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Parents360

Marijuana



THE PARTNERSHIP[™]
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What is Marijuana?

- Marijuana is the **most** commonly abused illicit drug in the United States.
- It is a dry, shredded green, brown or gray mix of flowers, stems, seeds and leaves from the hemp plant, *Cannabis sativa*.
- The **main active chemical** in marijuana is delta-9-tetrahydrocannabinol, or **THC** for short.



What is Marijuana?

(Continued)

- **THC is the main** psychoactive, or mind-altering chemical in marijuana, **but** there could be any number of about **400 other chemicals** that could affect a **person's health**.
- Marijuana's **strength or potency** is related to the **amount of THC** it contains and the THC content of marijuana has been **increasing** since the 1970s.
- **Cannabidiol (CBD)** is the other primary cannabinoid produced by the cannabis (marijuana) plant.
- See later sides about **CBD** & legalization for more information.



Marijuana Slang/Street Names

- Pot
- Herb
- Weed
- Mary Jane
- Grass
- Chronic
- And more than 200 others
- Different strains of marijuana have their own “brand” names

Marijuana Availability

- Other than alcohol, marijuana is the most available drug in the U.S.
- More than 4 out of 5 twelfth-graders say that marijuana is “fairly easy” or “very easy” to get
- More than 1/3 of eighth-graders say that marijuana is “fairly easy” or “very easy” to get – an increase of 10percent since 2004

Pontotoc County Marijuana Access/Availability

What Pontotoc County youth have to say...

- Parents are a social access point.
 - “Even some of the parents don’t really care. Parents...sometimes will just like give it to them”
 - “I know this one family, the parents and the kids, they help cultivate”
- Marijuana is easily accessible.
- Use is happening at local parks, parties, and on the bike trail.
 - “down on the amphitheater, anywhere in the woods near that”
 - “Definitely the bike trail”

Direct Quotes From Pontotoc County Youth

- “ You start marijuana before you start drinking. Marijuana is way above drinking”
- “like all the time kids come to school high. You can obviously tell in class and the teachers don’t even care”

How is it Abused?

- Marijuana is usually smoked
 - As a cigarette (joint)
 - In a pipe or water pipe (bong)
 - In “blunts,” which are cigars that are hollowed out and refilled with a mixture of marijuana and tobacco
- Marijuana can be mixed in food or brewed as a tea
- Marijuana can be combined with other drugs such as PCP
- According to key informant interviews smoking joints is considered a norm for youth in Pontotoc County.

How is it Abused?

(Continued)



Joint

Blunt



Blunt

Bong



How does marijuana affect the brain?

- THC affects specific parts of the brain called **cannabinoid receptors**
- Research shows that **drivers on marijuana** have **slower reaction times**, **impaired judgment**, and **problems responding to signals and sounds**.
- The parts of the brain that have the most cannabinoid receptors influence:
 - Pleasure
 - Memory, thinking and concentration
 - Sensory and time perception
 - Coordinated movement

Short-term Effects

People smoke marijuana to get high, but it affects different people in different ways.

- Marijuana intoxication can cause:
 - Reduced inhibition
 - Distorted perceptions
 - Impaired coordination
 - Difficulty with thinking and problem solving
 - Interferes with learning and memory
 - Can make driving dangerous
 - Causes increased heart rate

Long Term Effects and Addiction

- Effects on body/health after long-term use:
 - Ability to do complex tasks could be compromised
 - Can contribute to lung damage
- Addiction: Research suggests
 - About 9% of users become addicted to marijuana
 - Higher for those who start in their teens (17%)
 - Even higher among daily users (25-50%)

Marijuana and Other Drugs

While most kids who try marijuana do not go on to have a problem with substance abuse, the reality is that kids who are regular users of marijuana are much more likely to use other drugs such as alcohol, cigarettes, prescription pain relievers, and cocaine, as well as all other drugs of abuse such as meth, inhalants and cough medicine. Further, the more they use, the more likely they are to use these other drugs. You don't need to accept or reject the idea of marijuana as a "gateway" to other drugs to recognize that kids who are using marijuana on a heavy, consistent basis, are much more likely to be using other drugs of abuse as well. We can't say "it's just pot," and not worry. The following graph shows this undeniable relationship.



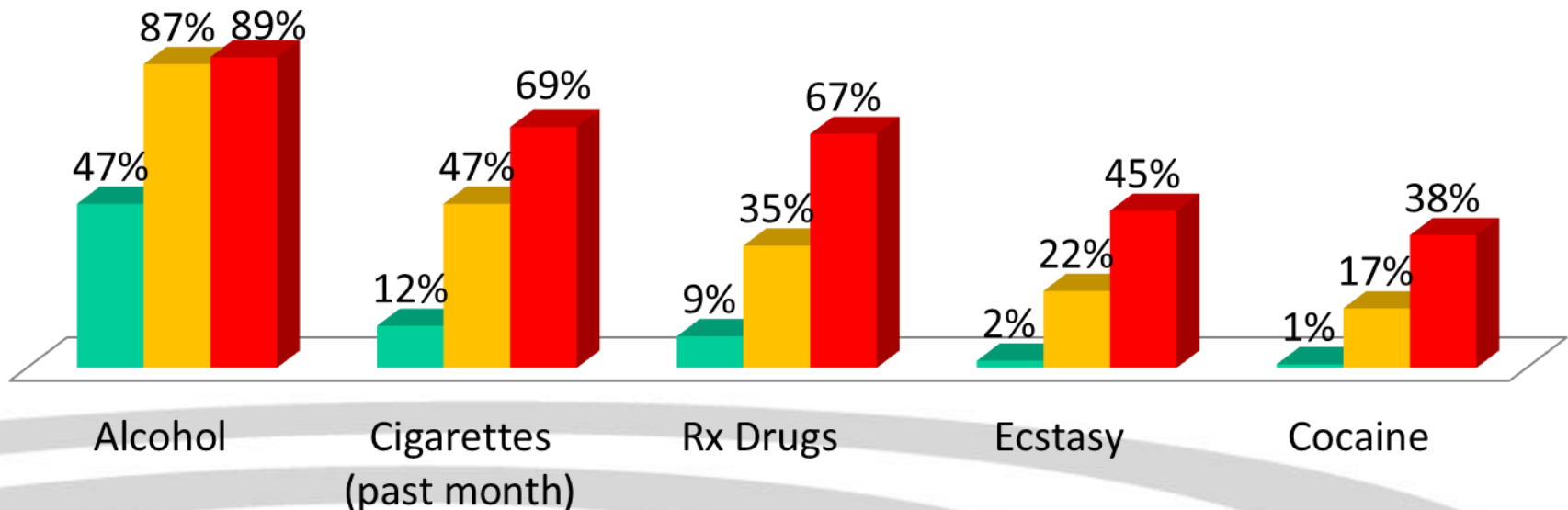
14
Average age
of first use!

