August 2017 post: Marijuana use in Teens – Tips and Pearls

Case: 14-year-old male was seen for well child visit. On confidential interview, patient reported using marijuana few times a month with friends. Patient states that he started smoking marijuana recently. States that marijuana helps with his anger issues and school related anxiety. Reports that he is making good grades in school and has friends. He reported that there is family history of drug abuse. His exam is essentially normal, and no other concerns were expressed.

Marijuana is commonly used recreational drug in adolescents. Smoking is the most common method and teens smoke it in rolled cigarettes ("joints"), in pipes or water pipes ("bongs"), or in hollowed-out cigars ("blunts"). According to Monitoring the Future survey, there has been decline in perceived risk of marijuana use in teens.

In my practice, when a teen discloses about his marijuana use, I inquire further about his frequency of use (once a month or daily or weekly or weekends only). As opposed to the hard-core user, rare recreational use is a cause for monitoring him in the office with repeat drug screens and simple counseling and questionings. I triple the rate of frequency that he may tell me, in order to get a better estimate of the actual use, which they really down play. It is also important to ask about how long has he been using it. Even though he will often tell you that his friends "just give it to him" he is very soon going to need to start stealing and shoplifting to support his habit if he is smoking regularly.

MJ is about 4-6X more potent than it was 2 decades ago due to modern farming hybridization techniques, so that a typical joint has tremendously more pharmacologic and brain effects. Even short-term MJ use is highly associated with a high rate of academic decline and school failure. It markedly impairs his short-term memory so that simple academic memorization efforts become laborious and unmanageable.

A study showed that chronic MJ users who initiated before age 18 yrs. dropped their overall IQ scores by about 6 points compared with controls. This chronic group also suffers from long term brain changes which often lead to an "apathetic syndrome" which I called "burned out whoopers". And long-term use has also been associated with a notable increased risk for chronic schizophrenia—an extremely mentally crippling disease. Lastly chronic use is highly associated with decreased libido, decreased sperm counts and male gynecomastia (or growing breasts). Heterosexual boys frequently start losing romantic interest in girls.

Finally, MJ is definitely a gateway drug into all sorts of other more dangerous and more expensive and more socially detrimental drugs as the youngster's addiction escalates and becomes more costly. Teens may end up becoming a drug dealer, the drug distributor and deal with an extremely dangerous criminal element. Several boys have been shot to death in our communities in "drug deals gone wrong" over simple 25$ negotiations, or inferior MJ claims.

And a clinical pearl for us: suspect MJ use as a major culprit for vague anterior chest wall pain unrelated to costochondritis or pleurisy for example. It is related to the tachycardia created by this higher potency MJ, and possible lacing by your "non-FDA approved dirty-fingered MJ dealer". Thus, any unexplained chest pains in adolescence bears confidential questioning about recent or frequent MJ use by the patient.

And for the higher than "recreational" user, I really suggest screening for chronic depression, anxiety, family discord, and academic failure (especially ADD untreated).

Resources:
Counseling Parents and Teens About Marijuana Use in the Era of Legalization of Marijuana

FREE Training Simulations: Behavioral Health Intervention with Adolescents (needs Login)

Persistent cannabis users show neuropsychological decline from childhood to midlife

Motivational Interviewing

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