

MARIJUANA ADDICTION

The marijuana industry claims that marijuana is not addictive. Science and the medical profession disagree.

Marijuana is addictive

Marijuana is an addictive drug that poses significant health consequences to its users, including those who may be using it for “medical” purposes. Marijuana is far more powerful today than it was 30 years ago and it serves as an entry point for the use of other illegal drugs. This is known as the “gateway effect.” Despite arguments from the drug culture to the contrary, marijuana is addictive. The marijuana addict is exceptionally slow to recognize the addiction. This addiction has been well described in the scientific literature and it consists of both a physical dependence (tolerance and subsequent withdrawal) and a psychological habituation. The addictive properties are a major issue for the long term use that is claimed to be needed for certain medical conditions. [1]

The National Institute on Drug Abuse (NIDA)

NIDA states the following regarding marijuana addiction.

Marijuana use can lead to the development of problem use, known as a marijuana use disorder, which takes the form of addiction in severe cases. Recent data suggest that 30 percent of those who use marijuana may have some degree of marijuana use disorder. People who begin using marijuana before the age of 18 are four to seven times more likely to develop a marijuana use disorder than adults.

Marijuana use disorders are often associated with dependence - in which a person feels withdrawal symptoms when not taking the drug. People who use marijuana frequently often report irritability, mood and sleep difficulties, decreased appetite, cravings, restlessness, and/or various forms of physical discomfort that peak within the first week after quitting and last up to 2 weeks. Marijuana dependence occurs when the brain adapts to large amounts of the drug by reducing production of and sensitivity to its own endocannabinoid neurotransmitters.

Marijuana use disorder becomes addiction when the person cannot stop using the drug even though it interferes with many aspects of his or her life. Estimates of the number of people addicted to marijuana are controversial, in part because epidemiological studies of substance use often use dependence as a proxy for addiction even though it is possible to be dependent without being addicted. Those studies suggest that 9 percent of people who use marijuana will become dependent on it, rising to about 17 percent in those who start using in their teens.

In 2015, about 4.0 million people in the United States met the diagnostic criteria for a marijuana use disorder; 138,000 voluntarily sought treatment for their marijuana use. [2]

Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

Drug/alcohol addiction are now termed as substance use disorders (SUD). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5, 2013)® defines these terms. The DSM-5® is used by mental health professionals and addiction treatment providers and forensic/legal specialists to diagnose and classify mental disorders. It facilitates objective symptom assessments in clinical settings including mental health and addiction treatment. [3]

The DSM has five categories of Cannabis - Related Disorders.

1. Cannabis Use Disorder
2. Cannabis Intoxication
3. Cannabis Withdrawal
4. Other Cannabis-Induced Disorders
5. Unspecified Cannabis Related Disorder [4]

The DSM diagnostic criteria for Cannabis Use Disorder are:

- A. A problematic pattern of cannabis use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
1. Cannabis is often taken in larger amounts or over a longer period than was intended.
 2. There is a persistent desire or unsuccessful efforts to cut down or control cannabis use.
 3. A great deal of time is spent in activities necessary to obtain cannabis, use cannabis, or recover from its effects.
 4. Craving or a strong desire or urge to use cannabis
 5. Recurrent cannabis use resulting in a failure to fulfill major role obligations at work, school, or home.
 6. Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis.
 7. Important social, occupational, or recreational activities are given up or reduced because of cannabis use.
 8. Recurrent cannabis use in situations in which it is physically hazardous.
 9. Cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by cannabis.
 10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of cannabis to achieve intoxication or desired effect.
 - b. Markedly diminished effect with continued use of the same amount of cannabis.
 11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for cannabis (refer to Criteria A and B of the criteria set for cannabis withdrawal, pp. 517-518).
 - b. Cannabis (or closely related substance) is taken to relive or avoid withdrawal

symptoms. [5]

The severity can be rated as mild (2-3 symptoms), moderate (4-5 symptoms) and severe (6 or more symptom). [6]

Conclusion

There is no scientific or medical reason to assert that marijuana is not addictive.

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2. <https://www.drugabuse.gov/publications/research-reports/marijuana/marijuana-addictive>

3. <https://dsm.psychiatryonline.org>

4. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5, 2013), American Psychiatric Association. Page 509

5. Ibid. Page 509

6. Ibid. Page 510

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