common reason for dispensing of cannabis-based products in other countries [18].

In addition, campaigners will demand an end to the current restriction which limits “prescribing” to specialists as the experience in Canada and elsewhere was that most doctors did not wish to prescribe plants such as cannabis [19]. The regime in Canada became so loose after decades of campaigning and litigation that any doctor could recommend these products to any patient for any reason [13, 14, 19]. Such regimes have been described in USA as “an aggressively commercialized, quasi-recreational cannabis industry” [18]. Against such a background, Canadian politicians decided to fully legalize cannabis for adult use in 2018.

While cannabis-related harms in Ireland are currently substantial and on an upward trajectory, it could be much worse. In Canada, 12% of young adults now smoke cannabis on a daily basis, this being ten times the rate of daily use in Ireland [1, 20]. Liberalization of cannabis policy in USA has coincided with a fivefold increase in the number of 16-year-olds using daily in the past 30 years [21].

Our track record in Ireland is one of failure to give priority to public health when regulating access to alcohol, our sole current legal intoxicating and addictive substance. The early experience of cannabis regulation in North America is that public health principles are being overridden by profit agendas [22, 23]. Therefore, there is little reason to believe that public health would be given any priority in Ireland if it was made available for adult use.

In conclusion, there is a need for the Department of Health to reclaim the narrative on cannabis, and to avoid “own goals” such as calling it “medical” or “medicinal.” The medical profession should involve themselves more in this discourse and ensure that the drug policy in Ireland is truly health-led in practice [24]. Following years of campaigning which has discussed only purported benefits of cannabis, there is a need to ensure that the wider public is fully aware of the lack of therapeutic efficacy and the many real harms associated with this drug [2, 3]. If there is no

concerted action, it seems almost inevitably that we will be led down the same path as Canada with full legalization in 10–15 years. Such a move will ultimately be damaging to public health [2, 6, 8].

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