Marijuana and Other Drugs

(Continued)

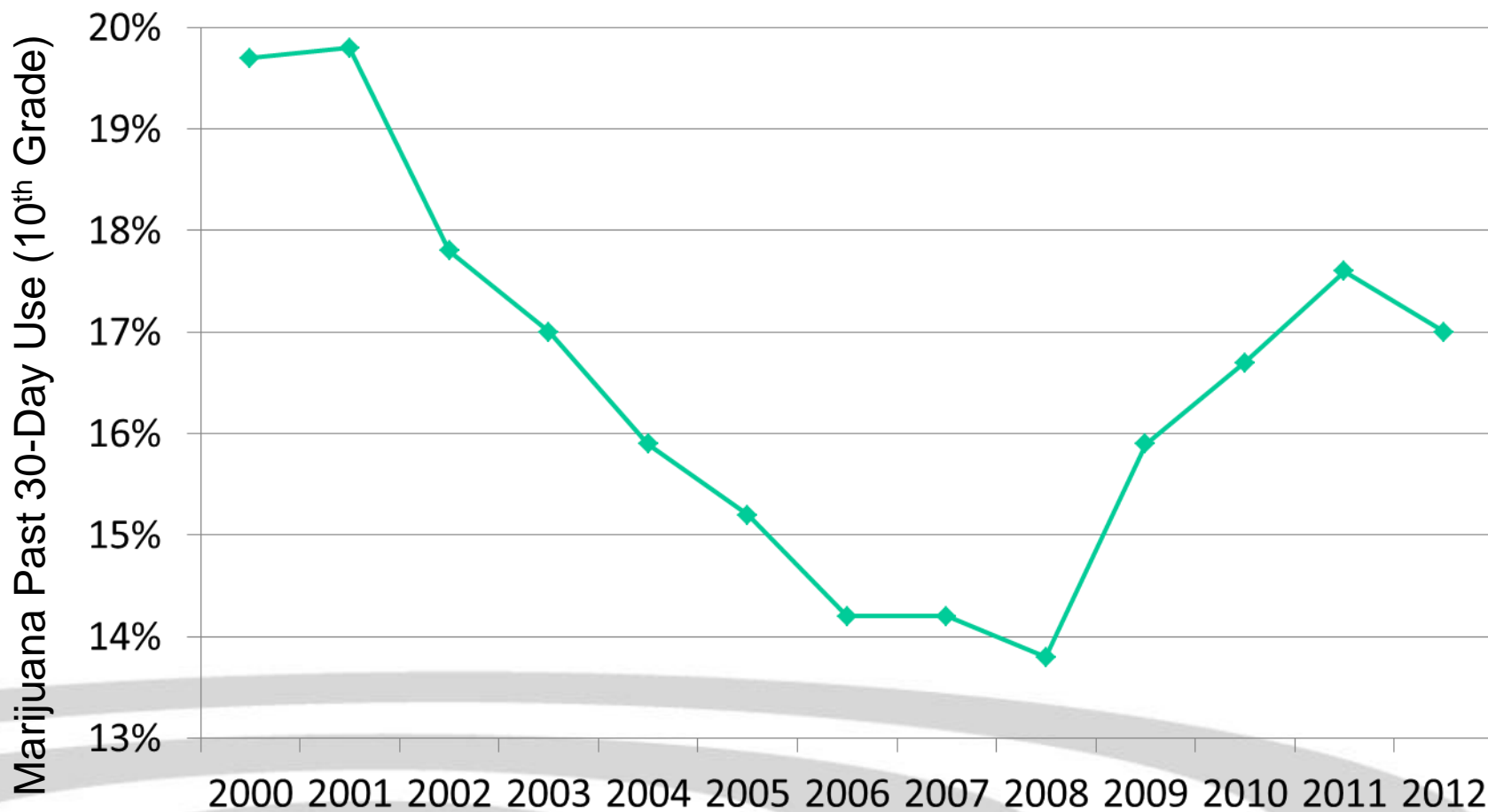
Percentage of U.S. High School Students Reporting Past Year Substance Use,
by Past Month Marijuana Use, 2011

- No Marijuana Use in Past Month
- Used Marijuana 1-19 Times in Past Month
- Used Marijuana 20 Times or More in Past Month



Marijuana Use

From 2000 to 2008, marijuana use fell year after year. In 2008, this pattern reversed and use rose sharply until 2012 when use dropped slightly.



In Pontotoc County...

