

**From:** [cac@Cannabis](mailto:cac@Cannabis)  
**To:** [Dempsey, Christina@Cannabis](mailto:Dempsey.Christina@Cannabis)  
**Subject:** FW: Input re: Advisory Committee Priorities  
**Date:** Wednesday, September 7, 2022 10:31:11 AM  
**Attachments:** [2022.09.06 Memo to DCC.pdf](#)  
[NIH 8.22.22 Marijuana Hallucingen use highest 2021.docx](#)  
[2022.08.30 Weed the New OxyContin.pdf](#)

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**From:** ncpcinfo <[Info@northcoastalpreventioncoalition.org](mailto:Info@northcoastalpreventioncoalition.org)>

**Sent:** Tuesday, September 6, 2022 6:44 PM

**To:** [cac@Cannabis](mailto:cac@Cannabis) <[cac@cannabis.ca.gov](mailto:cac@cannabis.ca.gov)>

**Subject:** Input re: Advisory Committee Priorities

[EXTERNAL]: [info@northcoastalpreventioncoalition.org](mailto:info@northcoastalpreventioncoalition.org)

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Sharing the memo attached and pasted below on behalf of prevention coalitions in north San Diego County:

**TO:** Department of Cannabis Control Advisory Committee

**FROM:** Prevention Coalitions of North San Diego County, including North Coastal Prevention Coalition, San Marcos Prevention Coalition, and San Dieguito Alliance for Drug Free Youth

Contact: K.C. Strang – Executive Director, San Marcos Prevention Coalition,  
<[kcstrang1@gmail.com](mailto:kcstrang1@gmail.com)>

**RE:** Lack of Priority to Prevent Youth Use of and Access to Cannabis

**Background:**

Prevention coalitions in North San Diego County have been meeting since September 2017 with other regional stakeholders including service providers, advocates, prevention specialists, schools, and others throughout North San Diego County to identify and address issues of concern, especially issues that impact youth.

In June, 2019 the group completed a White Paper – “Analysis of Issues Concerning North County Adolescents” – of which marijuana access and use was a top concern.

Since then, members have been involved in a variety of programs, campaigns, and initiatives to address and prevent youth marijuana use.

**Identifying the Challenge of Youth Access:**

When school closures began in March 2020, North County prevention coalitions became increasingly worried about the health and development of adolescents in our region. News reports and anecdotal evidence reported youth were disengaging from school, there was increased potential for lack of supervision and positive adult role models, liquor stores and marijuana were categorized as

‘essential businesses,’ and delivery of these products increased under stay at home orders.

Curbing youth access to alcohol, marijuana, and vaping devices became a priority for many members of the Stakeholders group.

### **Efforts to Address Youth Access:**

In the late Spring and Summer of 2020, we learned the Department of Alcoholic Beverage Control (ABC) had conducted a series of alcohol delivery compliance checks across the State, including here in North County. Initial violation rates were alarmingly high (at 79% in April 2020), and the ABC issued industry warnings to licensees. In a January 2021 follow-up operation here in North County, there were no violations. According to Statewide ABC data, the violation rate has dropped to 18% as of April 2021 and 246 misdemeanor citations have been issued.

We have been advocating at the local, regional, and State level to implement similar strategies to prevent marijuana sales to minors, but have had no success. No one (except industry representatives on the previous BCC Advisory Board) opposes efforts to conduct compliance checks, but no one has been able to make them happen. Our contacts include:

- Speaking at the Bureau of Cannabis Control (BCC) Advisory Committee meeting
- Supporting local elected officials in sending letters to the BCC (including State Senator Patricia Bates, and State Senator Brian Jones with State Assemblymember and Marie Waldron)
- Meetings with the District Attorney’s Office
- Meeting with local law enforcement agencies (Carlsbad PD Juvenile Diversion, Oceanside Police Chief, Vista Sheriffs, SDPD, Escondido PD)

### **Recent Research Study on Sales Compliance:**

We recently learned of a study funded by the Insurance Institute for Highway Safety and published in March 2021. The researchers used ‘pseudo minors’ to test ID checking at licensed businesses in California and found 100% compliance.

