Resilience: Adolescents and Marijuana Use

Presented by: Worsham EI, LCSW, CFTP, TCTSY-F
Meet Worsham El

A licensed clinical social worker and certified trauma professional, today’s presenter is CEO of Lotus Trauma Care and an adjunct lecturer at the University of Chicago. Worsham El specializes in the treatment of complex trauma and trauma-informed care.

In addition to her degrees from Loyola University and the University of Chicago, Ms. El is trained in Child-Parent Psychotherapy, Trauma-focused Cognitive Behavioral Therapy, Neurosequential Model of Therapeutics, and Affect Regulation Competency.
Objectives

Understand the impact of marijuana use on youth development

Learn what skills to target to prevent use and build resilience in youth

Learn concrete strategies to engage and teach youth
• Youth are more likely to use marijuana than any other illicit drug.

• Use increases with age, with 1.8 percent at 12-13, up to 23.4% by age 15-16.

• 25-50% of youth who use daily become addicted.

• According to Monitoring the Future national survey results, in 2022, 30.7% of 12th graders reported using marijuana in the past year, and 6.3% reported using marijuana daily in the past 30 days.
Prevalence

- Initiation of marijuana use before 18 increases the risk of developing a substance use disorder.

- 2018 SAMHSA National Survey on Drug Use and Health estimated 3.1 million youth ages 12-17 reported using marijuana.
In 2022, the Florida Youth Substance Abuse Survey (FYSAS) surveyed youth substance use across 67 counties and 736 schools, totaling 47,572 students across grades 6-12.

**Marijuana use:**
Reported use in the past 30 days:
- 12% of high schoolers
- 3% of middle schoolers

Reported use in their lifetime:
- 22.9% of high schoolers
- 6.6% of middle schoolers
What Is Marijuana?

- Dried leaves, flowers, stems and seeds from the cannabis sativa or cannabis indica plant

- Contains over 400 chemicals, with THC being the main chemical

- Higher levels of THC increase the risk of psychosis and marijuana use disorder
Marijuana Types

- Plant form, or dried flowers of the plant

- **Sinsemilla.** Seedless flowers from unfertilized female plants (highest THC levels of plant parts)

- **Hashish:** a dried resin-type substance resulting from compressed dried cannabis flowers (more potent than dried)

- **Concentrates/Extracts:** Extracted cannabinoids, discarding most of the plant
Marijuana Names

• Concentrates: dabs, budder/badder, wax, shatter, crystalline, crumble, distillate, and sift.

• Flower: ganja, pot, weed, boom, bud, gangster, grass, green, hash, herb, kush, loud, reefer, skunk, dope, mary jane, hooch, brew, and greens.
THC impacts the cannabinoid receptors in regions that influence learning, memory, appetite, pleasure, reproduction, mood, sleep, and coordination.
Marijuana and THC

- THC causes the psychoactive reactions, and the potency has risen over the last several decades
  - THC levels now at 14% from 3-4% in the 90’s
  - Spice/K2 contains upwards of 200% potency

Source: Substance Abuse and Mental Health Services Administration, 2020.
Methods of Use

- Smoked (i.e., hand rolled cigarette, bong)
- Inhaled (i.e., vape pen, dab)
- Oral Ingestion (candy or baked goods, tablet forms)
- Transdermally (Not shown to have intoxication or impairment)
Marijuana Paraphernalia

Roach clip: metal clip used for holding a marijuana cigarette

Electronic cigarette: device used to smoke marijuana extracts

Grinder tools: used to break marijuana up into smaller pieces
Signs of Use

- Unusual behavior
- Coordination Issues
- Uncharacteristic forgetfulness
- Bloodshot eyes or frequent use of eye drops
- Strange smell in the room or clothing
- Frequent use of deodorizers such as incense
Signs of Use

