# Prevention & Early Intervention

WHAT COLLEGE CAMPUS PROVIDERS NEED TO KNOW ABOUT MARIJUANA

PRESENTED BY SUSAN WRITER, PH.D.


## Marijuana in Context: Young Brains

- The young brain isn't fully developed until about age 24-26, with the frontal lobe last to develop
  - Limited or poor *decision making*
  - Increased *impulsivity* and *risk taking*
  - Decreased long-term *abstraction* and *reasoning*
  - Limited *insight*

## Objectives & Goals

- Define the chemical composition of marijuana and the effects of different chemical compounds on the brain and the body.
- Introduce the different types of marijuana available on the market, the potency of the different types, and the risks for addiction, overdose, and withdrawal associated with the different types used.
- Describe the interpersonal, academic and professional problems associated with regular marijuana use.
- Discuss different prevention and intervention techniques that may be used with students to support sobriety and recovery.

## Positive Reframing

As opposed to framing these less developed skills as *deficits*, let's look at them as *opportunities* to explore, learn and shape positive outcomes

## Being on the Same Page

## Who Informs Students About What They *Do* Know, or *Think* They Know?

***Sources of (mis)information***

- You can find anything on the Internet: good, bad, and *inaccurate*
- The centrality of peers over parents
- Celebrity influences
- "It can't happen to me" mentality
- It's "just marijuana"
- The manipulation by the marijuana industry

## Medical Marijuana

GREEN RELIEF

## A Few Marijuana Facts


## Let's Start with Medical Marijuana

**Question to ponder:**

If it's medicine, why can't we get it at the pharmacy?

- THC content in medical and recreational marijuana today is much higher than in the 1970's
  - 1970's: Average 3-6%
  - Today: Weaker varietals start at **9-33%** and stronger varietals can be **80%** and *higher* especially

## Facts about Today's Recreational & Medical Marijuana

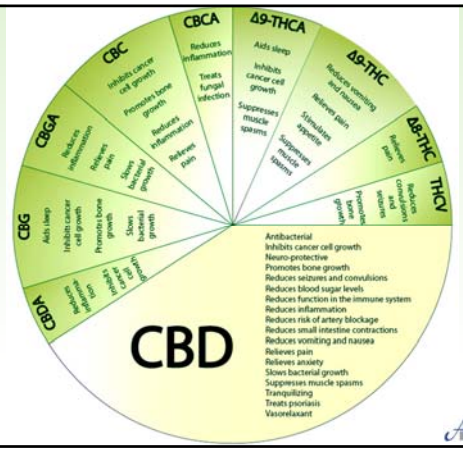
- Smoking marijuana causes *impaired driving*
- Marijuana can be *addictive*
  - 1 in 6 adolescents/transitional age youth become addicted
  - 1 in 10 adults over the age of 25 become addicted
- It is possible to *overdose* on marijuana

## Medical Marijuana

- There are synthetic, **prescription** alternatives for those with medical conditions that respond to the use of cannabinoids
  - *Marinol* and *Sativex*
- Is a medical marijuana card the same as a prescription? Let's compare the following to other prescribed medications:
  - *Dosage*
  - *Refills*
  - *Follow-up visits*
  - *FDA approval*

## Facts continued…

- When marijuana is combined with alcohol, the risk of *respiratory failure* increases
- Marijuana is being mixed/cut with other drugs, making it even more potent
- Increased *risk for psychosis* is **200%** when using marijuana


## What are Cannabinoids?

- We naturally produce cannabinoids in the body
- Cannabinoids play a role in the regulation of:
  - *Pleasure*
  - *Memory, thinking, and concentration*
  - *Body movement*
  - *Awareness of time, appetite, and pain*
  - *The five senses (taste, touch, smell, hearing, and sight)*

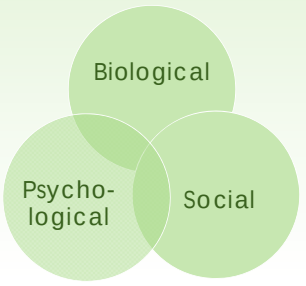
## Marijuana as Self-Medication

- *Exacerbation of symptoms*
- *Treatment non-compliance*
- *Drug-drug interactions*
- *Poor academic performance*
- *Criminal activity*
- *Permanent damage to the developing brain*
- *Avolition Syndrome*
- *Potentially irreversible psychosis/schizophrenia*


