Národní monitorovací
středisko pro drogy
a závislosti

Evidence-based východiska a doporučení pro protidrogovou politiku

doc. MUDr. Viktor Mravčík, Ph.D.

Národní monitorovací
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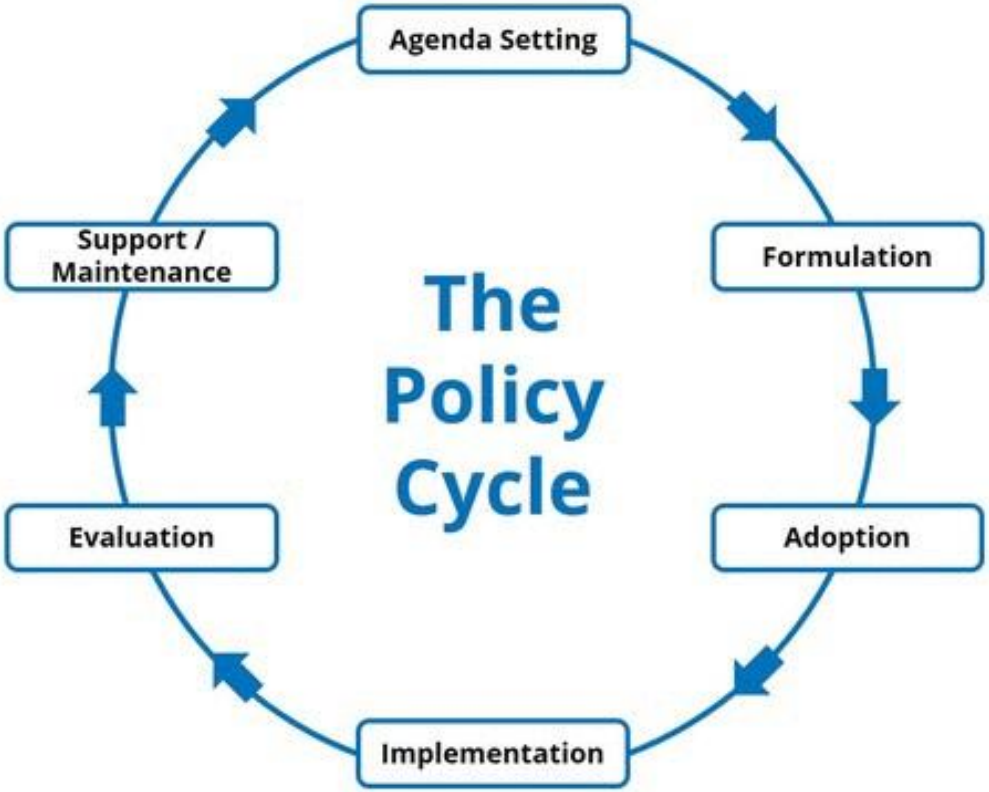
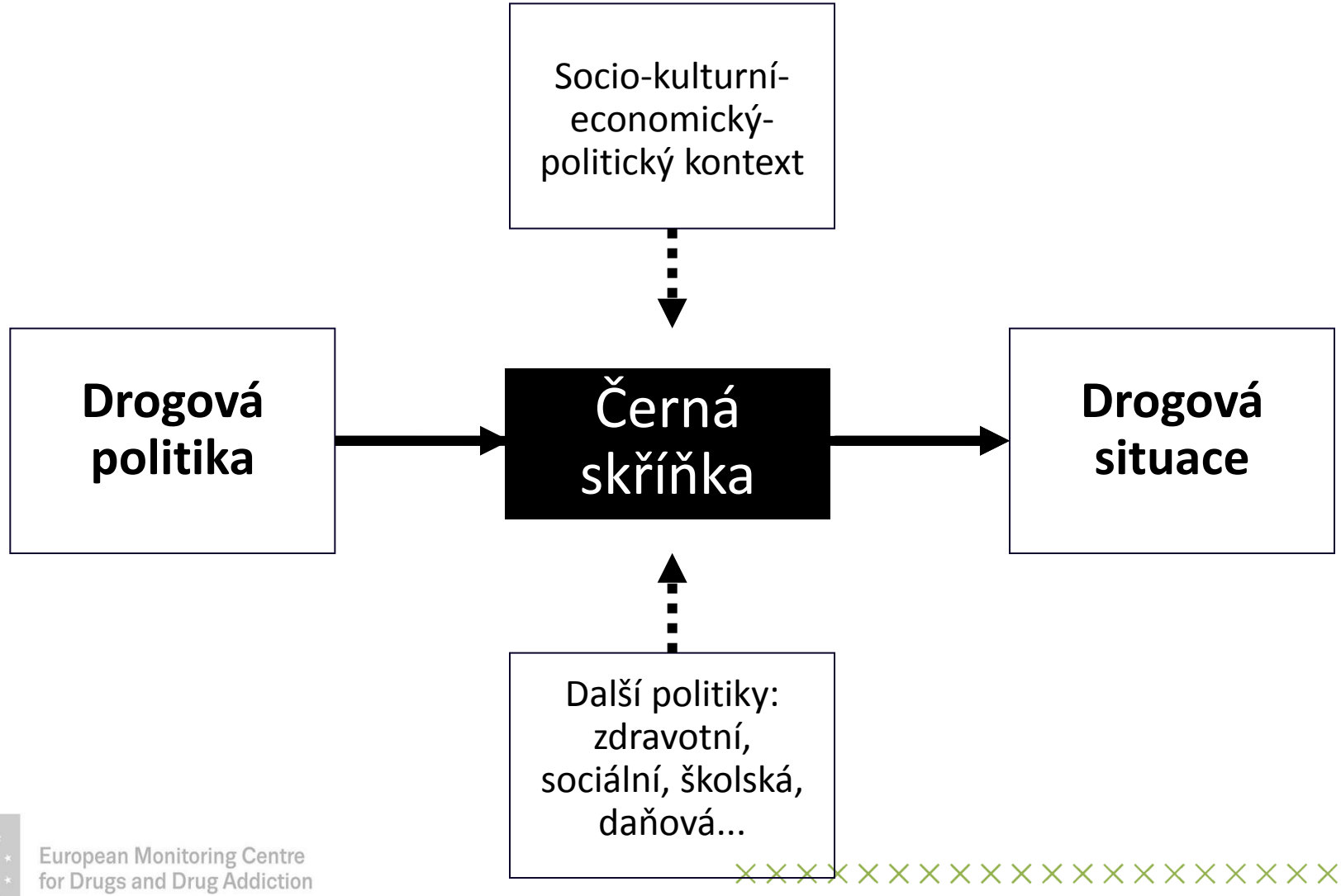
Funguje protidrogová politika a jak?

Drogová politika: teorie

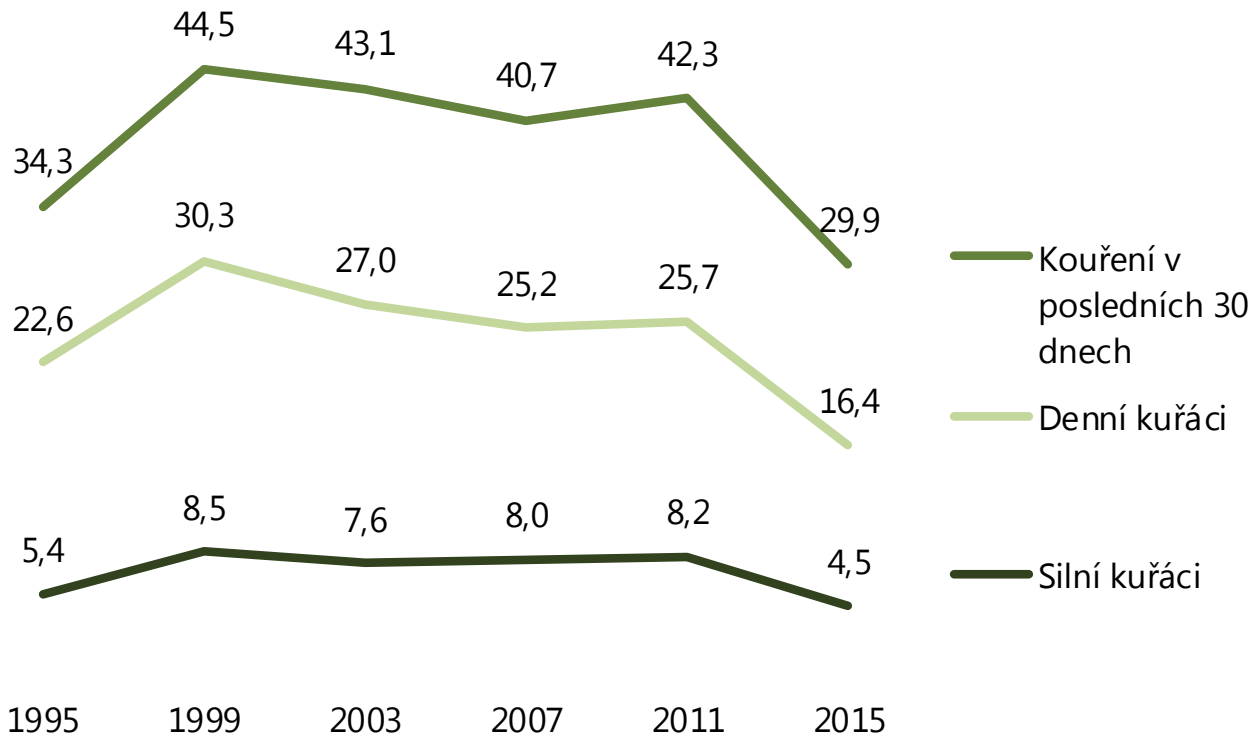


Dopad drogové politiky



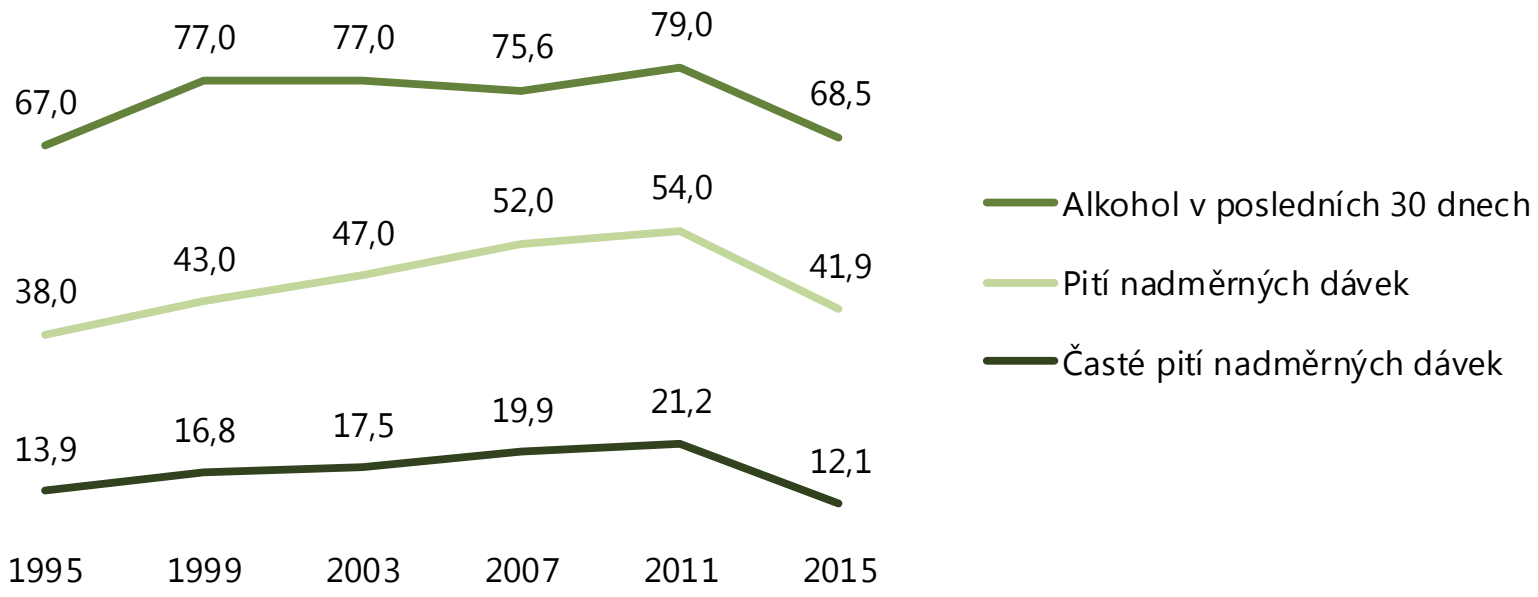
Užívání drog 16letými studenty – studie ESPAD 2015, v %

Vývoj prevalence kouření v posledních 30 dnech v l. 1995–2015



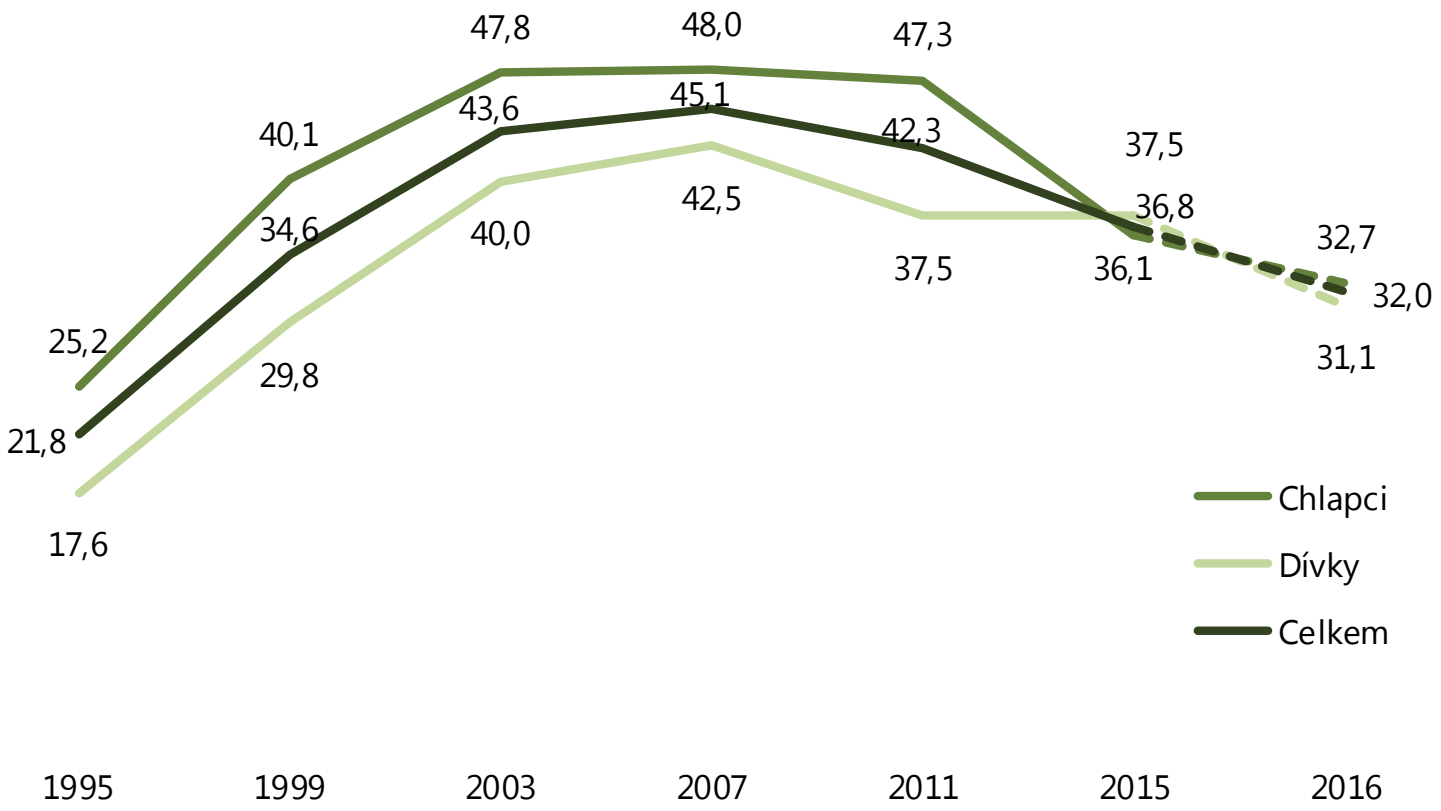
Užívání drog 16letými student – studie ESPAD 2015, v %

