

FACTS ABOUT MARIJUANA

Marijuana is known on the street by many names including grass, pot, reefer, weed, Mary Jane. It is the most often used illegal drug in the United States.

The shredded flowers and leaves of the plant are dried. Most users then roll the material into cigarettes called joints. They may be laced with PCP or another illegal drug.

Marijuana may also be smoked in a water pipe (bong), mixed into food such as being baked in brownies, or brewed as tea. More recently cigars have been hollowed out and the tobacco replaced with marijuana. This form is called blunts.

The botanical name for marijuana is *Cannabis sativa*. There are two main varieties: industrial hemp, once cultivated for the manufacture of rope but displaced in the 1940's by synthetic fibers, and the variety cultivated specifically for its potent psychoactive properties. Marijuana plants can grow to a height of 12 to 18 feet. The leaves always have an odd number of serrated leaflets numbering from 3 to 11, but usually seven.

The numerous pharmacological properties of marijuana make it difficult to place it in a specific class of drugs. It produces both depressant and stimulant effects on the brain. In a high enough dose it may cause hallucinations.

Users are affected in different ways. When marijuana is combined with other drugs and/or when the user is fatigued or under stress the effects are magnified. Studies have shown that long-term marijuana users experience withdrawal symptoms such as stomach pain, irritability, and aggression.

Based on the most recent scientific and medical findings, the US Department of Health and Human Services advised that "marijuana continues to meet the criteria for placement in Schedule I: a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for the use of marijuana even under medical supervision." On March 20, 2001, the

US Drug Enforcement Administration (DEA) refused to initiate proceedings to reschedule it.

There are over 400 different chemicals in marijuana. The main mind-altering (psychoactive) ingredient is delta-9-tetrahydrocannabinol (THC). The percentage of THC found in marijuana plants depends on many factors such as the type of plant, weather conditions, soil, and the time of harvest. Technological advancements in plant selection and cultivation have produced a highly potent domesticated product. According to the DEA "in 1974 the average THC content of marijuana was less than one percent; in 1999 potency averaged 7.03 percent. Today's sinsemilla averages 13.65 and ranges as high as 30 percent."

Sinsemilla is the seedless variety of marijuana prepared from the unpollinated female plant. It is preferred for its high THC content. *Hashish* refers to the dried resin from the flowering top which is usually compressed into cakes, resulting in a considerably higher THC content. *Hashish oil*, the most potent form, is an oily solution of resin and other plant juices which are extracted in alcohol and filtered.

I. Effects on the Body

THC is absorbed by most tissues and organs of the body but since it is fat-loving its primary focus is on the fatty tissues of the brain, the lungs and the reproductive organs. THC lodges in the membranes surrounding the cells thereby blocking nutrients from entering the cells at the normal rate and preventing proper functioning of the cells. Normal delivery of messages to various parts of the body is prevented.

Within a few seconds of use, effects include an increase in pulse rate, blood pressure, and heartbeat. Sudden heart attacks have been linked to pot smoking. Eyes become bloodshot and often a dry mouth and throat occurs. The pupils of the eyes contract while the user is high. A mild drooping of the eyelids gives the user a sleepy appearance. Some users report dizziness and nausea. Lack of coordination and impaired psychomotor performance occurs up to 24 hours or longer.

Up to 50% of a single dose can be detected in the body for up to a week. The body may not be completely free of the drug for up to one month or longer.

Marijuana is harmful to the reproduction system. Loss of fertility in both males and females may occur. Marijuana can disrupt testes and uterine function. In males testosterone levels and sperm counts can decrease and abnormal sperm form. Menstrual periods have ceased in females who use pot regularly.

II. Effects on the Brain

Marijuana acts on the pleasure centers of the brain causing the user to feel relaxed and then to experience an elevated mood. Drowsiness and sedation follow in about 30 minutes.

Marijuana interferes with learning by impairing short-term memory which is essential in order to acquire and store information. A user does not remember what was taught while "high." Impaired thinking and judgment, and a decline in performance occur. Reading skills, verbal and math skills, and comprehension are all affected. Users often become unable to cope with complex situations.

A common bad reaction is "acute panic anxiety reaction" in which the user feels an extreme loss of control which leads to panic. Symptoms usually disappear after a few hours.

III. Effects on Infants

THC crosses the placenta so the fetus has about the same level of THC as the mother. THC can be also passed on through breast milk and may affect the alertness of the baby. Some studies show that smoking marijuana during pregnancy can result in premature babies and low birth weight.

The *Journal of The American Medical Association* published a study of 239 infants who died from Sudden Infant Death Syndrome (SIDS). It was learned that fathers who smoked pot might increase the chances of their babies dying from SIDS. Smoking around the time of conception or during the partner's pregnancy doubled the risk and using

pot after the birth almost tripled the risk. More research is needed. The major risk factor appears to be maternal smoking, which can increase the risk of SIDS 15-fold.

