

THE RHETORIC OF MARIJUANA IN RELIGION

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ABSTRACT

The Rhetoric of Marijuana in Religion is a synthesis essay discussing the history, public discourse, and policy of cannabis in the United States of America. The use of marijuana in the rhetoric to one's religion or level of religiosity is evaluated in this article; along with one's community specification, religious character, and how cannabis shapes group or born-again identities. A content analysis and literature review of articles pertaining to the rhetoric of marijuana, according to one's religiosity was conducted. The active components along with the various reasons to consume hemp were given in this context as well. This article also discusses the outlawing and legalization of cannabis, as well as, the usage of marijuana in the rhetoric of religion. Insightful information on hemp was illustrated in the realms of medical, recreational, and spiritual purposes, accompanied by prevention methodologies. The researcher also furnished insights on the scientific investigation of cannabis' current involvement in the search for a cure for Coronavirus / COVID-19.

Keywords: Hemp, Rhetoric, Marijuana, Religion, Cannabis

1.0 INTRODUCTION

Cannabis, also known as hemp, marijuana, and weed, is a natural green plant that grows as tall as a tree outdoors but could complement the grower's height if grown indoors. This plant tends to grow wildly like pigweed when seeded. Similar to flowers and vegetables, cannabis has a harvest season that could last anywhere from eight weeks to six months or more, depending on the strain's ancestry. Strains that originated closest to the equator typically take almost a year to harvest, flower, and bud the cannabinoids tetrahydrocannabinol (THC) and cannabidiol (CBD), then strains of cooler climates. These plants require the cultivation of healthy soil with nutrients. However, there are three primary types of hemp due to its physical features, potency, and effects provided by usage. Indica, Sativa, and Ruderalis are the initial forms of hemp that produce hundreds of strains throughout the world. Marijuana street names include, but are not limited to ganja, pot, grass, mary jane, reefer, chronic, and 420, which symbolize National Marijuana Day on April 20 (420) in the cannabis culture amongst marijuana consumers. T., B. (2019) explained, "marijuana is the most common illegal drug used in the United States. According to a national survey on drug use and health from 2018, about 43.5 million Americans over the age of 12 used marijuana in the last year." Inversely, cannabis is legal in Spain, Ecuador, Switzerland, The Netherlands, Jamaica, Uruguay, Canada, and Belize with restrictions in other countries similar to the United States. Most cannabis consumers prefer to smoke marijuana in the form of a cigarette called a joint,

by using an emptied cigar casing to roll a blunt, or smoked straight through a pipe, bong or chalice. Marijuana can also be baked into edible foods, such as brownies, cookies, and cakes, or just brewed into a tea for the consumer's pleasure.

THC of botanical marijuana is the primary ingredient in products sold for recreational use. It is also the most popular form of cannabis consumed by choice amongst Americans, which has increased from 3.4% in 1993 to 8.8% in 2008. THC is a psychoactive recreational drug that is also used for medicinal purposes and can be found in hashish and hash oils. However, marijuana is the fourth leading drug in the United States, following alcohol, tobacco, and caffeine. According to the American Society of Addiction Medicine (2015), "while the prevalence of past-year marijuana use among the U.S. adult population appears to have remained stable at about 4.0% from 1991-1992 to 2001-2002, the percentage of past-year marijuana smokers who displayed evidence of abuse or dependence rose from 30.2% to 35.6%; some have hypothesized that this is related to the increased concentration of THC in marijuana available in the United States in recent years." (p. 2) Short-term effects of smoking marijuana often lead to bronchodilation, with the possibility of increased respiratory symptoms if continued usage during infection. This condition is associated with obstructive lung disease, which is a result of long-term marijuana usage. Other side effects include, but are not limited to, altered brain development and cognitive impairment. Researchers found a positive correlation between marijuana and lower educational attainment, as studies suggest marijuana smokers are more likely to drop out of school. American Society of Addiction Medicine (2015) also suggests students may use marijuana as a non-medical stimulant for studying but could reduce class attendance with a decline in one's academic performance or work productivity in employed individuals. This essay will examine cannabis' effects, legalization, and consumption in the dimensions of religious rhetoric. The background, components, and cultural usage of marijuana will provide an understanding of its rhetoric in religion.

