Illegal Underage Consumption of Cannabis:  
A Policymaker’s Checklist

CALL TO ACTION

It is illegal for individuals under the age of 21 to possess and consume cannabis. Youth consumption of cannabis affects the developing brain, and can also increase the risk of criminality, psychosis and the likelihood of developing substance use disorders later in life. We urge legislators to pass practical cannabis laws and to look to evidence-based alcohol policies for guidance.

THE PROBLEM:

While underage drinking is at historic lows, past year and daily cannabis consumption have remained steady over the years among 8th, 10th, and 12th graders.

- Daily cannabis use now outpaces cigarette use across all grades (MTF, 2018).
- A total of 10.5% of 8th graders, 27.5% of 10th graders, and 35.9% of 12th graders report past year consumption (MTF, 2018).
- Cannabis vaping increased significantly between 2017 and 2018. The prevalence of cannabis was 2.6% among 8th graders, 7% among 10th graders, and 7.5% among 12th graders. These numbers represent year over year increases of 62.5%, 62.8%, and 53.1% respectively (MTF, 2018).
- Most high school students (73%) do not view regular cannabis smoking as harmful (MTF, 2017).

THE SOLUTION:

Identify issues specific to your state and strengthen laws.

Starting Point:

Review your state’s existing cannabis laws.

- Identify opportunities to strengthen laws as it relates to youth access and impaired driving.
- Prepare for changes in state cannabis laws by passing legislation or implementing research/pilot initiatives. Include public safety workgroups or oral fluid pilots as part of that legislation.

Replicate existing evidence-based alcohol laws; strive for parity.

- Years of research have identified effective ways to prevent underage drinking and impaired driving. Many of these policies can be replicated for cannabis.
- Determine which policies can be implemented in your state for underage cannabis consumption and cannabis-impaired driving.
THE SOLUTION: Identify issues specific to your state and strengthen laws.

Focus on data collection.

- Many states that have legalized cannabis did not have baseline data collected which has made it difficult to monitor trends and make assertions post-legalization.

- Policymakers should mandate that agencies begin to collect data in the following areas: youth consumption rates (including methods of ingestion); youth emergency department visits related to cannabis consumption/poison control calls including psychotic disorders; youth opinions and attitudes about cannabis consumption; youth citations/arrests for underage possession/purchase/consumption; youth arrests for marijuana-impaired driving; source of illegally obtained cannabis, admission rates to behavioral health units for psychotic illnesses, etc.

Obtain input from stakeholders.

- Engage multiple stakeholders to identify strategies to address underage cannabis consumption.

- Involve state and local representatives to isolate issues/concerns and develop targeted initiatives with specific goals (i.e., create a taskforce).

- Obtain ongoing feedback from stakeholders to determine what is working well and where further improvements or efforts are required.

Policy Options

Minimum legal age for possession, attempt to purchase, purchase, and consumption. All states that have legalized cannabis for medicinal or recreational consumption have set the legal age of consumption at 21, same as alcohol. Researchers found that states that introduced 21 minimum legal age laws for alcohol consumption saw a 16% median decline in traffic crashes (Shults et al., 2001). Other studies have shown that after the 21 minimum legal drinking age was passed in all states that there were significant declines in underage drinking. Past month consumption among persons aged 18-20 years old declined from 59% in 1985 to 40% in 1991 (Serdula et al., 2004).

Establish a zero-tolerance law for all drugs, including cannabis, for drivers under the age of 21. Impairment plus inexperience increases youth crash risk relative to other age groups. All 50 states have enacted zero tolerance alcohol laws for drivers under 21 and studies have found these laws to be extremely effective at reducing underage drinking and driving (Shults et al., 2001; Fell et al., 2016; Haegerich et al., 2016). A zero-tolerance law for drugs and driving would likely produce a similar effect among young drivers.

Penalties for underage possession, attempt to purchase, purchase, and consumption. A set of graduated sanctions should be established for youth who possess/purchase/consume cannabis while underage. Some states may opt to make this a misdemeanor offense while others may apply administrative sanctions such as fines or license suspension. Policymakers should also consider requiring these at-risk youth to undergo screening and assessment to determine if further intervention is necessary.

