



# FACT SHEET

## MARIJUANA USERS IN TREATMENT

**The data in this fact sheet are based on clients in publicly funded and/or monitored alcohol and other drug treatment services in California during state fiscal year (SFY) 2008-09. These data are reported in the California Outcome Measurement System - Treatment (CalOMS-Tx), unless otherwise noted.**

### Background

- Marijuana is a crude drug made from the plant *Cannabis sativa*. Besides the euphoric effects, marijuana produces a state of increased heart rate, lowered blood pressure, impairment of short-term episodic memory, increased appetite, and poor memory and concentration.
- The drug is easily grown, widely available, inexpensive to buy, and easy to use. Cannabis can be smoked (most common use), taken orally, or used as a tea.
- On the streets, some of the slang names for marijuana are grass, pot, herb, dope, roach or weed.
- Marijuana, or cannabis, generally refers to the dried flowers, leaves, and stems of the female cannabis plant. This is the most widely consumed form, containing 3% to 22% Tetrahydro-cannabinol (THC). THC is the major psychoactive chemical compound in cannabis.
- Long-term regular users of marijuana may become psychologically dependent. When young people start using marijuana, they often lose interest and are not motivated to do their schoolwork. Scientists believe that marijuana can be especially harmful to the lungs because users often inhale the unfiltered smoke deeply and hold it in their lungs as long as possible, which may increase the risk of lung cancer.

### CalOMS-Tx Data Collection

The data used for this fact sheet are based on client admissions and discharges, not unique client counts. A client is counted more than once if the client has more than one treatment admission and discharge during the selected reporting period. Admissions are for outpatient, residential, and detoxification services.

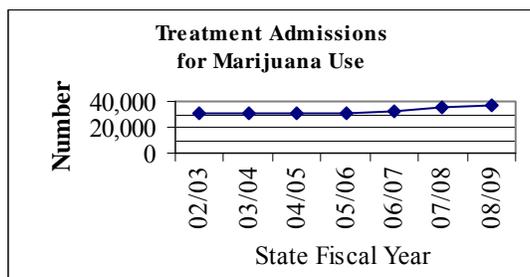
Detoxification by itself does not constitute complete substance abuse treatment. It is short-term (usually less than a week) and is often repeated numerous times. Including detoxification admissions in this data

could bias the client characteristics of the population described if a large percentage of the admissions are for detoxification. Since detoxification services represent only 1 percent of all admissions for clients with a primary marijuana problem, they are included in this fact sheet.

Data on clients' alcohol and other drugs (AOD) abuse collected at admission are compared with data collected at discharge to measure client outcomes, treatment effectiveness, and impact that treatment had on the lives of clients.

## ADMISSION STATISTICS

The chart below shows the trend in annual marijuana admissions over the past seven years. Data from the California Alcohol and Drug Data System (CADDs) were used from SFY 02/03 through SFY 05/06 until CalOMS was implemented in SFY 06/07. Marijuana admissions increased 21 percent over these seven years.



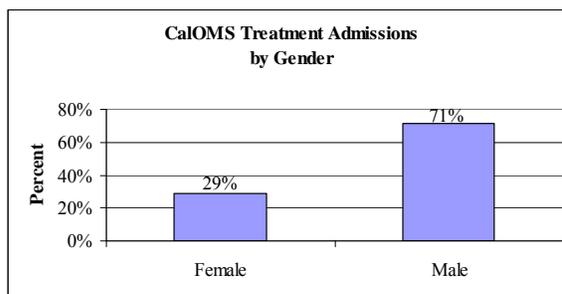
During state fiscal year 08/09, admissions listing marijuana as the primary drug made up over 17% of the total 217,901 admissions to publicly funded and/or monitored treatment programs. Total treatment admissions include all admissions during the fiscal year, regardless of the number of times a client enters treatment.

The following information displays data about the 37,524 marijuana admissions for clients who entered treatment during SFY 08/09. Only treatment admissions for which the primary drug was marijuana are included in this analysis.

