

Study shows no relationship between moderate adolescent cannabis use and exam results, IQ

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A large UK study has found that occasional adolescent cannabis use does not lead to poorer educational and intellectual performance, but that heavy cannabis use is associated with slightly poorer exam results at age 16. The results come from the Avon Longitudinal Study of Parents and Children (ALSPAC, also known as "Children of the 90's") a long-term study that follows the health of children born in the Bristol area (UK) in 1991 and 1992. The work is being presented at the annual congress of the European College of Neuropsychopharmacology (ECNP) in Berlin.

The researchers analysed data from 2,612 children who had their IQ tested at the age of 8, and again at the age of 15. These children's examination results were then factored in via the National Pupil Database. At the age of 15, each person in the study completed a survey on [cannabis](#) use. The researchers then used regression analysis to look at how cannabis use affected both intellectual and [educational performance](#). A number of children could not be included in the final analyses (for example because they had experienced a head injury), leaving a total sample size of 2,235.

The researchers found two main points

- Cannabis use appeared to be associated with decreased intellectual performance. Cannabis use was, however, highly correlated with other risky behaviours such as alcohol, cigarette

and other drug use. When the researchers took these other behaviours into account, they found there was no relationship between cannabis use and lower IQ at age 15.

- Heavier cannabis users (at least 50 times by age 15) however, did show marginally impaired educational abilities. These [children](#) tended to have poorer exam results (3% lower) on compulsory school exams taken at age 16, even after adjusting for childhood educational performance, as well as alcohol, cigarette and other drug use.

According to lead researcher, Claire Mokrysz (University College London):

"Our findings suggest cannabis may not have a detrimental effect on cognition, once we account for other related factors- particularly cigarette and alcohol use. This may suggest that previous research findings showing poorer cognitive performance in [cannabis users](#) may have resulted from the lifestyle, behaviour and personal history typically associated with cannabis use, rather than cannabis use itself.

People often believe that using cannabis can be very damaging to intellectual ability in the long-term, but it is extremely difficult to separate the direct effects of cannabis from other potential explanations. Adolescent cannabis use often goes hand in hand with other drug use, such as alcohol and cigarette smoking, as well as other risky lifestyle choices. It's hard to know what causes what- do kids do badly at school because they are smoking weed, or do they smoke weed because they're doing badly? This study suggests it is not as simple as saying cannabis is the problem.

This is a potentially important public health message- the belief that cannabis is particularly harmful may detract focus from and awareness of other potentially harmful behaviours. However the finding that

heavier cannabis use is linked to marginally worse educational performance is important to note, warranting further investigation".

Commenting ECNP Chair, Professor Guy Goodwin (Oxford) said

"This is a potentially important study because it suggests that the current focus on the alleged harms of cannabis may be obscuring the fact that its use is often correlated with that of other even more freely available drugs and possibly lifestyle factors. These may be as or more important than cannabis itself".

The researchers noted that the study has some limitations. For example, cannabis use was self-reported, and the measure of IQ taken at [age 15](#) was an abbreviated version of the standard Wechsler IQ test. Full details can be found in the abstract (however please note that the abstract shows a preliminary analysis; this may differ from the version which is currently being prepared for publication and which is described above).

Provided by European College of Neuropsychopharmacology

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