

# Data & Statistics

## Marijuana Use in Alaska and the United States

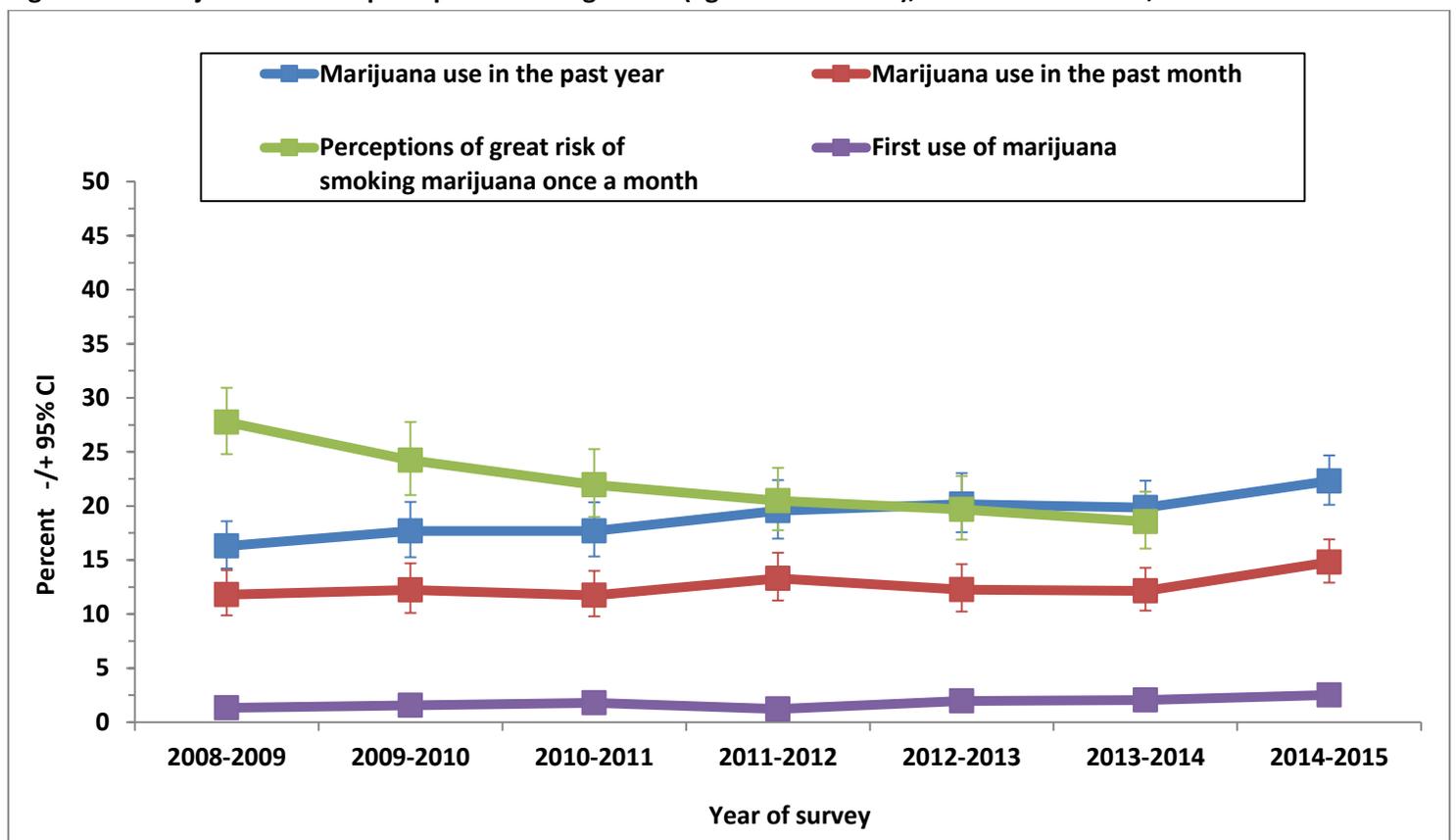
The Alaska Department of Health and Social Services, Office of Substance Misuse and Addiction Prevention has created graphs to help Alaskans better understand marijuana use among adults, pregnant women, and youth, as well as perceptions linked with marijuana use. Graphs at the end of this website focus on medical marijuana use.

Note: All trends noting statistical significance in this report are at the  $\alpha=0.05$  level. For other trends, tests of statistical significance could not be conducted because raw data were not accessible.

### 1. National Survey on Drug Use and Health (NSDUH): Marijuana use and perceptions in Alaska, 2008–2015

Data for this section were obtained from the Substance Abuse and Mental Health Services Administration (SAMHSA) website (available at: <http://www.samhsa.gov/data/>).

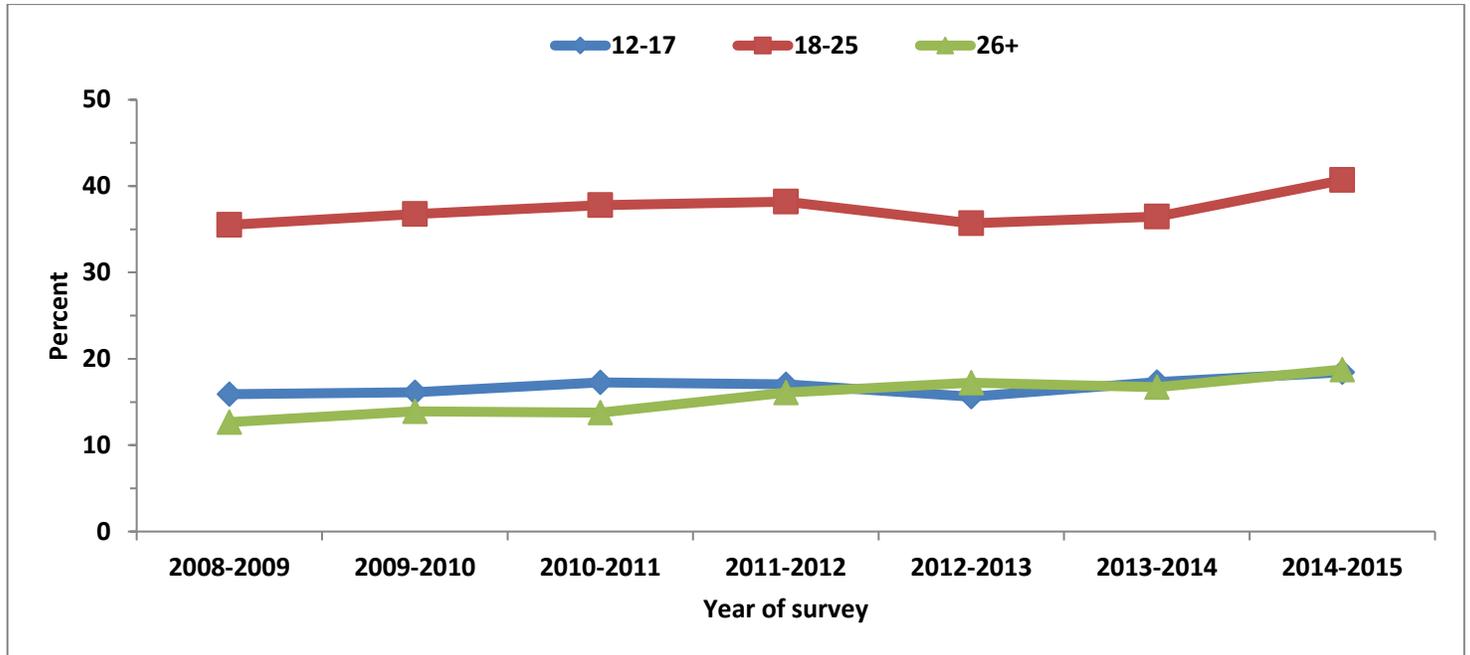
Figure 1.1: Marijuana use and perceptions among adults (ages 18 and older), NSDUH 2008–2015, Alaska



Among Alaska adults ages 18 and older during 2008–2009 to 2013–2014, there was a decrease in the perception of great risk of monthly marijuana use. Between the 2008–2009 and 2014–2015 data collection cycles there was an observed increase in yearly use of marijuana and first use during the year before the survey, however monthly use of marijuana did

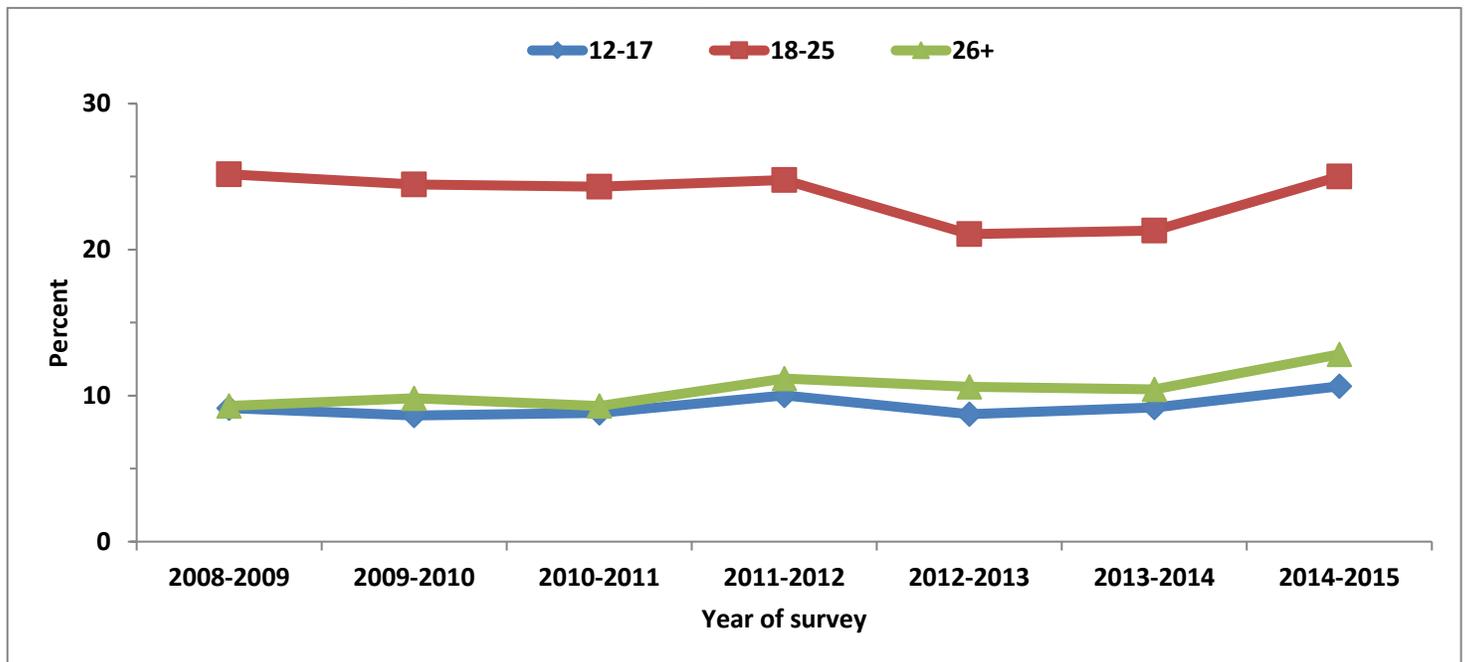
not change during this time period. In the 2013–2014 survey, about 20% of adults perceived great risk of smoking marijuana once per month. In the 2014–2015 survey, about 22% reported using marijuana in the last year, about 15% reported use in the past month, and about 3% reported using marijuana for the first time in the past year. First use of marijuana refers to the number of adults who first used marijuana during the past 24 months. \*Data was not available for 2014–2015 regarding perceptions of great risk of smoking marijuana once a month. (Figure 1.1)