While this is good news, we believe it fails to address the widespread availability of marijuana through deliveries, both licensed and unlicensed. The researchers also failed to describe the loophole in California that makes marijuana readily available to those 18-20 with an easily obtained (even online) ‘med card.’

The Introduction section of the study’s report includes research and references documenting how compliance checks are an effective strategy to reduce youth access. The field of tobacco prevention also worked to prevent youth access by raising the purchase age for tobacco to 21 and conducting regular compliance checks, especially in jurisdictions that adopt local ‘Tobacco Retailer License’ (TRL) ordinances.

### **Our Urgent Request:**

Every day, new reports and news stories are released warning of increasing risks of youth marijuana use. We are sharing just two recent examples here:

- An August 22, 2022 report from the National Institutes of Health: *Marijuana, hallucinogen use among young adults reached all-time high in 2021*
- An August 30, 2022 online article from Tablet: *How Weed Became the New OxyContin – Big Pharma and Big Tobacco are helping market high-potency, psychosis-inducing TCH products as*

*your mother's 'medical marijuana'*

The commercial cannabis market is quickly expanding in our region. Vista now has 11 marijuana storefronts, many of which have obtained delivery permits, and their billboards line our State Route 78 freeway for children and teens to see their ads promoting 'health and wellness.'

Meanwhile, in cities that opt to prohibit commercial marijuana activity, no actions are being taken to prevent marijuana marketing and delivery in general, or to youth specifically. Residents in these cities receive coupon mailers for discounts and delivery of marijuana, with no regard to whether or not children or minors under 21 live at these homes. Ordinances in these cities prohibit commercial delivery, but no one is being held accountable, or making any effort to prevent delivery to minors.

Officials in our local school districts state THC vaping has surpassed tobacco vaping by students on campus, and there are few effective interventions to prevent continued use.

In public meetings throughout the region, enforcement is only mentioned in the context of combating the illicit market, with no acknowledgement that the current legal market is creating the marketing campaigns that convince today's youth that marijuana is healthy and safe.

Your Advisory Committee meeting notice, headlining \$20 million to expand consumer access to legal retailers, is further evidence that the Department of Cannabis Control lacks commitment and leadership in preventing youth access.

We strongly urge the Department of Cannabis Control to re-examine the membership on your Advisory Committee, commit to increasing representation from public health and medical professionals as required by law, and re-align your priorities to the residents of California instead of the Cannabis industry.

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**Date:** September 6, 2022

**TO:** Department of Cannabis Control Advisory Committee

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## NEWS

# How Weed Became the New OxyContin

Big Pharma and Big Tobacco are helping market high-potency, psychosis-inducing THC products as your mother's 'medical marijuana'

BY LEIGHTON WOODHOUSE

AUGUST 30, 2022

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**F**OR 30 YEARS, DR. LIBBY STUYT, A RECENTLY RETIRED ADDICTION psychiatrist in Pueblo, Colorado, treated patients with severe drug dependency. Typically, that meant alcohol, heroin, and methamphetamines. But about five years ago, she began to see something new.

“I started seeing people with the worst psychosis symptoms that I have ever seen,” she told me. “And the worst delusions I have ever seen.”

These cases were even more acute than what she'd seen from psychotic patients on meth. Some of the delusions were accompanied by “severe violence.” But these patients were coming up positive only for cannabis.

Stuyt wasn't alone: Health care professionals throughout Colorado and all over the country were seeing similar episodes.

