



Medical Cannabis and Teen Use

Since states first began considering medical marijuana laws, claims have frequently been made that the laws “send the wrong message” to adolescents, causing their marijuana use to increase. Now, more than a quarter of a century since the passage of the nation’s first effective state medical cannabis law, a considerable body of data has found that those fears were not warranted.

Forty-one states and Washington, D.C. now have effective medical marijuana laws.^[1] In 36 of the states, government surveys have produced before-and-after data on teens’ marijuana use. In 31 of the states, the data indicates overall decreases.

Other researchers and health experts have examined the data and have also found the data to be reassuring. As an exhaustive 2019 study published in *JAMA Pediatrics* concluded, “Consistent with the results of previous researchers, there was no evidence that the legalization of medical marijuana encourages marijuana use among youth.”^[2]

Below is a review of the most comprehensive data on teens’ current (past 30-day) marijuana use in each medical cannabis state. In all states where such data is available, rates are presented for all high schoolers. In states where that data is not available, this uses data from the oldest grade with before-and-after data: 11th grade in California, Oregon, and Minnesota, and 12th grade in Washington. The state data is sorted in chronological order, with the oldest laws first.

State	Pre-Law Current Use Rates	Most Recent Use Rates	Trend?	Data Source
California (1996)	25.9% (11 th graders, 1995/1996)	6% (11 th graders, 2023-2025)	decrease (changed survey)	California Student Survey and California Healthy Youth Survey
Alaska (1998)	28.7% (1995)	17.9% (2023)	decrease	The CDC’s YRBSS
Oregon (1998)	21% (11 th graders, 1998)	12.0% (11 th graders, 2022)	decrease (changed survey)	Oregon Public Schools Drug Use Survey and Oregon Student Health Survey
Washington (1998)	28.7% (12 th graders, 1998)	16.3% (12 th graders, 2024)	decrease (changed survey)	Washington State Survey of Adolescent Health Behaviors and Healthy Youth Survey
Maine (1999)	30.4% (1997)	18.4% (2023)	decrease	The CDC’s YRBSS

State	Pre-Law Current Use Rates	Most Recent Use Rates	Trend?	Data Source
Hawai'i (2000)	24.7% (1999)	14.0% (2023)	decrease	The CDC's YRBSS
Nevada (2000)	25.9% (1999)	14.7% (2023)	decrease	The CDC's YRBSS
Colorado (2000)	The only before-and-after data available for Colorado is from the National Survey on Drug Use & Health (NSDUH). However, the NSDUH advises that data from 2002 and later is not comparable to prior years' data due to methodological changes. ^[3]			
Vermont (2004)	28.2% (2003)	22.4% (2023)	decrease	The CDC's YRBSS
Montana (2004)	23.1% (2003)	19.6% (2023)	decrease	The CDC's YRBSS
Rhode Island (2006)	25% (2005)	19.8% (2023)	decrease	The CDC's YRBSS
New Mexico (2007)	26.2% (2005)	17.4 % (2023)	decrease	The CDC's YRBSS
Michigan (2008)	18.0% (2007)	16.7% (2023)	decrease	The CDC's YRBSS
New Jersey (2010)	20.3% (2009)	13.6 % (2023)	decrease	The CDC's YRBSS
Arizona (2010)	23.7% (2009)	19.2% (2023)	decrease	The CDC's YRBSS
Delaware (2011)	25.8% (2009)	18.2% (2023)	decrease	The CDC's YRBSS
Connecticut (2012)	24.1% (2011)	14.7 % (2023)	decrease	The CDC's YRBSS
Massachusetts (2012)	27.9% (2011)	18.6% (2023)	decrease	The CDC's YRBSS
New Hampshire (2013)	28.4% (2011)	19.8 % (2023)	decrease	The CDC's YRBSS
Illinois (2013)	23.1% (2011)	17.3% (2023)	decrease	The CDC's YRBSS
Maryland (2014)	19.8% (2013)	14.4% (2023)	decrease	The CDC's YRBSS
Minnesota (2014)	16.6% (11th graders, 2013)	15.7% (11th graders, 2025)	decrease	Minnesota Student Survey
New York (2014)	22.1% (2011)	12.0% (2023)	decrease	The CDC's YRBSS, excludes New York City

State	Pre-Law Current Use Rates	Most Recent Use Rates	Trend?	Data Source
Louisiana (2016)	17.5% (2013)	18.0% (2021)	increase	The CDC's YRBSS
Pennsylvania (2016)	18.2% (2015)	16.1 % (2023)	decrease (within confidence interval)	The CDC's YRBSS
Ohio (2016)	20.7% (2013)	17.0% (2023)	decrease	The CDC's YRBSS
Arkansas (2016)	17.8% (2015)	18.1% (2023)	increase	The CDC's YRBSS
Florida (2016)	21.5% (2015)	17.2% (2023)	decrease	The CDC's YRBSS
North Dakota (2016)	15.2% (2015)	11.4% (2023)	decrease	The CDC's YRBSS
West Virginia (2017)	16.5% (2015)	18.5 % (2023)	increase	The CDC's YRBSS
Oklahoma (2018)	15.9% (2017)	19.1% (2023)	increase	The CDC's YRBSS
Missouri (2018)	19.9% (2017)	20.3% (2023)	increase	The CDC's YRBSS
Utah (2018)	8.1% (2017)	4.2% (2023)	decrease	The CDC's YRBSS
Virginia (2020)	17.3% (2019)	9.5% (2023)	decrease	The CDC's YRBSS
South Dakota (2020)	16.5% (2019)	10.4% (2023)	decrease	The CDC's YRBSS
Mississippi (2022)	13.4% (2021)	14.0% (2023)	increase	The CDC's YRBSS
Alabama (2021)	No "after" data available. The CDC YRBSS only has data for 2021.			
Kentucky (2023)	No "after" data available, the law is too new.			
Nebraska (2024)	No "after" data available, the law is too new.			
Texas (2025)	No "after" data available, the expanded law is too new.			

State	Pre-Law Current Use Rates	Most Recent Use Rates	Trend?	Data Source
Georgia (2026)	No “after” data available, the expanded law is too new.			

^[1] Eight additional states have a law that acknowledges the medical benefits of lower THC cannabis. Only one of them has a workable system for in-state access —, Iowa. Also, hemp-derived preparations containing THC are now available in much of the nation due to the 2018 FARM Act.

^[2] Anderson DM, Hansen B, Rees DI, Sabia JJ. “Association of Marijuana Laws With Teen Marijuana Use: New Estimates From the Youth Risk Behavior Surveys,” *JAMA Pediatr.* 2019;173(9):879-881.

^[3] Were one to compare the 1999 data to the most recent data despite this admonition, it would indicate a decrease among 12-17 year olds from 10.3 to 9.08%.