

Your Teen & Marijuana

What do Parents need to know?



Find out *More* **Do More**



41 Anthony Avenue
11 State House Station
Augusta, ME 04333-0011
1-800-499-0027
www.MaineParents.net

According to the Maine
Integrated Youth Health Survey,
**38.2% of students, grades 9-12,
have tried marijuana.**
Most students who used marijuana also
used other substances.



Each year, more kids enter
treatment with a primary
diagnosis of **marijuana**
dependence than for all other
illicit drugs combined.⁷

Find out *More*
Do More
www.MaineParents.net

2009 Maine Integrated Youth Health Survey

Material in this publication adapted from Parents: The Anti Drug http://www.theantidrug.com/drug_info/drug-info-truth-about-marijuana.asp and NIDA Research Report Series, Marijuana Abuse, USDHHS, NIH, July 2005.

1: Patton, GC et al. Cannabis use and mental health in young people: cohort study. *British Medical Journal*, 325:1195-1198, 2002.

2: 2006 National Survey on Drug Use and Health, SAMHSA, 2007. Table 6.36B. <http://www.oas.samhsa.gov/NSDUH/2k6nsduh/tabs/Sect6peTabs36to37.pdf>

3: Greenblatt, J. (1998), Adolescent self-reported behaviors and their association with marijuana use. National Household Survey on Drug Abuse, 1994-1996 SAMHSA

4: van Os et al. (Dec. 2004) Prospective cohort study of cannabis use, predisposition for psychosis, and psychotic symptoms in young people, *British Medical Journal*, 330) Research also shows that people with no prior history of a disorder, and who use marijuana at a young age (age 15 vs. age 18) increased the risk of developing schizophrenia. (REF: Arseneault L., et al. Causal association between cannabis and psychosis: examination of the evidence. *British Journal of Psychiatry*, 184: 110-117, 2004) Heavy users of marijuana at age 18 increased their risk of schizophrenia later in life by six times. (REF: Andreasson, S. et al. Cannabis and schizophrenia: A longitudinal study of Swedish conscripts. *Lancet*, 26: 1483-1486, 1987)

5: National Institute on Drug Abuse, 1998. www.nida.nih.gov

6: http://www.theantidrug.com/drug_info/marijuana-and-academic-success-facts.asp#5 (REF: Youth Marijuana Prevention Initiative: The NCADI Report. U.S. Department of Health and Human Services, October 2002. Gfroerer, JC and Epstein, JF. Marijuana initiates and their impact on future drug abuse treatment need. *Drug and Alcohol Dependence*, 54(3):229-237, 1999. Anthony, JC and Petronis, KR. Early-onset drug use and risk of later drug problems. *Drug and Alcohol Dependence*, 40: 9-15, 1995. Grant, BF and Dawson, DA. Age of onset of drug use and its association with DSM-IV drug abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse*, 10: 163-173, 1998.

7: 1992-2000, SAMHSA

8: Treatment Data System, Maine Office of Substance Abuse, SFY 2010

9: Andrea de la Flor, CSAP Fellow, Early Intervention can reduce marijuana use initiation among youth, CADCA, National Coalition Institute's Research into Action. March/April 2009

The Department of Health and Human Services does not discriminate on the basis of disability, race, color, creed, gender, sexual orientation, age or national origin in admission or access to or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973 as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 and the Maine Human Rights Act. Questions, concerns, complaints or requests for additional information regarding the ADA may be forwarded to DHHS ADA Compliance/EEO Coordinator, SHS #11, Augusta, ME 04333; (207) 287-4289 (V) or (207) 28703488 (V), TTY: 800-606-0215. Individuals who need auxiliary aids or services for effective communication in programs and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinator. This information is available in alternate formats upon request.

Caring...Responsive...Well-Managed...We Are DHHS.

Marijuana – Find out *More Do More*

What is Marijuana?

Marijuana is a mixture of the dried shredded leaves, stems, seeds and flowers of Cannabis sativa, the hemp plant. Most users smoke marijuana but it is also used to brew tea and sometimes mixed into foods.

Marijuana contains the chemical THC, (delta-9-tetrahydro-cannabinol), which causes the mind-altering effects of intoxication. Between 1980 and 1997, the amount of THC in marijuana available rose dramatically.



It's only pot – Why should I care?

The Brain. Marijuana affects alertness, concentration, perception, coordination and reaction time, many of the skills required for learning, safe driving and other tasks. These effects can last up to 24 hours after smoking marijuana.

The Lungs. Regular marijuana smokers may have many of the same respiratory problems that tobacco smokers have. This may be because marijuana users inhale more deeply and hold the smoke in the lungs. The amount of tar inhaled by marijuana smokers and the level of carbon monoxide absorbed are three to five times greater than from tobacco smoke.

Learning and Social Behavior. In a study of college students, heavy marijuana users made more errors, had more problems paying attention to changes in the environment, and had more problems learning, than students who used less often (even after discontinuing its use for at least 24 hours).

Kids who smoke marijuana may also jeopardize their futures by engaging in risky behaviors (like having unsafe sex, getting in trouble with the law, etc.).

Mental Health. Using marijuana weekly or more frequently can double a teen's risk of depression and anxiety.¹ Teens who smoke marijuana when feeling depressed are also more likely to become addicted to it or other illicit drugs. Eight percent of depressed teens abused or became dependent on marijuana during the year they experienced depression compared with only three percent of non-depressed teens.²

Research has established that marijuana is addictive⁵ and that it is **three times** more likely to lead to dependence among adolescents than adults.⁶

A study based on data from the National Household Survey on Drug Abuse linked increased anxiety and panic attacks to past year marijuana use. That same study found that teenagers

12 to 17 who smoke marijuana weekly are three times more likely to have thoughts of committing suicide.³

Youth with a personal or family history of schizophrenia are at a greater risk of marijuana-induced psychosis.⁴

Addiction. Research has established that marijuana is addictive⁵ and that it is three times more likely to lead to dependence among adolescents than adults.⁶ Each year, more kids enter treatment with a primary diagnosis of marijuana dependence than for all other illicit drugs combined.⁷

In Maine, out of the 631 substance abuse treatment admissions for youths under the age of 18, 60.2% (380) listed Marijuana as their primary drug leading to admission (25.5% listed alcohol).⁸

It's illegal. In Maine, possession of less than 2.5 ounces is a civil violation, with fines ranging from \$350 to \$1,000. Possession of more is considered evidence of intent to distribute and has greater penalties which can include jail time.

Your Role as a Parent

Your Actions Matter! You have the greatest affect on your young person's decision to use marijuana during early adolescence. Youth are most likely to initiate marijuana use between age 13 and 15. After age 15, youth tend to base the decision more on peer influence.⁹

When you suspect, or know, that your child has used drugs, take action to stop it as soon as you can. It may be the most important step you ever take.

Parents are key to preventing adolescent substance abuse. Kids themselves say that losing their parents' trust and respect are the most important reasons not to use drugs.

Parenting strategies to prevent underage drinking and tobacco use will also help to prevent marijuana use by your child.