

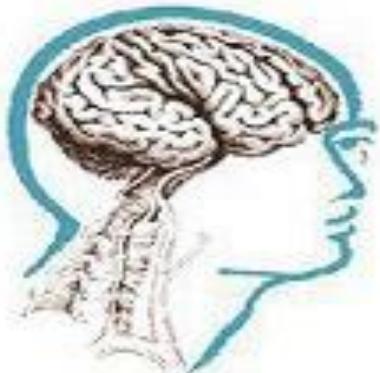
Desriminalização do porte por usuários de cannabis

André Malbergier

GREA-IPq-HC-FMUSP

Conceito e epidemiologia

How Cannabis Works



Endocannabinoids (Brain Derived)

Foods: Omega-3s & Omega-6s

Anandamide (AEA)

Phytocannabinoids (Plant Derived)

Buds, Tinctures, Extracts

THC, CBD, CBN, etc.

Synthetic Cannabinoids (Pharmaceutical Lab)

Patented Synthesized Compound

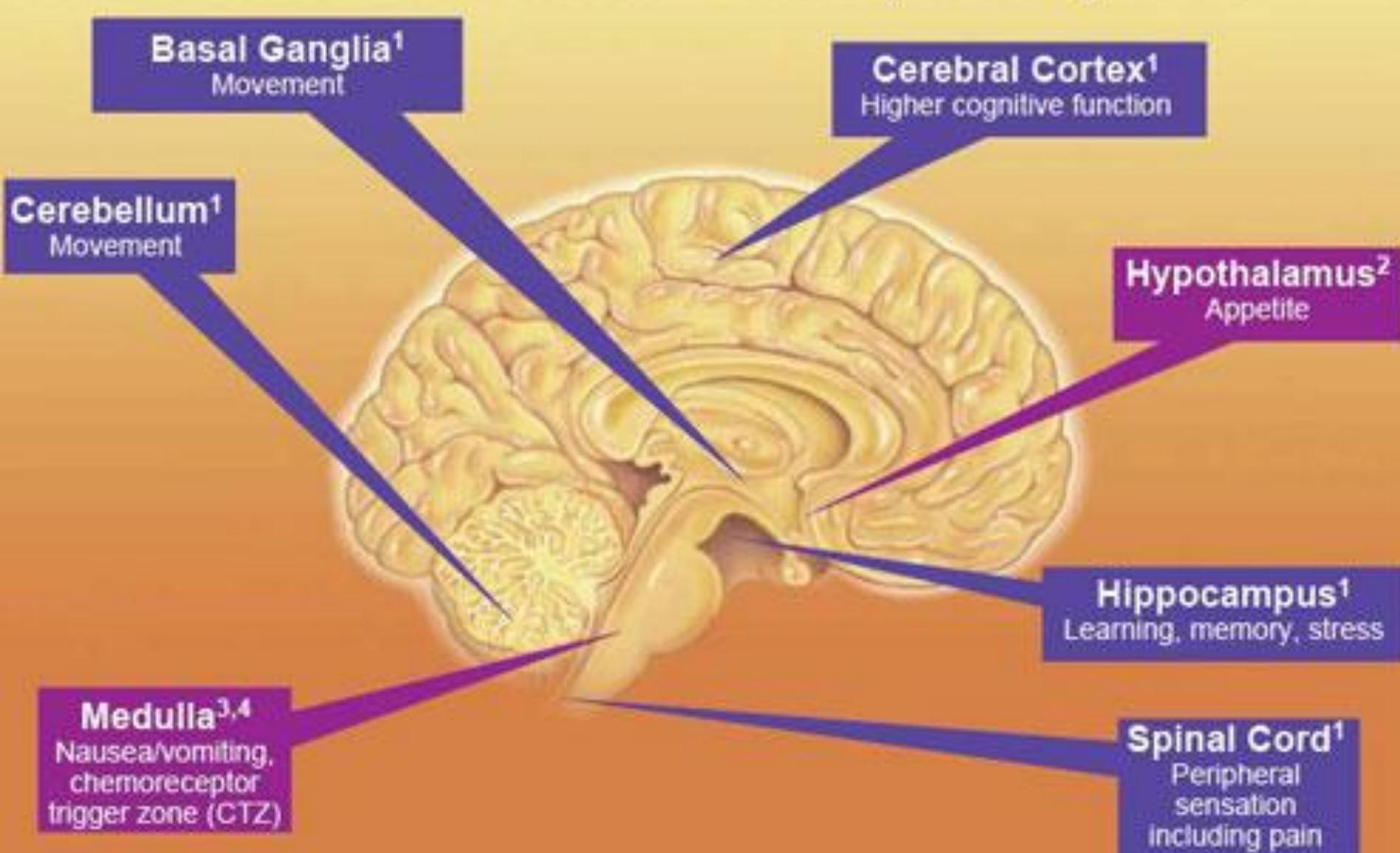
THC-only (Marinol)

Endocannabinoid Receptors (Brain Receptors)

