

Marijuana Use: Impact in Washington State

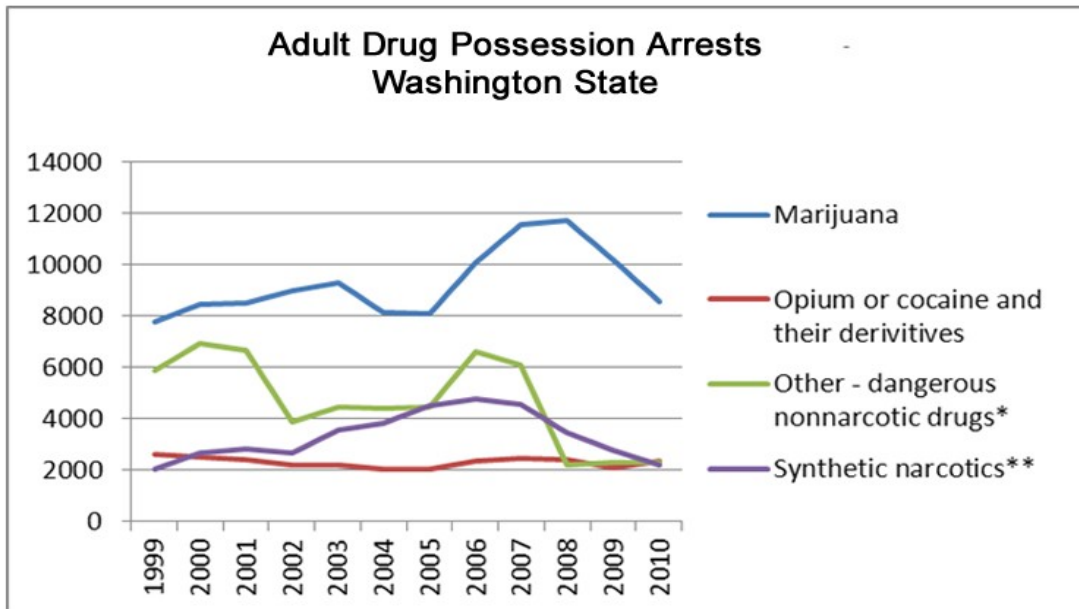
Updated July 2013

MARIJUANA is the most commonly used illicit drug in the U.S. and in Washington state, by both adults and adolescents. Now legal for recreational use by adults Washington, marijuana's potential impact on public health and safety is still of great concern. This Info Brief presents current data regarding adult and adolescent arrests and treatment admissions related to marijuana, as well as perceptions of and use by youth in Washington.

ARREST DATA

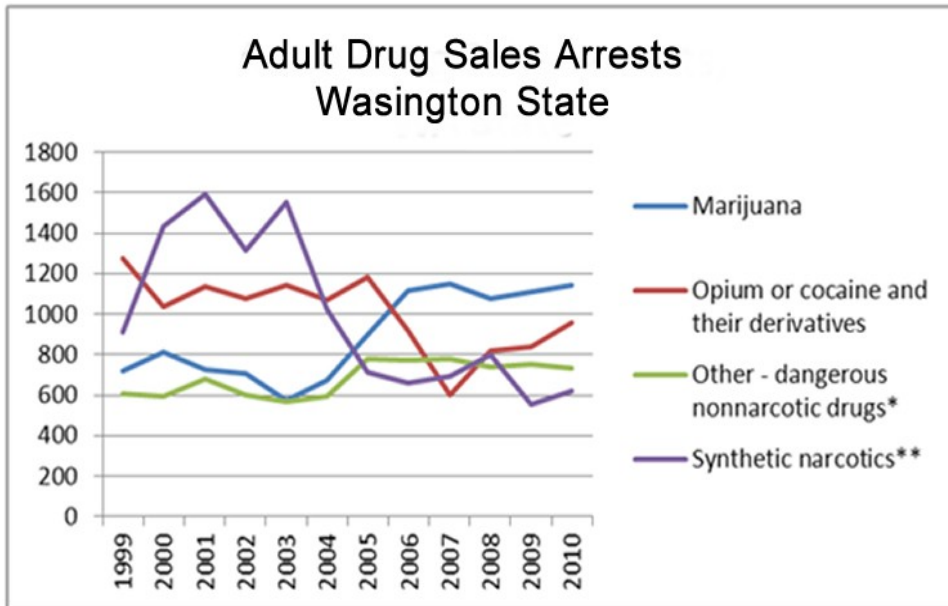
Data for all arrests in Washington State were obtained from the Washington Association of Sheriffs and Police Chiefs which manages the FBI's Uniform Crime Reporting data for the state. Data are presented by the four drug categories used in the UCR of which marijuana is the most clearly defined. Other categories combine multiple drugs or are unclearly defined and used. However, all drug categories are included for comparison purposes.

