

# [Cannabis and marijuana plants](https://assignbuster.com/cannabis-and-marijuana-plants/)

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MarijuanaMarijuana is a psychoactive drug, and is the most controversial of these types of drugs. The reason being is that there are so many myths and misconceptions that surround marijuana. It is not clear about the addiction potential, physical and psychological problems of marijuana. . Marijuana is the third most popular recreational drug in America behind only alcohol and tobacco, and has been used by nearly 100 million Americans (marijuana). Marijuana is widely used and it is estimated that nearly 25% of Americans have used marijuana once in their lives and that 2-5 million people use it daily despite it being illegal.

Marijuana is a mixture of crushed leaves, flowers, small branches, stems, and seed of the hemp plant. This plant grows best in tropical climates and can be found throughout the world. Most countries cultivate this plant on purpose. Cannabis Indica species can withstand colder climates (“ Marijuana, history of,”) If marijuana were to become a cash crop it would be the largest grown in the United States. It is one of the most commonly used drugs in the world, following caffeine, nicotine, and alcoholic beverages in the popularity.

In the United States, where the route of admission is usuallysmoking, it also has been called weed, grass, pot, or reefer (“ Marijuana, history of,”). Marijuana is a depressant. The effects of marijuana may vary with its strength and dosage and with the state of mind of the user. High doses can cause tachycardia, paranoia, and delusions (“ Marijuana, history of,”). Marijuana can also have a psychedelic effect in high doses. With this being said, marijuana is classified as both a depressant and a psychedelic.

Marijuana does produce some of the same effects as hallucinogens like a LSD or mescaline, but it differs chemically and pharmacologically. Marijuana is made up of many chemicals. There are currently 426 known compounds in the plant. When marijuana is burned there are 1500 additional compounds that are formed. The chemical compounds that are found in marijuana only are called cannabinoids. These cannabinoids are the most active and mind-altering ingredients in marijuana. The primary active component of marijuana is delta-9-tetrahydrocannabinol (THC), although other cannabin derivatives are also thought to be intoxicating.

In 1988 scientists discovered receptors that bind THC on the membranes of nerve cells. They reasoned that the body must make its own THC-like substance. The substance, named anandamide, was isolated from pig brains in 1992 by an American pharmacologist, William A. Devane (“ Marijuana, history of,”). The potency of marijuana is determined by the amount of THC present. All the parts of the plant have different concentrations of THC. So the mixture of the plant material used and the conditions of how the plant was grown determines the potency of this drug sold on the street.

The root of this plant has no THC value, the stalk have very little value, there is some THC found in the branches, there is a moderate amount of THC found in the leaves(male has 5 leaves and female has 7 leaves), and the highest amount of THC concentration will be found in the buds, flowers and seeds. The concentration of THC has increased over the past 30 years. Marijuana is 25 to 40 times more potent than it was in the 1960’s, it’s up from . 2% to 5-8% pure today. Marijuana dates back to 2700 B. C. in ancient China. The plant was used to make rope, cloth, and paper from its fiber.

It was during this time that the resins, flowers, and leaves from the plant could also be used for medical use. It was used to treat gout, malaria, and gas pains. It was by 500 B. C. that the Chinese put a ban of the use of the plant because of it unpredictable intoxicating effects. Marijuana was introduced into ancient India mainly for the mind altering effects. Marijuana was used in religious ceremonies the euphoria producing ability. It didn’t take long for the plant to be recognized for its intoxicating effects and its value in making rope and cloth.

In America the public didn’t show any interest in marijuana as a recreational drug. It was just used in medicines. It was primarily prescribed legally for a numerous physical and mental aliments until 1940. In fact when Congress passed the Harrison Narcotics Act in 1914, many drugs were removed from the marketplace, but it excluded marijuana. It was not until the prohibition of alcohol that marijuana smoking became prominent. TheMexicanimmigrants were introducing marijuana along the Mexican border, while West Indian sailors were bringing it into the Gulf States.

People no longer could legally use alcohol in and get their intoxicating effects so smoking marijuana became very popular. It became apparent in the 1930’s that marijuana was being abused and there was an increase inviolencebecause of its use. Tales were beginning to spread of the effects, murder, rape, sexual excess, and memory loss from using marijuana. The federal government tried to scare the public with a film called “ reefer madness”, but it actually did more harm than good. In 1935 the states took action and started passing their own laws towards non-medical use of marijuana.

