Prevalence

Marijuana use in the past month, age 12 or older, 2002-2014


Risk Perception

Marijuana use is higher in males, and peaks at ages 18-21 years

Marijuana users are more likely to use other illicit drugs in their lifetime, especially teen initiates

Drug-Impaired Driving

Traffic crash fatalities involving marijuana, LAC, 1994-2014

Marijuana-involved traffic fatalities increased by 620% from 2003-2014

Healthcare Utilization

Emergency department (ED) visits involving marijuana, LAC, 2006-2015

Burden of marijuana-related hospitalizations, LAC, 2006 and 2015

Early Onset and Dependency

Lifetime illicit drug use, by marijuana use, CA, 2012-2013

Long-term Outcomes

Rate of admission (per 100,000 pop under 133%FPL) with marijuana as primary drug problem, by age and race/ethnicity, FY1516

Treatment

African Americans have the highest rate of entering treatment for marijuana use disorder in all age groups

For treatment in LAC, call (888)742-7900 during normal business hours, or call 211. For more support, call Marijuana Anonymous at (800)766-6779

For more information regarding this brief, please contact Tina Kim, Ph.D at kim@ph.lacounty.gov
MARIJUANA MISUSE/ABUSE AND CONSEQUENCES

**Prevalence**

- According to the National Survey on Drug Use and Health (NSDUH) 2014, marijuana is the most commonly used illicit drug in the United States, California, and Los Angeles County (LAC)1.
- In 2012-2014, 8.4% individuals age 12 or older in LAC reporting using marijuana in the past month, compared to the national average of 7.7%, and state average of 9.2%. Marijuana use in LAC surpassed that of national use starting from 2008, but remained lower than the overall use in California2.
- According to the NSDUH 2012-2013, among individuals age 12 and older, past month marijuana use in California is higher in males than in females3.
- Past month marijuana use increases, peaks at age 18-19 years for females (16%) and 20-21 years for males (26.6%) and steadily decreases with age4.

**Risk Perception**

- THC is the main psychoactive chemical in marijuana. The average THC content in federally seized marijuana increased 274% for cannabis leaf specimens from 1991 to 2015, and increased 290% for hash oil specimens from 1995 to 20155.
- Among US high school seniors, perception of occasional use of marijuana as a great risk declined 61.1% while past year use of marijuana increased 46.0% over the period 1991-20156.

**Drug-Impaired Driving**

- Using alcohol or marijuana impairs driving and increases the risk of motor vehicle collisions1.
- Driving or riding with a driver under the influence of marijuana exceeds drunk driving and riding with a drunk driver for high school seniors and college students12-13.
- According to the Fatality Analysis Reporting System, traffic crash fatalities involving marijuana (positive drug test in driver) in LAC began to increase after 1996, steeply increased by 360% from 2003 to 2004, continued an overall increasing trend until 2008 before decreasing in 2009, and steadily increased again by 60% from 2010 to 201414. These increases co-occurred with the passage of the Compassionate Use Act (allow medical marijuana use), the initiation of the Medical Marijuana Program (medical marijuana ID card program), and the decriminalization of marijuana (possession of <1oz reduced from misdemeanor to infraction), respectively.
- Emergency department (ED) visits with a marijuana-related primary diagnosis increased 256% from 334 cases in 2006 to 1,219 cases in 2015. ED visits involving marijuana in LAC increased 602% from 2,862 cases in 2006 to 18,601 cases in 20156.
- The most common primary diagnoses among ED visits in 2006-2015 that involved marijuana included anxiety, psychosis, chest pain, altered consciousness, abdominal pain, depression, palpitations, suicidal ideation, drug or alcohol abuse, headache, convulsions, and nausea/vomiting6.

**Healthcare Utilization**

- According to the California Department of Public Health, in 2015, marijuana-related hospitalizations accounted for 18,601 discharges (116% increase from 2006), 94,501 days of hospitalization (82% increase from 2006), and $861 million in hospital charges (177% increase from 2006; adjusted for inflation to 2016 US dollars)9.
- Marijuana use is associated with the later development of mental illness, especially schizophrenia and psychosis8-14.
- The most common primary diagnoses among hospitalizations in 2006-2015 that involved marijuana included schizophrenia-related disorders, depression, psychosis, bipolar disorder, drug or alcohol withdrawal, chest pain, and congestive heart failure9.

**Early Onset and Dependence**

- Early and regular marijuana use is associated with use of other illicit drugs, including cocaine, hallucinogens, prescription opioids, stimulants, inhalants, tranquilizers, methamphetamine, sedatives, and heroin10.
- According to the NSDUH 2012-2013, individuals who first used marijuana before age 18 used other illicit drugs at a much higher rate than individuals who used marijuana after age 18 or individuals who never used marijuana during their lifetimes in California2.
- Individuals who first used marijuana after age 18 used other illicit drugs at a much higher rate than individuals who never used marijuana during their lifetimes in California2.
- Addiction risk increases with greater frequency and with earlier age of initiation of marijuana use6.
- Regular recreational marijuana use increases the risk of many adverse social, cognitive, and physical health outcomes8-10,12.
- Compared to never using marijuana, regular use of recreational marijuana was associated with a 2-fold lower educational attainment6, 8 point decline in IQ6, 2-fold increased risk for having psychosis, a 2-fold increased risk for developing lung disease, a 3-4 fold increased risk for getting a heart attack, a 2-3 fold increased risk in developing testicular cancer6.
- Most clients admitted to publicly funded SUD treatment programs in LAC are under 133%FPL, which tends to have much higher SUD rates than the general population.
- African Americans have the highest rate of treatment admissions with a primary marijuana choice across all age groups. The treatment admission rate for African Americans ages 18-25 years under 133%FPL was more than two times that of the same age group of Latinos (1,464 vs. 658 per 100,000, 133% FPL population).

**Long-term Outcomes**

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**Treatment**

2. Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. Survey Documentation and Analysis, Restricted Use Data Files online analysis system.

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