

Preventing Underage Marijuana Use — Parents' Guide to Talking with Your Kids



Oregon
Health
— Authority
PUBLIC HEALTH DIVISION

Introduction



Now that marijuana is legal for adults over 21 to use in Oregon, it is more important than ever for youth to have accurate information that helps them make healthy choices. Parents, guardians and other trusted adults are important sources of information for youth. This guide is meant to provide you with:

- Information on how marijuana use could affect youths' short- and long-term health
- General information on the different types of marijuana products
- Strategies for talking with your kids, or other youth in your life, about marijuana and ways to support their healthy decision making
- Resources you can turn to for more information

Why should YOU care?

1. **You** are an important influence.
2. Marijuana use can get in the way of youth's **healthy development** and **future goals**.
3. It is **against the law** for anyone under 21 years old to use retail marijuana.
4. Marijuana can be **hard to quit**.

This publication contains content that was originally published by Seattle Children's Hospital in partnership with the University of Washington, and its content has been adapted with permission. Seattle Children's Hospital and the University of Washington are not responsible for any content nor inaccuracies therein that differ from the content of Seattle Children's original English edition.

Marijuana 101

Marijuana is a product of the plant Cannabis (species sativa or indica). Tetrahydrocannabinol (THC) is the main active chemical that produces an effect or “high.” Some terms for marijuana include bud, blunt, chronic, dab, dope, ganja, grass, green, hash, herb, joint, loud, mary jane, mj, pot, reefer, sinsemilla, skunk, smoke, trees, wax and weed.

How is it used? Marijuana can be used in many different ways.

Smoked: Loose marijuana (typically dried flowers or “buds”) can be rolled into a cigarette (called a “joint”), smoked in a pipe or water pipe (called a bong) or in a cigar (called a “blunt”).

Eaten: Marijuana can be mixed into food or beverages and eaten or drunk as “edibles.” Marijuana can be added to almost any type of food from brownies and gummy bears, to chocolate and ice cream — many of which are appealing to youth.

Vaporized: “Vaping” is the act of inhaling water vapor through a vaporizer or e-cigarette. The THC-containing liquid is heated and inhaled as a vapor.

Concentrates: Marijuana can be concentrated through a variety of extraction processes that can dramatically increase the potency. For example, some marijuana buds may contain 10–25% THC; concentrates (such as products called “wax,” “shatter” or “oil”) can range as high as 90% THC. Users can take in concentrates through “dabbing.” They heat a nail (or other metal object) with a butane torch and apply the concentrate to the heated surface. Users then inhale the concentrate.

Topicals: Marijuana can be added to lotions, salves and bath salts that are applied directly to the skin.

TOC

How does marijuana use affect youth health? pg. 1

Short-term effects

Long-term effects

The good news

What can YOU do?

pg. 3

Start early! Talk often

Give your child ways to say no to marijuana and other drugs

Set clear guidelines for healthy behaviors and expectations

Keep track of your child

Touch base

Be a role model

What to do if your child is using marijuana

What do I avoid?

How can I tell if my teen is using marijuana?

pg. 6

Someone high on marijuana might ...

Someone using marijuana often might ...

Frequently asked questions

pg. 7

Isn't marijuana safer for youth than alcohol and tobacco?

Isn't marijuana natural and therefore OK for teens to use?

What about marijuana brownies and cookies? Aren't they safer than smoking marijuana?

I used pot when I was a kid. How can I tell my child not to use it?

How do I tell my child not to use pot if I do now?

Oregon marijuana laws and minors pg. 9

Resources pg. 10

References pg. 11

How does marijuana use affect youth health?



The brains of children and teens are in a critical time of development. Areas of the brain that control decision making and learning are maturing. A youth's brain is particularly susceptible to the negative effect of any substance, including marijuana. Based on current science, we can say that youth should not use marijuana because of the increased risk for both short- and possible long-term negative outcomes.

Short-term effects

Short-term effects of marijuana use by youth include:

- Problems with short-term memory, attention, reaction time and motor skills
- Finding it harder to learn and be successful in school
- Ingesting too much marijuana can cause anxiety, paranoia, rapid heart rate, increased blood pressure and vomiting.

