

Using Marijuana to Cure Marijuana Addiction

Kaufui V Wong*

Mechanical and Aerospace Engineering, University of Miami, USA

Abstract

Marijuana has been used medically to help relief neuropathic pain for some time now. Assistance in numbing or negating neuropathic pain is very commendable, but the ugly side of addiction (and associated negative consequences) tips the balance against the use of marijuana. The use of cannabidiol (CBD) rich marijuana, instead of tetrahydrocannabinol (THC) rich marijuana, to calm a person's mind needs to be explored more. There is an assumption that a calm person (internally as well as outwardly) is less interested in getting a high from smoking marijuana because s/he is in a better condition to make a good decision. The appeal of using one kind of marijuana to cure marijuana addiction seems attractive to the addict. The concept seems whimsical at best, but scientific proof is plentiful in the literature regarding the basic reactions of THC and CBD.

Keywords: Addiction; Cannabis; Tetrahydrocannabinol; Cannabidiol

Introduction

The arguments for legalization of marijuana have been based by the advocates on the usefulness of medical marijuana [1-3]. It would seem strange to suggest that human addiction to a natural plant product may be cured using the natural plant product itself. However, modern science has led to the discovery of two chemical components of the marijuana plant, namely tetrahydrocannabinol (THC) and cannabidiol (CBD), which tend to work in opposition to the addiction centers of the human brain. Structurally, THC and CBD are similar but not the same. They are isomers; in other words, they are of the same chemical composition but their atoms are organized in two separate ways. There is a ring that could be open or it could be closed. If that ring is one way (open) it is CBD, if it is another way (closed) it is THC. One can easily convert between CBD and THC with an artificial gastric juice [4].

In the last three decades or so, people have begun to appreciate how CBD is useful both in assisting to curb the effects of THC and as an exceptional compound itself. Its pain-relieving qualities are well-known. It has anti-seizure and anticancer properties. It reduces the worst effects of THC itself when it is used together with the later. So people talk about dissociative effect with THC. There is a panicogenic effect. When CBD is added in, it helps to prevent those effects. These results have been shown in field studies. They test what types of marijuana people grow/possess and the ones that have CBD in them people report health improvement, less of those bad symptoms.

Risk Factors for Marijuana Addiction

There are many risk factors for marijuana addiction. The National Institute on Drug Abuse [5] has published the key risk factors, and other related topics. The following is a partial list of risk factors which are applicable to 'twens' (eleven and twelve-year old children) and teenagers, though some of them apply to adult addicts:

- Poverty. An after-school job that pays for the marijuana-smoking habit.
- Poor parenting.
- A lack of affection/caring by parents or caregivers; aggressive as a child.
- A caregiver who abuses drugs.

- Bored and/or depressed.
- Too much spending money (in middle class and higher kids).
- Want to get a high.
- Curious, coupled with a too-easy school curriculum.
- Unhappy home life.
- No punishments when caught/ easy forgiveness by authorities.
- Peer-pressure.
- A particularly-good salesperson in the local pot seller/ relatively easy availability.
- A wayward elder sibling/companion who abuses drugs.
- Weak classroom or social skills.
- Failure at school.

Reasons for Going off Addiction

Top on the list of reasons for going off addiction, being it alcohol, tobacco or marijuana, is to have a healthy brain. The following are reasons to get off addiction, some of them are listed in [5]:

- Healthy brain, a requirement for a healthy body.
- Better performance at school/work.
- Immensely easier to get a job.
- More easily socialize with society at large.
- No police record and/or prison record.
- At peace with God, if one belongs to an organized religion.
- Save money for not having to spend on pot.
- Not allowing toxins, cancer-causing substances into the body.

*Corresponding author: Wong KV, Department of Psychology, University Miami, 1320 S Dixie Hwy, Coral Gables, FL 33146, USA, Tel: +1 (305) 284-3314; E-mail: kwong@miami.edu

Received: June 16, 2017; Accepted: June 20, 2017; Published: June 27, 2017

Citation: Wong KV (2017) Using Marijuana to Cure Marijuana Addiction. Clin Exp Psychol 3: 152. doi: [10.4172/2471-2701.1000152](https://doi.org/10.4172/2471-2701.1000152)

Copyright: © 2017 Wong KV. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

- Being able to reach high points in life, without drugs.
- Having clean clothes, accessories and furniture that does not smell of pot.
- A better bond between parents and children.
- Parental involvement in a child's daily activities, which is a good thing.

Discussion and Conclusion

A mini review has been made about the chemicals CBD and THC in marijuana. It seems that THC in marijuana is the main cause of addiction to marijuana. Conversely, CBD may be the moderating chemical naturally occurring in marijuana.

