Marijuana: Myths & Realities

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Overview

- Discussion of common myths and realities surrounding marijuana use
- Prevention in the home and in schools
- Brief overview of Alberta Health Services’ programs and services for youth and their families

Myth: Marijuana is a natural drug.
Marijuana is a product of the plant, Cannabis Sativa (buds, leaves and resin).
THC is the psychoactive chemical in marijuana that causes its effects.
Not the same as hemp- stalks and sterilized seeds.
Poisonous pesticides and fungicides are used to grow marijuana. Can also be sprayed with chemicals to increase weight.

Myth: Marijuana is not addictive.

Research shows that marijuana causes physical dependence, tolerance and withdrawal symptoms.
Affects the same area of the brain that causes addiction to other substances.
Drug use can be viewed on a continuum; can affect all of the major life areas including relationships, school, finances, legal, physical and emotional health.
Myth: The majority of Alberta youth use marijuana.

Reality

- Approximately 84% of Alberta students in grades 7-12 do not use marijuana (TAYES, 2008).
- Older students reported higher levels of use.
- 30% of grade 12 students reported using cannabis, whereas only 4% of grade 8 students reported using cannabis in the past year.

Myth: Marijuana, hashish and hash oil are different drugs.
Reality

- Marijuana: a greenish or brownish material consisting of the dried buds and leaves of the plant.
- Hashish: the resinous secretion of the tops of the flowering plant. Sold in solid pieces that can be hard or soft and gummy. More potent than marijuana.
- Hash Oil: made by concentrating hashish with a solvent. Most potent form of the drug.

Myth: There are only a few street names for marijuana.
**Reality**

- **Street names include:** acapulco gold, ace, bhang, california sinsemilla, colombian, dope, doobie, ganja, grass green, hemp, herb, indian hemp, jamaican, jive (sticks), joint, marihuana, mary jane, mauie wowie, mexican, panama gold, panama red, pot, ragweed, reefer, sativa, sinse, thai sticks, weed hashish, hash, hash oil, oil, honey oil, weed oil...

**Myth: Marijuana is a depressant drug.**

**Reality**

- Marijuana is in a category of it's own.
- Marijuana has depressant effects such as drowsiness, and impaired balance and coordination.
- Increases the heart rate by 20-100 percent.
- In high doses, marijuana can cause hallucinations.
Myth: Marijuana was used heavily in the 60’s and 70’s without negative effects.

Reality

- THC levels are often much higher than in the past.
- There are no standard strengths for street drugs; different types yield different THC levels.
- Higher doses may lead to more negative psychological effects such as paranoia, anxiety and depression.
- Symptoms worsen in those with mental illnesses, particularly schizophrenia.

Myth: Marijuana affects everyone in the same way.
Effects of marijuana range from feelings of euphoria and calm to severe anxiety and paranoia.

High doses can cause psychosis.

Perceived effects depend on dose, potency, the mood a person is in when using and the environment.

There are no ‘standards’ for street drugs.

What to look for (short-term effects):
- may appear relaxed and/or become paranoid
- bloodshot eyes
- excessive laughter/giggling
- dry mouth
- impaired balance and coordination
- dilated pupils
- excessive hunger (munchies)
- may become drowsy

Myth: Marijuana does not cause serious long-term health effects.
Reality

- Can cause damage to the lungs and contributes to respiratory problems.
- Can cause tolerance and dependence.
- Can cause decreased motivation and difficulties with memory and concentration.
- Children who have experienced prenatal exposure to marijuana may develop delays.
- Cannabis use has been linked to schizophrenia and may be a risk factor for depression and anxiety.

Myth: Marijuana is a medicine.

- Has been the subject of much research and debate.
- Does have confirmed medicinal benefits in the form of pain relief, controlling nausea and appetite stimulation.
- Medical Marijuana Access Regulations (MMAR) provides a framework for medical use where conventional treatment is inappropriate or ineffective.
- There are FDA-approved cannabinoid-based medications that do not require smoking.
Myth: Marijuana is detectable in the body for up to 3 days.

Reality
- Is stored in fatty tissues of the body, rather than being distributed in body water.
- Rate of expulsion depends on many factors including health, body size, gender, age, genetics.
- Typical Duration of Positive Urine Test:
  - Occasional use: 1 to 7 days
  - Chronic use: 1 to 4 weeks

Myth: Marijuana smoke is less harmful than tobacco smoke.
Reality

- Marijuana and cigarette smoke contain some of the same cancer-causing compounds.
- Can yield higher levels of tar and up to 4 times more carbon monoxide than cigarette smoke.
- Regular use can cause chronic cough, and increased risk of respiratory problems.
- Heavy marijuana smokers often have similar lung damage to cigarette smokers.

Myth: Marijuana helps you to concentrate.

- Concentration and short-term memory are markedly impaired.
- Sense of time and space are distorted.
- Can affect learning and quality of a person’s work in school or on the job.
- Impairs judgment and reaction time and can pose serious safety risks when driving, operating machinery or even riding a bike.
Myth: Marijuana is legal in Canada.

Reality

- Decriminalization does not equal legalization!
- Is a controlled substance in Canada.
- Decriminalization: 30g or less of marijuana and 1g or less of hashish or resin may not result in a criminal charge.
- Possession of both amounts or the intent to traffic any amount can result in criminal proceedings.
- Driving under the influence of any substance is considered impaired driving and is considered a criminal offence if convicted.

Drug Prevention in the Home

- Most youth who try marijuana do so in their early teens.
- Educate yourself about the basics.
- Balance, consistency, respect and open-mindedness will facilitate conversation.
- Share your views and preferences with your children without judgment.
Drug Prevention in the Home

- Stay interested in your teen’s activities without appearing intrusive.
- Help them build confidence in saying ‘no’ by role-playing potential situations.
- Set clear, firm expectations and be consistent.
- Make your love and support for them clear and unconditional.
- Whenever possible, look for constructive or positive solutions.

Drug Prevention in Schools

- Curriculum for Gr. 3, 4, 5, 6, 7, 8, 9, 11
- www.albertahealthservices.ca
- Consultation
- Provide information and training for parents
- Provide training and support for teachers
- Provide support with school policy
- Mobile Service Team

YAS Programs and Services

- Adolescent and Family Counselling Services
- Parent and Youth Information Groups
- Parent skillshop and support group
- Mobile Service Team
- Intensive Day Treatment (ACTION Program)
- Community Support Home Program
- Detox and Stabilization
- Residential Treatment
- PChAD
Questions?

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Community Education Service
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www.fcrc.sacyhn.ca

For general CES enquiries Email:
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