



PREVENTING

MARIJUANA USE AMONG YOUTH & YOUNG ADULTS





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The Drug Enforcement Administration's primary mission is to enforce the nation's federal drug laws. But DEA also has a responsibility to educate the public about the dangers and consequences of drug use based on facts and scientific evidence.

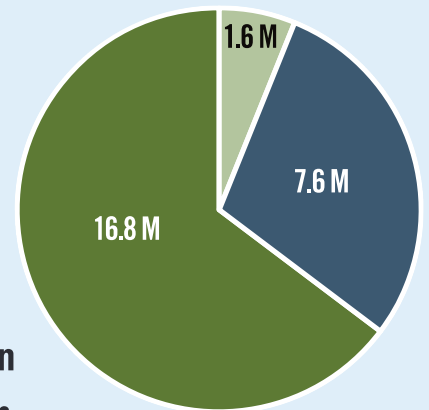
DEA is especially concerned about marijuana use and its negative consequences among youth and young adults. This publication provides an overview of marijuana use among this population; physical, academic, and social consequences; tips for how to get involved to prevent marijuana use among youth and young adults; and federal resources to assist in your efforts.

SCOPE OF THE ISSUE

Marijuana Use in the United States

In 2017, 26 million Americans aged 12 or older were current users of marijuana.¹

- Adolescents aged 12-17: **1.6 million**
- Young adults aged 18-25: **7.6 million**
- Adults aged 26 or older: **16.8 million**



Marijuana Use among Youth

- In 2017, 6.5% of adolescents aged 12 to 17 were current marijuana users, which means approximately 1.6 million adolescents used marijuana in the past month.¹
- The percentage of adolescents in 2017 who were current marijuana users was similar to the percentages in 2015 and 2016.¹

Marijuana Use among College Students

- College students' use of marijuana is at its highest levels seen in the past three decades.²
- Nearly one in five full-time college students reported using marijuana at least once in the past month.²
- More than 82% of college students think their peers used marijuana in the past 30 days; however, only 19% of college students actually used marijuana in the past month.²



Changes in Perceived Risk

- A substantial majority of 12th graders perceive that regular use of any illicit drug presents a great risk of harm.³
- In 2017, 12th graders perceived a great risk of harm from regular use of heroin (83%), crack (80%), cocaine (75%), and LSD (56%).³
- Only 29% of 12th graders perceive risk of harm from regular marijuana use, which is at its lowest level ever recorded by the survey.³

KNOW THE FACTS

Marijuana is addictive.

- Research suggests up to 30% of those who use marijuana may develop some degree of marijuana use disorder.⁴
- People who begin using marijuana before age 18 are four to seven times more likely than adults to develop a marijuana use disorder.⁴

Marijuana has short- and long-term effects on the brain.

- When marijuana is smoked, the mind-altering chemical delta-9-tetrahydrocannabinol (THC) quickly passes from the lungs into the bloodstream.⁴
- The blood then carries the chemical to the brain and other organs throughout the body.⁴
- The body absorbs THC more slowly when the person eats or drinks it. In that case, they generally feel the effects after 30 minutes to 1 hour.⁴
- When people begin using marijuana as teenagers, the drug may impair thinking, memory, and learning functions.⁴



Marijuana use can have a wide range of physical and mental effects.

- Physical effects include breathing problems, increased heart rate, and problems with child development during and after pregnancy.⁴
- Long-term marijuana use has been linked to mental illness in some people, such as temporary hallucinations, temporary paranoia, and worsening symptoms in patients with schizophrenia.⁴



Marijuana is unsafe if you are behind the wheel.



- Research shows that marijuana use affects skills required for safe driving, such as judgment, coordination, and reaction time.⁵
- Marijuana makes it hard to judge distances and react to signals and sounds on the road.⁵
- As with any psychoactive drug, impaired driving can cause deadly vehicle crashes.⁵

Marijuana is linked to problems in school.

- Marijuana use affects attention, memory, and learning skills, which can last for days and sometimes weeks, depending on how often it is used.⁵
- Students who use marijuana are more likely not to finish high school or get a college degree, compared with their peers who don't use marijuana.⁵
- Marijuana also affects timing and coordination, which can harm athletic performance.⁵

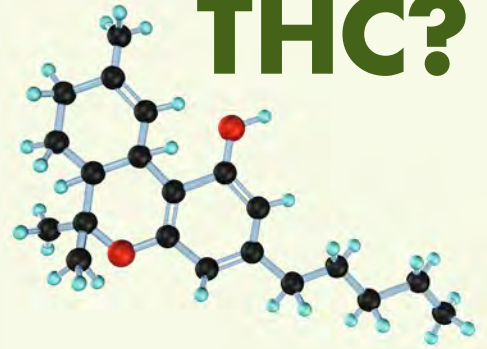


The THC content in marijuana has increased over the past two decades.



- In the early 1990s, average THC content in confiscated samples was roughly 3.7% for marijuana; in 2018, it was 15.80%.⁶
- The average marijuana extract contains over 50% THC; some samples exceed 80%.⁷

What is THC?



- The primary mind-altering chemical in marijuana is THC.⁷
- THC is found in resin produced by the leaves and buds primarily of the female cannabis plant. The plant also contains over 500 other chemicals, including more than 100 compounds that are chemically related to THC, called cannabinoids.⁷

Exposure to higher THC levels means a greater chance of a harmful reaction.

