

CONTROVERSIAL ANALYSIS OF CANNABIS RECLASSIFICATION: PERSPECTIVES IN A NARRATIVE REVIEW

Gabriel Lajús Barrabeitg ¹  

¹Scientific Degree Methodologist, Department of Postgraduate Studies and Research, Faculty of Medical Sciences "Victoria de Girón", University of Medical Sciences of Havana, Cuba



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Corresponding Author

Gabriel Lajús Barrabeitg,
gabriellajusbarrabeitg@gmail.com

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ABSTRACT

Cannabis has a long and controversial tradition. A narrative review was conducted in 2024 with the aim of analyzing the discrepancies in the reclassification of cannabis for medical use and research in 2020. Indexed journals, scientific digital resources, reports from international organizations, States and expert opinions from institutions and scientists were critically examined. The results showed scientific evidence on risks and possible benefits, with a complex, biased, contradictory and inconclusive history. The damage to health and life led to its classification in an international regulatory legal framework, violated by drug trafficking and the patenting of molecules that do not meet the requirements as drugs, trivializing their abuse. After legalization, abuse, trafficking and harm increased, especially among young people. The pro-legalization environment of high-potency cannabis in a globalized world has decreased the perception of risk, even among health personnel, distorting communication. The thriving cannabis industry, with its sophisticated marketing, attracts young people. It was concluded that methodological and practical inconsistencies persist in research, weakening the international drug control regime. The benefits of reclassification are not evident; on the contrary, abuse, trafficking, physical and mental illness, indirect deaths and damage to the environment continue to increase, which could lead to the legalization of all drugs, threatening human health and survival.

Keywords: Cannabis, Marijuana, Medical Marijuana, Regularize Cannabis, Cannabinoids, Patented Cannabinoids, Recreational Cannabis, Medical Cannabis

1. INTRODUCTION

Is medical cannabis truly a cure-all medicine? After the reclassification of cannabis by the United Nations (UN), the author, with great concern, responded in class to this question from a student who told him that in his readings on the Internet he had learned that marijuana was now legal and a medicine authorized to treat all types of diseases.

However, currently, scientific evidence on the risks and benefits of cannabis is complex, limited, in some cases contradictory and inconclusive. Throughout history, some studies have indicated that cannabis may have medical benefits, with its

medicinal properties being highly defended for which there is not enough proven evidence; However, there are many concerns about the possible risks associated with prolonged abuse to both physical and mental health, other spheres of life, and the environment.

Marijuana is the name given to a gray-green mixture of dried leaves, flowers, buds and chopped stems of the *Cannabis sativa* L. plant, and other species such as *Cannabis indica* and *Cannabis ruderalis*, varieties that have been a source of fiber, oils and psychoactive compounds [Heras & Giannuzzi \(2016\)](#), [Leal-Galicia \(2022\)](#).

The oldest written reference appears in the Chinese pharmacopeia around the year 2700 BC, forming part of the religious heritage and as a sacred herb with medicinal properties, extended to various diseases [Suarez et al. \(2018\)](#).

Due to their content in toxic psychoactive substances, especially Δ^9 -tetrahydrocannabinol (THC), they are classified as prohibited by the International Conventions of 1961, 1971 and 1988 [Suarez et al. \(2018\)](#), which means an international legal framework for regulating hazardous substances, which helps governments regulate and control the production, distribution and use, to prevent their abuse and guarantee their availability for medical and scientific purposes, that is, it prevents misuse and illicit trafficking by forming, together, the international drug control system.

In addition to the 1961 Convention, the 1971 Convention on Psychotropic Substances extended regulation to other psychotropic drugs, such as amphetamines and barbiturates. The 1988 Convention focused on combating illicit trafficking by establishing measures for international cooperation, asset forfeiture, extradition of traffickers, and control of chemicals used in drug manufacture [Convention on Psychotropic Substances \(1971\)](#), [United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988](#).

Therefore, the Single Convention on Narcotic Drugs of 1961 classifies drugs and their preparations into four lists updated by the UN Commission on Narcotic Drugs at the proposal of the WHO Expert Committee on Drug Dependence. Thus, List I includes narcotic drugs with a high potential for generating dependence and susceptibility to abuse, such as intermediate raw materials for opiates; List II contains narcotic drugs with the potential to generate dependence and susceptibility to abuse, but to a lesser degree than those in List I; List III includes preparations of narcotic drugs in Lists I and II that, due to their composition, do not represent a significant risk of abuse and can be dispensed without a prescription; and List IV includes narcotic drugs that have a high degree of danger and whose therapeutic value is doubtful or null. those that help governments regulate and control the production, distribution and use, to prevent their abuse and ensure their availability for medical and scientific purposes [International Narcotics Control Board \(INCB\). \(1961\)](#), [International Narcotics Control Board \(INCB\). \(2022a\)](#), [International Narcotics Control Board \(INCB\). \(2022b\)](#), [United Nations Office on Drugs and Crime \(UNODC\). \(1961\)](#).

For this reason, marijuana was illegal in almost the entire world since the beginning of the 20th century. A century later, its recreational and medicinal abuse was decriminalized to varying degrees by different countries, mainly in Europe and America; Likewise in this way, more and more nations are joining in its legalization [Rueda \(2022\)](#). [El Tiempo \(2022\)](#).

It is the most consumed illegal substance, the third after alcohol and tobacco; initial drug and with marked acceptance by young people who are most negatively affected and have a very low perception of risk, which they consume even together with other drugs and/or medications indicated to treat a medical condition.

Among the reports that support the above statement, some are pointed out, since the list would be endless. In the UNODC World Drug Report 2024, it highlights that cannabis remains the most widely consumed drug worldwide (228 million consumers), which had been noted years ago; Likewise, in the 2012 World Drug Report, the UN recorded that marijuana is the most consumed illicit substance worldwide, similarly in 2017 the UN pointed it out in its annual report, as the most consumed illegal drug in the world, the one that is most cultivated and the most seized. In the article entitled "The map of cannabis consumption in the world" of 2021, it states that cannabis, by far, is the most consumed drug in the world; also, the "World Drug Report 2022" presented by UNODC in 2022, indicates that cannabis remains the most consumed drug in the world, among others [United Nations \(UN\). \(2012, July 2\)](#) , [United Nations \(UN\). \(2017, July 6\)](#), [United Nations \(UN\). \(2024\)](#) , [United Nations \(UN News\). \(2022\)](#), [Free Newspaper. \(2022\)](#).

Thus, as of January 2024, Canada, Uruguay and 27 US jurisdictions had legalized the production and sale of cannabis for non-medical use, while various legislative approaches have emerged elsewhere in the world. In these jurisdictions, the process appears to have accelerated the harmful use of the drug and led to a diversification of cannabis products, many with a high THC content. Hospitalizations related to cannabis use disorders and the proportion of people suffering from psychiatric disorders and suicide attempts have increased in Canada and the US, especially among young adults. These illicit activities are also contributing to environmental degradation through deforestation, toxic waste dumping and chemical pollution [United Nations \(UN\). \(2024\)](#).

The harmful effects on the human organism overshadowed its possible medical use, a criterion emphatically ratified by the World Health Organization (WHO) in 1997, recognizing that cannabis has a negative impact on mental health [Menéndez & Donaire \(2017\)](#).

Even so, at the end of 2020 the UN, at the request of the WHO, reclassified cannabis and its derivatives for medical use and scientific research, but did not approve its legalization for non-medical uses, so it remains illegal according to the Single Convention of 1961. However, some countries and jurisdictions have legalized cannabis for recreational use, which has raised concerns about its possible effects on consumption and public health [Rueda \(2022\)](#). [El Tiempo \(2022\)](#).

The UN decided to reclassify cannabis by removing it from Schedule IV of the 1961 Single Convention on Narcotic Drugs, a decision based on the growing recognition of its medicinal and therapeutic potential. Although it remains illegal for non-medical purposes, this action could encourage more scientific research into the plant's beneficial properties. To better understand, prior to the reclassification in 2020, cannabis was classified in both Schedule IV and Schedule I of the 1961 Single Convention on Narcotic Drugs. Schedule IV, as seen, includes the most dangerous and addictive substances, while Schedule I includes substances with a high potential for abuse, but with possible medical uses under strict conditions. The reclassification in 2020 removed cannabis from Schedule IV, recognizing its medicinal potential, but kept it in Schedule I due to its high potential for abuse, but also recognizes its medical use under strict conditions. Although its use for non-medical purposes remains illegal, this decision could spur additional scientific research into the medicinal properties of the plant [United Nations \(UN\). \(2020\)](#). That is, the reclassification of cannabis would be equivalent to saying that it was removed from Schedule IV of the 1961 convention, its medicinal and therapeutic potential was recognized by being placed in Schedule I and, although it remains

illegal for non-medical purposes, it could spur scientific research into its beneficial properties.

There is still not enough evidence to regulate it for medicinal purposes, because clinical trials have been insufficient and because it is necessary to consolidate more proven scientific certainty, to be the basis for decision-making [Celso \(2022\)](#).

To make matters worse, after this decision, the global situation it causes continues to worsen and the UN reports that: "the legalization of cannabis in some parts of the world appears to have accelerated consumption and health-related consequences, according to the 2022 world report. [United Nations \(UN News\). \(2022\)](#).

The UNODC World Drug Report 2022, along with several articles from UN News, INCB, Infosalus and the UNAM Gazette, highlight that the legalization of cannabis in some parts of the world appears to have accelerated its daily use and health-related impacts. Despite legalization, illicit narcotics markets persist and drug use has not been reduced. In addition, the UNODC report highlights post-legalization cannabis trends, the environmental impact of illicit drugs, and the increase in drug use among women and young people. In other words, the legalization of cannabis is presenting significant challenges in terms of public health and drug control [United Nations \(UN News\). \(2022\)](#), [Infosalus \(2022\)](#), [Official Gazette of the National Autonomous University of Mexico \[UNAM\]. \(2022\)](#), [International Narcotics Control Board \(INCB\). \(2022a\)](#).

In addition, the trend towards legalization of recreational marijuana use is a major focus of the INCB's new report, which expresses great concern about the expansion of the cannabis industry, which markets products based on this substance in a way that attracts young people and downplays the harm that high-potency cannabis use can cause. It warns about the health damage of this liberalization and notes with concern the trivialization of non-medical cannabis use. The report goes further than ensuring that legalization does not reduce recreational marijuana use, noting that "it seems to lead to an increase in consumption, especially among young people", adding that unofficial data show that in jurisdictions where it has been legalized, marijuana use has increased by between 9% and 15% compared to places where recreational use remains prohibited [United Nations \(UN\). \(2023\)](#).

