

An Ultimate Life Now Position Paper

## Should a Disciple of Jesus Utilize Marijuana

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The rise of marijuana has escalated in the United States, especially with its full legalization (medical and recreational) in seventeen states. Several factors have contributed to the heightened use of marijuana. *First*, the medical use of marijuana has been at the forefront of the legalization of marijuana. This has paved the way in justification for its use by many who have a wide range of challenges in life (e.g., sleep, anxiety). What are the medical benefits that can be of value to humanity? What are the health dangers that cannot be dismissed? *Second*, the decriminalization of marijuana in many states has lowered “the bar” for its use. *Third*, the lack of clear teaching on the subject from an ethical and moral perspective has left many in the church without a cogent response to those advocating the liberalizing of marijuana use. In looking through a dozen prominent works on Christian ethics, this writer found no articles or chapters specifically tackling this issue. Indeed, this tsunami has compelled the church to now deal with this moral/spiritual/ethical issue, unlike any other time in contemporary America. There is an unfortunate paucity of specific spiritual/theological perspectives to deal with this issue. Since there is no specific mention in the Bible about marijuana, what wisdom or biblical principles can actually guide the Christian leader, parent, and young person for answers (1 Pet. 3:15-16)? Are there clear ethical/moral/theological approaches to be considered? This paper will examine mental health and physiological health perspectives, along with biblical,

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theological, and ethical approaches to assess the use of marijuana for those who are disciples of Jesus.

### **What is Marijuana and How Does it Work on the Brain**

It is important in our discussion to understand marijuana specifically as a substance. Knowledge about the substance, awareness of its history and research is rare among those who have never wandered in the culture of drug use. (This writer was relatively uninformed until writing this paper.) The use and distribution of marijuana has an extensive history.<sup>1</sup> Marijuana is a plant (weed) that is technically called cannabis. Cannabis (C) is broken down into three plant categories: *C. sativa*, *C. indica*, or *C. ruderalis*. The principal psychoactive agent in these plants is abbreviated THC (delta-9-tetrahydrocannabinol), which is “concentrated in the resin, most of which is in the plants’ flowering tops.”<sup>2</sup> When smoked, the THC is rapidly absorbed into the blood and almost immediately distributed to the brain, causing the rapid onset of subjective effects (getting high) that last 2-3 hours. These effects include a sense of euphoria or well-being, easy laughter, perceptual distortions, impairment of concentration and short-term memory, and craving food. Adverse effects can include, especially when utilized habitually over a period of time: anxiety, panic, paranoia, and hallucinations (especially with high doses), psychosis and cannabis-induced psychotic disorder, emotional lability, depersonalization, amnesia, demotivation, a sense of slowed time, and physiological effects (e.g., increased heart rate,

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<sup>1</sup> An excellent short history on marijuana can be found in Kevin P. Hill, *Marijuana: The Unbiased Truth About the World’s Most Popular Weed* (Center City, Minnesota: Hazelden Publishing, 2015), 13-17; also see Alex Berenson, *Tell Your Children the Truth About Marijuana, Mental Illness, and Violence* (New York: Free Press, 2019), 3-16; Timmen L. Cermak, *From Bud to Brain: A Psychiatrist’s View of Marijuana* (Cambridge: Cambridge University Press, 2020), 199-219; Charles Ksir, Carl L. Hart, and Oakley Ray, *Drugs, Society, and Human Behavior*, 12<sup>th</sup> ed. (New York: McGraw Hill, 2008), 370-75.

<sup>2</sup> Gary R. VandeBos, ed. *APA Dictionary of Psychology* (Washington, D.C.: American Psychological Association, 2007), 145. There are many types of marijuana that vary in potency (e.g., hashish—most potent; ganja/sinsemilla—less potent; bhanga/hemp—least potent).

