

# The NHSDA Report

July 19, 2002

## Marijuana Use among Youths

The National Household Survey on Drug Abuse (NHSDA) asks respondents to report on past year use and age at first use of marijuana. Respondents aged 12 to 17 were also asked to report whether they had been enrolled in any type

of school at any time during the year before the survey. Youths enrolled in school were asked to report their average letter grade for the last semester or grading period they completed.

### In Brief

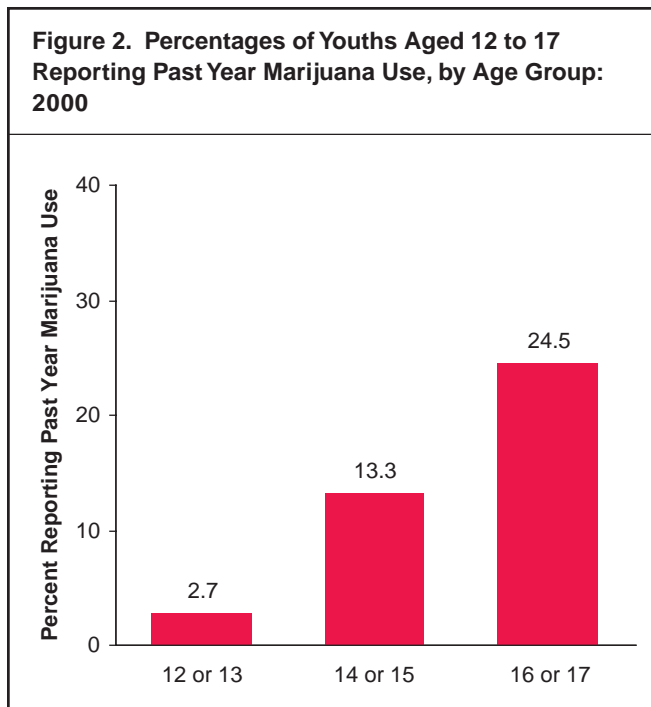
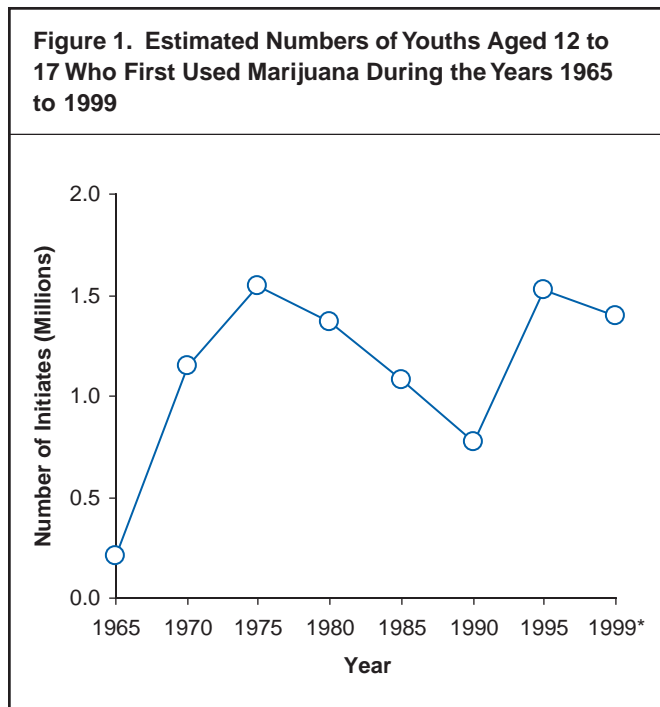
- In 2000, over 3 million youths aged 12 to 17 used marijuana at least once during the past year
- White youths were more likely to use marijuana than Hispanic, black, or Asian youths
- Youths with an average grade of D or below were more than 4 times as likely to have used marijuana in the past year as youths who reported an average grade of A

### Prevalence of Marijuana Use among Youths

In 2000, the NHSDA estimated that over 3 million, or 13 percent, of the 23 million youths aged 12 to 17 used marijuana during the year prior to the survey. The rate of past year marijuana use was lower for youths compared with the rate for young adults aged 18 to 25 (24 percent), but it was higher than the rate for adults aged 26 or older (5 percent).

### Trends in Initiation of Marijuana Use among Youths

Between 1996 and 1999, the number of youths aged 12 to 17 trying marijuana for the first time each year was greater than during the prior 20 years (Figure 1). Approximately 1,690,000 youths first used marijuana during 1996, more than during any other year since 1978. However, the number of youths trying marijuana for the first time decreased to 1,392,000 by 1999.