% of youth using... in the past 30 days:	6 th grade	8 th grade	10 th grade	12 th grade
Alcohol	6%	18.7%*	28%	26.7%
Cigarettes	1.4%	12.5%*	14.8%*	17%*
Marijuana	2.5%*	9.8%*	18.8%*	13%
Prescription Drug Misuse	2.2%	4.9%	8.6%	6.0%

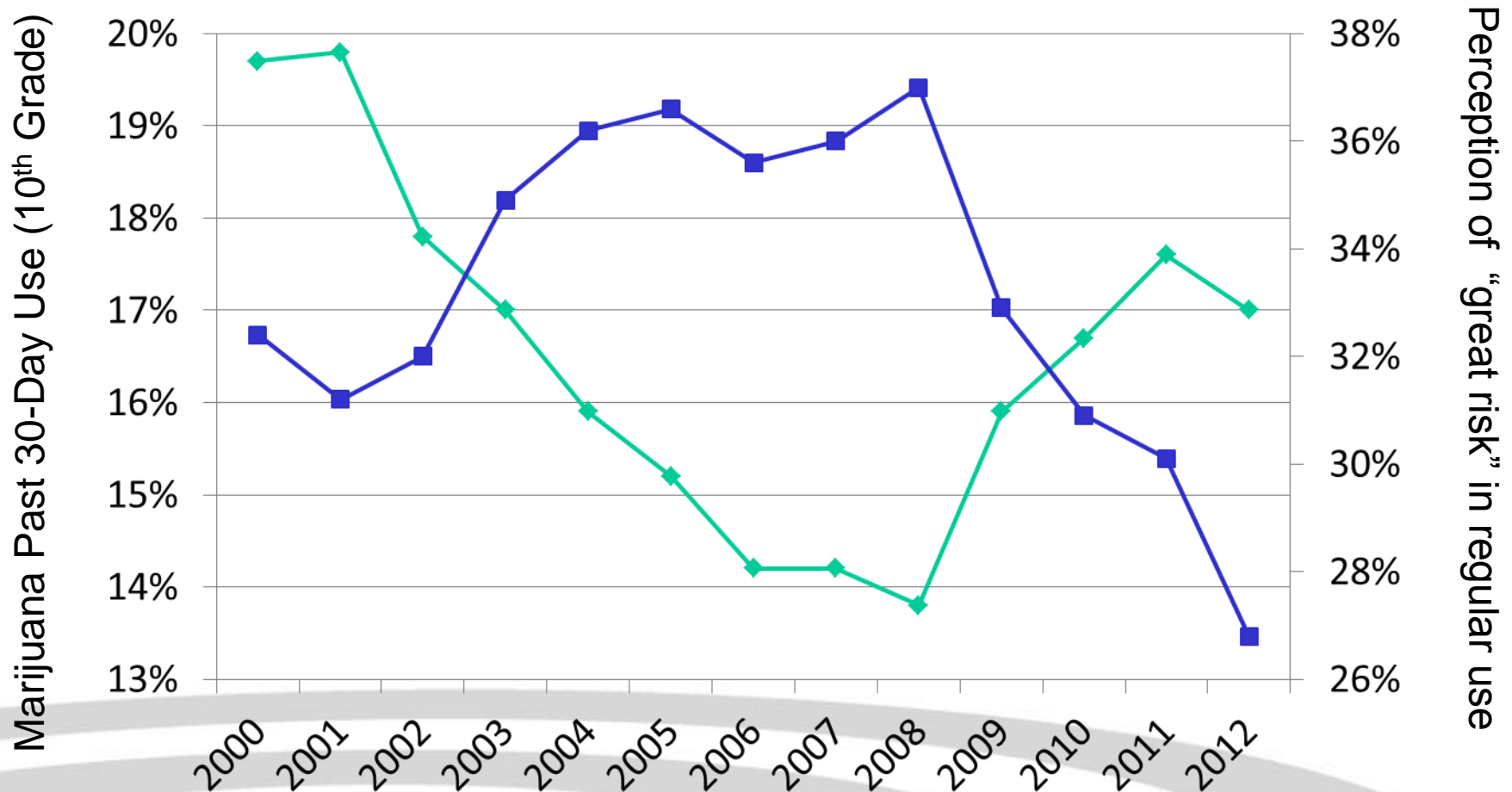
***Higher than state average for this grade in Oklahoma**

In Pontotoc County...

Substance:	Average age of first use:
Alcohol	13
Tobacco	13
Marijuana	14
Prescription Drug Misuse	13

Use vs. Perception of Risk

When you compare the rate of use with the perception of risk (the blue line), you can see that for most years, as the **perception of risk fell, use increased**.

