

cannabis use and youth

a parent's guide



University
of Victoria

Centre for Addictions
Research of BC



introduction

Everywhere you turn today, it seems somebody is talking about cannabis.

Some of the information we hear about cannabis is conflicting, making it hard to understand the ways it may affect our children. Is it addictive? Does it cause psychosis? Is it really a medicine? What will happen if my child uses it? What should I tell—or not tell—my child about it?

For this reason, the Centre for Addictions Research of BC, in partnership with the F.O.R.C.E. Society for Kids' Mental Health and the Canadian Mental Health Association (BC Division), has developed this guide. The aim is to help parents weigh the risks (and benefits) of cannabis use and put them in perspective within their individual situation.

Our goal is to offer you an honest and thoughtful discussion on cannabis so you can make better decisions about cannabis use—or non-use—in the context of your family.

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People are complex. Life is messy sometimes. And there's no "one answer" for everyone.

you may have heard...

You may have heard a variety of claims about cannabis in the media or in everyday conversation. For instance, you may have heard that cannabis use causes cancer or leads to quitting school. You may have also heard that the risk of developing cancer is low for cannabis smokers and that the drug can help relieve anxiety about school.

As a parent, making sense of these conflicting claims can be confusing. While there is at least some truth in almost all of them, accurate and balanced information about cannabis is more complex than simple statements.

Like it or not, **there are no simple answers** to explain the ways cannabis use may affect people's minds, bodies, relationships and future opportunities. Why? Because people are complex beings, and our choices and behaviours are complex too.

Even if you have only limited experience with drugs, you likely know more than you think about the key issues. Most people, for example, understand intuitively that all drugs can be both good and bad. Even medication recommended by a doctor can cause harm, especially if not taken properly. When it comes to cannabis, almost everyone knows people who have had fun or benefitted in some other way from using cannabis or other drugs. Likewise, most people know of someone who has had bad experiences.

Hemp. Cannabis. Marijuana. Hash.

Chances are you've heard these words before, though you may not know the difference between them. Are they the same or different? The answer is "both."

Hemp is a plant that, like other plants, has roots, a stalk, leaves, flowers and seeds. Hemp stalks are often used to make fibre-based items such as paper and fabric.

Cannabis is the scientific name for the hemp plant. There are many different kinds of cannabis. The leaves and flowers of each kind produce varying mind-altering and medicinal effects when smoked or consumed. The most talked-about strains of the hemp plant are cannabis sativa and cannabis indica.

Marijuana is a Mexican slang word for cannabis leaves and flowers (aka buds).

Hash, short for hashish, is made of pressed resin from cannabis buds, and is therefore stronger in effect.

While most drugs are useful in some way, all drug use carries some risk. Generally, it is safest not to use any drug unless one can be sure the benefits clearly outweigh the risks and the context and reasons for use do not increase the potential for harm.

It can help to think of drug use on a spectrum as shown in the illustration below.

The level of risk and amount of harm related to cannabis use depends on many factors:

- More drug equals more risk. Increased risk is linked with a greater amount and more frequent drug use, and higher strength of a drug.
- Younger age equals more risk. The younger a person is when they start using a drug regularly, the more likely they are to experience harms or develop problematic substance use later in life.
- Places, times and activities influence risk. Trying cannabis with friends at a weekend party and walking home later is less likely to result in harm than smoking cannabis on school property or driving under the influence.

- Motives are important. If a young person's reason for using cannabis is fleeting (e.g., curiosity), then only occasional or experimental use may follow. If their motive is a strong and enduring one (e.g., a chronic sleep or mental health problem), then more long-lasting and intense use (with greater risk of harm) may follow. When someone uses a drug in order to fit in with a particular group, they may not listen to their inner self and may make poor choices.

In short, the level of risk related to cannabis use differs from person to person and depends on much more than the properties of the drug itself.

Making good decisions about cannabis use involves always looking at both the risks and the benefits, thinking about the reasons the drug is being used and ensuring the context is safe for use. *The best way for a parent to make a decision about cannabis is to assess it in the context of their family and individual situation.*

So, with this in mind, and in light of what the research tells us, let's take a closer look at some of the common claims about cannabis.



