

Motivating Parents to Prevent Teen Cannabis Use

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Introduction

This parent resource seeks to help parents address issues about cannabis they may face with their teenager. Parents may want to support their teenager's non-use of cannabis or to help the teen to reduce or stop using if use has already started.

Our goal of this resource is to help parents how to talk with your son or daughter about cannabis and its potential harms, and to offer you some effective ways to get your message across. Because what parent doesn't want to be heard by their teen? We will focus on that later, but first:

Who are we?

This resource was developed by a group of parents and a team of researchers. Over the last four decades, the researchers have studied how families get along well, what makes families struggle, and how to help them resolve their problems. The parents who contributed their knowledge and experiences came from many different backgrounds and had many different perspectives, but they all had one thing in common -- they wanted to know more. When talking with parents about how to talk to teens about cannabis in many different situations we kept hearing 'Its hard!' It sounds obvious but it's true. Communication is a difficult skill at any age and teens are hardwired to think about themselves in a way that adds to these challenges.

Exerting positive influence over your teen is something that doesn't come easy to most people. If teens everywhere just did what their parents told them to do there would be a lot of out-of-work family therapists in the world. But there is a way to reach your teen that works.

Below is a brief overview of the "chapters" of this resource. You are encouraged to use any individual chapter or all of them. We have ordered them in a way that is logical but you may prefer a different order.

1. How cannabis affects teen brains

A short video provides a foundation for what happens to the brain between the ages of 15 and 25. Answers to many questions are provided about why teens should not use cannabis.

2. What do we know? Addressing facts and myths

Claims about cannabis and what the research tells us. Research resources are provided.

3. How to talk to your teens about anything, *including* cannabis

How do you talk to your teen about things that are really important to you? This section explores effective ways to communicate and problem solve with teens.

4. Strategies to lower risk

Learn to be mindful of the impact you have on your teen. In this chapter we explore the ways that parent behavior sends unintended messages to teens.

5. Put it all together

Set the stage. Summary of keys and tips.

Chapter 1

Get the facts: What is known about brain development and cannabis

One important way in which they are not alike is in brain development.

Watch this 12-minute Ted Talk by Dr. Sarah-Jayne Blakemore with your teen.

<https://www.youtube.com/watch?v=6zVS8HIPUng&feature=youtu.be>

Below are main themes from the video that you can discuss with your teen.

Issue #1: Adolescence is a time of significant brain development

Many of your teenager's physical characteristics are fully or nearly fully developed by the late teenage years. For example, by age 16, most teens have reached their full height. But his or her brain is still developing in significant ways well into early adulthood. **Changes to healthy brain development that occur in adolescence in particular can have noticeable and lasting consequences** (<https://nida.nih.gov/research-topics/adolescent-brain>).



TEEN BRAIN

1. Prefrontal cortex, the **brain area** for planning, judgment, decision-making and personality, is still being formed. Teen cannabis use changed the shape, volume and gray matter density of two brain areas:

- the nucleus accumbens - important for motivation, experience of pleasure and reward
- the amygdala - important for memory, emotion and decision-making

Cannabis use on these mechanisms sets the stage for why teens seem more sensitive to the effects of repeated cannabis exposure

2. **Brain mechanisms** in charge of responding to cannabinoids, the mechanisms for thinking, handling stress, and emotional control is still developing
3. **Brain process** of "pruning", in which unused neural connections from childhood are "trimmed-down" and used connections are strengthened, happens during teen years
 - process is impaired by cannabis use
 - process is impaired by disrupted sleep

Regular cannabis use during adolescence led to 6 point drop in IQ



Starting younger and greater cannabis use increased the effects

Issue #2: The way the teen brain develops affects decision making

The prefrontal cortex region of the brain gives rise to decision making skills, such as showing judgement, comparing advantages vs disadvantages of behaving in a certain way, and how to address challenges and solve problems. Sometimes referred to as "the seat of sober second thought," the prefrontal cortex gives rise to the important functions of making decisions, planning ahead, and resisting temptations and controlling impulsive behavior. It is this region of the brain that matures more slowly than other parts of the brain. As Dr. Blakemore indicated, the slower maturing

prefrontal cortex can result in teen's being challenged when having to make decisions that involve delaying gratification or resisting impulses.

The way the teenage brain matures can lead to a teen taking risks in ways that he or she will not as an adult. One way to think about the teen brain is to think it's a "Nike" brain. A 'Just Do It' teen brain too often influences the teen to act abruptly and before thinking of consequences. Experimenting with and continuing to use cannabis can be "encouraged" by the teen brain's tendency to promote acting before thinking and to prioritize fun and excitement over negative consequences.