CBD products have been proven to be very effective, however, organizations are awaiting the legalization of marijuana-infused products to expand their business. THC merchandise is a methodology used to boost the desires of the church's congregation, where the consciousness of holistic medicines with entrepreneurial alternatives could heal and generate revenue. Rev. Alexander Sharp, an ordained minister within the United Church of Christ, supports the use of THC for adult recreational purposes, because "the drug can relieve pain". This will provide an opportunity for great leisure activities, along with associated criminal justice reform procedures, once other political phases of marijuana legalization expand in Chicago. Jordan (2020) suggested, "He believes regulation and schooling are the perfect responses to human vices, but in addition says essentially the most compelling argument is for social justice." On the other hand, the Muslim community plan on using the hashish and alcohol produced from Marijuana for therapeutic treatments for most cancers. Sohaib Sultan, a Muslim life coordinator, and chaplain at Princeton College suggests a cannabidiol treatment to relieve uneasiness, nervousness, and the feeling of being uncomfortable when sick. He was prescribed the FDA-approved oral cannabinoid Marinol for the acupressure of vomiting, nausea, and appetite. Yet, Sohaib Sultan "believes marijuana might trigger bodily, ethical and nonsecular hurt without correct testing and regulatory oversight." (Jordan, 2020) Yet, marijuana is in the beginning phases of legalization in New Jersey, where it has undergone various evaluations for recreational distribution.

Smoking Marijuana tends to become a popular trend amongst young adults in the age range of 18 and 25 years old when various interests and habits are forming during their introduction to adulthood. Common Reasons Why Young Adults Use Marijuana (2020) provided a list of four common reasons why young adults use marijuana. Peer pressure is one of the primary motives of smoking marijuana, as one's identity is assembled within their personal or leisure network. An individual may gain emotions of interest from their inner circles' habits, actions, or suggestions upon their lifestyles as a collective. The belief that marijuana is harmless survives on grounds that cannabis is a cultivated plant providing natural resources. Cannabis is often compared to alcohol, tobacco products, and other illicit drugs. Marijuana usage provides a psychological and physical effect from its embodied chemicals of cannabinoids. Although marijuana is a plant of natural resources, it contains THC, which is a psychoactive chemical that some individuals use for social and psychological reasons. Short-term effects of marijuana may lead to memory loss, loss of coordination, and anxiety, whereas comparable drugs are killing people slowly with much harsher side effects and consequences of one's judgment upon consumption. T, B. (2020) provided insightful information by stating, "Long-term marijuana use has been found to increase a person's heart rate, increase their risk for lung infections, weaken their immune system, and be associated with temporary hallucinations and paranoia." The relief of mental conditions is the resulting psychological experience cannabis users gain from distress and anxiety. Moreover, individuals suffering from mental stress, concentration, sleeplessness, and other emotional disorders tend to find marijuana more safely effective than prescribed pharmaceutical drugs from their primary physician. Finally, the last Common Reason Why Young Adults Use Marijuana (2020) is the availability and opportunity which makes cannabis a leisure drug. Marijuana is firmly available for almost anyone legally or illegally for purchase or as a gift from a current marijuana smoker.

Half the state territories that comprise the United States of America have legalized marijuana for recreational or medicinal purposes, while cannabis can grow wild-like weeds consisting of various strains. The availability of this plant gives consumers the choice to smoke, eat, or drink it. An individual will only consume marijuana when there is an opportunity because cannabis is still illegal on a federal level with rules and regulations in local state sectors. Marijuana users will consume it by themselves privately or amongst other cannabis smokers, where an opportunity is needed or given. Most importantly, I believe an opportunity to consume marijuana is when the individual is sick, bored, or has downtime to enjoy their leisure pot. There are individuals that do not use marijuana but are interested in knowing why some people consume cannabis. The Herb Community (Blackstone, 2015) has provided eleven social benefits that marijuana users reap and heal from without actually being sick. These benefits are unlocked upon consumption, as the THC hybrids' enhance one's worldview and feelings upon life, differently during the effects. These social advantages include but are not limited to creativity, thoughtfulness, communicative, palate, energy, and the appreciation of one's six senses. The Rhetoric of Marijuana in Religion is a synthesis essay discussing the public discourse and policy of cannabis throughout its history, community specification, religious character, and how it shapes group or born-again identities. It provides information on marijuana's current public discourse and regulation in the United States, as well as, in other countries. A review of the literature on marijuana in religion was conducted, along with a content evaluation of cannabis, as it related to religion.

2.0 LITERATURE REVIEW

Adamczyk & Palmer (2008) probes whether marijuana initiation evolved through individual and religiosity surrounding one's lifestyle or born-again identity. Researchers sort to find the odds of marijuana initiation amongst religious teens and born-again claimed identities. Individuals that conform to this identity usually condemn anti-ascetic behaviors with lower levels of substance abuse than any other social group. The social control theory was inquired for an understanding of the relationship between religion and drug use. Adamczyk & Palmer (2008) clarified, "Social control theory posits that when teens are tightly bonded to family, school, conventional peers, and have a stake in conformity, they are less likely to engage in delinquency because these bonds restrain them from acting on their natural antisocial impulses (Hirschi, 1969). Since most religions proscribe illegal drug use, teens who are more religious and/ or claim a born-again identity would be more likely than more secular teens not to use marijuana because they are bonded to their religious beliefs." (p. 720) This theological framework also illustrates the bond an individual has with their friends, family, and other institutions that use marijuana. These people care about how their loved ones and other individuals within their lifestyle circles perceive them. Teens and adolescents involved in religious activities are exposed to religious proscriptions of illegal drugs guided by church leaders, congregational members, and other peers within their religious organizations.

