

fact sheet: Marijuana

What is marijuana?

Marijuana is the most frequently used *illegal* drug in the United States. It is a green, brown or gray mixture of dried and shredded flowers, leaves and seeds of the hemp plant (*Cannabis sativa L.*).

Marijuana is classified as a psychedelic drug and contains more than 400 chemicals, many of which are considered carcinogenic (cancer causing) when smoked. The most active ingredient in marijuana is delta-9-tetrahydrocannabinol (THC), which is believed to have a greater effect on the brain than any other chemical in marijuana.

Marijuana is often referred to by more than 200 “street” names. Among the most commonly used are “Aunt Mary,” “boom,” “chronic,” “dope,” “gangster,” “ganja,” “grass,” “hash,” “herb,” “kif,” “Mary Jane,” “pot,” “reefer,” “sinsemilla,” “skunk” and “weed.”

Drug-Free Resource Net: Marijuana/Hashish. 1997. New York: Partnership for a Drug-Free America.

Drugs of Abuse. 1996. Arlington, Va.: Drug Enforcement Administration.

Marijuana: Facts for Teens. 1995. Rockville, Md.: National Institute on Drug Abuse.

Marijuana: Facts Parents Need to Know. 1995. Rockville, Md.: National Institute on Drug Abuse.

Tschirgi, T., Cox, F. 1993. *What Is Marijuana?* College Park, Md.: Center for Substance Abuse Research.

How is marijuana ingested?

Marijuana can be smoked or mixed with a food or drink and consumed orally. The most common form of ingestion is smoking. The lungs have a huge capacity for absorbing drugs, and when marijuana is smoked, it reaches the brain very quickly, producing an almost immediate “high.”

Marijuana: Facts Parents Need to Know. 1995. Rockville, Md.: National Institute on Drug Abuse.

Telephone interview. 1997. Columbia, S.C.: Department of Pharmacology, University of South Carolina School of Medicine.

Why do people use marijuana?

People use marijuana for a variety of reasons. Even at low doses, marijuana users experience relaxation and feelings of euphoria, and these effects generally last 10 minutes to three hours, but can linger for as long as six hours.

Other reasons people, particularly teenagers, use marijuana include curiosity and a desire to be accepted by their peers. Children who have family members who

use marijuana are more likely to use the drug. Also, teenagers who already smoke cigarettes and drink alcohol are more likely to use marijuana than those who do not.

Once a person begins using the drug frequently, dependence is often the main reason for marijuana use.

Marijuana. 1997. Lansing, Mich.: Michigan Resource Center.

Marijuana: Facts Parents Need to Know. 1995. Rockville, Md.: National Institute on Drug Abuse.

How common is marijuana use?

Marijuana is the most commonly used illegal drug in the United States. Only the legal drugs alcohol and nicotine are used more often. In 1997, approximately 33 percent of all Americans had used marijuana at least once in their lives, and 9 percent had used the drug in the past year.

Use often begins at a young age. On average, a student first tries marijuana at 16 years of age. The percentage of students who had used marijuana in the past 30 days almost doubled from 1992 (11.9 percent) to 1998 (22.8 percent), while the proportion of students who believe marijuana use is harmful declined 23 percent. Currently, 22 percent of eighth-graders and just over 49 percent of 12th-graders have used marijuana at least once during their lives. Furthermore, 23 percent of 12th-graders have used the drug at least once in the past 30 days.

Closer to home, the problem is equally serious. In South Carolina, 25 percent of all adults and 27 percent of eighth-, 10th- and 12th-graders have used marijuana at least once in their lives. Approximately 17 percent of these students have used marijuana in the past 30 days.

Hun, T. 1997. Marijuana: medicine or menace? *The Big Issue*. 25(2):7-10. Columbia, S.C.: South Carolina Department of Alcohol and Other Drug Abuse Services.

Marijuana: Facts Parents Need to Know. 1995. Rockville, Md.: National Institute on Drug Abuse.

Marijuana Update. 1996. NIDA Capsule C-88-06. Rockville, Md.: National Institute on Drug Abuse.

National Household Survey on Drug Abuse. 1997. Chicago, Ill.: Substance Abuse and Mental Health Services Administration.

South Carolina Prevention Public School Survey Grades 8, 10 and 12: 1995 Summary of Results. 1996. Columbia, S.C.: South Carolina Department of Alcohol and Other Drug Abuse Services.

