

Understanding the Journey of Marijuana: Going from There to Here



Marijuana's (Cannabis Sativa, Pot) known existence dates back to at least 500BC [\(history\)](#). It's public perception has certainly had its fair share of ups and downs over time. Beginning in the 1930's, it was viewed as a drug that could cause serious harm. A common held belief was presented in a documentary called [Reefer Madness](#). This film, portrayed users of marijuana succumbing to acts of crime, delusional episodes, and suicide under the influence of marijuana. In the 60's and 70's, pot was a large part of the counterculture movement. In the 80's [public opinion changed](#). The government initiative, Just Say No, had a negative impact on its popularity. In the 90's , with a decrease in government anti-drug funding, tougher sentencing, and popular media perception of marijuana influenced its popularity. Since 2002 there has been a ["rise in marijuana use and decline in perception of its risk."](#) Today, there has been a significant discussion for legalization or decriminalization of marijuana. Many [states](#) have decriminalized marijuana and have approved it for medical use. It is important to note that there is a difference between approving marijuana for medical use versus recreational use. Approval for medical purposes does not necessarily mean it is permissible in that state to use recreationally.

Information and knowledge about marijuana has increased over time as more research has been devoted towards it, improved methods of data collection, scientific advancements, and our ability to get information out to the public. Earlier studies that

suggested information about the harmful effects of marijuana that were not all scientifically sound ([study](#)). Sample sizes for studies, reliability and accuracy of information gathered were factors that led to some inaccuracies. Another challenge that has made it difficult is advancements in the cultivation of marijuana has increased its potency. In the early seventies, THC (chemical ingredient in marijuana that creates the euphoric feeling) levels ranged from 3% to 10%. Today's levels have been tested as high as 30%. Ironically, Cannabidiol (CBD) levels in marijuana have decreased. CBD is one the chemicals in marijuana that has been connected to numerous health benefits([study](#)) as well as helping in countering or balancing the psychoactive effects of THC ([study](#)). This makes identifying long term effects of marijuana more difficult to measure as the nature and makeup of pot is constantly changing.

Another challenge in testing for benefits/costs of marijuana is the method it is consumed. Historically, marijuana was mostly smoked in a pipe or cigarette paper. Today, methods of ingestion include the above as well as: edibles, oils, vaporization, and pill form. Apparatus used to smoke marijuana have also been engineered over time to create more intense experiences in using.

Lastly, for the average reader, the sheer volume of research makes it difficult to gain an accurate assessment of the benefits and/or consequences of marijuana. Earlier government approaches to research led to some credibility issues regarding the concerns associated with use. Currently, there appears to be a trend toward the opposite direction. Articles appear supporting benefits of marijuana but do not base it on sound scientific research. It can be labor-intensive in examining the validity and reliability of studies on both the pro and anti-marijuana sides of the argument.

Medical Marijuana: Understanding More

Currently, there is a large volume of research and information on the medical benefits of marijuana (cannabis, pot). There are [historical](#) references on this topic as well. States, individuals, and the medical profession are pursuing marijuana as an option for many different illnesses. Prior to deciding how or if medical marijuana can benefit you, it can be helpful to understand more about it. There is a lot of information in the scientific internet community to sift through. This article will help you to be better informed in deciding or discussing medical marijuana as an option.

It is important to distinguish between recreational use and medical (medicinal) use of marijuana. Marijuana is comprised of over 400 different chemicals. THC (delta-9-tetrahydrocannabinol), the ingredient in marijuana that creates a majority of the high feeling, and Cannabidiol (CBD) in marijuana are the most frequently looked at chemicals in research findings. Other chemicals have been looked at as having medicinal purposes.



CBD is one of over 60 [cannabinoids](#) found in pot. CBD has anti psychoactive components, which could counter the effects of THC (psychoactive effect). Lower CBD levels in marijuana mean individuals are feeling more of the high. THC levels have changed over the course of time. In the last thirty years average THC levels found in street pot have tripled. That complicates our understanding on long term effects of marijuana due to these changes. Also, in some strains, CBD levels have decreased ([study](#)). The THC to CBD levels found in street marijuana is a significant factor to consider in using pot for medicinal purposes. Since both THC and CBD are found in

marijuana, it is important to distinguish between them when discussing medical purposes for marijuana. Research findings could be focusing on one ingredient and not the whole plant. Science has been able to isolate chemicals and deriving the benefits of one chemical found in marijuana does not have to include the whole plant.

Studies conducted on marijuana have been done with measured amounts in controlled settings. This can be different than the strains that we would find on the street. Fluctuating levels of key ingredients found in marijuana could impact on matching findings we get in the lab and what is on the street.

The route of ingestion (how it gets into your body) is important as well. There are many ways people can take in marijuana for medical purposes. Smoking, vaporizing, edibles, or topicals can be used as routes of administration. Some are more effective than others ([study](#)). Smoking pot may be the least effective method yet is the most popular. Dronabinol, synthetic marijuana, has been developed in capsule form. A mouth spray, Sativex, is also used to administer marijuana.

Many states have new legislation for medical uses for marijuana and recreational ([list](#)). Currently, it is listed as [schedule I](#) drug, meaning it is not seen as not an accepted for having a medical use and is a high potential for abuse. This classification, most likely will change in time. It is important to note that if it is legalized in a state for medical purposes that does not mean that research support its effectiveness. The National Institute of Drug Abuse has a [publication](#) about current research on medical marijuana. Included links for a few common maladies cannabis may be prescribed for and research findings on its effectiveness.

