M.I.N.D

Marijuana Addiction

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Introduction
Marijuana is the word used to describe the dried flowers, seeds and leaves of the Indian hemp plant. On the street, it is called by many other names, such as: astro turf, bhang, dagga, dope, ganja, grass, hemp, home grown, J, Mary Jane, pot, reefer, roach, Texas tea and weed.

Hashish is a related form of the drug, made from the resins of the Indian hemp plant. Also called chocolate, hash or shit, it is on average six times stronger than marijuana.
"Cannabis" describes any of the different drugs that come from Indian hemp, including marijuana and hashish.
The chemical in cannabis that creates this distortion is known as "THC." The amount of THC found in any given batch of marijuana may vary substantially, but overall, the percentage of THC has increased in recent years.
Marijuana is usually smoked as a cigarette (joint), but may also be smoked in a pipe.
Less often, it is mixed with food and eaten or brewed as tea. Sometimes users open up cigars and remove the tobacco, replacing it with pot—called a "blunt." Joints and blunts are sometimes laced with other, more powerful drugs, such as crack cocaine or PCP (phencyclidine, a powerful hallucinogen).

Facts
According to the United Nations, 158.8 million people around the world use marijuana-more than 3.8% of the planet's population. Among 12- to 17-year-olds, 6.7% were current marijuana users in 2007. Of adults 26 or older who used marijuana before age 15, 62% went on to use cocaine at some point in their lives; 9% went on to use heroin at least once; and 54% made some nonmedical use of mind-altering prescription drugs.
Next to alcohol, marijuana is the second most frequently found substance in the bodies of drivers involved in fatal automobile accidents.

Symptoms
Symptoms of marijuana addiction are similar to symptoms of addiction to other drugs.

Common symptoms are:
• increased tolerance
• continued use, even if it interferes with other areas of life
• withdrawal symptoms

Withdrawal symptoms generally start about three weeks after the last use. Marijuana addiction withdrawal symptoms may include:
• nausea
• tremors
• anxiety
• weight loss
• insomnia

• irritability
• depression
• restlessness

Risk Factors

Lists of risk factors and protective factors are common features in the prevention and treatment literature on cannabis and other illicit drugs. Both groups of factors could relate to an individual's genetic make-up and personality, or to their familial, social and physical environment. It is beneficial to understand the range of factors that have been identified for cannabis. Moreover, it is not always easy to judge which factors carry more weight for cannabis, or to exclude factors that may not be relevant to a specific group of users' context.

Treatment

Most individuals with marijuana abuse or dependence are treated on an outpatient basis. Admission to outpatient and inpatient treatment programs for marijuana addiction has increased over the years to the point that the addiction to this substance is nearly as high as dependence on other illegal drugs, like cocaine or heroin.

Behavioral treatments, like motivational enhancement therapy (MET), cognitive-behavioral therapy (CBT), and contingency management (CM), as well as family based treatments have been found to be effective treatments for marijuana abuse and addiction. MET is designed to lessen the resistance a person who abuses marijuana may have to abstaining from using it. This intervention is also designed to motivate the individual to change. CBT teaches people who abuse marijuana skills to help them stop using the drug and to ways to avoid or manage other problems that might prevent them from marijuana use recovery. CM usually provides marijuana users with vouchers of increasing value as a reward for repeatedly testing negative for (the absence of) drugs over time. Those vouchers are then exchanged for positive items or services that promote the person's participation in more positive (pro-social) activities, like securing employment or advancing their education or health.

In addition to the individual therapies just described, adolescents who abuse or are addicted to marijuana are often treated using one or more family therapies. These include multidimensional therapy, multisystemic therapy, family support network intervention, and brief strategic family therapy. Each of these interventions uses techniques that are designed to enhance the skills of the addicted individual and his or her family members as a way of discouraging marijuana use.

Although there is no medication that has yet been shown to be a clearly effective treatment of marijuana-use disorders, research shows that antidepressant medications like nefazodone and fluoxetine may help some individuals manage marijuana withdrawal and to avoid relapse, respectively. Oral THC (Dronabinol) may also help alleviate symptoms of marijuana withdrawal. Successful psychotherapeutic approaches to treatment of marijuana abuse or addiction include motivational approaches with coping skills development.

Sources

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