Does marijuana use lead to other drug use?

Studies indicate that most people who try illegal drugs other than marijuana (cocaine, heroin, etc.) first

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use marijuana. However, the majority of people who use marijuana *do not* use other illegal drugs. Recent evidence suggests that tobacco is the first or “gateway” drug used by most children.

Marijuana. 1997. Lansing, Mich.: Michigan Resource Center.
Marijuana: Facts Parents Need to Know. 1995. Rockville, Md.: National Institute on Drug Abuse.

Is marijuana addictive?

Yes. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* published by the American Psychiatric Association, the symptoms of addiction fall into three categories: (1) compulsion or loss of control — taking more than intended, unsuccessfully trying to stop and spending too much time under the influence or recovering from the drug’s effects; (2) tolerance — including withdrawal symptoms when drug use is discontinued; and (3) impairment — using the drug despite adverse effects and preoccupation with the drug over everything else.

Marijuana is psychologically addictive and can meet all three of these criteria. Although physical dependence among chronic marijuana users is rare, individuals who are psychologically addicted often develop tolerance and may exhibit withdrawal when they stop using the drug. Common marijuana withdrawal symptoms include restlessness, loss of appetite, insomnia, weight loss and shaky hands. In South Carolina, about 1.2 percent of all adults and 8.1 percent of seventh- through 12th-graders currently meet the criteria for marijuana dependence.

Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition. 1994. Washington, D.C.: American Psychiatric Association.

Drug-Free Resource Net: Marijuana/Hashish. 1997. New York: Partnership for a Drug-Free America.

Hollister, L.E. 1986. Health aspects of cannabis. *Pharmacological Review*. 38(1):1-20.

Marijuana: Facts Parents Need to Know. 1995. Rockville, Md.: National Institute on Drug Abuse.

South Carolina Treatment Needs Assessment Household Telephone Survey Summary Report. 1996. Columbia, S.C.: South Carolina Department of Alcohol and Other Drug Abuse Services and the University of South Carolina’s Institute of Public Affairs.

South Carolina Treatment Needs Assessment Student Survey Summary Report. 1995. Columbia, S.C.: South Carolina Department of Alcohol and Other Drug Abuse Services and the University of South Carolina’s Institute of Public Affairs.

South Carolina Treatment Needs Assessment Survey of Arrestees Summary Report. 1995. Columbia, S.C.: South Carolina Department of Alcohol and Other Drug Abuse Services and the University of South Carolina’s Institute of Public Affairs.

What are the adverse effects of marijuana use?

Marijuana users may experience many problems, even when taking the drug in low doses. Problems include headaches and dizziness; disturbances with short-term memory and learning; distorted perception of sight, sound, time and touch; trouble with thinking and problem solving; loss of coordination; and paranoia and

anxiety or panic attacks. Furthermore, people who eat marijuana may experience nausea and vomiting.

Marijuana. 1997. Lansing, Mich.: Michigan Resource Center.
Marijuana: Facts for Teens. 1995. Rockville, Md.: National Institute on Drug Abuse.
Meeks, L., Heit, P., Page, R. 1994. *Drugs, Alcohol and Tobacco*. Blacklick, Ohio: Meeks Heit Publishing Co.

Can marijuana use cause medical problems?

Yes. Many medical problems are associated with marijuana use. These include cancer, respiratory disorders, reproductive problems and immune-system deficiencies.

Marijuana smoke contains many chemicals that cause cancer. And while it has not been proven that smoking marijuana causes cancer (because most regular marijuana smokers are also regular tobacco smokers), research suggests that long-term marijuana use can lead to head, neck and lung cancer. Smoking marijuana also can lead to less severe but annoying respiratory problems such as a daily cough and frequent chest colds.

Heavy marijuana use can inhibit ovulation and disrupt the menstrual cycle in women. It also can delay the onset of puberty and decrease sperm counts in men.

Marijuana is particularly dangerous for immune-impaired people (such as chemotherapy patients and HIV-positive individuals), because it weakens natural immune-system defenses, making it harder for the body to fight disease.

In addition to these problems, marijuana can cause an accelerated heartbeat and increased blood pressure. It also can trigger seizures in individuals who suffer from epilepsy.

Hun, T. 1997. Marijuana: medicine or menace? *The Big Issue*. 25(2):7-10. Columbia, S.C.: South Carolina Department of Alcohol and Other Drug Abuse Services.

