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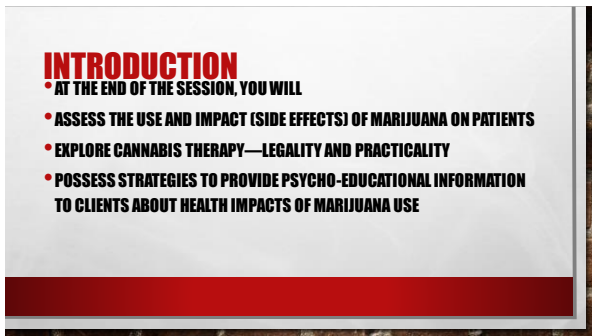
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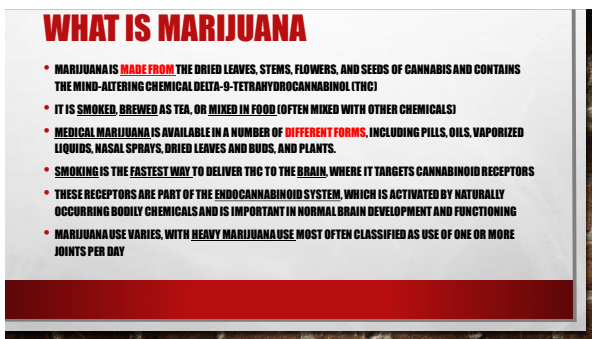
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## WHAT IS MARIJUANA-IMPACT ON BRAIN

• AS MARIJUANA ENTERS THE BRAIN, IT ACTS ON THE AREAS WITH MANY CANNABINOID RECEPTORS, WHICH ARE PREDOMINATELY IN AREAS OF THE BRAIN THAT AFFECT:

- PLEASURE
- MEMORY
- THINKING
- CONCENTRATION
- SENSORY/TIME PERCEPTION
- COORDINATED MOVEMENT

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## WHAT IS MARIJUANA-BRAIN & BEHAVIOR

• OTHERS REPORT FEELINGS OF:

- ANXIETY
- FEAR
- DISTRUST
- PANIC

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## WHAT IS MARIJUANA-BRAIN & BEHAVIOR

• SMOKING EFFECTS ARE:

- USUALLY IMMEDIATE
- LASTING AS LONG AS 3 HOURS
- THE HIGH FROM INGESTING CANNABIS USUALLY OCCURS WITHIN 30 MINUTES TO AN HOUR
- HAS BEEN FOUND TO LAST OVER 4 HOURS
- AS THE HIGH DISSIPATES, THE PERSON MAY FEEL SLEEPY OR DEPRESSED. WITHDRAWAL SYMPTOMS INCLUDE ANXIETY, INSOMNIA, IRRITABILITY, AND DEPRESSION

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## WHAT IS MARIJUANA-BRAIN & BEHAVIOR

- MARIJUANA CAN CAUSE PROBLEMS WITH LEARNING AND MEMORY VIA ITS EFFECT ON THE HIPPOCAMPUS
- IN THE CEREBELLUM, WHICH CONTROLS COORDINATION AND BALANCE, MARIJUANA MAY IMPAIR PHYSICAL FUNCTIONS (SUCH AS DRIVING)
- IMPAIRED JUDGMENT AND CONTROL, AS A RESULT OF MARIJUANA'S EFFECTS ON THE FRONTAL CORTEX, MAY LEAD TO ENGAGING IN RISKY ACTIVITIES SUCH AS UNPROTECTED SEX OR CRIMINAL BEHAVIOR

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## POTENTIAL SIDE EFFECTS

- THE PHYSIOLOGICAL SIDE EFFECTS OF MARIJUANA HAVE BEEN DIFFICULT TO DELINEATE BECAUSE IT IS FREQUENTLY USED CONCURRENTLY WITH ALCOHOL AND NICOTINE.
- THERE IS EVIDENCE OF AN INCREASED RISK FOR:
  - BRONCHITIS
  - EMPHYSEMA
  - PNEUMONIA
  - LUNG CANCER FROM SMOKING MARIJUANA

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## POTENTIAL SIDE EFFECTS

- SEVERAL FACTORS MAY BE ASSOCIATED WITH THIS:
- MARIJUANA CONTAINS THE SAME CARCINOGENS AS TOBACCO,
- IS INHALED MORE DEEPLY THAN NICOTINE,
- MORE OF THE TAR AND OTHER CARCINOGENS RELEASED FROM SMOKING MARIJUANA ARE RETAINED IN THE LUNGS.

