

LEGAL ASSOCIATIONS OF CANNABIS USE IN A SAMPLE OF CHRONIC USERS

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ABSTRACT

Background: Cannabis is a widely used substance worldwide. In Egypt, Cannabis products like "hashish" and "bango," or marijuana, are being used. Persistent cannabis use despite detrimental impacts on one's own or others' physical or mental health, social functioning, or both is indicative of problematic cannabis use. **Aim of the work:** The aim of this study was to assess some of the legal and other problems that can be associated with cannabis use disorder. **Subjects and Methods:** This cross sectional study included 60 adult men, aged between 18-45 years old, grouped into 3 groups of cannabis users grouped according to the duration of use of cannabis). Participants who were regular cannabis users were recruited from the National Center of Addiction Treatment in Ismailia city, Egypt. **Results:** There was a statistically significant difference between the three groups regarding employment, legal state, family, and social status. Regarding the family conditions, those of the 3 studied groups (I, II, and III) who had longer periods of use, had more serious familial problems that represented 35%, 55% and 70% respectively. **Conclusion:** Cannabis users with longer duration of use have shown association with a higher rate of legal problems. Although cannabis use disorder is prevalent in Egypt, most cannabis users do not actively seek help regarding stopping using it. Therefore, it is important to conduct community campaigns to educate cannabis users about its associated legal and other encountered hazards.

Keywords: *Regular Cannabis Users, Addiction Severity, Legal Problems, Family Dysfunction.*

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INTRODUCTION

Cannabis is the most often misused illegal substance in the world. According to *WHO (2020)*, 2.5% of the world's population, or approximately 147 million people, utilize cannabis annually, compared to 0.2% who use opiates and 0.2% who use cocaine. Additionally, cannabis is the most often used drug among youth, with an annual prevalence of 4.7% for this age group—double the rate of the general population—using cannabis (United Nations Office on Drugs and Crime *(UNODC, 2018)*).

In Ismailia city, regarding to *El-Zoghby et al., (2017)*, the prevalence of illicit drug use among adults attending Fanara primary health care unit was 44.8%. Most drug abusers began using drugs for the first time between the ages of 15 and 24. The most often abused substances among those who abuse them are tramadol (9.8%), hashish (8.2%), and bango (11%).

Persistent use of cannabis despite detrimental impacts on one's own or others' physical or mental health, social functioning, or each is indicative of problematic cannabis use. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (*APA, 2013*) and the International Classification of Diseases (ICD) are the two diagnostic systems that categorize and define the severity of CUD (*WHA, 2020*).

Regardless of rises in cannabis use and subsequent cannabis use disorder, relatively few researches have thoroughly investigated the psychological and physical problems linked with it (*Hasin et al., 2017*).

Lack of knowledge regarding CUD's negative effects may have generated incorrect assumptions about cannabis' overall safety (*Copeland et al., 2019*).

Thus, there is a need for a more thorough understanding of the psychological and health effects of CUD. It is the case particularly when researching the relation of these effects to the duration of use.

THE AIM OF THE WORK

The aim of this study was to assess some of the legal and other problems that can be associated with cannabis use disorder.

SUBJECTS AND METHODS

The study included males diagnosed with cannabis use disorder based on Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I).

The study included: males, aged between 18 and 45 years old. Education level was to have completed their middle education at least. All participants gave a written informed consent before the beginning of the study assessments.

The following were excluded from our study: (as to solely assess the effect of cannabis use on the outcome measure: the legal and psychosocial life aspects of chronic users): Patients with any chronic general medical condition, patients with any neurological disease, those with any psychiatric comorbidity and Polysubstance users.

Participants:

Convenient sampling was used in this study. All participants were primary cannabis users with exclusion of polysubstance users. According to the duration of cannabis use, 3 subgroups were identified, the first group was of duration between 1-2 years, the Second one included use duration for 5-6 years and the last group with duration 9-10 years.

The MedCalc computer program's statistical formula for medical statistics was used to size the sample, taking into account the disease's prevalence with a 95% confidence interval and precision.