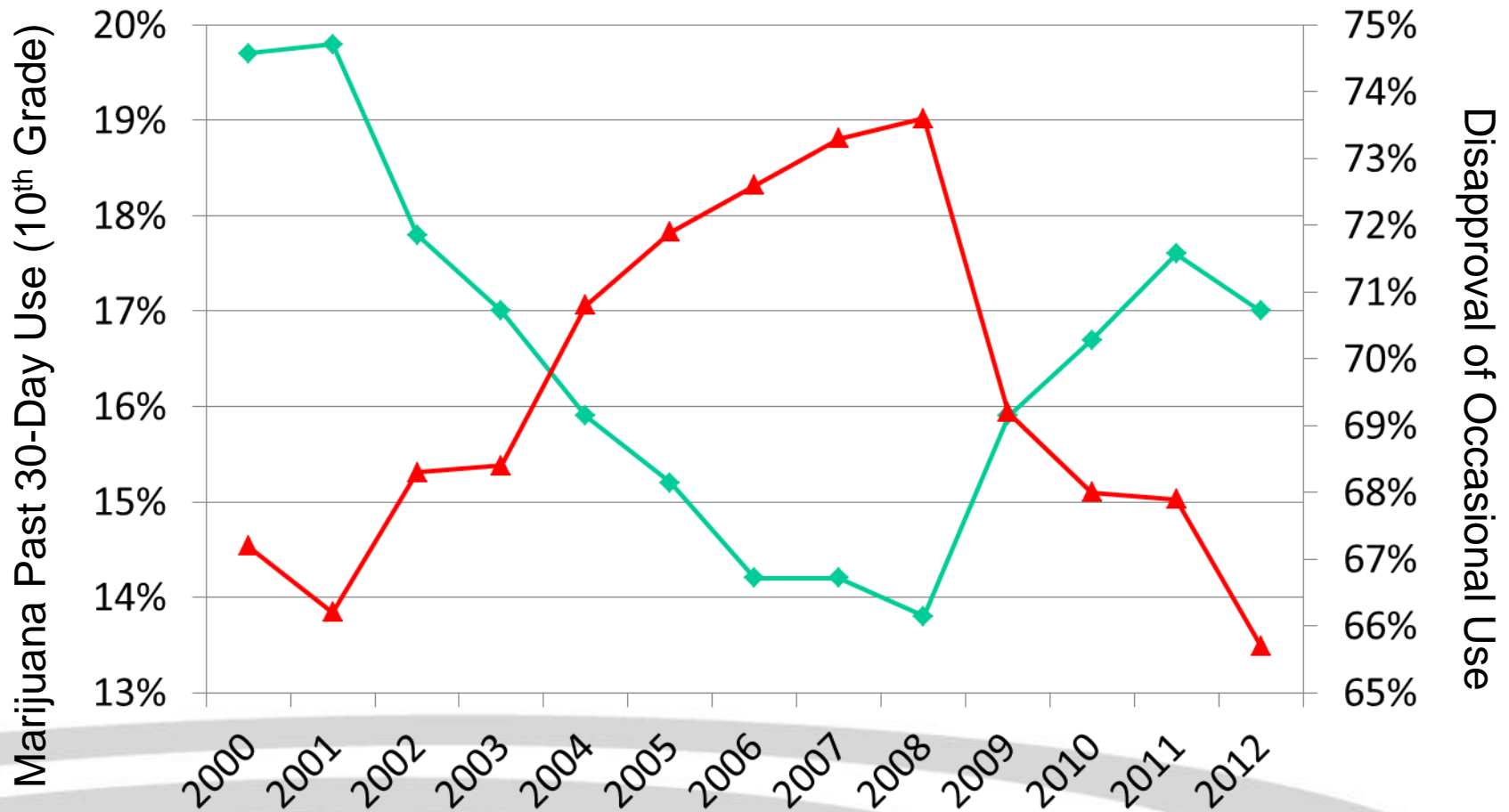


Pontotoc County Perceptions

- There is low perception of legal risk or enforced consequences by youth.
- There is low perception of any type of harm by youth (physical, legal, etc.).
- 46% of parents surveyed think medical marijuana should be legalized in Oklahoma
- 15% of parents surveyed think recreational marijuana should be legalized in Oklahoma

Use vs. Social Disapproval

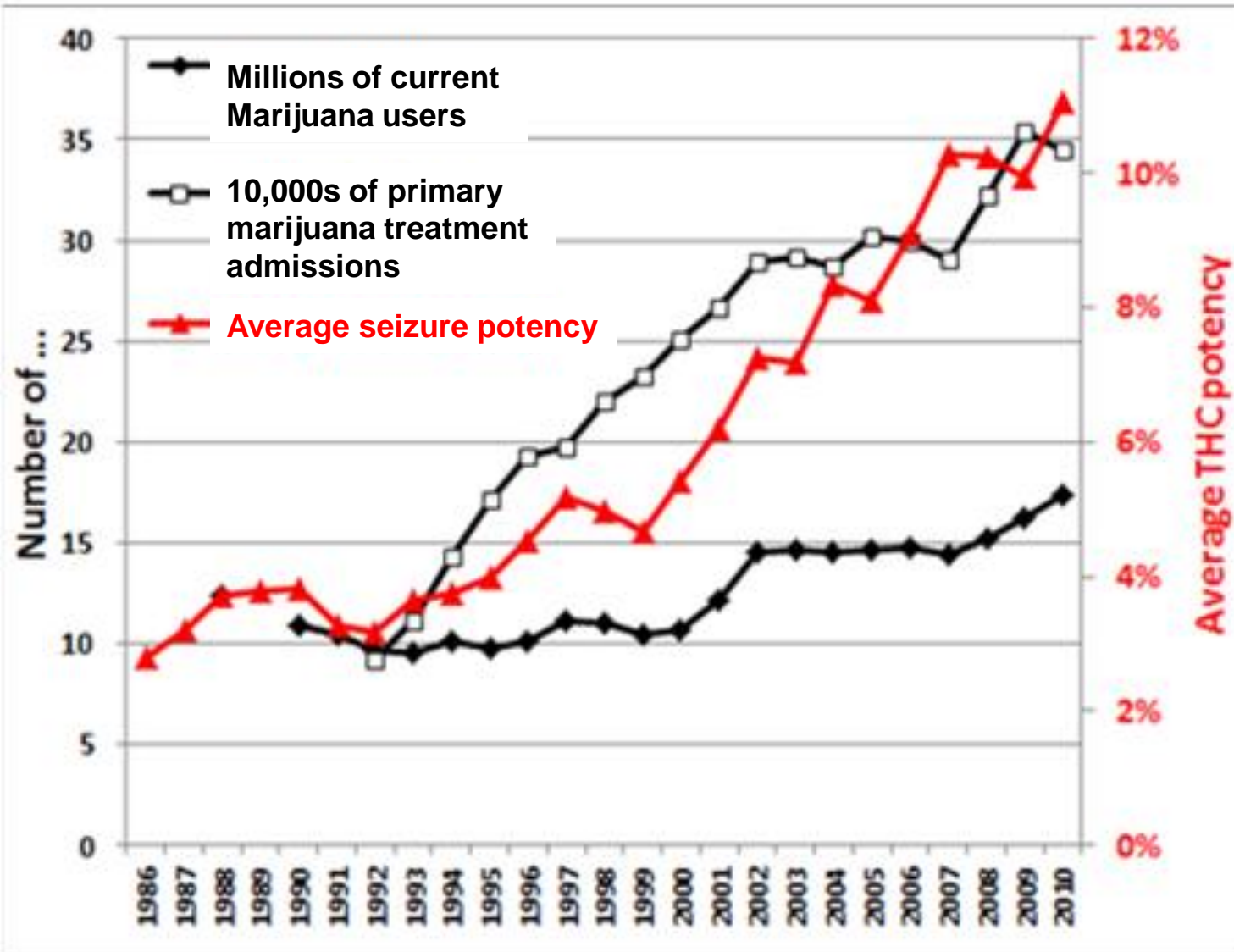
There is also a correlation with social disapproval (the red line). The point is that that young people's attitudes about drugs matter.



