In New Hampshire, adolescent and young adult marijuana use is a significant concern.

Rates of marijuana use among New Hampshire adolescents and young adults are significantly higher compared to the rest of the United States. The figures below show the percentage of New Hampshire youth and young adults who report smoking marijuana regularly (at least once in the past month) compared to averages rates in the northeast and nationally. Although New Hampshire has made significant progress in reducing rates of use, current rates continue to be significantly higher than the national average. In fact, the state rate for 12 to 17 year old use is the ninth highest in the country, and the state rate for 18 to 25 year olds is the fifth highest in the country.

WHAT THE RESEARCH SAYS

Research shows that when people don’t perceive an action as risky, they are more likely to engage in that activity. Unfortunately, across all age categories, New Hampshire is statistically significantly below national and regional averages with regard to how risky regular marijuana use is perceived to be. This low perception of risk, shown in the graph below, may be one factor contributing to our high rates of marijuana use.
WHY IT MATTERS

The research is clear. Adolescence and young adulthood are critical times for the physical development of the brain and central nervous system. Because changes are rapidly occurring within the body, the effects of marijuana can have long term health consequences for adolescents once they reach adulthood.

Contrary to popular myth and misconception, regular marijuana use also carries risk of addiction. National research indicates that of those who try marijuana, 1 in 6 will become addicted.

In state-funded treatment programs, far more 12 to 17 year olds seek treatment for marijuana use than for any other drugs combined, including alcohol. In 2012, of the 12 to 17 year olds who entered state-funded treatment programs, 80% reported they were seeking treatment for marijuana dependence.

PROBLEMS ASSOCIATED WITH MARIJUANA USE

- Impaired judgment and higher risk behavior such as driving under the influence and unprotected sex
- Injuries requiring hospitalization
- Lower cognitive functions, such as poor concentration, attention, memory, and problem-solving skills
- Difficulty with social relationships
- Respiratory problems
- Suicide and depression
- Crime and violence
- Anxiety and psychotic symptoms, especially in new users
- Physical dependence on the drug, including withdrawal symptoms

Also, heavy use before the age of 21 is associated with lower income, lower educational attainment, higher unemployment, and lower levels of satisfaction with life and relationships by age 21.

Research is consistent that the extent of these harmful effects is related to how much and how often a person uses marijuana; therefore, the more use, the more likely and more pronounced these effects are.

As states begin to consider permitting medicinal use of marijuana, there are potential impacts on youth access and use to be considered. As with other substances of abuse, reducing risk factors for youth includes controlling availability to prevent youth access and clearly communicating the risk of use to youth. Clearly communicating the risks associated with marijuana use and preventing unlawful access, particularly youth access to marijuana, are critical components of public health efforts.

Although Synthetic Marijuana and marijuana derived from the cannabis plant are often considered as the same, these substances are completely different, both chemically and in their effects. Despite these differences, Synthetic Marijuana is quickly becoming a major problem in New Hampshire. For more information on Synthetic Marijuana, please see the NH DHHS Bureau of Drug and Alcohol Services Synthetic Marijuana Fact Sheet (www.drugfreenh.org/images/10_Synthetic_Marijuana.pdf).

In 2012, of 12 to 17 year olds who entered state-funded treatment facilities in New Hampshire, 80% sought treatment for marijuana dependence.
Marijuana use in New Hampshire is also having a negative impact on public safety, specifically related to motor vehicle crashes. In the past two years, 26 fatalities on New Hampshire roadways involved operators who had used marijuana before the crash. Since 2008, marijuana has played a role in 52 percent of drug-related crashes involving a fatality. Of the fatalities involved in the drug-related crashes, three out of four of the victims were the operator, while one out of four were victims through no fault of their own. In 2012, all drug-related motor vehicle fatalities on state roadways were New Hampshire residents.