The number of subjects calculated was 16 for each group. The actual number of subjects that participated in the study was 20 for each group.

Procedure and data collection:

- Sociodemographic data for all participants were collected through a predesigned sheet.
- The diagnosis of current CUD and exclusion of patients with dual diagnosis was made according to Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) (*First et al., 1995*). We used the Arabic version in this study (*El Missiry et al., 2003*).
- Impact of cannabis use and assessment of impairment on different life aspects was

assessed by Addiction Severity Index (ASI) (*McLellan et al., 1980; 1992*) (*Appendix I*).

It is a semi structured interview designed to assess seven problem areas in substance-abusing patients: medical status, family/social status, employment and support, legal status, drug use, alcohol use, and psychiatric status. The Arabic version was used in this research, the same one that has been used in previous research studies in Egypt (*Nagy et al., 2020; El Rasheed et al., 2023*).

STATISTICAL ANALYSIS:

Data were statistically analyzed using SPSS program (Statistical Package for Social Science) version 26. Quantitative data were described as mean \pm standard deviation and median (IQR). Normality test was done and revealed different scores were not normally distributed; therefore, nonparametric tests as "Kruskal Wallis test" were used for comparing quantitative variables between groups.

RESULTS

This cross-sectional observational study was conducted to examine the clinical and social characteristics that correlate with addiction severity and extent of affection that cannabis use had on the users. Socioeconomic characteristics were comparable among all groups.

Table (1) showed that there was a statistically significant difference between the three groups regarding ASI employment, legal state, family, and social status. While there was no significant difference regarding medical status, drug use, and psychiatric status.

According to the legal state, arrested and charged for shoplifting represent 10% in both group II and III. Quarrels represented 5%, 20% and 20%, drug charges 5%, 5% and 15%, driving while intoxicated represented 10%, 20% and 15%, major driving violations: speeding, reckless driving, driving without license occurred among 5%, 15% and 15% among the three groups respectively with no significant difference as shown in **table (2)**.

Regarding family and social status, Blood-related relatives with drug use were 30% in the three groups. And who were not satisfied with their marital status represented 20%, 15%, and 20%, who live with anyone who is

drug abuser represented 20%, 25% and 20% and who had significant periods with serious familial problems represented 35%, 55% and 70%. The mean days in the past 30 have you

had serious conflicts (family) and days in the past month have you had serious conflicts (others) showing no significant difference between the three groups (**Table 3**).

Table (1): Clinical characteristics of cannabis use disorder for the 3 participating groups using addiction severity index (ASI).

Variable		Group I No. (%)	Group II No. (%)	Group III No. (%)	P value
Medical status	0 (Not at all)	16 (80)	11 (55)	9 (45)	0.129
	1 (Slightly bothered)	4 (20)	6 (30)	7 (35)	
	2 (Moderately)	0	3 (15)	4 (20)	
Employment	0 (Not at all)	14 (70)	8 (40)	9 (45)	0.022*
	1 (Slightly)	6 (30)	4 (20)	6 (30)	
	2 (Moderately)	0	8 (40)	5 (25)	
Drug use	0 (Not at all)	2 (10)	0	0	0.062
	1 (Slightly)	15 (75)	12 (60)	9 (45)	
	2 (Moderately)	3 (15)	8 (40)	9 (45)	
	3 (Considerably)	0	0	1 (5)	
	4 (Extremely)	0	0	1 (5)	
Legal state	0 (Not at all)	16 (80)	7 (35)	5 (25)	0.014*
	1 (Slightly)	3 (15)	7 (35)	6 (30)	
	2 (Moderately)	1 (5)	4 (20)	6 (30)	
	3 (Considerably)	0	2 (10)	3 (15)	
Family and social status	1 (Slightly)	5 (25)	0	0	0.006*
	2 (Moderately)	11 (55)	9 (45)	7 (35)	
	3 (Considerably)	4 (20)	11 (55)	12 (60)	
	4 (Extremely)	0	0	1 (5)	
Psychiatric status	1 (Slightly)	7 (35)	4 (20)	2 (10)	0.278
	2 (Moderately)	12 (60)	12 (60)	15 (75)	
	3 (Considerably)	1 (5)	4 (20)	3 (15)	

Fisher Exact test, Kruskal Wallis test, *p is significant at <0.05.

