

“Talk Marijuana Edibles Driving High Vaping Peer Pressure Listen”



A Parent Handbook to help you talk to your teen.

It Starts With **YOU**
Talk Early. Talk Often. And Listen.



SPCRegionalPreventionCoalition.org

Our Message to Parents

We hear parents say over and over again that their children are exposed to more information — not all of it good — more frequently, and they find it difficult to be “gatekeepers”.

Parents, You can’t actually control your teen when they are out of your sight but you can help them become a person who has good values and good judgement. You can do that by modeling healthy behavior and talking openly. Give them the information they need to make healthy decisions on their own. Studies show that kids whose parents talk to them, teach them the risks about using, set and follow through with clear rules about drug use have teens that are less likely to use drugs. Parents are the most important influence on whether their kids use drugs. Two thirds of youth ages 13 – 17 say losing their parents respect is one of the main reasons they don’t smoke marijuana or use other drugs.

Marijuana use comes with real risks that can impact a person’s health and life. At the same time, the perception of how harmful marijuana use can be is declining. Young people today do not consider marijuana use a risky behavior. RI surveys have shown increases in new teen marijuana users occur between 8th and 10th grade. When youth start using marijuana before the age of 18, the rate of addiction is 1 out of 6. Teens who smoke marijuana at least once a month are three times more likely to have suicidal thoughts than non-users (CADIYINC.org)

Using substances like drugs or alcohol during this critical time can hurt teens’ brains. In fact, some teens who have heightened risk factors are even more vulnerable to adverse impacts than others.

90% of people with addictions started using in their teens — sometimes even earlier. (CADCA.org)

This booklet will inform you about the risks teens face and will help you start talking to your teen or continue the conversation.

We are here to support you.

The Southern Providence County Prevention Coalitions

Straight Talk

RI has the unfortunate distinction of being one of the states with a high incidence of past month marijuana use amongst people 12 years and older at 11.7%.

2018 RI Student Survey

What is marijuana?

Marijuana, one of the most often-used drugs in the U.S., is a product of the hemp plant, *Cannabis sativa*. The main active chemical in marijuana, also present in other forms of cannabis, is THC (delta-9-tetrahydrocannabinol). Of roughly 400 chemicals found in cannabis, THC affects the brain the most. It is a mind-altering chemical that gives marijuana users a high.

Marijuana itself is a green or grey mixture of dried, shredded flowers and leaves of the hemp plant.

Marijuana is usually smoked in hand-rolled cigarettes (joints), in pipes or in water pipes (bongs), in cigars emptied of tobacco and refilled with a mixture of tobacco and marijuana (blunts).

Most recently marijuana is being processed by butane extraction into a high THC-concentration products that can be used in e-cigarettes or vaping devices.

Why Some Teens Use

Teens use marijuana for different reasons, which may include:



- to relax
- to have fun
- to alter their perspective
- to fit in
- to experiment
- to try something new

Some teens see it as not dangerous and easy to get – maybe even easier than alcohol.

Effect on Education

Marijuana can impact your teen's achievement in the classroom, on standardized tests and in the future.

- Marijuana use impairs the ability to concentrate and retain information. This can be especially problematic during peak learning years.
- Marijuana use is linked to lower grades.
- Marijuana and underage drinking are linked to higher dropout rates. A teenage marijuana user's odds of dropping out are more than 2x that of a non-user.
- Marijuana is addictive. It can cause problems for young users when their bodies and brains are still developing, which decreases their likelihood of success.
- The earlier kids start using marijuana, the more likely they are to become dependent on this or other illicit drugs later in life.
- Even occasional use negatively impacts emotion, motivation, and decision making. More research is coming on this emerging concern.

“ Not getting to class, changing majors, the B average becomes a C average – they are small things that aren't disastrous but they can change the course of where you are heading.”

Alan J. Budney, researcher and professor at the Geisel School of Medicine at Dartmouth, NY Times

HEAVY MARIJUANA USE IN TEENS IS LINKED TO



LOWER GRADES
AND EXAM
SCORES



LESS LIKELY TO
GRADUATE FROM
HIGH SCHOOL
OR ENROLL IN
COLLEGE

Marijuana's Effect on Mental Health

Marijuana and Psychosis

People who smoke marijuana are 3-5x more likely than non-users to have a psychotic disorder. High potent marijuana use alone was responsible for 24% of adults presenting with first-episode psychosis in a recent British study. Today's marijuana has a much higher THC content.