Drug-themed clothing, jewelry, or décor

Unexplained lack of money

Frequent requests for money

Presence of paraphernalia (anything modified for making, using, or concealing a controlled substance)
### Effects of Use

<table>
<thead>
<tr>
<th>Effect</th>
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<tbody>
<tr>
<td>Frequency of use is a better indicator of substance use disorder than the duration</td>
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<tr>
<td>Increased heart rate</td>
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<tr>
<td>Altered sense of time</td>
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<td>Increase in anxiety or paranoia</td>
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<tr>
<td>Slow reaction time</td>
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<td>Issues with balance and coordination</td>
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<td>Impaired driving</td>
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<td>Increased appetite</td>
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<tr>
<td>Difficulty with thinking and problem solving</td>
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<tr>
<td>Memory impairment</td>
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*Source: Substance Abuse and Mental Health Services Administration, 2020.*
<table>
<thead>
<tr>
<th>Effects of Use</th>
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<tbody>
<tr>
<td>Lung and breathing problems</td>
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<td>Stroke</td>
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<td>Poor academic performance</td>
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<tr>
<td>Truancy</td>
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<tr>
<td>Increased risk for social anxiety</td>
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<tr>
<td>Suicidal ideation, attempts, and completion</td>
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<tr>
<td>Cannabinoid hyperemesis syndrome (repeated and severe nausea/vomiting)</td>
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</tbody>
</table>

Source: Substance Abuse and Mental Health Services Administration, 2020.
Impacts of Use

Issues with attention, concentration, problem-solving, and memory

Poor performance at school and work

Poor balance and coordination

Poor judgment and decision-making

Increased risk of dropping out of high school

Source: Substance Abuse and Mental Health Services Administration, 2020.
Impacts of Use

Less satisfaction with life

Problems in relationships

Increased risk for mental health challenges (i.e., depression, psychosis)

Potential for developing cannabis use disorder

Suicidal ideation, attempts, and completion

Source: Substance Abuse and Mental Health Services Administration, 2020.
Marijuana Paraphernalia

Rolling paper: specialty paper used for making a marijuana cigarette

Cigar: hollowed out and filled with marijuana to make what is called a ‘blunt’

Pipe: device to smoke marijuana

Bong: device used to smoke marijuana
Adolescent Use Prevention

Goal is to address developmental needs associated with use:

- To promote healthy youth development
- To build social emotional skills
- To build refusal skills
- To build self-efficacy and self-esteem skills

Most effective when matched to the target populations level of risk and needs through a needs assessment
<table>
<thead>
<tr>
<th>Three Categories</th>
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<tbody>
<tr>
<td><strong>Universal</strong></td>
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<tr>
<td>• Aims to reach all individuals within a particular population by reducing risk factors and promoting protective factors</td>
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<td><strong>Selective</strong></td>
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<tr>
<td>• Targets the biological, psychological, or social risk factors associated with groups who are at a higher risk of use; may also seek to promote protective factors</td>
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<tr>
<td><strong>Indicated</strong></td>
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<tr>
<td>• Targets individuals who are already involved in risky behavior increasing the risk of substance use disorder (i.e. treatment program)</td>
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</table>
Two Strategies

Community level-focus is on the population segment within a country, state, county or city (at risk youth program)

Environmental-aim to change social norms and attitudes, systems, and economic conditions to influence behavior and reduce use (policies and laws)

Coordination and reinforcement of various strategies is most effective over time
Teen Use Factors

