

“abrupt cessation” by a heavy user:

- Irritability, anger or aggression
- Nervousness or anxiety
- Sleep difficulty (insomnia)
- Decreased appetite or weight loss
- Restlessness
- Depressed mood

Physical symptoms: stomach pain, shakiness or tremors, sweating, fever, chills, headache

Marijuana use interferes with a person’s ability to complete tasks requiring multiple steps to achieve a goal. It impairs depth perception, can suppress short term memory ability, and has many other detrimental effects.

Medical benefits of marijuana and compounds or derivatives of it may outweigh many of the known liabilities of its use, just as other medications, such as painkillers, do. And, just as with alcohol, many could safely use recreationally – if and when it is legal, of course. The sin is not in the substance, but rather how it is used.

#### IS THERE A PROBLEM?

Here are 12 questions that can help determine whether smoking pot is a problem in your life

- Has smoking pot stopped being fun?
- Do you ever get high alone?
- Is it hard for you to imagine a life without marijuana?
- Do you find that your friends are determined by your marijuana use?
- Do you smoke marijuana to avoid dealing with your problems?
- Do you smoke pot to cope with your feelings?
- Does your marijuana use let you live in a privately defined world?

- Have you ever failed to keep promises you made about cutting down or controlling your dope smoking?
- Has your using caused problems with memory, concentration, or motivation?
- When your stash is nearly empty, do you feel anxious about how to get more?
- Do you plan your life around your marijuana use?
- Have friends or relatives ever complained that your pot smoking is damaging your relationship with them?

If you answer yes to one or more of these, you may have a problem with pot.

**Overcomers Outreach** uses the 12 steps of Alcoholics Anonymous and the Holy Bible to discover the wisdom of God and apply His teachings to our daily lives. We claim Jesus Christ as our “higher power” and share our trials and victories with one another in a confidential and secure environment. We meet weekly in loving support of one another, not as a substitute for, but rather a supplement to other 12 step groups.

**For more information or to find a meeting, contact us:**

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# MARIJUANA MAZE



A Christ-Centered 12-Step Recovery Group addressing addictions and those affected by them

## **HARMLESS, RIGHT?**

Many people do not believe that there are any negative problems associated with the use of marijuana or its main psychoactive substance, THC. We already have a natural chemical in our brains that produces the same effects as THC. The human brain contains about 86 billion neurons, a cell that “talks” to other cells in the brain through electrochemical processes. Neurons do this through chemical messengers (neurotransmitters) which include dopamine, serotonin, and endocannabinoids – which in turn send instructions to your body about what to do. The endocannabinoids activate cannabinoid receptors in the brain. Cannabinoid receptors are especially widespread in the brain, where they play a key role in regulating the actions of other neurotransmitters. One plant on earth produces a similar compound that hits those same receptors: marijuana. There are some 480 biologically active chemicals found in marijuana. An additional 2,000 or so chemicals are formed when pot is combusted for inhalation. This not only explains why there are so many different effects one gets from using pot but also why the use of it produces tremendous controversy about its effects. We can easily say what THC or CBD does in the body but marijuana has just too many chemicals and variables. These factors can make definitive research on what marijuana does in the body complicated.

## **NOTHING LIKE “THE OLD DAYS”**

In the 1960s, marijuana samples tested were 1 to 2% THC. By the 1980s, with genetic and enhanced growth processes, an 8 to 9% THC range was common. The Marijuana Potency Monitoring Project at the University of Mississippi report average THC concentration of about 15% in hundreds of samples from law enforcement agencies throughout the US, and a recent report of 700 pot samples sold in Col-

orado outlets found an average THC concentration of 20 to 30%. In this analysis researchers also found toxins, rodenticides, and even heavy metals from the chemicals and fertilizers used to increase THC potency via genetic modifications.

## **DABS – (Wax, Honey, Shatter, BHO, etc.)**

Extracting and smoking the potent oils found in cannabis –“Dabbing”- is popularly known as the most efficient way to get high. Due to the high concentration of THC, just a small amount is needed to achieve the desired effects. Because of this, some have referred to dabs as the “crack” of marijuana. Some say dabbing provides a different, more powerful high. Most dabbers are experienced marijuana users who have developed a tolerance to the effects of THC. Likewise, dabbing is believed to pose risks to novice users and is not recommended for those who smoke cannabis infrequently. Health effects of dabbing are not well documented. Still, a 2014 paper published by University of Albany researchers highlights a number of possible risks of dabbing, including a higher possibility of developing marijuana tolerance and withdrawal symptoms. Dabs are also at risk of being contaminated due to the largely unregulated industry of producing dabs.

## **CAN SOMEONE BECOME ADDICTED?**

When marijuana is abused for its euphoric effects, the brain mistakes the infusion of artificial cannabinoids as an excessive release of its natural cannabinoids so the production, storage, and release of natural cannabinoids are progressively shut down in an effort to keep normal neurochemical balance, also shutting down cannabinoid receptors. Thus, a pot user has to use more and more marijuana just to retain some functionality as their natural brain chemical has been depleted. Marijuana also causes an imbalance of dopamine, another neurotransmitter. Dopamine in the brain’s addiction pathway is imbalanced by all addictive drugs. Marijuana first

exaggerates dopamine release to hijack the brain’s reward and survival instincts resulting in compulsion to keep using pot. Then it is depleted causing craving and obsession to start using again. Addictive use of marijuana produces tolerance, physical dependence, and even withdrawal symptoms. Current research documents that 8 to 9 percent of the people who expose themselves to marijuana will become addicted to it but most people deny that it does that. The increase of current laws permitting medical and recreational use has reduced the perception that marijuana has any harmful effects. This has also opened the door to increased abuse, especially in the group most vulnerable to adverse consequences, our youth. Adolescents that start using marijuana at an early age are 5 to 6 times more liable to go on to become addicts than others who delay their first use of the drug until they at least graduate from high school. Regular marijuana users continue an ardent denial about it even being a drug. Considered as an herb, a food, an economic entrepreneurial opportunity, or even as a constitutional right, few think of marijuana as being a drug. Opium, cocaine, alcohol, LSD all come from botanical sources and these are known and accepted as drugs, so why isn’t marijuana respected as a drug as well? Maybe it’s all part of the addictive process that Bill W of AA once accurately put as “Cunning, Baffling, and Powerful.”

The symptoms of cannabis withdrawal have been both well studied and documented in recent years but a definite method of classification remains to be agreed upon.

Although withdrawal symptoms tend to vary greatly for each individual, studies report the onset of symptoms occurring 1-3 days following cessation and lasting for up to 2-3 weeks. The magnitude of withdrawal symptoms has been said to be less than that of alcohol and opiates, but comparable to that of tobacco. The DSM-5 lists the following as possible symptoms of