Its wide use, misuse, abuse, dependence and the discussion about the relevance of its effects, makes it the substance about which there is the greatest debate about whether it should be legalized or not, because, in addition, it behaves as a gateway drug.

Intoxication, disorders of consciousness, perception, hallucinations, panic attacks, reduced ability to drive with increased risk of injuries caused by traffic accidents have multiplied by two, for example, in the state of California, in USA [United Nations \(UN\). \(2019\)](#).

At the same time, 20% of the world's population suffers from chronic pain, which the WHO recognizes as a major global public health problem; For this reason, its approach is a topic that is increasingly in demand by the scientific community and society in general. At the Congress of the European Pain Society, they discussed advances in its management and, among the most innovative, was the use of medicinal cannabis. Furthermore, advances in the treatment of pain for numerous diseases have been important, providing a wide therapeutic arsenal to combat it, in constant evolution [Medical Gazette. \(2020\)](#).

Thus, the advances achieved in pharmacotherapy and multidisciplinary strategies for the management of pain in general and chronic pain are indisputable, however, there continue to be difficulties in accessing treatment by the most needy pain sufferers, due to sociocultural barriers, political barriers including those of health policies, the belief system of the population, religion, legislative and regulatory barriers, economic, geographical, governmental, educational and training barriers for medical and paramedical personnel, even discriminatory barriers, among others; which are more accentuated in poor developing countries, because to confront this multifaceted problem, inclusive and accessible policies are imperative to solve this basic health problem throughout the world, which causes so much suffering [Martínez Caballero et al. \(2015\)](#), [Pan American Health Organization \(PAHO\). \(2021\)](#).

Consequently, the author draws attention to the fact that the shortage of analgesic medications is not truly how it is handled in some works reviewed over time, that, with this argument, perhaps, what is sought is the legalization of cannabis; since it is well known that this has been one of the reasons most put forward by those who advocate its analgesic legitimation, along with its use as a treatment for some forms of epilepsy.

Consequently, cannabinotherapy continues to show the nebulous world of phytotherapy that the WHO itself has highlighted, due to the lack of data resulting from research, appropriate control mechanisms, education, training, work experience within national health agencies and control, communication of information, secure monitoring, and methods to evaluate its safety and effectiveness [De Janon-Quevedo \(2014\)](#).

Even considering that certain therapeutic applications arising from the first studies were subsequently proven, most of the medicinal aspects of marijuana must be re-explored under modern conditions of clinical research; that include requirements for quality, safety and scientific evidence, within an ethical framework that every clinical-pharmacological trial must comply with [De Janon-Quevedo \(2014\)](#).

As if that were not enough, according to the International Narcotics Control Board (INCB), various regions of the world use a wide variety of preparations that contain cannabinoids in various pharmaceutical formulations, concentrations and routes of administration; with the belief that they will relieve a wide variety of symptoms, often without credible evidence that they are safe and/or effective [United Nations \(UN\). \(2019\)](#).

Science has dedicated many years to the study of the toxic and therapeutic effects attributed to cannabis, with the aim of developing patentable drugs. Despite the fact that some medications have been patented, it has been observed that in supposedly therapeutic doses they have caused states of intoxication, have triggered latent psychopathology and/or aggravation of the existing one, so it is presumed that scientific information continues to be insufficient to make decisions. definitive. For all this, the author considered it necessary to carry out a narrative review on the topic, where the scientific problem he identified was: How can we contribute to the discrepant analysis on the reclassification of cannabis products for scientific research by the UN in 2020? For which the general objective was set: Contribute to the discrepant analysis of the reclassification of cannabis products for scientific research in 2024.

2. METHODS

In this qualitative theoretical research, carried out as a narrative review carried out from 2018 to 2024, a rigorous methodology was followed to analyze the information related to cannabis and medicinal marijuana, which allowed solving the scientific problem, therefore We detail your key steps below.

Bibliographic review: as a strategy, an orderly review was carried out through electronic searches in libraries of indexed national and foreign medical journals from the last seven years. Databases from the Cochrane Plus Library, MEDLINE, EMBASE and HINARI were consulted, and digital resources such as WordPress and Europa Press were used, which provided important additional data and relevant perspectives to enrich the review, which came from journals that were not covered. managed to have access from Cuba. At the same time, relevant articles were identified in the bibliographies of other studies and through individual searches in MEDLINE of authors who have reported information related to the topic. In addition, printed bibliography in scientific information centers was reviewed.

Keywords: the following were used in the searches: “cannabis”, “medical cannabis”, “marijuana”, “UN reclassification”, “health consequences” and “cannabinoids”.

Various types of studies analyzed: original articles, systematic reviews, official communications were examined; newsletters from ministries, the WHO, the UN and INCB, which addressed issues related to cannabis, medical marijuana and its use as medicine, before and after the UN decision.

Inclusion criteria: articles had to meet the following, be written in English, Spanish or Portuguese, analyze the response of cannabis, medical marijuana and cannabinoids, whether or not mixed with other drugs, and address health consequences.

Selection, filtering of articles, organization and citation: a total of 2 189 articles were identified, which were filtered to obtain relevant full texts and avoid repetitions. Finally, 134 articles were selected that met the established criteria, allowing the information to be organized and classified for analysis, discussion, and conclusions, with citations recorded according to APA Standards 7th Edition.

A preliminary version of this article was presented on the ResearchGate platform in October 2022 as a preprint, which allowed obtaining valuable comments and feedback that contributed to the development and a broader vision of the research.

3. REVIEW: RESULTS AND DISCUSSION

3.1. GENERALITIES ABOUT CANNABIS

Marijuana, one of the best-known drugs for its long history of more than 5,000 years, used for different reasons ranging from recreational, recreational, means of relaxation, meditation, festive, religious, mortuary rituals, raw material for the textile industry , of the paper; food source, oils; currency, payment of alms, of taxes; Furthermore, for many years, different medical properties have been attributed to it, like a magical panacea [Leal-Galicia et al. \(2018\)](#), [Ministry of Health, Government Delegation for the National Plan on Drugs. \(2022\)](#) , [Conrod \(2022\)](#), [Lajus \(2017\)](#), [Lajus \(2018\)](#).

Obtained from different varieties of plants of cannabis, has an extensive and controversial tradition, which today is the cause of debate between defenders of its

legalization and those who are committed to tightening laws that regulate its consumption, production and sale [Heras & Giannuzzi \(2016\)](#) , [Suarez et al. \(2018\)](#).

Approximately 284 million people (5.6% of the world population) had used a drug such as heroin, cocaine, amphetamines or ecstasy in 2020, of which 209 million used cannabis [Latin American Cannabis Observatory \(OLCI\). \(2022\)](#).

With more than 500 different chemical compounds, of which at least 113 cannabinoids; its main psychoactive THC and cannabidiol (CBD) - the two most studied substances - and cannabinol (CBN) [National Library of Medicine \(US\). \(2019\)](#), [Pastor \(2022\)](#) make up, among others, the main herbal cannabinoids; On the other hand, the body produces endocannabinoids, along with those synthesized and diverted from clandestine scientific research laboratories, and all of them, to produce their effects, bind to cannabinoid receptors.

The discovery of these receptors and their involvement in multiple diseases further encouraged the search for new cannabinoids in the hope of finding promising patentable drugs that surpass the therapeutic properties attributed to phytocannabinoids [Lajus \(2018\)](#).

Numerous “therapeutic” qualities and adverse effects of cannabis have been known since ancient times. The creation of drugs with more certain and safer effects displaced it and it disappeared from the pharmacopoeia; However, it remained as ethnobotanical medicine [De Janon-Quevedo \(2014\)](#).

Although as ethnomedicine it must meet technical-methodological and ethical requirements, cannabis lacks support from scientific evidence and does not satisfy quality and safety requirements, and can be considered a risk palliative [De Janon-Quevedo \(2014\)](#).

The first references to “medicinal cannabis” in the West mention the Irish doctor William O'Shaughnessy as a precursor, who “managed to record from a scientific perspective the attributed medical potential” [Leal-Galicia \(2022\)](#), [BBC World. \(2018\)](#), section “Research with Cannabis”).

The most surprising thing about this story is that the main recognized medical uses today remain the same as those identified by O'Shaughnessy in Calcutta more than 189 years ago: as an analgesic and for diseases such as epilepsy; It was new for him and the Western world, however, thousands of years ago, it was popularly used in the Asian continent for recreational and medicinal use [Leal-Galicia \(2022\)](#), [BBC World. \(2018\)](#), section “Research with Cannabis”).

After the furor caused by the defense of his thesis, it was spread throughout Europe and the USA, and many researchers began experimentation to treat all types of illnesses, so since 1850 in the USA, cannabis It was used as a pharmacologically recognized medicine. However, today its use and acceptance as a medical treatment remains controversial and the laws that regulate it continue to change around the world [Leal-Galicia \(2022\)](#), [BBC World. \(2018\)](#), section “Research with Cannabis”).

Ethnomedicine, hope in situations in which treatments are little or not at all effective, as can happen in advanced stages of cancer or new infectious diseases; It is even perceived as natural and safe, non-toxic, which is not necessarily true, especially if phytotherapy, conventional pharmacotherapy or other herbs are associated. Ethnobotanical medicine, given the potential toxic, mutagenic, carcinogenic and teratogenic effects, the ethical and moral questions cannot be ignored [De Janon-Quevedo \(2014\)](#), because medicine is not only that substance capable of producing positive effects, such as alleviating a symptom, but must also satisfy ethical demands.

Concerns and controversies have been centered on overly optimistic therapeutic claims, stating that it is the medicine for happiness, although other claims record that it only produces harm.

