No smoke without fire: Recreational cannabis use among South Sudanese youth

Nyakomi Adwok

Institute of Psychiatry, Psychology and Neuroscience, King's College London United Kingdom

Correspondence: nyakomiadwok@gmail.com

Citation: Adwok. No smoke without fire: Recreational cannabis use among South Sudanese youth. South Sudan Medical Journal 2024;17(2):48-49 © 2024 The Author (s) License: This is an open access article under CC BY-NC DOI: https://dx.doi.org/10.4314/ssmj.v17i2.1

'Bangi', 'ganja', 'weed', 'grass', and 'herb' are a handful of names for psychoactive preparations of the *Cannabis sativa* plant. According to the World Health Organisation (WHO), cannabis is the world's "most widely cultivated, trafficked and abused illicit drug." Compared to substances like cocaine or heroin, recreational cannabis use enjoys a somewhat sanitised reputation as a 'natural' panacea for issues ranging from insomnia to social anxiety. This perception is further complicated by the legitimate applications of medicinal cannabis and cannabinoids, which under professional supervision, have shown efficacy in alleviating symptoms of conditions such as epilepsy and multiple sclerosis. In a qualitative study of drug and alcohol use among South Sudanese youth in Australia, Pittaway and Dantas found that most participants did not consider cannabis as a drug. Additionally, many participants reported that cannabis was beneficial for mental health issues and linked it to positive states like relaxation, creativity and freedom.

While the popular cultural narrative often paints recreational cannabis use as benign, Δ-9 tetrahydrocannabinol (THC), the psychoactive component of cannabis, has been linked to acute and chronic health problems. These include damage to the respiratory tract from long-term smoking, [4] vascular disease, [5] and in the case of pregnant cannabis users, impairment of foetal development. [6] There is also evidence that recreational cannabis use plays a role in the aetiology of psychosis in serious mental illnesses like schizophrenia. Research in a South London population demonstrated that compared to those who had never used cannabis, users of high-potency cannabis had a three times higher risk of developing psychosis. [7] More research is needed to elucidate the long-term mental and physical health impact of psychoactive cannabis preparations. However, despite the many known unknowns, recreational cannabis use presents individual and societal risks that warrant a robust response from both governmental and non-governmental organisations. This is especially important given how widespread cannabis use is likely to be in South Sudan.

Lack of reliable community-level data makes it difficult to estimate the extent of illicit drug use in South Sudan. However, certain factors indicate that South Sudanese youth are especially vulnerable to exposure to drugs like cannabis, both as distributors and consumers. These factors include proximity to high volume cannabis cultivation areas and high levels of unemployment, largely attributable to years of social and political unrest. For increasingly desperate youth struggling with the interconnected issues of poverty, mental illness and poor prospects, cannabis may offer temporary respite from the relentless pressures of their daily lives. The cultivation and distribution of cannabis also presents a feasible, although illegal opportunity to make ends meet in a difficult economic environment. Evidently, the issue

of recreational cannabis use sits at the intersection of various societal problems which are not amenable to quick fixes but urgent action is required, nonetheless.

Without vigilance and measures that address the intersectional issues affecting South Sudan, the conflagration of cannabis-related health and social complications may become increasingly difficult to extinguish. It is therefore important to nurture a 'flame-resistant' environment through initiatives that promote education, mental health support, economic opportunities, and societal engagement. In the pursuit of solutions, input from South Sudanese youth is needed to craft and champion policies that resonate with their realities and safeguard their futures.

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