Tennessee Higher Education Cannabis Prevention Toolkit
A Guide for Campus Prevention Professionals

Introduction

The Tennessee Coalition for Healthy and Safe Campus Communities (CHASCo) is a nonprofit organization committed to promoting healthy and safe learning environments across Tennessee's higher education campuses. CHASCo supports more than 40 member institutions, including public and private four-year universities, faith-based institutions, Historically Black Colleges and Universities (HBCUs), and community and technical colleges across the state, which collectively enroll more than 450,000 emerging adults.

In March 2025, CHASCo launched a new prevention campaign, *Elevate Naturally,* in response to growing concerns among college health professionals about a recent rise in cannabis use within their student populations. The prevention campaign is supported with funding from the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) as part of a coordinated state effort to prevent and reduce cannabis misuse and related consequences across the state. This *Cannabis Prevention Toolkit for Higher Education* is a product of that larger state effort.

Cannabis has emerged as one of the most widely used substances among college and university students nationally, second only to alcohol. National survey data shows that 40.6% of all U.S. college students have engaged in some nonmedical cannabis use in their lifetimes.[1] Of students with a history of use, two-thirds (65.4%) reported using at least once in a three-month period, more than a quarter (26.4%) used monthly or weekly, and nearly 13% used cannabis regularly, either "'every day'" or "'almost every day.'" Regular cannabis use has been consistently linked to both physical and mental health problems that can interfere with students' academic success and impact their overall health and well-being.[2]

40.6% of college students nationally report **some lifetime history of nonmedical cannabis use.**

2024 National College Health Assessment

The prevention research field has produced strong evidence of effective strategies that prevent the misuse of legal substances, including alcohol and tobacco. These include proven strategies that are tailored to young

[1] American College Health Association. (2024). American College Health Association-National College Health Assessment III: Undergraduate student reference group data report, Spring 2024. American College Health Association.

[2] Substance Abuse and Mental Health Services Administration. (n.d.). Marijuana risks. U.S. Department of Health and Human Services. Retrieved April 26, 2025, from https://www.samhsa.gov/substance-use/learn/marijuana/risks.

adults in college and university settings.[3] However, the evidence base informing the prevention of cannabis use is less well established due to legal constraints that limit research involving controlled substances. As a result, strategies to address cannabis use are often adaptations of existing alcohol- and tobacco-related prevention approaches. More research is needed to determine how well these strategies translate and to explore risk and protective factors and harm reduction strategies that are unique to cannabis misuse behaviors among young adults.

The purpose of this prevention toolkit is to help bridge this information gap by compiling accurate, up-to-date, research-based information on cannabis use patterns, prevalence, and prevention approaches that are being applied in college and university settings. The toolkit offers resources and tools to inform campus prevention initiatives and to help practitioners encourage healthier decision-making and promote overall well-being in their student populations.

About Cannabis

Cannabis, also known as marijuana, pot, weed, bud, and grass, refers to the dried flowers, leaves, stems, and seeds of the cannabis plant. The plant contains over 100 chemical compounds, or cannabinoids, which include tetrahydrocannabinol (THC) and cannabidiol (CBD). THC is the psychoactive compound in cannabis that interacts with the brain's receptors to create a "high," affecting mood, perception, and behavior. CBD is the nonpsychoactive compound used for its perceived therapeutic benefits (e.g., reducing pain and anxiety).[4] There are two primary strains of the cannabis plant that are thought to have distinct physiological effects. *Indica* strains produce a more relaxing, sedative effect. *Sativa* strains make users feel more alert and energized.

Cannabis Slang Terms

Slang terms for cannabis use are constantly evolving and vary based on geographic region, social context, and current use trends. The terms listed below are examples of slang terms that reflect youth cannabis culture.

- **420** – Often used to refer to the act of smoking or the time of day (4:20 PM). April 20th is celebrated as unofficial cannabis culture day.
- **Smoke sesh** – Short for "smoke session," refers to a gathering or time spent smoking marijuana with friends.
- **Blaze** – Reference to smoking marijuana, often used as "blaze up" or "let's blaze."
- **Lit** – Used to describe the act of getting high or being in an elevated state of euphoria after consuming cannabis.
- **Fire** – Term used to describe high-quality cannabis known for its potency and excellent effects.
- **Zaza** – Slang for top-shelf, high-quality cannabis, often used in rap culture.
- **Toke** – To take a puff of marijuana, often used in the phrase "take a toke."
- **Stoned, smacked, or high** – Terms refer to the feelings or effects of being under the influence of cannabis.
- **Cloud** – Refers to the smoke created when cannabis is smoked, as in "catch a cloud."
- **Kush** – A specific strain of cannabis, often used generically to refer to any cannabis, especially in pop culture.

[3] Substance Abuse and Mental Health Services Administration. (2019). *Substance misuse prevention for young adults* (Publication No. PEP19-PL-Guide-1). National Mental Health and Substance Use Policy Laboratory.

[4] National Institute on Drug Abuse. (n.d.). Cannabis (marijuana) research. U.S. Department of Health and Human Services. Retrieved January 31, 2025, from https://nida.nih.gov/research-topics/cannabis-marijuana.

Types of Cannabis Products

Since the 1990s, changes to state laws legalizing medicinal and recreational cannabis use have driven the increased commercialization and marketing of cannabis products, which has led to the development of new product types, formulations, and methods of administration. Products are consumed in various ways and have various effects on the brain and body.

Product		What is it?	Effects	Concentrations
	**Vape Pens**	Vape pens use a battery and mouthpiece to deliver concentrated cannabis oil and other chemicals.	• 5-10 seconds to feel the effects. • High lasts 30 minutes to several hours.	• THC concentration depends on the oil used
	**Pipes & Bongs**	Pipes and bongs are used to burn the cannabis flower. The smoke is inhaled.	• 5-10 seconds to feel the effects. • High lasts from 30 minutes to several hours.	• THC concentration depends on the type and amount of cannabis flower used.
	**Joints, Spliffs, & Blunts**	Cannabis flower is wrapped in rolling paper, and smoke is inhaled. Spliffs mix cannabis with tobacco, and blunts are rolled in cigar wrappers, often made from tobacco.	• 5-10 seconds to feel the effects. • High lasts from 30 minutes to several hours	• THC concentration depends on the cannabis flower used. • Blunts and spliffs contain both nicotine and THC.
	**Dabbing**	Concentrated cannabis extracts (wax, oils) are heated using a dab pen, and the aerosol is inhaled.	• 5-10 seconds to feel the effects. • High lasts from 30 minutes to several hours	• Extremely high THC levels (60-90%), leading to increased risk of dependence. • Impose greater health risks than other forms of use.
	**Edibles**	Food or drink products (e.g., brownies, cookies, gummy bears, and beverages) containing THC that are consumed orally.	• 20 minutes to 1-2 hours to feel the effects. • High lasts for several hours	• THC concentration varies. • Easy to overconsume due to delayed effects.
	**Tinctures, Sprays, Pills, & Capsules**	Oils, alcohol-based liquids, pills, and capsules containing cannabis. THC is absorbed through the mouth or gastrointestinal lining.	• 15 minutes to feel the effects. • High lasts for approximately 4 hours	• THC concentration varies by products. • Products are not well-regulated.

Adapted from Stanford University. (n.d.). *Cannabis prevention toolkit*. Stanford Medicine. Retrieved January 31, 2025, from https://med.stanford.edu/cannabispreventiontoolkit.html

Even when purchased legally, cannabis products are not well regulated, which raises additional health and safety concerns. Insufficient regulation occurs due to several factors, including variations in state and federal laws and regulations that create gaps in enforcement and oversight, rapid growth in the cannabis industry that has outpaced regulatory systems, and a lack of standard testing procedures to ensure product safety and quality. These regulatory issues have led to inconsistencies in potency, labeling, and contaminants that can compromise product safety.[5]

Young Adult Use Preferences

[5] Lupkin, S., & Mann, B. (2025, February 3). How safe is your weed? Regulation is full of holes. NPR. https://www.npr.org/2025/02/03/g-s1-46197/weed-marijuana-cannabis-safety-regulation.