The total number of drug possession arrests declined from 18,357 in 1999 to 15,437 in 2010. The number of possession arrests for marijuana peaked in 2008 at 11,733 which was 59% of all arrests in that year.



*barbituates, benzedrine, etc. ** manufactured narcotics e.g. methadone, oxycodone

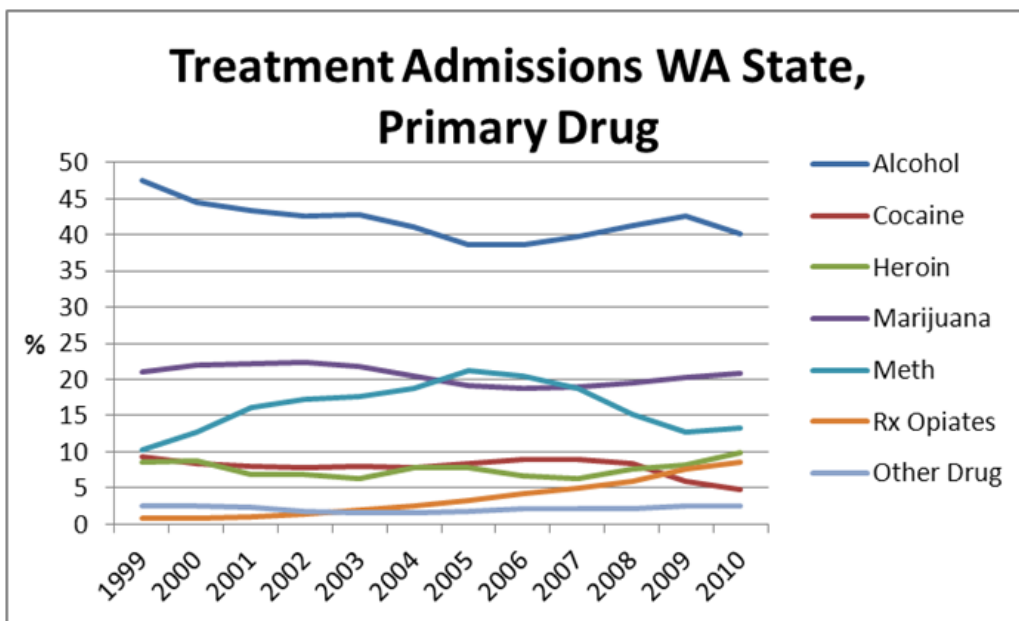
Adult arrests for drug sales have stayed fairly flat over time. The proportion of arrests for drug sales that involved marijuana increased from 717 to 1,145 (20% to 33%) from 1999 to 2010.



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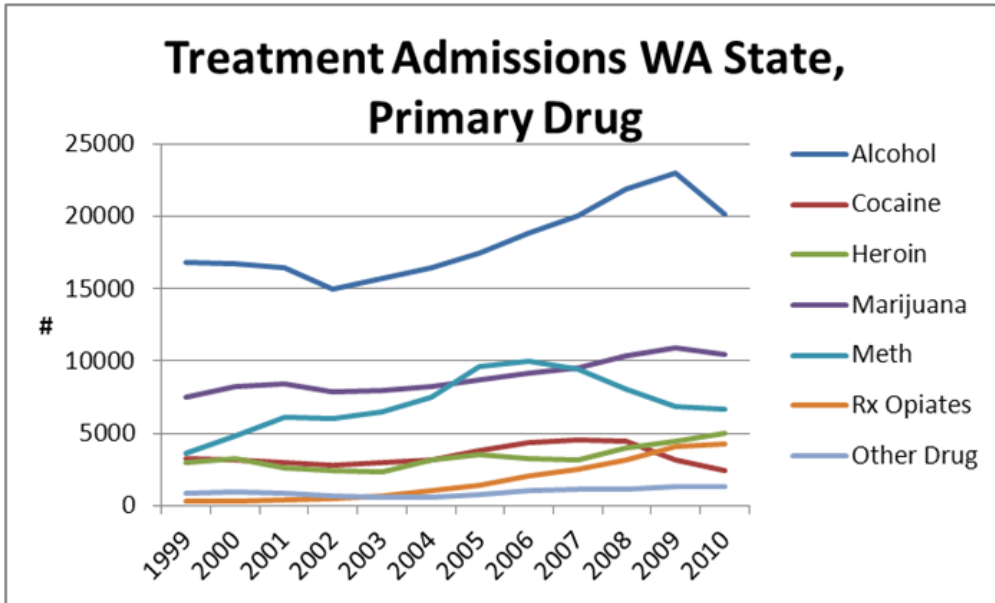
TREATMENT ADMISSIONS