### Demographic Differences in Prevalence

Older youths were more likely to have used marijuana during the past year than younger youths (Figure 2). Almost 25 percent of youths aged 16 or 17 reported past year marijuana use compared with 3 percent of 12 or 13 year olds. White youths were more likely to have used marijuana during the past year (15 percent) than Hispanic (13 percent), black (9 percent), or Asian youths (6 percent) (Figure 3).

Although males were more likely than females to have used marijuana during the past year among adults aged 18 or older, there were no gender differences in past year marijuana use among youths. For example, among 18 to 25 year olds, males were more likely to have used marijuana during the past year than females (28 percent of males vs. 20 percent of females), but among youths, rates of past year marijuana use were similar (14 percent of males, 13 percent of females).

Youths living in the South (12 percent) were less likely than youths living in the Northeast (14 percent) and West (15 percent) to report past year marijuana use (Figure 4).<sup>1</sup> Youths living in small metropolitan areas were more likely to have used marijuana during the past year (14 percent) than youths living in large metropolitan (13 percent) or non-metropolitan areas (13 percent).<sup>2</sup>

### Academic Performance and Marijuana Use among Youths

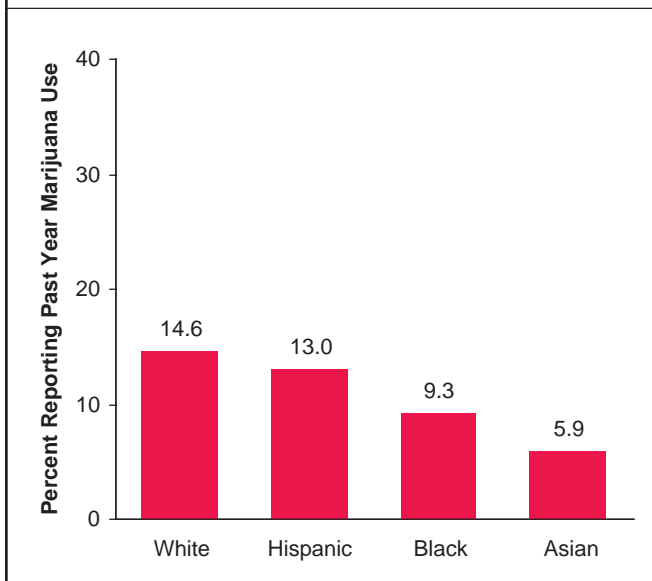
In 2000, almost 30 percent of youths aged 12 to 17 enrolled in school earned an A average during the last semester or grading period they completed, 41 percent earned a B average, 23 percent earned a C average, and 7 percent earned an average of D or below.<sup>3</sup> Prior research has associated poor grades with substance use among youths.<sup>4,5</sup> Rates of past year marijuana use were higher among youths with lower grades than among those with

higher grades (Figure 5). For example, youths with an average grade of D or below were more than 4 times as likely to have used marijuana in the past year (33 percent) as youths who reported an average grade of A (7 percent).

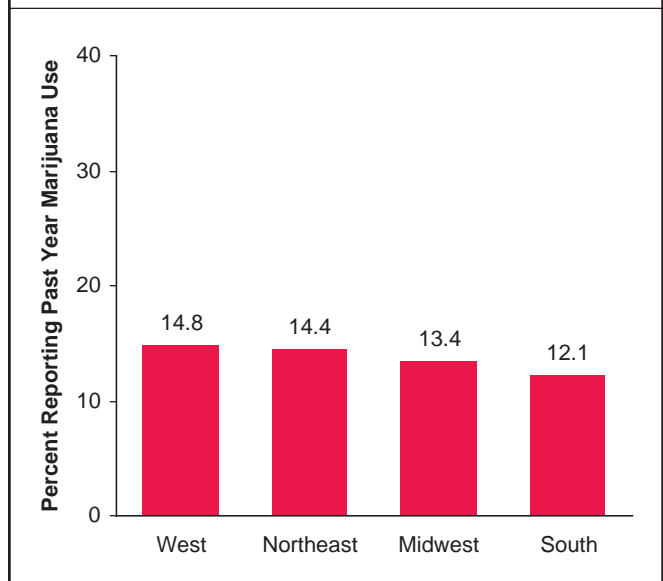
#### End Notes

- Regions include the following groups of States:  
**Northeast Region:** Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania.  
**Midwest Region:** Wisconsin, Illinois, Michigan, Indiana, Ohio, North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri.  
**South Region:** West Virginia, Virginia, Maryland, Delaware, District of Columbia, North Carolina, South Carolina, Georgia, Florida, Mississippi, Tennessee, Kentucky, Alabama, Texas, Oklahoma, Arkansas, Louisiana.  
**West Region:** Idaho, Nevada, Arizona, New Mexico, Utah, Colorado, Wyoming, Montana, California, Oregon, Washington, Hawaii, Alaska.
- Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population of less than 1 million. Non-metropolitan areas are outside of metropolitan statistical areas (MSAs), as defined by the Office of Management and Budget.
- Approximately 69 percent of surveyed youths aged 12 to 17 were included in these analyses. The remaining 31 percent of youths either attended schools that did not give letter grades, left the question blank, did not attend school, or were not asked about letter grades. Unpub-