Common Claims about Cannabis

It is commonly claimed...

Cannabis causes brain damage



But research suggests...

Cannabis use has a greater impact on younger, developing brains than older brains

The human brain begins to develop in the womb but is not fully formed until well into adulthood. Drugs influence the way our brains develop. Regular cannabis use at an early age may have negative effects on brain development.

All psychoactive substances, from caffeine to heroin, have an immediate effect on the brain. The negative effects of cannabis, however, are much less than the effects of some substances such as alcohol.

While the negative effects of cannabis on the brain are often minimal and reversible, exposure to psychoactive substances during development should be minimized.

Psychoactive substances are drugs that affect our central nervous system (especially the brain) and make us see, think, feel, and behave differently than we usually do.

It is commonly claimed...

Cannabis causes psychosis



But research suggests...

While it is unlikely that cannabis alone is the cause of psychosis, there is a link between the two, and some people may be more vulnerable to the drug's negative effects than others

Available evidence cannot answer whether or not cannabis *causes* psychosis. But it does reveal an association between the two, with greater risk of psychosis for people who use cannabis frequently.

Cannabis may be one factor that interacts with other factors, such as a vulnerability to psychosis. For instance, someone with a family history of psychosis may be more sensitive to the potential psychosis-producing properties of cannabis than people without this vulnerability in their family.

That said, for some people, cannabis use can result in short-term psychotic symptoms such as unusual perceptions and feelings (e.g., they may hear voices or think someone is trying to harm them).

Cannabis use can also negatively affect a person living with a psychotic disorder such as schizophrenia.

Studies on the effects of cannabis use on depression are also inconclusive. Some evidence suggests a link between frequent cannabis use and depression. But it is not clear how much of the relationship is based on cannabis use and how much is due to other factors such as family and social problems, living in poverty and other situations that may be beyond the person's control.

It is commonly claimed...

Cannabis causes cancer



But research suggests...

For light cannabis users, the risk of cancer is low

Even though cannabis smoke contains carcinogens (cancer-causing toxins), the risk of developing some cancers (e.g., mouth, tongue and lung) is less for cannabis smokers than tobacco smokers. This is because cannabis smokers tend to smoke less. Cannabis smokers typically smoke one to three cannabis cigarettes a day compared to 10 to 30 tobacco cigarettes by tobacco smokers.

Another factor is related to the properties of the cannabis plant. For example, cannabis contains chemicals called cannabinoids, which some scientists think play a protective role against cancer in the lungs.

It is commonly claimed...

Cannabis leads to dropping out of school



But research suggests...

Cannabis use is not likely the primary factor in a youth leaving school

While there is an association between cannabis and quitting school, the linkages may be the result of common factors—personality traits or family issues, for example—that increase the risks of both cannabis use *and* dropping out of school. Or school policy related to cannabis use may be the cause. For instance, a zero-tolerance school policy for drug use, which isolates suspended students from their peers and teachers, may be more likely to lead to a student dropping out than drug use itself.

It is commonly claimed...

Cannabis is a gateway drug that leads to other illicit drug use



But research suggests...

Cannabis is not likely the primary factor in a person's choice to use other illicit drugs

While there is an association between cannabis use and the use of other illicit drugs, the apparent linkages are related to personal, social and environmental factors rather than the effects of the drug.

Personal factors include particular personality traits (e.g., sensation seeking) which might drive a young person to use cannabis and go on to try other illicit drugs. Or a young person might try cannabis to relieve symptoms of a mental health problem (e.g., anxiety) and experiment with other substances to see if they have the same effect.

Social and environmental factors related to the use of other illicit drugs include how acceptable particular drugs are in the young person's social group, and how available they are in their community.

Is cannabis legal?

Cannabis is a controlled substance in Canada. It is illegal to grow, sell, import, export or use the drug. Under current laws, offenders may receive a fine, a prison term and a criminal record that could affect their future employment, travel plans and educational opportunities.

