

Is Marijuana A Danger Or A Blessing In Disguise?

Posted on October 8, 2019

Introduction

Cannabis is often discussed as though it must be either a dangerous drug or a natural cure. Both descriptions are incomplete. The cannabis plant contains many chemical compounds, including delta-9-tetrahydrocannabinol (THC), which produces intoxication, and cannabidiol (CBD), which does not produce the same “high.” Products vary greatly in THC concentration, CBD content, route of administration, contaminants, and labeling accuracy. A low-dose prescribed cannabinoid medicine is therefore not equivalent to a high-potency cannabis concentrate, an edible of uncertain strength, or smoke from dried plant material. (National Academies of Sciences, Engineering, and Medicine, 2017; U.S. Food and Drug Administration, 2025)

The earlier essay correctly recognized that legality does not determine biological safety and that cannabis has possible medical uses as well as genuine risks. However, it also made several inaccurate claims. Cannabis has not been proven to treat Alzheimer’s disease or cancer itself, withdrawal symptoms do occur, and evidence does not support describing it as the safest or most effective treatment for all chronic pain. At the same time, it is also incorrect to say that no evidence supports pain relief or that every perceived benefit is merely euphoria. A balanced assessment must distinguish established uses of specific cannabinoid medicines from broader claims about the plant, and it must compare potential benefits with dose-dependent risks. (National Academies of Sciences, Engineering, and Medicine, 2017; U.S. Food and Drug Administration, 2025)

Cannabis, Marijuana, Hemp, and Cannabinoids

The terms surrounding cannabis are often used imprecisely. *Cannabis* refers to the plant and its products. *Marijuana* is a common term for cannabis material containing enough THC to produce intoxicating effects, although definitions vary across laws and institutions. *Hemp* is a legal classification based mainly on low delta-9 THC concentration; it is not a separate medical guarantee and does not mean that every hemp-derived product is risk-free. *Cannabinoids* are chemicals that interact with the body’s endocannabinoid system. They may come from the plant, be produced by the body, or be manufactured synthetically. (Centers for Disease Control and Prevention, 2024)

THC affects perception, memory, attention, coordination, appetite, and mood. CBD has different pharmacological effects and can also produce adverse reactions and drug interactions. Product labels such as “natural,” “medical,” or “CBD” do not establish purity, dose, or effectiveness. Consumers

need to know the actual ingredients, manufacturing standards, and evidence for the intended use. (Centers for Disease Control and Prevention, 2024; U.S. Food and Drug Administration, 2025)

Route of administration changes the experience. Inhaled THC reaches the bloodstream quickly and produces effects within minutes, while edible products take longer to act and may produce effects for many hours. Delayed onset makes it easier for a person to take an additional edible dose before the first dose has fully affected them. Concentrates can deliver much more THC than traditional plant material. These differences make general statements about “marijuana” scientifically weak unless the product and exposure are specified. (Centers for Disease Control and Prevention, 2024)

Evidence-Based Medical Uses

FDA-Approved Cannabinoid Medicines

In the United States, the Food and Drug Administration has approved one cannabis-derived medicine, purified cannabidiol under the brand name Epidiolex, for seizures associated with Lennox-Gastaut syndrome, Dravet syndrome, and tuberous sclerosis complex in eligible patients. The agency has also approved synthetic cannabinoid-related medicines containing dronabinol or nabilone for specific indications, including chemotherapy-related nausea and vomiting when conventional treatment is inadequate and appetite loss associated with AIDS in particular circumstances. (U.S. Food and Drug Administration, 2025)

These approvals are important because they show that a cannabinoid can be a legitimate medicine. They do not mean that the cannabis plant as a whole has been approved to treat any disease. An approved product has a standardized dose, known manufacturing controls, prescribing information, monitored adverse effects, and evidence reviewed for a specific indication. A commercial oil or edible marketed online may not provide the same composition or clinical evidence. (U.S. Food and Drug Administration, 2025)