Marijuana and Anxiety

While it is true that marijuana contains cannabinoids that can act on brain receptors responsible for lessening anxiety, chronic use of marijuana will "down-regulate" (or decrease the availability of) these receptors resulting in increased anxiety. This can also trigger "a vicious cycle" of increasing marijuana use that in some cases leads to addiction.

Neuron Mar 2014, Vanderbilt University

Marijuana and Suicide

Teenagers who start smoking marijuana daily before the age of 17 are 7x more likely to commit suicide. Even occasional use of marijuana is associated with increased risk of suicide.

Learnaboutsam.org, Lancet Psychiatry

Marijuana and Addiction

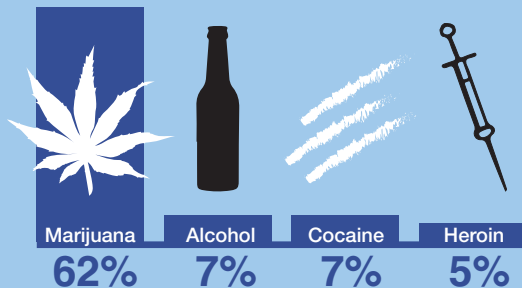
- Research shows that 1 in 11 of all marijuana users become addicted. If a person begins use under the age of 18, that number rises to 1 in 6.
- Marijuana is the #1 reason adolescents are admitted to substance-abuse treatment in the U.S.

Marijuana and Opioids

- Studies show marijuana users are 2.7 times more likely to abuse harder drugs.
- Marijuana has also been shown to lower users' pain threshold.

National Institute on Drug Abuse (NIDA)

Admissions to RI hospitals of youth ages 12-19 for substance use disorders



2012 RI data from Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episodes Data Set (TEDS)

Alcohol vs. Marijuana: Pick Your Poison

Is marijuana safer than alcohol, or vice versa? Each substance has different effects on the body. Here's how the two compare. In most cases, these effects have been studied in heavy, chronic smokers and drinkers, not occasional users.

MARIJUANA

Immediate Effects

Impairs judgment
Slows reaction time
Affects coordination and motor skills
Increases risk for accidents
Changes behavior and mood

Brain

Reduces blood flow to brain
Interferes with learning, memory, and attention
May increase risks for schizophrenia and other mental illnesses

Cancer

Linked to precancerous lung changes
May increase testicular cancer risk in young men

Driving

Impairs judgment
Slows reaction time
Affects coordination and motor skills
Increases risk for accidents

Liver

No known effects

Lungs

Contributes to precancerous lung changes
May lead to more coughing and wheezing

Pregnancy

May lead to low birth weight
May lead to developmental and behavior problems in baby
No evidence it causes birth defects

ALCOHOL

Immediate Effects

Impairs judgment
Slows reaction time
Affects coordination and motor skills
Increases risk for accidents
Changes behavior and mood

Brain

May contribute to anxiety and depression

Cancer *May increase risks of these cancers:

Breast
Esophagus
Liver
Throat

Driving

Impairs judgment
Slows reaction time
Affects coordination and motor skills
Increases risk for accidents

Liver *Increases risks for:

Fatty liver disease
Alcoholic hepatitis
Cirrhosis

Lungs

May damage lungs

Pregnancy *Increases risks for:

Miscarriage
Pre-term birth
Stillbirth
Birth defects
Low birth weight
Learning and behavior problems

SOURCE:

Hall, W. The Lancet, October 2009.

Jeanette Marie Tetraault, MD, FACP, assistant professor of medicine, Yale University School of Medicine.

National Institute on Drug Abuse: "DrugFacts: Marijuana."

Li, M-C. Epidemiologic Reviews, October 2011.

National Institute on Alcohol Abuse and Alcoholism: "Alcohol's Effects on the Body."

National Council on Alcoholism and Drug Dependence Inc.: "Drinking and Driving."

National Institute on Alcohol Abuse and Alcoholism: "Examples of Alcohol's Effect on Organ Function."

