

Permissive Norms and Laws and Longitudinal Harm to Youth

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SEED Lifecourse Research Theme



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Our research



Research grants

Publications

Collaborations

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Our aim

We bring together life course, clinical and public health research and practice to describe the major milestones in emotional life, advise on the most effective approaches to intervening at the earliest opportunities in troubled pathways, and engage systems for translating this knowledge broadly.



What matters?

[Lifecourse Sciences Theme](#)

Understanding the developmental origins of mental health and disorder



What works?

[Intervention Sciences Theme](#)

Designing interventions to promote emotional security and social connection



What translates?

[Translation Sciences Theme](#)

Harnessing system-based approaches to disseminate effective interventions

What can we learn from
longitudinal “life-course”
studies about the effects of
legalising cannabis

Cannabis legalisation

Commonly observed sequence of arguments

- Medical cannabis is promoted as a solution to rare and understudied conditions
- If it has benefits – why not permit recreational use?
- Proponents argue - legalisation will reduce the harms and the tax returns will out-weight the harms

Existing longitudinal
evidence clearly shows
cannabis use is harmful

Silins, E., Horwood, J., Patton, G.C., Fergusson, D.H., Olsson, C.A., Hutchinson, D.M., Spry, E., Toumbourou, J.W., Degenhardt, L., Swift, W., Coffey, C., Tait, R.J., Letcher, P., Copeland, J., Mattick, R.P. (2014) Young adult sequelae of adolescent cannabis use: An integrative analysis across three Australasian Cohorts. *Lancet Psychiatry*. 1(4), 286 – 293.

[http://dx.doi.org/10.1016/S2215-0366\(14\)70307-4](http://dx.doi.org/10.1016/S2215-0366(14)70307-4)

In Australia and New Zealand's
major longitudinal studies
adolescent cannabis use
consistently predicted harmful
outcomes: dependence, illicit
drug use, welfare, mental
health problems

Existing literature reviews
predict harmful consequences
of cannabis legalisation

Observed to date after cannabis legalisation

(Fisher et al, 2020: <https://doi.org/10.1111/dar.13087>)

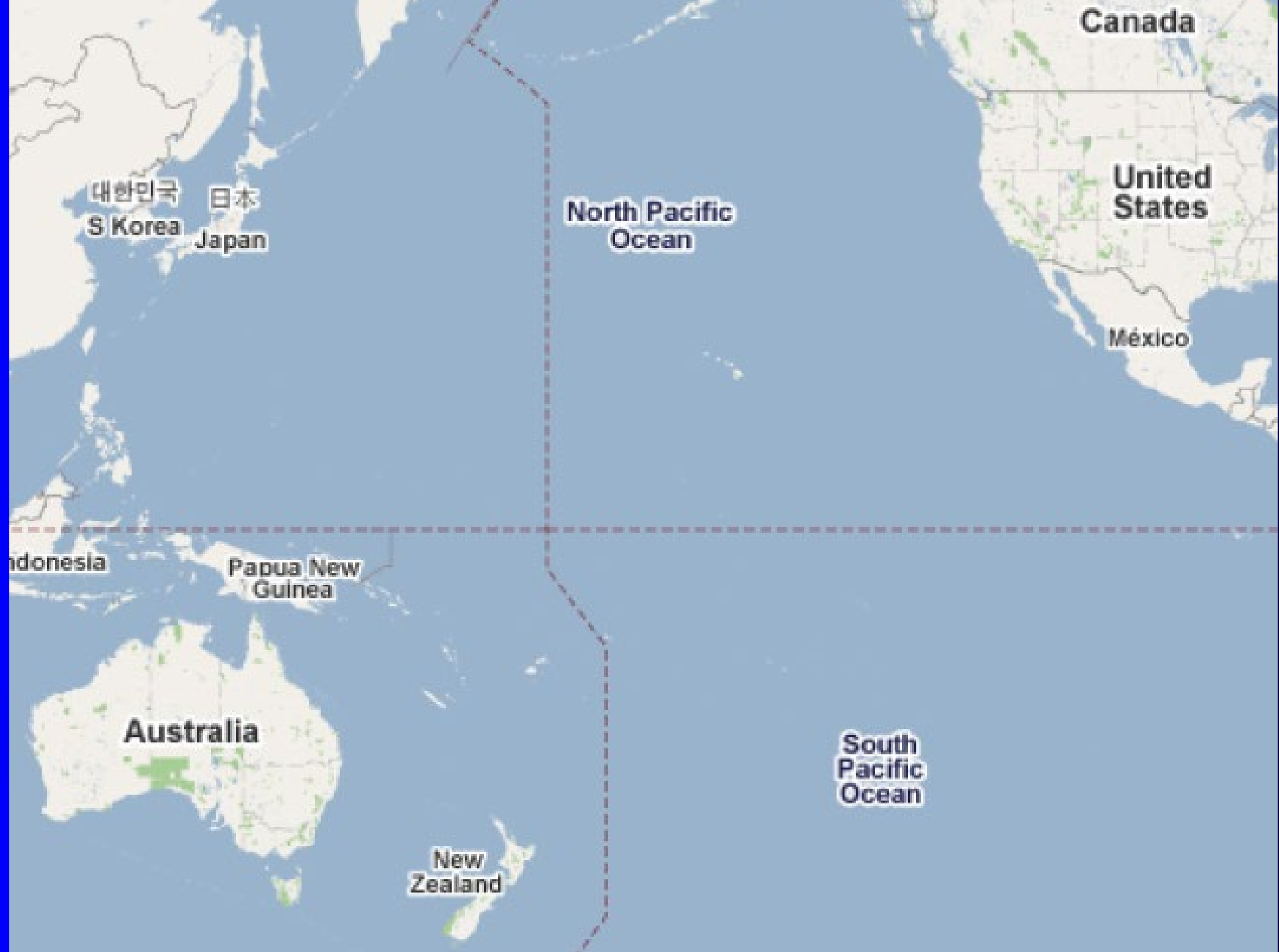
- * increased use by adults
- * price falls
- * more use of higher potency forms
- * more cannabis hospitalisations
- * more cannabis disorders
- * a trend for more cannabis use on roads

