II Curso Nacional de Tabaquismo en Pediatría

Viernes 4 de octubre de 2019
Hospital General Universitario de Alicante, Alicante

¿Legalizar el cannabis? Controversias

F. Javier Ayesta

UC
UNIVERSIDAD DE CANTABRIA

Potenciales conflictos de interés

Con industrias tabaqueras (o sim.): 0

Con industrias farmacéuticas:

- Master y cursos: 0
- Asistencia congresos: 0
- Organización congresos: 0+
- Charlas: según patrocinador

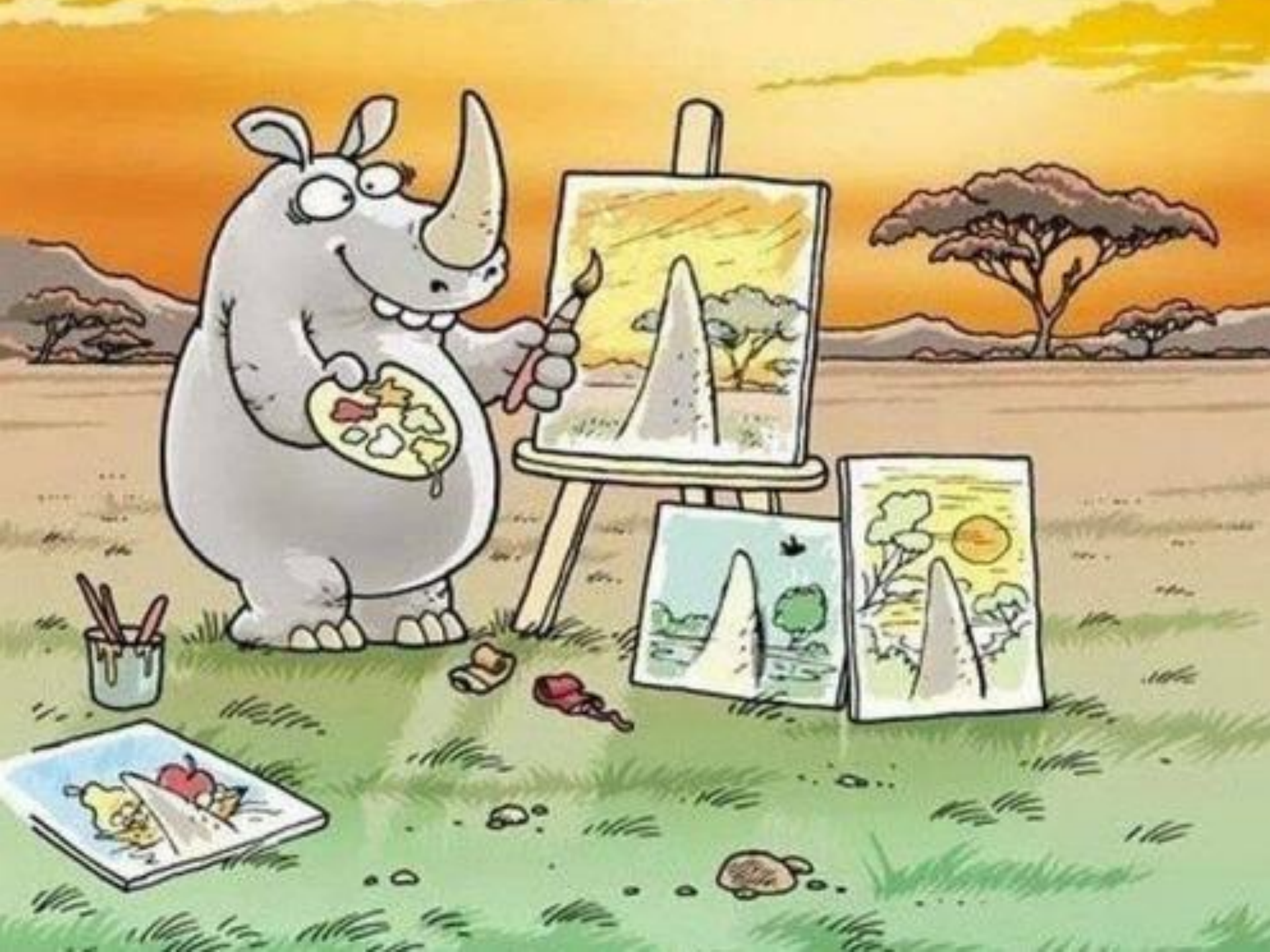
UC

UNIVERSIDAD
DE CANTABRIA

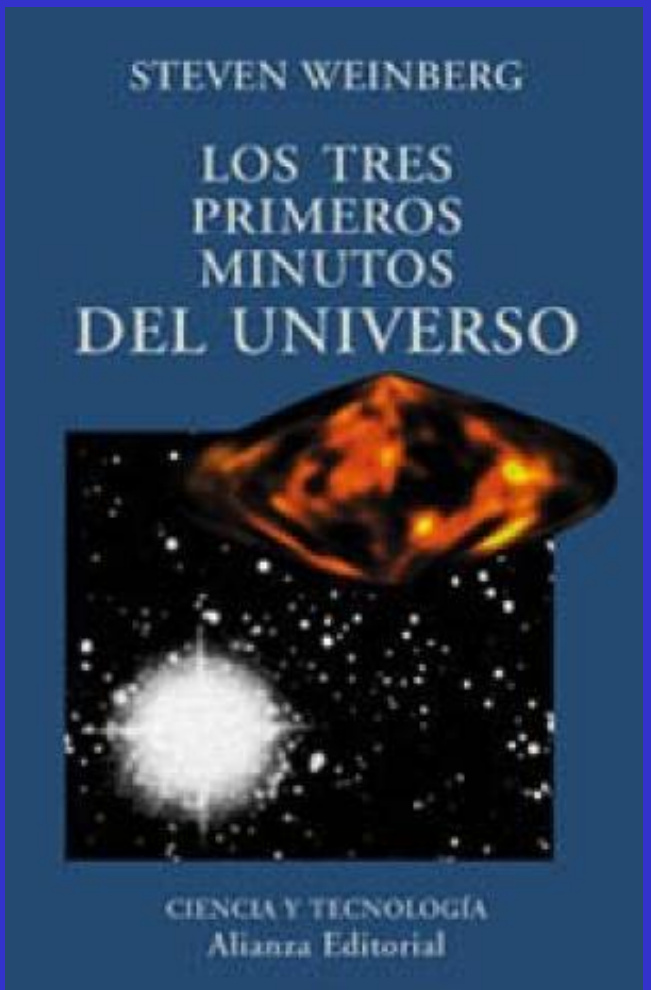
PIUFET3.0

PROGRAMA INTERUNIVERSITARIO
DE FORMACIÓN DE ESPECIALISTAS
EN TABAQUISMO

ayestaf@unican.es info@piufet.com



Lo importante no estar libre de prejuicios teóricos, sino tener los prejuicios teóricos correctos.



Y siempre, la prueba a la que debe someterse todo preconcepto teórico reside en aquello a lo que cual conduce.

Caveat!