- Higher THC levels may explain the rise in emergency room visits involving marijuana use.⁴
- Marijuana can be mixed in food (i.e., edibles), such as brownies, cookies, or candy, or infused in a beverage. Edibles take longer to digest and produce a high, so people may consume more to feel the effects faster, leading to dangerous results.⁴
- Higher THC levels may mean a greater risk for addiction if people are regularly exposing themselves to high doses.⁴



Marijuana as Medicine



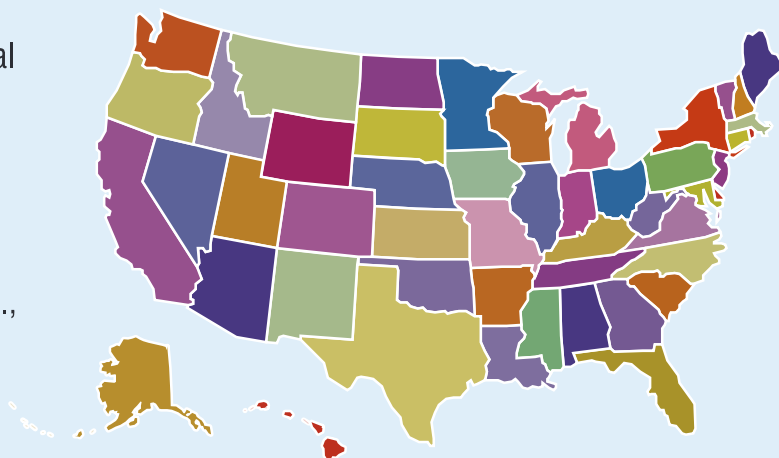
- The term “medical marijuana” refers to using the whole, unprocessed marijuana plant or its basic extracts to treat symptoms of illness and other conditions. The U.S. Food and Drug Administration has not recognized or approved the marijuana plant as medicine.⁸
- However, scientific study of the chemicals in marijuana, called cannabinoids, has led to

two FDA-approved medications that contain cannabinoid chemicals in pill form.⁸

- Two main cannabinoids from the marijuana plant are of medical interest—THC and CBD. THC can increase appetite and reduce nausea. Unlike THC, CBD doesn’t make people “high,” and it may be useful in reducing pain and inflammation and controlling epileptic seizures. In 2018, FDA approved a CBD-based liquid medication (Epidiolex®) for treatment of two forms of severe childhood epilepsy.⁸
- FDA requires carefully conducted clinical trials in hundreds to thousands of human subjects to determine the benefits and risks of a possible medication. To date, researchers have not conducted enough large-scale clinical trials to show that the benefits of the marijuana plant (as opposed to its cannabinoid ingredients) outweigh its risks in patients it is meant to treat.⁸

“But It’s Legal Now.”

- Federal law states that marijuana in any form (e.g., smoked or edible) is not legal for medical or recreational use.
- Under the federal Controlled Substances Act, marijuana is classified as a Schedule I drug, meaning it has:
 - no currently accepted medical use in the U.S.,
 - a lack of accepted safety for use under medical supervision, and
 - a high potential for abuse.



GET INVOLVED IN PREVENTION



- **Red Ribbon Week** is an annual opportunity for children, teens, and adults to show they are committed to being healthy and drug free. The nationwide event occurs annually on October 23-31. (www.dea.gov/red-ribbon-campaign-2018)
- **The Red Ribbon Patch Program** provides Boy Scouts and Girl Scouts the opportunity to earn a patch from DEA by performing anti-drug activities. (<https://go.usa.gov/xmn7J>)
- **National Drug & Alcohol Facts Week** is an annual health observance for teens that aims to shatter the myths about drugs and alcohol abuse. (www.drugabuse.gov/news-events/public-education-projects/national-drug-alcohol-facts-week)
- **National Prevention Week** is an annual health observance held in May. Communities and organizations nationwide promote the importance of substance use prevention and positive mental health. (www.samhsa.gov/prevention-week)
- Join your school or community's anti-drug coalition. If your school or community doesn't have a coalition, visit www.cadca.org to learn how to start one.

- Organize a drug abuse prevention information fair at your school to help raise awareness of the impact of drug use on individuals, families, and communities.
- Set up a program to help educate your peers or younger children about drug abuse. Being a mentor or role model for younger children can have a positive impact on them.

It's important to be up to date on drug facts and trends. Get information and training from local contacts and programs to help you in these areas.

Some potential resources include:

- DEA has a Demand Reduction Coordinator in each of its Field Divisions around the nation: www.dea.gov/domestic-divisions
- Several federal agencies have publications and other resources that are free of charge:
 - **DEA:** www.dea.gov/community-outreach
 - **National Institute on Drug Abuse:** www.drugabuse.gov/children-and-teens
 - **Substance Abuse and Mental Health Services Administration:** www.samhsa.gov/find-help/prevention



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Administration (www.dea.gov).

For more information, please e-mail
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RESOURCES

www.justthinktwice.com

DEA's website for teens provides credible information about various drugs and harmful effects of drug use.

www.teens.drugabuse.gov

NIDA's website for teens where you can learn how different drugs affect the brain and body.

www.store.samhsa.gov

SAMHSA's brochure, *Tips for Teens: Marijuana*, provides facts about marijuana, describes short- and long-term effects, and lists signs of marijuana.

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