Marijuana and Adolescents
A Companionship Headed for Destruction

Substance Abuse Services Council Meeting

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Discussion Points

1. Marijuana – The Drug
2. Synthetic Marijuana
3. Prevalence of Adolescent Marijuana Use
4. Impaction on Adolescent Brain/Maturity Development
5. Intervention/Treatment
6. Family Involvement
Marijuana – The Drug

• The most commonly abused illicit drug in the United States

• Continued to be smoked as “joints” and “blunts”

• Adolescents are also involved in the practice of “dabbing”

• THC levels have steadily increased over the past decades which gives rise to the increase of both short and long term harmful effects of marijuana.
Marijuana – The Drug

- Impairs brain function and alters memory, judgment and motor skills

- Marijuana often is an introduction to the illegal drug culture

- Marijuana use often leads to the use of other more addictive drug use

- Peer pressure and curiosity are the top reasons for beginning marijuana use.
Synthetic Marijuana

• Marketed as K-2 or Spice

• Known as fake pot, Skunk, Moon Rock, Genie, Black Mamba

• A designer drug in which herbs, incense or other leafy materials are sprayed with liquid chemicals to mimic the effect of (THC).
Synthetic Marijuana

- Second most used illicit drug behind marijuana in 2011

- Use in all 3 grades dropped in 2013, and the declines continued into 2014

- In 2014, perceived risk of harm was low but has been rising in 12th graders
Prevalence and Attitude

• Public perception of harmlessness decreases the stigma of use

• Marijuana use is more frequent in high schoolers than cigarette smoking

• Synthetic marijuana - across the counter availability creates a false sense of safety
**Monitoring the Future Study**: Trends in Prevalence of Marijuana/Hashish for 8th Graders, 10th Graders, and 12th Graders; **2014** (in percent)*

<table>
<thead>
<tr>
<th>Drug</th>
<th>Time Period</th>
<th>8th Graders Ages 13-15</th>
<th>10th Graders Ages 15-17</th>
<th>12th Graders Ages 17-Above</th>
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<tbody>
<tr>
<td>Marijuana/Hashish</td>
<td>Lifetime</td>
<td>15.60</td>
<td>33.70</td>
<td>44.40</td>
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<td></td>
<td>Past Year</td>
<td>11.70</td>
<td>[27.30]</td>
<td>35.10</td>
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<td>Past Month</td>
<td>6.50</td>
<td>16.60</td>
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<td></td>
<td>Daily</td>
<td>1.00</td>
<td>[3.40]</td>
<td>5.80</td>
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### National Survey on Drug Use and Health: Trends in Prevalence of Marijuana/Hashish for Ages 12 or Older, Ages 12 to 17, Ages 18 to 25, and Ages 26 or Older; 2013 (in percent)*

<table>
<thead>
<tr>
<th>Drug</th>
<th>Time Period</th>
<th>Ages 12 or Older</th>
<th>Ages 12 to 17</th>
<th>Ages 18 to 25</th>
<th>Ages 26 or Older</th>
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<td>Marijuana/Hashish</td>
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<td>16.40</td>
<td>51.90</td>
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<td>Past Year</td>
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<td>Past Month</td>
<td>7.50</td>
<td>7.10</td>
<td>19.10</td>
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Relevant Considerations
Reasons For Use

• Peer Pressure
• Increased Availability
• Societal Acceptance of Use
• Family and Family Friend Use
• Social Media, Music, and Hero Influence
• Escape from Life’s Realities
The Adolescent Brain –
A Masterpiece in Progress
The Brain and Marijuana At A Glance

• Adolescent brain is immature and not fully developed at age 18 and does not fully mature until approximately age 25

• Marijuana use slows down/arrests the development and maturation of the brain

• Smoking marijuana may derail the connection between the judgment, problem solving and emotion centers in the brain
• Regular use in the early teen years lowers IQ into adulthood, even if users stopped smoking marijuana as adults

• Use impairs critical thinking and memory function
Other Considerations

• Research suggests an *association* between adolescent marijuana use and developing psychosis or schizophrenia later in life.

• Marijuana use is likely to increase as state and local policies move toward legalizing marijuana for medical or recreational purposes.

• Ability to process select situations is compromised leading to engagement in risky behaviors.
Marijuana use in young adults can lead to an introduction into the *drug* culture which in turn can lead to a lifetime emergence into the *addictive lifestyle*. 
Separating the Companions for the Good of All
Suggested Treatment Strategies

• Consider expanding age range to 16-25 for “adolescent treatment.”

• Clinicians who work with adolescent must be trained and guided by adolescent service delivery.

• **Treatment services should:**
  1) *Always be Youth* guided and *Family* driven
  2) *Increase use of evidence-informed practices that focus on marijuana use among youth (CYT Series)*
  3) *Include screening for the presence of mental health disorders*
  4) *Encourage active family and natural support involvement*
Family Involvement

• Intervention begins in the home and community

• Recommendations:
  1. Broaden the “family” to be any natural supports
  2. Family members should maintain ongoing communication – Checking in with adolescents about drug use. Have “The Talk”
  3. Family members and clinicians consistently emphasize “choice→action” relationship
References

• State Adolescent Substance Use Disorder Treatment and Recovery Practice Guide

• Monitoring Futures

• NIDA - http://www.drugabuse.gov/drugs-abuse/marijuana

• Street Drug Identification Guide - streetdrugs.org

• CYT – Cannabis Youth Treatment Series
References

• Adolescent Brain Development and Drug Abuse
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