**Figure 1.2: Marijuana use in the past year, by age group, NSDUH 2008–2015, Alaska**



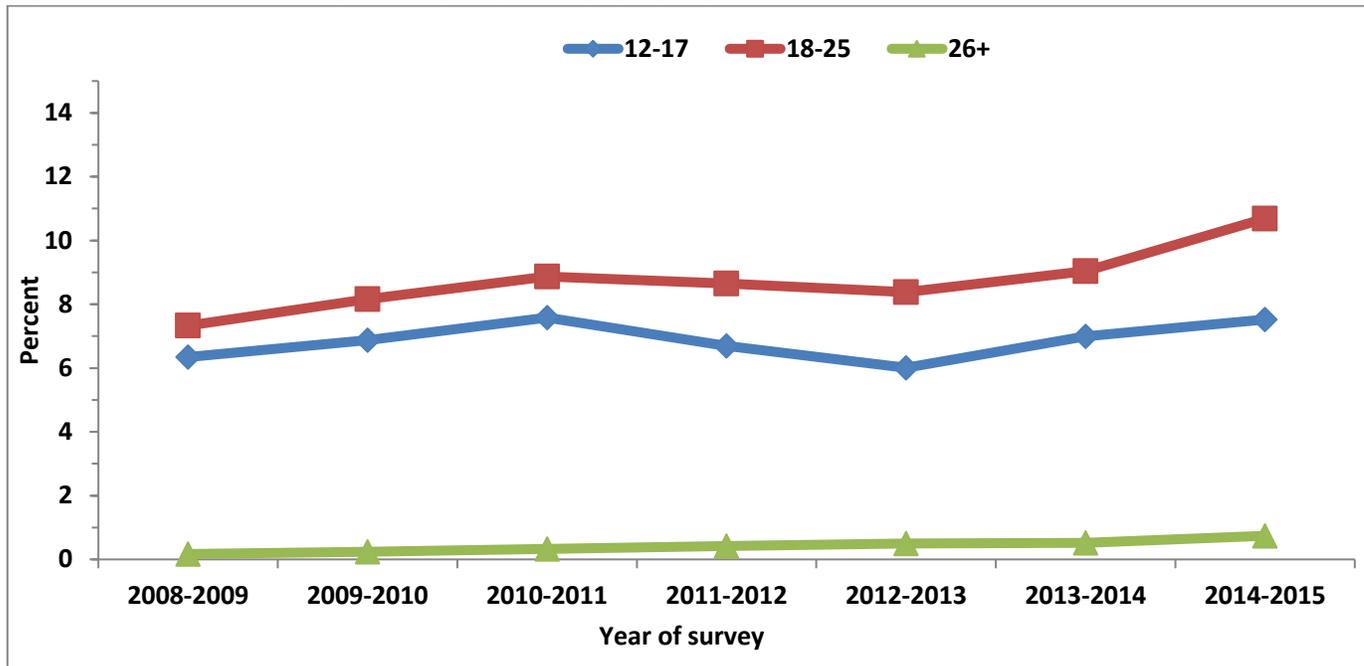
Marijuana use in the past year has consistently been highest among 18–25 year olds. In the 2014–2015 survey, about 18% of respondents ages 12–17, 41% of those ages 18–25, and 19% of those ages 26 and older reported marijuana use in the past year. (Fig. 1.2)

**Figure 1.3: Marijuana use in the past month, by age group, NSDUH 2008–2015, Alaska**



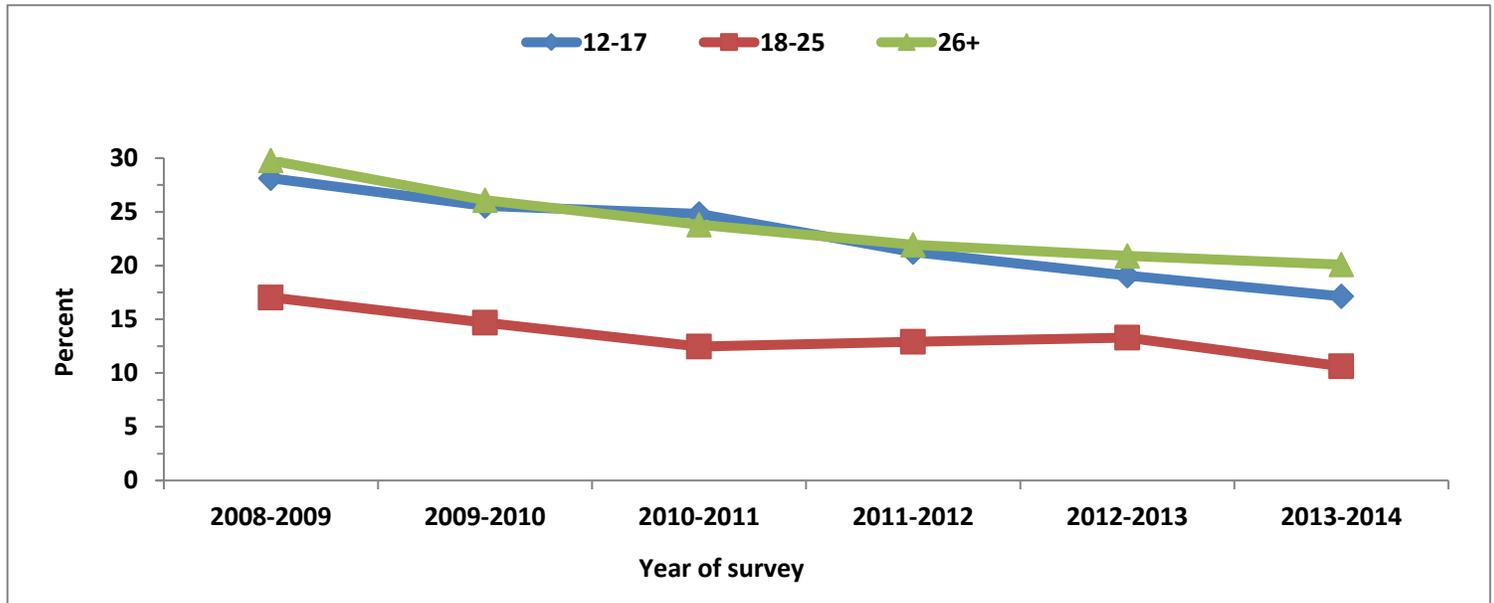
Marijuana use in the past month has consistently been highest among 18–25 year olds. In the 2014–2015 survey, about 11% of respondents ages 12–17, 25% of those ages 18–25, and 13% of those ages 26 and older reported marijuana use in the past month. (Figure 1.3)

Figure 1.4: First use of marijuana in past year, by age group, NSDUH 2008–2015, Alaska



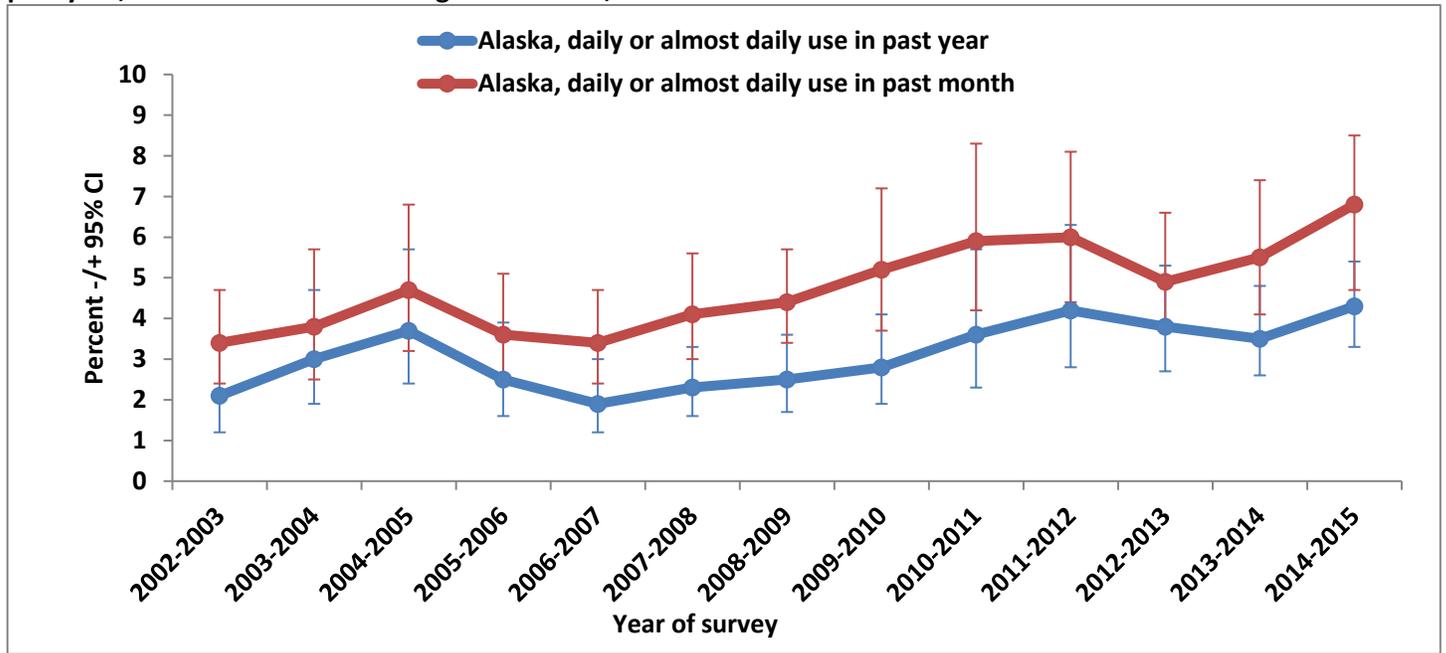
More Alaskans ages 18–25 report first using marijuana annually than any other age group. In the 2014–2015 survey, about 8% of 12–17 year olds, about 11% of 18–25 year olds, and less than 1% of adults ages 26 and older used marijuana for the first time in the year before being surveyed. (Figure 1.4)

Figure 1.5: Perception of great health risk of smoking marijuana once per month, by age group, NSDUH 2008–2014, Alaska



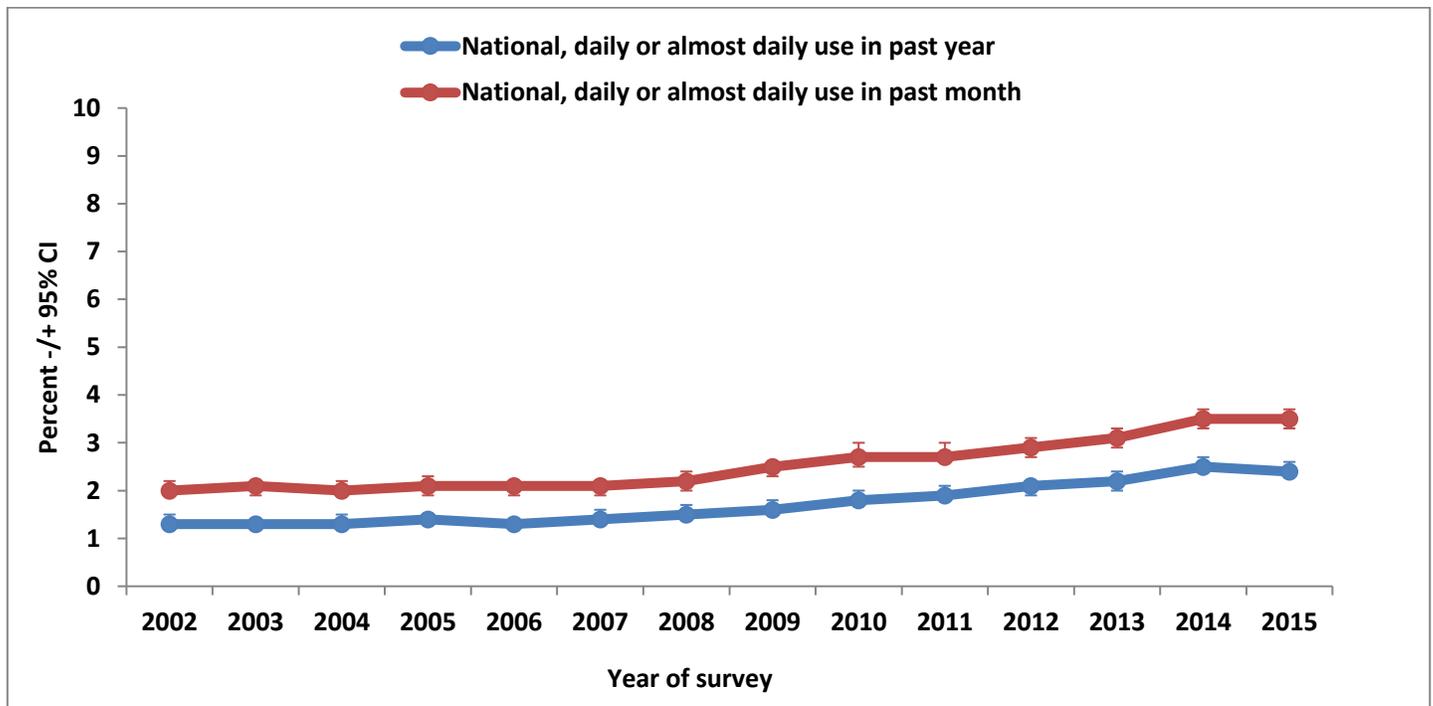
Perception of great health risk of smoking marijuana once per month has consistently been highest among the 26 and older age group. In the 2013–2014 survey, about 17% of 12–17 year olds about 11% of 18–25 year olds, and about 20% of adults 26 and older perceived great health risk of smoking marijuana once per month. (Figure 1.5)

