

How to talk to teenagers about marijuana and other drugs in a way they can hear

Presented by Betsy Byler, MA., LPC-SAS, ICS, LPCC

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Learning Objectives

- Learn suggested "do"s and "don't"s when discussing drugs and alcohol issues with teenagers.
- $\bullet\,$ Gain a basic outline of presenting facts to teen agers.
- Walk through the outline above with marijuana including accurate facts so that you can take this information and use it immediately.



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Don't

These are the things to make sure you don't do when talking to teen agers $\,$

- Lie to them
- Overstate facts
- Use scare tactics
- Pull out single case examples or worst-case scenarios
- Treat them like they don't know what they are talking about
- Act like using drugs isn't ever fun

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Do

These are the things to make sure you do when talking to teenagers about substance use

- Tell them you want to have an honest conversation about drugs and alcohol
- Establish that they are willing to have a conversation, rather than argue a point
- Take note of something that you don't know the answer to, and follow up after you find the answer
- Tell them you won't be reporting their comments to any authorities

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Do

Here are more things to make sure you do when talking to teenagers

- Tell them you want to hear their opinions too, and be willing to listen
- Listen to the content of what they are saying (is it about freedom, taking risks, wanting to numb out?)
- Tell them you will give them only fact-checked information
- Acknowledge that THC isn't the worst thing in the world
- Acknowledge positive attributes of the substance

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• Tell them if the research is unclear

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Conversation Structure



WHAT IS IT?

Explain what the drug is (plant vs. synthetic), how it's made and how it's sold

WHAT ARE THE COMMON CLAIMS

List the common claims made about the drug in question

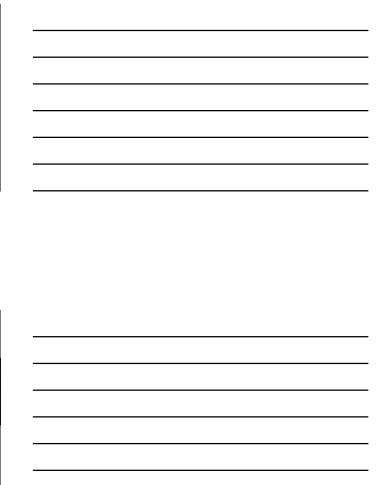
FACT CHECK THE COMMON CLAIMS

FACTS

Go through the common claims one-byone, and refute or confirm their accuracy

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Conversation Structure RISK ASSESSMENT High Medium Must He stages of use are and what they mean. Help them determine their current stage. Copysights Beau Paper 2000

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Sum up the main points that you want them to remember. Choose one or two because this is what you want them to recall when you bring it up again.





Above all...
Be yourself. They will see a fake person a mile away. Use facts only. They will learn to trust your word, which is the most important thing.

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Marijuana-What it is

Marijuana is a naturally-occurring plant. It can grow without interference from humans. It is a hearty plant that can grow up to 18ft tall and can even be found popping up along roads (called 'ditch weed').

The plant is dried for several days to weeks. It is then cured. This is when the stems are cut off and the individual buds are placed into sealable containers. This process can take days to weeks depending on who you ask.

There are three main strains of cannabis: Indica, Sativa and Hybrids. Indica is most often distributed for 'medical' purposes due to the qualities of the high it produces. The most common, Sativa, is generally used recreationally because of its more intense effects. Hybrids are numerous as growers experiment with breeding new strains.



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There are substances known as 'fake marijuana' that are synthetic (manmade) and contain numerous chemicals. Most marijuana users say that the high from synthetic marijuana is nothing like the high from the plant (and they often don't like the synthetic version). Synthetics are typically called 'spice' or 'K2.'

The actual plant is typically used in four main ways. It is smoked in its plant form, smoked in its wax form, smoked in its oil form, or eaten in some form of food-type substance.

The most common way to use marijuana continues to be smoking it in the plant form. Typically these are called 'blunts' which is marijuana rolled in cigar wrappers. There are some people who still smoke 'joints' (rolled with apper and more like a filterless cigarette) or 'bowls' (a typically metal or glass bowl-shaped pipe used to hold the plant while its being lit).