An individual's lifestyle circle usually has an impact on their social behaviors, along with leveling the strength of their norms and values. A teenager's friendship circle depends upon their standard of norms and values, whereas religious teenagers with religious justification will be less likely to approve of marijuana use acceptably. Yet, the influence of a teenager using marijuana is more likely to affect one's perception of anti-ascetic behaviors. Adamczyk & Palmer (2008) added, "In addition to exposure to norms and values that are consistent with drug use, in order to use marijuana, teens have to locate the drug, which is illegal, learn how to smoke it, and learn to recognize effects as pleasurable. Friends who have used drugs will likely be able to provide the guidance teens need to successfully get high." (p. 720) A three-wave qualitative study was conducted on adolescents, in the grades of seven to twelve, assisted by the National Longitudinal Study of Adolescent Health (Add Health), which held the design of the Carolina Population Center. A saturated sampling strategy was applied to the in-home interviews provided by Ad Health, for the overrepresented population of minorities and students from small schools. The sample consists of 14 small schools (less than 300 students enrolled) and two large schools (1,000 - 2,100 students enrolled) having an ethnically diverse backgrounds in the western region. Religion and Initiation into Marijuana Use (2008) gained 2,647 respondents eligible for analysis, where 152 teens did not nominate any friends, 258 participants choose not to nominate any in-school friend, 38 of these candidates only nominated a romantic partner as their in-school friend, and 123 respondents only nominated in-school friends were excluded. This evaluation led to a population of 2,076 cases, but this study focuses on marijuana initiation, which concluded the sample size at 1,449 due to the marijuana usage of the participants.

Adamczyk & Palmer (2008) found that 51% of respondents indicated that they didn't have any friends who claimed to have a born-again identity with 16% having in-school friends with those with born-again identities. This study discovered that 44% of teens did not have any in-school friends that tried marijuana, while 15% knew in-school friends who tried

marijuana. Individuals and friends with born-again identities have direct and independent effects regarding marijuana initiation, but it does not strengthen the relationship between born-again identities and marijuana initiation. Yet, born-again identity will have a stronger relationship with those of marijuana initiation due to an individual and friends' religiosity. Adamczyk, A., & Palmer, I. (2008) uses the social control theory amongst religious teenagers and young adults to find the influence of marijuana and marijuana users within their social or inner circles. This study connects to religious rhetoric by illustrating the influence or disapproval of marijuana amongst teenagers and young adults due to religious beliefs.

The Material Roots of Rastafarian Marijuana Symbolism (2007) "focuses on the development of marijuana symbolism as an aspect of the Rastafarian movement and analyses the material conditions under which marijuana became a religious and political symbol." (p. 90) This study probes the development of religious symbolism and the ideology of marijuana through the Rastafarian anthropological theory of Jamaican history. The Anthropological Theory is an informed analysis using a critical and historical approach of human social behaviors developing into modern culture. A content analysis was conducted on the country of Jamaica, its Rastafarian culture, and marijuana use in Jamaica to find a precise conclusion. The Spanish had control of Jamaica until 1665 when they transported African people to the island until the English took leadership until emancipation in 1834. Enslaved African Jamaicans were used as laborers working sugar plantations to fulfill the demands for sugar in Europe. Common in European slavery traditions, female slaves were used for domestic household purposes and sexual relationships with their owners. This connection led to a substantial mulatto and mixed-race population in Jamaica that became a threat to "white" slave masters over time. Many of the slaves lived in refugee camps, while those who sold their land moved to Kingston to join the capitalist production where they lived in "yards". However, the slaves that resided in "camps" were often referred to as dreadlocks in the Rastafarian culture where people would buy, sell, and smoke marijuana. These camps consist of like-minded men that discussed the reasoning for political and religious issues while smoking marijuana during their sessions. Benard (2007) expounds on the origins of, "The Rastafarian religious and political movement arose in this context with Emperor Haile Selassie as its central figure, Africa as a sacred homeland, and the Rastafari as outlaws. Haile Selassie was crowned emperor of Ethiopia in 1930, giving hope to urban black Jamaicans marginalized by capitalism." (p. 92) The early Rastafarian religious system was built on a strong foundation with a great sense of dignity, as using marijuana symbolically in their social system, and dreadlocks for a sense of identity. The truth of the black man was cleverly hidden by western Christian capitalists to secretly rule Earth against the realities of the European whites.

