GENERAL FACTS ABOUT CANNABIS USE

The Partnership uses the term cannabis to refer to the plant and all types of derived products such as vape cartridges, edibles, smokable "weed" or "pot", oils and tinctures. We are not using the term marijuana on most of our resources because this term has a complicated past that was slanderous towards certain people. It is, however, important that the language we use in some instances is accessible to the audience that we are trying to reach and we understand that marijuana is a commonly utilized term for products that contain the form of THC (Delta 9) that provides a euphoric affect or intoxication.

Whether for recreation or therapeutic use, cannabis is the most commonly used addictive drug after tobacco and alcohol, and also one of the most misunderstood. While we may not know all the risks associated with cannabis, many public health professionals agree, it is harmful. Although it has therapeutic uses for some people with particular medical conditions, the risks associated with recreational use are higher than many people realize.

FORMS OF CANNABIS:

joint • blunt • cigarette • pipe bong • vape • edibles (edibles that are often packaged to look like cookies, pizza, gummy bears or baked goods)

Not all people are affected the same way by cannabis use. Some people are more at risk. Youth are more vulnerable because their brains and bodies are still developing. Youth who begin using cannabis before the age of 18 have a higher likelihood of developing dependence on the substance.² Research is clear that using drugs while the brain is still developing can have lasting effects on brain development, from executive function and intellectual development to the brain's ability to regulate emotions and an increased likelihood of developing a substance use disorder. Babies exposed to cannabis use during pregnancy have higher rates of learning, attention and behavior challenges such as attention deficit hyperactivity disorder later in life.3

The potency of recreational cannabis has increased over time.4 How the plant is grown and processed has changed, resulting in increased levels of THC per ounce of cannabis. A new cannabis derivative made from THCrich resins comes in various forms, from oily to soft wax or hard candy. These products deliver such large amounts of THC that people smoking them (also known as "dabbing") have been taken to emergency rooms for a range of symptoms. Vaping cannabis also poses risks to the brain, lungs and cardiovascular system. These higher potency products may influence drug dependence and can be link to increased frequency of emergency room visits, psychotic episodes and even car crashes.5

Another concern is drug dependence: one in 10 users of cannabis develop a substance use disorder. For those who start using cannabis before the age of 18, one in six will develop a cannabis use disorder. Research is also finding some correlation (although mixed) between regular cannabis use and suicide risk among youth.⁶

TREATMENT AND RECOVERY

One of the most challenging aspects of substance use is recognizing its negative impact. Often we may not realize the slow and small impact that substance use is having on our health and well-being. Many people experience withdrawal symptoms when they try to stop or cut down their use, including irritability, anxiety, sleeplessness, and headaches. While there are no FDA-approved medications currently available to treat cannabis use disorder, behavioral support can be effective.

Talk with your healthcare provider to weigh the risks and benefits of cannabis on your physical and mental health.

WHAT CAN YOU DO?

It is clear from state and national surveys that the more we think something carries risk to our health and well-being, the less likely we are to become involved with it.8 This is true for cannabis as well. If we think it is risky, then we are less likely to do it, even during the risk-seeking adolescent years. According to the NH Youth Risk Behavior Survey (YRBS) data, perception of harm towards cannabis has gone down from 21.7% in 2013 to 10.3% in 2019 while cannabis use has increased.

You don't have to be an expert to tell a friend or family member that you are concerned about their cannabis use. By sharing your concerns, you can positively influence a person's behavior. When you clearly, consistently and confidently share the risks of cannabis use, you help prevent

substance misuse. Talking about the risks is an important prevention strategy.

Talk with your friends, family and loved ones about the negative consequences of using cannabis. You can influence their attitudes and beliefs around use and prevent problems.

EFFECTS OF USING CANNABIS⁹

Many factors influence an individual's experience with cannabis such as a person's age, weight, underlying physical, mental and emotional health, and the method of use.

Short-Term Effects:

- Cognitive and neurological impairment
- Impaired memory and attention
- Drowsiness
- Slow response time
- Irritability
- Sleep problems
- Cravings
- Paranoia and anxiety with regular, high potency
- Can affect daily life, including problems with school work, job responsibilities, and driving.

Long-Term Effects:

- Anxiety and/or depression
- Schizophrenia or worsening symptoms in those with schizophrenia
- Bronchitis
- Vascular problems
- Breathing problems
- Intense nausea and vomiting
- · Cannabis Use Disorder

Cannabis: The plant or derivative products that contain more than 0.3 percent of the chemical compound delta-9-tetrahydrocannabinol (THC), the main psychoactive component of the plant that produces a "high". Extracts from the plant can be made into hash oil or wax.¹¹

Cannabinoids: A group of chemical compounds found in cannabis. There are more than 100 types.

Cannabidiol (CBD): A component of the cannabis plant that does not produce a "high". The Federal Drug Agency (FDA) has approved only one form of CBD – Epidiolex - which treats a severe form of epilepsy. CBD is marketed in a variety of products. Studies on "THC-free" products find that many actually contain a measurable amount of THC.^{12,13}

Hemp: A strain of the cannabis sativa plant that contains less than 0.3 percent THC. Many CBD products are derived from hemp, though they are not yet regulated by the FDA and may be of questionable quality and consistency.¹⁴

Dabs: Referred to as "wax", "shatter", "amber", "honeycomb", or "budder"— dabs are concentrated versions of butane hash oil (BHO) which contains highly-concentrated levels of THC. This concentrated substance is produced through a chemical process using butane oil to extract the oils from the cannabis. Research suggests that dabs or BHO can have a THC concentration of 80% in comparison to traditional cannabis, which has a concentration of about 10-15% THC.¹⁵

Endnotes

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- 15 Accessed July 7, 2021: https://www.verywellmind.com/marijuana-dabbing-4797506

RESOURCES AND SUPPORT

The Partnership @drugfreeNH

<u>drugfreenh.org</u>: A safe place to gather and learn about local strategies and activities to prevent substance misuse.

Never Use Alone

Neverusealone.com or call 1-800-484-3731: To talk with a lifesaving point of contact while using substance, call Never Use Alone. No judgment, no shaming and no preaching.

The Doorway

thedoorway.nh.gov or call 2-1-1 (or 1-866-444-4211): A statewide service that supports any NH resident, of any age, with a substance or alcohol concern or issue.

NH Alcohol and Drug Treatment Locator nhtreatment.org: A searchable database with treatment agencies and individual practitioners offering substance use disorder services.

2-1-1 NH

<u>211NH.org</u>: A comprehensive source of information about local resources and services to help you take care of yourself.



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