## Marijuana & Cannabinoids

- Marijuana contains over 100 different cannabinoids
- Cannabinoids are chemicals that are related to *delta-9-tetrahydrocannabinol* (THC) – the primary *mind-altering/ psychoactive* ingredient in marijuana
- A lot of attention is currently being paid to the cannabinoid *cannabidiol* (CBD) – which is *not intoxicating*

## 3-Pronged Approaches to Prevention & Intervention




*Biology* of the Brain

*Psychology* of Addiction

*Socialization* of Use

## How Marijuana Effects Our Brains

- Alters/damages important structures of the brain
- Effects the way that messages are sent and/or received from one brain structure to another
- Creates "dead zones" in the brain
- Diverts the path of messages and/or block messages from being sent or received
- Causes the different parts of the brain to misinterpret information
- Causes severe hallucinations and delusions that can be permanent

## Addiction

## Remember that Marijuana Effects the Brain

- Marijuana hijacks the brain messaging delivery system

## What is Marijuana Use Disorder?

*A **disease** of the brain that can effect any (or all) of the following:*

- How people *think*
- How people *feel emotionally*
- How people *feel physically*
- How people *behave*
- What people *perceive*
- People's overall *mood(s)*
- How people *relate* to and *interact* with others
- How people *function* on a daily basis

## Perception of Harm

Because of the hype and positive marketing campaigns by the marijuana industry, the public has a skewed understanding of marijuana and its possible negative effects on the body and risk for addiction

## Myth #1:
## *I'll know when things get out of control*

- Believing that we are thinking clearly enough to know what's really going on with our brains when we are using
- When we use, we often don't know that these changes in our brains have occurred because the marijuana in our system blocks our ability to perceive things clearly

## Myths that Contribute to Inaccuracy & Increase Addiction Potential


## Myth #2:
## *I'll be able to stop whenever I want*

## Myth #1:
## *I'll know when things get out of control*

## Myth #2:
## *I'll be able to stop whenever I want*

- Believing that quitting is easy
- Believing that *we* control how marijuana effects us when in fact *marijuana* controls us
- When we start using marijuana, the pleasure center of our brain (the Limbic System) gets involved and causes us to *NOT* want to stop even when we *KNOW* it is not healthy or it's dangerous
- The more we use, the more we want, and the more it takes to get that high feeling

## Dopamine: "It just feels good"

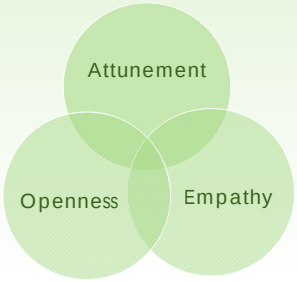
- Dopamine is a neurotransmitter in the brain that regulates emotion, thinking, motivation, movement, and feelings of pleasure
- Marijuana targets the brain's reward system by flooding it with dopamine, increasing our sense of pleasure
- Whenever our reward system is activated, the brain pays attention and remembers how it got activated and it learns to keep doing it over and over again, without even thinking about it

## Myth #3:
## *Getting sober is quick-and-easy and there are no long-term side effects*

- Once your brain is addicted, your body will go into physical and psychological withdrawal once you stop using marijuana
- Withdrawal makes you feel sick, can be dangerous and even life threatening
- The effects on and damage done to the brain from marijuana can be permanent (not to mention the damage to friends and familial relationships)

## Our Brain's Adaptation to Increased Dopamine

- When marijuana is used, it causes the brain to release anywhere from 2x-10x more dopamine than normal
- When under the influence of marijuana, the body adjusts by producing less dopamine
- When the marijuana is no longer in our system, the body has already adjusted and is now, naturally, producing less dopamine
- The person will re-use in order to increase the dopamine levels to bring them back to normal, often needing more and more to do so




*Attunement* to our students

*Openness* to understanding

*Empathy* for experience

## Myth #3:
## *Getting sober is quick & easy & there are no long-term side effects*

## 3 Important Aspects to Communication

| | | |
|---|---|---|
| *Hearing with our Hearts* | → | **Attunement** |
| *Thoughtful Inquiry* | → | **Openness** |
| *Authentic Conversation* | → | **Empathy** |