Marijuana. 1997. Lansing, Mich.: Michigan Resource Center.

Marijuana: Facts Parents Need to Know. 1995. Rockville, Md.: National Institute on Drug Abuse.

Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms. 1993. Rockville, Md.: U.S. Center for Substance Abuse Prevention.

Does marijuana have any medical uses?

According to federal law, marijuana has no medical use. The U.S. Drug Enforcement Administration has classified marijuana as a Schedule I drug — the most strictly controlled category. This means that marijuana has a high potential for abuse; has no currently accepted medical use in the United States; and has no safe level of use under medical supervision.

However, in 1999, the Institute of Medicine released a report that calls for further examination of the medical

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uses of some of marijuana's ingredients. The report concluded that although marijuana has potential benefits in treating certain medical conditions, the drug's usefulness is limited by the harmful effects of smoking. In addition, medicines today are expected to be of known composition and quality, and marijuana's crude plant mixture does not meet this modern expectation. The report concluded that more research is needed on this issue.

It should be noted that THC, the most active ingredient in marijuana, is *already* a Schedule III drug currently available in a pill form. Marinol®, as the pill is known, can be effective at relieving nausea and/or restoring appetite to some chemotherapy and AIDS patients. As a Schedule III drug, Marinol® is legal *only* with a prescription and is considered to have less of a potential for abuse than the drugs or other substances in Schedules I and II. However, its use still may lead to moderate or low physical dependence or high psychological dependence. For these reasons, it should never be used without a physician's supervision.

Hun, T. 1997. Marijuana: medicine or menace? *The Big Issue*. 25(2):7-10. Columbia, S.C.: South Carolina Department of Alcohol and Other Drug Abuse Services.
Inciardi, J.A. 1992. *The War on Drugs II*. Mountain View, Calif.: Mayfield Publishing Co.
Marijuana and Medicine: Assessing the Science Base. 1999. Washington, D.C.: National Academy of Sciences Institute of Medicine.

Can marijuana use lead to mental problems?

Yes. THC disrupts nerve cells in the part of the brain where memories are formed, thus impairing short-term memory and making it difficult for marijuana users to learn. Prolonged marijuana use has been associated with mood changes, apathy, loss of ambition, loss of effectiveness, diminished ability to carry out long-term plans, difficulty in concentrating and an overall decline in school and/or work performance. Fortunately, these effects are often reversible following months of abstinence from marijuana. However, preliminary evidence also suggests that high doses of marijuana may actually kill brain cells prematurely, and the destruction of brain cells is an irreversible process.

Marijuana. 1997. Lansing, Mich.: Michigan Resource Center.
Marijuana: Facts Parents Need to Know. 1995. Rockville, Md.: National Institute on Drug Abuse.
Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms. 1993. Rockville, Md.: U.S. Center for Substance Abuse Prevention.

Is it safe for pregnant and nursing women to use marijuana?

No. Pregnant and nursing women should not use any drugs except those prescribed by their doctors. Evidence suggests that babies born to marijuana users are smaller

and more prone to health problems than are babies born to non-drug-using mothers. Furthermore, when a marijuana smoker nurses her baby, THC is passed to the infant through the breast milk, which may impair the baby's motor development.

Marijuana: Facts Parents Need to Know. 1995. Rockville, Md.: National Institute on Drug Abuse.

Is secondhand marijuana smoke dangerous?

Research indicates that exposure to secondhand marijuana smoke can lead to a positive result on a drug test, because THC is released into the air when marijuana is smoked. This smoke can be inhaled and absorbed into the lungs of non-smokers who are in the same room with the marijuana user(s). As a result, the smokers and non-smokers are exposed to many of the same cancer-causing agents.

Meeks, L., Heit, P., Page, R. 1994. *Drugs, Alcohol and Tobacco*. Blacklick, Ohio: Meeks Heit Publishing Co.
Hayden, J.W. 1991. Passive inhalation of marijuana smoke: critical review. *Journal of Substance Abuse*. Vol. 3, 85-90.

Does marijuana use impair driving?

Yes. Marijuana use has contributed to more motor vehicle crashes than any drug except alcohol. Driving under the influence of even a small amount of marijuana is dangerous. After smoking one marijuana cigarette, driving skills are impaired for the next four to six hours. Marijuana affects the driver's judgment and concentration and distorts perception of time and space. It also causes drowsiness and slows down the eyes' ability to adjust to changes in light.

Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms. 1993. Rockville, Md.: U.S. Center for Substance Abuse Prevention.
Marijuana. 1997. Lansing, Mich.: Michigan Resource Center.

How great is the risk of marijuana overdose?

No one has ever died from a marijuana overdose. However, when taken at very high doses marijuana can produce severe psychotic symptoms that can require medical treatment.

It should also be noted that any drug — including marijuana — that drastically impairs judgment can be very dangerous because it can lead to stupid and occasionally deadly behavior such as driving under the influence or riding in a car with an impaired driver.

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Marijuana (and other cannabis-derived drugs) was a factor in 50,037 emergency room visits in 1996 alone.

Kassirer, J.P. 1997. Federal foolishness and marijuana. *New England Journal of Medicine*. 336(5).

Marijuana: *Facts Parents Need to Know*. 1995. Rockville, Md.: National Institute on Drug Abuse.

Preliminary Estimates from the Drug Abuse Warning Network: 1996 Preliminary Estimates of Drug-Related Emergency Room Episodes. 1997. Rockville, Md.: U.S. Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Is marijuana a sexual stimulant?

No. Long-term marijuana use actually decreases sexual function. And while occasional marijuana use does not enhance sexual performance, it often lessens inhibitions. This can lead to risky sexual encounters that increase the risk of HIV/AIDS and many other sexually transmitted diseases.

Marijuana: *Facts Parents Need to Know*. 1995. Rockville, Md.: National Institute on Drug Abuse.

Tschirgi, T. Cox, F. 1993. Is marijuana an aphrodisiac? College Park, Md.: Center for Substance Abuse Research.

How long can marijuana use be detected by urine tests?

THC is absorbed by and stored in fatty tissue in the marijuana user's body. Consequently, THC can be detected by a urine test for days and up to one month after marijuana is smoked. In chronic users, marijuana is often detectable for even longer periods following the last use.

Marijuana. 1997. Lansing, Mich.: Michigan Resource Center.

Marijuana: *Facts Parents Need to Know*. 1995. Rockville, Md.: National Institute on Drug Abuse.

How can you tell if someone is using marijuana?

Physical symptoms of marijuana use include muscular tremors; coated tongue; impaired coordination and balance; slurred speech; bloodshot eyes; dizziness; a dry mouth and throat; and odor on clothing.

Behavioral symptoms of marijuana use include euphoria; giddiness; impaired short-term memory, perception and attention; disorientation; hilarity without

cause; space and time distortion; and confusion and paranoia.

In addition, many types of paraphernalia are associated with marijuana use and might indicate that someone is using the drug. Marijuana paraphernalia include pipes (including large "bongs" containing water); rolling papers; incense and other deodorizers; eye drops; and clothing, posters, jewelry, etc. promoting marijuana use.

Marijuana. 1997. College Park, Md.: Center for Substance Abuse Research.

Marijuana: *Facts Parents Need to Know*. 1995. Rockville, Md.: National Institute on Drug Abuse.

Can you get into trouble if someone you know is using marijuana in your home?

Yes. In South Carolina, possession of marijuana is illegal. To escape punishment, you will have to prove the drug is not yours. South Carolina law regarding the possession and distribution of drugs makes it illegal to have, make or intend to distribute any controlled substance, including marijuana. Penalties vary depending on circumstances but may include a suspended driver's license for up to one year, fines of up to \$25,000 and imprisonment for up to 15 years.

South Carolina Code of Laws. 44-53-370. 56-1-745.

Where can I get more information?

In South Carolina, the Department of Alcohol and Other Drug Abuse Services (DAODAS) operates a statewide toll-free telephone line that provides information and assistance on a variety of topics related to alcohol and other drug abuse. The number is **1-800-942-DIAL (3425)**. DAODAS also offers an online clearinghouse of alcohol and other drug information on the Internet at www.scprevents.org.

The county alcohol and drug abuse authorities and other public and private service providers offer local information and assistance as well.

The National Institute on Drug Abuse also operates a hotline. That number is **1-800-662-HELP**.



THE
DRUGSTORE
Information
Clearinghouse

South Carolina Department of Alcohol and Other Drug Abuse Services

101 Business Park Boulevard • Columbia, SC 29203-9498

toll-free: 1-800-942-DIAL (3425)

www.daodas.state.sc.us

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