- Individual/Peer Level
- Relational/Family
- Community/School
- Community (policy and norms)
<table>
<thead>
<tr>
<th>Individual/Pear</th>
<th>Protective Factors</th>
<th>Risk Factors</th>
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<tbody>
<tr>
<td></td>
<td>• Confidence in saying no</td>
<td>• Antisocial behavior</td>
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<td></td>
<td>• Future college aspirations</td>
<td>• High sensation seeking</td>
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<td></td>
<td>• Peer disapproval</td>
<td>• Aggression</td>
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<td></td>
<td>• Involvement in sports or physical activities</td>
<td>• The use of marijuana may lead to other substances</td>
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<tr>
<td></td>
<td></td>
<td>• Use of other substances associated with a higher risk of using marijuana</td>
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<tr>
<td></td>
<td></td>
<td>• Perceptions of peer marijuana use</td>
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<td></td>
<td></td>
<td>• Low perceived harm of marijuana use</td>
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<tr>
<td></td>
<td></td>
<td>• Genetics</td>
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</tbody>
</table>
### Family

<table>
<thead>
<tr>
<th><strong>Protective Factors</strong></th>
<th><strong>Risk Factors</strong></th>
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</thead>
<tbody>
<tr>
<td>• Parent seen as a role model</td>
<td>• Parental acceptance of substance use</td>
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<tr>
<td>• Maternal affection</td>
<td>• Parental and sibling use</td>
</tr>
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<td>• Higher parental monitoring</td>
<td>• Poor parent-youth relationships</td>
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<tr>
<td>• Family rules restricting marijuana use</td>
<td>• Parents who did not graduate high school</td>
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<tr>
<td>• Perceived parental trust</td>
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### School

<table>
<thead>
<tr>
<th>Protective Factors</th>
<th>Risk Factors</th>
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<tr>
<td>• School belonging</td>
<td>• Low policy enforcement</td>
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<tr>
<td>• School involvement</td>
<td>• Out-of-school suspension</td>
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<tr>
<td>• Authoritative school environment</td>
<td>• High truancy</td>
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<tr>
<td>• School connectedness</td>
<td></td>
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<tr>
<td>• Remedial approach to marijuana policy violations</td>
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</table>
### Community

<table>
<thead>
<tr>
<th>Protective Factors</th>
<th>Risk Factors</th>
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</thead>
<tbody>
<tr>
<td>• Prosocial opportunities</td>
<td>• Widespread availability of marijuana</td>
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<td>• Community norms discouraging use</td>
<td>• Greater marijuana outlet density</td>
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<tr>
<td></td>
<td>• More days and hours of marijuana sales</td>
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<td></td>
<td>• Exposure to marijuana marketing</td>
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<tr>
<td></td>
<td>• Youth liking or following marijuana businesses on social media</td>
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<td></td>
<td>• Owning cannabis-branded merchandise or having a favorite cannabis brand</td>
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<tr>
<td></td>
<td>• New marijuana products that attract youth</td>
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</table>
# Effective Strategies and Programs

## Community Level Environmental Interventions
- Regulating the price of marijuana
- Regulation of marijuana and retail outlets
- Regulation of marijuana product manufacturing and packaging
- Limitations on marijuana advertising and marketing

## Prevention Use Interventions
- Teen marijuana Check Up
- Cannabis/Marijuana Awareness and Prevention Toolkit
- SPORT
- Familias Unidas
- Guiding Good Choices
- Strengthening Families Program
- All Stars
Motivational Interviewing spirit that uses an accepting non-judgmental approach

It creates a safe environment for the adolescent to be vulnerable and feel heard and understood.

Four aspects of accepting:
- Absolute worth
- Autonomy
- Affirmation, and
- Accurate empathy
Engagement with OARS

Open-ended questions

- Open-ended questions allow the adult to guide adolescents’ reflections on the situation, options, and consequences.
- They also allow for the correction of the righting-reflex, or the urge to give advice.

Reflection, Affirmation and Summaries

- Reflections, affirmations and summaries indicate to the adolescent that they are heard and understood.
Open-ended Questions

Elicit-provoke-elicit technique

With this technique, the adult is to elicit what the client’s thoughts are prior to providing information.

Following information, the clinician then inquires about the thoughts on the information provided.

This technique is respectful of adolescent autonomy, acknowledges current knowledge, and helps to deliver helpful information to the adolescent.

Provides further information about the thought process and values of the adolescent.

