Partnership to End Addiction's Guide for Educators

# CANNABIS (MARIJUANA):

## What School Professionals Need to Know to Help Protect Children, Teens and Young Adults



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Partnership to End Addiction



# Whether a child has not yet tried marijuana, has begun to use or uses it regularly, the guidance and information found here can help.

Marijuana is a product of the cannabis plant and its main active chemical is THC. It poses substantial health and safety risks to young people, yet it is the most widely used drug among this population.

The teen and early adult years are when our children are most vulnerable to marijuana's harmful effects. It can affect how their brains develop, grades, relationships and physical health. Risk for addiction increases too.

National trends have shown generally low rates of youth marijuana use.[1] Still, a recent spike in young adult use[2], coupled with a decades decline in thinking about marijuana as risky or harmful, is concerning.[3]

## MARIJUANA RESOURCE CENTER

This article is part of our Marijuana Resource Center, where you can find useful tools and resources to help you and your family navigate the ever-changing landscape of cannabis (marijuana), CBD and Delta 8. We include articles regarding general marijuana information, prevention, risks of use, treatment and advocacy. We also explore topics such as the rise in THC potency and mental health, marijuana and driving, vaping, social host laws and more.

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# WHY DO YOUNG PEOPLE USE CANNABIS (MARIJUANA)?

Regardless of whether a young person uses cannabis (marijuana) “to feel good” or “to feel better,” environment often shapes their beliefs and attitudes. These, in turn, influence choices around marijuana use and its potential consequences.

A family history of substance use or addiction increases risk of use. Risk also increases with a parent or older sibling who uses marijuana, along with easy access to the drug in the home, neighborhood or at school.[4]




## Friends and peers

Research shows that having peers who use substances is one of the strongest predictors of a young person’s likelihood of trying and using a drug. In our national survey of teens, we found that most who said they have a friend who uses drugs reported having more than one friend who does so.[5]

## Media and pop culture

Movies, TV shows, music and social media are strong influences in young people’s lives which tend to glorify marijuana use and downplay its harms. We surveyed teens, and a third reported that their main source of information about drugs is social media, other teenagers or the internet – sources that are often unreliable.[6]

Marijuana, more than other substances, receives a lot of attention due to nationwide legalization efforts. It’s often viewed as a harmless substance. Therefore, teens and young adults tend to discount its risk. About three-quarters of adolescents believe infrequent marijuana use is not harmful. [7]

## Mental health problems and stress

Some young people use marijuana to try to relieve their feelings of depression or anxiety, sometimes the result of more responsibilities or school pressures. Marijuana use can worsen mental illness and lead to addiction in some individuals.



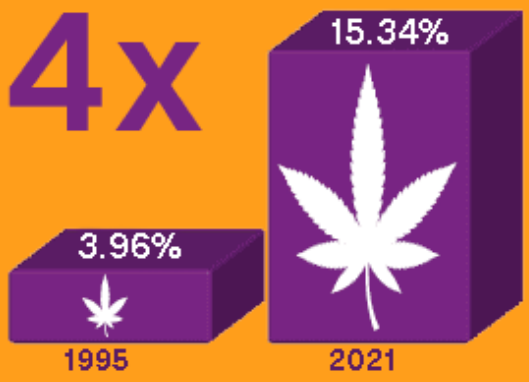
# WHY BE CONCERNED?

The strength or potency of THC – the psychoactive ingredient responsible for the "high" associated with cannabis (marijuana) – has increased steadily since the 1960s. The strength/potency of marijuana has increased steadily over the past 25 years, nearly quadrupling [8].

There has also been an increase in emergency department visits involving marijuana, suggesting that the drug's current strength is responsible for worse health consequences than in past decades [9].

Higher potency marijuana is also associated with more severe addiction and a greater likelihood among adolescents of developing psychosis and anxiety disorder [10].

## Average THC Concentration in leaf marijuana has increased nearly




## Short-term effects

Marijuana use can affect people differently. The most common effects include:

- Inaccurate perception of time and sounds
- Slower reaction time, affecting driving and increasing injury risk
- Problems with memory and learning
- Poor judgment, increasing the likelihood of risky sexual behaviors and unlawful acts
- Panic attacks
- Suspicious or distrustful thoughts
- Seeing things that aren't there and other symptoms of psychosis

## Longer-term effects

Adolescents and young adults are among the most vulnerable to the harms of marijuana. Substances like marijuana directly interfere with brain development, especially the parts of the brain responsible for decision making, reward seeking and impulse control.