Vývoj prevalence konzumace alkoholu v posledních 30 dnech v l. 1995–2015

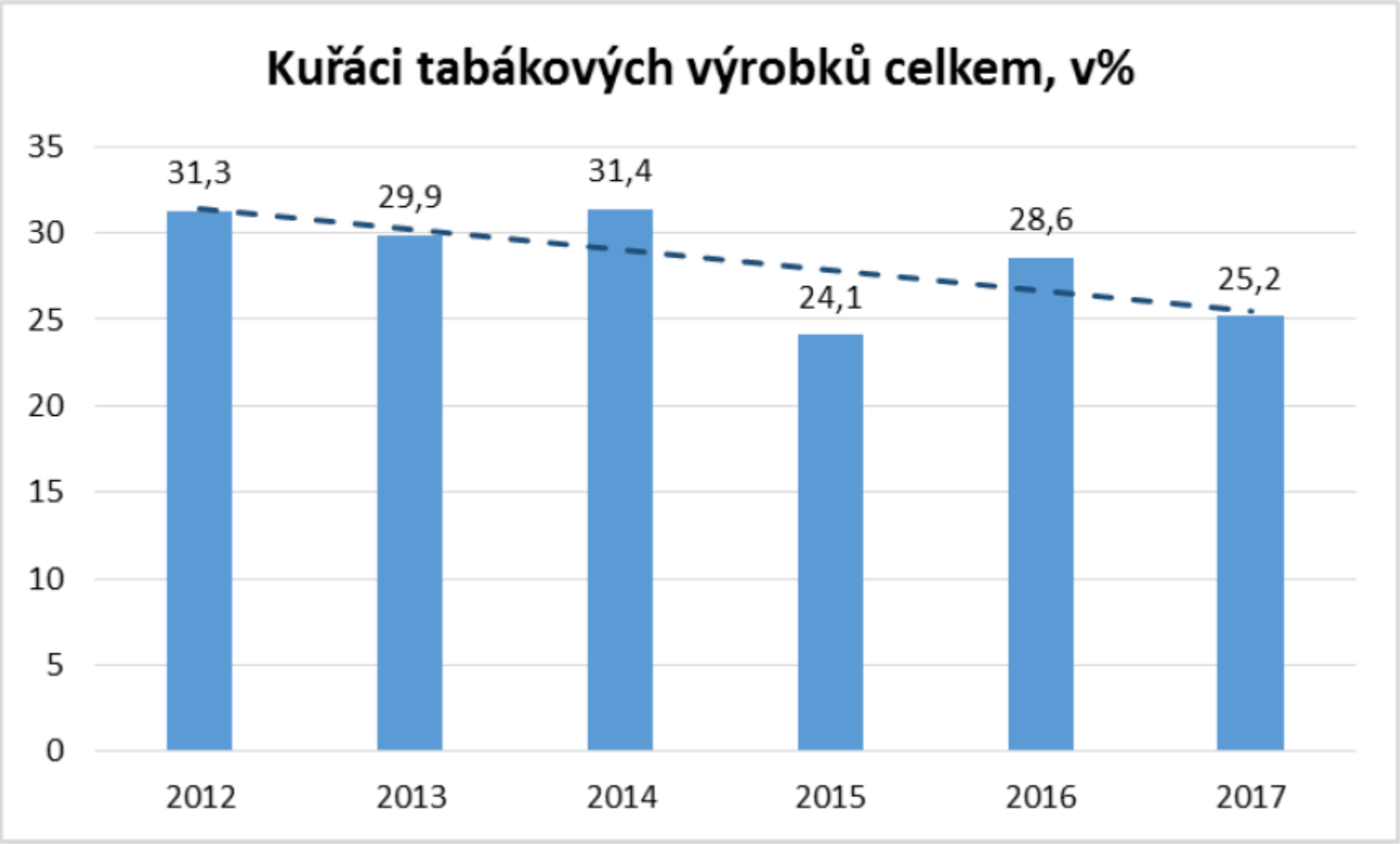


Užívání návykových látek – konopí 16letí (ESPAD)

Trendy v celoživotní prevalenci užití konopných látek v l. 1995–2016, 16letí



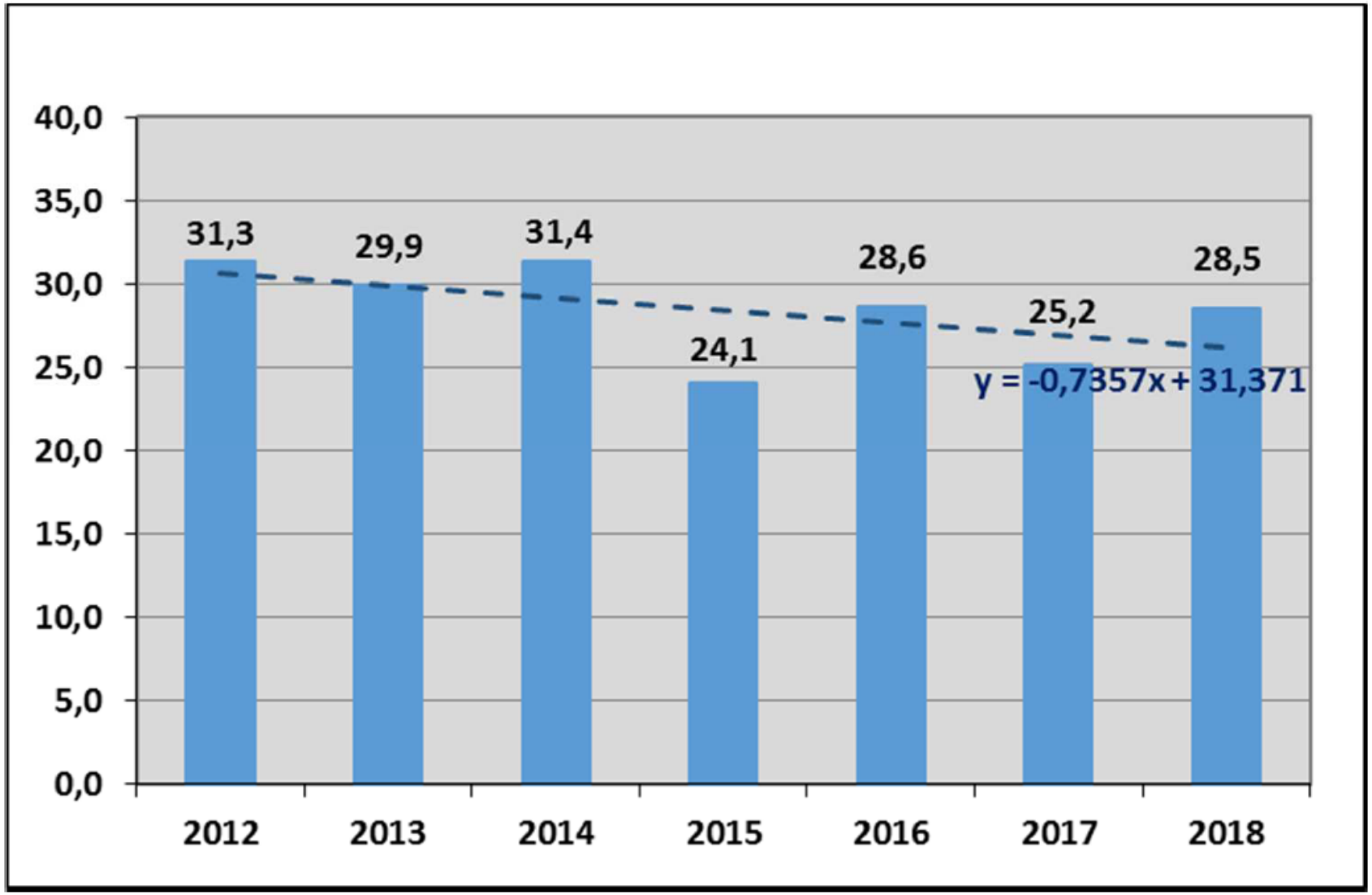
Graf č. 1: Prevalence kuřáctví v ČR v letech 2012 – 2017 (včetně trendu)



SZÚ: GATS

Graf č. 1: Prevalence kuřáctví v ČR v letech 2012 – 2018

Kuřáci tabákových výrobků celkem (denní a příležitostní, v %)



SZÚ: GATS

Analysis of the global illicit drugs markets 1998–2007 (Trimbos Institute/RAND, 2009)

Závěry:

- **Drogové politiky mají malý vliv na poptávku po drogách.**
- **Politiky nemohou ovlivnit:**
  - zda drogová epidemie začne,
  - závažnost epidemie,
  - míru výskytu užívání drog a závislostí.
- **Užívání drog je výslednicí širších sociálních, ekonomických a kulturních faktorů.**
- **Drogová politika, resp. represe, způsobuje nežádoucí následky (násilí, černý trh a nežádoucí změny na něm).**
- **Politika může snížit (zdravotní) rizika užívání drog – harm reduction opatření jsou efektivní.**
- **Drogová situace spíše ovlivňuje drogovou politiku, nikoliv naopak.**

Dopad protidrogové politiky ?

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Protidrogová politika by měla brát v úvahu míru škodlivosti jednotlivých látek

Škodlivost různých návykových látek

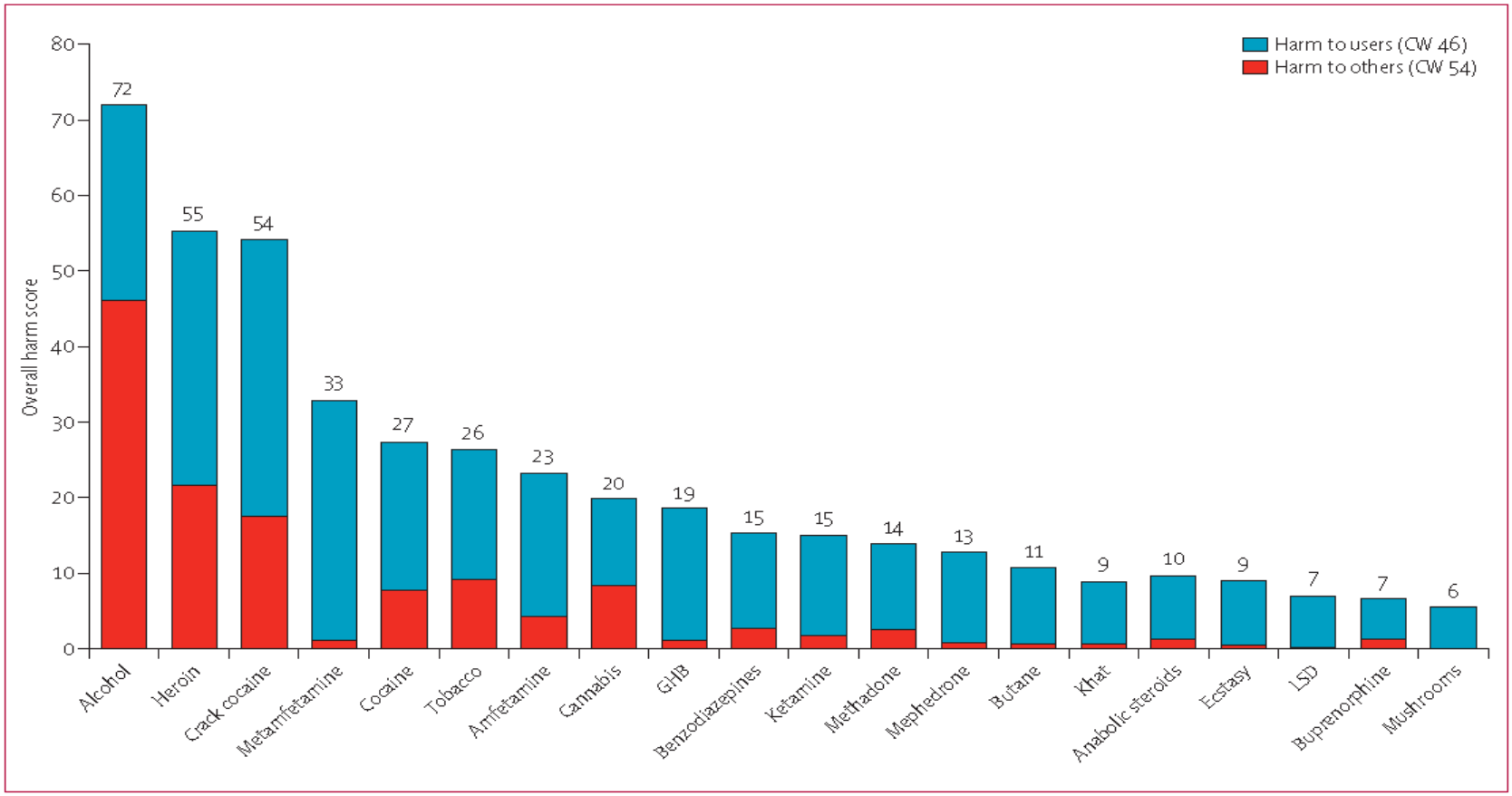
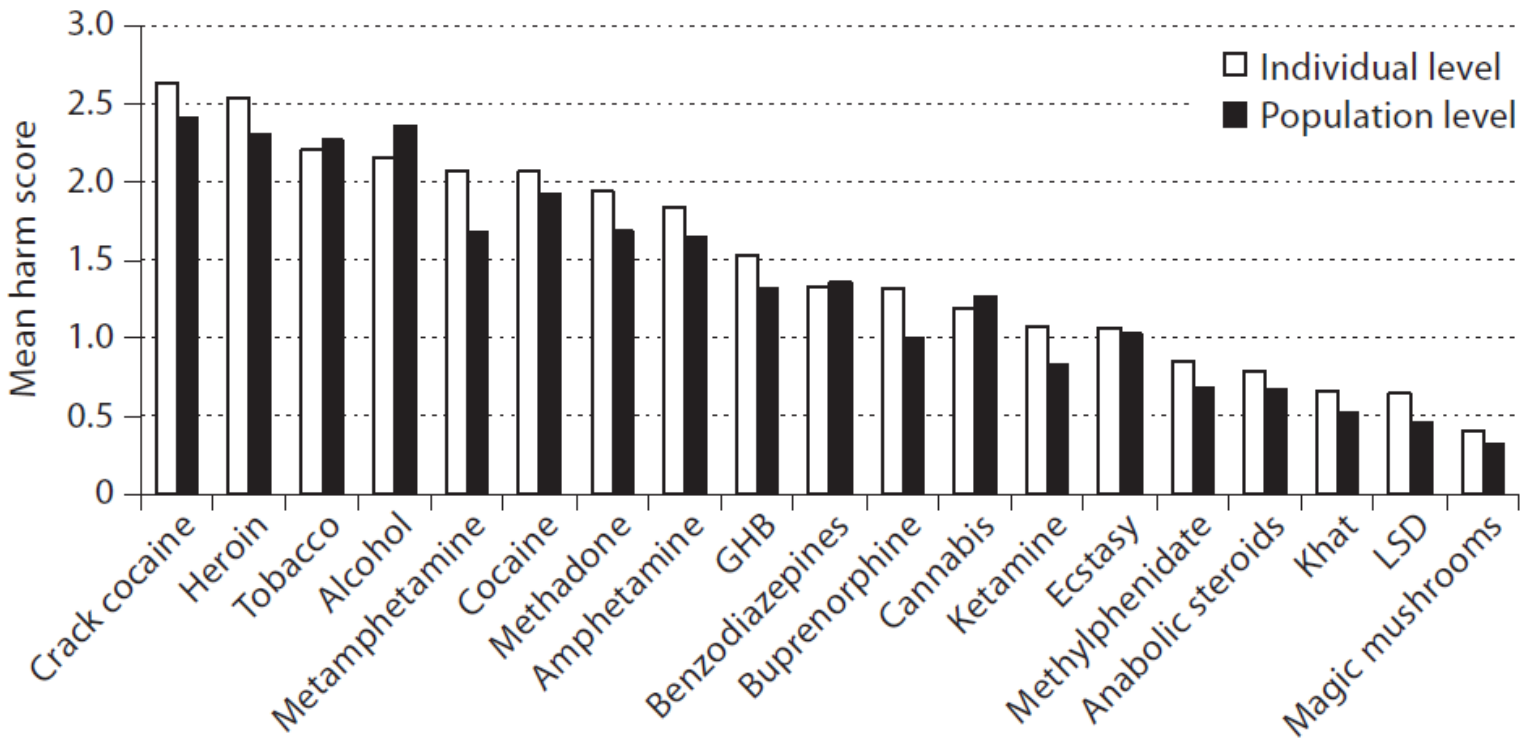


Figure 2: **Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others**
The weights after normalisation (0–100) are shown in the key (cumulative in the sense of the sum of all the normalised weights for all the criteria to users, 46; and for all the criteria to others, 54). CW=cumulative weight. GHB=γ hydroxybutyric acid. LSD=lysergic acid diethylamide.

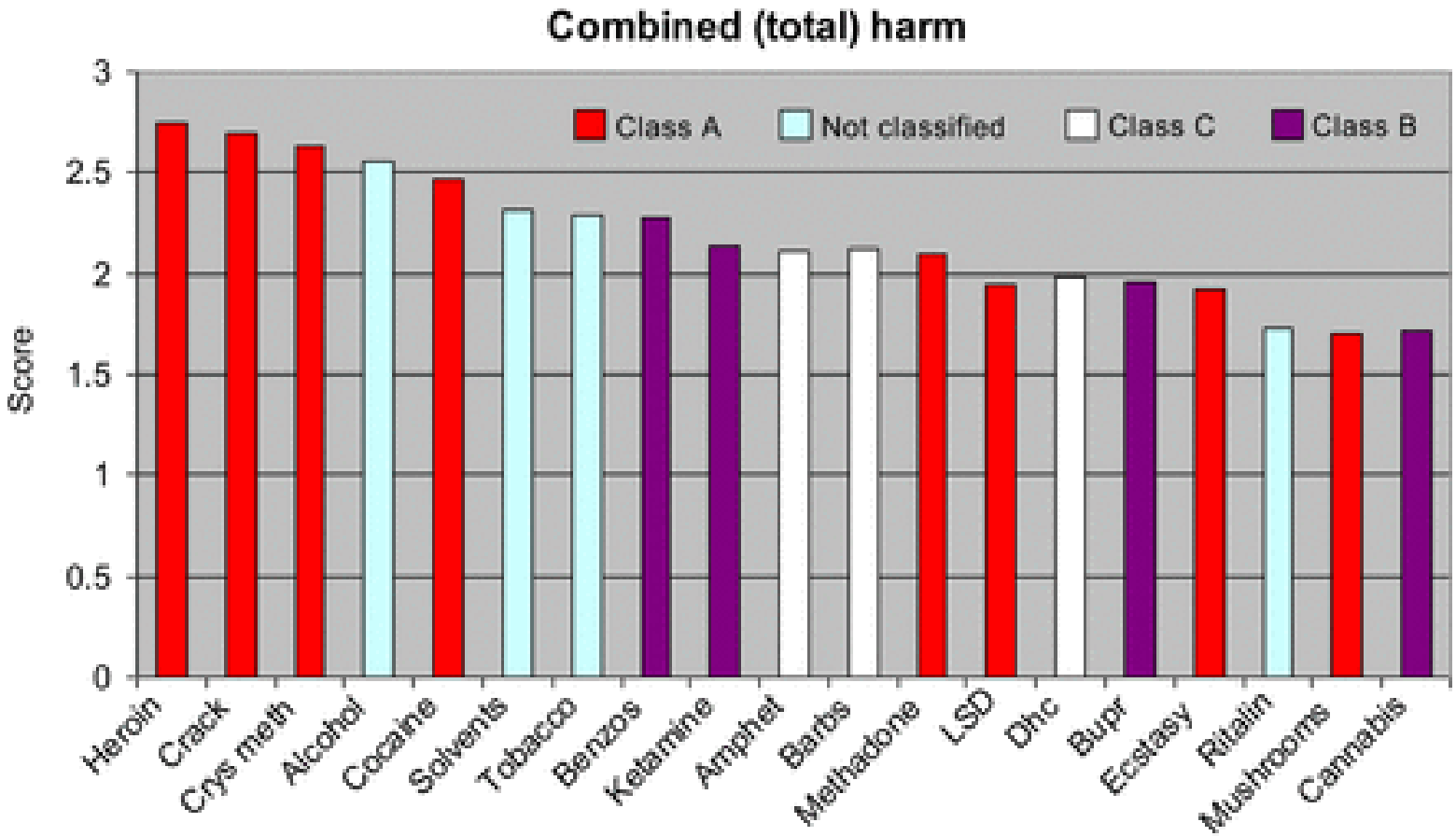
Nutt, D. J., King, L. A., & Phillips, L. (on behalf of the Independent Scientific Committee on Drugs) (2010). Drug harms in the UK: A multicriteria decision analysis. The Lancet, 376(9752), 1558–1565

Rizikový potenciál různých návykových látek (2)



Van Amsterdam, J., Opperhuizen, A., Koeter, M., & van den Brink, W. (2010). Ranking the harm of alcohol, tobacco and illicit drugs for the individual and the population. European Addiction Research,16, 202–207.