Long-term effects

Marijuana use during adolescence is associated with outcomes such as:

- Not graduating from high school
- Drug use as an adult and high-risk use of other drugs like alcohol, tobacco and opioids
- As shown in some studies, an association between adolescent marijuana use and symptoms of schizophrenia in adulthood

Studies of marijuana's long-term effects do not state that marijuana use **causes** any of the outcomes listed on page 2, only that there is a **relationship** between them.

In fact, a number of health behaviors, including marijuana use, are connected to a wide range of other individual and environmental factors. Personality traits, peers, family and neighborhoods all play a part. It is impossible to control for all of these factors when trying to determine the effects of marijuana on complex issues like mental health and school performance.

The best science to date indicates that persistent and regular use of marijuana has a small but meaningful long-term impact on cognitive functioning, but more research is needed.*

We do know that marijuana can be hard to quit. Studies show that the rate of marijuana dependence is higher among those who began using marijuana as adolescents compared to adults. Most youth who enter substance abuse treatment programs in the United States report that marijuana is the main or only drug they use.

The good news

Most Oregon eighth-graders (91%) and 11th-graders (81%) DON'T currently use marijuana.

However, youths' perceived risk of harm from marijuana use has declined in the United States in recent years. Research shows that a low perception of harm is linked to substance use. It is important to educate youth about the potential risks of using marijuana.



* In rare circumstances, a person less than 21 years old may hold a medical marijuana card. The discussion of medical marijuana is beyond the scope of this document. We focus here on the broader issues of youth marijuana use for recreational purposes.

What can YOU do?*



Even as they get older, **youth care about what parents say and do.** One of the key reasons youth choose not to use drugs is because their parents don't approve of it.

Express a no-use attitude. A national study found that fewer youth who think their parents strongly disapprove of marijuana use it, compared to youth who think their parents do not disapprove of marijuana use (4.1% vs. 29.3%, respectively).

Be positive. Be attentive, curious, respectful and understanding. Shame, anger, scare tactics or disappointment will be counter-productive. Focus on how using marijuana can get in the way of their goals, rather than the possible negative outcomes.

Start early! Talk often.

- Youth who use marijuana often start in their early teens.
- Parents should start an ongoing conversation about drugs before middle school.
- Be sure to listen carefully to your child's questions and thoughts.
- Make your family's expectations about marijuana use clear and specific.

Ideas of what to say to young teens:

"Remember our family rule against using marijuana?"

Let's talk about how you can refuse drugs, including marijuana, if someone offers them to you."

* The evidence-based drug use prevention program Guiding Good Choices (GGC) is the basis for these statements. Go to www.channing-bete.com/prevention-programs/guiding-good-choices/guiding-good-choices.html for more information.

Give your child ways to say no to marijuana and other drugs.

- Role play social situations where someone offers your child marijuana.
- Help your child to find the right words to refuse drug offers.
- Help your child suggest an alternative to using drugs.
- Let your child know that it is fine to walk away from someone, including a friend, who is offering drugs.

Set clear guidelines for healthy behaviors and expectations.

Talk about how important healthy behaviors are and establish clear and specific rules about not using marijuana and other drugs. This can be part of a broader conversation about your family's expectations and rules for things like showing respect for family members, following laws and school regulations, and curfews.

Provide consistent consequences when your child does not meet family guidelines. Remember to provide compliments for good choices and healthy behavior.

Keep track of your child.

- Monitor your child's behavior to ensure the rules are being followed.
- Remain actively involved in your child's life and get to know his or her friends.
- Network with other parents to support one another to keep your children away from drugs.

Touch base.

- Eat dinner together.
- Do fun family activities together.
- Communicate the way your child does (texting, email, social media).

Ideas for talking to fourth- and fifth-graders:

“What do you know about marijuana? Do you know that marijuana can hurt your health and get in the way of your goals?”

Marijuana use is against the law for anyone under 21 years old.

We want you to do well in school, so we have a family rule against using drugs, including marijuana.”



Be a role model.

You are a role model for your child so think about what you do and the message it sends.

What to do if your child is using marijuana

- Keep calm.
- Communication is key! It is important to say that you want your child to stop using marijuana. However, do this without making your child feel rejected or like a bad person. For example, “Using pot can be harmful for your health and brain, which is why I am concerned. I want you to stop using pot, and I’m here to help you.”
- Remember the guidelines that were set and the consequences that go along with breaking them.
- Leave the door open for problem solving.