A cross-national study of the
consequences of cannabis
legalisation in early adulthood



The International Youth Development Study (IYDS)





Original Aims

1. Compare rates of health & behaviour outcomes in Washington State and Victoria – in particular substance use, antisocial behaviour and mental health
2. Compare the longitudinal influence of a range of risk & protective factors - in particular how families, schools, communities and peer groups influence young people's behaviour
3. Compare the developmental impact of school drug policies that emphasise abstinence or harm minimisation in the two states

Initial data collection funded by the National Institute on Drug Abuse (NIH) R01-DA012140-05

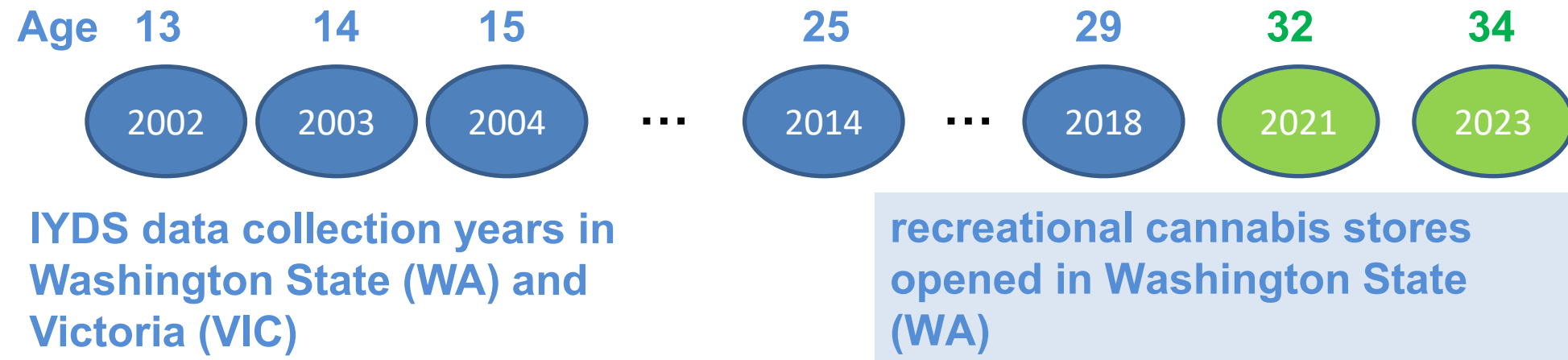
Student Recruitment – Wave 1 in 2002

State representative cohorts in Grade 5, 7 & 9

	Victoria (VIC)	Washington (WA)
Eligible sample (N)	3949	3859
Participation rate (%)	73.0	74.8
Final sample (N)	2884	2885

