

Marijuana Addiction Hearts of Hope

RESTORING HOPE TO ALL AFFECTED BY DRUG ADDICTION THROUGH EDUCATION, ADVOCACY AND SUPPORT.

Marijuana addiction is a very serious and sometimes life threatening dilemma. Not only is it difficult for the addict, it is extremely hard on those around them who care about them. For the addict, admitting they have an addiction problem can be difficult. However painful this may be, it must be acknowledged as the first gradient to overcoming the problem. The next hurdle is being willing to seek & accept help from an addiction professional. It can be hard for an addict to confront the fact that they can not do it alone. Once this fact is accepted, it is time to seek the appropriate professional treatment. Drug rehab programs based on the social education modality are highly successful. This means that individuals who are recovering from Marijuana addiction are not made wrong for their past indiscretions, but are taught how to avoid future ones. They are provided



with knowledge on how to change their lives and how to live comfortably without Marijuana. Receiving treatment for addiction should be done in a safe & stable environment that is conducive to addiction recovery. Research studies show that residential treatment programs of at least 3 months in duration have the best success rates. 3 months may seem like a long time, but one day in the life of an individual addicted to Marijuana can feel like an eternity. Addiction is a self imposed hellish slavery. The chains can be broken people do it everyday. You can be free!

Drug rehabilitation is a multi-phase, multi-faceted, long term process. Detoxification is only the first step on the road of addiction treatment. Physical

detoxification alone is not sufficient to change the patterns of a drug addict. Recovery from addiction involves an extended process which usually requires the help of drug addiction professionals. To make a successful recovery, the addict needs new tools in order to deal with situations and problems which arise. Factors such as encountering someone from their days of using, returning to the same environment and places, or even small things such as smells and objects trigger memories which can create psychological stress. This can hinder the addict's goal of complete recovery, thus not allowing the addict to permanently regain control of his or her life.

Almost all addicts tell themselves in the beginning that they can conquer their addiction on their own without the help of outside resources. Unfortunately, this is not usually the case. When an addict makes an attempt at detoxification and to discontinue drug use without the aid of professional help, statistically the results do not last long. Research into the effects of long-term addiction has shown that substantial changes in the way the brain functions are present long after the addict has stopped using drugs. Realizing that a drug addict who wishes to recover from their addiction needs more than just strong will power is the key to a successful recovery. Battling not only cravings for their drug of choice, re-stimulation of their past and changes in the way their brain functions, it is no

wonder that quitting drugs without professional help is an uphill battle.

Q.) What is Marijuana?

A.) Marijuana is a green or gray mixture of dried, shredded flowers and leaves of the hemp plant (*Cannabis sativa*). It is the most often used illegal drug in this country. All forms of cannabis are mind-altering (psychoactive) drugs; they all contain THC (delta-9-tetrahydrocannabinol), the main active chemical in marijuana. There are about 400 chemicals in a cannabis plant, but THC is the one that affects the brain the most.

There are many different names for marijuana. Slang terms for drugs change quickly, and they vary from

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one part of the country to another. They may even differ across sections of a large city. Terms from years ago, such as pot, herb, grass, weed, Mary Jane, and reefer, are still used. You might also hear the names skunk, boom, gangster, kif, or ganja. There are also street names for different strains or “brands” of marijuana, such as “Texas tea,” “Maui wowie,” and “Chronic.” A recent book of American slang lists more than 200 terms for various kinds of marijuana.

Marijuana’s effect on the user depends on the strength or potency of the THC it contains. THC potency has increased since the 1970s but has been about the same since the mid-1980s. The strength of the drug is measured by the average amount of THC in test samples confiscated by law enforcement agencies.

Most ordinary marijuana has an average of 3 percent THC.

Sinsemilla (made from just the buds and flowering tops of female plants) has an average of 7.5 percent THC, with a range as high as 24 percent.

Hashish (the sticky resin from the female plant flowers) has an average of 3.6 percent, with a range as high as 28 percent.

Hash oil, a tar-like liquid distilled from hashish, has an average of 16 percent, with a range as high as 43 percent.

Q.) What is THC?

A.) THC is the chemical in marijuana which makes you feel “high” (which means experiencing a change in mood and seeing or feeling things differently). Certain parts of the plant contain higher levels of THC. The flowers or buds have more THC than the stems or leaves. When marijuana is smoked, THC goes: quickly into the blood through the lungs to the brain (this is when the “high” is felt and can happen within a few minutes and can last up to five hours) THC is absorbed more slowly into the blood when marijuana is eaten as it has to pass through the stomach and intestine and can take up to one hour to experience the “high” effects which can last up to 12 hours. THC is absorbed quickly into body fat and is then released very slowly back into the blood. This process can take up to one month for a single dose of THC to fully leave the body.

