

IN SIGHT for Oregon Lawyers and Judges

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MARIJUANA: WHAT PARENTS NEED TO KNOW

Many today consider marijuana to be a long-maligned and essentially harmless drug whose time of public acceptance is long overdue. Others view it as a psychoactive substance whose decriminalization and legalization pose significant health risks and send an entirely wrong message to our nation's youth regarding the use of mind-altering drugs.

Today, for the first time, more Americans favor the legalization of marijuana than oppose it. Much of the shift in public opinion has occurred in just the last few years. Despite evolving public opinion, one thing nearly everyone does agree on is that recreational use of marijuana may be particularly harmful to adolescents and that parents must be alert to the risks posed and proactive in how they respond.

Adolescent Use

Adolescent marijuana use has increased significantly in the U.S. in just the last decade.

- Among illicit drugs, marijuana is the most commonly used substance by adolescents and adults alike.

- By the time they graduate from high school, nearly half (46%) of all teens today will have tried marijuana at least once.

- In 2013, 23% of high school seniors were marijuana users; 6.5% were daily users.

- Adolescent use of marijuana is known to be directly related to how safe they perceive the drug to be. Their perception of the risks has steeply declined since 2000, despite increasing scientific evidence that use during the teen years can be particularly problematic, significantly

affecting health and well-being in later years. (Nearly 70% of all Americans believe alcohol is more harmful to a person's health than marijuana.)

The Three Myths

Adolescents typically believe three myths about marijuana that often reinforce their regular use of the drug: Marijuana (1) is harmless, (2) is not addictive, and (3) has no withdrawal symptoms when stopped.

Harmfulness

Two of the primary harmfulness questions are: Does marijuana harm the adolescent brain? Does regular marijuana use by adolescents affect current and future health and well-being?

The human brain develops in stages and at different rates. It is not fully developed until around age 25. Quite literally, the brain is under construction during adolescence. Regular or heavy marijuana use during these developmental years is believed to cause potentially lasting harm to the brain. A recent major long-term marijuana study tested participants' IQs before their first use of marijuana and again after long-term use. It found:

- An average 8-point drop in IQ between the ages of 13 and 38 among those who used marijuana heavily during their teens and continued such use through adulthood.

- The younger participants were when they started using marijuana, the greater the IQ decline.

- This cognitive decline was considered permanent; stopping use did not improve IQ.

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- There was no IQ decline among participants who never used marijuana.

Prolonged early use of marijuana has also been linked to depression, anxiety, and suicidal thoughts among teens. Additionally, long-term use is believed to cause physical changes in the brain, slowing activity in those structures that facilitate memory, focus, learning, concentration, motivation, and mood stability.

Some short-term effects of adolescent use often include:

- Impairments in memory, learning skills, and problem-solving and reduced academic achievement.
- Adverse reactions such as panic, anxiety, fear, or distrust, often a consequence of amounts consumed, high THC potency, or low tolerance.
- Psychosis, including paranoia, delusions, and loss of sense of personal identity.

Addictiveness

Contrary to popular belief, marijuana can be addictive in the same way other drugs can be addictive. According to the National Institute on Drug Abuse, current addiction rate estimates are:

- 9% of those who use marijuana at least once become addicted.
- 17% of those marijuana users starting in their teens become addicted.
- 25%-50% of daily marijuana users become addicted.

Marijuana accounts for 75% of substance abuse treatment admissions for youth between ages 12 and 17. The earlier in life a teen starts using marijuana, the greater the chances he/she will become addicted.

Withdrawal

Cannabis withdrawal syndrome is a medically recognized condition with specifically defined criteria that can include irritability, aggressiveness, anxiety, nervousness, sleep difficulty, decreased appetite, weight loss, restlessness, depressed mood, and a variety of physical symptoms that can include stomach pain, shakiness, sweating, fever, chills, or headaches. These conditions typically last a couple of weeks following last use. They do not pose any significant health threats but do account for why many adolescents return to using marijuana to avoid the discomfort of abstinence.

Potency

The concentrations of THC (the primary psychoactive ingredient in marijuana) determine its potency. In 1972, the average THC potency was less than 1%. That rose to 3%-4% in the 1990s and is currently 13%-15%. Some strains today contain over 30% THC. Today's higher concentrations mean:

- Greater chance of adverse or unpredictable physical and psychological reactions.
- Greater risk for addiction, due to the fact that, with regular use, teens are exposed to progressively higher doses and may thus experience an increased tolerance for the drug.
- Greater risk of dangerous behavior, such as intoxicated driving.

Signs of Adolescent Marijuana Use

Parents need to be vigilant, especially in regard to changes in their teen's habits, behaviors, relationships, academics, and interests:

- Mood, disposition, appearance changes.
- Family and social relationship changes.
- School grades and attendance changes.
- Loss of interest in areas of previous interest.
- Changes in eating and sleeping habits.
- Other red flags include forgetfulness, presence of drug paraphernalia, and strange-smelling clothes or bedroom.

Some Other Things to Know

- **Synthetic marijuana.** This term refers to a variety of mixtures of dried plant material sprayed with potentially dangerous chemical additives, the consumption of which is intended to simulate marijuana use. The chemicals (some illegal, some not) can produce unpredictable and potentially dangerous side effects. These products are often marketed as "safe," "natural," and legal alternatives to marijuana. They are commonly sold under names such as "Spice," "K2," "Yucatan Fire," and "fake weed." Synthetic marijuana can be purchased in some convenience stores, gas stations, head shops, and on the Internet. After marijuana, it is the second most widely used class of illicit drugs among 12th graders.

- **Edibles.** While smoking is the most common way to use marijuana, it can also be ingested via food items, aka "edibles," such as brownies, cookies, candies, and drinks. Consuming edibles typically results in a slower absorption process. THC levels in the body tend to be

lower, but the effects last longer. THC potency levels can be harder to control and consumption can be risky, occasionally resulting in ER visits.

Tips for Parents

The National Institute on Drug Abuse strongly encourages parents to act proactively and begin a dialogue with their children about marijuana. They suggest:

- Be a good listener.
- Give clear no-use messages about drugs and alcohol.
- Help your child deal with peer pressure to use drugs.
- Get to know your child's friends and their parents.
- Monitor your child's whereabouts.
- Supervise teen activities.
- Talk to your child often.

Some Resources

There are numerous Marijuana Anonymous meetings (<https://www.marijuana-anonymous.org>) and open AA meetings (<http://www.aa.org>), providing 12-step support meetings throughout most communities. For more references and resources, visit the OAAP website, www.oaap.org, or call the OAAP at 503-226-1057, or 1-800-321-8227.

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