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Marijuana

In the last decade or so, the rise of "wax" or "dabs" has given people another way to use THC. Wax is created by taking a butane torch to a tube packed with the plant and the wax is extracted. Butane Hash Oil (BHO) is a highly concentrated form of THC. Estimates are from 60-90% THC. Over 10% is considered a high percentage of THC.

A person can make their own wax or they can get it from a dealer. So instead of buying the plant you get wax from the dealer, cutting out the need to do the work yourself. The high is far more intense, and typically used by people who have built a high tolerance for THC.

The wax is lit and smoked using a variety of devices. One of the reported benefits of having THC in this form is that it is easier to conceal than having plant material on your person.

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Marijuana

The rise of edibles has changed the way people use marijuana. Edibles used to be generally just brownies or baked into things at home (with a very low THC concentration). However, now you can buy THC anything if you know where tolook. Gummi bears, lollipops, chocolate...you name it. You can find a way to eat THC.

 $You \, can \, buy \, THC \, and \, make \, edibles \, at \, home, or you \, can \, buy \, them \, from \, dispensaries \, or \, others \, who \, make \, them.$

The issue with edibles is that there isn't consistent regulation on them, so that the level of THC in a given piece of candy isn't known. THC poisoning is a thing now. Emergency departments all over the country see THC poisoning daily.

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Vaping is the most recent form of THC use. It's just like nicotine vaping, but instead, the active chemical is THC. Many people who use this method for THC believe it is 'safer' or 'healthier' than smoking the plant itself. There isn't evidence to support this or refute it. We just don't have enough information yet about vaping.

One of the main reasons people choose vaping as their method of choice is that its use is easier to conceal, than smoking something that has a strong odor.

Another reason is that the high is much stronger than smoking the flower itself. Some users have cautioned that you can get "too high" and to be mindful of dosage.

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A word about THC

There are two main players in the cannabis plant. THC and CBD. THC is the chemical in the cannabis plant that is responsible for the high that people seek. THC is extracted from the plant for use in edibles, THC oil, wax etc. CBD does not contain THC (or it generally doesn't) and is being sold as a supplement for a number of different medical issues. Research is scant on CBD and generally, people are relying on personal testimonies.

THC concentration is the key. In the 1960's, THC concentration in marijuan is estimated at 3-4%. Remember that anything over 10% is considered to be a high level by health experts. Wax and THC oil can have upwards of 60-90% THC concentration.

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Common Claim

It's from the earth! (insinuation is that because it's from the earth it's safe)

VERDICT

Yes, it is from the earth.

CAVEAT

That doesn't mean it's safe. Lots of things from the earth aren't

safe.

EXAMPLE

Arsenic is a mineral from the earth. It is extremely lethal to humans over time.

EXAMPLE

Strychnine trees are the primary natural source of strychnine, which is lethal to humans and animals alike.

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Co	pyright Betsy Byler 2020										
		Commo	n Claim			-					
		It's good i	-			-					
	(Insinuation that it cure	s or helps various medica	al ailments from diabete	s to cancer to seizures)		_					
	VERDICT Mixed. There are some known uses, but many of	FACT THC can be useful for reducing nausea and	SOME EVIDENCE OF BENEFIT There is some evidence to suggest CBD could	EARLY AND INCONCLUSIVE Some cancer research with rodents has		-					
	the claims are unfounded or based on a single questionable study.	increasing appetite. Medications are available for these reasons. Does not need	help inflammation, decrease pain and muscle control	suggested it might help slow growth of cancer cells. Research is still in		_					
		to be smoked to get these	problems.	early clinical trials.							
					_						
Co	pyright Betsy Byler 2020										
		Commo	n Claim			_					
	(Insinuation that it cur	It's good f es or helps various medic		es to cancer to seizures)		_					
	SPECIFICALLY	IN THE UK	REGARDING PSYCHOSIS	GOOD OR BAD FOR INSULIN		_					
	CBD-based medication helps with two forms of	A mouth spray medication containing	Research suggests a link between a specific	The research is unclear. Some research looked		_					

 $found\,complicating\,$ factors suggesting it's not beneficial.

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helps with two forms of

severe childhood

epilepsy. Use of THC can

lower seizure threshold

in others.