What do I avoid?

Don’t overreact or overemphasize the possible negative outcomes. This may lead children to take greater risks to prove that they are independent. When consequences feel overly punishing, your teen is more likely to:

- Rebel
- Feel resentment
- Take revenge, causing the behavior to get worse

This is not the time for anger, accusations, name-calling or sarcasm. Avoid words like “should,” “stupid,” “disappointed” and “can’t.”

Ideas for what to say:

“It is important to our family that we all stay healthy and safe. One way to do this is to avoid drug use, including marijuana.

This is especially important for teenagers since marijuana can harm the developing brain. That’s why we have a family rule against using marijuana.

If we find out you are using drugs, what do you think a fair consequence would be?”

How can I tell if my teen is using marijuana?



Changes in your child's behavior or mood could be signs of a mental health challenge, stress or possible substance use. Be aware of relationship problems with family members and friends, changes in grades, skipping school, loss of interests and sleeping habits.

Someone high on marijuana might:

- Seem dizzy or uncoordinated
- Seem silly and giggly for no reason
- Have very red, bloodshot eyes
- Have a hard time remembering things that just happened

Someone using marijuana often might:

- Have an odor on clothes and in the bedroom
- Use incense and other deodorizers in living space
- Increase their use of perfume, cologne or breath mints
- Use eye drops
- Wear clothing or jewelry or have posters that promote drug use
- Have unexplained use of money
- Have items used with drugs such as pipes, bongs, scales, rolling papers, blunt wraps, vapor pens or other devices used for vaping

Frequently asked questions



Isn't marijuana safer for youth than alcohol and tobacco?

Marijuana, alcohol and tobacco are all potentially harmful drugs. Each affects teens differently. Teen marijuana use is associated with many health and safety problems listed earlier in this pamphlet.

Isn't marijuana natural and therefore OK for teens to use?

Many natural things, like poison oak, are not good for our bodies. Regardless of it being “natural” or not, marijuana can harm youth health.

What about marijuana brownies and cookies? Aren't they safer than smoking marijuana?

Marijuana, no matter how it is used, can be harmful to youth health. Some marijuana products that are eaten or vaporized are more potent than smoked marijuana. The health effects of marijuana listed earlier in this pamphlet are the same whether marijuana is smoked, vaporized or swallowed.

I used pot when I was a kid. How can I tell my child not to use it?

The strength and types of marijuana products available now are always changing. Some products are “concentrates” with much higher levels of THC that are possibly more harmful to your child’s developing brain.

What should I do if my teen continues using marijuana, even after suffering consequences?

If you think that your teen cannot stop using marijuana or other drugs, there are people who can help.

- Contact their doctor or other trusted health provider
- Call Lines for Life Alcohol and Drug Help Line at 1-800-923-4357
- Call 211 for more information

How do I tell my child not to use pot if I do now?

Just like with alcohol, tell your child that it is against the law to use marijuana until the age of 21. Kids can harm their brains by regular marijuana use in ways that the adult brain is not. Using marijuana as a youth may increase the likelihood that a person will become dependent.

Take time to reflect on your own use, especially if your child sees you using marijuana. Ask yourself why you use marijuana, how often, what time of day. You may want to try modeling another behavior that helps you unwind, such as going for a walk or working out.

Ask your child “How does my use affect you? I’m curious, because you are important to me.” Listen to your child and problem solve together.

Oregon marijuana laws and minors



In 2014, Oregon State voters approved Measure 91, which permits adults aged 21 years and older to grow and possess limited amounts of marijuana.

Some marijuana products became available in dispensaries beginning Oct. 1, 2015. Edible forms of marijuana became available in retail dispensaries on June 2, 2016.

Legal products include foods and beverages with marijuana infused in them. Some of these products may be attractive to youth and mistaken for common food and beverages. Examples include candy, soft drinks, baked goods and juices.

The law did not change for people under the age of 21. Like alcohol, marijuana products are still illegal for people under the age of 21.

It is illegal for adults to provide marijuana to people under the age of 21, including parents giving their own children marijuana.

It is illegal for people to drive while under the influence of marijuana.

It is illegal to consume (smoke, eat, drink) marijuana products in public.

To report underage marijuana use, call your local police department.