Rizikový potenciál různých návykových látek (3)



Taylor, M., Mackay, K., Murphy, J., McIntosh, A., McIntosh, C., Anderson, S., & Welch, K. (2012). Quantifying the RR of harm to self and others from substance misuse: results from a survey of clinical experts across Scotland. BMJ Open, 2(4). doi: 10.1136/bmjopen-2011-000774

Rizikový potenciál různých hazardních her

Parke, J., & Griffiths, M. D. (2007). The role of structural characteristics in gambling. In G. Smith, D. Hodgins, & R. Williams (Eds.), *Research and Measurement Issues in Gambling Studies* (pp. 211-243). New York: Elsevier.

Škodlivost různých návykových látek (4)

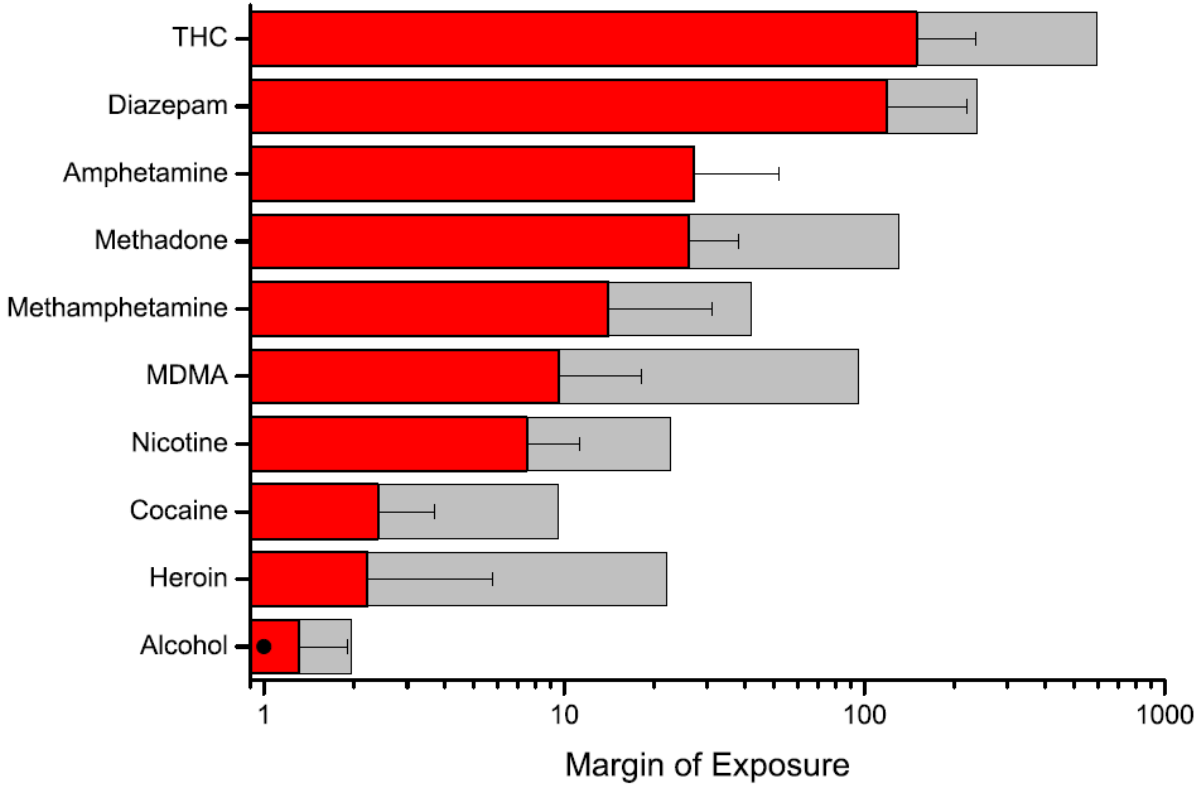
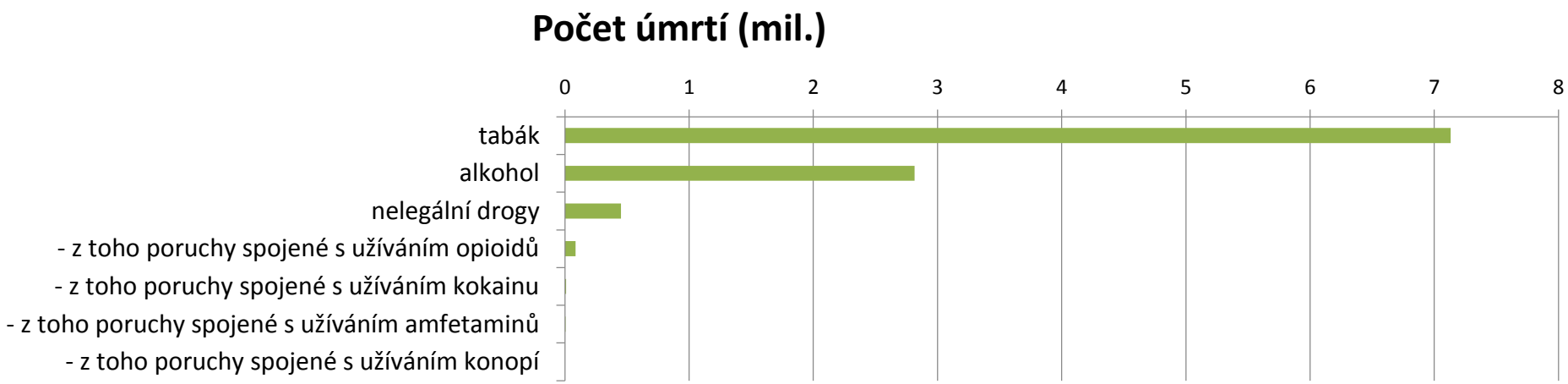
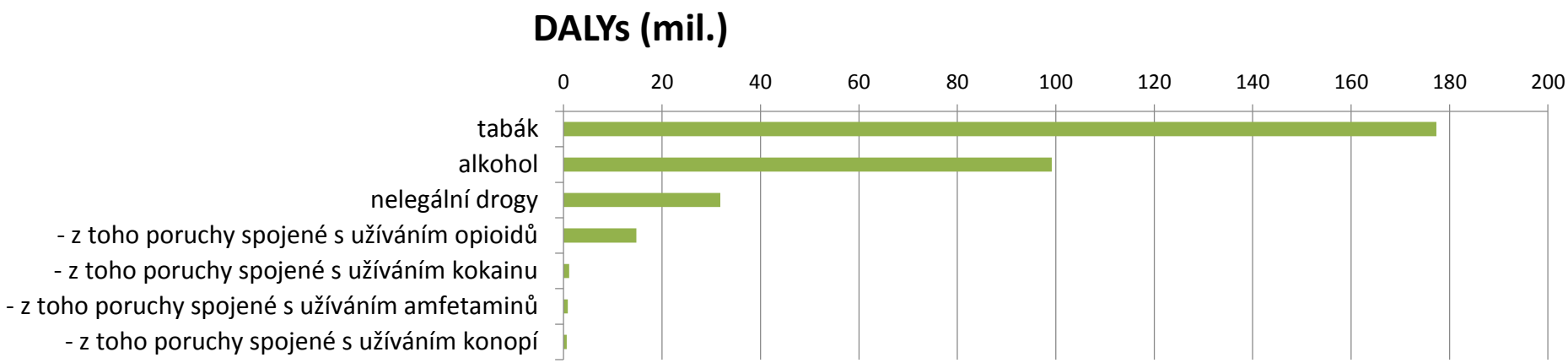


Figure 1 | Margin of exposure for daily drug use estimated using probabilistic analysis (left red bar: average; error bar: standard deviation; right gray bar: tolerant user; circle symbol (for alcohol): value based on human data).

Lachenmeier, D. W. & Rehm, J. (2015). Comparative risk assessment of alcohol, tobacco, cannabis and other illicit drugs using the margin of exposure approach. Sci Rep, 5, 8126.

Různé návykové látky v GBD, 2016





Gakidou et al. (2017). Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet, 390*(10100), 1345-1422. doi:10.1016/S0140-6736(17)32366-8

KAM NEJLÉPE INVESTOVAT SVÉ ÚSPORY ?
DO ALKOHOLU, KDE JINDE BYSTE DOSTALI 40%
OSTRAVAR 12°
OSTRAVAR 10°
BRANÍK 10°
STAROPRAMEN DIA
STAROPRAMEN ČERNÝ
STAROPRAMEN NEALKO
RADEGAST BIRELL
NEALKO
Epocha
DOUPĚ
Prima

Národní monitorovací
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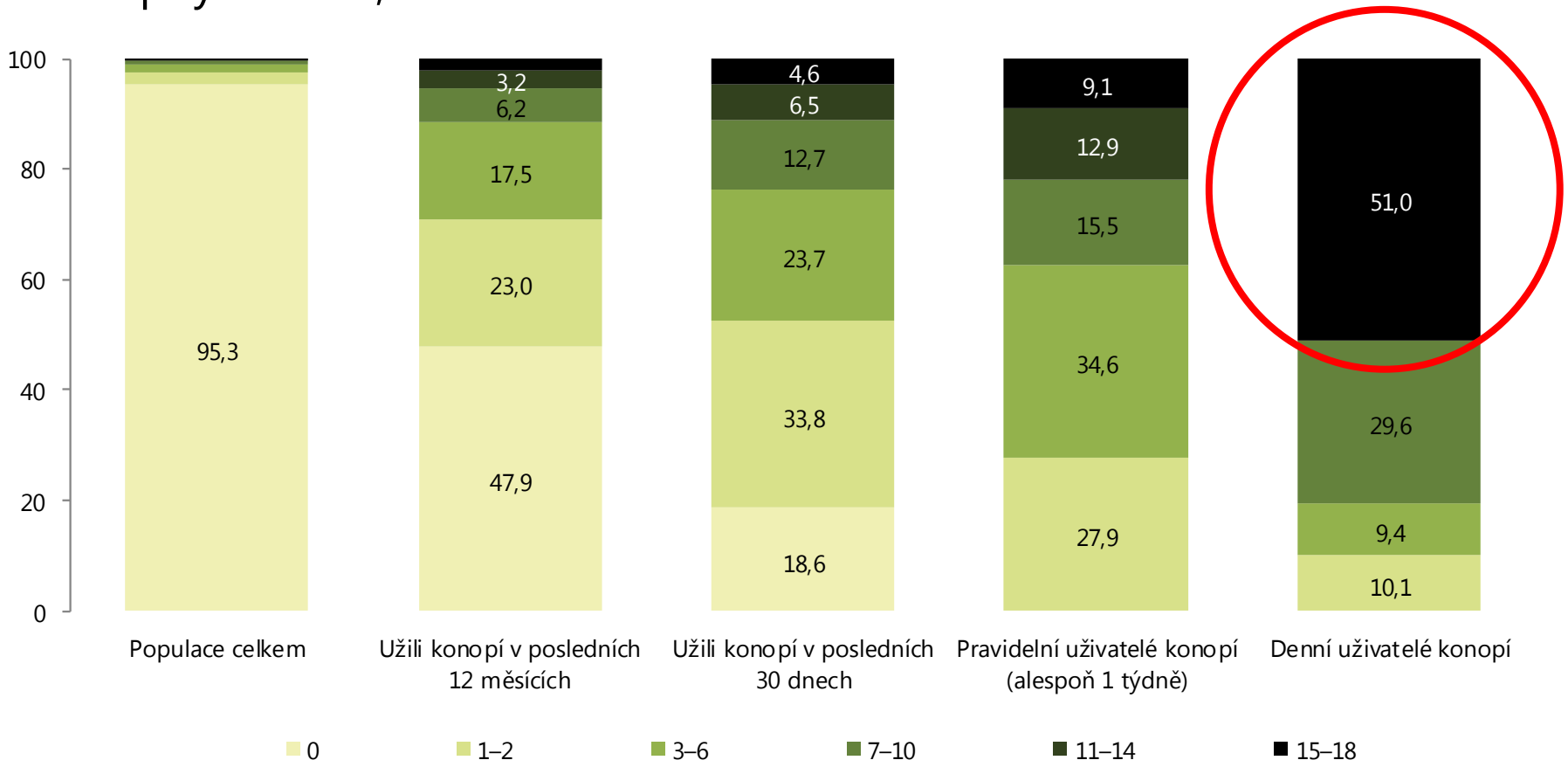
Škodlivost roste s dávkou a největší škody působí intenzivní formy užívání

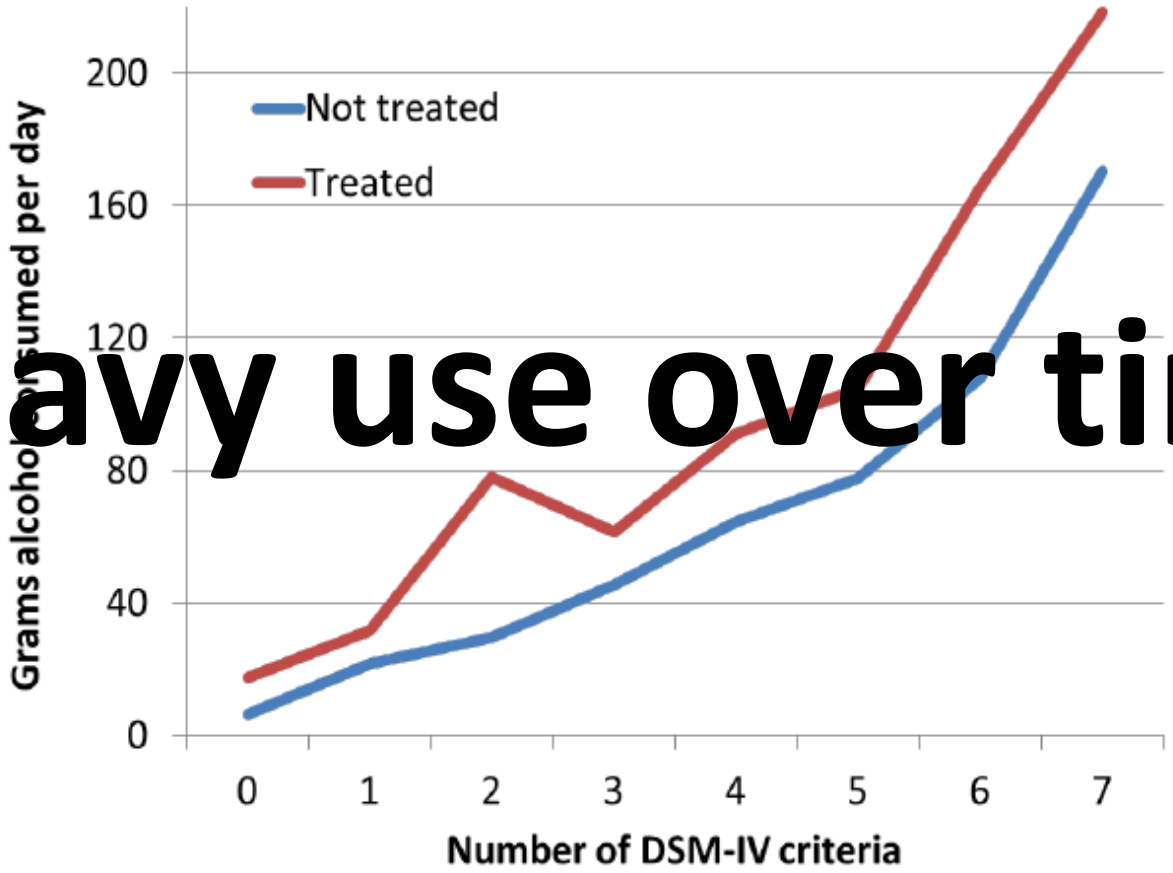
Vztah mezi dávkou a dopady (2)

CAST (Cannabis Abuse Screening Test) skóre podle frekvence užívání konopných látek, v %



Mravčík, V., Chomynová, P., Grohmannová, K., Nečas, V., Grolmusová, L., Kiššová, L., . . . Jurystová, L. (2013). Výroční zpráva o stavu ve věcech drog v České republice v roce 2012. Praha: Úřad vlády ČR.

