



| Parent **Toolkit**





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This toolkit was created to empower parents and guardians with trustworthy information and tips to have positive discussions with their teens about the risks and consequences of underage marijuana use.

Please contact Prevention First with any questions about the toolkit at communications@prevention.org.

Section 1

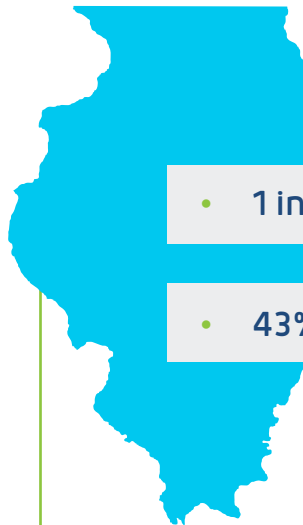
WHAT PARENTS NEED TO KNOW ABOUT CANNABIS



In 2019, the Substance Abuse and Mental Health Services Administration reported that 1 in 8 adolescents ages 12 to 17 used cannabis in the past year.

Conflicting information about cannabis makes it difficult for teens to know how much of a risk it truly presents. Many are introduced to cannabis through messaging that demonizes it. Others are introduced online through social media where “influencers” and the cannabis industry advertise its health benefits. Meanwhile, as of 2022, medical marijuana is legal in 39 states, and 18 other states allow nonmedical use. Recent years have also seen a steep rise in the youth mental health crisis, with cannabis often being used as a coping mechanism. Together, these inconsistent messages have played a major role in teens’ decreased perception of risk.

That’s where you come in. It’s crucial that parents and guardians know how to discuss cannabis use with their kids. It can be a challenging topic, but research shows that parents and guardians can significantly influence their child’s decision to use drugs. This toolkit is designed to empower you with the facts, science, and tools you need to have thoughtful, productive, and effective conversations about cannabis with your teen.



In Illinois, Many Teens Don’t Think Cannabis Is Dangerous

- **1 in 5 have tried it in the past 30 days¹**
- **43% believe it’s low risk²**

THE RISKS

Teen brains are uniquely vulnerable to substances, including cannabis. Research shows that cannabis may:

- impair learning, memory, and attention, affecting school performance
- increase the risk of chronic cough, bronchitis, and worsened symptoms of asthma
- increase the risk of schizophrenia or other psychoses, with the highest risk among frequent and long-term users, especially in vulnerable individuals

YOUR INFLUENCE

It might be hard to believe at times, but you are the #1 influence on your child's behavior. What you say and do matters. Not having a conversation about cannabis still sends a message to your kids and leaves them without the information they need to make a safe decision. The most effective way to reach them is by having open, honest, two-way conversations about the risks.



Research shows that kids are less likely to try cannabis when parents and guardians talk to them about the risks and harms of underage use (compared to those who are not engaged by their parents).³

What You Can Do:

- Educate yourself on the risk of underage cannabis use.
- Talk early and often about making safe and healthy choices.
- Model healthy and safe behaviors.
- Provide and discuss ways to say no to marijuana.
- Set boundaries by enforcing consistent rules.
- Ensure your teen knows you disapprove of underage marijuana use.

Section 2

CANNABIS 101



Cannabis—also known as marijuana, pot, kush, and weed, among other names—is a psychoactive drug from the cannabis plant. Since January 1, 2020, cannabis has been legal for nonmedical use in Illinois for those ages 21 and over. With an increasing presence in our society, it's important to understand the basics of cannabis, the laws surrounding it, and the potency of the plant.

Common Ways to Use Cannabis

Smoking: Cannabis is rolled into a joint or smoked using a pipe.

Edibles: Cannabis is infused into food or beverages.

Vaping/Concentrates: Cannabis is extracted into potent oils and waxes.

Topicals: Cannabis is infused into lotions, salves, and sprays and applied to the skin.

Cannabis in Illinois

Who Can Use?

- As of 1/1/2020, under Illinois law, adults 21 or older can legally possess and use cannabis.
- If you are under 21 and caught in possession of cannabis, you will face legal consequences, as will the person over 21 who supplied it to you.

Who Can Sell?

- Only licensed marijuana dispensaries registered with the state may sell cannabis in Illinois. No person is allowed to sell marijuana as an individual.

Where Is Use Allowed?

- Use is allowed in a private home where the public can't see you, you're not near anyone underaged, and the property owner approves.

What Are the Travel Restrictions?

- It is illegal to travel across state lines with any amount of cannabis.