Treatment admission data for Washington State were obtained from the Washington State Division of Behavioral Health and Recovery and were analyzed with a focus on marijuana trends. Note that the overall number of admissions for most drugs increased dramatically due to changes in treatment capacity and funding, therefore it is important to consider the *relative* distribution of characteristics of interest. Data are presented by the number of new episodes of care per year. New episodes of care is a count of admissions for individuals who have not had any other admissions in the prior 30 days, the reason for this is to not repeatedly count people as the transfer between treatment agencies or modalities of care in a short period of time. Data included are those for people who received public funding for their drug treatment. Those included are therefore of low socio-economic-status. Data on private/self-paid treatment are not available and this introduces a massive gap in our understanding of the total populations' drug use and consequences.



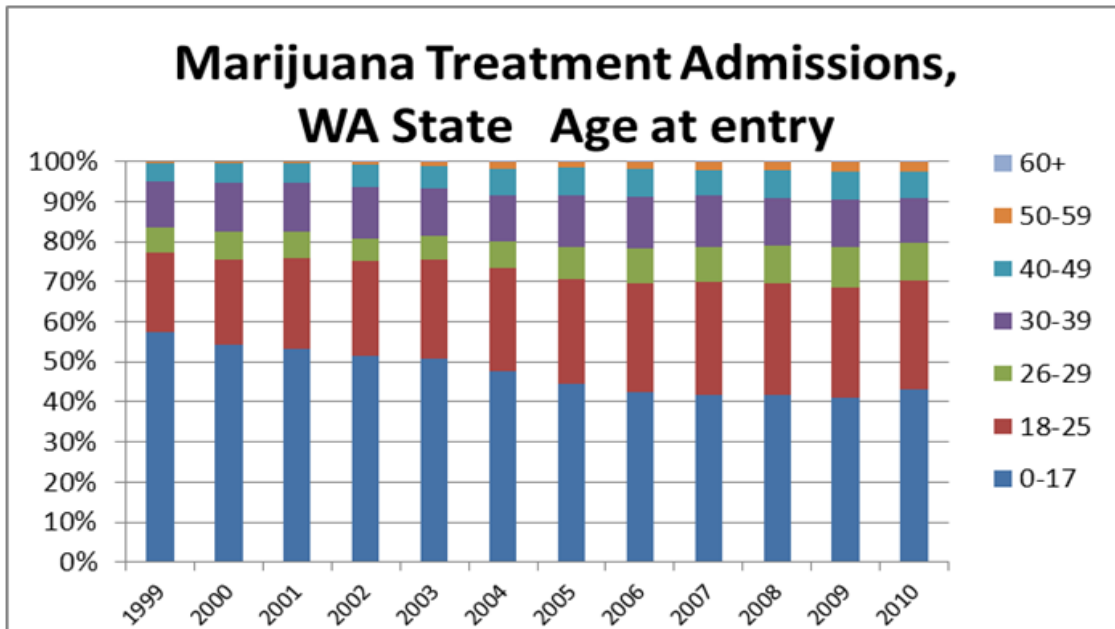
Overall Trends

The number of new episodes of care per year increased from 37,637 to 50,322 from 1999 to 2010 due to increases in capacity and funding, new episodes of care peaked in 2009. As a proportion of new episodes of care alcohol declined over time, methamphetamine peaked in 2005, cocaine declined, and prescription-type opiates (Rx opiates) increased.