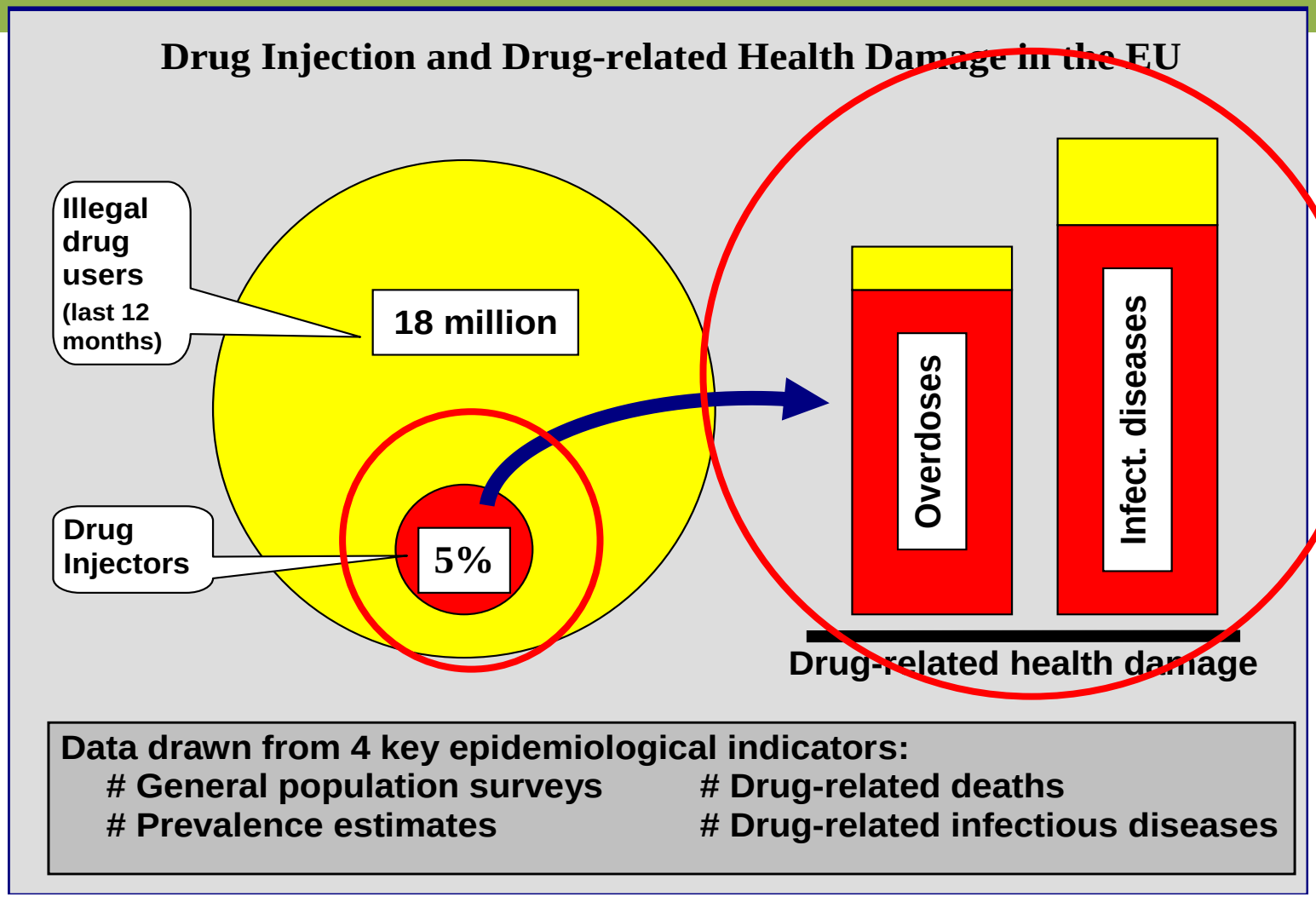
Vztah mezi dávkou a dopady



„heavy use over time“

Rehm, J., Marmet, S., Anderson, P., Gual, A., Kraus, L., Nutt, D. J., Room, R., Samokhvalov, A. V., Scafato, E., Trapencieris, M., Wiers, R. W. & Gmel, G. (2013). Defining substance use disorders: do we really need more than heavy use? Alcohol Alcohol, 48, 633-40.

Problémové užívání drog



Hartnoll, R. (2002). Crossing epidemiological indicators: Making sense of things. Paper presented at the Reitox workshop. 20 June 2002, Lisbon.

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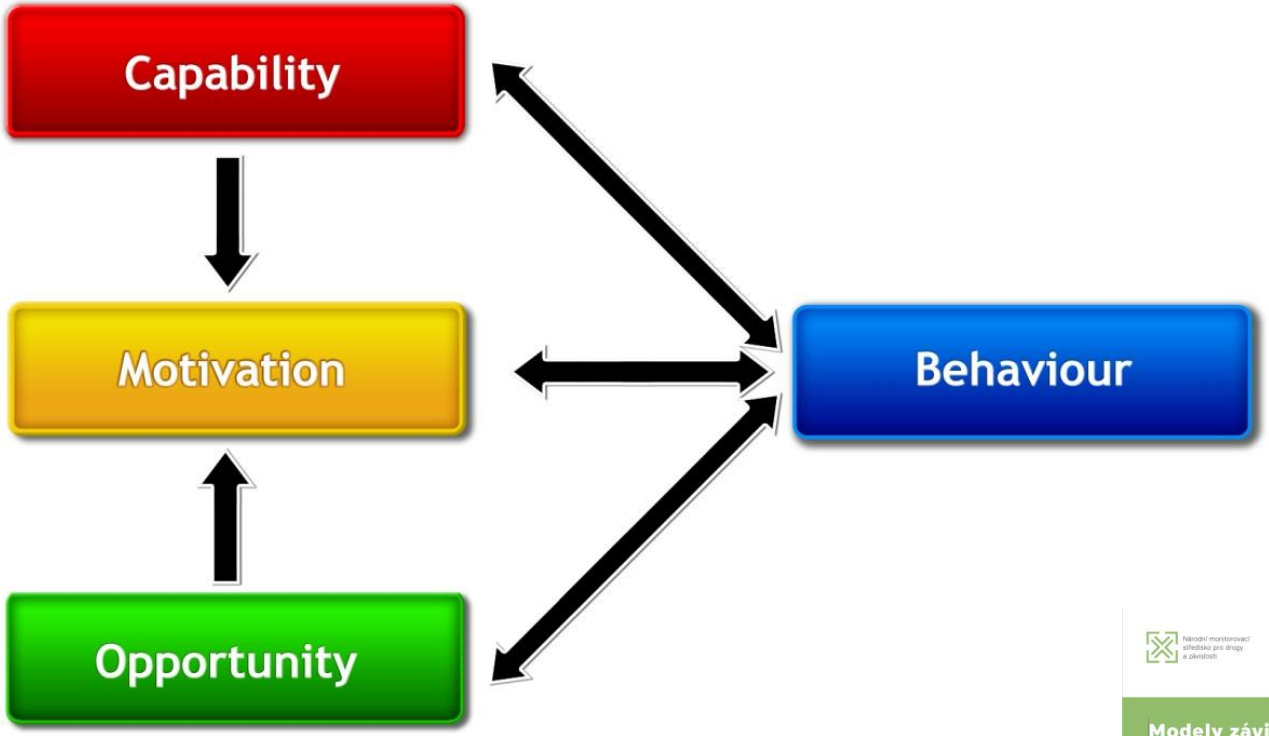
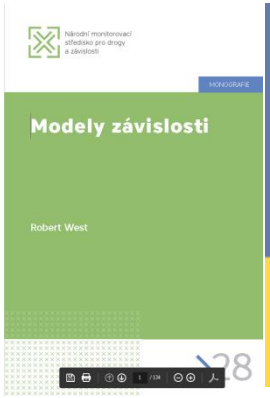
Máme mít různé protidrogové politiky pro různé závislosti nebo jednu pro všechny?

The COM-B model závislostního chování



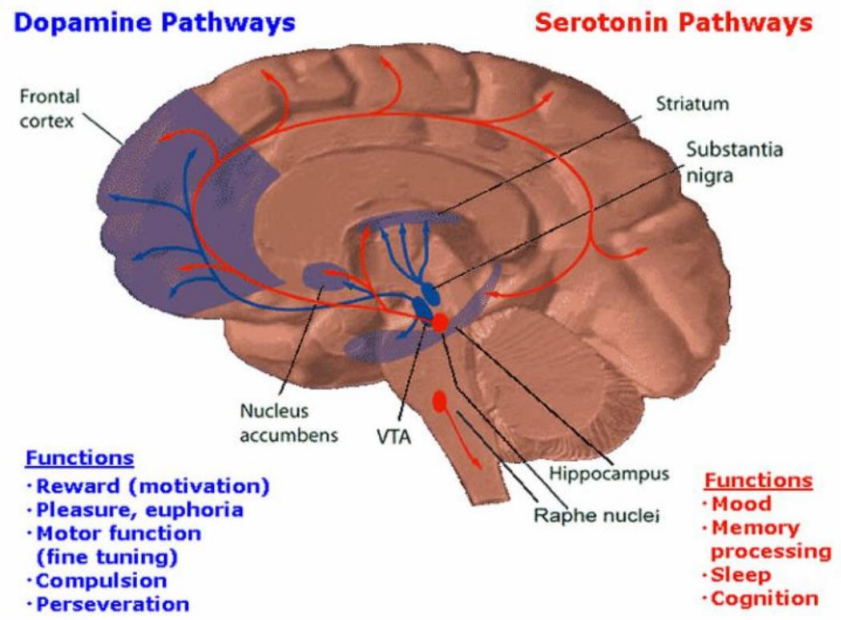


Models of Addiction. EMCDDA Insight Report, 2013:
http://www.emcdda.europa.eu/publications/insights/models-addiction
Modely závislosti:
https://www.drogy-info.cz/publikace/navykove-latky/monografie/modely-zavislosti/

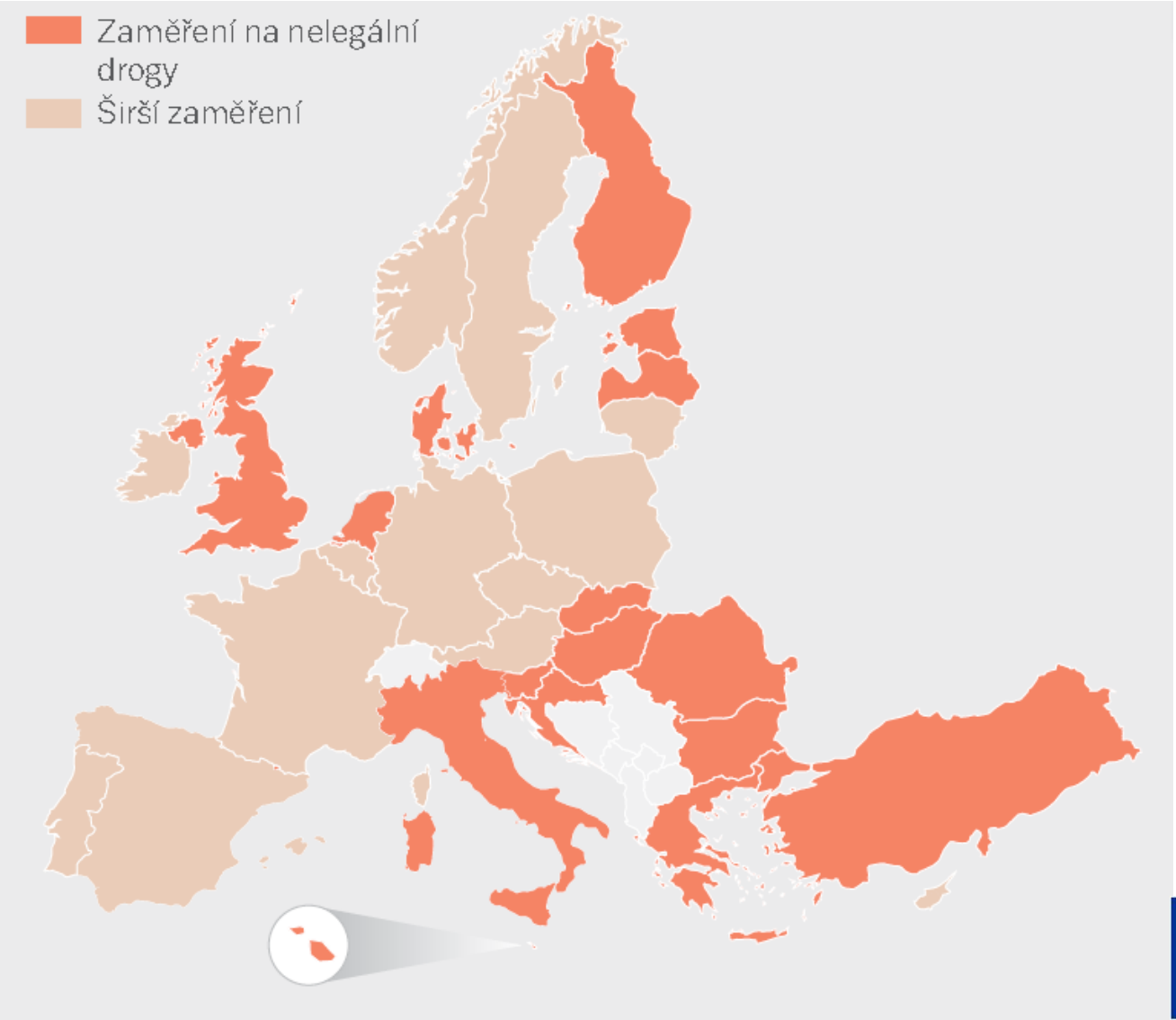
Bio-psycho-socio-spirituální etiologie závislosti

West (2013):

- opakovaná silná motivace k úmyslnému chování postrádajícímu jakýkoli význam z hlediska přežití, získaná na základě praktikování takového chování, s výrazným potenciálem pro nezamýšlenou újmu



