

DRUG USE STATISTICS IN SERBIA: ANALYSING A POPULATION'S DRUG USE STANCE ON CANNABIS LEGALISATION

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INTRODUCTION

The Annual Report of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) for the year 2023 indicates that illegal drugs are present in many places. It seems that almost every psychoactive substance can be found on the market, and it is challenging to avoid their growth, availability, and subsequent harmful consequences. A study on adolescent substance abuse in Serbia (Janicijevic et al., 2017) reveals widespread use among youth, with 73 % smoking, 56.5 % consuming alcohol, and 24.2% abusing drugs. This study links substance abuse to mental health issues and social instability. Furthermore, an analysis by the Drug Policy Network South East Europe (2008–2019) reports 735 drug-related deaths, with a 72.73 % increase in recent years, particularly affecting young adults. The rising fatalities, especially from opioids like heroin, highlight a growing addiction problem in Serbia. The situation has escalated to epidemic proportions, with a notable increase in prescription drug abuse, particularly medications for pain and generalised anxiety disorder. Research by Abrams, NIDA, Obradović-Salcin et al., Olashore et al., Admasu Basha et al., and Bhandari et al. indicates that the age of the first use of psychoactive substances is decreasing (Abrams, 2024), (NIDA, 2022), (Obradović-Salcin et al., 2019), (Olashore et al., 2018), (Admasu Basha et al., 2023), (Bhandari et al., 2021).

The data from the 2022 annual report of the European Drug Monitoring Center (EMCDDA) estimate that around 83.4 million people or 29 % of adults (aged 15 to 64) in the European Union have consumed illicit psychoactive substances at some point in their lives. This figure includes more men (50.5 million) than women (33.0 million) (EMCDDA (2022), (European Drug Report, Luxembourg 2022)). By 2030, demographic factors predict an 11 % increase in the number of people who use drugs worldwide. The most abused psychoactive substance is cannabis, with over 22 million European adults reporting its use in 2021 – 2022 (World Drug Report 2021, United Nations publication, Sales No. E.21.XI.8). Δ^9 -THC, the primary cannabinoid responsible for most of the psychoactive properties of cannabis, is linked to the development of mental health disorders in chronic users. However, according

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to the World Drug Report (2021), the percentage of adolescents who consider regular cannabis use to be harmful has dropped by as much as 40 percent between 2000 and 2019, with a slightly higher percentage drop in the territory of the United States of America compared to Europe. New forms of cannabis products with high potency Δ -9-THC, i.e. edibles, vape and other products are in some cases marketed and packaged in a way that appeals to children and adolescents (International Narcotics Control Board - Report, 2022). A significant concern is the varying and unpredictable potency of cannabis-based products, which is largely dependent on the initial concentrations in the plant and the applied extraction method (Koturević & Branković, 2014). In some parts of the world, the potency of cannabis products is almost four times higher than before (World Drug Report 2021, United Nations publication, Sales No. E.21 .XI.8).

Cannabis-based herbal products can be found in various parts of the world, alongside ready-made medicine, which are legal or illegal depending on local regulations. Ready-made medicines are legalised in many countries, while herbal products are still illegal. This difference primarily stems from the more extensive research and clinical studies conducted for ready-made medicines, which allow for accurate dosage determination, specific indications, monitoring of side effects, and assessment of therapy success (Kalant & Porath-Waller, 2016), (Veit, 2023), (Grof, 2018). Cannabis-based plant material and plant products are challenging to standardise due to their diverse composition, including approximately 500 compounds, a number that continues to grow with ongoing research. The medicinal value of herbal products is not easy to assess. However, some countries have accepted them for legal use. According to the European Union Directive on Medicinal Products (European Parliament and Council, 2001), medicines under international control must be distributed on prescription, while herbal medicines, with a simplified registration procedure (based on the traditional use), are usually dispensed without a prescription. Major challenges in regulating cannabis products include characterising and standardising cannabinoids and other chemical constituents of herbal cannabis, assessing their stability in stored medicinal products, and ensuring that herbal cannabis products are not contaminated by microbes and fungi, heavy metals and pesticides (Hall, 2018).

The European Medicines Agency (EMA) and the US Food and Drug Administration (FDA) are the two main agencies responsible for evaluating, approving and monitoring the use of medicines. In the EU, there are two ways to market a drug: through the EMA, where the approval is valid in all EU countries, or through national competent authorities, where the drug is allowed for use only in the country where it was approved (Van Norman, 2016). However, many European countries have allowed the use of certain hemp-based medicines through their national authorities (Kieffer, 2017). The FDA, like the EMA, has not approved hemp-based drugs, but numerous states have approved the use of hemp for medical purposes. The FDA has approved the use of cannabidiol (Epidiolex[®]) (FDA, 2018), the synthetic cannabinoid nabinol (Cesamet[®]) (FDA, 2006), and dronabinol (Marinol[®] and Syndros[®]) (FDA, 2004), (FDA, 2017). Vučinić et al. observed an increasing prevalence of patients being treated for substance overdose with novel psychoactive substances that are available on the illicit drug market in Serbia (Vučinić et al., 2018). The sale of already made cannabis-based medicines in some countries is regulated by the prescription of a double prescription, i.e. in the manner in which opioid analgesics are sold in the Republic of Serbia, while in some countries it is regulated by issuing special cards (Goločorbin-Kon et al., 2015). For medical purposes, the application of cannabis has the most potential in pain therapy, therapy of viral and bacterial diseases, therapy of disorders of the gastrointestinal system, therapy of insomnia, anxiety and depression, therapy of Alzheimer's disease, therapy of epilepsy, therapy of multiple sclerosis, therapy of urinary system disorders, therapy of hypertension, glaucoma therapy and in cosmetic preparations (Drinić, 2020), (Goločorbin-Kon et al., 2015).

The main goals of governments that have approved the legalisation of recreational cannabis are to prevent access to cannabis by young people, thereby protecting public health and reducing illicit activity. They argue that legalising cannabis would protect public health by establishing strict requirements for product safety and product quality, minimising contaminants and avoiding harm through high potency. They also argue that legalisation would facilitate prevention measures, making it easier for people who use drugs to talk about cannabis-related problems and seek support and treatment (International Narcotics Control Board - report, 2022). One of the main goals of all states that supported legalisation was to eliminate the illegal drug market and associated organised crime. However, in most countries, contrary to expectations, the illegal market persisted and even developed in parallel with the legal market. Despite the establishment of a regulated market, the demand for illegal supply persists, due to the youth who are under the legal age to purchase legal cannabis, adults who do not want to register and tourists who do not have access to a legal market. Additionally, people who use cannabis may choose to continue obtaining it from the illegal market due to lower prices, wider range and higher concentrations (International Narcotics Control Board - report, 2022). Sulić et al. devised a liquid chromatography-mass spectrometric (LC-MS) method to detect 11-nor- Δ^9 -tetrahydrocannabinol-9-carboxylic acid (THCA). The established method of detection for this important THC metabolite in urine provides a precise, accurate, reproducible, and dependable way to demonstrate cannabis abuse (Sulić et al., 2014).