Penalties for using a fake ID to purchase cannabis illegally. The act of procuring a fake ID for the purpose of purchasing cannabis should carry the same penalty as an individual using a fake ID to purchase alcohol. These penalties may include fines, license suspension, community service, etc.
Policy Options

**Social host laws for cannabis.** If an adult knowingly allows underage youth to consume cannabis in their home and/or supplies underage youth with cannabis, that adult should be held responsible as the homeowner, same as if the situation involved alcohol.

**Responsible retailing.** Same as retailers who sell alcohol, those who sell cannabis products should exercise responsibility. Clerks/retailers should be highly trained and able to educate customers about the various strains and products available to them. They should also provide information about what constitutes a serving for various edibles. Clerks/retailers must always check ID to ensure that customers are of legal age. Clerks/retailers should also encourage responsible consumption and recommend the use of rideshares/taxis, etc. to customers who plan on going out after consuming.

**Mandate screening and assessment.** Youth who consume cannabis may have substance use or mental health issues. By conducting an initial screening and subsequent assessment, judges can determine whether further intervention is needed. This process saves resources as it allows the courts to identify individuals who need supervision and treatment interventions.

**Require treatment if indicated by an assessment.** If the results of an assessment indicate that a youth needs treatment, the interventions should be tailored to the young person’s individual treatment needs.

**Graduated sanctions.** For youth who repeatedly have contact with the justice system for cannabis-related offenses, judges should consider employing graduated sanctions. Some examples of graduated sanctions may include license suspension, education courses, and treatment if indicated.

**Parental involvement.** Research has shown that parents are the greatest influencing force on children. As such, parents should be part of the judicial process not only to stay informed but also to offer support and to identify strategies to improve home life.

**Increase the number of juvenile drug courts.** Youth who have repeated cannabis-related offenses are more likely to have a substance use problem and require intensive supervision and treatment. For this reason, jurisdictions should consider implementing more juvenile drug courts. These programs are highly effective in reducing recidivism and saving costs.

Prevention

**Education efforts.** Education is critical, especially for youth who routinely receive mixed messages about cannabis. While most youth are subject to messaging about the harm that underage consumption of alcohol can cause, there has not been comparable cannabis messaging. Ideally, youth would begin having ongoing conversations about cannabis with their parents and other trusted adults at an early age, participate in education programs at school, and be exposed to public awareness and enforcement campaigns. A shift in societal norms could lead to reductions in youth cannabis consumption.

- Policymakers should promote education beyond ‘just say no’ to address cannabis as a legalized substance in jurisdictions where it is legal, discuss the impact that cannabis can have on the developing brain, highlight the difference between adult and youth consumption, etc.
- Education initiatives about substance use (including alcohol, cannabis, and drugs) should be incorporated into middle and high school curricula so youth can engage in dialogue with trusted adults and peers.
Prevention

• Empower teachers and parents to disseminate science-based information that can become the basis for honest discussions about cannabis.

• Teen driver safety courses should place greater emphasis on impaired driving and instructors should stress the risk associated with driving under the influence of drugs which includes cannabis as well as illicit substances, prescription medications, and over-the-counter medications. In driver’s education courses and in state driver handbooks more time/space should be devoted to a discussion about the dangers of cannabis-impaired driving and drug-impaired driving in general.

Awareness campaigns. To increase awareness about specific aspects of cannabis (whether it be harms, responsible consumption, or cannabis-impaired driving) it is important to develop campaigns that employ consistent and appropriate messaging that will resonate with the target audience. Funds should be allocated to develop campaigns that are designed to address youth attitudes and perceptions about cannabis consumption. The following strategies should be employed in developing a youth campaign:

• Let youth help inform the messaging;
• Ensure that specific youth attitudes and perceptions are addressed;
• Rely on objective, scientific information;
• Use language that will resonate with youth;
• Recognize the power of peer influence and peer-to-peer engagement;
• Involve parents; and,
• Mobilize the community

Examples of successful cannabis campaigns include those developed by the Colorado Department of Transportation (CDOT). These campaigns have focused on raising awareness about the illegality, consequences, and dangers of cannabis-impaired driving. The Drive High, Get A DUI campaign and the Cannabis Conversation have helped educate the public about cannabis impairment and promote using safe, alternative forms of transportation to avoid driving impaired (Holmes et al., 2014).

Determine what works. Evaluation of any prevention program or campaign is imperative to measure effectiveness. Funds should be set aside to perform evaluations and to determine how to improve or expand messages.