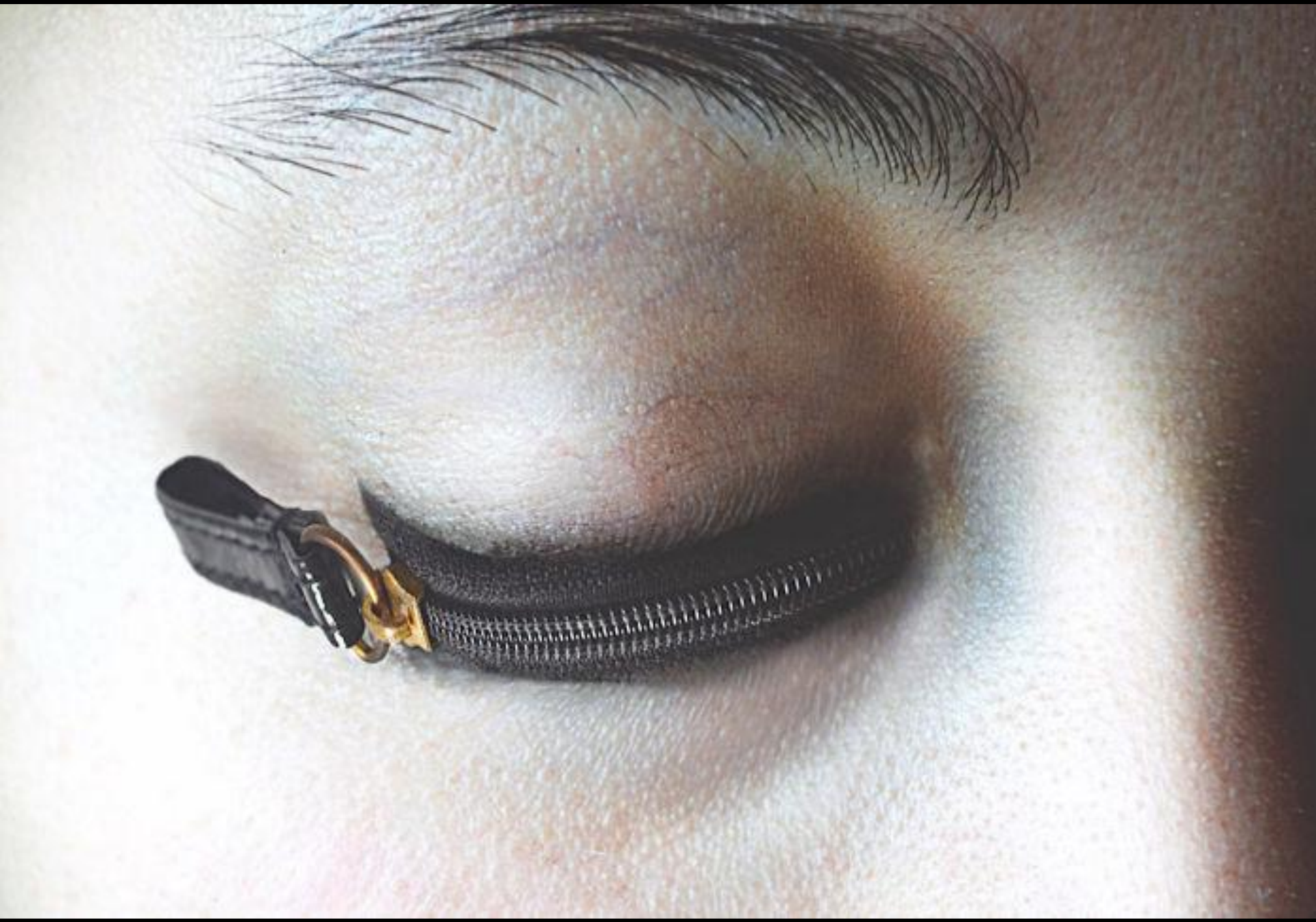
No estoy dispuesto a discutir en público sobre este tema

…por cuestiones operativas


The Hobo-Dyer Equal Area Projection
ANTARCTICA
SOUTHERN OCEAN
SOUTHERN OCEAN
ATLANTIC OCEAN
PACIFIC OCEAN
INDIAN OCEAN
PACIFIC OCEAN
ATLANTIC OCEAN
ATLANTIC OCEAN
ARCTIC OCEAN
AUSTRALIA
NEW ZEALAND
INDONESIA
BRAZIL
BOLIVIA
COLOMBIA
U.S.A.
CANADA
CHINA
INDIA
MONGOLIA
KAZAKHSTAN
IRAN
RUSSIA
SUDAN
LIBYA
ALGERIA
NIGER
MALI
CHAD
ANGOLA
ETHIOPIA
SAUDI ARABIA
TURKEY


Supertramp
CRISIS? WHAT CRISIS?


Jumping off buildings when pregnant harms your baby
You wouldn't ignore this warning. Why ignore them on cigarette packs?
QUITLINE:
(011) 720 3145



THE ROANOKE TIMES
Monday, September 20, 2004

STEPHANIE KLEIN-DAVIS | The Roanoke Times

Mellisa Williamson, 35, a Bullitt Avenue resident, worries about the effect on her unborn child from the sound of jackhammers.

TRAFFIC: Official says wait for end result

Suponga que una mañana coge un periódico y su vida es noticia de primera página; todo lo que dice es correcto, pero nada verdad.

Everything is accurate, but nothing is true.

The Great Repeal Bill 2018

(European Union Withdrawal Act)

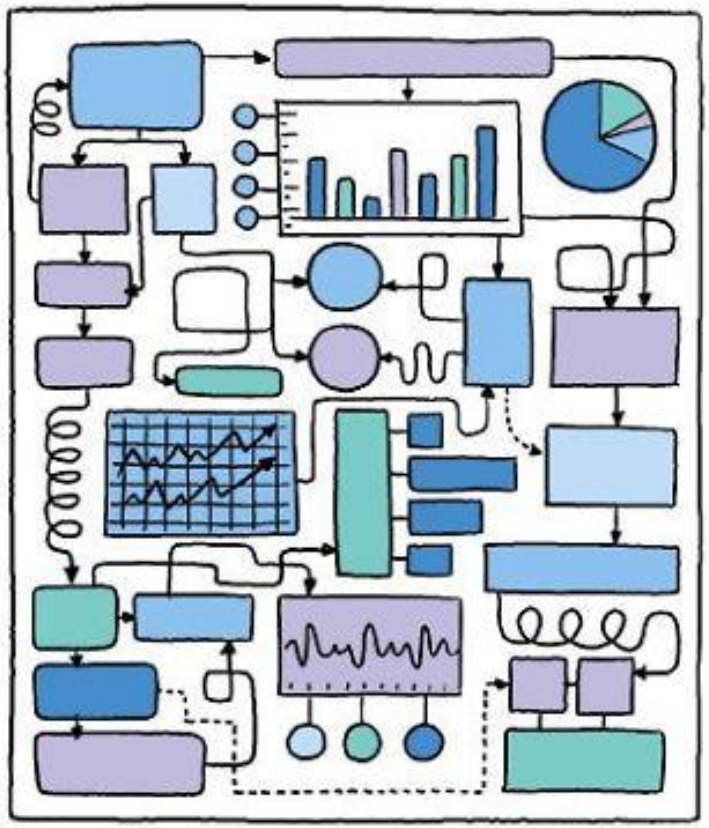
1. No ser superficiales

Seminario

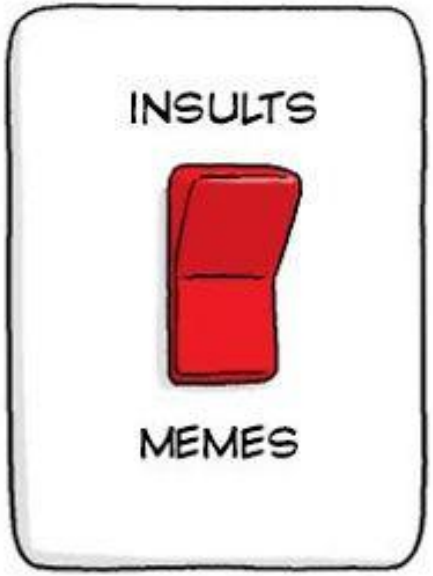
Situación legal de las diversas sustancias psicoactivas

SOLVING SOCIETY'S PROBLEMS

...IN REAL LIFE



...ON SOCIAL MEDIA



SketchbookSilliness.com

Único objetivo:

Ser conscientes de que cada vez que haces algo, hay cosas que mejoran y hay otras que empeoran