Zaměření drogových politik v EU



European Monitoring Centre for Drugs and Drug Addiction

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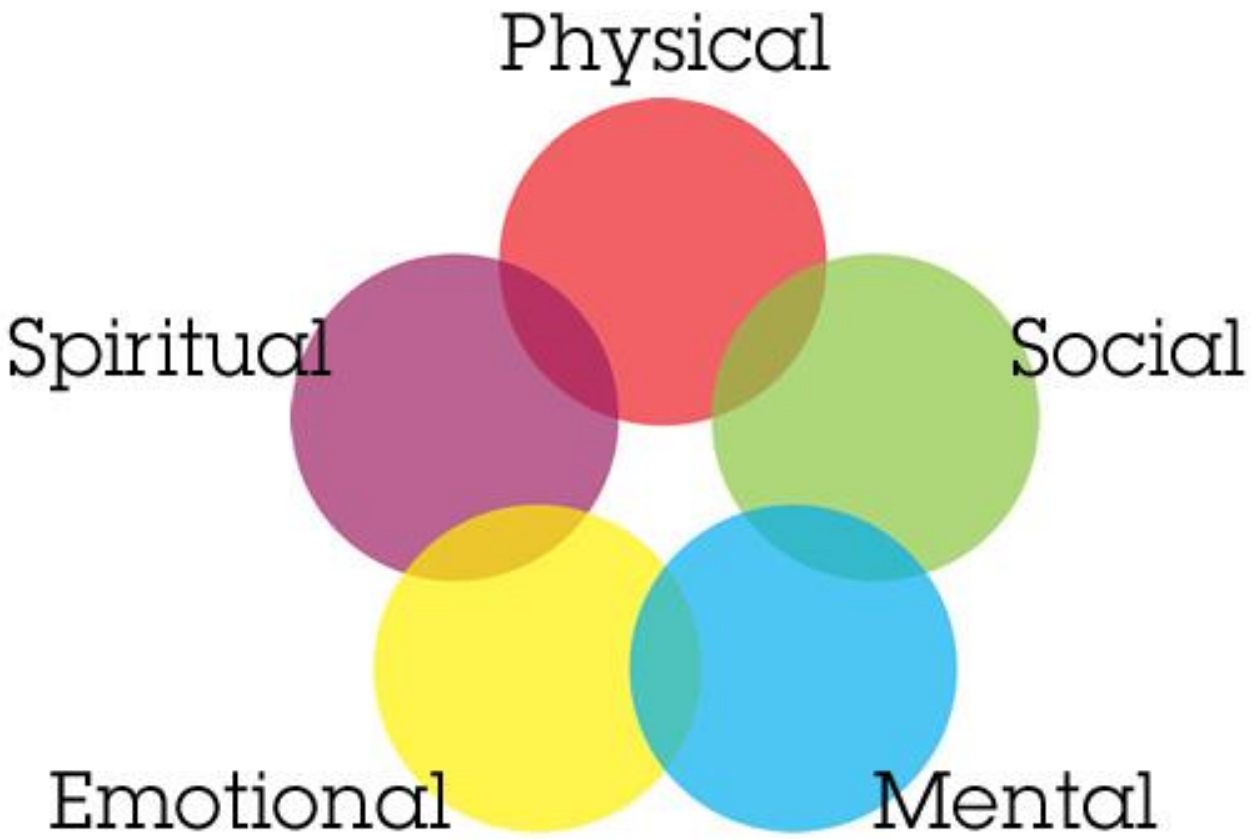
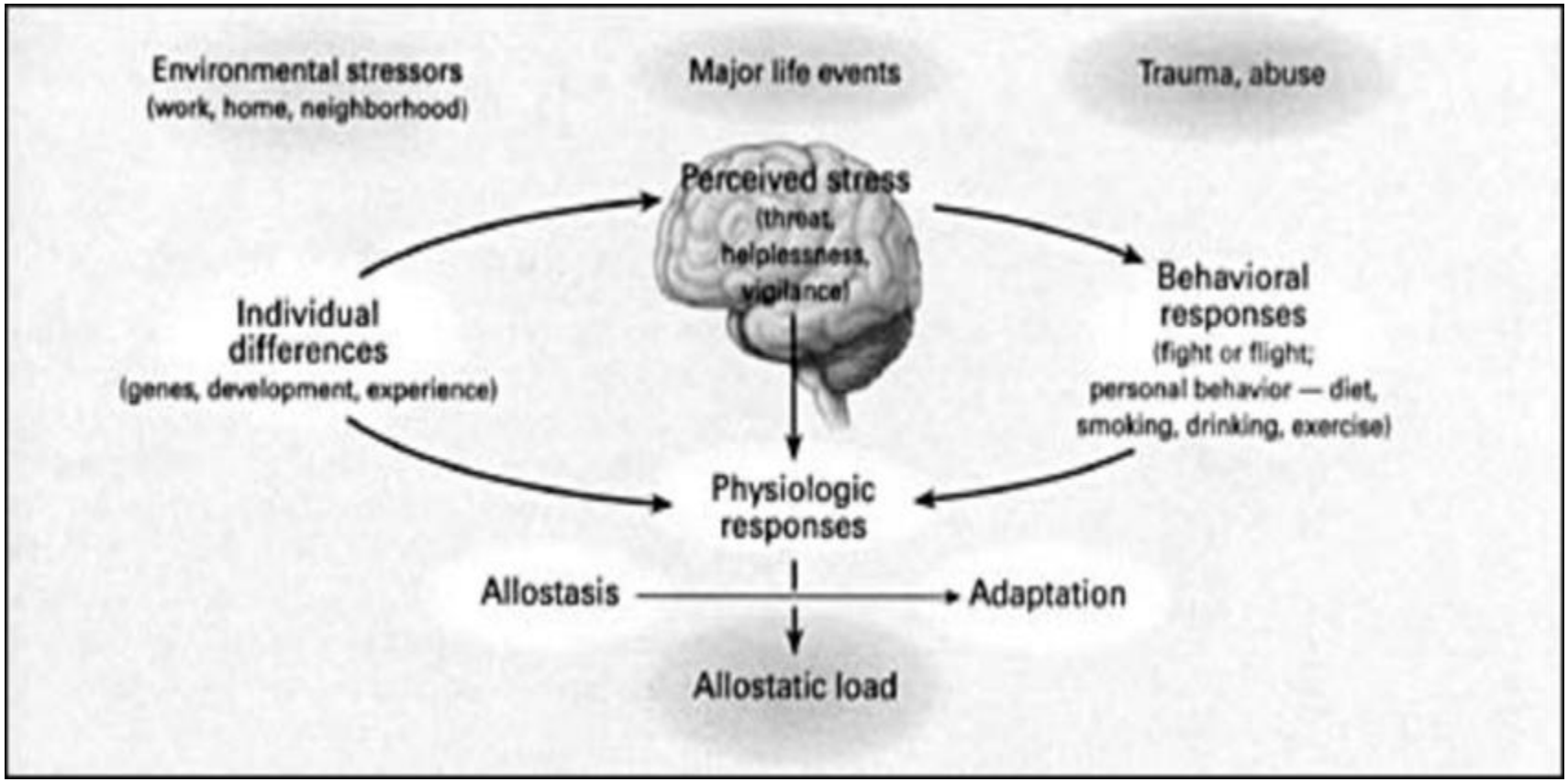
Wellbeing (blahobyt) by měl být středobodem protidrogových politik

Wellbeing



https://www.tes.com/lessons/y1g9fN51eP2Otw/wellbeing

Psychosociální stres a alostatická zátěž



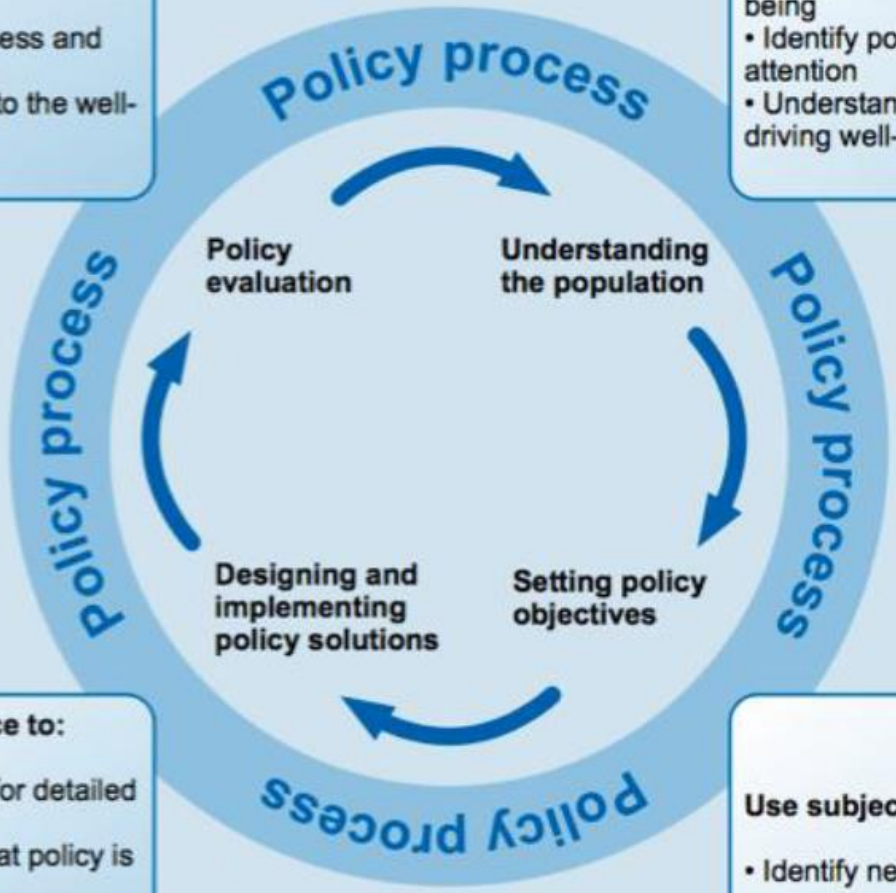
McEwen, B. S. (2006a). Protective and damaging effects of stress mediators. Engl J Med. 1998 Jan 15;338(3):171-9.

Use subjective well-being measures to:

- Estimate effects of policy outcomes on overall well-being
- Provide a common currency to assess and compare different policy impacts
- Compare the costs of intervention to the well-being outcomes

Use subjective well-being evidence to:

- Assess overall levels of and changes in well-being
- Identify population groups in need of policy attention
- Understand key policy-relevant factors driving well-being



Use subjective well-being evidence to:

- Create evidence-based principles for detailed policy design
- Pay attention to how as well as what policy is delivered
- Provide a common currency to assess and compare different policy impacts
- Compare the costs of intervention to the well-being outcomes

Use subjective well-being evidence to:

- Identify new priorities
- Make trade-offs between existing priorities

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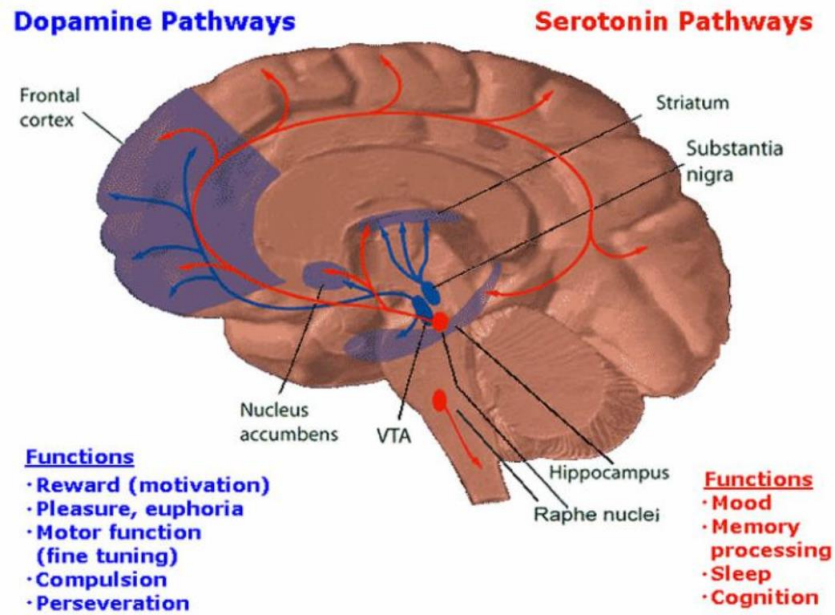
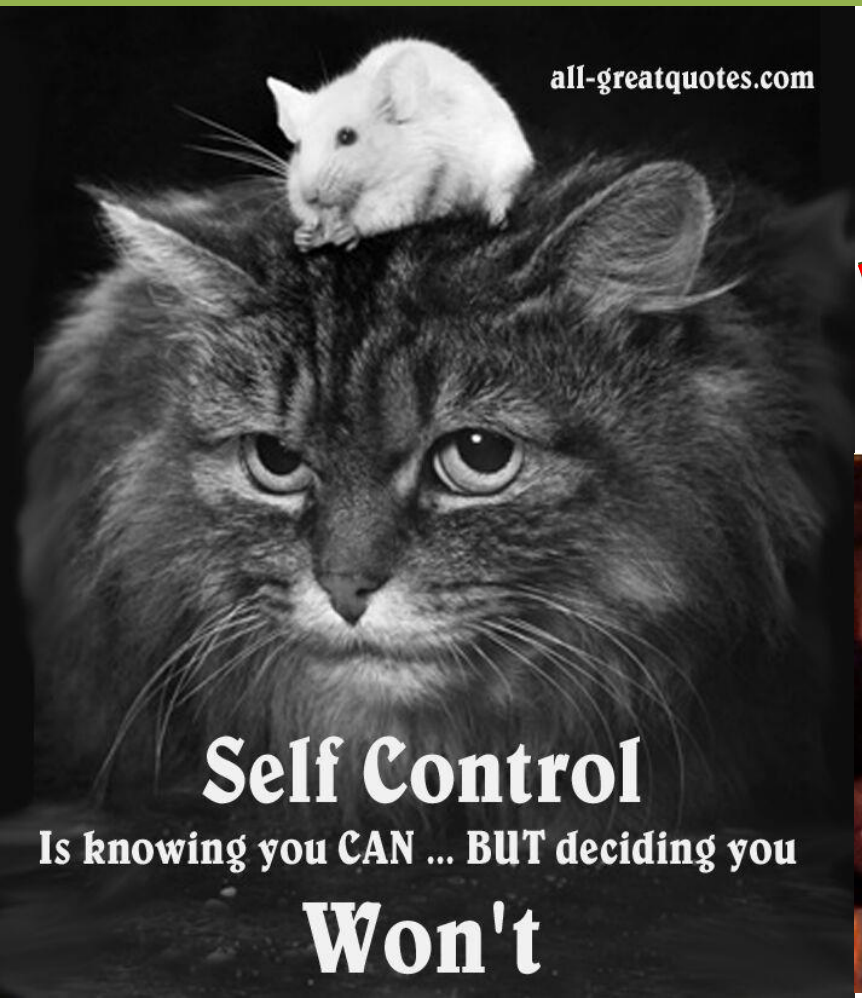
Děti a mladiství by měli být předmětem zvýšené ochrany

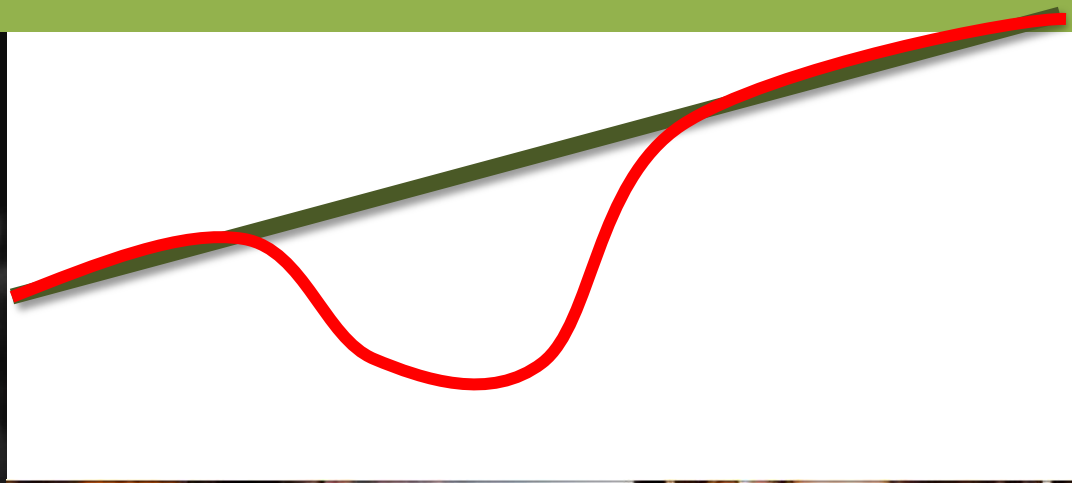
Zaměření na děti a mládež



Drug policies should recognise the vulnerability of the adolescent brain, particularly with respect to decision making abilities. Adolescence is a time of enormous biological and social change accompanied by increased risk taking. During adolescence, the brain undergoes profound structural change until at least about 25 years of

Cold control versus hot control





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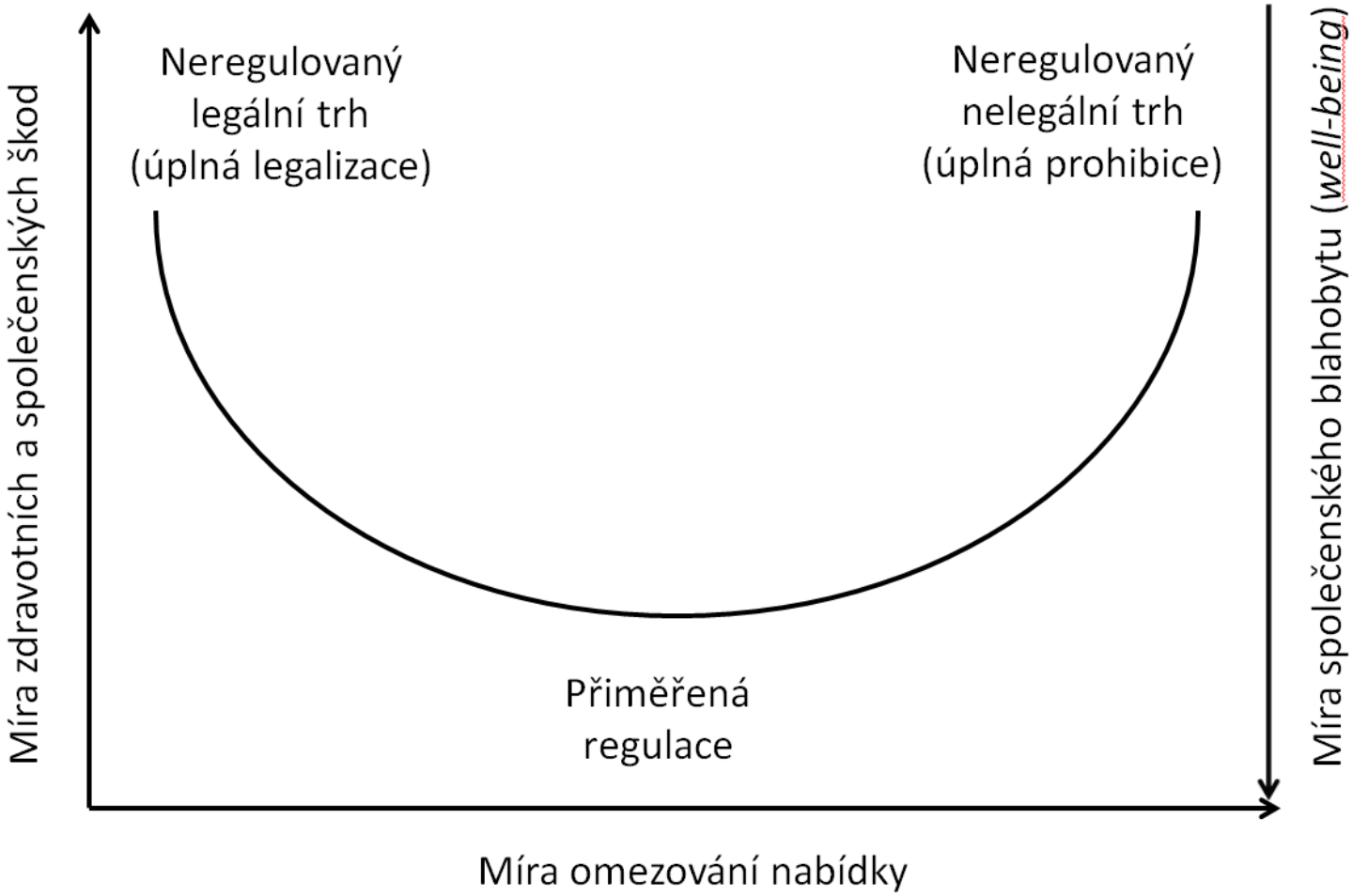
Protidrogová politika by měla být vyvážená

Vliv protidrogové politiky na rizikovost užívání a well-being: U křivka



Drogová politika: implicitní pravidla

- Důkazu, že droga poškozuje člověka, se vždy věří a vždy je považován za závažný.
- Při odhadu rizika spojeného s drogami se přihlíží spíše k riziku maximálnímu, nikoliv průměrnému.
- Důkazy, že užívání nelegálních drog je spojeno s pozitivy, se nesmí shromažďovat.
- U léčebných intervencí jsou vyžadovány jak důkazy o účinnosti, tak o nákladové efektivitě.
- Důkazy o účinnosti prevence jsou vždy vítány, ale prevence stejně nikdy nezíská dost finančních prostředků.
- Vymáhání práva a boj proti drogám nevyžadují vůbec žádný důkaz, prostě jsou považovány za účinné a vhodné.
- Přináší-li výzkumník důkazy proti opatřením vymáhání práva, je to považováno za liberální (liberalizační).
- Důkazy pro opatření snižování rizik (harm reduction) jsou považovány za schvalování užívání drog.
- Vědecký výzkum nemotivuje změnu zákona směrem od tvrdého k mírnějšímu, ale může motivovat změnu v opačném směru.