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conjunctivitis—inflammation of the eyes<sup>3</sup>).<sup>4</sup> There are many common terms utilized for marijuana such as weed, hemp, grass, bud, reefer (a joint), ganga, dope, dro—“no shortage of name for everyone’s favorite plant.”<sup>5</sup>

There are increased risk of cancer with those who smoke marijuana. It is classified as a Proposition 65 carcinogen, and there are at least 33 individual constituents that are carcinogenic with this substance. It is associated with lung, head and neck, bladder, brain, and testis cancer. Parents who smoke marijuana see in their offspring higher rates of such cancers as leukemia, neuroblastoma, and rhabdomyosarcoma. It is “genotoxic, immunosuppressive, and can alter endocrine function.”<sup>6</sup>

### **Delineating the Use of Marijuana**

The use of marijuana is nuanced, just like there are various type of drinkers of alcohol (teetotalers, social drinkers, problematic drinkers, alcoholics), and most anything in life (e.g., levels of eating healthy). We will briefly examine each type of marijuana user to aid in this discussion as we shape biblical/theological approaches.

The use of marijuana among those 19-30 years old is as follows: daily use 11.5% (men/m), 7.6% (women/w); monthly use 29.5% (m), 24.1% (w); annual use 42.7% (m), 39.9% (w).

Among teenagers the daily use is as follows: 6.6% of 8<sup>th</sup> graders; 18.4% of 10<sup>th</sup> graders; 22.3%

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<sup>3</sup> Notably, “the mucous membrane that lines the inner surface of the eyelids and is continued over the forepart of the eyeball” (Medical Merriam-Webster Dictionary).

<sup>4</sup> VandeBos, 145.

<sup>5</sup> “Weed Slang,” ganjapreneur.com, 2022.

<sup>6</sup> Rajpal S. Tomar, Jay Beaumont, Jennifer C.Y. Hsieh, *Evidence of the Carcinogenicity of Marijuana Smoke* (California Environment Protection Agency: Reproduction and Cancer Hazard Assessment Branch Office of Environment Health Hazard Assessment, OEHHA, August 2009), 84-5.

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12<sup>th</sup> graders (using marijuana during a 30-day period).<sup>7</sup> These figures show that the use of marijuana in the United States is significant. Subsequently, the church must give due attention to a lifestyle that is ubiquitous in the world and even so in our churches. Let's delineate the levels of use of this substance.

### Recreational Use

The recreational use of marijuana is primarily to “get high” and enjoy the effects of the intoxicating elements within the substance. The primary purpose of recreational use is to experience the mind-altering effects—the high or buzz—“Why else would anyone smoke pot?”<sup>8</sup> This begs the question of why anyone wants to get high in the first place, which is a spiritual theological issue, which we will deal with later in this paper.

### Chronic Use and Addiction

As mentioned, the chronic marijuana use of marijuana is significant. One would be considered a chronic marijuana user as one who utilizes the substance many times a month, but real indicators, which point to the problem of cannabis addiction, which is called “cannabis use disorder,” includes such criteria as:

taken in larger amounts or over a long period than was intended; persistent desire or unsuccessful efforts to cut down or control cannabis use; a great deal of time spent in activities necessary to obtain cannabis, use or recover from its effects; failure to fulfill major role obligations at work, school, or home; continued use despite having persistent or recurrent social or interpersonal problems; important social, occupational, or

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<sup>7</sup> Todd Miles, *Cannabis and the Christian* (Nashville: B & H Publishing Group, 2021), 17 citing J. E. Schulenberg et al., *Monitoring the Future National Survey Results on Drug Use, 1975-2019: Volume II, College Students and Adults ages 19-60* (Ann Arbor, Michigan: Institute for Social Research, The University of Michigan, 2020), 119.

<sup>8</sup> Miles, 90.

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recreational activities are given up or reduced; use in situations that are physically hazardous; continued use regardless of physical or psychological problems; tolerance developed which demands greater use of the substance to obtain intoxication or desired effect; withdrawal experiences or use of other substances to off-set withdrawal symptoms.<sup>9</sup>

These factors are indicative of an addiction, and most chronic marijuana users would fit in this category. Research published in the *Journal of Neuroimmune Pharmacology* has found that cannabis has “addictive potential,” and “drives neurobiological changes in the brain,” which follows the three distinct stage model of addiction as proposed by Koob and Volkow.<sup>10</sup> The effects upon the culture of all addictions including cannabis are devastating.