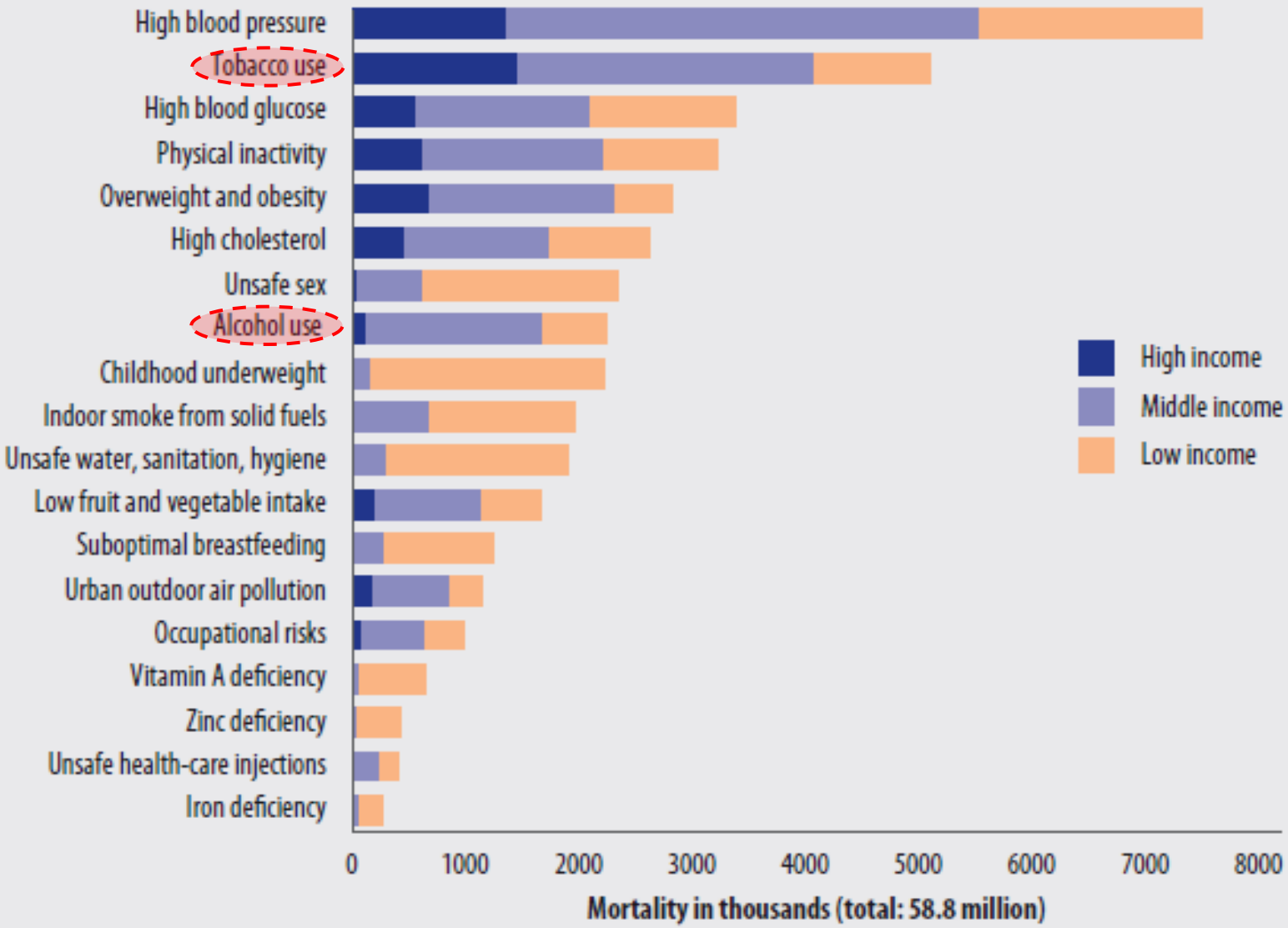

SPOILED
PHOTOS.com

2. Desnormalizar

Table 5: Deaths and DALYs attributable to alcohol, tobacco and illicit drug use, and to all three risks together, by region, 2004

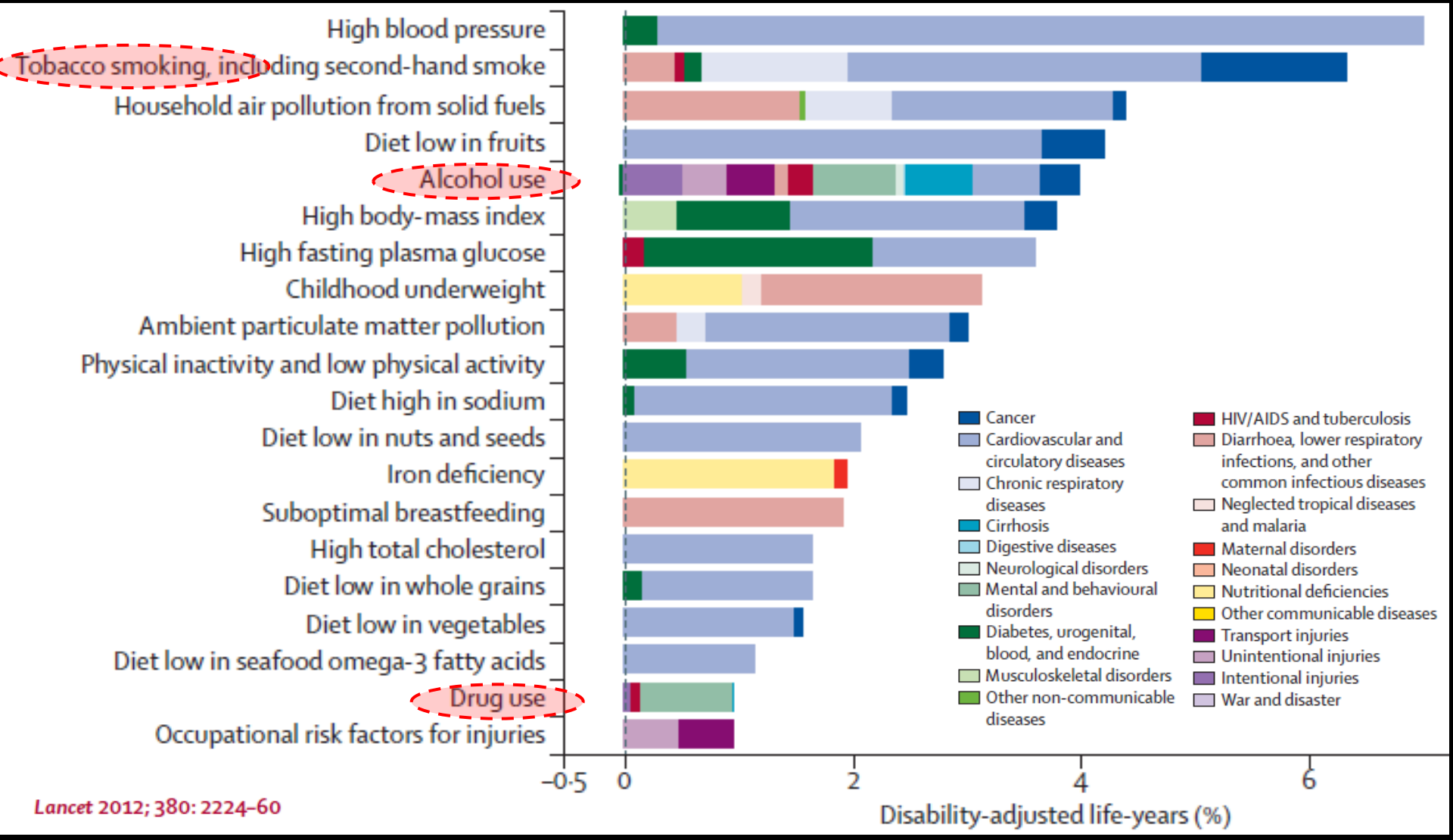
Risk	World	Low and middle income	High income
Percentage of deaths			
Alcohol use	3.6	4.0	1.6
Illicit drugs	0.4	0.4	0.4
Tobacco use	8.7	7.2	17.9
All three risks	**12.6**	**11.5**	**19.6**
Percentage of DALYs			
Alcohol use	4.4	4.2	6.7
Illicit drugs	0.9	0.8	2.1
Tobacco use	3.7	3.1	10.7
All three risks	**9.0**	**8.1**	**19.2**

Figure 6: Deaths attributed to 19 leading risk factors, by country income level, 2004.



