



**Zbornica zdravstvene in babiške nege Slovenije - zveza društev medicinskih sester, babic in zdravstvenih tehnikov Slovenije**

in



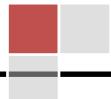
**Sekcija medicinskih sester in zdravstvenih tehnikov v psihiatriji**

## **KONOPLJA V MEDICINI**

**Zbornik izvlečkov**



**Dornava, oktober 2015**



**Organizator:**

ZBORNIČA ZDRAVSTVENE IN BABIŠKE NEGE SLOVENIJE – ZVEZA DRUŠTEV MEDICINSKIH SESTER,  
BABIC IN ZDRAVSTVENIH TEHNIKOV SLOVENIJE SEKCIJA MEDICINSKIH SESTER IN ZDRAVSTVENIH  
TEHNIKOV V PSIHIATRIJI

**STROKOVNI SEMINAR** Sekcije medicinskih sester in zdravstvenih tehnikov Slovenije

**KONOPLJA V MEDICINI**

**Dornava, 8. oktober, 2015**

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Za strokovno vsebino izvlečka odgovarja avtor sam

**Urednika:**

Darko Loncnar  
Branko Bregar

**Zbral in tehnično uredil:**

Darko Loncnar

**Naklada:**

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**Tiskarna:**

ABO grafika

**Programski organizacijski odbor:** Petra Kodrič, mag. Branko Bregar, Darko Loncnar, Viktorija Štiglic, Ivanka Limonšek, Aljoša Lapanja

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**Sekcija medicinskih sester in zdravstvenih tehnikov v psihiatriji**

***Konoplja v medicini***  
**četrtek, 08.10.2015**  
**v Dornavi**

Zavod za usposabljanje, delo in varstvo dr. Marijana Borštnarja Dornava

### **PROGRAM SREČANJA:**

**08.15 – 09.00 Registracija udeležencev**

**09.00 - 09.20 Uvodni pozdrav**

**I. SKLOP** *moderator: Petra Kodrič*

**09.20 - 09.35 Pomen izobraževanja o uporabi konoplje v medicinske namene za zdravstvene delavce**

15 min      Petra Kodrič, dipl. m. s.

**09.40 - 10.40 Novejša spoznanja o zdravstvenih učinkih pripravkov iz medicinske konoplje**

60 min      prof. dr. Borut Štrukelj, mag. farm.

**10.45 - 11.15 Uporaba konoplje v medicinske namene**

30 min      dr. Aleksander Stepanović, dr.med., spec. spl. med.

**11.15 – 11.45 ODMOR**

**II. SKLOP** *moderator: Darko Loncnar*

**11.45 - 12.15 Stališče zdravstvenih delavcev do uporabe konoplje v medicinske namene**

30 min      Živa Kramar, univ. dipl. ekon., dipl. m. s.

**12.20 – 12.50 Konoplja in duševne motnje**

30 min      Nuša Šegrec, dr. med., spec. psih.

**12.55 – 13.25 Programi zdravljenja odvisnosti od marihuane v svetu in pri nas**

30 min      doc. dr. Andrej Kastelic, dr. med., spec. psih. in Kristjan Sirnik, dr. med.

**13.45 – 14.30 PODELITEV PRIZNANJ**

**Programsko organizacijski odbor:** Petra Kodrič, mag. Branko Bregar, Darko Loncnar, Viktorija Štiglic, Ivanka Limonšek, Aljoša Lapanja