March of Dimes: "Alcohol During Pregnancy."

What Does Big Marijuana Look Like?

The tobacco industry has provided a detailed road map for marijuana: deny addiction potential, downplay known adverse health effects, create as large a market as possible as quickly as possible, and protect that market through lobbying, campaign contributions, and other advocacy efforts.

The marijuana industry will have unprecedented opportunities for marketing on the internet, where regulation is minimal.

History and current evidence suggest that simply legalizing marijuana, and giving free rein to the industry, is not the answer. To do so would be to, once again, entrust private industry with safeguarding the health of the public — a role that it is not designed to handle.

Tobacco companies lied to America and today we are paying the price. Tobacco costs our country at least \$200 billion annually — which is about 10x the amount of money our state and federal governments collect from today's taxes on cigarettes and other tobacco products.

Big Tobacco is poised to become Big Marijuana should it ever become legalized.

Excerpts from June 11, 2014, Drs. Sharon Levy and Kimber Richter, New England Journal of Medicine

“ Documents buried deep in tobacco company archives reveal a hope and a plan to sell marijuana as soon as legally possible”.

Time Magazine, June 3, 2014



➡ According to a report commissioned by tobacco company Brown and Williamson, “The use of marijuana... has important implications for the tobacco industry in terms of an alternative product line. (We) have the land to grow it, the machines to roll it and package it, the distribution to market it.”

Altria, the parent company of Phillip Morris (the largest cigarette maker in the US) recently bought the domain names “AltriaCannabis.com” and “AltriaMarijuana.com”

learnaboutsam.org

What are Marijuana Edibles?

Marijuana concentrates, with a high concentration of THC, can also be mixed into a wide variety of foods such as candy, baked goods, and even sauces. These are called edibles.

Edibles, once created for medical marijuana users who did not want to smoke, are finding their way to youth due to their appealing forms and packaging. In states with legalized recreational marijuana, edibles are popular products to use and easy to hide.

In Colorado in 2014, almost 3 million units of marijuana-infused edibles were sold through the recreational program.

Colorado Department of Revenue Annual Update 2/27/15



One dose/serving = one fish
Could you eat just one?



Marijuana edible candy and regular candy

➡ Marijuana infused products are easily disguised, often undetectable providing a discreet means of bringing them to school, workplaces and other public places for consumption or distribution.

Edible Risks:

- Sold in packaging similar to familiar, kid friendly products with vastly different serving sizes.
- Not FDA or USDA approved
- No safety or health standard testing
- Largely unregulated (THC levels can vary widely)

Inhaling vs. Ingesting Marijuana

It is important to understand there are two very significant differences between inhaling and ingesting marijuana:

Because of the way in which the body processes marijuana, ingesting it typically produces much stronger and longer-lasting effects:

Whereas the effects of inhaling marijuana are immediate and peak within 10-15 minutes, ingesting marijuana can take up to two hours to take effect and can peak for a couple hours after that.

Impaired Driving

Impaired Driving

Use of any mind-altering drug (like marijuana) makes it highly unsafe to drive a car and is illegal — just like driving after drinking alcohol.

Marijuana negatively affects a driver's attentiveness, perception of time, distance and speed, and ability to draw on information from past experiences. Research shows that impairment increases significantly when marijuana use is combined with alcohol.

NIH Drug Facts 12/14 at www.drugabuse.gov

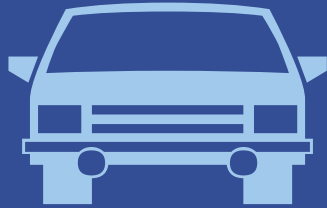
DANGER: TEENS DO NOT VIEW DRIVING UNDER THE INFLUENCE OF MARIJUANA OR ALCOHOL TO BE DANGEROUS.

- Of the teens who admit to driving under the influence of alcohol, 40% say it has no impact or even improves their driving.
- Of the teens who admit to driving under the influence of marijuana, 75% say it has no impact or even improves their driving.

DRIVERS UNDER THE INFLUENCE OF MARIJUANA ARE

2X as likely to cause a serious or deadly crash.

BMJ 2012



23% of teens admit to driving under the influence of alcohol, marijuana, or other drugs – that's **3 million** impaired teen drivers on our roadways.

