

# Issue Brief 6: Marijuana Use and Parenting: What You Need to Know

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## Purpose:

The Barnstable County Department of Human Services is producing a series of issue briefs for the Regional Substance Use Council that present information on topics related to substance use. This issue brief explores responsible parenting when using marijuana and recommendations to keep children safe and substance free.

## Introduction

Regardless of personal opinion on recreational marijuana use for those over the age of 21 most adults agree that youth should not use marijuana.<sup>1</sup> With the legalization of recreational marijuana, concerns have been raised on youth marijuana use and how to reduce and prevent youth use. This is of particular importance when there are adults in the home who use marijuana. Regardless of personal beliefs on the use of recreational marijuana for adults of legal age, medical research shows that it is imperative to delay the use of marijuana and other substances by teens and young adults for as long as possible.

It is important to note that while the age of majority (legal status as an adult) in Massachusetts is 18, possession and consumption of recreational marijuana by persons under the age of 21 is illegal and is punishable by fines, driver's license revocation, and possibly expulsion from school or sports teams.<sup>2</sup>

On Cape Cod, recent anonymous student surveys provide information on teen marijuana use.<sup>3</sup>

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<sup>1</sup> Kosterman, R., Bailey, J. A., Guttmanova, K., Jones, T. M., Eisenberg, N., Hill, K. G., & Hawkins, J. D. (2016). Marijuana Legalization and Parents' Attitudes, Use, and Parenting in Washington State. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 59(4), 450-456.

<sup>2</sup> \$100 fine, required drug awareness program, and community service for youth under 21 in possession or under the influence of marijuana.

<sup>3</sup> Youth Behavior Risk Surveys (YRBS), PRIDE Surveys, Communities That Care (CTC), Drug Free Communities (DFC), or modified DFC surveys that include the four core measures of the DFC survey. Current marijuana use is defined as use in the last 30 days.

Notably more than 50% of Cape Cod youth who reported currently using marijuana do not believe their parents think it's wrong. These respondents were three times more likely to use marijuana than those respondents who heard strong messages of disapproval from their parents. This indicates that in addition to peer influence and environmental factors affecting youth decisions, parental influence is extremely important.

### "This is not the 'pot' you grew up with"

While it is now legal for adults to possess and use marijuana for recreational purposes over the age of 21 in Massachusetts, the THC content and delivery methods have changed since the 1980s and 1990s.<sup>4,5</sup> Marijuana potency has increased from approximately 4 percent THC in 1995 to 12 percent in 2014.<sup>6</sup> In addition, there are differences in the methods of marijuana delivery that may enhance its effects. Most notably, edible marijuana is absorbed into the body differently than marijuana that is smoked. Differing absorption rates affect when, for how long, and how intensely the user will feel the effects of the drug. In addition, vaping has been introduced by the tobacco industry as a "safer" method of smoking than combustible methods. Such claims are being investigated by the scientific community.

### Effects of Marijuana Use on Teens and Young Adults

Substance use by teens and young adults has been shown to have a negative impact on brain development. This impact includes increased risky behaviors, increased risk of depression and anxiety, and reductions in memory, thinking, concentration, coordination, and time perception. These changes in a youth's neuropsychological functioning have been shown to continue for almost a month after the last time marijuana was used.<sup>7,8</sup> While abstinence from marijuana use during this developmental period is ideal, there is evidence that delaying first use (i.e.

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<sup>4</sup> THC, or tetrahydrocannabinol, is the chemical responsible for most of marijuana's psychological effects. It acts much like the cannabinoid chemicals made naturally by the body, according to the National Institute on Drug Abuse (NIDA). (Source: <https://www.livescience.com/24553-what-is-thc.html>).

<sup>5</sup> Mehmedic, Z., Chandra, S., Slade, D., Denham, H., Foster, S., Patel, A. S., & ... El Sohly, M. A. (2010). Potency Trends of  $\Delta^9$ -THC and Other Cannabinoids in Confiscated Cannabis Preparations from 1993 to 2008. *Journal of Forensic Sciences* (Wiley-Blackwell), 55(5), 1209-1217.

<sup>6</sup> ElSohly, M. A., Mehmedic, Z., Foster, S., Gon, C., Chandra, S., & Church, J. C. (2016). Changes in Cannabis Potency over the Last Two Decades (1995-2014) - Analysis of Current Data in the United States. *Biological Psychiatry*, 79(7), 613-619.

<sup>7</sup> Bava, S., & Tapert, S. F. (2010). Adolescent Brain Development and the Risk for Alcohol and Other Drug Problems. *Neuropsychology Review*, 20, 398-413.

<sup>8</sup> Monitoring Health Concerns Related to Marijuana in Colorado: 2016. Executive Summary

increasing the age at which a person first uses the substance) decreases the effects of the drug on the developing brain.