# **Pomen izobraževanja o uporabi konoplje v medicinske namene za zdravstvene delavce**

## **The Role of Education for Health Workers about the Cannabis Use for Medicinal Purposes**

**Petra Kodrič, dipl. m. s.**

ZD Maribor

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### **Izvleček**

**Ključne besede:** zdravila, informacije, bolnik

S spremembo Uredbe o razvrstitvi prepovedanih drog, ki jo je 19. junija 2014 sprejela Vlada RS, se je omogočilo uporabo zdravil na osnovi kanabinoidov. Razen industrijske konoplja torej ostaja prepovedana droga, registrirana zdravila na osnovi kanabinoidov pa lahko zdravniki predpišejo bolnikom na recept za zdravljenje bolezni, pri katerih so ta zdravila učinkovita. Leta 2014 sta Ministrstvo za zdravje in Nacionalni inštitut za javno zdravje (NJIZ) sestavila delovno skupino KONOPLJA. Delovno skupino so sestavljali člani z Ministrstva za zdravje, Onkološkega inštituta, Zbornice zdravstvene in babiške nege – Strokovno združenje izvajalcev zdravstvene in babiške nege, Psihiatrične klinike, Splošne bolnišnice Jesenice, Oddelka za terapijo bolečine, Katedre za družinsko medicino, Slovenskega zdravniškega društva, Zdravniške zbornice, Nevrološke klinike, Nacionalnega inštituta za javno zdravje, Društva onkoloških bolnikov Slovenije, Društva za zdravje srca in ožilja Slovenije in Kliničnega oddelka za gastroenterologijo. Naloga te delovne skupine je bila priprava verodostojnih informacij za bolnike o medicinski rabi konoplje ter izvedba izobraževanj za zdravnike in zdravstvene delavce o medicinski rabi konoplje do konca leta 2015. Po navodilih MZ smo dobili nalogo, da je potrebno na tem področju izvesti izobraževanje, a brez finančne pomoči MZ pri izvedbi srečanja. Zaposleni v zdravstveni negi smo najštevilčnejša poklicna skupina v zdravstvu, ki deluje na vseh nivojih in v vseh okoljih. Menim, da je prav, da si zato pridobimo znanje tudi z najbolj aktualnega področja, kot je trenutno konoplja. Bolniku smo namreč dolžni podajati točne in verodostojne informacije, v kolikor smo za to kompetentni. Z njimi kot strokovni delavci ne polemiziramo. V javnosti se pojavlja namreč v zvezi s konopljo veliko vprašanj, mnenj, stališč. V primeru konoplje je torej ključno, da ljudje razumejo, da pripravki iz konoplje niso zdravila za vse bolezni, zato je priporočljivo, da se o morebitni uporabi posvetujejo z zdravnikom. Na primer, na področju onkologije imajo jasna priporočila, ki so postavljena na podlagi mednarodnih raziskav, za predpisovanje teh zdravil. Ne smemo pa pozabiti, da pretirano poudarjanje zdravilnosti konoplje lahko naredi veliko škode tako pri bolnikih, otrocih in mladih, ki predstavljajo eno ključnih ciljnih skupin za trženje tako dovoljenih kot prepovedanih drog. Konoplja ima namreč tudi vrsto negativnih učinkov. Še vedno je torej konopljo prepovedano gojiti, posedovati in prodajati.

### **Abstract**

**Key words:** cannabinoid drugs, information, patients

With the change of the Regulation on the Classification of Illegal Substances, taken by the Slovenian government on June 19, 2014, the use of drugs, based on cannabinoids, has been legalized. As a result, even though all varieties of the cannabis plant apart from the hemp still remain illegal in Slovenia, doctors may now prescribe registered, cannabinoid-based drugs, if

efficacious in treating patients. In 2014 the Ministry of Health and the National Institute for Public Health formed the so-called KONOPLJA working group. This working group consisted of representatives from a variety of healthcare institutions, among them also the representatives from the Nurses and Midwives Association of Slovenia. Under the instructions of the Medical Chamber of Slovenia, its aim was to collect and present reliable data about the medicinal uses of the cannabis for patients, and to organize a series of workshops for the employees in healthcare until the end of 2015. Since the nursing staff is the largest group among the healthcare workers working with patients at all levels as well as in all environments, it is of the utmost importance that also nurses familiarize themselves with this topic, if accurate and reliable information are to be given to patients and if polemic debates with them are to be avoided, in particular, since laymen hold an array of conflicting and erroneous views and opinions on cannabis. Moreover, it is crucial that laymen, who believe that cannabis cures various diseases, understand that drugs, made of it, cannot cure all of the diseases. Therefore, before using these drugs, it is recommendable that patients consult with doctors, who must follow strict recommendations, based on international studies. Finally, it must be kept in mind that the overemphasizing of the beneficial aspects of cannabis, whereby its negative effects are usually downplayed, also poses a great risk to patients, children, and youth, for they represent the main target group of dealers with legal as well as illegal drugs. Hence, the cultivation, possession, and selling of cannabis is still prohibited in Slovenia.