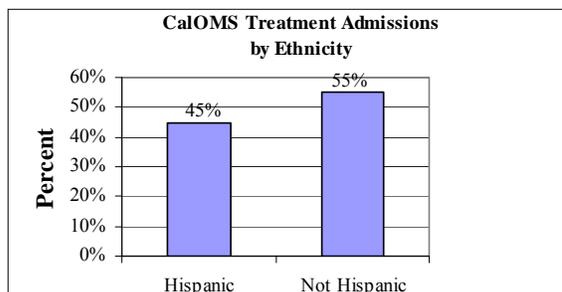
## Demographic and Other Client Characteristics

Of the total admissions for marijuana use:

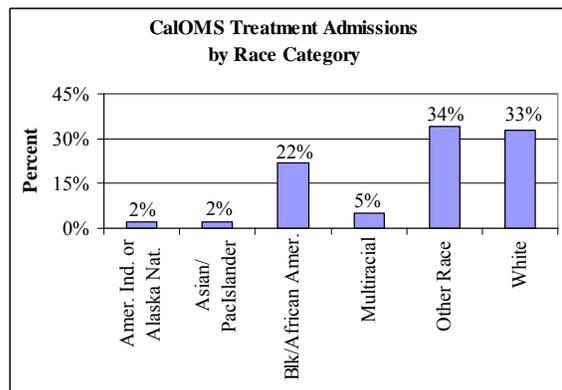
- 71% were male.
- 29% were female.



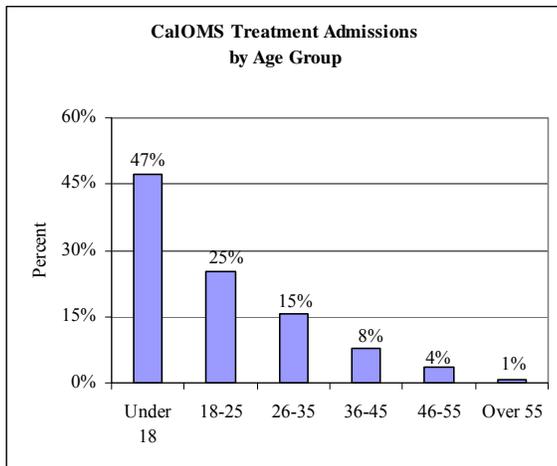
- 45% were Hispanic.
- 55% were not Hispanic.



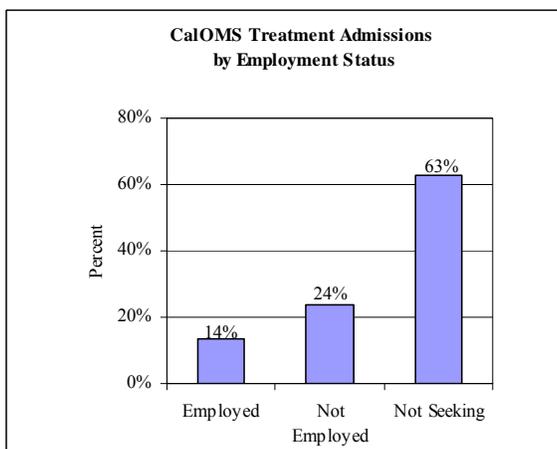
- 34% identified their race as "other".
- 33% were White.
- 22% were Black/African American.



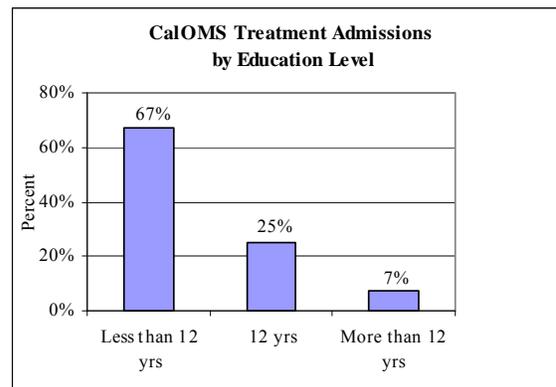
- Nearly half (47%) of the clients were under 18 years old.