But there are some exceptions. In 2001, the federal government created the Marihuana Medical Access Regulations (MMAR), giving some people permission to grow and/or use cannabis for medical reasons.

It is commonly claimed...

Cannabis is stronger than it used to be



But research suggests...

Not all cannabis available today has higher THC content

Data on the potency or strength of cannabis is limited, but the available evidence suggests there is a wide range in levels of THC (the main psychoactive ingredient). Of the samples seized and analyzed by Canadian authorities between 1989 and 2003, only 81 out of more than 15,000 samples had a THC level of 20% or higher. And, while there has been an increase in the average THC level over the past two decades (6% in 1995 compared to 11% in 2008), the rise has not been dramatic. Increases in THC levels are primarily related to selective breeding and more advanced cultivation techniques.

What is THC?

THC is short for the chemical compound delta-9-tetrahydrocannabinol. THC is the most talked-about active ingredient in cannabis because it delivers the “high” feeling associated with using the drug.

While the long-term negative effects of higher-potency cannabis on respiratory health or mental health are unknown, some researchers point out that using smaller amounts of higher-potency cannabis reduces a person’s exposure to smoke and toxins and therefore might reduce risks. Clinical studies have shown that smokers regulate their dosage according to the strength of the cannabis by taking smaller or fewer puffs and/or inhaling more air with their puffs.

That said, because cannabis is unregulated and consumers cannot be sure about the potency of the product they purchase, some people may use more than desired and, in doing so, they may experience negative consequences.

It is commonly claimed...

Cannabis does not negatively affect driving ability



But research suggests...

The short-term effects of cannabis impair skills connected with safe driving

Cannabis affects driving ability, including reaction time, lane maintenance, information processing, speed and distance estimation, eye movement control and attention. It also causes fatigue, which is itself a driving hazard. For these reasons, it is safest to avoid driving for three to four hours after using cannabis.

Cannabis in combination with even small doses of alcohol is a greater threat to safety than either drug used alone.

It is commonly claimed...

Cannabis does not affect learning and memory



But research suggests...

The short-term effects of cannabis may have a negative effect on learning or remembering

In the three to four hours after using cannabis, a person may have problems remembering or learning things. If a young person uses cannabis before or during school or work, these effects could impair their ability to do well in school or perform at work. However, most of the evidence suggests that any long-lasting effects on learning and memory are minimal.

It is commonly claimed...

Cannabis causes breathing problems



But research suggests...

The risk of respiratory problems increases with frequency and mode of cannabis use

Any kind of smoke can irritate the respiratory tract. People who smoke cannabis on a regular basis can develop inflammation in their respiratory tract (the part of the body involved in breathing). This can put them at risk of chronic coughing, shortness of breath and wheezing.

Using a device called a vaporizer can reduce the risk of respiratory problems. But “safest” does not mean “no risk.” Using a vaporizer only reduces smoking-related risks, not those related to the drug itself.

Comparing common ways to use cannabis

Laboratory experiments suggest that some ways of smoking cannabis are safer than others. For example, using unfiltered joints is less risky than using water pipes (aka bong) and joints with cigarette filters. With unfiltered joints, cannabis smokers inhale less tar and more THC, the active ingredient in cannabis. Cigarette filters and water pipes reduce the THC, leading smokers to inhale more vigorously and increase the amount of tar in their lungs.

Vaporizers are the safest way to use cannabis. They release THC as a fine mist while reducing the toxic by-products of smoked cannabis. Ingesting cannabis also avoids the risks related to smoke and toxins but introduces other concerns. For instance, it is harder to find the right dose because it takes longer for the body to absorb the THC. This can result in a person using more than they intended and maybe having a negative or even scary experience.

It is commonly claimed...

Cannabis leads to addiction



But research suggests...

Most people who use cannabis do not become dependent on the drug

While most people who use cannabis do not progress to problematic use, those who use cannabis frequently (daily or near daily) over a period of time may be putting themselves at risk of dependence.

