

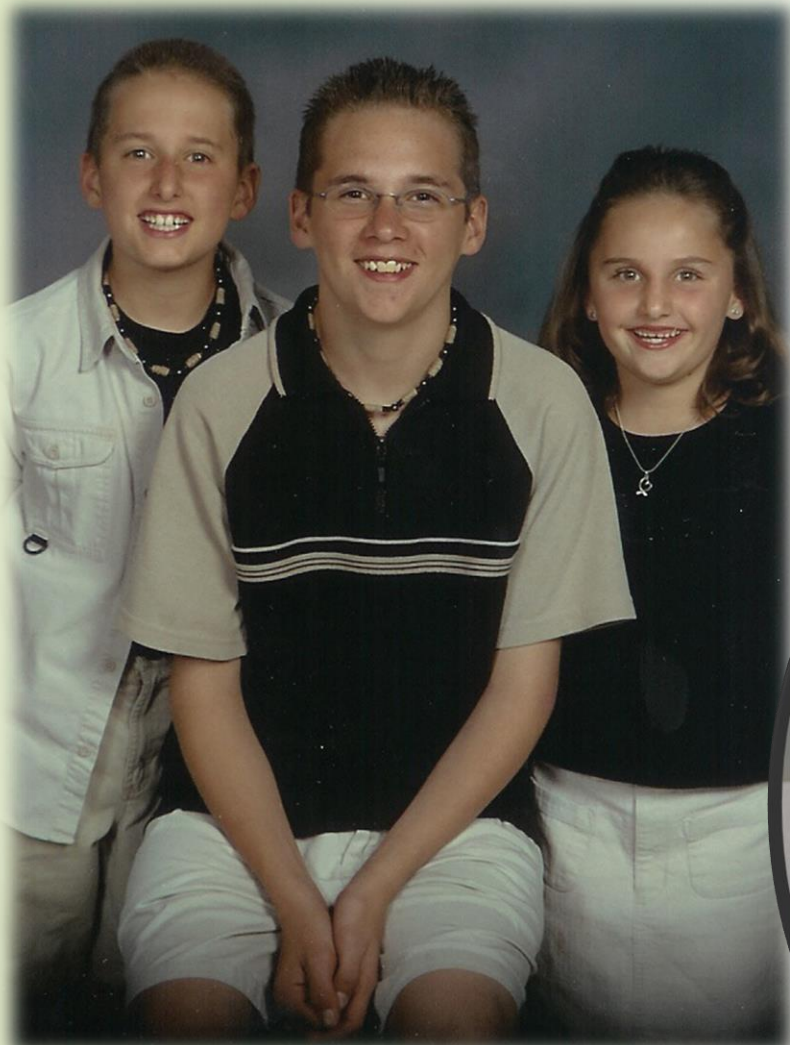


# What Every Parent Should Know About Today's Marijuana

By Jo McGuire  
[jo@jomcguire.org](mailto:jo@jomcguire.org)



## A Bit About Me .....







# 43% of kids say their parents are the most influential when it comes to drug messaging

- Communicate
- Explain drug use is unhealthy, unwise & not allowed
- Model healthy behaviors
- Social messaging impacts kids



<http://www.ncbi.nlm.nih.gov/pubmed/16228115>



# Perceptions of Risk



- ▶ When youth perceive that harm is decreased, their usage of substances typically increases
- ▶ 60% of high school seniors say that marijuana is not harmful

<http://www.monitoringthefuture.org//pubs/monographs/mtf-overview2013.pdf>

# Protective Factors

- ▶ Parental communication
  - ▶ Anti-Drug attitudes
- ▶ Academic success emphasis
  - ▶ Healthy expectations & study habits
- ▶ Positive peer relationships
  - ▶ Healthy, pro-social activities





# Why Do Kids Try Drugs?

- Curiosity
- Fitting in socially
- Coping mechanism
- Escape from reality
- Self-medication
- Modeled behaviors
- Pre-disposed to addiction



