Alcohol and Cannabis 3

Parent summary

Alcohol & Cannabis: Lesson 3

What is cannabis?

Cannabis is a green, brown, or grey mixture of dried shredded leaves, stems, seeds, and flowers from the *Cannabis plant*.

Cannabis is made up of over 400 chemicals, including its primary psychoactive chemical THC (delta-9-tetrahydrocannabinol). A psychoactive drug is a chemical substance that affects the central nervous system by altering brain function, resulting in temporary changes in perception, mood, consciousness and behaviour. When cannabis is used, THC is ab sorbed into the bloodstream and carried to the brain. The THC molecules affect several areas of the brain, including those that control memory, balance, and perception of time, sound and colour.

Some of the more common names for cannabis include: Marijuana, Pot, Grass, Weed, Reefer, Joint, MaryJane, Mull, Cone, Spliff, Dope, Skunk, Ganja, and Hash

Forms of cannabis

Cannabis comes in many different forms such as the heads (flowering buds) and leaves of the plant which are smoked, as well as hashish which is sometimes used to make hash cookies, and hash oil. All forms of cannabis are mind-altering.

The different forms can vary in potency (strength). Hash and hash oil are stronger than the plant alone (however, Hash is not common in Australia), and the heads of the plant are stronger than the leaves of the plant. See the table below for THC content in the different forms of cannabis. It is important to note that there is significant variability in the THC content of cannabis products, as it is an unregulated illicit substance. While averages are provided below, young people should be aware that some products could contain a much higher THC content, which increases the likelihood of adverse effects.

Variety of Cannabis
Sinsemilla/hydroponically grown/”skunk”
Seeded/outdoor-grown/”bush”
Hash/resin
Cannabis oil/concentrate/”shatter”/”wax”/ ”dabs”

[a]Chandra et al. (2019). *New trends in cannabis potency in USA and Europe during the last decade (2008-2017).*[b]Raber et al. (2015). *Understanding dabs: contamination concerns of cannabis concentrates and cannabinoid transfer during the act of dabbing.*

Effects vary from person to person

The effects of cannabis differ from person to person. Some people may feel nothing at all, while others may feel "high" experiencing mild euphoria, relaxation and perceptual alterations. Other people experience negative effects and may suffer from sudden feelings of anxiety, have paranoid thoughts, or may feel sad and depressed.

The effect cannabis and other drugs have on a person is dependent on several factors. These factors relate to the person taking the drug, the environment in which they take the drug, and the drug itself.

Drug related factors

Personal factors

- Form of the drug - e.g. the heads and buds of a cannabis plant are stronger than the leaves.
- Amount taken – generally the more of a substance a person takes, the greater the effects (both positive and negative).
- Frequency of use – those who use cannabis regularly, experience a shorter duration of the effects of cannabis.
- Method of use – e.g. smoking cannabis out of a bong is more harmful than out of a joint (see the section below "How cannabis is used" for details).
- Other drugs used – taking more than one drug at the same time will change the effects a single drug would have.
- Strength of the drug – the more potent a drug is, the stronger the effects.
- Experience – e.g. experience may influence the person's attitudes towards the drug and their tolerance to the drug.
- The person's mood when they take the drug - e.g. if a person is anxious, using the drug may increase their anxiety.
- The person's expectation of the effects of the drug and attitudes towards it.

Environmental & social factors

- Where used – the effects of cannabis may vary depending on where the person uses it - e.g. a person may feel more paranoid if they use it in a public place versus the comfort of their own home.
- With whom – e.g. using cannabis with friends may give different effects than using alone.

How is cannabis used?

In Australia, people who use cannabis most commonly smoke the leaves, buds or head of the plant in a "joint" (like a cigarette), or through a "bong" (like a water pipe). The heads of the plant are the most commonly smoked form followed by the leaves.