Use of marijuana and/or other substances by teens and young adults is also related to increased risk of addiction later in life.<sup>9</sup> Among adult patients entering treatment for substance use disorders, 64% began using or misusing substances at age 20 or younger.<sup>10</sup> In a study by Gruber, et al. it was found that while underage marijuana use is related to reduced control and increased impulsivity in general, marijuana users who began regular use before the age of 16 were found to have even lower control and increased impulsivity.<sup>11</sup> In addition, the Substance Abuse Mental Health Services Administration has found that 87 percent of people in a marijuana treatment program report that they began using marijuana prior to the age of 17.<sup>12</sup>

While the long-term effects of marijuana use on the teen brain continue to be investigated through the Adolescent Brain Cognitive Develop (ABCD) Study it is important for parents to take steps now to decrease youth marijuana use and the negative impacts on their children.<sup>13</sup>

### Elements of Youth Substance Misuse Risk

#### 1. **Genetics**

Genetics and family history play a significant role in their child's risk of developing a substance use disorder. Studies show that a teen's risk of developing a substance use disorder is greatly increased if parents or close family members misuse substances. In fact, nearly 50% of an individual's predisposition to substance use disorder is genetic.<sup>14</sup> In the United States, nearly 12% of children under the age of 18 live with a parent who is dependent on or misuses drugs or alcohol.<sup>15</sup>

Genetic predisposition, in interaction with environmental factors and parenting practices, increases the risk of youth using marijuana and other substances. Family history should be

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<sup>9</sup> Barnstable County Department of Human Services, Issue Brief 4: Marijuana and the Teen Brain.

<sup>10</sup> Substance Abuse and Mental Health Services Administration, SAMHSA, (2002).

<sup>11</sup> Gruber, S. A., Dahlgren, M. K., Sagar, K. A., Gonenc, A., & Lukas, S. (2013). Worth the Wait: Effects of Age of Onset of Marijuana Use on White Matter and Impulsivity. *Psychopharmacology*, 231(8), 1455-1465.

<sup>12</sup> SAMHSA Treatment Episode Data Set.

<sup>13</sup> NIH ABCD Study, <http://abcdstudy.org/about.html>.

<sup>14</sup> Agrawal, A., Dick, D. (2008). The Genetics of Alcohol and Other Drug Dependence. *Alcohol Research and Health*, 31(2), 111-118.

<sup>15</sup> Lipari, R.N. and Van Horn, S.L. Children living with parents who have a substance use disorder. The CBHSQ Report: August 24, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.

discussed within the family and with healthcare providers to reduce this risk.

## 2. Parenting Practices

In addition to the genetic component of substance use disorder, family environment plays a important role in an adolescent's level of risk. Impaired parenting behavior adds to a risky family environment if marijuana and other substance use may be present.<sup>16</sup> This is not to say that all parents who use marijuana in the home model negative parenting skills, only that there is an increased risk when these behaviors are present.

If there is a parent in the home who uses marijuana there are three parenting practices that greatly influence the risk of their children using marijuana: permissive parenting, favorable parent attitude towards teen marijuana use, and inadequate supervision.<sup>17,18</sup>

- a. **Permissive parenting.** Parents who are permissive are responsive to their children. However, there is a lack of or inconsistent discipline. When parents are under the influence of marijuana or other substances, there may be a lack of or inconsistent discipline as the parent may not be as aware of their child's behaviors.
- b. **Favorable parent attitudes toward alcohol or marijuana use.** As noted previously, Cape Cod youth are three times more likely to use marijuana if their parents do not send a clear message of disapproval. When a parent in the home uses marijuana, the child may perceive this as approval of youth use. This perceived approval, combined with other risk factors, increases the risk of youth marijuana use.
- c. **Inadequate supervision and monitoring.** Supervision and monitoring may look different during various stages of childhood and adolescents. Regardless of age, it is important to know where your children are, who they are with— peers and adults--and how those associates behave regarding marijuana use.<sup>19</sup>

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<sup>16</sup> E. Vermeulen-Smit, J.E.E. Verdurmen, R.C.M.E. Engels, W.A.M. Vollebergh, The Role of General Parenting and Cannabis-Specific Parenting Practices in Adolescent Cannabis and Other Illicit Drug Use. *Drug and Alcohol Dependence*, Volume 147, (2015), Pages 222-228.

<sup>17</sup> National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington D.C: The National Academies Press.

<sup>18</sup> Arria, A. M., Mericle, A. A., Meyers, K., & Winters, K. C. (2012). Parental Substance Use Impairment, Parenting and Substance Use Disorder Risk. *Journal of Substance Use Treatment*, 43(1), 114-122.