Knowledge of cannabis products and the culture and context surrounding students' decisions to use can inform prevention planning and ensure that prevention messaging is credible and resonates with student audiences. For example, in one recent qualitative study, college students shared the following insights about their cannabis use.[6]

- Vaping cannabis was perceived by students as "'normal'" and "'trendy'" and was preferred over other forms of use. This preference was attributed in part to the ability to evade campus enforcement, or what students referred to as "stealth vaping."
- Although the same students reported experiencing health effects related to their vaping, such as shortness of breath or wheezing, they did not consider their use to be harmful.
- Most viewed their vaping behavior as a college-related phase that they believed they could quit as they grew older.[7]

Studies have also shown that most young adult cannabis users consume the drug in multiple forms, including products that are smoked, vaped, or ingested.[8] Young adults are also more likely than older users to "dab" or use concentrates containing substantially higher levels of THC.[9] This presents a more serious health risk than other forms of use.

The average **percentage of THC in illicit cannabis samples seized by the DEA has quadrupled** between 1995 and 2022 (4% to 16%)**.**

Potency Monitoring Program, NIDA

Changing Potency

In the last several decades, the THC content of cannabis products has changed substantially. According to the National Institutes on Drug Abuse's (NIDA's) Potency Monitoring Program, the average percentage of THC in illicit drug samples seized by the federal Drug Enforcement Agency (DEA) quadrupled from 1995 to 2022, from 4% to 16%. Importantly, studies of cannabis products sold in online dispensaries showed even higher potency, averaging 22% THC, with a range of 0 to 45%.[10] **Any product with greater than 10% THC concentration is considered to be of "high potency."[11]**

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[6] Yang, M., Russell, A. M., Barry, A. E., Merianos, A. L., & Lin, H. C. (2023). Stealth vaping and associated attitudes, perceptions, and control beliefs among US college students across four tobacco-free campuses. Addictive behaviors, 136, 107490. https://doi.org/10.1016/j.addbeh.2022.107490

[7] Clendennen, S. L., Rangwala, S., Sumbe, A., Case, K. R., Wilkinson, A. V., Loukas, A., & Harrell, M. B. (2023). Understanding college students' experiences using e-cigarettes and marijuana through qualitative interviews. Journal of American college health : J of ACH, 71(9), 2848–2858. https://doi.org/10.1080/07448481.2021.1998073

[8] Hopper, L. (2018, September 28). Most teens who tried marijuana used it in various forms, research finds. USC News. https://today.usc.edu/usc-research-shows-that-most-teens-who-tried-marijuana-used-it-in-various-forms/

[9] Livne, O., Budney, A., Borodovsky, J., Shmulewitz, D., Walsh, C., Struble, C. A., Habib, M., Aharonovich, E., & Hasin, D. S. (2024). Age differences in patterns of cannabis use among an online US sample of adults who consume cannabis frequently. *The American journal of drug and alcohol abuse*, *50*(2), 242–251.

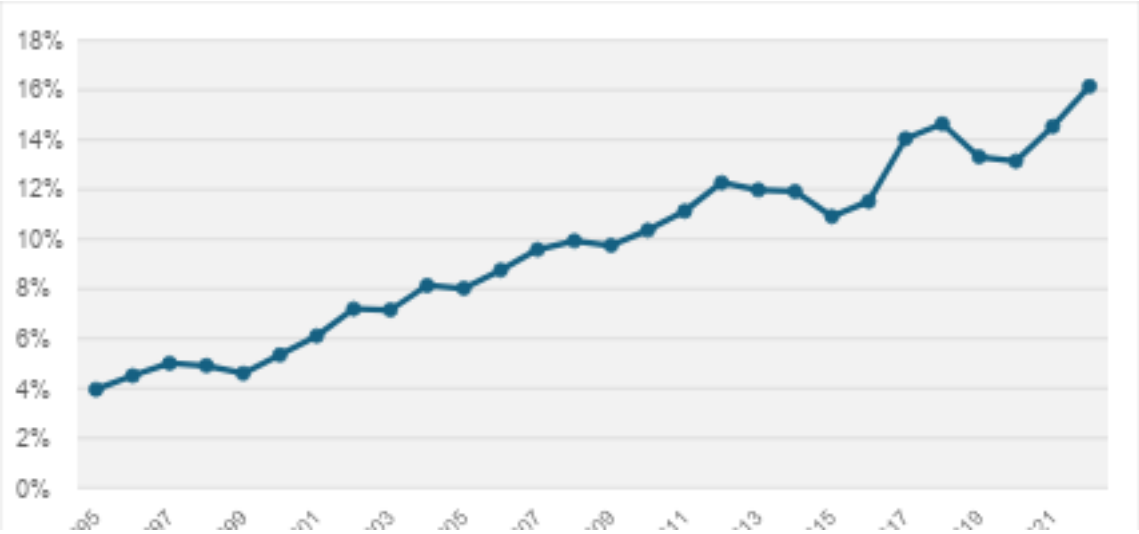
[10] Cash, M. C., Cunnane, K., Fan, C., & Romero-Sandoval, E. A. (2020). Mapping cannabis potency in medical and recreational programs in the United States. PLOS ONE, 15(3), e0230167. https://doi.org/10.1371/journal.pone.0230167

[11] News-Medical.net. (2024, October 15). DNA changes from high-potency cannabis use may signal psychosis risk. https://www.news-medical.net/news/20241015/DNA-changes-from-high-potency-cannabis-use-may-signal-psychosis-risk.aspx

The greater the potency of cannabis products, the greater the likelihood of adverse health consequences. Higher-potency THC can lead to stronger, more intense psychoactive effects, which may increase the risk of negative side effects, such as anxiety, paranoia, and cognitive impairment. For young adults, whose brains are still developing, high-potency cannabis can interfere with memory, learning, and emotional regulation and has the potential to affect academic and social outcomes.[12]

Increased THC levels may also contribute to a higher risk of developing cannabis use disorder (CUD), with stronger effects leading to more frequent use and increased tolerance. Regular use of high-potency THC products has also been linked to mental health issues, including an elevated risk for psychosis, especially among young adults who have a predisposition to mental illness.[13]

Trends in THC Concentration in DEA Cannabis Seizures
1995 to 2022



Delta-9-tetrahydrocannabinol (THC) and Cannabidiol (CBD) Potency of Cannabis Samples Seized by the Drug Enforcement Administration (DEA), Percent Averages from 1995 to 2022 Source: Potency Monitoring Program, NIDA Contract Number: N01DA-15-7793