The evidence that marijuana is addictive is incontrovertible.<sup>11</sup> As a result of starting the use of marijuana, 17 percent of adolescents and 9 percent of adults develop an addiction.<sup>12</sup> Any addiction, at best amounts to the minimizing of a person’s life, and at worst, leads to the destruction of a person’s life.

### Medical Use

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<sup>9</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, DSM-V*, 5<sup>th</sup> ed. (Arlington, Virginia: American Psychiatric Association, 2013), 509-10.

<sup>10</sup> Amna Zehra, Jamie Burns, Christopher Kure Lie, et al. “Cannabis Addiction and the Brain: A Review.” *Journal of Neuroimmune Pharmacology* (2018) 13:438-452.

<sup>11</sup> Nora D. Volkow, Ruben D. Baler, Wilson M. Compton, Susan R.B. Weiss, “Adverse Effects of Marijuana Use,” *The New England Journal of Medicine*, 370: 23 (June 5, 2014), 2219-2220; Hill, 55-63; Cermak, 32-40; Siegal, 206-16.

<sup>12</sup> Hill, 55.

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The medical use of marijuana has been broadly legalized in 27 states as of 2018.<sup>13</sup> Forty-eight states have lawfully permitted some form of cannabis use,<sup>14</sup> and currently 30 states have legalized the medical use of marijuana. This is an inexorable trend. Blesching has researched and documented the positive effects of marijuana as a medical component for 100 chronic symptoms and diseases in his exhaustive work called *The Cannabis Health Index*.<sup>15</sup> His research has included laboratory, double-blind, and placebo-controlled studies. Since “large number of cannabinoid receptors are embedded in specific membranes throughout the human body,” they are activated in some positive way through the judicious use of medical marijuana.<sup>16</sup> Many researchers strike a more cautionary note with respect to the wide use of marijuana, and look with askance at this supposed “cure-all” substance.<sup>17</sup> The only value to marijuana with the THC is the “high” it gives that mask pain or symptoms, but the CBD oil has demonstrated (mostly anecdotally) to have promising effects in helping people with their ailments or diseases. Amen opines: “the jury is still out for me on CBD.”<sup>18</sup>

### Negative Effects of Marijuana Use

#### Physiological Effects on the Brain

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<sup>13</sup> Lori A. Schroth, Brandon J. Hody, Christopher S. Chaffin, et. al “Medical Marijuana,” *American Society of Safety Professionals*, Vol. 63, No. 8, (August 2018), 36-40. <http://www.jstor.org/stable/10.2307/48690085>

<sup>14</sup> Amy E. McDougal, “Marijuana Laws Raise Issues for Contractors,” *National Defense Industrial Association*, Vol. 104, No. 791 (October 2019), 50. <https://www.jstor.org/stable/10.2037/27022754>

<sup>15</sup> Uwe Blesching, *The Cannabis Health Index: Combining the Science of Medical Marijuana with Mindfulness Techniques to Heal 100 Chronic Symptoms and Diseases* (Berkeley, California: North Atlantic Books, 2015).

<sup>16</sup> *Ibid.*, 2.

<sup>17</sup> Daniel G. Amen, *The End of Mental Illness: How Neuroscience is Transforming Psychiatry and Helping Prevent or Reverse Mood and Anxiety Disorders, ADHA, Addictions, PTSD, Psychosis, Personality Disorders, and More* (Carol Stream, Illinois: Tyndale Momentum, 2020), 33; see also Miles, 115-53.

<sup>18</sup> Amen, 33.

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The physiological effects upon the brain are enormous. Psychiatrist, Daniel Amen has examined more brains than anyone in history,<sup>19</sup> and through his research he discovered that those who chronically use marijuana have developed “holes” in the brain—a cessation of brain activity.<sup>20</sup> His research demonstrated that practically every area of the brain had lower blood flow, especially in the hippocampus, one of the brain’s major memory centers; and it accelerated the aging of the brain.<sup>21</sup> The contrast of a brain influenced by marijuana use and non-use is stark. Psychiatrist Cermak has found that the increase in the amount and duration of marijuana use indicated a greater “decrease in gray matter volume making up the hippocampus, our brain’s basic machinery for learning and memory.”<sup>22</sup> Furthermore, he discovered that the emotional center of the brain (the limbic system) is greatly damaged, particularly the amygdala. The chronic marijuana smoker is “not there” emotionally, lacks control with anger and aggression, has a greater propensity to violence, is more impulsive, and is altered in personality.<sup>23</sup> The executive functioning of the brain (prefrontal cortex) involving most areas (attention, concentration, decision-making, impulse control, emotional regulation, set shifting/mental flexibility, self-monitoring, prioritization, planning, sequencing, abstract thinking) is grossly effected.<sup>24</sup> Cermak presents a thorough look at how every area of the brain is negatively affected by the use of marijuana.

