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POLICY BRIEF

CANNABIS USE AND PSYCHOTIC DISORDERS IN TRINIDAD

FINDINGS FROM THE INTREPID II PROGRAMME

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Summary

Evidence from the INTREPID II programme highlights a strong association between cannabis use and increased risk of psychotic disorders in Trinidad (Lee Pow et al., 2023). Frequent use and early age of first cannabis use are significantly more common in Trinidad than in comparable international sites (Di Forti et al., 2019). These findings have direct implications for national policy and public health strategy, especially in light of cannabis decriminalisation in 2019.

What is INTREPID II?

INTREPID II was a multi-country study that examined risk factors for psychotic disorders across three diverse settings: Kancheepuram (India), Ibadan (Nigeria), and Trinidad (Morgan et al., 2022). It compared individuals with untreated psychosis to controls matched by age, sex, and neighbourhood and collected data on cannabis use, frequency, age of first cannabis use, and dependence.

Findings from Trinidad

- In Trinidad, cannabis use was higher than in other study sites: 19.6% of population controls (people from the general population without psychosis) in Trinidad were daily cannabis users—higher than London (11.7%) and Amsterdam (13.1%).

- Almost a quarter of controls began using cannabis in adolescence: 24.2% of controls first used cannabis at or before age 15, and 48% of these went on to become frequent adult users.

- Frequent cannabis use and cannabis dependence were more common among individuals with psychotic disorders. Frequent cannabis use (once a week or more) was associated with nearly double the odds of psychotic disorder.

- High cannabis dependence increased the odds of psychotic disorder nearly fivefold.

- Cannabis users developed psychotic symptoms - such as hallucinations or delusions - at a younger age than non-users.

- Current legislation does not limit tetrahydrocannabinol (THC) potency or address early adolescent use. THC is the main psychoactive ingredient in cannabis that causes the 'high.'

Findings from International Research

International data supports the Trinidad findings.

A large multicentre study in Europe (EU-GEI) (Di Forti et al., 2019) found:

- Daily cannabis use tripled the odds of psychotic disorder.
- Daily use of high-potency cannabis (THC ≥10%) increased odds nearly fivefold.
- 30.3% of psychosis cases in London and 50.3% in Amsterdam were attributable to high-potency cannabis use.

A global consensus paper (D'Souza et al., 2022) that summarizes the current scientific evidence on the health effects of cannabis use confirmed:

- Early initiation (≤15 years), frequent use, and high-THC products significantly raise the risk of psychosis.
- There are concentrated forms of cannabis products that can contain THC levels up to 90%.
- Countries that decriminalise or legalise cannabis without regulating potency face elevated population-level risks.

The association between population-level cannabis use and the incidence of psychotic disorders is well-demonstrated in global research. As illustrated in Figure 1, Trinidad has both the highest adjusted incidence of psychotic disorder and the highest prevalence of daily cannabis use among controls across six global sites from two comparable international studies (INTREPID II, EU-GEI). This reinforces the urgent need for targeted public health interventions and legislative reforms, particularly in relation to cannabis potency and youth use.

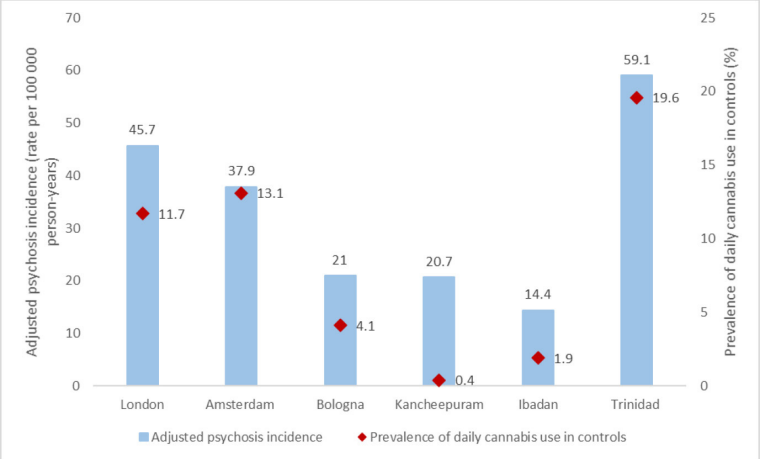

Figure 1. Adjusted incidence of psychotic disorder and prevalence of daily cannabis use among controls across selected global sites in the INTREPID II and EU-GEI studies.

Policy Implications

The potency of local cannabis was not measured in INTREPID II and there is limited data on local THC potency. Despite decriminalisation, Trinidad currently has no legislation capping THC potency or targeted protections for adolescents. Without safeguards, this increases the risk of cannabis contributing to increased incidence of psychotic disorders.

Recommendations

1. Introduce THC potency limits

Cap THC content in all legally available cannabis products.

Define “high potency” in line with international standards (e.g., ≥15%).

Require clear labelling of THC potency on all cannabis product packaging, so consumers are aware of the strength of the product they are using.

2. Restrict adolescent access and use

Support for the implementation of age-based restrictions for purchase and possession.

Expand school- and community-based prevention programmes.

3. Establish national monitoring and referral systems

Track cases of cannabis-related psychosis.

Develop clinical referral pathways from primary to specialist care.

4. Support cannabis cessation services

Offer integrated mental health and substance use support.

Address motivation to quit, co-use with tobacco, and relapse prevention.

5. Launch public education campaigns

Disseminate accurate, evidence-based information on cannabis and mental health.

Target youth, vulnerable populations, and healthcare providers.

Our research in this area is ongoing. For further information in this area or to find out how these findings can help to inform policy development, please contact:

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