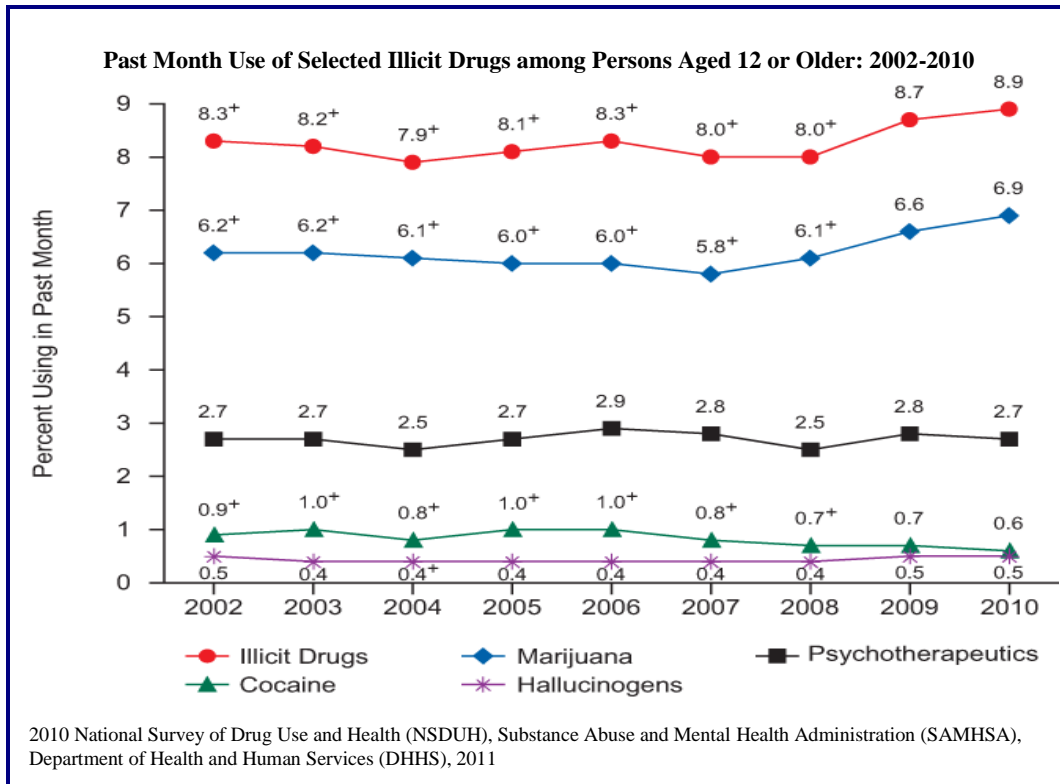


MARIJUANA FACT SHEET

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.¹ 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 2010.² 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 2006.³



Marijuana Quick Facts⁴

➤ **Marijuana Use by Group as a Percentage of all Users (Past Month) in 2010:**

By Age:	
12-17	10.3%
18-25	36.2%
26-34	22.2%
35-44	12.3%
45-54	12.6%
55 and up	6.4%

By Sex:	
Male	64.5%
Female	35.5%

By Race:	
White	68.4%
Black	15%
Hispanic	12.2%
Asian	1.7%
Pacific Isl.	.1%
Native Am.	.7%
Mixed Race	1.9%

➤ **Drugged Driving:**
 In 2007, 12 percent of high school seniors reported using marijuana prior to driving in the previous two weeks. In some localities, approximately 4 to 14 percent of drivers injured or killed in crashes tested positive for marijuana use.⁵

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 that⁶:

- 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 include⁷:

- 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.⁸ One study in *The Western Journal of Medicine*, found that, "extra sick days used by frequent marijuana smokers were often because of respiratory illnesses."⁹ A review of marijuana research printed 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."¹⁰ 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.¹¹

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 increased¹²:

- 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 had¹³:

- 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.¹⁴ 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:

¹Substance Abuse and Mental Health Services Administration, *Results from the 2010 National Survey of Drug Use and Health: Summary of National Findings*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011. Electronic copy found at:

<http://www.oas.samhsa.gov/NSDUHlatest.htm>

² Ibid

³ Treatment Episode Data Set (TEDS) 1996-2006, *National Admissions to Substance Abuse Treatment Services*, DASIS Series S-43, DHHS Publication No. (SMA)08-4347; Published 7/2008. Can be accessed online at: <http://www.dasis.samhsa.gov/webt/information.htm>

⁴ 2010 NSDUH

⁵ National Institute on Drug Abuse, *NIDA INFOFACTS: Drugged Driving* (Revised December, 2010). Accessed through web: <http://www.drugabuse.gov/PDF/Infofacts/driving.pdf>

⁶ National Institute on Drug Abuse, *NIDA Research Report Series: Marijuana Abuse*. (NIH Publication Number 10-3859, Printed July 2005, Revised September 2010). Accessed through web: <http://www.nida.nih.gov/ResearchReports/Marijuana/default.html>

⁷ Ibid.

⁸ Ibid.

⁹ Polen, M.R.; Sidney, S.; Tekawa, I.S.; Sadler, M.; and Friedman, G.D. "Health care use by frequent marijuana smokers who do not smoke tobacco." *West J Med* 158(6):596-601, 1993.

¹⁰ Lynskey, Michael, and Wayne Hall. 2000. "The effects of adolescent cannabis use on educational attainment: a review." *Addiction* 95, no. 11: 1621-1630. *SPORTDiscus with Full Text*, EBSCO host (accessed October 11, 2011).

¹¹ Fergusson, D.M., and Boden, J.M. "Cannabis use and later life outcomes". *Addiction* 103(6):969-976; discussion 977-968, 2008

¹² *NIDA Research Report Series: Marijuana Abuse*

¹³ Zwerling, Craig, James Ryan, and Endel John Orav. 1990. "The Efficacy of Preemployment Drug Screening for Marijuana and Cocaine in Predicting Employment Outcome." *JAMA: Journal of the American Medical Association* 264, no. 20: 2639. *Health Policy Reference Center*, EBSCO host (accessed October 11, 2011)

¹⁴ Substance Abuse and Mental Health Services Administration, *Treatment Episode Data Set (TEDS): 2008. Discharges from Substance Abuse Treatment Services*, DASIS Series: S-56, HHS Publication No. (SMA) 11-4628, Rockville, MD; Substance Abuse and Mental Health Services Administration, 2010. Pages 55-56.