# Novejša spoznanja o zdravstvenih učinkih pripravkov iz medicinske konoplje

## Recent Findings on the Medical Use of Cannabis

prof. dr. Borut Štrukelj, mag. farm  
Fakulteta za farmacijo, Univerza v Ljubljani

### Izvleček

**Ključne besede:** marihuana, zdravljenje, medicina

Indijska konoplja se je stoletja uporabljala v različne medicinske namene. Prvi zapisi o uporabi indijske konoplje segajo v drugo tisočletje pr. n. št. Monografija o medicinski konoplji je bila uvedena v ameriško (USP) Farmakopejo leta 1854 in po skoraj sto letih umaknjena zaradi uvrstitve indijske konoplje med nedovoljene toksikomanogene snovi. Pred nekaj leti pa so v nekaterih državah EU, ZDA, Kanadi in Avstraliji ponovno uvedli izdelke iz indijske konoplje ali sintezne kanabinoide v zdravljenje ali lajšanje težav pri nekaterih indikacijskih stanjih. Kanabinoide, ki se vežejo na CB1, CB2 in nekatere druge receptorje v možganih in drugih telesnih organih, se eksperimentalno ali rutinsko uporablja proti slabostim in bruhanju pri rakavih bolnikih kakor tudi za lajšanje bolečin in anoreksije pri bolnikih z rakom ali HIV-om. Prav tako so opazili izboljšanje stanja pri epileptičnih napadih tako v pogostosti kot tudi času trajanja napada, pripravki iz indijske konoplje pa zmanjšujejo spastičnost in krče pri multipli sklerozi, distoniji in diskineziji ter pri tikih. Najnovejša spoznanja kažejo na potencialno uporabo kanabinoidov pri nevroregeneraciji bolnikov po možganski kapi. Čeprav so trenutni farmakološki učinki medicinske konoplje in njenih pripravkov obetajoči, pa potrebujemo še nekaj multicentričnih, randomiziranih, dvojno slepih, s placebo kontroliranih kliničnih študij, da bi z gotovostjo ugotovili dolgoročno varno in učinkovito uporabo indijske konoplje v medicinske namene.

### Abstract

**Key words:** cannabis, treatment, medicine

Cannabis, viz. marijuana, has been used for medical purposes for centuries. Its use as a medicine was first recorded in 2700 B.C.E. The monograph on cannabis was part of the USP Pharmacopoeia from 1854–1942, when it was removed due to the criminalization of its use. Several years ago, cannabis and its components were reintegrated anew into the “materia medica” in USA, Canada, Australia, and some EU member states. Apart from the natural extracts from the plant, several synthetic cannabinoids have been introduced in the human treatment. The effect that cannabinoid compounds have on the cannabinoid receptors CB1 and CB2 found in the brain and in the whole body can evoke varying pharmacological responses. Cannabinoids are indicated for the treatment of nausea and vomiting associated with cancer therapy and of anorexia in cancer and acquired immune deficiency syndrome patients. Moreover, pain of different origins and spasms in various neurological disorders, such as multiple sclerosis, dystonia, dyskinesia, tics and epilepsy, are the most common reasons that medical cannabis is being recommended. Recent studies also indicate the potential use of cannabinoids in the neuroprotection and faster regeneration of the brain after stroke. For the time being, additional multicenter randomized, placebo-controlled clinical studies are lacking that would demonstrate the long-term safety and efficacy of cannabinoids, although current pharmacological and medical results are promising.

