



Smoke

*How to help your child
get through the teen
years without using
marijuana.*



Alarm

Parent Handbook



The
UnMarketers



Publication of this handbook was made possible through generous grant funding from the Rhode Island Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH). Little Compton Prevention Coalition is the recipient of a five-year Partnership for Success Grant and Tiverton has received a five-year Marijuana and Other Drug Initiative Grant recipient

High School: A New World for Teens and Parents

When your sons and daughters walk through the doors of High School in August as a member of the class of 2019, they will enter a world of opportunities. They will meet teachers who give 110%, a guidance department that stays on top of student issues, and an incredible athletic program where coaches teach that life-long skills and values are more important than a play you learn for the next game. It's a caring environment with a supportive administration – a place where you can be sure your kids are in good hands.

Freshman year also has its risks and Smoke Alarm is about one of those risks. For the past two years, our surveys have shown large increases in new teen marijuana users occur between 8th and 10th grade. We are not unique statistically – communities throughout Rhode Island and across the country report similar findings – but we can try a unique approach to reversing this trend.

Prevention studies show that when parents talk openly with their teens about the risks associated with smoking marijuana. They make a difference. That is why we published Smoke Alarm, to inform you about the risk our freshman face and invite you to help us reverse the trend. Talk to your kids, openly. Communicate the risks. You'll be heard, even if they don't admit it – and you'll be protecting your teen in a way that respects their growing need for independence – by giving them information they need to make healthy decisions when they're out there on their own.

The Coalitions hope this handbook provides some good discussion starters with your 9th grader and helps to reverse a very risky trend.

Rebecca Elwell

Tiverton Prevention Coalition

Polly Allen

Little Compton Prevention Coalition

Straight Talk

RI has the unfortunate distinction of being the state with the highest incidence of past month marijuana use amongst people 12 years and older, 13% versus 7% in the US, overall.

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health

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 nonusers 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.

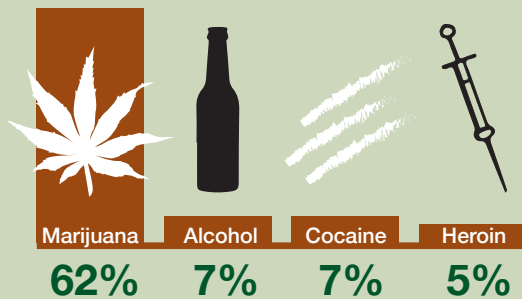
Learnaboutsam.org, Lancet Psychiatry

Marijuana and Addiction

- Research has found that 1 in 11 of all marijuana users will become addicted to the drug.
- If a person begins using under the age of 18, that number rises to 1 in 6 people.
- Marijuana is the #1 reason adolescents are admitted to substance-abuse treatment in the U.S.
- Users who try to quit experience withdrawal symptoms that include irritability, anxiety, insomnia, appetite disturbance and depression.

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
Preterm 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?

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

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.

“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.com

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

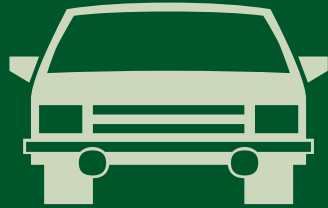
DANGER: TEENS DO NOT VIEW DRIVING UNDER THE INFLUENCE OF MARIJUANA OR ALCOHOL TO BE DANGEROUS.

- 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

E - Cigarettes and Vaping

What are E-cigarettes?

E-cigarettes are devices that use a battery to heat a liquid to create an aerosol that is breathed into the lungs. They go by other names such as e-cigs, e-hookahs, hookah pens, vaporizers, vapes, or mods.



Why are they dangerous?

E-cigarettes can contain a variety of liquids. Nicotine and other chemicals can cause cancer, birth defects or other health problems. Nicotine liquid is poisonous if swallowed, and is absorbed by the skin or gets in the eyes. Calls to Poison Control Centers have been increasing due to nicotine poisoning.

Also, e-cigarettes are often used with a high potency marijuana called wax, shatter, dab, or honey oil.

Aren't they safer than tobacco cigarettes?

There are currently no regulations for e-cigarettes in terms of labels or content. Many nicotine liquids are made in China and some say they do not contain nicotine when, in fact, they may.

E-cigarette use among school-age children has tripled in the last three years.



Are they safe to smoke indoors?

No. E-cigarettes pollute the air with tiny particles that get trapped in the lungs.

Vaping Marijuana

Vaporizing marijuana can lead to toxic levels of ammonia causing lung irritation, nervous system effects and asthma attacks.

Colorado Department of Public Health

E-cigarettes are being targeted towards youth.

Nicotine liquid comes in fruit and candy flavors that appeal to children who may taste or drink the e-liquid. The liquid comes in small bottles that look like eye or nose drops.

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 pot and you turned out fine.”

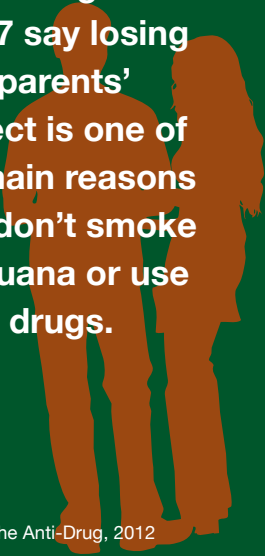
You say: This isn't about my past; it's about your future. Marijuana is much more potent nowadays and teens are in many more risky situations than the teens of my generation were, including driving cars.

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

You say: Most kids who smoke pot 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.

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



As of July 2015 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 20 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 of 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.

Talk to Your Kids about Marijuana

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

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.



Get your free copy of *Marijuana: Facts Parents Need to Know*

An informative, easy-to-read, 32-page brochure 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.

Download at TivertonPrevention.org



Our Vision

The Coalitions envision a community that embraces and promotes the health and safety of all its residents, and is working toward achieving that vision through education, partnerships, and community collaboration.

Our Mission

The Coalitions are an organized group of voluntary members, representing and serving the constituencies of our town, concerned with the development, implementation, and support of effective community-based prevention programs.



Please tell us what you think. Take a brief survey about *Smoke Alarm*:
www.surveymonkey.com/s/Smoke_Alarm_2015.

Thanks!

P.O. Box 173
Adamsville, RI 02801
401.835.5311
TivertonPrevention.org
littlecomptonpreventioncoalition.com