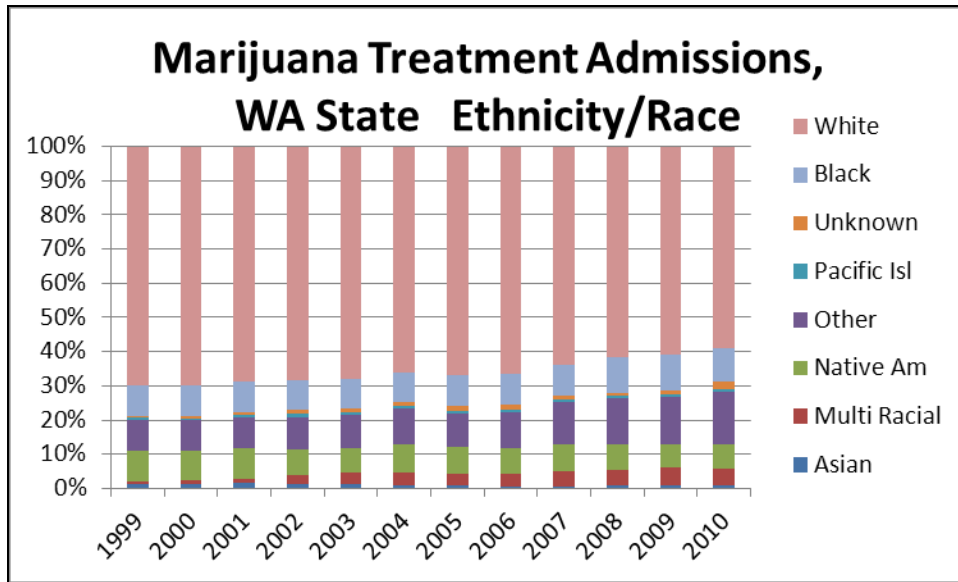
Demographics

As a proportion of new episodes of care for marijuana, increases were seen over time for those ages 18-29. The average (mean) and median (50th percentile) age of first use of marijuana remained steady at 13 years of age over time.



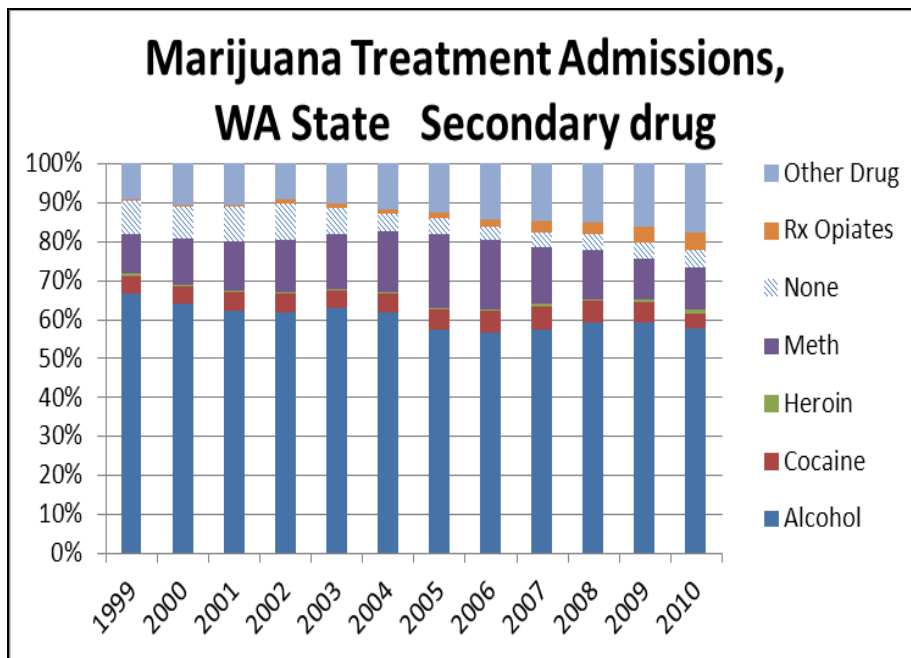
The gender of those entering treatment for marijuana was fairly steady over time with about 31% female. For all substances, approximately 39% of admissions were for females.