Another investigation that reported on the effects of marijuana used by women during pregnancy showed that their children at age four and older displayed increased behavioral problems and decreased performance on visual tasks, language comprehension, sustained attention, and memory.

IV. Effects on the Immune System

Scientific research has conclusively documented that marijuana weakens and suppresses the immune system. Smokers are more subject to adverse reactions to common bacteria and viruses. Marijuana smoking increases the incidence of bacterial pneumonia in AIDS patients. Marijuana use is a major risk factor in the development of full-blown AIDS in HIV-positive persons. HIV marijuana smokers progress to full-blown AIDS twice as fast as non-smokers.

V. Psychological (Behavioral) Effects

Characteristics of pot users include apathy, loss of interest in personal appearance, and lack of concern in the pursuit of future or long-range goals.

Amotivational syndrome is a behavior identified in long-term chronic users. They become moody, depressed, fatigued, show signs of apathy, and lack of motivation.

"Burnout" is a term used by pot smokers to describe the effect of long-term use. It includes these characteristics: dull, slow-moving, inattentive, unaware of problems, and unaware of being spoken to or of the surroundings. Chronic use results in adults being four times more likely to be depressed later in life and to have suicidal thoughts. Schizophrenia may occur with prolonged use.

Marijuana is now one of the leading causes of drug-related emergency room episodes. In a 1999 report of 664 drug-related deaths, 187 of them resulted from marijuana use alone.

Marijuana is a gateway drug which frequently leads to the use of other illegal drugs. Research indicates the earlier a person starts smoking pot the more likely there will be experimentation with other drugs.

Perhaps the greatest tragedy in the use of marijuana is the fact that the harm is so subtle that it is not realized by the user until severe damage has taken place.

VI. Effects on Driving Performance

Experiments show that a wide range of skills needed for driving are affected by marijuana use. Reaction time is slowed; tracking (the ability to stay in the lane through curves) is affected; the ability to maintain speed and keep the proper distance between cars is impaired; perception and an accurate sense of time are disturbed. Impairment from smoking one joint lasts 4 - 6 hours or longer and a great increase of accident risk occurs.

A scientific study of airplane pilots showed their inability to properly land a plane using a flight simulator even 24 hours after smoking one joint.

VII. Medical Marijuana Controversy

As of January, 2001, the Mississippi Research Center for the National Institute on Drug Abuse had on record more than 15,000 studies on *cannabis*. None of them show the raw material marijuana to be safe or effective for medical use. Medical authorities generally agree that smoking is not an appropriate delivery system for a medication.

Medical and health-related organizations who continue to reject marijuana as a medical solution include: the American Medical Association, American Glaucoma Society, American Academy of Ophthalmology, International Federation of Multiple Sclerosis Societies, National Institute for Neurological Disorder and Stroke, National Institute of Dental Research, National Institute on Allergy and Infectious Diseases, and American Cancer Society.

Voters should not substitute their judgment for that of the scientific and medical communities

to decide what is safe and effective medicine. Many of the state-based referendums on medical marijuana have been supported and funded by individuals and organizations who favor decriminalization and legalization and who would profit from producing and selling marijuana.

The FDA has the following criteria for approving medicine: safe, effective (cures or relieves a specific problem), specific (no unwanted side-effects), and stable (reliable and consistent). Marijuana has failed to meet these tests. It is not safe (toxic, especially to the lungs), intolerable side effects, and inconsistency in the dose.

VIII. Question of Legalization

In May, 2001, the U. S. Supreme Court ruled that there was no medical exception to federal laws against marijuana.

On July 1, 2000 the Drug Policy Foundation and the Lindesmith Center, both strongly supporting the legalization of marijuana, merged into what is now known as the Drug Policy Alliance. Another well-known group advocating legalization is the National Organization for the Reform of Marijuana Laws (NORML). These extremely wealthy individuals back legalization: Investor George Soros; George Zimmer, owner of Men's Warehouse; John Sperling, whose Apollo Group runs the for-profit University of Phoenix; and Peter Lewis, CEO of Progressive Corporation.

IX. Conclusion

Currently there is a relaxed public perception about the harmful effects of marijuana use. The media and entertainment industry have helped popularize marijuana use. The pro-legalization movement has invested heavily financially in advocating the safeness of use. The Internet has advanced the use of marijuana with numerous sites which sell marijuana or offer instructions for home grown. Internet sites abound that extoll the virtues of pot while avoiding any facts about the dangers of use.

Marijuana (smuggled mainly from Mexico and some from Latin American countries) accounts for most of the pot available in the United States. Canadian pot is more potent. Also there is an increased availability of domestically grown pot.

For the past decade the price of marijuana has remained relatively stable, selling for \$400 - \$1,000 per pound in the Southwest border area of the country while selling for between \$700 - \$2,000 per pound in the Midwestern and Northeastern United States. The price of sinsemilla is between \$900 and \$6,000 per pound.

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Illegal Drugs

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