	Risk factor	Deaths (millions)	Percentage of total		Risk factor	Deaths (millions)	Percentage of total
	Middle-income countries[a]				*High-income countries*[a]		
1	High blood pressure	4.2	17.2	1	Tobacco use	1.5	17.9
2	Tobacco use	2.6	10.8	2	High blood pressure	1.4	16.8
3	Overweight and obesity	1.6	6.7	3	Overweight and obesity	0.7	8.4
4	Physical inactivity	1.6	6.6	4	Physical inactivity	0.6	7.7
5	Alcohol use	1.6	6.4	5	High blood glucose	0.6	7.0
6	High blood glucose	1.5	6.3	6	High cholesterol	0.5	5.8
7	High cholesterol	1.3	5.2	7	Low fruit and vegetable intake	0.2	2.5
8	Low fruit and vegetable intake	0.9	3.9	8	Urban outdoor air pollution	0.2	2.5
9	Indoor smoke from solid fuels	0.7	2.8	9	Alcohol use	0.1	1.6
10	Urban outdoor air pollution	0.7	2.8	10	Occupational risks	0.1	1.1

2010



Lancet 2012; 380: 2224–60

	Risk factor	DALYs (millions)	Percentage of total		Risk factor	DALYs (millions)	Percentage of total
	Middle-income countries[a]				*High-income countries*[a]		
1	Alcohol use	44	7.6	1	Tobacco use	13	10.7
2	High blood pressure	31	5.4	2	Alcohol use	8	6.7
3	Tobacco use	31	5.4	3	Overweight and obesity	8	6.5
4	Overweight and obesity	21	3.6	4	High blood pressure	7	6.1
5	High blood glucose	20	3.4	5	High blood glucose	6	4.9
6	Unsafe sex	17	3.0	6	Physical inactivity	5	4.1
7	Physical inactivity	16	2.7	7	High cholesterol	4	3.4
8	High cholesterol	14	2.5	8	Illicit drugs	3	2.1
9	Occupational risks	14	2.3	9	Occupational risks	2	1.5
10	Unsafe water, sanitation, hygiene	11	2.0	10	Low fruit and vegetable intake	2	1.3

Leading risks 2017	Mean percentage change in number of DALYs, 2007–17	Mean percentage change in all-age DALY rate, 2007–17	Mean percentage change in age-standardised DALY rate, 2007–17
1 High systolic blood pressure	20·0	6·3	–8·0
2 Smoking	8·2	–4·1	–16·4
3 High fasting plasma glucose	25·5	11·2	–3·2
4 High body-mass index	36·7	21·1	6·8
5 Short gestation for birthweight	–21·3	–30·3	–24·0
6 Low birthweight for gestation	–21·8	–30·8	–24·7
7 Alcohol use	5·5	–6·6	–13·1
8 High LDL cholesterol	17·2	3·8	–9·3
9 Child wasting	–40·1	–46·9	–43·1
10 Ambient particulate matter	12·8	–0·1	–9·3
11 Low whole grains	15·5	2·3	–9·7
12 High sodium	22·7	8·7	–5·9
13 Low fruit	7·7	–4·6	–15·7
14 Unsafe water source	–29·1	–37·2	–35·7
15 Impaired kidney function	20·3	6·6	–5·4
16 Household air pollution			
17 Unsafe sex			
20 Unsafe sanitation			

1 High systolic blood pressure	18·6	4·9	−9·3
2 High fasting plasma glucose	25·0	10·5	−3·4
3 High body-mass index	34·5	18·8	4·8
4 Short gestation for birthweight	−20·9	−30·1	−24·0
5 Low birthweight for gestation	−20·8	−30·0	−24·1
6 Child wasting	−40·6	−47·5	−43·6
7 High LDL cholesterol	18·5	4·8	−9·1
8 Low whole grains	15·3	1·9	−10·2
9 Ambient particulate matter	12·4	−0·7	−9·4
10 Smoking	3·6	−8·4	−20·3
11 Unsafe water source	−29·3	−37·5	−36·6
12 Household air pollution	−23·8	−32·7	−36·5
13 Impaired kidney function	19·8	5·9	−5·9
14 Unsafe sex	−42·5	−49·2	−50·2
15 High sodium	16·2	2·7	−11·1
18 Unsafe sanitation			
21 No access to handwashing facility			
22 Child underweight			

1 Smoking	9·3	−3·0	−15·7
2 High systolic blood pressure	21·0	7·5	−7·0
3 High fasting plasma glucose	25·9	11·8	−3·1
4 Alcohol use	6·2	−5·7	−12·5
5 Short gestation for birthweight	−21·6	−30·4	−24·0
6 High body-mass index	38·9	23·3	9·0
7 Low birthweight for gestation	−22·7	−31·3	−25·2
8 High LDL cholesterol	16·4	3·3	−9·1
9 Ambient particulate matter	13·1	0·4	−9·5
10 Low whole grains	15·6	2·6	−9·3
11 Child wasting	−39·6	−46·4	−42·5
12 High sodium	27·0	12·8	−2·3
13 Low fruit	8·6	−3·5	−14·8
14 Unsafe water source	−29·0	−36·9	−35·1
15 Impaired kidney function	20·7	7·2	−5·1
18 Household air pollution			
20 Unsafe sex			

Environmental
Behavioural
Metabolic

Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017

GBD 2017 Risk Factor Collaborators*

Lancet 2018; 392: 1923–94

High income	Smoking 0·98	High BMI 0·91	High FPG 0·93	High SBP 0·59	Drugs 2·84
Australasia	High BMI 0·97	Smoking 0·91	High FPG 0·71	High SBP 0·51	Drugs 1·97
High-income Asia Pacific	High FPG 0·62	High SBP 0·43	Smoking 0·44	High BMI 0·32	Ergonomic 1·75
High-income North America	High BMI 1·50	Smoking 1·21	High FPG 1·33	Drugs 6·37	High SBP 0·81
Southern Latin America	High BMI 0·83	Smoking 1·92	High FPG 0·78	High SBP 0·49	Short gestation 0·70
Western Europe	Smoking 1·00	High BMI 0·74	High FPG 0·81	High SBP 0·54	Alcohol 0·58

Smoking 0·65	High BMI 0·83	High FPG 0·86	Alcohol 0·64	High SBP 0·54
Alcohol 0·74	Smoking 0·46	High BMI 0·78	High SBP 0·45	High FPG 0·62
Smoking 0·66	High SBP 0·42	High FPG 0·59	Alcohol 0·34	High BMI 0·37
High BMI 1·30	Smoking 0·65	Drugs 3·67	High FPG 1·18	High SBP 0·66
Smoking 0·70	High FPG 0·86	High BMI 0·89	High SBP 0·50	Alcohol 0·78
Smoking 0·66	Alcohol 0·69	High SBP 0·52	High FPG 0·78	High BMI 0·69