Although the author highlights the harm caused by the use, misuse and abuse of cannabis, as well as its potential to cause indirect deaths, he decided to summarize some positions on its harmfulness and morbidity and mortality, based on expert opinions and evidence from recognized scientific and health institutions. The FDA, although there is a growing interest in cannabis-derived therapies, continues to consider this substance in Schedule I with known risks. Research to demonstrate its safety and efficacy must be rigorous [Food and Drug Administration \(FDA\). \(2018a\)](#), [Food and Drug Administration \(FDA\). \(2018b\)](#). The National Academy of Sciences (NAS) of the US, in 2017, reviewed the literature on the effects of cannabis, finding that its consumption is associated with health damage, especially among long-term, habitual users [Agirregoitia Marcos \(2017\)](#). In addition, the UNODC, in its World Drug Report 2024, associate's cannabis uses with an increase in drug use disorders and environmental damage [United Nations \(UN\). \(2024\)](#). The European Monitoring Centre for Drugs and Addiction (EMCDDA) points out that cannabis use can lead to economic, social and health problems, especially if it is started at an early age and becomes habitual [European Monitoring Center for Drugs and Drug Addiction \(EMCDDA\). \(2023\)](#). The WHO indicates that cannabis use can increase the risk of schizophrenia, psychosis, social anxiety disorders and, to a lesser extent, depression, as well as negatively affecting cognitive development and memory [World Health Organization. \(WHO\) \(2022\)](#).

The Pan American Health Organization (PAHO) highlights that non-medical cannabis use can lead to consumption disorders, mental health problems such as psychosis and schizophrenia, and negative effects on physical health such as respiratory and cardiovascular diseases [Pan American Health Organization \(PAHO\). \(2018\)](#). IntraMed points out that long-term cannabis use is associated with toxic effects such as increased heart rate and blood pressure, chronic bronchitis, lung cancer, and mental health problems such as anxiety and depression [IntraMed Psychiatry. \(2024\)](#) Medigraphic mentions that cannabis use can cause chronic bronchitis, lung cancer, decreased sperm motility, erectile dysfunction, and chromosomal abnormalities [Clinical and Therapeutic Information Bulletin of the National Academy of Medicine of Mexico \(ANMM\). \(2017\)](#). The National Institute on Drug Abuse (NIDA) warns that cannabis use can lead to use disorders, especially if started before age 18, and can negatively affect memory, learning, and attention [Venero Hidalgo et al. \(2022\)](#). The European Union (EU), in a study it funded, showed that smoking cannabis can damage human DNA, increasing the risk of cancer [Live Sciences. \(2009\)](#), [ScienceDaily. \(2009\)](#), [CORDIS - EU Research Results. \(2023\)](#).

Cannabis use can have adverse effects on the heart and blood vessels. Studies have shown that it is associated with an increased risk of acute myocardial infarction, arrhythmias, myocarditis, pericarditis, sudden death, coagulopathies, thromboangiitis obliterans, and arterial hypertension. In addition, an increase in the rate of cardiac death has been observed following the approval of medical cannabis programs [National Academy of Medicine of Mexico. \(2015\)](#), [Hartman \(2021\)](#), [IntraMed Psychiatry. \(2022\)](#), [Cuidate Plus. \(2023\)](#). Its consumption, especially when smoked, can have negative effects on the respiratory system. Inhalation of smoke can cause chronic respiratory diseases such as bronchitis, increase the risk of respiratory infections, pneumothorax, pneumomediastinum, and emphysema. It has also been associated with COPD and cancer, especially in concurrent tobacco users. A study in Canada found that emergency room visits and hospitalizations for respiratory reasons were higher among cannabis users [Chatkin et al. \(2017\)](#).

Cannabis use may be linked to an increased risk of cancer, especially lung cancer, due to the carcinogenic components present in smoke [Mayo Clinic Health System. \(2023\)](#), [Aldington et al. \(2008\)](#), [JAMA Network Open. \(2019\)](#). It may also have adverse effects on the brain, increasing the risk of cerebrovascular diseases such as stroke. The transient vasoconstriction hypothesis explains many cannabis-related stroke cases. Furthermore, abuse is associated with alterations in motivation and cognition, and an increased risk of developing psychopathologies such as schizophrenia [Gómez Ochoa \(2017\)](#), [Verdejo-García \(2011\)](#). In summary, cannabis use can cause a wide range of adverse health effects, as well as an increase in the rate of indirect deaths. These risks underscore the importance of rigorous research and a cautious approach to their use and regulation.

In addition, it can reduce the worrying levels of drinking water and, in a similar way to how tobacco planting does, contaminate and disappear soils, forests, rivers, seas; affect the food chain, the ecosystem, biodiversity, increase greenhouse gas emissions and contribute to global warming; to climate changes, to the worrying and accelerated deterioration of planet Earth [Mills \(2017\)](#), [Mills \(2021\)](#), [University of Colorado. \(2021\)](#), [University of Cambridge, \(n.d.\)](#).

At the same time, recent research estimates that approximately three in 10 users suffer disorders from their abuse; that the risk is even greater in those who start doing it before the age of 18; In addition, it specifically affects the brain in areas responsible for memory, learning, attention, decision making, coordination, emotion, reaction time, and prolonged and/or frequent consumption is linked to a greater risk of psychosis or schizophrenia [Centers for Disease Control and Prevention \(CDC\). \(2021\)](#), section "Data and Statistics"; [Security Research Hub. \(2020\)](#), section "Results"; [Substance Abuse and Mental Health Services Administration \(SAMHSA\). \(2021\)](#), section "Results").

The enormous damage caused to health, life and planet Earth by wars, great famines, poverty, organized crime, natural disasters and climate change, together with the recent tragedy of COVID-19, have made it difficult to meet the objectives to achieve a better world. For this reason, in the author's opinion, the legalizing trends of marijuana that are gaining strength every day in today's world are totally incongruous. These trends have dismembered the already damaged perception of risk, even among health workers. In addition, they increase the accessibility and availability of cannabis products, which leads to an increase in the harmful repercussions of the use, misuse and abuse of these products, as well as the unexpected behavior of people under their influence, which are increasingly worrying.

3.2. IMPACT OF CANNABIS ON THE MATERNAL-FETAL BINOMIAL

Similarly, the maternal-fetal binomial, which makes up a risk group, cannot be separated during this analysis, since the damage caused by cannabis to the dyad begins during intrauterine life and perhaps before, to leave its mark on the stages prenatal, natal and postnatal.

As the number of states in the US legalizing the medicinal and recreational use of cannabis has grown, a growing number of American women are using it before and during the early stages of pregnancy, or to treat nausea, morning hours, anxiety and back pain [Cheer \(2019\)](#).

Also, in the same way that the legalization of recreational cannabis advances in the world, many people mistakenly believe that its consumption does not entail

health risks, which is why it has become one of the most consumed drugs of abuse during the world. pregnancy. Research shows that in utero exposure to cannabis has negative effects on children, causing higher levels of cortisol, anxiety, aggression, and hyperactivity, when compared to others who were not exposed [Hurd \(2021\)](#).

Consequently, its abuse among pregnant women is increasing and is detrimental to the health of the child, with the risk of low birth weight and behavioral problems; increased future risk of obesity and fasting hyperglycemia at five years [Moore \(2022\)](#).

At the same time, maternal cannabis use was associated with a reduction in the high frequency component of heart rate variability, a lower expression of genes that activate the immune system, including pro-inflammatory cytokines, which are involved in protection against pathogens [Hurd \(2021\)](#).

Another study suggests that prenatal exposure and its continued effects are associated with a greater risk of psychopathology during middle childhood, with the suffering of greater psychopathological conditions, sleep problems, body mass index, lower cognition and volume of matter gray [Europe Press. \(2020\)](#).

In addition, Canadian researchers found that exposure to THC during pregnancy negatively impacts the development of the placenta and fetus, which supports clinical studies that suggest that, during pregnancy, its consumption is associated with low birth weight and, Scientists have been able to characterize how THC prevents oxygen and nutrients, especially glucose, from crossing the placenta to the developing fetus. Also, they found reduced placental vascularization in the rat model, suggesting reduced blood flow from the mother to the fetus [Infosalus \(2020\)](#).

So, as can be seen up to this point, no stage of the development of man's life, from embryogenesis, that is not affected is exempt from its impact; At the same time, it damages neurodevelopment, deteriorates brain functions typical of the human species, produces diseases of all kinds, which associated with the diffuse affectation of the psychological phenomenon, leads to think that, if this consumer trend continues, the human species will suffer. transformations or will disappear over time.

3.3. BRAIN, NEUROPSYCHOLOGICAL AND MENTAL ILLNESSES CAUSED BY CANNABIS

On the other hand, an interesting finding was that marijuana, and especially its consumption at an early age, is an important variable that negatively and directly influences brain development, its functions, and the appearance of mental illnesses [Bioque \(2022\)](#).

Accumulating evidence shows that regular consumption in adolescence is associated with alterations in the connectivity of brain regions involved in a wide range of executive functions, such as memory, learning, and impulse control [Ben Taleb et al. \(2021\)](#).

The olfactory neuroepithelium is a peripheral nervous tissue, which represents an interesting model to study the effects of drugs on the brain, as it is closely related to the central nervous system. As a result of another study: the neuro-olfactory cells of consumers exhibited alterations in proteins related to the cytoskeleton, proliferation and cell death, as well as changes in proteins involved in cancer, gastrointestinal and neurodevelopmental pathologies. Their results indicate that cannabis can alter key processes of the developing brain, some of which are similar to those reported in mental disorders such as DiGeorge syndrome [Delgado-Sequera et al. \(2021\)](#).

On the other hand, in a Spanish clinic, 50% of the 500 to 600 patients who receive care annually test positive for marijuana, "they are all minors and if accessibility is made even easier, there could be many more." Cannabis is being talked about as a harmless substance, a producer of happiness, that does not cause any type of harm and that is not real [Arango \(2022\)](#).

Another study aimed to examine in a sample of adolescents, to what degree the development of cerebral cortical thickness evaluated by magnetic resonance imaging was associated with cannabis consumption. The results suggest that cannabis use during adolescence was associated with altered neurological development, particularly of the cannabinoid-1 receptor-rich cortex, which experienced the greatest age-related cortical thickness change in mid-to-late adolescence [Albaugh et al. \(2021\)](#).

At the same time, psychiatry warns that the greater the accessibility and availability of the drug, the greater the number of mental disorders there will be. The risk begins in adolescence, a time in which brain maturation phenomena occur, which the drug does not allow to occur adequately [Arango \(2022\)](#).