MacCoun, R., & Reuter, P. (2008). The implicit rules of evidence-based drug policy: a U.S. perspective. Int J Drug Policy, 19(3), 231-232; discussion 233-234. doi: 10.1016/j.drugpo.2008.02.012
Maccoun, R. J. (2010). The implicit rules of evidence-based policy analysis, updated. Addiction, 105(8), 1335-1336. doi: 10.1111/j.1360-0443.2010.02936.x

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Author manuscript

Lancet. Author manuscript; available in PMC 2017 April 02.

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Lancet. 2016 April 2; 387(10026): 1427–1480. doi:10.1016/S0140-6736(16)00619-X.

Public Health and International Drug Policy:

Report of the Johns Hopkins – *Lancet* Commission on Drug Policy and Health

Joanne Csete, Adeeba Kamarulzaman, Michel Kazatchkine, Frederick Altice, Marek Balicki, Julia Buxton, Javier Cepeda, Megan Comfort, Eric Goosby, João Goulão, Carl Hart, Richard Horton, Thomas Kerr, Alejandro Madrazo Lajous, Stephen Lewis, Natasha Martin, Daniel Mejía, David Mathiesson, Isidore Obot, Adeolu Ogunrombi, Susan Sherman, Jack Stone, Nandini Vallath, Peter Vickerman, Tomáš Zábranský, and **Chris Beyrer**

The war on drugs is incompatible with the fight against HIV

Despite a 25% reduction worldwide in the incidence of HIV between 2010 and 2017, a recent report from UNAIDS highlights the growing problem of HIV among people who inject drugs (PWID). Since the 2016 UN General Assembly Special Session on the World Drug Problem, which reaffirmed member states' commitment to addressing the public health consequences of drug use, there has been little improvement in the health outcomes of PWID. The incidence of HIV among PWID has risen from 1·2% in 2011 to 1·4% in 2017. PWID are also disproportionately affected by the burden of HIV, with about 12% infected with HIV. Although interventions exist that prevent HIV transmission in this key population, criminalisation of drug use, punitive drug policies, stigma, and marginalisation severely limit the implementation and uptake of services worldwide.

Portugal is one of the few countries to have pursued decriminalisation, and it stands as an important illustration of what can be achieved by shifting to a public health approach to drug use. In 2001, Portugal decriminalised drug possession for personal use, and drug use, which are now exclusively administrative violations. Drug trafficking is still prosecuted as a criminal offence. Despite predictions at the time of an increase in drug use and drug tourism by opponents of decriminalisation, the opposite happened with a decline in use of many drug categories. Resources redirected to provide treatment programmes for PWID and a shift to harm-reduction measures have reduced drug-related mortality and disease transmission. Before decriminalisation, Portugal had the highest rate of HIV among PWID in the EU, but between 1999 and 2003 there

See **Articles** page e283

See **Articles** page e315

For the **UNAIDS report** see http://www.unaids.org/sites/default/files/media_asset/JC2954_UNAIDS_drugs_report_2019_en.pdf

For more on the **outcome of the 2016 United Nations General Assembly Special Session** see https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf

For more on **HIV among people who inject drugs** see **Articles** *Lancet Glob Health* 2017; **5:** e1208–20; **Articles** *Lancet Glob Health* 2017; **5:** e1192–207; **Articles** *Lancet HIV* 2017; **4:** e303–10; **Articles** *Lancet HIV* 2018; **5:** e569–77;

United Nations system CEB/2018/2

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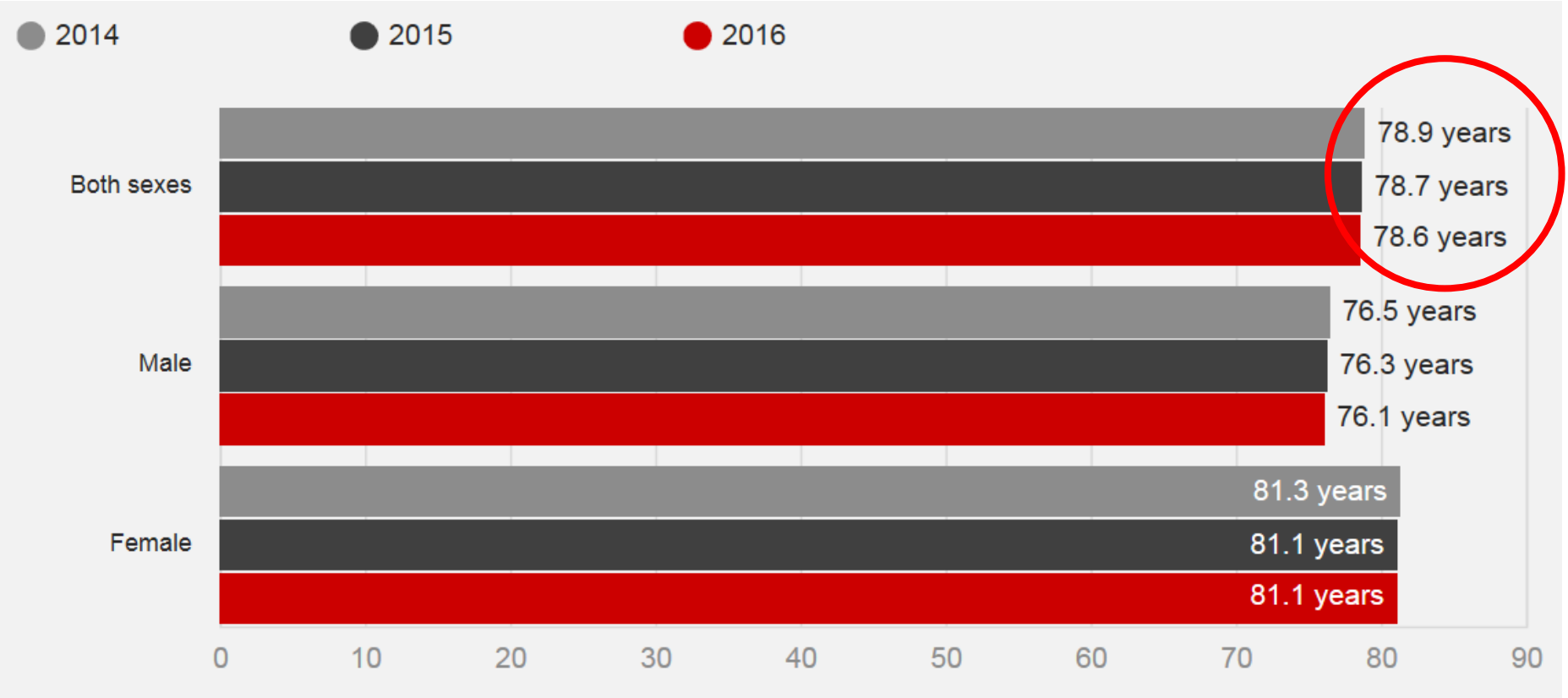
18 January 2019

Original: English

- To support the development and implementation of policies that put people, health and human rights at the centre, by providing a scientific evidence-based, available, accessible and affordable recovery-oriented continuum of care based upon prevention, treatment and support; and promote a rebalancing of drug policies and interventions towards public health approaches;
- To promote the increased investment in measures aimed at minimizing the adverse public health consequences of drug abuse, by some referred to as harm reduction, which reduce new HIV infections, improve health outcomes and deliver broader social benefits by reducing pressure on health-care and criminal justice systems;
- To ensure the provision of drug prevention, treatment, rehabilitation and general support services, including health care and social protection also in prison settings, ensuring that they are equivalent to and that they provide continuity of care with those in the community;
- To ensure the respect for the dignity and human rights for people who use drugs in all aspects of drug and social policies, including equal access by people who use drugs to public services including housing, health care and education;
- …
- To call for changes in laws, policies and practices that threaten the health and human rights of people;
- To promote measures aimed at reducing stigma and elimination of discrimination and achieving universal coverage of evidence-based prevention, treatment, and rehabilitation;

Opioidní krize v USA (1)

Střední délka života při narození v USA v letech 2014-2016



Kenneth, D., Kochanek, M. A., Sherry, L., Murphy, B. S., Xu, J., & Arias, E. (2017). Mortality in the United States, 2016. NCHS Data Brief, No. 293, 1-8.
CDC, NCHS, National Vital Statistics System, Mortality

Opioidní krize v USA (3)

Opioidní analgetika: spotřeba, úmrtí na předávkování, léčba závislosti

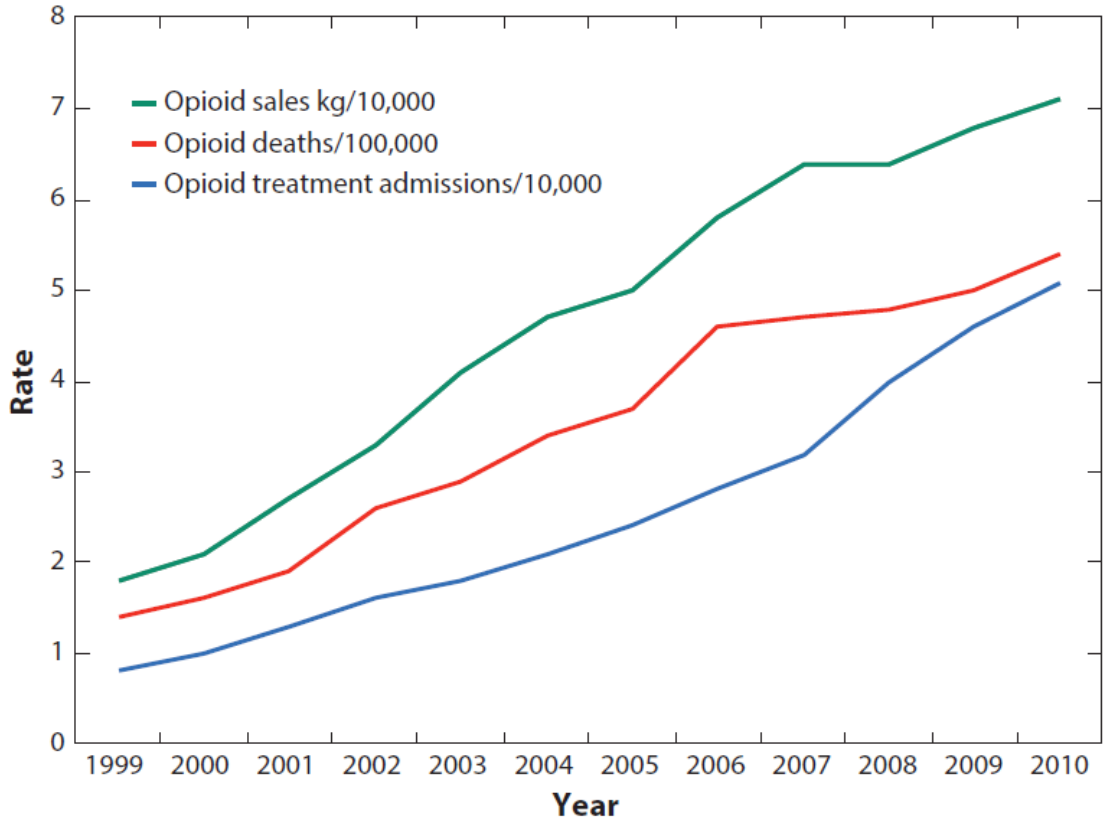
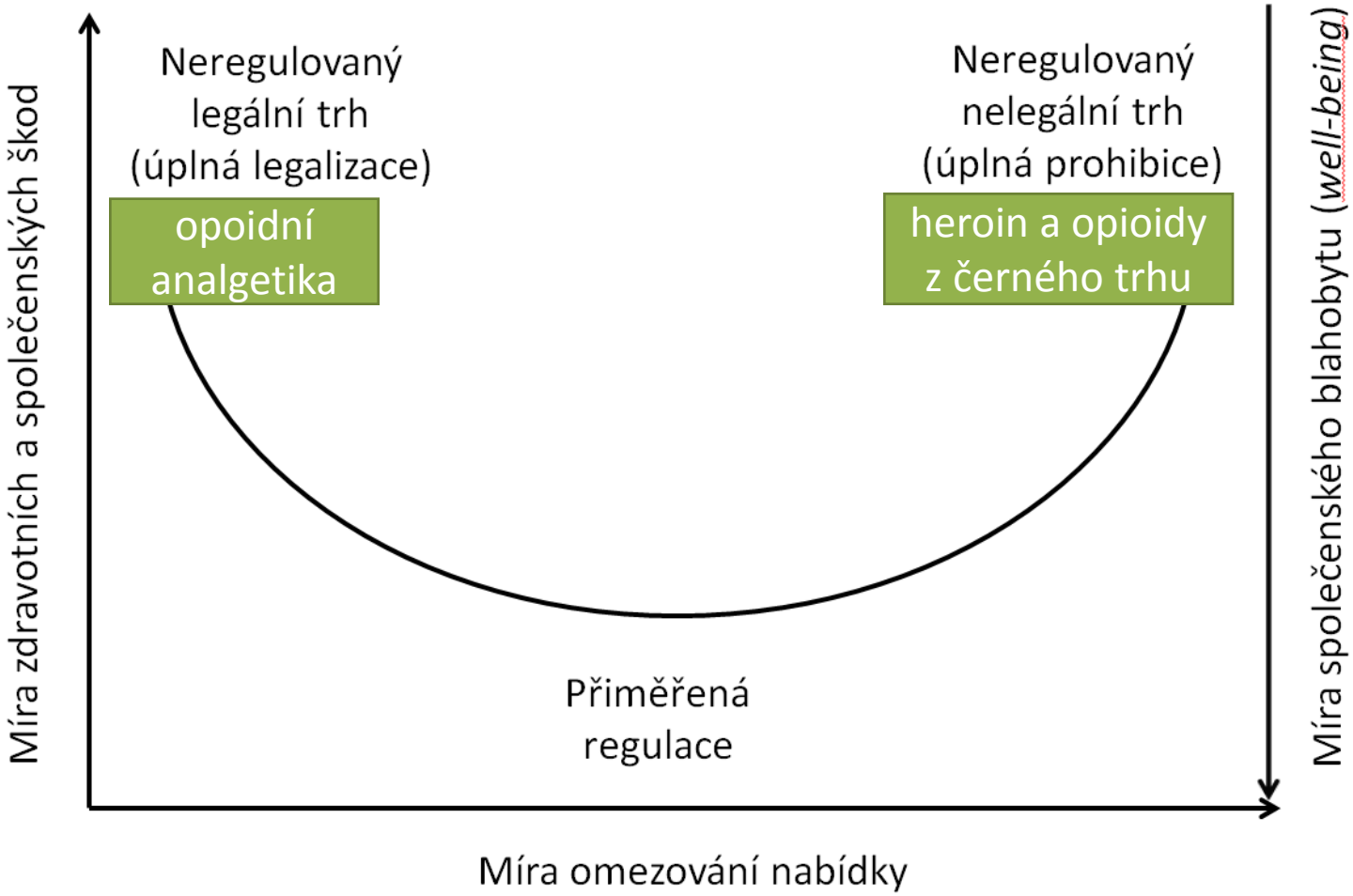


Figure 1

Rates of OPR sales, OPR-related unintentional overdose deaths, and OPR addiction treatment admissions, 1999–2010. Abbreviation: OPR, opioid pain reliever. Source: 10.