Q.) How is Marijuana used?

A.) Most users roll loose marijuana into a cigarette (called a “joint”). The drug can also be smoked in a water pipe, called a “bong.” Some users mix marijuana into foods or use it to

brew a tea. Marijuana cigarettes or blunts often include crack cocaine, a combination known by various street names, such as “primos” or “woolies.” Joints and blunts often are dipped in PCP and are called “happy sticks,” “wicky sticks,” “love boat,” or “tical.” Hash users either smoke the drug in a pipe or mix it with tobacco and smoke it as a cigarette. Lately, young people have a new method for smoking marijuana: they slice open cigars and replace the tobacco with marijuana, making what’s called a “blunt.” When the blunt is smoked with a 40 oz. bottle of malt liquor, it is called a “B-40.”

Q.) What are the short-term effects of Marijuana?

A.) Sleepiness

Difficulty keeping track of time, impaired or reduced short-term memory
 Reduced ability to perform tasks requiring concentration and coordination, such as driving a car
 Increased heart rate
 Potential cardiac dangers for those with preexisting heart disease
 Bloodshot eyes
 Dry mouth and throat
 Decreased social inhibitions
 Paranoia, hallucinations
 Impaired or reduced short-term memory
 Impaired or reduced comprehension
 Altered motivation and cognition, making the acquisition of new information difficult
 Paranoia
 Psychological dependence
 Impairments in learning and memory, perception, and judgment - difficulty speaking, listening effectively, thinking, retaining knowledge, problem solving, and forming concepts
 Intense anxiety or panic attacks

Q.) What are the long-term effects of Marijuana?

A.) Enhanced cancer risk

Decrease in testosterone levels and lower sperm counts for men
 Increase in testosterone levels for women and increased risk of infertility
 Diminished or extinguished sexual pleasure
 Psychological dependence requiring more of the drug to get the same effect

Q.) What are the effects of Marijuana on Men?

A.) Marijuana is the most common drug used by adolescents in America today. Marijuana affect the parts of the brain which



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controls the sex and growth hormones. In males, marijuana can decrease the testosterone level. Occasional cases of enlarged breasts in male marijuana users are triggered by the chemical impact on the hormone system. Regular marijuana use can also lead to a decrease in sperm count, as well as increases in abnormal and immature sperm. Marijuana is a contributing factor in the rising problem of infertility in males. Young males should know the effects and potential effects of marijuana use on sex and growing process before they decide to smoke marijuana.

Q.) What are the effects of Marijuana on Women?

A.) Just as in Males, marijuana effects the female in the part of the brain that controls the hormones, which determines the sequence in the menstrual cycle. Its been said that females who smoked or used marijuana on a regular basis had irregular menstrual cycles, the female hormones were depressed, and the testosterone level was raised. Even though this effect may be reversible, it may take several months of no marijuana use before the menstrual cycles become normal again.

Mothers who smoke marijuana on a regular basis have been reported of having babies with a weak central nervous system. These babies show abnormal reactions to light and sound, exhibit tremors and startles, and have the high-pitched cry associated with drug withdrawal. Occurring at five times the rate of Fetal Alcohol Syndrome, Fetal Marijuana Syndrome is a growing concern of many doctors. Furthermore, doctors worry that children born to "pot-head" mothers will have learning disabilities, attention deficits and hormonal irregularities as they grow older, even if there are no apparent signs of damage at birth. Pregnant or nursing mothers who smoke marijuana should talk to their doctors immediately.

Q.) What are the effects of Marijuana on the brain?

A.) Researchers have found that THC changes the way in which sensory information gets into and is acted on by the hippocampus. This is a component of the brain's limbic system that is crucial for learning, memory, and the integration of sensory experiences with emotions and motivations. Investigations have shown that neurons in the information processing system of the hippocampus and the activity of the nerve fibers are suppressed by THC. In addition, researchers have discovered that learned behaviors, which depend on the hippocampus, also deteriorate. Recent research findings also indicate that long-term use of marijuana produces changes in the brain similar to those seen after long-term use of other major drugs of abuse.

Q.) What are the effects of Marijuana on the lungs?

A.) Someone who smokes marijuana regularly may have many of the same respiratory problems that tobacco smokers have. These individuals may have daily cough and phlegm, symptoms of chronic bronchitis, and more frequent chest colds. Continuing to smoke marijuana can lead to abnormal functioning of lung tissue injured or destroyed by marijuana smoke.

Regardless of the THC content, the amount of tar inhaled by marijuana smokers and the level of carbon monoxide absorbed are three to five times greater than among tobacco smokers. This may be due to the marijuana users inhaling more deeply and holding the smoke in the lungs.

