

What Parents Can Do

Strengthen Your Parent-Child Bond

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

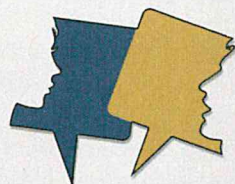
Strengthen Your Teen's Goals and Skills

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

- **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 Cannabis and Enforce Rules

Your influence means more than you might think!



- **Explain** the negative outcomes of cannabis 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 and References

County Resources

Marin Prevention Network
www.marinpreventionnetwork.org

Prevention Coordinator | County of Marin
415-473-4230
www.marinhhs.org/su-prevention

References

1. *Office of National Drug Control Policy: Answers to Frequently Asked Questions about Marijuana*
<https://www.whitehouse.gov/ondcp/frequently-asked-questions-and-facts-about-marijuana>
2. *National Institute on Drug Abuse: DrugFacts: Marijuana*
DrugAbuse.gov/publications/drugfacts/marijuana
3. *Colorado Department of Education: Understand the BIG Deal: How Marijuana Harms Youth*
https://www.cde.state.co.us/sites/default/files/documents/dropout-prevention/resources/how_marijuana_harms_youth_brochure.pdf
4. *Just Think Twice: The Facts About Marijuana Concentrates*
<https://www.justthinktwice.com/facts-about-marijuana-concentrates>
5. *Speak Now Colorado: Age-Based Tips for Talking with Teens*
SpeakNowColorado.org/speak-now-heres-how/
6. *Good to Know Colorado: Marijuana Basics and How to Talk with your Teen*
GoodToKnowColorado.com/talk/
7. *Colorado Department of Revenue: Marijuana Equivalency in Portion and Dosage*
http://smartcolorado.org/wp-content/uploads/2015/10/MED-Equivalency_Final-08102015.pdf
8. *Department of Health Care Services: CalOMS Treatment 2013-2014 Data*
<http://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx>
9. *Center for Substance Abuse Research: Six-State Study Finds Drugs Other Than Alcohol Increasingly Detected in Fatally Injured Drivers*
<http://www.cesar.umd.edu/cesar/cesarfax/vol23/23-06.pdf>

Cannabis Parent Update

1 The teen brain responds differently to cannabis 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 cannabis.

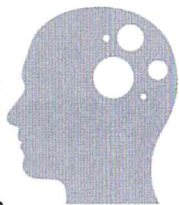
Many versions of cannabis sold today are significantly more potent and potentially damaging to the teenage brain.



The Teen Brain Responds Differently to Cannabis than the Adult Brain

A Time of Rapid Growth

One of the periods of rapid growth for the human brain is ages 12 to 25. This is a crucial period that determines the structure and future functioning of the adult brain. Cannabis 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 that use regularly as teenagers.¹



A Time of Vulnerability to Damage

Brain imaging scans show that structural changes caused by regular cannabis 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 cannabis become dependent, and around 1 in 3 develop some form of problem use.¹ Earlier use is linked to greater risk of dependence on cannabis and other drugs.

Cannabis use can lead to many dangers, including:²

- 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 Cannabis

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

- In the early 1990s, the average THC potency was about 3%. Today's smoked cannabis averages about 11% THC potency, ranging from 8-22% potency.^{1,7}
- THC potency in medical grade cannabis often reaches 35%.³
- Cannabis products 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.^{4,7}

In Tamalpais Union High School District, 36% of 11th graders and 18% of 9th graders reported using marijuana in the past 30 days.

(California Healthy Kids Survey 2015/16)

Cannabis is **not** harmless.

- Cannabis was involved in more than 461,000 emergency room visits in the U.S. in 2010.¹
- 872,000 Americans aged 12 and older received treatment for cannabis use in 2011.¹ In California, cannabis is the number one identified substance for adolescent treatment admissions.⁸
- The rate of fatally injured drivers who tested positive for cannabis has tripled in the last two decades.⁹

Current Forms of Cannabis

For more information about the cannabis forms in this section, please see NIDA's DrugFacts sheets: <https://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 cannabis 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 cannabis is made from dried plant material sprayed with chemicals that imitate the psychoactive effects of cannabis. It can cause serious mental and physical health problems including rapid heart rate, vomiting, violent behavior, and suicidal thoughts.