# It's Not Just "a Little Pot"

1969



**THC: 1-3%**

2019



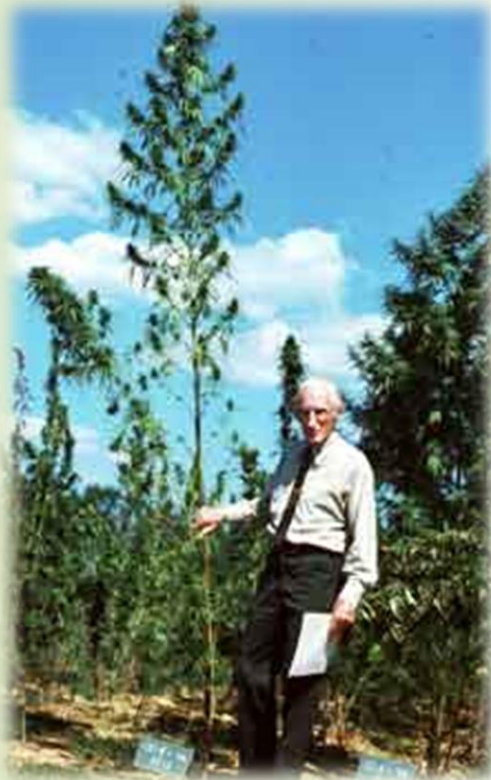
stonerdays.com

**THC: 16-99%**

First documented cases of Cannabis Dependence Disorder (addiction) at 5%



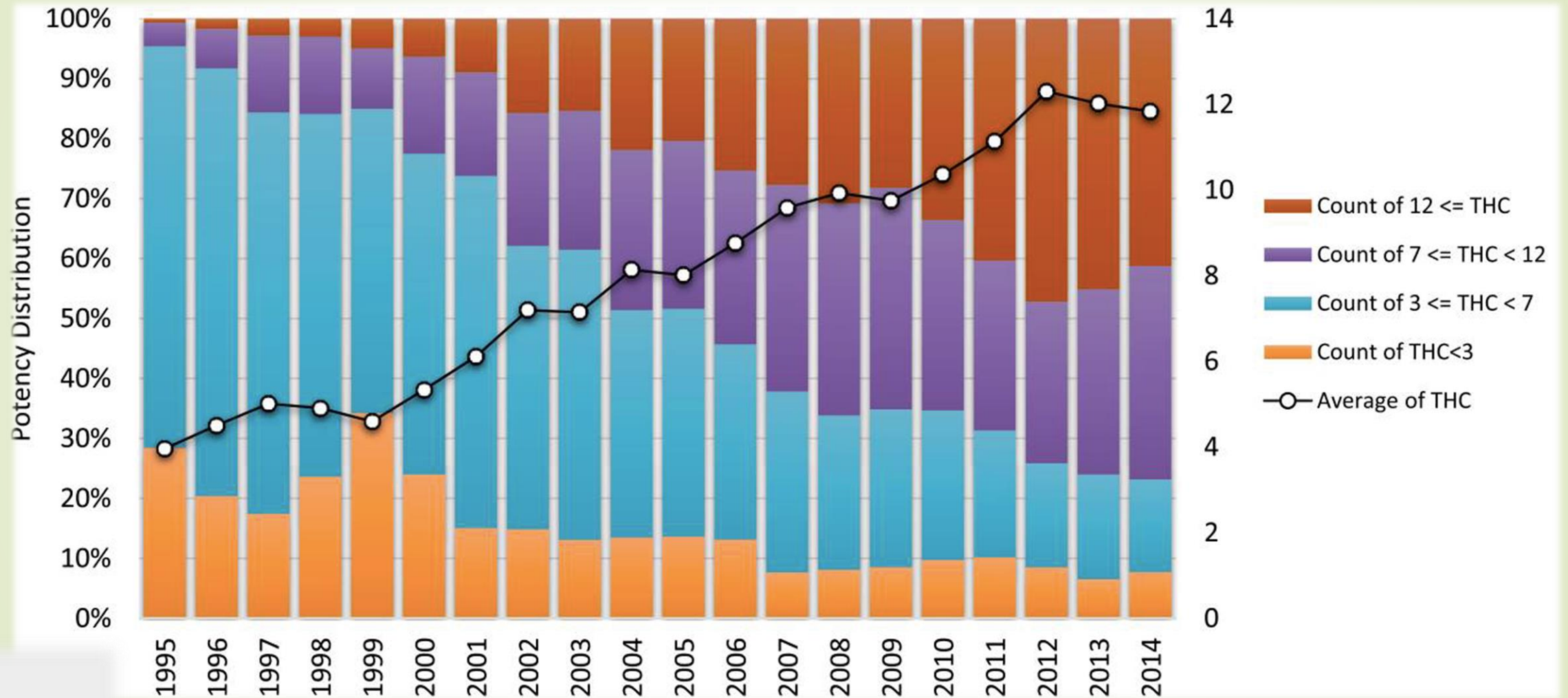
# It's Not Just a "Little Pot"



Cannabis plants – Circa 1970's

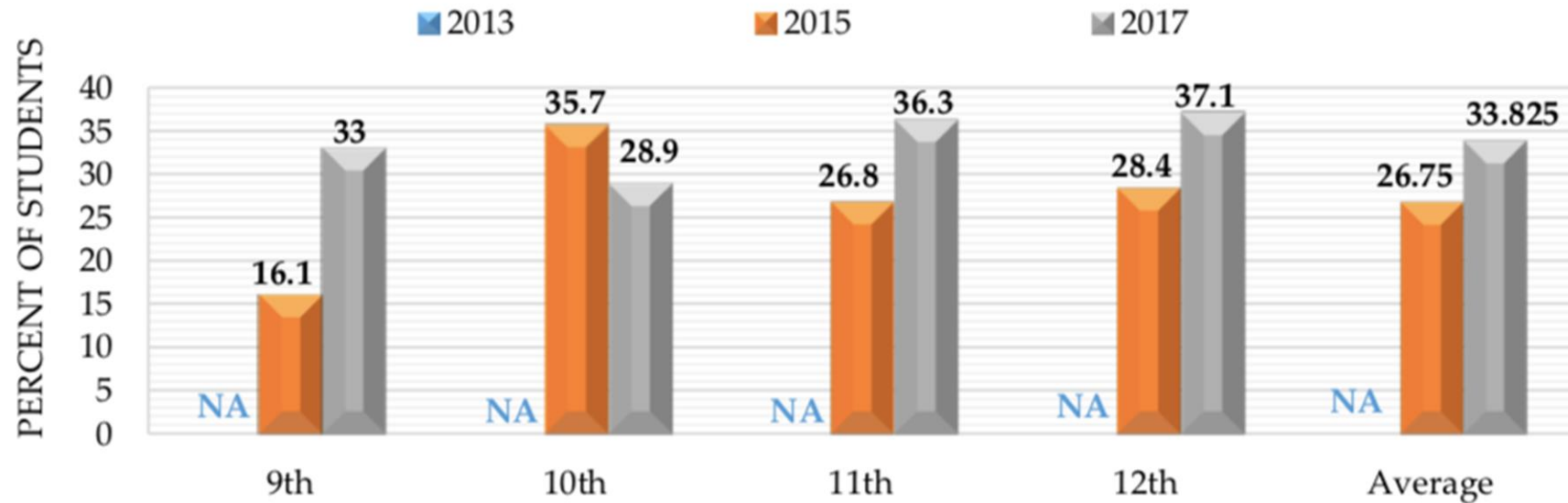
Today: 1 plant can produce 1 lb of pot  
per harvest (3-4 harvests per year)

# THC Potency





## Among Students Who Used Marijuana within the Past 30 days, the Percentage Who Dabbed\* it



\*Dabbing is the process of vaporizing concentrated marijuana, usually in the form of wax or resin, by placing it on a heated piece of metal and inhaling the vapors. Concentrated marijuana is known to often contain 70 percent or higher levels of THC, the psychoactive component of marijuana.