**Figure 1.6A: Percentage of people ages 12 and older using marijuana daily or almost daily in the past month and in the past year, NSDUH 2002–2003 through 2014–2015, Alaska**



Among Alaskans ages 12 and older, between the 2002–2003 and 2014–2015 data collection cycles, there was an increase in past month daily or almost daily marijuana use. There was a nominal increase in past year daily or almost daily use, although this change was not significant. (Figure 1.6A)

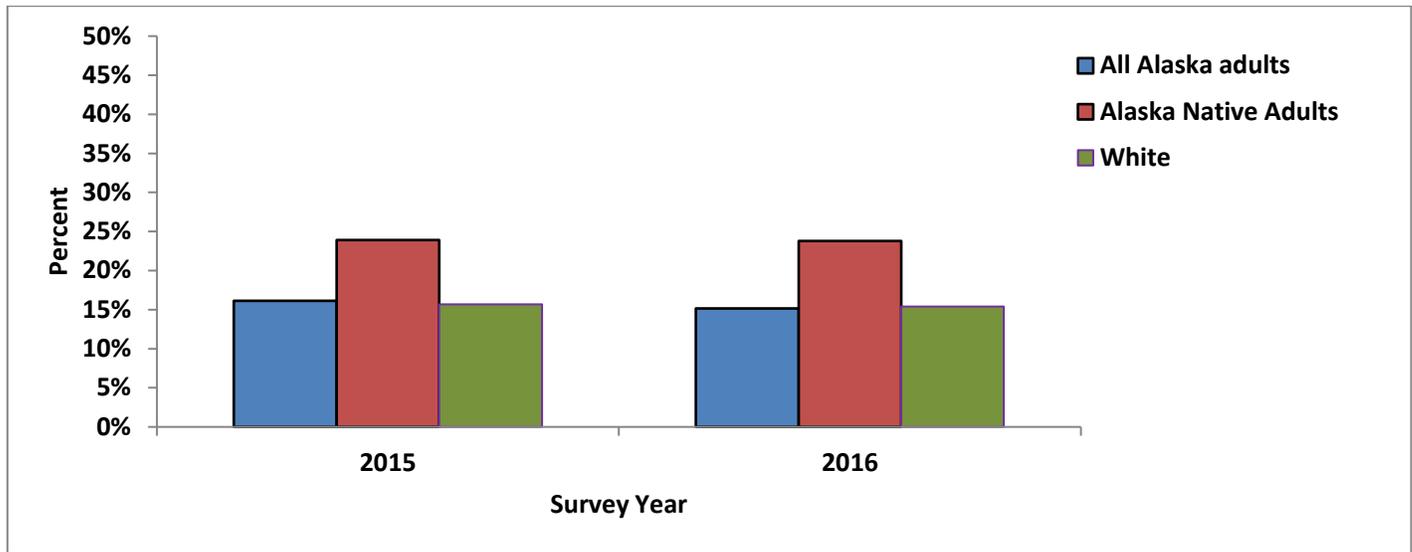
**Figure 1.6B: Percentage of people ages 12 and older using marijuana daily or almost daily in the past month and in the past year, NSDUH 2002–2014, United States**



Among Alaskans ages 12 and older, between the 2002–2003 and 2014–2015 data collection cycles, there was an increase in past month and past year daily or almost daily marijuana use. (Figure 1.6B)

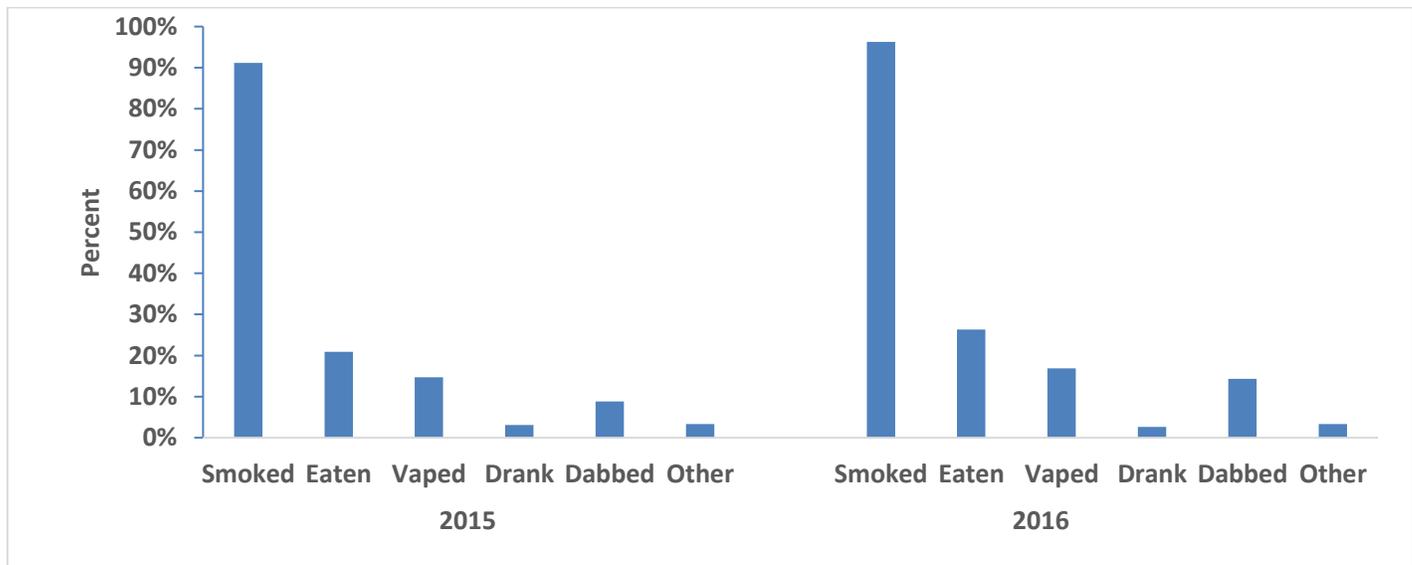
## 2. Behavioral Risk Factor Surveillance Survey (BRFSS): Marijuana use, 2015–2016

Figure 2.1: Prevalence of Marijuana use by Survey Year, BRFSS 2015–2016, Adults (18+)



In 2016, 15% of all Alaska adults (18+) and 24% of Alaska Native adults (18+) reported current marijuana use. Current marijuana use was defined as having used marijuana or hashish during the past 30 days. Mode of marijuana use included vaporizing, smoking, eating, consuming in a beverage, dabbing, and/or some other way. (Figure 2.1)

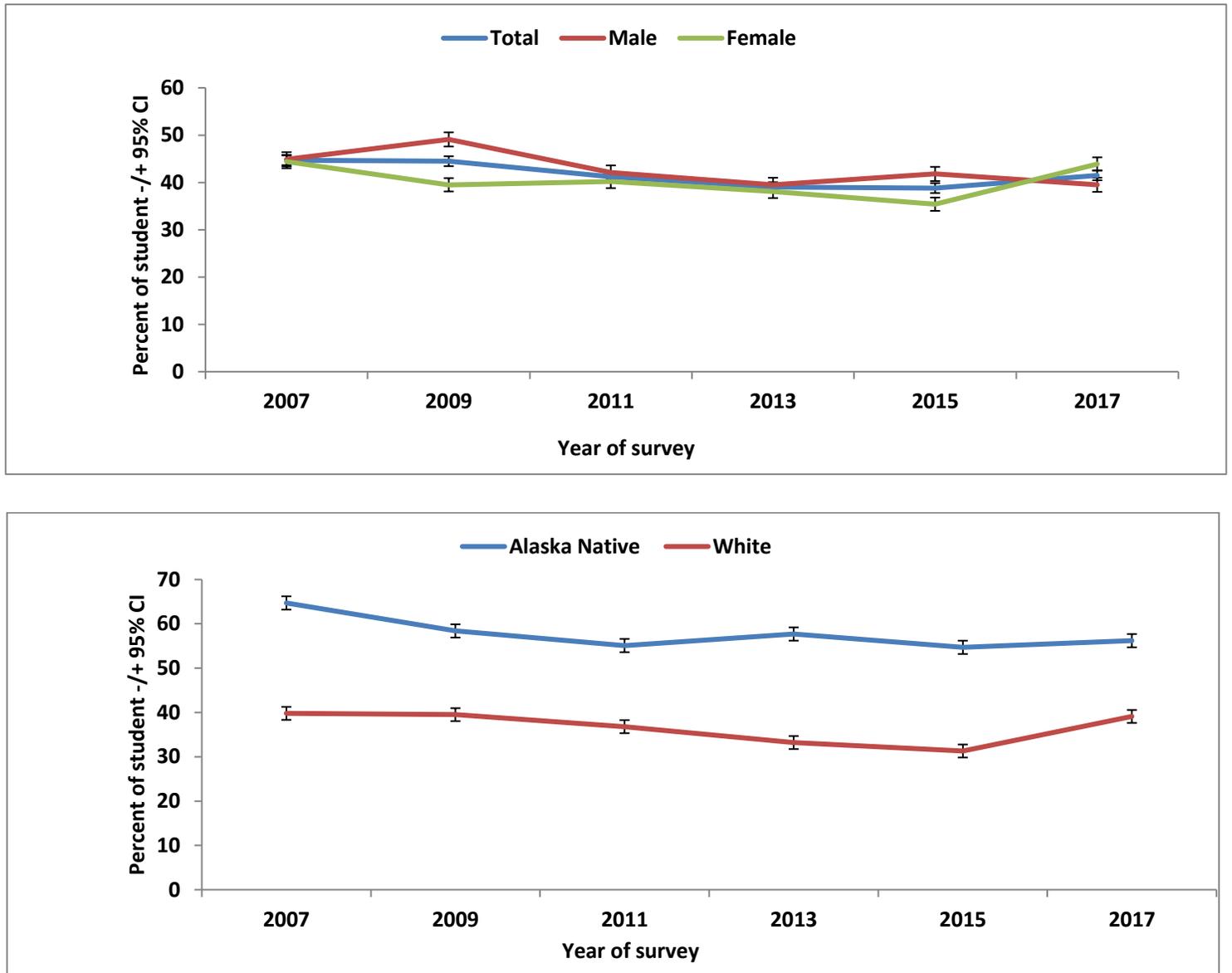
Figure 2.2: Mode of use, past 30 day, BRFSS 2015–2016, Adults (18+)



Smoking marijuana was the most commonly reported method of consumption among all Alaskans (96.3%). Other modes of consumption include eaten (26%), vaped (17%), drank (3%), dabbed (14%), and other (3%). Data are currently available for 2015 and 2016 survey years only, though ongoing surveillance is a high priority. (Figure 2.2)