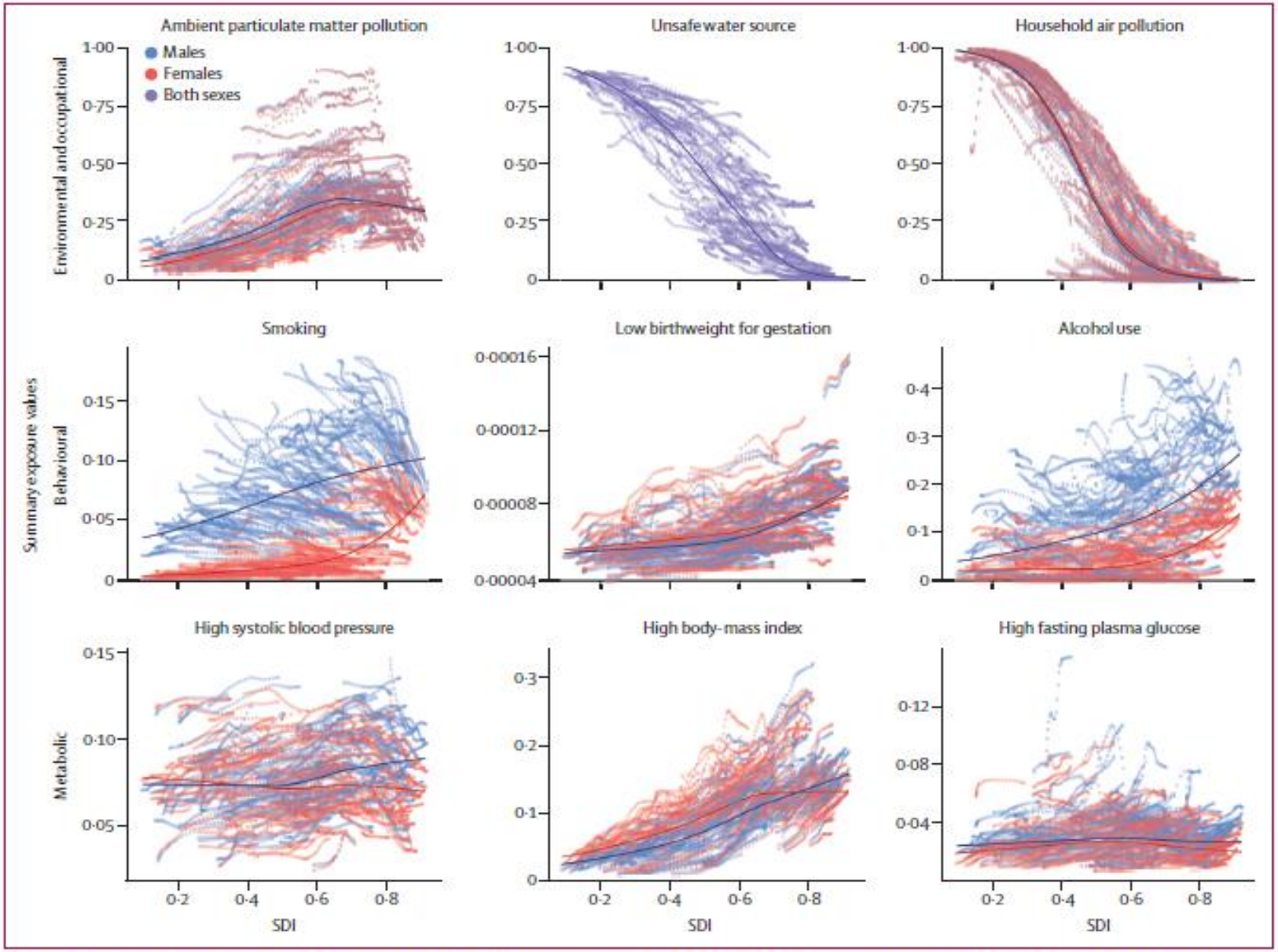


Figure 1: **Relationship between age-standardised summary exposure values and SDI for three of the top environmental and occupational, behavioural, and metabolic risk factors by number of attributable DALYs globally**

The three leading risks for each Level 1 risk group are shown, except alcohol (fourth leading behavioural risk), which was included for variety instead of short gestation for birthweight. Each point corresponds to the age-standardised SEV in a country for males (blue), females (red), or both sexes (purple) for SEVs that are not sex specific. Points depict all country-years, 1990–2017. Lines show the expected SEV by SDI for each sex. Note that the y-axis scales differ by risk to correspond to the range of observed SEVs. DALYs=disability-adjusted life-years. SDI=Socio-demographic Index. SEV=summary exposure value.

Conclusión:

- Las que nos dan problemas (de salud pública) son las "legales"

- No por legales, sino por "normalizadas"

Desnormalizar

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

27.02.2005

FCTC

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

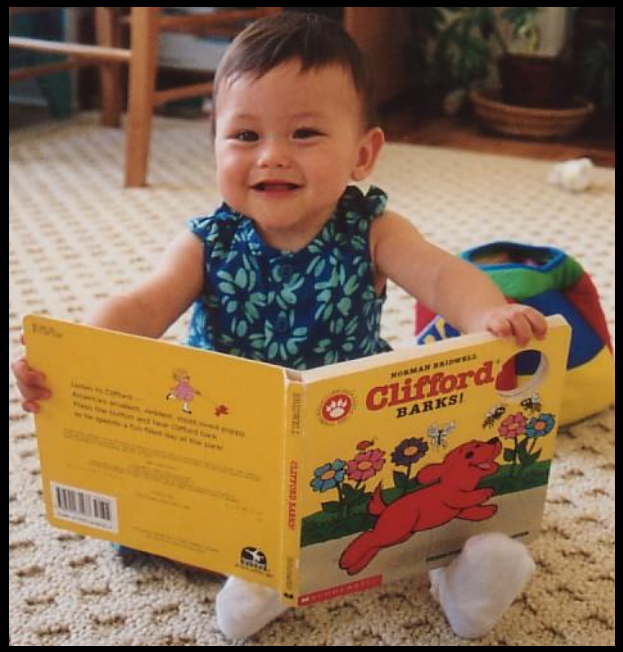
O cambiamos A

O cambiamos B


TOMMY

El atractivo

de lo prohibido


NORMAN BRIDWELL
Clifford
BARKS!

¿Por qué aquí sí?

¿y en otros campos no?

Liberalidad total, pero a los menores…

Fewer KIDS use

when ADULTS REFUSE

3. Qué problemas

Health problems

Familiar problems

Social problems

Economic problems

Personal problems

Some problems are directly related to consumption

Some problems are related to marginalization or illegal status

Some problems of drugs are directly related to consumption

(most diseases, accidents, psychological or psychiatric problems, relationship problems,…)

One can expect them to decrease with decreased consumption

Some other problems are related to marginalization or illegal status

(lack of quality control: infections, contaminants,…; too expensive: stealing, robbing, prostitution,…; mafias & carteles: laundry of black money, killings,…; going to jail,…)

One can expect them to decrease with "normalization"

The question is how to decrease marginalization without increasing normalization

Or how to decrease normalization without increasing marginalization

4. No fenómeno ON / OFF

Legal status

- Caffeine
- Nicotine
- Alcohol
- Benzodiazepines
- Morphine
- Cocaine & …

Situación legal del consumo

Situación legal de las ventas

The Netherlands (1976,1995)

1. No advertising
2. No selling of hard drugs
3. No selling to minors
4. No trespassing transaction thresholds (5g vs 30g, 500 g stocks)
5. No public disturbances

The Colorado & Washington experiments (2014)

Yet legalisation is just the beginning of a process, and Colorado and Washington have taken different routes. Colorado has built on the foundations of its medical-marijuana system. Until October (and 2016 in Denver) only medical-marijuana operators may receive licences to serve recreational customers, which is why many of the shops that welcomed newcomers on January 1st have names like Citi-Med and Evergreen Apothecary. (Retailers exult that they are no longer obliged to speak of "medicine" and "patients".) During this time Colorado's retailers must grow at least 70% of the marijuana they sell.

Washington, by contrast, is creating a recreational market from scratch; this is why its shops are not expected to open until May or so. It will have a three-tier system, with separate licences for cultivation, processing and retail. The state will determine, Soviet-style, consumers' annual needs in advance and cap overall production. The fate of its medical system, more chaotic than Colorado's, is uncertain.

15$ vs 25$ (vs. 10$)

The Colorado & Washington experiments (2014)

Under federal law, marijuana remains illegal. The feds have pounced on dispensaries in states with badly run medical systems. But in August the Department of Justice suggested it would let the experiments in Washington and Colorado proceed if they did not impede eight "enforcement priorities", including stopping pot from being trafficked by gangs, sold to minors or smuggled into other states.

Similar prices

Worryingly for Colorado, its record in these areas is not stellar. Plenty of teenagers are getting their hands on medical marijuana procured by adults. Police in neighbouring states such as Kansas complain of Coloradan marijuana flooding border areas. Colorado has a fat rule book and most dispensaries are well run, but they can do little about customers passing pot to children or taking it across state lines. And in Colorado (but not Washington) anyone may grow up to six marijuana plants without a licence.

Everybody looking

The uruguayan experiment (2014-2016)

Regulation policy bans advertising of marijuana, the consumption of it in public places, and penalties for driving under the influence.

