



A QUICK GUIDE TO CANNABIS

Cannabis is the illegal drug that young people are most likely to experience, according to NHS data. Yet it poses many problems, from misconceptions about its effects and risks, to the potential for harms, both immediate and longer-term. This Quick Guide, developed in conjunction with Tooled Up Education, covers the most important things that parents and carers need to know about cannabis, as well as signposting to further sources of information.



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The drug education charity

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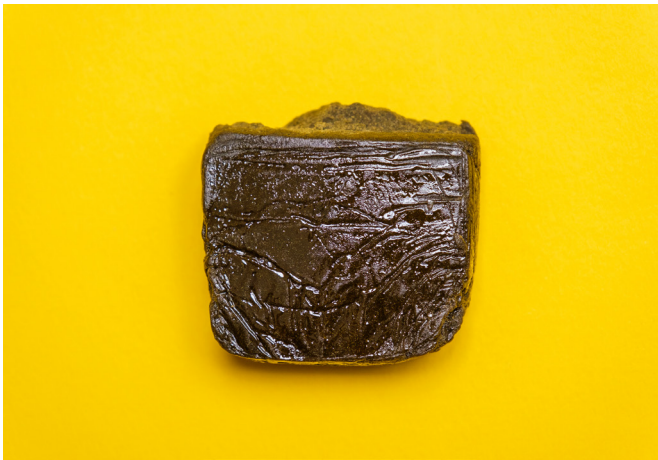
WHAT IS CANNABIS?

Cannabis is a plant, and the most widely used illegal drug in the UK. There are many different names and forms, with the best known probably **weed/grass** (usually smoked, sometimes through water using a device often referred to as a bong), **skunk** (similar but generally stronger), **hash resin** (usually used as an ingredient in edibles), and **dab/shatter/cannabis oil** (normally vaped). Other names commonly used for cannabis include marijuana, puff, pot, herb, ganja, bud and dope.

Because there are so many different forms of cannabis, its appearance varies, but broadly weed looks like dried herbs or buds, skunk is similar but often greener in colour and with tiny crystals throughout, and resin is often a dark brown block which may be soft or hard to touch. Edibles also come in many shapes and sizes, but the best known are hash brownies, space cookies and gummy sweets.



Just as the look and use of cannabis products can vary, so do the effects. The most common perception is that cannabis gives a sense of being chilled out and at peace, but some people become chatty, giggly, hungry, nauseous, lethargic, unmotivated, paranoid, confused, anxious and/or drowsy. Some people may also experience hallucinations or become delusional, and struggle with concentration, learning and memory. All of these effects are attributed to tetrahydrocannabinol (THC), the main psychoactive compound in cannabis, but it also contains cannabidiol (CBD) which is thought to help balance out some of the more negative effects.



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WHAT'S THE PROBLEM?

In the UK, [cannabis has become extremely strong](#), with most products containing very high levels of THC and very little CBD. This increases the risk of negative effects, though – as with any drug experience – this is also influenced by other factors such as personality, mood, environment, strength, and frequency of use. Cannabis is illegal in the UK, so there are no safeguards in place relating to variables such as product quality, dosing or strength, as is the case for a medicine. It is worth remembering that when cannabis is smoked, it is often mixed with tobacco, meaning that all the risks of cigarette smoking are also present.

[NHS data](#) shows cannabis to be the illegal drug that 11-15 year olds are most likely to have taken in the last year, over 40% named it as the substance they had taken the first time they took drugs, and just over a third of young people who said they had only taken one drug in the last year stated it as cannabis. There is also a significant amount of normalisation of cannabis use among young people, with the drug having the highest levels of acceptability in terms of trying and using regularly, compared to sniffing glue, using cocaine and so on. This is supported by data from drugs education charity the DSMF Foundation, which surveys students aged 15-18 years ahead of workshop delivery. Of over 5,300 responses in the first two terms of the 2022-23 academic year, 73% cited smokeable cannabis and 43% cannabis edibles as main substances used by people in their year group, with only alcohol, vaping and cigarettes ranking higher.



A significant difference between smokeable and edible forms of cannabis is the onset and duration of action: when smoked, the effects are felt within a minute or two, peaking at the 10-30 minute mark and wearing off after a couple of hours. Comparatively, it can take an hour or longer to feel the effects after ingesting an edible, which is why it's much easier to overdose through this method of consumption. This then peaks for two to four hours and lasts several hours longer before wearing off completely. However, the effects of cannabis may endure for an extended amount of time, especially after a heavy session, and a positive test can result even a month after last use.



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WHAT IS THE IMPACT?

