**2019 PROFILE: CANNABIS (MARIJUANA) IN SOUTHWEST CONNECTICUT**

**Cannabis** (marijuana) is the most commonly used illicit drug both locally, in Connecticut and on a national level. Approximately 10% of users develop an addiction to the drug. Marijuana can be taken orally, mixed with food or drink, vaped, and smoked, including in a concentrated forms such as hashish or honey oil, budder, dabs or wax. The majority of "recreational" use in the U.S. and Connecticut involves smoking in rolled cigarettes ("joints"), pipes or water pipes ("bongs"), or hollowed-out cigars ("blunts"). More recently, methods include vaping, smoking, or eating ("dabbing") different forms of resin extracts: hash oil, honey oil, or shatter.

Today’s cannabis is much stronger than in the past. The average THC (tetrahydrocannabinol) potency of confiscated marijuana in 2013 was 9.6%, 3 times higher than in the 1990s, according to the National Institute on Drug Abuse (NIDA). Most recently, the THC potency used in “dabbing” ranges from 40-80%, according to the U.S. Drug Enforcement Agency (USDEA). Any THC concentration above 10% can cause serious cognitive impairment, and high potency marijuana can lead to panic attacks, paranoia, hallucinations, and psychotic episodes.  

The general population has a low perception of harm, particularly since the state of CT has legalized the use of marijuana for 36 health conditions for adults and 10 for children as of 2019. However, the federal government finds only modest evidence of effectiveness for 3 health conditions, and marijuana does pose significant risks to the developing brain. Teenagers who use it several times a week may have a permanent IQ loss of 6 to 8 points. NIDA reports that teens who are heavy users are at greater risk of developing other substance use disorders and teen users with certain gene variants are at risk for developing schizophrenia.

**Magnitude:**

As of June 2019, medical marijuana certificates have been issued to 33,569 Connecticut residents, including 7,309 in Fairfield County (0.8% of residents), per the state Department of Consumer Protection.

Illicit use of marijuana among teens and adults has been increasing for more than 10 years, with higher rates in CT than the rest of the country, as shown below. Consumption in Southwest CT (SW CT) has varied and most recently has been similar to the overall national rate:

![Figure 5: Past-Month Marijuana Use in US, CT and SW CT](image)

*Source: National Survey on Drug Use and Health (NSDUH)*

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5 USDEA: JustThinkTwice.gov/facts-about-marijuana-concentrates


It is no coincidence that use of marijuana has increased as the *perception of harm* has decreased. In SW CT, the only decrease in marijuana usage in recent years (2006-08) corresponds to an increased perception that marijuana is harmful during that same time period. (See figure below.)

![Prevalence among Individuals Aged 12 or Older in Connecticut Southwest, by Outcome](image)

**Figure 6: Marijuana Use and Perception of Harm in SW CT**
Source: National Survey on Drug Use and Health (NSDUH)

**Adults:** In SW CT, past-month marijuana use among adults varied from 5% in greater Norwalk to 9% in the Greenwich and Stamford areas to 18% in the greater Bridgeport area, compared with 12% statewide, according to surveys conducted by DataHaven in 2018. (Behavioral health stakeholders in our workgroup believe these numbers to be significantly underreported.) In the Bridgeport area survey, 11% of adults reported using marijuana 10+ days in the past month. 1/3 of Bridgeport-area users reported using marijuana for medical purposes and 1/3 for both medical and recreational.

**Youth & Young Adults:** Young adults are the largest consumer group of marijuana regionally and nationally. Use in this age group is significantly higher in CT and SW CT than in the US as a whole (see figure that follows). The higher use by young adults accounts for the increased overall prevalence of marijuana in CT compared with the nation.

![Figure 7: Past 30-Day Marijuana Use by Age in US, CT and SW CT](image)

**Figure 7: Past 30-Day Marijuana Use by Age in US, CT and SW CT**
Source: CT Data Collaborative, based on NSDUH 2014-2016

Among teens, a sample of four youth surveys conducted within SW CT during 2017-2019 shows that:
- Past-month marijuana use among local high school students varied from 9% to 20% (for all 4 grades combined). Broken down by grade, usage is seen to increase each year, up to almost half of seniors.
- Between 9% and 12% of local high schoolers reported vaping marijuana in the past month. 8

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8 The 2018 Monitoring the Future study reports that 12th graders in states with medical marijuana laws are twice as likely to "vape" marijuana or consume edibles as students in states without those laws: 16.7% vs 8.3%.
- One city reported that 6% of middle schoolers (grades 6 to 8) had used marijuana during the past month.
- Between 59% and 84% of high school students perceived marijuana as harmful.

**Risk Factors and Subpopulations at Risk:**

- *Risk factors include:* Anxiety, depression, PTSD, or other mental health issues; poor academic performance; frequency of usage; early initiation; and low perception of harm. Possible legalization decreases perception of harm: one in four 12th graders admitted that they would more likely try or increase their current use of marijuana if it were legalized.\(^9\)
- *At-risk populations include:* youth and young adults; individuals with schizophrenia (whose symptoms worsen with marijuana consumption); individuals with specific AKT1 or COMT gene variants (who are more likely to develop schizophrenia).

**Burden:**

- Youth who are heavy users of marijuana are 3 times more likely to become addicted to heroin, according to the Centers for Disease Control and Prevention.
- Traffic accidents, emergency room visits, and fatalities increase in states that legalize retail marijuana. In Colorado, traffic fatalities increased 48% after legalization.
- Emergency room visits for marijuana-induced psychosis, marijuana overdose and overdose in children who consume marijuana edibles that look like candy are rising.\(^10\)

**Capacity and Service System Strengths:**

*Prevention:* Since legislation decriminalizing marijuana and approving it for health-related purposes has reduced the perception of harm, many Local Prevention Councils (LPCs) focus on marijuana as a priority in their towns. LPCs have addressed the perception of low risk of use of marijuana by utilizing the following prevention strategies:

- Dissemination of myths and facts about marijuana with a primary focus on the health related risks
- Implementation of regional public awareness campaigns
- Education on brain development and how marijuana can affect the adolescent brain
- Educating community members on regulations for medical marijuana use
- Educate parents / professionals about signs and symptoms of marijuana use
- Support school policies related to marijuana and other illicit drugs

*Treatment and Recovery:* The state Department of Mental Health and Addiction Services (DMHAS) reported 7569 treatment admissions statewide for marijuana in 2016 (11.3% of all admissions). Of all marijuana treatment admissions, 72.6% were male and half (50.6%) were ages 21-30 years old. In Southwest CT there are public and private addiction treatment providers for both youth and adults. However, there is a question of capacity given that a number of families who can afford its report using out-of-state treatment facilities for their children.

*Medical Marijuana:* In late 2018, two medical marijuana dispensaries were approved for SW CT, one in Stamford and one in Westport, bringing the state’s total to 18. Regionally, concerns have been expressed about the stringency of the state’s medical marijuana program, since dosage is not scientifically determined but decided by dispensary staff without special training or knowledge of the patient; THC levels are not regulated; and doses are available for smoking as well as in pill form, sending mixed messages about being medical.

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\(^9\) 2018 Monitoring the Future Survey