Given the reasons mentioned above, it is necessary to develop appropriate strategies to combat the abuse of psychoactive substances among the population in the Republic of Serbia. This includes, among other things, regular education of the population about the harmfulness of PAS use, as well as aiding persons who have encountered addiction problems.

RESEARCH METHODS

To successfully combat PAS abuse, it is necessary to have the best possible insight into the consumption of psychoactive substances on the territory of a country.

An effective method is anonymous surveys, where people express their opinions about the use of PAS. Taking the above into account, this work is based on two independent studies. The first survey was conducted to obtain statistical data on the use of psychoactive substances and drugs with a psychoactive effect. The second survey was specifically aimed at obtaining the opinion of the population on the legalisation of one of the most abused drugs today, cannabis. It should be noted that prior to conducting the survey on the abuse of illegal PAS, we had conducted surveys on the collection, preparation and preservation of wild plants from their natural habitats. The findings of the previous survey informed our subsequent investigation about the attitudes of the Serbian population towards the use of legal plants for medicinal purposes (Jovanović et al., 2023). Therefore, the goals of this work are:

- 1) To gain insight into the use of psychoactive substances in the daily life of citizens in the Republic of Serbia;
- 2) To obtain the population's opinion on the use of cannabis for medical purposes;
- 3) To gather opinions on the legalisation of cannabis.

This research involved two separate samples to explore a range of opinions through questionnaires or surveys.

The first study was conducted through anonymous surveys across the Republic of Serbia between March and April 2023. The survey questions related to the use of both legal psychoactive substances,



such as caffeine, alcohol and nicotine, and illegal psychoactive substances. A total of 72 people took part in the survey, with respondents ranging in age from 18 to 68. Participants included students, employed individuals, unemployed individuals, and retirees.

The second survey was conducted in the period from August 2023 to May 2024 on the territory of the Republic of Serbia. Data were collected from a sample of 280 respondents through an anonymous questionnaire that contained general questions about age, sex, place of residence and level of education and closed-ended questions expressing the opinion of the population on the use of cannabis for medical purposes and the legalisation of cannabis.

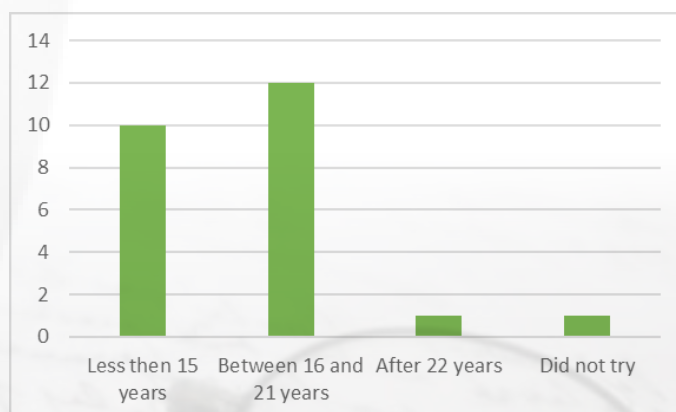
RESULTS AND DISCUSSION

First Survey Research

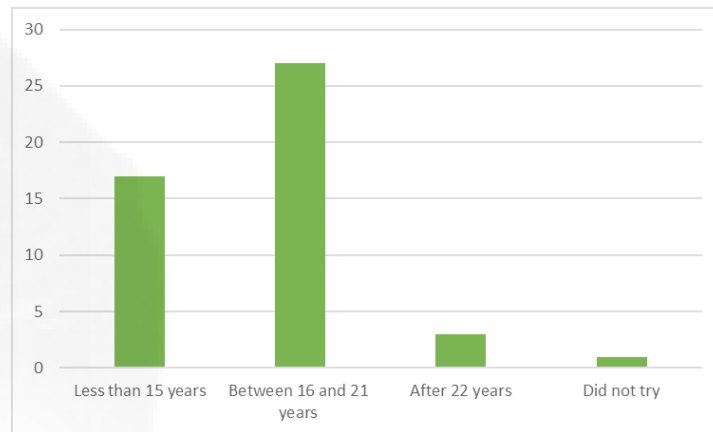
The first nine questions of the initial questionnaire focused on the use of legal psychoactive substances. The opening question, “**What is your gender?**” yielded responses from 48 female and 34 males.

The second question was, “**How old are you?**” The largest percentage (61.1 %, 44 people) of respondents fell between the ages of 21 and 34. 26.4 % of respondents (19 people) were over 45 years of age, 9.7 % (7 people) were from 35 to 44 years old, and 2 respondents (2.8 %) were under 21 years old.

The third question, “**When did you try alcohol for the first time?**” was answered by all 72 respondents. Two respondents, one female and one male, stated they had never tried alcoholic beverages. The largest percentage of respondents (54.2 %, 39 persons) tried alcohol for the first time between the ages of 16 and 21. 37.5 % of the respondents (27 people) declared trying alcohol before the age of 15, while 5.6 % of the respondents (4 people) said they first tried alcohol after the age of 22. The graphs below (Graphs 1-2) illustrate the gender distribution among those who tried alcohol for the first time.

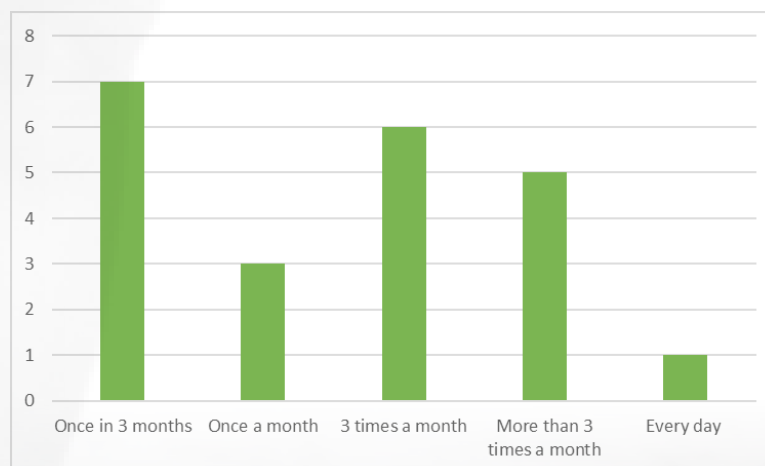


Graph 1. *The Age Distribution of Male Respondents When They First Tried Alcohol*

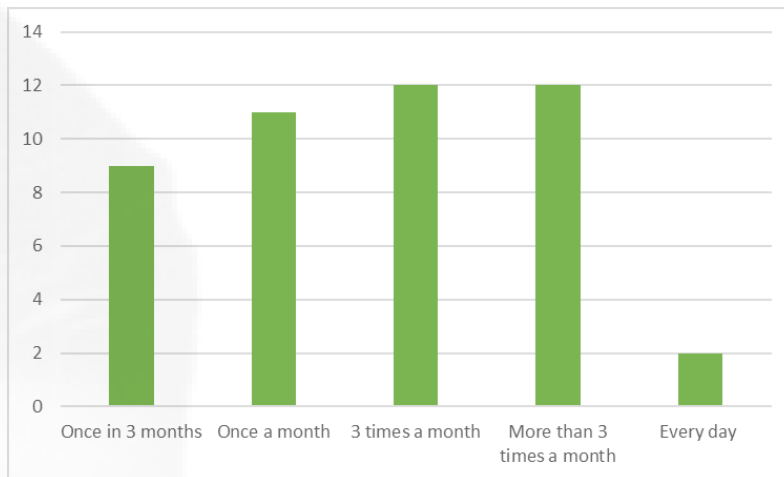


Graph 2. *The Age Distribution of Female Respondents When They First Tried Alcohol*

The fourth question, “**If you consume alcohol, how often do you do it?**” was answered by 68 respondents. The most common response was three times a month (26.5 %, 18 respondents). The other responses were as follows: more than 3 times a month (25 %, 17 respondents), once in 3 months (23.5 %, 16 respondents), once a month (20.6 %, 14 respondents), and three people (4.4 % of respondents) answered that they consume alcohol every day (Graphs 3-4).