CBD and THC is used in

the UK to treat muscle

control problems caused

by MS.

genetic marker (AKT1)

and developing

psychosis. THC can push

psychosis forward.

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	Common Claim				
(iltismion as that geriols as aliceled or it subing storbed legalized altry was yous)					
		G		, ,	
	VERDICT	CAVEAT	LEGALITY ISN'T THE	ALCOHOL IS DANGEROUS	
			ISSUE		
	If the definition of	Other drugs aren't as	Whether something is	This is absolutely true	
	dangerous is level of	lethal as alcohol such as	legal or not doesn't	and worth reinforcing.	
	lethality, then yes, that is	LSD or shrooms. That	change what the effects	The use of alcohol,	
	true.	doesn't make them a	of it are. The law doesn't	driving while	
		good idea to use.	always choose what is	intoxicated, and	
			safe.	withdrawal can all cause	
			1	death	

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		Commo	n Claim	
		It's not a	iddictive	
	(insinuation is t	hat addictive things are b	ad and non-addictive th	ings are harmless)
	VERDICT	ADDICTION	WITHDRAWAL	IT STOPS WORKING
	Yes, it is addictive.	Addiction, in this case, is	Initial withdrawal is	
	Physically and	your body requiring a	about 3-4 days of	Marijuana use builds
	psychologically.The	substance. Just like	headaches, irritability,	tolerance. Once a person
	withdrawal just isn't as	coffee and nicotine are	and sometimes vivid	is using 4+ times a day,
	bad compared to other	addictive, the body goes	dreams. After that its	they aren't getting high.
	drugs.	through withdrawal	about a month to really	They use in order to feel
		without it.	feel "clear."	normal.
			·	

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Copyright Betsy Byler 2020 Common Claim (insinuation is that marihana neps ou rocks so you pay his eattention to driving) PSYCHEDELIC DEPTH PERCEPTION No, it doesn't make THC is part depressant. THC is part psychedelic, One of the ways people better drivers. Depressants slow the altering our view of marijuana impacts the space and time. This central nervous system. user is altering their impacts a user no matter $depth\ perception\ which$ times. Having a high what their tolerance is a greatly needed skill level is or their in driving. tolerance doesn't change this. experience with the

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Copyright Betsy Byler 2020 Common Claim I'm more productive (insinuation is that marijuana helps you focus so you can do more things) VERDICT SUBCULTURE HYPERFOCUS PERCEPTION Seems unlikely, but Stoner sub-culture is a Users often describe Because marijuana could be true depending thing for a reason. The feeling hyper-focused on impacts how a person idea that a chronic pot things to the exclusion on the person. veiws space and time, smoker is unmotivated, of other stimuli. It is their perception of unproductive and eats possible, but not likely, events may not always too much are common that improved be accurate. references in pop productivity is a side effect. culture.

Copyright Betsy Byler 2020 Common Claim It can't kill you (insinuation is that you can use manifum without negative effects) VERDICT POISONING SIGNS POINT TOWARD ONLY ONE CONSIDERATION? It's not likely, but THC poisoning can be Because people use more Is death the only severe, requiring than one drug, it is benchmark for if commonly held belief hospitalization and difficult to tell which is something is a good that it couldn't kill you. treatment for psychosis, the cause of death. The idea? There are other THC poisoning is severe vomiting, reports of THC risks THC poses. Best not changing that. ranoia, panic attacks, poisoning are increasing to dwell here too long. and increased heart rate. and severe cases are on

the rise.

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Copyright Betsy Byler 2020 Common Claim (insinuation we seem alithis stuff on the systemetijuana is good) VERDICT NORMALIZE MINIMIZE MAKETTHEALTHY Most of that Tactics used in the 50's information is caution seem absurd. listed all over the about smoking biased. The truth is The uptight people are cigarettes are being used harder to find. Even the scared of everything. backing, if any at all. If today. Smoking was anti-marijuana crowd They don't want you to it's good for a medical portrayed as a normal gets information wrong. have fun. problem then it's good way of life. Everyone

does it.

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A word about Big Marijuana

From the 1920s through 1950s we saw the tobacco industry successfully promote cigarettes to the point that even Santa promoted smoking. The tactics they used were to deny addiction potential, downplay adverse health effects, create as large a market as possible, and protect it through lobbying, campaign contributions, and other advocacy efforts. This should sound really familiar.