Science is beginning to gain a better understanding of medical purposes for marijuana. There is some promise for its medical uses for some medical conditions. Other research indicates it may not be effective for certain medical conditions, only some ingredients (not whole plant) may be effective, or amounts of marijuana would need to be used in unrealistic amounts/frequency to gain any medical benefits. Just like any type of medical remedy, discussion with a doctor or professional prior to deciding to use it would be helpful. This is particularly important if the person has a family or personal history of substance abuse.

Take into consideration why you are using marijuana (recreational, medical, or to cope).

Examine the research findings on what you plan to use it for. Remember, research findings may be reflective of one of the chemicals found in marijuana, not the whole plant (all 400 chemicals). Assuming the smoking street marijuana will help relieve symptoms of a medical illness can open the door to other problems (abuse). The medical field has isolated some ingredients for use in helping with symptoms of certain illnesses, making it unnecessary to smoke the whole plant and avoiding the psychoactive feelings (high).

Weighing Out Your Options: Marijuana Costs and Benefits



The use of mood altering substances for recreational purposes has been present since recorded history. Whether it was the use of Opium by the [Sumerians in 5000BC](#) or the current trend of [Gray Death](#) (highly potent combination of heroin, fentanyl, [cafentanil](#) and synthetic opioid), humans have a propensity in pursuing mood altering experiences. This seems to be wired into our DNA.

Distinguishing between the recreational use of drugs (for the sake of discussion alcohol is included in this category) and drug abuse is not a simple discussion. There is not always going to be a clear line people cross in using substances recreationally or abusing them. For instance, if we look at the frequency of use to determine a problem, having a glass of wine at dinner is certainly different than injecting a single dose of heroin. Another thought to consider is our environment (family, friends, neighborhood). If we are surrounded by individuals who have similar use patterns as we do, problematic use might not be easily detected. To further complicate this discussion, we can not always determine a problem by quantity or amount of use. For instance, the country of Denmark has the 6th highest alcohol related death rate per 100,000 people ([source](#)) yet is not in the top 25 countries for alcohol consumption ([source](#)). The question we can ask

if frequency, peers, friends, and amount of use of a mood-altering substance are not always gauges we can use to determine a substance abuse problem, what can?

The same question we can ask regarding marijuana. For many years, American society has looked at marijuana as a harmful drug. Currently it is listed as a [Schedule 1 drug](#) by the Drug Enforcement Administration (FDA). Schedule 1 drugs are defined as drugs with no currently accepted medical use and a high potential for abuse. As we discussed in previous articles, this most likely will change soon. The last few years the view on marijuana has almost gone full circle. Now we struggle with finding a place for marijuana and how it fits into our society, workplace and homes.

A good starting point in determining how harmful marijuana could be is considering the purpose someone is using marijuana for. There can be a variety of reasons someone uses. Recreational, celebratory, social situations, stress, to escape problems, medical reasons, or relaxation are among the reasons individuals would use marijuana. Users look at these reasons as beneficial. If there are no consequences or costs attached to their use, they most likely will continue their use. Consequences could be external (employment, courts, school, parents, family) or internal.

The costs that could present themselves with marijuana use are usually not physical. However, difficulties in breathing, increased heart rate, risks in pregnancy, and memory and brain development concerns are considerations that need to be taken into account for users ([source](#)). There has been a rise in traffic accidents in some of the states that have legalized marijuana ([source](#)). It is difficult to determine what higher THC levels and better cultivation of cannabis plants we are now seeing in marijuana, will have on our impressions about pot a few years but for now, that does not seem like a consequence we need to spend much time on.

That does not mean that we can view marijuana as safe. The psychological effects (the high) can be felt within a minute in most cases. The high can last up to three hours. These all could vary depending on a person's makeup and potency of the marijuana. Although there is some discussion on this effect of marijuana use, [amotivational](#) symptoms can present themselves with some users. These symptoms include: apathy, isolation, lethargy, and decrease of motivation. Memory and concentration problems ([study](#)) as well as impact on our brain ([study](#)) have been known to happen with users.

If a user is faced with external factors, their investment in change may be limited. The hope that they may be invested in recovery, in some cases, is unrealistic. For example, a youth who is stopping his use because of external pressure (consequences) from his parents may not agree on the importance of abstaining from marijuana as opposed to his parents. However, they may be equally committed to the teenager staying abstinent but for different reasons.

One of several criteria's we use to determine if someone is [addicted](#) if there is compulsive use despite negative consequences. For marijuana use consequences are

not always clear. A parent, employer, and spouse may view someone's marijuana use as more problematic than the user. Money and time spent revolving around the user can also be subjective. The marijuana user may feel content in this area, however, family and/or friends may not.

Marijuana use is not an easy topic to tackle. It is mired in controversy. There are medical benefits from marijuana. However, these benefits must be evaluated for each person and weighed out against the consequences of use. Not every marijuana user will become addicted. However, it does not rule out the possibility it can become a problem for users. Youth are particularly vulnerable to problems with marijuana because their brains are still developing([source](#)) Educating yourself and family members is helpful in deciding about using. Each person/family will have to make their own determination about their use and risks/consequences associated with it.

We have included signs and symptoms of marijuana abuse/addiction individual and families can look for in addressing marijuana use:

- Increase of tolerance. It is taking more to get you high than it did in the past.
- Daily use
- Irritability and anxiety increase if you go without it for a period of time
- Using more than you intended, inability to set limits for your use
- Previous attempts at quitting
- Arguments with others centered around you using
- Great deal of time spent around using or getting high
- Decrease of activities due to your use
- Broken promises about stopping use
- Legal or employment problems related to your use.
- Relying on the marijuana high to avoid problems or responsibilities
- Relationships impacted by your use
- Lack of motivation to attend to your responsibilities at home, work, or school