Shifting Legal Landscape Surrounding Medical and Recreational Use

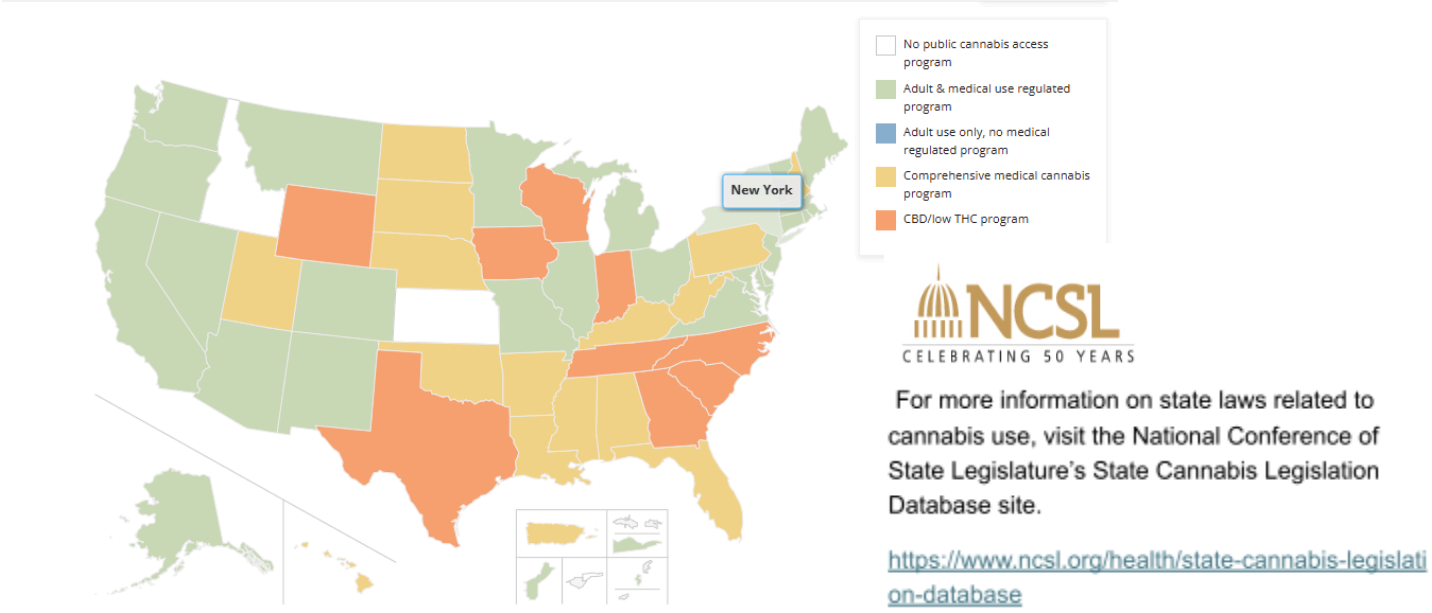
Under the federal Controlled Substances Act, cannabis remains classified as a Schedule I drug, defined as having no accepted medical use and a high potential for abuse.[14] Cannabis use, possession, and distribution remain prohibited under federal law, unlike in many U.S. states. The move toward state legalization began in 1996, when California became the first state to allow the use of medical marijuana. Forty other states eventually followed. In 2012, Colorado and Washington became the first two states to enact laws authorizing recreational cannabis use, beginning a national trend toward state legalization. Recreational cannabis is now legal in 24 states, 3 territories,

[12] Chandler, L., Abdujawad, A. W., Mitra, S., & McEligot, A. J. (2021). Marijuana use and high-risk health behaviors among diverse college students post- legalization of recreational marijuana use. Public health in practice (Oxford, England), 2, 100195.
[13] Urits, I., Gress, K., Charipova, K., Li, N., Berger, A. A., Cornett, E. M., Hasoon, J., Kassem, H., Kaye, A. D., & Viswanath, O. (2020). Cannabis Use and its Association with Psychological Disorders. *Psychopharmacology bulletin*, *50*(2), 56–67.
[14] U.S. Drug Enforcement Administration. (2018, July 10). Drug scheduling. Retrieved February 4, 2025, from https://www.dea.gov/drug-information/drug-scheduling

and the District of Columbia. Fifteen other states that have not yet approved recreational use have comprehensive medical cannabis programs.[15]

Tennessee is one of the few remaining states with more restrictive laws (Tenn. Code Ann. § 39-17-402). The state prohibits most medical use, only allowing use of low-THC cannabis oil for certain medical conditions. Public support for broader legalization to approve recreational use has been relatively limited.

This conflict between federal and state legal landscapes and variation across state laws may be difficult for students to navigate, particularly those who reside out of state where recreational or medicinal cannabis use may be legal. Students should be made aware that any possession for personal use in Tennessee can lead to criminal charges, with penalties that vary depending on the amount in possession.



Implications of Proposed Changes to the DEA Schedule of Controlled Substances

In 2023, the U.S. Department of Health and Human Services (HHS) proposed changes to the federal DEA's Schedule of Controlled Substances to reclassify cannabis from a Schedule I to a Schedule III drug. The move to a less restrictive schedule would legalize medical use at the federal level and lift restrictions on cannabis research. Recreational use would still be prohibited under federal law although nearly half of states currently allow it. Proponents of the change advocate for its potential to open up research opportunities while opponents have raised concerns about the potential public health implications of expanding access to cannabis products, particularly for young people.

What about Delta-8?

Delta-8 THC is a cannabinoid derived from hemp. Its chemical composition is similar to that of Delta-9 THC, but it produces milder psychoactive effects. The 2018 federal Farm Bill legalized the sale of hemp-derived products with less than 0.3% Delta-9 THC. This led to the widespread availability of Delta-8 products sold in stores and through online retailers. Delta-8 is often marketed as a legal alternative to Delta-9 THC. Adults aged 21 and older can legally purchase Delta-8 products in Tennessee (Tenn. Code Ann. § 43-27-202) although regulatory authorities have raised health and safety concerns about its use.

[15] National Conference of State Legislatures. (n.d.). *Cannabis overview*. https://www.ncsl.org/civil-and-criminal-justice/cannabis-overview

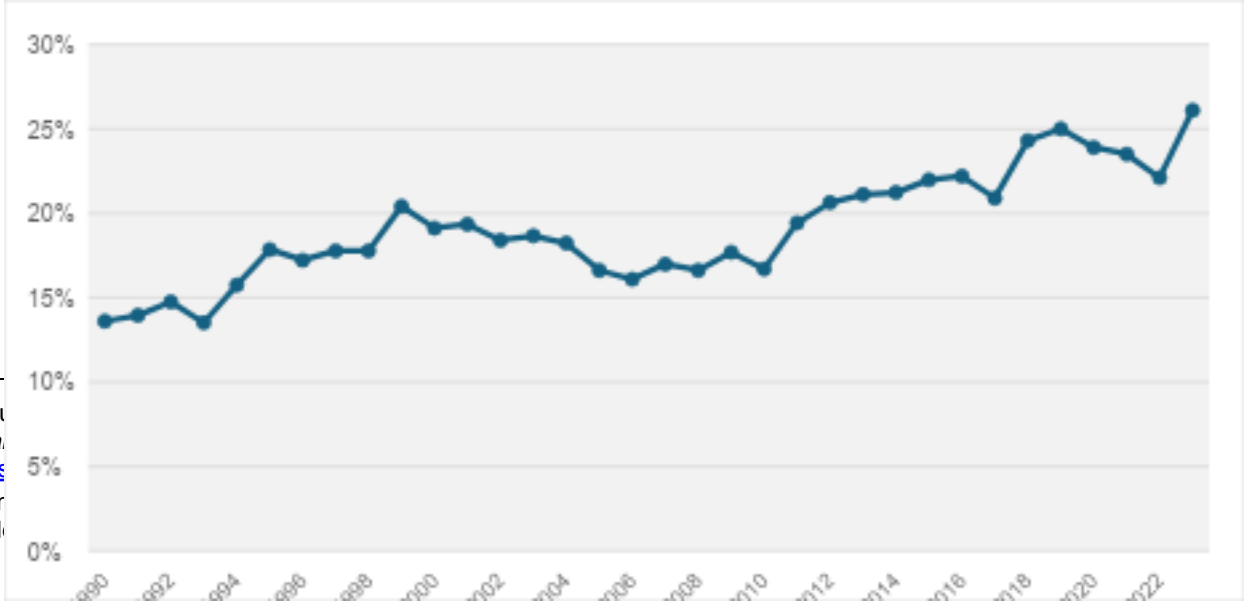
Prevalence and Use Consequences

> **Young adults 18-25 years of age have the highest rates of past month cannabis use** (25%) compared to adolescents (6%) and adults 25 years and older (15%)**.**
>
> *2023 National Survey on Drug Use and Health*