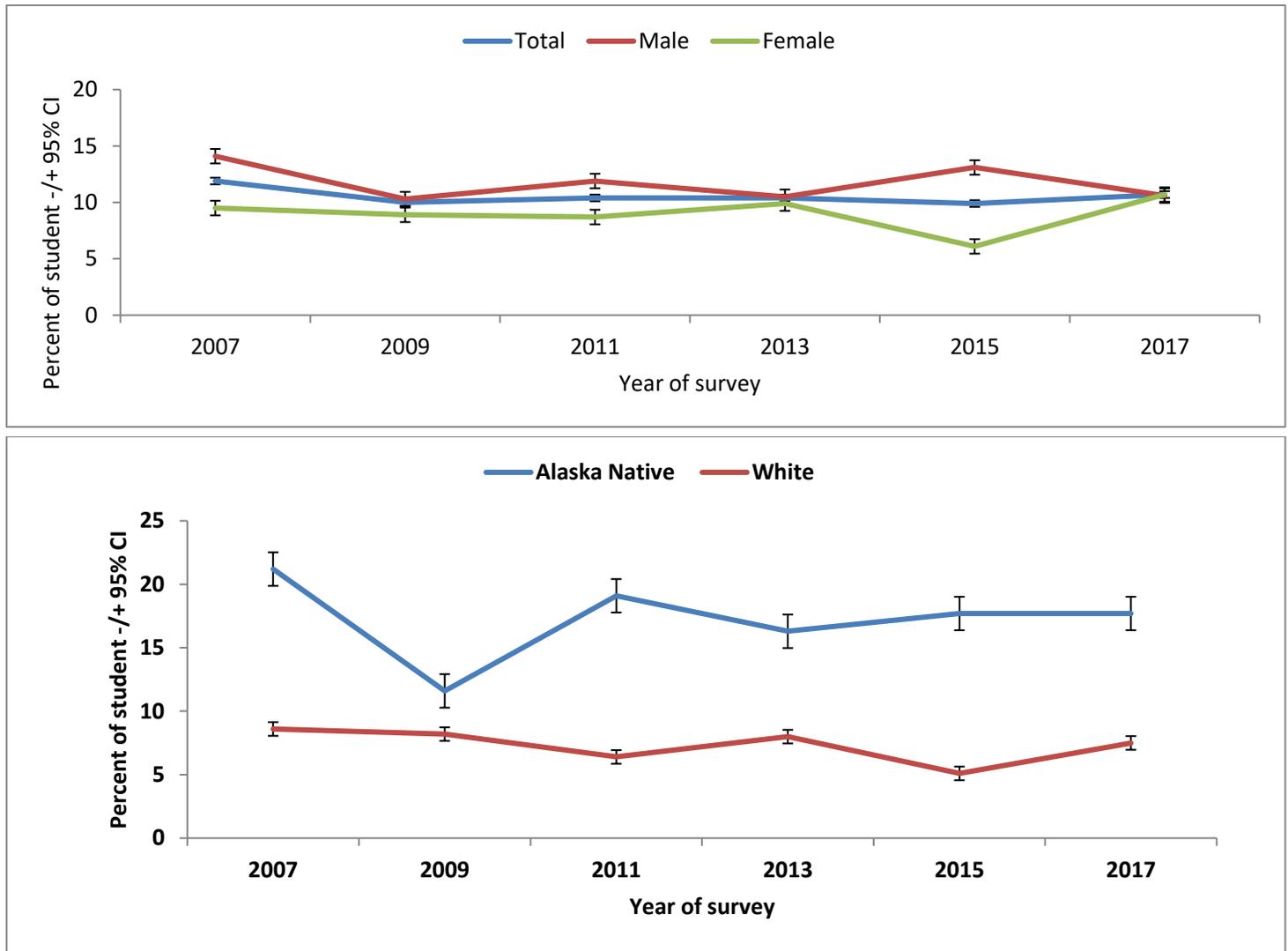
### 3. Youth Risk Behavior Survey (YRBS): Marijuana use and perceptions, 2007–2017

Figure 3.1: Percentage of high school students in traditional schools who ever used marijuana (one or more times during their life), YRBS 2007–2017, Alaska



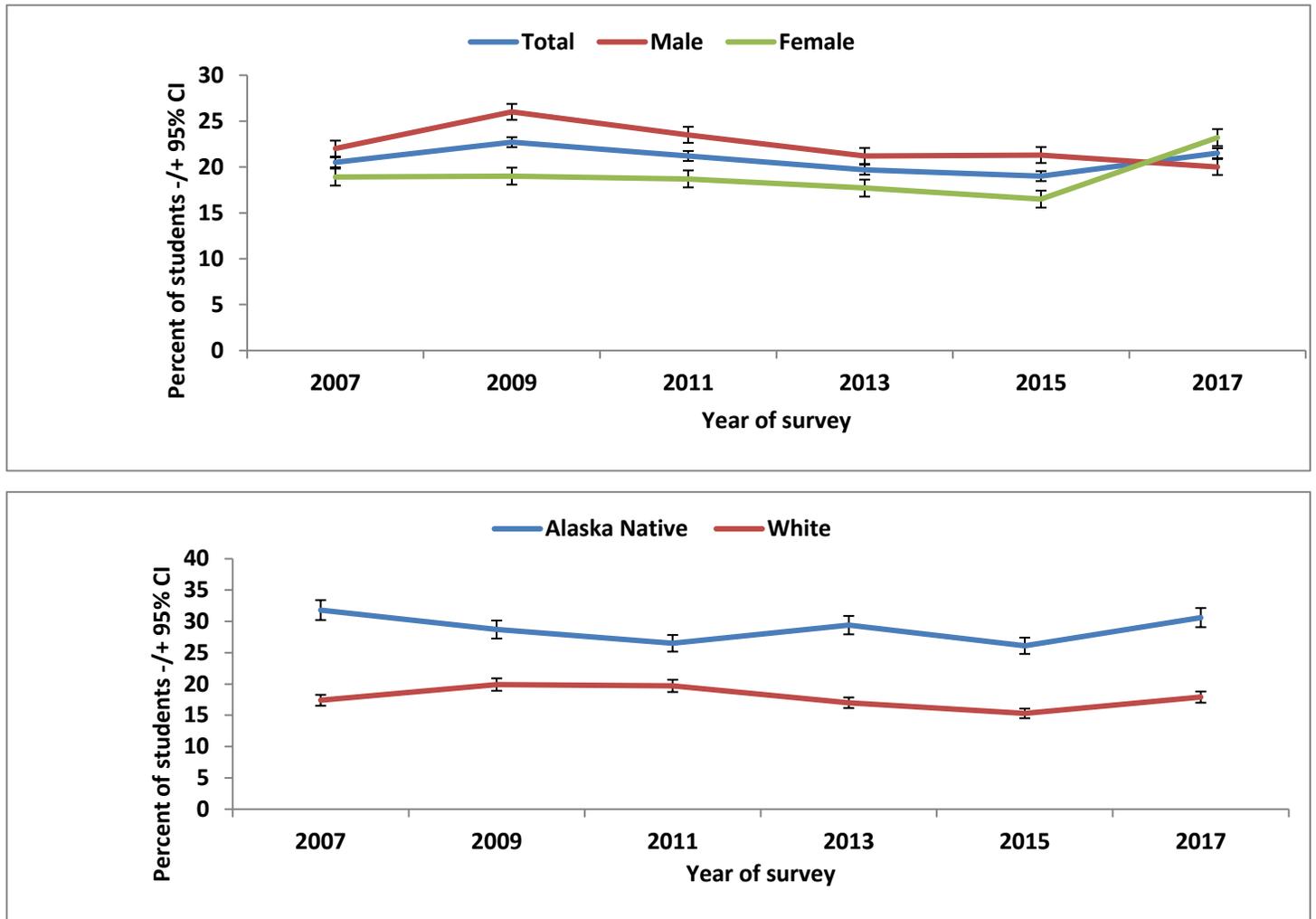
The percentage of high school students who have ever used marijuana declined between 2007 (45%) and 2017 (42%). In 2017, Alaska Native high school students were more likely to have ever used marijuana than white high school students (56% vs. 39%). The percentage of female high school students who ever used marijuana increased between 2015 (35%) and 2017 (44%). (Figure 3.1)

**Figure 3.2: Percentage of high school students in traditional schools who first tried marijuana before age 13, YRBS 2007–2017, Alaska**



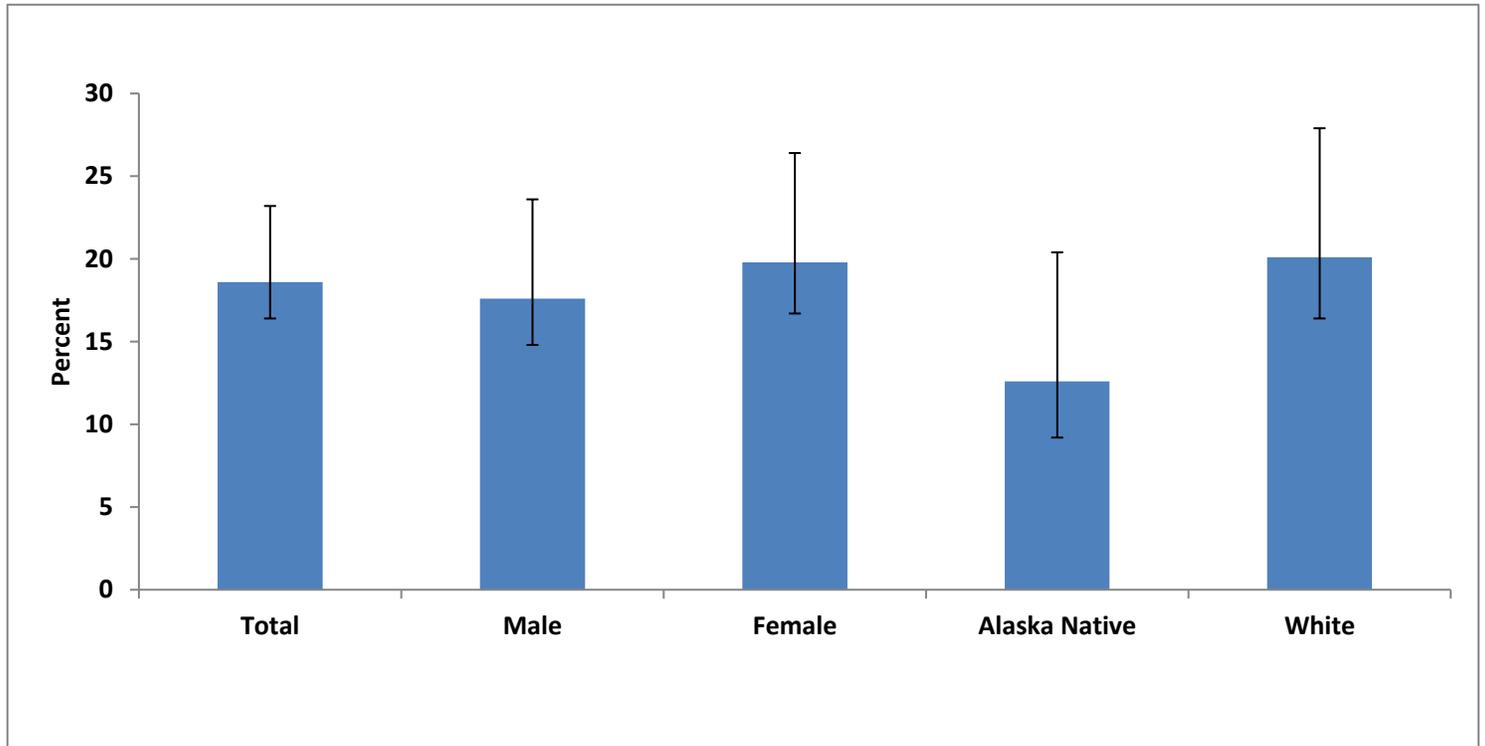
The percentage of high school students who first tried marijuana before age 13 has not changed from 2007 (12%) to 2017 (11%). In 2017, Alaska Native high school students were more likely to have first tried marijuana before age 13 than white high school students (18% vs. 12%). The percentage of female high school students who first tried marijuana before age 13 increased between 2015 (6%) and 2017 (11%). (Figure 3.2)

Figure 3.3: Percentage of high school students in traditional schools who currently used marijuana (at least once in the 30 days before survey), YRBS 2007–2017, Alaska



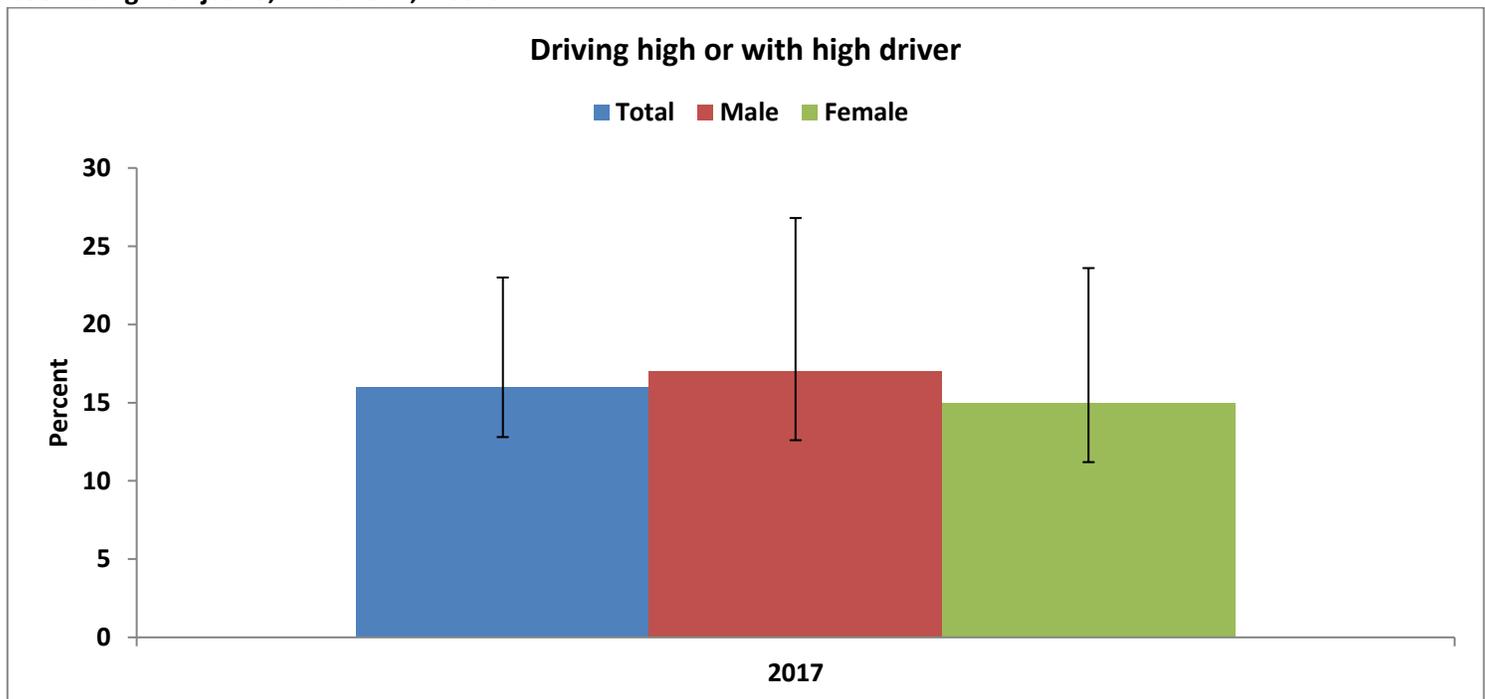
The percentage of high school students who currently use marijuana has not changed from 2007 (21%) to 2017 (22%). In 2017, Alaska Native high school students were more likely to currently use marijuana than white high school students (31% vs. 18%). The percentage of female high school students who currently use marijuana increased between 2015 (17%) and 2017 (23%). (Figure 3.3)

