Now that marijuana is legal for adults in Washington . . .







A parent's guide to preventing underage marijuana use





How does Marijuana Use Affect Adolescent Health?

Three reasons why YOU should care:

- 1. Marijuana is addictive.
- **2.** It is against the law for people under 21 to use marijuana.
- Marijuana use gets in the way of saying YES to other exciting opportunities in life.

Marijuana is addictive¹. Most teens who enter substance abuse treatment programs in Washington state report that marijuana is the main or only drug they use². Teens who identify other drugs as their primary drug of choice often say they use marijuana too. Adolescents who start using marijuana before the age of 14 are four times more likely to become addicted by the time they are adults³. Marijuana addiction is more common among teens than adults because their brains are still developing and vulnerable.^{4,5}

The Good News!

Most high school seniors (73%) in Washington state DON'T use marijuana.

However, after alcohol, marijuana is the drug most commonly used by high school students who use drugs. About 20% of students in 10th grade have used marijuana in the past 30 days. Those that do are more likely to get lower grades in school.

(2012 Washington State Healthy Youth Survey)

Marijuana is the most common drug used by children 12-17 years old who visit hospital emergency rooms for drug misuse or abuse.⁷ While there are no records of death directly from marijuana overdose, serious health problems occur when potent marijuana products are eaten or inhaled.⁸ Some teens make the mistake of believing that marijuana can help reduce issues with ADHD or anxiety, and improve their focus in school. But, in truth, adolescents who use marijuana can have:

- · Increased difficulty memorizing things
- Distorted thinking and perception (exaggerated or irrational thoughts)
- Hallucinations
- · Paranoia
- Anxiety
- Depression
- A permanent decrease in IQ with prolonged use⁶

Teens who use marijuana are actually more likely to experience school failure, which can lead to school drop out.¹

Adolescents addicted to marijuana often struggle with new mental health problems such as anxiety, depression and paranoia. Marijuana addiction can also make existing mental health conditions worse. When addicted to marijuana, adolescents often lack motivation and energy, and lose interest in activities they used to enjoy.

What can YOU do?

Even as teens, **children care about what parents say.** One of the key reasons teens choose not to use drugs is because they know their parents don't approve of it.⁹

Express a no use attitude. Children whose parents have a positive attitude toward marijuana use are five times more likely to use marijuana by 8th grade.¹⁰

Start early!

- Since teenagers who use marijuana often start by age 14, parents should start an ongoing conversation about drugs by 4th or 5th grade.
- Be clear and specific about your family expectations about marijuana use.

What to say to 4th & 5th graders: "What do you know about marijuana? Do you know that marijuana can hurt your health? 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."

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

- Role play social situations where your child is offered marijuana by a peer.
- 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 and, if needed, to call you for a ride home.

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 offered to you."

Set clear guidelines.

Communicate the importance of healthy behaviors and establish clear and specific rules about not using marijuana and other drugs. This can be part of a broader conversation about expectations for things like:

- Doing chores
- Following parental rules
- Showing respect for family members
- Bedtimes
- Curfews
- · Following laws and school regulations
- School and class attendance

Provide consistent negative consequences for not meeting the guidelines. Remember to provide compliments for good choices and healthy behavior.

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?"

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 so that you may support one another to keep your children away from drugs.

Keep lines of communication open.

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



Monitor your own behavior.

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

- · Avoid heavy drinking around your child or teen.
- Do not use marijuana around your child or teen.

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 child feel rejected or like they are a bad person.
- 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. This may lead your child 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 and you may see the behavior get worse.

This is not the time for anger, accusations, name calling or sarcasm.

How can I tell if my teen is using marijuana?

Be aware of changes in your child's behavior, such as carelessness with grooming, mood changes, and relationship problems with family members and friends. In addition, changes in grades, skipping school, lost interest in favorite activities, and changes in eating or sleeping habits could all be related to drug use.

If someone is high on marijuana, they 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

If someone uses marijuana often, they 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 or may steal money
- Have items used with drugs such as pipes, bongs, scales, rolling papers, blunt wraps or vapor pens

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

If you think that your teen is addicted or cannot stop using marijuana or other drugs, contact their doctor or the Washington Recovery Help Line at 1-866-789-1511.

Frequently Asked Questions

Isn't marijuana safer for teens 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?

There are many natural things that are not good for our bodies. Regardless of it being "natural" or not marijuana can harm youth health.

Isn't it better for my child to consume marijuana at home where I can make sure they stay safe?

Research shows that teens who use alcohol at home are actually more likely to abuse alcohol when not at home. The same holds true for marijuana.

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

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

I smoked when I was a kid, why deny a rite of passage?

Keep in mind that most teens do not use marijuana, so it is not really a rite of passage. Today's marijuana is more potent than the marijuana that was available in the past. In addition, some marijuana products being sold are "concentrates" and are even more potent.

How do I tell my child not to smoke if I do now or did when I was younger?

Just like with alcohol, tell your child that it is against the law to use marijuana until they are 21. The teen brain can be harmed by regular marijuana use in ways that the adult brain is not. Using marijuana as a teen increases the likelihood that a person will become addicted to marijuana.

Washington Marijuana Laws & Minors

In 2012, Washington State voters approved Initiative 502 which created a legal, commercial marijuana system. Adults aged 21 years and older are allowed to possess small amounts of marijuana products.

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 new law allows marijuana advertising. Be aware of marijuana advertising that your child is exposed to online, in magazines and newspapers, and in the community. Talk about the ads and the messages they send. Use these talks to stress your family rules about not using drugs, including marijuana.

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. Possession of more than 40 grams is a felony.