A person may be dependent if they feel like they need to use cannabis just to feel normal and function during the day. People who stop using cannabis after regular use can experience mild feelings of withdrawal. Common symptoms of cannabis withdrawal are restlessness, nervousness, irritability, loss of appetite and difficulty sleeping.

The risk of developing dependence is higher for those who start to use cannabis regularly at an early age.

It is commonly claimed...

Cannabis is often laced with other drugs



But research suggests...

Cannabis is unlikely to be mixed with other drugs

While some people worry that cannabis sold on the streets may be laced with crystal meth or other unpredictable substances, there is little evidence of this happening. However, since cannabis is unregulated, it could contain a filler or additive that may or may not be toxic.

The danger of buying and using any illegal drug is that you can never know for sure what exactly is in it. Buying cannabis from a grower you know and trust is the best.

Exploring Medical Cannabis Use

Cannabis has been used as a medicine in many parts of the world for thousands of years. These days, many people in Canada want more evidence about what cannabis is (and is not) effective in treating, and the best way to deliver that treatment.

As it stands today, there is scientific evidence of the therapeutic benefits of cannabis for the following conditions: anti-spasm for multiple sclerosis, anti-convulsive for epilepsy, anti-nausea for chemotherapy, and appetite stimulant for people experiencing extreme weight loss. Recent research has shown cannabis is effective in managing pain.

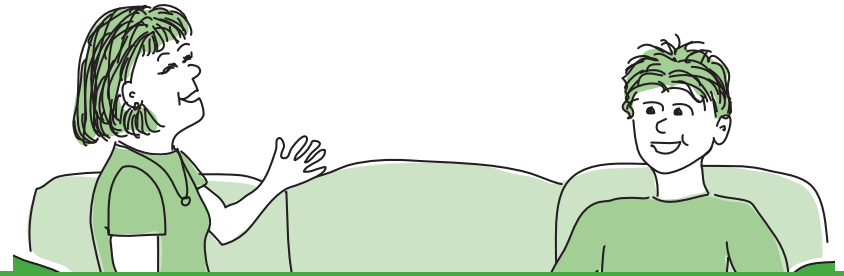
Although cannabis can impact mental health in certain circumstances, some people with a mental health problem use it to relieve the symptoms of their condition or the unpleasant side effects of their medication.

When it comes to youth, research suggests that young people may be using cannabis for reasons that are similar to those of adults. Some studies suggest that youth experiencing mental health problems might be seeking relief through cannabis use. Mental health issues such as depression, insomnia and anxiety were reported as significant problems that interfered with their ability to function at school and with family and friends.

More research is needed to understand whether cannabis may have a place among treatment options for mental health problems such as anxiety and ADHD. For instance, evidence shows that cannabis has the potential to both increase and reduce anxiety. Some researchers believe these conflicting effects may be a reflection of the various cannabinoids in cannabis.

THC and other compounds in cannabis—notably CBD or cannabidiol—are being studied for their healing potential. Researchers believe that the ratio of THC to CBD is a crucial factor in how cannabis affects a person's mind and body.

you and your child



When you're thinking about talking with your child about drugs, knowing about some of the risks (and benefits) of cannabis use may help you feel more prepared. But it is not the most important way you can help your child navigate their world, a world where drug use is common.

More than information about cannabis, what your child needs is YOU. Research suggests that one of the most important factors in healthy child development is a **strong, open relationship** with a parent.

Intuitively, most of us already know this. But sometimes it helps to remind ourselves that it is our attention, love and patience that really count. It may also be helpful to remember that, ultimately, our goal as parents is to find ways to inspire our children to want to communicate with us—about cannabis or anything else.

Opening up a discussion about cannabis may be one way to strengthen your relationship with your child. It may encourage open lines of communication about other topics too. Inviting and allowing open, honest conversation about cannabis (or any other subject) makes your child know that what they are thinking, feeling and experiencing matters to you.

It may help to keep in mind that your child may also feel uncomfortable bringing up the subject of cannabis.

The exact words you use are less important than the underlying message you are sending—engaging in conversation with them says that you want to establish a connection with them, one that you hope lasts for a long time.