**Figure 3.4: Percentage of students who think people greatly risk harming themselves (physically or in other ways) if they use marijuana once or twice a week, YRBS 2017, Alaska**



In 2017, 18.6% of students reported that there is great risk of harm in using marijuana 1–2 times per week. For the same time period, 12.6% of Alaska Native students, 19.8% of female, and 17.6% of male students reported great risk of harm in using marijuana 1–2 times per week. (Figure 3.4)

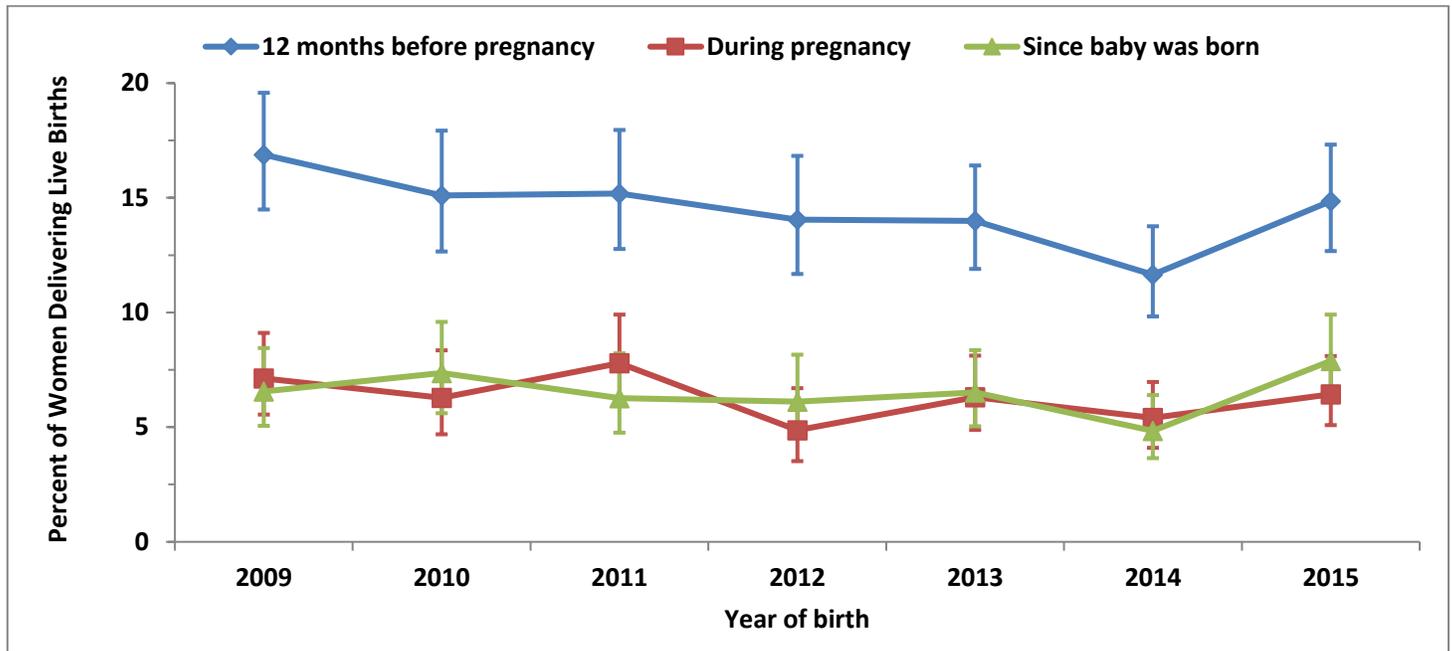
**Figure 3.5: Percentage of high school students in traditional schools who drove a car or other vehicle when they had been using marijuana, YRBS 2017, Alaska**



In 2017, 16% of high school students drove a vehicle when they had been using marijuana. (Figure 3.5)

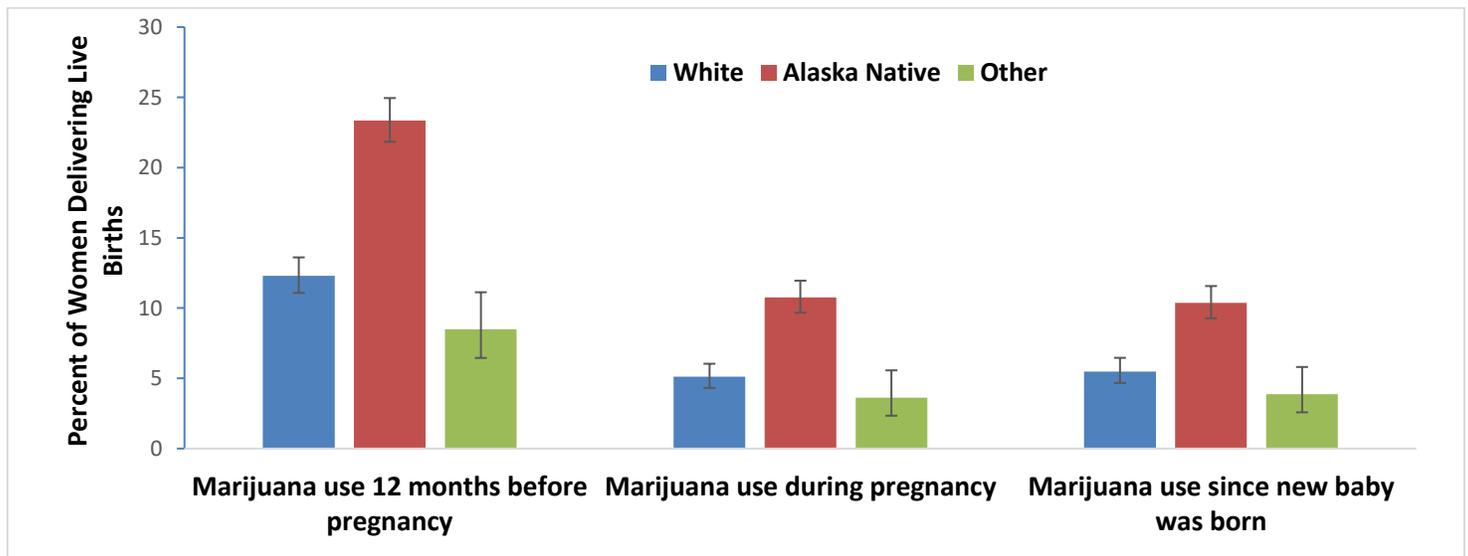
#### 4. Pregnancy Risk Assessment Monitoring System (PRAMS): Marijuana use, 2009–2015

Figure 4.1: Percentage of women who reported smoking marijuana or hash, by timeframe surrounding pregnancy and year, PRAMS 2009–2015, Alaska



In 2015 in Alaska, about 15% of women who recently delivered a live birth reported smoking marijuana or hash in the 12 months before getting pregnant, about 6% reported smoking marijuana during pregnancy, and about 8% reported smoking marijuana since their baby was born. Between 2009 and 2015, there was a decrease in the prevalence of women who reported smoking marijuana in the 12 months before getting pregnant, even though 2015 (the year recreational marijuana was legalized in the state) demonstrates an uptick from 2014’s prevalence of about 12%. No significant trends showed for the periods during pregnancy and since the baby was born. (Figure 4.1)

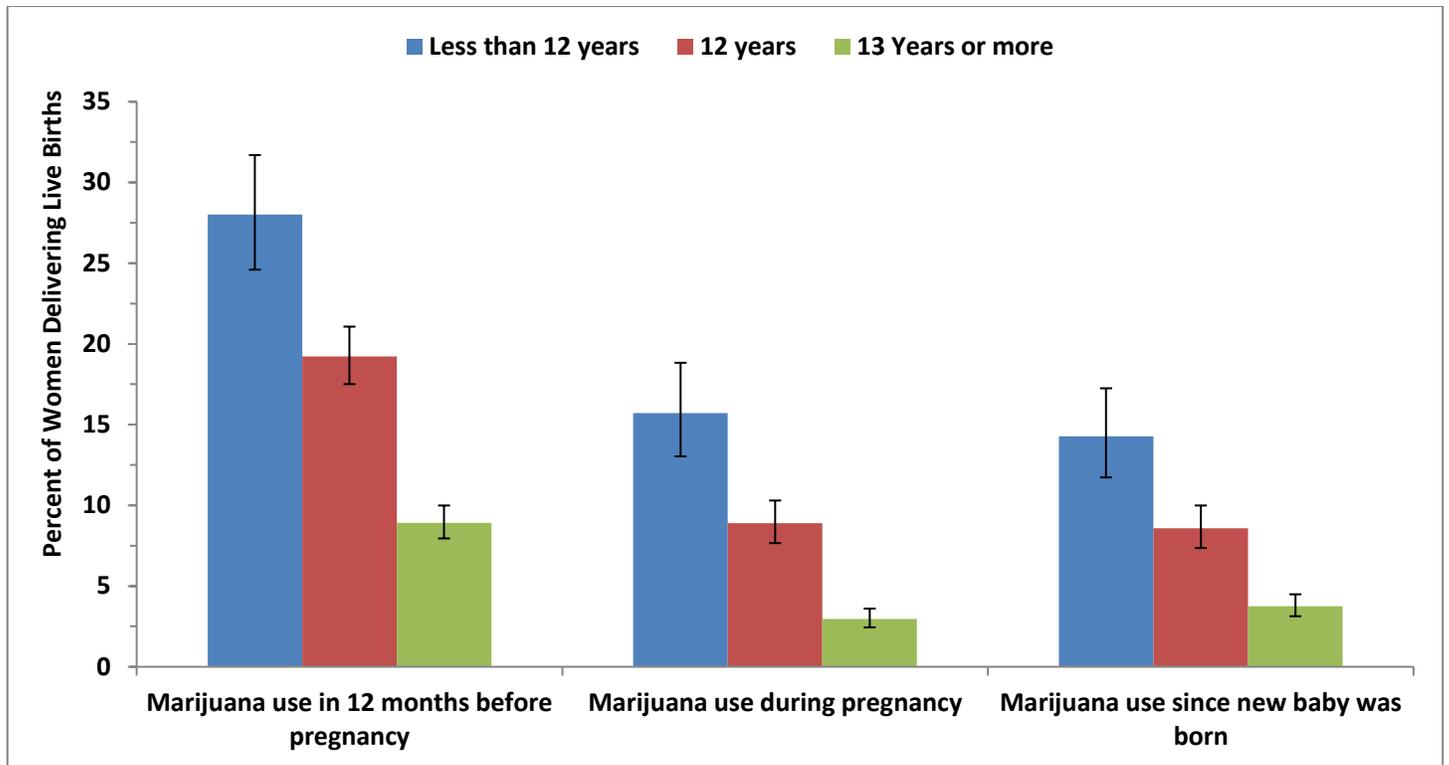
Figure 4.2: Average annual percentage of women who reported smoking marijuana or hash, by timeframe surrounding pregnancy and maternal race, PRAMS 2009–2015, Alaska