Kolodny, A., Courtwright, D. T., Hwang, C. S., Kreiner, P., Eadie, J. L., Clark, T. W., & Alexander, G. C. (2015). The prescription opioid and heroin crisis: a public health approach to an epidemic of addiction. Annu Rev Public Health, 36, 559-574. doi:10.1146/annurev-publhealth-031914-122957

Opioidní krize v USA na U křivce



Národní monitorovací
středisko pro drogy
a závislosti

Prohibitivní politiky brání relizaci účinných harm-reduction opatření

	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment	Opioid substitution treatment
Austria				✓
Belgium				✓
Bulgaria				✓
Croatia				✓
Cyprus				✓
Czech Republic				✓
Denmark	✓	✓	✓	✓
Estonia	✓			✓
Finland				✓
France	✓	✓		✓
Germany	✓	✓	✓	✓
Greece				✓
Hungary				✓
Ireland	✓			✓
Italy	✓			✓
Latvia				✓
Lithuania	✓			✓
Luxembourg		✓		✓
Malta				✓
Netherlands		✓	✓	✓
Norway	✓	✓		✓
Poland				✓
Portugal				✓
Romania				✓
Slovakia				✓
Slovenia				✓
Spain	✓	✓		✓
Sweden				✓
Turkey				✓
United Kingdom	✓		✓	✓

Take-home naloxone programmes

Drug consumption rooms

Heroin-assisted treatment

Opioid substitution treatment

Figure 1

European drug-checking services in existence in 2017

Selektivní prohibice ve vězení

Zdroj:
http://globalnews.ca/news/910059/aids-groups-call-for-prison-needle-programs/ [2016-09-19]
https://www.novinky.cz/domaci/176584-usvedceny-vrah-zada-odskodne-za-pasivni-koureni-ve-vezeni.html [2019-03-04]

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

FCTC

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

DIRECTIVES

DIRECTIVE 2014/40/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 3 April 2014

on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC

(Text with EEA relevance)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty on the Functioning of the European Union, and in particular Articles 53(1), 62 and 114 thereof,

Having regard to the proposal from the European Commission,

After transmission of the draft legislative act to the national parliaments,

CHAPTER III

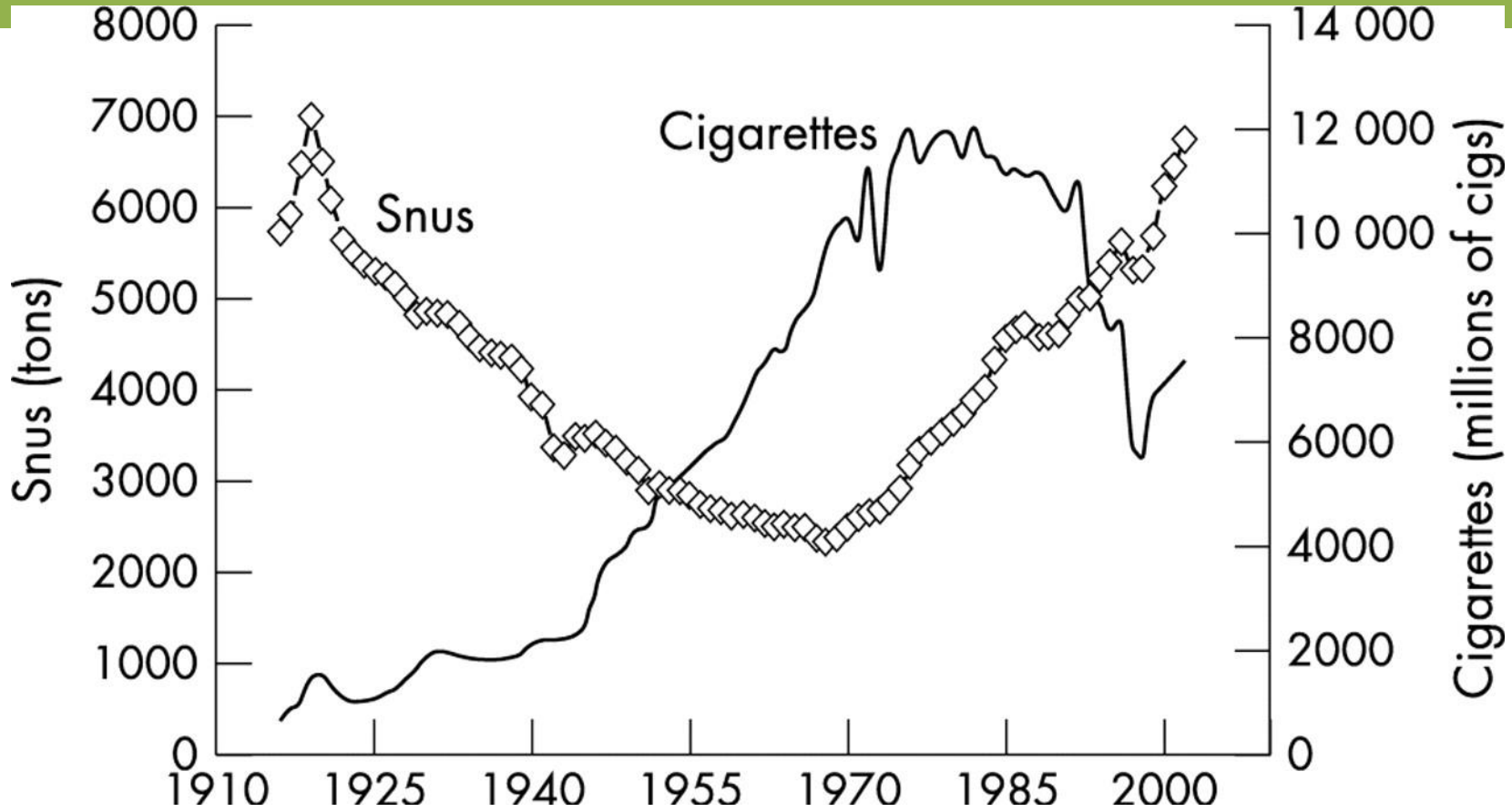
Tobacco for oral use, cross-border distance sales of tobacco products and novel tobacco products

Article 17

Tobacco for oral use

Member States shall prohibit the placing on the market of tobacco for oral use, without prejudice to Article 151 of the Act of Accession of Austria, Finland and Sweden.

Sales of snus and cigarettes in Sweden 1916–2002 (source: Swedish Match 2003).



J Foulds et al. Tob Control 2003;12:349-359

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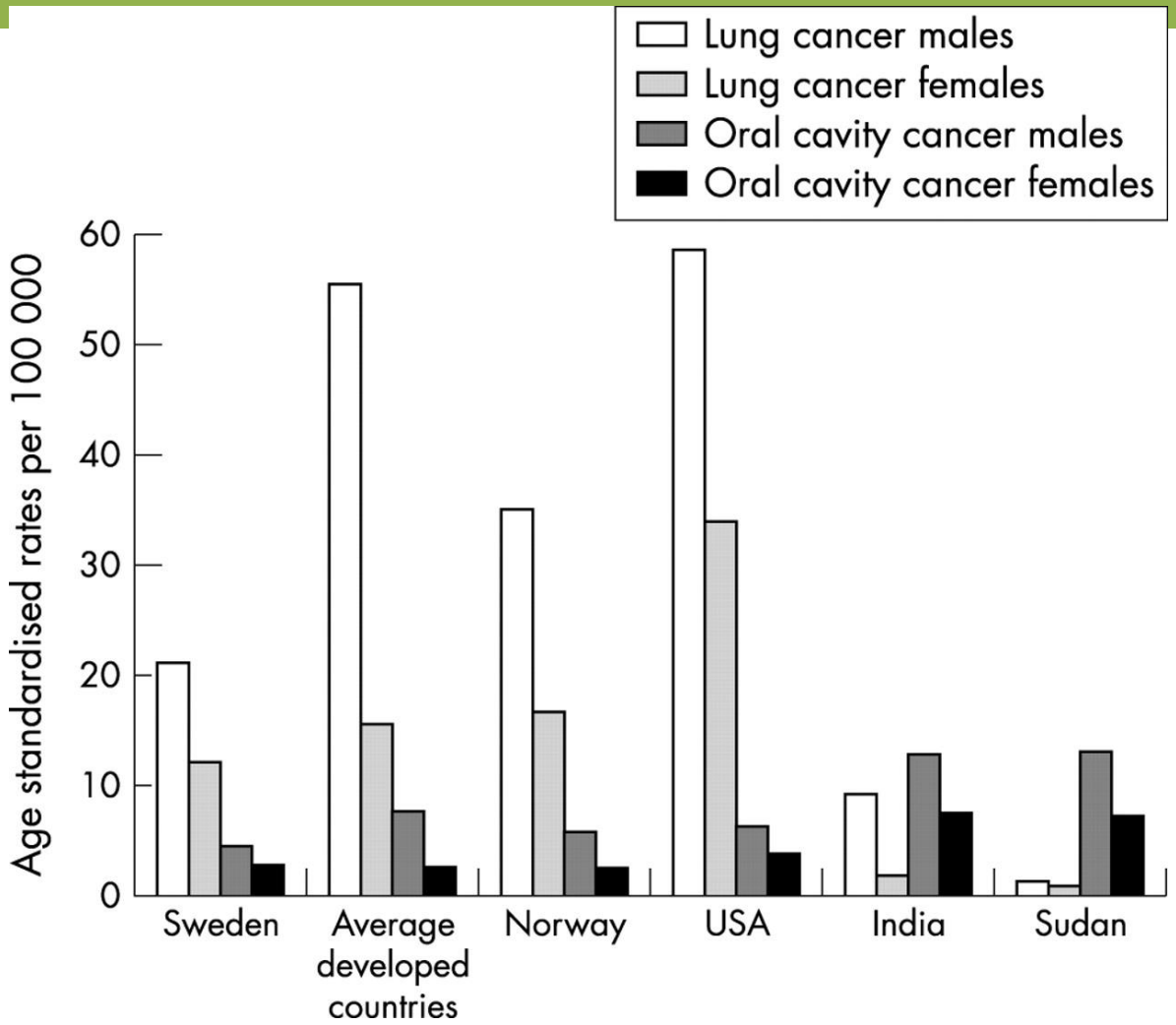
Age standardised rate of lung cancer and oral cavity cancer for males and females in selected countries and a global average for more developed countries based upon age standardised rates for 100 000 based upon world population census.58.



J Foulds et al. Tob Control 2003;12:349-359

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Tobacco Control

Review

Heat-not-burn tobacco products: a systematic literature review

Erikas Simonavicius[1], Ann McNeill[1, 2], Lion Shahab[3], Leonie S Brose[1, 2]

Author affiliations

Evidence review of e-cigarettes and heated tobacco products 2018

A report commissioned by Public Health England

N Engl J Med. 2019 Feb 14;380(7):629-637. doi: 10.1056/NEJMoa1808779. Epub 2019 Jan 30.

A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy.

Hajek P[1], Phillips-Waller A[1], Przulj D[1], Pesola F[1], Myers Smith K[1], Bisal N[1], Li J[1], Parrott S[1], Sasieni P[1], Dawkins L[1], Ross L[1], Goniewicz M[1], Wu Q[1], McRobbie HJ[1].

Author information

Abstract

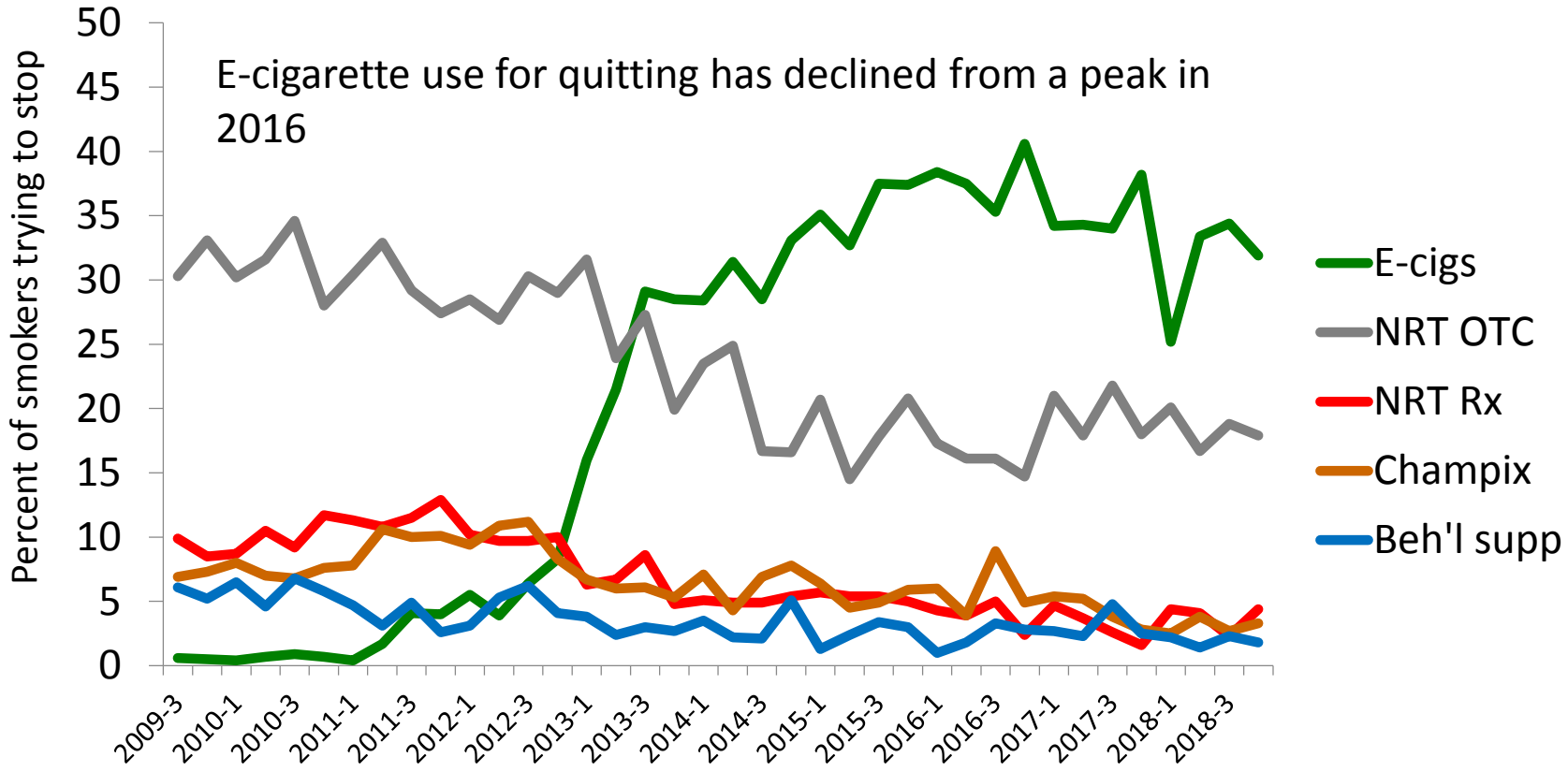
BACKGROUND: E-cigarettes are commonly used in attempts to stop smoking, but evidence is limited regarding their effectiveness as compared with that of nicotine products approved as smoking-cessation treatments.

METHODS: We randomly assigned adults attending U.K. National Health Service stop-smoking services to either nicotine-replacement products of their choice, including product combinations, provided for up to 3 months, or an e-cigarette starter pack (a second-generation refillable e-cigarette with one bottle of nicotine e-liquid [18 mg per milliliter]), with a recommendation to purchase further e-liquids of the flavor and strength of their choice. Treatment included weekly behavioral support for at least 4 weeks. The primary outcome was sustained abstinence for 1 year, which was validated biochemically at the final visit. Participants who were lost to follow-up or did not provide biochemical validation were considered to not be abstinent. Secondary outcomes included participant-reported treatment usage and respiratory symptoms.

RESULTS: A total of 886 participants underwent randomization. The 1-year abstinence rate was 18.0% in the e-cigarette group, as compared with 9.9% in the nicotine-replacement group (relative risk, 1.83; 95% confidence interval [CI], 1.30 to 2.58; P<0.001). Among participants with 1-year abstinence, those in the e-cigarette group were more likely than those in the nicotine-replacement group to use their assigned product at 52 weeks (80% [63 of 79 participants] vs. 9% [4 of 44 participants]). Overall, throat or mouth irritation was reported more frequently in the e-cigarette group (65.3%, vs. 51.2% in the nicotine-replacement group) and nausea more frequently in the nicotine-replacement group (37.9%, vs. 31.3% in the e-cigarette group). The e-cigarette group reported greater declines in the incidence of cough and phlegm production from baseline to 52 weeks than did the nicotine-replacement group (relative risk for cough, 0.8; 95% CI, 0.6 to 0.9; relative risk for phlegm, 0.7; 95% CI, 0.6 to 0.9). There were no significant between-group differences in the incidence of wheezing or shortness of breath.

CONCLUSIONS: E-cigarettes were more effective for smoking cessation than nicotine-replacement therapy, when both products were accompanied by behavioral support. (Funded by the National Institute for Health Research and Cancer Research UK; Current Controlled Trials number, ISRCTN60477608 .).

UK: Aids used in most recent quit attempt



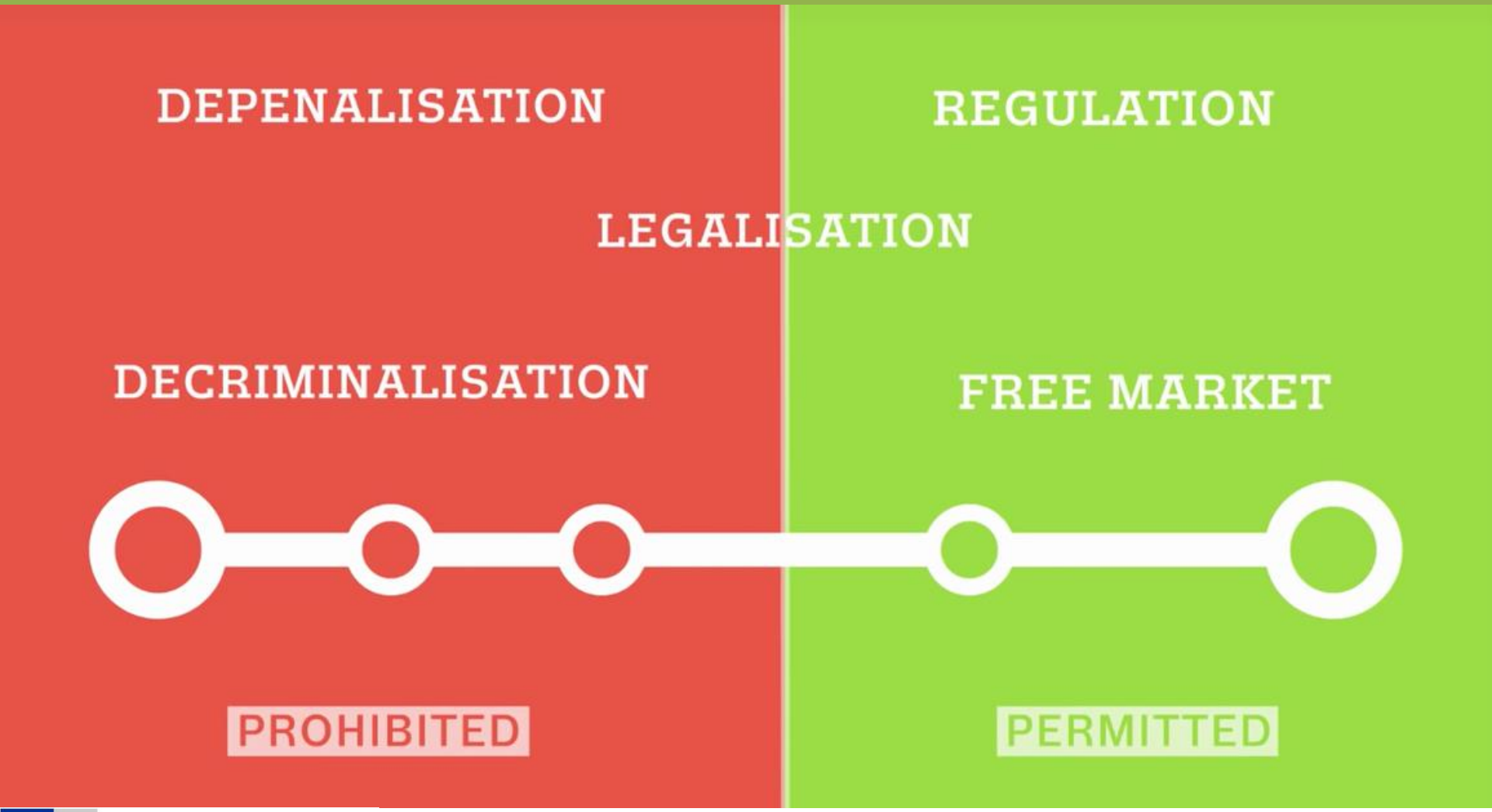
N=14550 adults who smoke and tried to stop or who stopped in the past year; method is coded as any (not exclusive) use

Národní monitorovací
středisko pro drogy
a závislosti

Dekriminalizace a legální regulace jsou legitimní strategie

ZÁKAZ UŽÍVÁNÍ VŠECH
DRUHŮ DROG I
MANIPULACE S NIMI
(BALENÍ JOINTŮ)
V CELÉM OBJEKTU
RUMBURAKU I NA WC!!