The pruning process makes the brain work more quickly and efficiently, thus streamlining brain activity and making it easier to learn. If regular cannabis use is introduced, this normal and healthy pruning process can be disrupted. The neural connections that are activated while using cannabis can become strengthened at the expense of overwhelming the normal pruning process. The result can be that the good brain connections important for a healthy brain are hijacked by the brain connections that favor continued cannabis use.

Issue #3: Using cannabis can harm brain development

Use of cannabis can harm the normal brain development process, which can negatively impact the teen's ability to learn. This is especially important in today's day and age. The marijuana of today is not the marijuana of the past. It certainly isn't Woodstock weed. The potency of marijuana on the streets and sold in dispensaries is typically more than 4x higher today than it was in the 1990s. Teens are using higher potency cannabis. Higher potency marijuana has an even more profound negative impact on young brains. Development is slowed and the risk for the user to get addicted is significantly increased



From South Park. The dad, Randy, explains why kids should not use pot.

Dad Randy Marsh: "The truth is marijuana probably isn't gonna make you kill people, and it most likely isn't gonna fund terrorism, but...Well son, pot makes you feel fine with being bored and...It's when you're bored that you should be learning some new skill or discovering some new science or...being creative. If you smoke pot you may grow up to find out that you aren't good at anything."

Teen Stan Marsh: I really, really wish you just would have told me that from the beginning.

Chapter 2 What do we know? Addressing facts and myths

Parents who contributed to this workshop reported a need for more information. The trouble is kids want honesty and there is a lot of conflicting information out there. These are some statements that our parents identified that might come up in a discussion about cannabis. Whether each myth is true or not may surprise you.”

1. “Cannabis is medicine”

Yes and No: Medical cannabis is approved in many states for numerous disorders and ailments, including for pain, sleep problems, multiple sclerosis, PTSD, and tic disorders. Yet these states have approved it for many disorders not approved by the Federal Drug Administration (FDA). The FDA has approved one drug, Epidiolex, for childhood seizure disorders. This drug primarily consists of CBD, the non-intoxicating part of the cannabis plant. The FDA has also approved synthetic THC (e.g., Marinol) for those with AIDS/HIV and nausea from cancer medicine.

Research is continuing to see how the compounds in cannabis can be a useful tool in the treatment other medical conditions. Even though not all cannabis use is medical, it can be for approved patients.

2. “Cannabis is not addictive”

False: Cannabis can be both physically and psychologically addictive like all other drugs of abuse. The intoxicating part of the cannabis plant, THC or Delta-9, stimulates the reward center of the brain in the same way that other addictive drugs do. Some who become addicted to cannabis experience withdrawals including, but not limited to, appetite loss, insomnia, mood swings, cravings, and depression.

Some people are more likely to become addicted to or dependent on cannabis based on biological and environmental factors. These factors include, the frequency with which they are using cannabis, the level of THC present, and how early in life the person initiates use. This last point is important: When cannabis use is initiated during the teen years, the risk of developing a cannabis problem is 4-5 times higher than if the person waited to initiate use later in life.

3. “It’s safer than alcohol”

Yes and no. Alcohol and cannabis can both cause harms but not always the same type. Whereas there are a number of deaths caused by acute alcohol poisoning (or overdose), there are no reports of a teen dying of cannabis acute overdose. But both alcohol and cannabis can harm brain development when used heavily. Both impair driving ability. Both can lead to addiction. And heavy use of cannabis has been linked to increase risk of psychosis, whereas this is not the case for alcohol.

4. “I am not smoking it – It’s safe because I’m vaping it.”

Not quite. Smoking anything is very bad for one’s health. Vaping may be relatively less harmful to a teen’s lungs because less toxins are ingested. But vaping products can be more unsafe when it enables the teen to easily use high potency cannabis.

5. “It’s legal in a lot of states.”

True: As of March 2024, many states (24) have legalized use of cannabis for those 21 years of age and older. An additional 23 states allow use of cannabis to some degree for medicinal purposes.

6. “It will not harm my developing brain.”

Not Quite. The evidence is moderate to strong that heavy use of high potency cannabis can disrupt brain development during adolescence. This emerging science points to potential negative impact on the teen’s learning, judgement, abilities to regulate emotions, and mental health (<https://nida.nih.gov/research-topics/adolescent-brain>).

7. “It makes me more creative.”