Currently, there are no US Food and Drug Administration (FDA)-approved psychiatric indications for cannabinoids, and there is limited evidence supporting the therapeutic use of cannabinoids for the treatment of psychiatric disorders [La Colina et al. \(2022\)](#). The FDA has not approved the use of cannabis (the plant itself) to treat any medical condition. However, the FDA has approved certain medications that contain specific components of cannabis (cannabinoids), such as cannabidiol (Epidiolex) and dronabinol (Marinol, Syndros) [Mayo Clinic. \(2022\)](#).

Consequently, the FDA has approved several cannabinoids used in medical treatments, such as: Epidiolex, an oral CBD solution, used for the treatment of seizures associated with Lennox-Gastaut syndrome, Dravet syndrome, and tuberous sclerosis complex; Marinol (Dronabinol) containing a synthetic form of THC approved to treat anorexia associated with weight loss in AIDS patients and for chemotherapy-induced nausea and vomiting in patients who have not responded adequately to other treatments. [Food and Drug Administration \(FDA\). \(2018a\)](#), [Food and Drug Administration \(FDA\). \(2020\)](#), [Food and Drug Administration \(FDA\). \(2024\)](#).

Similarly, it approved Syndros, which is a liquid form of dronabinol to also treat anorexia associated with weight loss in AIDS patients and for nausea and vomiting caused by chemotherapy in patients who have not responded to other treatments, and Cesamet (Nabilone), which contains nabilone (a synthetic cannabinoid similar to THC), approved to treat severe nausea and vomiting caused by chemotherapy [Graalum et al. \(2019\)](#), [SYNDROS. \(n.d.\)](#), [Mayo Clinic. \(2022\)](#).

Anti-nausea medications containing the active ingredient cannabis THC have been approved for use in some countries. Cannabis-based medications may be useful in treating chemotherapy-induced nausea and vomiting. However, methodological limitations of the trials restrict conclusions and future studies reflecting current chemotherapy regimens and new anti-emetics are likely to modify these conclusions [Smith et al. \(2015\)](#).

A scientific study, considered the largest carried out to date, concludes that there is not enough evidence that medicinal cannabis, both based on CBD and THC, relieves depression, anxiety disorder, attention deficit hyperactivity disorder, Tourette's, post-traumatic stress disorder or psychoses; They have even confirmed that THC, with or without CBD, aggravates the negative symptoms of psychoses. Both physicians and patients should be aware of the low quality and quantity of

evidence on the effectiveness of cannabis in the treatment of these disorders, in addition to the potential risk of adverse events [Degenhardt \(2019\)](#).

Similarly, psychiatry defends that: “for now there is no type of scientific evidence” on the effectiveness of medicinal cannabis to treat mental disorders; The greater the consumption and accessibility, the more cases of psychosis will occur; The more cannabis there is, medicinal or not, the more psychosis there will be, the relationship of this substance with psychotic disorders is “clear and causal” [Celso \(2022\)](#).

Therefore, in the author's opinion, it is the responsibility of personnel informed of its harmful effects to warn, communicate and promote the renunciation of cannabis consumption and cannabinoid treatment by the entire population, but particularly those with a personal history and /or family member of any mental disorder, since they also constitute another risk group for getting sick.

In the European Union, approximately 83.4 million people or 29% of adults aged 15 to 64 have at some time used an illegal drug, with cannabis being the most consumed, with more than 22 million adults reporting having used it in the past. last year. Also, its adulteration with very powerful and toxic synthetic cannabinoids is worrying [Goosdeel \(2022\)](#).

At the same time, babies, children, adolescents, in whom the brain is still developing, are particularly susceptible to the adverse effects of marijuana; and its consumption during pregnancy can increase the risk of complications, so pregnant women or breastfeeding mothers should avoid its consumption [Centers for Disease Control and Prevention \(CDC\). \(2021\)](#), [Security Research Hub. \(2020\)](#), [Substance Abuse and Mental Health Services Administration \(SAMHSA\). \(2021\)](#).

Research conducted with 204,780 youth ages 10 to 24 found that youth with mood disorders who abuse cannabis are at increased risk of self-harm, death from all causes, and death from unintentional overdose. Marijuana use and addiction is common among youth and young adults with mood disorders, but the association of this behavior with self-harm, suicide, and overall mortality risk is not well understood in this population, which It is already vulnerable. These findings should be considered, since States are contemplating the legalization of medical and recreational marijuana at the same time, they are unaware that they are associated with greater cannabis use disorder [Fontanella \(2021\)](#).

In the author's assessment, it is appropriate to remember a mnemonic resource used in psychiatric medical training, that addiction is considered the disease of the three Ds: the first D, would be for denial of the English denial, the second D, for dependence. and, the third for depression; The latter can lead to the appearance of suicidal ideations and committing suicide, a complication that can be prevented.

Even cannabis use during the critical period of neurological development of adolescence can cause structural, functional and histological alterations of the brain that can sustain some of the long term behavioral and psychological damage associated with it. The endocannabinoid system plays a key regulatory and homeostatic role, undergoing developmental changes during adolescence, potentially making it more susceptible to the effects of cannabis exposure [Blest-Hopley et al. \(2020\)](#).

Also, cannabis consumption in adolescence alters neurological connections and produces failures in the restructuring of the cerebral cortex that causes behavioral alterations, so it is likely to find deficiencies in memory, verbal fluency, decision making and cognitive flexibility. Jointly, if consumption is chronic, it could lead to a

deterioration in general intelligence, executive function, judgment, and impulsivity [Guardia \(2020\)](#).

As the author points out, the maxim that teaches the validity of Martí's preaching should prevail, which he quotes: "We work for children, because children are the ones who know how to love, because children are the hope of the world" [Center for Martian Studies. \(n.d.\)](#), taking into account that, from the time of pregnancy, the new generation is frequently violated by irresponsible cohabitants or family members who negligently consume, even inside the home or in any other place, and expose them to the pernicious environmental smoke of second-hand and second-hand cannabis, causing damage with the multiple toxic, oncogenic and teratogenic products it contains.

In his opinion, not only does cannabis smoke and its derivatives cause harm to those who consume it, as is also the case with tobacco, but in closed or poorly ventilated public and private spaces, they harm everyone who is exposed to cannabis smoke. second and third hand, to become passive consumers of cannabis, suffering, perhaps, even greater damage than that caused to those who actively abuse it, causing dire consequences for their health and life; which is even more painful when it is analyzed that they are preventable diseases and deaths; Therefore, smoking cannabis or its derivatives in these spaces could be considered a form of child violence.

He reiterates this reflection, because both in his line of study and work and in the scientific literature he reviewed, there were few studies that addressed the consequences of exposure to environmental smoke from second-hand cannabis or secondhand smoke, none of them addressed the damage caused. due to exposure to third-hand cannabis smoke and, much less, that generated by fourth-hand cannabis that causes so much damage to the environment, nor, in any case, were they properly conceptualized.

Another review article, which synthesizes evidence from studies in adolescent cannabis users, shows alterations in cognitive performance, as well as brain structure and function, with relevant preclinical evidence to summarize the current state of knowledge. They also focused on the limited evidence for the hypothesis that cannabis use during adolescence may represent a greater risk than use during adulthood, identifying gaps in the current evidence and thus suggesting other directions for further research [Blest-Hopley et al. \(2020\)](#).

It is necessary to highlight that before and after the ruling of the international organization, studies have indicated a solid relationship between intense and persistent cannabis use and the deterioration of cognitive functioning [Conrod \(2022\)](#), At the same time, their trade tends to increase abuse by minors, they warn of memory problems, bronchitis, depression, schizophrenia, learning difficulties and motor dysfunctions; pointing out the influence of the frequency of consumption and the strength of cannabis, which is more powerful today than a few years ago [Ruiz de Pinedo et al. \(2022\)](#), [Bioque \(2022\)](#), This study emphasizes that there is no safe consumption with either small quantities or low purity.

Future research is required to more precisely study cannabis use in adolescents, using better defined or longitudinal groups, and examine the permanence of these changes after the abuse becomes chronic; In addition, research is required to identify hereditary risk factors for consumption. Caution is therefore necessary when considering the "therapeutic potential of cannabis" for adolescence, particularly during public discourse, as it may lead to trivializing potential harm [Blest-Hopley et al. \(2020\)](#).

Likewise, reflecting the author's point of view, the effects described in neurodevelopment have enormous risk in offspring and youth, expressed in embryofetal syndrome, behavioral teratogenesis well known in medical practice, which make socialization, in general learning difficult and sometimes, until validism; which, at the same time, lead to the consumption of this and other drugs and the development of antisocial personality, newborn withdrawal syndrome and congenital defects.

Also, according to the author's analysis, the results of current research make him think that the moment in which it was decided to reclassify cannabis for medical use and scientific research was not appropriate either; nor were the conditions created internationally, nor did there exist sufficient contrasted scientific evidence; but yes, a not insignificant percentage of people trapped in their networks, deteriorated or dead as a result of consumption, to which are added the desperate currents in favor of its legalization, as will be analyzed and discussed later.

In accordance with the author's vision, he considers it appropriate to highlight that, from the point of view of science, a drug is any chemical substance of natural or synthetic origin that affects the functions of living organisms and, when the effect is on the nervous system central, are called "psychoactive". However, it must be taken into account that, for popular perception and as part of their beliefs, they are considered completely different; That is, "medicines" relieve suffering, help fight against death, are good and are sold in pharmacies, and "drugs" cause severe disorders, cause death, are bad and, therefore, are prohibited [Lajus \(2018\)](#).

In his opinion, he considers that, it seems, it is not important to have many more questions than answers about the positive or negative consequences of cannabis consumption on the individual, the family, society and the environment and, most importantly, that whether to establish a position against or in favor of cannabis.

Therefore, according to his criteria, social communication strategies in health must be taken into account, since in all media, especially in medical scientific literature when addressing this topic, the expressions marijuana and cannabis are used interchangeably as if they were synonyms. and they are very different; even more so, the use of terms such as cannabis or medicinal marijuana, which he considers incongruous, when we take into account the long and well-known journey and the disastrous history of marijuana, accompanying man on his extensive socio-historical journey associated with such a negative impact on all spheres of life, which requires being scrupulous and precise with semantics.

