



CLAIM

RESPONSE

“Cannabis [is] as addictive as heroin.”

- *Daily Telegraph (Fox, 2014)*

- There is no scientific evidence to suggest that cannabis has the same addictive potential as heroin. Scientific research has found that less than 1 in 10 people who use cannabis across their lifetime will progress to cannabis dependence, meaning that more than 90% do not become addicted (Anthony et al., 1994). The lifetime probability of becoming heroin-dependent, meanwhile, has been estimated at 23.1% (Anthony et al., 1994). Interestingly, the addictive potential of cannabis is also significantly lower than other illegal drugs, as 20.9% of lifetime cocaine users, 22.7% of lifetime alcohol users, and 67.5% of lifetime nicotine users are estimated to become dependent (Lopez-Quintero et al., 2011).
- The addictive potentials of cannabis after one year and ten years of use are even lower than the lifetime probability. For those that use cannabis for one year and for those that use cannabis for ten years, 98% and 94%, respectively, do not become dependent (Lopez-Quintero et al., 2011).
- These findings reinforce the need to avoid making general claims about drugs and addiction. Many illegal and legal drugs, and many activities (i.e., gambling), have an addictive potential. As with the use of all drugs, cannabis use should be conceived along a spectrum ranging from non-problematic to problematic use. To that end, over 90% of cannabis users fall on the non-problematic side (Anthony et al., 1994).
- Moreover, addiction to different substances is not necessarily related to equivalent harms. The negative consequences associated with cannabis dependence are far less than those associated with addiction to alcohol, cocaine, or heroin.
- Criminalization accentuates the health harms associated with drug dependence. By stigmatizing people with addictions, a punitive policy environment limits people’s accessibility to the public health services they may need to stay healthy (Wood et al., 2010).
- By contrast, it is likely that cannabis users will be more likely to interact with trained public health officials under a regulatory system, which could foster an increase in the uptake of health services for those facing dependence, as has been seen in some settings that have decriminalized drug use like Portugal and Switzerland (Dubois-Arber et al., 2008; Hughes & Stevens, 2007; Nordt & Stohler, 2006).

BOTTOM LINE: A lifetime of cannabis use carries a low risk of dependence (9%), while the risk of cannabis dependence is very low among those who report using it for one year (2%) or even 10 years (5.9%). This is much lower than the estimated lifetime risk of dependence to heroin (23.1%).

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