SOURCE: Colorado Department of Public Health and Environment, Healthy Kids Colorado Survey



*the*  
**Cannabist**







2018: Over 2 MILLION  
middle school and high  
school students admit  
they vape

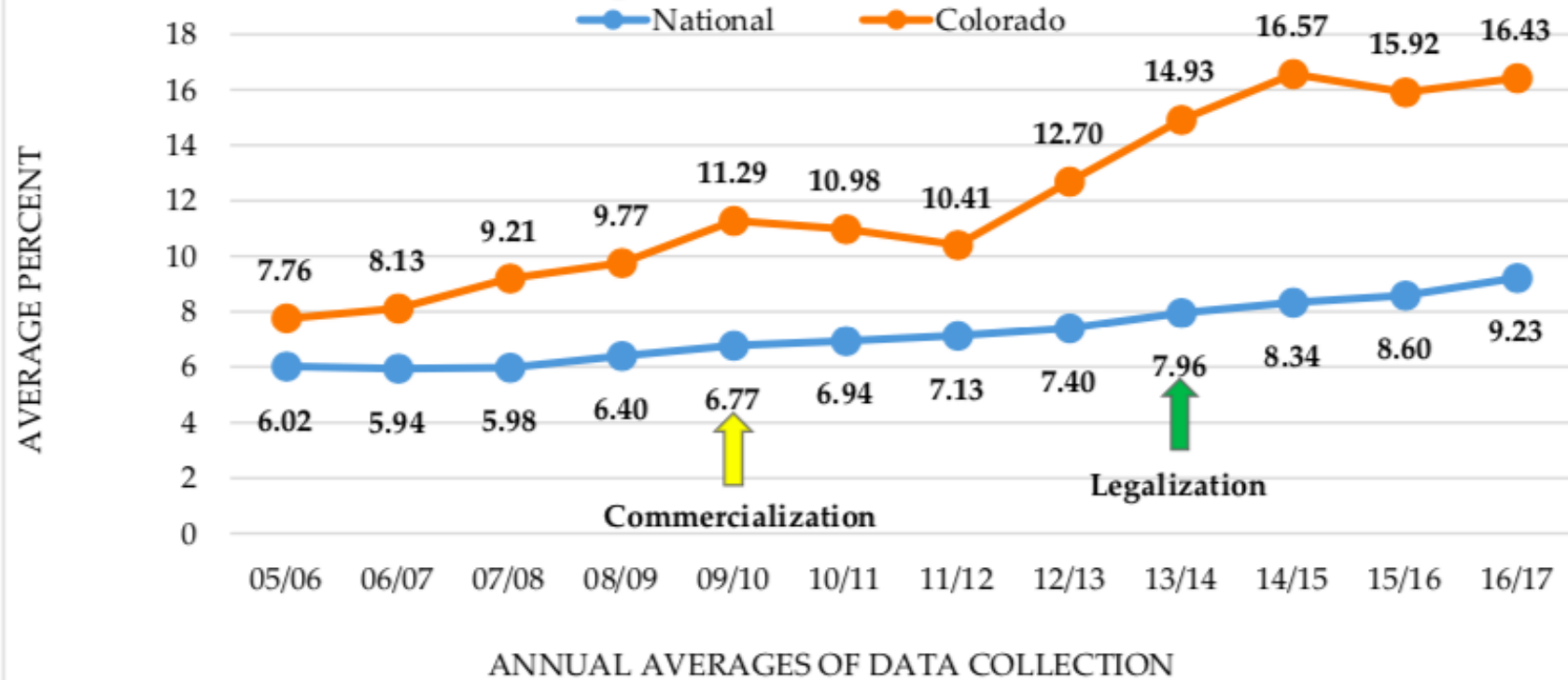








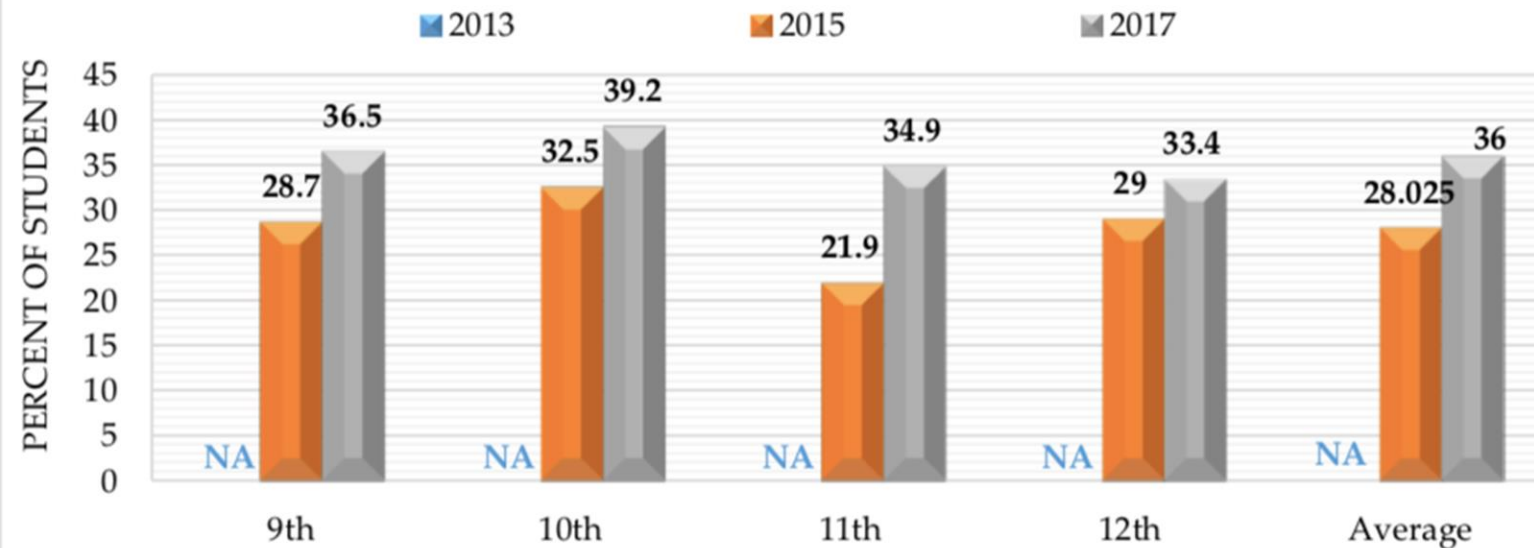
## Past Month Marijuana Use, Ages 12 and Older