Perhaps. There are reports from some that using cannabis can promote making new ideas and novel ways of thinking about things. Whether or not someone is able to be more creative because of using cannabis may or may not be true.

8. “It makes me feel less anxious.”

Not likely: Cannabis use can make some people temporarily feel calmer, or as many like to say, “mellow.” But for many teens, repeated use of cannabis for “psychological relief”, creates more anxiety and difficulties coping. Plus, for some teens, regular use of cannabis may contribute to cannabis-induced psychosis and long-term psychosis. A person suffering from psychosis does not feel less anxious

9. “It’s natural” and therefore safe.

Not quite: It’s true that the cannabis plant can grow naturally in the wild. But that does not define the plant as safe. There are several other natural plants that are not good for you: poison ivy, poison oak, hemlock, rhubarb leaf, several wild mushrooms...the list goes on. The safety of cannabis is not determined just because it’s a natural plant. And some cannabis on the streets contains harmful contaminants.

Chapter 3

How to talk to your teen about anything, *including* cannabis

Good communication skills can help us say what we want to say and have the other person hear it the way we intended. That way, you and your teen both feel “heard” and appreciated. We review some specific communication strategies that will help you express your needs clearly and convey what behavior you want or expect in a way that leaves you and your teen both feeling respected.

Introduction to Communication Skills

“Parents and teens sometimes get stuck in their relationships as teens move into adolescence. Teens needs and goals change as they transition into a new developmental phase, with the focus more and

more on “identify formation” - who they are and how they distinguish themselves from the other people around them, particularly their parents.”

Parents are sometimes not ready for the different responses they get from their teen and efforts to “get things back on track” can lead to battles. If your own parents weren’t very good dealing with developmental changes, you may not be sure what to do or say. Some parents think they need to “put their foot down” and be even more firm with their teen, while others fear they need to “ease up” and avoid tension so they don’t become the “bad guy”.

Some families also get stuck when habits have formed that interfere with interactions and leave family members feeling distress. These behaviors – including blaming, being overly sensitive, needing to be right, inducing guilt, throwing out roadblocks to protect oneself – all can inhibit relationship happiness. How families get stuck doesn’t actually matter if families are willing to try out new strategies that can get them unstuck!

Communication Roadblocks

The examples below illustrate why being aware of what you say is so important when communicating. The opposite of listening, roadblocks are unintended barriers to communication. In this scenario a teen, having problems with homework and school, says to one of her/his parents:

Teen: *“I’m not doing that homework. I don’t get it. And I hate school. It’s boring. They teach you nothing useful for your life...just a bunch of junk. As soon as I can I’m going to quit. You don’t need to go to school to make money, anyway.”*

PARENT EXAMPLE RESPONSES

“No son of mine is going to quit school. I won’t allow it.”

“Quit school and you’ll get no more financial support from me.”

“Learning is the most rewarding experience anyone can have.”

“Why don’t you make a schedule for yourself to do your homework?”

“A college graduate earns over 50% more than a high school graduate.”

“You’re being shortsighted and your thinking shows immaturity.”

“You’ve always been a good student, with lots of potential.”

“You’re talking like one of those losers I’ve seen you with after school.”

TYPE OF ROADBLOCK

Ordering, Directing, Demanding

Warning, Threatening

Moralizing, Preaching

Advising, Offering Solutions

Using Logic, Teaching, Lecturing

Blaming, Criticizing, Put-Downs

Agreeing, Approving, Praising

Shaming, Name Calling, Ridiculing

Communication Building Blocks

There are three ways to support communication with your teens.

- Listening
- Nonverbal communication
- Verbal communication

Listening – Four Basic Skills

1.Passive listening or “silence”. An adolescent will find it difficult to talk to you about what is bothering him or her if you are doing most of the talking. "Silence is golden" certainly applies to effective parenting because passive listening is a strong nonverbal message that conveys:

“I accept your feelings.”

“I want to hear what you're saying.”

“I trust you to decide what you want to share with me.”

Passive listening encourages sharing of feelings and often leads to more information and deeper issues being revealed. On the other hand, silence is not enough to show you are really paying attention. When family members share a problem, they want more than silent listening!

2.Acknowledgment responses. A more helpful response, especially at pauses, is using nonverbal and verbal cues to indicate that you're actually tracking the other person's communication closely. Nodding, leaning forward, eye contact with a focused or serious facial expression, and other body movements used as appropriate signal attention. Verbal cues like "uh-huh" and "yeah" (humorously referred to as "empathic grunting") also tell family members that you're interested in having them go on and share more.

