The goal of the Marijuana Prevention Initiative (MPI) is to **reduce youth marijuana use and increase knowledge of its negative impacts**. To accomplish this goal the MPI collaborates with partners across San Diego County to bring awareness and education about: (1) local trends, (2) national research, (3) youth-related harms, and (4) public safety issues associated with marijuana use. This document provides selected county, state, and national data points regarding youth marijuana use and its related health and community impacts, organized by the four categorized referenced above. These data points provide relevant marijuana use/perception statistics to help inform marijuana prevention efforts currently underway across San Diego County. This report was made possible through funding from the County of San Diego, Health and Human Services Agency.

### Section I: Local San Diego County Data

#### Youth Marijuana Use

- **Daily Marijuana Use**
  - 1% of 9th graders, 3% of 11th graders and 14% of non-traditional school (i.e., continuation schools) students reported daily marijuana use in 2017, representing a **decreasing trend since 2011** (4%, 6% and 18% respectively).\(^1\)

- **Past 30 – Day Use**
  - 2% of 7th graders reported using marijuana in the past 30 days, a **3% decrease from 2011**.\(^1\)
  - 8% of 9th graders reported using marijuana in the past 30 days, a **7% decrease from 2011**.\(^1\)
  - 15% of 11th graders reported using marijuana in the past 30 days, a **6% decrease from 2011**.\(^1\)
  - 35% of non-traditional school students reported using marijuana in the past 30 days, a **12% decrease from 2011**.\(^1\)

#### Perception of Harm

- Junior high and high school students **perceive occasional marijuana smoking as less harmful than occasional cigarette smoking**.\(^1\)

- Approximately **1 in 3 (30%)** high school students and **1 in 4 adults (24%)** in San Diego County **do not believe that smoking marijuana one or more times a week is harmful**.\(^1,2\)

- Approximately **one-third of adults (34%)** perceived marijuana use as a problem in their community.\(^2\)
Access to Marijuana

➢ Approximately 20% of 7th graders, 50% of 9th graders and 70% of 11th graders report marijuana as being “very easy” or “fairly easy” to get.¹

Marijuana Use Among Juvenile Arrestees

➢ Primary Drug of Choice
  o Marijuana remained the drug of choice for youth in Juvenile Hall, with 45% testing positive for THC and 56% reporting marijuana as the first substance they ever tried (compared to 25% for alcohol).³

➢ Dabbing and Vaping of Marijuana Products
  o 70% of juveniles reported dabbing at least once in their life compared to 55% of adults.³
  o 66% of juveniles reported vaping at least once in their life compared to 53% of adults.³

➢ Perception of Harm – Driving Under the Influence of Marijuana
  o Three in five juveniles do not think marijuana would impact someone’s ability to drive.³
  o About one in four (26%) juveniles reported ever driving after consuming marijuana.³
Section II: Current Research

National Data Trends

- **2017 was the first year that daily marijuana use exceeded daily cigarette use** among junior high and high school students.\(^4\)  
  - Daily or near-daily usage levels were 0.8%, 2.9% and 5.9% across 8th, 10th, and 12th grade, respectively.\(^4\)

- **Between 1995 and 2014, the potency of federally-seized and tested (non-domestic) marijuana has increased by 200% from approximately 4% to 12%.** The increasing potency poses higher risk of cannabis use, particularly among adolescents.\(^5\)

- **Perceptions of harm and disapproval around marijuana use continue to decrease,** with a **smaller percentage of 8th and 10th graders** thinking that regular marijuana use is harmful, and **fewer 10th and 12th graders disapproving of regular marijuana use.**\(^4\)

- **Nearly 1 in 11 US students, including one-third of those who ever used e-cigarettes, had used marijuana in e-cigarettes in 2016.**\(^6\)  
  - Among students already using e-cigarettes, **nearly 1 in 3 (1.7 million) high school students** and **1 in 4 (425,000) junior high students** had every used marijuana in e-cigarettes.\(^6\)
➢ **71% of high school seniors** do not view regular marijuana smoking as being very harmful.\(^4\)

- About one-third (29%) of **12th graders** report that regular marijuana use poses a great risk (half of what it was 20 years ago).\(^7\)

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### Research Related to Legalization and Cannabis Use Disorder

➢ **Marijuana use among adults ages 18 and older has more than doubled since 2001**, and nearly 4 million adult marijuana users met the criteria for cannabis use disorder in 2015. Of note, **young adults** are at the highest risk for marijuana use disorder.\(^8\)–\(^10\)

➢ **12th graders who live in states where medical marijuana is legal** report consuming more marijuana edible products (40%) than their peers who live in states that have not legalized the use of non-medical marijuana (26%).\(^11\)

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### Cannabis Use Disorder

**What are the symptoms of cannabis use disorder?**

Some symptoms of cannabis use disorder include disruptions in functioning due to use, the development of tolerance, cravings, and the development of withdrawal symptoms, such as the inability to sleep, restlessness, nervousness, anger or depression within a week of stopping use.\(^11\)

**Risks of developing cannabis use disorder:**

Greater frequency of cannabis use increases the likelihood of developing problem cannabis use. Recent data suggest that 30 percent of heavy marijuana users may have some degree of marijuana use disorder.\(^11\)

People who begin using marijuana before the age of 18 are four to seven times more likely to develop a marijuana use disorder than adults.\(^11\)

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### Lifetime Marijuana Use

➢ **6.8% of high school students** had tried marijuana for the first time before age 13 years.\(^4\)

➢ Nearly half of all 12th graders (45%), nearly one third of 10th graders (31%), and over 1 in 7 8th graders (14%) **reported some marijuana use in their lifetime.**\(^4\)
Current Marijuana Use

➢ About one in seventeen 12th graders (5.9%) reported daily marijuana use.\(^4\) Current daily marijuana use is defined as use on 20 or more occasions in the past 30 days.

