Overview and Usage
According to the 2010 National Survey on Drug Use and Health (NSDUH), marijuana is currently the most used illicit drug in the United States, with 17.4 million people reporting past month usage. This represents an increase in the percentage of the U.S. population using marijuana between 2007 and 2010 (from 5.8 to 6.9 percent). The 2010 NSDUH also shows an uptick in usage rates among youth, with rates among 12 to 17 year olds rising from 6.7 percent in 2006 to 7.4 percent in 2010. This high use rate translates into more admissions for treatment; according to the Substance Abuse and Mental Health Services Administration (SAMHSA), more teens were in treatment for marijuana than for all other illicit drugs combined in 2006.

Past Month Use of Selected Illicit Drugs among Persons Aged 12 or Older: 2002-2010

Addictive Properties
The National Institute on Drug Abuse (NIDA), reports that frequent and prolonged marijuana use can result in addiction, defined as a chronic, relapsing disease distinguished by an inability to control or cease drug use. NIDA estimates that:
- 9 percent of all marijuana users will become addicted
- 17 percent of all marijuana users who start using in their teens become addicted
- 25-50 percent of daily marijuana users become addicted

Attempts to cease using marijuana after prolonged periods can result in withdrawal, characterized by:
- Irritability
- Sleeplessness
- Decreased Appetite
- Anxiety
- Drug Cravings

Health Effects
Marijuana use has a number of ill effects on health, which may include:
- Exposure to known carcinogens (marijuana smoke contains up to 70 percent more carcinogenic hydrocarbons than tobacco smoke).
- Impaired ability to create new memories.
- Episodes of acute psychosis (if a large dose is ingested), which can include “hallucinations and a loss of personal identity.”
- Increased risk of chronic cough and bronchitis.
Economic Effects
Marijuana has a negative impact on productivity and earning power. According to NIDA, marijuana’s adverse effect on cognition and memory formation means users, “may be functioning at a reduced intellectual level all or most of the time,” with negative consequences for both school and work. One study in The Western Journal of Medicine, found that, “extra sick days used by frequent marijuana smokers were often because of respiratory illnesses.” A review of marijuana research published in the journal Addiction found that, “Increasing levels of cannabis use have been associated with lower grade point averages, less satisfaction with school, negative attitudes towards school and poor school performance.” This is consistent with the finding from another study in Addiction that former and current heavy users of marijuana, when compared to a control group, exhibited lower levels of educational attainment and lower yearly earnings.

The negative effects of marijuana are felt directly on the job site, too. According to a NIDA report, a number of studies have found a connection between a worker’s marijuana use and increased:
- Absences
- Tardiness
- Accidents
- Workers’ Compensation Claims
- Job Turnover

More specifically, a study published in the Journal of the American Medical Association examining postal workers who tested positive for marijuana in pre-employment drug tests found that (as compared to coworkers who passed drug tests) they had:
- 55 percent more industrial accidents
- 85 percent more injuries
- 75 percent increase in absenteeism

Prevention, Treatment, and Recovery
According to the 2008 Treatment Episode Data Set (TEDS), 16.6 percent of individuals 12 and older discharged from treatment facilities reported marijuana as their main substance of abuse. Treatment options available to assist individuals in overcoming their marijuana misuse/abuse problem range from outpatient care, detoxification, hospital residential, and short and long-term residential.

Educating youth and adolescents about the risks of marijuana has shown to be a major factor in preventing use of the drug. Also, strategies aimed at providing alternative activities for youth, creating a healthy social environment and developing and enforcing policies against marijuana are ways States, communities, law enforcement and schools can work together to reduce and prevent the use and misuse of marijuana.

Prevention, treatment and recovery services may be supported by the Substance Abuse Prevention and Treatment (SAPT) Block Grant, which is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), within the Department of Health and Human Services (HHS). The SAPT Block Grant accounts for approximately 40 percent of expenditures by State substance abuse agencies across the country and an estimated 64 percent of States’ substance abuse prevention expenditures. An independent study of the SAPT Block Grant, released in June 2009, found the program to be effective in a number of areas, including positive outcomes, improvement of State infrastructure and capacity, and effective monitoring and oversight.

Sources:
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