

2019 Connecticut Epidemiological Profile: Marijuana



A product of the State Epidemiological Outcomes Workgroup (SEOW)

Prevalence

Marijuana remains the most commonly used drug, after alcohol, both in Connecticut and nationally. In Connecticut, the rates for marijuana usage have been consistently higher than the national average over the last couple decades.¹

In 2018, Monitoring the Future survey data assessed marijuana use among college-age adults across the United States, and found it to be at a 35-year high, among both college and non-college young adults.² The 2019 data from Monitoring the Future assessed marijuana use among middle and high school students. This data documented that past year use has remained relatively steady over the last couple years, though increases have been seen in daily marijuana use, including significant increases among both eighth and tenth graders from 2018 to 2019.³

Marijuana use is widespread among young adults and adolescents in Connecticut. The 2017-2018 National Survey on Drug Use and Health (NSDUH) showed that, for 18 to 25 year-olds, past year marijuana use was higher than the national average (46.4% in CT vs. 34.8% nationally). Similarly, past month use was also higher (30.1% in CT vs. 22.1% nationally).¹ Among youth ages 12-17 in Connecticut, 16.1% had used within the past year, and 8.4% had used within the past month, also higher than their national peers.¹

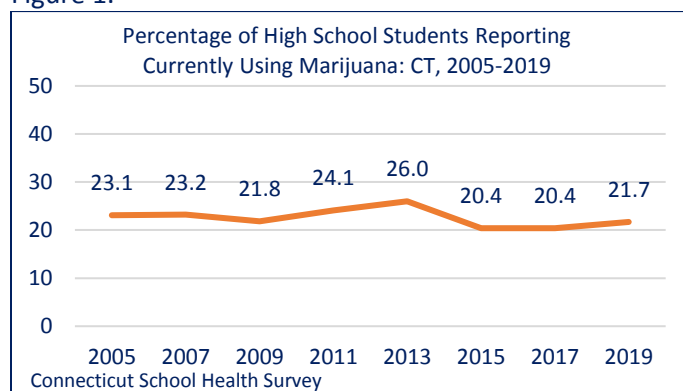
Compared to their national peers, Connecticut youth, young adults, and adults all report a lower perception of great risk from smoking marijuana once a month than their national peers.¹ Perception of risk has generally been decreasing among all age groups, and was lowest among Connecticut's 18-25 year-old young adults in 2017-2018 (9.3%), followed by 12-17 year-old youth (20.6%) and adults age 26 and older (22.1%).¹ The legalization of medical marijuana in Connecticut and its

neighboring states, as well as the decriminalization of low-level possession of marijuana in Connecticut may contribute to the lessened perception of risk seen in the survey results.

According to the 2018 Community Wellbeing Survey, adults living in urban centers reported the highest rates of past 30-day marijuana use (17%). The lowest rate was in Suburban communities (10%).⁴

The 2019 Connecticut School Health Survey shows about 21.7% of Connecticut high school students report currently using marijuana.⁵ This is slightly higher in females (22.9%) compared to males (20.5%).⁵ Reported current use increases significantly by grade from 12.1% of 9th graders to 31.0% of 12th graders.⁵ More Hispanic students reported current use (24.3%) than White students (22.4%) and Black students (15.5%).⁵ 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, however 2019 data has not been released yet.

Figure 1.



Vaping

As the use of e-cigarettes and other electronic vaping devices has increased, the use of THC oil in vaping

¹ NSDUH

² NIDA, Drug and Alcohol Use in College-Age Adults in 2018

³ Monitoring the Future 2019 Survey Results: Overall Findings

⁴ DataHaven (2018) Community Wellbeing Survey

⁵ Connecticut School Health Survey 2019 Results (CT YRBSS)

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devices has also increased. THC oil is more potent, with the average extract containing 50-80% THC.⁶

Analyses of 2019 Monitoring the Future data showed that adolescent marijuana vaping increased from 2018 to 2019, and among 12th graders, the increase of 6.5% (to 14.0%) was the second largest single-year increase ever tracked by MTF.⁷

Risk Factors

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

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 marijuana, 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.
- Marijuana potency has increased over the past few decades: in the 90s, the average THC content in confiscated samples was less than 4%, and in 2018 it was over 15%.⁶
- Marijuana use during pregnancy also increases the risk of child development problems including low birth weight, and brain development. Additionally, children exposed to marijuana in-utero have increased risk for problems with attention span and problem solving.⁶
- Several studies have linked marijuana 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 2019, marijuana was identified as the primary drug in approximately 12% of treatment admissions in Connecticut.⁹ Of these, approximately 67.3% were male. About 30% were White, non-Hispanic, 28% Black, non-Hispanic, and about 26.4% Hispanic.⁹
- Because marijuana 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.¹⁰

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/>

⁶ NIDA, Marijuana

⁷ Miech, RA, et al. "Trends in Reported Marijuana Vaping Among US Adolescents, 2017-2019." JAMA 323.5 (2019): 475-476.

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

⁹ CT DMHAS, 2019 Treatment Admissions

¹⁰ CDC (2020), Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products