According to several sources the marijuana industry is worth billions of dollars. Projected to hit \$73 billion by 2027. There are tons of jobs in the new industry outranking several major employment categories such as coal workers. This industry is huge and getting bigger. This is not because its a wonder-drug and these are merely good-hearted benefactors wanting to free the population from diseases. This is about money. And people need to know who is funding the information they find.



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		Commo	n Claim		
		It's (Insinuation is that t	fun hey use to feel good)		
	VERDICT	NORMALIZE	FUN ISN'T THE PROBLEM	WHEN IT STOPS BEING FUN	
	Yep, in the beginning it	It's part of the human	Having fun and getting	When people are using	
	is fun for most people.	experience to try to alter	high isn't the problem.	daily, multiple times a	
	Don't deny this, it'll just	our consciousness.	No one is saying that	day, it's not about fun	
	weaken your argument.	Substance use is found in	smoking weed a few	anymore. It's a chore, at	
		every culture and people	times is going to wreck	the very least. It becomes	
		throughout history.	you. It's when it goes	all-consuming.	
			farther.		

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What we know

Fact-checked uses for THC and CBD:

- $\hbox{\bf \bullet} \ \ Useful for treating nause a from chemotherapy and increasing} \\ appetite for conditions like wasting syndrome$
- CBD is the component in a seizure medication for two severe types of juvenile seizure disorders
- CBD/THC combo is being used in the UK to help with muscle problems related to MS $\,$

Research is ongoing for:

- Cancer research is in the early stages to see if THC/CBD can help slow the growth of cancer cells (either by itself or in conjunction with other traditional therapies)
- $\bullet \ \ Research is being conducted to determine if THC/CBD can influence insulin production and insulin resistance. \\$
- CBD research is being done (and has been for a while) to study the impact on chronic pain and inflammation. The research seems promising.

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What we
don't know

Long-term health impacts

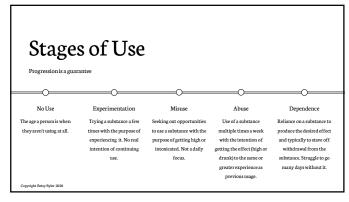
- We don't know what the long-term impact of smoking marijuana in various forms will have on health. We can guess based on smoking tobacco or other irritants that impact the lungs, but we don't have actual research yet.
- We don't know what the long-term impact of high concentrations of THC have on functioning and memory. THC levels have been rising rapidly in recent years which makes current research outdated.
- rapidly in recent years which makes current research outdated.

 We don't know what the impact will be on developing brains (research is happening on this in some longitudinal studies) and at what point the impact on the brain becomes potentially less damaging

Addiction impact

- The impact of marijuana use on future substance abuse (the gateway argument) is unknown. Research is very limited. This has to be paid for and the lobby for big marijuana will want to stop this kind of
- There are suggestions that THC helps opioid addiction. The research doesn't support this, but the push to find a solution to opiate addiction puts this on the map.

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Case Examples STAGES OF USE IN ACTION Adrienne - 15 year old female Many of his relatives used marijuana and this was seen as pretty normal. Adrienne first tried a sip of alcohol Cory's older brother had him try marijuana at age 10. Cory didn't use it from a relative's beer when she was 8. Marc first tried marijuana at age 10. He She didn't have any alcohol until she again until he was age 13. He used two didn't really like it and didn't try it turned 15. She first tried marijuana on times during that year and recently again until he was 12. After that he used the same day as the first drink of began using marijuana again. He on occasion, but it wasn't something he alcohol. For the first few weeks estimates he's used 3 times in the last really tried to find. His 13th birthday is afterwards she drank and smoked a month. Cory has not tried alcohol stating that his dad was an alcoholic and so he won't drink, ever. Cory when he got drunk for the first few times. Within the next two time. He decided he liked smoking months she was buying her own stash, marijuana better and started using a smoking alone and using multiple admitted that he has used pills few times a week. At 14 he was (stimulants) on three occasions in the times a week. She doesn't drink as often smoking THC (vape pen) a couple of last two months. The first time he used as she uses marijuana, but has a decent

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Case Examples									
	No use	No use Experimentation Misuse Abuse Depdendence							
Marc	9	10	13	13	14				
Adrienne	14	15	15	15	?				
Cory	9	10	13	?	?				
Ben	11	12	15	15	19				

What is normal?

