This edition of the Journal focusses on the issue of substance abuse and its impact on mental health. Highlighted in this special issue are topical concerns related to the research into and promotion of marijuana use for medical purposes in the Caribbean (1). Researchers, locally and internationally, have started to revisit the body of knowledge related to the use of marijuana for the treatment of various illnesses. In this paper, Thomas et al objectively looked at the impact of marijuana use on the dosing of antipsychotic medications and psychiatric symptomatology. Their results are likely to impact on the issue of whether marijuana use is considered dangerous to one’s health and whether the prohibition of its use needs to be maintained (1). As the landscape related to the use of marijuana for medical purposes continues to be modified at a brisk pace, the elimination of criminal penalties for medical marijuana becomes more likely. Professional groups representing psychiatrists and medical practitioners as a whole have come out advocating a review of marijuana’s designation as a controlled substance in order to encourage its use in research and the ultimate development of cannabinoid-based medicine (2).

The discussion on the use of marijuana and other substances in the Caribbean population is continued by a look at the impact of marijuana use on vulnerable populations in the region, such as adolescents and mentally ill offenders. Numerous researchers now argue that precluding adolescent marijuana use should become a part of any policy related to the change in legal status of marijuana (3). Organizations such as Caribbean Institute on Alcoholism and Other Drug Problems (CARIAD) have had this objective as a part of its mandate to educate the region about drug prevention, rehabilitation and designing effective drug prevention programmes. This is particularly relevant given the results from the United States of America which indicate that the prevalence of adolescent marijuana use is higher in states that have passed medical marijuana legislation compared to areas that have not done so (3). Additionally, states that have legalized medical marijuana also have a greater percentage of adolescents who consider the drug to be less risky (3). The exact nature of this association is to be determined but should impact on the policy decisions related to substance abuse by groups like CARIAD. The evaluation by Reid et al of the effectiveness of CARIAD in meeting its training objectives to educate health and allied professionals about alcohol and drug use, and increase awareness of addiction issues in the Caribbean is included among the articles presented in this special edition of the Journal (4).

As the cultural norms of the society change, it will continue to influence drug usage. This will not only be for adolescents but also young adults, particularly those engaged in academic pursuits. Undergraduate students and their substance use are also featured in this issue, where Whitehorn-Smith et al investigated the drug use practices of medical/health students (5). This has added to the empirically based research on drug use in this particular group across the Caribbean and Latin America and indicates that the trend in adolescent substance use continues into adulthood, with alcohol being the most commonly abused substance. The relatively high prevalence of alcohol use among Caribbean adolescents and adults, along with its relationship with emotional anguish, will continue to present a significant public health challenge for low- and middle-income countries. Through organizations such as CARIAD and the National Council on Drug Abuse (NCDA) in Jamaica, context- and culture-specific strategies to decrease the physical availability of alcohol and other drugs need to be implemented to reduce adolescent and young adult drug use (6).

Substance abuse has become associated with a myriad of medical, psychiatric, social/family, employment, and legal problems internationally and similarly in Jamaica and the wider Caribbean. In terms of the relationship between substance abuse and violence and offending behaviour, substances not only impact on community violence but also violence in the home and in institutions. Substance use contributes more to the public health burden of the cycle of domestic violence more than any other risk factor (7). Longman-Mills et al have studied the relationship between physical abuse during childhood and experiencing psychological distress and substance abuse among university students (8). The authors were able to identify that experiencing physical abuse increases the likelihood of having higher levels of psychological distress and becoming a

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substance abuser during adulthood. This represents one arm of the cycle of violence and it has been shown that these individuals go on to become the perpetrators of violence in the future (7).

Offending behaviour by mentally ill substance abusers is also highlighted. A comparison of prisoners in Jamaica with those in England and Wales brings to light the stark differences in the mentally ill population but the similar high rates of substance use (9). The ensuing recommendation is for attempts at diversion of persons with mental illness from the criminal justice system to be made a priority, while instituting substance abuse treatment programmes in jails/prisons.

The matter of gender and its influence on substance abuse is also of great relevance. Identification of the risk and protective factors has significant implications for policy and practice. Current substance abuse research indicates meaningful gender differences in the epidemiology, societal factors and characteristics of substance abuse. Additionally, gender differences exist in the medical and mental health complications and treatment challenges related to substance abuse (10, 11).

Humans have persistently sought to use substances that result in an alteration of their mental states. Some of these substances have often resided in an uneasy position between legitimate medical use and substance abuse. This issue of the Journal draws attention to cases where prescription drugs that have fallen out of use because of their addictive potential (gamma-hydroxybutyrate) and those that continue to be widely used (benzodiazepines) can have a negative impact on an individual (12, 13). In the latter case, the possible consequences of an increase in the rate at which benzodiazepines are prescribed, including an increase in the nonmedical use of prescription anxiolytics, are identified. Other related consequences due to the greater availability and abuse potential of these medications are also featured. The abuse of these substances continues to pose a challenge for health professionals because of the unusual ways in which they might present and the balancing act that clinicians have to engage in when prescribing them.

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