For millennia, the Kumeyaay people have been a part of this land. This land has nourished, healed, protected and embraced them for many generations in a relationship of balance and harmony. I acknowledge this legacy: I promote this balance and harmony. I find inspiration from this land, the land of the Kumeyaay.

Bio
Julie Woochuk was born and raised in Michigan, and moved to the San Diego, California area in July 2012. She graduated from Michigan State University in 1995 with a Bachelor’s degree in Psychology, earned a Social Work License in the State of Michigan, and is a local and internationally certified addictions counselor. Julie has worked in the mental health and substance abuse field since 1995, educating and counseling a diverse group of clientele in various treatment settings. Beginning June 2015 Julie worked on the Prevention and Early Intervention (PEI) counselor at Southern Indian Health Council, Inc. in the Kumeyaay Family Services department. She transitioned into her current position as a Chemical Dependency Counselor in March 2021. In these positions, she created and continues to implement multiple suicide and alcohol and other drug prevention programs with local schools, education centers, and the community both in person and on ZOOM. She co-facilitates an Intensive Outpatient counseling program, and meets with clients individually. Julie works closely with all age groups to achieve positive, healthy lifestyle changes and prevent suicide and substance use. Julie is a certified QPR (Question, Persuade, Refer) instructor, and has completed training to be a SOSL (Survivors of Suicide Loss) support group facilitator. Outside of work, Julie appreciates the outdoors, music, art, exercise, cooking, the beach, and spending time with her family.

DISCLOSURE STATEMENT

The views expressed in this presentation are those of the speaker and do not necessarily represent the views, policies, and/or positions of Southern Indian Health Council, Inc. The speaker, Julie K. Woochuk, has no financial, nonfinancial, or conflicts of interest with the materials in this presentation.
Learning objectives

- Discuss the widespread use of cannabis among youth.
- Describe the changes in potency of cannabis over the last 10 years and the routes of cannabis administration and effects.
- Acquire new knowledge about the co-morbidity of SUD’s and non-SUD’s, and the correlation between mental health disorders and cannabis use in youth.

Cannabis Use Among Teens

SAMHSA reports that marijuana is the most commonly used illicit substance in the United States, according to results from the 2018 National Survey on Drug Use and Health. An estimated 43.5 million individuals reported using marijuana during the past year.

1. 3.1 million adolescents aged 12 to 17 (about 1 in 8) used marijuana in the past year
2. 11.8 million young adults aged 18 to 25 (about 1 in 3) used marijuana in the past year
3. 14% of 8th graders have used marijuana in their lifetime
4. 33% of 10th graders have used marijuana in their lifetime
5. 44% of 12th graders have used marijuana in their lifetime
6. 22% of 12th graders have used marijuana in the past month
7. 6% of 12th graders (about 1 in 16) use marijuana on a daily basis

Youth Attitudes about Cannabis

- It’s Medicine, so...
- It grows in the ground, it’s natural, so...
- My parents (aunts/uncles/etc.) use it, so...
- It’s “legal”, so...

IT’S SAFE

Modes of Cannabis use: Potency & Effects

- Wax pens
- Dab pens
- Smoke/pipe/bong
- Vaporizers
- Edibles
- ??
High Potency Cannabis Extracts
Use of THC-rich resins extracted from the marijuana plant is on the rise. People call this practice dabbing. These extracts come in various forms, such as:
- hash oil or honey oil—a gooey liquid
- wax or budder—a soft solid with a texture like lip balm
- shatter—a hard, amber-colored solid

These extracts can deliver extremely large amounts of THC to the body, and their use has sent people to the emergency room. Another danger is in preparing these extracts, which usually involves butane (lighter fluid). A number of people have caused fires and explosions and have been seriously burned from using butane to make extracts at home. 12,13

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Acute and Chronic Effects of Cannabis
- Temporary psychotic breaks
- Hallucinations (including tactile)
- Anxiety
- Altered senses (for example, seeing brighter colors)
- Altered sense of time
- Changes in mood
- Impaired body movement
- Difficulty with thinking and problem-solving
- Impaired memory
- Hallucinations (when taken in high doses)
- Delusions (when taken in high doses)
- Psychosis (risk is heightened with regular use of high potency marijuana)

Linked to: Depression, anxiety, and suicidal thoughts among teens. High doses can induce psychosis and worsen symptoms of schizophrenia.

Comorbidity of Cannabis Use and Mental Health symptoms/disorders
Among adolescents in treatment studies, more than 60% have comorbid substance use and non-SUD with more than 50% having a conduct disorder and 15% having major depression or ADHD (Grella, Hser, Joshi, & Rounds-Bryant et al., 2001).
Kumeyaay Wellness Center
Prevention Programming

Prevention programs:
- Alcohol, Cannabis, Opioids, Naloxone Administration, ANY other substance
- Suicide Prevention Training (QPR)
- Community forum/drop-in program

Cultural programming:
- Bird Singing
- Inipi Ceremony
- Fathers of Tradition
- Beading
- Sewing (coming soon)

Journey Through Youth
- Barona Indian Charter School
- Pine Valley Middle School
- Campo Lockett Middle School
- Campo High School
- Viejas Tribal Education/Recreation Center

Suicide Prevention Training (QPR)

Substance Use Intervention Community forum/drop-in program

Sources