possible consequences of cannabis legalization - what do research show?

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Background: Indian hemp (lat. Cannabis sativa subs. Indica) has been used as a source of industrial fiber, seed oil, food, medicine for some somatic diseases, and it is also used as a psychoactive substance. Cannabis can be used by smoking, evaporation, as a food ingredient, or as an extract. Acute and chronic cannabis use has been shown to be detrimental to several aspects of psychological and physical health and many experimental studies done on healthy people indicate the potential of Δ9- tetra hydro cannabinoid (THC) in inducing transient, dose-dependent psychotic symptoms, but also affective, behavioral, cognitive, neurovegetative, and psychophysical symptoms. Cannabis is the most commonly used illegal drug globally. In many communities, cannabis is perceived as a low-risk drug, leading to political lobbying to decriminalize its use. The wave of laws and initiatives to liberalize cannabis use continues to spread across the United States and the rest of the world, and there seems to be a political debate in the background about the potential risks and benefits of cannabis use. Aim is to present the possible consequences that the legalization of cannabis would have from the aspect of mental health and mental disorders.

Methods: Authors reviewed the literature using PubMed resources on the effects of cannabis using the keywords: cannabis use, cannabis use and psychoticism, cannabis use and depression, cannabis use and anxiety, cannabis use and cognition, cannabis use and insomnia, legalization of cannabis.

Results: Authors examined the effects of cannabis use on psychiatric disorders and the review of the legal status of cannabis use in the world was also made. The possible consequences of cannabis legalization on the public health system were also considered, based on experiences from countries where legalization has already been done. The evidence cited in this article suggests that strong claims about the need to legalize cannabis are still questionable, and may, even in the long run, remain mixed, inconclusive, or even contradictory. Political interference in this issue can trigger a wide range of unintended but profound and lasting consequences for the health system and the health of the individual.

Conclusion: We recommend further research on this topic and data collection with an emphasis on the effects and consequences of cannabis use on mental health, and in particular the benefits and harmful effects of medical cannabis use.

REGIONAL DIFFERENCES IN ANXIOLYTIC PRESCRIBING IN LIGHT OF HOFSTEDE’S CULTURAL DIMENSIONS THEORY

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Background: Anxiolytics such as benzodiazepines are widely used in the treatment of anxiety disorders, although they are no longer recommended as first-line therapy for these conditions due to
increased risk of dependence, as well as cognitive adverse effects, especially among the elderly. High prescribing rates of anxiolytics may be indicative of higher prevalence of anxiety-related phenomena in a given society, either in a form of an anxiety disorder or as pressure on physicians to keep prescribing them, against current guidelines.

Subjects and method: We inspected prescribing rates of anxiolytics in 21 European countries and compared them with six dimensions of Hofstede's cross-cultural framework, namely uncertainty avoidance (UAI), power distance (PD), individualism (IDV), masculinity (MAS), long-term orientation (LTO) and indulgence (IND).

Results: According to our findings, anxiolytic prescribing patterns in selected European countries correlate positively with Hofstede's dimensions of UAI and PD and negatively with IDV.

Conclusion: Differences in prescribing rates of anxiolytics and trends in their use may be affected by cross-cultural factors. More research is needed to shed light on these regional differences in anxiolytic prescribing.

Key words: anxiety - anxiolytics - benzodiazepines - cross-cultural - Hofstede - prescribing

THE INFLUENCE OF DEPRESSION, ANXIETY AND STRESS ON CHANGES IN LOCOMOTOR PARAMETERS IN PATIENTS WHO ARE PRONE TO DEVELOP COPD

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Background: Depression and anxiety are the most prevalent diseases that contribute to global disability, especially if they are not early recognised and properly treated. They occur as part of many chronic diseases, often remain unrecognised at an early stage, and significantly contribute to the progression of the underlying disease reducing the quality of life in these patients. Numerous studies have shown that anxiety / depression and dyspnea are the leading symptoms in patients with COPD that are associated with high morbidity and mortality. The aim of this study was to determine the relationship between the degree of depression, anxiety and stress, using DASS-21 scale, and changes in locomotor parameters in smokers who are prone to develop COPD.

Subjects and methods: The study included 164 patients, smokers and non-smokers, who underwent spirometry, 6-minute walk test and bicycle ergometer. They were all measured for body weight, height, waist circumference, pulse, blood pressure and each patient completed DASS-21, CAT and IPAQ questionnaire.

Results: The results of the IPAQ questionnaire indicated a statistically significant difference in the physical activity of smokers and non-smokers. A statistically significant association was found between DASS-21 and patients physical activity (p=0.001), 6-minute walk test (r=-0.186, p=0.017), VO2 max (r=-0.220, p=0.005) and weekly calorie consumption (r=-0.222, p=0.004).

Conclusion: According to the results of the study, an increased degree of anxiety, depression and stress is an important factor influencing changes in locomotor parameters in smokers who are prone to develop COPD.

Key words: depression - anxiety - stress - smoking - COPD