During 2009–2015, the average annual prevalence of women who reported smoking marijuana or hash was higher for Alaska Native women than for white women and women of other races. This was true for smoking before and during

pregnancy, as well as after childbirth. During 2009-2015, about 23% of Alaska Native women smoked marijuana in the 12 months before getting pregnant, about 11% did so during their pregnancy, and 10% did so after their baby was born. Among white women, about 12% reported smoking marijuana before pregnancy, while 5% reported doing so during pregnancy, and 5% reported doing so after pregnancy. (Figure 4.2)

**Figure 4.3: Average annual percentage of pregnant women who reported smoking marijuana, by maternal education, PRAMS 2009–2015, Alaska**

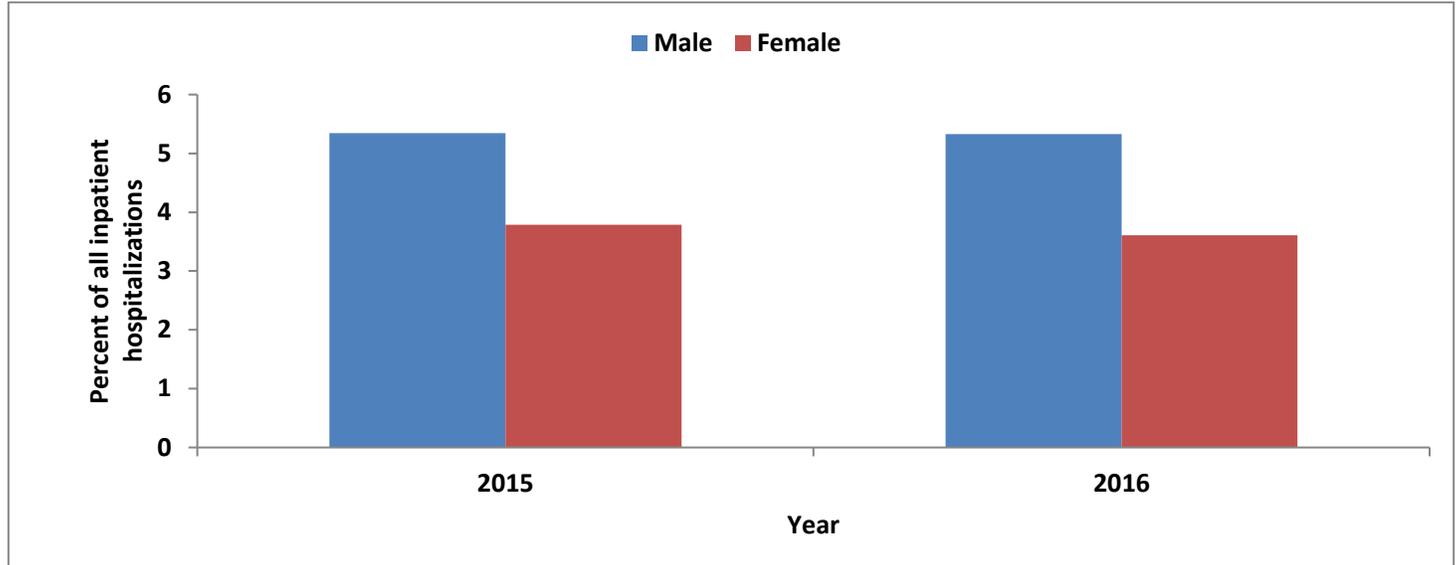


During 2009–2015, the average annual percentage of pregnant women who reported smoking marijuana was progressively lower among women reporting greater educational attainment. This was true for smoking before and during pregnancy, as well as after childbirth. In 2015, about 28% of mothers with less than 12 years of education reported smoking marijuana in the 12 months before pregnancy, about 16% reported doing so during pregnancy, and 14% reported doing so after their baby’s birth. (Figure 4.3)

## 5. Hospital Discharge Database (HDD): Marijuana abuse and dependence, 2015–2016

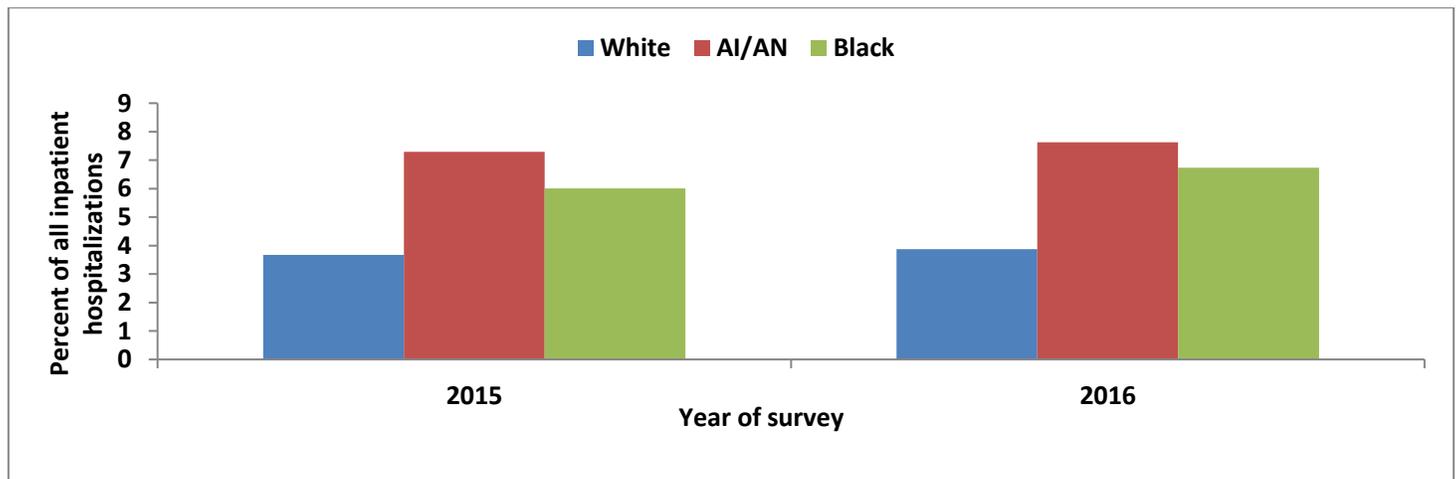
The following figures pertain to inpatient hospitalizations during 2015 and 2016 across Alaska for which marijuana *abuse* or *dependence* (in ICD-10 codes) was cited as a primary or secondary diagnosis. For years 2002–2012 please see archived data and statistics page [here](#).

**Figure 5.1: Percentage of all inpatient hospitalizations for which marijuana abuse or dependence was cited, by sex, HDD 2015–2016, Alaska**



There was no observed difference between 2015 and 2016 of the percentage of inpatient hospitalizations for which marijuana abuse or dependence was cited as a primary or secondary diagnosis. In 2016, 5% of hospitalizations for men and 4% of hospitalizations for women cited marijuana abuse or dependence as a factor. Note: records where sex is other/unknown are not depicted here (Figure 5.1)

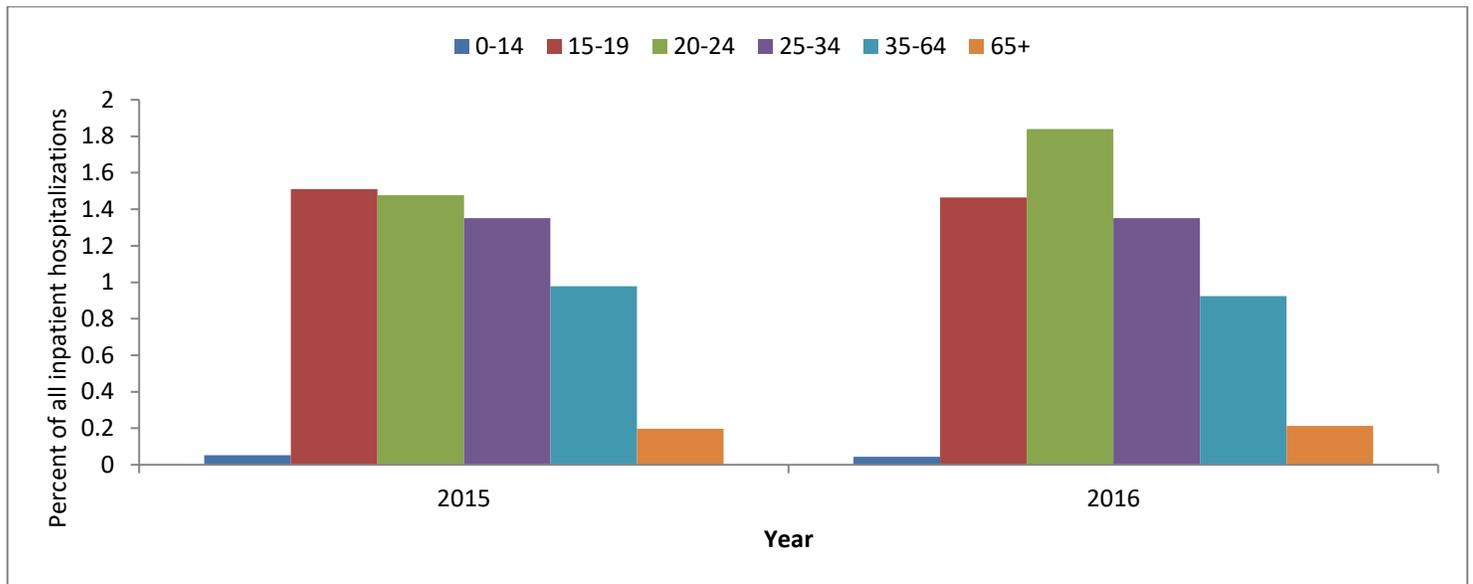
**Figure 5.2: Percentage of all inpatient hospitalizations for which marijuana abuse or dependence was cited, by race, HDD 2015–2016, Alaska**



For 2015 and 2016, the percentage of inpatient hospitalizations for which marijuana abuse or dependence was cited as a primary or secondary diagnosis was generally highest for Alaska Native people and lowest for white people. In 2016, 7.6% of hospitalizations for Alaska Native people, 6.7% of hospitalizations for black people, and 3.9% of hospitalizations for white

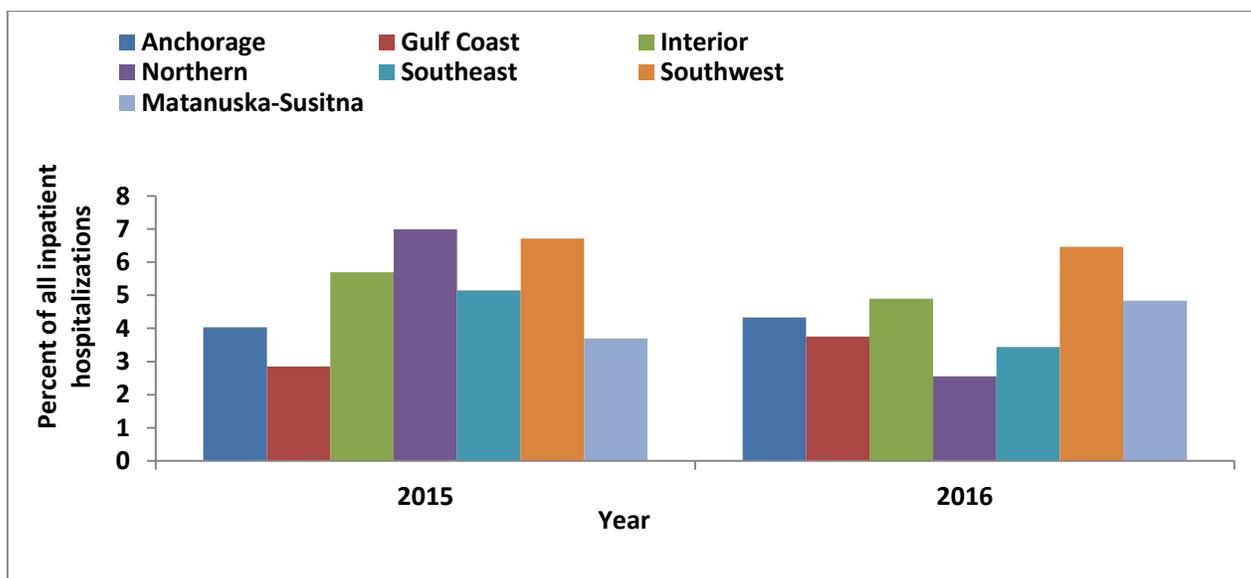
people cited marijuana abuse or dependence as a factor. Note: records where race is other/unknown are not depicted here. (Figure 5.2)

**Figure 5.3: Percentage of all inpatient hospitalizations for which marijuana abuse or dependence was cited, by age group, HDD 2015–2016, Alaska**