In 1937 the federal government stepped up and passed a Marijuana Tax Act that prohibited the use of all non-medical marijuana, the possession and use of cannabis nationwide. Marijuana came back on the scene during the World War II era. It was extensively cultivated during the World War II era, when Asian sources of hemp were cut off (“ Marijuana, history of,”). It was commercially grown. The Philippines were being invaded by the Japanese so there was no sisal plant to make rope. American farmers were actually encouraged to the marijuana plants for rope production.

Birds loved the seeds of this plant and when they would leave their droppings it would start wild plants of marijuana to grow throughout the United States. Marijuana became a very popular drug of choice because of its availability. Today marijuana is a widely used illegal drug among many ethnic groups. Hipics are among 9. 2 percent of users; non-Hipic blacks (7. 7% , nearly 8 percent of females used marijuana in the past year vs. 14% of males used in the past year); non-Hipic whites (6. 7%, nearly 7 percent vs. 11 percent); Asian/Pacific Islanders (2. 0%, 2% vs. 7. %); South Americans (4. 2%, more than 4% vs. 13 percent). It can be found on the street for a price of $250-500 ounce depending on where it is bought. The cheapest is in Oregon at $258 ounce and most expensive in Washington D. C. at $486 ounce. Age itself is one of the most significant variables in understanding marijuana use. Past-year use of marijuana increased with age, to a peak prevalence of about 23 percent among 18 -25 year olds, before declining to about 44 percent among persons aged 35 and older. Among adults, male smoking rates for marijuana are nearly twice those for females.

IN the total surveyed population, males were about 70% more likely than females to have used marijuana in the past year (11 percent versus 6. 7, nearly 7 percent). The only exception to the data showing more male smokers of marijuana than females occurs among children and teens. There still remains controversy over the medical uses of marijuana. Proponents are saying that it is useful for treating pain and the nausea and vomiting that are side effects of cancer chemotherapy and for restoring the appetite in people with AIDS (“ Marijuana, history of,”) Modern research uggests that cannabis is a valuable aid in the treatment of a wide range of clinical applications. These include pain relief-in particular (neuropathic pain), nausea, plasticity, glaucoma, and movement disorders. Marijuana is also a powerful appetite stimulant, specifically for patients suffering from HIV, the AIDS wasting syndrome, ordementia(Marijuana). What are the acute effects of marijuana? Marijuana can reach the brain through the bloodstream in less than 30 seconds of smoking a joint. It delivers a physical and psychological effect rather quickly.

The peak of the effects is usually reached by the time smoking is finished. If a person wants these effects to last longer they would have to consume the marijuana orally from brownies for example. This would allow the marijuana to be absorbed into the system much longer and these effects would last over 2-3 hours. It only takes a single use of marijuana to impair a person’s motor coordination. The person who just used marijuana may think that they are just fine, but they are really clumsy. This kind of thinking from a person under the influence only spells disaster waiting to happen.

A person under the influence of marijuana and their ability to follow a moving stimulus is greatly diminished and can last up to 4-8 hours beyond the point of intoxication. This would interfere with their driving skills. Also their ability to perceive light will be significantly impaired and would be a major risk for someone operating heavy machinery. Marijuana has some serious physical effects on a person. Although legalization activists and many marijuana users believe smoking pot has no negative effects, scientific research indicates that marijuana use can cause many differenthealthproblems (The health effects of marijuana, n. . ) . Smoking a single joint of marijuana is the equivalent of smoking 15 cigarettes. Marijuana has at least 50% more tar and carcinogenic materials than cigarettes. Because marijuana is not filtered it enters the lungs at a temperature hotter than cigarette smoke and thus drying and irritating the tissues in the lung. Marijuana has been shown to increase the heart rate. Within a few minutes after smoking marijuana, the heart begins beating more rapidly and the blood pressure drops.