<sup>19</sup> Clark, H. K., Shamblen, S. R., Ringwalt, C. L., & Hanley, S. (2012). Predicting high risk adolescents' substance use over time: The role of parental monitoring. *Journal of Primary Prevention*, 33(2-3), 67-77.

These three parenting practices are shown to be more prevalent in homes where a parent uses marijuana.<sup>20</sup> Parents should be educated about these common risk factors if they use marijuana and are advised to follow the recommendations and tips described in this issue brief to decrease the risk of their child using marijuana. Parental relationships, behavior modeling, and parenting styles are shown to be influential in reducing youth marijuana use.<sup>21</sup>

### 3. Peer Influences

Knowledge of substance use by peers can have a strong influence on an adolescent's risk of using alcohol or other drugs. However, the extent to which peer influence plays a role in teen marijuana use may be dependent on school context. A 2014 study in the *Journal of Adolescent Health* showed that peer use was a moderate to significant influence on marijuana use in situations of a close, trusting friendship and also in circumstances in which the peer (not necessarily a close friend) had high social status.<sup>22</sup> While peer influences increase as teens age, parental influence has been shown to provide protective factors when it comes to use of marijuana and other substances.<sup>23</sup>

### 4. Secondary Influences

While parental use is the primary influence on a youth's decision to use marijuana, there are other important influences that may impact a teen's choice to use marijuana. Marijuana use by other close family members and by the parents of friends is impactful and extended family and friends' attitudes and beliefs can play a significant role in youth behavior and choices.

As with alcohol and tobacco, advertising that targets youth glamorize marijuana use and increase its appeal.<sup>24,25</sup> Colorado saw a significant increase in youth use during the intensive marketing phase of medical marijuana legalization prior to recreational legalization. Such advertising reduced the perception of risk and increased the likelihood that a youth may try marijuana. Tobacco companies have targeted youth through the promotion of flavored

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<sup>20</sup> Arria, A. M., Mericle, A. A., Meyers, K., & Winters, K. C. (2012). Parental Substance Use Impairment, Parenting and Substance Use Disorder Risk. *Journal of Substance Abuse Treatment*, 43(1), 114-122.

<sup>21</sup> 2. Loke, A.; Mak, Y.-w., Family Process and Peer Influences on Substance Use by Adolescents. *International Journal of Environmental Research and Public Health* 2013, 10 (9), 3868-3885.

<sup>22</sup> 3. Tucker, J.; de la Haye, K.; Kennedy, D.; Green Jr., H.; Pollard, M., Peer Influence on Marijuana Use in Different Types of Friendships. *Journal of Adolescent Health* 2014, 54 (1), 67-73.

<sup>23</sup> 4. Branstetter, S. A.; Low, S.; Furman, W., The Influence of Parents and Friends on Adolescent Substance Use: A Multidimensional Approach. *Journal of Substance Use* 2011, 16 (2), 150-60.

<sup>24</sup> D'Amico, E. J., Miles, J. N. V., & Tucker, J. S. (2015). Gateway to curiosity: Medical marijuana ads and intention and use during middle school. *Psychology of Addictive Behaviors*, 29(3), 613-619.

<sup>25</sup> Barry, R., Hiilamo, H., & Glantz, S. A. (2014). Waiting for the Opportune Moment: The Tobacco Industry and Marijuana Legalization. *Milbank Quarterly*, 92(2), 207-242.

products as well as “healthier” options for use such as vaping. Advertising of marijuana products may have the same affects.

### Reducing the Impact of Adult Marijuana Use on Children

Like tobacco use, parental use of marijuana in the home presents health and behavioral risks to children unless the parent acts to mitigate them. Most parents who use marijuana oppose use around their children as well as youth use.<sup>26</sup> Even if someone of legal age in the home uses, you can still communicate your views on children’s use and request abstinence and/or delayed use of your child. While some tips to reduce the risk of parental marijuana use’s effects on youth may mirror those of alcohol and other substances, some are more specific to marijuana and all should be followed by any adult who uses marijuana in a home where children live or may visit.

1. **Do not smoke inside your home or around children.** Just as with cigarette smoke, marijuana smoke contains harmful chemicals that are shown to cause cancer. In addition, a 2015 study published in the *Journal of Analytical Toxicology* shows evidence that secondhand exposure to marijuana smoke can have effects such as problems with memory and coordination.<sup>27</sup> Secondhand exposure to marijuana smoke also resulted in failed urinalysis tests under certain conditions.
2. **Make sure your children have adequate supervision when you are using.** Since the effects of marijuana use can include cognitive impairment, parents under the influence of marijuana can have reduced judgement. As noted, parents should not use in the home or around children. If a parent is using, ensure that there is always a caretaker that is not under the influence of any substance. Parental monitoring has a significant influence on a youth’s decision to use marijuana. Parents should also monitor the substance use and other habits of other adults with whom their children spend time.<sup>28,29</sup>

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<sup>26</sup> Kosterman, R., Bailey, J. A., Guttmanova, K., Jones, T. M., Eisenberg, N., Hill, K. G., & Hawkins, J. D. (2016). Marijuana Legalization and Parents' Attitudes, Use, and Parenting in Washington State. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 59(4), 450-456.