While self reported race/ethnicity of White was most commonly indicated among those entering treatment with marijuana as primary, the increasing use of the categories of Other and Multi Racial precludes comment on trends. In 2010, 59% of new episodes of care for marijuana were White, lower than the 66% for all substances combined.



Other Drug Use and Modality of Treatment

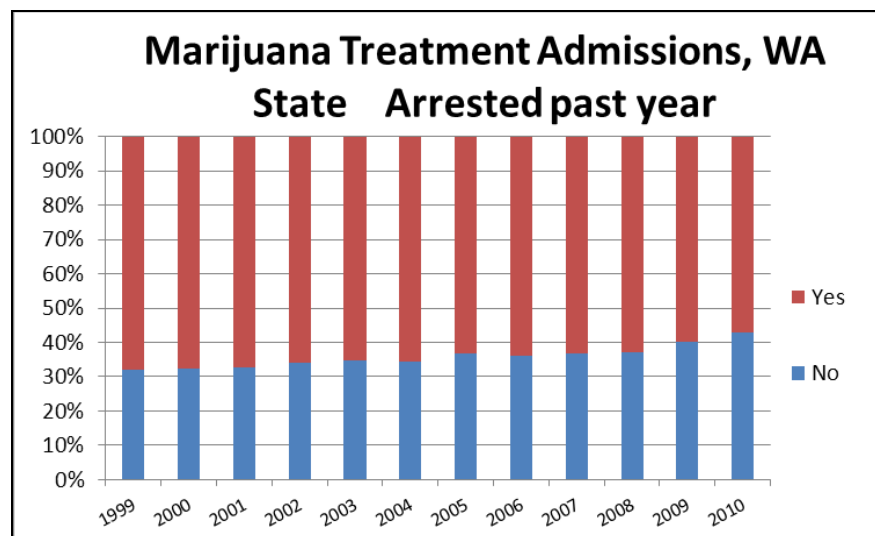
Most people admitted to treatment who reported marijuana as their primary drug also reported a secondary drug. Over time, the proportion who reported using at least one other drug regularly increased from 91% to 96% from 1999 to 2010. Among all who entered drug treatment there was an increase in using at least one additional drug regularly from 87% to 94% over the same period. No obvious trends in drug use secondary to marijuana are evident, in part due to increasing use of drugs in the “other” class.



As a proportion of new episodes of care, approximately 80% were outpatient, which remained consistent over time.

Criminal Justice Involvement of Persons in Treatment

Although the absolute number of those entering treatment for marijuana who had been arrested in the prior year increased somewhat from 5,088 to 5,958, the proportion declined from 68% to 57% from 1999 to 2010. The proportion in 2010 was similar as for all substances which was 55%.



In 2010, two-thirds of primary marijuana treatment admissions reported current involvement with the criminal justice system, this was similar to 1999 though a decline from the peak of 73% in 2004. The absolute number peaked in 2009 at 7,537, up substantially from 4,868 in 1999. In 2010, the proportion with current legal system involvement among those admitted to treatment for all substances was 62%.

Note that it is not possible with the available data to track whether treatment admissions were mandated, or as a result of referral, by the criminal justice system.

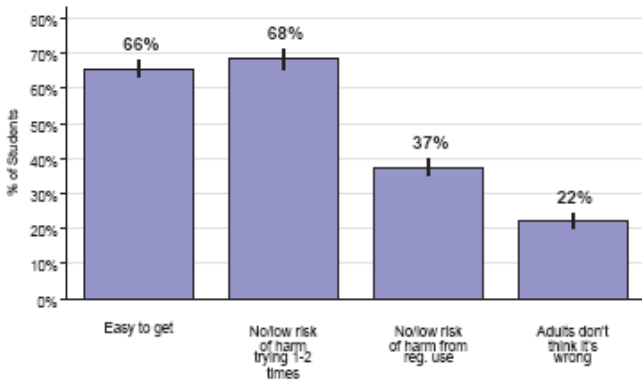
YOUTH MARIJUANA USE AND PERCEPTIONS

In Washington, the 2012 Washington State Healthy Youth Survey reported that approximately 19% of students in the 10th grade and 27% of students in the 12th grade reported current (past month) marijuana use, almost double the percentage who smoke cigarettes. Fewer students in grades 8, 10, and 12 perceive a great risk of harm in using marijuana regularly, and among 10th graders, that percentage dropped from 65% in 2000 to 46% in 2012. More than half of Washington's 10th graders report it is easy for them to get marijuana. An adolescent's perception of the risks associated with substance use is an important determinant of whether he or she engages in substance use. For example, youths who perceive high risk of harm are less likely to use drugs than youths who perceive low risk of harm.