Young adults in college and university settings are at a critical period of emerging adulthood characterized by transitions in social, personal, and cognitive development. This places them at elevated risk for both initiation and escalation of use and makes them more vulnerable to future dependence. Studies of use trajectories at the population level show that cannabis use tends to peak during late adolescence and early adulthood. On the most recent National Survey of Drug Use and Health (NSDUH), young adults 18-25 years of age reported the highest rates of past month cannabis use (25%) of any age group, compared to youth (6%) and older adult (15%) survey respondents.[16]

The prevalence of cannabis use among college students has been rising over the past several decades. Between 1990 and 2022, the percentage of college students nationally who reported any use in the previous 30 days nearly doubled, from 13.6% to 26.1%. Although **most college students who consume cannabis are not regular users, the percentage who use daily or almost daily (12.7%) is increasing and now far surpasses the percentage of students who report daily alcohol use (2.4%).**[17]

Trends in 30-Day Prevalence of Cannabis Use among U.S. College Students
1 to 4 Years Beyond High School – 1990 to 2022



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Source:
Patrick, M. E., Miech, R. A., Johnston, L. D., & O'Malley, P. M. (2024). Monitoring the Future Panel Study annual report: National data on substance use among adults ages 19 to 65, 1976-2023. Monitoring the Future Monograph Series. Ann Arbor: Institute for Social Research, The University of Michigan.

Tennessee Together Higher Education Survey

TDMHSAS

The Tennessee Together Higher Education Survey is a statewide survey funded by TDMHSAS. The survey is administered biennially on Tennessee college and university campuses at no cost to campuses to participate. It is a useful tool for monitoring substance use prevalence and risk factors.

Survey items measuring attitudes and behaviors related to cannabis use include

- Lifetime use of cannabis and Delta-8 products
- Past month use of cannabis and Delta-8 products
- Methods of consumption (vaping, smoking, edibles, derivatives, or concentrates)
- Ease in obtaining cannabis or Delta-8
- Peer approval of cannabis use
- Risk perception related to use of cannabis or Delta-8

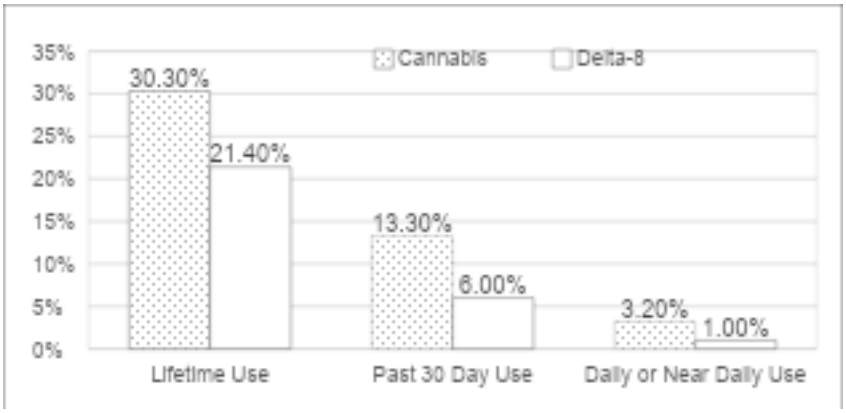
The exhibits below present preliminary findings from the 2024 TN Together Higher Education Survey (n=5,409).

Lifetime, Past 30-Day Use, Daily or Near Daily Use

25%

of students who used cannabis in the past month reported using every day or nearly every day.

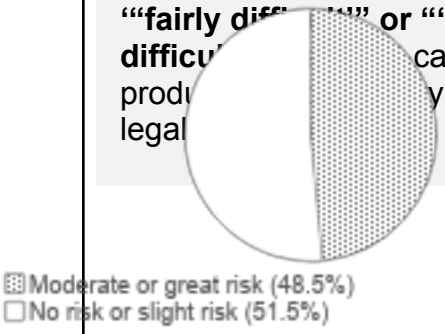
Average age of initiation among Tennessee higher-education students was **17.4 years**

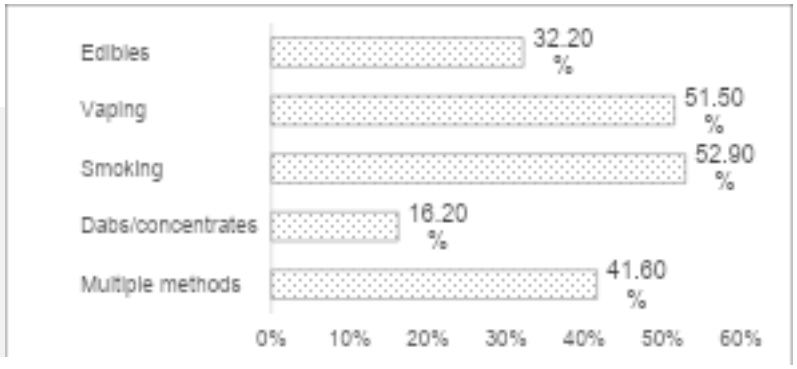


Less than half **of college students (48.5%)** felt that

using cannabis once or twice a week would present a ‘“moderate”‘ or “‘great’” risk of harm

Only **one-third of college students (32.6%)** felt that it was **‘“fairly difficult”’ or “‘very difficult’”** to obtain cannabis products legally in states where they are legal





Methods of Cannabis Consumption among Users

9.7% of Tennessee young adults 18-25 years of age perceive “‘great risk’” from smoking marijuana once a month.

The percentage of 18-25 years olds nationally who perceived “great risk” associated with smoking marijuana once or twice per week fell from 23.5% to 13.6% from 2012 to 2022.

2023 National Household of Drug Use and Health

Social Acceptability

As more states move to legalize cannabis for medical and/or recreational use, there has been a decrease in stigma, making cannabis more socially acceptable and easier for students to access. National public opinion polls

show that the percentage of adolescents and young adults who perceive cannabis as harmful has decreased since the legalization of medical use.[18] Additionally, the growing perception that cannabis is "natural" and less harmful than substances such as alcohol and tobacco has led to higher rates of use among young people. According to the NSDUH, most young adults do not consider smoking cannabis harmful. Only about 15% of 18–25-year-olds perceive "'great risk'" from smoking *once or twice a week*, compared to 33.3% of adolescents and 26.1% of other adults.[19]

Social media and popular culture have also played a key role in normalizing cannabis use among young people, with media influencers and celebrities promoting its benefits. The move to legalize medicinal cannabis use has also shaped perceptions about potential health benefits, such as alleviating stress and acting as a sleep aid. These perceived benefits may have particular appeal for college students seeking relief from academic, work, or social pressures. New cannabis products, such as edibles, have also made cannabis use more appealing and easier for students to conceal their use.

Health Consequences of Cannabis Use

Although students may perceive cannabis' potential benefits, research has clearly linked the use of cannabis products to both short- and long-term negative health effects.[20] The more frequently products are used and the greater the potency of THC, the greater the risk of health consequences. The most common health effects include

Short-Term Effects

- **Cardiovascular effects**: Cannabis use elevates heart rate and blood pressure, potentially worsening underlying heart conditions.[21]
- **Impaired cognitive function**: Cannabis use temporarily impairs memory, learning, and attention.
- **Impaired decision-making**: Cannabis use affects executive functions related to decision-making and risk assessment. Young adults who use cannabis are more likely than nonusers to engage in alcohol or tobacco use and sexual-risk behaviors.[22]
- **Impaired motor function**: Use can impair motor skills and coordination, such as balance and reaction time, increasing the risk of injuries or accidents.
- **Changes in mood or anxiety**: Although cannabis can have a relaxing effect, some students who use may become disoriented or experience anxiety or paranoia, particularly with higher-potency products.