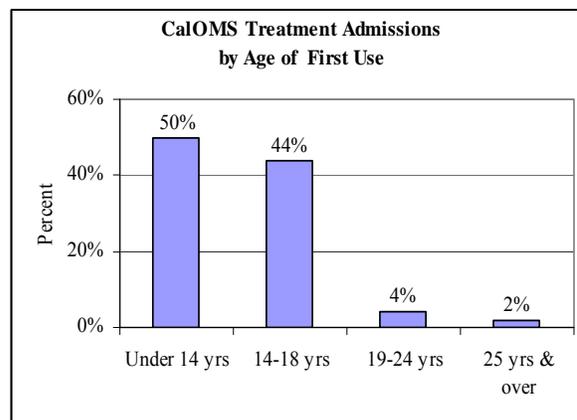
- The largest proportion (63%) was not seeking employment. This includes persons who were retired, disabled, or never in the labor force.
- 24% were unemployed but looking for work.
- 14% were employed full-or part-time



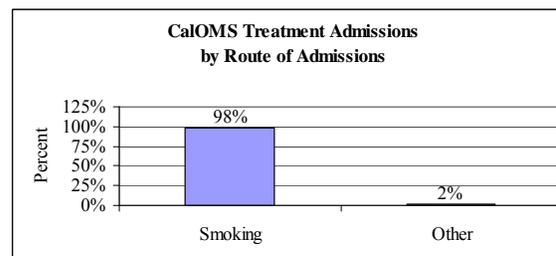
- The majority (67%) completed less than 12 years of education. However, 47% were less than 18 years of age.
- 7% of marijuana abusers had more than 12 years of education.



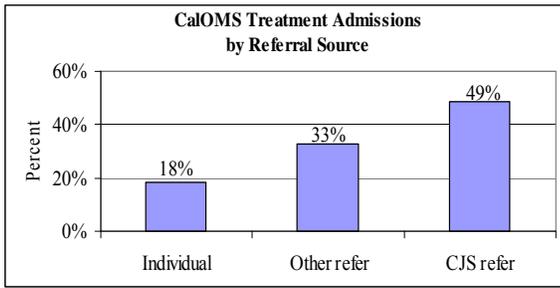
- 50% reported using marijuana when they were younger than 14 years of age.
- 44% used marijuana for the first time when they were 14 to 18 years old.



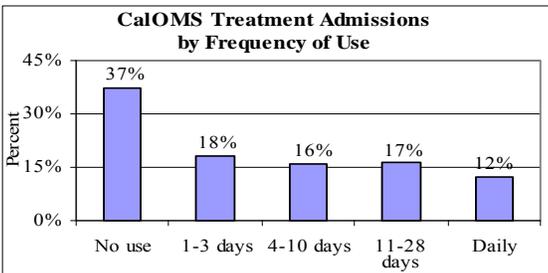
- Almost all (98%) smoked marijuana (as opposed to other routes of administration).



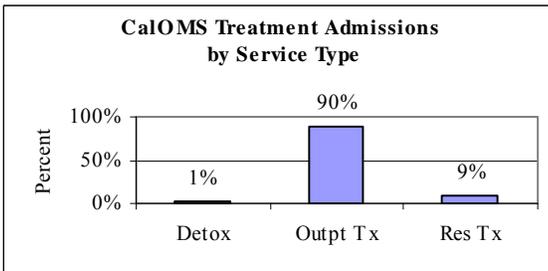
- 49% were referred by the criminal justice system, either by a court order or as a condition of parole.



- 37% reported no use of marijuana in the 30 days prior to admission. This is not surprising as most admissions were referred by the criminal justice system where clients are more likely to be closely monitored for substance abuse.