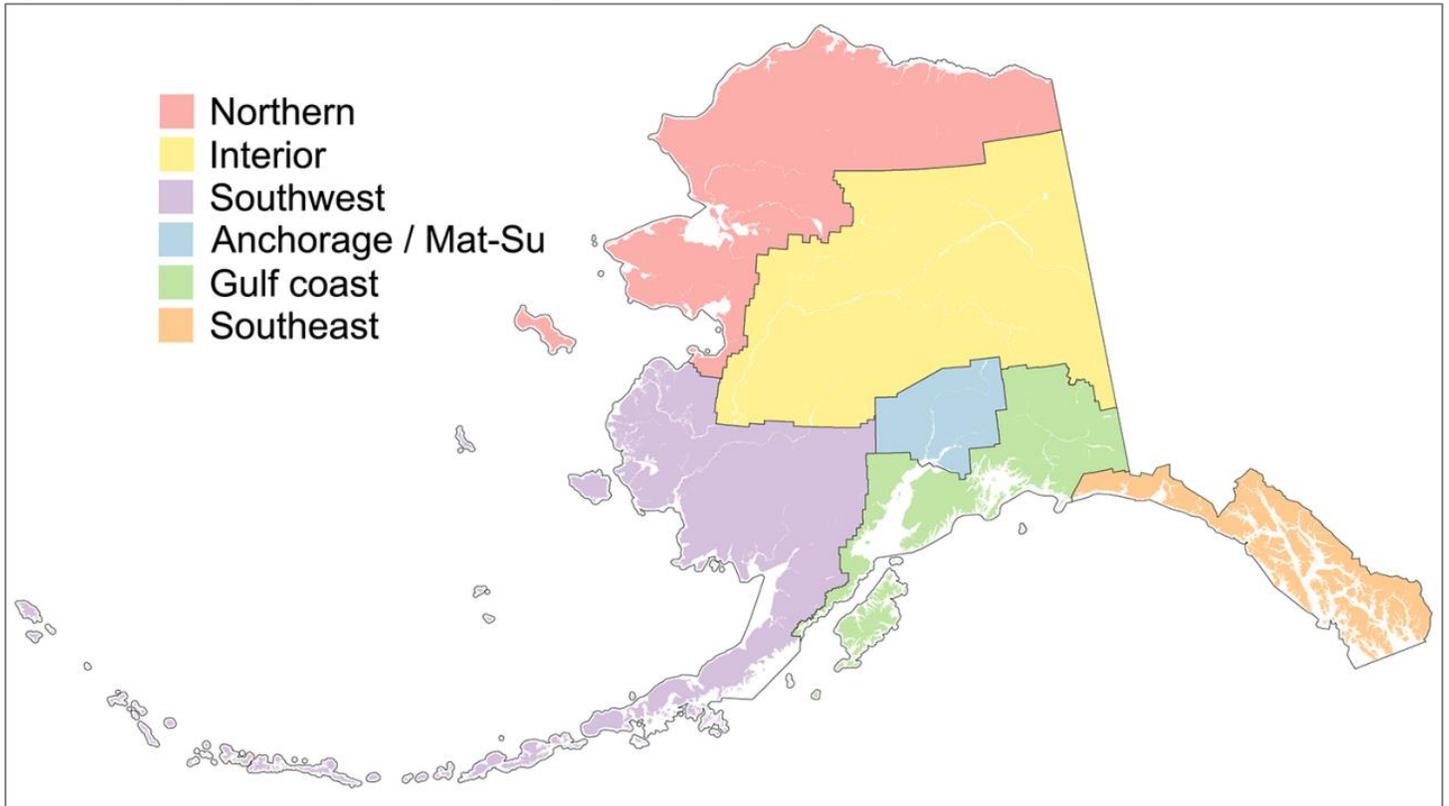
In 2015 and 2016, the percentage of inpatient hospitalizations for which marijuana abuse or dependence was cited as a primary or secondary diagnosis was generally highest for 15 to 19 year olds, and lowest for 0 to 14 year olds and adults ages 65 and older. In 2016, less than 1% of hospitalizations for 0 to 14 year olds, 20% for 15 to 19 year olds, 10% for 20 to 24 year olds, 8% for 25 to 34 year olds, 6% for 35 to 64 year olds, and less than 1% for adults ages 65 and older involved marijuana abuse or dependence being cited as a factor. (Figure 5.3)

**Figure 5.4: Percentage of all inpatient hospitalizations for which marijuana abuse or dependence was cited, by region, 2015–2016, Alaska**



In 2016, the percentages of inpatient hospitalizations for which marijuana abuse or dependence was cited as a primary or secondary diagnosis in each region were as follows: Anchorage 4%, Gulf Coast 4%, Interior 5%, Northern 3%, Southeast 3%, Southwest 7%, and Mat-Su 5%. (Figure 5.4)

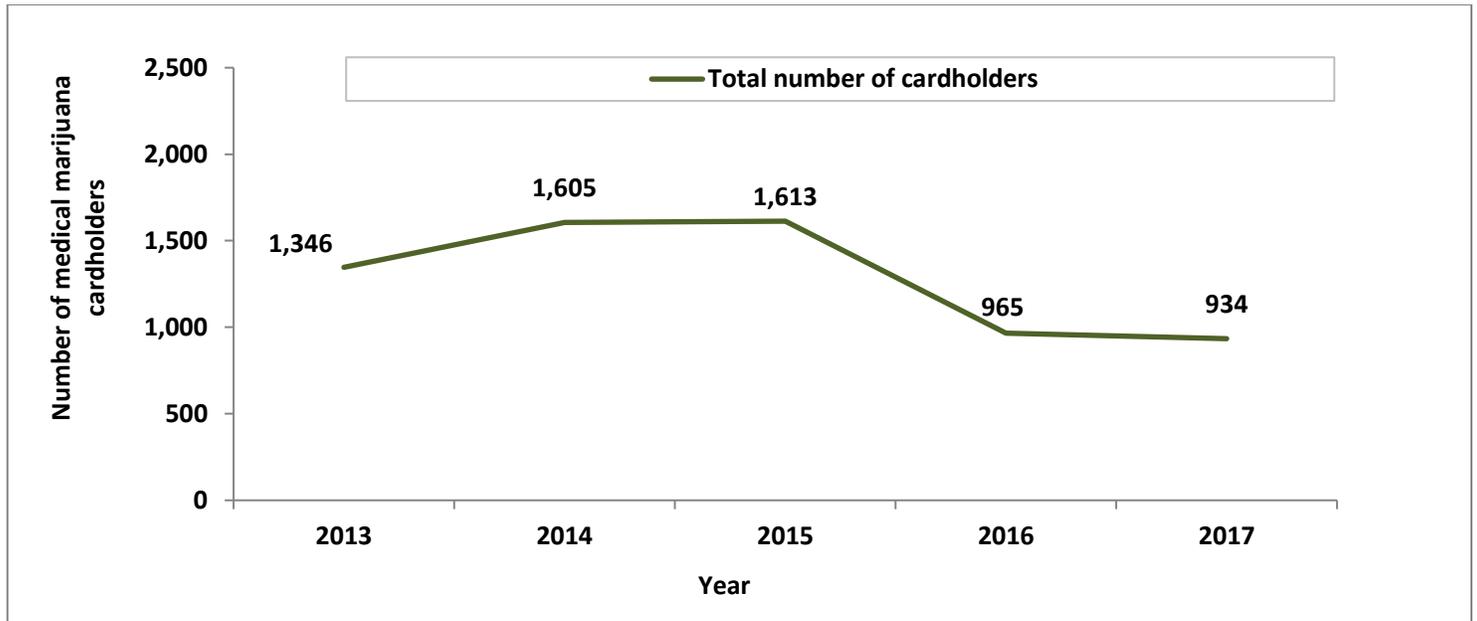
Figure 5.5: Map depicting the six economic regions of Alaska\*



\*Courtesy of the Alaska Department of Labor and Workforce Development, Research and Analysis group.

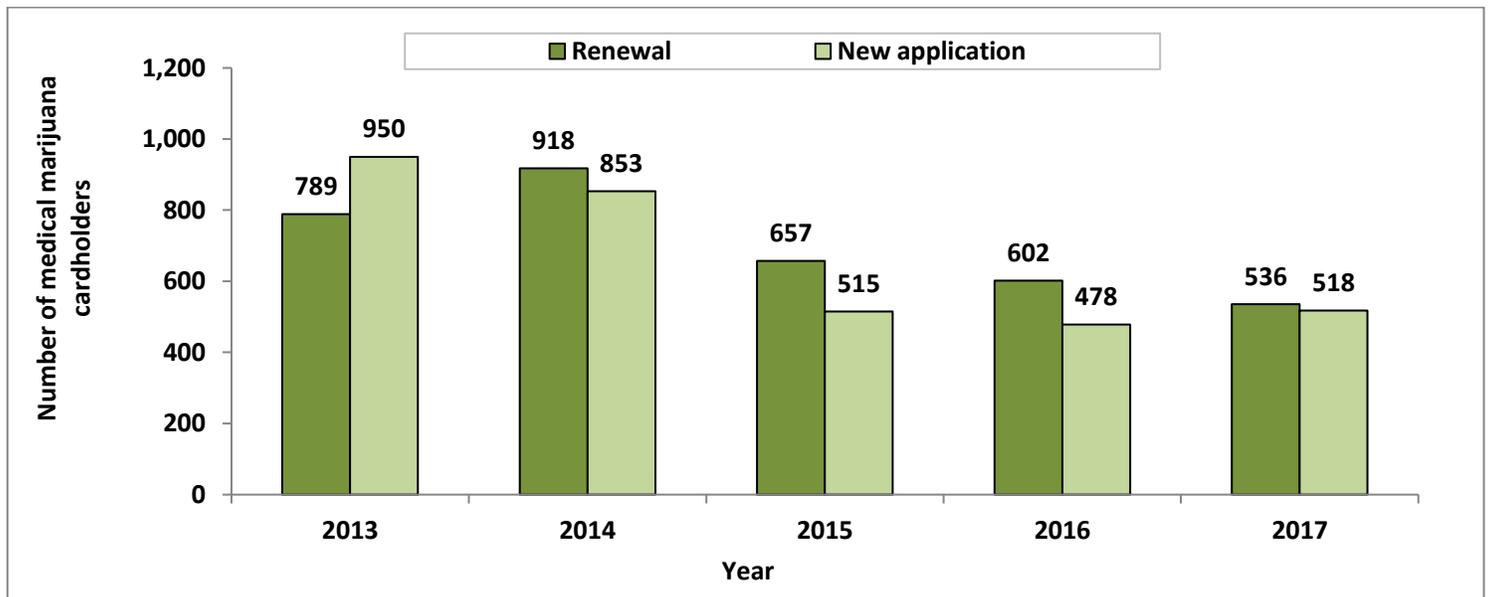
## 6. Alaska Medical Marijuana Registry: Number of Cardholders, 2013–2017

Figure 6.1A: Number of medical marijuana cardholders, by year and application status, Alaska Medical Marijuana Registry, 2013–2017\*



\* Counts for a given year are made on January 1 of the following year

Figure 6.1B: Number of medical marijuana cardholders, by year and application status, Alaska Medical Marijuana Registry, 2013–2017\*