➢ 2017 was the first year that daily marijuana use exceeded daily cigarette use among junior high and high school students.\(^4\)
  o Daily or near-daily usage levels were 0.8%, 2.9% and 5.9% across 8th, 10th, and 12th grade, respectively.\(^4\)

➢ About 1 in 5 (19.8%) high school students reported using marijuana one or more times within the previous month.\(^12\)

Past-Year Use

➢ During 2002-2014, prevalence of past-year marijuana use increased among adolescents who are current tobacco and alcohol users.\(^4\)

➢ One in ten 12th grade students reported vaping marijuana in the past 12 months. In each grade (8th, 10th & 12th), more than one quarter of students who reported having used marijuana had experience vaping it.\(^4\)

Section III: Youth Related Harms

Impacts on Academic Achievement

➢ Among adolescents, marijuana use is associated with attention and memory problems, slower brain processing, and difficulty with problem-solving – all of which may affect academic performance.\(^13\)

➢ Greater marijuana use is associated with lower expectations for academic achievement and greater support for problem behavior in high-school aged adolescents.\(^13\)

➢ Adolescents who begin using marijuana are less likely to attend class regularly, complete their homework, achieve high marks, and value good grades, relative to their abstaining peers.\(^13\)

Heavy marijuana use is associated with higher rates of skipping class, lower GPAs, and failure to complete college.\(^14,15\)
➢ Among adolescents, regular marijuana use reduces the likelihood of pursuing graduate/professional degrees after high school.\textsuperscript{13}

➢ Heavy marijuana use is associated with higher rates of skipping class, lower GPAs, and failure to complete college.\textsuperscript{14,15}

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**Impact on the Developing Brain**

➢ Smoking marijuana is significantly associated with the onset of psychotic disorders, particularly schizophrenia.\textsuperscript{16,17}

➢ Marijuana with high levels of THC may damage brain structures, specifically in the part of the brain that aids communication between the right and left hemispheres.\textsuperscript{18}

➢ Children and adolescents can become addicted to marijuana more often and more rapidly than adults because their brains are still developing.\textsuperscript{19}

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**Section IV. Public Safety Issues**

**Drugged Driving Across California and the United States**

➢ In 2016, 4 in 10 (41%) fatally-injured drivers in the United States tested positive for some form of marijuana, a 20% increase from 2006 (34.5%).\textsuperscript{20}

➢ Of approximately 9,500 drivers who participated in the 2013-14 National Roadside Survey, 13% tested positive for marijuana on weekend nights, a 46% increase from 2007 survey data (8.6%).\textsuperscript{21}

➢ In a national survey in 2017, 4.7% of drivers reported having driven within one hour of using marijuana in the past year.\textsuperscript{20}

➢ Of the people who tested positive for THC (the psychoactive ingredient in marijuana) in the California Roadside Survey, only 11% said they believe that driving under the influence of marijuana is harmful.\textsuperscript{22}

➢ A recent study found that heavy marijuana users, or those who used plant-based products or concentrates multiple times per day, were more likely to drive after use (37%) compared to infrequent marijuana users (20%).\textsuperscript{23}

After alcohol, marijuana is the most commonly found drug in both randomly tested drivers and fatally-injured drivers and marijuana presence has increased substantially in the past decade.\textsuperscript{24}
Driving Under the Combined Influence of Alcohol and Marijuana

➢ Using alcohol and marijuana together significantly increases impairment levels and produces much higher blood concentrations of THC than does marijuana use alone.\(^{24}\)

➢ A 2015 study found that youth who reported positive views about marijuana in 6\(^\text{th}\) grade were 63% more likely to drive under the influence or ride in a car with an impaired driver when they were in high school than their peers who reported less positive views of marijuana.\(^{25}\)

➢ The risk of a fatal crash to a driver under the influence of alcohol and marijuana is 24 times greater than of a sober person.\(^{26}\)

➢ Severe marijuana-induced driving impairment is observed with high doses, chronic use and in combination with low doses of alcohol.\(^{27}\)

Implications of Drugged Driving

➢ Driving while impaired by any substance, including marijuana, is dangerous. Marijuana, like alcohol, negatively affects a number of skills required for safe driving.\(^{28}\) Marijuana impairs psychomotor skills and cognitive functions associated with driving.\(^{29-31}\) Driving under the influence of THC is associated with:
  
  o Impaired coordination, distorted perception, memory loss and difficulty problem solving.\(^{31-33}\)

  o A decreased reaction time and ability to make decisions.\(^{31-33}\)

The best overall estimate of marijuana’s effect on crash risk in general is an increase of 25-35%.\(^{20,21,34,35}\)
FOR MORE INFORMATION AND RESOURCES, VISIT OUR MPI WEBSITE AT WWW.CCRCONSULTING.ORG/mpi

It is strongly recommended that the following language be used when sharing these findings in print:

"Center for Community Research (CCR). 2018 Marijuana Points of Consideration. Prepared for and Funded by the County of San Diego, HHSA, Behavioral Health Service. November 2018."

Citations


Updated November 2018