What Are the Consequences of Breaking the Law?

- Breaking any of the laws can result in serious legal consequences, including arrest if you are operating any motorized vehicle under the influence of cannabis.

For more information, please visit www.prevention.org/lets-talk-cannabis/the-law/.

Cannabis Potency



Today, cannabis is much stronger than in past decades. Modern cannabis plants contain higher amounts of THC, the main psychoactive compound in the plant that gives users the sensation of feeling “high.” The higher the THC content, the stronger the effects on your brain and behavior.

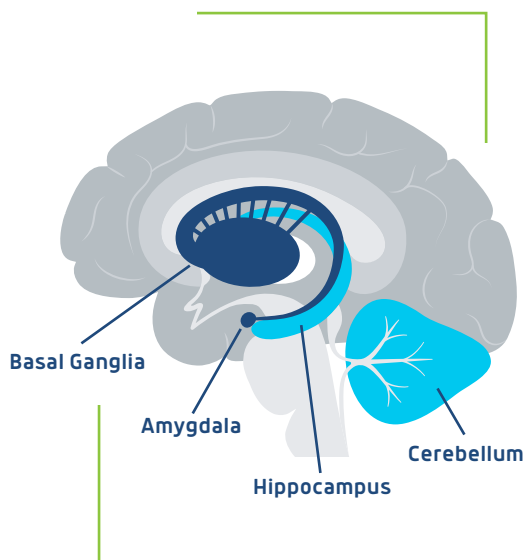
HEALTH RISKS FOR TEENS

THC and the Brain

The brain doesn't fully develop until you're in your mid-20s. Using cannabis before that can lead to:

- problems with memory, learning, thinking clearly, and problem-solving
- poor school performance, lower grades, and risk for school dropout
- impaired coordination and reaction time
- increased risk of mental health problems like depression, anxiety, and psychosis

When THC enters the brain, it binds to receptors in the endocannabinoid system (the brain's natural system that regulates and creates a balance of body and brain functions). This prevents the brain from regulating things like memory, coordination/alertness, coping with stress, and managing anxiety.



THC is known to attach to the following:

- **Basal ganglia:** the part of the brain central to motivation. THC can reduce the production of dopamine (the chemical in the body responsible for allowing you to feel pleasure, satisfaction, and motivation).^{4,5,6,7}
- **Hippocampus:** the part of the brain responsible for creating memories. THC affects the brain's ability to form memories.⁸
- **Cerebellum:** the part of the brain responsible for motor function. THC may affect its development.⁸
- **Amygdala:** the part of the brain responsible for emotional regulation. THC could make anxiety and stress harder to manage.⁹



THC and Mental Health

These days, teens are facing an unprecedented amount of stress and anxiety. As marijuana use has been growing in popularity following legalization, teens may see marijuana as a way to “self-medicate” and relieve some of their mounting pressure. Many don’t realize that cannabis use has been linked to a negative impact on teen mental health. In fact, those who use marijuana regularly are significantly more likely to develop long-lasting mental health disorders like anxiety and depression. Teens with a family history of mental illness are even more at risk.^{10,11}

Adolescent cannabis exposure and use are associated with:

- increased prevalence and worsening of psychotic, mood, and addictive disorders
- **a likelihood of developing the following by young adulthood:** psychotic symptoms, psychotic-like experiences, and full psychotic disorders

THC has been shown to affect the developing amygdala, the part of the brain responsible for emotional regulation, making anxiety and stress harder for teens to manage.

Teens and Marijuana Use Disorder

Youth who begin using marijuana before age 18 are between four and seven times more likely to develop marijuana use disorder. **Symptoms include:**

- 1** physical tolerance to the drug, which means one feels the need to consume a greater quantity or concentration to achieve the same high
- 2** withdrawal symptoms that include problems with sleep, nausea, irritability and restlessness, headaches, and abdominal pain—symptoms can last 2-3 weeks
- 3** problems with day-to-day functioning and responsibilities or giving up activities that were once enjoyed

Cannabis and the Lungs

Like tobacco, smoking cannabis can have lasting effects on teen lungs. Marijuana smoke even has many of the same toxins and chemicals found in tobacco smoke and, when inhaled, can increase the risk of developing lung problems.

Section 3

BEST PRACTICES FOR TALKING WITH YOUR TEEN



No matter their age, it's important to set rules and have ongoing conversations with your child about using cannabis. Every day, 3,000 kids, some as young as 12, try it for the first time. If you can, it's a good idea to have talks about use early, before they consider experimenting. But talking with them at any age and at any stage still makes a difference. Follow the tips below so you're ready to engage in productive, healthy, and supportive conversations about cannabis.

