CANNABIS ABUSE AND PSYCHIATRIC MORBIDITY

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ABSTRACT

Panic disorder was seen as the most common presentation amongst the cannabis users who presented in the psychiatric out patients of Western regional hospital for the treatment.

Key Words: Panic disorder, Cannabis.

INTRODUCTION

It is illegal to cultivate, sell or possess cannabis in Nepal, but age old tradition accepts cannabis smoking by Sadhus (a person living in solitude). There is also a tradition of smoking cannabis on the night of Shivaratri celebration (Hindus perform worship of lord Shiva by fasting and going to Shiva temple on the night of Shivaratri). There is a belief that Lord Shiva enjoys smoking cannabis and so if the devotees also smoke cannabis, he will be happy. Similarly drinking Bhang (cannabis plant leaves and seeds which are mixed with milk and other ingredients to form intoxicating drink) in Phagupurnima (spring festival in which men, women and children throw coloured water and coloured powder to one another to celebrate) is also an age old tradition. It is also not uncommon to see a few middle aged or old village people smoking cannabis instead of tobacco in the villages. Cannabis is still used by village people as a medicinal plant for indigestion, stomach problems and diarrhea for both in men and in domestic animal. Considering all these traditions, it is not uncommon to see a few cases of cannabis induced psychotic disorder with delusions or with hallucinations, within a few days after the said festival celebration.

Cannabis is the most common drug of abuse amongst the drug users. Cigarettes and cannabis are also known as the gateway of hard drug use. Cannabis is cheap, available easily as wild plants or the cultivated ones in the villages.

METHOD

A questionnaire was developed to interview patients attending psychiatric outpatient department of Western Regional hospital in relation to cannabis use and psychiatric problems. Based on the patient's condition, information was collected from the patients and also from the accompanied relatives or friends. All the psychiatric outpatients who gave the history of cannabis use and some health problems were interviewed after taking their consent. Patients who developed psychiatric problems after using cannabis only once are also included in this study. Diagnosis was made by interviewing patients by the consultant psychiatrist based on DSM-IV criteria. These data were collected from Jan 1997 to August 1998. Total number of patients interviewed was 37, out of which 36 were males and only one was female.

RESULTS

Patient's age ranged from 13 to 70 years, all were males except one female, 18 out of 37 were unmarried, and all of them had used cannabis though in 4 patients it was not the primary drug of abuse. 12 patients presented with anxiety disorder out of which 9 had features of panic disorder and 3 had features of generalized anxiety disorder. Eight patients presented with features of panic disorder after using cannabis only once. Among the panic disorder group, four of them had taken Bhang mixed with food or drinks in Shivaratri and other four had

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Table I : Age group

< 15 yr.	15-24 yr.	25-34 yr.	35-44 yr.	45-54 yr.	55-64 yr.	> 65 yr.
1	16	9	5	2	2	2

Table II : Duration of cannabis use

Used once only	< 1 yr.	1-5 yr.	6-10 yr.	11-15 yr.	16-20 yr.	> 20 yr.
8	9	6	7	2	0	5

Table III : Psychiatric disorders and cannabis abuse

Psychiatric disorders	No. of Cases
Cannabis induced panic disorder	9
Cannabis induced psychotic disorder	7
Cannabis induced generalized anxiety disorder	3
Dysthymia	2
Bipolar I disorder	3
Schizophrenias	2
Mood disorder due to cannabis use with mixed features	2
Cannabis related disorder NOS	1
No psychiatric problem	8

smoked Ganja on different occasions. Most common presenting symptoms were giddiness, fear of going crazy or dying and palpitation. Other presenting symptoms were dryness of mouth, cold limbs, numbness and tingling sensations all over the body, derealization and depersonalization. In all these 8 cases, symptoms started within 24 hours of using cannabis, in most of them (5 cases) within 3 to 4 hours only. These symptoms did not subside even after weeks or months and this was the actual reason for consultation.

Seven patients had features of cannabis induced psychotic disorder, one patient developed it within 24 hour of heavily drinking Bhang and others were smoking cannabis regularly from 6 months to many years.

Some users, who were smoking small amount of cannabis for many years without any major health problems except chronic cough, were in the opinion that it gave them good relaxation, increased appetite, improved digestion and sleep. They were unwilling to stop cannabis.

DISCUSSION

Excluding alcohol and tobacco, cannabis is the drug most frequently used by patients with psychiatric disorders.¹ Greater consumption of cannabis has been observed in schizophrenic patients compared with other psychiatric patients.² There have not been any epidemiological surveys of cannabis use in Nepal. A study of pupils at six London comprehensive schools revealed that 11% of 11-16 year olds had taken cannabis.³ The majority of users take it experimentally, that is they do not become regular users.⁴ Cannabis is easily available in rural

part of Nepal. Traditional and medicinal use of cannabis is common in addition to experimental and occasional use. Cultural tolerance is more in the rural areas for cannabis use because of inadequate recognition of the harmful effects. So its use may be more common in rural areas.

During cannabis intoxication an awareness of alteration in thought process is frequently reported. Subjects may describe their thoughts as being fragmented.⁵

Anxiety disorders are the commonest reactions to cannabis use. Acute anxiety reactions to cannabis use may include restlessness, depersonalization, derealization, and sense of loss of self control, fear of dying, panic and paranoid ideas.⁶

In this study, panic disorder was the commonest mode of presentation after cannabis use. Most notable point in this study was "the precipitation of panic disorder after using cannabis once only in otherwise healthy individuals". Cannabis induced panic disorder was moderate to severe form, did not subside spontaneously after stopping cannabis use and needed several weeks to several months of treatment.

At one time, flashback following cannabis use was regarded as being rare or non-existent^{7,8,9} But the consensus view expressed in several review articles is that flashbacks can occur but are rare following cannabis use alone.^{10,11,12} In this small study, two patients of anxiety neurosis reported experience of such flashbacks along with other anxiety symptoms.

Traditional and socially acceptable use of cannabis on certain special occasions as mentioned in the beginning of this paper

exists in Nepal. Majority of these users take cannabis just for enjoyment shake and out of curiosity, but even this use can precipitate cannabis related disorders as mentioned before. As regards cannabis induced psychotic disorder which has been questioned its existence, was found to have clear relationship with heavy use in this small series. Common mode of presentation was sudden onset of behavioral change like laughing or crying episodes, eating non-edibles, tearing clothes, biting people and the delusions of being controlled and hypnotized. These patients improved within 2-4 weeks of stopping cannabis and with small dose of antipsychotic. Ghodse describes cannabis psychosis as "a psychotic illness arising after the consumption of a large quantity of cannabis", and describes its features as including "confusion, generally associated with delusions, hallucinations, and emotional lability".¹³ Confusion was seen only in two out of the seven patients of cannabis induced psychotic disorder in this study.

Some preventive efforts are needed to educate the probable users and others about the risk and consequences of cannabis use to reduce the cannabis related psychiatric morbidity.

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