

“For Some, Marijuana Grows Mean”

1. According to Dr. Markel, what were the direct and indirect effects of Daniel's addiction to marijuana?
2. What are the possible emotional reactions to smoking marijuana?
3. During his most recent relapse, what emotional reaction did Daniel have to marijuana and how did it manifest itself through Daniel's actions?
4. What is the scientific explanation for why THC addicts might not experience any of the "harsh physical withdrawal symptoms seen in the alcoholic or heroin user who goes cold turkey"?
5. According to the article, why has marijuana dependence increased during the last few decades?
6. What are some of the signs of physical addiction to marijuana?
7. How do addiction specialists explain why some people are more likely to fall prey to drug addiction than others?
8. What percentage of high school seniors has used marijuana at least once?
9. What percentage of addicted teenagers who try to abstain from marijuana experience a relapse?
10. Why do you think Dr. Markel left Daniel's room with "a profound respect for the illness he was battling"?

For Some, Marijuana Grows Mean

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By Howard Markel, M.D.
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Recently one morning, I received an urgent call from the mother of an 18-year-old named Daniel, whom I treat for marijuana abuse.

For most of the past few years, Daniel had smoked more than a quarter of an ounce of marijuana daily and was always high, except, perhaps, when he was asleep.

His marijuana problem has led to many others: he has been hospitalized, fired from jobs and thrown out of high school. He has faced run-ins with the police and lost the trust of most of his family members and friends.

"Daniel had another relapse," his mother said that morning. Released only a month earlier from a drug rehabilitation program, Daniel and a friend had obtained some potent hash-oil-laced blunts, or marijuana-filled cigars, and smoked themselves into oblivion.

Marijuana, of course, can make one giddy and euphoric but it can also make one quite paranoid. Instead of the high they were promised, the young men became enraged and began fighting over who would take custody of the remaining marijuana.

In an angered haze, Daniel pulled out his jackknife and threatened to use it if his friend refused to give up the blunt. In reality, he nicked the other boy's skin. But at the time, Daniel was convinced that he had killed his friend.

Inebriated and frantic, Daniel ran home to confess his crime to his mother. When she called me, he was already evaluated in the emergency room.

Since the 1960's, many Americans have been more lenient in assessing the risks of marijuana than those of heroin or cocaine or even alcohol.

Marijuana does not destroy the liver, as alcohol does, nor is it as vicious a drug of abuse as heroin or cocaine. In physical manifestations of dependency on pot are small in comparison.

And because marijuana's active ingredient, tetrahydrocannabinol, or THC, is lipophilic, it remains in the fat cells of the body for days to weeks, slowly working itself out without any of the harsh physical withdrawal symptoms seen in an alcoholic or heroin user who goes cold turkey.

But today marijuana is anywhere from 10 to 20 times as potent as what was passed around at Woodstock. With an increase in potency, the risks of daily dependence have increased. In fact, many users are dependent on marijuana and suffer from all the psychological ramifications, if not the serious signs of physical addiction.

These include feeling a need to use the drug daily to cope with life, consuming ever-increasing amounts to achieve the desired effect, expending considerable money and effort to get and use the drug in relation to other needs or priorities, lying about use to family members, and losing loving, trusting relationships.

With marijuana dependence, these destructive forces can be every bit as severe as the forces that can bring down the lives of people who rely on the bottle, the syringe or crack pipe. Addiction specialists have long understood that some people have a genetic or neurochemical predisposition to particular drug addictions or dependencies.

One colleague explains it this way: "These people have a light switch in the brain, and if they come in contact with a substance of abuse, that switch is turned on and is very hard to turn off." Moreover, marijuana use is widespread among American teenagers.

In the past year, more than 40 percent of all high school seniors used marijuana at least once and more than 10 percent used it monthly, or more often. Invariably, some of these young people, like Daniel, are hard-wired for THC dependence. But we have no diagnostic test to predict which ones they are.

When I visited Daniel in the hospital, he was relieved that he had not injured his friend but ashamed about his relapse. "I keep saying I will quit," he told me, "but every time I begin to do well, I go right back to it."

He is hardly alone. Among addicted teenagers, who do not always think through the long-term consequences of their actions, well over two-thirds who try abstinence will relapse.

At the end of our chat, Daniel timidly asked, "Maybe this is just too big for me to fight, you think?"

As he spoke, I could see more of the 9-year-old I used to reward with lollipops for taking vaccinations than the teenage young man he is today.

I reassured him that he did not have to fight this alone, that there were people who cared about him who wanted to help and that he needed to keep trying. As I left his room with a profound respect for the illness he was battling, I could only hope that next time he might be able to wrestle it to a draw.