Ben Cort, who runs an addiction recovery center in Steamboat Springs, Colorado, watched a young man jump up on the table in the emergency department and strip naked, claiming he was the God of thunder and threatening to kill everyone in the

room, including two police officers. A collegiate athlete Cort worked with also had a psychotic episode and was shot five times by the police with a beanbag gun before he was subdued. In Los Angeles County, Blue Stohr, a psychiatric social worker, had a patient who climbed a 700-foot crane and considered jumping off of it, not because he was suicidal but because he thought he was in a computer simulation, like *The Matrix*.

Those patients, too, were high only on cannabis.

In 2012, Colorado legalized marijuana. In the decade since, 18 other states have followed suit. As billions of dollars have flowed into the new above-ground industry of smokable, edible, and drinkable cannabis-based products, the drug has been transformed into something unrecognizable to anyone who grew up around marijuana pre-legalization. Addiction medicine doctors and relatives of addicts say it has become a hardcore drug, like cocaine or methamphetamines. Chronic use leads to the same outcomes commonly associated with those harder substances: overdose, psychosis, suicidality. And yet it's been marketed as a kind of elixir and sold like candy for grown-ups.

"I got into addiction medicine because of the opioid crisis," said Dr. Roneet Lev, an addiction medicine doctor in San Diego who hosts a podcast about drug abuse. Years ago, she advocated against the overprescription of opioid painkillers like OxyContin. Now, she believes she's seeing the same thing all over again: the specious claims of medical benefits, the denial of adverse effects. "From Big Tobacco to Big Pharma to Big Marijuana—it's the same people, and the same pattern."

Prior to legalization, marijuana plants were bred to produce higher and higher concentrations of THC, a naturally occurring chemical compound in the plant that induces euphoria and alters users' perceptions of reality. In the 1960s, the stuff the

hippies were smoking was less than 2% THC. By the '90s, it was closer to 5%. By 2015, it was over 20%. “It’s a freak plant that resembles nothing of what has existed in nature,” said Laura Stack, a public speaker who has advocated against the industry since her son, Johnny, killed himself three years ago at 19 years old after years of cannabis abuse drove him into psychosis.

In the era of legalized weed, the drug you think of as “cannabis” can hardly be called marijuana at all. The kinds of cannabis products that are sold online and at dispensaries contain no actual plant matter. They’re made by putting pulverized marijuana into a tube and running butane, propane, ethanol, or carbon dioxide through it, which separates the THC from the rest of the plant. The end product is a wax that can be 70% to 80% THC. That wax can then be put in a vacuum oven and further concentrated into oils that are as much as 95% or even 99% THC. Known as “dabs,” this is what people put in their vape pens, and in states like California and Colorado it’s totally legal and easily available to children. “There are no caps on potency,” said Stack.

If you’re over 30 years old and you used to smoke weed when you were a teenager, the strongest you were smoking was probably 20% THC. Today, teenagers are “dabbing” a product that’s three, four, or five times stronger, and are often doing so multiple times a day. At that level of potency, the impact of the drug on a user’s brain belongs to an entirely different category of risk than smoking a joint or taking a bong rip of even an intensively bred marijuana flower. It’s highly addictive, and over time, there’s a significant chance it can drive you insane.

If you’ve ever smoked a bowl and become irrationally anxious that everyone is staring at you and knows you’re high, what you experienced was a mild symptom of cannabis-induced psychosis. According to one study, about 40% of people react this way. If you experience that paranoia and keep smoking on a regular basis nonetheless—especially with today’s high-potency THC products, and especially if

you're young—there's a good chance you'll eventually suffer a full psychotic break; 35% of young people who experience psychotic symptoms, according to another study, eventually have such an episode. If you keep using after that, you run a decent risk of ending up permanently schizophrenic or bipolar. Cannabis has by far the highest conversion rate to schizophrenia of any substance—higher than meth, higher than opioids, higher than LSD. Two Danish studies, as well as a massive study from Finland, put your chances at close to 50%.