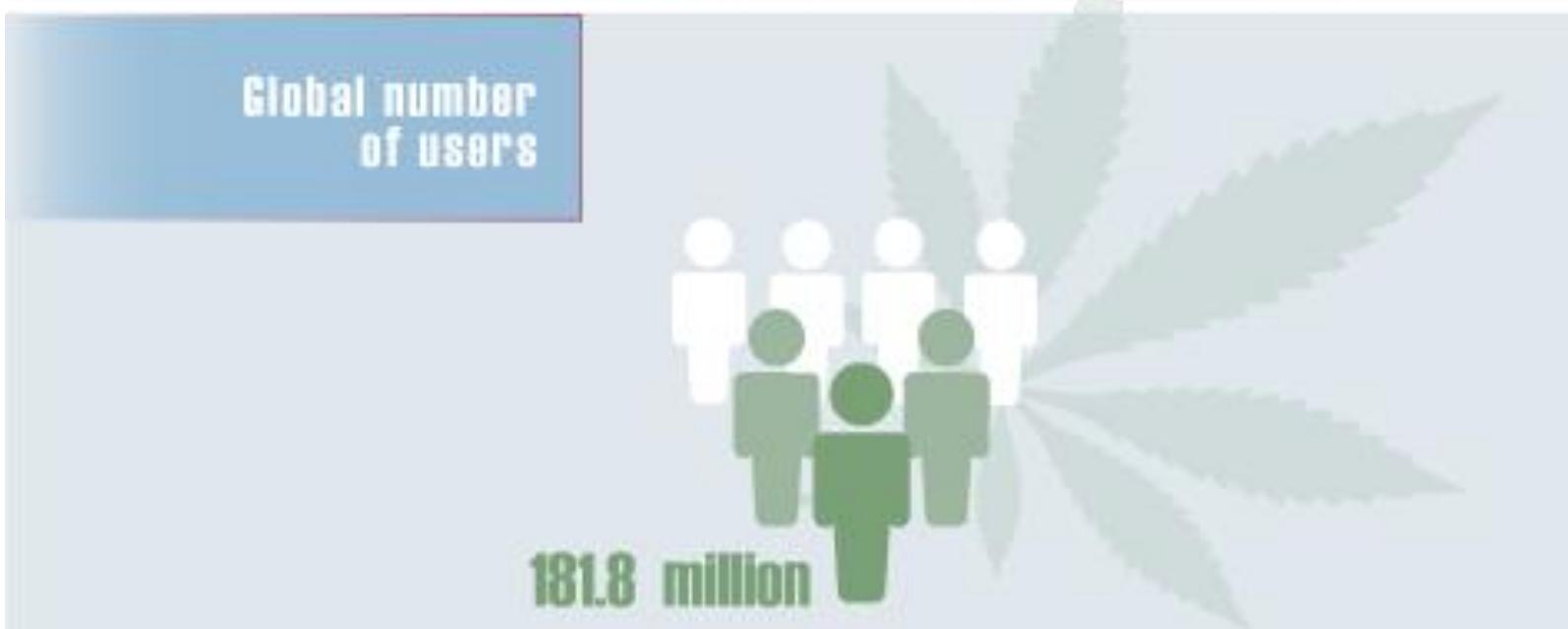
CB1, CB2, etc.

The endocannabinoid system (ECS) is involved in regulating a variety of physiological processes including appetite, pain and pleasure sensation, immune system, mood, and memory.

Concentrations of CB₁ receptors



1. Joy JE, et al, eds. *Marijuana and Medicine: Assessing the Science Base*. Washington, DC: National Academy Press; 1999:33-81. 2. Martin BR, et al. *J Support Oncol*. 2004;2(4):305-316. 3. Grøtenhjemmen F. *Curr Drug Targets CNS Neurol Disord*. 2005;4(5):507-530. 4. Navan RM, et al. *Expert Opin Emerg Drugs*. 2006;11(1):137-151.