Table (2): Legal status domain of Addiction Severity Index of the participated groups.

Variable		Group I NO (%)	Group II NO (%)	Group III NO (%)	P value
Legal state	0 (Not at all)	16 (80)	7 (35)	5 (25)	0.014*
	1 (Slightly)	3 (15)	7 (35)	6 (30)	
	2 (Moderately)	1 (5)	4 (20)	6 (30)	
	3 (Considerably)	0	2 (10)	3 (15)	
Arrested and charged for shoplifting	NO (%)	0	2 (10)	2 (10)	0.535
Quarrels	NO (%)	1 (5)	4 (20)	4 (20)	0.166
Drug charges	NO (%)	1 (5)	1 (5)	3 (15)	0.606
Driving while intoxicated	NO (%)	2 (10)	4 (20)	3 (15)	0.745
Major driving violations: speeding, reckless driving, driving without license	NO (%)	1 (5)	3 (15)	3 (15)	0.683
Months incarcerated in your life	Mean ± SD	1.7± 0.6	8.2± 6.7	5.8± 6.1	0.155

Fisher Exact test, Kruskal Wallis test, *p is significant at <0.05.

Table (3): Family and social status domain of Addiction Severity Index for the three participated groups.

Variable		Group I NO (%)	Group II NO (%)	Group III NO (%)	P value
Family and social status	1 (Slightly)	5 (25)	0	0	0.006*
	2 (Moderately)	11 (55)	9 (45)	7 (35)	
	3 (Considerably)	4 (20)	11 (55)	12 (60)	
	4 (Extremely)	0	0	1 (5)	
Blood-related relatives with drug use	NO (%)	6 (30)	6 (30)	6 (30)	>0.999
Not satisfied with this marital status	NO (%)	4 (20)	3 (15)	4 (20)	>0.999
Live with anyone who is drug abuser	NO (%)	4 (20)	5 (25)	4 (20)	>0.999
Significant periods with serious familial problems	NO (%)	7 (35)	11 (55)	14 (70)	>0.999
Days in the past 30 have you had serious conflicts (family)	Mean ± SD	17.1± 9.5	17.5± 8.9	19.5± 8.3	0.833
Days in the past month have you had serious conflicts (others)	Mean ± SD	10.7± 4.0	11.8± 3.9	10.4± 4.6	0.889

Fisher Exact test, Kruskal Wallis test, *p is significant at <0.05.

DISCUSSION

Addiction Severity showed a statistically significant difference between the three groups in employment, legal state, family, and social status.

Cannabis users with regular and long-term use showed significantly more impaired employment, higher rate of legal problems, moderately to considerably family and social dysfunctions. However, psychiatric status showed no significant differences between the three studied groups, as this was the prerequisite for being enrolled in the study. Even without any comorbid psychiatric condition, cannabis users in groups I, II, III scored moderate to considerable psychological and emotional problems (65%, 80% and 90% respectively), meaning these were only attributable to their use of cannabis. Our findings correspond to those of a study done by *Hall (2017)* when compared to those without a substance use disorder, those with CUD had two to four times higher odds of social, financial, and legal issues, and that CUD can have a significant impact on every aspect of a person's life, even their capacity to fulfill social responsibilities in both personal and professional contexts.

A further systematic review of research conducted between 1990 and 2020 stated that eight longitudinal studies found that cannabis use negatively impacted occupational and educational attainment, as well as

psychosocial functioning, including lower weekly income, a higher chance of relying on welfare, a higher chance of being unemployed, and a higher chance of being arrested (*Sorkhou and others, 2021*).

On the other hand, a prospective cohort study found that while cannabis use and academic performance were significantly correlated, this relationship vanished when important variables like cigarette smoking, behavioral issues in childhood, and depressive symptoms in childhood were taken into account (*Mokrysz et al., 2016*).