## Starting the Conversation

- This is a sensitive issue that can be difficult to discuss
- But by avoiding discussion, we create barriers to relationship building, healing, and sustainable heath and wellness
- Our job is to educate, motivate and guide students to:
  - Create a safe space to talk
  - Identify the issue we wish to discuss
  - Identify any barriers there are to talking about the topic
  - Engage them in conversation
  - Have a *two-way* conversation about the issue

## Identify the Student's Strengths

- It is first important to focus on identifying and defining students' *strengths* (***not*** their weaknesses) – remember that the marijuana industry is focusing on their weaknesses
- From there, we can help the student to identify ***how*** those strengths can realistically translate into options other than marijuana use
- Help the student start to delineate healthy options and paths – that they have identified as desirable and feasible

## Students Need

| **Not** to be... | But **instead**... |
|---|---|
| Listened to... | *...heard* |
| Looked at... | *...seen* |
| Thought of... | *...understood* |

## Addressing Escalation


## Students Need Validation

- Students need to feel heard and often feel like "their side" of the story is being ignored
  - Always let them know that we want to hear what they have to say because it is important to us
  - Let them know that we aren't there to judge them
  - Let them know that we are going into the relationship without any preconceived notions about them – no matter what others have said
  - Actively and actually listen to what they have to say, and validate along the way

## Reasons for Escalation

- Students who are experiencing symptoms for the *first time* may be frightened, overwhelmed, feel ashamed, and/or confused
- Students who have been experiencing symptoms *repeatedly* may have experienced prejudice and rejection from peers; belittling, invalidation, lack of understanding, and/or accusations of lying from parents, spouses, friends, teachers/colleagues; social stigma and judgment; and internal feelings of shame, self-judgment and (unsuccessful) attempts to self-medicate through drugs/alcohol

## Verbal De-Escalation

- Assume that youth have previously encountered the worst experiences with other people and are currently in their most vulnerable emotional state
  - They may not be in their most logical, rational, or organized state of mind
- *Validate* what the youth experiences to be true *for them*
  - "I can tell that you feel very…"
  - "This must be very (frightening, upsetting, difficult) for you…"

## Once De-Escalated….

- Refer to treatment
- Be an active partner in the student's continued recovery
- Students who are engaged in treatment should have someone on campus they trust
  - To create a safe space
  - To ensure follow-through
  - To provide information and background

***Be the safe person with whom the student can share – you may be the only person that the student trusts enough to tell!***

## Verbal De-Escalation cont.

- Be aware of our surroundings
  - Individuals in distress can be dangerous when they feel cornered, and can become unpredictable when they are in the throes of mental illness or under the influence of drugs
  - Do not make sudden movements without announcing them first and try to eliminate possible tools of attack from their reach

## Referring to Treatment…


## Additional De-Escalation Techniques

- *Body Language*
  - Non-threatening
  - Announce what we are about to do
- *Tone of Voice*
  - Deeper tones of voice are more calming, with less fluctuation of tone
  - Less volume can get the person to listen better and calm down
- *Rate of Speech*
  - Slower is preferable
- *Hand Gestures*
  - Limit hand gestures because they can heighten anxiety in the individual

## Seeking Treatment

- Remind the individual that there is no shame in admitting that they need help; rather, it shows a lot of courage and strength to reach out
- It is important to see a medical professional when starting a treatment program; it can be your primary care doctor, psychiatrist, nurse, or therapist – this helps ensure the student's safety

- 80-Bed, Private, Free-standing Psychiatric Hospital
  - Children, Adolescents, Adults, Seniors & Active Duty Military
- Inpatient & Day Treatment Programs
  - Acute Mental Health Stabilization (voluntary & involuntary)
  - Substance Use (detox & rehab)
  - Co-Occurring diagnoses
- Insurance Based
  - All Manager Care (HMO & PPO)
  - Kaiser
  - TriCare
  - Medicare
  - For Youth under 21 and Seniors over 65, straight MediCal
  - Medi-Medi
- 24 hour Free Assessments, call 858.675.4228

# Thank you!

SUSAN D. WRITER, PH.D.
AURORA BEHAVIORAL HEALTH CARE
SWRITER@AURORABEHAVIORAL.COM