Chronic Pain and Spasticity

Research suggests that some cannabis-based or cannabinoid products can provide modest short-term improvement for certain forms of chronic pain, particularly neuropathic pain, and may improve patient-reported spasticity symptoms in multiple sclerosis. The average benefit is generally not dramatic, and adverse effects such as dizziness, sedation, nausea, impaired attention, and intoxication are common. Studies differ in product, dose, duration, and outcome, so the findings cannot be applied equally to every pain condition. (National Academies of Sciences, Engineering, and Medicine, 2017)

Cannabis should not be presented as a simple replacement for opioids. Some patients report reducing opioid use, but population-level associations do not prove that cannabis prevents overdose or safely

substitutes for prescribed treatment. Pain care should consider diagnosis, physical and psychological therapies, non-opioid medicines, procedural options, substance-use history, and patient goals. A clinician and patient may reasonably discuss a cannabinoid product when expected benefits exceed risks, but the decision requires monitoring rather than promotional certainty. (National Academies of Sciences, Engineering, and Medicine, 2017)

Cancer-Related Symptoms

Cannabinoid medicines can be useful for selected symptoms associated with cancer treatment, especially nausea and vomiting caused by chemotherapy when standard antiemetic therapy has not worked adequately. THC-containing products may also stimulate appetite, although appetite improvement does not necessarily produce meaningful weight gain or better survival. Cannabis is not an established cure for cancer. Laboratory findings showing that cannabinoids affect cells or tumors under experimental conditions do not prove that smoking or ingesting cannabis treats cancer in humans. (National Academies of Sciences, Engineering, and Medicine, 2017; U.S. Food and Drug Administration, 2025)

Patients with cancer are particularly vulnerable to misleading claims because they may be frightened or dissatisfied with difficult treatment. Replacing evidence-based oncology care with unproven cannabis products can delay effective treatment. Clinicians should invite honest discussion so that patients can report what they use, avoid interactions, and receive accurate symptom-management advice without judgment.

Conditions Without Established Benefit

Preliminary research has examined cannabinoids for many conditions, including anxiety, post-traumatic stress, sleep problems, dementia, inflammatory disease, and movement disorders. The quality of evidence varies and is often insufficient to recommend routine use. Cannabis has not been established as a treatment for Alzheimer's disease. It may worsen confusion, falls, or medication interactions in some older adults. Claims that one product treats pain, cancer, epilepsy, anxiety, and neurodegeneration at the same time should be viewed skeptically. (National Academies of Sciences, Engineering, and Medicine, 2017)

Dependence, Withdrawal, and Cannabis Use Disorder

The original essay stated that cannabis lacks a withdrawal syndrome and therefore is not truly addictive. That is incorrect. Regular users who stop can experience irritability, anxiety, restlessness, reduced appetite, sleep difficulty, disturbing dreams, depressed mood, headache, sweating, or

abdominal discomfort. Symptoms are usually not medically dangerous in the way severe alcohol or sedative withdrawal can be, but they can be distressing and can contribute to relapse. (Centers for Disease Control and Prevention, 2024)

Cannabis use disorder is diagnosed when use produces a clinically significant pattern of impaired control, social or occupational difficulty, risky use, tolerance, or withdrawal. The U.S. Centers for Disease Control and Prevention estimates that about three in ten people who use cannabis have cannabis use disorder, although risk is not equal for everyone. Starting during adolescence, using frequently, and using high-THC products increase risk. (Centers for Disease Control and Prevention, 2024)

Dependence should not be confused with moral weakness. Biological vulnerability, stress, trauma, social environment, product potency, and patterns of use all matter. Effective responses include screening, motivational interventions, cognitive behavioral approaches, contingency management, and treatment of coexisting mental-health conditions. No medication is currently approved specifically for cannabis use disorder in the United States, making behavioral care and supportive follow-up especially important.