Weakening perception of specific risks – 2008 vs. 2012

- Percent of teens agreeing that there is great risk in using marijuana:
 - “Losing the respect of family and friends” dropped from 65% in 2008 to 56% in 2010 (9% decline)
 - “Getting depressed” (18% decline)
 - “Putting themselves or others in danger” (14% decline)
 - “Losing control of themselves” (14% decline)

Marijuana Users, Treatment Admissions and Average Potency

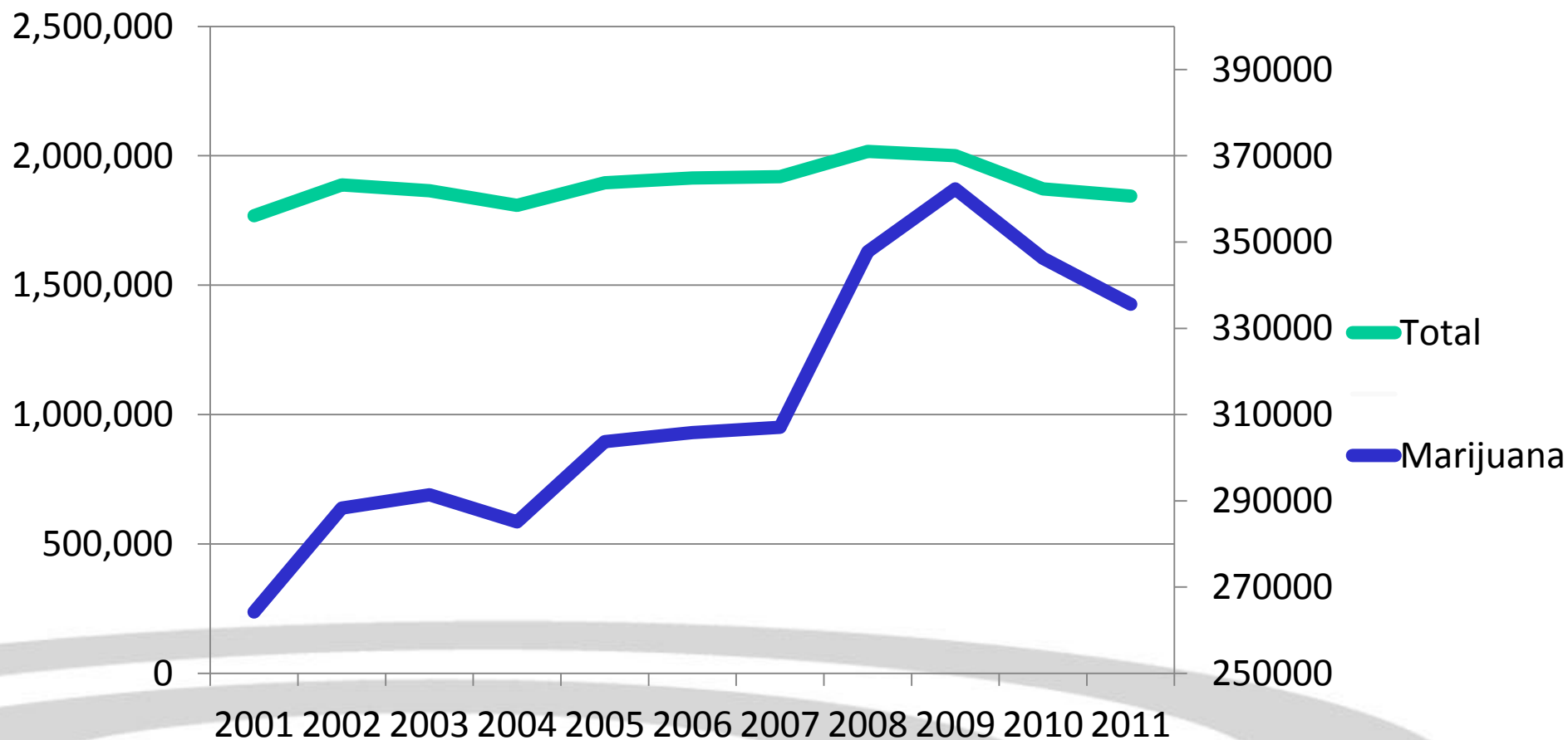


While the perception of risk weakened, the reality is that the potency of marijuana seized in the United States more than tripled between 1992 and 2010, and the number of primary treatment admissions has roughly matched its growth.