3.Invitations or “Door Openers”. At times, family members need more encouragement to talk about their feelings and problems, especially at the beginning of a discussion. Discussion starters or invitations to talk may be helpful:

“Would you like to talk about it?”

“I'm interested in hearing more about that.”

“How can I help?”

“Would you like to tell me more?”

These open-ended responses leave an opening for the other person to talk about any aspect of a problem. The family member is given the freedom to decide what it is he or she wants to share.

4.Active Listening. The most effective listening skill, active listening, is a verbal response with no actual message from the listener, but only mirrors or paraphrases the other person's previous message. In this way, the receiver of a message actively demonstrates that the sender's message is fully understood by "feeding back" the meaning of the message in the listener's own new words.

These responses often begin with:

“What I hear you saying is...”

“It sounds like...”

“So if I'm understanding you...[restate message]”

Nonverbal Communication

Nonverbal communication, sometimes called body language, plays a large part in the messages we relay to other people. While verbal communication consists of the actual words we use in messages, nonverbal communication refers to the way those words are conveyed. For example, during a job interview, one person might look down at the floor or off in the distance, fidget, cross their arms. A different person might look directly at the person being spoken to, sit “at ease” with arms at their sides. What very different messages might the nonverbal behavior of these two job applicants convey to the interviewer? Could the nonverbal behavior affect which applicant gets the job offer?

So nonverbal behaviors can help or mess-up communication with your teen, especially if your words say something different from your actions (like a “mixed message”). When the nonverbal communication confirms or fits the verbal message, then both sender and receiver can trust the message. When the verbal and nonverbal messages are inconsistent, however, the receiver does not know whether to believe the verbal or the nonverbal part of the message. This can lead to confusion or becoming cautious, disrupting communication and undermining good relations. For example, if you speak with an angry tone of voice, while claiming you are not angry, what effect will you have on your teen? Developing effective nonverbal behavior can increase the chances that your teen will respond positively.

The first step to effective nonverbal communication is timing. Make sure you pick a time that will enhance the conversation – after dinner, a weekend morning. If you choose a time when you are exhausted after a long work day or your teen is running out the door or in the middle of their favorite show, chances are the conversation won’t be well received. When you have identified an optimal time, try to be mindful of the following nonverbal aspects of communication.

| Nonverbal Communication Elements | |
|----------------------------------|--|
| Tone of Voice | Most important of all nonverbal messaging - keep your tone calm and relaxed. Use a warm, caring tone, even if you are not happy with your teen. Avoid a hesitating or depressed voice, a cold, superior, demanding voice, or a flippant, sarcastic tone that will elicit a negative response from your teen, no matter what words you use. |
| Posture | Relaxed, comfortable body positioned facing your teen. Your teen will recognize when you are relaxed, and they will not feel that you are afraid to talk with them. Avoid slouching, tightly crossed arms, being stiff or rigid. |
| Eye Contact | Look directly at your teen most of the time you are talking. Eye contact indicates to a person that you are following what is being said and that you are interested in conversing. Avoid wandering eyes, staring off at a distance, looking away from teen. |
| Facial Expression | Maintain a pleasant facial expression to keep conversation loose. Smile when saying something positive; keep a neutral expression when stating an expectation, giving feedback, or making a request. Avoid frowning, scowling, or disapproving looks. |
| Head Nods/Gestures | Nodding your head can let your teen know you agree or understand him/her. Keep hands open or quiet. Avoid fidgeting, bouncing you leg, playing with objects or other nervous gestures that distract from conversation. |
| Personal Space | Maintain a comfortable distance between you - not too far away and not too close. |

Verbal Communication

Explain that the next set of items on the handout is verbal skills that improve communication. Briefly cover verbally and by modeling the following nine skills by describing what they are and why they are useful communication tools. Throughout this discussion, provide “right” way and “wrong” way examples to illustrate each skill; you should be able to cover each one within a few minutes. However, in cases where the parent does not understand the communication skill or where they need definite improvement (the use of “I” messages with parent who is blaming), you may want to spend additional time discussing and role playing.

Explain the elements of good verbal communication:

Be specific. Messages that are specific and behaviorally descriptive leave little room for vagueness and potential misunderstanding. Use behavioral descriptions of problem behaviors and desired behaviors. Avoid using labels as a way to describe problem behavior (e.g., calling someone “irresponsible” or “lazy”) since this tends to be disrespectful and will upset the other person and block effective conversation. Give specific instances of what you mean.