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<sup>19</sup> Amen, xv-xvi. The Amen Clinics have the “world’s largest database of functional brain scans (SPECT and QEEG) related to behavior, totaling more than 170,000 scans on patients from 121 countries.”

<sup>20</sup> Ibid., 33, 45, 65, 184.

<sup>21</sup> Ibid., 33.

<sup>22</sup> Cermak, 63.

<sup>23</sup> Ibid., 97-99.

<sup>24</sup> Ibid., 78-87.

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Research published in the National Academy of Sciences found the following effects on the brain through the chronic use of marijuana: reduces gray matter volume in the orbitofrontal cortex (OFC); “increases structural and functional connectivity”; and “leads to neural alterations that are modulated by age of onset and duration of use.” Their findings suggest that chronic marijuana use results in complex neuroadaptive processes.”<sup>25</sup>

The effects on the young developing brain are significant, but there is differing opinions as to whether this can be permanent. Can the structures of the young brain be permanently impaired by heavy marijuana use? And can intelligence be restored back to original levels?<sup>26</sup>

### Cognitive Effects

With the serious negative physiological effects upon the brain, it naturally follows that there would be significant cognitive effects. Many years ago, this writer, along with his peers would refer to heavy marijuana users as “burned-out” because they lost their sharpness in articulation, slurred their words, and it seemed were “dumbed-down.” Given the physiological effects on the hippocampus, the memory of a chronic marijuana user is clouded. Since, the hippocampus contains a large concentration of THC receptors, marijuana affects the memory of a person, impairs a person’s ability to keep track of a particular topic, and is easily distracted from

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<sup>25</sup> Francesca M. Filbey, Sina Aslan, Vince D. Calhoun, et. al. “Long Term Effects of Marijuana Use on the Brain,” *Proceedings of the National Academy of Sciences of the United States of America*, November 25, 2014, Vol. 111, No. 47, 16913-16918. <https://www.jstor.org/stable/43279411>

<sup>26</sup> Claudia Wallis, “Marijuana and the Teen Brain: How Much Should We Worry,” *Scientific America*, Vol. 317, No. 6 (December 2017), 25. <https://jstor.org/stable/10.2307/27109400>; Nicholas J. Jackson, Joshua D. Isen, Rubin Khoddam, et. al “Impact of Adolescent Marijuana use on Intelligence: Results From Two Longitudinal Twin Studies,” *Proceedings of the National Academy of Sciences of the United States of America*, Vol. 113, No. 5 (February 2, 2016), E500-08. <https://jstor.org/stable/10.2307/26467628>

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a conversation.<sup>27</sup> The effects on the prefrontal cortex greatly compromised executive decision-making. There is no question the motivations of a person are greatly compromised.<sup>28</sup>

This presents challenges in every area of life, including the work force.<sup>29</sup>

### Mental Illness and Psychological Effects

Marijuana use has dramatically contributed to major psychological and mental health issues: acute psychosis and related schizophrenia.<sup>30</sup> Citing a study by King's College (London), those who "smoke marijuana daily are three times more likely to be diagnosed with psychosis," and those who utilized high-potency marijuana were five times more likely to develop psychosis.<sup>31</sup> After an analysis of many studies, Dr. Siegel has concluded that marijuana use "can trigger psychotic episodes in those at risk for mental illness" and that young people, before age twenty-five, when the brain is fully developed, should never bring THC into their body.<sup>32</sup>

### Spiritual Effects

Drugs, particularly psychedelic plants and fungi, have been used by humans in all civilizations to cultivate a spiritual experience, especially in the drive to connect with the Transcendent One.<sup>33</sup> For the disciple of Jesus, there is no need to introduce a substance to cultivate a real and euphoric connection with the Creator. The disciple worships the Father in

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<sup>27</sup> Neil R. Carlson, *Foundations of Behavioral Neuroscience* (New York: Allyn & Bacon, 2011), 502.