# **Uporaba konoplje v medicinske namene**

## **The Use of Cannabis for Medicinal Purposes**

**dr. Aleksander Stepanović, dr. med., spec. spl. med.**

OZG ZD Kranj

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### **Izvleček**

**Ključne besede:** konoplja, kanabinoidi, zdravljenje

Možnost uporabe konoplje v medicinske namene je tema, ki je v zadnjem času dodobra razburkala tako laično kot strokovno javnost. Mnenja so običajno zelo polarizirana, včasih celo diametralno nasprotna. Zaradi relativno majhnega števila kakovostnih raziskav je na dokazih temelječe znanje in poučevanje omejeno. V konoplji se poleg drugih snovi nahajajo tudi učinkovine kanabinoidi, med katerimi je najbolj znan delta-9-tetrahidrokanabinol ali THC. Gre za psihoaktivno snov, ki lahko povzroča odvisnost in druga tveganja za zdravje ljudi. Gojenje konoplje, njeno posedovanje in razpečevanje je urejeno z mednarodnimi predpisi. V Sloveniji je konoplja prepovedana droga, od leta 2014 pa je dovoljena uporaba registriranih zdravil na osnovi kanabinoidov za zdravljenje tistih bolezni, pri katerih so ta zdravila učinkovita. Najbolj znane indikacije za predpis kanabinoidov so slabost in bruhanje zaradi raka ali kemoterapije, izguba apetita in kaheksija zaradi raka ali AIDS-a ter nevropatska bolečina, zlasti pri multipli sklerozi in napredovaljem raku. Varnost zdravljenja s kanabinoidi ni nedvoumno dokazana. Obstajajo številne pasti, v katere se lahko ujame terapevt, neveč zdravljenja s kanabinoidi. Bolniku je potrebno natančno razložiti, za kakšno učinkovino gre, kakšni so možni neželeni učinki, to ustrezno dokumentirati in napraviti načrt zdravljenja. Še največ izkušenj imamo z dronabinolom v obliki raztopine, za večino indikacij se priporoča začeti zdravljenje z nizkim odmerkom, ki ga lahko nato postopno višamo. Konoplja nikakor ni univerzalno zdravilo za vse bolezni in za vsakega bolnika, lahko pa izboljša kakovost življenja nekaterim bolnikom. Za morebitno širšo uporabo in predpisovanje je potrebno počakati na izsledke novih raziskav, ki bodo zajele večje število bolnikov v daljšem časovnem obdobju.

### **Abstract**

**Key words:** cannabis, cannabinoids, treatment

The use of cannabis for medicinal purposes is a topic that recently has greatly stirred up opinions of both, laymen and professionals. Opinions usually vary to the extent that they are even diametrically opposed. Because of a relatively low number of in-depth researches our body of knowledge on this topic, and consequently also the spread of reliable information are limited. In the cannabis plant in which numerous substances can be found there are also chemical compounds called cannabinoids, among which the most notorious is the delta-9-tetrahydrocannabinol, known also as simply THC. It is a psychoactive constituent that can cause dependence and other health risks. Hence, the cultivation of cannabis plants (except hemp), possession of the cannabis, as well as trading with its drugs is directed by international regulations. In Slovenia the cannabis, i.e. marijuana, is an illicit drug, however, since 2014 the use of the registered drugs, based on cannabis, is permitted in treating those diseases, against which these drugs are efficacious. The most common indications, because of which the cannabinoids are prescribed, are physical frailty and vomiting because of the cancer or

chemotherapy, loss of appetite and cachexia because of the cancer or AIDS, and neuropathic pain, especially in patients with multiple sclerosis and cancer in advanced stages. However, the safety of the treatment with cannabinoids has not been yet proven beyond doubt. In fact, a therapist, who is not versed in treating patients with the cannabinoids, can walk into many traps. Therefore, it is necessary to inform a patient of what sort substance cannabinoids are and which undesirable side effects are possible, to document this accordingly, and finally to prepare the treatment plan. At the time being, therapists in Slovenia are best familiarized with the liquid filled cannabinoid Dronabinol that is initially used in smaller dosages for the most of indications, but can be gradually increased. Cannabis, however, is by no means a universal medication for all diseases nor every patient, yet it may improve the quality of life of some patients. For its more widespread use and prescription for medicinal purposes it will be necessary to wait for the results of further research that will encompass larger numbers of patients over the longer periods of time.