Although there is conflicting information about the effects of marijuana on mental and physical health, research points to several conclusions:

- Smoking marijuana may increase the risk of chronic cough, bronchitis and worsening symptoms of asthma
- Marijuana use impairs learning, memory and attention, affecting school performance
- Marijuana use can increase the risk of schizophrenia or other psychoses, with the highest risk among the most frequent and long-term users, especially in vulnerable individuals [11]



## Driving under the influence of marijuana

Much like alcohol, marijuana affects judgment and general motor skills, which is especially risky for new and inexperienced drivers. Driving while high is not safer than driving while drunk.

## Marijuana use disorder

Marijuana, just like any other drug, can lead to addiction. It affects the brain's reward system, and the likelihood of addiction increases considerably for those who start young. Symptoms of marijuana use disorder can include:

- Physical tolerance to the drug, which means one feels the need to consume a greater quantity or concentration to achieve the same high
- Withdrawal symptoms that include problems with sleep, nausea, irritability and restlessness, headaches and abdominal pain; symptoms can last for 2-3 weeks
- A sense of craving for the drug
- Problems with day-to-day functioning and responsibilities or giving up activities that were once enjoyed

Individuals in late adolescence and early adulthood, especially males, are at the highest risk for developing this disorder.

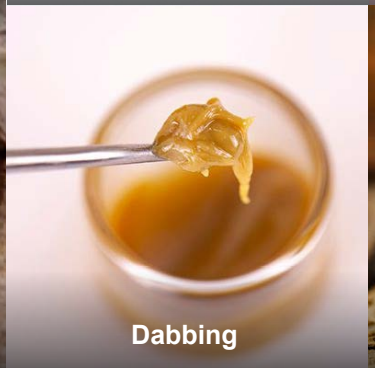
> "Marijuana, just like any other drug, can lead to addiction."













# WAYS MARIJUANA IS USED

Recognizing the different ways young people use marijuana is important to identify use and protect our young people from harm. While smoking remains the most common method of use, many teens believe there are safer or more discreet ways to use marijuana.

## Smoking

Marijuana is smoked via a joint (marijuana rolled in paper), a blunt (marijuana in a hollowed out cigar), a bong (a glass or plastic bowl and stem used with water to create smoke), a bubbler (a mini bong), or a hookah pipe. Bongs and pipes are sometimes made out of common objects like soda bottles or cans, and even fruits or vegetables.

## Vaping

Increasingly, young people are using smokeless devices to vape liquids or cartridges that contain THC. Vaping does not produce the same telltale smell as smoking, making use easier to conceal. Vaped marijuana also tends to be more potent with higher concentrations of THC.

## Dabbing

Dabbing is similar to vaping. A waxy concentrate of marijuana, known as hash oil (or by other names like dabs, wax, butter), is placed on a glass pipe or bong heated with a blowtorch or other device. The heated wax, typically more potent than smoked marijuana, creates a vapor that users then inhale. Dabs can have as much as 90% THC concentration.[12]

## Edibles, oils and beverages

Dried cannabis or oil concentrates can be used on their own or baked into many types of food, including snacks and candy products. The added risk associated with edibles is that it is easy to consume more THC than intended. Some sugary seltzer drinks are also spiked with THC – yet another way for youth to consume THC discreetly and in high doses.

## Tinctures, capsules and sprays

Often intended for medical use, tinctures are liquids extracted from the cannabis plant using alcohol. They are highly potent and used by placing drops under the tongue for fast absorption. THC can also be swallowed in capsules known as “cannabis caps” or weed pills. They are made by filling medication capsules with marijuana oil, wax or another extract. Liquids, infused with either THC or cannabidiol (CBD), can be discreetly sprayed under the tongue for fast absorption.

## Synthetic cannabinoids

Synthetic “marijuana,” also known as spice or K2, is a man-made substance similar to THC. These drugs are not actually marijuana. They are more powerful, and their unpredictable and severe effects – including extreme anxiety, paranoia, vivid hallucinations, rapid heart rate, vomiting, violent behavior and suicidal thoughts – create increased risk and cause for concern.

Synthetics are popular with teenagers because they are easily accessible in stores and online and often go undetected on drug tests.




## ADDED RISKS OF VAPING MARIJUANA

Using a smokeless device carries its own risks. There are numerous toxic ingredients inhaled when vaping. In addition to the respiratory effects harms associated with inhaling the aerosol, there was a wave of severe lung injuries and deaths associated primarily with marijuana vaping in 2019-2020, which were traced to toxic chemicals in nonmedical marijuana vapes.[13]

Smokeless devices may also lead to more people using vaped marijuana instead of or in addition to smoked marijuana. It doesn't produce the same telltale smell and can be used more discreetly, and in turn more frequently. Vaped marijuana also tends to be more potent with higher concentrations of THC.