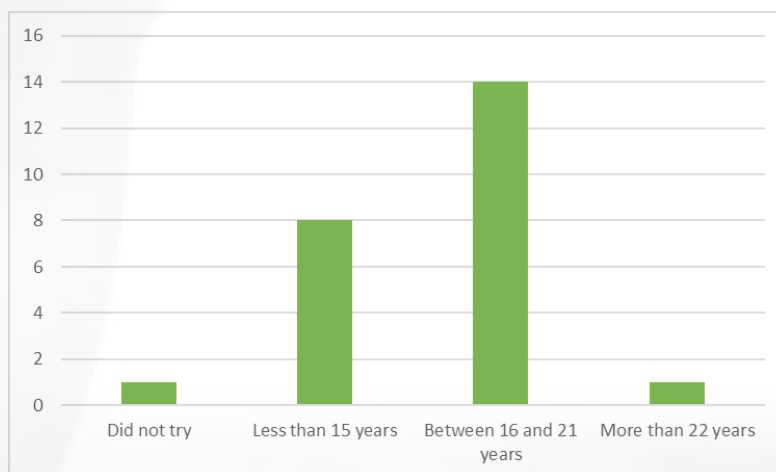


Graph 3. *Frequency of Alcohol Consumption Among Male Respondents*

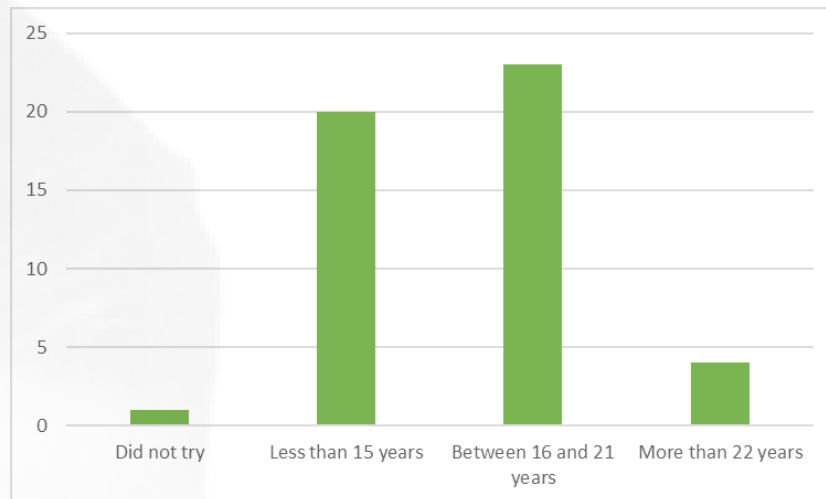


Graph 4. *Frequency of Alcohol Consumption Among Female Respondents*

The fifth question read, **“When did you try coffee for the first time?”** All 72 respondents answered. Two individuals, one male and one female, indicated that they had never tried coffee. Among those who did try coffee, 38.9 % (28 people) did so before the age of 15, 51.4 % (37 people) between the ages of 16 and 21, and only 6.9 % (5 people) tried coffee for the first time after the age of 22 (Graphs 5-6).

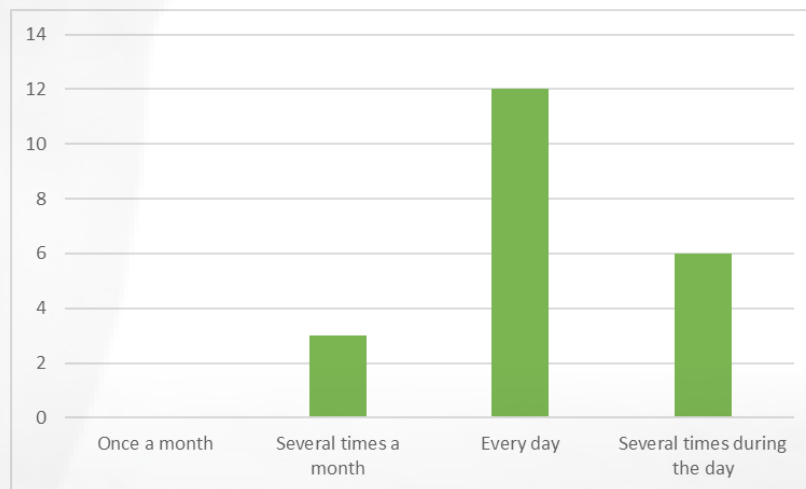


Graph 5. *The Age Distribution of Male Respondents at Their First Consumption of Coffee*

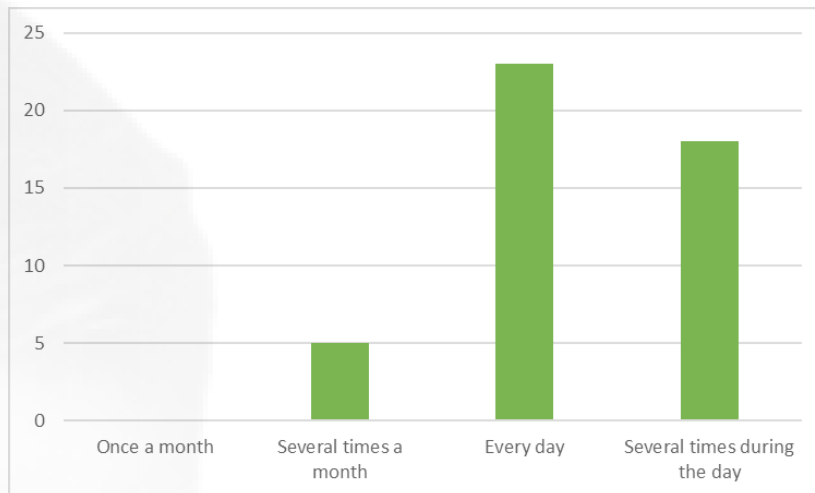


Graph 6. *The Age Distribution of Male Respondents at Their First Consumption of Coffee*

The sixth question, “**If you consume coffee, how often do you do it?**” was answered by 67 respondents. 52.2 % of respondents (35 people) answered that they consume coffee every day, 35.8 % of respondents (24 people) consume it several times a day and 11.9 % (8 people) more than once a month. No respondents reported consuming coffee once a month (Graphs 7-8).