# Stališče zdravstvenih delavcev do uporabe konoplje v medicinske namene

## Position of Healthcare Workers on the Cannabis Use for Medicinal Purposes

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### Izvleček

**Ključne besede:** zdravilna rastlina, stroka, raziskava

Že več tisoč let je konoplja nepogrešljivo sredstvo za izdelovanje oblačil in vrvi (konoplja kot industrijska rastlina), semena in olje so uživali v prehrani, prav tako pa so jo že takrat učinkovito uporabljali tudi v medicinske namene, predvsem kot analgetik. Danes je konoplja po eni strani prepoznana in predstavljena kot zdravilna rastlina, a hkrati tudi kot nevarna substanca, ki potrebuje stalen nadzor. V okviru predavanja bomo spoznali nekaj zanimivih dejstev iz zgodovine uporabe konoplje. Navedli in opisali bomo poglavitne razloge za in proti uporabi konoplje v medicinske namene tako v tujini kot tudi pri nas. Tudi v zdravstvu imamo namreč na eni strani zavzete zagovornike (blaženje simptomov različnih bolezni itn.), na drugi strani pa stroge nasprotnike njene uporabe (negativen vpliv na imunski sistem, pljuča, problem zasvojenosti, neplodnost itn.). Pri oblikovanju stališč do uporabe konoplje v medicinske namene je poleg znanja in informacij s tega področja zelo pomembno upoštevati tudi čustveno ter motivacijsko komponento, torej občutenja in samo mnenje posameznika o konoplji ter težnjo, ali je oseba resnično pripravljena delovati skladno s svojimi stališči. Prav tako ne smemo izključiti niti vpliva stereotipov in predsodkov. K oblikovanju teh po navadi dodatno pripomore okolje (mediji), v katerem živimo. V drugem delu predavanja bomo predstavili rezultate krajše raziskave, s pomočjo katere smo žeeli izvedeti, kakšna so stališča zdravstvenih delavcev do uporabe konoplje v medicinske namene pri nas. To področje je namreč še precej slabo raziskano. Predstavili bomo glavne ugotovitve in priporočila.

### Abstract

**Key words:** medicinal plant, branch of profession, research

For thousands of years, cannabis plant, also known as hemp, has been indispensable means of making clothes and ropes, its seeds and oil have been partaken as food, and since times immemorial the cannabis has been also successfully used as a medicine, especially as analgesic. Nowadays the cannabis is recognized and represented on the one hand as a medicinal plant, and on the other hand as a dangerous substance that requires constant control. In this lecture various interesting facts from the history of the cannabis use will be presented along with a list of pros and cons of its use in medicine, both in Slovenia as well as abroad. Namely, also in healthcare, there are ardent advocates of its use in medicine, for instance, as a sedative drug in treating various diseases, and outspoken opponents that highlight its negative effects on immune system, lungs, and fertility, its addictive nature and so forth. However, in taking up a position on the cannabis use for medicinal purposes it is important to take into account not only the body of knowledge and information from this field, but also an emotional and motivational component that shapes the perception and views of an individual about the cannabis as well as his/her tendency towards, whether one is ready to act in harmony with his/her own standpoint. In fact, neither stereotypes nor prejudices are to be overlooked, which are usually molded by the environment one lives in, in particular, media.

In the second part of the lecture, the results of a short enquiry will be presented, by means of which the position of Slovenian healthcare workers towards the cannabis use for medicinal purposes has been explored. Namely, this topic is still poorly investigated in Slovenia. Finally, some key findings and recommendations will be presented.