## IMPACT OF LEGALIZATION

Many young people believe that legalizing marijuana means that it's safe to use, no matter the age. Research tells us that when teens and young adults believe there is little risk in using marijuana, rates of use increase.[14]

National data from 2018 indicated that in all states that have legalized recreational marijuana as of 2018, reported rates of first use among adolescents are 12-63% higher than the national average; however, whether that still holds true as more states have legalize has not yet been examined. [15]

> It's essential to start at an early age and continue throughout a child's academic career.



Educators have a significant opportunity to help protect teens' health when experimentation or substance use, and the risk of addiction, is high.

Schools that implement comprehensive, age-appropriate and research-based prevention programming can have a real impact on reducing youth marijuana use and its adverse effects. It's essential to start at an early age and continue throughout a child's academic career. Programming is especially effective if families and other caregivers take part.

*If you haven't already reviewed our information on youth marijuana use — including reasons for use, ways it's used and the impact of legalization — it's a good place to start before diving into your specific role as an educator.*



## FOCUS ON HEALTH, NOT PUNISHMENT

Communicate to students the school's drug-related policies and the consequences of violating these policies. Marijuana use is illegal for all youth, regardless of its legal status in a given state.

While it is within your rights to discipline students who break the law, it is important to address youth substance use as a health rather than a behavior or disciplinary issue. First, try talking with the student. Aim to understand their motivation for using marijuana. Instead of rushing to punitive measures, a health-driven approach may be more effective in eliminating risky behaviors and helping them turn to healthy alternatives.



# USE STRATEGIES BASED IN SCIENCE, NOT FEAR

By using evidence-based practices, schools can support the development of life skills that decrease risk and help delay the onset of substance use. The National Institute on Drug Abuse details essential principles of prevention for youth. These include, but are not limited to:

- Enhancing protective factors
- Offering family-based programming
- Intervening early at the sign of risk
- Enhancing social-emotional learning

## Know and share the facts

Aim to be an informed and reliable source of information about marijuana and other substances. As a result, students may turn to you instead of less credible sources like peers, social media, popular culture or advertisements.

## Peer-to-peer intervention

Young people often respond better to their peers than from teachers or other adults. In other words, peer-to-peer intervention works. It can help successfully sway youth attitudes about marijuana use and promote protective strategies among students. You can teach these strategies through role-playing and other activities.

## Engage family and the community

Schools often are at the center of their community and an essential resource for families. Your ability to collaborate with families and other community systems can create a unique environment that promotes and reinforces healthy adolescent behavior. Substance use prevention programming and other educational resources can and should reach the entire school community. The result is an informed base of parents and a safe body of students. Therefore, whenever possible, information shared with students about marijuana use should also be provided to families and caregivers.

Work with community organizations to provide fun and substance-free activities for students. These adult-supervised events allow students to socialize, have fun and take healthy risks without marijuana and other substances.

Educating students about marijuana use and bolstering skills to resist it are essential components of effective prevention. However, what happens in their home and community plays a major role in a student's risk for marijuana use and in getting needed help should they develop a problem.

## Use data to inform programming

Data can help inform your activities and policies around intervention. Collect data on the types of addictive substances students use and track trends in use. You can then address emerging trends and adjust policies and practices to best meet student needs.



# HELP STUDENTS WHO SHOW SIGNS OF USE

Through screening of all students, and especially those at risk, identify those in need of help. If they need services and counseling beyond those available within the school, be ready with referrals to quality professional counseling and treatment within the community. School professionals can serve as a source of positive reinforcement and support for students in need of help or treatment for substance-related problems.

## Know the signs of student marijuana use

It is important to identify students who use marijuana or may experience marijuana-related problems, regardless of when and where it happens. Schools can help guide them toward the help they need. Some of the more common signs include:

- Changes in mood (irritability, paranoia, indifference)
- Bloodshot eyes, lack of coordination, slow movement or walking
- Loss of interest in academics, extracurricular activities, hobbies, sports
- Lack of focus, poor class attendance, low grades, conduct problems
- Disregard for school rules
- Failure to fulfill responsibilities at school

For students suspected of marijuana use, establish specific protocols for involving the student's family. First, make reliable local referrals to students and their families for professional assistance. Second, reconsider suspension and punishment to ensure students understand the consequences of their substance use on their health, well-being, education and family. Above all, students should feel comfortable coming forward to seek help from trusted adults.

## A note on testing

Many schools drug test. When teachers or staff suspect a student is under the influence of marijuana or has it in their possession, they might search the student's locker or perform a drug test. If the search or test results are postive, they are disciplined. Because marijuana use is a health issue in addition to a legal concern, harsh punishment in response to substance use should be avoided. These only address the student's outward behavior and not their attitude toward marijuana or their reasons for use, which are the root issues that need to be considered.