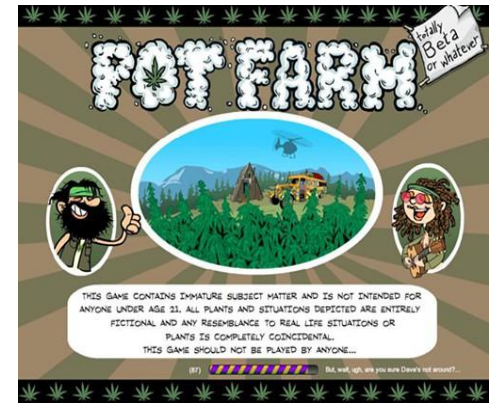
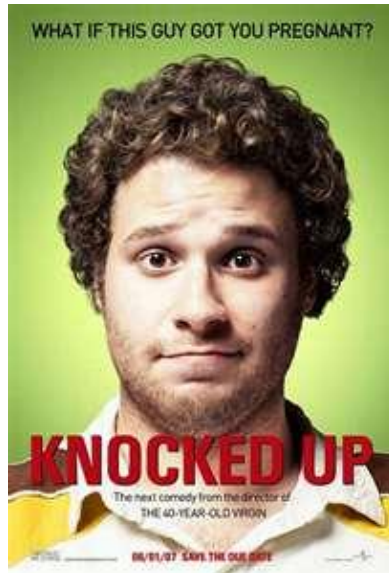
Marijuana Treatment Admissions

Treatment admissions for marijuana **increased by 30 percent**, while overall treatment admissions remained **roughly constant**.

Other than alcohol, **marijuana is #1** drug of abuse for treatment admissions.



Media & Marijuana



So where is this disconnect coming from?

If you use **online social media**, **watch movies**, **listen to music** for old people or young people, or watch **TV**, you will see marijuana use treated as a harmless, if not displayed as positive or fun behavior.

Paraphernalia items that would provide ways to use and/or conceal alcohol and marijuana



Marijuana & Alcohol Promotional Items in Pontotoc County

Environmental Scans

- This isn't just a big city problem!
- During local environmental scans and store assessments, there were many alcohol and marijuana promotional items found such as posters, clothing, calendars, glassware and cups, games, accessories (i.e. backpacks, suspenders, bags, etc.), bongs, décor, etc.
- Approximately 80% or more was confined to a section near the back of store. However, additional items were found in at least 3 other sections of the store, some immediately **next to early childhood items**.
- There were even items found that youth could purchase to conceal substances like fake tampon flasks.
- The stores surveyed were general merchandise stores with no age limitations to enter or to purchase.



CBD & Other Legalization Issues

- Cannabidiol (CBD) is the one of the primary cannabinoids produced by the cannabis (marijuana) plant.
- CBD does not get you high, and as such, it has been generally bred out of modern, smoked marijuana. But it can be grown under special conditions.
- There has been recent interest in its therapeutic potential. As a result, a number of breeders claim to have “high CBD” strains and numerous purveyors are selling products that they claim are high in CBD.
- However, many of these products also contain significant levels of THC.

<https://learnaboutsam.org/sam-resources/>



CBD & Other Legalization Issues

- There is some evidence showing CBD effectiveness for epilepsy, especially in children.
- Many CBD products on the current “medical” marijuana market have no safety assurances, are never tested in FDA-registered labs, and have no guarantees of quality and content or information on dosing or side effects.

<https://learnaboutsam.org/sam-resources/>

CBD & Other Legalization Issues

- “High CBD” plant material usually also contains varying levels of THC, sometimes significant amounts. Most simple extraction processes cannot reliably extract CBD solely or primarily.
- An extremely complex and expensive equipment is required to remove the THC from a “high CBD” extract. The situation is made more hazardous by the fact that existing research demonstrates that, in many cases, large doses of CBD are needed to achieve a specific therapeutic effect.
- For example, a child taking a therapeutic dose of CBD (100-1000 milligrams per day) would potentially also be exposed to a large amount of THC. For example, using a 10:1 preparation, a child who ingested 300 mg of CBD per day would also be ingesting 30mg of THC. That is the equivalent of three of the highest dose (10mg) Marinol capsules, which would make most adult patients intoxicated. A 2:1 or 1:1 plant ratio product would contain even higher levels of THC.

Other Legalization Issues

- The issue of medical marijuana is an emotional one.
- On the one hand, advocates, many of whom advocate for the legalization of marijuana for any purpose, claim that marijuana is a miracle drug that can cure cancer, help alleviate pain, and ease the suffering of millions. On the other hand, there are people who claim marijuana has no medicinal properties whatsoever.
- The scientific fact is that while there are medical components contained in marijuana, **crude herbal marijuana** – smoked, vaporized, eaten, etc. – **is not medicine**. It has not undergone the FDA process for demonstrating safety and efficacy, and no major medical association supports its use.

<https://learnaboutsam.org/sam-resources/>

Other Legalization Issues

- Science has synthesized the marijuana plant's primary psychoactive ingredient – THC – into a pill form.
- This pill, dronabinol (or Marinol®, its trade name) is sometimes prescribed for nausea and appetite stimulation.
- Another drug, Cesamet, resembles chemical structures that naturally occur in the plant.

<https://learnaboutsam.org/sam-resources/>

Other Legalization Issues

- But when most people think of medical marijuana these days, they don't think of a pill. They think of the entire smoked, vaporized, or edible version of the *whole marijuana plant*.
- Rather than isolate active ingredients in the plant – like we do with the opium plant when we create morphine, for example – many legalization proponents advocate vehemently for smoked marijuana to be used as a medicine.
- But the science on smoking any drug is clear: **smoking especially highly-potent whole marijuana, is not a proper delivery method, nor do other delivery methods (vaporization, “medibles”) ensure a reliable dose.**
- And while parts of the marijuana plant have medical value, the Institute of Medicine said in its landmark 1999 report: “Scientific data indicate the potential therapeutic value of cannabinoid drugs...**smoked marijuana**, however, is a **crude** THC delivery system that also **delivers harmful substances**...and should not be generally recommended...”