The Rastafarian culture viewed themselves in the realms of revelations to be the ancient Israelites, who were assumed to use their divine strength in the destruction of Babylon. Benard (2007) clarified, "the Rastafarians graced the symbolic ideology of God as black, God as living and in Africa, the divinity of the black race, Africa as a divine homeland and place of salvation, and finally communal self-sufficiency. This began a liberation theology amongst Rastafarians which is common amongst the enslaved and oppressed." (p. 94) The ideology that the divine black man will rule the Earth was created through a biblical path from peasant lifeways with the guidance of Emperor Haile Selassie. Marijuana assisted in the modes of Jamaican production during indentured servitude, ganja became the holy herb used as medicine to heal the sick, brought wisdom to conversations, and curbed one's appetite during

tough times. “The Tree of Wisdom” was cultivated in Jamaica since the 1800s after the British sent for hemp to be raised on the island for fiber, marijuana didn’t serve its intended purpose for the European Whites and grew wildly throughout the country. The Jamaican plant is a Eurasia native, where hemp is grown for fiber and produces a low THC level, whereas high levels of THC-producing strains contain medicinal and hallucinogenic properties. After African ex-slaves refused to work, in 1845 slave masters began importing East Indians for labor and they brought marijuana for aid as well. Marijuana existed in India prior to 1000 BCE “as a favorite drink of the god Indra” along with relieving illnesses like lack of appetite, sunstroke, indigestion, phlegmatic tempers, and lispings in the Hindu culture. The Hindus also brought the concept of “God-King”, a vegetarian diet and ceremonies involving smoking marijuana to hail the holy Jah! Rastafari. Benard (2007) exemplified Rastafarianism “was the syncretism of Christianity and Hinduism that gave Rastafarians the language and ritual context in which to make ganja sacred.” (p. 95)

This culture materialized during the oppression of African slavery when the anti-imperialist and anti-capitalist movement was dominated from small-scale agriculture to gain sugar cane resources, marijuana was their drug food, and solely believed in the book of Revelation to be a rhetorical situation to overcome oppression. Benard (2007) concluded, “The sacralization of marijuana has elements that may apply to symbolism within any religious system. The relationship between black Jamaicans and marijuana first shifted through contact with East Indians, who introduced the use of ganja as a drug-food, a panacea, and introduced the idea of ganja as a gift from the gods.” (p. 97) As Jamaica continued to transition into a capitalist production society, marijuana evolved every day to remind Jamaicans of their cultural peasant history, and became known as the “Holy Herb of Wisdom”. Benard (2007) provides insight into The Rhetoric of Marijuana in Religion through the Rastafarian culture with information on the usage of hemp in Jamaica during slavery, as a food drug. Cannabis was consumed to bring wisdom, an appetite, and the recovery of illnesses through religious ceremonies and beliefs.

Religious Involvement and Marijuana Use for Medical and Recreational Purposes (2018) examines the effects of religious involvement, their likelihood to entrust physicians, and questions the authority of marijuana usage for health purposes. There are compelling theories that influence social patterns, changing attitudes or behaviors, and may lower the rates of substance abuse of marijuana for recreational or medical purposes. The socialization and authority perspectives suggest religious involvement provides guidelines for an individual’s social and moral standards, along with directives for societal norms regarding substances. Fostering self-control and generic self-regulatory capacity will lower levels of substance abuse through a religious involvement called, the self-regulation perspective. This study seeks to find the correlation between religious involvement and medical marijuana, as it may be pronounced for adults with poor health. Burdette et al. (2018) also analyze data collected from the 2016 National Survey on Drug Use and Health (NSDUH), which utilizes a probability sampling methodology from a multistage, state-based population sample. This sample consisted of noninstitutionalized adolescent and adult U.S. civilians pertaining to substance abuse and associated health conditions. Descriptive analyses, multivariate analyses, and multinomial logistic regression were applied to find factual results as dependent variables of interest were classified as three-outcome variables. Nonusers are individuals that have not used marijuana in the previous 12 months; whereas recreational users are those who

consumed marijuana in the past 12 months without a doctor's recommendation; while medical users are the respondents that used marijuana in the last 12 months under a doctor's supervision.

Burdette et al. (2018) found, "Among respondents in poor health, the association between religious service attendance and marijuana use is less pronounced. Respondents who attend religious services more than once a week are less likely to use marijuana recreationally as compared with those who attend less than weekly. Similarly, those who attend religious services weekly are less likely to be recreational users as compared with those who attend less than once a month. Religious service attendance appears to have no impact on the probability of using medical marijuana among those in poor health." Religious Involvement and Marijuana Use for Medical and Recreational Purposes (2018) also found the religious involvement of individuals had the religious likelihood of using recreational marijuana for poor health, regardless of a doctor's consistency. On the other hand, there is a likelihood of religious involvement in medical marijuana by "moral domination" due to moral authority and social control functions in religious institutions. Burdette et al. (2018) concluded, "Our results suggest that religious involvement is associated with lower rates of recreational and medical marijuana use, especially among adults in good health. In light of these findings, additional empirical work is needed to understand the specific mechanisms linking religious involvement with reduced recreational and medical marijuana use. Research along these lines will provide a more complete understanding of the precise role of religious involvement in the context of increasing marijuana use." This examination provides a connection of marijuana use and religion for recreational and medical purposes. However, I believe Burdette et al. (2018) is a study of religious rhetoric as data obtained from the 2016 National Survey on Drug Use and Health (NSDUH) to find the primary reasons an individual would use marijuana along with their religious involvement.