Connecting Through Conversation

Talking about cannabis or other drugs may not always be easy, fun or comfortable. But it may help to keep in mind that most people with kids struggle with parenting at least some of the time. No matter what you are going through as a parent, chances are there are others going through the exact same thing. In other words, you are not alone in your fears and frustrations—or in the joys and triumphs—of being a parent.

Starting a conversation

Some parents wonder when, where and how to start a conversation about cannabis. They ask themselves or others, “What age is the right age to start talking about drugs?” or “Should I ask the questions or should I wait until my child asks me something?”

Every child is different, so there is no “right age” to start talking about cannabis. But it makes sense to have your first conversation before your child is likely to try using cannabis. That way, you can establish a connection and share your expectations before they are exposed to any risks associated with cannabis.

There is no rule about how or where a conversation about cannabis should start either. But considering how often drugs are talked about on TV, in the newspaper and at school, the subject might easily be brought up naturally while watching a movie together or while swapping stories about what happened at work and school that day.

Another “natural” way to start a conversation about cannabis is to bring it up in the context of other drug use. For instance, if you are planning to visit a relative who uses tobacco, you could inform your child about it and ask them what they know about smoking or how they feel about smoking. Or if you are having a beer or taking medication, you could ask, “Why do you think some people accept the use of alcohol and medication but not cannabis?”

It may be more comfortable to talk when you are not sitting across the table looking directly at each other. Try starting a conversation in the car or on the basketball court. You could say, “I’ve heard things on the news about kids smoking pot at school. How about your school? How does your principal deal with students who use drugs?”

Monitoring your motives

The goal of open communication is to get your child talking and sharing their thoughts and feelings with you. Ideally, they will one day ask you what you think and feel about things too. Establishing a connection through conversation is more important than assessing the details of what they tell you. After all, it is not really an open conversation if you are only inviting your child to talk so you can jump on them for ideas you do not like.

Practising good conversation skills

Your child, like anyone else you talk to, will be a better conversation partner if you stick to some basic rules about communication.

- Be a good listener. Avoid the temptation to shower them with wisdom, and let them do at least half of the talking.
- Acknowledge their point of view. This does not mean you have to agree with what they say, but instead, to try not to react in a way that will shut down their desire to tell you how they think and feel about things.
- Use open-ended questions that encourage reflection and the expression of feelings and views rather than simple yes/no answers.
- Be clear about your expectation. Being honest about how you think or feel about cannabis use, and why you think or feel that way, can offer a broader perspective to your discussion.
- Keep them from tuning out. Avoid “lecture mode” and judgmental comments, and keep in mind that exaggerating the negative aspects of cannabis or any drug will not work for a child who has witnessed or experienced its positive effects.

Open-ended versus closed questions

“How do you feel about _____?”

Not “Doesn’t that make you feel _____?”

“Why do you think _____?”

Not “Don’t you realize that _____?”

“What worries you about _____?”

Not “Don’t you think _____ is a problem?”

Responding to Your Child's Cannabis Use

Discovering (or suspecting) your child has been using cannabis or any other drug can be scary, especially if you sense that it is not just part of “normal” experimentation.

While it can be tough to resist the urge to go wild with worry or anger, the best thing you can do for your child is to respond responsibly. It is important not to let your concerns harm the relationship and the trust you have with your child.

Stay calm

Yelling and making threats will not help the situation. If anything, “freaking out” will give your child another reason to hide things from you. Searching their room or personal belongings may harm the trust between you and your child.

“We know when we’ve screwed up. We don’t need to hear about it for hours. It’s embarrassing enough knowing we’ve done something we shouldn’t have and that our parents are mad about it.”

Talk to your child

Sit down with them and tell them how you feel. If they are high, wait until the effects have worn off so you can have a more meaningful discussion. Say, “I’m worried because...” or “I’m afraid because...” Then give your child an opportunity to express their own feelings. Make sure they know you are really listening. And allow them time to think things through before speaking.

If your child quits listening, quit talking.

