Marijuana
"Revisited"

Marijuana continues to be the most widely used illicit drug in the United States (NIDA, 2008). Some people may believe that smoking marijuana is a relatively “harmless” recreational habit. However, the use of marijuana has many adverse health, safety, social, academic, economic, and behavioral consequences. Below are some of the latest research findings regarding marijuana.

- Students who used marijuana about once a day or more for an extended period showed deficits in mathematical skills and verbal expression, as well as selective impairments in memory-retrieval processes. These effects are present 24 hours after the last use of marijuana, and could last for days or weeks (DEA, 2004).

- Long-term marijuana smokers are prone to develop bullous lung disease at a much younger age than cigarette smokers. This disease obstructs breathing which causes destruction of lung tissue (January 2008).

- When delta-9-tetrahydrocannabinol (THC), the main active ingredient in marijuana, binds to receptors in the cerebellum and basal ganglia, it causes disruptions in an individual’s coordination and balance. These brain regions regulate balance, posture, coordination of movement, and reaction time (NIDA, 2005).

- THC levels in marijuana have increased significantly since monitoring began in the late 1970’s. The average amount of THC in recently confiscated marijuana samples was 9.6 percent compared to under 4 percent in 1983. The highest concentration of THC found in a single sample was 37.2 percent (June 2008).

- Smoking marijuana may increase an individual’s heart rate by 20-50 beats per minute, or may even double it. Therefore, an individual’s risk of heart attack can more than quadruple in the first hour after smoking marijuana (NIDA, 2005).

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Marijuana use may effect male and female reproductive organs. Men may experience a decrease in sex drive and reduced sperm counts. Females may experience changes in ovulation, menstrual cycle and hormone levels (September 2006 & May 2008).

Smoke inhaled from marijuana use contains 50 to 70 percent more carcinogenic toxins than tobacco smoke (NIDA, 2008).

Marijuana users may experience respiratory problems similar to tobacco smokers such as daily cough and phlegm production, frequent acute chest illness, a heightened risk of lung infections, bronchitis, emphysema, and bronchial asthma (NIDA, 2005).

Marijuana use can worsen depression and lead to more serious mental health disorders such as major depressive disorder (Brook, 2002), schizophrenia, anxiety, and even suicide (May 2008). One 16-year study showed that individuals without depression were four times more likely to be depressed after smoking marijuana. (Bovasso, 2001).

A moderate dose of marijuana can impair driving performance, including a driver's attentiveness, perception of time and speed, and reaction and response time. These impairments increase significantly when marijuana use is combined with alcohol (NHTSA, 2007).

Heavy marijuana use may be responsible for shrinking the human brain. Brain scans reveal that the hippocampus and amygdala of chronic, long-term marijuana users were 7-12 percent smaller than nonusers. The hippocampus regulates emotion and memory, and the amygdala regulates fear and aggression (June 2008).

RESOURCES

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Alcoholics Anonymous
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