How to Start a Conversation

Knowing how and when to start conversations about cannabis (or any drug) with your teen can be challenging. The most effective way to reach them is by having open, honest, two-way conversations about the risks.

- **Talk early and often:**

- Start the conversation early, if possible, even before kids start to think about experimenting—this can be as young as 10 years old—or when they first start asking questions.
- Stay involved, and keep the conversation going as they grow. Discussions about marijuana (or any other drug) use should not be a one-time thing. They should be ongoing because risk factors for substance use can change and multiply over time as teens deal with the different trials and pressures of adolescence.¹²



- **Be casual but clear:**

- Have casual conversations instead of lectures or formal family meetings.
- Look for natural opportunities to talk about cannabis with your kids, like when you're driving past a dispensary or watching a character on TV use marijuana.
- Make it clear where you stand. Leave no room for doubt.



- **Be open, and listen without judgment:**

- Listen carefully to your teen without judgment. Ask open-ended questions that encourage your teen to elaborate. Having a genuine conversation lets your teen know they can come to you whenever they have questions or problems.
- Correct any misconceptions your teen may have, like “everyone smokes weed” or “marijuana won’t hurt me.”
- Use active listening so your teen knows you are paying attention and understand them.
- Let your teen know they can always come to you if they’re in trouble and that their safety and well-being is your number one priority.

- **Keep it grounded and fact-based:**

- Focus on the facts, and discuss how cannabis use might affect them.
- Teens know when you are trying to scare them, so focus on real-life situations and believable consequences.

- **If you suspect your child is using, don’t panic:**

- Stay calm. Overreacting may lead your teen to rebel, feel resentment, or take greater risks.
- Seek to understand and empathize with their reason for using. Help them explore safer and healthier alternatives.
- Talk about your concerns, and give positive reasons for wanting your teen to stop using cannabis.
- Keep the conversation open so you can problem-solve.
- Remind your teen of the ground rules you set earlier or set new ground rules and consequences.
- If needed, seek help from other adults and resources in your community.

How to Respond

Once you've opened the conversation about cannabis with your teen, they may have questions or comments that are hard to address. Read through these frequent teen comments so you're prepared to respond in the moment.

If your teen says, "But it's natural," you can say:

- Just because it's natural doesn't mean it's safe. The teen brain is still developing and tetrahydrocannabinol (THC), the active chemical in weed, attaches to receptors in different brain areas and affects brain development.¹³

If your teen says, "But it's not as bad as tobacco or other drugs," you can say:

- As the teen brain develops, it expertly fine-tunes connections in the brain's gray and white matter. Many substances—including cannabis—can disrupt the brain's developmental process.^{14,15,16} Science is starting to show that THC can affect parts of the brain like the hippocampus, the cerebellum, and the amygdala.^{8,17,18,19,20}

If your teen says, "But it's legal," you can say:

- The legal age of cannabis use in Illinois is 21 and above.

If your teen says, "But vaping isn't harmful," you can say:

- Heating up THC vaping devices can expose the teen brain to chemicals, like formaldehyde, that can cause cancer and toxic metals, like lead, that can cause brain damage.²¹

If your teen says, "But so many successful people use it," you can say:

- Everyone is different. What people post on social media doesn't show a full picture of their life. The best way to let your brain grow to its full potential is to avoid underage cannabis use.^{22,23}

If your teen says, "But you used when you were young," you can say:

- Cannabis is stronger than it used to be because plants contain higher amounts of THC. Higher THC concentrations can be harmful and addictive to a developing teen brain.²⁴

If your teen says, "But I saw you use," you can say:

- Human brains do not fully develop until our mid-20s. Using cannabis underage puts your brain development at risk. That means your memory, attention, coordination, and mental health could be affected.¹³ Make it clear where you stand. Leave no room for doubt.

Next Steps

Now that you've started talking with your teen about cannabis, keep the conversation going. Moving forward, look out for the following signs of use to recognize when you need to take action.

How to Recognize If Your Child Is Using Cannabis. Look for dramatic shifts in behavior and physical appearance, such as:

- red eyes
- lack of coordination
- mood swings
- acting secretive
- acting silly with excessive giggling
- shifts in their relationships, either spending more time alone or with different friends
- loss of interest in sports or other favorite activities
- skipping school



Section 4

DOWNLOADS AND EDUCATIONAL RESOURCES



Click on each link for quick access to the facts about cannabis, and download the materials to print and reference for future use.