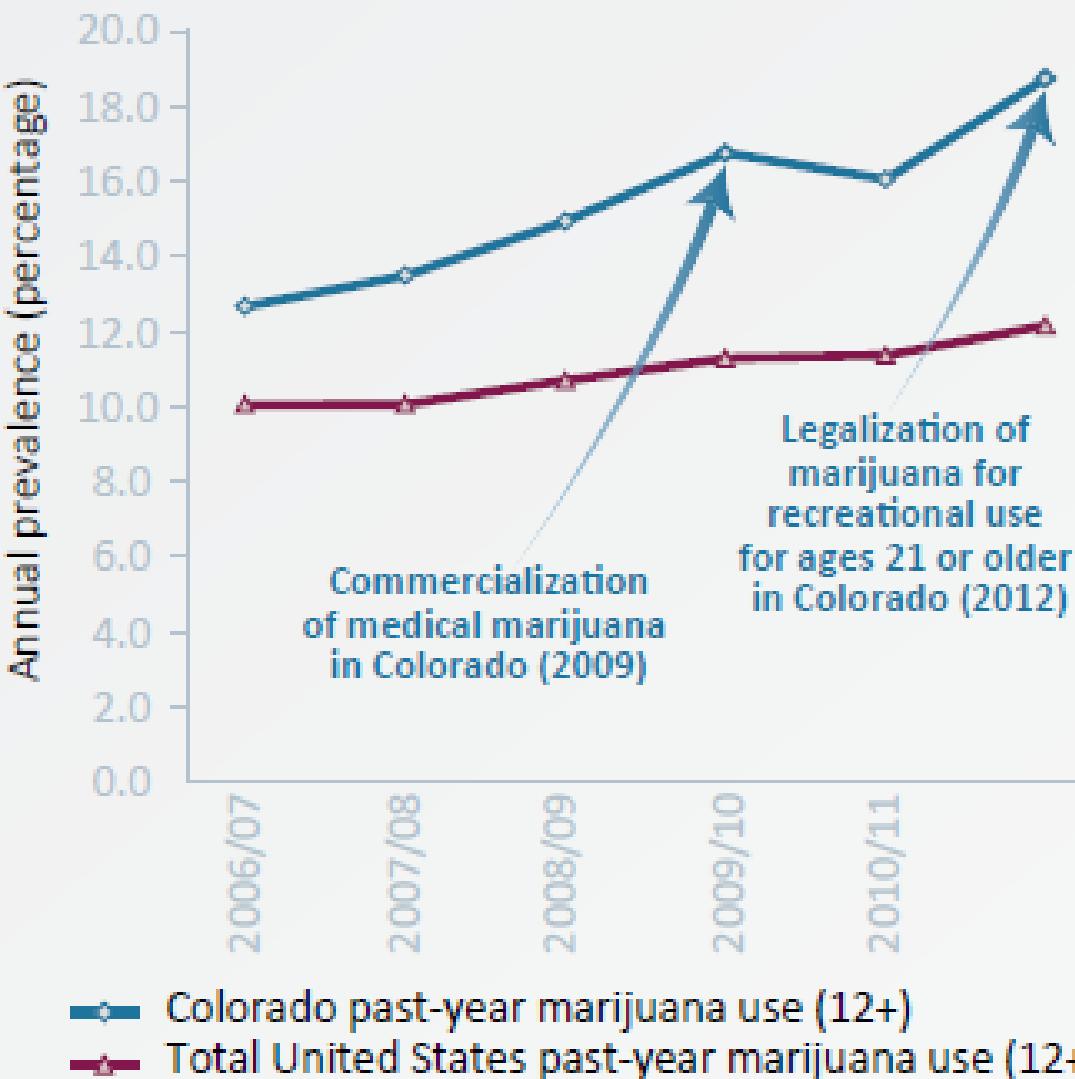
Epidemiologia Brasil

- 1 em cada 10 homens adultos já experimentou maconha na vida
- Dentre os usuários, os homens usam 3 vezes mais que as mulheres
- Mais de 1% da população masculina brasileira é dependente de maconha
- Quase 40% dos adultos usuários de maconha são dependentes
- 1 em cada 10 adolescentes que usa maconha é dependente
- Mais da metade dos usuários experimentaram pela primeira vez antes dos 18 anos
- 17% dos adolescentes que usaram no último ano conseguiram maconha na escola
- 75% da população não concordam com a legalização da maconha

Tabela 2.4: Prevalência de uso *nos últimos 12 meses* de substâncias psicoativas conforme a faixa etária dos universitários.

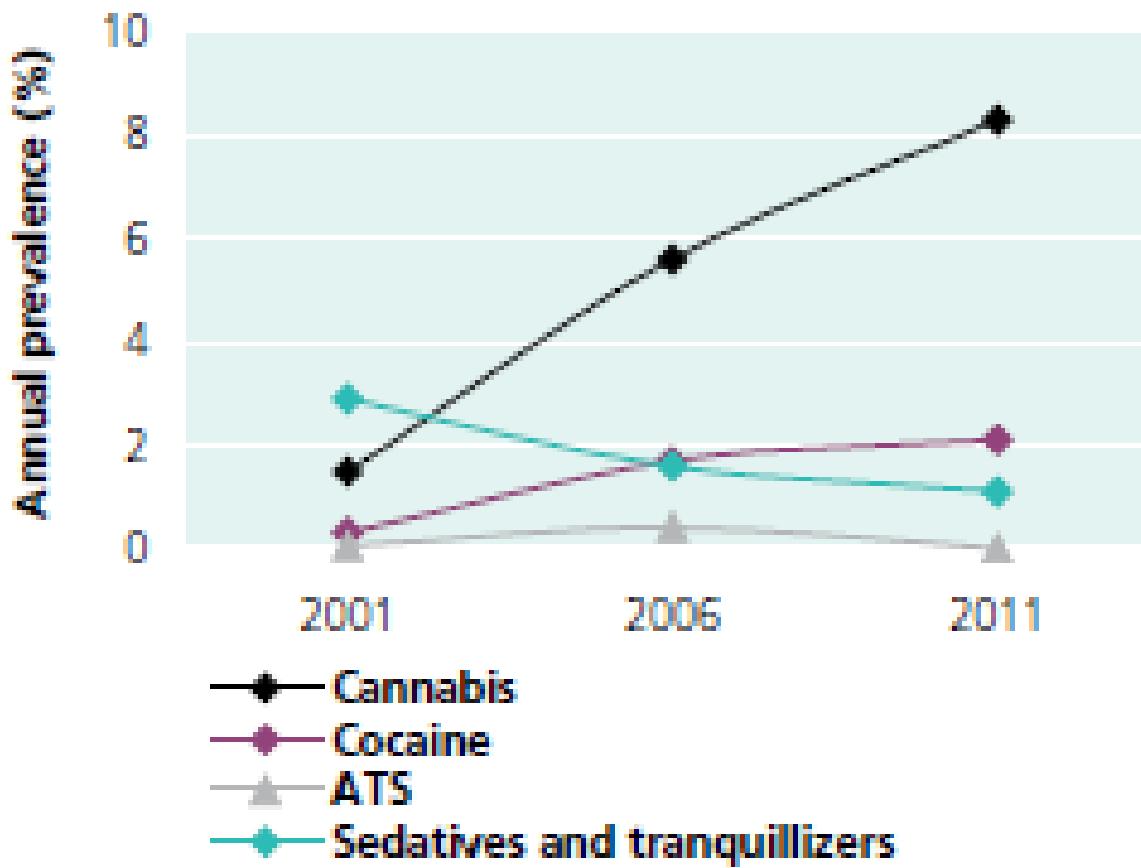
Substância Psicotrópica/ Faixa etária	Uso nos últimos 12 meses (%)				
	Total	Até 18 anos	De 18-24 anos	De 25-34 anos	Acima de 35 anos
Álcool	72	72,3	75,7	67,3	66,2
Produtos de Tabaco	27,8	24	27,3	28,3	29,8
Uso de Drogas Ilícitas	35,8	18,1	35,5	36,3	39,2
Maconha/ Haxixe/ Skank	13,8	5,6	16,9	12,5	4,2
Inalantes e Solventes	6,5	4,5	9,7	3	0,2
Cocaina (Pó)	3	0,8	3,5	3,5	0,3
Merla	0,1	0	0,1	0,2	0
Crack	0,2	0	0,1	0,4	0
Alucinógenos	4,5	3,1	6,2	3,1	0
Cetamina®	0,6	0	1	0	0
Chá de Ayahuasca	0,9	0	0,8	1,5	0,1
Ecstasy	3,1	0,7	4,3	2,2	0
Esteróides Anabolizantes	0,9	1,4	0,8	1,5	0,1
Tranquilizantes e Ansiolíticos	8,4	2,8	6,5	8,3	16,7
Sedativos ou Barbitúricos	1,1	0,3	0,7	0,2	4,8
Analgésicos Opiáceos	3,8	1,3	3,7	2,6	6,8
Xaropes à Base de Codeína	1	0,2	1,3	0,9	0,1
Anticolinérgicos	0,6	0	0,4	0,7	1,2
Heroina	0,1	1,5	0	0	0
Anfetaminicos	10,5	6,6	7,3	13,7	18,6
Drogas Sintéticas	1,1	0	1,6	0,7	0

Prevalence of past-year marijuana use (aged 12 or older) in the United States, 2006-2013