Some cancer research groups have called for just adding CBD into cancer chemotherapy regimens [6-9]. This would certainly be easier if marijuana in general is a legal plant to grow and transport. CBD has been also claimed as a treatment to prevent diabetic neuropathy, a principal cause of blindness in the United States (US) [10-12]. CBD protects nerves [13-15], and it is derived from a plant which grows rather easily during summer time anywhere in the lower 48 states of the US (some areas need a greenhouse). Some strains of marijuana have higher compositions of THC and low compositions of CBD. Other strains have higher CBD compositions, and some are in between. The current work is promoting the use of the CBD variety to be used as a therapy for marijuana addiction. More research work on the use of CBD-rich cannabis should be supported as a viable therapeutic medicine.

Acknowledgments

This paper is dedicated to all addicted persons, struggling to get off their addictions, be it marijuana or other drugs.

References

1. Johnson JR, Burnell-Nugent M, Lossignol D, Ganae-Motan ED, Potts R, et al. (2010) Multicenter, double-blind, randomized, placebo-controlled, parallel-group study of the efficacy, safety, and tolerability of THC: CBD extract and THC extract in patients with intractable cancer-related pain. *J Pain Symptom Manage* 39: 167-79.
2. Langford RM, Mares J, Novotna A, Vachova M, Novakova I, et al. (2013) A double-blind, randomized, placebo-controlled, parallel-group study of THC/CBD oromucosal spray in combination with the existing treatment regimen, in the relief of central neuropathic pain in patients with multiple sclerosis. *J Neurol* 260: 984-97.
3. Serpell M, Ratcliffe S, Hovorka J, Schofield M, Taylor L, et al. (2014) A double-blind, randomized, placebo-controlled, parallel group study of THC/CBD spray in peripheral neuropathic pain treatment. *Eur J Pain* 18: 999-1012.
4. Watanabe K, Itokawa Y, Yamaori S, Funahashi T, Kimura T, et al. (2007) Conversion of cannabidiol to Δ^9 -tetrahydrocannabinol and related cannabinoids in artificial gastric juice, and their pharmacological effects in mice. *Forensic Toxicology* 25: 16-21.
5. National Institute on Drug Abuse (2003) Preventing drug use among children and adolescents.
6. Velasco G, Hernández-Tiedra S, Dávila D, Lorente M (2016) The use of cannabinoids as anticancer agents. *Prog Neuropsychopharmacol Biol Psychiatry* 64: 259-66.
7. Scott KA, Dalgleish AG, Liu WM (2014) The combination of cannabidiol and Δ^9 -tetrahydrocannabinol enhances the anticancer effects of radiation in an orthotopic murine glioma model. *Mol Cancer Ther* 13: 2955-67.
8. Dzimtruk V, Szulc A, Shcharbin D, Janaszewska A, Shcharbina N, et al. (2015) Anticancer siRNA cocktails as a novel tool to treat cancer cells. Part (B). Efficiency of pharmacological action. *Int J Pharm* 485: 288-94.
9. Velasco G, Sánchez C, Guzmán M (2016) Anticancer mechanisms of cannabinoids. *Current Oncology* 23: S23.
10. Rowbotham MC, Twilling L, Davies PS, Reisner L, Taylor K, et al. (2003) Oral opioid therapy for chronic peripheral and central neuropathic pain. *N Engl J Med* 348: 1223-32.
11. Finnerup NB, Otto M, McQuay HJ, Jensen TS, Sindrup SH (2005) Algorithm for neuropathic pain treatment: an evidence based proposal. *Pain* 118: 289-305.
12. Attal N, Cruccu G, Baron RA, Haanpää M, Hansson P, et al. (2010) EFNS guidelines on the pharmacological treatment of neuropathic pain: 2010 revision. *Eur J Neurol* 17: 1113-e88.
13. Dirikoc S, Priola SA, Marella M, Zsürger N, Chabry J (2007) Nonpsychoactive cannabidiol prevents prion accumulation and protects neurons against prion toxicity. *J Neurosci* 27: 9537-44.
14. El Bakali J, Gilleron P, Body-Malapel M, Mansouri R, Muccioli GG, et al. (2012) 4-Oxo-1, 4-dihydropyridines as selective CB2 cannabinoid receptor ligands part 2: discovery of new agonists endowed with protective effect against experimental colitis. *J Med Chem* 55: 8948-52.
15. Guzmán M, Sánchez C, Galve-Roperh I (2002) Cannabinoids and cell fate. *Pharmacol Ther* 95: 175-184.