SOURCE: SAMHSA.gov, National Survey on Drug Use and Health

- ❖ Colorado was 78% higher than the National average in 2016/2017

## Among Students who Used Marijuana within the Past 30 Days, the Percentage Who Ate\* it



\*Eating marijuana most commonly refers to edible products. Edible products contain marijuana concentrates and extracts that have been made for the use of being mixed with food or other products.

SOURCE: Colorado Department of Public Health and Environment, Healthy Kids Colorado Survey



# 2018 National Survey on Drug Use and Health

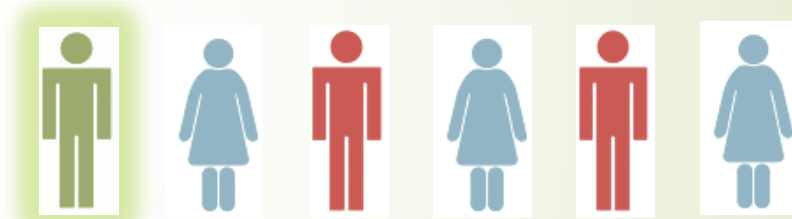
- ▶ 45,000 more teens are regularly using marijuana
- ▶ MJ users are more likely to abuse opioids than non-users
- ▶ Marijuana Use Disorder is increasing
- ▶ On average 8,400 Americans aged 12↑ tried MJ for the 1<sup>st</sup> time each day of 2018 (100/day increase over previous study)
- ▶ First time users are typically between 12-25 yoa
- ▶ Approx 4.4M people aged 12↑ had a MJ Use Disorder in the past year

U.S. NSDUH 2018 Survey Results: SAMHSA

# 1 in 6 Teens Become Addicted

Keeping in mind that this is based on THC content  
<12%:

1 in 10 adults and 1 in 6  
adolescents who try marijuana  
will become addicted



The adolescent brain is  
especially susceptible to  
marijuana use

When kids use, they have a  
greater chance of  
developing addiction

Wagner, F.A. & Anthony, J.C. , 2002; Giedd. J. N., 2004  
<http://www.drugabuse.gov/publications/research-reports/marijuana/marijuana-addictive>




# Association Between Level of Cannabis Use & Risk of Psychosis

- 571 references, 18 studies
- 66,816 individuals
- Higher levels of cannabis use were associated with increased risk for psychosis in all included studies
- Current evidence shows high levels of cannabis use increase risk of psychotic outcomes
- Confirms a dose-response relationship between the level of use and risk for psychosis



# First Episode of Psychosis Due to High Potency Cannabis Use

- 
- Daily use of high potency marijuana increases psychosis risk 5x
  - Weekend use nearly triples the risk
  - High potency marijuana use alone was responsible for 24% of psychosis cases

M. DiForti, et al., Proportion of patients in south London with first episode of psychosis attributable to use of high potency cannabis: a case control study. Lancet Psychiatry.