Fact Sheet Downloads

[Cannabis and the Developing Brain](#)

[Cannabis and Teen Mental Health](#)

[How to Respond](#)

[How to Guide the Cannabis Conversation](#)

[Poster 1: Your Words Have Power](#)

[Poster 2: How to Approach Cannabis](#)

For even more information about cannabis, check out:

[Let's Talk Cannabis Illinois](#)

Provides facts, tips, and resources

[Substance Abuse and Mental Health Services Administration](#)

Provides information on the risks of cannabis use

[Prevention First's Cannabis Policy Resource Center](#)

Provides information about cannabis-related policies in Illinois

[Prevention First's Youth Prevention Resource Center Training](#)

Provides training, education, resources, and tools for youth and adults who work with them

[Child Mind Institute](#)

Provides information on how to talk to teens about substance use

Section 5

SOURCES



1. Centers for Disease Control and Prevention. (2020). 2019 Youth Risk Behavior Survey data. www.cdc.gov/yrbs
2. Center for Prevention Research and Development. (2020). Illinois youth survey: Youth alcohol, tobacco, and marijuana use in Illinois. https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2018/Youth%20Substance%20Use%20FINAL.pdf
3. Partnership to End Addiction. (2013). The Partnership attitude tracking study: Teens & parents. Partnership to End Addiction. <https://drugfree.org/wp-content/uploads/2014/07/PATS-2013-FULL-REPORT.pdf>
4. Blanco-Hinojo, L., Pujol, J., Harrison, B. J., Macià, D., Batalla, A., Nogué, S., Torrens, M., Farré, M., Deus, J., & Martín-Santos, R. (2017). Attenuated frontal and sensory inputs to the basal ganglia in cannabis users. *Addiction Biology*, 22(4), 1036-1047. <https://doi.org/10.1111/adb.12370>
5. Moreno-Alcázar, A., Gonzalvo, B., Canales-Rodríguez, E. J., Blanco, L., Diana Bachiller, D., Anna Romaguera, A., Monté-Rubio, G. C., Roncero, C., McKenna, P. J., & Pomarol-Clotet, E. (2018). Larger gray matter volume in the basal ganglia of heavy cannabis users detected by voxel-based morphometry and subcortical volumetric analysis. *Frontiers in Psychiatry*, 3(9), 175. <https://doi.org/10.3389/fpsy.2018.00175>
6. Aceto, M. D., Scates, S. M., Lowe, J. A., & Martin, B. R. (1996). Dependence on delta 9-tetrahydrocannabinol: studies on precipitated and abrupt withdrawal. *Journal of Pharmacology and Experimental Therapeutics*, 278(3), 1290-1295.
7. van der Pol, P., Liebregts, N., de Graaf, R., Korf, D. J., van den Brink, W., & van Laar, M. (2013). Predicting the transition from frequent cannabis use to cannabis dependence: a three-year prospective study. *Drug and Alcohol Dependence*, 133(2), 352-359. <https://doi.org/10.1016/j.drugalcdep.2013.06.009>
8. Batalla, A., Bhattacharyya, S., Yücel, M., Fusar-Poli, P., Crippa, J. A., Nogué, S., Torrens, M., Pujol, J., Farré, M., & Martín-Santos, R. (2013). Structural and functional imaging studies in chronic cannabis users: A systematic review of adolescent and adult findings. *PLoS One*, 8(2), e55821. <https://doi.org/10.1371/journal.pone.0055821>
9. Ramikie, T. S., Rita Nyilas, R., Rebecca J Bluett, R. J., Joyonna C Gamble-George, J. C., Hartley, N. D., Mackie, K., Watanabe, M., Katona, I., & Patel, S. (2014). Multiple mechanistically distinct modes of endocannabinoid mobilization at central amygdala glutamatergic synapses. *Neuron*, 81(5), 1111-1125. <https://doi.org/10.1016/j.neuron.2014.01.012>
10. Moitra, E., Christopher, P. P., Anderson, B. J., & Stein, M. D. (2015). Coping-motivated marijuana use correlates with DSM-5 cannabis use disorder and psychological distress among emerging adults. *Psychology of Addictive Behaviors*, 29(3), 627-632. <https://doi.org/10.1037/adb0000083>
11. Solowij, N., Jones, K. A., Rozman, M. E., Davis, S. M., Ciarrochi, J., Heaven, P. C., Lubman, D. I., & Yücel, M. (2011). Verbal learning and memory in adolescent cannabis users, alcohol users and non-users. *Psychopharmacology (Berl)*, 216(1), 131-144. <https://doi.org/10.1007/s00213-011-2203-x>
12. Child Mind Institute. (n.d.). How to talk to your teen about substance use. <https://childmind.org/article/talk-teenager-substance-use-abuse/>
13. Broyd, S. J., van Hell, H. H., Beale, C., Murat Yücel, M., & Solowij, N. (2016). Acute and chronic effects of cannabinoids on human cognition—a systematic review. *Biological Psychiatry*, 79(7), 557-567. <https://doi.org/10.1016/j.biopsych.2015.12.002>
14. Gan, W. B., Kwon, E., Feng, G., Sanes, J. R., & Lichtman, J. W. (2003). Synaptic dynamism measured over minutes to months:

