

WHAT PARENTS CAN DO

Strengthen Your Parent-Child Bond

A strong parent-child bond is one of the best protective factors against teen marijuana use.

- **Create** opportunities for your teen to contribute to the family in meaningful ways and show appreciation for their efforts
- **Schedule** one-on-one time with your teen every week to show them they are valuable.
- **Tell** your teen about your own past successes, failures and obstacles you have overcome.
- **Listen** more and listen respectfully. Ask your teen for their perspective on controversial topics or thought-provoking life decisions.

Strengthen Your Teen's Goals and Skills

Youth pursuing meaningful goals are far less likely to limit their future with marijuana.

- **Help** your teen identify their dreams, prioritize their goals and reach them!
- **Actively help** your teen build study skills. If needed, secure academic support for them.
- **Teach** skills your teen needs for their growing responsibilities at home and in the community.

Talk About Marijuana and Enforce Rules

Your influence means more than you might think!

- **Explain** the negative outcomes of marijuana and why you want your teen to abstain.
- **Help** your teen plan ahead for peer pressure.
- **Establish** clear expectations. Discuss rules and enforce consequences.
- **Repeat** these conversations often.

RESOURCES & REFERENCES

Resources

Central Michigan 211

Call 2-1-1 or
www.centralmichigan211.org

Child and Family Charities

(517) 882-4000
<http://www.childandfamily.org/>

Community Mental Health Clinton-Eaton-Ingham

1-888-800-1559 or (517) 346-8318
<http://ceicmh.org/services/access>

Eaton Behavioral Health

CHOICES Early Intervention Program for Teens and Parents
(517) 543-2580
<https://www.barryeatonhealth.org/health-services/substance-use-treatment-and-recovery>

References

Office of National Drug Control Policy:

Answers to Frequently Asked Questions about Marijuana
<https://obamawhitehouse.archives.gov/ondcp/frequently-asked-questions-and-facts-about-marijuana>

National Institute on Drug Abuse:

DrugFast: Marijuana
www.DrugAbuse.gov/publications/drugfacts/marijuana

Colorado Department of Education:

**Understand the BIG Deal:
How Marijuana Harms Youth**
www.cde.state.co.us/sites/default/files/documents/dropoutprevention/resources/how_marijuana_harms_youth_brochure.pdf

Just Think Twice:

The Facts About Marijuana Concentrates
www.justthinktwice.com/facts-about-marijuana-concentrates

Speak Now Colorado:

Age-Based Tips for Talking with Teens
www.SpeakNowColorado.org/speak-now-heres-how/

Good to Know Colorado:

Marijuana Basics and How to Talk with your Teen
www.GoodToKnowColorado.com/talk/

Colorado Department of Revenue:

Marijuana Equivalency in Portion and Dosage
https://smartcolorado.org/wp-content/uploads/2015/10/MED-Equivalency_Final-09102015.pdf

Department of Health Care Services:

CalOMS Treatment 2013-2014 Data
www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx

Center for Substance Abuse Research:

Six-State Study Finds Drugs Other Than Alcohol Increasingly Detected in Fatally Injured Drivers
www.cesar.umd.edu/cesar/cesarfax/vol23/23-06.pdf



MARIJUANA PARENT UPDATE

1

The teen brain responds differently to marijuana than the adult brain.

Because adolescence is a time of rapid brain growth, regular use can cause long-term damage to developing structures.

2

This is not yesterday's marijuana.

Many versions of marijuana sold today are significantly more potent and potentially damaging to the teenage brain.

THE TEEN BRAIN RESPONDS DIFFERENTLY TO MARIJUANA THAN THE ADULT BRAIN

A Time of Rapid Growth

One of the periods of rapid growth for the human brain is between ages 12 and 25. This is a crucial period that determines the structure and future functioning of the adult brain. Marijuana use during these years can **impede brain growth and alter brain structures**. A major study found a drop of up to 8 IQ points that lasts into adulthood for youth who use marijuana regularly as teenagers.

A Time of Vulnerability to Damage

Brain imaging scans show that structural changes caused by regular marijuana use in the adolescent years remain in the brain for years after use is discontinued. Affected structures include those responsible for:

- Planning ahead
- Creating memories
- Regulating emotions
- Processing motivation/pleasure/rewards

A Time of Increased Risk

Research finds that about **1 in 11 adults and 1 in 6 youth who use marijuana become dependent**, and around 1 in 3 develop some form of problem use. Earlier use is linked to greater risk of dependence on marijuana and other drugs.

Marijuana use can lead to many dangers, including:

- Impaired decision-making
- Risky driving and poor motor control
- Increased risk of schizophrenia, psychosis and mental illness in some people
- Respiratory illness and increased heart rate
- Accident-related deaths or injury

THIS IS NOT YESTERDAY'S MARIJUANA

Marijuana producers have developed new strategies to create products that deliver higher levels of tetrahydrocannabinol (THC), the primary psychoactive component of marijuana.

- In the early 1990s, the average THC potency was about 3%. Today's smoked marijuana averages about 11% THC potency, ranging from 8-22% potency.
- THC potency in medical grade marijuana often reaches 35%.
- Marijuana products (like edibles) and concentrates contain extremely high THC levels of 40-80%, and THC potencies as high as 95% have been measured. These dangerously strong levels increase the risk of dependence and damage to the teenage brain.

Eaton Rapids School District Data on Marijuana from the 2016 Michigan Profile for Health Youth Survey

Eaton Rapids students who reported using marijuana in the past 30 days:

- 14% of 11th graders
- 10% of 9th graders (higher than county level rates)
- 4% of 7th graders (higher than county level rates)

Eaton Rapids students who reported that marijuana is sort of easy or very easy to get:

- 51% of 11th graders
- 34% of 9th graders
- 9% of 7th graders

Marijuana is **not harmless**.

- Marijuana was involved in more than 461,000 emergency room visits in the U.S. in 2010.
- 872,000 Americans aged 12 and older received treatment for marijuana use in 2011.
- The rate of fatally injured drivers who tested positive for marijuana has tripled in the last two decades.

CURRENT FORMS OF MARIJUANA

For more information about the marijuana forms in this section, please NIDA's DrugFacts sheets:

www.drugabuse.gov/publications/finder/t/160/DrugFacts

Edibles and Pills

These include snacks, candies, drinks or capsules infused with THC, sometimes at high levels. Psychoactive effects may not begin for 30 minutes to 2 hours after consuming. Due to the delayed high, users may over-consume. The high progressively increases in intensity, lasts longer than effects from smoking the drug, and may result in more side effects. Edibles packaging may resemble familiar brands to appeal to youth.

E-cigarettes/Vape Pens

These are battery-operated devices resembling cigarettes, pens, asthma inhalers, USB memory sticks or other objects. They deliver nicotine or THC with virtually no odor or smoke, emitting secondhand vapor. They can be refilled with hash oil or wax.

Butane Hash/Honey Oil/Wax/Earwax

These are concentrated forms of marijuana that resemble honey or wax and contain 40% to 80% THC. These products are often smoked using e-cigarettes or vape pens. Shatter is a refined hash oil containing 90% THC or more.

Spice/K2/Purple Haze

This synthetic form of marijuana is made from dried plant material sprayed with chemicals that imitate the psychoactive effects of marijuana. It can cause serious mental and physical health problems including rapid heart rate, vomiting, violent behavior, and suicidal thoughts.