Be brief. Short messages or statements (often 10 or fewer words) reduce to lose your teen. When parents are long-winded, like they are giving a lecture and bring up point after point. This results in confusion or inattention and, in some cases, even teens may become hostile and angry. These people must be taught (a) to give only one or two examples, (b) not to repeat points, and c) to monitor how long they’ve “had the floor.” Sometimes people go on and on because they get little or no acknowledgment from others that indicates they’re being understood. Hence, parents may be taught to paraphrase, empathize, and summarize.

Use “I” messages instead of “you” messages. “I” messages are a way of confronting other people without having a destructive effect, or without them having a very negative reaction... “I” messages communicate what the speaker is feeling and why. “You” messages focus on the receiver humiliation, whereas “I” messages promote clear communication of behaviors, emotions, and rationales. Here are some examples of “I” versus “you” messages.

| “I” Messages | “You” Messages |
|--|--|
| “I would like time to myself.” | “You never leave me alone.” |
| “I want you to pick me up from school on time.” | “Why can’t you ever pick me up on time?” |
| “I’d like to be able to tell my stories without interruption.” | “You’re always interrupting my stories!” |
| “I feel angry when the chores aren’t done by suppertime.” | “You aren’t doing your chores on time.” |
| “I would like for you to put your towel on the rack.” | “You left your towel on the floor this morning.” |
| | |

Use impact statements. Impact statements provide personal reactions that require no justification from the speaker or listener (e.g., “I feel...[state emotion], when you...[state behavior]”).

Be congruent. Messages should be consistent verbally and nonverbally (e.g., messages of caring should be conveyed in warm and genuine tones and body language, not sarcastic or negative tones). However, when communicating negative emotions, it is important to maintain a neutral tone.

After making a statement, check to see if your teen is listening. If you are not sure, for example, if your teen understood your point you would need to stop and ask her if she understood.

“What do you think about that?”

“Do you agree?”

“Am I making sense?”

You should remain silent even if the teen says nothing at first.

You should also allow the teen to finish speaking without interruption and show interest in the other person’s point of view.

This technique is far more effective than simply talking on and on. Asking questions involves the listener and checks for comprehension. The communication is no longer a monologue but has become more of a dialogue.

Stop and let your teen know when communication is breaking down and not working. When people get into arguments, each person has a particular position and may try to force it on the other. When that happens, communication can break down, and the discussion may need to be stopped temporarily (for a short time).

People in the conversation should also agree in advance that if even one person gives the appropriate signal the discussion will stop at this time. Finally, they need to set a time for continuing the discussion. If people signal each other before they get overly upset, they can usually resume, or start up the conversation within a few minutes. The sooner they can calmly talk about the problem the better. As a result, we recommend that the longest “cooling off” period be no more than a day. This last point is particularly important, since otherwise some people may use the call to stop a discussion as a way of avoiding the problem altogether.

Chapter 4

Strategies to lower risk

It is obvious that you care deeply about your teenager. Parents that have a great relationship with their teen has MORE influence than parents that don’t have a close relationship. The obvious up-side of this is that you can capitalize on your positive relationship to boost your teen’s ability to make healthy choices long into their future.

The down-side of this is that we are all human. No parent is a perfect model of behavior for their kids. Your behavior can either provide risk or protection regarding your teens likelihood of using cannabis.

See the table below of how certain parent behaviors related to alcohol use are associated with varying levels of risk.

Low risk = parent behaviors unlikely to influence teens and will have minimal impact on the teen regardless of the strength of the relationship.

High risk = parent behaviors likely to increase risk that the teens will use alcohol.

| | |
|---|---|
| Trying alcohol one time as an adult when your child was not around. | Extremely low risk. |
| Having a glass of champagne once a year on New Year's eave | Very low risk- low frequency behaviors are unlikely to have a high influence on teens |
| Having a glass of wine with dinner every day. | Some risk, this sends the message that drinking is ok in moderation. Many parents are fine with that level of risk though some are not. In family's where there is a history of alcoholism might see this as much more risky |
| Occasionally having multiple alcoholic drinks per day | Parents who occasionally have multiple drinks in a day send a more accepting message than parents who rarely drink. The frequency of a behavior boosts its impact. |
| Talking positively about drinking or the effects of alcohol (laughing about how drunk you were) | If you think it's funny or cool, chances are your teen does too. Though they will never admit it. |
| Drinking alcohol in coffee every morning- moderate to high risk | When your children are 2 they likely won't recognize alcohol containers but it doesn't take long for children to recognize when you consume something that is off limits to them. |
| Being noticeably impaired around children- high exposure risk | Not only does this send the message that it is ok to drink until intoxicated this could put your family's safety at risk |
| Passing out from intoxication when kids are not home- high risk | Even though in this situation the child is not directly witnessing a parent drinking enough to black out there are very likely signs that would elevate the exposure risk level- how many people get black out drunk and don't leave signs of excessive drinking around like alcohol containers or dish wear. Would the child see signs of impairment from alcohol withdrawal (a hangover)? |
| Passing out from intoxication when kids are home- extremely high risk | Parents who are asleep for much of the time when their kids are present and are unlikely to have a strong relationship with their kids |
| Not restricting access to alcohol | This one can change as your teen ages but it's advisable to be smart when it comes to access to alcohol. This may include locking up your alcohol. |