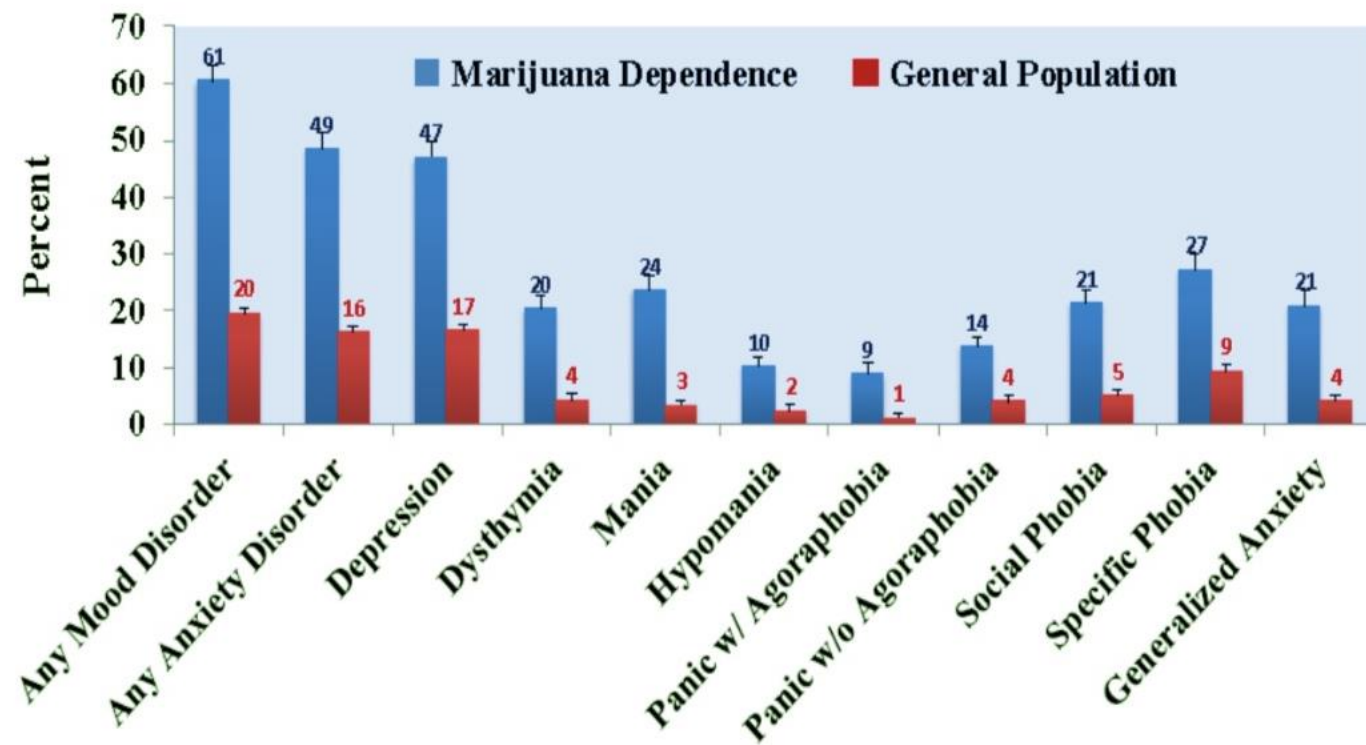
February 18, 2015 [www.thelancet.com/psychiatry](http://www.thelancet.com/psychiatry)



# Mood & Anxiety Disorders

## High Rates of Comorbid Mood & Anxiety Disorders Among Respondents with Marijuana Dependence (NESARC)

National Epidemiologic Survey on Alcohol & Related Conditions



# Cannabis Use and Risk of Prescription Opioid Use Disorder in the United States

Mark Olfson, M.D., M.P.H., Melanie M. Wall, Ph.D., Shang-Min Liu, M.S., Carlos Blanco, M.D., Ph.D.

**Objective:** The authors sought to determine whether cannabis use is associated with a change in the risk of incident nonmedical prescription opioid use and opioid use disorder at 3-year follow-up.

**Method:** The authors used logistic regression models to assess prospective associations between cannabis use at wave 1 (2001–2002) and nonmedical prescription opioid use and prescription opioid use disorder at wave 2 (2004–2005) of the National Epidemiologic Survey on Alcohol and Related Conditions. Corresponding analyses were performed among adults with moderate or more severe pain and with nonmedical opioid use at wave 1. Cannabis and prescription opioid use were measured with a structured interview (the Alcohol Use Disorder and Associated Disabilities Interview Schedule–DSM-IV version). Other covariates included age, sex, race/ethnicity, anxiety or mood disorders, family history of drug, alcohol, and behavioral problems, and, in opioid use disorder analyses, nonmedical opioid use.

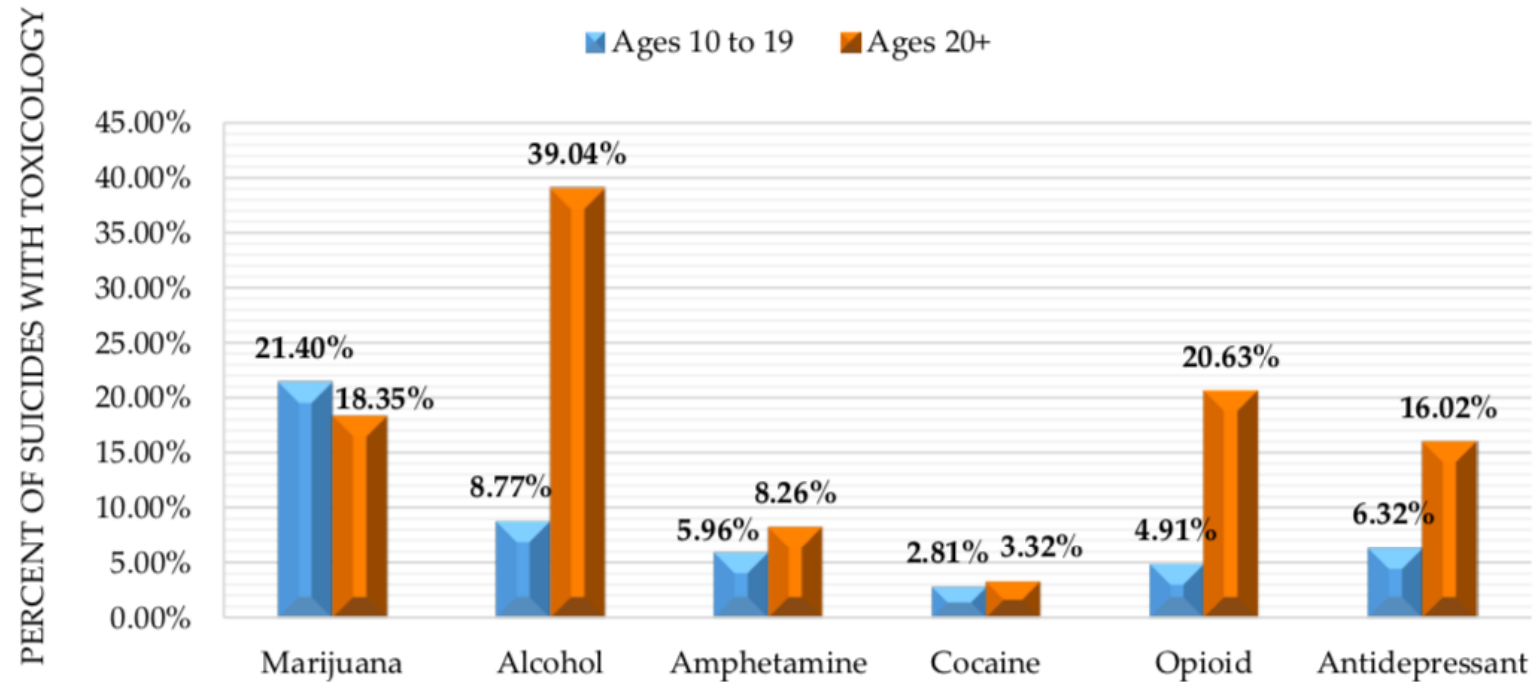
**Results:** In logistic regression models, cannabis use at wave 1 was associated with increased incident nonmedical prescription