Palamar et al. (2014) investigate each separate element of illicit drug use, its exposure to users, and their religiosity. This examination elucidates the objective amongst urban emerging adults (ages 18-25) in New York City (NYC) by stating, "this study seeks to delineate factors that explain recent use of five of the most prevalent drugs in the United States: marijuana, powder cocaine, ecstasy, and nonmedical use of opioids and amphetamine." (p. 661) This investigation inspects the different characteristics of religiosity along with the most prevalent drugs in the United States: marijuana, powder cocaine, ecstasy, opioids, and amphetamine. The results will be able to predict individuals at high risk for use and its associated consequences. A survey was conducted in two modes, where the primary part recruited participants on the street randomly with paper surveys. The second mode found eligible respondents from street interactions and invited to participate in the Internet version of the survey at a later time. The requirements for participation were 18-25 years old, fluent in English, and must have Internet access (for those invited for the Internet survey). This study was approved by the Institutional Review Board for New York University as participants received \$3 for their time spent. Recruitment occurred in city parks, city college campuses, and high traffic venues of Manhattan, New York. Participants were asked questions of demographics, illicit drug use within the last 12 months, religiosity, and their exposure to illicit drugs.

Researchers analyzed the data collected using the Chi-square test and Logistic regression models to find the relationship between religiosity and specific illicit drugs usage amongst emerging NYC adults. There were 1,048 respondents, where 73.4% (769) were gathered from the street with the other 26.6% (279) participating online. Although the majority of the respondents were from the street, the Internet survey responses were older and more educated than their street performing counterparts. The majority of the Internet respondents were White (57.3%) and Female (58.8%), with a final sample size of 962 participants after data cleaning. Palamar et al. (2014) explained, “In comparison with Christians, Agnostics were at increased odds of recent use of all five drugs; however, when controlling for religious importance and attendance, this effect disappeared. Likewise, Atheists were at increased risk for ecstasy use, but this effect also disappeared when controlling for other components of religiosity. This suggests that the risk of being Agnostic or Atheist, in some respects, may serve as an indicator of low levels of religious attendance and importance. While controlling for demographic characteristics and religious affiliation level of religious attendance was a protective factor against marijuana and cocaine use.” (p. 667) Palamar et al. (2014) also found Agnostics are at increased odds for the usage of all five drugs unless attending worship. Atheists are at increased odds for use of ecstasy, but this correlation disappears once an individual finds their religiosity. Levels of religious attendance also played a factor against marijuana and cocaine use when browsing the characteristics of demographics and religious affiliation. Non-affiliated individuals of religiosity are at odds for use of all drugs, whereas levels of attendance and importance will diminish these actions. Individuals of strong religiosity or frequent attendees are less likely or are not users of illicit drugs. Palamar et al. (2014) suggest a stronger message regarding drug abuse to individuals that are less religious, rather than implicating that it is “wrong”.

Religiosity and Exposure to Users in Explaining Illicit Drug Use among Emerging Adults (2014) wrapped up, “we cannot necessarily affect social determinants of religiosity and drug use. Males and Whites tend to report lower levels of religiosity and are at higher risk for drug use, and little can be done to change this. Therefore, while religiosity is oftentimes a powerful prevention mechanism, we also need to focus on alternative protective factors because it is difficult to alter an individual’s identity or beliefs.” (p. 672) This study could assist in various national research methodologies of religiosity and illicit drug usage due to the various characteristics researched. Researchers can explore the influence of drug use on specific religious denominations and how religious attendance affects the use of various drugs. Also, research will find the effects of religiosity on drug use, along with the levels of religious importance which protects individuals from various illicit drug use. Palamar et al. (2014) connects the rhetorical concerns of marijuana and religion due to one’s religiosity. Agnostics and Atheists are more likely to use various hard, man-made substances, whereas individuals of high levels of religiosity are more likely to obtain marijuana over other illicit drugs for consumption. The rhetoric concern of Palamar, et al. (2014) exhibits that one’s religiosity does affect their influence of marijuana along with other drugs.

