

Cannabis and the effect on adolescents

Cannabis use is known to be associated with various psychosocial problems and negative outcomes for consumers (Malone, Hill & Rubino, 2010).

My question is: "How can the use of cannabis by adolescents aged 12-20 contribute to the onset of Schizophrenia?"

Three main themes: Literature review

Brain Development: Cannabis can be detrimental to mental health in the transition from adolescent years to adulthood. Given the vulnerability of adolescent's neurodevelopment and the persistent changes that follow early cannabis exposure (Cohen, Solowij & Carr, 2008).

Genetics: Mental health complications are strongly associated with genetic biological factors and experimental cannabis use (Baldus, Miranda, Weymann, Reis, More & Thomasius, 2011).

Why do adolescents seek Cannabis? The euphoric effects, depersonalization, altered sensory perception and relaxation (Cohen et al, 2008).



Clinical Issue

Cannabis is the most recreationally used illicit drug throughout the world (Malone et al, 2010). The USA, Australia and New Zealand have the highest prevalence of cannabis use and the majority of users initially experiment with it in adolescent years (Malone et al, 2010).

Therefore world wide there needs to be more of an understanding around cannabis use and its effects on the adolescent brain (Chadwick, Miller & Hurd, 2013).

There is no extensive evidence to suggest that all adolescents who experiment with cannabis will develop schizophrenia, or any other psychotic symptoms (Malone et al, 2010). Suggesting that there is a chance of developing schizophrenia due to cannabis use, therefore is it worth taking the risk?

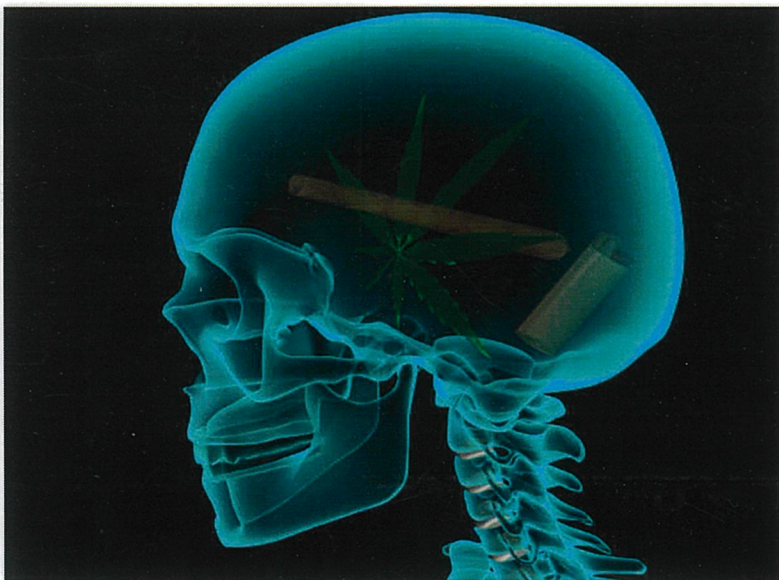
Conclusions and Implications for Practice

In relation to the research question: there is no casual relationship between cannabis use in adolescence and schizophrenia in adulthood. It is apparent from multiple researched results that cannabis is known to be associated with various psychosocial problems and negative outcomes for consumers.

Every person's genetic makeup is different, therefore suggesting that cannabis does not have the same effect on everyone. Therefore there should be more of an effort to stop cannabis use.

It is important the nurses in New Zealand know the effects of cannabis on adolescents and the target populations. Therefore an understanding of why the young Maori population are predisposed to cannabis use is necessary.

Advocating the effects of cannabis to patients, people of the community, schools and families would be extremely beneficial towards New Zealand's mental health status.



References:

- Baldus, C., Miranda, A., Weymann, N., Reis, O., More, K., & Thomasius, R. (2010). BioMed Central Health Services Research. "CAN Stop" – Implementation and evaluation of a secondary group prevention for adolescent and you adult cannabis users in various contexts – study protocol, 11(80), 1-10.
- Chadwick, B., Miller, M., & Hurd, Y. (2013). Frontiers in Psychiatry. Cannabis use during adolescent development: susceptibility to psychiatric illness, 4(129), 1-6.
- Cohen, M., Solowij, N., & Carr, V. (2008). The Royal Australian and New Zealand College of Psychiatrists. Cannabis, cannabinoids and schizophrenia: integration of the evidence, 42, 357-368.
- Malone, D., Hill., & Rubino, T. (2010). British Journal of Pharmacology. Adolescent cannabis use and psychosis: epidemiology and neurodevelopmental model, 160, 511-522.

PECOT category	Information relating to question	Explanation
Population	Adults who were exposed to cannabis use in their adolescent years, aged 12-20.	The age range between 12-20 is where adolescents are likely to be initially introduced to cannabis. The brain is not fully developed until age 25 – therefore the age group (12-20) may have bad decision making skills, therefore it is likely they may try cannabis.
Exposure	Adults who were exposed to cannabis from age 12-20 who have developed Schizophrenia	I will be looking for articles that include data and results in relation to adolescence that used cannabis and then were diagnosed with schizophrenia in adulthood.
Comparison/control	Adults who were exposed to cannabis from age 12-20 who did not develop schizophrenia	I will be looking for articles that include data and results in relation to adolescence that used cannabis and then in adulthood did not develop schizophrenia.
Outcome	Adults diagnosed with Schizophrenia due to cannabis exposure.	The effects that cannabis has on the adolescent brain resulting in the diagnosis of schizophrenia.
Time	8 years	This is an extensive period of time where adolescents aged from 12-20 could be exposed to cannabis, resulting in dependence/addiction.