Sale to minors is prohibited, and citizens can grow up to six marijuana plants.

Taxes on the drug will go to social services, law enforcement, and education services against drug abuse.

The uruguayan experiment (2014)

Marijuana users must register, pharmacies must sell the stuff, the amounts for growers and users are rigidly fixed, licences for growing it are required, and new regulatory bodies are created

Uruguay could divert approximately $30 million dollars from criminal networks if the drug is regulated correctly.

Conclusión

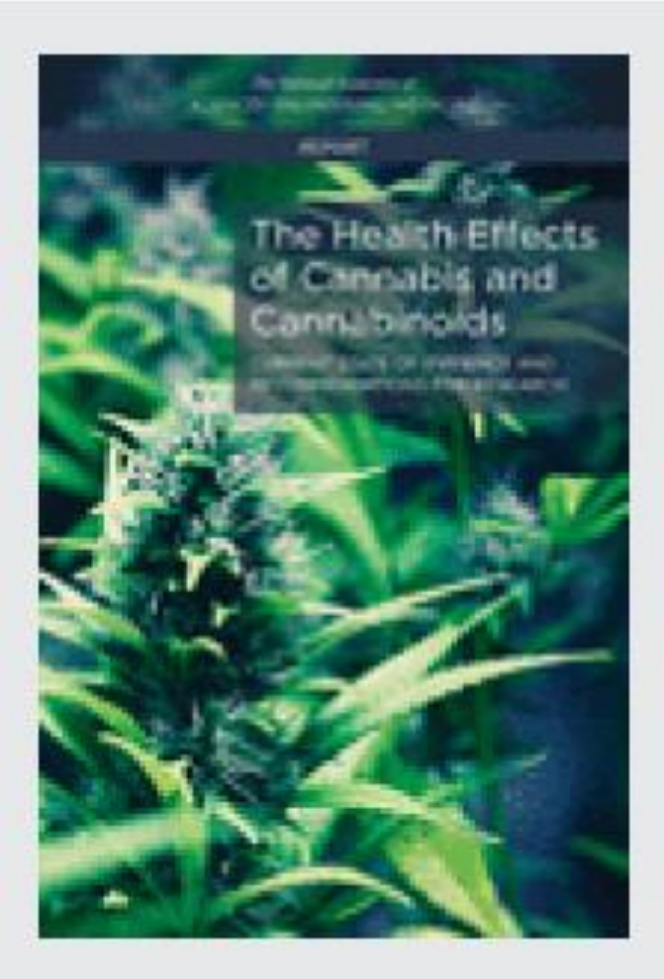
"Legalización"

es un término muy ambiguo

5. Trivialización del consumo

No muy tóxica

No inocua



440 pages | 6 x 9 | PAPERBACK
ISBN 978-0-309-45304-2 | DOI: 10.17226/24625

The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research

Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda

Board on Population Health and Public Health Practice

Health and Medicine Division

A Report of

The National Academies of
SCIENCES · ENGINEERING · MEDICINE

THE NATIONAL ACADEMIES PRESS
Washington, DC
www.nap.edu

Suggested citation: National Academies of Sciences, Engineering, and Medicine. 2017. *The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research.* Washington, DC: The National Academies Press. doi: 10.17226/24625.

Commentary

Biological Psychiatry

Cannabis and Psychosis: What Degree of Proof Do We Require?

Robin M. Murray and Marta Di Forti

It has been almost 30 years since Andreasson *et al.* demonstrated in 1987 an association between cannabis use and subsequent onset of schizophrenia [reviewed in (1)]. There was a 15-year gap before any replications of their results were attempted. However, as Gage *et al.* (1) point out, many longitudinal prospective studies have now been published. All four investigations into the relationship between cannabis use and subsequent psychotic illness reported a significant association; three studies that focused on cannabis use and psychotic experiences also reported a significant association, and a further three studies showed such an association, which became attenuated after adjustment for confounders.

Gage *et al.* exhaustively scrutinize confounding, bias, misclassification, reverse causation, and other explanations for the association. They conclude that "Overall, evidence from epidemiologic studies provides strong enough evidence

varieties, such as sinsemilla, have high levels of THC but practically no CBD. In experimental studies, CBD ameliorates the psychotogenic properties of THC (2), and cannabis users with THC and CBD in hair samples are less likely to have psychotic symptoms than cannabis users with only THC in their hair. Di Forti *et al.* (3) showed that the risk associated with use of high-potency cannabis is much higher than the risk associated with use of hash (resin).

Two other trends have recently emerged. Novel methods of preparing cannabis have resulted in products with THC content of up to 40%. Although these products are not yet widely available, synthetic cannabinoids have become widely available. Although THC is a partial agonist at the cannabinoid type 1 receptor, many synthetic cannabinoids are agonists. Consequently, acute psychosis is a more frequent adverse event.


MCN
MEDICALCANNABISNEWS
El cannabis posee 34 tratamientos contra el cáncer y no está aprobado por la FDA.
La quimioterapia fue descubierta intoxicando gente con gas venenoso durante la Primera Guerra Mundial y sí está aprobada por la FDA.
Fuente: Pubmed


EATLIVER.COM
BEFORE
AFTER
IN ONLY 6 WEEKS OF DRINKING
FitTea™ ROBERT LOST $500

6. Justificación terapéutica

Consumos terapéuticos

vs.

Consumos recreativos

Regulación en teoría independiente

Consumos terapéuticos:

¿reglados o auto-prescritos?

¿A quién le interesa realmente lo de terapéutico?

7. Sentido de toda regulación:

proteger a quienes son más vunerables


PROHIBIDO
PROHIBIR

Luchamos por las libertades

Defendemos a víctimas inocentes de las conductas depredadoras de una serie de personas con exclusivos intereses económicos

