Marijuana Use in Alaska

Personal recreational marijuana has been legal for use by adults in Alaska since 2015. Retail sales began in late 2016. Here's what we know about its impact on public health and safety.



Who's using?

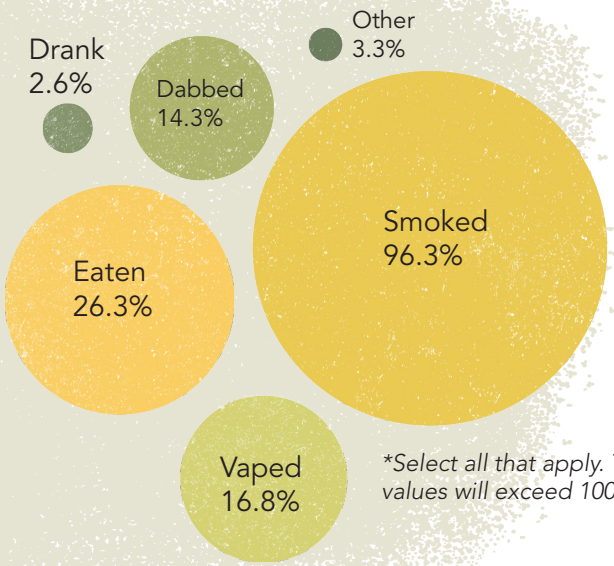
15.4%
of Alaskan adults reported marijuana use in the past 30 days.[1]

24%
among Alaska Native people.[1]



Marijuana use in Alaska has been **highest among 25-to 34-year-olds**[1].

Smoking marijuana was the most commonly reported method of consumption among all Alaskans (96.3%) and Alaska Native people (99.3%). [1]



**Select all that apply. Total values will exceed 100%.*



reported using marijuana for medical purposes in past 30 days.[1]



Adults who identified as gay, lesbian, or bisexual reported higher prevalence of current marijuana usage at **28.9%** compared to **14.9%** among those who identify as heterosexual.[1]

Total marijuana tax revenue FY17: $1,748,848

Total marijuana tax revenue FY18 (first 5 months): $3,784,599

Total marijuana tax as of November 2017:[2] **$5,533,447**

Alaska youth profile

78%

of Alaska traditional high school students do not use marijuana.[3]

11%

of those who tried marijuana tried before age 13.[3]

Marijuana is the second most used substance.

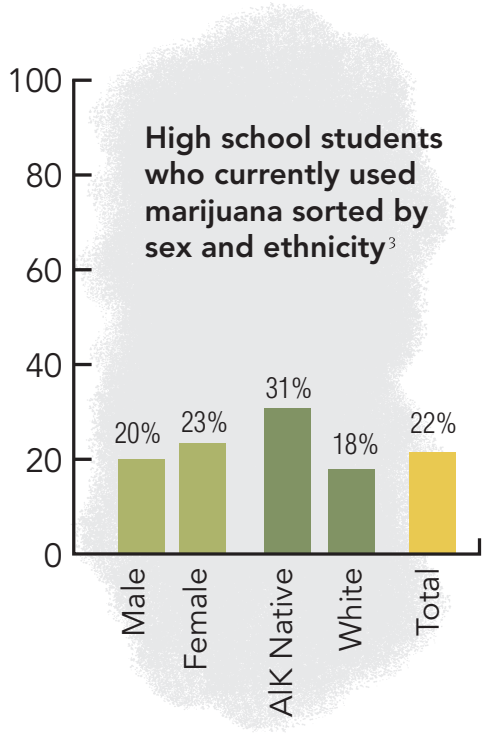
Percent of traditional high school students who have used substances at least once in their lifetime.[3]

- Alcohol 57%
- Marijuana 42%
- Cigarettes 34%

Other than alcohol, marijuana is the drug most commonly used by high school students who use drugs. The percentage of high school students who have ever used marijuana significantly declined between 2007 (45%) and 2017 (42%).[3]

However disparities do exist: In 2017, Alaska Native high school students were significantly 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 significantly between 2015 (35%) and 2017 (44%).[3]

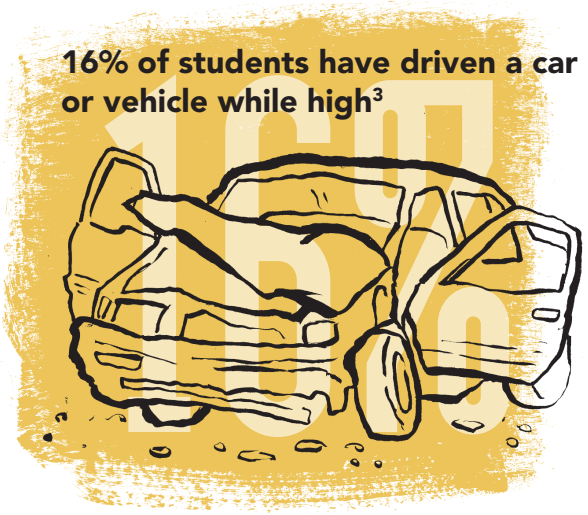
In 2017, about 22% of Alaska students report having used marijuana in the past 30 days.[3] Young people who use marijuana regularly may have a harder time learning and remembering things, and marijuana use has been associated with poorer academic performance, which may lead to a higher risk of dropping out of school.[4,5,6]