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## LEGALIZING MARIJUANA

- MARIJUANA IS THE MOST WIDELY USED ILLICIT DRUG IN THE UNITED STATES
- — BUT THE TERM "ILLICIT" MAY NOT APPLY MUCH LONGER.
- TWENTY-NINE STATES AND THE DISTRICT OF COLUMBIA CURRENTLY HAVE LAWS BROADLY LEGALIZING MARIJUANA IN SOME FORM.
- ACCEPTANCE OF MARIJUANA IS GROWING (**AHEM**) LIKE A WEED.

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## STATES

- SEVEN STATES AND THE DISTRICT OF COLUMBIA HAVE ADOPTED THE MOST EXPANSIVE LAWS LEGALIZING MARIJUANA FOR RECREATIONAL USE.
- MOST RECENTLY, CALIFORNIA, MASSACHUSETTS, MAINE AND NEVADA **ALL PASSED MEASURES** IN NOVEMBER LEGALIZING RECREATIONAL MARIJUANA.
- CALIFORNIA'S PROP. 64 MEASURE ALLOWS ADULTS 21 AND OLDER TO POSSESS UP TO ONE OUNCE OF MARIJUANA AND GROW UP TO SIX PLANTS IN THEIR HOMES.
- OTHER TAX AND LICENSING PROVISIONS OF THE LAW TOOK EFFECT IN JANUARY 2018.

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## LEGALIZATION

- THOSE LAWS ARE NOT WITHOUT CONTROVERSY.
- AMONG THE **CRITICS' CONCERNS** IS THE WORRY THAT, DESPITE AGE LIMITS, LEGALIZATION MIGHT MAKE MARIJUANA MORE ACCESSIBLE TO YOUNG PEOPLE
- ADOLESCENTS' DEVELOPING BRAINS MAY BE PARTICULARLY VULNERABLE TO LASTING DAMAGE FROM THE DRUG.

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## LEGALIZATION

- THERE ARE A LOT OF "OPEN QUESTIONS" ABOUT THE LONG-TERM EFFECTS OF MARIJUANA.
- "BUT THERE'S A GROWING LITERATURE, AND IT'S ALL POINTING IN THE SAME DIRECTION:
- STARTING YOUNG AND USING FREQUENTLY **MAY DISRUPT BRAIN DEVELOPMENT.**"

• SUSAN WEISS, PH.D. DIRECTOR OF THE DIVISION OF EXTRAMURAL RESEARCH AT THE NATIONAL INSTITUTE ON DRUG ABUSE (NIDA).

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## MEDICAL MARIJUANA

- ALSO REFERRED TO AS "MEDICAL CANNABIS," MEDICAL MARIJUANA REFERS TO MARIJUANA USED TO TREAT A DISEASE AND/OR EASE ITS SYMPTOMS.
- IT MAY BE USED FOR THE SHORT-TERM OR FOR YEARS, DEPENDING ON WHY IT IS BEING USED.
- ACCORDING TO THE NIH'S NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH, MEDICAL MARIJUANA IS NOT ALL THAT NEW.
- IN FACT, **PEOPLE HAVE BEEN USING IT FOR MORE THAN 3,000 YEARS.**

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## MEDICAL MARIJUANA

- A GROWING BODY OF SCIENTIFIC RESEARCH NOW POINTS TO THE BENEFITS OF MEDICAL MARIJUANA AND THC.
- "THC CAN INCREASE APPETITE AND REDUCE NAUSEA. THC MAY ALSO DECREASE PAIN, INFLAMMATION (SWELLING AND REDNESS), AND MUSCLE CONTROL PROBLEMS."

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## MEDICAL MARIJUANA

• MORE SPECIFICALLY, IT'S USED TO TREAT A NUMBER OF DIFFERENT HEALTH CONDITIONS, INCLUDING THE FOLLOWING, AS IDENTIFIED BY THE MAYO CLINIC:

- AMYOTROPHIC LATERAL SCLEROSIS (ALS)
- ANOREXIA DUE TO HIV/AIDS
- CHRONIC PAIN
- CROHN'S DISEASE
- EPILEPSY OR SEIZURES

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## MEDICAL MARIJUANA

- GLAUCOMA
- MULTIPLE SCLEROSIS OR SEVERE MUSCLE SPASMS
- NAUSEA, VOMITING OR SEVERE WASTING ASSOCIATED WITH CANCER TREATMENT
- TERMINAL ILLNESS
- TOURETTE SYNDROME