- Age-dependent decline in an autonomic ganglion. *Nature Neuroscience*, 6(9), 956-960. <https://doi.org/10.1038/nn1115>
15. Lisdahl, K. M., Gilbert, E. R., Wright, N. E., & Shollenbarger, S. (2013). Dare to Delay? The Impacts of Adolescent Alcohol and Marijuana Use Onset on Cognition, Brain Structure, and Function. *Frontiers in Psychiatry*, 4. <https://doi.org/10.3389/fpsyt.2013.00053>
 16. Spear, L. P. (2013). Adolescent Neurodevelopment. *Journal of Adolescent Health*, 52(2), S7-S13. <https://doi.org/10.1016/j.jadohealth.2012.06.018>
 17. Gleason, K. A., Birnbaum, S. G., Shukla, A., & Ghose, S. (2012). Susceptibility of the adolescent brain to cannabinoids: Long-term hippocampal effects and relevance to schizophrenia. *Translational Psychiatry*, 2(11), e199. <https://doi.org/10.1038/tp.2012.122>
 18. Quinn, H. R., Matsumoto, I., Callaghan, P. D., Long, L. E., Arnold, J. C., Gunasekaran, N., Thompson, M. R., Dawson, B., Mallet, P. E., Kashem, M. A., Matsuda-Matsumoto, H., Iwazaki, T., & McGregor, I. S. (2008). Adolescent rats find repeated Delta[9]-THC less aversive than adult rats but display greater residual cognitive deficits and changes in hippocampal protein expression following exposure. *Neuropsychopharmacology*, 33(5), 1113-26. <https://doi.org/10.1038/sj.npp.1301475>
 19. Wang, Y., Zuo, C., Wang, W., Xu, Q., & Hao, L. (2021). Reduction in hippocampal volumes subsequent to heavy cannabis use: A 3-year longitudinal study. *Psychiatry Research*, 295, 113588. <https://doi.org/10.1016/j.psychres.2020.113588>
 20. Jacobus, J., & Tapert, S. F. (2014). Effects of cannabis on the adolescent brain. *Current Pharmaceutical Design*, 20(13), 2186-93. <https://dx.doi.org/10.2174/13816128113199990426>
 21. Giroud, C., De Cesare, M., Berthet, A., Varlet, V., Concha-Lozano, N., & Favrat, B. (2015). E-cigarettes: A review of new trends in cannabis use. *International Journal of Environmental Research and Public Health*, 12(8), 9988-10008. <https://doi.org/10.3390/ijerph120809988>
 22. Arain, M., Haque, M., Johal, L., Mathur, P., Nel, W., Rais, A., Sandhu, R., & Sharma, S. (2013). Maturation of the adolescent brain. *Neuropsychiatric Disease and Treatment*, 9, 449-461. <https://doi.org/10.2147/NDT.S39776>
 23. Mata, I., Perez-Iglesias, R., Roiz-Santiañez, R., Tordesillas-Gutierrez, D., Pazos, A., Gutierrez, A., Vazquez-Barquero, J. L., & Crespo-Facorro, B. (2010). Gyrification brain abnormalities associated with adolescence and early-adulthood cannabis use. *Brain Research*, 1317, 297-304. <https://dx.doi.org/10.2174/13816128113199990426>
 24. ElSohly, M. A., Mehmedic, Z., Foster, S., Gon, C., Chandra, S., & Church, J. C. (2016). Changes in cannabis potency over the last 2 decades (1995-2014): Analysis of current data in the United States. *Biological Psychiatry*, 79(7), 613-619. <https://doi.org/10.1016/j.biopsych.2016.01.004>