Marijuana can cause the heart beat to increase by 20 to 50 beats per minute, and can increase even more if other drugs are used at the same time (The health effects of marijuana, n. d. ) It is because of the lower blood pressure and higher heart rate that the researchers have found that a person smoking marijuana has a 4 times greater risk of heart attack compared to them not smoking marijuana. If a person is aware that they have heart disease they should avoid the use of marijuana. Marijuana can hurt the immune system of a person’s lungs.

Smoking marijuana can paralyze or destroy the anti-infection white blood cells of the lungs. It is because of this that most smokers will develop laryngitis, pharyngitis, bronchitis, cough, hoarseness, and dry throat. Research indicates that THC impairs the body’s immune system from fighting disease, which can cause a wide variety of health problems. One study found that marijuana actually inhibited the disease-preventing actions of key immune cell (The health effects of marijuana, n. d. ) . There have been recent studies that show marijuana can depress T cells.

The depressing of T-lymphocyte functions known as “ killer T cells” would make a person more susceptible to the AIDS infection. The greatest concern is the fact that marijuana is a drug. Some of the most profound effects occur in the brain. Marijuana produces a sense of euphoria, but it also producesanxiety, confusion and if used heavily-drug induced psychosis. Not to mention the effects on reflexes, vision, and motor coordination. Marijuana has effects on long-term memory, because studies suggest that marijuana will fill a synaptic gap between brain cells which stops the flow of electrical signals.

Marijuana users experience burn-out or amotivational syndrome from regular use. They have a lack of concern for the future, loss ofmotivation, loss of ambition, loss of effectiveness, dullness, diminished ability to carry out long term planning, difficulty in concentration, intermittent confusion, impaired memory, and a decline in work and school performance. There are treatments for marijuana disorders. Marijuana dependence may appear to be very similar to other substance dependence disorders, but the long term clinical outcomes may be less severe.

The adults who are seeking treatment for marijuana abuse or dependence have used marijuana nearly every day for more than 10 years and have attempted to quit more than six times (“ Marijuana abuse,”). Let it be noted that marijuana dependence is most prevalent in patients that are suffering from other psychiatric disorders, who are mostly adolescents or young adults. Usually dependence in marijuana co-occurs with other drugs such as cocaine and alcohol. Studies indicate that effectively treating the mental health disorder with standard treatments involving medications and behavioral therapies may help reduce annabis use, particularly among heavy users and those with more chronic mental disorders. Behavioral treatments, such as motivational enhancement therapy (MET), group or individual cognitive-behavioral therapy (CBT), and contingency management (CM), as well asfamily-based treatments, have shown promise (“ Marijuana abuse,”). Success rates of those seeking treatment are modest and even the most effective treatment for adults will only achieve 50% abstinence in a 2 week period. Those that do achieve a full two week abstinence, more than half will resume use within a year.

Across studies, 1 year abstinence rates have ranged between q0 and 30 percent for the various behavioral approaches (“ Marijuana abuse,”). This data suggest that a more chronic care model should be considered for marijuana addiction. The intensity of the treatment can be stepped up or down based on the patients need. The availability of family and other supports are needed. There are currently no medications to treat the abuse of marijuana, but there is ongoing research being conducted. The studies are mostly targeting the withdrawal syndrome of marijuana.

For example, a recent human laboratory study showed that a combination of a cannabin agonist medication with loffexidine ( a medication approved in the United Kingdom for the treatment of opioid withdrawal) produced more robust improvements in sleep and decreased marijuana withdrawal, craving, and relapse in daily marijuana smokers relative to either medication alone(“ Marijuana abuse,”). There have been recent discoveries about endogenous cannabin systems inner workings. It raises the possibility of a future medication that would be able to block THC’s intoxicating effects.

This would prevent patients from relapsing by eliminating marijuana’s appeal. References Abbott, A. (2010). Alcohol tobacco and other drugs (2nd ed. ). Washington, DC: NASW Press. Colorado and washington legalized marijuana today, what happens now? (2012, November). Retrieved from http://blog. norml. org/2012/11/08/colorado-and-washington-legalized-marijuana-tuesday-what-happens-now/ Demographics of marijuana users. (n. d. ). Retrieved from http://www. opposingviews. com/i/gov-t-stats-reveal-demographics-of-adult-marijuana-users Drug facts: marijuana. (n. d. ). Retrieved from