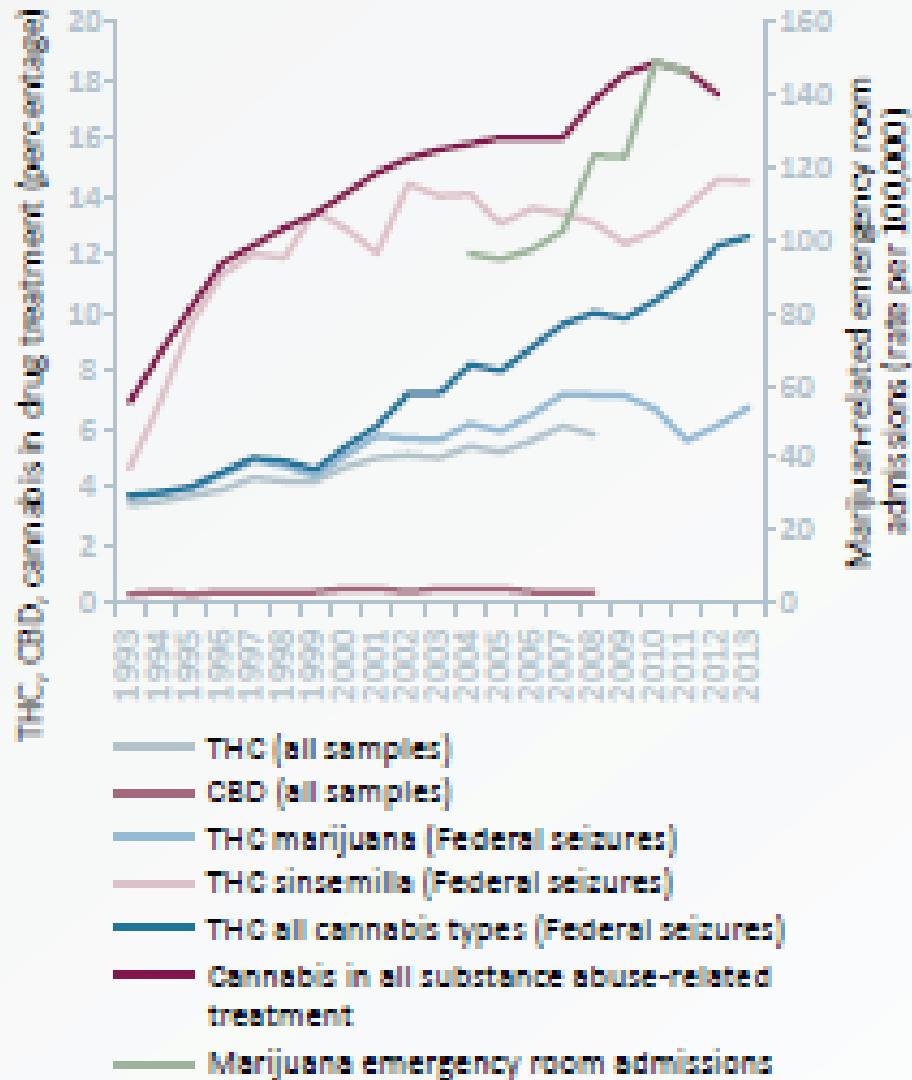
Source: United States, National Survey on Drug Use and Health, SAMHSA.

Uruguai



UNODC. Relatório mundial sobre drogas; 2013.

**THC and CBD content in cannabis samples,
cannabis-treatment admissions and marijuana-
related hospital emergencies, United States,
1993-2013**



Aspectos clínicos

Causa dependência?

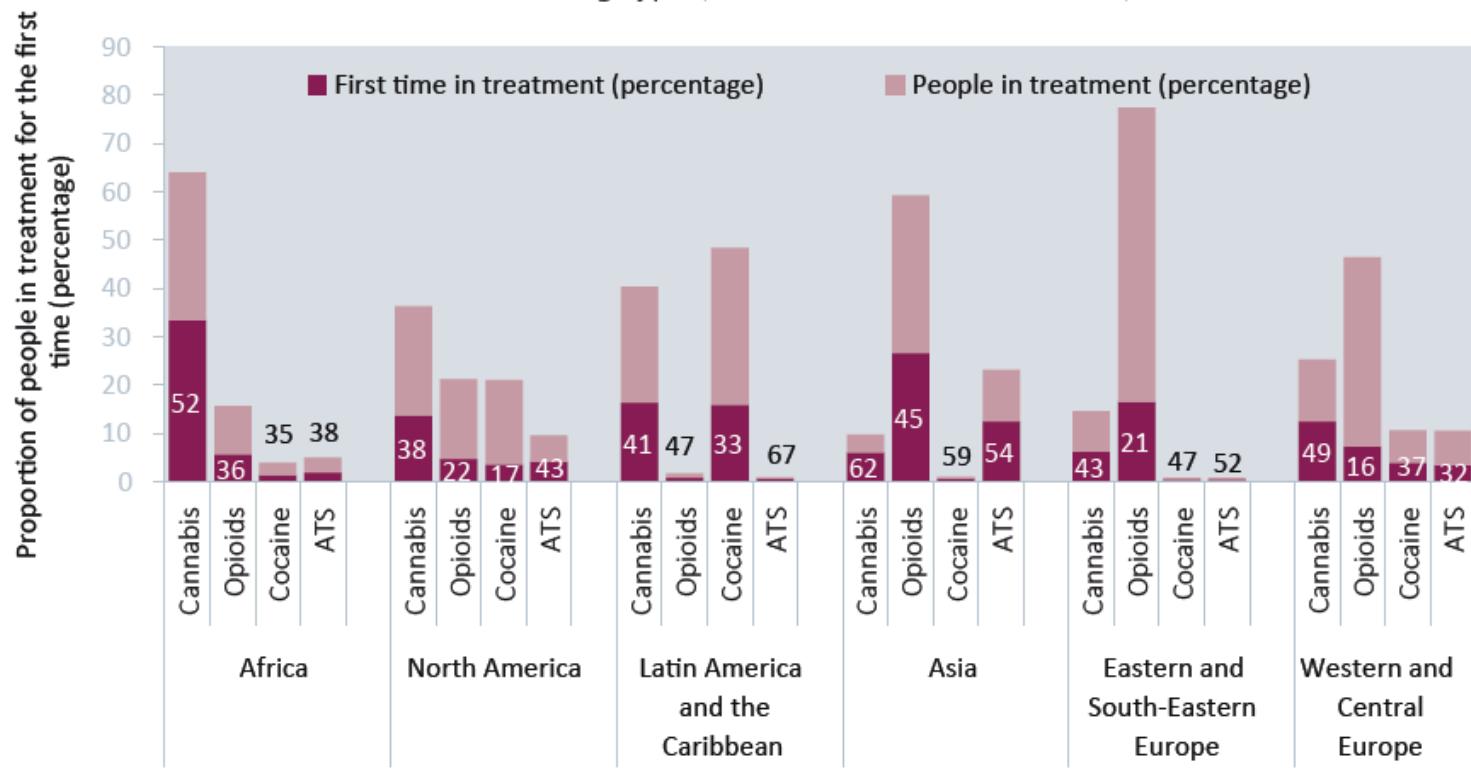
- Estima-se que 9 por cento das pessoas que usam maconha vão se tornar dependente. O número sobe para cerca de 17 por cento naqueles que começaram a usar jovem (antes dos 20) e de 25 a 50 por cento entre usuários diários.