From his perspective, another phenomenon that generates great perplexity in the population, especially the young, is the distortion of communication present both in newspapers in digital and printed format, as well as on television, where the first impact that the news gave of the reclassification, was that marijuana had been legalized; Likewise, on the web, spaces of all kinds dedicated to marijuana have enjoyed sophisticated marketing on their pages, sites and portals for many years; Furthermore, as if that were not enough, through the intentional propaganda in these media and the naive propaganda, modeling smoked by great artists is promoted, even those who already have gray hair, or the presence of the image of the leaf, on any type of product, including clothing, or for the promotion and use of any medical marijuana product; as well as seeing the smoking of weed, by charismatic leaders, opinion leaders, as a marketing strategy with the intention of arousing interest in the product, provoking its abuse and thus, hooking the consumer.

For all this, the author maintains that it is very important to know how the public perceives messages on health issues with the aim of achieving a true impact

on issues related to cannabis and medicinal cannabis; Therefore, health personnel and the media must be careful with the content and information offered, which has failed, as a control strategy for this and other drugs of abuse.

Additionally, in its annual report, the INCB analyzes the recreational legalization of cannabis in several US states and Canada and concluded that insufficient regulation of its use for medical purposes has allowed the drug to be used for other purposes. In the opinion of a member of this board, supported by data from the WHO, the legalization of cannabis for recreational purposes represents not only a difficulty or obstacle to the universal application of the treaties, but also a very important problem for health and well-being, particularly for young people [United Nations \(UN\). \(2019\)](#).

Therefore, in the opinion of some scientists, we are witnessing the fraudulent use of the medicinal surname. You cannot expect a product that has not been subject to the laws of regulatory agencies to be called medicinal. At the same time, the president of the Spanish Society of Psychiatry points out, as the author of this review maintains, that action must be taken, as was done with the coronavirus vaccine, which was available a year before it was administered, but was forced to pharmaceutical companies to demonstrate that it was better than the placebo, to guarantee its safety and see what problems they raised [Pastor \(2022\)](#) & [Vink \(2019\)](#).

To date, no study has described an association between cannabis potency and mental health; However, this use is consistently linked to poorer mental health outcomes, and there is evidence that higher potency cannabis use increases these risks [Lindsey et al. \(2020\)](#).

It is known from research reviewed over the years, experience acquired by the author during clinical practice, how the potency of cannabis has progressively increased, presenting higher percentages in the concentration of THC. So, the marijuana that was consumed a few years ago has nothing to do with what is consumed today, nor the clinical picture, the stridency of the psychotic incursions, the strong dependence, the withdrawal syndrome, nor the behaviors under its influence. The damage being undoubtedly much more surprising and serious, even with a smaller quantity, exposure time, and consumption.

The objective of another study was to examine the relationship between attenuated psychotic experiences and cannabis use in adolescents, where the analysis indicated that emotional and behavioral adjustment problems mediated the relationship between consumption and psychoticiform experiences. It seems that, once the effect of multiple confounding variables is controlled, cannabis use increases the risk of comorbid psychopathology, and this, in turn, the risk of psychosis [Fonseca-Pedrero et al. \(2020\)](#).

These results suggest that the relationship established between psychotic experiences and cannabis is complex and is mediated by relevant variables. Future research should examine gene environment interactions through longitudinal studies [Fonseca-Pedrero et al. \(2020\)](#).

As if that were not enough, the negative effects of marijuana use in adolescents include, not only learning problems, short-term and long-term memory; In addition, up to eight IQ points are lost and are not recovered; reduced coordination, difficulties maintaining attention, difficulties with school, social life, thinking and problem solving. Also, it is linked to a variety of mental health complications, such as depression, anxiety, greater likelihood of a psychotic episode or chronic evolution, including schizophrenia. The association between marijuana and

schizophrenia is stronger among those who begin using it at younger ages and do so more frequently [Sánchez-Monge \(2021\)](#), [Sánchez-Monge & Otaduy \(2020\)](#).

Cohort studies and meta-analyses have documented a strong association between cannabis use, heavy use and misuse, with future risk of schizophrenia [Gillespie & Kendler \(2021\)](#).

Likewise, where there is marijuana and young users, "the number of people who have a first psychotic episode multiplies by four" throughout their lives; It constitutes a proven risk factor for increasing the risks of mental disorders such as: depression, anxiety, schizophrenia or suicide; It is shocking that the number of poisonings in children between zero and eight years old multiplied by 10 after its legalization in Colorado, USA [Arango \(2022\)](#), [Bioque \(2022\)](#).

As if that were not enough, there is an emerging current of opinion in Western societies, which demands the unblocking of cannabis for recreational use and which ensures that this substance has no harmful effects. But scientific evidence shows that if the endogenous endocannabinoid system of the human brain, involved in mental processes, does not function normally, it can lead to different mental illnesses and the development of cannabis addiction. Vulnerable groups should be warned of these dangers when there is a family or personal history of psychosis, bipolar disorder, attention deficit, and impulsivity [Szerman et al. \(2019\)](#).

Another study indicates that users are between two and three times more likely to suffer a psychotic episode than those who do not; those genetically predisposed to developing schizophrenia or other psychoses and that approximately 50% of those who go to the hospital showing psychotic symptoms are consumers [Bioque \(2022\)](#).

Also, another investigation found that long-term cannabis use is associated with cognitive deficits and a smaller volume of the hippocampus in middle age, which is very important, because both conditions constitute risk factors for dementia [Meier et al. \(2022\)](#).

When consumption begins at very early ages, the long-term consequences will be very negative, affecting cognitive and intellectual processes. THC is the substance, above any other drug, with the most potent capacity to produce psychosis in vulnerable people. Additionally, people at high risk of developing psychosis also have a greater genetic vulnerability to developing problematic cannabis use [Szerman et al. \(2019\)](#).

Even in individuals with low vulnerability to suffering from psychotic symptoms, very powerful THC can trigger psychosis, so the trivialization of consumption constitutes a serious risk for public health [Szerman et al. \(2019\)](#).

On the other hand, "the level of psychosis is also associated much more with cannabis than with other harder drugs such as heroin or cocaine." Genetics plays an important role in psychotic disorders and consumption advances and favors the appearance of these episodes. Adolescence, a time of life when brain maturation phenomena occur, cannabis consumption does not allow them to occur correctly, increasing the risk of psychosis [Bioque \(2022\)](#).

There is growing public interest in the use of cannabis and its main constituent cannabinoids, THC and CBD, for a large number of conditions, including psychiatric disorders. In parallel, there is considerable commercial interest in promoting these products as treatments for various disorders [D'Souza \(2019\)](#). As a result, health professionals need to be well informed on this topic and, although some reviews of the existing evidence have been published, none have considered all of the available

evidence, the possible different effects of cannabinoids, nor the safety of these compounds in mental disorders [D'Souza \(2019\)](#).

Based on the author's interpretation, it is well known that the frontal lobe of the brain, which represents approximately one-third of the brain, is involved in traits that make humans unique. The supraorbital prefrontal cortex, linked to complex cognitive aspects and language, is conceived as the “center of personality.” Its basic function is to allow consciousness and cognitive-volitional behavior. However, under the effects of marijuana, this cortex “turns off” and the animal brain emerges. This explains, to a large extent, the alterations of the nervous system and the psychopathological anomalies observed in the reviewed studies.

It is for this reason that, under the effects of cannabis and its derivatives, as the animal part of the brain is unchecked, it is the one that takes control, all of which justifies the instinctive-affective-irrational behavior, which can give rise to behaviors extremes such as anthropophagy, to the delirium of superhuman strength and invulnerability. These behaviors are manifested through exaggerated violence, destructiveness, unexpected aggression, homicides, suicides and even sudden death shortly after coming into contact with the drug. This behavior is very distant from that of a normal human being, which is characterized by cognitive-volitional-rational behaviors.

3.4. SOME “MEDICINAL” USES OF CANNABIS

The list of indications for which its use is supported are, among others, for the treatment of spasticity in patients with multiple sclerosis, some forms of epilepsy, nausea and vomiting derived from chemotherapy, endometriosis, cancer pain, non-chronic pain. oncological including neuropathic [Ruiz de Pinedo et al. \(2022\)](#).

Based on the mechanism of pain, current evidence indicates that cannabis-cannabinoids have been shown to be effective in pain and have the potential to reduce the arsenal of analgesic drugs in traditional use; “There are currently few options for the treatment of pain,” providing hope to many people to eliminate or reduce the use of drugs, reducing or disappearing side effects, because pain is a factor that affects quality of life [Carbonel \(2021\)](#).

A study conducted in Michigan, USA, has shown that more than half of people who use medical marijuana products for pain relief also experience multiple withdrawal symptoms. Additionally, about 10% of patients who participated experienced worsening sleep rhythm, mood, mental status, energy, and appetite over the next two years because they continued to use cannabis [Coughlin \(2021\)](#).

Also, some people report significant benefits with medicinal cannabis, but for the above study, the findings suggest the need to increase knowledge about the development of withdrawal signs and symptoms to reduce drawbacks, especially among those who experience severe symptoms and/or or that worsen over time [Coughlin \(2021\)](#).

Similarly, in a Cochrane review, conducted to address media confusion with cannabis, by analyzing evidence from research on benefits and harms of cannabis-derived medicines for adults with chronic neuropathic pain, Where randomized trials were searched, 16 of these studies were found that lasted between 2 and 26 weeks, with a total of 1,650 patients, where the quality of the evidence was assessed as very low to moderate; and it was concluded that: quality evidence that any product obtained from cannabis works for any chronic neuropathic pain was lacking [Mücke et al. \(2020\)](#).

On the other hand, an analysis of more than 10,000 scientific studies by the “US National Academies of Science, Engineering, and Medicine” has concluded that the evidence for its medicinal use is conclusive in chronic pain, some symptoms of sclerosis multiple and as a post-chemotherapy antiemetic in adults [López Pelayo et al. \(2018\)](#).

Therefore, it is worth noting, in accordance with the author's vision, that the mission of medicine to serve humanity, improving the health and well-being of people by contributing to a higher quality of life, however, the evidence of medicinal cannabis It is not conclusive, if not negative.

Furthermore, it is known by the majority of scientists and cannabis scholars, especially doctors, that there are pharmacological alternatives for the treatment of pain that are far superior to those derived from cannabis and its derivatives, at a much lower cost and, above all, all, which do not put the health of the population at risk, as cannabis and patented synthetic cannabinoids do [Ferrer Oliver et al. \(2024\)](#), [Pech Puebla \(2024\)](#), [García Henares & de Santiago Moraga \(2022\)](#).