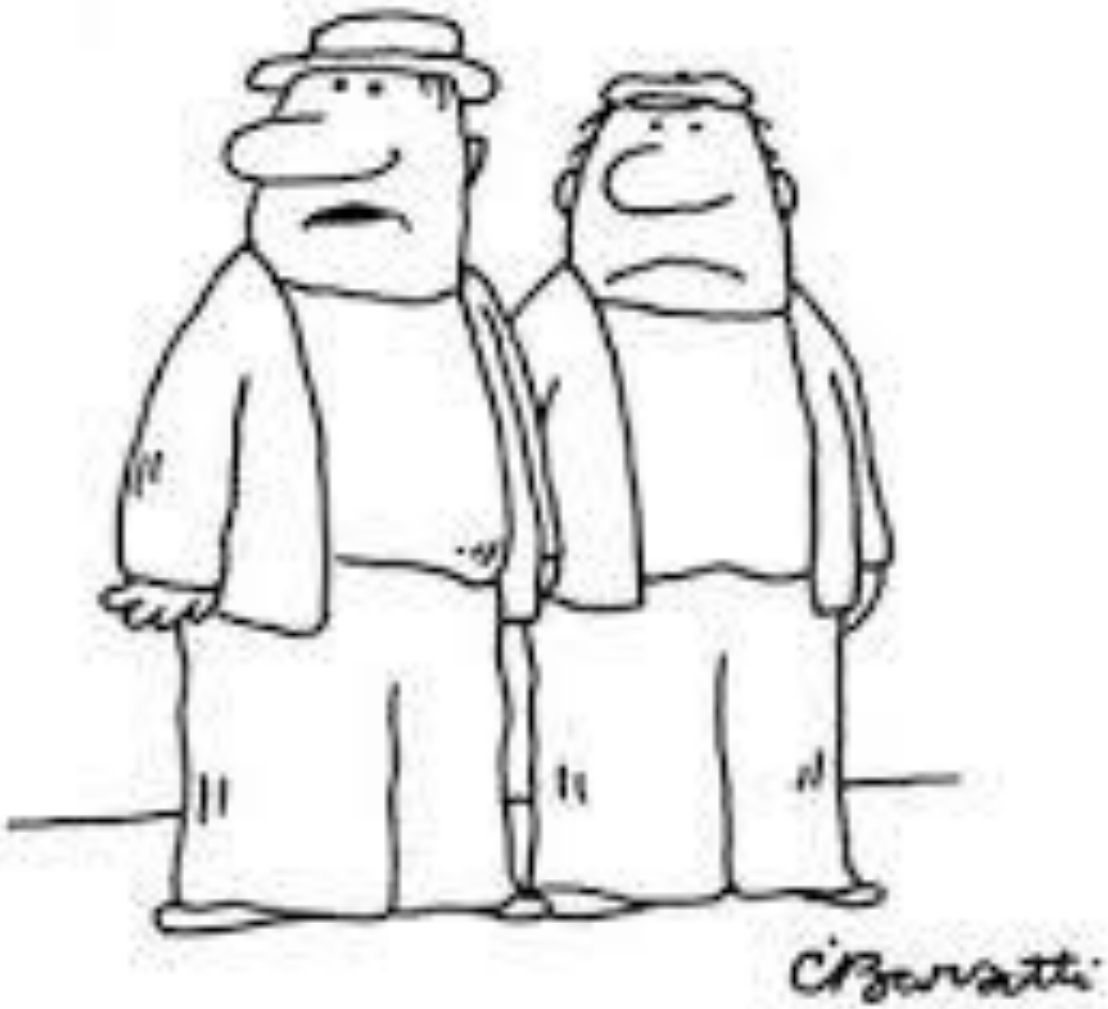
Esto tiene que quedar siempre claro

DECLARACIÓN DE MADRID-2018 POR LA SALUD Y PARA EL AVANCE DE LA REGULACIÓN DEL TABACO EN ESPAÑA

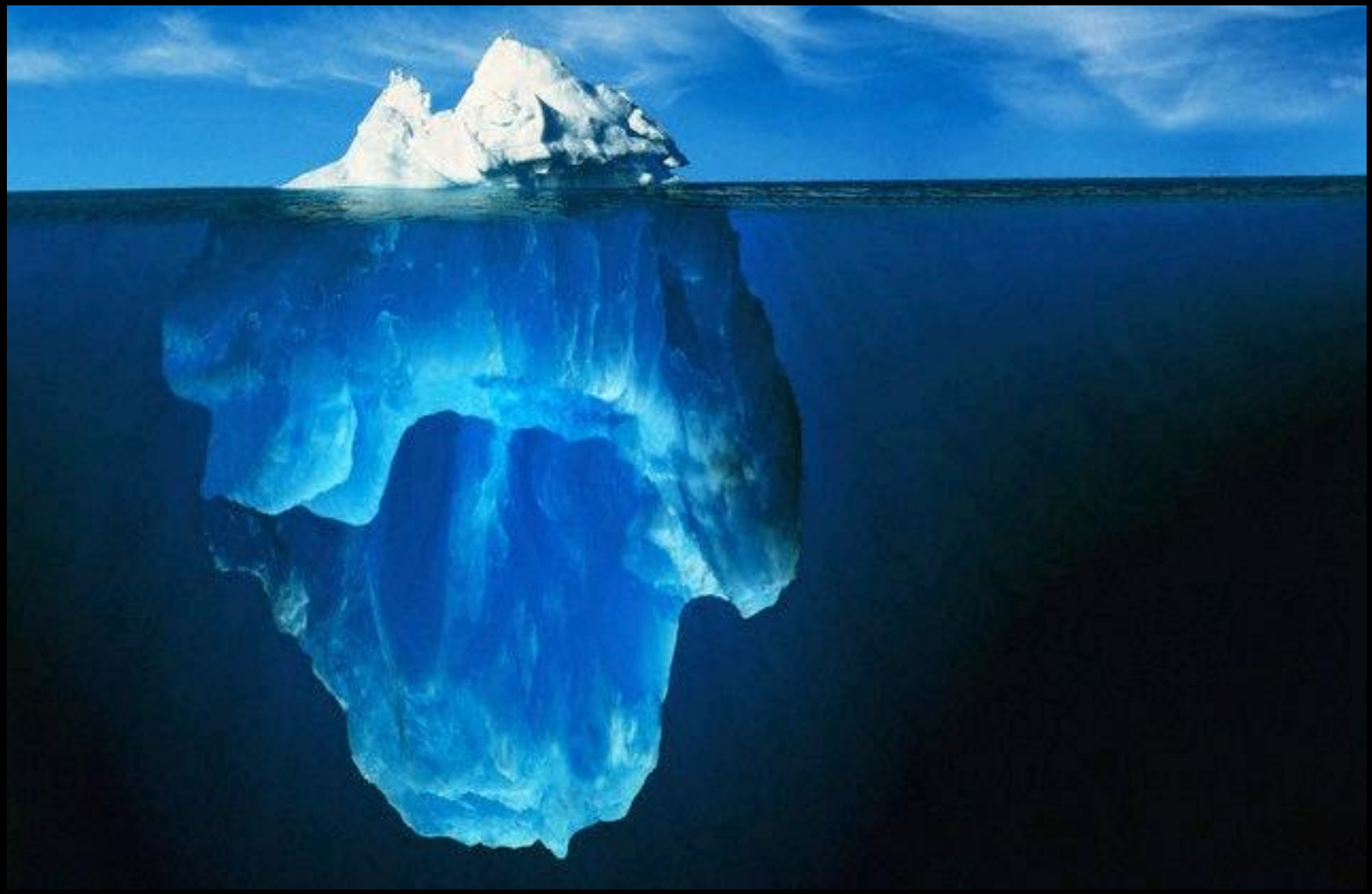
ENSP-CNPT
International Conference on Tobacco Control 2018
Meeting new challenges, joining local and global efforts: towards the tobacco endgame in Europe
Madrid (Spain) • 14-16 June

A las organizaciones firmantes de este documento -científicas, sanitarias y sociales, sensibilizadas todas ellas con el control del tabaco en España- **nos preocupa no estar ayudando adecuadamente a una gran parte de la población de nuestro país en este tema**, no estar siendo capaces de proporcionarles los recursos que la evidencia científica muestra que son útiles para evitar las consecuencias derivadas de la conducta de fumar y para conseguir resistirse a la presiones directas e indirectas de las diversas industrias transnacionales del tabaco.

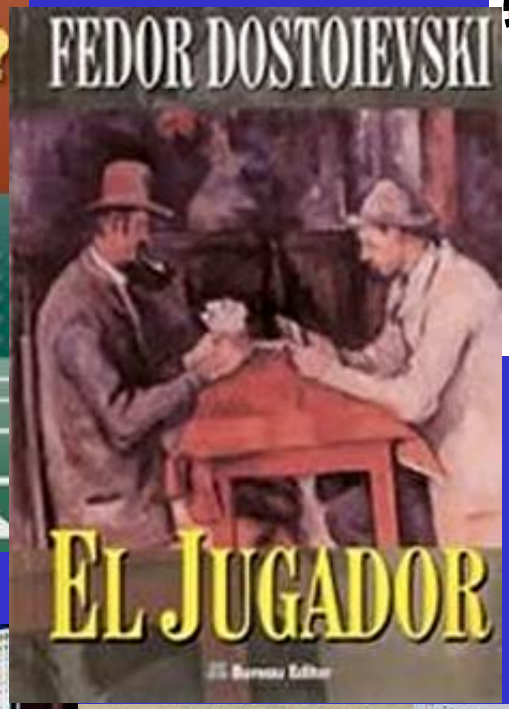
Nos preocupa estar fallando especialmente a aquellas personas pertenecientes a los segmentos de población más desfavorecidos, en los que una carencia relativa de diversos recursos (sociales, psico-afectivos o económicos) hace que tengan más problemas para afrontar adecuadamente este trastorno y que presenten prevalencias de consumo mucho más altas que el resto de la población, factor que contribuye -y contribuirá- a aumentar las desigualdades sociales en salud.

