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ADDICTION DISEASES AND LEGALIZATION OF “DRUGS”

Abstract

There are few basic questions to be answered when it comes to prohibited substances that cause addictions: 1) do the states have the legitimation to ban production and consumption of certain natural or man-produced substances 2) do the states have the legitimation to control and regulate the production and consumption of them 3) do these substances contain components that can be used in medicine. While having in mind the best interest for the national economy and after analyzing crucial arguments undoubtedly arising from basic constitutional rights (which all obviously point toward accepting a solution similar to the Portuguese one), this article only briefly comments on possible reasons and motives legislators had for accepting a rigid outdated model that goes against ONU and EU recommendations, constitutional rights, national tradition, will of the people, economic interests of individuals and the state and health-care needs of the population. All patients with addiction diseases and their families have the right to expect the same treatment and to have the same opportunities to access needed treatments. Serious and urgent work should be done to destigmatize persons with drug addictions and equalize their position with that of patients suffering from other diseases.

Key words: *addiction diseases, human endocannabinoid system, forbidden substances, cannabis, human rights, decriminalization, legalization.*

“And the earth brought forth grass, and herb yielding seed after his kind, and the tree yielding fruit, whose seed was in itself, after his kind: and God saw that it was good.”

Bible, King James Version, Genesis 1:12

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One of the attainments of Communist Yugoslavia, which represents a heavy burden on Serbia's shoulders, is the prohibition of the use of certain substances (that were proclaimed to be drugs)² which, to make matters worse, from the inherited relatively mild regime of sanctions, from the election cycle to the election cycle, has become increasingly stringent, exactly the opposite from the trend that has existed in the West and the East in recent decades and is the result of research and clinical trials and studies that shed scientific light on this phenomenon as old as humanity.

Until prohibition laws, the idea of prohibiting the use of something that is regularly consumed existed only as a taboo out of faith or beliefs. Alcohol abuse has always been considered a wicked phenomenon but when it comes to the use of plants, mushrooms, and their derivatives, they never produced, until the prohibition of consumption, the effect that is now well known to everyone as drug addiction. Several Orthodox Russian authors have emphasized the fact that although the use of morphine in wartime was a common occurrence in the Russian Empire, patients never got used to this substance.

Constitutions of all enlightened states guarantee human freedom as the highest basic right and protect in particular everything that enables freedom and contributes to freedom understood in developmental terms. Unfortunately due to many laws, this “guaranteed” freedom is derogated, so a logical question arises: whether what is left can objectively and justly be considered and called freedom?

If the norms that introduced the concept of drugs and their prohibition could be justified from a scientific point of view, this would certainly be done by now. A big problem lies in the fact that science is increasingly being misused for political purposes. Politics is less and less the activity of a free individual, it became a job where it is expected from people to implement ordered and paid opinions and attitudes.

Even before the emergence of neurolinguistics as a scientific field, neurolinguistic programming was part of everyday life, the only difference is that today, with the conscientious and benevolent use of the media, we can offer the scientific truth that is the basic ingredient of freedom and thus decode society from the “bad software” of false beliefs .

² Mina Zirojević, “Terrorism and Transnational Crime – View From Serbia”, *Nauka i društvo [Science and Society]*, No 2, 2016, p. 32.

Until the Second World War, in newspapers published in the Kingdom of Serbia we could read ads offering fresh cocaine at pharmacies, and many pharmacists who sold it personally were more prone to morphine ... The then predominantly farming country at that time was among the world's leading manufacturers of hemp species; farmers called hemp *grsnica* and cocaine "passion." The establishment of post-war communist Yugoslavia had numerous objections to the regime of the Kingdom of Yugoslavia but never mentioned addictions as a problem and social phenomenon of the defeated regime.