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BY LEIGHTON WOODHOUSE

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“One out of every 20 daily users can expect to develop schizophrenia if they don't quit,” Dr. Christine Miller, an expert on psychotic disorders, told me.

But quitting THC products of that potency is “almost impossible,” Stuyt said, comparing its addictive power to tobacco. The days of marijuana addiction being merely “psychological” are over. “There is a definite withdrawal syndrome that

includes irritability, anger, anxiety, massive cravings, can't sleep, can't eat," said Stuyt.

And it's even harder because so many users believe it's *good* for them.

As a teenager, Kevin Bright suffered from depression and anxiety. He started smoking pot at around 15 years old to self-medicate. As his tolerance built up, he started using THC concentrates—the stuff made from those high-potency waxes and oils—which was legal and easily available in the Bay Area suburb where he grew up. His personality began to unravel, his father, Bart, told me. He was constantly irate. He attempted suicide several times—once by ingesting pills, once by trying to hang himself, and another time by driving his car into the Bay. Then he began developing full-blown delusions, imagining that the FBI was after him. When he called his parents, he would scream at them in gibberish. Eventually, at 29 years old, he put a plastic bag over his head and breathed nitrous oxide through a tube until he suffocated to death.

Kevin had a hardcore drug addiction, but in his imagination, he was just taking medicine—and a \$13 billion industry was telling him he was right.

“The line about it being medicine—he bought that,” Bright said about his son. “I told people, what medicine do you get from a doctor that’s 100% always approved, that you can get within 10 to 15 minutes online, you can take as much as you want per year, you never have to come back to renew it?”

Since marijuana is still considered a Schedule I Controlled Substance by the federal government, there’s no such thing as a “prescription” for medical cannabis. Instead, you can get a “recommendation” from a physician.

“This doctor’s recommendation typically has no expiration, has no dose, has no duration, and no change across state lines,” Ben Cort said. “It’s basically, ‘Take as much as you want as often as you want until you feel what you want.’” (Colorado

has tightened rules around medical cards, but only for 18- to 20-year-olds, in an effort to mitigate drug dealing in high schools.)

To get a recommendation, you can go to websites with names like “NuggMD” and get approved in less than 10 minutes. With that recommendation, you can acquire a state-licensed medical marijuana card. In states where recreational use of cannabis is legal, you don’t need a medical marijuana card to buy cannabis products, but the card exempts you from certain taxes—it’s basically a discount card for high-frequency users.

At a dispensary, there’s no distinction between cannabis products made to be consumed for fun and ones created for their supposed healing properties. “You walk into a store, it’s the exact same product,” Cort said. “If you have a med card, you pay less tax.”

The array of products on offer is dazzling. On WeedMaps.com, you can buy your cannabis in the form of a joint, flower, vape, concentrate (budder, crumble, or crystalline), cookie, brownie, corn nut, caramel corn, jalapeño cheese cracker, rice crispie bar, macaron, pretzel bite, cereal, tincture, syrup, seltzer, iced tea, herbal tea, tonic, apple juice, punch, mocktail, root beer, cream soda, lemonade, agua fresca, powder, gummy, mint, chocolate, gum, balm, salve, bath bomb, salt, oil, shower gel, or soap, and have it delivered to your doorstep.

These products are all sold as “medicine,” even though none of them is FDA-approved. (There are only four cannabis-based drugs that have received FDA authorization, all of which require prescriptions.) And although it’s illegal for anyone without a medical degree to offer medical advice, dispensary “budtenders” do it all the time. Their advice is completely evidence-free, because no evidence exists that the specific products they sell have any medicinal value.

“Drug companies are forever doing drug trials to see if this new drug helps or doesn’t help,” said Dr. Robin Murray, a psychiatric researcher at King’s College London who specializes in cannabis-induced schizophrenia. “Why would cannabis



companies do this? They're doing so well without the trials. The trial might show that it *wasn't* helpful. So they've got no incentive to do these trials."