Learn why your child is using

Find out what led them to try cannabis in the first place. Was it because their friends were using it and they wanted to fit in? Was it for the “buzz” that comes from having an altered state of consciousness? Was it because they wanted a way to escape? Was it to manage symptoms of anxiety or other mental health problems? If so, you might want to consider seeking help from a mental health professional. It may also be helpful to find out how often your child uses cannabis.

Understand the difference between a youth who uses drugs and a youth with a drug problem

There are at least three main reasons why young people use drugs:

- Curiosity—sometimes they just want to know what being high feels like
- To fit in—some use drugs occasionally to fit in at parties or to have fun
- To cope—some feel they need to be in an altered state to feel okay about themselves and their world

It is important to keep in mind that sustained drug use problems are most common among people who feel isolated or marginalized. Youth without connections or meaningful relationships in their lives may seek solace in “feel-good” drugs. On the other hand, even well-connected young people can get into serious trouble from using too much or in the wrong place.



Offer alternative choices

If your child is using drugs because they like the buzz, you may want to suggest activities that will naturally boost their adrenaline levels, such as rock climbing or mountain biking. If your child is using cannabis to calm themselves or to relieve feelings of anxiety, you could help them explore calming or meditative activities, such as yoga, running and swimming.

Lower the risks

A child who is using cannabis may need help learning to manage the risks and use the drug in the safest way possible. One way to help your child lower the risks related to using cannabis is to have a conversation about safer ways to smoke (see Quick tips for safer cannabis use). Another way is to discuss safer contexts and settings for use. Allowing your child to smoke cannabis at home may help to provide a safer environment but it is important to weigh the risks involved.

If your child is engaging in risky activities such as using cannabis at school or selling cannabis, it is important to talk with them about why they are engaging in these activities so that you can assess the level of risk, help them think through the consequences and identify alternatives. For example, if your child is selling cannabis to make money, talk with them about safer ways to earn an income.

Quick tips for safer cannabis use

- Avoid smoking cannabis with tobacco
- Avoid deep inhalation or breath-holding
- Use a vaporizer
- If smoking cannabis, use joints rather than water bongs
- Use a small piece of rolled unbleached cardboard as a filter to prevent burns
- Purchase from a trusted source

Consider what to share (or not share) about your past

Many parents want to know if it is good or bad to tell their children about their own experiences with cannabis or other drugs. The answer is “it depends on your child and situation.”

One thing to think about is your motive for talking about your past. Are you telling them because you want to warn or frighten them in some way? Are you telling them because they asked and you do not want to lie to them? Are you telling them because you feel it might enhance your relationship in some way?

Another thing to consider is that some young people have a hard time seeing how any of their parents’ experiences are relevant to those of young people today. They may simply tune out when they hear stories about your past because they see no relationship between then and now.

“It didn’t make me want to use drugs. I liked that they were honest with me.”

“I wouldn’t want my parents to tell me if they used drugs. I’d be embarrassed.”



Keep the art of motivation in mind

While no parent is 100% responsible for their child's choices and behaviours, part of our job is to try to influence our kids in positive ways. One way involves checking in with them about their goals—over the next semester or year or even longer—and getting them to articulate how their use of cannabis or other drugs might impact those goals.

Taking a motivational approach is less about pressuring your child to change their cannabis use and more about supporting their internal reflection on their possible need and ability to change. *It means steering a conversation toward possibility and action.* And it is light in spirit and tone because it involves imagining success in the future.

Want to learn more about the art of motivation? Visit Helping Schools at www.carbc.ca and click on Art of Motivation.

In short, rather than make your child say and do what you want, help them identify what *they* want—to earn money for a cool gadget, get a driver's licence or graduate from high school—and support their efforts. You might need to help them understand what is involved in reaching a goal, and help them identify both internal and external resources they can draw on to ensure their success.

Give it time

It will likely take more than one conversation for you to understand your child's drug use. But the good news is that, over time, you might discover your child has less of a problem than you thought. That is, your teen could very well be experimenting with cannabis the way many young people do without ever developing a risky or harmful pattern of use.