opioid use (odds ratio=5.78, 95% CI=4.23–7.90) and opioid use disorder (odds ratio=7.76, 95% CI=4.95–12.16) at wave 2. These associations remained significant after adjustment for background characteristics (nonmedical opioid use: adjusted odds ratio=2.62, 95% CI=1.86–3.69; opioid use disorder: adjusted odds ratio=2.18, 95% CI=1.14–4.14). Among adults with pain at wave 1, cannabis use was also associated with increased incident nonmedical opioid use (adjusted odds ratio=2.99, 95% CI=1.63–5.47) at wave 2; it was also associated with increased incident prescription opioid use disorder, although the association fell short of significance (adjusted odds ratio=2.14, 95% CI=0.95–4.83). Among adults with nonmedical opioid use at wave 1, cannabis use was also associated with an increase in nonmedical opioid use (adjusted odds ratio=3.13, 95% CI=1.19–8.23).

**Conclusions:** Cannabis use appears to increase rather than decrease the risk of developing nonmedical prescription opioid use and opioid use disorder.

*AJP in Advance (doi: 10.1176/appi.ajp.2017.17040413)*

## Average Suicide Toxicology Results by Age Group, 2013-2017\*



\*The average percent was taken out of all suicides with toxicology results

SOURCE: Colorado Department of Public Health and Environment (CDPHE), Colorado Violent Death Reporting System





## MARIJUANA USE & EDUCATIONAL OUTCOMES

Studies show that marijuana interferes with attention, motivation, memory, and learning. Students who use marijuana regularly tend to get lower grades and are more likely to drop out of high school than those who don't use. Those who use it regularly may be functioning at a reduced intellectual level most or all of the time.

MOST MARIJUANA USE BEGINS IN  
**ADOLESCENCE**



**78%**

of the 2.4 million people who began using in the last year were aged 12 to 20.<sup>1</sup>

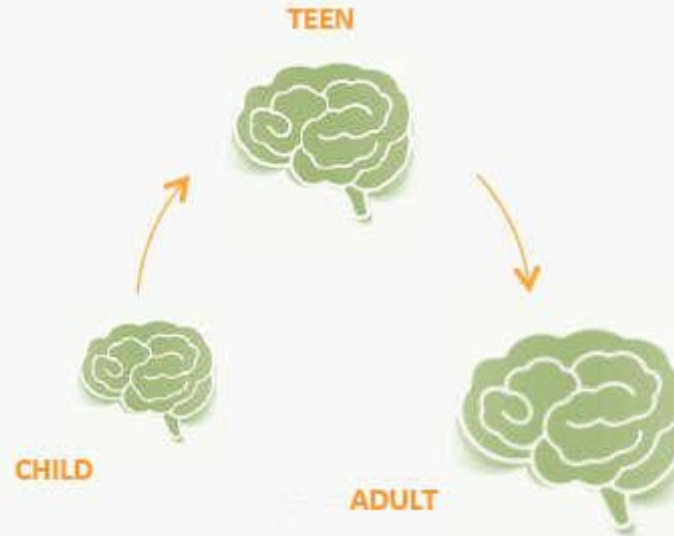
As perception of harm decreases...



**EVERY DAY,  
3,287 TEENS  
USE MARIJUANA  
FOR THE  
FIRST TIME<sup>1</sup>**

# MARIJUANA MAY HURT THE DEVELOPING TEEN BRAIN

The teen brain is **still developing** and it is especially vulnerable to drug use.



**↓ IQ**

Regular heavy marijuana use by teens can lead to an IQ drop of up to **8 points<sup>3</sup>**