<sup>28</sup> Rebecca Siegel, *The Brain on Cannabis: What You Should Know About Recreational and Medical Marijuana* (New York: Kensington Publishing, 2021), 197-204; see also Cermak, 100-01.

<sup>29</sup> McDougal, 50.

<sup>30</sup> *Ibid.*, 101-106; See also Carlson, 502; and Berenson, 17-32. Berenson cites numerous studies/"study after study" in prestigious medical journals that show the link between marijuana use and psychosis, pp. 120-21.

<sup>31</sup> Siegel, 238-39.

<sup>32</sup> Siegel, 239-43, 244.

<sup>33</sup> Brian C. Muraresku, *The Immortality Key: The Secret History of the Religion with No Name* (New York: St. Martin's Press, 2020).

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Spirit and truth (Jn. 4:24), and finds great joy in the connection (Ps. 16:11). God has equipped us biochemically to connect with him in a most thrilling experience. Marijuana cultivates a false high that does not allow for an authentic connection with God, although many touted this as a legitimate means to God, even establishing cannabis churches where marijuana is considered a sacrament.<sup>34</sup>

### Medical Use of Marijuana

The legalization of marijuana has been passed in 21 states.<sup>35</sup> The medical use of marijuana has been legalized in 30 states, and as Amen put it, “As the perception of the danger of a drug goes down, its use goes up.”<sup>36</sup> He touts caution with joining the medical-use-marijuana band-wagon, opting very strongly for the option of nutraceutical and supplements as a general way of developing brain health.<sup>37</sup>

There are many who fully support the medical use of marijuana, just like any compound or substance that would aid a person in dealing with a medical issue, challenging symptoms, sleep issues, and even anxiety. There may be an issue of tradeoffs: does taking marijuana in some form provide enough benefit that it offsets any health, motivational, or spiritual concerns. Would other alternatives be better? For instance, instead of smoking marijuana, perhaps going to the gym in the evening or jogging would be the better alternative to deal with insomnia. There

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<sup>34</sup> Miles, 100-06.

<sup>35</sup> Claire Hansen, Horus Alas, and Elliott Davis, “Where is Marijuana Legal? A Guide to Marijuana Legalization,” *Us News and World Report*, November 9, 2022. [usnews.com](https://www.usnews.com)

<sup>36</sup> Amen, 33.

<sup>37</sup> *Ibid.*, 112-13, 127-28, 143-44, 213-14, 233-34, 256-57, 271-72, 285-86, 291-306.

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are much better treatments, with respect to health, in dealing with anxiety that would be far more beneficial than marijuana use.

Sabet’s well researched book surfaces truth about the marijuana industry that is essentially pouring out disinformation and misleading the public to think that the medical marijuana movement is good for the health of many Americans, that this development is harmless, and those who oppose the movement are alarmist or grossly misinformed. In reality, the “movement” is essentially profit driven—it not led with the spirit of altruism and concern for mankind. Usually, it is led by those who have been indulged with the drug culture.<sup>38</sup> William Bennet, former Secretary of Education, also shares the sentiment that this is not a harmless development in a good direction; it is a dangerous trend.<sup>39</sup> Uruguay, France, Great Britain, and Germany have all found legalization of marijuana to be problematic.<sup>40</sup>

### Spiritual, Biblical and Theological Considerations

There are a number of biblical/spiritual/theological perspectives prohibiting a Christian’s utilization of marijuana (other than for medical use).

*First*, God is the source for joy, peace and even euphoria (Ps. 16:11; Neh. 8:10; Isa. 26:3), and it was in the Garden of Eden that this was the perpetual experience. The Hebrew phrase for *garden of eden* is *gan-be’eden* (Gen. 2:8). The Hebrew word for eden can be understood as a place of delight, as a “proper name” for a “particular district”—a place fenced in or hedged

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<sup>38</sup> Kevin A. Sabet, *Smoke Screen: What the Marijuana Industry Doesn’t Want You to Know* (www.forefrontnooks.com, 2021).