If a harmful pattern is emerging, you will need to be even more patient. But it may help to consider this: the path to your child's drug use took time to build, so it makes sense not to expect a quick fix. A harmful pattern of drug use may be related to life challenges—feelings of failure or a lack of connection at school or with loved ones—that sometimes take a great deal of work to resolve. It might even be related to physical and mental health issues.

Signs of risky or harmful cannabis use

- using regularly at an early age
- daily or near daily use
- using during school or work
- using as a major form of recreation
- using to cope with negative moods
- experiencing chronic coughing, shortness of breath, wheezing or psychotic symptoms

Note: A young person may have one or more of these signs without having a short-term or long-term problem with cannabis. However, the more signs, the higher the risk.

Seek help

Not every parent is equipped to handle drug use issues on their own. If you need help understanding or communicating with your child, look for local resources and organizations that can assist you. You could try talking to

- a school counsellor
- your family doctor
- your regional Health Authority
- the Alcohol and Drug Information and Referral Service at 1-800-663-1441 (BC) or 604-660-9382 (Greater Vancouver)

More parenting tips

- Encourage your child to problem solve—solving their own issues helps build their self-esteem
- Expect to be challenged and pick your “battles” wisely—be respectful and prepared to negotiate on some things, but clearly express your expectations
- Recognize we all make mistakes and use them as opportunities to learn

“The counsellor helped my child see he had other interests besides cannabis. And we learned to look at things in a more balanced way. We realized our child had more than just his pot-smoking friends in his life. He also had his sports friends and many other associations with people who didn’t use cannabis.”

In Summary, Some Things to Remember...

Making decisions about cannabis use involves weighing the risks (and benefits) within the context of your family.

What your child needs more than cannabis facts is YOU.

The important thing is to get your child talking and sharing their thoughts and feelings with you.

It’s about being there for your child and less about pressuring.

Instead of trying to fix or solve things, focus on helping them articulate and reach their goals.

appendix

Therapeutic Use of Cannabis

In Canada, THC and other pure cannabinoids are available in three prescription medications:

- Marinol (dronabinol) is a synthetic form of THC.
- Cesamet (nabilone) is another synthetic cannabinoid. Both are prescribed to relieve nausea and stimulate appetite, and both are taken in pill form.
- Sativex is derived from the cannabis plant. It is a combination of THC and CBD (cannabidiol). It is prescribed for the relief of pain in multiple sclerosis and taken by spraying the substance under the tongue.

Generally, the effects of smoked or vaporized plant cannabis are more specific and occur faster than the effects of synthetic forms of THC and other cannabinoids taken in pill form. Also, the absence of certain cannabinoids in synthetic compounds can lead to harmful side effects such as panic attacks.

The advantage of smoked or vaporized cannabis is that people can determine the most effective dose and feel the effects more quickly. People who smoke cannabis for therapeutic purposes learn to self-regulate their use depending on their physical condition.

Drug interactions

Because of the way cannabis is metabolized, scientists believe there is a potential for it to interact with other drugs, although nothing significant has yet been recorded.

Reports from patients indicate that negative drug interactions are not common. Patients report that they are able to reduce the doses of some of their pharmaceutical drugs (particularly opiate-based painkillers) when using cannabis. Cannabis has also been shown to mitigate the negative side effects of pharmaceutical drugs and other therapies. This helps patients stick to their treatment schedules.

Contraindications

Certain conditions increase the risk of using cannabis. Patients with a history of psychotic disorders should be under careful psychiatric monitoring when using cannabis. Cannabinoids are contraindicated for patients with a history of active cardiac ischemias. Those receiving digitalis or other cardiac medications should only use cannabis under careful supervision by a medical doctor. Cannabis use should be avoided where the immune system is needed to fight off infections, particularly intracellular pathogens, such as those that cause Legionnaire's disease, Leishmania and tuberculosis.

Canada's medical cannabis program

In 2001, the federal government created the Marihuana Medical Access Regulations (MMAR), giving some people permission to grow and/or use cannabis for medical reasons. As part of the application process, a patient must submit a form completed by their doctor recommending treatment with cannabis. The regulations are organized according to two categories of conditions and symptoms.