School Performance

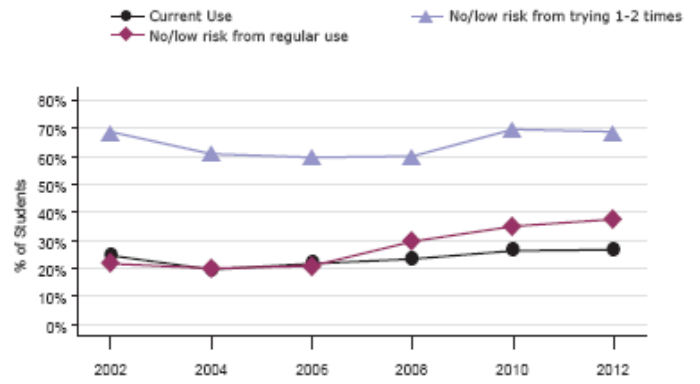
While it is difficult to distinguish whether this is due to learning difficulties, lack of motivation, or because marijuana users mix with peers who may be involved in a range of risk taking behaviors, using marijuana at an early age is independently associated with: poorer school performance, increased absences from school, and increasing the risk of dropping out without graduating. Results from the 2012 Healthy Youth Survey found that, statewide, high school students who used marijuana were more likely to get lower grades in school (Cs, Ds, or Fs) compared to those that don't use.

Attitudes about Marijuana Use
Grade 12, 2012



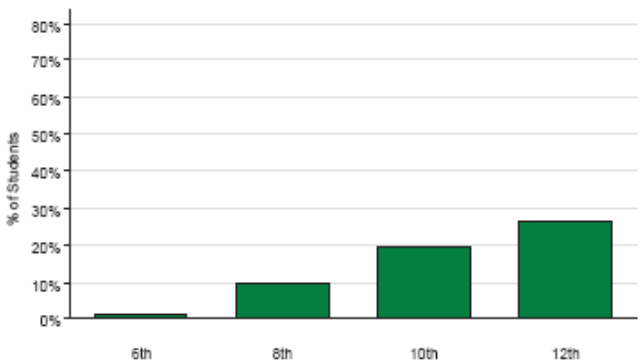
In 2012, 37% of 12th graders in our state thought there was little or no risk of using marijuana regularly.

Current Marijuana Use and Perception of Harm Trends
Grade 12



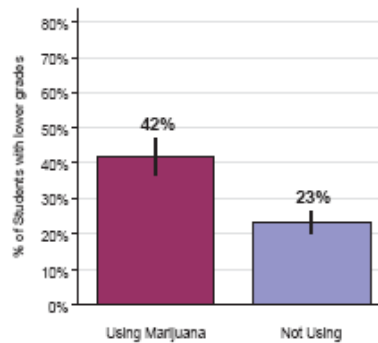
Prevalence	2002	2004	2006	2008	2010	2012
Current Use	25% ±2	19% ±2*	22% ±2	23% ±2	26% ±2	27% ±1
No/low risk from trying 1-2 times	69% ±3	61% ±3*	60% ±3	60% ±3	70% ±3*	68% ±3
No/low risk from regular use	22% ±2	20% ±2	21% ±2	29% ±2*	35% ±2*	37% ±3

Current Marijuana Use
Statewide, All Grades, 2012



Prevalence	6th	8th	10th	12th
State	1% ±0	9% ±1	19% ±2	27% ±1

Statewide
Relationship between Lower Grades and Marijuana Use
Grade 12, 2012



Statewide, 12th graders who use marijuana are more likely to get lower grades in school (C's, D's or F's) compared to those who don't use.

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Find more information in the [ADAI Library](#), the [ADAI Clearinghouse](#), and LearnAboutMarijuanaWA.org