UNODC, 2015

- Enquanto os dados indicam que o uso de opióides (heroína e ópio) continua estável a nível mundial e que o uso de cocaína diminuiu globalmente, o uso de maconha e o uso não medicinal de opióides farmacêuticos continuam a crescer. Evidências sugerem que mais pessoas estão sofrendo consequências decorrentes do uso da maconha, e que a maconha pode estar se tornando mais prejudicial, como refletido pela alta proporção de pessoas procurando tratamento pela primeira vez em várias regiões do mundo.

Drug use

FIG. 4. Percentage distribution of people in treatment, by primary drug type, by region and share of first-time entrants for each drug type (2013 or latest available data)



Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study

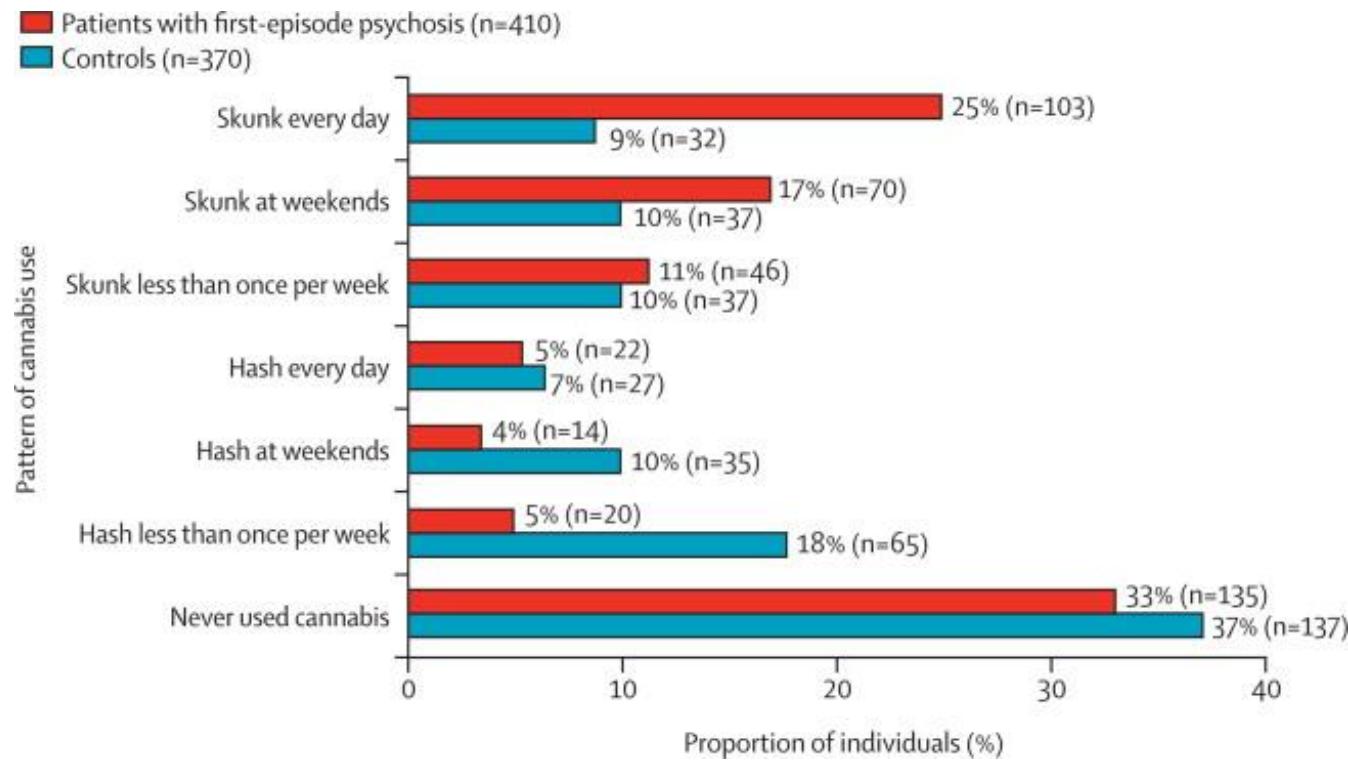
Marta Di Forti, DrMD, Arianna Marconi, MD, Elena Carra, MD, Sara Fraietta, MD, Antonella Trotta, MSc, Matteo Bonomo, MSc, Francesca Bianconi, MSc, Poonam Gardner-Sood, PhD, Jennifer O'Connor, PhD, Manuela Russo, PhD, Simona A Stilo, MD, Tiago Reis Marques, PhD, Valeria Mondelli, PhD, Paola Dazzan, PhD, Carmine Pariante, ProfPhD, Anthony S David, ProfMD, Fiona Gaughran, MD, Zerrin Atakan, MD, Conrad Iyegbe, PhD, John Powell, ProfDPhil, Craig Morgan, ProfPhD, Michael Lynskey, ProfPhD, Robin M Murray, ProfFRS

