PART I. WHAT EVIDENCE IS THERE FOR AN AMOTIVATIONAL SYNDROME?

INTRODUCTION: WHAT IS THE EVIDENCE FOR AN AMOTIVATIONAL SYNDROME IN CANNABIS USERS?

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Very few issues of public interest have given rise to so many strongly expressed differences in every aspect of its nature and consequences as have the effects of cannabis on those who ingest it, whether by smoking or otherwise. Indeed, one is reminded of the minister's wife who was reading her husband's sermon for delivery the following Sunday and wrote a note in the margin where a questionable point was being discussed: "Weak point—shout loud." Intensity of emotion frequently prevails over accuracy of observations. Our task today is to examine the evidence as to whether an amotivational syndrome does, in fact, exist.

An entirely different question, but one that has at least a tenuous relationship to this one, is whether ingestion of cannabis, or any other drug, truly increases one's ability in intellectual, artistic, or religious pursuits. I have thus far failed to convince myself that claims of such new insights are valid. Shortcuts to wisdom have not been developed by the rapid accumulation of knowledge that is constantly occurring. Indeed, wisdom is not something that can be acquired by any form of wishful thinking or by any form of chemical reaction within the brain cells. It can only be acquired by attainment of a rich mixture of knowledge, competence, compassion, intellectual flexibility, objectivity, and patience. Whatever else may be needed, drugs are not the answer.

The arguments for an amotivational syndrome from the use of cannabis were more numerous and persuasive in the late 1960s than at present. There probably is considerable evidence that any excessive use of drugs for pleasure may decrease the individual's motivation. However, it is now our task to examine the data we presently have, confusing as they may be, to determine whether cannabis has any specific capacity for inhibition of motivation not possessed by other drugs.

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