CANNABIS

Cannabis is the short name for the hemp plant. Cannabis sativa is also known as marijuana. Street or slang names include: pot, grass, dope, mule, yundi, hooch, dagga and hash.

Forms of the drug
Cannabis leaf is usually smoked in water pipes called bongs or in hand-rolled cigarettes called joints. Hashish, or hash, is the resin of the plant. It is sold as oil, or in small, compressed blocks. Hash is usually mixed with tobacco and smoked. The chemical Delta-9 tetrahydrocannabinol (THC) is what makes the user ‘high’. The more THC cannabis contains, the stronger it is. The concentration of THC is higher and more potent in hash than in the leaf and flower heads of the plant. Cannabis leaf and hashish can also be cooked in foods e.g. hash brown.

Drug effects
The effects of cannabis depend on the amount taken, the person’s experience with the drug, their expectations, the mood they are in, and the way in which the drug is taken. The effects of cannabis are more intense during the first hour after taking the drug, although they may persist for three to five hours.

Higher doses make these effects stronger. A person’s perception of time, sound and colour may become distorted or sharpened. Feelings of excitement, anxiety or paranoia and confusion may also increase. Unlike alcohol and most other illicit drugs, THC does not act on the dopamine (pleasure) centres in the brain. The THC receptors are elsewhere in the brain and the immune system. Their purpose is not yet certain, and the chemical effect of THC is not yet fully understood.

Frequent and/or heavy smokers commonly report long-term effects, which recent research supports. Psychological effects include:

- Decreased motivation, ambition and appetite
- Reduced memory and learning abilities
- Decreased sex drive and deterioration of social and communication skills
- Impaired balance, co-ordination, logic, judgment and concentration.

These abilities will usually recover once the person stops or reduces their use of cannabis. The biggest risk with cannabis is of having accidents while driving, operating machinery, or in the home environment.

Risks and harms
Long-term cannabis use also carries the same established risks as tobacco smoking e.g. developing chronic respiratory problems, or lung, mouth or throat cancer from the carcinogens in the smoke. It is not wise to use any drugs during pregnancy. There is some evidence that cannabis use is similar to tobacco in contributing to lower birth weight and slower development in some babies.

Dependency
Regular users may develop a psychological dependence. This means they need cannabis because it has become important in their daily lives – usually to relax, unwind, combat stress, or to make them feel at ease in social situations. Some research indicates that some heavy users of cannabis may develop physical dependence. They may also develop tolerance, which means they need more cannabis to get the same effects as before.

Extreme reactions are rare. There is clinical recognition of people becoming disoriented or suffering hallucinations or behavioural disturbances. Some researchers think cannabis use triggers episodes of pre-existing bipolar disorder (manic depression) or psychosis. People suffering from depression are also likely to have a bad reaction to cannabis, and recent research indicates cannabis can precipitate depression in some vulnerable adolescents. Those people with a family history of mental illness should avoid cannabis or any other drug. Cannabis has been shown by research to be linked to the development of schizophrenia in susceptible people.

Danger signs
An overdose of cannabis is very unusual. Ingesting huge amounts has been known to cause people to fall into a coma, and smoking or eating too much cannabis can make someone feel nauseous, paranoid, panicked and generally unwell.

Withdrawal
Withdrawal occurs when a heavy user stops using cannabis or severely cuts the amount used. During withdrawal, the person may experience:

- Sleeping problems
- Anxiety
- Sweating
- Loss of appetite, and an upset stomach.

These symptoms usually disappear within a few days, although sleep disturbances may last longer. Psychological attachments are similar to nicotine.

CANNABIS HARM REDUCTION STRATEGIES

When the subject of harm reduction for drug users comes up, most people tend to think of the issue in terms of so-called ‘hard’ drugs use — distributing clean syringes to injectors, providing information on avoiding overdose to heroin users, educating people about the dangers of mixing alcohol, operating methadone maintenance programs, etc. But in recent years, many researchers and drug educators have begun to look into harm reduction for what is often considered the most benign of illicit drugs — cannabis.

While there has been some research which has linked cannabis use with psychotic episodes in people with a predisposition to schizophrenia, the major harms associated with cannabis use are cardiovascular and bronchial. Simply put, smoking anything is harmful to the lungs, throat and heart. But how much harm cannabis can have is a large influence on how much harm you do to these areas of the body.