There is **no** healthy way to use cannabis, but mixing it with tobacco is worse than smoking it alone because there is greater exposure to toxic chemicals and a potential to develop a nicotine

addiction. Approximately, 60% of people aged 14 and over who had used cannabis mixed it with tobacco.

Smoking cannabis out of a bong is worse than in a joint as smoke is forced deeper in the lungs, exposing more of the lungs to tar and harmful toxins without increasing the effects. The water in the bong does not filter the harmful chemicals, therefore the water vapour from bongs can damage the lungs. This may be of particular concern if harmful by-products and fumes are released from the plastic bottles or drink cans from which home-made bongs are made.

How many teenagers use cannabis?

Cannabis is the most commonly used illicit drug in Australia.
However, the actual prevalence of use in young people remains low.

Many adolescents falsely believe that most of their peers use cannabis, and subsequently may use cannabis themselves, in an attempt to conform. The truth is that very few adolescents have even tried cannabis, and even fewer use it regularly. Research has shown that if young people have accurate information regarding their peers' use of alcohol and other drugs, they themselves are less likely to use alcohol and drugs. The 2016 National Drug Strategy Household Survey found that most teenagers **do not use** cannabis, with only 5.7% (1 in 20) of 12-17 year olds having tried cannabis in the last year.

Useful Resources

This reference list is provided as a good source of information for parents who may be interested in reading further.

For information and statistics on alcohol and drug use in Australia:

Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings.

https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028.pdf. aspx?inline=true

The Australian Institute of Health and Welfare (2020). 2019 National Drug Strategy Household Survey report.

https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/table-of-contents

For general information about cannabis:

Positive Choices. Cannabis: Factsheet.

https://positivechoices.org.au/teachers/cannabis-factsheet

For information about preventing and delaying alcohol and other drug uptake by young people:

Alcohol and Drug Foundation (2020). Preventing and delaying AOD uptake by young people: Background paper.

https://cdn.adf.org.au/media/documents/ADF_InDepth_Resch_Yng_Ppl.pdf

For information about the varying levels of THC content in the different forms of cannabis:

Chandra, S., Radwan, M. M., Majumdar, C. G., Church, J. C., Freeman, T. P., & ElSohly, M. A. (2019). New trends in cannabis potency in USA and Europe during the last decade (2008-2017). *European Archives of Psychiatry and Clinical Neuroscience, 269*(1), 5-15.

https://pubmed.ncbi.nlm.nih.gov/30671616/

Raber, J. C., Elzinga, S., & Kaplan, C. (2015). Understanding dabs: contamination concerns of cannabis concentrates and cannabinoid transfer during the act of dabbing. *The Journal of Toxicological Sciences, 40*, 797-803.

https://www.jstage.jst.go.jp/article/jts/40/6/40_797/_pdf/-char/en

For information on lower-risk cannabis use guidelines:

Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Foll, B. L., Hall, W., . . . Room, R. (2017). Lower-Risk Cannabis Use Guidelines: A Comprehensive Update of Evidence and Recommendations. *American Journal of Public Health, 107*(8), e1-e12.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5508136/pdf/AJPH.2017.303818.pdf

For information about cannabis, adverse effects of cannabis use and management approaches:

Greydanus, D. E., Hawver, E. K., Greydanus, M. M., & Merrick, J. (2013). Marijuana: current concepts†. *Frontiers in Public Health, 1*.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3859982/pdf/fpubh-01-00042.pdf

For information about the effects of cannabis use during adolescence on brain functioning and cognitive task performance:

Blest-Hopley, G., Colizzi, M., Giampietro, V., & Bhattacharyya, S. (2020). Is the Adolescent Brain at Greater Vulnerability to the Effects of Cannabis? A Narrative Review of the Evidence. *Frontiers in Psychiatry, 11*.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7479242/

Camchong, J., Lim, K. O., & Kumra, S. (2017). Adverse Effects of Cannabis on Adolescent Brain Development: A Longitudinal Study. *Cerebral Cortex, 27*(3), 1922-1930.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5963818/

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