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IS CANNABIS A FRIEND OR A FOE?

Pointers for Medical Practitioners

Friends and family are increasingly using CBD cannabis products to treat a variety of ailments and medical concerns. A colleague, who previously worked with me in the treatment sector for many years, recently admitted that they have a few plants at home and are taking it as a tea for their moderate medical ailments, swearing that it's treating them. This from someone who has

spent a long time working in the medical treatment of substance use disorders. It raises questions about whether cannabis is safe, if it will help, and whether it will be more damaging in the long run. As a culture, our attitudes around cannabis have altered dramatically in the last two years. More people are willing to try recreational cannabis or CBD products, but what are the hazards, and is there

sufficient educational information and research to back up these claims?

The South African (SA) Constitutional Court judgement on the 18th of September 2018 decriminalised the private cultivation, possession, and use of cannabis by adults, changing cultural values and perceptions. There are a lot

of misconceptions about this decision. People don't realise the difference between legalising a drug and decriminalising it. Decriminalisation refers to the removal of legal limits or the abolition of criminal punishments. Individuals found in possession of modest amounts of cannabis for personal enjoyment won't be prosecuted, or incur a criminal record or prison sentence as a result of their actions. A society may conclude that a certain act isn't harmful, should no longer be criminalised, or is otherwise unfit for the criminal justice system to deal with. Decriminalisation doesn't imply drug usage is unrestricted. Instead, it means that possessing tiny amounts of cannabis doesn't result in a criminal record or a jail sentence for the offender.

Drug legalisation is fully compatible with regulatory efforts limiting access to children, prohibiting use while driving or working in safety-sensitive positions, prohibiting use in specific locations or situations, controlling manufacturing and distribution methods (including taxation and labeling), and establishing purity and potency standards. Legalisation, in general, refers to the idea that the supply and possession of currently illicit drugs should be regulated in the same way as alcohol and tobacco are in most nations. Decriminalisation is frequently used to refer to a "half-way house" between legalisation and prohibition, in which, for example, possessing narcotics for personal use wouldn't be a criminal offense, but would instead be treated as a parking ticket (SANCA, Position Statement, 2018).

Following the verdict, the National Department of Health presented the Cannabis Private Purposes Bill to Parliament on August 24, 2021. The draft bill lays out guidelines for cannabis users at home as well as those who want to grow the plant. It also adds new penalties and measures for persons who have previously been convicted of cannabis possession. The draft bill specifies 'prescribed quantities' for personal use as well as cultivation. The following are the restrictions for

private use: Unlimited seeds and seedlings; four flowering plants if you live alone, or eight if you live with two or more adults; 600 grams of dried cannabis if you live alone, or 1.2 kilograms if you live with two or more adults; 1.2 kilograms dried cannabis or cannabis equivalent per dwelling occupied by two or more adults. The bill also allows for the 'private' possession of cannabis in a public location, but only up to 100 grams.

Has this verdict resulted in a decrease in cannabis consumption, as predicted by proponents of decriminalisation? The answer is emphatically no. Since the verdict, SANCA (South African National on Alcoholism and Drug Dependence) has seen a 14 percent increase in cannabis admissions from 2018 to 2019. SANCA conducted an internal dagga study that disproved many of the assumptions about cannabis use being harmless. The study, which included 711 individuals over two years (2019/2020), found that 35 percent of dagga users admitted for treatment were between the ages of 4 and 17. Dagga was described as a gateway drug by 65 percent of the service users.

