Journal of Addiction Research & Therapy

Research Article Open Access

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Received: 28-May-2022, Manuscript No. jart-22-67120; **Editor assigned:** 30-May-2022, PreQC No. jart-22-67120 (PQ); **Reviewed:** 13-Jun-2022, QC No. jart-22-67120; **Revised:** 17-Jun-2022, Manuscript No. jart-22-67120 (R); **Published:** 24-Jun-2022, DOI: 10.4172/2155-6105.100474

Citation: Regaieg N, Sellami R, Masmoudi R, Hentati S, Feki I, et al. (2022) Cannabis Use and Psychopathology: Self-Esteem and Anxiodepressive Disorders. J Addict Res Ther 13: 474.

objectives were to assess the level of dependence and self-esteem in subjects consulting at the detoxi cation center of Sfax for cannabis

More than a quarter of our patients, i.e. 10 subjects (26.3%), had a psychiatric history such as depression (2 cases; 5.3%), psychotic disorder induced by cannabis (4 cases; 10.5%) and psychopathic-type personality disorder (4 cases; 10.5%). e median age of onset of the disorders was 21 years (minimum=19, maximum=29).

One- h of the subjects (8 cases; 21.1%) had a history of psychiatric hospitalization at a median frequency of 1.5. e reasons for hospitalization were withdrawal treatment (2 cases; 5.3%), cannabis psychosis (4 cases; 10.5%) and SA (2 cases; 5.3%).

Among our patients, 10 subjects (26.3%) had already attempted suicide, once (8 cases; 21.1%), or 3 times (2 cases; 5.3%). In two subjects (5.3%), a SA would have occurred as a result of cannabis use.

As for criminal history, 12 participants (31.6%) had a history of arrest; once for 10 subjects (26.3%) and 4 times for 2 subjects (5.3%). On the other hand, 6 people (15.8%) had been imprisoned. e cause of this history was the use of cannabis in 14 cases (87.5% of these participants).

H [illegible]:

C [illegible]: In our series, the median age of onset of cannabis use was 17 years, with extremes ranging from 12 to 30 years.

e mode of consumption was in a group for 16 patients (41.1%), alone for 14 patients (36.8%), or both for the remaining 8 (21.1%).

e frequency of use in the last 6 months was most o en daily (26 cases; 68.5%). e same number of patients (4 cases; 10.5%) described consumption once or twice a week, 3 or 4 times a week and once or twice a month.

e median amount consumed over the past 6 months was 4 joints/day, ranging from a low of 3 to a high of 10.

e longest median duration of abstinence was 1 month with a minimum of 0 and a maximum of 6 months.

C (**CA**): e distribution of scores according to the CAST scale showed that 36 users (94.7%) had problematic cannabis use at the time of the study.

A (**HAD**): e median HADS global score (HADS-G) was 19 with a minimum of 12 and a maximum of 33. e median anxiety score on the HADS-A subscale was 12, with scores ranging from 5 to 17. Two-thirds of the subjects (24 cases; 63.2%) had a score greater than or equal to 11 , de ning symptomatic anxiety.

e median HADS-D subscale depression score was 7, with ranges of 3 and 19. Based on a depression threshold score of 11, 16 patients (42.1%) had symptomatic depression (Figure 1).

(**E**): e mean self-esteem score was 17.7 ± 7.8. e distribution of scores showed that 14 patients (36.8%) had a score below the threshold value of 15, below which self-esteem is considered low.Analytical study

C: Problematic cannabis use according to the CAST scale was statistically correlated with stress/anxiety-induced use (p=0.009), an anxiolytic-type desired e ect (p=0.001), tobacco consumption (p=0.021), as well as a longer period of abstinence (p=0.034).

A: In our series, anxiety was signi cantly correlated with a sedative-like desired e ect (p = 0.005). While depression was associated with an antidepressant-like desired e ect (p < 0.001).

A: In our population, several complications of cannabis use were signi cantly associated with anxiety and depressive disorders (Table 3).

A : Among all substances used, anxiety was statistically correlated with ecstasy use. While depression was signi cantly associated with the consumption -

Indeed, cannabis use, and particularly chronic cannabis use, is associated with increased rates of depression and anxiety [29-31], even when participants have no known history of mental illness [8,16,32-43]. is association has been con rmed by cross-sectional studies [44], hence the importance of looking for these disorders in subjects consulting for withdrawal [26, 44-47].

However, the gures found in our work di er from those found in other studies conducted on patients consulting for withdrawal. us, these consultants in France present, according to the HADS score, anxiety and depressive disorders in 59% and 28% of cases, respectively [26].

Depression and addictive disorder are two entities that seem to be closely related. According to Ehrenberg (1998), "addiction is a way to ght depression; it abrades con icts through compulsive behavior. If depression is the story of an untraceable subject, addiction is the nostalgia of a lost subject" [34]. Indeed, we nd very o en in

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Several studies have reported a link between low self-esteem and the use of PAS, which may allow the individual to t into certain social groups or help counteract the negative emotions generated by

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