There are [many risks](#) associated with cannabis use, from the immediate effects associated with smoking (such as wheezing and shortness of breath) or the drug itself (such as vomiting, panic attacks, aggression, paranoia, hallucinations and memory loss) to longer-term impacts such as sleep disturbances, mood swings, loss of motivation and dependence. Cannabis is also widely regarded as a [gateway drug](#), with individuals who use it more likely to progress to other substances – though of course there can be other reasons for this, such as the person's attitude towards drug use, social circles and availability of other drugs.



A significant issue is the link between cannabis and mental health, with use of the drug associated with an increased risk of [depression](#) and [psychotic-type conditions such as schizophrenia](#).

This is more pronounced in teenagers because their brains are still developing. For the same reason, teenagers are more likely than adults to progress from experimentation with cannabis to [addiction](#), and [government data for England](#) shows that 87% of young people in drug treatment services cite cannabis as a reason for being there. Studies have also shown that adolescents who use cannabis are more likely to [later engage in criminal activity](#).

WHAT CAN PARENTS DO?

Parents and carers have a significant role to play in helping their children make decisions about drug use, including cannabis. Here are some tips:



Know that what you say matters.

[NHS data](#) shows that teens rate parents highest when it comes to helpful information about drugs, so while it might feel like your child isn't listening, you are having more of an influence than you think.



Make it a comfortable conversation.

Talking about drugs can feel awkward, but it is important that your children feel the topic can be discussed openly and easily, so seize opportunities such as depictions of cannabis use on TV and in films, or if you smell it when out – this will pay dividends later if things get trickier.



Don't think your child is immune from being offered drugs...

Of the 11-15 year olds involved in the NHS survey, nearly a third said that they had been offered drugs, ranging from 12% of 11 year olds to around half of 15 year olds.



... but remember that most young people don't use them.

Cannabis might be the drug most commonly taken, but only 6% said they had done so in the 2021 NHS survey – emphasising that social norms are vital.



Keep an eye on their phone, have strong family digital values and strive for open conversations about the things they see and engage with on social media.

DSM Foundation survey data revealed that 15% of 13 year olds and over half 18 year olds had seen illegal drugs for sale on their social media feeds, which can lend the perception that drug taking is normal. Only 4% reported it.



Don't forget the law.

There are a lot of misconceptions about the legal status of cannabis, mainly because the laws differ across the world, but it remains illegal in the UK with no plans for change.

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WHERE CAN I GO FOR MORE INFORMATION?

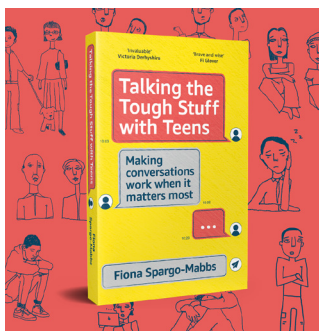
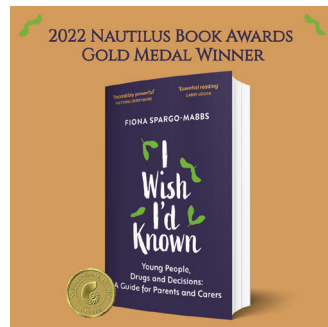
Healthy, open, non-judgemental conversations with young people can be – literally – life-saving.

Fiona Spargo Mabbs OBE, founder and director of the **DSM Foundation** has written two books that are packed with advice and information.

Award-winner,

[I Wish I'd Known](#)

interweaves the story of one family's terrible loss with calm, measured and practical suggestions for parents about young people, drugs and decisions.



[Talking the Tough Stuff with Teens](#)

draws extensively on hundreds of conversations with young people and parents in

focus groups and school and college workshops, to give a warm and compassionate framework for tackling tough conversations about difficult things, without judgement or anger. It covers everything from curfews and screen time, to sex, self-harm and suicide.



Resources to check out

The DSM Foundation, our drugs education charity, has a number of resources to support parents and carers in their conversations with young people about vaping including [an information sheet](#) and a [video briefing](#). The website also has tips on having [tricky conversations with your child](#).

ASH has published resources on vaping in young people, including a [policy paper](#), and a [short animated film](#) produced by Sheffield City Council that outlines the risks and can work well as a discussion starter.

Talk to Frank has useful information on [vaping](#) and [nicotine](#), and **Smokefree** has more detail on nicotine withdrawal and [advice for teenagers wanting to quit vaping](#) (note that this is a US site).

It's important to remember that these resources are not a replacement for clinical or specialist support. If you are worried about your child, always consult your GP or other relevant professional.

[Tooled Up Education](#) is thrilled to be collaborating with the DSM Foundation. Tooled Up brings evidence-based resources to school communities and enjoys strong relationships with some of the most respected researchers and organisations in the world. The Tooled Up Team dedicates its time to studying thousands of hours of research evidence and turning this into easy to use resources, in the form of videos, articles, podcasts, activities and tips to try.