Statistics from 2013 SADD/Liberty Mutual study

How to convince your teen not to use?

If your teen says...

“Marijuana is just a plant; how harmful can it be?”

You say: You know how bad tobacco is; smoking marijuana is even worse for your health. It contains over 400 carcinogens. It can also hurt your future as marijuana use in any form makes it harder to concentrate and retain information.

“Marijuana is not addictive.”

You say: It is addictive. More teens are admitted for treatment for marijuana use disorders than any other drug.

“You smoked weed and you turned out fine.”

You say: This isn't about my past; it's about your future. Marijuana is much more potent nowadays and teens are in many more risky situations than the teens of my generation were, including driving cars.

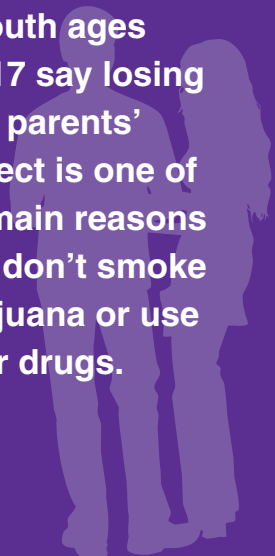
“I know straight ‘A’ students who smoke weed.”

You say: Most kids who smoke weed don't make straight “A's”. Research shows that teens with an average grade of “D” or below are 4x more likely to use marijuana than straight “A” students.

“Marijuana makes me feel good.”

You say: There are many better ways to feel good that are healthy and legal.

**Two–thirds
of youth ages
13–17 say losing
their parents’
respect is one of
the main reasons
they don’t smoke
marijuana or use
other drugs.**

The background of the text box features a dark purple silhouette of two adults and a child standing together, with the child in the center and the adults on either side. The text is in a bold, white, sans-serif font.

Parents. The Anti-Drug, 2012

“Marijuana must be okay; it’s used as medicine.”

You say: So are many other drugs that you know would be harmful for you to take as a healthy teenager. The Federal government still classifies marijuana as an illicit drug that has no medical benefits. Until more research is done we really don't yet know whether smoking marijuana has any benefits that could outweigh the huge risks of its use. There is a pill form of marijuana, which is available by prescription for certain very ill patients. That certainly doesn't mean it is something that is right for you.

Facts for Parents

Setting rules and enforcing them can make all the difference in teens' lives.

- Youths who are not regularly monitored by their parents are 4x more likely to use drugs.
- Parents are the most powerful influence on their kids when it comes to drugs. Two-thirds of youth ages 13-17 say losing their parents' respect is one of the main reasons they don't smoke marijuana or use other drugs.

Parents. *The Anti-Drug*, 2012

What do I do if I find my teen is using marijuana or other drugs or breaking other family rules?

- Keep calm.
- Communication is key! When dealing with behavior problems it is important to communicate your disapproval of the behavior without making your teen feel rejected or like they are a bad person.
- Enforce the consequences that your family set for breaking the rules.
- Seek professional help if necessary. Contact Student Assistance Services at your teen's school.
- For more information on marijuana and other drugs, visit:
www.drugabuse.gov
www.teens.drugabuse.gov.

WATCH LIST FOR PARENTS

- Changes in friends
- Negative changes in schoolwork, missing school, or declining grades
- Increased secrecy about possessions or activities
- Use of incense, room deodorant, dryer sheets, or perfume to hide smoke or chemical odors
- Subtle changes in conversations with friends, e.g. more secretive, using "coded" language
- Change in clothing choices: new fascination with clothes that highlight drug use
- Increase in borrowing money
- Evidence of drug paraphernalia such as pipes, e-cigs, rolling papers, etc.
- Bottles of eye drops, which may be used to mask bloodshot eyes or dilated pupils
- New use of mouthwash or breath mints to cover up the smell

Most marijuana use begins in adolescence, the age group most likely to suffer from negative effects.

78%

of the 2.4 million people who began using in the last year were ages 12-20.

Rhode Island Marijuana Laws



RI currently has a medical marijuana law and decriminalization of marijuana in amounts less than 1 ounce.

