

2022 Connecticut Epidemiological Profile: Cannabis



A product of the State Epidemiological Outcomes Workgroup (SEOW)

Prevalence

Cannabis, often referred to as marijuana, is a term widely used to encompass all products made with marijuana in any form or stage of growth. Connecticut legalized cannabis use on July 1st, 2021, allowing individuals 21 years of age or older to possess and consume up to 1.5 ounces of cannabis. Retail sales are expected to begin in January 2023.¹ Cannabis remains illegal under federal law. (dea.gov)

Cannabis is the most commonly used drug, after alcohol, both in Connecticut and nationally. In Connecticut, the prevalence of cannabis use has been consistently higher than the national average over the last two decades.²

The 2020 Monitoring the Future survey assessed cannabis use among college students across the United States, and found use to be at a 35 year high, among college aged adults, while remaining constant among young adults not in college.³ Data from the 2022 Monitoring the Future survey of middle and high school students showed a decline in youth cannabis use from 2019 to 2022, which could be largely attributed to the COVID-19 restriction where youth don't have access to their usual sources to get cannabis.⁴

In the summer of 2020, in the midst of COVID-19, Monitoring the Future conducted a survey of 12th grade students across the United States. Data indicated a 46-year record high drop in students' perceptions of cannabis availability. Despite this significant change in perception, data did not show a significant decline in past 30-day cannabis use among 12th graders, suggesting that perceived inaccessibility did not reduce use.³

According to a study, the percentage of youth who reported lifetime and past year marijuana use remained

the same or edged slightly upward in 2021, and prevalence in 2022 remained closer to 2021 than 2020 levels. Reported prevalence of lifetime marijuana use in 2022 was 11% among 8th grade students, 24% among 10th graders, and 38% among 12th grade students.⁴ The reported cannabis use in the past year was 8.3% among 8th grade students, 19.5% among 10th graders, and 30.7% among 12th grade students.³

Cannabis use is widespread among young adults and adolescents in Connecticut. The 2018-2019 National Survey on Drug Use and Health (NSDUH) showed that, for 18 to 25 year-olds, past year cannabis use was higher than the national average (43.91% in CT vs. 35.09% nationally). Similarly, past month use was also higher (27.22% in CT vs. 22.54% nationally).² Among youth ages 12-17 in Connecticut, 14.08% had used within the past year, and 7.46% had used within the past month, also higher than their national peers.¹ Among CT adults aged 26 and older, reported past year use (15.64%) and past month (10.52%) marijuana use were both higher than the US.

Compared to their national peers, Connecticut youth, young adults, and adults all report a lower perception of great risk from smoking cannabis once a month than their national peers.² Perception of risk has generally been decreasing among all age groups, and was lowest among Connecticut's 18-25 year-old young adults in 2019-2020 (9.2%), followed by 12-17 year-old youth (16.8%) and adults age 26 and older (19.7%).² The legalization of medical cannabis in Connecticut and its neighboring states, as well as the decriminalization of low-level possession of cannabis in Connecticut may contribute to the lessened perception of risk seen in the survey results. A study in California, post-legalization of cannabis, indicated an increase in self-reported cannabis use and lessened perceptions of negative health impacts due to cannabis consumption.⁴

¹ CT.gov

² NSDUH

³ NIDA

⁴ Gali, K, et al. "Changes in cannabis use, exposure, and health perceptions following legalization of adult recreational cannabis use

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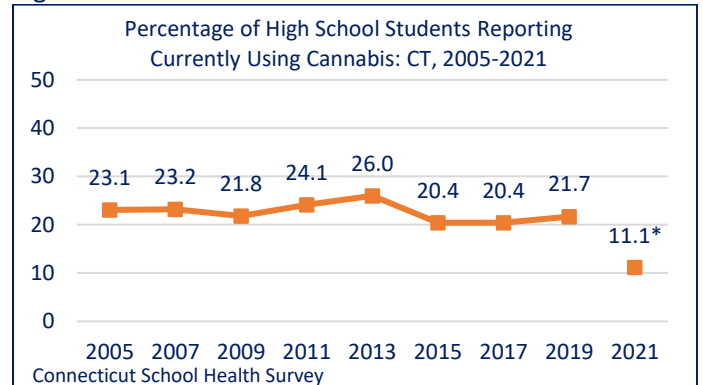


According to the 2021 Community Wellbeing Survey, the higher rates of past 30-day cannabis use were observed among males, adults age 18-34, Hispanic population, population with some college education, and those with higher income.⁵ There weren't much difference between those who lived in wealthy, rural, urban periphery, or urban core types of communities in term of past 30-day cannabis use.⁷

