



PARENTS USE YOUR POWER

December 2015

85%

Of students
are
marijuana-free
(30 day data)

FACTS & STATS

FAQ's

RESOURCES

PREVENTION
EDUCATION
INTERVENTION
TREATMENT
RECOVERY

NEXT MONTH:
Healthy Stress
Management



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Medical Marijuana

On August 2, 2013, Illinois Governor Pat Quinn signed the Compassionate Use of Medical Cannabis Pilot Program Act and as of January 1, 2014 the Act establishes a four-year pilot program in Illinois that authorizes the cultivation and distribution of medical marijuana for use by registered qualifying patients. These patients are those who have certain [specified debilitating medical conditions](#) and obtain state registration cards.

Marijuana remains a Schedule 1 substance under federal law– a classification indicating it has no currently accepted medical use in the United States, it has a high potential for abuse, it has a lack of accepted safety for use under medical supervision, and no prescription may be written for a schedule 1 substance.

There is some research that indicates marijuana may help decrease nausea, stimulate appetite, and decrease pain. The research is limited, and the Food and Drug Administration (FDA), along with most national medical associations do not support smoked marijuana as medicine.

Leading medical organizations note that safer treatment options exist. The FDA has approved Marinol, a synthetic version of THC, the psychoactive ingredient in marijuana. It is a Schedule II drug, is available by prescription in all 50 states and is taken orally.

The gulf has never been greater between the scientific understanding of marijuana's harms and the public's misunderstanding.

Science has proven, and all major scientific and medical organizations agree, that marijuana is both addictive and harmful to the human brain, especially when used by an adolescent. One in every six adolescent (and one in every eleven adults) who try marijuana will become addicted to it. Today's marijuana is not your "Woodstock weed"- it can be 5 to 10 times stronger than marijuana of the past.

Research shows that adolescents who smoke marijuana once a week over a two-year period are almost six times more likely than nonsmokers to drop out of school, and over three times less likely to enter college. In a study of over 1,000 people in 2012, scientists found that using marijuana regularly before the age of 18 resulted in an average IQ of six to eight fewer points at age 38 versus those who did not use the drug before 18.

More young people are in treatment for marijuana abuse or dependence than for the use of alcohol and all other drugs.

Emergency room admissions for marijuana use now exceed those for heroin and are continuing to rise. The link between suicide and marijuana is strong, as are car accidents– too many of which result in death.

Marijuana use impairs the ability to function effectively and safely on the job and increases work-related absences, tardiness, accidents, compensation claims and job turnover.

In most states that permit the use of medical marijuana, less than 2 to 3% of users report having cancer, HIV/AIDS, glaucoma, MS or other life-threatening diseases.

Parent Tips:

- How parents address the issue of marijuana is key. The message needs to be clear. Marijuana use is harmful. Talk to your teens about its consequences.
- Marijuana possession and use is a crime in Illinois for the vast majority of individuals who are not participating in the use of medical marijuana.
- Marijuana use has health, developmental, academic and safety risks for people of all ages, but especially for youth.
- Medical marijuana programs expand minor's access to the drug. People are already having second thoughts in communities that have legalized the drug.
- Have honest [conversations](#) in your community about the unintended consequences of current marijuana policy. Research indicates that the community norms around marijuana are a key factor in whether or not communities with medical marijuana experience an increase in youth rates.

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