- Ask the student "What is a normal amount of drinking?" They typically will say they don't know.

 Ask the student to think of someone they know that they think drinks too much. Ask them to They actually do have an opinion; they just haven't thought about it.
 - describe the person's drinking to you.
- 3 So how many times in a week/month is too much? How many drinks per sitting is too much? Help them clarify this.
- Then ask the student "What is a normal amount of marijuana use?" When is it too much? Is daily too much? Going to school high? Using alone?

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Conversation Structure Recap

- What is the substance, how is it used, and how is it obtained.
- What are the common claims about the substance?
- Fact-check each common claim.
- Go through the stages of use.
- Talk about progression and their current stage.
- 6 Closing thoughts and key points reiterated here.

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To support or not to support...

Legalization of marijuana is here to stay. There is so much money behind the $\,$ $legalization\ movement\ that\ our\ prevention\ efforts\ aren't\ going\ to\ stop\ it.$ Teenagers and young adults care about this issue. And because of that, we need to have a well formulated opinion based on facts and also taking into our $\,$ account our own beliefs. We also need to distinguish between fact and our opinion.

There are common reasons people use when talking about the need for $\,$ $legalization. \, Some \, reasons \, are \, more \, valid \, than \, others. \, However, there \, is \, a \, ton \,$ of conflicting information. Each of you doing prevention work needs to know the issues and be able to speak about if and when you would support $\,$ legalization.





Remember this:

Earn the right to be heard

Jim Rayburn-Young Life

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Presenter Information



Betsy is a mental health the rapist and substance abuse counselor (since 2003) and $\,$ recently moved into private practice. She and her family relocated to the Twin Ports in 2008 and now make their home in Solon Springs, Wisconsin.

Betsy the is the host of the All Things Substance podcast; the place for the rapists to hear about substance abuse from a mental health perspective. You can tune into the podcast on itunes, spotify and on her website ${\bf www.betsybyler.com/podcast}$

You can contact her at betsy@betsybyler.com

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Resources

- CDC.gov https://www.cdc.gov/marijuana/index.htm
 DEA https://www.dea.gov/drug-information

- Uko lattęp (www.da.go)/dng unternation

 HHS go/ https://www.da.go/ja/high/ajkolecens-development/ubstance-use/marijaana/resources/index.html

 Hatfred Courant https://www.courant.com/politics/he-pol-marijaans-five-resource-20190325-anant/poxisht/faett546128/7q-stoxy.html

 Marijaana Referencio Dergites (Dogolou-goo) https://www.drugabous.goo/publications/research-reports/marijaana/there-link-between marijaana-use-psychiatric-marijaana-use-psychiatric-marijaana-use-psychiatric-marijaana-use-psychiatric-marijaana-use-psychiatric-marijaana-use-psychiatric-marijaana-psychiatric-marijaana-use-psychiatric-mar
- disorders

 Marijuana Use Results in Lower Levels of Fasting Insulin (Diabetes In Control) http://www.diabetesincontrol.com/marijuana-use-results-in-lower-levels-of-fasting-
- nnaum;

 NARSA https://www.naspa.org/images/uploads/events/Higher_Education_Cannabia_Toolkit.pdf

 Prevention Action Alliance https://preventionactionalliance.org/

 Prevention Technology Transfer Center (PTTC) Network https://pttcnetwork.org/

- Prevention Technology Trainfact (enter (PT L) Network https://pitcnetwork.org/
 ProChonce, pitting/marijuana.procon.org/
 Researching the Potential Medical Benefits and Risks of Marijuana (DrugAbuse.gov) https://www.drugabuse.gov/about.nida/legislative-activities/teatimony-to-congress/2016/researching-the-potential-medical-benefits and-risks of marijuana
 SAMIESA https://www.amsha.gov/marijuana
 Stanford Medicine https://med.stanford.edu/cannabispreventiontoolkin/resource-directory.html