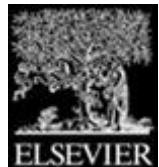
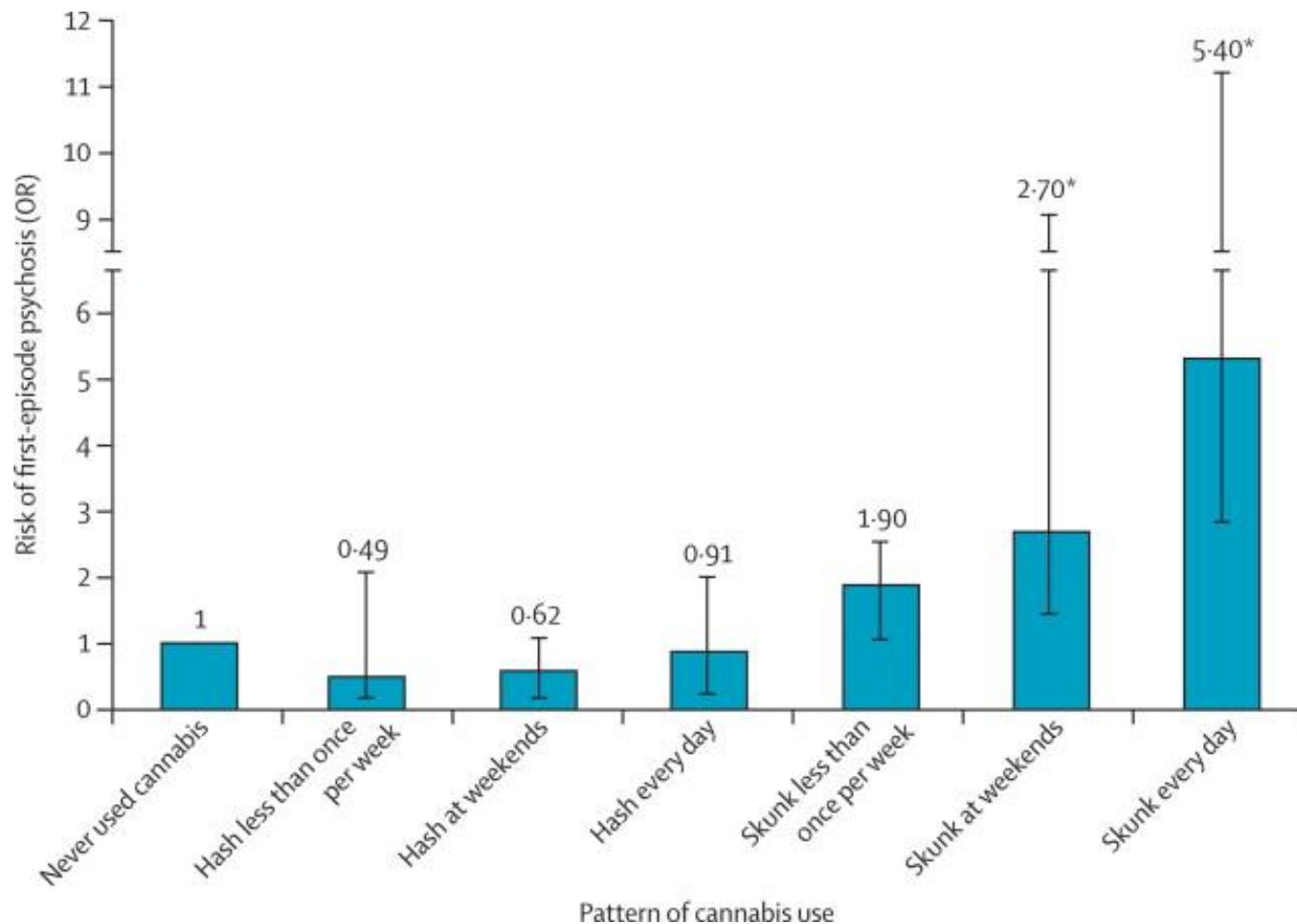
The Lancet Psychiatry

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Description of Toxicology Testing Among Drivers in Fatal Crashes Washington State