What about use of medical marijuana?

For parents who use cannabis to treat a medical condition it is important to be responsible about your prescribed medications. See the chart below for examples of high risk behaviors.

| | |
|--|---|
| Leaving prescription medications laying around the house | Not only is this dangerous for pets and visitors (especially those with little children). It can lead to teens thinking it's normal. Parents should consider whether they want their teens to identify situations containing unsecured medications as normal. |
| Being impaired by medication around your teen | Some medications can cause people to withdraw into themselves in a way that can negatively impact relationships. Parents sometimes lower the impact by adjusting the frequency or amount of their medication. |
| Cannabis is smoked/vaped in view of teen | Setting aside the risks of second hand smoke, using cannabis in front of your teen can lead to them wanting to emulate you. |
| Cannabis is kept out in common family areas | Having cannabis casually lying around can send an unintended message. You wouldn't leave prescription medications lying around. |
| Cannabis discussed as appropriate for adults and youth | This does not send a clear message about the importance that teens refrain from using. |
| Glorifying cannabis culture | This may contribute to a teen's perception that cannabis use is a healthy and normal habit. |

Chapter 5 Put it all together

In order to effectively communicate with your teen, you should set the stage for active listening. This means paying close attention to when and how you introduce the topic. Having a focused conversation with your teen will communicate how serious you are about any issue, you will be heard more if you are talking face to face than if you are chatting while watching tv. Make a plan for where you will have this conversation and what the circumstances will be.

Who are your allies for this conversation? Partner, parent/grandparent, trusted family friends or neighbors that have influence. Like minded fellow parents in a friend group?

Some suggestions:

- My partner and I will address this together
- I will address this with my teen one on one
- I will pick my teen up after school and take him/her to a park/café where we can talk.
- I will discuss this with my teen before bedtime
- I will discuss this with my teen and the rest of the family around the dinner table.

We've talked a lot about why you might want to encourage your teen not to use cannabis. One of the challenges parents face is knowing exactly what to say. How do you send a clear message to your teen about your expectations around cannabis while avoiding barriers to communication? While there is no single "right" answer to this question, you can create something that works for you by selecting from the dropdown lists.

Introduction: Why are you having this chat? Select a statement that you could open this conversation with. Look for an option that feels as natural as possible.

Select an introduction statement from the list

I want to talk to you about my expectations for your future.

I want to talk to you about something that is important to me.

I have some concerns that I want to share with you.

I want to share with you something I am learning more about.

I don't want you to use cannabis:

Select an intention statement from the list

It is not safe for you use now.

Using can lead to lifelong problems.

I hope when you are older and of legal age you still decide to not use.

The reason this is important to me is because:

Select a risk impact statement from the list

Your brain is still developing and exposing a healthy brain to cannabis can have lasting negative effects.

Cannabis can harm your ability to learn

Cannabis can make you less safe while driving a car

Early cannabis use can increase your risk of becoming addicted

Cannabis use can increase your risk for mental illness

Cannabis use during adolescence can decrease your ability to learn and to do well in school

Use of high potency increases risk of harms to your health and well-being

I want to be honest with you about my history/choices/needs

Select a personal connection statement from the list

I used cannabis in the past but I regret it.

I don't use cannabis.

I have learned to enjoy life by not using.

I want to talk more about this:

Select a follow up invitation from the list

What questions do you have for me?

What are your concerns about cannabis?

When do you want to talk about this again?

One More

What to do if you think your teen is abusing cannabis and may need help?

We suggest you contact Aleah Montano (aleah@ori.org). She can introduce you to a free web-based resource, *ASPIRE*, that your teen can self-administer. This resource provides tips and strategies to deal with negative emotions and to strengthen coping skills.