It is illegal for people under the age of 21 to drive after using any amount of marijuana. This is called "zero tolerance".

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

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

Resources

Seattle Children's Hospital Adolescent Substance Abuse Program

Provides teen substance abuse prevention, intervention, and out-patient treatment www.seattlechildrens.org/clinics-programs/adolescent-substance-abuse/resources/

University of Washington Alcohol & Drug Abuse Institute

A one-stop source of marijuana information in Washington state www.LearnAboutMarijuanaWA.org

Washington Recovery Help Line

24-Hour help for substance abuse, problem gambling and mental health www.warecoveryhelpline.org or 1-866-789-1511

The Partnership at DrugFree.org

Information for parents about substance abuse www.DrugFree.org

National Institute on Drug Abuse

Marijuana facts for parents and teens www.drugabuse.gov

M-Files

Straight talk about meth, marijuana, and prescription medications www.mfiles.org

Prevention WINS

A youth substance abuse prevention coalition in northeast Seattle www.preventionworksinseattle.org/ParentingTips.aspx

Sources

(1) National Institute on Drug Abuse. *Drug Facts: Marijuana*; 2012. Available at: http://www.drugabuse.gov/sites/default/files/marijuana_0_0.pdf

- (2) Washington State Tobacco, Alcohol and Other Drug Trends Report, (2012).
- (3) Partnership Attitude Tracking Study (PATS) Sponsored by MetLife Foundation.; 2012. Available at: http://www.drugfree.org/wp-content/uploads/2013/04/PATS-2012-FULL-REPORT2.pdf.
- (4) Casey BJ, Jones RM, Hare TA. The adolescent brain. Ann. N. Y. Acad. Sci. 2008;1124:111-126.
- (5) Hurd YL, Michaelides M, Miller ML, Jutras-Aswad D. Trajectory of adolescent cannabis use on addiction vulnerability. Neuropharmacology. 2014;76 Pt 8:146-24. Available at: http://www.ncbi.nlm.nih.gov/pubmed/23954491.
- (6) Meier MH, Caspi A, Ambler A, et al. Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proc. Natl. Acad. Sci.* U. S. A. 2012;109(40):E2657–64.
- (7) The Center for Behavioral Health Statistics and Quality (CBHSQ) Report: A Day in the Life of American Adolescents: Substance Use Facts Update, Substance Abuse and Mental Health Services Administration (SAMHSA), August 29, 2013, http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/data/2Kl3/CBHSQl28/srl28-typical-day-adolescents-2013.http://www.samhsa.gov/day-adolescents-2013.http://www.samhsa.gov/d

- (8) National Cannabis Prevention Information Centre. Looking After a Friend On Cannabis. Available at: http://ncpic. org.au/ncpic/publications/factsheets/pdf/looking-after-afriend-on-cannabis.
- (9) Prevention of substance use and substance use disorders: The role of risk and protective factors, (2011). Catalano, Richard F., Haggerty, Kevin P., Hawkins, J. David, Elgin, Jenna. In Y. Kaminer & K.C. Winters (Eds.), Clinical manual of adolescent substance abuse treatment (pp 25-63). Washington, DC: American Psychiatric Publishing.
- (10) Risk and Protective Factors for Your Marijuana Use: Preliminary Findings, (2013). Hong, G., Becker, L. Presented July 10, 2013 at the What Works Youth Marijuana Symposium.
- (11) Effects of Home Access and Availability of Alcohol on Young Adolescents' Alcohol Use, (2007). Komro, K.A.; Maldonado-Molina, M.M.; Tobler, A.L.; et al. Addiction 102(10):1597-1608. Do parents and best friends Influence the normative increase in adolescents' alcohol use at home and outside the home?, (2010). van der Vorst; H., Engels, R.C.M.E; and Burk, W.J. Journal of Studies on Alcohol and Drugs 71(1):105-114.

Authors



Dr. Leslie R. WalkerChief, Division of Adolescent Medicine
Director, University of Washington LEAH
(Leadership of Education in
Adolescent Health)

Professor and Vice Chair of Faculty Affairs UW Department of Pediatrics Immediate Past President 2012-2013, Society of Adolescent Health and Medicine (SAHM)

Seattle Children's Hospital, University of Washington

Dr. Walker is Co-Director of Seattle Children's Hospital Adolescent Substance Abuse Program which provides a continuum of programs from youth substance abuse prevention to out-patient treatment.

http://depts.washington.edu/uwleah/



Dr. Kevin HaggertyAssociate Director
Social Development Research Group
University of Washington

The Social Development Research Group (SDRG) at the University of Washington is known internationally for research on the prevention of substance abuse and other harmful behaviors. SDRG developed evidence-based programs that lead to reductions in substance abuse and a variety of other problems among youth. Dr. Haggerty directed research studies that evaluated parenting programs including Guiding Good Choices, Staying Connected with Your Teen, Common Sense Parenting. Safe Drivers Wanted and Raising Healthy Children.

www.SDRG.org

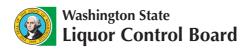
This pamphlet is made possible by a partnership between











This booklet was developed, in part, under grant SP017044 from the Office of National Drug Control Policy and Substance Abuse and Mental Health Services Administration.

The views, opinions, and content of this publication are those of the authors and contributors and do not necessarily reflect the views, opinions, or polices of ONDCP, SAMHSA, or HHS and should not be construed as such.

Hope. Care. Cure."



Seattle Children's Hospital 4800 Sand Point Way NE Seattle, WA 98105 TEL 206-987-2000

www.seattlechildrens.org

© 2014 Seattle Children's, Seattle, Washington. All rights reserved.