<sup>39</sup> Bennett, William J. *Going to Pot: Why the Rush to Legalize Marijuana is Harming America* (Nashville: Center Street, 2015).

<sup>40</sup> *Ibid.*, 132-39.

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round in what the LXX, called *pairidaeza*, paradise, “pleasure ground” or what we can call the “garden of delight.”<sup>41</sup> Thus, the Garden was an experience of perpetual delight—intimacy with God, no stress, “trees that were beautiful to the eye, enjoyable to human taste, and nutritious to the human body.”<sup>42</sup> What could we want more than that? This incredible experience is what we were made for—it is in our DNA. That is why we resist feeling bad; we don’t like to feel bad, so we attempt to amp up in some way. But to whom or to what do we go? Without God as the source, most people turn to drugs, alcohol or sex to “amp up,” rather than turn to God and godly things. Human beings were not originally made to feel sad or down; that is why we resist such emotional predicaments. Driven out of the Garden, our lives have been one of stress. The temptation to turn to other sources beside God for our emotional well-being leads many to the “phony-high.” In the backdrop of this, we see this poignantly juxtaposed in Ephesians 5:18-19 (NLT): “Don’t be drunk with wine, because that will ruin your life. Instead, be filled with the Holy Spirit, singing psalms and hymns and spiritual songs among yourselves, and making music to the Lord in your hearts.”

There seems to be no reason to utilize marijuana (other than medical reasons) to smoke, vap, or digest marijuana recreationally other than to get high.<sup>43</sup> Getting “high” or “coping a buzz” through alcohol or marijuana is a spiritual insult to God. We have been made to delight in a relationship with and deal with our issues through a connection with Him (his wisdom and

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<sup>41</sup> C.F. Keil and F. Delitzsch, *Commentary on the Old Testament: The Pentateuch*, Vol. 1, James Martin, Trans. (Grand Rapids: Wm. B. Eerdmans, no © date, Reprinted 1980), 80-81; also, T. C. Mitchell, “Garden of Eden,” *New Bible Dictionary*, 2<sup>nd</sup> ed. J.D. Douglas, Editor (Downers Grove, Illinois: InterVarsity Press, 1982), 296-98.

<sup>42</sup> John T. Willis, *Genesis in The Living Word Commentary* (Austin, Texas: Sweet Publishing Company, 1979), 104.

<sup>43</sup> Miles, 91.

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direction). Marijuana intoxication, like drunkenness is a phony high that leads people away from the authentic high found in a connection with God.

*Second*, intoxication of any kind is renounced and condemned in the Scripture (Pr. 23:29-35; Rom. 13:13; 1 Cor. 5:11; 6:10; Gal. 5:21; 1 Pet. 4:3-6). When you consider the definition of intoxication, it is apparent that this effect is outside the realm of a disciple of Jesus. This is perhaps why Jesus refused “wine to drink, mixed with gall” (Mt. 27:34)—“wine with an opiate, because he wanted to be clear minded at this most crucial test of his life, “to have his senses undimmed.”<sup>44</sup> Jesus is our example on how to live even in our suffering (1 Pet. 2:21), and to be intoxicated in handling life’s challenges is an unspiritual/unchristian approach. “There is no place for intoxication in a faithful life before God.”<sup>45</sup>

*Third*, The Holy Spirit is attempting to develop a disciple into a lifestyle of self-control and self-discipline (Gal. 5:23; 2 Tim. 1:7; Tit. 2:2, 5, 6). The spirit of the world, promoting the perpetual buzz leads to an ever-increasing out-of-control and undiscipline life. One is often demotivated to do or accomplish much, let alone to strive for excellence (Phil. 4:8; 2 Cor. 8:7; cf. 1 Tim. 3:13).