Both in countries with strict prohibitions and in those with a completely liberal attitude toward the use of so-called drugs, the largest number of consumers were prone to cannabis. The number is significantly higher for cannabis use than for all other drugs combined, therefore the issue of decriminalization of cannabis is the very essence of the problem. In our system, only a person who uses illicit substances is considered to be a drug user. US statistics include illicit drug users along with those who are addicted to prescription drugs and alcohol. Americans wisely make statistical surveys bearing in mind the similarity of methods needed to treat addiction problems. We can detect the absence of a serious will to solve problems tied to addiction from the way we collect statistics in Serbia. It would be more appropriate for us to adopt the American view of the phenomenon, especially given the fact that we live in a country where social security is covered by the budget, that is, by taxes.

If we value the will of the people we would never again question whether to legalize cannabis or not as all statistics show that the vast majority of over 80% (as shown in the polls), want every ban lifted. The referendum that was held in the US capital five years ago showed similar data - over 70% of the population was for legalization.

If the position of the legislator is pursued with economic interests as primary, we would again conclude that making cannabis illegal is a bad move. For example, this year Uganda signed a hemp export contract with Germany worth \$6.5 billion and a contract with Canada worth \$10 billion. We not only ban the use but also avoid legislation that would allow at least producing hemp for export. All neighboring countries in our region that are developing tourism (which is our goal too), have legalized at least so-called medical hemp, given that tourists can easily choose a destination like Portugal, where not only is marijuana allowed, but other drugs are also decriminalized.

If we contemplate preserving our traditions and national identity, we again find that the offspring of those people who dressed in hemp clothing ate cannabis and poppy pie, used eggs, milk, dairy products and meat from animals fed with hemp. We have the right, as free people, to practice the same lifestyle unless we want (but in a less noticeable way) to actually abolish folk practices and thus, in a cunning and insidious way, abolish identity and contribute to genocide.

If our goal is to reduce crime, just like when we strive to reduce the number of patients, we have no choice but to embrace the complete abolition of any ban on the use of so-called “drugs”. Portugal, which lifted the ban on all drug use in 2001, experienced a 13% drop in overall crime in just a few years. Additionally, significant improvements were made in combating diseases that resulted from the ban. The criminal milieu cannot survive unless it constantly fills in new members. This “fresh blood” is mostly provided by blackmailing addicts with the goal to recruit them for the criminal milieu. Legalization completely cuts off criminal structures from their prey and gives hope for a healthy society in the future.

In constitutionally guaranteeing freedom of religion, we can not close our eyes to the fact that this freedom is just a dead word written on a piece of paper if there is a ban on certain plants that are used as sacred. Marijuana is needed for the rites of Ethiopian Christians - Rastafarians and “magic mushrooms” are an essential part of a vast number of cults around the world. The United States, a country that respects religious rights more than any other country, recognized the importance of rituals for the survival of tribal traditions and exempted these religious and tribal communities from the prohibition that struck the rest of the population.

If we, for our decision, rely on data obtained primarily from state institutions and medical institutes of developed countries, (Israel or Spain for example), not only will we be left with no arguments to justify the bans, but we should also conclude that the bans so far have only caused harm to individuals so to the states, which leaves us with the question: who benefits from such a ban and whether that benefit is reduced to mere profit or lies in something else too.

GLIMPSE OF CURRENT EVENTS

Keeping in mind all that was previously said, we have no choice but to be astonished by the development of the situation concerning cannabis in Serbia. Starting with December 1st 2019. penalties for possession of a larger quantity of cannabis

are doubled and if caught for the second time the anticipated punishment is jail. In the meantime, representatives in the European parliament have adopted a new Resolution on Cannabis in Medicine. Member states have been urged to harness the potential of cannabis medicines and to allow doctors to prescribe cannabis to patients according to their own knowledge and conscience. Everywhere they are effective, these drugs will be covered by health insurance systems in the same way as other types of drugs. EU encourages the use of medical cannabis, and invests in new research. Scientific discoveries have shed new light on this question and forced OUN to change its previously adopted solutions. Science claims that the endocannabinoid system (ECS) is a biological system, found in humans and animals, composed of endocannabinoid neurotransmitters that bind to cannabinoid receptors and cannabinoid receptor proteins that are found throughout the vertebrae and brain. The ECS permeates the central nervous system and peripheral nervous system. It is involved in regulating physiological and cognitive processes from fertility³, and pregnancy,⁴ through pre and postnatal development,⁵ to appetite, pain-sensation, mood and memory.