When we analyzed legal state, the most prevalent problem through the 3 groups where quarrels which represented 5%, 20% and 20%, driving while intoxicated represented 10%, 20% and 15%, major driving violations: speeding, reckless driving, driving without license occurred among 5%, 15% and 15% among the three groups respectively with no significant difference. Months incarcerated in their life were reported to be 1.7±0.6, 8.2±6.7, 5.8±6.1 months among the 3 groups respectively.

Scholes-Balog et al. (2016) also found that cannabis use was linked to violence and antisocial behavior, such as theft; early users had higher antisocial behavior. Another study found that while less chronic cannabis use was not linked to an increased risk of self-reported violence or eventual violence convictions, persistent cannabis use in adulthood was (*Schoeler et al., 2016*).

After controlling for covariates, *Boden et al., (2020)* found that cannabis users reported greater arrests and convictions (both substance related and non-substance related arrests).

Regarding family and social status domain of ASI, for group I, II and III, who were not satisfied with their marital status represented 20%, 15%, and 20%, and who had significant periods with serious familial problems represented 35%, 55% and 70% respectively. When we assessed the last month; the mean days with serious familial conflicts were 17.1 ± 9.5 , 17.5 ± 8.9 , 19.5 ± 8.3 in groups I, II, III respectively, while days in the past 30 with serious conflicts with (others) were 10.7 ± 4.0 , 11.8 ± 3.9 , and 10.4 ± 4.6 in groups I, II, III respectively with no significant difference between the three groups. Similar to a study on a large sample size of approximately 1418 persons to assess psychosocial functioning among regular cannabis users, our results also showed that chronic cannabis users had impaired employment and shorter part-time employment; cannabis users also reported greater antisocial behaviors and fewer prosocial traits, which led to more interpersonal and family-related problems; and cannabis users had a higher incidence of legal issues when compared to control (*Foster et al., 2018*).

Conversely, *Meier (2021)* found that there is no significant correlation between cannabis use and unemployment after reviewing prospective studies regarding the psychosocial consequences of cannabis use. Nevertheless, when occupational prestige and income are taken into account, cannabis users are negatively affected (*Cerdá et al., 2016a*). This disadvantage was attributed to the dose and duration (*Boden et al., 2020*).

Longer duration was associated with more impact on employment, social and legal aspects as in a study done by *Brook et al., (2013)*. Legal and social problems can be explained by the tendency of chronic cannabis users to experience violence. Chronic cannabis users are more likely to deal with groups that are violent in order to get cannabis, and they are also more likely to stay in regions where violence is more common.

CONCLUSION

Cannabis users with regular and long-term use have shown association with more impaired employment, higher rate of legal problems, moderately to considerably family and social dysfunctions.

RECOMMENDATIONS

Through dissemination of the study results, especially that it is a study that was done within our community and reflects actual on-the-ground facts regarding the negative effects cannabis can have on the individual life of a user; we can then reach an increased awareness across the community and protective measures can be directed and focused on individuals at risk. This may ultimately reduce the cannabis use.

Strengths and limitations of the study

- This study investigated into the duration of use which is an important factor to consider when conducting research about cannabis use. We included users with no current comorbid psychiatric comorbidities and excluding any other form of drug use, so as not to confound the results with any other influence apart from cannabis use on our outcome measure under research.

- Some important limitations should be taken into consideration upon interpreting our study results including that our study's cross-sectional nature limits outcomes from being interpreted as causative and that our sample was recruited from one addiction treatment facility in Egypt. It is also important to note that we included only males in this study. We recommend for future studies to replicate our study utilizing a prospective study design and on a larger sample, including both males and females, from more than one addiction treatment facility.

Acknowledgements: The authors are grateful to the study participants.

Authors' contributions: Study conception and design: MF, ET, KA and OI. Data collection: ET. Data analysis and interpretation: ET, MF and OI. Drafting of the article: ET and OI. Critical revision of the article: MF, KA, and OI. The author(s) read and approved the final manuscript.