Cannabis is still the most often used substance by 28% of all service users admitted to all 31 SANCA treatment facilities. The combining of cannabis with other illegal drugs such as heroin or mandrax is a major worry, with 53 percent of service users in the survey mixing dagga with other illegal substances. In the previous reporting year, "white pipe", a mixture of cannabis and mandrax, grew by 6%, and dagga laced with heroin, also known as whoonga/nyaope, accounted for 11% of all admissions. The study found that 71 percent of customers had health difficulties as a result of their frequent cannabis usage, 59 percent had decreased levels of functioning, and 59 percent had mild to moderate withdrawal symptoms when they tried to discontinue using cannabis. The study's findings reinforce the notion that cannabis is addictive and habit-forming. Cannabinoids produced by the flowering female plant before fertilisation are more powerful in cannabis sativa. THC (delta-9-tetrahydrocannabinol) and CBD (cannabidiol) are two well-known cannabinoids (CBD). The psychoactive effects that people are looking for are caused by THC.



The rest of the world is seeing similar trends, with a global 18 percent growth in cannabis users over the last ten years (2010–2019), owing in part to a 10% increase in global population over the same period, according to the WHO Drug Report, 2021. According to the UNODC, over 4% (range: 2.8–5.1%) of the global population aged 15–64 years used cannabis at least once in 2019, equating to roughly 200 million persons (range: 141 million–256 million).

Similarly, the majority of patients treated for drug use disorders in South Africa who attended specialist drug treatment facilities in 2019 reported cannabis as their primary or secondary drug, particularly among those aged 20 or less. Cannabis was the most prevalent primary substance of use for persons younger than 20 years in all sites, except in the Western Cape, where methamphetamine was the most common primary substance of use, according to SACENDU (2021). Cannabis use is linked to decreased cognition in teenagers, with delayed effects on inhibitory control (e.g., self-control) and working memory, as well as concurrent effects on delayed memory recall and perceptual reasoning.

In February 2014, the Medical Innovation Bill was introduced in Parliament. The bill, which legalised the use of cannabis in South Africa for medical, economic, and industrial purposes, was intended to allow for medical innovation. Depending on numerous growing parameters,

cannabis contains varying levels of the cannabinoids delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). The SA Health Products Regulatory Authority (SAHPRA) has not yet approved any commercial plant-derived cannabis products for medical use. As a result, such products are unregulated but widely available in South Africa, and they may be of poor quality, have an unknown composition, and are not guaranteed to be safe or effective. Only one synthetic medicinal cannabis medicine, dronabinol, has been approved by SAHPRA so far.

For two drug-resistant childhood epilepsy types, Dravet syndrome and Lennox-Gastaut syndrome, there is evidence that medical cannabis can help. Adjuvant medical cannabis medication can lower seizure frequency by 18.8 percent and 22.8 percent for Lennox-Gastaut syndrome and Dravet syndrome, respectively, and may be effective for other rare forms of epilepsy. With synthetic cannabis, there is some evidence of chemotherapy-induced nausea and vomiting. When a purified version of THC/CBD was introduced to existing medication for multiple sclerosis-associated spasticity, there was a slight clinical improvement in self-reported spasticity. Medical cannabis is currently used to treat chronic pain, sleep and weight issues, and neuropsychiatric diseases, however there is little or no convincing proof that it is effective. Cannabis has a higher risk of side effects than active and

placebo controls, and it could be involved in clinically relevant drug-drug interactions. In the future years, the changing regulatory and legal framework surrounding the use of medicinal cannabis will guide prescription and recreational use.

Here are some pointers for medical professionals:

1. Doctors must be cautious when prescribing CBD medications because research suggests that up to 60% of these products also contain THC.
2. Check and register with the Medical Control Council before prescribing cannabis to patients as a medical practitioner.
3. A comprehensive medical history should be taken to check for a family history of addiction or mental health.
4. Patients must closely follow the dosage monitoring instructions.
5. Because THC is fat soluble and lingers in the bloodstream for weeks, urine screens could reveal it.
6. Refer a patient for detoxification or treatment if he or she is abusing the drug provided. All medical aid schemes consider SANCA Inpatient Treatment Centres to be preferred service providers.

SANCA can be reached at 011 892-3829 (office hours) or by visiting www.sancanational.info for information on the nearest SANCA Centre.

References available upon request