Two primary endocannabinoid receptors have been identified and cloned in 1990.-CB1 and in 1993.-CB2. They can be found in peripheral organs and tissues but are predominantly located in the brain and nervous system. These receptors (molecular targets) are targeted by anandamide (endocannabinoid ligand-binding molecule) and its mimetic phytocannabinoid THC. Another important endocannabinoid, 2-Arachidonoyl glycerol (2-AG) is active at both cannabinoid receptors and its own mimetic phytocannabinoid CBD; 2AG and CBD are involved not only in the regulation of appetite and pain management but in the regulation of the immune system too. Sadly, physiological and cognitive processes from fertility and pregnancy through pre- and post-natal development to appetite, pain-sensation, mood, memory and the strength of the immune system are less important than the wish of an obscure group of state officials whom Parliament serves, while forgetting what they owe to the people that elected them.

³ Klein, Carolin; Hill, Matthew N.; Chang, Sabrina C.H.; Hillard, Cecilia J.; Gorzalka, Boris B. (June 2012). "Circulating Endocannabinoid Concentrations and Sexual Arousal in Women". *The Journal of Sexual Medicine*. **9** (6): 1588–601.

⁴ Wang, Haibin; Xie, Huirong; Dey, Sudhansu K. (June 2006). "Endocannabinoid signaling directs periimplantation events". *The AAPS Journal*. **8** (2): E425–E432.

⁵ Fride, Ester (1 October 2004). "The endocannabinoid-CB1 receptor system in pre- and postnatal life". *European Journal of Pharmacology*. Special Celebratory Volume 500 Dedicated to Professor David de Wied Honorary and Founding Editor. **500** (1): 289–297.

Every phenomenon that can be regulated by law can be approached from different sides, with differing primary interests. Unfortunately, it seems that in this moment in our country religious rights, health, economy or tradition are less important than the commodity of supposedly professional law enforcement officers, prosecutors, and judges who claimed to be unable to convict (on charges for producing and distributing drugs), persons find to possess few hundred grams of cannabis for personal medical use due to the lack of further evidence like, for example, scales, list with buyers, substantial amounts of cash... while having on the mind the sublime Serbian legal history ornated with legal solutions ahead of their times, in 2019. we are witnessing that those ones who should work for the taxpayers, instead of accepting life fact, demanded from the legislators to invent a law that would allow policemen to arrest and prosecutors to prosecute and judges to sentence people for the simple fact of possessing a certain amount of weed, as we can read these days in the newspaper articles published on occasion of the new legislative approach, or heard and seen in quite a few broadcasts.

Much to the displeasure and harm of patients, not even once the ministry of health has so far bothered to implement intensive measures and provide strategic plans and means for a more serious approach to the phenomenon of addiction diseases, which harms both the addicts themselves and their families and greatly affects the overall health of society. This is especially surprising when we know that unfortunate wartime events from our recent past have produced an epidemic of these diseases from classical alcoholism, through drug addiction to addictions to gambling, food or pornography. Each of these individual addictions requires some specific methods, but first of all, it is necessary to create a suitable social atmosphere to support the solution of this problem and to provide the needed logistics by engaging public and private resources in schooling, educating, healing, prevention, etc, ... Engagement of state and private institutions, media, religious organizations, and the non-governmental sector in stopping this epidemic, treating the sick and preventing new cases is shamefully far from what is needed.

FEW LEGAL MODELS AND DIFFERENT STATE APPROACHES

One big group of nations decriminalized and another one legalized marijuana, certain legislators have in focus the hemp plant, others are more concerned with the medical use of substances found in the cannabis plants, in some nations the state encourages medical research not only of marijuana but of mushrooms and other

forbidden substances (LSD, extasy,...), while in other countries even the discussion of this interesting topic is not well excepted... This non-uniform regulation of the same issue can be caused by unequal development of juridical thought but also by, black market's lobbyists.