Other Legalization Issues

So who uses medical marijuana in states now?

- A study published in the *Harm Reduction Journal*, found that the average user of medical marijuana was a 32-year-old white male who had used cocaine and methamphetamine in their lifetime.
- According to a 2011 study in the *Journal of Drug Policy Analysis* that examined 1,655 applicants in California who sought a physician's recommendation for medical marijuana, very few of those who sought a recommendation had cancer, HIV/AIDS, glaucoma, or multiple sclerosis.
- In fact, in Colorado, according to the Department of Health, only 2% of users reported cancer, and less than 1% reported HIV/AIDS as their reason for marijuana. The vast majority (94%) reported "severe pain."
- In Oregon, there are reports that only 10 physicians made the majority all recommendations for "medical" marijuana, and agitation, seizures, cancer, HIV/AIDS, cachexia, and glaucoma were the last six reasons people utilized marijuana for "medical" purposes.

Other Legalization Issues

How does legalization affect our youth?

- A major study in *Drug and Alcohol Dependence* by researchers at Columbia University looked at two separate datasets and found that residents of states with “medical” marijuana had marijuana abuse/dependence **rates almost twice as high** than states without such laws.
- A study in the September 2011 issue of *Annals of Epidemiology* found that, among **youths age 12 to 17**, marijuana usage **rates were higher** in states with medical marijuana laws (8.6%) compared with those without such laws (6.9%).
- A more recent study, by Rosalie Pacula of RAND and Dr. Eric Sevigny found that states with two main characteristics – legal home cultivation and medical marijuana “dispensaries” – were positively associated with **increased youth marijuana use** even when controlling for other factors.

Other Legalization Issues

So what should we do about legalization issues surrounding marijuana?

- Unless an **elaborate testing system** is established and enforced by the state, this will not ensure the safe, tested, and standardized products that parents seek for their children. Even certain more popular products are of uncertain composition, quality and efficacy.
- Companies selling these products have not made public the composition/ratio of an adequate number of batches, nor have they provided full battery anonymized case studies showing how many patients benefit and to what extent, how many patients get little or no benefit, what side effects they experience, and what they charge for the product.
- At most, 11 “selected” case studies have been presented, all of which show benefit. However, these are anecdotal cases reported by parents, and it is unlikely that current CBD preparations work for all seizure conditions.
- **Educate yourself & advocate for safety** if you are supporting legalization!

Talking to your kids about marijuana

- Focus on one goal: You do not want them to use.
- Stick to simple, straightforward irrefutable arguments:
 - Marijuana makes it harder for your brain to make good decisions
 - Marijuana reduces motivation, increases impulsivity
 - For some people, once they start using marijuana, they can't or won't stop
 - Marijuana can keep you from doing and being your best

Issues Related to Marijuana

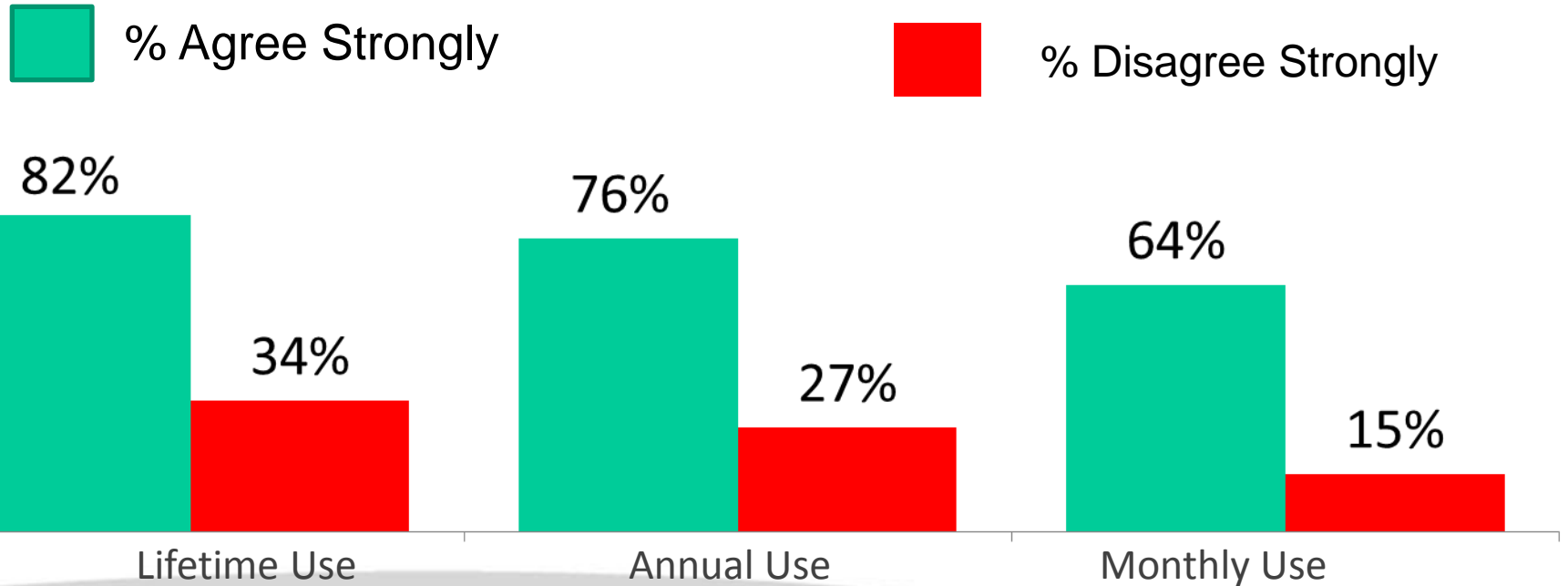
Legalization, comparisons to alcohol and medical marijuana are all worthwhile topics, **but** they are distractions from the main point:

You don't want youth to use.