# Konoplja in duševne motnje

## Cannabis and psychiatric disorders

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### Izvleček

**Ključne besede:** marihuana, duševne motnje, odvisnost, komorbidnost, sintetični kanabinoidi

Marihuana je trenutno najpogosteje uporabljana prepovedana psihoaktivna snov tako v Zahodnem svetu kot tudi v Sloveniji. Njena uporaba raste, prav tako se niža starostna meja prve uporabe v mnogih evropskih državah. Uživanje marihuane predstavlja večje tveganje za razvoj določenih duševnih motenj. Hkrati je to snov, ki jo osebe, ki kasneje razvijejo bolezen odvisnosti od prepovedanih drog, najpogosteje navajajo kot prvo uporabljeno drogo. Dejstvo je, da osebe z določenimi duševnimi motnjami (npr. s psihozo) pogosteje uporabljajo marihuano v primerjavi s splošno populacijo, kar etiološko razlagajo številni modeli (modeli skupnih dejavnikov, model samomedikacije itn.). Nezdravljena bolezen odvisnosti in komorbidne duševne motnje pa so povezane s slabšim izidom zdravljenja obeh motenj, pogostejšimi hospitalizacijami, težjim potekom obeh motenj, povišanim tveganjem samomorilnega vedenja, večjo obremenitvijo družinskih članov, pogostejšim heteroagresivnim vedenjem ter drugimi širšimi psiko-socialnimi posledicami, tudi brezdomstvom. Avtorica bo razpravljala o vplivu uživanja kanabisa na pojav duševnih motenj – anksiozno-depresivnih stanj, psihote (predvsem večjem tveganju za razvoj psihote pri uporabi v mladostniškem obdobju ter učinkih na že obstoječo psihotično motnjo) in kognitivnih motnjah, pa tudi o pojavu t. i. »amotivacijskega sindroma« ob rednem uživanju marihuane. Opisana bo simptomatika v sklopu odvisnosti od marihuane in pojav simptomov ob odtegnitvi. Predstavljena bo tudi v zadnjem času vse bolj aktualna problematika sintetičnih agonistov kanabinoidnih receptorjev (CRA) – sintetičnih kanabinoidov (znanih pod različnimi imeni, kot so »spice«, »K2« itn.). Ti predstavljajo neke vrste legalno alternativo marihuani in so lahkodostopni, a od marihuane zaradi farmakološkega profila delovanja bolj potentni. S tem so povezani tudi njihovi neželeni učinki na telesno zdravje ter širok spekter psihiatričnih zapletov, ki so v literaturi opisani ob uživanju omenjenih snovi.

### Abstract

**Key words:** cannabis, mental disorders, addiction, comorbidity, synthetic cannabinoids

Marijuana is currently the most widely used psychoactive substance in both the Western world as well as in Slovenia. While its use is increasing, the age of first use in many European countries is dropping. Consuming marijuana poses a greater risk for developing certain mental disorders. At the same time this is the substance that people who later develop the addiction disorder, commonly report as their first drug ever used. Namely, people with certain mental disorders (e.g. with psychosis) use cannabis more often than general population, as explained by numerous etiological models (common factors model, model of self-medication, etc.). Un(der)treated disease of addiction and coexisting mental disorder are associated with poorer course and treatment outcome of both disorders, re-hospitalizations, increased risk of suicidal

behavior, increased burden of family members, more frequent hetero-aggressive behavior and other broader psycho-social consequences, including homelessness. The author will discuss the impact of cannabis consumption on the occurrence of mental disorders: anxiety-depressive disorders, psychosis (particularly, greater risk of developing psychosis in adolescence, the effects on pre-existing psychotic disorder, etc.) and cognitive disorders, as well as the occurrence of the so-called "amotivational syndrome" as a consequence of regular marijuana consumption. Moreover, potential symptoms of cannabis dependence and withdrawal will be presented. Finally, the current issues due to the emergence of synthetic cannabinoid receptor agonists (CRA), i.e. synthetic cannabinoids (known by different names such as "Spice," "K2«, etc.) will be discussed as well. Synthetic cannabinoids represent a sort of legal alternative to marijuana and are easily accessible, yet because of their pharmacological profile, more potent than marihuana. This is also associated with consequential several adverse effects on physical health and a wide range of psychiatric complications, which are described in the literature on the consumption of the aforementioned substances.

