

ARIZONA'S MEDICAL MARIJUANA: THE PEOPLE'S CHOICE

This article responds to the question of whether or not marijuana is addictive, *and offers a methodology for a clinician to evaluate for addiction.*

Advocates of medical marijuana state that pot is not addicting, claiming there is no medical or research evident that proves marijuana is addicting.

In addition to many beliefs about the potentially “positive” effects of marijuana use, there is also a tendency for marijuana users to use *comparative symptoms* in attempting to determine whether or not they are addicted. They may compare the symptoms of marijuana use to the more overt, glaring, or destructive symptoms of addiction to alcohol or other drugs.

During the public debates over medical marijuana there has not been much talk about the potential for marijuana addiction and what these progressive symptoms might be. I argue that, yes, there are people who do become addicted to pot.

Based on my experience in counseling clients addicted solely to marijuana, I have been able to identify five stages of addiction, following a progression from leisure use to chronic pathological dependence, over a span of 5 to 20 years.

For each client, I perform a “**Preview-of-Pot-Progression**”, which I use to examine the pattern of addiction and the specific *nuances* of the addicted person's denial thinking, and of how the client's thinking process changes over time. The person addicted to marijuana can state many reasons, rationalizations, or justifications as validation of their “safe use” of this “mini-drug”. The addicted person may *not able to see that his or her denial is subtle, but very strong.*

Upon completion of the “**Preview-of-Pot-Progression**” and its full-spectrum historical examination of harmful symptoms of marijuana use, the client would experience major a breakthrough in his or her denial thinking, supplanting denial with an honest self-evaluation.

THE “FIVE STAGES OF PROGRESSION INTO POT ADDICTION”

Stage One: Initiation Phase

- Recreational use of marijuana (with no further symptoms of addiction).
- Or, use may *initiate* the onset of dependency.
- Use of pot in social situations, getting “high” with friends, enjoying the euphoria.
- Heightened sensory perceptions for music, taste, tactile, sex, etc.
- The “high” provides a pleasant distorted sensory perceptions, and a “slowed” perception of time, and spatial orientation.

Stage Two: Socialization Phase

- Pot use has a “time-limited” relation to the current activity (and pot is not yet “taking over” one's life).
- Begin a gradual development of a “pot-based” self-image.
- Pot is used as a way to be “accepted”, easing peer pressure.
- Use pot for relaxation from the day's tension.
- Get “high” to relieve stress and anxiety.

- There is a subtle shift into psychological dependency, where pot is used to escape from life; from emotional discomfort; to get numb; or not feel emotions.
- There is a “hazy” thought process the next day (i.e., “spaced out”).

Stage Three: Pronounced Addiction Phase

- Addictive behavior strongly surfaces, including a mental preoccupation with obtaining pot, being able to smoke, and have more time to be “high”.
- Pot is used for longer periods of time, with pot use “wedging” into time for rest of life.
- An increase in tolerance where more pot is used during each episode of use, and it takes more pot to get the same degree of feeling “high”.
- Inability to stop or cut down the use of pot, but feel confident this could be done given sufficient reason.
- Begin to “need” the pot, on a daily basis, spend more time using pot and getting high.
- Feel irritable and uneasy if can’t get high.
- Pot “high time” grossly interferes with normal activities of daily living.
- Spending the money on pot that is needed for other things in life.

Stage Four: Full-Force Addiction Phase

- Addiction to pot has taken over the one’s life.
- Smoking of pot is done in isolation.
- Protecting or hoarding one’s supply of pot is of primary importance.
- Avoidance of “social-pot-smoking-situations”, as these “socially-focused-pot-smoking-situations” arouse too much irritability and anxiety.
- Inability to resist the urge and inability to stop or cut down the use of pot.
- The “denial thinking” has developed subtle or overt rationalization to explain or justify use of pot.
- There is a *perpetual cycle* of: smoke pot, feel tension, smoke pot, feel *pot-induced-oblivion*, “fall asleep”, wake up, feel irritable, and smoke more pot – sometimes in a 24/7 pattern for a week or two.
- Feeling “conflicted” when in state of *pot-induced oblivion*.
- Live in fear of not being able to get high, and in fear of getting high.
- Irritable when high, and irritable when not high.

Stage Five: Impacting Results of Addiction Phase

- Full-blown “amotivational syndrome” with loss of energy, apathy, lack of drive, lethargy, drowsiness, and depression.
- The “euphoria” that once seemed to “lift the mind” to higher consciousness, now leaves the mind with a decrease in mental capacity...
- Commonly known symptoms of diminished mental capacity are: memory problems, confusion with remembering, cognitive impairment, faltering attention span, inability to stay focused, limitation of abstract and logical thinking processes, marginal to poor judgment, and a loss of capacity to care about what is going on in one’s life, and the inability to think about, focus on, or to even care about, or carry out long term plans and goals.
- The person begins to question his or her own denial, and now *knows that marijuana is addictive*.
- Commonly known withdrawal symptoms are: irritability, anger, agitation, restlessness, nervousness, anxiety, depression, cravings, sleep disturbance, and loss of appetite.