"There is research out there supporting the use of cannabis for some medical conditions," said Stuyt, "But it's all less than 10% THC. Nothing has been studied greater than 10%. But we have all this research showing that greater than 10% puts you at risk for psychosis, addiction, suicide, cannabis hyperemesis syndrome [constant, severe vomiting]—all these things that high-potency THC is doing."

"High-potency" describes almost all of the cannabis products sold in the United States today, the vast majority of which are over 15% THC.

Dr. David Smith, an addiction medicine doctor who founded the Haight Ashbury Free Clinic in 1967, is highly optimistic about the prospects of cannabis research for medical purposes, as well as the medical potential of psilocybin and other psychedelics. "There's a lot of promise in cannabis medicine," he told me. "But you're not going to get that by vaping in a classroom." The pantomime version of drug prescription that characterizes the cannabis market today "is not the way medicine's supposed to be practiced," he told me.

"It's insulting to the medical profession," said Dr. Lev. "They've hijacked the word 'medical.'"

"This is not medicine," said Stuyt. "This high-potency THC has not been studied as medicine. But because it's allowed to be heavily marketed and advertised as medicine, people believe it's safe. And so they believe it's medicine. And when you take medicine for a chronic problem, you take it every day. Sometimes you take it all day long. And that makes you addicted to it. And so then you're in constant withdrawal."

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"Look at the industries that pioneered the addiction business: tobacco, alcohol, and



pharmaceuticals. Today, all three are heavily invested in cannabis.”

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To imagine the market potential for a legal, highly addictive drug, all you have to do is look at the colossal success of the industries that pioneered the addiction business: tobacco, alcohol, and pharmaceuticals. Today, all three are heavily invested in cannabis. In 2019, Altria, the parent company of Marlboro cigarettes, acquired 45% of Cronos, one of the world’s biggest cannabis companies.

Constellation Brands, a major alcohol conglomerate, has billions invested in Canopy, another cannabis company. Last year, Jazz Pharmaceuticals acquired GW Pharmaceuticals, the company that makes one of the four FDA-approved, cannabis-derived drugs. Even a former CEO of Purdue Pharma, the company that made OxyContin, co-founded a medical marijuana company called Emblem after helping to create the modern opioid epidemic.

“People think it’s a miracle drug, that it’s nonaddictive, that it helps with cancer and anxiety,” said Jordan Davidson, who recovered from cannabis addiction and now works for Smart Approaches to Marijuana, which advocates against the expansion of the cannabis industry. “It’s more like Big Tobacco 2.0.”

The future of the industry that these investors are now betting on is focused on families like Aubree Adams’ in Pueblo, Colorado.

Aubree’s older son started using legal cannabis products in the eighth grade. By his freshman year in high school, he was addicted. He became psychotic: “Self-harming, violent behaviors, couldn’t even regulate any moods—crying obsessively, inconsolable, paranoid over things, thinking people were after us,” his mother

recounted. He tried to kill his little brother several times. Once Aubree's younger son had to run away from his brother barefoot in the snow. Aubree had to quit her job to stay home to protect him. Her older son attempted suicide. He started selling marijuana, and ended up on the streets. He got beat up. Someone threatened to shoot up the family's house.

On one occasion, Aubree found herself trying to calm down her son as he frantically searched the house for the key to the lock on the family's gun, believing people were coming after him. "There were many moments when I had to tell my younger son, 'Get out of the house,'" Aubree said. "There were moments when I said, 'Get the dog. Lock yourself in my bedroom.'"

When Aubree tried to get her son to stop he would say, "It's medicine, Mom. You're the only one not using it, Mom. Maybe you need to start using it, Mom. You'll feel better. What you're saying is a lie, Mom. It's all propaganda, Mom."

