

# Counseling Parents and Teens About Marijuana In This Era of Legalization

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# Topics to be Covered

1. Current epidemiology of youth marijuana use.
2. Adverse Outcomes of Regular and Heavy Use of Recreational Marijuana by Adolescents, and starting use at younger ages.
3. How to counsel parents and teens about marijuana in this era of both medical and recreational marijuana legalization.



# Current Epidemiology of Adolescent Substance Use

- 3 Longitudinal USA National Databases:
  - Monitoring the Future (MTF): U. of Michigan, and the National Institute of Drug Abuse: annual survey of approximately 50,000 8th, 10th and 12th grade students.
  - Youth Risk Behavior Survey (YRBS): Centers for Disease Control and Prevention: includes national, state, territorial, tribal government, and local school-based surveys of representative samples of 9th through 12th grade students. Surveys are conducted every two years.
  - National Survey of Drug Use and Health (NSDUH): Substance Abuse and Mental Health Services Administration: annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older.



# Monitoring The Future 2017

## Marijuana Current Use (Used within the last 30 Days)

- 8<sup>th</sup> grade: 5.5% (+0.1% from 2016)
- 10<sup>th</sup> grade: 15.7% (+1.7% from 2016, ss)
- 12<sup>th</sup> grade: 22.9% (+0.4% from 2016)

## Marijuana Daily Use

- 8<sup>th</sup> graders: 0.8% (-0.1% from 2016)
- 10<sup>th</sup> graders: 2.9% (+0.4% from 2016)
- 12<sup>th</sup> graders: 5.9% (-.1% from 2016)



# Adolescent Marijuana Use 2015

## Youth Risk Behavior Survey

CALIFORNIA	USA	SIGNIFICANT DIFFERENCES
Ever used marijuana At least once	38.6% (33.5-43.9)	NO
Tried marijuana before age 13 years	7.5% (5.8-9.7)	NO
Currently used 1 or more times in the month before the survey	22.9% (18.5-27.9)	NO



# Significance of Current Use

- Current users may be at risk of becoming Regular or Heavy users (next slide). Thus it is important to encourage current users to decrease or quit use.



# Adverse Outcomes of Regular and Heavy Use of Recreational Marijuana by Adolescents

- Regular Users (defined as using 10-19 times/month) and Heavy Users (defined as using  $\geq 20$  times a month) are at particular risk of developing problem use.
  - Problem use includes cognitive, psycho-social, and mental health adverse consequences
- Other than + family history of problem use, which may put a particular adolescent at higher risk, it is difficult to predict who will become a regular or heavy user.
- Thus prevention and early intervention strategies are key to preventing the development of a MUD.



# Age of Onset of Use and Risk for Addiction

- The younger that a person starts using substances, including marijuana, the more likely problem use will develop:
  - Likely directly related to brain maturation/development; we now know that the adolescent brain continues to develop through the early-mid 20s (see next slide)
- Starting at age 14 > risk than age 16 > risk than age 18 > risk than age 21.
- Major threshold ages for decreasing risk seem to be ages 18 and 21.

# Marijuana Addiction

- Evidence clearly shows that marijuana is an addictive substance; overall, 9% of those experimenting with marijuana will become addicted.
- This percentage increases to 17% among those who initiate marijuana use in adolescence, and to a range of 25%-50% among teenagers who smoke marijuana daily.
- It should be noted that most teenage patients addicted to marijuana do not have lifelong addiction; however, significant effects on cognitive and psychosocial function may occur during the addiction period, which may last up to a decade.

# Adolescent Brain Development

- New research in adolescent brain development has found that brain maturation does not occur until the early - mid 20's.
- As noted, the younger an adolescent starts using substances, whether tobacco, alcohol, marijuana, or other drugs, the more likely dependence on or addiction to that substance will occur.
- Additionally, use of substances may alter the developing brain itself, in ways that are not yet fully understood but are different than usual development.
- Side effects from medical marijuana, particularly cognitive impairment and mental health issues, would be of special concern in adolescent patients.

# Practical Tips in Counseling Parents and Teens

- Ryan S, Ammerman S. Counseling Parents and Teens About Marijuana In This Era of Legalization. American Academy of Pediatrics: Committee on Substance Use and Prevention. 2017.
  - [aap.org/marijuana](http://aap.org/marijuana)



# Counseling Tips 1-3 of 10: for both Parents and Teens

- Marijuana is not a benign drug for teens. The teen brain is still developing, and marijuana may cause abnormal brain development.
- Teens who use marijuana regularly may develop serious mental health disorders, including addiction, depression, and psychosis.
- There are no research studies on the use of medical marijuana in teens, so actual indications, appropriate dosing, effects, and side effects, are unknown.

# Counseling Tips 4-6 of 10: for both Parents and Teens

- Recreational use of marijuana by minors and young adults under the age of 21 years is illegal, and if prosecuted, may result in a permanent criminal record, affecting schooling, jobs, etc.
- Never drive under the influence of marijuana, or ride in a car with a driver who is under the influence of marijuana. Adults and teens regularly get into serious and even fatal car accidents while under the influence of marijuana.
- Marijuana smoke is toxic, similar to secondhand tobacco smoke. Use of vaporizers or hookahs does not eliminate the toxic chemicals in marijuana smoke.

# Counseling Tips 7-10 of 10: for Parents

- You are role models for your children, and actions speak louder than words. So if you use marijuana in front of your teens, they are more likely to use it themselves, regardless of whether you tell them not to.
- It is important to keep all marijuana products away from children. As with other medications and toxic products, containers that are child proof and kept out of reach should be used. For small children, marijuana edibles and drinks can be particularly dangerous.
- Being “high” from your own recreational or medical marijuana use may alter your capacity to function safely as a parent, or provide a safe environment for infants and children.
- If your child asks you directly whether you have used marijuana, a brief, honest answer may help the child feel comfortable talking with you about drug use issues. However, it is best to not share your own histories of drug use with your children. Rather, discussion of drug use scenarios, in general, may be a more helpful approach.

# Resources

- [www.aap.org/marijuana](http://www.aap.org/marijuana)
- Youth risk behavior survey (CDC):  
<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
- Monitoring the future (U. of MI and NIDA):  
[www.monitoringthefuture.org](http://www.monitoringthefuture.org)
- National survey of drug use and health (National household survey on drug abuse) (SAMHSA):  
<https://nsduhweb.rti.org/>
- Marijuana Policy Project: [www.mpp.org](http://www.mpp.org)
- Drug Policy Alliance: [www.drugpolicy.org](http://www.drugpolicy.org)
- Apps: e.g., Leafly: \$1.99; comprehensive info on > 400 strains of marijuana, news updates, and related.



THANK YOU!

