



Marijuana: Clinical, Research, Policy

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Introduction

Drug addiction is the newest threat to the youth health and quality of life in global spectrum. World Health Organization (WHO) has been postulated the term 'Substance abuse' for such drug addiction related psychotic anomalies, which is taking lives of in an increasing rate. Only in USA, it has been seen in a study by National Center for Health Statistics that, from 2002 to 2015 there was a 2.2-fold increase in the total number of drug overdose deaths, which is a warning concern [1]. Another report has showed that, approximately 200,000 people worldwide die from drug abuse. Hence, control in such abusive use of psychotic drug is the most urgent need of time. Moreover, research and studies are the only way out to cope up the adverse effect of addictive drugs. Keeping that in aim, the present journal of Addictive Research and Therapy is presenting relevant information and providing positive contribution in the knowledge data base for addictive research.

Journal of Addiction Research and Therapy publishes article on wide range of topics such as addiction recovery, alcohol addiction treatment, drug addiction treatment and facts about alcoholism, Heroin addiction treatment, substance-related disorders, Morphine addiction and many more. Journal of Addiction Research and Therapy of Volume 8 Issue S11 publishes articles focusing on marijuana and its effect in psychotic anomalies. Data mining through the published articles in the present issue has highlighted timely information about contribution of marijuana. The issue is containing a prospective discussion and comparison on synthetic tetrahydrocannabinol (THC) and natural form of marijuana [2]. Role and effect of the cannabinoids [3] also highlighted in another article. Effect of cannabis addiction on public health issue and common clinical problem has been documented in the article by Miller et al. [4]. Another article has discussed the association between violence and marijuana [5], which is more timely and interesting cross-talk. The article by Miller et al. [6] also discussed on marijuana as a schedule I controlled substance and highlighted its necessity to come under 'medical marijuana' law. However, another article justified the necessary use of marijuana in adolescents [7]. In the article by Yankey et al. [8], recreational use of marijuana has been suggested to be associated with cardiovascular health. Therefore, a standardized definition of marijuana use will be relevant for further investigation.

Based on literature search the review presented by Oberbarnscheidt et al. [2], talks about recognizing the risks and benefits of marijuana as a medical agent and its role in medicine. The natural form of *Cannabis sativa* is 'Marijuana', which contains of over 400 compounds including flavonoids and terpenoids and more than 60 cannabinoids. Many of these compounds are not understood and their effects are unknown. Other terms for marijuana are cannabis or hemp. However, current clinical studies do not focus on the natural form of marijuana, but instead examine synthetic forms of tetrahydrocannabinol (THC).

Marijuana is a schedule I substance by federal law with high potential of addiction and no medical benefit which limits research studies and forbids clinical use. However, author says that, the synthetically form THC cannot be compared with the natural form of marijuana and vice versa. Unlike most medications on the market, marijuana does not have one or two active agents.

The most two best-described Marijuana cannabinoids are tetrahydrocannabinol (THC) and cannabidiol (CBD). Most of the compounds are not yet understood and their mental and physical effects are unknown. The following review of literature regarding the pharmacology of marijuana is intended by Oberbarnscheidt et al. [3], to demonstrate its mental and physical pharmacological effects. 'Marijuana' is specific termed to the dried leaves and flowering tops, the natural form of cannabis is obtained from the plant *Cannabis sativa*. Marijuana is not safe drug for therapeutic use due to its pharmacology. THC is thought to be the only psychoactive ingredient but author concludes that, further research is needed to determine the role and effect of the cannabinoids.

Usage of 'Marijuana' is highly debatable and concerning with the possible over dose or adverse side effects. However, examining the evidence derived from clinical practice and scientific research as illustrated and validated in the diagnostic criteria, marijuana is regarded as highly addicting, harmful and as dangerous as other drugs of addiction. The article by Miller et al. [4], presented a factual research and clinical framework that are helpful for diagnosis of marijuana addiction on basis of year's development on the Diagnostic and Statistical Manual. Author concluded that, the cannabis addiction is a highly prevalent public health issue and common clinical problem that can be identified and diagnosed by a noticeable pattern of use, reducing adverse consequences, and a outlining the use over time.

Following increase in public opinion that, marijuana provides little risk to health, state and federal legislatures have begun changing laws that will significantly increase accessibility of marijuana. Violence is another issue that needs to be taken care and hence, Miller et al. [5], describes the highly popularized storyline cases in which marijuana led to unnecessary violence, health risks, and, in most cases, both. Through the analysis of these cases, author identifies the adverse effects of marijuana use and the role it played in the tragic outcomes in these and other instances. In the analysis of these cases, it was found that, marijuana is the single most common, correlative variable in otherwise diverse populations and circumstances surrounding the association of violence and marijuana.

State endorsed 'medical marijuana'- the form of a dried plant, *Cannabis sativa* and State laws in favour of legalizing marijuana for medical use fail to incorporate the general legal standards for medical practice and are created guidelines. These efforts to circumvent federal law lack the support of the medical and legal community as they

overlook the standards for safety and effectiveness established by the Food and Drug Administration for medical use. With a growing public demand for marijuana, states have merely attempted to bypass the federal government's current regulations on marijuana by legalizing such laws. However, Marijuana becomes a 'gatekeeper' for other schedule I drugs being more accessible. Critics have also pointed out that, it would be improper to have marijuana regulated in the same manner as alcohol since it is highly dangerous and addictive. Hence, Miller et al. [6], suggest the best option would be to keep marijuana as a schedule I controlled substance and require greater medical scrutiny as a prerequisite for state 'medical marijuana' laws.

Most commonly used illicit substance in the United States and worldwide is 'Marijuana' with the increasingly observed smoking phenomenon of marijuana in the adolescent population. Adolescents are particularly vulnerable to the effects of marijuana because their brain and neuro-circuits are still developing, which might affect not only short-term cognitive impairment but also permanent or life-term reduction in their cognitive abilities. However, a positive correlation between the age with marijuana and the development for an addiction has been shown. There is also a strong association between the onsets of other psychiatric disorders, in context with the use of marijuana. This article presented by Oberbarnscheidt et al. [7], is a review of the current scientific literature with the aim to focus on the indications, outcomes, toxic effects and pathological evidence from the use of marijuana in the adolescents.

Marijuana is classified as a schedule 1 drug by the drug enforcement administration (DEA), an illicit compound under federal law and a psychoactive substance that induces relaxation and euphoria. However, by the end of election 2016, 28 states had legalized and eight states with

Washington DC also permit adult recreational marijuana use. Yankey et al. [8], examined the relationship of years of marijuana use with the four common definitions of metabolic syndrome. It is concluded that, irrespective of the criteria for metabolic syndrome, each year of marijuana use showed increased odds of having metabolic syndrome, hypertension or high oral glucose tolerance test levels. Recreational marijuana use may be detrimental to cardiovascular health. Therefore, a standardized definition of marijuana use will be relevant for further investigation.

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