Values are important components in the guidance of the decision-making process.
Self-Esteem and Self-Efficacy

Mirror Image
Value sort
Extra curricular activities

Affirm characteristics, values and efforts
Role-play
Communication and Relationships

- Assertive Communication: I statements
- Conflict Management Styles
- Still Face Activity
- Broken Record Technique
- Exit Plan Strategy
Provide opportunities to engage in fun/enjoyable activities together

- Family Game Night
- Strength Based guided discussions
- Family Art Night
- Family Karaoke Night
- Family Movie Night

Encourage parents to:

- Have discussions with their teens
- Encourage parents to affirm their teens’ strengths, efforts, values, interests, and talents
Mindfulness and Coping

- Progressive Muscle Relaxation
- Box Breathing
- Coping Box
- Exercise and movement
Resources

• **SAMHSA Parent Brochure** on talking with their teen about marijuana.

• **SAMHSA Strategic Prevention Framework Guide** to assist in selecting, implementing, and evaluating prevention interventions.

• **Think Cultural Health** Guide to implement with cultural competency.
Marijuana Use Treatment

It is rare for users to present for treatment of marijuana use.

Adolescents in treatment typically are present due to family or mandate.

Primary Treatment approaches:
Supportive Therapy and Family System Approaches (i.e. 12 step or SMART)
Motivational Enhancement Therapy (MET)
Cognitive Behavioral Therapy
Contingency management
Marijuana Use Disorder

- Occurrence of two or more of the following within a 12-month period:
  - Using more marijuana than intended
  - Failing to cut down or control the use despite wanting to do so
  - Spending excessive amounts of time in activities surrounding marijuana use
  - Experiencing urges and cravings for marijuana
  - Failing to meet the obligations of home, school, or work
  - Continuing to use marijuana, even if it has led to relationship or social problems
  - Giving up or reducing important recreational, social or work-related activities because of marijuana use

(APA DSM V)
Marijuana Use Disorder

- Using marijuana in situations in which it is physically hazardous
- Continuing to use marijuana even if there is an awareness that it is causing or worsening a physical or psychological problem
- Experiencing an increase in tolerance to marijuana
- Having withdrawal symptoms when not taken
- Severity Levels:
  - Mild: 2-3 symptoms
  - Moderate: 4-5 symptoms
  - Severe: 6 or more symptoms

When there is an indication or diagnosis of Marijuana Use Disorder, treatment is needed.

(APA DSM V)
Withdrawal

50-95% report withdrawal symptoms

Symptoms appear 1-3 days following abstinence

Symptoms peak between day 2 and 6

Typically 4–14-day duration

Severity of disorder increases the chances of relapse
Withdrawal

Difficulties getting to or staying asleep

Anxiety

Irritability

Physical tenseness

Low mood

Reduced appetite

Nightmares

Strange dreams
Motivational Enhancement Therapy

- Goal is to resolve the ambivalence around changing cannabis use behavior, increasing motivation for change

- Tenets rest on empathy, non-judgmental interactions, open-ended question, and validation

- A brief process of 1-4 sessions demonstrates effectiveness in both treatment seekers and non-treatment seekers
Cognitive Behavioral Therapy

- Goal is to alter the learned behavior by reducing exposure to high-risk situations and increasing skills for adaptative behaviors
- Focus on responding to the cues and circumstances that precede use
- Typically, 1-hour session in an individual or group format
- Found to be effective in treatment of cannabis use disorder
Contingency Management

- Used in conjunction with CBT and MET
- Based on the idea that behavior is reinforced by immediate and directly associated consequences
Key Determinants of Successful Harm Reduction

SUPPORTIVE FACTORS

- Distress tolerance
- Use of active coping skills
- Stimulus removal or distraction

BARRIERS

- Exposure to cannabis users
- Increased severity of disorder
- Not seeking treatment
- High stress and depression
- Less education


References