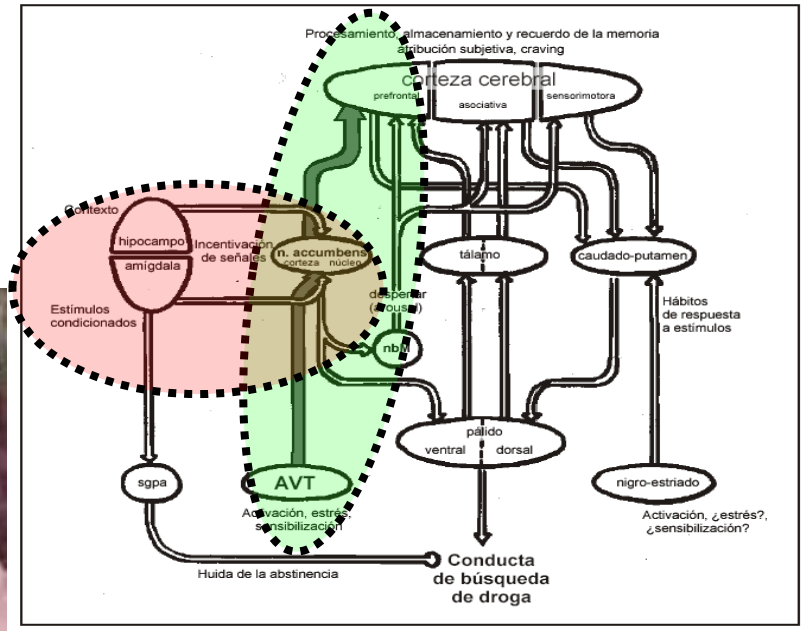


"There, there it is again—the invisible hand of the marketplace giving us the finger."

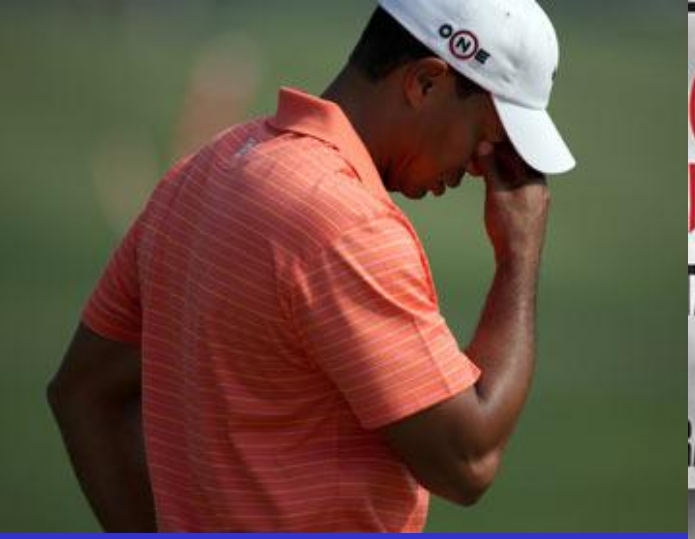



gambling
Fun or
Addiction?

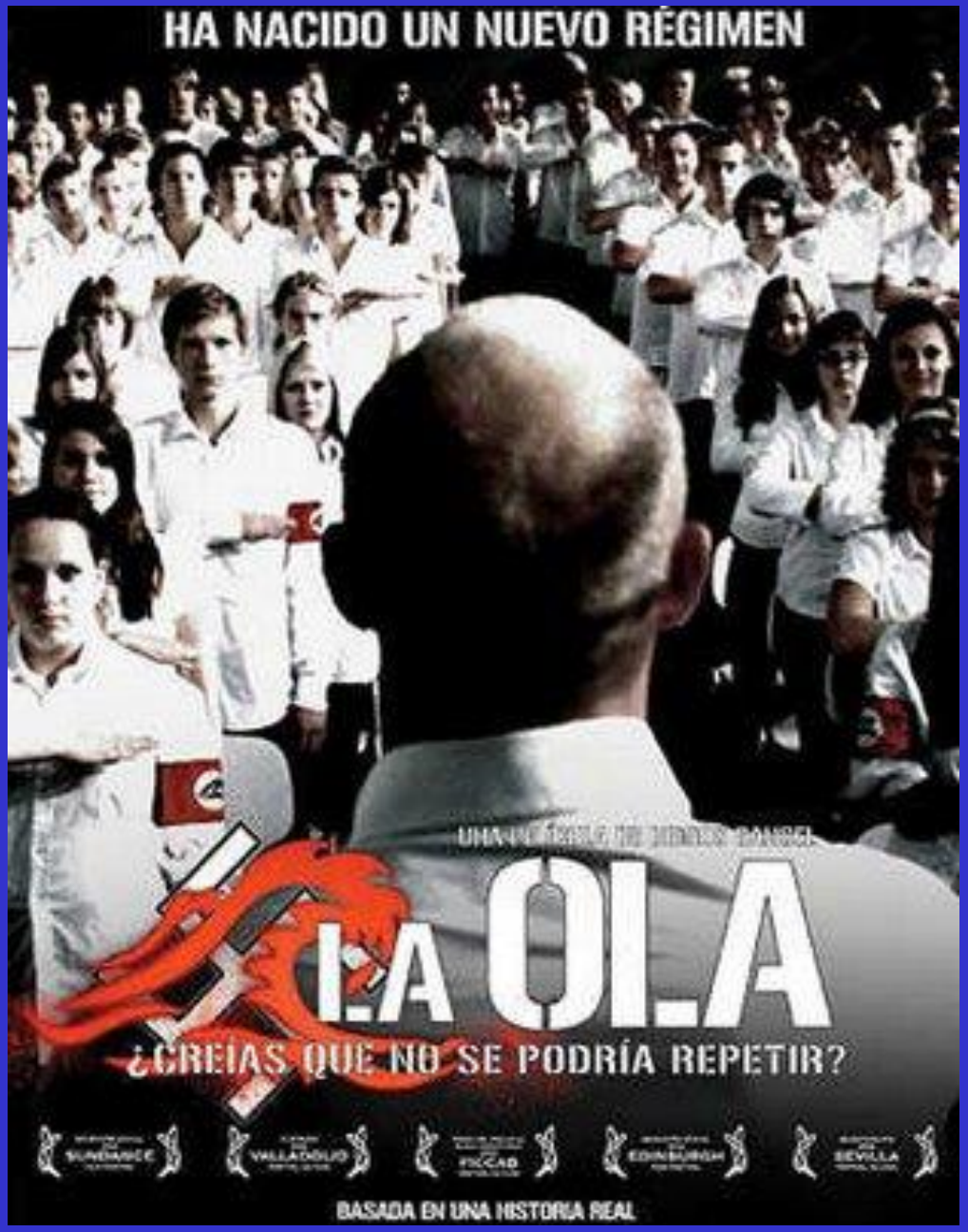

FEDOR DOSTOIEVSKI
EL JUGADOR


Procesamiento, almacenamiento y recuerdo de la memoria
atribución subjetiva, craving
corteza cerebral
prefrontal
asociativa
sensorimotora
contexto
hipocampo
amígdala
Incentivación
de señales
n. accumbens
corteza
núcleo
tálamo
caudado-putamen
Estímulos
condicionados
despertar
(arousal)
nbM
Hábitos
de respuesta
a estímulos
pálido
ventral
dorsal
sgpa
AVT
nigro-estriado
Activación, estrés,
sensibilización
Activación, ¿estrés?,
¿sensibilización?
Huida de la abstinencia
Conducta
de búsqueda
de droga


ONLINE
OR GAMBLING



REAL, pero no todo es adicción


HA NACIDO UN NUEVO RÉGIMEN
LA OLA
¿CREÍAS QUE NO SE PODRÍA REPETIR?
BASADA EN UNA HISTORIA REAL

8. Conclusión

Lo que realmente interesa es desnormalizar el consumo.

Todo lo demás es simplemente un medio o algo accesorio.

>>

II CONGRESO INTERNACIONAL SOBRE CANNABIS Y SUS DERIVADOS: SALUD, EDUCACIÓN Y LEY

II INTERNATIONAL CONFERENCE ON CANNABIS AND ITS DERIVATIVES: HEALTH, EDUCATION AND LEGISLATION

7,8,9 noviembre November 2019

Auditorio Municipal
Municipal Auditorium

CATOIRA
(Pontevedra - Galicia)
- SPAIN -