Risk factors correlated to youth marijuana use, compared to youth who have not used marijuana in the past month, include:

- **Depression:** Youth who have used marijuana in the past month are 2 times as likely to have felt so sad or hopeless that they stopped doing usual activities during the past year
- **Suicide Ideation:** Youth who have used marijuana in the past month are 3 times as likely to have seriously considered attempting suicide and made a plan about how they would attempt suicide during the past year
- **Suicide Attempt:** Youth who have used marijuana in the past month are 4 times as likely to have attempted suicide one or more times during the past year[3]

16% of students have driven a car or vehicle while high[3]

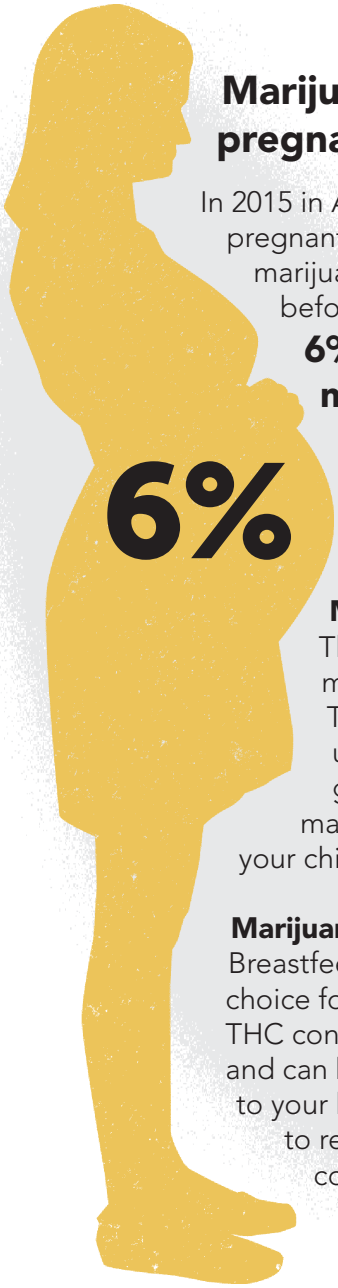




Adults can help reduce youth marijuana use:

- **Supportive Teachers:** Youth who agree that teachers care and encourage them are less likely to have used marijuana in the past month.
- **Talking With Parents:** Youth whose parents talk with them about what they are doing in school every day are less likely to have used marijuana in past month.
- **Community Connections:** Youth who feel connected to their community are less likely to have used marijuana in the past month.
- **After-school Programs:** Youth who take part in after-school activities are less likely to have used marijuana in the past month.[3]





Marijuana use and pregnancy

In 2015 in Alaska, about 15% of pregnant women reported smoking marijuana 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.[7]

Marijuana during pregnancy
There is no known safe amount of marijuana to use while pregnant. That's because no matter how it's used (smoked, eaten etc.), THC gets passed to your baby and may have a long-term impact on your child's ability to learn.[8]

Marijuana while breastfeeding
Breastfeeding is the optimal feeding choice for most infants. However, any THC consumed enters your breast milk and can be passed to your baby. Talk to your healthcare provider about how to reduce the amount of marijuana consumed during breastfeeding.[9]

Among Alaska adults ages 18 and older during 2008–2009 to 2013–2014, there was a statistically **significant decrease in the perception of great risk of monthly marijuana use.**[10]