Mixes
While it is common in Australia to mix up cannabis with tobacco, doing so increases the potential health risks as the smoker ingests more tar and other harmful carcinogens. Although many smokers may mix their cannabis with tobacco to make it last longer, doing so means you will take in more carcinogens in the smoke to reach the desired effect. Also, it may be harder to reduce or stop smoking if you mix tobacco with cannabis, or you may experience nicotine withdrawal.

Some people mulh their cannabis with herbal preparations in the belief that this is less harmful than mixing with tobacco. Doing so will reduce the risk of nicotine withdrawal if you stop smoking, but there is no evidence that these mixes are better for your health.

Smoking methods
There is a great deal of debate about which methods of smoking cannabis (i.e. joints, pipes, bongs) are the least harmful for your health. The water in a bong provides the best ratio of THC to tar and carcinogens, it is absorbed in the inhalation causes more harm to the lungs, without increasing the amount of THC absorbed. Studies indicate that 95% of the THC in cannabis smoke is absorbed in the first few seconds of inhaling, so holding in the smoke any longer just allows more tar and other noxious chemicals to be absorbed by the lungs. It is better to take small, shallow puffs rather than deep inhalations.

Eating cannabis
One of the best ways to avoid the harmful effects of cannabis smoke on the lungs is to cook your cannabis in cookies or cakes and eat it rather than smoke it. The main drawback of this, however, is that it can be harder to gauge how much you have taken in, as the effects of eating cannabis can take anywhere from 30 to 60 minutes to hit and up to four to twelve hours. People who eat cannabis often report the boost is stronger and trippier than when the drug is smoked. It is best to use caution when eating cannabis and wait a few hours before eating anything more.

Hydropoicn versus bush
Many cannabis users prefer to smoke cannabis “bongs” because the cooler smoke doesn’t feel as harsh on the lungs, recent research suggests that using a bong may be one of the most harmful methods of smoking cannabis. The water in a bong absorbs a great deal of the THC in the smoke, thus increasing the amount of tar the smoker must ingest to get the desired amount of THC. Also, using a bong which has a mouthpiece less than 20cm from the water level can allow water vapour and water to enter the lungs.

If you do use a bong, it is recommended that you do not use one made of plastic bottles, rubber hose or with an aluminium cone as these materials can give off harmful fumes when heated or melted. It is best to keep your bong clean, and change the water frequently too – a dirty bong can harbour germs and viruses like hepatitis A.

Pipes: If you use a pipe, it is best to choose one made of glass, stainless steel or brass, as wooden pipes can give off noxious fumes when you burn cannabis in them.

Inhaling
Among many cannabis smokers the conventional wisdom is that holding in the inhalation causes more harm to the lungs, without increasing the amount of THC absorbed. It is not wise to take deep puffs when you smoke cannabis, as you may experience nicotine withdrawal. It is likely you will need to smoke less to reach the desired effect. If you are unused to smoking strong cannabis, it is probably best to go easy on it until you are familiar with your tolerance.

Bacteria on cannabis
During the handling and curing of cannabis plants, it is possible for fungi and bacteria to contaminate the cannabis. This poses a low-level risk for most smokers, but for those who have compromised immune systems (such as those with HIV/AIDS or cancer), it can be a serious health hazard. The best way to handle this is to heat your cannabis in an oven heated to 66-69 degrees C° for about 10 minutes to kill any fungi or bacteria.

Quitting cannabis
If you are trying to cut down or stop smoking cannabis, many drug and alcohol agencies have started quit smoking groups to assist people with managing their cannabis use. These groups usually hold weekly sessions where you can discuss quitting methods, coping mechanisms and relapse prevention with others who are trying to quit or cut down on smoking cannabis.

For information on groups in your area, call the Alcohol and Drug Information Service in your State — see the rear cover for details.

The National Drug and Alcohol Research Centre (NDARC) has produced a booklet, Marijuana – A Guide to Quitting, which is useful for smokers who would like to quit, and for those who are smoking cannabis. For a copy of this booklet, call NDARC on 02 9398 9333.

This information in this article was compiled from the following sources:

Mulling it Over: Health Information for People Who Use Cannabis, Anne Bleaker and Anne Malcolm, Merit Drug Education and Counselling Centre, January 1998

Multidisciplinary Association for Psychedelic Studies (MAPS) National Harm Reduction Conference, 1999

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