**Figure 3. Percentages of Youths Aged 12 to 17 Reporting Past Year Marijuana Use, by Race/Ethnicity: 2000\*\***



**Figure 4. Percentages of Youths Aged 12 to 17 Reporting Past Year Marijuana Use, by Geographic Region: 2000**



The National Household Survey on Drug Abuse (NHSDA) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2000 data are based on information obtained from nearly 72,000 persons aged 12 or older, including more than 25,000 youths aged 12 to 17. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NHSDA Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI in Research Triangle Park, North Carolina. Information and data for this issue are based on the following publication and statistics:

Substance Abuse and Mental Health Services Administration. (2001). *Summary of findings from the 2000 National Household Survey on Drug Abuse* (NHSDA Series: H-13, DHHS Publication No. SMA 01-3549). Rockville, MD: Author.

Also available on-line: [www.DrugAbuseStatistics.samhsa.gov](http://www.DrugAbuseStatistics.samhsa.gov).

Additional Tables 1.2A, 1.2B, 1.3B, 1.4B, 1.5B, 1.6B, 1.7B, 1.32B, 1.77B, 1.78B, and 1.79B from [http://www.samhsa.gov/oas/nhsda/2kdetailedtabs/Vol\\_1\\_Part\\_1/V1P1.htm](http://www.samhsa.gov/oas/nhsda/2kdetailedtabs/Vol_1_Part_1/V1P1.htm) and

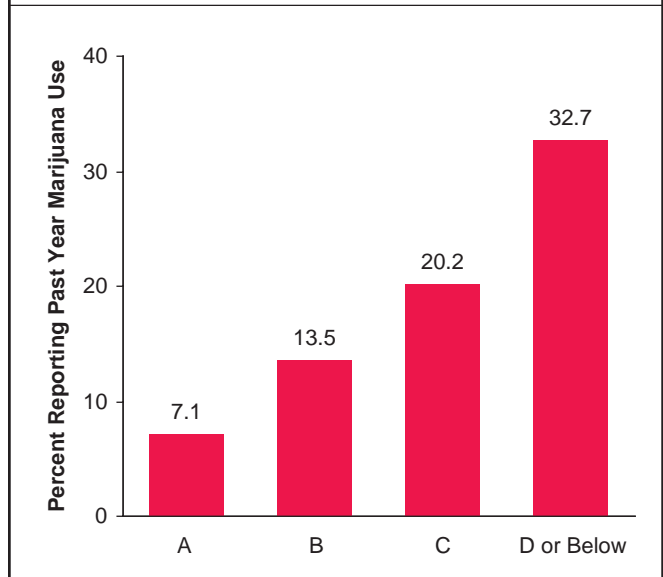
Table 4.1A from [http://www.samhsa.gov/oas/nhsda/2kdetailedtabs/Vol\\_1\\_Part\\_3/V1P3a.htm](http://www.samhsa.gov/oas/nhsda/2kdetailedtabs/Vol_1_Part_3/V1P3a.htm).

Additional tables available upon request.



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Substance Abuse & Mental Health Services Administration  
Office of Applied Studies  
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**Figure 5. Percentages of Youths Aged 12 to 17 Enrolled in School Reporting Past Year Marijuana Use, by Average Grades for the Last Semester or Grading Period Completed: 2000**



lished analyses of 1999 NHSDA data using revised sample weights specific to youths who were asked about letter grades indicated that any differences in demographics between those who were asked about grades and the full sample did not have a marked effect on the distribution of letter grades or on the association between letter grades and past year marijuana use.

4. Hawkins, J.D., Catalano, R.F., & Miller, J.Y. (1992). Risk and protective factors for alcohol

and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112, 64-105.

5. Lane, J., Gerstein, D., Huang, L., & Wright, D. (2001). *Risk and protective factors for adolescent drug use: Findings from the 1997 National Household Survey on Drug Abuse* (Analytic Series: A-12, DHHS Publication No. SMA 01-3499). Rockville, MD: Substance Abuse and Mental Health Services Administration.

**Figure Notes**

\*Estimated using 2000 data only.

\*\*American Indian/Alaska Native, Native Hawaiian/ Other Pacific Islander, and multiracial youths are not included in these analyses.

Source (Figure 1): SAMHSA 1999 and 2000 NHSDAs.

Source (Figures 2-5): SAMHSA 2000 NHSDA.