Q.) What are the effects of Marijuana on heart rate and blood pressure?

A.) Recent findings indicate that smoking marijuana while shooting up cocaine has the potential to cause severe increases in heart rate and blood pressure. In one study, experienced marijuana and cocaine users were given marijuana alone, cocaine alone, and then a combination of both. Each drug alone produced cardiovascular effects; when they were combined, the effects were greater and lasted longer. The heart rate of the subjects in the study increased 29 beats per minute with marijuana alone and 32 beats per minute with cocaine alone. When the drugs were given together, the heart rate increased by 49 beats per minute, and the increased rate persisted for a longer time. The drugs were given with the subjects sitting quietly. In normal circumstances, an individual may smoke marijuana and inject cocaine and then do something physically stressful that may significantly increase risks of overload on the cardiovascular system.

Q.) What are the effects of heavy Marijuana use on learning and social behavior?

A.) A study of college students has shown that critical skills related to attention, memory, and learning are impaired among people who use marijuana heavily, even after discontinuing its use for at least 24 hours. Researchers compared 65 "heavy users," who had smoked marijuana a median of 29 of the past 30 days, and 64 "light users," who had smoked a median of 1 of the past 30 days. After a closely monitored 19- to 24-hour period of abstinence from marijuana and other illicit drugs and alcohol, the undergraduates were given several standard tests measuring aspects of attention, memory, and learning. Compared to the light users, heavy marijuana users made more errors and had more difficulty sustaining attention, shifting attention to meet the demands of changes in the environment,



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and in registering, processing, and using information. The findings suggest that the greater impairment among heavy users is likely due to an alteration of brain activity produced by marijuana.

Longitudinal research on marijuana use among young people below college age indicates those who used have lower achievement than the non-users, more acceptance of deviant behavior, more delinquent behavior and aggression, greater rebelliousness, poorer relationships with parents, and more associations with delinquent and drug-using friends.

Q.) What are the effects of Marijuana on pregnant women?

A.) Any drug of abuse can affect a mother's health during pregnancy, and this is a time when she should take special care of herself. Drugs of abuse may interfere with proper nutrition and rest, which can affect good functioning of the immune system. Some studies have found that babies born to mothers who used marijuana during pregnancy were smaller than those born to mothers who did not use the drug. In general, smaller babies are more likely to develop health problems.

A nursing mother who uses marijuana passes some of the THC to the baby in her breast milk. Research indicates that the use of marijuana by a mother during the first month of breast-feeding can impair the infant's motor development (control of muscle movement). Research also shows more anger and more regressive behavior (thumb sucking, temper tantrums) in toddlers whose parents use marijuana than among the toddlers of non-using parents.

Q.) Is Marijuana addictive?

A.) Not everyone who uses marijuana becomes addicted, when a user begins to seek out and take the drug compulsively, that person is said to be dependent on the drug or addicted to it. In 1995, 165,000 people entering drug treatment programs reported marijuana as their primary drug of abuse, showing they needed help to stop using.

Some heavy users of marijuana show signs of dependence because when they do not use the drug, they develop withdrawal symptoms. Some subjects in an experiment on marijuana withdrawal had symptoms, such as restlessness, loss of appetite, trouble with sleeping, weight loss, and shaky hands.

According to one study, marijuana use by teenagers who have prior serious antisocial problems can quickly lead to dependence on the drug. That study also found that, for troubled teenagers using

tobacco, alcohol, and marijuana, progression from their first use of marijuana to regular use was about as rapid as their progression to regular tobacco use, and more rapid than the progression to regular use of alcohol.

Q.) Do Marijuana users lose their motivation?

A.) Some frequent, long-term marijuana users show signs of a lack of motivation (amotivational syndrome). Their problems include not caring about what happens in their lives, no desire to work regularly, fatigue, and a lack of concern about how they look. As a result of these symptoms, some users tend to perform poorly in school or at work. Scientists are still studying these problems.

Q.) Does using Marijuana lead to other drugs?

A.) Long-term studies of high school students and their patterns of drug use show that very few young people use other drugs without first trying marijuana. The risk of using cocaine has been estimated to be more than 104 times greater for those who have tried marijuana than for those who have never tried it. Although there are no definitive studies on the factors associated with the movement from marijuana use to use of other drugs, growing evidence shows that a combination of biological, social, and psychological factors are involved.

Marijuana affects the brain in some of the same ways that other drugs do. Researchers are examining the possibility that long-term marijuana use may create changes in the brain that make a person more at risk of becoming addicted to other drugs, such as alcohol or cocaine. While not all young people who use marijuana go on to use other drugs, further research is needed to determine who will be at greatest risk.

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