

Marijuana and the Amotivational Syndrome



Stories of a marijuana related amotivational syndrome - where chronic and/or heavy cannabis use impairs motivation and social performance, have been described in societies with a long history of use such as Egypt, Greece, the Caribbean and elsewhere. With the increase of cannabis use among young adults in the USA in the late 1960s and early 1970s, reports of a similar syndrome occurring among heavy cannabis users began being identified here.

Clinical evidence suggests a correlation between chronic use of marijuana and the development of a syndrome characterized by a marked decrease in personal drive, motivation and ambition, with apathy about the future, lethargy, shortened attention span, high distractibility, decreased concentration, and an overall impairment of judgment and memory of the chronic user.

Anecdotal observations include youth whose academic marks dropped significantly after the initiation of marijuana use; employees whose work performance has suffered; an amotivational "signature" observed by clinicians in treatment programs, and self-reports of former marijuana users. Some researchers have found amotivational syndrome to be among the often reported co-occurring symptoms and disorders of chronic marijuana use (Research Report Series, "Marijuana Abuse - How Does Marijuana Use Affect Your Brain and Body?", National Institute on Drug Abuse.)

One researcher documented this phenomena as "*psychosocial dysfunction*" resulting from repeated use of the substance which includes persistent procrastination, low productivity, low self-confidence, interpersonal or family conflicts, memory problems and financial difficulties where individuals often achieve considerably below their true potential (Budney, A. J., & Moore, B. A., 2002, "Development and Consequences of Cannabis Dependence", Journal of Clinical Pharmacology, 42, 1S-6S; National Institute on Drug Abuse - 2005, Marijuana Abuse [NIDA Research Report Series No. 05-3859], Bethesda, MD: U.S. Dept. of Health & Human Services.) Hubbard, Franco, and Onaivi, reported that amotivational syndrome has been found to be one of the neuropsychiatric adverse effects of Marijuana ("Medical Implications", American Family Physician, December 1999.)

In one study of 268 cannabis users, 21 percent interviewed stated that marijuana led to "tiredness, low motivation and lack of energy." (Long-Term Cannabis Use: Characteristics of Users in an Australian Rural Area, Reilly D., Didcott P, Swift W. Hall W., Northern Rivers Health Service, Lismore, New South Wales, Australia, June 1998.)

According to Dr. Istvan Boksay, chief of psychiatry at the Aging and Dementia Research Center and a research pharmacologist at NYU Medical Center – the biochemical basis for this syndrome "is caused by the temporary low levels of testosterone produced by marijuana." Says Boksay, "You don't feel like doing much, with the exception of eating" ("Marijuana and Anti-depressants Don't Mix", Spotlight Health, January 24, 2001.)

One six-year study of 49 student high school disciplinary hearings for students possessing or being under the influence of marijuana during the school day found that all students had serious school attendance problems; all students were one or more years behind their classmates in academic progress towards graduation as a result of numerous class failures; those who at one time had been involved in sports or other extracurricular activities had dropped out once regular marijuana use began; and the teachers characterized all of the 49 students as apathetic and unmotivated (Zion-Benton Township High School, Zion, Illinois, "A Study of 49 Students Expelled for Marijuana Violations" 1999.)

It remains unclear whether the development of an amotivational syndrome is an effect of chronic use of marijuana – or what percentage of users may develop the full syndrome or fall anywhere on the spectrum of the syndrome. Research also has not identified which conditions – pre-existing or otherwise, also contribute to or intensify the development of the syndrome.

Conservatively, it has been suggested that heavy use of marijuana may increase the likelihood of the development of the syndrome, and that the syndrome does reinforce the chronic use of marijuana (Drugs and Drug Abuse, A Reference Text, second edition, Addiction Research Foundation, 1987). It is also suspected that early onset of use by adolescents may be a factor, and that frequency of use, duration of use, and pre-existing psycho-social factors – or a genetic disposition may be exacerbated by marijuana.