## HEAVY MARIJUANA USE BY TEENS IS LINKED TO<sup>4</sup>:

### Educational Outcomes



**lower**  
grades and  
exam scores



**less likely**  
to graduate  
from HS or  
college



**less likely**  
to enroll in  
college

### Life Outcomes



**lower**  
satisfaction  
with life



**more**  
likely to be  
unemployed



**more likely** to  
earn a **lower**  
income





Some Things You  
Should Know  
About  
Drugs/Alcohol





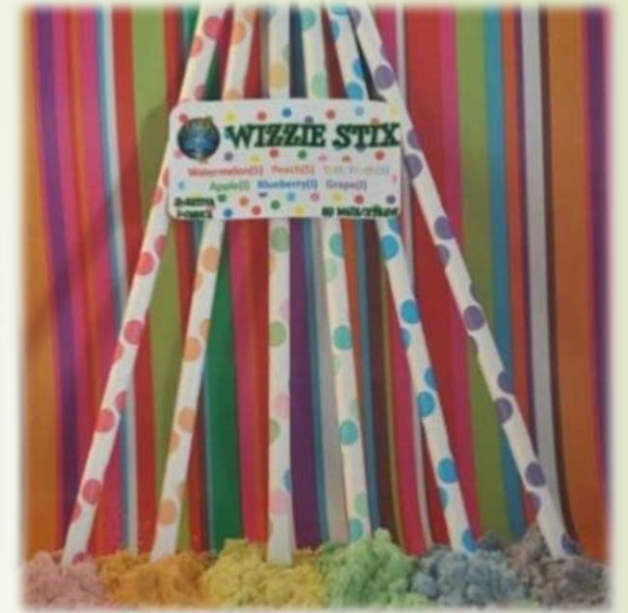


# Things to Think About in Colorado





# Marketing to Youth





# Marketing to Children

*Each year, 2/3 of new marijuana users are under the age of 18*



# Marketing to Youth







# Trending





# Trending



"But it's just a plant..."

(80-90% THC) Concentrates



"Green Crack" wax



"Ear Wax"



Butane Hash Oil (BHO)



Hash Oil Capsules



"Budder"



"Shatter"







# Have the Conversation

## DO

- Be intentional
- Look for opportunities
- Educate yourself
- Research credible sources

## DON'T

- Don't avoid
- Don't panic
- Don't "preach"
- Don't assume it's too early



# Start the Conversation Early

## Pre-school to Age 7

- Medication, antibiotics
  - Take by instructions
  - Store and dispose of properly
  - Stress the proper use and purpose
- Harmful drugs, cigarettes, alcohol, etc.
  - Remain calm
  - Stick to facts
  - Discuss harms & risks





# Continue the Conversation

## Ages 8-12

- ▶ Ask questions & listen
  - ▶ Find out what they think
  - ▶ Use open-ended questions
  - ▶ Remain non-judgmental
- ▶ Show them you are willing to talk about difficult topics, set a precedent
  - ▶ Make sure it's a safe space for them
- ▶ Watch for current events that open opportunities for more discussion
  - ▶ Always point out the negative consequences



# On-Going Conversation

## Age 13-17

- ▶ They will likely have peers who use drugs/alcohol
- ▶ They will likely have peers who drive
- ▶ Conversations should be specific – seek to hear & understand your child
- ▶ Talk about the dangers of driving under the influence of drugs or alcohol
- ▶ Talk about the legal issues, the dangers of injury, addiction and fatality
- ▶ Consider contracts with clear expectations & consequences







# Stay Engaged

- Talk about your teen's interests & listen
- Make small talk, the big things are often in the small things
- Be inquisitive, not accusatory
- Maintain an open-door policy
- Monitor media & communications



***Clearing the Haze, Helping Families Face Teen Addiction***

By Dr. Christian Thurstone and Christine Tatum



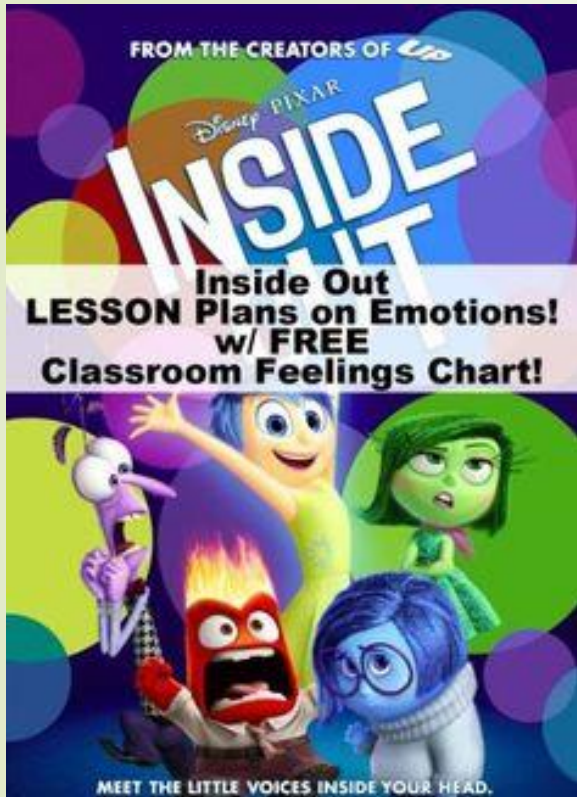
# Don't Just Assume You Know



- Your child's friends
- Friends' parents
- Friends of friends
- Social media contacts



# Teach & Model Healthy Coping Skills



www.copingskills4kids.net/Coping\_Skills\_\_Tools.html

## Coping Skills for Kids Brain Works Project

Home

For Pre-Teens

The Coping Brain

Coping Challenges

Coping Skills & Tools

For Parents & Educators

What Pre-Teens Say

Resources & Activities

Coping Skills Exercise

Brain Works Project

About The Project

Amazing Brain Facts

Frequently Asked ?S

Contact Us

### Coping Skills & Tools

[Introduction: Principles for Developing our Coping Ability](#)

[How Our Brain Helps Us Cope with Emotional Upsets](#)

- [Coping by Depending on Our Two Instinctive Brains](#)
- [Learning to Cope by Observing Others](#)
- [Learning to Cope by Trial and Error](#)
- [Learning to Use Coping Skills and Tools Through Education Programs](#)

#### Introduction: Principles for Developing our Coping Ability

The pre-teen years are the best time to learn these skills and begin to use simple, brain-based coping tools. During this time our brain is rapidly developing and our thinking ability becomes more like an adult. These skills and tools give us the power to control our stress and get over daily upsets. We learn coping skills like we learn math, English or music. Coping is like learning a new language. Many of the terms are quite simple to learn (see Resources & Activities), but only through practice can we improve our coping ability. Let's start by introducing some basic coping principles.