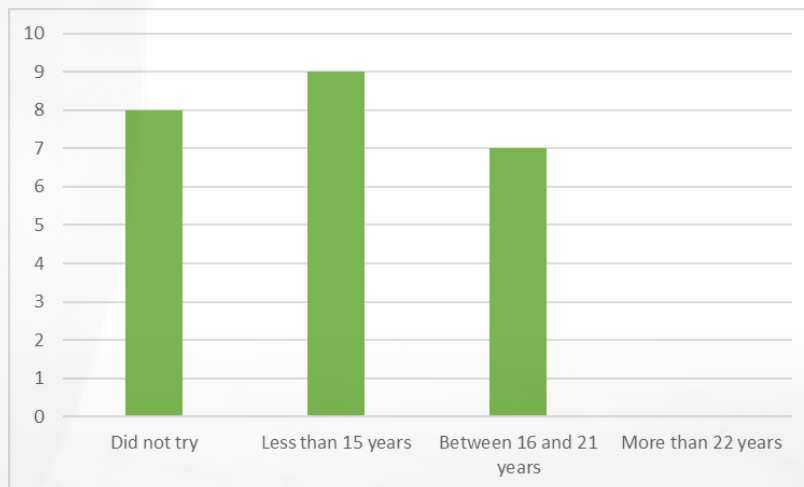


Graph 7. *The Frequency of Coffee Consumption Among Male Respondents*

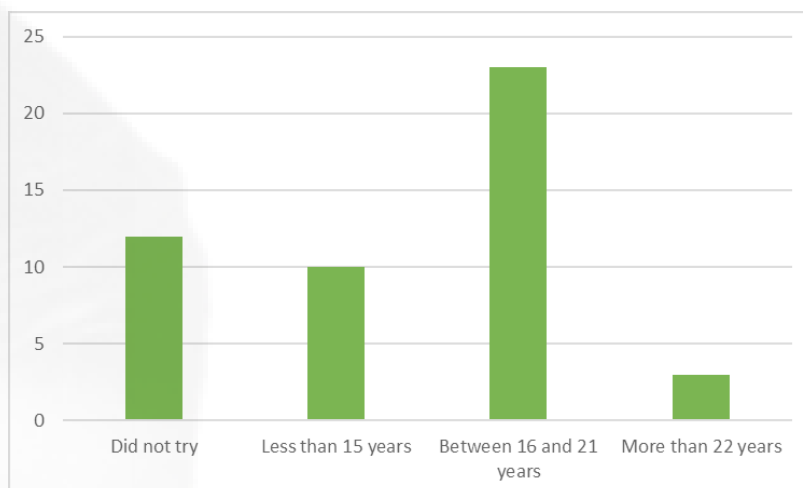


Graph 8. *The Frequency of Coffee Consumption Among Female Respondents*

The answer to the seventh question **“When did you try cigarettes for the first time?”** was provided by all respondents. The largest percentage of respondents tried cigarettes between the ages of 16 and 21 (41.7 %, 30 people). 26.4 respondents (19 people) tried cigarettes when they were under 15 years old, while 4.2 % of respondents (3 people) did so when they were over 22 years old. Twenty respondents (27.8 %) indicated that they have never tried cigarette (Graphs 9-10).



Graph 9. *The Age Distribution of Male Respondents When They First Tried Cigarettes*



Graph 10. *The Age Distribution When They First Tried Cigarettes*

The eighth question, **“If you consume cigarettes, how often do you do it?”** was answered by 31 respondents. The majority, constituting 64.5 % (20 people), reported being daily smokers. Additionally, 29 % (9 people) indicated using cigarettes on specific occasions, while 6.5 % (2 people) reported using cigarettes exclusively with alcohol.

To the ninth question **“If you are currently an active smoker, do you plan to quit smoking in the future?”** 25 respondents provided answers. The largest group, comprising 52 % (13 people), expressed intentions to quit smoking. Four respondents (16 %) stated they had attempted to quit in the past but were unsuccessful, while 32 % (8 people) indicated they do not plan to quit smoking.

The following five questions were about drug abuse:

The tenth question, **“Have you ever used substances with a psychoactive effect for reasons other than medical?”** was answered by all 72 respondents. Of these, 23.6 % (17 people) answered affirmatively, while 76.4 % (55 people) answered negatively.

The following eleventh question, **“Have you ever abused drugs?”** resulted in 4.2 % (3 people) of the 72 respondents who answered yes, while the remaining 95.8 % (69 people) answered no.

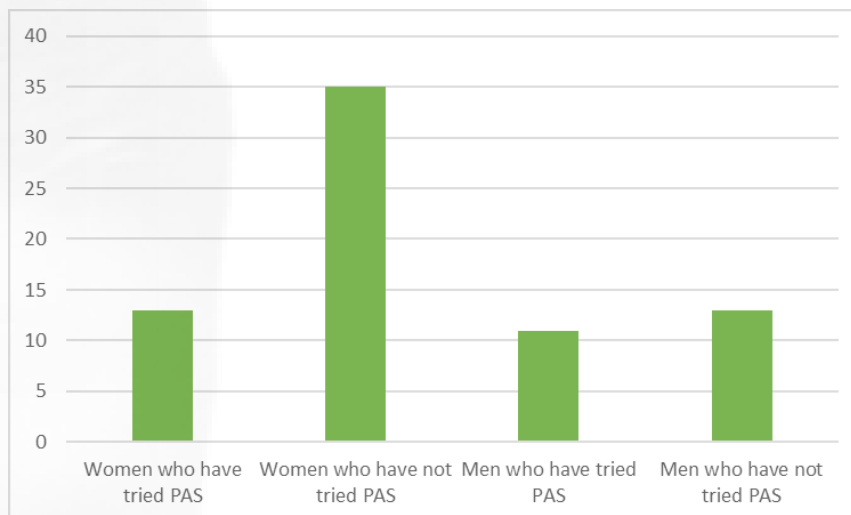
The twelfth question targeted those who answered yes to the previous question and asked **“Which drugs do you abuse?”** Their responses included bromazepam/lorazepam (50 %, 2 people), Rivotril (25 %, 1 person), and other mentions such as Bensedin and Ritalin.

The thirteenth question reading **“Do you consume several medications at the same time?”** was answered by 72 respondents. 83.3 % of respondents (60 people) denied, while 16.7 % of respondents (12 people) gave an affirmative answer.

Regarding the fourteenth question **“Do you consume medicines with alcohol (at the same time)?”** All 72 respondents provided answers. A majority of 97.2 % (70 people) answered no, while 2.8 % (2 people), both women, answered yes.

The subsequent questions focused on the use of illegal psychoactive substances:

The fifteenth question, **“Have you ever tried any illegal psychoactive substance?”** was answered by 72 respondents, with 33.3 % (24 people) responding yes, and 66.7 % (48 people) responding no. Specifically, among women, 13 answered yes, and 35 answered no, while among men, 11 answered yes, and 13 answered no (Graph 11).