Category 1 conditions and symptoms are

- severe pain and/or persistent muscle spasms from multiple sclerosis, spinal cord injury or spinal cord disease
- severe pain, anorexia, weight loss and/or severe nausea from cancer or HIV/AIDS infection
- severe pain from severe forms of arthritis
- seizures from epilepsy

Category 2 patients—those with debilitating symptoms of an illness not covered in category 1—can also apply. But their application requires assessment and confirmation by a specialist that conventional treatments have failed or are inappropriate.

Patients can be authorized to use cannabis that is

- supplied by Health Canada,
- grown by patients themselves, or
- grown by a person designated by the patient.

Applying for Canada's medical cannabis program

Applications must be submitted in writing to Health Canada. Application forms are available on the Health Canada website: <http://hc-sc.gc.ca>, and by calling Health Canada toll-free at 1-866-337-7705.

Other ways to access medical cannabis

Compassion clubs are community-based medical cannabis dispensaries that provide high quality cannabis to people with officially documented medical conditions such as HIV/AIDS, cancer, glaucoma, hepatitis C, chronic pain and multiple sclerosis. Clients must be 18 or older or have the written consent of a parent or guardian.

The existence of compassion clubs in Canada pre-dates Health Canada's medical cannabis program. Currently, Health Canada does not recognize compassion clubs, nor does the MMAR allow for such enterprises.

Although compassion clubs are not currently licensed, many police departments tolerate those that are rigorous in restricting their sales to people with verified medical conditions. However, this is a tentative, unspoken agreement that could be revoked at any time, and there are several recorded incidents of compassion club owners or managers being arrested. In most cases, the courts have ruled in favour of the compassion clubs and have recognized the important service they are providing.

In the absence of licensing, these dispensaries self-regulate. Most of the well-established clubs operate according to guidelines that have been established to ensure transparency, accountability and a high standard of care.

In BC, there are several self-regulated organizations providing people with access to cannabis information and products:

- BC Compassion Club Society
www.thecompassionclub.org
- Vancouver Island Compassion Society
www.thevics.com
- Cannabis Buyers Club of Canada
www.cbc-canada.ca

resources

Here to Help

www.heretohelp.bc.ca

The following resources are available on the Here to Help website:

- Learn about... Cannabis
- Let's discuss... Medical Use of Cannabis
- The Road Ahead: A guidebook for parents of young teens about alcohol and other drugs
- Tips for... Cutting Back or Quitting Cannabis
- Visions Journal – issue on Cannabis
- You and Substance Use workbook

Other Websites to Visit

Canadian Mental Health Association (BC Division)

www.cmha.bc.ca

Promotes the mental health of all British Columbians through education, advocacy, research and direct services. The website provides self-help resources and information, personal stories and discussion of public issues related to mental illness, such as housing, employment and discrimination.

Centre for Addictions Research of BC

www.carbc.ca

Dedicated to research and knowledge related to substance use, mental health and well-being. The CARBC website provides fact sheets and self-help tools to help British Columbians make decisions about their well-being. The site also includes resources to support schools, campuses and communities to take effective action in addressing the impact of substance use.

F.O.R.C.E. Society for Kids' Mental Health

www.forcesociety.com

Provides families with an opportunity to speak with other families whose children's lives have been touched by mental health issues and who understand and may be able to offer support or advice on what has worked for them. The website provides families and professionals with information, tools, and tips on how to support and assist children with mental health difficulties.

Kelty Mental Health Resource Centre

www.keltymentalhealth.ca

Offers information and resources on a wide range of mental health and substance use issues affecting children and youth in British Columbia. The website provides resources for parents and caregivers, healthcare professionals, school professionals, youth and young adults.



Here to Help is a project of the BC Partners for Mental Health and Addictions Information. The BC Partners are a group of seven mental health and substance use non-profit agencies. The BC Partners are funded by BC Mental Health and Addictions Services, an agency of the Provincial Health Services Authority.