These principles are the same basic concepts that pre-teen students learn in Brain Works for Kids classroom education projects in grades 4, 5 and 6. Our ability to effectively cope with challenges and upsets requires learning and practicing skills so they become everyday coping tools. Just learning about these principles is not enough. Pre-teens need to use these skills and tools in times of stress. Coping skills become stronger the more we use them to overcome challenging experiences. Pre-teens are able to gain these skills now to prepare them for middle school life when we're more likely to be stressed, angry and sad due to normal brain changes during teenage years.

**Humans are born with instinctive coping IMPULSES, but we have to learn coping SKILLS.** All of us are born with strong survival brain instincts that help us to stay alive when we were helpless and totally depended on mother (and dad). While our reptilian and emotional brain coping impulses are pretty well

# Role Play Scenarios are Important

- Teach your children how to say “no”
- Let them participate and share ideas
- Give them the excuses they need to get out of a situation
- Practice role-playing – like fire drills – they’ll know what to do instead of panic
- Let them know they can call you **NO MATTER WHAT**
- What is the back-up plan?





# What if you Detect a Problem?

- ▶ Get help now, don't wait and hope it resolves itself ... addiction treatment has more success when early recognition and response takes place.
- ▶ Have your child evaluated by a Substance Abuse Professional.
- ▶ Cooperate with and complete the treatment plan your provider outlines.



# What if you Detect a Problem?

- Drug tests can serve as a deterrent and a great “excuse” for your kids to say “no” in peer-pressured situations.
- Make sure your child’s physician is aware of the substance use in order to avoid drug interactions that could cause serious side-effects.
- Brace yourself for the excuses, explanations and flawed reasoning your child presents for why, how, when and where. Don’t buy into it.







# What if you Detect a Problem?

- Consequences are learning opportunities
- Communicate with your child's friends, friend's parents, school staff, youth group, sports club, neighbors, family members or anyone else in your support network that can help assist with prevention, education & accountability for your child and his/her peers.
- Continue to educate yourself on latest trends, substances, fads & techniques. It is constantly changing.
- Remain watchful for signs & symptoms of any form of substance abuse. Take immediate action if evidence of usage presents itself.

# More Resources

[http://medicineabuseproject.org/assets/documents/parent\\_talk\\_kit.pdf](http://medicineabuseproject.org/assets/documents/parent_talk_kit.pdf)[www.drthurstone.com](http://www.drthurstone.com)

[www.choosehelp.com/teenagers/marijuana-use-15-signs-parents-need-to-watch-for](http://www.choosehelp.com/teenagers/marijuana-use-15-signs-parents-need-to-watch-for)

[www.abovetheinfluence.com/facts/drugsmarijuana](http://www.abovetheinfluence.com/facts/drugsmarijuana)

[www.justice.gov/dea/pubs/abuse/drug\\_data\\_sheets/Marijuana.pdf](http://www.justice.gov/dea/pubs/abuse/drug_data_sheets/Marijuana.pdf)

[www.nida.nih.gov/infofacts/marijuana.html](http://www.nida.nih.gov/infofacts/marijuana.html)

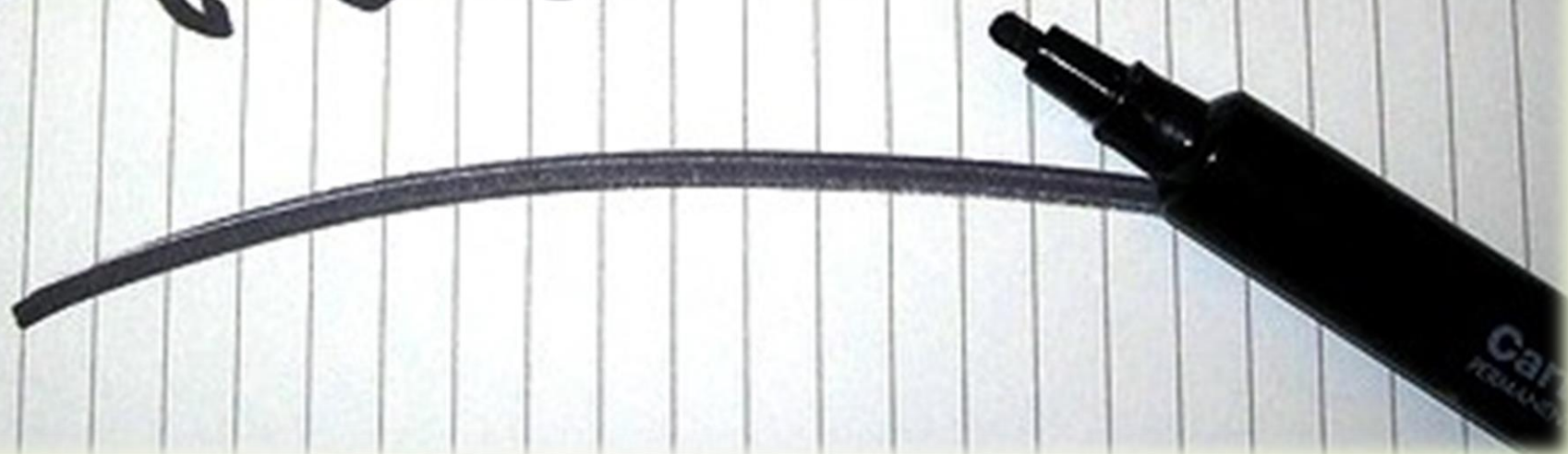
[www.drugabuse.gov](http://www.drugabuse.gov)

[www.oas.samhsa.gov/nhsda.htm](http://www.oas.samhsa.gov/nhsda.htm)





Questions?





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