

Letters to the Editor

Cannabis-Induced Psychosis Among Aboriginal People in the Northwest Territories

Dear Editor:

I read with interest the articles by Hall¹ and Degenhardt² in the August 2006 edition of *The Canadian Journal of Psychiatry*. I more than often treat patients who developed psychosis from cannabis bingeing. The incidence of psychosis in this group is so high that, if it is blamed on schizophrenia, the prevalence rate of schizophrenia will be much higher than 1%.

Complete recovery takes place within 1 to 2 weeks of abstinence necessitated by hospital admission and the administration of risperidone. Inpatient psychoeducation shows a lack of understanding that cannabis is the cause of their psychotic symptoms. Patients attribute recovery to, among other factors, absence from the reserve, eating well, sleeping well, and taking medication.

Heavy, persistent use of cannabis is a known cause of psychotic symptoms. Vulnerable individuals are at particular risk. Aboriginal people in Canada may have a special predisposition to the adverse effect of substances of abuse. This needs to be researched. The Northwest Territories have the highest proportion of youth using cannabis in Canada.

Marijuana is romanticized as cool and wrongly taken as a benign herb. It plays a role in triggering and worsening mental health problems and in inhibiting emotional and social maturation. This is confirmed by Andreasson and others,³ and its effects are summarized by Hall and Degenhardt.⁴ Beneficial effects of cannabis use in treating chronic, painful conditions and other intractable illnesses have been promoted recently. However, it is important to note that even cannabis-based therapeutic drugs do cause psychotic symptoms.⁵

Authorities should formulate a culturally acceptable mode of health education, provide healthy recreational tools on reserves—these areas are viewed as emotional and inspirational deserts by Aboriginal youths I have interviewed—provide employment commensurate with aptitude, and address the cultural and identity diatheses facing Aboriginal youths today vis-à-vis the greater Canadian community. There is a tremendous internal force among the young people to escape from the reserves physically, through medevac, to bigger centres such as Yellowknife and emotionally, through regression into drug-induced hallucinogenic and deluded states.

References

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REPLY

Cannabis-Induced Psychosis Among Aboriginal People in the Northwest Territories

Dear Editor:

We thank Dr Okoro for his comments on our earlier articles in *The Canadian Journal of Psychiatry*.^{1,2} His letter expresses a common concern in many indigenous communities about the psychological consequences of heavy or “binge” use of cannabis. Dr Okoro describes patients who present psychotic symptoms following persistent binges of marijuana, and he attributes their symptoms to their marijuana use because “[c]omplete recovery takes place within 1 to 2 weeks of abstinence.” These cases raise the possibility that heavy binge use of cannabis may produce psychotic symptoms that are related to the acute effects of the drug rather than an enduring psychotic illness.

What is unclear on the available evidence is whether, as he suggests, heavy cannabis use can cause cases of schizophrenia that would not have occurred in its absence. We were not able to find support for this hypothesis in the Australian population over the past several decades, where cannabis use has steeply increased among youth.³ This possibility should not be confused with the case histories described by Dr Okoro, in which very heavy cannabis use appears to produce psychotic symptoms that do not persist after abstinence from cannabis. The psychological consequences of cannabis use in indigenous populations has also been debated in Australia, where, as in Canada, very heavy binge patterns of cannabis use are more prevalent among indigenous than among other Australians. Significant harms have been reported among dependent cannabis users in the indigenous population in remote areas.⁴ The interpretation of the role of cannabis use in these settings is

complicated by the multiple forms of serious social disadvantage, by poor health, and by the heavy use of other substances, such as alcohol and gasoline ("petrol sniffing"). More research is urgently needed on the prevalence and effects of cannabis and other drug use in the indigenous populations of our 2 countries—as is research on the development and evaluation of culturally appropriate and effective forms of education, treatment, and harm reduction to reduce these harmful patterns of use.

References

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