Parental Permissiveness

The research shows that the more teens believe their parents would be okay with them smoking marijuana, the more likely they are to do so.

“My parents would be ok if I smoked marijuana once in a while”



Teens' Marijuana Use

“Did you use?”

- If yes, **don't lie**; but **don't tell “war stories.”**
Focus on your child's future decisions.
- Circle back to your primary messages: **“It was harder to make good decisions, stay motivated and decide not to use.”**
- If you didn't use, discuss how you saw others act and why you made your decision.

How to spot alcohol & drug use:

Here are five changes to watch for...

- Declining school work and grades
- Abrupt changes in friends, groups or behavior
- Sleeping habits and abnormal health issues
- Deteriorating relationships with family
- Less openness and honesty

14
Average
age of first
use

How to spot alcohol & drug use:

Be aware of special vulnerabilities, such as:

- Family history – predisposition to drug or alcohol problems
- Close friends who use drugs or alcohol
- Early first use
- Diagnosed or undiagnosed depression/ other mental health disorders
- Problems in school/learning disabilities

What To Do When You Spot Alcohol And Drug Use.

1. Focus, you can do this.

- Act right away.**

2. Start talking:

- Let your child know you are concerned.**
- Communicate your disapproval.**

3. Set limits, rules and consequences.

4. Monitor – look for evidence, make lists, keep track.

5. Get outside/professional help – you don't have to do this alone.

14
Average
age of first
use

Pontotoc County

Resources

- Visit www.pcdfc.org for more information about Pontotoc County Drug Free Coalition, STAND Youth Coalition, prescription drop box locations, and more local resources.

Treatment

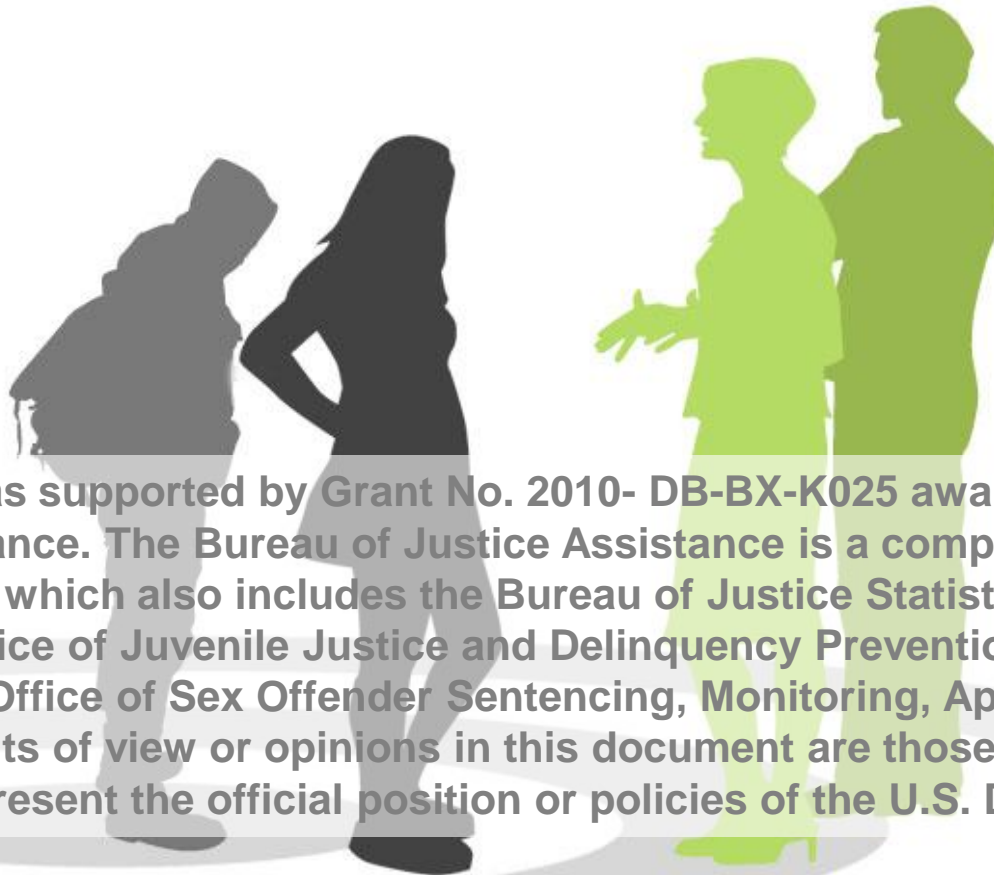
- Addiction & Behavioral Health Center, Inc.:
Location: 124 S. Broadway Ste. 200,
Ada, OK
Phone: (580) 332-3001
Fax: (580) 332-8774
Email: vorsburn@addictionbhc.org
- STAND (Students Taking A New Direction) Youth Coalition contact information:
DFC Coordinator
AshLee Griffin
Phone: (580)559-5990
Email: jesagri@ecok.edu
- Brandon Whitten Institute for Addiction & Recovery at ECU:
Office: (580) 559-5720
Director: (580) 559-5815
Email: bwainstitute@ecok.edu
- [Pontotoc County Resource & Referral Manual](#)

How Do I Get My Completion Certificate?

[Please click here to take a brief assessment through Survey Monkey to receive a certificate.](#)

- This assessment is confidential and your name will not be tied to any results or shared with any other entities. However, you will be asked to provide your name and email at the end of the assessment if you would like to receive a certificate of completion for this module or if you wish to be added to PCDFC's contact list. Alternately, you can email holrwit@ecok.edu with a copy of the assessment completion page to receive a certificate if you do not wish to leave your name at the end of the assessment. You can also send an email request to be added to PCDFC contact lists
- Certificates are **emailed within 7-10 business days** of completing the module (if not sooner).

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