

# Paranoid Symptoms in Non-Psychiatric Italian Cannabis Users

## A Preliminary Analysis of I-CaMe Data

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### Background

Cannabis is the most widely used illicit drug worldwide, increasingly normalized among young people. THC may induce psychotic-like symptoms, including paranoia — now understood as a continuum from subclinical experiences to full psychosis. Despite these risks, perceived harmfulness remains low.

### Methods

Observational multicenter study (I-CaMe survey) including **413 Italian adults** without psychiatric diagnoses. Trait paranoia was assessed via the **R-GPTS**; state paranoia and acute psychotic-like experiences via the **CEQ**. Analyses used generalized linear models and MANCOVA, adjusting for age and sex.

### Trait Paranoia (R-GPTS)

Unexpectedly, **non-users showed higher trait paranoia** than lifetime users, suggesting a self-selection mechanism: individuals with higher baseline paranoia may be less inclined to use cannabis.

### State Paranoia (CEQ)

Cannabis use was associated with **increased state paranoia**, particularly suspiciousness. This effect appeared **frequency-dependent**, though full psychotic experiences remained rare in this non-clinical sample.

### Perceived Risk

Despite all of that, a striking **84.1% of cannabis users** did not perceive negative health effects, highlighting a significant gap between subjective risk perception and scientific evidence.

### Objectives

Investigate the cannabis–paranoia relationship in a non-psychiatric population, distinguishing **trait paranoia** (stable predisposition) from **state paranoia** (acute, substance-related), and explore whether frequency of use influences paranoid symptoms.

### Sample & Cannabis Use

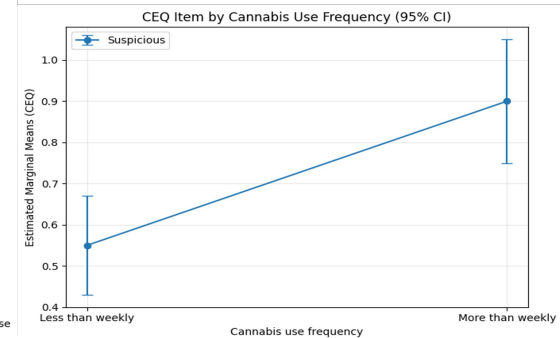
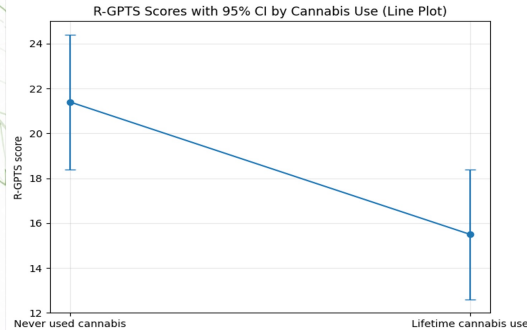
Mean age  
27.2 years

Female  
61.7%

Lifetime use  
47.2%

Current use  
25.4%

First use (mean)  
16.35 years



### Conclusions

The cannabis–paranoia relationship is complex and multifactorial. While users show lower baseline paranoia, consumption may acutely increase paranoid experiences in a frequency-dependent manner. These findings support the **psychosis continuum model** and suggest that **cannabis** may contribute to **psychosis risk** even among individuals with **lower baseline vulnerability**, highlighting **subclinical symptoms** as targets for **early intervention**. Furthermore, improving scientific communication remains essential to promote informed choices.