

CANNABIS

MYTHS

&

FACTS

CREATED BY YOUTH FOR YOUTH

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references!

SKYLARK 

MYTH #1: IT'S A GATEWAY DRUG

A gateway drug is defined by Dictionary.com as “a habit-forming drug that, while not itself addictive, may lead to the use of other addictive drugs.” To define cannabis as a gateway drug is to suggest that everyone who use cannabis also uses other drugs which, simply put, is just not true. People who use drugs often seek out the drug or drugs that they enjoy and settle with them, occasionally trying new drugs if they so choose. Cannabis is usually the first illicit drug that people try due to its popularity, accessibility and availability. However, this does not mean it is a direct cause of other drug use. A lot of people choose to use drugs as a way of self-exploration. Therefore, cannabis may be a drug that brings people to find they might enjoy trying other drugs, but that is not evidence that cannabis causes people to use other drugs.

MYTH #2: ONE PUFF & YOU'RE HOOKED

While many folks can have strong reactions to weed, especially the first time they try it, this does not mean that it will become an addiction, dependence, or problematic. Many people marry the concepts of dependence and addiction, but they can look different from case to case. Dependence refers to when you use a drug to keep yourself functioning the way you want to function. Addiction, on the other hand, is self-defined problematic drug use, for instance, when an individual continues to use a drug despite experiencing undesirable effects. Some people use weed regularly for daily activities, such as going to work or school, preparing for social events, or relaxing after a long day, and that in itself is not evidence of addiction.

MYTH #3: YOU CAN DIE FROM OVERDOSING

Many people define a drug overdose as a lethal dosage of a drug, but technically an overdose describes taking too high a quantity of any drug and experiencing unwanted effects. So, what does a cannabis overdose look like? A cannabis overdose varies heavily from person to person (just as the amount of cannabis needed to overdose varies from person to person). A cannabis overdose on one strain could look different from an overdose on another strain and some strains generally have a more psychoactive high than others do. Despite these differences, cannabis overdoses can generally be identified by symptoms such as nausea, vomiting, racing thoughts, light-headedness, anxiety, paranoia, trouble walking, and drowsiness. These symptoms are never fatal and usually a good remedy is water, sleep, and food.

MYTH #4: IT WILL WORSEN YOUR MENTAL HEALTH

Cannabis has actually been known in some cases to help support an individual's mental health rather than be a negative influence on it. Some argue that since cannabis is used socially, it has no place as a legitimate medical treatment. However, science tells us that cannabis has been proven to have wide clinical applications. Dr. Spiegel, an advocate for the use of medicinal cannabis, has conducted three studies, two for anxiety and one for depression where medical cannabis has been of great benefit . Cannabis may not be the best choice for everyone when it comes to supporting mental health and wellbeing, but some people with mental health challenges will vouch for it as being beneficial to them and this cannot be disregarded.

MYTH #5: IT CAN CAUSE SCHIZOPHRENIA

Over the years, there have been claims that weed can cause schizophrenia. This claim has been investigated many times and due to conflicting research results, there is yet to be any definitive proof of this claim. The most recent studies state that cannabis has a differential risk on susceptible vs. non-susceptible individuals. In other words, young people who have a pre-existing genetic vulnerability to schizophrenia may be at a greater risk to develop symptoms earlier if they choose to use cannabis. If there is no pre-existing genetic susceptibility to schizophrenia, cannabis cannot cause a person to develop schizophrenia. Therefore, although research is still indeterminate, it is clear that if a relationship exists, it is not one that should be used to draw generalized conclusions.

MYTH #6: IT'S USED MOST BY BLACK FOLKS

Watching the news or media may have you believe that Black folks are the most likely group of people to use cannabis, this is simply not the case. Cannabis usage has been reported to be about the same across all races, however, the over criminalization of this often targeted group of people has led to this widely spread myth. Way back in the 1920s and 30s, when anti-cannabis propaganda was beginning to pick up steam, stereotypical images of Black folks were popularized and frequently involved the use of cannabis. These images were largely influenced by racist sentiments at the time and contributed to the association of Black folks with cannabis. Stereotypes from this time have been passed down by generations and continue to affect the lives of Black folks today.

MYTH #7: IT WILL IMPACT BRAIN DEVELOPMENT

This myth is one that deserves some serious and science-y unpacking. Let's start off with what's true about this myth: the science has repeatedly shown that in the short term, cannabis can have an impairing effect on functions such as short-term memory, reaction times, attention span, learning and decision making. Where it gets sticky is with long-term effects. While some studies have shown that short-term effects can bleed into the long-term, it has been found that after a period of abstinence from cannabis the impacts on cognitive function become nearly undetectable and return to the rates seen in those who do not partake in cannabis use. That being said, this is something researchers continue to study.

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