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## MEDICAL MARIJUANA

- THE SAFETY OF MEDICAL MARIJUANA IS **UNDER DEBATE** DUE TO ITS POTENTIAL SIDE EFFECTS.
- THE FOOD AND DRUG ADMINISTRATION (FDA) HAS **APPROVED TWO** SYNTHETIC FORMS OF LEGALLY PRESCRIBED MARIJUANA:
- DRONABINOL
- NABILONE
- CLINICAL RESEARCH PROJECTS ARE UNDERWAY AIMED AT INVESTIGATING POTENTIAL NEW TYPES OF MARIJUANA-BASED DRUGS AND THEIR POTENTIAL TO TREAT EVERYTHING FROM HIV AND AIDS TO MENTAL DISORDERS.

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## MEDICAL MARIJUANA

- MARIJUANA SHOWS CONSIDERABLE PROMISE FOR TREATING MEDICAL CONDITIONS INCLUDING:
  - PAIN,
  - MUSCLE SPASMS,
  - SEIZURE DISORDERS
  - NAUSEA FROM CANCER CHEMOTHERAPY.
- AT LEAST SOME OF THOSE BENEFITS ARE THOUGHT TO COME FROM CANNABIDIOL, A CHEMICAL COMPONENT OF THE MARIJUANA PLANT NOT THOUGHT TO PRODUCE MIND-ALTERING EFFECTS.

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## MEDICAL MARIJUANA

- BUT THERE'S A LOT LEFT TO LEARN ABOUT THIS AND OTHER CHEMICAL COMPOUNDS IN MARIJUANA.
- RECENTLY, THE SENATE RECOMMENDED \$800,000 FOR AN INSTITUTE OF MEDICINE STUDY ON MEDICAL MARIJUANA, AND HAS ALSO ENCOURAGED THE NATIONAL INSTITUTES OF HEALTH TO SUPPORT MORE RESEARCH ON CANNABIDIOL.

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## MEDICAL MARIJUANA

- MARIJUANA'S SIGNATURE HIGH COMES FROM A PSYCHOACTIVE COMPONENT KNOWN AS TETRAHYDROCANNABINOL (THC).
- EVIDENCE IS MOUNTING,
- THC IS NOT RISK-FREE.

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## IMPACT OF MARIJUANA USE

- THOSE EFFECTS CAN LAST FOR DAYS AFTER THE HIGH WEARS OFF.
- HEAVY MARIJUANA USE IN ADOLESCENCE OR EARLY ADULTHOOD HAS BEEN ASSOCIATED WITH A DISMAL SET OF LIFE OUTCOMES INCLUDING:
- POOR SCHOOL PERFORMANCE,

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## IMPACT OF MARIJUANA USE

- HIGHER DROPOUT RATES,
- INCREASED WELFARE DEPENDENCE,
- GREATER UNEMPLOYMENT
- LOWER LIFE SATISFACTION.

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## VULNERABILITY FACTORS

- BUT IT'S NOT CLEAR THAT MARIJUANA DESERVES THE BULK OF THE BLAME.
- SOME RESEARCHERS HAVE SUGGESTED THAT FACTORS SUCH AS:
- PEER INFLUENCE,
- EMOTIONAL DISTRESS

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## VULNERABILITY FACTORS

- A TENDENCY TOWARD PROBLEM BEHAVIOR
- COULD PREDISPOSE PEOPLE TO DRUG USE AS WELL AS POOR LIFE OUTCOMES.
- "IS MARIJUANA THE CAUSAL AGENT IN THESE OUTCOMES, OR IS IT PART OF A VARIETY OF VULNERABILITY FACTORS?"

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## MARIJUANA STUDY

DUKE UNIVERSITY PSYCHOLOGIST TERRIE MOFFITT, PHD, AND COLLEAGUES

- DUNEDIN MULTIDISCIPLINARY HEALTH AND DEVELOPMENT STUDY, LONGITUDINAL RESEARCH
- FOLLOWED 1,000 NEW ZEALANDERS BORN IN 1972.
- PARTICIPANTS ANSWERED QUESTIONS ABOUT MARIJUANA USE AT 18, 21, 26, 32 AND 38. THEY ALSO UNDERWENT NEUROPSYCHOLOGICAL TESTING AT AGES 13 AND 38.