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[18] Carliner, H., Brown, Q. L., Sarvet, A. L., & Hasin, D. S. (2017). Cannabis use, attitudes, and legal status in the U.S.: A review. Preventive medicine, 104, 13–23. https://doi.org/10.1016/j.ypmed.2017.07.008

[19] Substance Abuse and Mental Health Services Administration. (2024, July 30). *2023 National Survey on Drug Use and Health (NSDUH) detailed tables*. U.S. Department of Health and Human Services. https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables

[20] Centers for Disease Control and Prevention. (2024, February 15). About cannabis. U.S. Department of Health and Human Services. https://www.cdc.gov/cannabis/about/index.html

[21] Gold, M. (2024) The Many Risks of Cannabis and High-dose THC Use. Psychology Today. Accessed January 2025 https://www.psychologytoday.com/us/blog/addiction-outlook/202412/the-many-risks-of-cannabis-and-high-dose-thc

[22] Stoner, S. A. (2018, June). *Marijuana and sexual risk behavior among youth and emerging adults: What do we know?* Alcohol & Drug Abuse Institute, University of Washington. http://adai.uw.edu/pubs/pdf/2018MarijuanaRSB.pdf

1 in 10 current cannabis users in college and university settings reported experiencing health, social, legal, or financial problems associated with their use.

2023 National College Health Assessment (NCHA)

Long-Term Effects

- **Brain health and development.** Young adulthood is a critical period for brain development when exposure to high levels of THC can have significant, lasting effects on brain structure, function, and behavior. This includes long-term deficits in memory, attention, and executive function.[23]
- **Mental health problems**. Cannabis use has been associated with co-occurring mental health issues, including anxiety, depression, and other mood disorders. Students with mental health issues may use cannabis to self-medicate to ease stress and reduce mental health symptoms. This can offer short-term relief, but with regular use, symptoms typically worsen over time. Research has also shown a connection between cannabis use and higher risk of developing psychosis, particularly among those with a genetic vulnerability. There is also a clear association between dependence on cannabis and suicide-related outcomes in young adults.[24]
- **Sleep quality**. Cannabis users often rely on cannabis to help sleep; however, research shows that daily cannabis users experience more insomnia symptoms and worse sleep quality than both less frequent users and nonusers.[25]
- **Cardiovascular issues**. Smoking cannabis has been linked to increased risk of stroke, heart disease, and other vascular problems.
- **Respiratory issues**. Smoking cannabis can cause respiratory issues, such as chronic coughing, bronchitis, and an increased risk of lung infections.
- **Gastrointestinal problems**. Long-term, heavy cannabis use can lead to a condition known as cannabinoid hyperemesis syndrome, which causes repeated and severe nausea, vomiting, and abdominal pain, which only resolves after cannabis use is discontinued.[40]

Other Potential Effects

- **Impacts on academic achievement**: Regular cannabis use has been shown to

[23] Gowin, J. L., Ellingson, J. M., Karoly, H. C., Manza, P., R
Function Outcomes of Recent and Lifetime Cannabis Use.

[24] Hammond, C. J., Hyer, J. M., Boustead, A. E., Fristad, M
A. (2024). Association Between Marijuana Laws and Suicid
2019. Journal of the American Academy of Child and Adole

[25] Winiger, E. A., Hitchcock, L. N., Bryan, A. D., & Cinnamo
outcomes, and the role of age. Addictive behaviors, 112, 10

Cannabis Cost Calculator

The Cannabis Cost Calculator is an interactive tool for estimating the cost burden of regular cannabis use, which factors in how frequently students use and how much they spend on each purchase. The purpose of the tool is to motivate college students to make healthier decisions by highlighting the potential cost-savings of modifying their use. Cost-based strategies may help discourage initiation, prompt more quit attempts, and encourage students to reduce their consumption.

Ever consider how much you spend on cannabis in a year? *

Click here to calculate the annual cost of using cannabis.

negatively impact motivation and lower academic achievement. College students who frequently use cannabis are also more likely to experience disruptions to their school enrollment.

- **Impact on personal relationships**: Regular cannabis use can interfere with personal relationships, particularly when users neglect obligations or have difficulty controlling their use. It may also cause tension with families or peers who disapprove of students' use.
- **Financial burden**. Purchasing cannabis products can strain personal finances, especially for college students on limited budgets. Studies on the economic and social costs of cannabis use estimate that regular users spend as much as $2,200 a year on cannabis-related expenses.[26]

> **29.7%** of college students who used cannabis and drove a car in the past 30 days reported **driving within 6 hours of getting high.**
>
> *2024 National College Health Assessment*

Driving Under the Influence

Cannabis use can negatively affect functions needed for safe driving, including alertness, coordination, depth perception, and reaction time. Research also consistently demonstrates that the risk of being involved in a car accident increases significantly after cannabis use, with some studies showing a strong correlation between high THC blood concentrations and accident risk.[27]

For young adults, driving under the influence of cannabis tends to be more prevalent than driving under the influence of alcohol and is perceived as less risky and more socially acceptable. One recent study showed that 90% of young adult study participants believed that driving after using alcohol would increase the likelihood of getting in an accident "a lot," compared to less than 60% of participants asked about driving after cannabis use.[28]

Tennessee state law (§ 55-10-401) specifically states that it is illegal to operate a vehicle under the influence of any drug, including cannabis. If a driver is found to be impaired, they can be charged with **driving under the influence (DUI).** Tennessee does not have a clear "legal limit" for THC levels in the blood, unlike states with more prescribed cannabis laws. This makes determining impairment more difficult. Penalties for DUI involving cannabis or other drugs include fines, license suspension, mandatory alcohol or drug education programs, and jail time.

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[26] Centennial Institute. (n.d.). Marijuana costs. Colorado Christian University. https://centennial.ccu.edu/briefs/marijuana-costs/#:~:text=Yearly%20cost%2Destimates%20for%20marijuana,influence%20on%20a%20daily%20basis

[27] Preuss, U. W., Huestis, M. A., Schneider, M., Hermann, D., Lutz, B., Hasan, A., Kambeitz, J., Wong, J. W. M., & Hoch, E. (2021). Cannabis Use and Car Crashes: A Review. Frontiers in psychiatry, 12, 643315.

[28] Lensch, T., Sloan, K., Ausmus, J., Pearson, J. L., Clements-Nolle, K., Goodman, S., & Hammond, D. (2020). Cannabis use and driving under the influence: Behaviors and attitudes by state-level legal sale of recreational cannabis. Preventive medicine, 141, 106320.

These findings underscore the need for prevention messaging focusing on the dangers of driving while impaired or riding with someone who is impaired. Experts recommend a number of specific strategies to reach cannabis users with safe-driving messages.[29] These include

- Correcting misconceptions and myths (e.g., cannabis is less risky than alcohol),
- Promoting effective communication with messaging that is factual and respectful and avoids use of stereotypes, and
- Addressing gaps in knowledge.

Specific campaigns that show promise in encouraging users to increase their wait time between consuming cannabis and driving include the National Highway Traffic Safety Administration's "If you feel different, you drive different" campaign If You Feel Different, You Drive Different | NHTSA.

> The **National Association of Safe Ride Programs (NASRP)** serves as a central repository of resources for existing and future safe ride programs. The NASRP seeks to promote safe ride programs nationwide through the sharing of common experiences and creation of leadership opportunities. For more information, visit https://www.nasrp.org/saferide-programs.