Even while watching all of this unfold, Aubree's husband began secretly using cannabis as well, believing it would calm his anxiety. He went to a dispensary and complained about panic attacks. The budtender readily offered him spurious medical advice, recommending marijuana flowers that were 24% THC. Aubree's husband began regularly consuming cannabis as his family was falling apart, and fell into a pattern of depression and suicidal ideation.

It's a common pattern: People start consuming cannabis to fix their anxiety, but the withdrawal from the THC instigates anxiety instead of alleviating it. "People think, 'Oh, it's my symptoms. That's why I need it. I'm anxious and it's treating my anxiety,'" said Stuyt. "No: It's the *withdrawal* that's *causing* your anxiety."

It's a vicious cycle that's great for business. At the root of the misconception is the myth that "cannabis" as it exists today is a safe, natural, medicinal substance. But if people thought of today's high-potency THC products the way they think of hard drugs, far fewer people would fall under its influence—which is why it's so important to the industry that they don't.

“Everybody knows meth is bad,” Cort said. “There’s not a user who does not think meth is bad. You survey America, about 65% of them are going to tell you there’s nothing wrong with weed.”

And now those Americans are facing a tidal wave of corporate advertising telling them they’re right.

“This is a for-profit industry,” said Stuyt. “And they profit off of addiction.”

Leighton Akira Woodhouse is a freelance reporter and documentary filmmaker. He writes at [leightonwoodhouse.substack.com](http://leightonwoodhouse.substack.com).

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#MARIJUANA    #ADDICTION

Monday, August 22, 2022



National Institutes of Health  
*Turning Discovery Into Health*

## Marijuana, hallucinogen use among young adults reached all-time high in 2021

*NIH-supported study also found past-month vaping levels rebound after early pandemic drop.*

Marijuana and hallucinogen use in the past year reported by young adults 19 to 30 years old increased significantly in 2021 compared to five and 10 years ago, reaching historic highs in this age group since 1988, according to the Monitoring the Future (MTF) panel study. Rates of past-month nicotine vaping, which have been gradually increasing in young adults for the past four years, also continued their general upward trend in 2021, despite leveling off in 2020. Past-month marijuana vaping, which had significantly decreased in 2020, rebounded to pre-pandemic levels in 2021.

Alcohol remains the most used substance among adults in the study, though past-year, past-month, and daily drinking have been decreasing over the past decade. Binge drinking (five or more drinks in a row in the past two weeks) rebounded in 2021 from a historic low in 2020, during the early stages of COVID-19 pandemic. On the other hand, high-intensity drinking (having 10 or more drinks in a row in the past two weeks) has been steadily increasing over the past decade and in 2021 reached its highest level ever recorded since first measured in 2005.

“As the drug landscape shifts over time, this data provides a window into the substances and patterns of use favored by young adults. We need to know more about how young adults are using drugs like marijuana and hallucinogens, and the health effects that result from consuming different potencies and forms of these substances,” said National Institute on Drug Abuse Director Nora Volkow, M.D. “Young adults are in a critical life stage and honing their ability to make informed choices. Understanding how substance use can impact the formative choices in young adulthood is critical to help position the new generations for success.”

Since 1975, the [Monitoring the Future](#) study has annually surveyed substance use behaviors and attitudes among a nationally representative sample of teens. A longitudinal panel study component of MTF conducts follow-up surveys on a subset of these participants to track their drug use through adulthood. Participants self-report their drug use behaviors across three primary time periods – lifetime, past year (12 months), and past month (30 days). The MTF study is conducted by scientists at the University of Michigan’s Institute for Social Research, Ann Arbor, and is funded by NIDA, part of the National Institutes of Health.

Data for the 2021 survey were collected online from April 2021 through October 2021. Key findings in the young adult group include:

**Marijuana Use:** Past-year, past-month, and daily marijuana use (use on 20 or more occasions in the past 30 days) reached the highest levels ever recorded since these trends were first monitored in 1988. The proportion of young adults who reported past-year marijuana use reached 43% in 2021, a significant increase from 34% five years ago (2016) and 29% 10 years ago (2011). Marijuana use in the past month was reported by 29% of young adults in 2021, compared to 21% in 2016 and 17% in 2011. Daily marijuana use also significantly increased during these time periods, reported by 11% of young adults in 2021, compared to 8% in 2016 and 6% in 2011.