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## MARIJUANA STUDY

DUKE UNIVERSITY PSYCHOLOGIST TERRIE MOFFITT, PHD, AND COLLEAGUES

- THE TEAM FOUND THAT PERSISTENT MARIJUANA USE WAS LINKED TO A DECLINE IN IQ
- EVEN AFTER THE RESEARCHERS CONTROLLED FOR EDUCATIONAL DIFFERENCES.
- THE MOST PERSISTENT USERS — THOSE WHO REPORTED USING THE DRUG IN THREE OR MORE WAVES OF THE STUDY — EXPERIENCED A DROP IN NEUROPSYCHOLOGICAL FUNCTIONING EQUIVALENT TO ABOUT SIX IQ POINTS.
- "THAT'S IN THE SAME REALM AS WHAT YOU'D SEE WITH LEAD EXPOSURE.
- "IT'S NOT A TRIFLE."

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## BRAIN UNDER CONSTRUCTION: ADOLESCENCE

- THERE ARE SOME REASONS TO THINK THAT ADOLESCENTS MAY BE UNIQUELY SUSCEPTIBLE TO LASTING DAMAGE FROM MARIJUANA USE. AT LEAST UNTIL THE EARLY OR MID-20S.
- "THE BRAIN IS STILL UNDER CONSTRUCTION."
- DURING THIS PERIOD OF NEURODEVELOPMENT, THE BRAIN IS THOUGHT TO BE PARTICULARLY SENSITIVE TO DAMAGE FROM DRUG EXPOSURE.
- THE FRONTAL CORTEX — THE REGION CRITICAL TO PLANNING, JUDGMENT, DECISION-MAKING AND PERSONALITY — IS **ONE OF THE LAST AREAS TO FULLY DEVELOP**

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## BRAIN UNDER CONSTRUCTION: ADOLESCENCE

- ALSO IMMATURE IN TEENS IS THE ENDOCANNABINOID SYSTEM.
- AS ITS NAME IMPLIES, THIS SYSTEM COMPRISES THE PHYSIOLOGICAL MECHANISMS THAT RESPOND TO THC.
- THAT SYSTEM IS **IMPORTANT FOR** COGNITION, NEURODEVELOPMENT, STRESS RESPONSE AND EMOTIONAL CONTROL, AND IT HELPS TO MODULATE OTHER MAJOR NEUROTRANSMITTER SYSTEMS.

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## AFFECTED POPULATIONS

- MARIJUANA USE HAS BEEN **FOUND TO BE:**
  - HIGHER IN MALES AGES 18 TO 29
  - AMONG INDIVIDUALS REPORTING ANY LIFETIME PSYCHIATRIC DISORDER
  - ATTENTION DEFICIT HYPERACTIVITY DISORDER
  - MOOD OR ANXIETY DISORDER

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## AFFECTED POPULATIONS

- ACCORDING TO AN ARTICLE BY LOPEZ AND COLLEAGUES.
  - ADOLESCENTS **PRENATALLY EXPOSED** TO MARIJUANA ARE **MORE LIKELY TO USE THE DRUG.**
  - EVIDENCE REGARDING MARIJUANA USE BASED ON ETHNICITY **DIFFERS**
  - STUDIES SUGGEST **HIGHER MARIJUANA USE AND DEPENDENCE IN MINORITY GROUPS**
  - **LOW-INCOME YOUTH** ARE MORE LIKELY TO USE MARIJUANA AS AN ENTRY DRUG, WHICH MAY BE BECAUSE IT IS LESS EXPENSIVE AND MORE ACCESSIBLE THAN CIGARETTES.

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## AFFECTED POPULATIONS

- **USE AMONG THE ELDERLY**
  - **MESSAGE TO ELDERLY** ABOUT MJ USE:
    - CAN REDUCE PRESCRIPTION DRUG DEPENDENCY
    - IMPROVES MOOD
    - CAN HELP FIGHT **DEPRESSION**
    - **TREATING PAIN**

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## AFFECTED POPULATIONS

- **USE AMONG THE ELDERLY**
  - GROWING SENIOR POPULATION ASSOCIATED WITH THE AGING OF THE MASSIVE **BABY BOOMER GENERATION**
  - **INCREASING KNOWLEDGE ABOUT THE BENEFITS OF MEDICAL MARIJUANA**
  - **MORE SENIORS ARE "JUST SAYING! YES" TO THE DRUG.**