From Experimentation to Cannabis Use Disorder (CUD)

> **30%** of all people who use cannabis will **develop** CUD.
>
> This risk of developing CUD increases when users initiate use at an early age, use frequently, use in larger quantities, or use high-potency cannabis products.

Although most college and university students who use cannabis are not regular users and will not become dependent, research has demonstrated that onset of cannabis use in adolescence or early adulthood is a specific

[29] Hill, L.L., Marcotte, T. D., Ageze, D. & Hacker, S. D. (2025). Examination of Cannabis Users' Perceptions and Self-Reported Behaviors to Inform Messaging to Deter Impaired Driving (Technical Report). Washington, D.C.: AAA Foundation for Traffic Safety.

risk factor for CUD.[30] Experimentation during youth and young adulthood often begins with occasional use and evolves into greater frequency and intensity. Regularly consuming cannabis products can lead to increased tolerance, experiences of withdrawal, and difficulty controlling use.

Signs of misuse that are used to diagnose CUD include[31]

- Using larger amounts or over a longer period than intended.
- Trying but failing to quit.
- Spending too much time using cannabis or recovering from its effects.
- Experiencing cravings or symptoms of withdrawal.
- Continuing to use cannabis even when it causes problems at home, school, or work.
- Giving up important social, recreational, or work activities in favor of using cannabis.
- Using cannabis in high-risk situations, such as while driving a car.
- Tolerance.
- Continuing to use even when experiencing negative health effects.
- Failing to meet social obligations due to recurrent use.

Prevention strategies focused on delaying onset or stopping the progression to more frequent use among young people may reduce the risk of developing of CUD.[32]

Myths versus Realities

There are several common misconceptions about cannabis use that concern student health and safety. Prevention education and awareness raising campaigns that correct these misconceptions by providing clear and accurate information can be effective tools for changing risk perception and helping students make more informed choices. Below are examples that can be integrated into prevention campaigns.

Myths	Reality
Cannabis Is Not Harmful	Although cannabis is often seen as less harmful than alcohol or tobacco, even occasional cannabis use can increase the risk for serious adverse health consequences. Compared to nonusers, both occasional and regular cannabis users are more likely to visit an emergency room or be hospitalized.[33] Nationally, the rate of emergency room visits among 18-25 years olds for cannabis-related issues increased by 13% from 2022 to 2023.[34]

[30] Hamaoui, J., Pocuca, N., Ditoma, M., Héguy, C., Simard, C., Aubin, R., Lucic, A., & Castellanos-Ryan, N. (2025). Age of onset of cannabis use and substance use problems: A systematic review of prospective studies. Addictive behaviors, 163, 108259. https://doi.org/10.1016/j.addbeh.2025.108259

[31] Patel, J., & Marwaha, R. (2024). Cannabis Use Disorder. In StatPearls. StatPearls Publishing.

[32] Hamaoui, J., Pocuca, N., Ditoma, M., Héguy, C., Simard, C., Aubin, R., Lucic, A., & Castellanos-Ryan, N. (2025). Age of onset of cannabis use and substance use problems: A systematic review of prospective studies. Addictive behaviors, 163, 108259.

[33] Vozoris, N. T., Zhu, J., Ryan, C. M., Chow, C. W., & To, T. (2022). Cannabis use and risks of respiratory and all-cause morbidity and mortality: a population-based, data-linkage, cohort study. BMJ open respiratory research, 9(1), e001216. https://doi.org/10.1136/bmjresp-2022-001216

[34] Substance Abuse and Mental Health Services Administration. (2023). Drug Abuse Warning Network: Findings from Drug-Related Emergency Department Visits, 2022 (HHS Publication No. PEP23-07-03-001). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

Myths	Reality
Cannabis Is Safe Because It's Legal	The fact that cannabis is legal in some states does not make it safe. In fact, states that have legalized recreational cannabis use have a higher prevalence of cannabis disorder.[35] Knowledge about the long-term health effects of cannabis use, particularly higher-potency THC, is also relatively limited due to tight restrictions on federal research.[36] Even legally purchased cannabis products are not well regulated, posing additional health and safety risks.
Using Cannabis Improves Academic Performance	Although some college students think using cannabis will enhance their academic performance by sharpening their focus or reducing stress, research suggests that cannabis use impairs memory, attention, and learning. Frequent cannabis use is also associated with poor class attendance, lower GPA, and delayed graduation.[37]
Cannabis is Nonaddictive	About 30% of cannabis users will develop CUD, with the risk increasing with earlier and more frequent use. Even nondependent users can experience withdrawal symptoms after stopping or cutting back on heavy or long-term use[38] Using high-potency THC is even more dangerous and more likely to result in dependence.
You Can't Overdose on Cannabis	Although fatal overdoses from cannabis are extremely rare, consuming too much THC, known in slang as "'greening out,'" can cause confusion, anxiety, paranoia, and hallucinations and may require medical attention. The risk is highest when a student tries new forms of cannabis or uses high-potency products or concentrated forms, such as edibles and oils.
Driving After Use Cannabis is Safe	Young people often underestimate the risks of driving under the influence of cannabis. Some even believe their driving ability improves after use.[39] In reality, THC slows reaction times, distorts perception, and increases the risk of accidents.

Motivations to Use and Risk and Protective Factors

[35] Lapham, G. T., Matson, T. E., Bobb, J. F., Luce, C., Oliver, M. M., Hamilton, L. K., & Bradley, K. A. (2023). Prevalence of Cannabis Use Disorder and Reasons for Use Among Adults in a US State Where Recreational Cannabis Use Is Legal. JAMA network open, 6(8), e2328934.

[36] Association of American Medical Colleges. (2023, February 13). Why doctors know almost nothing about the health effects of marijuana. https://www.aamc.org/news/why-doctors-know-almost-nothing-about-health-effects-marijuana#:~:text=In%202017%2C%20a%20National%20Academy,a%20barrier%20to%20necessary%20research.

[37] Arria, A. M., Caldeira, K. M., Bugbee, B. A., Vincent, K. B., & O'Grady, K. E. (2015). The academic consequences of marijuana use during college. Psychology of addictive behaviors : journal of the Society of Psychologists in Addictive Behaviors, 29(3), 564–575.

[38] National Institute on Drug Abuse. (2024, September 24). Cannabis (marijuana). https://nida.nih.gov/research-topics/cannabis-marijuana

[39] Hill, L.L., Marcotte, T. D., Ageze, D. & Hacker, S. D. (2025). Examination of Cannabis Users' Perceptions and Self-Reported Behaviors to Inform Messaging to Deter Impaired Driving (Technical Report). Washington, D.C.: AAA Foundation for Traffic Safety.

Cannabis use varies widely among college students in terms of quantity and frequency, context (e.g., time of day, alone or with peers), reasons for using, and perceived risks and benefits. Several studies of cannabis use in college settings have revealed some of the more common reasons, which are listed below:

- **Feeling good or getting high.** Students like how it feels to be high and enjoy the psychoactive effects, such as altered perception and enhanced sensory experiences.
- **Relaxing or alleviating stress.** College can be a stressful time, with academic pressures, social challenges, and other life stressors. Students may use cannabis to help relax, unwind, or release tension.
- **Socialize with friends**: Most cannabis use among college and university students occurs in social contexts as a way to bond with friends or meet new people.[40] Personal decisions to use are often influenced by peer use behaviors, peer pressure, and the desire to conform.
- **Experiment**: College is a period of transition involving personal exploration and experimentation. Some students may try cannabis out of curiosity or to explore new experiences.
- **Avoidance or coping**: Students also use cannabis as a coping mechanism to manage difficult emotions or trauma or to relieve symptoms of anxiety, depression, or other mental health issues. Studies have shown that among college students, these avoidance motives are associated with an increased risk for cannabis-related problems.[41]
- **Relieve pain or insomnia.** Students who experience chronic pain, headaches, other physical issues, or insomnia may believe that cannabis can help relieve their pain or induce sleep.

