



HELPING HANDS



Marijuana, THC and Its Effects on the Body:

Compiled by CHTGPT4

Tetrahydrocannabinol (THC) is the primary psychoactive compound found in cannabis (marijuana). It is responsible for the “high” that users experience and has a complex interaction with the human body. As marijuana becomes increasingly legalized for both medicinal and recreational purposes, understanding the physiological and psychological effects of THC is essential.

What Is THC?

THC is one of over 100 cannabinoids found in the cannabis plant. It mimics the action of naturally occurring neurotransmitters, which play a role in regulating mood, memory, appetite, pain, and more.

THC exerts its effects primarily through interaction with the brain and central nervous system.



How THC Affects the Brain and Central Nervous System

1. **Psychoactive Effects**
THC's most immediate and well-known effect is its psychoactivity. When inhaled or ingested, THC affects areas of the brain responsible for coordination, memory, pleasure, and time perception. THC alters neurotransmitters and affects how users think, feel, and perceive the world. Common effects include euphoria, relaxation, altered sensory perception, and time distortion.
2. **Impaired Cognitive Function**
THC can impair short-term memory, attention, and judgment. These effects are usually temporary but can be more pronounced in adolescents or individuals who use high doses over a long period. Research suggests that early and frequent THC use may have long-term consequences on cognitive development.
3. **Mood and Anxiety**
While many users report feeling relaxed or happy after using THC, others experience increased anxiety, paranoia, or panic attacks, especially at higher doses. This is attributed to THC's effects on the region of the brain that processes fear and emotional responses.

Medical Uses of THC

THC has been increasingly accepted in the medical community for its potential therapeutic applications including:

- Appetite stimulation in AIDS and cancer patients
- Reducing nausea and vomiting associated with chemotherapy
- Chronic pain relief, especially in cases where conventional medications are ineffective
- Spasticity reduction in multiple sclerosis patients

Studies have shown mixed results, with some patients experiencing significant relief and others reporting adverse effects or limited benefit.

Tolerance and Withdrawal

With repeated use, users develop tolerance to THC, requiring more to achieve the same effects. This occurs because receptors downregulate or become less sensitive after repeated exposure. Withdrawal symptoms typically begin within 24–72 hours of cessation and may include irritability, anxiety, insomnia, and appetite loss, lasting up to two weeks.

Treatment



Treatment options for THC (tetrahydrocannabinol) addiction, often referred to as cannabis use disorder (CUD), include behavioral therapies, support groups, and emerging pharmacological interventions. According to the *National Institute on Drug Abuse* (NIDA), the most effective treatments are behavioral, particularly cognitive-behavioral therapy (CBT), motivational enhancement therapy (MET), and contingency management (NIDA, 2021). These approaches help individuals recognize problematic use patterns, build coping strategies, and enhance motivation for change.

Support groups such as Marijuana Anonymous offer peer-led, 12-step programs that provide community and accountability, which can be crucial for recovery.

In some cases, particularly when co-occurring mental health issues are present, integrated treatment addressing both substance use and psychiatric symptoms is recommended. Outpatient and inpatient rehab programs may also be considered for individuals with more severe dependence.

Long-term recovery is supported by consistent follow-up care, lifestyle changes, and relapse prevention planning. As with many addictions, individualized treatment plans tailored to the person’s needs are most effective.

THC is a complex compound with wide-ranging effects on the human body. While it holds significant promise for medical applications, especially in pain and appetite management, it also carries risks—particularly with heavy, prolonged use. The body’s response to THC varies based on dosage, method of intake, frequency of use, and individual biology. As cannabis continues to be decriminalized and medical research expands, understanding the full impact of THC will be critical for public health, clinical care, and personal decision-making.



IAM Peer Employee Assistance Program

The heart and soul of the District 141 Employee Assistance Program is the local lodge EAP peer coordinator. These dedicated men and women volunteer their personal time to assist other union members and their families who are experiencing personal difficulties. EAP peer coordinators do not make clinical diagnoses or clinical evaluations; they are trained to make a basic assessment of your situation and refer you to an appropriate resource for a more detailed evaluation. EAP peer coordinators will follow up to ensure you have been able to access services that addressed the difficulty you were experience

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Cannabis Use Disorder

(CUD) is defined in the DSM-5 as a problematic pattern of cannabis use leading to clinically significant impairment or distress occurring within a 12-month period as manifested by cannabinoid tolerance and withdrawal; increasing amounts of cannabis use over time; inability to control consumption; craving; and recurrent cannabis use having negative implications on social, professional and educational life. Withdrawal symptoms usually appear approximately 24 hours after abstinence initiation, peak within two to six days and remit within two weeks. Symptoms may include irritability, anger or aggression; nervousness or anxiety; sleep difficulty (insomnia, disturbing dreams); decreased appetite or weight loss; restlessness; depressed mood; or physical discomforts.