Resources

Lines for Life Alcohol & Drug Help Line

24-hour help for substance abuse

www.linesforlife.org or 1-800-923-4357

Marijuana Talk Kit: Partnership for Drug-Free Kids

Guidance and sample scripts for parents to talk to children and youth about marijuana.

www.drugfree.org/MJTalkKit/

M-Files

Straight talk about meth, marijuana and prescription medications

www.mfiles.org

National Institute on Drug Abuse

Marijuana facts for parents and teens

www.drugabuse.gov

Oregon Liquor Control Commission (OLCC)

The source for information related to marijuana laws in Oregon

www.whatslegaloregon.com or www.marijuana.oregon.gov

Partnership for Drug-Free Kids

Information for parents about substance abuse

www.DrugFree.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

“Talk. They Hear You” information and app

www.samhsa.gov/underage-drinking

References

Anthony JC. The epidemiology of cannabis dependence. In: Roffman RA, Stephens RS, editors. Cannabis Dependence: Its Nature, Consequences and Treatment. Cambridge: Cambridge University Press; 2006, p. 58-105.

Brook JS, Balka EB, Whiteman M. The risks for late adolescence of early adolescent marijuana use. *Am J Public Health*, 1999. 89(10): 1549-54.

Caulkins JP, Kilmer B, Kleiman M, MacCoun RJ et al. Considering marijuana legalization: Insights for Vermont and other jurisdictions. Santa Monica, CA: RAND Corporation, 2015. Available at: www.rand.org/pubs/research_reports/RR864.

Degenhardt L, et al. Evaluating the drug use ‘gateway’ theory using cross-national data: Consistency and associations of the order of initiation of drug use among participants in the WHO World Mental Health Surveys. *Drug Alcohol Depend*. 2010; 108; 84-97.

Fergusson DM, Horwood LJ, Beutrais AL. Cannabis and educational achievement. *Addiction* 2003. 98 (12): 1681-92.

Geidd JN. The teen brain: Insights from neuroimaging. *J Adolescent Health*, 2008. 42 335-343.

Lynne-Landsman SD, Bradshaw CP, Ialongo NS. Testing a developmental cascade model of adolescent substance use trajectories and young adult adjustment. *Dev Psychopathol*, 2010. 22(4): 933-48.

Moore T, et al. Cannabis use and risk of psychotic or affective mental health outcomes: A systematic review. *Lancet* 2007; 370: 319-28.

National Institute on Drug Abuse. Monitoring the future figures, 2014. Available at: www.drugabuse.gov/related-topics/trends-statistics/monitoring-future/monitoring-future-figures-2014.

Oregon Healthy Teens Survey, 2015. Available at: <http://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/2015.aspx>.

Catalano RF, Haggerty KP, Hawkins JD, Elgin J. Prevention of substance use and substance use disorders: The role of risk and protective factors. In Kaminer Y, Winters KC, editors. Clinical manual of adolescent substance abuse treatment. Washington, DC: American Psychiatric Publishing; 2011, pp. 25-63.

Solowij N, Pesa N. Cannabis and cognition: short- and long-term effects. In: Castle D, Murray RM, D'Souza DC., editors. Marijuana and Madness. Cambridge University Press; 2012, p 91-102.

Substance Abuse and Mental Health Services Administration. Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. The NSDUH report: Trends in adolescent substance use and perception of risk from substance use. Rockville, MD; 2013 Jan 3.

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set (TEDS): 2001-2011. National Admissions to Substance Abuse Treatment Services. BHSIS Series S-65, HHS Publication No. (SMA) 13-4772. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013, p. 19; and p. 43, Table 1.1a. Available at: www.samhsa.gov/data/2k13/TEDS2011/TEDS2011N.pdf. See more at: www.drugwarfacts.org/cms/Marijuana#Prevalence.

Swift W, Coffey C, Degenhardt L, Carlin JB, Romaniuk H, Patton GC. Cannabis and progression to other substance use in young adults: Findings from a 13-year prospective population-based study. J. Epidemiol Community Health. 2012; 66; e26.

Tang Z, Orwin RG. Marijuana initiation among American youth and its risks as dynamic processes: Prospective findings from a national longitudinal study. Subst Use Misuse. 2009; 44(2); 195-211.



The marijuana universal symbol means a product contains marijuana and should be kept in its original packaging, out of the reach of children.