Number of marijuana-related calls to the Alaska poison center

2013 =10
2014 = 8
2015 =10
2016 = 22

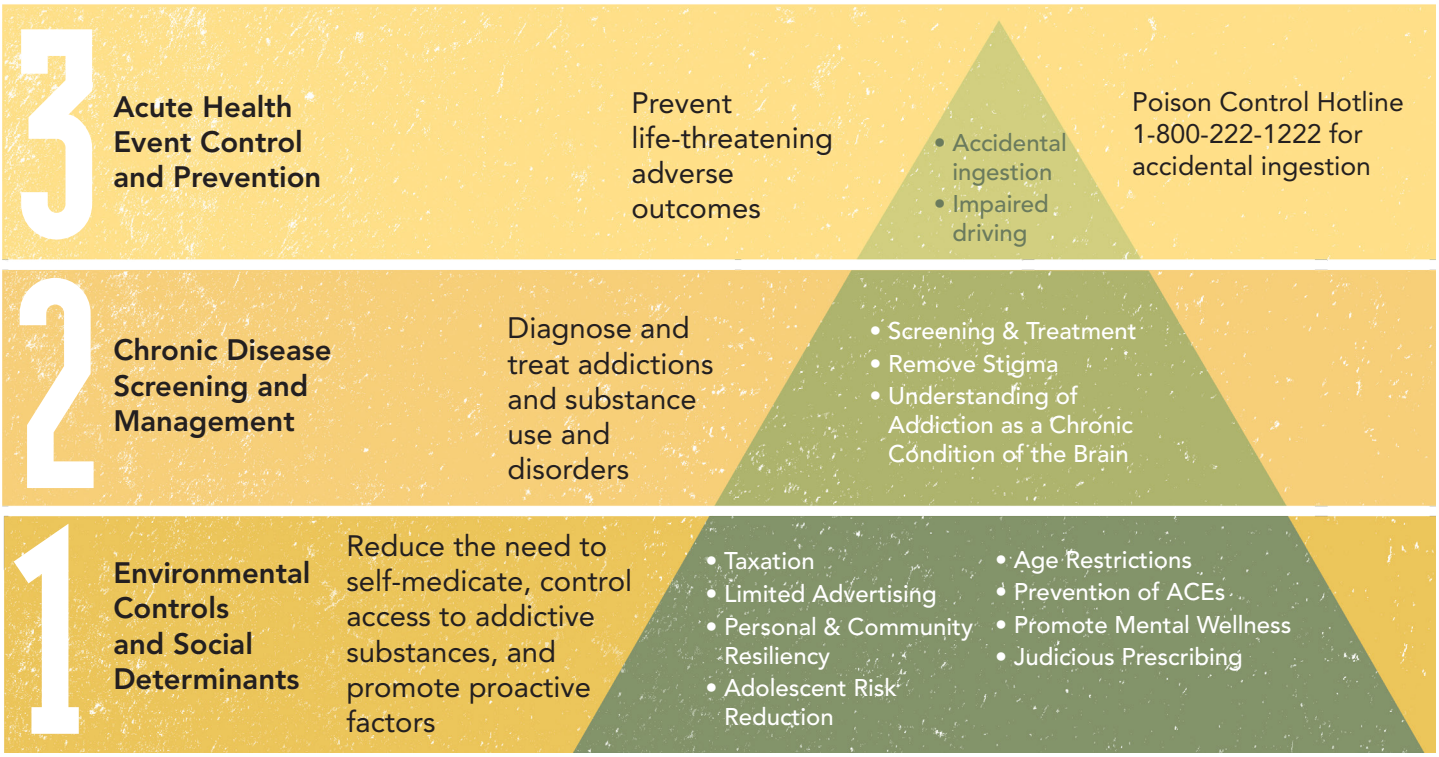
Poison Control Center receives over 6,000 calls each year.



Response

Establishing a sustainable public health program aimed at preventing marijuana misuse and addiction is vital to keeping all Alaskans healthy and safe. It's important to keep the public informed of the potential health effects of marijuana products and trends in use.

PUBLIC HEALTH PRACTICE PARADIGMS



A Conceptual Framework of Public Health Approaches to Preventing Substance Misuse and Addictions (See Text for Details) Abbreviations: ACEs, adverse childhood experiences. 2017 ASTHO President's Challenge: Public Health Approaches to Preventing Substance Misuse and Addiction. Butler, Jay C. MD. Journal of Public Health Management and Practice: September/October 2017 - Volume 23 - Issue 5 - p 531–536.

1. Alaska Behavioral Risk Factor Surveillance System (BRFSS), 2016
2. Alaska Department of Revenue - Tax Division
3. Youth Risk Behavior Survey (YRBS), 2017
4. National Institute on Drug Abuse. Drug Facts: Marijuana; 2012.
5. Partnership for a Drug-Free Kids
6. Volkow, ND, et al. Adverse Health Effects of Marijuana. Use. N Engl J Med 2014 Jun; 370:2219-2227
7. Pregnancy Risk Assessment Monitoring System (PRAMS), 2015
8. Fried PA, Smith AM. A literature review of the consequences of prenatal marihuana exposure. An emerging theme of a deficiency in aspects of executive function. Neurotoxicol Teratol. 2001;23(1):1-11
9. Reece-Stremtan S, Marinelli KA. ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015. Breastfeeding Medicine. 2015;10(3):135-141.
10. National Survey on Drug Use and Health (NSDUH), 2015

STATE of ALASKA
Department of Health and Social Services