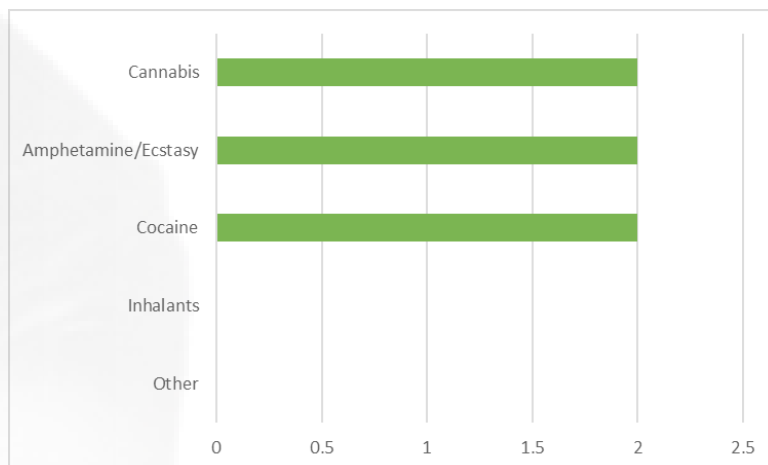


Graph 11. Responses of Male and Female Respondents Regarding Their Use of Psychoactive Substances

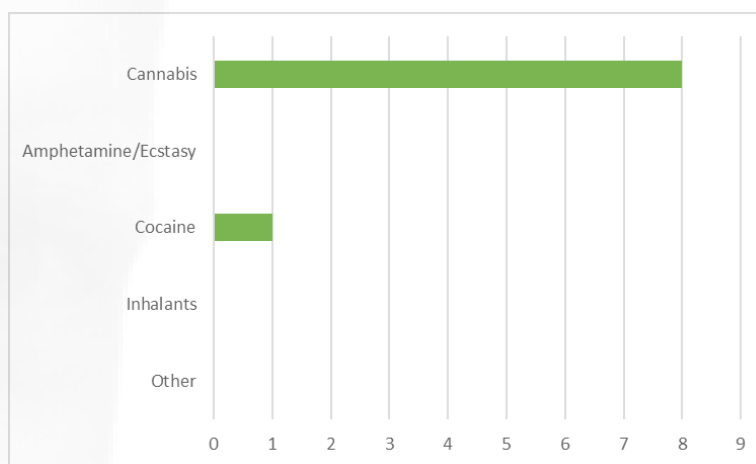
The answer to the sixteenth question **“If the answer to the previous question was YES, how often you consume illegal psychoactive substances?”** was given by 23 respondents. The highest percentage of answers was that they only tried it once (60.9 %, 14 people), then 26.1 % of respondents (6 people) answered that they use PAS once every few months and 8.7 % of respondents (2 persons) more than once a month, once a month 4.3 % of respondents (1 person), while none of the respondents stated that they use PAS daily.

The answer to the next, seventeenth question that read **“If you are a consumer of illegal psychoactive substances, when do you use them?”** was given by 14 respondents. Half of the respondents, 7 people, answered that they use PAS exclusively in society, even at home. 28.6 % of the respondents (4 people) said that they use PAS only when they go out, while 21.4 % (3 people) answered that they do not need any reason to consume PAS.

The answer to the eighteenth question **“If you are a consumer, which illegal psychoactive substances do you use?”** was given by 15 respondents. The highest percentage of answers was cannabis (66.7 %, 10 people), followed by cocaine (20 %, 3 people) and the smallest number of answers was amphetamines/ecstasy (13.3 %, 2 people). In addition to the previously mentioned, the offered answers were inhalants and others, which none of the respondents chose (Graphs 12-13).



Graph 12. Responses from Male Respondents Regarding Which Illegal PAS They Use



Graph 13. Responses from Female Respondents Regarding Which Illegal PAS They Use

The nineteenth question asking “**If you are a regular consumer, can you last a whole week without illegal PAS?**” was answered affirmatively by all 8 respondents.

The twentieth question queried, “**As a consumer, are you always able to stop using psychoactive substances when you want to?**” 12 respondents answered “Yes”.

The twenty-first question was, “**Did you have blackouts or flashbacks as a result of PAS consumption?**” The answer was given by 19 respondents. 15 respondents (78.9 %) answered in the affirmative, while 4 respondents (21.1 %) answered “No”.

The answer to the twenty-second question “**Did you have psychological discomfort due to consumption (nervousness, depressive thoughts, and suicidal ideas)?**” was given by 18 respondents. “Yes” was answered by 5 respondents (27.8 %), while “No” was given by 13 respondents (72.2 %).

Seventeen respondents answered to the twenty-third question, “**Did you experience physical discomfort due to consumption (bone and muscle pain, runny nose, sneezing, coughing (flu symptoms))?**” Fourteen respondents (82.4 %) answered “No” and 3 respondents (17.6 %) answered “Yes”.

The twenty-fourth question was, “**Do you currently consume any illegal PAS?**” Out of 43 responses, 42 respondents (97.7 %) answered “No” and one respondent (2.3%), a female, answered “Yes”.

The twenty-fifth question **“When was the last time you consumed PAS?”** including options - the previous day, on the weekend, or other – was answered by all 16 respondents who chose the option “other”.

The twenty-sixth question **“How do you use illegal PAS?”** was answered by 14 respondents. The highest percentage of answers (64.3 %, 9 people) was “inhalation (by smoking)”, then the same percentage of respondents (14.3 %, 2 people each) answered “via tablets (orally)” and “powder (by sniffing)”. One person (7.1 %) chose “dissolving in drink” as the answer.

The answer to the twenty-seventh question **“Do you mix PAS with alcohol during consumption?”** was given by 21 respondents. Of these, 17 people answered “No” (81 %), while 4 respondents (19 %) answered “Yes”.

The twenty-eighth question was directed at respondents who answered “yes” to the previous question and it was **“How often do you mix psychoactive substances with alcohol during consumption?”** Three respondents (75 %) indicated “Occasionally”, while one respondent (25 %) chose “Always”.

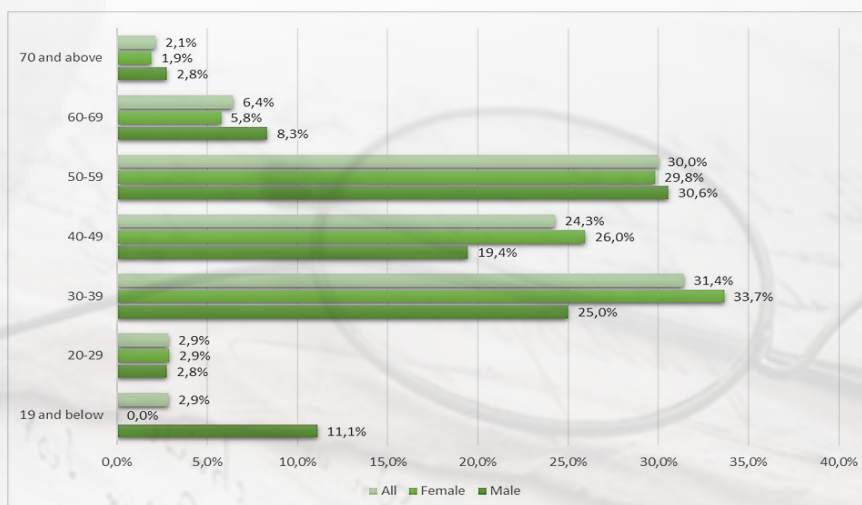
The twenty-ninth question **“Do you consume several psychoactive substances at the same time (e.g. cocaine and marijuana)?”** was answered by eighteen respondents, with 16 of them (88.9 %) selecting “No”, and the remaining 2 respondents (11.1 %) choosing “Yes”.