3.0 THE RHETORIC OF MARIJUANA

THC is a psychoactive chemical that has its effects upon the human body, especially in the brain. Adversely, CBD is one of the healing chemicals found in cannabis that does not get the user high after consumption. Nice Guys Delivery (2019) illustrated the realization of

marijuana's properties by explaining, "The body's receptors interact with specific chemical compounds in marijuana to maintain its homeostasis, and so marijuana treats a variety of problems and ailments." Among a vast array of health issues, marijuana could assist in overcoming the following: pain, mood problems, post-traumatic stress disorder symptoms, anxiety, heatstroke, inflammation, nausea, insomnia, appetite issues, depression, muscle stiffness or soreness, and plenty more benefits. Other medical conditions, cannabis is used to treat are "arthritis, cancer, HIV/AIDS, multiple sclerosis, epilepsy, Parkinson's disease, ADHD and post-traumatic stress disorder are some conditions cannabis can help treat." (Capler, 2009)

The history of cannabis goes back to 12,000BC, where marijuana emerged in the areas of Mongolia and Southern Siberia. Hemp grew wildly throughout Central Asia as gatherers traded it for spiritual, medical and recreational use for their present time high profile peers, clients and vikings. Capler (2009) reminds us that, "In 2700 BCE, Shen Neng, Chinese Emperor and father of Chinese medicine, used cannabis as a remedy." It was also used for paper, rope, cloth, and pressed for oil to slow the proliferation of cancer cells. Nevertheless, Egyptians used hemp to treat sore eyes, cataracts, gout, rheumatism and as a surgical anesthetic. Capler (2009) continued, "The Ebers Papyrus, an ancient Egyptian medical text, also mentions cannabis. It was written in 1500 BCE and is one of the oldest pharmaceutical works known." Yet, the Greek seemed to find benefits of hemp in 200 BC for earache, inflammation, and edema. The compounds in cannabis include THC, CBD, Cannabigerol (CBG), Cannabinol (CBN), Tetrahydrocannabinolic Acid (THCA), and Cannabidiolic Acid (CBDA) which users can inhale, eat, apply a tincture or topical product, use a patch, or take a suppository.

3.1 Medical

According to Levine (2018), cannabis indica was introduced to the United States through William Brooke O'Shaughnessy, who pioneered the field of cannabis research. He became fascinated with the indigenous use of hemp in 1839, due to its history of medicinal use. In 1856, O'Shaughnessy was knighted by Queen Victoria from his expansion of the telegraph system in India, where he conducted scientific research on the telephony and hemp. O'Shaughnessy applied hemp for 75 days on a 60-day old infant to improve its health, and due to its successful procedure, cannabis was manufactured into over 2,000 medicines by the 1930s. During the late 19th century, the British colonial power attempted to regulate the use of hemp in India by probing its effects with a 3,281-page follow-up called, "The Indian Hemp Drugs Commission Report".

As men and corporate America attempt to capitalize on the benefits of marijuana, women with their power of pussy were able to reap satisfaction from cannabis through pregnancy. Stoner moms typically consume marijuana for symptoms their physicians would prescribe pharmaceuticals for pregnancy, such as: sickness of nausea, loss of appetite, anxiety, and morning sickness. Controversially, the THC is transmitted through the mother's placenta and breast milk to the baby which is associated with low birth weight. Thomas (2015) explained, "Among the report's findings was 'mixed' evidence of weed's association with low birth weight, and 'moderate' evidence that pot during pregnancy is associated with infants suffering from attention problems, cognitive impairment, or low IQ." The results of these side

effects could be corrected with the proper attention. For these reasons, a person has the legal right to summon Child Protective Services on a stoner mom-to-be for child abuse. However, cannabis is less dangerous than alcohol and has always been viewed as a cultural taboo due to its cultivation process. The natural essences and its effects assure pregnant women that cannabis may be safer than prescribed drugs during gravid. LaMotte (2020) reports, "An analysis last year of over 450,000 pregnant American women ages 12 to 44 by the National Institute on Drug Abuse found cannabis use more than doubled between 2002 and 2017." Researchers found women typically start consuming marijuana during the first trimester of their pregnancy to prevent nausea, vomiting, and to manage other symptoms of pregnancy pain. However, those first three months of carrying are the most vital and sensitive moments due to the current development of the fetus' brain. Susceptible brain damage could be the result of cannabidiols contacting the baby's brain. The investigation also suggests a higher risk in infants developing autism after the birth of a cannabis mother. The substance of marijuana affects the fetus' neurodevelopment process during pregnancy, which heightens the risk of autism. Carroll (2020) ventured to say, "The rate of autism diagnoses among children within utero cannabis exposure was 2.2 percent, as compared to 1.4 percent in those whose mothers did not use the drug during pregnancy." This method of pain relief is natural and safer than most common procedures, but newborns have a 50% chance of contracting autism. The psychoactive effects of cannabis cannabidiols have a very harmful outcome on a growing fetus's brain. Davis (2020) unraveled, "the team matched 2,364 mothers who used cannabis to 170,671 who did not but who had similar characteristics such as age, education, health conditions and socioeconomic status. They also used modelling to look at additional factors including pregnancy complications." Individuals of various levels of religiosity would prefer the use of hemp during pregnancy, because it is a natural remedy with less harsher effects upon the unborn.