Retention W3 (2004) = 98%; age 25 (2014) = 87%; age 29 (2018) = 80%

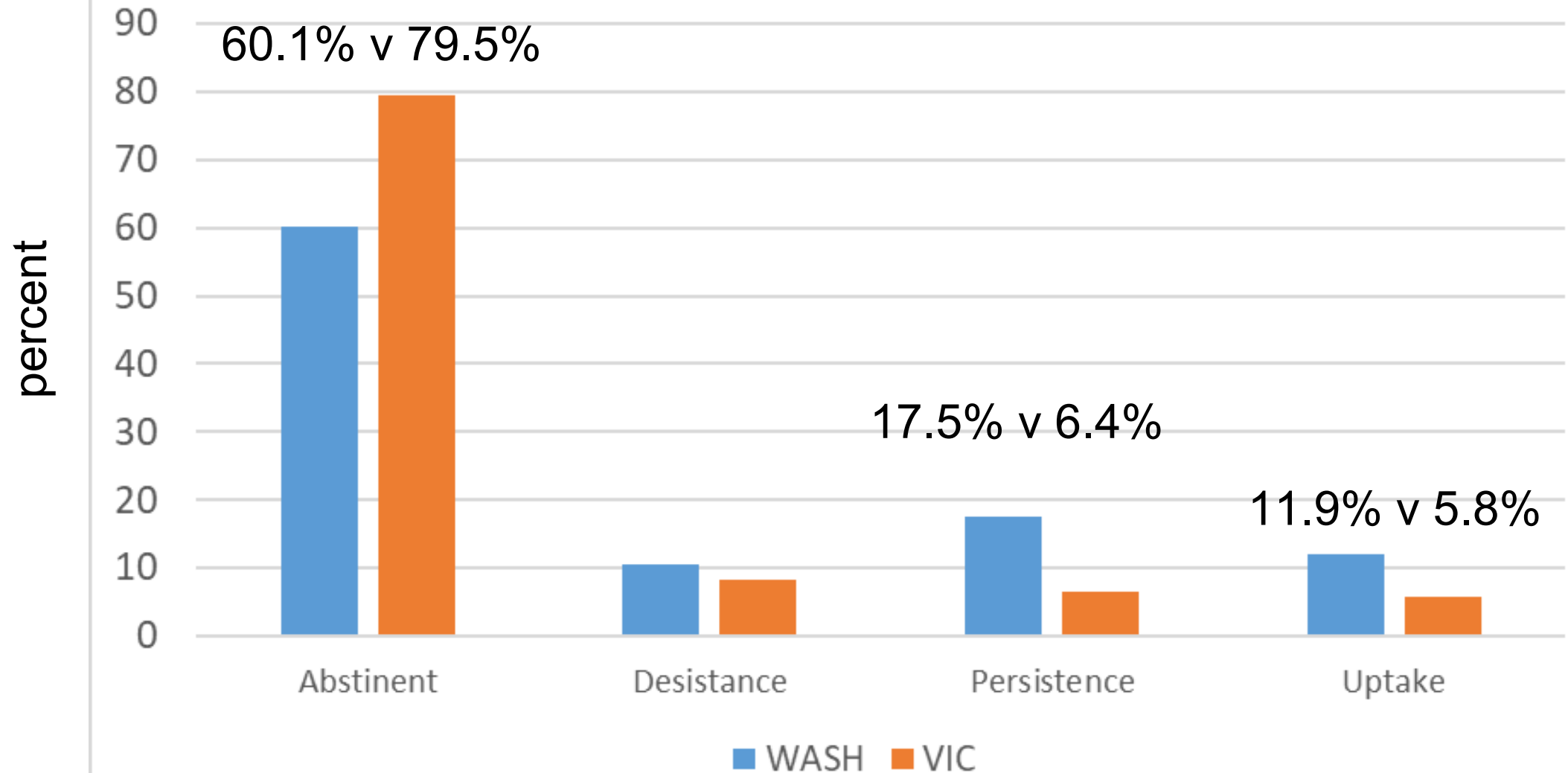
Cannabis Legalisation



State representative school samples recruited in both states, resurveyed at matched ages. Surveys began in the years shown in WA and continued into the next year to ensure VIC seasonal equivalence.

IYDS findings at age 29 (2018)
show higher cannabis
persistence or uptake in
Washington State

Cannabis Usage from Age 25 to 29



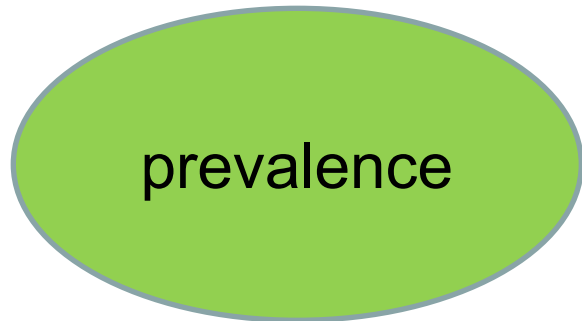
Age 29 cannabis use is predicted
by risk factors associated with
cannabis legalisation