Figure 1: Proportion of DUI Toxicology Outcomes Positive for THC

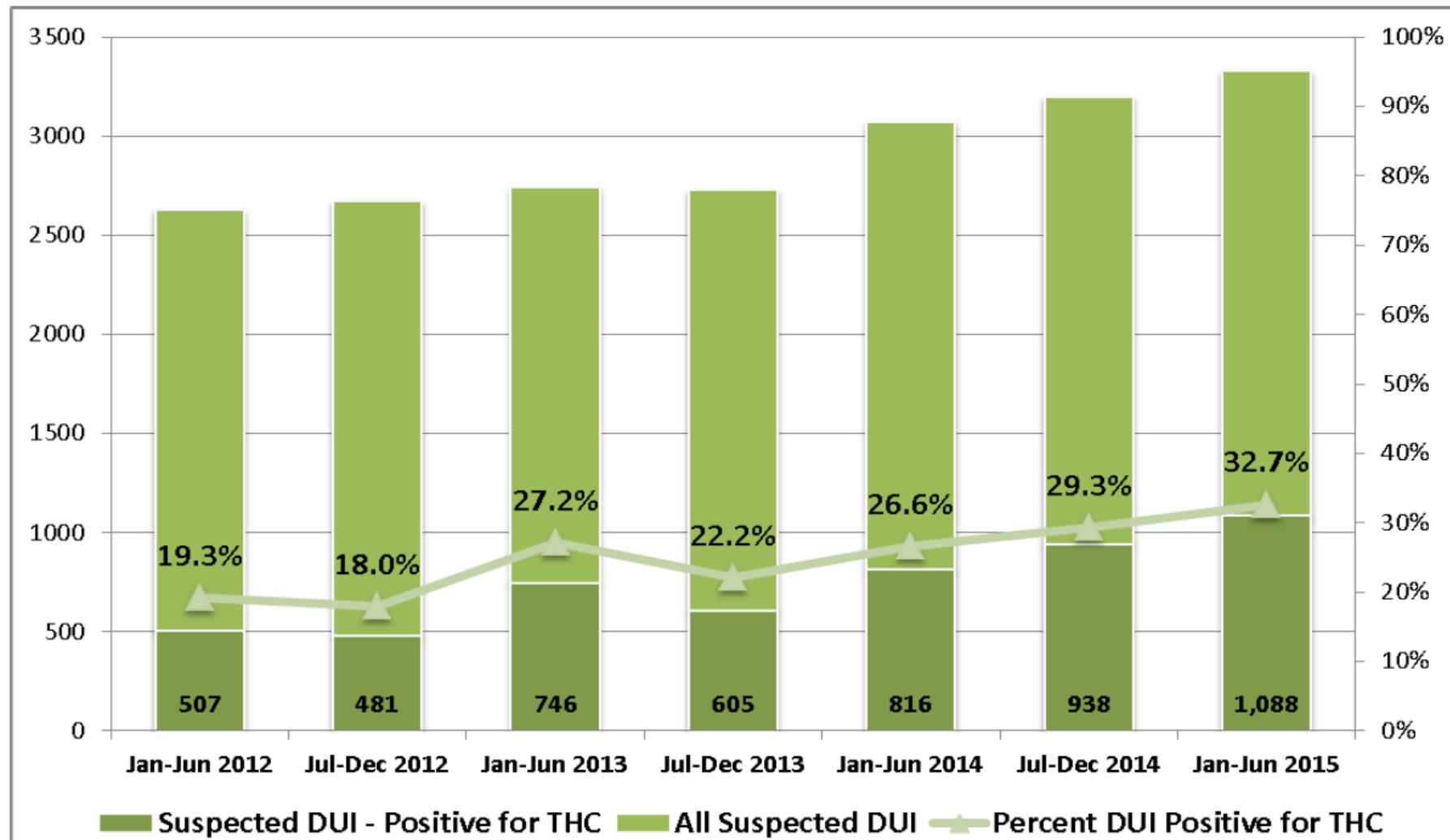
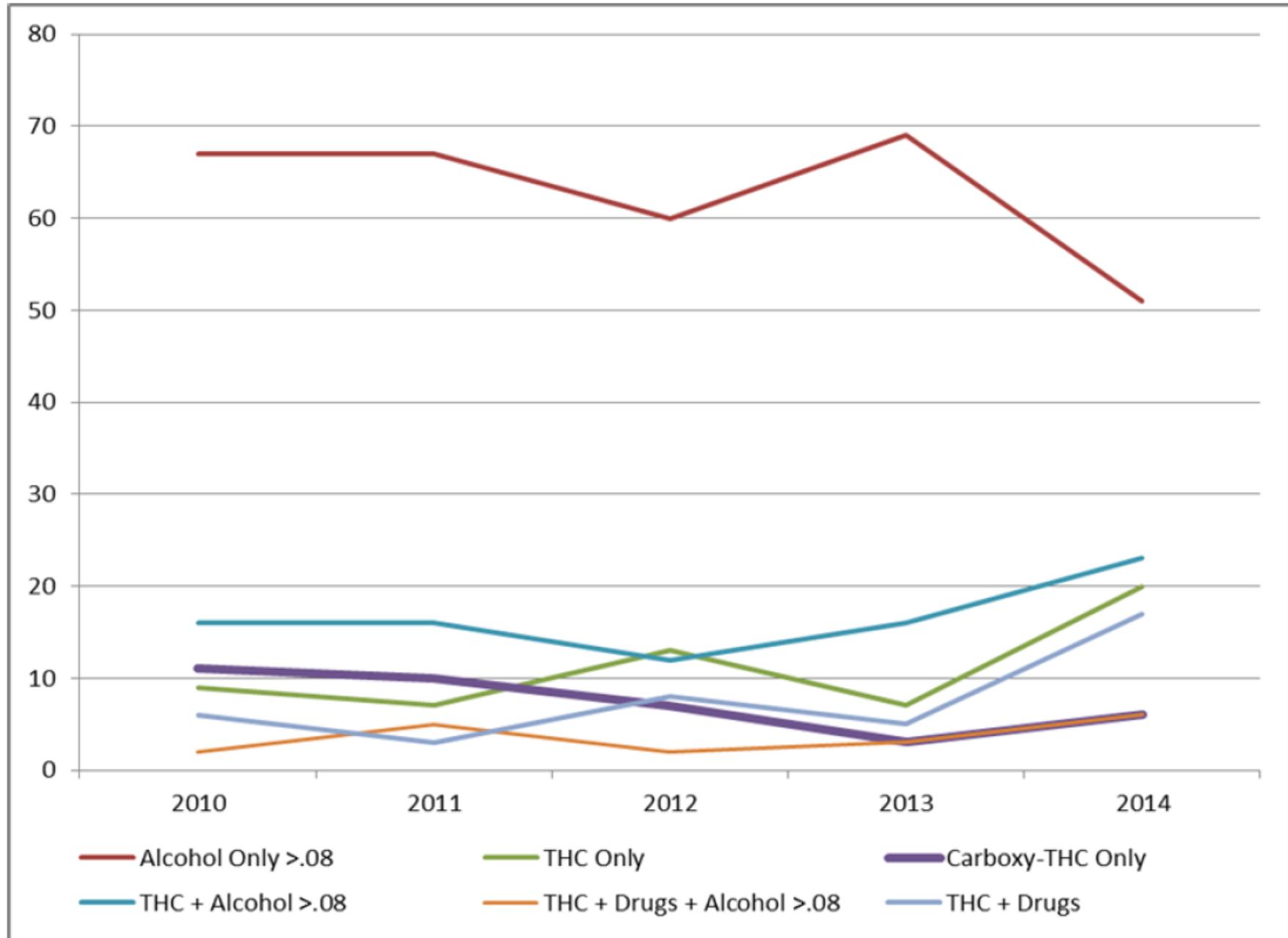


Figure 5: Frequency of Drivers Testing Positive for Cannabinoids by Year



Occupational attainment, smoking, alcohol intake, and marijuana use Ethnic-gender differences in the cardia study

Addictive Behaviors 2000,

- Marijuana use was associated with reduced odds of professional employment, slightly less prestigious occupations, and substantially lower family income, while moderate daily drinking tended to be positively associated with these measures over the next 10 years.