“Since 2008, of all motor vehicle crash fatalities where the operator tested positive drug use, 52% tested positive for the use of marijuana.”
WHAT WE CAN DO

**BUSINESS**
- Workplace policies can send clear messages about negative impacts of marijuana use on work productivity, safety, and physical well-being.
- Policies can encourage early and confidential conversations about problems an employee may be experiencing as a result of marijuana misuse.
- Workplace health insurance can include substance abuse treatment for marijuana dependence.
- Workplaces can offer Employee Assistance Programs (EAP) and Wellness programs.

**SAFETY & LAW ENFORCEMENT**
- Safety and law enforcement can communicate the harm associated with driving under the influence of marijuana.
- Laws in place to prevent and deter marijuana use can be consistently enforced to support community awareness that marijuana use may compromise health and safety.

**EDUCATION**
- Universities, community colleges and adult education programs can establish ways to identify students who have problems with marijuana and refer them to appropriate intervention or treatment resources.
- Coaches, counselors, medical providers and faculty can talk with students about the impact of smoking marijuana on athletic performance, health and well-being, academic performance, and goal attainment.
- Schools can provide both peer and professionally led educational programs and forums to talk about the legal implications and impact of marijuana use on brain development, school achievement, and later life and work satisfaction.
- Health or science curricula can educate students about the physical and psychological impacts of marijuana use.

**HEALTH & MEDICAL**
- Health and medical professionals in primary care settings can talk with parents, teens, and young adults about the harm associated with marijuana use.
- Health care settings can distribute materials about the harmful impact of marijuana use on physical and mental health.
- Health care settings can establish ways to screen patients for marijuana use and share resources for early intervention or treatment support.

**GOVERNMENT**
- Local, county and state government, and elected officials in towns and schools can support laws and policies that prevent and deter illicit marijuana use.
- Local, county and state government, and elected officials can help direct resources to preventing marijuana use and to providing treatment and recovery support services.

**COMMUNITY & FAMILY SUPPORTS**
- Local organizations can provide alternative activities for youth and young adults.
- Community-based organizations can provide educational programs and information about intervention, treatment and recovery support services in the community.
- Community-based organizations can help promote drug-free norms.
WHERE TO FIND OUT MORE

WHAT ELSE CAN WE DO? Get informed and stay informed. Below are just a few of the many resources available to communities and individuals who want to join in Collective Action for Collective Impact on marijuana use to protect our citizens and our future.

The White House Marijuana Prevention Initiative
nationalallianceformarijuanaprevention.wordpress.com/

Marijuana Fact Sheet

Marijuana Policy Information: learnaboutsam.com/

Data on Marijuana Use and Schizophrenia: www.schizophrenia.com/prevention/streetdrugs.html

Youth Marijuana Prevention Campaign
www.cadca.org/resources/detail/coalitions-action-youth-marijuana-prevention-campaign-launched-movie-theater

A PBS Documentary on Marijuana: www.pbs.org/wgbh/pages/frontline/shows/dope/etc/cron.html

Substance abuse policy and advocacy resources and training: www.new-futures.org

Technical Assistance for organizations, schools and businesses interested in prevention and early intervention best practices: www.nhcenterforexcellence.org

NH substance abuse information and educational materials: www.drugfreenh.org

NH Bureau of Drug and Alcohol Services: www.dhhs.state.nh.us/dcbs/bdas/

For more information about efforts to address marijuana use in New Hampshire, please contact the New Hampshire Bureau of Drug and Alcohol Services at (603) 271-6738 or the New Hampshire Center for Excellence at nhcenterforexcellence@jsi.com or (603) 573-3346.

REFERENCES


Jacob L Heller, MD, MHA. Marijuana Intoxication. Medline Plus. NLM/NIH. 1/5/2011


Meier, M et al. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. Proceedings of the National Academy of Sciences, 109(40), 2657-2664.


This issue brief was produced and disseminated by the New Hampshire Bureau of Drug and Alcohol Services, New Hampshire Center for Excellence and the New Hampshire Charitable Foundation. Issue briefs share information from the state plan, Collective Action - Collective Impact: NH’s Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery. The plan is available at www.dbhs.state.nh.us/dcbcs/bdas/documents/collectiveaction.PDF.