**Hallucinogen Use:** Past-year hallucinogen use had been relatively stable over the past few decades until 2020, when reports of use started to increase dramatically. In 2021, 8% of young adults reported past-year hallucinogen use, representing an all-time high since the category was first surveyed in 1988. By comparison, in 2016, 5% of young adults reported past-year hallucinogen use, and in 2011, only 3% reported use. Types of hallucinogens reported by participants included LSD, MDMA, mescaline, peyote, “shrooms” or psilocybin, and PCP. The only hallucinogen measured that significantly decreased in use was MDMA (also called ecstasy or Molly), showing statistically significant decreases within one year as well as the past five years – from 5% in both 2016 and 2020 to 3% in 2021.

**Vaping:** Nicotine vaping in the past month increased significantly among young adults in 2021 despite leveling off in 2020 during the earlier part of the pandemic. The continued increase in 2021 reflects a general long-term upward trend: in 2021, nicotine vaping prevalence nearly tripled to 16% compared to 6% in 2017, when the behavior was first recorded.

Prevalence of marijuana vaping in the past month among young adults had significantly dipped in 2020 but returned to near pre-pandemic levels in 2021. Since 2017, when marijuana vaping was included in this study, past-month prevalence has doubled – from 6% in 2017 to 12% in 2021.

**Alcohol Use:** Reports of binge drinking by young adults – defined as having five or more drinks in a row in the past two weeks – returned to pre-pandemic levels in 2021 after significantly decreasing in 2020 (32% reported in 2021, versus 28% in 2020 and 32% in 2019). High-intensity drinking, defined as having 10 or more drinks in a row in the past two weeks, was at its highest level since it was first measured in 2005, reported by 13% of young adults in 2021, compared with 11% in 2005. However, past-month and past-year alcohol use, and daily drinking have been on a downward trend in young adults for the past 10 years. For example, in 2021, 66% of young adults reported alcohol use in the past 30 days, a significant decline from 70% recorded in 2016 and 69% in 2011.

The study also showed significant decreases in past-month cigarette smoking by young adults and non-medical use of opioid medications in the past year (surveyed as “narcotics other than heroin”) compared to 10 years ago. Both substances have been declining steadily in use for the past decade. Additional data from the 2021 MTF panel study include drug use reported by [adults 35 to 50 years old](#), [college/non-college young adults](#), and among [various demographic subgroups](#).

“One of the best ways we can learn more about drug use and its impact on people is to observe which drugs are appearing, in which populations, for how long, and under which contexts,” said Megan Patrick, Ph.D., a research professor at the University of Michigan and principal investigator of the MTF panel study. “Monitoring the Future and similar large-scale surveys on a consistent sample population allow us to assess the effects of ‘natural experiments’ like the pandemic. We can examine how and why drugs are used and highlight critical areas to guide where the research should go next and to inform public health interventions.”

View more information on the [methods](#) behind MTF panel study data collection and how the survey adjusts for the effects of potential exclusions [in the report](#).

Results from the related 2021 MTF study of substance use behaviors and related attitudes among teens in the United States was released in December 2021, and 2022 results are upcoming in December 2022.

*For more information on substance and mental health treatment programs in your area, call the free and confidential [National Helpline 1-800-662-HELP \(4357\)](#) or visit [www.FindTreatment.gov](#).*

**About the National Institute on Drug Abuse (NIDA):** NIDA is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world’s research on the health aspects of drug use and addiction. The Institute carries out a large variety of programs to inform policy, improve practice, and advance addiction science. For more information about NIDA and its programs, visit <https://www.nida.nih.gov/>.

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