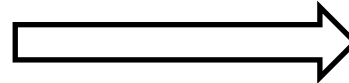
.26 WASH **



.04 VIC NS



.08 WASH *

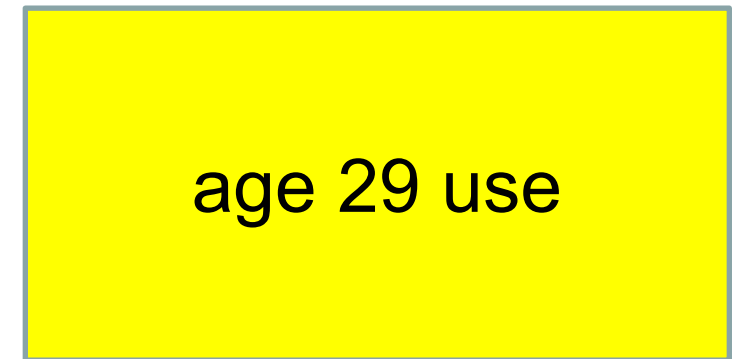
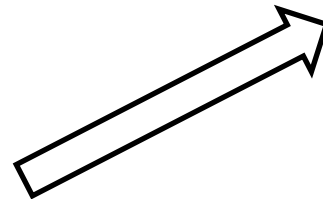


.18 VIC **

.24 WASH **



.22 VIC **



Standardised multiple regression coefficients, adjusted for prior use, sex, income, education, non-English language, parent

Although there is more use
after cannabis legalisation, the
harmful long-term effects
remain similar

Table 1: Predictor cannabis use frequency past 30 days 2014				
	Victoria (N = 728)	Washington (N = 747)	Combined (N = 1,476)	State Difference
Consequences 2018	β (SE)	β (SE)	β (SE)	p
Cannabis 30 days	0.57 (0.03)	0.60 (0.03)	0.60 (0.03)	ns
Cannabis problems#	0.42 (0.01)	0.26 (0.01)	0.27 (0.00)	0.004
Cigarette use	0.22 (0.04)	0.23 (0.02)	0.20 (0.02)	ns
Opioid use	0.14 (0.03)	0.17 (0.02)	0.15 (0.02)	ns
Marijuana driving	0.47 (0.02)	0.63 (0.02)	0.64 (0.01)	0.000
Depressive symptoms	0.06 (0.02)	0.09 (0.01)	0.07 (0.01)	ns
Suicidal thoughts	0.10 (0.02)	0.14 (0.01)	0.09 (0.01)	ns
Self harm	0.11 (0.01)	0.06 (0.00)	0.04 (0.00)	0.030
Sleep problems	0.07 (0.04)	0.04 (0.02)	0.03 (0.02)	ns
Multivariate regression adjusted for: gender, non-English home language, income, education, employment, parent.				
# Cannabis problems: Use resulted in social problems, mental health symptoms or injury (8-items)				

Table 1: Predictor cannabis use frequency past 30 days 2014				
	Victoria (N = 728)	Washington (N = 747)	Combined (N = 1,476)	State Difference
Consequences 2018/19	β (SE)	β (SE)	β (SE)	p
Relationship conflict	0.06 (0.02)	0.03 (0.01)	0.02 (0.01)	ns
Partner violence	0.06 (0.01)	0.06 (0.01)	0.06 (0.01)	ns
Homelessness	0.08 (0.00)	0.05 (0.00)	0.06 (0.00)	ns
Injury	0.04 (0.01)	0.05 (0.00)	0.04 (0.00)	ns
Health	0.02 (0.03)	0.04 (0.02)	0.04 (0.02)	ns
Financial difficulty	0.00 (0.03)	0.11 (0.02)	0.10 (0.02)	ns
Low income	0.05 (0.08)	0.08 (0.06)	0.08 (0.05)	ns
Unemployment	0.06 (0.01)	0.01 (0.01)	0.02 (0.01)	ns
Unskilled work	0.03 (0.02)	0.03 (0.01)	0.02 (0.01)	ns
Incarceration	0.00 (0.01)	0.10 (0.02)	0.15 (0.01)	0.000
Court for offence	0.13 (0.01)	0.07 (0.01)	0.08 (0.01)	ns
Multivariate regression adjusted for: gender, non-English home language, income, education, employment, parent.				

In summary

the IYDS confirms prior studies

cannabis legalisation is associated with

- * increased risk factors

 - availability

 - perceived prevalence

 - acceptability

- * leading to increased adult use

- * but similar long-term cannabis harms