3.2 Recreational

In Levine's (2018) words, "The main purpose of the Harrison Narcotics Tax Act was not to criminalize drug users, but merely to control the use of drugs, the transport, and revenue gathered from the sales." This regulation was placed to control the trade of opium, morphine, cocaine, and heroin because criminal activity was associated with drug addiction. Addicts of illegal drugs weren't able to find their drug of choice from medical professionals, therefore, they sought black market merchandise to facilitate their needs. Levine (2018) argued, "Struggling addicts— thin, unwell, not maintained – were seen as pests of society, and treated as such. Black market dealers were getting richer from the restrictions by welcoming drug addicts to the predicament of the underground." The Harrison Narcotics Tax Act of 1914 was placed to control the illegal drug market, because there was no control on the flow of illegal drugs and these products weren't taxed.

Blackstone (2015) reminded us that, "Depending on the strain you prefer, you can use the time to get creative, focus or just feel lazy and veg for a while. The point is to step away from reality for a little bit and focus on you." This distinctive plant emerged in the United States during the Mexican Revolution, when Mexican civilians fleeing their homeland in 1910 and 1911 brought marijuana along with them. Since this occurrence cannabis became a racial drug. Marijuana was depicted as a racist and violent drug that Mexicans smoked to commit violent acts, property crookedness, and sexual crimes. Utah was the first state to outlaw this

plant in 1915, before it escalated to 29 state ban by 1931 and eventually into federal laws for a nationwide halt. Blaszczyk (2014) leads the readers to the point that, "In 1930, Harry Aslinger became the first commissioner of the Federal Bureau of Narcotics (FBN) and undertook multiple efforts to make marijuana illegal in all states. In 1937, the Marijuana Tax Act put cannabis under the regulation of the Drug Enforcement Agency, criminalizing possession of the plant throughout the country."

Today, hemp of all kinds are consumed for medical, spiritual and recreational purposes to provide a strong mental connection. The components of cannabis are able to provide relief for depression, mood, fatigue, attention deficit hyperactivity disorder (ADHD), insomnia, muscle spasm, migraine relief, seizures, Alzheimer's Disease, Crohn's Disease, acquired immunodeficiency syndrome (AIDS), and many more. Due to the numerous qualities and benefits of marijuana, 37 states have legalized the cannabis plant for medicinal use with many more state governments considering this plant for medical practices. This country's legalization of marijuana is growing by an alarming rate due to the illegal use of the drug for medical purposes, the effect that it can provide and profit on tax by local and federal governments. In the past decade, seventeen states had decriminalized marijuana due to the harsh consequences on consumers using this harmless plant for medical, spiritual or recreational purposes. "In these states, possession of small amounts of pot no longer carries jail or prison time but can continue to carry a fine, and possession of larger amounts, repeat offenses, and sales or trafficking can still result in harsher sentences." (Lopez, G., 2019). As of this writing, 17 states, the district of Columbia, and U.S. territories have decriminalized cannabis for non-medical purposes. Recreational purposes are viewed differently, depending on one's religion and level of religiosity.

3.3 Spiritual

The Word of God in the Age of Legal Marijuana (2020) discusses the legalization of marijuana along with the many advantages of cannabis within the church's community and society to benefit everyone for medical or recreational purposes. Due to the overwhelming growth of legalized marijuana products, people are gradually having more interest in its benefits and various methods used for recreational and medical purposes. Christian and secular leaders review the public policy as well as the decriminalization of cannabis, as its usage begins to increase within spiritual communities. However, many spiritual leaders have embraced cannabis infused products for business purposes to assist in healing the sick and for purposes of leisure within our local communities. Jordan (2020) explained, "The pastor has created a line of cannabidiol (often known as CBD) oil-based merchandise known as Canna Blessed, organized as an LLC in Georgia. Promoting small quantities of the substance could be authorized—it comprises no THC, an ingredient in marijuana that gives a excessive."

3.4 Prevention

According to Hall et al. (2016), Chronic Obstructive Pulmonary Disease (COPD) is the long-term effects of smoking cannabis that led to the symptoms of chronic bronchitis, shortness of breath, increased cough with sputum, wheezing, chest congestion, and tightness. However, Hall et al. (2016) observed, "Most behavioural preventive interventions (environmental, universal, targeted and indicated approaches) have an impact on several problematic

behaviours, including substance use (tobacco, alcohol, drugs and new psychoactive substances), and preventive interventions should cover the whole prevention chain from universal and selective to indicated prevention." Researchers have found intervention strategies within a family or school setting to be very effective amongst adolescents, as well as, adult cannabis only smokers. Family-based prevention strategies incorporate the training technique with one's family collectively and have been proven to reduce marijuana usage for a lifetime in adolescents. On the other hand, school-based intervention "includes social skills lessons and interpersonal rehearsals, activities to boost self-esteem, refusal skills, skills in recognizing high-risk situations, and normative educational methods." (Hall et al., 2016) These programs are instructed by peer-led educators to assist in reducing the consumption of cannabis, which were confirmed through 6-, 12-, 18- and 24-month follow-ups. Yet, psychological intervention programs have been very effective with cannabis only smokers, along with those who stop smoking marijuana on their own. Therefore, cannabis is not a drug that will turn individuals into fiends forgetting their most valuable possessions, responsibilities, and lifestyles for a habitual high.