Prevention strategies intended to change behavior without an understanding or acknowledgement of the motives underlying use behaviors are less likely to be successful. Understanding these factors can inform prevention strategies and guide the development of prevention messaging that is credible and that resonates with students' lived experiences.

Risk and Protective Factors

In addition to personal motives underlying decisions to use, there are a number of risk and protective factors that can influence the likelihood of initiating use or progressing to more harmful misuse. These factors are shaped by aspects unique to college and university settings, such as academic demands, increased personal autonomy, and social environments and cultures that encourage experimentation and use. Prevention strategies should focus on reducing risk factors and strengthening protective factors and resilience.

Risk Factors	**Protective Factors**
Factors that increase the likelihood of initiating use, engaging in regular or harmful use, or experiencing behavioral health problems associated with use.	*Factors that directly decrease the likelihood of substance use and behavioral health problems or reduce the impact of risk factors on behavioral health problems.*[42]

[40] Phillips K. T., Phillips M. M., Lalonde T. L., Prince M. A. (2018). Does social context matter? An ecological momentary assessment study of marijuana use among college students. Addictive Behaviors, 83, 154–159.

[41] Espinosa, A., Ruglass, L. M., Conway, F. N., Jackson, K. M., & White, H. R. (2022). Motives, Frequency, and Consequences of Cannabis Use Among College Students. Journal of Drug Issues, 53(1), 61-78.

[42] Substance Abuse and Mental Health Services Administration. (2019). *Substance misuse prevention for young adults* (Publication No. PEP19-PL-Guide-1). National Mental Health and Substance Use Policy Laboratory.

Peer influence. Peer influence plays a significant role in college students' decisions to use, especially in the first year. Studies show that having close peer relationships with friends who use is associated with increased cannabis use frequency. **Stress and mental health issues**. College students often experience high levels of stress due to academic pressure, financial concerns, and social adjustment. Students with mental health conditions, such as anxiety, depression, or ADHD, may use cannabis as a way to cope, leading to heavier or more frequent use and greater risk for cannabis-related problems. **Low perception of risk and prevention information**. Students often perceive that the benefits of cannabis use outweigh potential risks. Studies of recent cannabis users have shown that perceived benefits were associated with more frequent use and perceived risks were associated with less frequent use.[43] Students often cite peers and the media as the most important sources of cannabis information although these sources are associated with lower health knowledge. **Campus climate or social norms**. When campus culture and social norms favor cannabis use, students are more likely to engage in use behaviors. The perception of peer use—or the belief that most students are using—increases the likelihood that students will engage in cannabis use.[44] **Access.** The prevalence of cannabis disorder is higher in states with recreational cannabis laws.[45] This indicates that greater accessibility presents a risk for increased misuse.	**Strong social connections and support.** Positive peer influence and social networks that promote healthy behaviors reduce the likelihood of engaging in substance use. **Health knowledge.** Increased knowledge and perception of cannabis risk among young people often correlates with lower levels of current use and intention to use in the future.[46] **Mental health resources and coping skills**. Access to mental health support and counseling services can help students address stress, anxiety, and other mental health concerns that often co-occur with cannabis use. Coping strategies, mindfulness, and stress management are additional tools to help students navigate stress and promote resiliency. **Clear campus policies and enforcement**. Comprehensive, clearly communicated, and consistently enforced campus policies regarding student substance use, including cannabis, can deter students from using. **Positive alternatives**. Student participation in structured activities, such as sports, student clubs, and volunteer opportunities, provides a sense of belonging, purpose, and student achievement. These activities can also help students build positive peer relationships and social support networks that reinforce positive behaviors. **Parent communication**. Maintaining open communication with family members about substance use expectations and maintaining strong family support systems can reduce the likelihood of cannabis use. Students are more likely to engage in healthy decision-making regarding cannabis use in an environment that includes warm, supportive parent–child relationships in which parents are aware of their emerging adult's use without focusing on their perceptions of risk.[47]

Cannabis Prevention Strategies for College and University Campuses

[43] Malain, E. D., Ladd, B. O., Stanz, J. L., Magnan, R. E., & Addictions Research Team (2023). Perceptions of Health Risks and Benefits of Cannabis Use Among College Students: Prevalence and Associations With Cannabis Use. Journal of studies on alcohol and drugs, 84(6), 884–891.

[44] Patrick, M. E., Kloska, D. D., Vasilenko, S. A., & Lanza, S. T. (2016). Perceived friends' use as a risk factor for marijuana use across young adulthood. Psychology of addictive behaviors : journal of the Society of Psychologists in Addictive Behaviors, 30(8), 904–914.

[45] Lapham, G. T., Matson, T. E., Bobb, J. F., Luce, C., Oliver, M. M., Hamilton, L. K., & Bradley, K. A. (2023). Prevalence of Cannabis Use Disorder and Reasons for Use Among Adults in a US State Where Recreational Cannabis Use Is Legal. JAMA network open, 6(8), e2328934.

[46] Harrison, M. E., Kanbur, N., Canton, K., Desai, T. S., Lim-Reinders, S., Groulx, C., & Norris, M. L. (2024). Adolescents' Cannabis Knowledge and Risk Perception: A Systematic Review. The Journal of adolescent health : official publication of the Society for Adolescent Medicine, 74(3), 402–440.

[47] Cardenas, L. E., Schweer-Collins, M. L., & Stormshak, E. A. (2022). Parental influences on marijuana use in emerging adulthood. Journal of family psychology : JFP : Journal of the Division of Family Psychology of the American Psychological Association (Division 43), 36(2), 170–178.

The knowledge base informing cannabis prevention is still evolving due to shifting social perceptions, changes in use behaviors, and the complex legal status limiting prevention research. As cannabis consumption becomes more prevalent and new concerns emerge about the health consequences of use, the research field has begun to apply lessons learned from alcohol prevention and adapt them to risk factors unique to cannabis use. One example is the College Alcohol Intervention Matrix (**College AIM**). The National Institute on Alcohol Abuse and Alcoholism developed College AIM in collaboration with leading college alcohol researchers and staff to help campuses identify effective alcohol interventions. Researchers are now advocating for the development of a College Cannabis Intervention Matrix to guide the design and implementation of effective cannabis use prevention and intervention strategies.[48]

This section of the cannabis prevention toolkit offers examples of strategies, evidence-informed programs, and accompanying resources, which are grounded in research, have demonstrated effectiveness in reducing or preventing cannabis use among young adults, and are feasible to implement in college and university settings. Prevention approaches are organized into a two-part framework that distinguishes between ***environmental strategies*** and ***individual strategies***. The framework derives from the social ecological model for prevention, which recognizes that substance misuse, particularly among young adults, results from multiple contributing factors.[49] Prevention approaches are most effective when strategies focus on individual risk factors and explore and address ways that individuals are connected within their environments, including peers, organizations and institutions, and the surrounding community. Strategies should also be tailored to each campus population's specific needs, including campus attitudes, behaviors, and cultural contexts.

Environment-level Strategies

Environment-level strategies are implemented at the universal level of prevention targeting the entire student population. Environmental strategies are intended to change conditions in the campus environment, such as social norms, campus policies, and access to supportive resources, that contribute to cannabis use problems and consequences. Environmental strategies reduce problems and consequences by

- Developing, clearly communicating, and consistently enforcing laws, campus policies, and practices,
- Reducing opportunities for students to engage in cannabis use behaviors or promoting opportunities to engage in positive alternatives, and
- Promoting accurate health information and changing population-level norms.