Dekriminalizace, legalizace…



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Domácí | Zahraniční | Krimi | Volby | Kultura | Názory | MediaHub | Rozstřel | StoletíDNES | Speciály | Očim

Švýcarsko chce v rámci výzkumu umožnit lidem kouřit marihuanu

28. února 2019 14:22

Švýcarská vláda chce umožnit 5 000 lidí legálně kouřit marihuanu. Jde o pilotní projekt, jehož výsledky mají pomoci při tvorbě protidrogové politiky. Informovala o tom agentura Reuters. Užívání konopí je ve Švýcarsku desítky let zakázané, podle odhadů vlády ale zákaz pravidelně porušuje zhruba 200 000 lidí.

Legalizace konopí: existující modely

Cannabis policy models outside Europe

Overview

Four basic models of legal cannabis production and supply are now operating. Some jurisdictions allow more than one of these models.

1. Taxed, commercial supply. Many licensed growers supply many licensed retail outlets. This is the model in Colorado, Washington State, Alaska and Oregon, and it is the model approved in 2016 in California, Maine, Massachusetts and Nevada.

2. Government supply. The government contracts a limited number of growers and controls supply through outlets. This is one of three models in Uruguay.

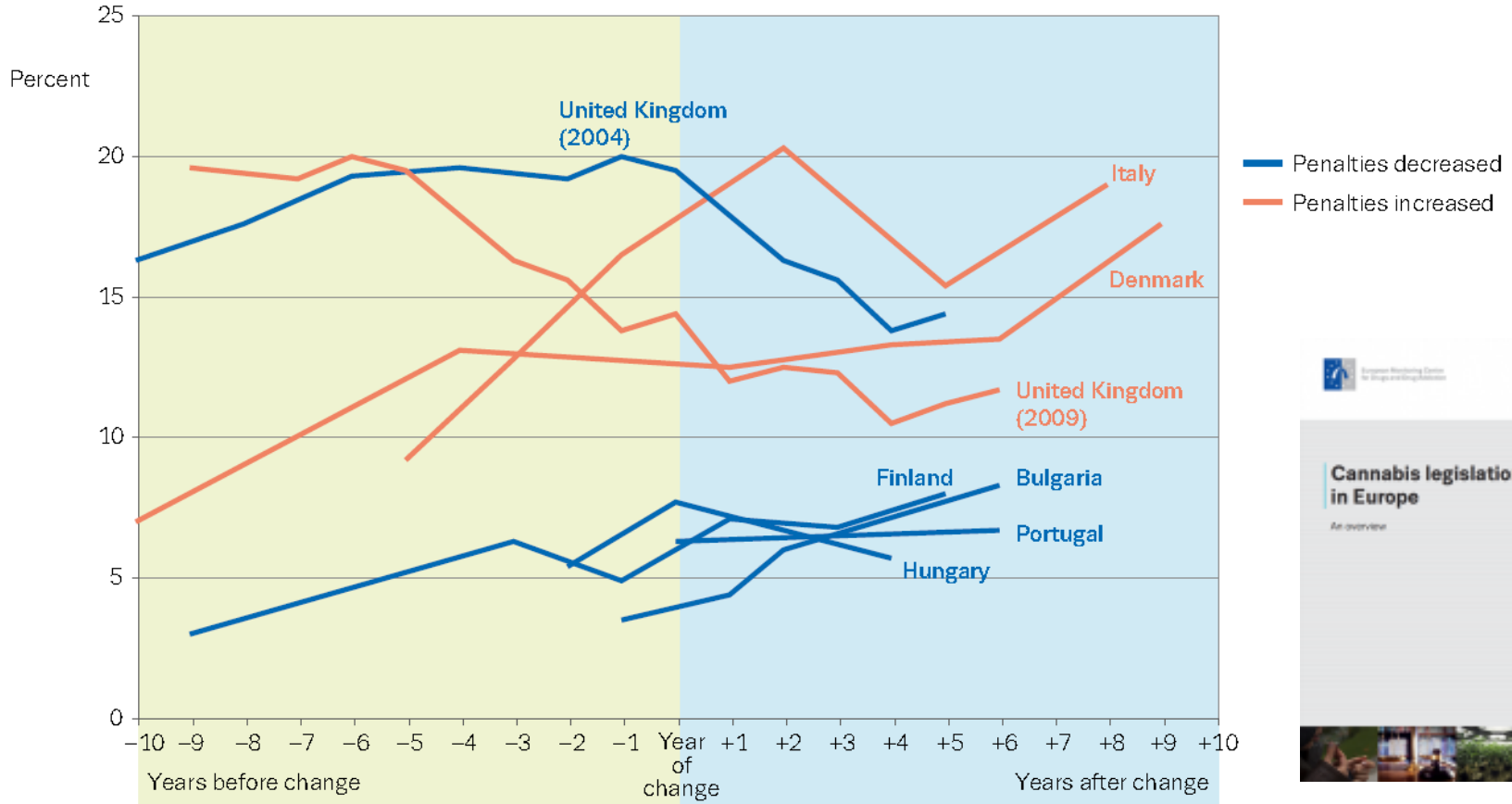
3. Permitting home grow (and giving small amounts). No tax, no sales outlets. This is the only model in Washington DC, and one of three models in Uruguay. Home grow is also permitted in seven of the eight American states with commercial supply models; only Washington State does not allow it.

4. Social clubs. A group of people grow cannabis in a collective and use it. No tax, no sales outlets. This one of three models in Uruguay.

Vliv (de)kriminalizace na míru užívání konopí

FIGURE 4

Cannabis use before and after changes in legislation in selected countries: use in previous 12 months among young adults (age 15–34)



Vliv „dekriminalizace“ v r. 2010 v ČR

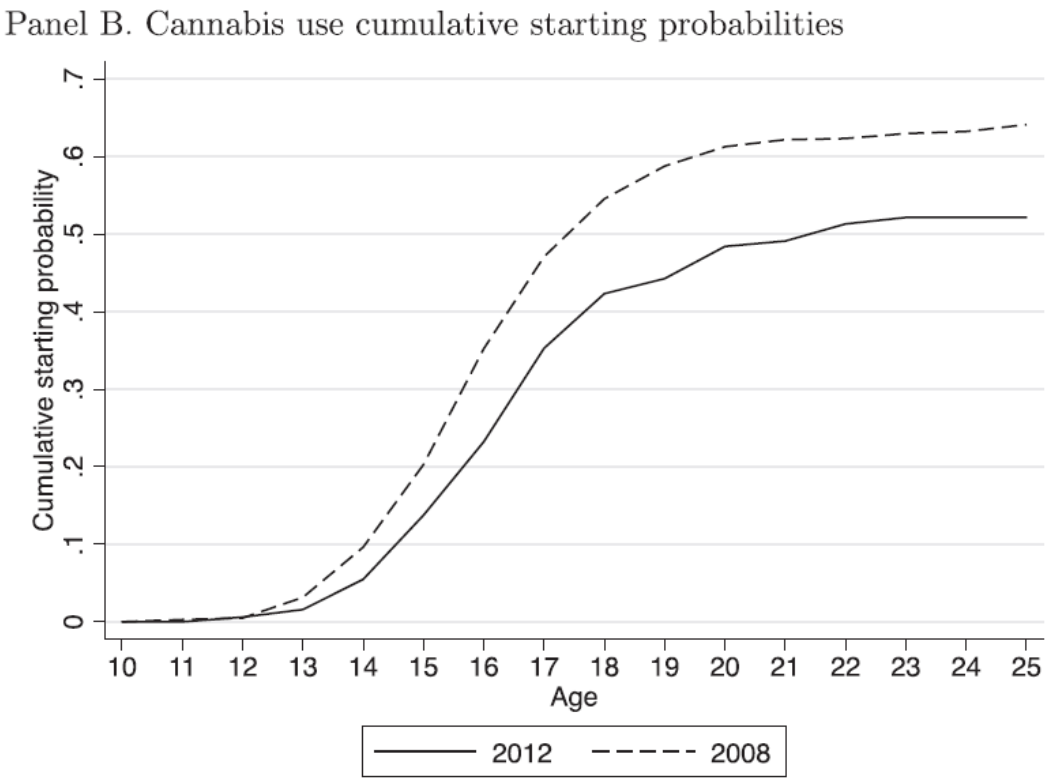


Fig. 2. Cannabis use starting rates and cumulative starting probabilities by age.

International Journal of Drug Policy 43 (2017) 122–129

Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo

Research paper

Cannabis decriminalization and the age of onset of cannabis use☆

Jakub Červený [a], Pavla Chomynová [b,c], Viktor Mravčík [b,d,c], Jan C. van Ours [e,f,g,h,*]

Cent Eur J Public Health 2017; 25 (4): 261–265

LEGISLATIVE NORMS TO CONTROL CANNABIS USE IN THE LIGHT OF ITS PREVALENCE IN THE CZECH REPUBLIC, POLAND, SLOVAKIA, AND HUNGARY

Róbert Čecho, Tibor Baška, Viera Švihrová, Henrieta Hudečková
[1]Department of Public Health, Jessenius Faculty of Medicine in Martin, Comenius University in Bratislava, Martin, Slovak Republic

Konopí

- Vstupní droga (gateway drug)
- „Návratová“ droga (reverse gateway drug)
- Cesta ven (way out drug)

COMMENTARY Open Access

Rationale for cannabis-based interventions in the opioid overdose crisis

Philippe Lucas[1,2,3]

Abstract

Background: North America is currently in the grips of a crisis rooted in the use of licit and illicit opioid-based analgesics. Drug overdose is the leading cause of accidental death in Canada and the US, and the growing toll of opioid-related morbidity and mortality requires a diversity of novel therapeutic and harm reduction-based interventions. Research suggests that increasing adult access to both medical and recreational cannabis has significant positive impacts on public health and safety as a result of *substitution effect*. Observational and epidemiological studies have found that medical cannabis programs are associated with a reduction in the use of opioids and associated morbidity and mortality.

Aims and Methods: This paper presents an evidence-based rationale for cannabis-based interventions in the opioid overdose crisis informed by research on *substitution effect*, proposing three important windows of opportunity for cannabis for therapeutic purposes (CTP) to play a role in reducing opioid use and interrupting the cycle towards opioid use disorder: 1) prior to opioid introduction in the treatment of chronic pain; 2) as an opioid reduction strategy for those patients already using opioids; and 3) as an adjunct therapy to methadone or suboxone treatment in order to increase treatment success rates. The commentary explores potential obstacles and limitations to these proposed interventions, and as well as strategies to monitor their impact on public health and safety.

Conclusion: The growing body of research supporting the medical use of cannabis as an adjunct or substitute for opioids creates an evidence-based rationale for governments, health care providers, and academic researchers to consider the implementation and assessment of cannabis-based interventions in the opioid crisis.

Keywords: Addiction, Opioids, Cannabis, Marijuana, Substitution, Harm reduction

Cannabis Cannabinoid Res. 2018; 3(1): 179–189.
Published online 2018 Sep 1. doi: 10.1089/can.2018.0022

PMCID: PMC6135562
PMID: 30221197

Emerging Evidence for Cannabis' Role in Opioid Use Disorder

Beth Wiese[1,2] and Adrianne R. Wilson-Poe[2,*]

Author information Copyright and License information Disclaimer

Abstract

Go to:

Introduction: The opioid epidemic has become an immense problem in North America, and despite decades of research on the most effective means to treat opioid use disorder (OUD), overdose deaths are at an all-time high, and relapse remains pervasive.

Discussion: Although there are a number of FDA-approved opioid replacement therapies and maintenance medications to help ease the severity of opioid withdrawal symptoms and aid in relapse prevention, these medications are not risk free nor are they successful for all patients. Furthermore, there are legal and logistical bottlenecks to obtaining traditional opioid replacement therapies such as methadone or buprenorphine, and the demand for these services far outweighs the supply and access. To fill the gap between efficacious OUD treatments and the widespread prevalence of misuse, relapse, and overdose, the development of novel, alternative, or adjunct OUD treatment therapies is highly warranted. In this article, we review emerging evidence that suggests that cannabis may play a role in ameliorating the impact of OUD. Herein, we highlight knowledge gaps and discuss cannabis' potential to prevent opioid misuse (as an analgesic alternative), alleviate opioid withdrawal symptoms, and decrease the likelihood of relapse.

Conclusion: The compelling nature of these data and the relative safety profile of cannabis warrant further exploration of cannabis as an adjunct or alternative treatment for OUD.

Národní monitorovací
středisko pro drogy
a závislosti

Protidrogová politika by měla být nestigmatizující, destigmatizační

DRUG POLICY AND HUMAN RIGHTS IN EUROPE:
Managing tensions, maximising complementarities

Damon Barrett

Co-operation Group to Combat Drug Abuse and Illicit tra cking in Drugs
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doi: 10.1080/08897077.2014.930372

PMCID: PMC6042508
NIHMSID: NIHMS977523
PMID: 24911031

Confronting Inadvertent Stigma and Pejorative Language in Addiction Scholarship: A Recognition and Response

Lauren M. Broyles, PhD, RN,[1,2,3] Ingrid A. Binswanger, MD, MPH,[4,5] Jennifer A. Jenkins, MPH,[1] Deborah S. Finnell, DNS, PMHNP,[6] Babalola Faseru, MD, MPH,[7,8,9] Alan Cavaiola, PhD,[10] Marianne Pugatch, MSW,[11,12,13,14] and Adam J. Gordon, MD, MPH[1,2,3]

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Response

Stigma as a public health tool: Implications for health promotion and citizen involvement – A response to Bayer and Fairchild

Laura Williamson [a,*], Betsy Thom [b], Gerry V. Stimson [c], Alfred Uhl [d,e]

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[b] Drug and Alcohol Research Centre, University of Middlesex, United Kingdom
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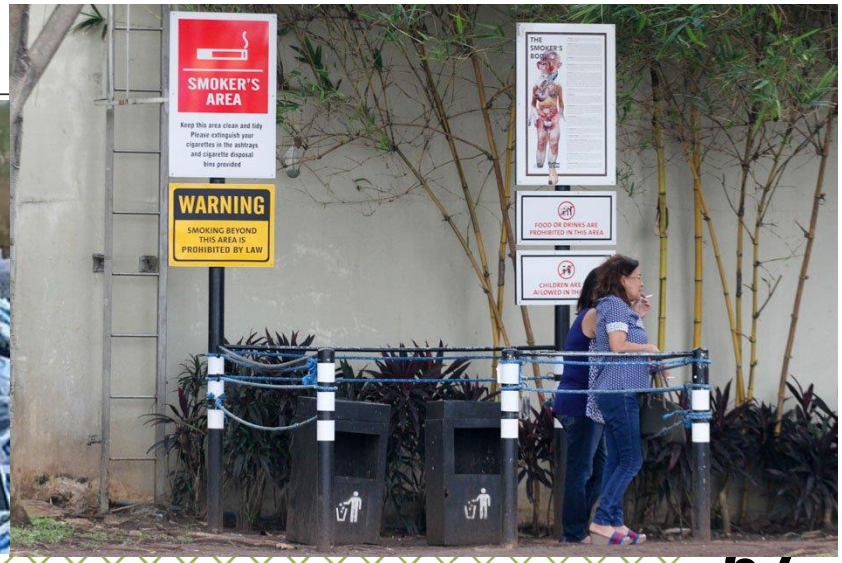

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https://news.abs-cbn.com/focus/05/18/17/understanding-dutertes-smoking-ban

Závěr

- Klíčové principy drogové politiky:
  - Regulace podle škodlivosti
  - Orientace na intenzivní formy užívání NL a závislostního chování
  - Vyváženost (U křivka)
  - Prevence a redukce negativních dopadů d. politiky jako takové
  - Orientace na *well-being*
  - Důraz na lidská práva, destigmatizace
  - Ochrana dětí a mladistvých
- Drogová politika dokáže ovlivnit povahu a míru škod: Harm-reduction (napříč funkcemi a pilíři d. politiky)
- Stávající paradigmata jsou nahrazována (legální x nelegální)

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