

Legislation: Plant vs. Drug

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Enacting laws that impact everyone's health is an obligation of the modern state. It is a highly nuanced, idealistic mandate, involving a legislative and technical path riddled with pitfalls and therefore fraught with danger. This is precisely what has happened with the legislative process to ensure legal certainty regarding the use, production, transportation, and marketing of the two forms of marijuana and its alkaloids: "medicinal" and "recreational."

This is where the problem and what I have called the socio-legislative struggles begin. Complaints were raised about the announcement by the government, when it submitted a bill amending the General Health Act and the Federal Penal Code ([Opinion of the United Commissions of Justice and Health of the Minutes with a Draft Decree issuing the Federal Act for the Regulation of Cannabis and amending and adding various provisions of the General Health Act and the Federal Penal Code, 2021](#)) to legalize marijuana for medicinal and therapeutic uses, in addition to enabling scientific research on the latter.

We should begin by clarifying the terms mentioned above. In any discussion of the medicinal use of marijuana, it is essential to know that there is no such thing as medicinal use of *cannabis sativa*. It is a plant with 60 to 80 active compounds and enormous diversity within the same plant. Genetic engineering is currently being undertaken and the relative or percentage components of its active substances are being modified. The active component of marijuana that has been studied for many years is called Delta-9-Tetrahydrocannabinol (Δ 9-THC). It is synthesized and can be administered pharmacologically, for scientific experiments or for use in humans, by which time it is no longer marijuana. The genetic engineering to which the plant has been subjected has strengthened at least two groups of its active components: cannabinoids and cannabinoids, and their percentages and potencies vary depending on the genetic interventions undertaken in the plant. It is no longer a plant with the same characteristics it has in the wild. Some of these components have properties that can damage the nervous system that have not yet been physiologically or pharmacologically studied, particularly in individuals with underlying mental pathology ([Vaucher et al., 2017](#)). The problem is exacerbated when these percentages of active ingredients are modified. The seller or owner of the plant is unaware of the exact composition of the plant. Quantitative studies would have to be conducted to reveal which and how many of these active ingredients are present, a complicated process in which neither its sellers nor suppliers engage.

In this respect, the possible medicinal use of marijuana in Mexico is an inconsistency and unfeasible, since there is no way to dose it or of knowing how much of the active ingredient one is administering, unlike a tablet of acetylsalicylic acid (aspirin), for example, whose weight is known, meaning that it can be dosed.

Free Will, Legislation, and Everyone's Health

Jostling for power, misinformation and interests all come into play, with people trying to combine their freedom with medicinal use. To date there is evidence that Δ 9-THC, rather than marijuana itself, influences certain pathologies. These include reducing glaucoma, a condition of increased pressure within the eyeball, and the nausea caused by anticancer chemotherapy; increasing the appetite in certain chronic conditions; and alleviating various types of pain. All this knowledge is the result of published scientific research, available to

the public (Hurd et al., 2019). Since there is no overlap between recreational and medical use, the main issue is what it will be legislated for: recreational or medicinal use?

The Context of Addictions

One of the priority public health areas in the Mexican national development plan is mental health, particularly the area associated with drug addiction.

The problem of addiction is a global rather than a purely Mexican phenomenon, caused by educational, cultural, economic, and political factors transcending the health policies of each country to form part of globalization.

In this respect addiction treatment requires a complex approach. In other words, the addicted patient has many facets; it is not a question of simply reducing or controlling drug use. Addiction involves processes related to a person's family history and situation, their personal structure and financial environment and is also linked to their genetic makeup. The question is why does one of two people exposed to the same drug, under similar circumstances, become addicted while the other does not? This is part of the complexity of the pathology and has to do with the fact that everyone is different. The fundamental differences may lie in our genetics, extending to all other areas (Smith et al., 2020). Research in the field of neuroscience has created ways to influence and assist addiction treatment effectively and rationally.

Another key aspect to consider in addictions is their comorbidity with mental health-related conditions such as depression, anxiety, bipolar disorder, and schizoaffective disorders, further complicating the comprehensive treatment and control of these diseases.

This is where the vision of transversal intervention begins, related to the social part: the decline in productivity, cognitive and affective disintegration, as well as the financial consequences for those affected and their families, not to mention the negative impact of the violent criminal behavior associated with drug trafficking on society, which criminalizes users and addicts, making it more difficult for them to seek medical help and for addiction to be regarded as an illness because of the stigma attached to it.

It is important to note that the Institute has a decisive impact on the training of highly specialized professionals with master's degrees, doctorates, postdoctoral degrees, and psychiatric and nursing specializations in the field of addictions. These personnel are essential for dealing with mental health problems in the health system at the national level. In addition to conducting research on addictions, the Ramón de la Fuente Muñiz National Institute of Psychiatry also trains the human resources required to do so.

The combined efforts of the government, with its material resources, the institutions providing research funds, the industry linked to legal drugs, tobacco and alcohol, and society, are therefore required to continue with this essential task for Mexican society.

Governments and societies must be both sensitive and attentive to providing the conditions and elements to create positive, constructive rewards for individuals, which is intricately linked to our physiology and survival.

Well-being is the only real antidote to addictions, and it is also essential to legislate to achieve this.

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