

SUBSTANCE ABUSE PREVENTION

PROFESSIONAL DEVELOPMENT

PREVENTION FIRST
Building community capacity to prevent substance abuse

FACT SHEET

MARIJUANA: *JUST THE FACTS...*

What is Marijuana?

Marijuana is a mixture of the dried shredded leaves, stems, and flowers of *Cannabis sativa*- the hemp plant. The mixture can be green, brown, or gray. Of the approximately 400 chemicals in marijuana, delta-9-tetrahydrocannabinol, known as THC, is responsible for many of the drug's psychotropic (mind altering) effects. It's this chemical that changes how the brain works, distorting how the mind perceives the world.¹

Marijuana Effects on Brain and Body

As THC enters the brain, it causes the user to feel euphoric—or high—by acting on the brain's reward system, which is made up of regions that govern the response to pleasurable things. THC activates the reward system in the same way that nearly all drugs of abuse do: by stimulating brain cells to release the chemical dopamine. Along with euphoria, relaxation is another frequently reported effect in human studies. Other effects, which vary dramatically among different users, include heightened sensory perception (e.g., brighter colors), laughter, altered perception of time, and increased appetite. After a while, the euphoria subsides, and the user may feel sleepy or depressed.²

What Does Illinois Data Show?

The Illinois Department of Human Services (IDHS) funds the administration of the Illinois Youth Survey (IYS) biennially. The IYS is a self-report survey administered in school settings and is designed to gather information about a variety of health and social indicators including substance abuse use patterns and attitudes in Illinois youth. According to the IYS data, rates of past year and past 30 day marijuana use remain steady from 2010 to 2012 for 8th, 10th and 12th grade youth. Past 30 day prevalence was 8.5%, 19.8%, and 26.8% for 8th, 10th and 12th grades respectively. Additionally, there were no statistically significant differences in estimates of marijuana use between Illinois and national youth.³

Youth Prevention Education Programs:

Youth prevention curricula and skill-building programs are designed to address internal pressures, external pressures and to educate on the short term harm and risks associated with ATOD use.

Internal Pressures:

- Marijuana use has negative effects on attention, memory, and learning which can last for days or weeks.



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- Students who smoke marijuana tend to get lower grades and are more likely to drop out of high school, research shows that it can lower your IQ if you smoke marijuana regularly.⁴
- Longtime marijuana users report being less satisfied with their lives; there are significant differences in educational attainment, cognitive abilities, career achievements, and social lives, with a majority of heavy cannabis users.

External Pressures:

- Friends, peer pressure, and portrayal of marijuana in the media often affect a teenager's decision to use. When it comes to using marijuana, teens are very susceptible to the influence of friends.
- A recent study tracked 458 high school teens who smoked marijuana at least once per week and found that, teens kept smoking if their friends were smoking.⁵

Short Term Harms:

- Marijuana causes loss of coordination and distortions in the sense of time, vision and hearing, sleepiness, reddening of the eyes, increased appetite and relaxed muscles.
- Marijuana impairs judgment and motor coordination and slows reaction time. According to the National Highway Traffic Safety Administration, drugs other than alcohol are involved in about 18% of motor vehicle driver deaths.⁶

Parent and Family Education Programs:

Parental and intra-family skills represent the first line of defense against youth ATOD initiation and use.

- Appropriate parental monitoring can reduce future drug use even among adolescents who may be prone to marijuana use.
- According to the National Household Survey on Drug Abuse, the rate of past-month marijuana use was lower among kids who believed their parents would disapprove.
- Youth who learn about the risks of drugs from their parents or caregivers are less likely to use drugs than kids who do not.⁷

Additional Resources

Above the Influence <http://abovetheinfluence.com/>

"Drug Facts: Marijuana" *National Institute on Drug Abuse* <http://www.drugabuse.gov/publications/drugfacts/marijuana>

"Facts for Families: Marijuana and Teens" *American Academy of Child and Adolescent Psychiatry* http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Marijuana_and_Teens_106.aspx

"Health Topics: Marijuana" *MedlinePlus* <http://www.nlm.nih.gov/medlineplus/marijuana.html>

Healthfinder.gov <http://healthfinder.gov/search/?q=marijuana>

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4. *Gonzalez and Swanson* "Long-term effects of adolescent-onset and persistent use of cannabis" *Proceedings of the National Academy of Sciences*, October 2012, Vol 109, No 40, 15971
5. *Addiction Treatment Magazine*. "Teen Friends Affect Whether They Stop Marijuana Abuse" Posted September 2013, <http://www.addictiontreatmentmagazine.com/addiction/drug-abuse/teen-friends-affect-whether-they-stop-marijuana-abuse/>
6. *National Institute on Drug Abuse*, "Drug Facts: Drugged Driving". November 2013. <http://www.drugabuse.gov/publications/drugfacts/drugged-driving>
7. *Office of National Drug Policy*. "Marijuana Myths & Facts- the Truth behind 10 popular Misconceptions". Posted 2003. https://www.ncjrs.gov/ondcppubs/publications/pdf/marijuana_myths_facts.pdf