The thirtieth question was, **“Do you use PAS simultaneously with medicines?”** All 18 respondents answered in the negative.

The final thirty-first question was, **“Can you easily get a psychoactive substance?”** Thirty respondents answered to this question, with 20 respondents (66.7%) answering affirmatively, and 10 respondents (33.3%) answering “No”.

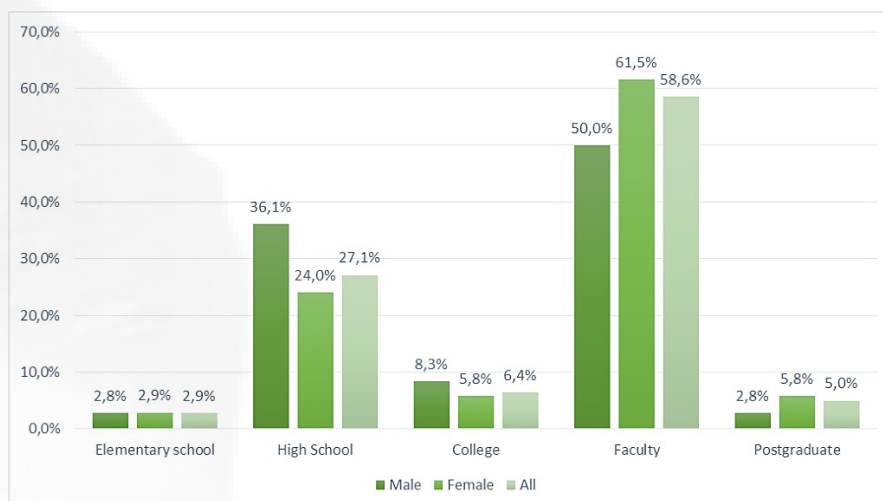
SECOND SURVEY RESEARCH

280 respondents from Serbia participated in the conducted research. Among them, 74.29 % (208) were women and 25.71 % (72) were men. Regarding the place of residence, 24.29 % live in rural areas, while 75.71 % are urban residents. In terms of age, the majority of respondents fall into the 30-39 age group, comprising 31.4 % of the total respondents. The least represented age group is those aged 70 and over, accounting for 2.1 % (**Graph 14**).



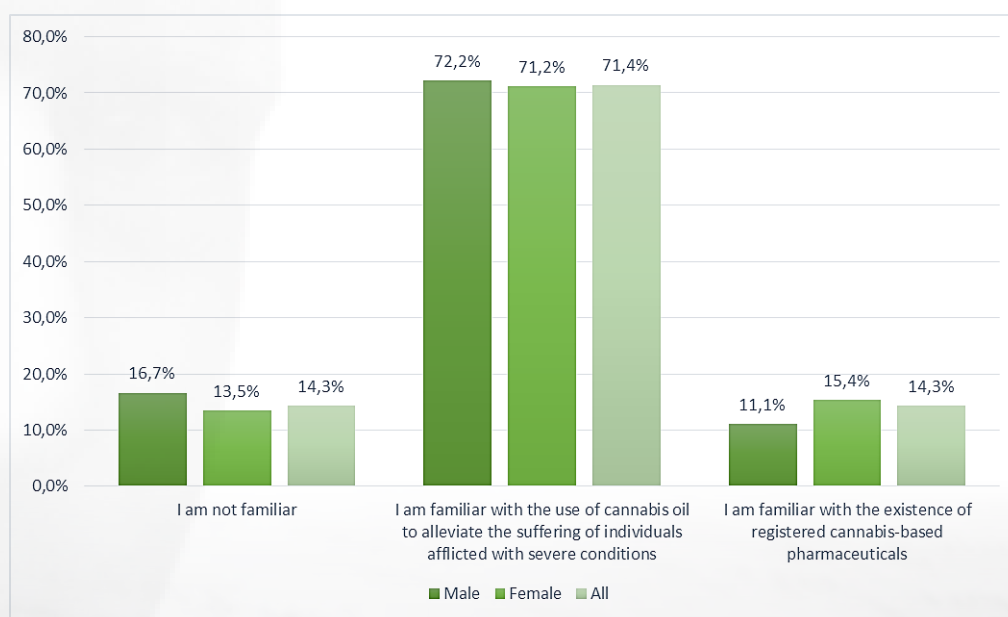
Graph 14. Age Structure of Respondents





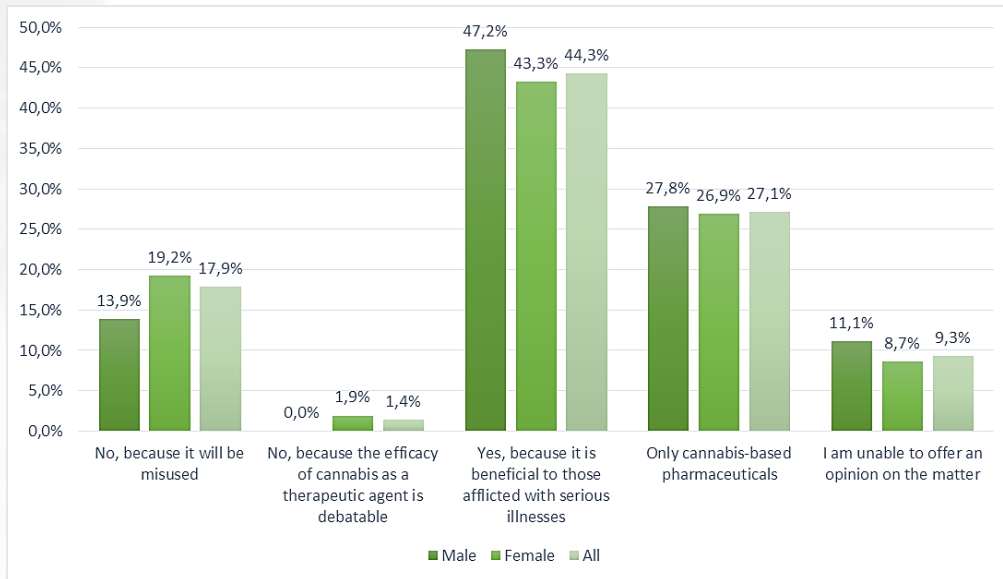
Graph 15. Structure of Respondents According to Education

As can be seen from **Graph 15**, most respondents are with higher education, 63.6 % (total number of individuals holding either a faculty degree or a postgraduate qualification).



