

EMPLOYEE ASSISTANCE PROGRAM NEWSLETTER

Vol. 11 Number 3

September, 2003

This is a quarterly newsletter for employees of organizations participating in the EAP Consortium. This newsletter covers topics of general interest to employees. Your suggestions of topics for future editions are encouraged. Please call the EAP office with your comments and suggestions.

Marijuana: Latest Information

In the past ten years, there has been new information on marijuana that the Journal of Clinical Pharmacology and the National Institute on Drug Abuse (NIDA) published a supplement devoted entirely to the drug. This newsletter will report on these latest findings. (NIDA:Research Report Series-Marijuana Abuse)

• WHAT ARE THE ISSUES?

There are several issues that are important to understand when thinking about marijuana. The first is the incorrect perception that some people have that marijuana is a rather benign, harmless, and non-addicting drug.

According to researchers, the perception of whether a drug is dangerous or not is one of the most important considerations for whether an individual decides to use a drug. Since the early nineties there has been an increase in the use of marijuana by young people accompanied by a decrease in perception of risk of harm.

Many people do not know that the marijuana of today is five to fifteen times more powerful than the marijuana of the late sixties and early seventies. Another difference is the age of the young people using marijuana. During the seventies, most users began using marijuana when they were 17 and 19 years old. Today, students begin using marijuana as young as middle school.

Delta-9-tetrahydrocannabinol (THC) is the major active ingredient in marijuana which causes the mind-altering effects of marijuana intoxication. The amount of THC determines the potency of marijuana. The more THC, the more potent the effect. This is the ingredient that shows up in drug tests as much as 30 days after use.

• EFFECTS OF MARIJUANA

Brain

Scientists have learned a great deal about the way marijuana affects the brain. When someone uses marijuana, THC passes very quickly from the lungs into the bloodstream which carries the chemical to organs in the body, including the brain. In the brain THC connects to specific sites called *cannabinoid receptors* on nerve cells that influence the activity of those cells. Many cannabinoid receptors are found in the parts of the brain that influence pleasure, memory, thought, concentration, sensory and time perception, and coordinated movement. As THC enters the brain, the user begins to feel high.

Memory

Marijuana's damage to short-term memory seems to occur because THC changes the way in which information is processed by the hippocampus, a brain area responsible for memory formation. As people age, they normally lose neurons in the hippocampus, which decreases their ability to remember events. Chronic THC use may speed up the age-related loss of neurons in the hippocampus.

Driving

Another health issue is that smoking marijuana can impact the ability to drive safely. Responses slow down as a result of smoking marijuana which can affect a driver's ability to react quickly. In a report by the National Highway Traffic Safety

Administration, a small amount of marijuana was shown to impair driving. If marijuana was used with alcohol, the effects on driving ability were greater than for either drug alone.

• MARIJUANA AND ADDICTION

There had been debate over whether or not marijuana is addictive. Recent research indicates that regular marijuana use can lead to physical and psychological addiction for some people. In concrete terms it means that a person continues to use the drug even though it interferes with relationships, school, work, and recreational activities and when they stop they have difficulty sleeping and are irritable, and anxious.

Long-term (cumulative, potentially permanent effects of chronic abuse)

- Can lead to addiction
- Increase risk of chronic cough, bronchitis, and emphysema
- Increase risk of cancer of the head, neck, and lungs

According to the National Household Survey on Drug Abuse, two million Americans age twelve or older met diagnostic criteria for dependence on marijuana. In 1999, more than 220,000 people entering drug abuse treatment programs reported that marijuana was their primary drug of abuse.

The hallmark of addiction is withdrawal. New research has documented that heavy users of marijuana experience withdrawal symptoms which include irritability, difficulty sleeping and anxiety after even short periods of time.

• AT WORK AND SOCIAL LIFE

Workers who smoke marijuana are more likely to have problems at work than non-smoking co-workers. Several studies have associated worker's marijuana smoking with increased absences, tardiness, accidents, workers' compensation claims and job turnover. In addition, leaving work early, daydreaming, financial difficulties, and not accomplishing tasks affect productivity and morale.

Depression, anxiety, and personality problems are all associated with marijuana use. Research is showing that that marijuana use has the potential to cause problems in daily life or make a person's existing problems worse.

For additional information and resources, contact your Employee Assistance Program at (914) 423-3277 or 1 (800) 794-EAPS.