



What is Gunja?

Gunja is a drug that comes from the marijuana plant. It is known by different names such as yarndi, marijuana, pot, weed, hash, dope, cannabis, mull, grass, or skunk.

How do people use it?

Gunja is used as:

- ⦿ marijuana - the dried plant that is smoked in a joint or a bong
- ⦿ hashish - the dried plant resin that is usually mixed with tobacco and smoked or added to foods and baked, such as cookies and brownies
- ⦿ hash oil - liquid that is usually added to the tip of a cigarette and smoked.

Gunja can also come in a synthetic (man-made) form, which may be more harmful than real gunja.

What are the short term effects of gunja?

When smoked, the effects of gunja can be felt straight away. When eaten, it takes about an hour to feel the effects, which means it's easy to have too much.

Using gunja makes you 'high' or 'stoned'. The effects of gunja are different for everyone but can include:

- ⦿ feeling happy, talkative and less self-conscious
- ⦿ sleepiness
- ⦿ decreased nausea
- ⦿ feeling hungry
- ⦿ lack of coordination
- ⦿ feeling suspicious about other people (paranoia)
- ⦿ feeling anxious, nervous or afraid
- ⦿ red eyes
- ⦿ infections
- ⦿ dry mouth and throat.

Gunja affects your ability to react quickly and pay attention to the road which makes driving dangerous.

What are the long term effects of gunja?

Effects from using gunja regularly over a long time include:

- ⦿ increased risk of lung diseases associated with smoking (such as cancer)
- ⦿ increased risk of getting regular colds and flu
- ⦿ poor memory
- ⦿ not wanting to do things (lethargy)
- ⦿ lack of energy
- ⦿ no money for food and bills (because of the high cost of the gunja)
- ⦿ letting down family and community.

Gunja can lead to poor social and emotional health

Long term use of gunja can affect a person's social and emotional health. It can trigger psychosis and depression, or make a person's depression worse.

Psychosis

Sometimes people using gunja may experience psychosis. This means they might hear voices, see, taste or smell things that are not really there (hallucinations), or have beliefs that are not true (delusions). People may experience these symptoms after smoking a lot of gunja or after smoking more than what they are used to. Usually these symptoms go away when the person stops using gunja.

If a person uses gunja at a young age and they have a family history of mental illness, they are more at risk of developing schizophrenia (a form of psychosis). People with a family member who has schizophrenia should not use gunja. If a person already has schizophrenia using gunja can make it worse.

Depression

Regular use of gunja can make depression worse in people who already suffer from depression. People who use gunja have been shown to have higher levels of depression and depressive symptoms than those who do not use.



Dependence

Around one in ten people who try gunja will become dependent on it at some time in their lives. Dependence is where a person continues to use a drug even though the substance is causing them serious problems. They need to have more of the substance (e.g. gunja) to get the same effect. If they stop using, they have withdrawal symptoms (the physical and mental effects when the amount of the drug in the body falls.) People who use daily are most at risk.

Giving up gunja

If you want to give up gunja but have been using it regularly for a while, your body has to get used to working without it. Withdrawal symptoms may last for less than a week, but your sleep may be affected for longer.

Symptoms of withdrawal include:

- ⊙ anxiety
- ⊙ irritability
- ⊙ aggressive and angry behaviour
- ⊙ loss of appetite and upset stomach
- ⊙ sweating, chills and tremors
- ⊙ sleeping problems and nightmares.

If you want help or support the Cannabis Information and Helpline provides a national free call service for people who use gunja or who are worried about someone's use. Call: 1800 30 40 50

See also the Knowledge Centre listing of programs for Aboriginal and Torres Strait Islander people

References

- Anderson G, Healy A (2012) Cannabis. In: Lee K, Freeburn B, Ella S, Miller W, Perry J, Conigrave K, eds. Handbook for Aboriginal alcohol and drug work. Sydney: University of Sydney: 127-138
- Victorian Aboriginal Community Controlled Health Organisation and Australian Drug Foundation (2014) A guide to yarndi within our community. Melbourne: Victorian Aboriginal Community Controlled Health Organisation and Australian Drug Foundation
- National Cannabis Prevention and Information Centre (NCPIC) What is cannabis? Retrieved 2015 from <https://ndarc.med.unsw.edu.au/resource/cannabis>

© Australian Indigenous HealthInfoNet 2015. 

This product, excluding the Australian Indigenous HealthInfoNet logo, artwork, and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY-NC-ND 3.0 (CC BY-NC-ND 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. See example here <http://www.healthinfonet.ecu.edu.au/uploads/docs/cvd-review-2012.pdf> on the last page of the review.