Availability of data and materials: accessible from the submitting author upon reasonable request.

Declaration of interests: No competing interests are disclosed by the authors.

Disclosure: Authors have nothing to disclose.

Funding: No funding.

Ethics approval and consent to participate
The Ethics and Clinical Research Committee of Suez Canal University's Faculty of Medicine gave its approval to the project. Ethical approval number No. 4350. Date of approval was 12/09/2020. All participation was on a free volunteer basis. Prior to their involvement in the study, all individuals provided written, informed consent. The participants also informed with the aims and objectives of the study and assured for the total anonymity and confidentiality of their data as well as the ability to depart the study at any time.

Abbreviations

ASI: addiction severity index

CI: Confidence Interval

CUD: Cannabis Use Disorder

DSM-IV: Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition

DSM-5: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

ICD: International Classification of Diseases

IQ: Intelligence Quotient

SCID-I: Structured Clinical Interview for DSM-IV Axis I Disorders

SES: socioeconomic status

WHO: World Health Organization

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APPENDIX I

Addiction Severity Score Index (McLellan et al., 1980; 1992)

INSTRUCTIONS

- Leave No Blanks - Where appropriate code items: X = question not answered N = question not applicable Use only one character per item.
- Item numbers circled are to be asked at follow-up. Items with an asterisk are cumulative and should be rephrased at follow-up (see Manual).
- Space is provided after sections for additional comments.

ADDICTION SEVERITY INDEX

SEVERITY RATINGS

The severity ratings are interview or estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation). Each rating is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual. Note: These severity ratings are optional.

Fifth Edition (1998) Version

SUMMARY OF PATIENTS RATING SCALE

0 - Not at all
 1 - Slightly
 2 - Moderately
 3 - Considerably
 4 - Extremely

Q1. I.D. NUMBER

Q2. LAST 4 DIGITS OF SSN

Q3. PROGRAM NUMBER

Q4. DATE OF ADMISSION

Q5. DATE OF INTERVIEW

Q6. TIME BEGUN :

Q7. TIME ENDED :

Q8. CLASS:
 1 - Intake
 2 - Follow-up

Q9. CONTACT CODE:
 1 - In Person
 2 - Phone

Q10. GENDER:
 1 - Male
 2 - Female

Q11. INTERVIEWER CODE NUMBER

Q12. SPECIAL:
 1 - Patient terminated
 2 - Patient refused
 3 - Patient unable to respond

GENERAL INFORMATION

NAME _____

CURRENT ADDRESS _____

Q13. GEOGRAPHIC CODE

Q14. How long have you lived at this address? YRS. MO.

Q15. Is this residence owned by you or your family?

0 - No 1 - Yes

Q16. DATE OF BIRTH

Q17. RACE

1 - White (Not of Hispanic Origin)
 2 - Black (Not of Hispanic Origin)
 3 - American Indian
 4 - Alaskan Native
 5 - Asian or Pacific Islander
 6 - Hispanic - Mexican
 7 - Hispanic - Puerto Rican
 8 - Hispanic - Cuban
 9 - Other Hispanic

Q18. RELIGIOUS PREFERENCE

1 - Protestant 4 - Islamic
 2 - Catholic 5 - Other
 3 - Jewish 6 - None

Q19. Have you been in a controlled environment in the past 90 days?

1 - No
 2 - Jail
 3 - Alcohol or Drug Treatment
 4 - Medical Treatment
 5 - Psychiatric Treatment
 6 - Other

Q20. How many days?

ADDITIONAL TEST RESULTS

G21. Shipley C.Q.

G22. Shipley I.Q.

G23. Beck Total Score

G24. SCL-90 Total

G25. MAST

G26.

G27.

G28.