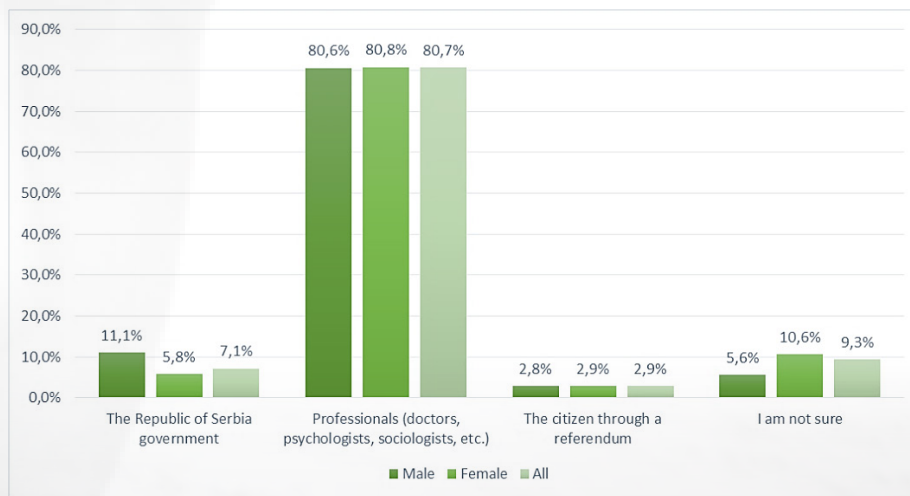
Graph 16. Respondents' Familiarity With the Use of Cannabis for Medical Purposes

As it is clear from **Graph 16**, respondents are familiar with the use of cannabis oil to ease the pain caused by serious illnesses. However, only a very small number of respondents are aware of the existence of registered medicines.



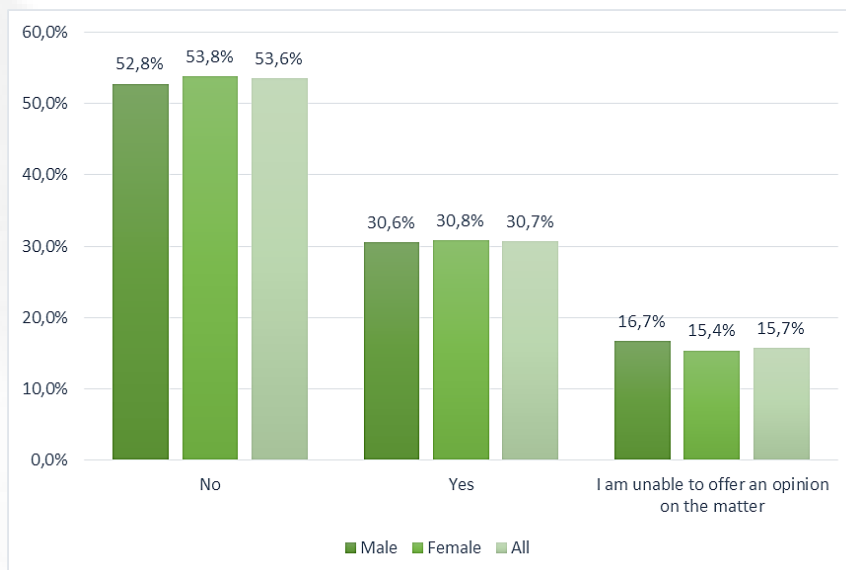
Graph 17. Respondents' Views on the Legalisation of Cannabis for Medical Purposes

From the **Graph 17**, it is obvious that the majority of respondents answered affirmatively to the question: **“Should we legalise cannabis for medical purposes?”** However, 17.9 % of respondents expressed concerns about potential misuse.



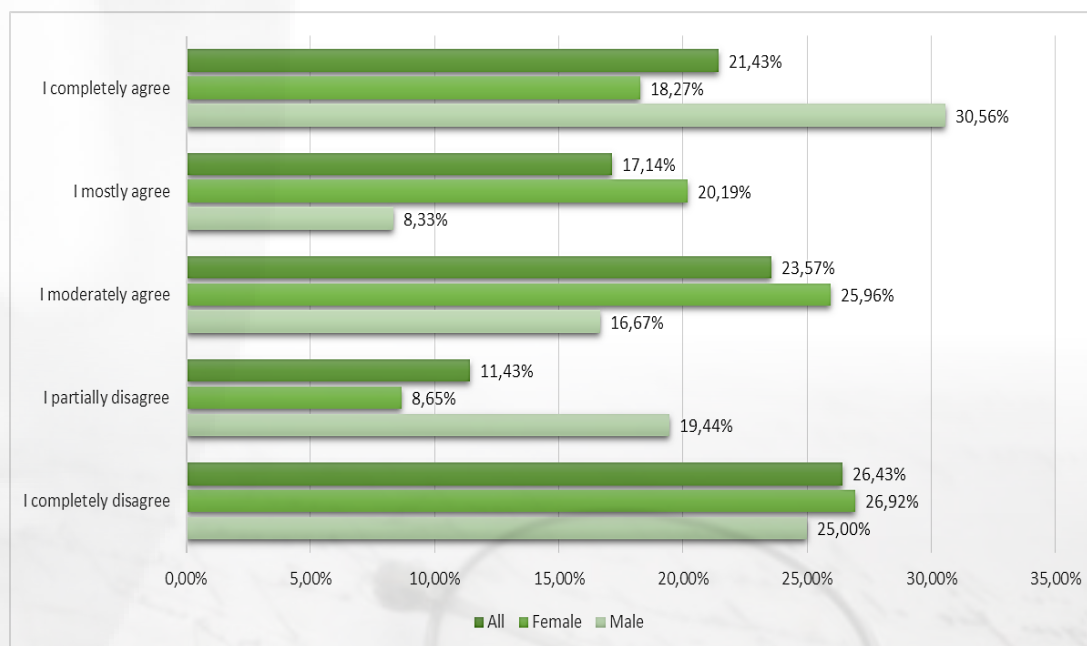
Graph 18. Opinions of Respondents Who Should Make the Decision on the Legalisation of Cannabis for Medical Purposes

Graph 18 provides insights into the responses to the question: **“Who should decide on the legalisation of cannabis for medical purposes?”** 80.7 % of respondents believe the decision should be made by experts, while 9.3 % are uncertain about whose competence it falls under.