*Fourth*, a Christian must not be mastered by anything, which ultimately leads to the enslavement to something (1 Cor. 6:12; cf. 2 Pet. 2:19). This amounts to an addiction, and without question, marijuana is an addictive substance.<sup>46</sup> The first indication of an addiction is the increased dopamine in the “reward center” of the brain (nucleus accumbens). This follows

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<sup>44</sup> Jack P. Lewis, *The Gospel According to Matthew*, Part II (Austin, Texas: Sweet Publishing Company, 1976), 162.

<sup>45</sup> Miles, 106.

<sup>46</sup> Cermak, 30-44.

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with a similarity of symptoms, difficulty to abstain, and the mimicking of other substance abuse patterns.<sup>47</sup>

*Fifth*, the body is destroyed by marijuana, creates major health issues, and shortens one's lifespan.<sup>48</sup> Our body is the temple of the Holy Spirit and it has been bought by the blood of Christ. Subsequently, our body is under the Lordship of Christ. The disciple of Jesus must refuse to offer himself to sin but offer every part of his body to God for the purpose of sanctification (Rom. 6:12-13).<sup>49</sup> The research is clear that persistent and chronic use of marijuana destroys the body and brain.<sup>50</sup> This being the case, destroying your body is unspiritual and counter to biblical theology. We are to be good stewards with all God has given us (time, money, talent), including our body (cf. gluttony Pr. 23:20-21).

*Sixth*, recreational or chronic marijuana *use* is a *misuse* of something God created. Since all that was created was good in God's eyes, including plants (Gen. 1:11-12), it is imperative to find the best use of created things. God created hemlock, but that would not be a good thing to ingest. The same thing applies to marijuana. There must be the appropriate use of all things. Marijuana has been useful for mankind in producing such things as rope, paper, fabrics, and for medical use (e.g., micro-dosing of THC, CBD oils). Getting high on marijuana is a misuse of this plant/weed.

*Seventh*, the use of marijuana goes against the theological idea of wisdom. It is unwise to use a substance that will destroy our health, or hurt others in some way (financially, relationally,

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<sup>47</sup> Ibid., 34-35.

<sup>48</sup> Sabet, 161-66.

<sup>49</sup> Miles, 99.

<sup>50</sup> Volkow, et al., 2219-2227.

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spiritually). There is growing evidence that driving while intoxicated with marijuana contributes to a greater risk of getting in a vehicle accident, as well as road rage.<sup>51</sup> People who are intoxicated “may act in uncharacteristic and unsafe ways because both their physical and mental functioning are impaired.”<sup>52</sup> Recreational or chronic marijuana use is foolishness, and the consequences of following any path of foolishness guarantees some kind and level of suffering, trouble, or misery (Job 28:22; Pr. 1:26, 27; 5:9-11, 14, 23; 16:22; 19:3).

*Eighth*, marijuana use negatively affects cognitive abilities and thus judgment. God’s people are to be sober and alert (Eph. 6:18; 1 Pet. 1:13; 4:7; 5:8), to have a mind controlled by the Spirit (Rom. 8:6), to have the mind of Christ (1 Cor. 2:16), and to pray with their mind (1 Cor. 14:15). Lethargy and drowsiness mitigates, if not obviates, these mandate for God’s people. A disciple of Jesus is to exercise spiritual discernment with all things (Pr. 3:21; 1 Cor. 2:14; Phil. 1:10). If the mind is altered, how can this be? Intoxication, inevitably leads to bad things because the mind is not functioning healthily, in the Spirit, or according to the will of God (e.g., Noah exposing himself, Nabal’s stupidity). It fosters recklessness and the eventual ruin of one’s life (Pr. 23:29-35; Eph. 5:18).

*Ninth*, all that a disciple does is to be to the glory of God (1 Cor. 10:31). Could one say in all honesty, that his/her use of marijuana brings glory to God, enhances his witness (Mt. 5:13-14), and makes the teaching about the faith attractive (Tit. 2:10) by the use of marijuana. One would strain credulity to assert such things.

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<sup>51</sup> Manoj Sharma and Manoj K. Mohata, “Marijuana and Driving,” *Journal of Alcohol and Drug Education*, December 2018, Vol. 62, No. 3, pp. 3-7. <http://www.jstor.org/stable/10.2307/48517536>.