# **Programi zdravljenja odvisnosti od marihuane v svetu in pri nas**

## **Programs for Treating Marijuana Addiction in Slovenia and Abroad**

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### **Izvleček**

***Ključne besede:* kanabis, neželeni učinki, zdravljenje, motivacijski postopki**

Kanabis je prepovedana droga, ki jo jemlje največ ljudi na svetu. V anketi, ki jo je opravil NIJZ v letih 2011–2013 je 15,8 % odraslih oseb navedlo, da je v življenju že jemalo marihuano/hašiš. V starostni skupini 15–24 let je bilo takšnih 15 %. V preteklosti so domnevali, da odvisnost od kanabisa ne obstaja, a danes vemo, da 9–11% vseh ljudi, ki so poskusili kanabis, postane odvisnih od njega. Če je bilo še pred nekaj leti največ povpraševanja po zdravljenju odvisnosti od prepovedanih drog med uživalci opiatov, pa jih danes po številu že prehitevajo uživalci kanabisa. Pri zdravljenju odvisnosti od kanabisa v grobem ločimo dva pristopa, t. j. splošno zdravljenje odvisnosti (kjer se zdravijo osebe, ki zlorabljujo različne substance) in specifične programe zdravljenja odvisnosti od kanabisa (kjer se zdravijo le tisti, pri katerih je glavna težava odvisnost od kanabisa). Prednost splošnega zdravljenja odvisnosti je predvsem ekonomska, medtem ko so specifični programi zdravljenja bolj prilagojeni subkulturi oseb, ki so odvisne od kanabisa. Zdravljenje je predvsem psihoterapevtsko, saj trenutno ni dokazov o učinkovitosti farmakoterapije. Za najučinkovitejšo obliko zdravljenja velja kombinacija motivacijskega intervuja (MI), kognitivno-vedenjske terapije (KVT) in »contingency« menedžmenta (CM), pri mladostnikih pa je izjemno pomembno, da se v zdravljenje vključi še svojce. V zadnjih letih na pomenu pridobivajo raziskave namenjene preučevanju interaktivnih internetnih programov za zdravljenje odvisnosti od kanabisa, ki so sestavljeni iz reševanja različnih vprašalnikov. Prednost internetnih programov je v tem, da so cenejši od klasičnih načinov zdravljenja in da lahko pritegnejo tudi tiste uporabnike kanabisa, ki se za klasični način zdravljenja ne bi odločili. V Sloveniji se odvisnost od kanabisa zdravi bolnišnično (predvsem pri bolnikih z duševnimi motnjami, ki so pridružene jemanju kanabisa) v okviru splošnega zdravljenje odvisnosti na Centru za zdravljenje odvisnih od prepovedanih drog Univerzitetne psihiatrične klinike Ljubljana in ambulantno v mreži Centrov za preprečevanje in zdravljenje odvisnosti od prepovedanih drog. Z zdravljenjem se lahko doseže »popolno« abstinenco, ali vsaj dosežemo zmanjšanje količine in pogostosti uživanja kanabisa, ter tako zmanjšamo škodo oz. škodljive posledice uživanja kanabisa. Avtorja bosta v prispevku predstavila tudi osnovna dejstva o kanabisu, njegovih učinkih in motivacijskih postopkih za zmanjšanje škode in prenehanje uživanja.

### **Abstract**

***Key words:* cannabis,, undesirable side effects, treatment, motivational procedures**

Marijuana is an illicit drug, used by the largest number of people in the world. In a survey, conducted by NIJZ from 2011–2013, 15,8% of adult participants stated that they had already

used marijuana or hashish, whereas in the age group 15–24 years, 15% of respondents acknowledged the cannabis use. Formerly, it was presumed that cannabis dependence does not exist, however, today it is known that 9–11% of those that try marijuana at least once become dependent. So, if several years ago opioids addicts seeking help outnumbered cannabis addicts, currently the latter prevail. In treating the cannabis dependence two approaches can be distinguished in general terms: first, the general treatment, whereby individuals abusing various substances are treated, and secondly, special programs for treating cannabis addicts only, of which the former type of the cannabis dependence treatment is distinguished for being cheaper, whereas the latter are distinguished for being suited to the subculture of cannabis addicts. The treatment is primarily psychotherapeutic, since at the time being there are no proofs of the efficiency of pharmacotherapy. As the most efficient form of treatment is viewed the combination of motivational interview, cognitive-behavioral therapy, and contingency management, whereas in treating adolescents it is crucial to include also the close relatives. Furthermore, over the last years, also researches into studying the interactive internet programs for treating the cannabis dependence that consist of filling out the various questionnaires and of two sessions with a therapist are becoming increasingly important. The advantage of these programs is that they are cheaper than classical methods of treatment and that they appeal also to those cannabis addicts who reject the classical methods of treatment. In Slovenia the cannabis dependence is treated on an in-patient basis within the framework of the general treatment of addiction in the Center for Treating Addicts from Illegal Drugs of the Psychiatric Clinic of Ljubljana University, where chiefly patients with mental disorders, who happen to be also cannabis dependents, are treated, or on an out-patient basis in the network of Centers for Preventing and Treating Addictions from Illegal Substances. With the treatment “complete” abstinence can be attained, or at least the quantity and frequency of the cannabis use can be reduced, and thereby also the damage, viz., harmful consequences of using the cannabis. Finally, authors will in this contribution present also basic fact about the marijuana, its effects, and motivational procedures for reducing the damage of its abuse as well as how to put an end to dependence on it.