Therefore, in his opinion, this cocktail of cannabis molecules could translate into a long-term increase of unknown and unfavorable magnitude in the use of cannabis, since after the decision to reclassify it for scientific research, its use has skyrocketed, accidental exposure of minors and the increase in the number of countries that legalize it for recreational use.

Also, a study carried out by a Canadian university has discovered that medicinal cannabis oil containing both CBD and a small amount of THC can reduce seizures in children with severe and drug-resistant epilepsy [Europe Press. \(2019\)](#).

Two other studies indicate that 30% of patients are resistant to conventional antiepileptic treatments and present severe symptoms with a poor prognosis; where the most vulnerable are children and young people. CBD was used as an adjuvant treatment in refractory or drug-resistant epilepsy, where it has been shown to have an anticonvulsant effect, mainly in motor seizures, and in patients with Dravet and Lennox-Gastaut Syndromes. These were serious cases, with a long evolution time and several simultaneous treatments [Ferreiros et al. \(2017\)](#), [Espinosa-Jovel \(2023\)](#).

Reported mild to moderate adverse effects were: drowsiness, changes and decrease in appetite, diarrhea, fatigue, seizures, status epilepticus, lethargy, changes in concentrations of concomitant antiepileptic drugs, gait disturbance, and sedation [Ferreiros et al. \(2017\)](#), [Espinosa-Jovel \(2021\)](#).

Another study in young people between 19 and 30 years old, who smoked cannabis from a very early age, showed that it can increase the risk of heart disease later in life; revealed greater arterial stiffness in users than in non-users. The team measured how quickly a pressure wave traveled through the artery, with stiffer arteries transmitting the wave more quickly. In cannabis users, cardiac function, which is inferred from how the heart moves based on echocardiographic images was lower than in non-users [Cheung \(2021\)](#).

Recent study notes that cannabis users may be especially vulnerable, as they have previously been shown to have higher levels of apathy and anhedonia than non-users [Skumlien et al. \(2021\)](#).

In turn, as more states in the US legalize medicinal and recreational cannabis, rates of driving under the influence of this drug are increasing significantly [Pearlson et al. \(2021\)](#).

Driving under the influence of any substance, including marijuana, is dangerous and illegal, because it negatively affects the skills necessary to do so safely, with

adequate reaction time, coordination, and concentration [Centers for Disease Control and Prevention \(CDC\). \(2021\)](#).

At the same time, another finding was that the worse road driving performance was evident for several hours after smoking it [Marcott et al. \(2021\)](#), On the other hand, a strong association between abuse and post-traumatic stress disorder was indisputable [Metrik et al. \(2022\)](#).

However, it was suggested that its regulation would reduce traffic accidents, sales on the black market and in other situations, but, for the moment, the figures have been established and have even increased, which makes the problem even more worrying. [Shepherd \(2022\)](#).

Experts warn that, although CBD can have positive impacts in the treatment of coronavirus, the FDA noted that the consumption of this substance can give a false sense of security or protection, when its effectiveness has not yet been fully proven [Carbonel \(2021\)](#).

Also, an important environmental cost has the rise of the cannabis industry, which has become a big business in many countries due to its large number of consumers [Sánchez-Monge \(2021\)](#) and the million-dollar profits that are earned; So, it's worth asking, at what price? In the author's opinion, words are unnecessary.

According to the INCB, cannabis use has increased among adults over 21 years of age in States that have passed laws allowing its use for medical purposes, and there are higher rates of daily use, abuse and dependence. Furthermore, the number of adult men seeking treatment for cannabis use disorders has increased the most in these countries [United Nations \(UN\). \(2019\)](#).

On the other hand, the use of cannabis for non-medicinal purposes contravenes international drug control treaties and is a health risk, warns a new INCB study. In its annual report, it analyzes the recreational legalization of cannabis in several US states and Canada, and concludes that insufficient regulation of its use for medical purposes has allowed the drug to be used for other purposes [United Nations \(UN\). \(2019\)](#).

The president of Society-drug-alcohol emphasized the difficult steps that a drug must overcome for its approval, stating that "The studies that exist do not serve science because we need verification for its approval." In some European countries, the evidence is not conclusive enough and they have insisted that "society cannot take risks that are not good," even more so, when "the age at which consumption begins and child-adolescent problems have increased" [Shepherd \(2022\)](#).

Scientists such as [Ben Taleb \(2021\)](#), point out that "As public health specialists, our goal is not to limit individual freedoms or rights," "our goals are to raise health awareness and ensure that false information does not promote harmful perceptions and risk behaviors; "we want to empower the public to make informed decisions based on health facts."

As if that were not enough, a UN report points out that the increase in consumption and potency of some cannabis products is bringing with it negative health effects and entails health risks for people of all ages, and adds that, Admissions related to drug dependence and withdrawal increased eight-fold worldwide, while admissions due to marijuana-related psychotic disorders quadrupled; In addition, hospital consultations for injuries suffered from marijuana-related accidents also increased by 30% [United Nations \(UN\). \(2023\)](#).

Reflecting the author's point of view, despite these being some of the reasons why the UN kept this drug under total prohibition for so many years, rapes were and continue to occur as an event of great magnitude and frequent occurrence

throughout the world, since trafficking, consuming and destroying the lives of those who are trapped in the networks of this drug have continued. There has been an increase in passive consumers due to being exposed to second-hand cannabis smoke and the aggrandizement of non-dependent people who engage in reprehensible behavior under its influence.

Likewise, he maintains that it was only more than three years ago that cannabis was reclassified; however, years ago, a few countries, even under these prohibitions, patented and marketed a series of “drugs” with the aim of treating ailments or calm discomfort; nor did research stop with the desire to synthesize new molecules, however, it did not pay attention to these realities that violated what international conventions tried to contain; so, in many countries, they have been used for several years for the treatment of various medical conditions and symptoms, with presentations that, sometimes not infrequently, leave much to be desired for a pharmacological product; for example, smoking marijuana cigarettes to relieve osteoarticular pain, “pharmacology” very distant from doses, contraindications, drug interactions, toxicity, knowledge of pharmacokinetics and pharmacodynamics, serious adverse reactions, among others.

According to his criteria, it is disadvantageous that the UN does not have powers to grant or repeal patents and that this depends on the laws and regulations of each country or region through its regulatory agencies, a controversial and dangerous argument, since these patents could have beneficial effects for the health of patients, but they can also generate ethical, social, legal, scientific and medical problems, guided by the requirements of novelty, inventiveness and industrial application, necessary to patent an invention, which is still an complicated issue that is suggested to be analyzed.

So, it is worth asking ourselves why, knowing the damage that it generates in all spheres of life and life itself, the use, misuse, abuse and dependence of this drug that remains illegal throughout the world, were not taken sanctions in a timely manner? Because synthetic, semi-synthetic, patented herbaceous cannabinoids are also marketed, even the very dangerous illegally produced synthetic cannabinoids, how was it intended to exercise international control to confront them, before making the decision to use them medically and for scientific research final? Because everyone can be affected either directly or indirectly, since drug problems exacerbate most of the most important health, social, ecological challenges, among others, today aggravated.

However, the enormous attention paid to “medical marijuana” is striking, above other serious problems facing the health sector today, even more so, the marked interest in its long-standing legalization, along with the overvaluation of the beneficial effects and the underestimation of the harmful effects on physical and mental health and the environment; so, it is worth asking: Will there be other interests, still unknown, behind the new measures adopted? Would the large interests, accelerated growth, the prodigious and widespread million-dollar profits of the booming cannabis industry with growing and accelerated development and the numerous sources of employment it generates have any influence on the decision made? Because a priority for all members of the health sector, through multiple programs, is to prevent the deterioration of mother earth, which is the world in which we live, for any reason, nor to ignore its fundamental mission of ensuring health and safety. quality of life of the human being, who lives on a planet that has been scathingly torn apart with greater carelessness every day, as large economic interests predominate.

3.5. STATE OF SCIENTIFIC RESEARCH

So far it has been seen that concerns and controversies are centered on overly optimistic and overvalued therapeutic claims, saying that it is the panacea for happiness, however, other claims point out that it only causes harm [Celso \(2022\)](#).

Cannabis acts on the endocannabinoid system and the effects will be different depending on how genetically people are different. The use of CBD, which is not psychoactive, must be based on clinical trials on psychosis and barriers must be established to make access to cannabis difficult for adolescents and people at high risk of psychosis. At the same time, it has been recognized that “it is very “It is difficult to have controlled trials that verify its usefulness” [Goosdeel \(2022\)](#).

Regarding doses, current reporting practice often includes frequency of use, but lacks an adequate measure of exact dose, that is, how much is consumed. The usual measurements of dosage, such as weight of cannabis in grams, number of “joints” smoked have important limitations to this day, as they cannot capture the increasingly diverse range of products and methods of use: edibles, drinks, vaping and dabbing. Inconsistencies in methodology and reporting practice make it difficult to understand the health effects of THC, both in terms of adverse outcomes and potential benefits [Freeman & Lorenzetti \(2021\)](#).

It was of great interest, when examining multiple investigations on the subject of marijuana and medical marijuana, to find that, in general, similar phrases are repeated but with the same meaning, as if it were a cliché, forming part of the limitations of the study, such as find them also present in their conclusions and recommendations, becoming taglines, of which some examples are presented: “it is recommended to continue carrying out more studies for confirmation”; the evidence surrounding the substance so far is very moderate; the evidence is moderate; more studies are needed to understand; the studies are small and biased; For now there is no type of scientific evidence on the effectiveness of medicinal cannabis; expressions that perpetuate perplexity about its efficacy and effectiveness [Celso \(2022\)](#), [Ruiz de Pinedo et al. \(2022\)](#), [Lakin \(2022\)](#).

Likewise, other comments point out that, “there is very little evidence for doctors about what dose to use”; more research is required on this topic; This research has been the first step to determine if there is any association; More scientific information is needed on this topic based on careful systematic reviews or meta-analysis. There is an urgent need for randomized controlled trials to conclude whether there are benefits of cannabinoids for psychiatric disorders, pain, among others [Infosalus. \(2020\)](#), [Degenhardt \(2019\)](#), [D'Souza \(2019\)](#), [Europe Press. \(2019\)](#).