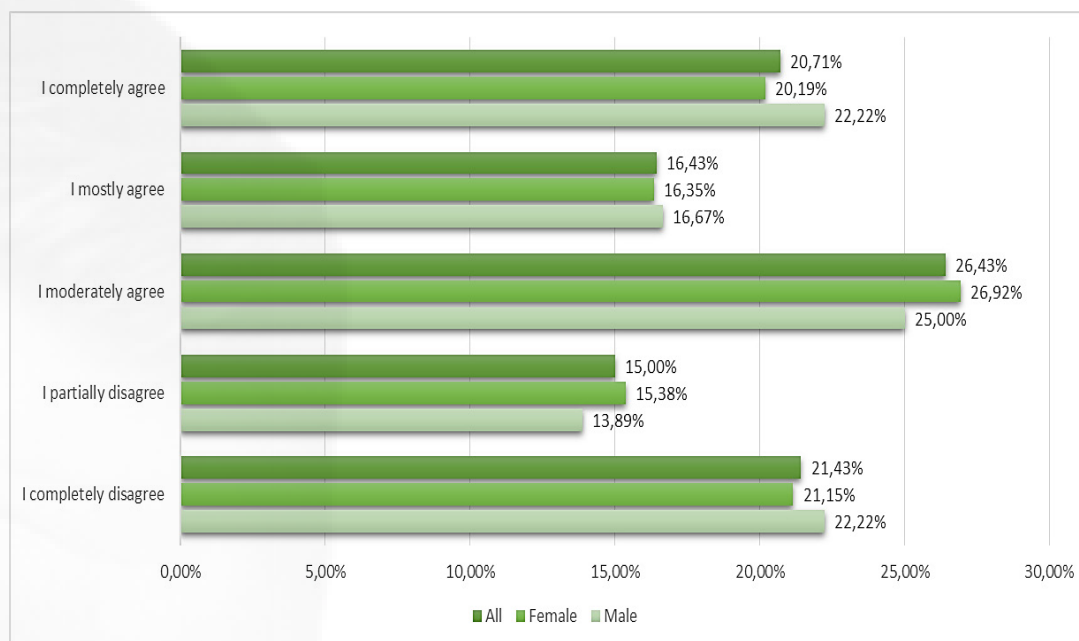
Graph 19. Respondents' Views on the Legalisation of Cannabis for Recreational Purposes

Graph 19 displays the responses to the question: “Do you think that Serbia needs a law on the legalisation of cannabis for recreational purposes following the example of Germany (25 g is allowed for personal use)?” 53.6 % of respondents answered no, 30.7 % answered yes, while 15.7 % had no opinion.



Graph 20. Respondents' Agreement With the Statement Legalising Cannabis Regulates the Market That Already Exists, Which Would Reduce Abuse

From **Graph 20** it can be seen that slightly more than a quarter of respondents (26.43 %) believe that the legalisation of cannabis would not regulate the existing market and would not reduce the scope for abuse. Among female respondents, 25.96 % are moderately undecided on the statement, while male respondents mostly agree with it (30.56 %).



Graph 21. Respondents' Agreement With the Statement Cannabis Legalisation Would Bring More Good Than Bad

According to the results presented in **Graph 21**, approximately a fifth of respondents (21.43 %) believe that the legalisation of cannabis would not bring much good, while 20.71 % think that the legalisation would bring benefits. A larger number of men believe that the legalisation would have advantages, whereas a larger number of women believe it would not.

DISCUSSION

As can be seen from the results of the first survey, the first consumption of alcohol and coffee is between the ages of 16 and 21, with men more likely to consume alcohol more often, while women are more likely to consume coffee daily. When it comes to cigarettes, most respondents tried cigarettes for the first time also between the ages of 16 and 21 and a large number of active smokers consume them daily. Furthermore, considering drugs with a psychoactive effect, only 4.2 % (3 people) of the respondents admitted abusing drugs. The most commonly abused drugs among respondents were bromazepam/lorazepam (50 %) and Rivotril (25%), with one person stating "other", including Bensedin and Ritalin. 16.7 % (12 people) of the respondents consume more than one drug at the same time, while only 2.8 % (2 people) of the respondents answered that they used drugs with alcohol and both were female.

When considering the results of the survey on the consumption of illegal PAS, a significant number of respondents admitted having tried some illegal PAS, out of 72 respondents, 24 (33.3 %) admitted having tried an illegal substance. Out of 13 women, 4 (30.8%) admitted using it, while out of 35 men, 20 (57.1 %) gave an affirmative answer, but a smaller percentage is a regular consumer, i.e. (8.7 %) of respondents consumes illegal PAS once a month. Most of the respondents (66.7 %) stated the use of cannabis, while a smaller number admitted the use of cocaine (20 %) or amphetamine/ecstasy (13.3 %). According to the respondents, obtaining PAS is not too much of a problem, so the majority of respondents (66.7 %) stated that they could easily obtain psychoactive substances if they wanted to.

Based on the data of the second research, the conclusions were drawn from the analysis of demographic characteristics, educational levels and respondents' attitudes about the use and legalisation of cannabis in different contexts. Namely, the respondents are mostly female (74.29 %) and largely aged between 30 and 39. The urban population predominates in the survey (75.71 %). Most respondents have a higher education (63.6 %), which indicates the presence of an educated part of the professional community in the research.

When talking about the use of cannabis oil as a therapeutic agent, the majority of respondents are familiar with its use in alleviating the suffering caused by serious diseases and support the legalisation of cannabis for medical purposes. However, when taking into account the views on the recreational use of cannabis, although the majority of respondents do not support the legalisation of cannabis for recreational purposes, there is a significant number of respondents who are in favour of it (30.7 %). When it comes to regulating the market and preventing abuse, there is scepticism about the possibility that cannabis legalisation will effectively regulate the market and reduce the scope for abuse. About a quarter of the respondents do not believe in the stated claim.

CONCLUSION

This study discusses several key issues related to psychoactive substances, focusing primarily on cannabis: its prevalence, patterns of use, and regulatory challenges. Psychoactive substances are widely used, with cannabis being the most commonly abused substance, as indicated by the results of our survey conducted in the territory of the Republic of Serbia. Cannabis use spans different demographic groups, including a worrying trend of younger people initiating use. There is growing concern about the health consequences of psychoactive substance abuse, particularly cannabis. Chronic use of cannabis, especially due to its high THC content, is associated with mental disorders.

The legal status of cannabis and cannabis-based products varies worldwide, affecting their availability and regulation. The majority of respondents (82.1 %) in our survey support the legalisation of cannabis for medical purposes in the Republic of Serbia. This indicates widespread acceptance of the idea that cannabis can be useful in alleviating the symptoms of serious illnesses. When it comes to the legalisation of cannabis for recreational purposes, fewer than half of respondents (30.7 %) in this survey support such a step, while the majority (53.6 %) are against it. This indicates a more cautious attitude towards legalisation for recreational use. Assessing the benefits and harms of legalisation, respondents are divided on whether the legalisation of cannabis would bring more good than bad. About a fifth of respondents (21.43 %) believe that legalisation would not bring many benefits, while a similar number (20.71 %) believe that it would bring benefits. While some countries have legalised cannabis for medical purposes, legalisation for recreational use aims to reduce illicit markets and associated criminal activity, although challenges remain in achieving these goals. There are significant regulatory challenges in standardising cannabis products due to variations in potency and composition. Regulatory agencies such as the FDA and EMA play a critical role in evaluating and approving medical cannabis products, but differences in national regulations complicate their distribution.

Effective strategies are needed to combat the misuse of psychoactive substances, including public education campaigns and support systems for addiction treatment. Understanding patterns of psychoactive substance use through surveys and research like this is essential for developing targeted interventions.



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