Portugal's legal solution, when it comes to "drugs", are undoubtedly the most interesting in this moment. In 2001. they decriminalized all drugs but waited until 2018. to decide to allow the use of medical marihuana what is both rational and conscientious, it does not deprive people of their freedoms and it did not leave any place for potential medical error. After 17 years of practice and researches (that could be done under different circumstances than the ones in countries where the use of certain substances is heavily stigmatized), scientists concluded that medical use of marijuana is opportune and than the law enforced the science.

Let us see what solutions are offered to citizens in Serbia's neighbor countries and in the Balcan region: in 2013 Romania become the 10th EU state to legalize cannabis, but only if it has a low THC percentage in the plants, Croatia decriminalized small quantities of weed in 2013. and in 2015. legalized the use of hemp flowers for medical purposes, in 2016. Macedonia legalized growing, exporting, medical use and research of cannabis, Greece has legalized Cannabis for medical use and cultivation (one mega license granted)in 2017...

In 2016. Serbia allowed two medicals with synthetic THC and Sativex, but to date, they are not available in pharmacies, nor is a prescription issued, what is an unprecedented situation and an elegant legal solution was offered in the same year when Georgia's Supreme Court has decided to hold sentencing for possession of small quantities of cannabis unconstitutional.

The year 2017. will be remembered not only by German legalization of marijuana for medical use and research and 8 new countries that legalized or decriminalized cannabis, but much more because The World Health Organization declared CBD medicinal and safe for health and, for the first time since the ban, had begun reviewing a huge number of new studies on the medicinal properties of THC and Cannabis made over the last two decades.

In the year 2018, Denmark, Malta, Portugal and Zimbabwe legalized medical marijuana, which Tyland, Philippines and North Korea did the next year. Two large states, South Africa and Canada, legalized cannabis in 2018 with Mexico following them one year later. Two dates were especially important for this matter in 2019, February 1st, when the World Health Organization launched reclassification of

cannabis from a drug dangerous to public health into the safe drug category, and February 13th when the European Parliament adopted a resolution on cannabis, and recommended to all countries to end the ban and prosecution of users, encourage research and introduce cannabis into medical practice.

TOWARD THE WAY TO THE SOLUTION

There are a few basic questions that should be answered, when it comes to prohibited substances that cause addictions:

- 1) do the states have the legitimation to ban production and consumption of certain natural or man-produced substances,
- 2) do the states have the legitimation to control and regulate the production and consumption of them,
- 3) do these substances contain components that can be used in medicine

The first key to answering the first set of questions is the way we define the term “state” and understand the relation between the state and its citizens, and to find the second one, we have to find the answer to the question: do the principles of democracy leave room for the state to act on its own constructed will, or does the state has to follow the will of taxpaying citizens?

The easiest way to answer the second question is to find out if these substances have the same characteristics as substances that by consensus are held to be “dangerous substances” (poisons, combustible chemical compounds...), and are already objects of control and regulation.

In answering the third question we have to rely on results offered by scientific research and make all necessary efforts to provide financial and structural resources and encourage international collaboration to offer solutions, as urgent as possible, having in mind that healing and life without pain are categories of utmost importance for patients and their families.

All patients with addiction diseases and their families have the right to expect the same treatment and to have the same opportunities to access needed treatments. Serious and urgent work should be done to destigmatize persons with drug addictions and equalize their position with that of patients suffering from other diseases.

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БОЛЕСТИ ЗАВИСНОСТИ И ЛЕГАЛИЗАЦИЈА „ДРОГА“

Apstrakt

Имајући у виду најбољи интерес националне економије и након анализе пресудних аргумената који несумњиво произлазе из основних уставних права (који несумњиво упућују на прихватање решења сличног оном усвојеном у Португалу), овај чланак анализира мотиве законодавне власти да имплементира превазиђен, крут и застарео модел који је у супротности како с препорукама ОНУ-а и ЕУ-а тако и са уставним правима, националном традицијом, вољом народа, економским интересима појединаца и државе и здравственим потребама становништва.

Кључне речи: мит, политика, религија, сакрализација, тоталитаризам.