Additionally, it can be easy for students to fake the results of drug tests and dodge locker searches. This wastes time and resources that could better be used to provide them with health-based interventions. Students' mental and physical health and safety should be protected and respected. Interventions should aim to educate and help - not scold or shame - students engaged in substance use.

# REFERENCES:


1. National survey results on drug use, 1975-2023. (n.d.-b). https://monitoringthefuture.org/wp-content/uploads/2023/12/mtf2023.pdf

2. U.S. Department of Health and Human Services. (2024, April 23). Marijuana and hallucinogen use among young adults reached all time-high in 2021. National Institutes of Health. https://nida.nih.gov/news-events/news-releases/2022/08/marijuana-and-hallucinogen-use-among-young-adults-reached-all-time-high-in-2021

3. Miech, R. A., Johnston, L. D., Patrick, M. E., & O'Malley, P. M. (2024). Monitoring the Future national survey results on drug use, 1975–2023: Overviewand detailed results for secondary school students. Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University ofMichigan. Available at https://monitoringthefuture.org/results/annual-reports/

4. Madras BK, Han B, Compton WM, Jones CM, Lopez EI, McCance-Katz EF. Associations of Parental Marijuana Use With Offspring Marijuana, Tobacco, and Alcohol Use and Opioid Misuse. JAMA Netw Open. 2019;2(11):e1916015. doi:10.1001/jamanetworkopen.2019.16015 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6902822/

5. Teen Insights into drugs, alcohol, and nicotine: A national survey of adolescent attitudes toward addictive substances. Partnership to End Addiction. (2023a, November 13). https://drugfree.org/reports/teen-insights-into-drugs-alcohol-and-nicotine-a-national-survey-of-adolescent-attitudes-toward-addictive-substances/

6. Teen Insights into drugs, alcohol, and nicotine: A national survey of adolescent attitudes toward addictive substances. Partnership to End Addiction. (2023a, November 13). https://drugfree.org/reports/teen-insights-into-drugs-alcohol-and-nicotine-a-national-survey-of-adolescent-attitudes-toward-addictive-substances/

7. National survey results on drug use, 1975-2023. (n.d.-b). https://monitoringthefuture.org/wp-content/uploads/2023/12/mtf2023.pdf

8. U.S. Department of Health and Human Services. (2023, June 6). Cannabis potency data. National Institutes of Health. https://nida.nih.gov/research/research-data-measures-resources/cannabis-potency-data

9. ElSohly, M. A., Mehmedic, Z., Foster, S., Gon, C., Chandra, S., & Church, J. C. (2016). Changes in Cannabis Potency Over the Last 2 Decades (1995-2014): Analysis of Current Data in the United States. Biological psychiatry, 79(7), 613–619. https://doi.org/10.1016/j.biopsych.2016.01.004

10. Montalto, G. J., Cius, E. G., & Rahmandar, M. H. (2021). Cannabinoids and the Adolescent Patient: A Pragmatic Guide for Pediatric Practitioners. Pediatric annals, 50(2), e57–e64. https://doi.org/10.3928/19382359-20210120-01

11. Volkow, N. D., Baler, R. D., Compton, W. M., & Weiss, S. R. (2014). Adverse health effects of marijuana use. The New England journal of medicine, 370(23), 2219–2227. https://www.nejm.org/doi/10.1056/NEJMra1402309 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4827335/)

12. *What is dabbing?* Partnership to End Addiction. (2023, December 18). https://drugfree.org/article/what-is-dabbing/#:~:text=Dabbing%20is%20a%20method%20of,feel%20very%20sticky%20and%20gummy

13. Centers for Disease Control and Prevention. (2021, August 3). Outbreak of lung injury associated with the use of e-cigarette, or vaping, products. Centers for Disease Control and Prevention. https://archive.cdc.gov/www_cdc_gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

14. Report State Medical Cannabis Laws. National Conference of State Legislatures. (n.d.). https://www.ncsl.org/health/state-medical-cannabis-laws#undefined

15. Substance Abuse and Mental Health Services Administration. (2018). 2017–2018 National Survey on Drug Use and Health: Model-based prevalence estimates (50 states and the District of Columbia). Rockville, MD: Substance Abuse and Mental Health Services (SAMHSA), Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health. Available at: https://www.samhsa.gov/data/report/2017-2018-nsduh-state-prevalence-estimates


# ADDITIONAL SOURCES:


NIDA. "Marijuana." National Institute on Drug Abuse, 22 Jun. 2018, https://www.drugabuse.gov/publications/drugfacts/marijuana. Accessed 3 Dec. 2018.

National Institute on Drug Abuse. "Commonly Abused Drugs Charts." NIDA, 2 July 2018, www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts#marijuana-cannabis



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WHERE FAMILIES FIND ANSWERS.