<sup>27</sup> Cone, E. J., Bigelow, G. E., Herrmann, E. S., Mitchell, J. M., LoDico, C., Flegel, R., & Vandrey, R. (2015). Non-Smoker Exposure to Secondhand Cannabis Smoke. I. Urine screening and confirmation results. *Journal Of Analytical Toxicology*, 39(1), 1-12.

<sup>28</sup> Miller, Stephen M. Author, Siegel, Jason T., Hohman, Zachary, Crano, William D. (2013) *Psychology of Addictive Behaviors*. 27 (3), 848-853.

<sup>29</sup> Engels, R., Vermeulen-Smit, E., Verdurmen, J., Vollebergh, W. (2015) The Role of General Parenting and Cannabis-Specific Parenting Practices in Adolescent Cannabis and Other Illicit Drug Use. *Drug and Alcohol Dependence*, 147, 222-228.

3. **Properly store your marijuana products.** Keep your marijuana out of sight, in childproof containers. Remember that more stringent storage methods will be needed as children age.
  - a. **Reduce the risk of accidental ingestion.** The Colorado Retail Marijuana Public Health Advisory Committee found that there are more unintentional marijuana exposures in states with legal access to marijuana.<sup>30</sup> In addition to properly storing your products, do not keep products on hand that may appeal more to youth.
  - b. **Reduce the risk of use by teens.** Note that 87% of clients in a marijuana treatment program reported that they began using marijuana prior to the age of 17.<sup>31</sup>
4. **Use facts to help youth make positive, healthy choices.** There are many resources available online including at [mychoicematters.net](http://mychoicematters.net).
5. **Do not use scare tactics.** Research shows that using scare tactics does not work in preventing teen use.<sup>32,33</sup> In fact, using scare tactics can backfire, increasing interest in substance use among some teens.

#### Responding to Teen Marijuana Use<sup>34</sup>

1. **Remain calm.** Let your child know that you care about them and love them.
2. **Wait until they are not under the influence of the drug or substance before reacting.**
3. **Understand why they are using.** Reasons may include:
  - a. Is your child being exposed to marijuana (or other drug or alcohol use) in the home? Do they see you using marijuana or your products lying around?
  - b. Do you express your disapproval? Many youths who use marijuana do not receive strong messages of disapproval from their parents. Communicating parental disapproval is important even in if the parent uses marijuana (see 4.b. below, “Be prepared to address accusations of hypocrisy”).

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<sup>30</sup> Monitoring Health Concerns Related to Marijuana in Colorado: 2016. Executive Summary

<sup>31</sup> SAMHSA Treatment Episode Data Set.

<sup>32</sup> Drug Free Action Alliance, Why Scare Tactics in Drug Prevention Messaging Don't Work.

<sup>33</sup> Barnstable County Department of Human Services, Issue Brief 1: Use of Scare Tactics in Prevention Messaging.

<sup>34</sup> Partnership for Drug Free Youth <https://drugfree.org/article/prepare-to-take-action/>

- c. Has your child experienced trauma, anxiety, or stress? Some youth will use marijuana to deal with their emotions.
- d. Do your child's friends use marijuana or other drugs? It is important to know their friends and whether they use. Talk to your child early and give them ways to remove themselves from uncomfortable and/or peer pressure situations.

**4. Clearly state your expectations.**

- a. **Set boundaries and consequences.** Let your child know what is expected of them in the home. Have a conversation about what your boundaries are and allow your child to help you set consequences. Be sure to follow through and stick to your agreed-upon consequences.
- b. **Be prepared to address accusations of hypocrisy** ("You use, why shouldn't I?"). Be honest with your child about any current or past marijuana use but emphasize that you do not want them using marijuana because it can be harmful to them, just like tobacco and alcohol are. Explain that as an adult you are aware of all of the risks and that you are legally allowed to use marijuana.

Conclusion

Adolescence and early adulthood can be a difficult, trying time for both children and their parents. The recent legalization of marijuana in Massachusetts has the potential to provide easier access and more exposure to recreational marijuana.

As parents, it is important to talk with your child early and often to ensure they have factual information they need to make informed and positive choices. Even if you are a parent who uses marijuana, talk to your teen about the effects that use has on the developing brain and explain that any marijuana use under the age of 21 is not legal and is dangerous to his or her health.

Parents have a significant influence on their child's decision to use marijuana and other drugs. Choose to have the conversation with your child and use positive parenting practices to reduce their risk of substance use.