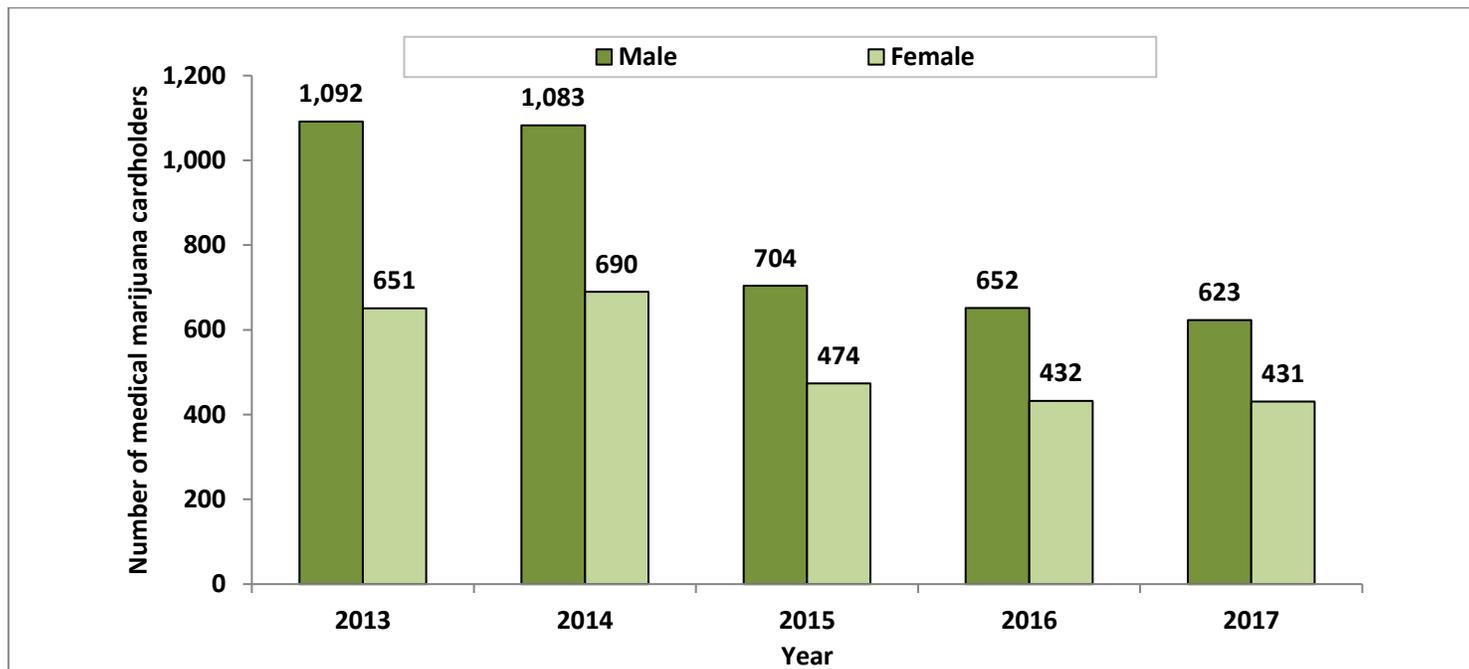


\* Counts for a given year are made on January 1 of the following year

In 2013, the first year of the Alaska Medical Marijuana Registry, 1,743 Alaskans registered for medical marijuana cards. The number increased slightly to 1,773 by the end of 2014, but then dropped to 1,178 by the end of 2015. The 1,773 cardholders at the end of 2014 were comprised of 853 (48%) new applications and 918 (52%) renewals, while the 1,178 at the end of 2015 were comprised of 515 (44%) new applications and 657 (56%) renewals. In the three years for which data

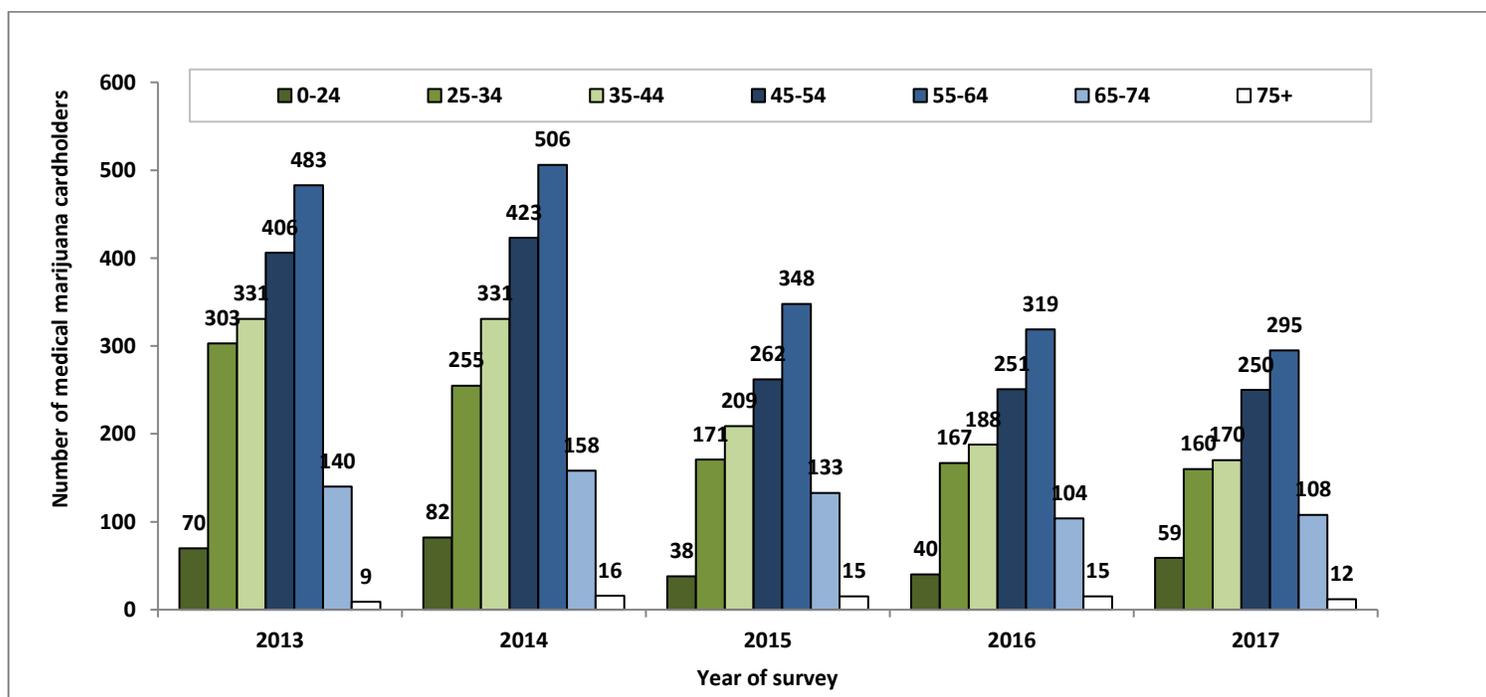
are presented, four, two, and six cardholders had unknown status relative to renewal versus new application. (Figures 6.1A and 6.1B)

**Figure 6.2: Number of medical marijuana cardholders, by year and sex, Alaska Medical Marijuana Registry, 2013–2017**



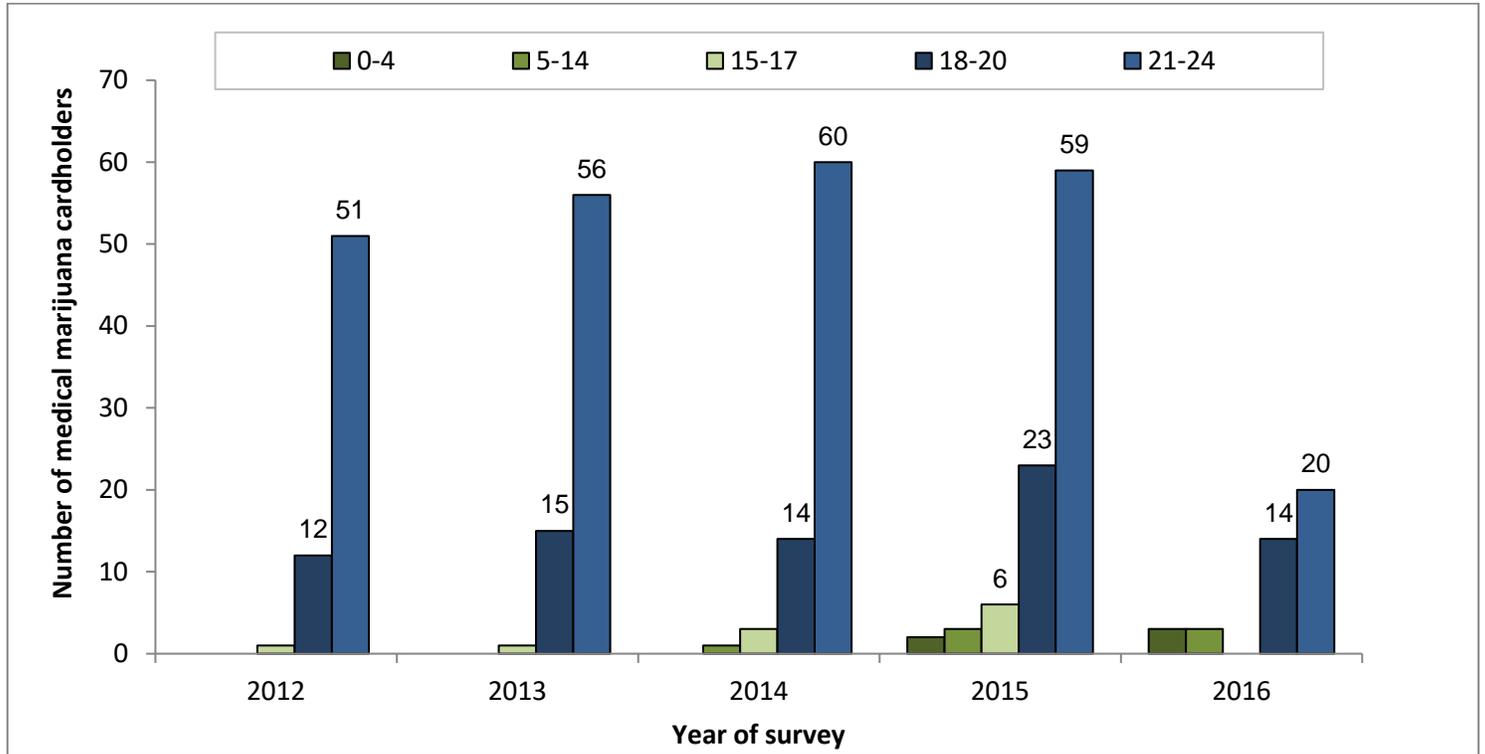
In 2013, 63% of medical marijuana cardholders were male and 37% were female. In 2014, 61% of medical marijuana cardholders were male and 39% were female. In 2015, 60% of cardholders were male and 40% were female. (Figure 6.2)

**Figure 6.3: Number of medical marijuana cardholders, by age group, Alaska Medical Marijuana Registry, 2013–2017**



Each year, the largest number of medical marijuana cardholders were ages 55 – 64 and the fewest number were ages 75 and older. As in the previous figures, not all cardholders from one year renewed their cards in the following year. (Figure 6.3)

**Figure 6.4: Number of pediatric and young adult medical marijuana cardholders (ages 0–24), by age group, Alaska Medical Marijuana Registry, 2013–2016**



Among medical marijuana cardholders younger than 24 years old, the highest number of cardholders was in people ages 21–24. While sample sizes are small, the percentage of cardholders younger than 14 years old rose from 6% in 2014 to 16% in 2015 due to declines in the number of cardholders ages 18–24. As in the previous figures, not all cardholders from one year renewed their cards in the following year. (Figure 6.4)

#### References:

**Adult use: Behavioral Risk Factor Surveillance System (BRFSS)** The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey of adults ages 18 years or older, sponsored by the Centers for Disease Control and Prevention (CDC). It is the nation’s premier system of health-related telephone surveys that collect data from U.S. residents regarding their health-related risk behaviors, chronic health conditions and safety practices. The Alaska Department of Health and Social Services (DHSS), in a cooperative agreement with CDC, manages and administers BRFSS in Alaska. In 2014 and 2015, Alaska added questions on marijuana use to the state-level BRFSS.

**Adult and Youth use: National Survey on Drug Use and Health (NSDUH)** The National Survey on Drug Use and Health (NSDUH) is a primary source of statistical information on the use of illegal drugs, alcohol, and tobacco by the U.S. civilian, noninstitutionalized population aged 12 or older. The survey also collects data on mental disorders, co-occurring substance use and mental disorders, and treatment for substance use and mental health problems. The data can be used to identify correlates of these substance use and mental illness measures and provide estimates at the national, State, and substate level. The data can also be used to determine the prevalence of substance use or mental illness among demographic or

geographic subgroups, as well as to estimate the trends in these measures over time, and to determine the need for substance abuse or mental health treatment services.

Youth use: Youth Risk Behavior Survey (YRBS) The Youth Risk Behavior Survey (YRBS) collects information on youth health and social behaviors, including unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual behaviors, physical activity, and nutrition. The survey is conducted biennially in public high schools. Participation is voluntary and anonymous and requires written parental consent. The YRBS was developed by the CDC and is administered by Alaska's DHSS with support from Alaska Department of Education and Early Development. Questions about marijuana use have been included on the Alaska YRBS since 1995.

Use during pregnancy: Pregnancy Risk Assessment Monitoring System (PRAMS) The Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based survey (mail with telephone follow-up) of women who recently delivered a live-born infant. It was developed by the CDC and is administered by Alaska's DHSS. It is the premier data source on maternal and infant issues for Alaska, and allows CDC and other states to monitor changes in maternal and child health indicators, such as unintended pregnancy, prenatal care, maternal substance use, breastfeeding, and other infant health issues. Alaska PRAMS has been collecting marijuana use data during pregnancy back to its inception in 1990.