At the same time, they also note that: “the studies that exist do not serve science because we need verification for their approval”; produce scientific studies that clarify this; “it is very difficult to have controlled trials that verify its usefulness”, the therapeutic usefulness of cannabis “leaves much to be desired on a scientific level”; “We do not have enough scientific evidence because the clinical trials have been insufficient, so it is necessary to consolidate more evidence to be the basis for decision-making and to clarify whether the substance has more benefits than risks” [Celso \(2022\)](#), [Ruiz de Pinedo et al. \(2022\)](#), [Lakin \(2022\)](#).

According to the author's analysis, these expressions are not bad, nor do they detract from the research, much less the researcher, on the contrary, they denote respect for oneself and science. They reveal the scientist's dissatisfaction with his own results, which have limited him, either due to the design, necessary variables not included, methodology; which demonstrates the need for change in the type of study, but above all, they are results that force us not to continue on an already

trodden path and to design new research that achieves a qualitative leap, allowing us to move on to research studies that test, how well medical discoveries can be applied to patients and this could be achieved through continuous research with clinical trials, cohort, case-control or other studies, which have a clear definition, ways of measuring and controlling all variables.

According to his vision, another reading that can be given to these taglines is that they could speak in favor of the little security that these investigations offer, since semantically it is known that they are used, to try to overcome some omission or to compendiously strengthen what which was mentioned before.

Nor are there any multidisciplinary, multicenter, multinational clinical studies, cross-border cooperation or collaborative efforts, carried out with the use of these cannabinoids, not only in the US, but worldwide; In fact, there are few comprehensive investigations that have measured whether cannabis is an effective treatment" [Celso \(2022\)](#), [Ruiz de Pinedo et al. \(2022\)](#), [Lakin \(2022\)](#). Everything that has been exposed up to this point shows the great perplexity of knowledge

in this field, because until today, science lacks sufficient contrasted evidence as required by regulatory entities for any candidate molecule to be used as a medicine, so one of the avenues to be exploited in research, most frequently, could be randomized, double-blind, placebo-controlled clinical trials and the like.

In the opinion of experts and the author, there is a need to produce scientific studies that clarify this issue, so that regulatory agencies can evaluate the pros and cons. You must be open to any result of the research that is needed, avoiding any rejection a priori [Celso \(2022\)](#).

It is important to highlight how, despite the validity of the International Drug Control Treaties, every day the population around the world, but especially the youngest, increases their desire for the consumption of cannabis and its derivatives, becoming the most desired drug worldwide, even more serious, when the perception of risk decreases more every day, so current strategies for health promotion, prevention of risk or harm, confrontation and coping should be reviewed, so that they are in line with the reality that is faced today with cannabis, which have nothing to do with those that were used yesterday.

How even, with the status of illegality conferred by these treaties and agreements for all their processes from cultivation to sale and consumption, they have been violated against those who live enslaved to this murderer with the face of an angel, by unscrupulous scientists and by those who maintain, in one way or another, this lucrative international business.

In the author's assessment, since the last century in several countries, violating legality and ethical principles, products have been patented for the treatment of various diseases, even though it is well known that with therapeutic doses, as mentioned at the beginning of this delivery, these substances produce psychoactive effects, trigger psychotic episodes in predisposed subjects and aggravate pre-existing mental illnesses; At the same time, ignorance of its pharmacokinetics and pharmacodynamics prevails, lacking safety in humans, to the extent of triggering other diseases, which perhaps would not have appeared if the victim had not come into contact with the substance.

So, according to your criteria, it is worth asking how, knowing the great efforts of so many years, million-dollar expenses, regrettable loss of human life and material damage in all countries, as a consequence of the abuse and confrontation of this scourge during secret operational, police, labor, economic, legal, medical, ethical, ecological, health, personal, family, social, it has not yet been possible to

mitigate the impact of this drug, counting today on a growing and sophisticated scientific and technological development and an experience in the fight against all of these psychoactive substances, the result of this prolonged battle? How is it possible that it is decided to reclassify this substance, taking into account the risk-benefit that is currently reported?

The WHO noted that unlike other substances of abuse, there have been no recorded deaths from cannabis overdose. This claim was part of its argument for reclassification, stressing that cannabis has a relatively high safety profile compared to other drugs [United Nations \(UN\). \(2020\)](#). However, although most drug-related deaths, including marijuana, are indirect, indicating health complications or risky behaviors exacerbated by consumption, rather than direct toxicity, and cannabis has been shown to carry no risk of death from overdose [Russo et al. \(2024\)](#), [United Nations \(UN\). \(2020\)](#), it is not equivalent to dismissing its ability to eventually lead to fatality, as there are many facets of cannabis use that are harmful in the long term. Taking all this into consideration, cannabis-related death becomes a rather controversial research topic [El Planteo. \(2024\)](#).

Because, based on your interpretation, since 2020 with the decision made, vulnerability to control has increased and too many loopholes proliferate that favor accessibility and availability, which becomes a known breeding ground, which tends to increase the consumption of all drugs of abuse.

In other words, among the consequences of this decision, it leaves a mark on the price of cannabis that could decrease; Impacting the availability of this drug, which makes it more accessible, its consumption increases and causes a greater decrease in the perception of risk and, as a consequence, reinforces the vicious circle of greater consumption. But also, the most worrying thing could be, the marked increase in the psychoactive potency of the drug, which produces greater hooking of the consumer, generates more strident, serious psychopathological and physical manifestations and, therefore, monstrous human damage, material and ecosystem.

Therefore, it should not be forgotten that perhaps, behind all these circumstances, large economic interests are hidden in the environment of a cannabis industry in full prosperity, which already has a long history over the years, paying enormous taxes. profits, which could be exponentially greater than the million-dollar profits obtained from the tobacco and alcoholic beverage industries. The result of all this mixture could translate into an increase, in the long term, of unknown and unfavorable magnitude, of a greater lack of control of the drug, since after the decision, its use, trafficking, number of seizures, exposure have skyrocketed. accidental injury of minors, greater legalization for recreational purposes, among others.

Who will be able to guarantee that the regulation and legalization measures, no matter how controlled they may be, will not increase the possibilities of their access to minors? because as could be seen in everything previously stated, rather, the available data indicates just the opposite.

Also, it is worth asking without the slightest hint of nihilism if this illicit macro-business did not manage to come close to international control, with physical, psychological, social, judicial and criminal containment due to the condition of tacit illegality conferred by international treaties for more. 63 years old, will it be able to be controlled after the reclassification by the UN and the strengthening and development of the medical cannabis industry?

It seems not, because the global statistics provided by scientific research and what was expressed by the WHO itself in these more than three years, reveal an

intensification; because unfortunately what is being fulfilled is what the proverb says “The cure is worse than the disease.”

3.6. ILLUSTRATIVE REFLECTIONS ON POSITIONS OF SOME COUNTRIES, EXPERTS AND RESEARCHERS

The decision to reclassify cannabis at the UN in 2020 generated dissimilar points of view in favor and against, notable for the vote that was very tight with a counterproductive difference. In this way, various countries, organizations and then scientific experts expressed their approaches for and against this ruling. Likewise, research results continue to be obtained on its medical and toxic effects, to a large extent, little different from those presented to that date; which will be some mentioned, synthetically later.

In the assembly itself, explanations were given in favor of removing cannabis from List IV, arguing that this measure recognized the medicinal and therapeutic value of cannabis and its derivatives, and facilitated scientific research on its properties; that the decision did not imply a legalization of the recreational use of cannabis, but rather respected the sovereignty of the States to regulate it according to their own policies. Some countries, such as Mexico, Uruguay and Canada, which had already legalized cannabis for adult use, expressed that it was a necessary step to update the UN drug control system and adapt it to the current reality [United Nations \(UN\). \(2020\)](#), [United Nations \(UN\). \(2023\)](#).

At the same time, against removing cannabis from Schedule IV, they argued that this measure weakened the international drug control regime and sent a confusing message to the population about the risks of its consumption; that there was not enough scientific evidence to support claims about the medical benefits of cannabis, and that its use could have adverse effects on physical and mental health, especially among young people. Some countries, such as Russia, China and Brazil, criticized the review process and questioned the legitimacy of the recommendations WHO [United Nations \(UN\). \(2020\)](#), [United Nations \(UN\). \(2023\)](#).

The People's Republic of China stated that the WHO had violated established standards and procedures for the review of controlled substances, based its recommendations on incomplete, unreliable studies and also expressed concern about the increase in cannabis use among young people and adults. negative effects for social and economic development [United Nations \(UN\). \(2020\)](#).

For its part, The Federative Republic of Brazil stated that the WHO had carried out a “hasty” and “superficial” evaluation of cannabis, and that it had omitted to consider important aspects such as addictive potential, neurological damage, psychiatric disorders associated with its consumption. He noted that the decision to reclassify it could generate legal confusion and hinder international cooperation on drugs [United Nations \(UN\). \(2020\)](#).

The Republic of Chile argued that there is a “direct relationship” between the use of cannabis and mental health problems such as anxiety, psychotic symptoms and cognitive deficits, and Japan expressed concern that the approval of cannabis for non-medical use could increase the effects negative for health and social life among young people [United Nations \(UN\). \(2020\)](#).

Other States against were Cuba and Venezuela, which considered that this decision trivializes

the consumption of cannabis and minimizes the damage to health it produces, such as an increase in certain mental disorders [Deutsche \(2020\)](#).

In this way, opinions of expert scientists such as that of the Chilean psychiatrist Mariano Montenegro, former director of the National Service for the Prevention and Rehabilitation of Drug and Alcohol Consumption, expresses in his opinion about marijuana that: “believing that marijuana is medicinal is due to the propaganda and misleading advertising carried out by the marijuana industry and some foundations with “enormous irresponsibility”, maintaining that its adverse effects include impacts on mental health, learning, memory and motivation; Furthermore, it warns that its use can generate abuse and dependence [Yáñez \(2019\)](#).

A researcher specialized in the subject, he considers that the decision is a “historic victory of science over politics” and that it closes a “60-year denial” of one of the oldest medicinal plants that humanity has domesticated [Riboulet-Zemouli \(2020\)](#). Also, the director of the drugs and democracy program at the Transnational Institute, believes that the decision is an “important step” to facilitate access to medicinal cannabis, but that it does not challenge prohibitionism or resolve the contradictions between international treaties and national reforms. [Jelsma \(2023\)](#).