<sup>52</sup> Paul M. Insel, Walton T. Roth, *Core Concepts in Health*, 10<sup>th</sup> ed. (New York: Mc Graw, 2006), 147.

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*Tenth*, the big issue with respect to this whole issue of utilizing marijuana involves the significant reality of what is happening to the person, and who is the person becoming, through an indulgence in this substance. Is the person being developed and sanctified through this indulgence or is he being diminished? All the evidence points to the later.

Any lifestyle choices can dramatically affect a person's character. Habits cultivate a lifestyle; a lifestyle cultivates a character; and character determines a person's destiny. Intoxication of any kind can become a habit (e.g., the addictive nature of marijuana), which then shapes a lifestyle—the typical drug indulging persona. This character/persona becomes a life that is greatly diminished in every way (e.g., spiritually, relationally, socially). Building up a character rooted in Christ is the only hope for those caught up in the lifestyle of this addiction (2 Cor. 5:16-17).<sup>53</sup> And it is in an authentic (vs. worldly) community/context/environment that a good character can be developed—the right context produces the right person, for “you cannot build a strong, good character without at the very same time being actively involved in significant community experiences.”<sup>54</sup> The issue then becomes, which community one identifies with: the drug-using-community or the spiritual community of God's people/the church—“The kind of character we have is therefore relative to the kind of community from which we inherit our primary symbols and practices.”<sup>55</sup> The person who is a chronic marijuana user must come out of the world and fully immerse in the Kingdom of God, where the maximizing of his/her life

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<sup>53</sup> Arterburn, Stephen & Stoop, David. *Understanding and Loving a Person with Alcohol or Drug Addiction* (Colorado Springs: David C. Cook, 2018), 91-92.

<sup>54</sup> David W. Gill, *Becoming Good: Building Moral Character* (Downers Grove, Illinois: InterVarsity Press, 2000), 43-61; see also, Stanley Hauerwas, *A Community of Character* (Notre Dame, Indiana: University of Notre Dame Press, 1981).

<sup>55</sup> Stanley Hauerwas, *Character and the Christian Life: A Study in Theological Ethics* (Notre Dame, Indiana: University of Notre Dame Press, 1985), 231.

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can take place (2 Cor. 6:14-18; Col. 1:13). People in the world are susceptible to the things of this world, including a synthetic or phony high, and without a moral/spiritual influence will they will mostly like succumb to the deception.

### Summary and Conclusion

The “fruits” of a lifestyle indulging in marijuana use are not good—risk of addiction, impaired short term memory, impaired motor coordination, altered judgment, paranoia, psychosis, altered brain development, alteration of a person’s aspirations, cognitive impairment, lowering of IQ, diminished life satisfaction, chronic bronchitis, and other health issues.<sup>56</sup> Marijuana destroys the brain, demotivates people, leads to inaction, wrecks a person’s health, wastes money on what is fruitless, and hinders a person from finding the effective emotional/spiritual/psychological tools to deal with the stresses of life in a sober way. It is the conviction of this writer that marijuana is a destructive and “phony-high” that leads to the destruction of an individual. The only purpose to smoke, vap, or ingest marijuana, apart for authentic and specific medical practices, is to get high, have “fun,” and/or deal with life’s stressors through entering into a “bliss,” which is quite temporary. The church must stand firm, point people away from this deception (Jn. 8:44), and point them to the authentic high—God Almighty.

It is urgent for the church to address this issue on a congregational level, for our young people are being destroyed by the culture’s liberalization, decriminalization of marijuana, and promoting the idea that it is a harmless substance (e.g., better than drinking alcohol argument).

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<sup>56</sup> Volkow, et al.

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We must engage this spiritual battle (Eph. 6:10-20), for well-being of humanity and especially for those in the “household” / “family of faith” (Gal. 6:10; 1 Tim. 3:15; 1 Pet. 2:17).

It is apparent that the use of medical marijuana, “greased the skids” to the legalization of marijuana and the promoted the idea that this substance was good for humanity. Throwing caution to the wind, we are starting to feel the effects of the whirlwind in this country, and it is not good (Hos. 8:7).

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