

If you care about youth mental health . . . you have to care about marijuana and THC use.

Today's marijuana is not just a plant. There are higher profits in processed products, so market share in commercialized states has shifted to concentrates, vaping, and edibles. Some of these products are exponentially more potent than Woodstock weed.

Nationally, the THC concentration in marijuana plants increased threefold between 1995 and 2014 (4% and 12% respectively). The average potency for all products has increased over time in Colorado. Between 2014 and 2020, THC, the psychoactive ingredient in marijuana, increased from 16.4% to 19.2% for bud and from 56.6% to 67.8% for concentrates, according to market reports. Some retail marijuana stores advertise up to 95% THC in concentrate products. Only 7% of products sold in Colorado have a potency lower than 15% THC, the threshold considered high by the Colorado Department of Health and Environment (CDPHE).

A **majority** of CO high school students that used marijuana in the past 30 days reported using concentrated THC products including hash oil and wax.

Among past year marijuana users aged 12-17, **2 in 5** have a marijuana use disorder.

Beginning in 2015, THC has been the number one substance found in toxicology reports for **suicides** of people ages 10-24 in Colorado.

Risk of Addiction

Starting marijuana use during adolescence is strongly associated with future marijuana addiction. An Australian study found that initiation of cannabis use **before 16 years of age** increases the risk of developing Cannabis Use Disorder (CUD).

First use of marijuana before age 18 is the greatest predictor of **future opioid use** disorder.

Marijuana use by adolescents is strongly associated with future high-risk use of other substances including alcohol, tobacco, and other **illegal drugs** like cocaine, ecstasy, opioids, and methamphetamine.

Risk of psychosis

A U.K. study confirmed the association with psychosis from cannabis use. Use of high potency THC products (skunk) showed a **3X** increased risk of psychosis while daily use showed a **5X** increased risk of psychosis.

A Canadian study of health records found that adolescents (aged 12 to 19) who reported past year marijuana use were **eleven times** more likely to develop a psychotic disorder.

Just one psychotic episode following cannabis use was associated with a 47% chance of developing bipolar or schizophrenia disorder. The risk is highest for ages 16 to 25, and higher than for alcohol, opioids, amphetamines, and hallucinogens.

Risk of Anxiety, Depression , and Suicide

A systematic review and meta analysis of longitudinal studies found an association between adolescent marijuana use and the development of a subsequent **anxiety disorder**.

An analysis of longitudinal studies from Australia and New Zealand found that daily marijuana use before age 17 was associated with a **7X greater risk** of suicide attempt.

Compared to non-users, youth aged 12-17 who used marijuana in the past year or the past month were at twice the risk of major depression and almost twice the risk for **suicidal ideation**, according to a study using 2015 to 2019 National Survey on Drug Use and Health data.