Effects on Learning, Memory, and the Developing Brain

THC can impair short-term memory, attention, reaction time, decision-making, and coordination during intoxication. These effects matter in school, work, childcare, and any task requiring judgment. Adolescence is a period of continuing brain development, and frequent cannabis use during this period is associated with poorer educational and cognitive outcomes. It is difficult to separate cannabis effects completely from family, mental-health, tobacco, alcohol, and social factors, so researchers should avoid claiming that every association proves a single direct cause. (Centers for Disease Control and Prevention, 2024; National Academies of Sciences, Engineering, and Medicine, 2017)

Nevertheless, uncertainty is not evidence of safety. Younger people have more years in which a use disorder can develop, and high-potency products may expose them to doses not represented in older studies. Prevention messages should be accurate rather than exaggerated. Telling adolescents that one exposure inevitably destroys the brain is not credible; explaining how potency, frequency, age of initiation, and personal vulnerability change risk is more useful. (Centers for Disease Control and Prevention, 2024)

Mental Health

Cannabis can produce relaxation or temporary relief for some people, while others experience anxiety, panic, paranoia, or dysphoria. High THC doses are more likely to cause unpleasant psychological effects. Cannabis use is associated with psychosis and schizophrenia, with stronger associations among people who begin young, use frequently, or consume high-potency products. The relationship is complex: shared vulnerabilities and self-medication may contribute, but the evidence is strong enough that people with psychosis or a high personal or family vulnerability should be especially cautious. (National Academies of Sciences, Engineering, and Medicine, 2017)

Cannabis should not be treated as a universal medication for anxiety or depression. Short-term relief may coexist with worsening motivation, sleep, dependence, or avoidance of underlying problems. CBD research is distinct from research on THC-rich cannabis, and commercial CBD doses and purity may differ from clinical studies. People taking psychiatric medicines should discuss possible interactions and should seek professional care for persistent symptoms. (U.S. Food and Drug Administration, 2025)

Driving, Work, and Accident Risk

THC can slow reaction time, impair coordination, alter perception, and reduce the ability to divide attention. Driving after cannabis use is therefore unsafe. The exact duration of impairment varies with dose, product, tolerance, route, and combined use of alcohol or other sedating drugs. A person should not rely on feeling “normal” as proof that driving ability has returned. (Centers for Disease Control and Prevention, 2024)

Measuring cannabis impairment is more difficult than measuring alcohol exposure. THC can remain detectable after acute effects have declined, and a positive biological test does not map perfectly onto current functional impairment. This scientific difficulty should improve testing and policy, not be used to deny risk. Combining cannabis with alcohol generally produces greater impairment than either alone. (Centers for Disease Control and Prevention, 2024)

Workplace risk depends on the task. A private off-duty choice is different from operating heavy machinery, working at height, providing medical care, or supervising children while impaired. Employers and policymakers must balance safety, privacy, disability law, medical authorization, and fair testing practices.

Pregnancy, Breastfeeding, and Reproductive

Health

Health authorities advise avoiding cannabis during pregnancy because THC crosses the placenta and prenatal exposure may affect fetal growth and neurodevelopment. Cannabis is not a proven safe treatment for pregnancy-related nausea. Products may also contain pesticides, solvents, microbes, or inaccurately labeled cannabinoid levels. People experiencing severe nausea and vomiting during pregnancy should receive evidence-based medical assessment. (Centers for Disease Control and Prevention, 2024)

THC can pass into breast milk and may remain in the body because it is stored in fat. Evidence about exact infant effects is incomplete, but lack of complete evidence does not establish safety.

Nonjudgmental counseling is essential because fear of punishment can discourage pregnant people from seeking prenatal care or disclosing use. (Centers for Disease Control and Prevention, 2024)

Smoking, Vaping, and Edible Products

Cannabis smoke contains irritants and many combustion products also found in tobacco smoke. Regular smoking is associated with cough, sputum, and bronchitic symptoms. The long-term cancer risk is harder to quantify because cannabis use patterns differ from cigarette smoking and many users consume both. It is still inaccurate to call inhaled smoke harmless. (National Academies of Sciences, Engineering, and Medicine, 2017)

Vaping avoids combustion but introduces other risks. Unregulated cartridges may contain contaminants or additives, and the outbreak of e-cigarette or vaping product use-associated lung injury demonstrated the danger of illicit THC products containing vitamin E acetate. Legal retail regulation can reduce some hazards, but it cannot make inhalation risk-free. (Centers for Disease Control and Prevention, 2024)

Edibles protect the lungs from smoke but are associated with delayed intoxication, accidental overconsumption, and ingestion by children or pets. Products should be stored in locked, child-resistant packaging and should never resemble ordinary sweets without clear safeguards. A lower-risk route is not the same as a risk-free product. (Centers for Disease Control and Prevention, 2024)

Law, Regulation, and Public Policy

Cannabis laws differ across jurisdictions and continue to change. Some places permit medical or adult use, while national or federal rules may differ from state or provincial law. Legalization does not prove that a product is medically beneficial, just as prohibition does not prove that every use is equally harmful. Law reflects political values, enforcement history, public health, taxation, criminal justice, and commercial interests as well as pharmacology.