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## AFFECTED POPULATIONS

- EVEN MORE SURPRISING?
- SENIORS HAVE BEEN AT THE FOREFRONT OF THE CAMPAIGN FOR THE LEGALIZATION OF MARIJUANA FOR MORE THAN A DECADE.
- ACCORDING TO A POLL CONDUCTED FOR THE AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP), WHICH REVEALED
- JUST UNDER THREE-QUARTERS OF PEOPLE OVER THE AGE OF 45 BELIEVED THAT **"ADULTS SHOULD BE ALLOWED TO LEGALLY USE MARIJUANA FOR MEDICAL PURPOSES IF A PHYSICIAN RECOMMENDS IT."**

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## AFFECTED POPULATIONS

- **DR. IGOR GRANT**, A DISTINGUISHED PROFESSOR AND CHAIR OF THE DEPARTMENT OF PSYCHIATRY AT THE UNIVERSITY OF CALIFORNIA, SAN DIEGO, STATES,
- "THERE IS INCREASING EVIDENCE THAT CANNABIS IS HELPFUL IN THE MANAGEMENT OF CERTAIN KINDS OF PAIN."
- WHICH TYPES OF PAIN, EXACTLY? THE TYPE OFTEN EXPERIENCED BY OLDER ADULTS, INCLUDING EVERYTHING FROM
- **ARTHRITIS**
- **TO CHEMOTHERAPY**

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## AFFECTED POPULATIONS

- BUT SENIORS HAVE MORE TO OFFER THAN ENTHUSIASM TO THEIR PEERS WONDERING WHETHER OR NOT TO TRY MEDICAL MARIJUANA.
- WE **CAUTION**, ESPECIALLY THE SENIORS.
  - STAY AWAY FROM EDIBLES.
  - REALLY START SLOW. LOW DOSAGE
  - START IN THE EARLY EVENING.
  - NOT TO DRIVE.
  - NOT TO MIX ALCOHOL.
  - THERE'S A LOT OF CAUTIONS, A LOT OF EDUCATION THAT GOES ALONG WITH IT

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## PRO & CON ARGUMENTS SHOULD MJ BE A MEDICAL OPTION?

- **PHYSICIAN PERSPECTIVES**
- **MEDICAL ORGANIZATIONS' OPINIONS**
- **US GOVERNMENT OFFICIALS' VIEWS**
- **HEALTH RISKS OF SMOKE MARIJUANA**
- **MORE PHYSICIAN PERSPECTIVES**

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## PRO & CON ARGUMENTS SHOULD MJ BE A MEDICAL OPTION?

- **MARIJUANA AND PAIN**
- **MARIJUANA VS. MARINOL**
- **ADDICTIVENESS OF MARIJUANA**
- **"GATEWAY" EFFECT**
- **MEDICAL MARIJUANA USE BY KIDS**

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## IMPLICATIONS FOR NURSING

- **TOUCHING THE LIVES OF MILLIONS EVERY DAY AS YOU DO, NURSES ARE IN A **UNIQUE POSITION** TO AFFECT THE WAY THE NATIONAL DEBATE PROGRESSES ON THE LEGALIZATION OF RECREATIONAL MARIJUANA.**
- **THE DIVERSITY OF NURSING PRACTICE AFFORDS THE OPPORTUNITY TO **AFFECT THE CONVERSATION AND EDUCATE THE PUBLIC AND HEALTHCARE PROFESSIONALS ALIKE.****
- **BY **STAYING CURRENT** WITH THE LATEST LITERATURE, AND DISCUSSING THE LATEST EVIDENCE-BASED INFORMATION WITH NURSING COLLEAGUES AND OTHER HEALTHCARE PROFESSIONALS, YOU CAN BEGIN TO FULLY UNDERSTAND THE IMPACT OF CANNABIS ON ADOLESCENT HEALTH AND WORK TOGETHER TO MAKE A DIFFERENCE.**

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## IMPLICATIONS FOR NURSING

- **SCHOOL NURSES** INTERACT WITH YOUTH EVERY DAY.
  - THEY CAN PROVIDE PROFESSIONAL INPUT INTO DEVELOPING PROGRAMS ON DRUG ABUSE AND ITS POTENTIAL EFFECTS.
  - BUILDING RELATIONSHIPS WITH STUDENTS WHO TRUST THE NURSE WILL MAKE IT MORE LIKELY THAT THEY'LL TURN TO THE NURSE IN TIMES OF STRESS.
  - BY EDUCATING FACULTY ABOUT THE EFFECTS OF MARIJUANA ON YOUTH, NURSES WILL HELP **CREATE A TEAM** OF SUPPORTIVE, CARING ADULTS TO EDUCATE AND PROTECT CHILDREN AS THEY PROGRESS THROUGH DIFFICULT LIFE STAGES AND SITUATIONS.