Even as the summer of 2020 begins to wind down, the whole world continues to battle the Coronavirus, which seems to be the most epic pandemic of mankind. Researchers have been scrambling to find the origin, heal the sick, and create a vaccine for this deadly disease. This epidemic emerged in China during the latter of 2019 that eventually forced the world to quarantine by March 2020. Israeli scientists have found cannabis terpene to be very effective in fighting COVID-19. Cannabis terpenes are highly reactive oil molecules found in cannabinoids of tetrahydrocannabinol (THC) or cannabidiols (CBD) that assist in providing color, flavor, and fragrance when interacted with Oxygen. Price (2020) explained, "NT-VRL is a patented formulation of terpenes created by Eybna. The terpenes used in the formulation were selected specifically for their ant-viral and anti-inflammatory properties." It was found that cannabis terpene is effective in treating white blood cells and cancer by preventing inflammation. To the contrary, two Canadian researchers found specific strains of marijuana to be very effective in fighting and preventing COVID-19 infection. It is honestly impressive to know the natural qualities this plant beholds as it is able to "block the virus from entering the body through ACE2 receptors." (Price, 2020)

4.0 CONCLUSION

Cannabis has always been a popular plant to mankind as consumers and professionals use its components for a variety of reasons. Some consumers use marijuana to relieve tension, escape life's problems, ease of boredom, to feel good or euphoric, to "fit-in" socially, or for sexual arousal. As Why People Use Cannabis (2009) explained, "The social use of cannabis includes its use for recreation, socializing and generally improving quality of life. Most people who use cannabis today do so for these reasons." On an international level, marijuana is under consideration to be decriminalized and legal in Mexico, Costa Rica, Argentina, Colombia, Peru, Cambodia, Laos, North Korea, Belgium, Italy, Portugal, Croatia, Czech Republic, Russia, Ukraine and Australia. In the United States, cannabis is illegal on a federal level but there are 33 state governments allowing use and sale of marijuana which are breaking the federal laws. Khan (2020) believed, "Profitable cannabis companies want to buy their way into niche segments and expand their brands, betting that the November U.S. presidential election will lead to weed becoming legal across the United States." I strongly

believe marijuana will be legal on a federal level after the presidential election of 2020. I can recall New York City was about to open marijuana dispensaries for April 1, 2020 after decriminalizing cannabis in October of 2019, but the Coronavirus Pandemic (COVID-19) emerged and put a halt to everything in the world.

The Rhetoric of Marijuana in Religion identifies cannabis in religion, its public discourse, and policy for marijuana usage as it relates to one's religious beliefs. Religion along with a religious circle of friends will assist anyone in occupying their time conducting productive tasks. Most religious condemn the use of marijuana, while "some people use cannabis in their spiritual practice. Rastafarians and some Hindus and Sikhs use cannabis in religious ceremonies. Other people use it in ways they consider spiritual, such as for reflection, contemplation or personal growth." (Capler, 2009) Other cannabis users consume marijuana for various medical purposes, whether prescribed or suggested by a reliable source, for physical or mental illnesses. Yet, the consumers of marijuana for medical purposes are consumed by individuals that have a sense of safety over prescribed drugs. Furthermore, researchers found the use of marijuana for recreational purposes tends to be influenced by someone in an individual's inner circle. Cannabis is usually suggested for specific purposes to assist in executing a recreational project. According to *Marijuana: Everything You've Been Afraid to Ask* (2019), "If you suspect that someone you know is misusing marijuana recreationally, you may notice some of the following signs: Lack of focus, Talkativeness, Secrecy, Sleepiness, Increased food cravings, Bloodshot eyes, Poor time management, Drug paraphernalia (e.g., pipes, baggies, rolling papers)" Whether if an individual uses cannabis for religious, medical or recreational purposes, the consumer has to know how to find the marijuana, use, and a place to consume their cannabis. This is not a practice that just happens overnight by a consumer. Knowledge of oneself, as it pertains to their desires, and present environment will hopefully keep one well-grounded; because the components of cannabis is just a mere high peaking for 10 - 15 minutes lasting no longer than 3 hours. Therefore, it is a must that an individual is knowledgeable and able to manage themselves upon using any type of hemp products. Peace.

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