The scientific director of the International Center for Education, Research and Ethnobotanical Service Foundation affirms that the decision is a “late recognition” of the scientific evidence on cannabis, but that it is insufficient to guarantee the right to health and well-being of people who use it for therapeutic or personal purposes [Bouso \(2020\)](#). The general director of the National Institute of Psychiatry of Mexico stated that cannabis has negative effects on mental health, such as an increased risk of psychosis, depression and anxiety, and that its therapeutic use should be subject to strict regulation and medical supervision. [Velasco Orozco \(2020\)](#).

For his part, the president of the Spanish Association for the Study of Cannabis criticized the fact that the UN has not taken into account the scientific reports that question the effectiveness and safety of medicinal cannabis, and that it has given in to the political and economic pressures of some countries. and companies [Santacana \(2021\)](#). For his part, a prominent Spanish philosopher and writer argued that the UN has made a mistake by recognizing cannabis as a medicinal plant, since this implies a restriction on its recreational and cultural use, and a concession to pharmaceutical interests that want monopolize the cannabis market [Espinosa-Jovel \(2023\)](#).

The director of the US National Institute on Drug Abuse warned that cannabis can cause dependence, cognitive impairment and psychosis, and that its medicinal use should be based on rigorous scientific evidence and not popular opinions [Volkow \(2020\)](#). The president of the Foundation for a Mexico without Drugs, described the UN decision as a “regression” and “irresponsibility”, and stated that cannabis has no therapeutic value, but is a harmful substance that generates violence, corruption and crime [Negrete \(2020\)](#).

The journalist and author of the book “A World with Drugs” criticized the fact that the UN has kept cannabis in Schedule I of the Single Convention on Narcotic Drugs of 1961, which considers it a drug with a high potential for abuse and no recognized medical utility. and that has ignored the positive experiences of cannabis regulation in several countries [Ruchansky \(2021\)](#). The professor of Biochemistry and Molecular Biology at the Complutense University of Madrid stated that the UN decision is a “cosmetic measure” that does not substantially change the legal status of cannabis, and that it does not reflect the scientific and social progress that has been made. in recent decades on the knowledge and use of this plant [Guzmán \(2020\)](#).

As a result of some more recent research, a study published in 2021 by the journal JAMA Psychiatry found that medical cannabis use was associated with an

increased risk of psychotic disorders, major depression, and generalized anxiety in a sample of more than 200,000 adults. Americans [Mongan et al. \(2021\)](#). Cohort study published in 2021 in the journal JAMA Network Open, compared medical and recreational marijuana use in a sample of more than 100,000 American adults and found that medical marijuana use was associated with an increased risk of substance use disorders, alcohol, tobacco and other drugs, as well as with a higher prevalence of anxiety, depression and bipolar disorder [Arkel et al. \(2023\)](#).

Another, published in Addiction Magazine in 2022, examined the effects of medical cannabis on chronic pain, quality of life, and opioid use in a cohort of more than 1,500 Canadian patients. The study concluded that medicinal cannabis was not associated with significant improvements in pain, quality of life, or opioid use at 12-month follow-up [García Henares & de Santiago Moraga \(2022\)](#). Additionally, a 2022 case-control study published in the journal Drug and Alcohol Dependence, which analyzed the risk of ischemic strokes in a cohort of more than 2,000 patients using medical marijuana in Israel, found that medical marijuana use was associated with a 30% increase in the risk of ischemic strokes, regardless of other risk factors [Vargas-Murcia et al. \(2023\)](#).

Research published in the journal Neurology in 2023, evaluated the effectiveness and safety of medicinal cannabis in the treatment of spasticity in patients with multiple sclerosis, where it showed that medicinal cannabis was more effective than placebo in reducing spasticity, but it was also associated with more adverse effects, such as dizziness, somnolence and cognitive alterations [Vargas-Murcia et al. \(2023\)](#).

Clinical trial published in 2023 in The Lancet magazine, evaluated the efficacy and safety of an oral cannabis extract (Epidiolex) in the treatment of refractory epilepsy in children and adolescents and showed that the oral cannabis extract significantly reduced the frequency of seizures, but it was also associated with more adverse effects, such as drowsiness, diarrhea, decreased appetite, and elevated liver enzymes [Espinosa-Jovel \(2023\)](#).

The lead author of one study, a resident physician at Stanford University, drew data from people participating in the All of Us Research Program, administered by the National Institutes of Health (NIH), designed to collect health information over time from a million or more people in the US, discovered years later that daily marijuana use can increase the risk of coronary heart disease by a third compared to those who do not use it. Never, daily users are 34% more likely to be diagnosed with coronary heart disease than those who have never used the drug [Paranjpe \(2023\)](#).

In addition, he indicated that daily marijuana use can increase the risk of coronary heart disease by a third, compared to those who never consume it, emphasizing that there is increasing evidence that cannabis is not completely free of harmful effects and can cause cardiovascular diseases, as it found that people who use marijuana every day are 40% more likely to suffer a heart attack than those who do not use it at all [Paranjpe \(2023\)](#).

As can be seen, world experts, their work and research teams of internationally recognized prestige, including some of their countries, have refuted the myth that cannabis is harmless and of potential medical use; so, it is also worth asking:

Were the foundations previously created to guarantee preventing the diversion of cannabis now reclassified to the black market for the purposes of scientific-medical research during all stages of production and trade regardless of the adjustments made by each country? Because, to make matters worse, every day,

new States and countries legalize the consumption of cannabis for recreational purposes.

Furthermore, before voting, was there ever thought about dosage, application intervals, presentation forms, routes of administration, indications, contraindications, complications, total treatment time, drug interactions, acute and chronic toxicity, adverse effects, types of internationally protocolized scientific studies, which demonstrate that it meets the rigorous scientific requirements of risk-benefit, cost-effectiveness and suitability-feasibility, in addition to approval by regulatory entities as the last stage of every drug candidate?

Furthermore, it seems that the pyrrhic difference in the results of the UN vote in 2020 did not attract attention either, when during a review of the WHO recommendations on the medical and therapeutic benefits that the derivatives of this plant have for the welfare, 27 countries of the UN

Commission on Narcotic Drugs voted in favor of removing marijuana from the list on which it appeared along with heroin, although its use for non-medical purposes remains illegal, a decision that had 25 votes against and an abstention, a vote that speaks for itself [United Nations \(UN\). \(2020\)](#).

Reflecting the author's point of view, studies on the possible medical benefit have mostly been carried out with few cases and for short periods of time, however, the key to the problem is not whether smoking cannabis is therapeutic, but rather investigating the best form and dosage in which certain cannabinoids could be effective or not, to solve certain health problems; Well, what is unquestionable is that if it had been proven that the risk-effectiveness balance was positive for other pathologies or symptoms, the products would have been produced on a large scale a long time ago, since nothing would interest the medical industry more. pharmaceutical company, which must increase the quantity of merchandise to satisfy demand and increase its profits.

As can be seen, in the author's opinion, the issue of medical marijuana is very complex, requiring rigorous and holistic research, in which it may be necessary to resort to multicenter studies that increase the external validity of the results, evaluate effectiveness and safety in different clinical and geographic contexts; multidisciplinary and multiprofessional as it affects various systems of the body, with medical and psychosocial implications, which allows combining knowledge from various areas of science and, ; transcultural to differentiate cultural contrasts in terms of perception, uses and effects, allowing us to understand beliefs, traditions and values that influence its acceptance, use and would help identify possible drug interactions and long-term effects.

Briefly, cannabis remains uncertain terrain in which science and regulation must proceed cautiously.

Finally, in the opinion of the author, the so-called medical marijuana or whatever you prefer to call it, has not shown greater efficacy or effectiveness than the treatments already tested with it previously throughout the history of existing research and yes, greater adverse and toxic effects, socially disapproved behaviors, greater disability and morbidity and mortality. So, he closes by asking himself: Is the necessarily better world that everyone longs for being built in this way? Will grandparents be allowed to continue assuming the role of parents of their own grandchildren, in the absence of their real children, who died as a result of marijuana or another drug abuse?

4. CONCLUSION

Research has revealed a disturbing reality: the world is not adequately prepared to address drug trafficking or regulate the use of cannabis. The reclassification of cannabis for medical or research purposes faces international obstacles, and its patenting as a drug is a complex process, which, together with the lack of solid scientific evidence on the risks and benefits of cannabis derivatives, further complicates the situation.

After the UN decision, the world faces a dilemma: the partial or total legalization of recreational drugs. This change, like a boomerang, could trigger a slippery slope towards the legalization of other substances of abuse. In this globalized context, with patterns of polyconsumption and accelerated growth of the cannabis industry, youth and the environment are significantly worrying affected.

The current state of scientific knowledge does not guarantee that they are safe products in humans, because perhaps, research has lacked an integrative vision that moves away from Cartesian dualism and is closer to a holistic vision of the human being. They have generally focused on the relief of various symptoms, which could have neglected intervening variables that influence the result, which goes beyond the therapeutic and toxic effect, perhaps very distant, from the true result achieved; Therefore, current research requires clinical trials with these molecules.

It is essential that the media receive advice from the health sector to offer truthful and current information on health issues, otherwise confusion or even harm could be generated due to interests outside of science.

It is surprising to see how, despite knowing the pernicious effects of the so-called legal drugs, the international trend has advocated the legalization of cannabis; however, the variants tested have not been successful and their hypothetical safety turns out to be a notable fable. It has been insisted, among other things, on the damage to the structures of the human brain, the primary organ that provides identity to the human species; Damage affects consciousness, personality and behavior by blocking the human part of the brain that took so many millions of years to develop. Therefore, it is important to consider these implications when discussing the legalization and use of cannabis in today's society.

The increasing accessibility and availability of marijuana, along with its increasing distorting psychoactive potency, raise concerns for future generations. If current trends persist, marijuana legalization will continue to be a topic of debate for years to come.

It is imperative that more extensive research be conducted on the effects of first- and secondhand marijuana smoke, as current evidence is limited. Additionally, exposure to thirdhand marijuana smoke and the lack of clear definitions for fourth-hand marijuana require further scientific attention.

Collaboration during research, between different centers, disciplines, countries and cultures can provide a solid basis for making informed decisions about its clinical use.

It became evident that it is imperative to achieve a better and necessary world, at least for the new generations of children, and to achieve this, it is necessary to ask ourselves before making any decision, if we violate any of their fundamental rights reflected in the Convention that protects them. because short-sighted decisions have dire consequences for the future of the entire society.

CONFLICT OF INTERESTS

None.

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