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## IMPLICATIONS FOR NURSING

- BY DISCUSSING RECREATIONAL MARIJUANA USE WITH **HIGH-RISK GROUPS** SUCH:
  - AS **YOUNG WOMEN OF CHILD-BEARING AGE**
  - **ADOLESCENTS** FROM HIGH-RISK GROUPS,
- **NURSES CHANGE LIVES.**

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## IMPLICATIONS FOR NURSING

- JUST AS NURSES BECAME INVOLVED IN EDUCATING THE PUBLIC ABOUT THE RISKS OF LOW FOLIC ACID AND ITS EFFECT ON THE FETUS,
- WE CAN EDUCATE ABOUT THE **RISK TO YOUTH** IF MARIJUANA IS LEGALIZED—
- NOT JUST ITS USE,
- BUT ALSO ABOUT THE MESSAGE THAT LEGALIZATION BRINGS TO YOUTH THAT MARIJUANA IS HARMLESS.

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## IMPLICATIONS FOR NURSING

- NURSES CAN INITIATE AND BE INVOLVED IN **PREVENTION PROGRAMS**.
- WE CAN HELP TEENS BEGIN **PEER-SUPPORT GROUPS**, WHICH HAVE BEEN EFFECTIVE IN HELPING ADOLESCENTS AVOID AND REDUCE HIGH-RISK BEHAVIORS.

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## IMPLICATIONS FOR NURSING

- LAW-ENFORCEMENT AND HEALTHCARE PROFESSIONALS HAVE BEEN WORKING TOGETHER IN MANY COMMUNITIES TO PROVIDE **REHABILITATION AND SUPPORT**, RATHER THAN INCARCERATION, FOR YOUTH ACCUSED OF CRIMES INVOLVING DRUGS (INCLUDING MARIJUANA).
- NURSES WHO WORK WITH AT-RISK YOUTH HAVE AN OPPORTUNITY TO REPLICATE THESE PROGRAMS IN THEIR COMMUNITIES.
- YOU CAN **STAY ACTIVE** IN PROFESSIONAL NURSES' ORGANIZATIONS.
- **EDUCATE PUBLIC OFFICIALS** AND OTHERS ABOUT THE EFFECTS OF MARIJUANA ON ADOLESCENTS AND OTHERS.
- AND, YES, **NURSES VOTE!**

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## IMPLICATIONS FOR NURSING

- CAN RECREATIONAL MARIJUANA BE **DECRIMINALIZED WITHOUT LEGALIZING IT?**
- WHAT IS THE BEST WAY TO EDUCATE WOMEN OF CHILD-BEARING AGE ABOUT THE POTENTIAL DANGERS OF PRENATAL EXPOSURE TO MARIJUANA?
- HOW CAN WE PROTECT AND EDUCATE VULNERABLE POPULATIONS ABOUT MARIJUANA, ESPECIALLY MINORITY ADOLESCENTS AND YOUTH LIVING IN HIGH-RISK SITUATIONS?
- WHAT CAN NURSES DO TO ADDRESS THE NEEDS OF AT-RISK YOUTH ALREADY SUFFERING FROM THE CONSEQUENCES OF PRENATAL OR ADOLESCENT **EXPOSURE** TO MARIJUANA?

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## IS MEDICAL MARIJUANA RIGHT FOR YOU?

- THERE'S **NO** ONE-SIZE-FITS-ALL ANSWER TO THIS QUESTION
- **NO** CLEAR-CUT REASON FOR SENIORS TO RULE IT OUT AS A POSSIBILITY. FOR THOSE SUFFERING FROM UNCOMFORTABLE SYMPTOMS RELATED TO A CHRONIC DISEASE OR SIDE EFFECTS OF MEDICAL TREATMENT
- MARIJUANA MAY OFFER NEW HOPE IN MANAGING AND ALLEVIATING PAIN AND NAUSEA.

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## FINAL THOUGHTS

### • Q AND A

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