Similarly, recreational use of cannabis was mostly observed among males, adults age 18-34, White and Hispanic population, high school students, and those with higher income. Rural area had slightly lower recreational cannabis usage than the other community types.⁷

The 2021 Connecticut School Health Survey shows that about 11.1% of Connecticut high school students report currently using cannabis.⁶ The 2021 Connecticut School Health Survey shows higher current marijuana use in girls (14.1%) compared to boys (8.2%).⁸ Reported current use increases by grade from 4.7% of 9th graders to 16.0% of 12th graders. More Black students reported current use (14.7%) than White students (9.9%) and Hispanic students (13.9%). Overall, the percentage of Connecticut high school students reporting current use has remained relatively stable since 2005 (Figure 1). Current use nationally also appears to be relatively stable.⁸ However, caution should be taken when comparing the 2021 data to that of previous years because the 2021 CSHS was collected using a different methodology and during a different semester than done in previous years.

Figure 1.



*Caution should be taken when comparing CSHS 2021 data to that of previous years due to differences in methodology in survey collection.

Vaping

As the use of e-cigarettes and other electronic vaping devices has increased, the use of THC oil in vaping devices has also increased. THC oil is more potent, with the average extract containing 50-80% THC.⁷

Analyses of 2022 Monitoring the Future data showed that adolescent cannabis vaping has relatively held steady from 2019 to 2020, and a small increase in reported use among 10th graders, though reported use among 10th graders in 2022 is still significantly below pre-pandemic levels.⁴

Risk Factors

- Availability of cannabis,
- Family history of cannabis use,
- Favorable parental attitudes towards cannabis,
- Low academic achievement and low bonding to school environment,
- Peers who use cannabis,
- Low peer disapproval of cannabis use,
- Prior use of alcohol/tobacco,
- Sensation seeking behavior/impulsivity,
- Childhood abuse/trauma⁸

in California: a prospective observational study." *Subst Abuse Treat Prev Policy* 16 (2021).

⁵ DataHaven (2021) Community Wellbeing Survey

⁶ Connecticut School Health Survey 2021 Results (CT YRBSS)

⁷ NIDA, Marijuana

⁸ SAMHSA, CAPT Northeast Regional Marijuana Webinar Series: Strategies/Interventions for Reducing Marijuana Use



Consequences

Short-term consequences include⁶:

- Decreased memory and concentration,
- Impaired attention and judgement,
- Impaired coordination and balance,
- Increased heart rate,
- Anxiety, paranoia, and sometimes psychosis.

Long-term consequences include⁶:

- Impaired learning and coordination,
 - Sleep problems,
 - Potential for addiction to cannabis, as well as other drug and alcohol use disorders,
 - Potential loss of IQ (particularly in those who used heavily during adolescence),
 - Decreased immunity,
 - Increased risk of bronchitis and chronic cough.
- Cannabis potency has increased over the past few decades: in the 90s, the average THC content in confiscated samples was less than 4%, and in 2019 it was over 14%.⁹
 - Cannabis use during pregnancy also increases the risk of child development problems including low birth weight, and brain development. Additionally, children exposed to cannabis in-utero have

increased risk for problems with attention span and problem solving.⁶

- Several studies have linked cannabis use to increased risk for psychiatric disorders and substance use disorders. The amount used, age at first use, and genetic vulnerability are thought to influence this relationship.⁶
- In 2020, cannabis was identified as the primary drug in approximately 13% of treatment admissions in Connecticut.¹⁰ Of these, approximately 67.3% were male. About 30% were White, non-Hispanic, 28% Black, non-Hispanic, and about 26.4% Hispanic.⁹
- Because cannabis use impairs motor coordination and reaction time, many studies have shown a relationship between blood THC concentration and impaired driving.⁶
- A recent national outbreak of e-cigarette, or vaping product use-associated lung injury (EVALI) was linked to vaping THC, possibly due to the presence of Vitamin E acetate which is used as a diluent in THC-containing products.¹¹

Connecticut SEOW Prevention Data Portal

For more data and information on marijuana use in Connecticut, visit the

Connecticut SEOW Prevention Data Portal

<http://preventionportal.ctdata.org/>

⁹ NIDA. Delta-9-tetrahydrocannabinol (THC) and Cannabidiol (CBD) Potency of Cannabis Samples Seized by the Drug Enforcement Administration (DEA), Percent Averages from 1995-2019.

¹⁰ CT DMHAS, 2020 treatment Admissions

¹¹ CDC (2020), Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products