Saúde publica

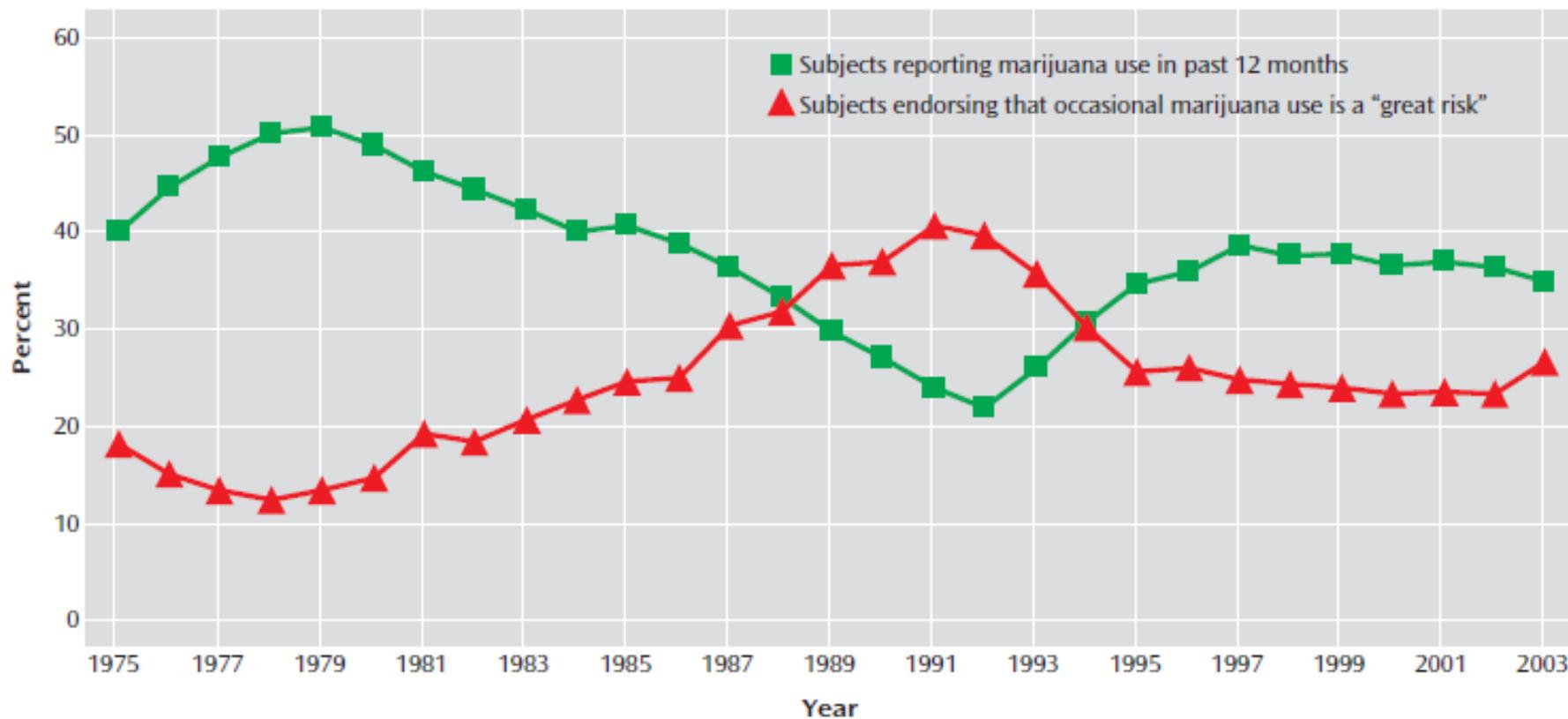
Dilema Saúde Pública

- A sociedade tem o direito de legislar sobre uso de drogas do individuo?
- Descriminalizar aumenta o consumo?
- Benefícios da descriminalização? (alivio da justiça, diminuição do tráfico)
- A sociedade aceita os possíveis riscos associados descriminalização uso de cannabis? (ex carro, álcool, cigarro)
- Porque não se fala dos riscos (não aprendemos com as experiências com álcool e tabaco?) **Legalizing a market for cannabis for pleasure: Colorado, Washington, Uruguay and beyond.** Addiction. 2014

Vamos falar do risco?

Fonte: MTF, 2003, Monitor, 2003, 2004

FIGURE 1. Past Year Marijuana Use by 12th-Graders Versus Perceived Risk of Occasional Marijuana Use in the Monitoring the Future Study, 1975–2003^a







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What can we learn from the Dutch cannabis coffeeshop system?

- **AIMS:**
 - To examine the empirical consequences of officially tolerated retail sales of cannabis in the Netherlands, and possible implications for the legalization debate.
- **METHODS:**
 - Available Dutch data on the prevalence and patterns of use, treatment, sanctioning, prices and purity for cannabis dating back to the 1970s are compared to similar indicators in Europe and the United States.
- **RESULTS:**
 - The available evidence suggests that the prevalence of cannabis use among Dutch citizens rose and fell as the number of coffeeshops increased and later declined, but only modestly.
 - The coffeeshops do not appear to encourage escalation into heavier use or lengthier using careers, although treatment rates for cannabis are higher than elsewhere in Europe. Scatterplot analyses suggest that Dutch patterns of use are very typical for Europe, and that the 'separation of markets' may indeed have somewhat weakened the link between cannabis use and the use of cocaine or amphetamines.
- **CONCLUSIONS:**
 - Cannabis consumption in the Netherlands is lower than would be expected in an unrestricted market, perhaps because **cannabis prices** have remained high due to production-level prohibitions. The Dutch system serves as a nuanced alternative to both full prohibition and full legalization.
- [MacCoun RJ](#)Addiction. 2011 Nov;106(11):1899-910. 11