- Outpatient treatment services were the most common (90%) service type.

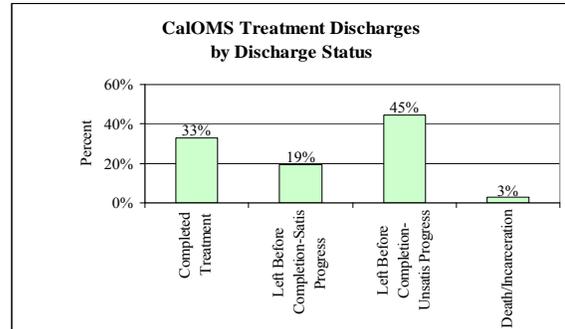


## DISCHARGE STATISTICS

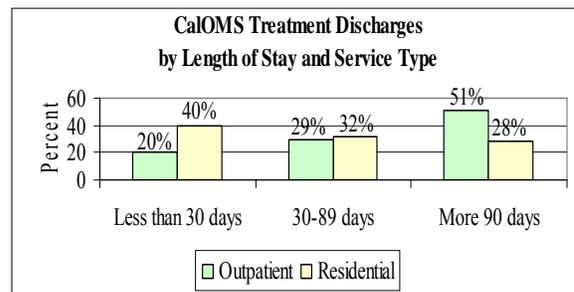
Discharge information is collected when a client leaves the treatment service into which s/he was admitted. As with treatment admissions, clients are counted each time they are discharged from a treatment service during the fiscal year. In SFY 08/09, there were 31,270 discharges from marijuana treatment.

Of the total discharges for marijuana use:

- 45% left before completing their treatment plan with unsatisfactory progress.
- 33% completed their treatment plan for that service type, with some referred to a different service type and others needing no additional treatment services.



- Generally, clients who stay in treatment for a longer period of time have a more positive outcome. About 51% of clients discharged from outpatient services and about 28% of clients discharged from residential services received 90 days or more of time in treatment.



Although treatment duration is shown here by service type, it is the total time in treatment that is important. Treatment frequently includes multiple types of treatment services starting with more intensive, costly services and then transferring to less intensive services. For example, clients who satisfactorily complete residential services are often referred to outpatient services. This explains why

fewer clients stay in residential treatment services for 90 days or more compared with outpatient treatment services.

## CHANGES DURING TREATMENT

Outcome data are collected at admission and compared with data collected at discharge to measure treatment effectiveness and the impact that treatment has on the lives of clients. The data in this section show how treatment has affected various aspects of a client's life. The results of matched admission-discharge records are aggregated and then the percentage change is calculated. A total of 15,430 records are included in the outcomes analysis.

Detoxification services are excluded from these outcomes analyses. This service type is considered a precursor to treatment designed to treat the physiological effects of stopping drug use. Most detoxification stays are short-term (usually less than a week). Most of the change measures are based on the 30 days prior to admission and discharge. Therefore, the two time periods overlap so change cannot be measured.

Records with a discharge status of "Left before Completion" and "Not Referred", "Death", and "Incarceration" are excluded due to the inability to collect data from these clients at the time of discharge. The exclusion of data from these clients who did not complete treatment may result in a bias in the results towards favorable outcomes.

The timespan for the questions on frequency of use, arrests, and social support activities is the past 30 days.

**The situation at admission and discharge, rather than the 30 days prior, apply to the questions on employment/job training and living arrangements.**

- The largest change (87%) was the increase in social support activities. Research indicates that these social support groups (e.g., 12-step or other self-help programs) help to achieve and maintain abstinence and other healthy behaviors during and after treatment.
- A positive change (82%) was also seen in abstinence of drug use.
- Changes in employment/job training increased (23%). This included part- or full-time employment or enrollment in a job training program.
- A modest positive change (10%) was seen in having no arrests.
- Living in a stable environment such as a home or apartment, rather than being homeless, showed the smallest improvement (1%).