Medical marijuana

Several states, including Rhode Island, permit the medical use and cultivation of marijuana under certain circumstances. Rhode Island's Medical Marijuana Act does not alter federal statutes and regulations prohibiting the possession and use of marijuana. Federal Law prohibits medical marijuana except for a prescribed pill form of the drug.

The RI Department of Health oversees the medical marijuana program and describes it in this way: "Rhode Island is one of 24 states with a medical marijuana program. A physician has "authorized" the patient to obtain a medical marijuana card that allows the patient to purchase, grow, and possess medical marijuana in spite of the fact that it remains a Drug Enforcement Administration (DEA) Scheduled I drug that cannot be prescribed by virtue of state and federal law. The rapid expansion of medical marijuana has put all physicians in the awkward position of "authorizing" a drug that is not supported by the American College of Physicians and the American Medical Association."

The Food and Drug administration (FDA) does not support the medical use of smoked marijuana for treatment and therefore has not approved it as a medicine that can be prescribed by physicians. According to the Institute of Medicine (IOM), smoking marijuana is an unsafe delivery system that produces harmful effects.

Marijuana decriminalization

Under decriminalization marijuana remains illegal — only the penalty has changed; the consequences for possession changed from criminal sanctions to fines or civil penalties. In 2013, the Legislators voted to decriminalize marijuana in amounts less than one ounce. The law makes possession of less than ounce of cannabis a civil violation with a \$150 fine, although three violations in 18 months would be a misdemeanor with larger fines and the risk of prison time. Youth must also perform community service and/or complete a drug awareness class.

It is illegal to drive under the influence of any marijuana.

It Starts With **YOU**. Talk Early. Talk Often. Listen.

There is no magic bullet for preventing teen drug use. But research shows parents have a big influence on their teens, even when it doesn't seem that way! So talk openly with your children and stay actively engaged in their lives.

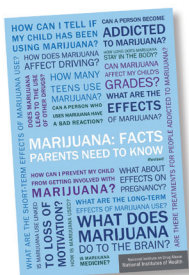
To help you get started, below are some brief summaries of marijuana research findings that you can share with your kids to help them sort out fact from myth, and help them make the soundest decisions they can.

Marijuana is unsafe if you are behind the wheel. Marijuana compromises judgment and affects many other skills required for safe driving: alertness, concentration, coordination, and reaction time. Marijuana use makes it difficult to judge distances and react to signals and sounds on the road. By itself, marijuana is believed to roughly double a driver's chances of being in an accident, and the combination of marijuana and even small amounts of alcohol is even more dangerous — more so than either substance by itself.

Marijuana is associated with school failure. Marijuana has negative effects on attention, motivation, memory, and learning that can persist after the drug's immediate effects wear off — especially in regular users. Someone who smokes marijuana daily may be functioning at a reduced intellectual level most or all of the time.

Marijuana can be addictive. Repeated marijuana use can lead to addiction — which means that people often cannot stop when they want to, even though it undermines many aspects of their lives. Marijuana is estimated to produce addiction in approximately 9 percent, or about 1 in 11, of those who use it at least once. This rate increases to about 1 in 6, or 17 percent, for users who start in their teens, and 25 – 50 percent among daily users. And among youth receiving substance abuse treatment, marijuana accounts for the largest percentage of admissions: 74 percent among those 12–14, and 76 percent among those 15–17.

Excerpt from *Marijuana: Facts Parents Need to Know* (NIH Publication No. 14-4036), National Institute on Drug Abuse, Revised 2014.



Marijuana: Facts Parents Need to Know

An informative, easy-to-read, publication in question-and-answer format, written by the National Institute on Drug Abuse, that provides facts about marijuana for parents and offers tips for talking with their children about the drug and its potential harmful effects.

Available online at www.drugabuse.gov/publications/marijuana-facts-parents-need-to-know/letter-to-parents

Our Mission

The Regional Coalition is a union of concerned volunteers who dedicate themselves to the betterment of the citizens of Southern Providence County (SPC). The coalition advocates for change through planning, development and implementation of effective prevention strategies by raising awareness of substance abuse and promoting safety and wellbeing.



Tri-County Community Action Agency
Southern Providence County
Regional Coalition

Cranston • Johnston • North Providence • Scituate • Smithfield

Patricia Sweet

Director of the SPC Prevention Coalition

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