Regulation can create benefits by requiring testing, labeling, age limits, packaging, and accountable sales channels. It may also reduce some harms caused by criminalization, including unequal enforcement. However, commercialization can encourage high-potency products, aggressive marketing, and frequent use. A public-health approach should restrict youth access and misleading medical claims, monitor product strength and contaminants, provide treatment for problematic use, and avoid punishing patients or communities in ways that create greater harm than the drug itself. (Centers for Disease Control and Prevention, 2024; U.S. Food and Drug Administration, 2025)

A Balanced Clinical and Social Judgment

Cannabis can be a blessing in limited, evidence-based circumstances. Specific cannabinoid medicines help certain seizure disorders and can relieve selected treatment-related symptoms. Some adults with chronic pain or multiple-sclerosis symptoms may experience modest benefit after other options are considered. These uses deserve serious medical discussion rather than stigma. (National Academies of Sciences, Engineering, and Medicine, 2017; U.S. Food and Drug Administration, 2025)

Cannabis can also be dangerous. High-dose or frequent THC exposure can impair driving and cognition, cause anxiety or psychotic symptoms, contribute to use disorder, and create particular risks for adolescents, pregnant people, and those with certain psychiatric or cardiovascular vulnerabilities. The size of the risk depends on the person, product, dose, frequency, and setting. The fact that fatal overdose from cannabis alone is uncommon does not mean that serious harm cannot occur. (Centers for Disease Control and Prevention, 2024; National Academies of Sciences, Engineering, and Medicine, 2017)

The most reasonable position is neither blanket celebration nor blanket condemnation. Medical claims should be tied to specific products and indications. Recreational users should receive honest information about potency, delayed edible effects, driving, interactions, and dependence. Researchers should continue studying benefits and harms, while policymakers should prevent commercial claims from running ahead of evidence.

Conclusion

Cannabis is not one uniform drug and cannot be classified simply as a danger or a blessing. Standardized cannabinoid medicines have established uses for a small number of conditions, and some cannabis-based products may provide modest symptom relief for selected patients. These benefits do not establish cannabis as a cure for cancer, Alzheimer's disease, or every form of pain. (National Academies of Sciences, Engineering, and Medicine, 2017; U.S. Food and Drug Administration, 2025)

The risks are equally real. Cannabis use disorder and withdrawal are recognized conditions; THC can impair driving, memory, attention, and coordination; high-potency and frequent use can increase

psychiatric risk; and pregnancy, adolescence, and unsafe products create additional concerns. Sound policy and clinical practice should distinguish evidence from advocacy. The central question is not whether cannabis is naturally good or legally bad, but whether a particular product, dose, and pattern of use offers more benefit than harm for a particular person. (Centers for Disease Control and Prevention, 2024; National Academies of Sciences, Engineering, and Medicine, 2017)

References

Centers for Disease Control and Prevention. (2024). *Cannabis and public health: Health effects*. <https://www.cdc.gov/cannabis/health-effects/>

Centers for Disease Control and Prevention. (2024). *Understanding your risk for cannabis use disorder*. <https://www.cdc.gov/cannabis/health-effects/cannabis-use-disorder.html>

Centers for Disease Control and Prevention. (2024). *Cannabis and driving*. <https://www.cdc.gov/cannabis/health-effects/driving.html>

Centers for Disease Control and Prevention. (2024). *Cannabis and pregnancy*. <https://www.cdc.gov/cannabis/health-effects/pregnancy.html>

National Academies of Sciences, Engineering, and Medicine. (2017). *The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research*. National Academies Press. <https://doi.org/10.17226/24625>

U.S. Food and Drug Administration. (2025). *FDA and cannabis: Research and drug approval process*. <https://www.fda.gov/news-events/public-health-focus/fda-and-cannabis-research-and-drug-approval-process>