SEVERITY PROFILE

9							
8							
7							
6							
5							
4							
3							
2							
1							
0							
PROBLEMS	MEDICAL	EMOTIONAL	ALCOHOL	DRUG	LEGAL	FAMILY/OC	PSYCH

الجوانب القانونية ذات الصلة لاستخدام القنب في عينة من المستخدمين المزمين

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الملخص العربي

المقدمة:

إن تعاطي المواد المخدرة مشكلة طبية تتفاقم بشكل سريع، حيث أنه في الفترة بين عام ٢٠٠٩ حتى عام ٢٠١٧ تزايد عدد المتعاطين على مستوى العالم من ٢١٠ مليون شخص إلى ٢٧١ مليون شخص، اي بنسبة ثلاثون بالمائة تقريبا. من بينهم حوالي ١٣ % أي ما يقارب من ٣٥ مليون شخص مشخصون كمرضى للإدمان. ويعتبر القنب من أكثر المواد الإدمانية انتشارا على مستوى العالم، طبقا لإحصائيات منظمة الصحة العالمية ٢,٥ % من سكان العالم يتعاطون القنب. الحشيش أيضا أكثر المواد لإدمانية انتشارا بين المراهقين والشباب بنسبة ٤,٧ % أي ن نسبة انتشاره بين هذه الفئة العمرية ضعف باقي الفئات العمرية. أما عن الوضع في مصر، فطبقا للإحصائيات ١٠,٤ % من الشباب والمراهقين يتعاطون المواد المخدرة، أي ضعف المعدل العالمي لهذه الفئة العمرية، وللقنب النصيب الأكبر حيث ان ٢٦ % منهم متعاطون للقنب. ولإدمان القنب العديد من الآثار السلبية.

الهدف من الدراسة:

تهدف هذه الدراسة لتقييم تأثير تعاطي القنب على مختلف النواحي الاجتماعية وخاصة القانونية.

أسئلة البحث:

ما هي التأثيرات طويلة المدى الناتجة عن تعاطي القنب؟
 كيف تؤثر مدة التعاطي سلبا على مختلف النواحي الاجتماعية وخاصة القانونية؟

خطة البحث ومنهجية الدراسة:

موقع الدراسة: تمت هذه الدراسة على متلقي الخدمة في المركز الوطني لعلاج الإدمان بمدينة الإسماعيلية، بعد اطلاعهم على الخطة البحثية والموافقة المستنيرة على المشاركة في البحث.

اختيار العينة:

قامت الدراسة على ثمانين شخصا تتراوح اعمارهم بين ١٨ و ٤٠ عاما ولا يعانون من مشكلات سواء نفسية او طبية اخرى، مقسمين على ثلاث مجموعات من مدمني القنب حسب مدة التعاطي. المجموعة الأولى من المتعاطين لمدة ما بين عام الى عامين، الثانية من خمس الي ست سنوات، الثالثة من تسع الى عشر سنوات، والمجموعة الاخيرة من الأصحاء للمقارنة ودراسة الاختلافات بين المجموعات الأربعة.

الاختبارات المستخدمة:

- ١- تم استخدام الاستبيانات المنظمة للحصول على معلومات ديموغرافية عن العمر ومستوى التعليمي والمستوى الاجتماعي.
- ٢- فحص كلينيكي لاستبعاد الاضطرابات النفسية الأخرى و تأكيد تشخيص اضطراب تعاطي القنب.
- ٣- مقياس شدة الإدمان: لتقييم الحالة الصحية، الوظيفية، مشكلات التعاطي، العلاقات الأسرية والاجتماعية، الوضع القانوني، الحالة النفسية.

الاستنتاج:

أوضحت النتائج أن معظم المشاركين كانت بدايتهم في تعاطي القنب حين كانت اعمارهم تتراوح بين ١٨ حتى ٤٠ عام. وأن البداية المبكرة للتعاطي وكذلك طول مدة التعاطي هي عوامل ذات صلة مباشرة بمرض ادمان القنب في الكبر. اختبار شدة التعاطي كانت نتائجه تشير إلى أن النواحي الأكثر تأثرا بتعاطي القنب هي الحالة الوظيفية والقانونية بالإضافة إلى العلاقات الأسرية والاجتماعية.