Policy Enforcement

Under the Drug-Free Schools and Communities Act (DFSCA), colleges and universities must ban the use of illicit drugs, including cannabis, on their school campuses. Any college receiving federal funds in the form of grants, scholarships, or financial aid is subject to DFSCA compliance, including campuses in states that have legalized medical or recreational use.[50] This policy aligns with current Tennessee state law. College and university alcohol and drug policies help ensure that laws and regulations designed to prevent and reduce potential for use are implemented effectively. With changes in state legal environments and increasing prevalence of use, campuses may benefit from adopting policies that are specific to cannabis use.

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[48] Hone, L.S.E., Boness, C.L., Helle, A.C. et al. (2024). A Scoping Review of Interventions for U.S. College Students' Harmful Cannabis Use and a Call for a College Cannabis Intervention Matrix. International Journal of Mental Health and Addiction.

[49] Kruger, D. J., Bone, C. C., & Kruger, J. S. (2024). A Social-Ecological Model for Understanding Cannabis Risks and Promoting Harm Reduction. American journal of public health, 114(S8), S628–S630.

[50] Mokrii, R. (2023, August 3). Cannabis use on campus: State vs. federal legislation overview. NASPA – Student Affairs Administrators in Higher Education. https://www.naspa.org/blog/cannabis-use-on-campus-state-vs-federal-legislation-overview

Components of Campus Policies Addressing Cannabis Use

The following are key provisions that are often included in campus cannabis use policies:

- **Clear prohibition of cannabis use on campus.** State that cannabis use, possession, and distribution are prohibited on campus property, including in dormitories and public spaces.
- **Compliance with federal and state laws.** Include requirements for students to comply with both Tennessee state law and federal law, which prohibits the possession and use of marijuana on federally funded campuses. Clarify the complex relationships among the federal regulations and laws in many U.S. states, including states of residence for out-of-state students.
- **Consequences for violation**. Outline disciplinary consequences for students who violate cannabis policies, which may include warnings, fines, mandatory counseling, or suspension. Consequences should be consistent and fair, with an emphasis on educating students about the risks of cannabis use.
- **Health and safety information**. Include information about the potential risks of cannabis use, such as the impact on academic performance, cognitive function, mental health, and long-term well-being. The policy should highlight available resources for students seeking support, such as counseling or health services.
- **Prevention and education programs**. Commit to ongoing educational campaigns and prevention programs that address cannabis use, targeting higher-risk students, such as students in their first year.
- **Support for students with substance use disorders**. Offer support to students struggling with cannabis use, such as access to counseling services, referrals to treatment programs, and peer support groups. Policies should also specify how students can seek help confidentially and without judgment.
- **Communication and awareness**. Detail how students, faculty, and staff will be informed about cannabis regulations, for example, through orientations, student handbooks, and regular reminders. Ensuring that the entire campus community is aware of a policy helps ensure compliance and understanding.
- **Student and faculty involvement in policy review**. Review and update policies regularly with input from students, faculty, staff, and legal advisors. This ensures that policies adapt to any changes in laws, emerging research, and campus needs.
- **Sanctions for students under the influence**. Establish clear protocols for addressing incidents in which students are suspected of being under the influence of cannabis in academic, athletic, or campus settings.
- **Special considerations for athletics and competitive teams** – For athletes or students involved in competitive activities, policies should align with NCAA or other governing body regulations related to eligibility or participation in events.

Below are examples of university policies that have been developed by their campuses to address cannabis use. **University of Vermont, University of South Carolina, University of Michigan, Western Illinois University, and Stanford University.**

Policy enforcement activities should include collaboration with campus or local law enforcement to share data and information, ensure that cannabis laws are enforced appropriately on and off-campus, and provide guidance on what the legal actions result from students being caught with cannabis, such as fines, warnings, or educational sanctions for students found violating the rules. For minor cannabis offenses, campus may choose to adopt nonpunitive consequences, such as referrals to brief motivational interventions (*see discussion under Environmental Strategies*) to encourage them to modify their use. Policy activities should also include dissemination of clear guidelines for resident advisors on how to address offenses when they arise. Resident advisors should be knowledgeable about state laws and regulations and law enforcement practices on their campus and should be prepared to share information about these policies with residents.

Promoting Positive Campus Culture

Campus cultures that promote health, wellness, and substance-free alternative activities create an environment where cannabis use is less likely to be normalized. Social norms that value academic achievement and health and wellness can also serve as protective factors against cannabis use. Specific strategies may include

- **Developing health messaging campaigns that feature student leaders, athletes, and faculty who promote a cannabis-free lifestyle to normalize healthy, prosocial behaviors.**
- **Hosting substance-free events, such as concerts, sporting events, and other social activities, to encourage students to engage in substance-free alternatives.** This should include events planned for April 20th (4/20), which is recognized as an unofficial celebration of cannabis culture. Researchers have found that compared to weekdays or weekends, on 4/20, more people report use, there are more sessions of use, and cannabis is used in larger quantities. [51]
- **Designating substance-free housing options for students to live in residential communities that are substance free.**
- **Creating safe spaces for conversations about cannabis use**. Campus leaders can facilitate discussions in classes or student organizations about cannabis use, its risks, and any underlying issues that might contribute to use as a strategy to normalize conversations around substance use, offering students a safe, nonjudgmental way to express their views and experiences related to cannabis use on campus and share insights that can inform and shape future strategies.

Prevention Education: Health Promotion and Harm Reduction Campaigns

College and university campuses use multiple strategies to educate students about the short- and long- term health effects of cannabis use and the risk of misuse and dependence. Campus cannabis prevention campaigns should convey that **there is no universally safe level of cannabis use and that the only reliable way to avoid risk for harm is to abstain from using**. Prevention campaigns are typically designed to educate students about the risks of cannabis use, such as impaired cognitive function, mental health effects, and legal consequences; dispel myths around cannabis use; emphasize responsible decision-making; and provide students with information on healthy ways to manage stress and anxiety, such as exercise, mindfulness, or seeking support through campus health services.

Examples of strategies for delivering prevention information include

- **Requiring incoming students to complete online modules before and during their first semester of classes.** Some campuses place holds on students' accounts if all requirements are not completed, and students are prevented from registering for classes until holds are lifted.
- **Launching health promotion and awareness-raising campaigns using social media tools.** Some of the more common social media platforms include Facebook, Instagram, Snapchat, and YouTube. Integrating social media campaigns with other media formats, such as print media (e.g., banners, brochures, facts sheets, flyers, sandwich boards, palm cards, pledge cards, and posters), videos, radio PSAs, and traditional news media, can also be effective in raising awareness and promoting healthy choices.
- **Participating in tabling at campus-wide events to disseminate resources and materials.**
- **Offering presentations on demand to clubs and organizations, course instructors, and students participating in residential life.** This may include educational presentations that help cultivate a better understanding of the influence of alcohol and drug use on students' health and academic success.

[51] Bravo, A. J., Pearson, M. R., Conner, B. T., & Parnes, J. E. (2017). Is 4/20 an Event-Specific Marijuana Holiday? A Daily Diary Investigation of Marijuana Use and Consequences Among College Students. *Journal of studies on alcohol and drugs*, *78*(1), 134–139.

Providing accurate, research-based information about the potential risks of cannabis use may prevent students from initiating use, provide them with them with balanced information to make more informed decisions, and offer guidance on how and where to go to seek support.

Focus on Harm Reduction

Prevention strategies that emphasize abstaining from cannabis use are a key component of any campus cannabis prevention strategy. However, given current trends toward legalization, researchers are now advocating for a shift from abstinence-only strategies to embrace harm reduction and health promotion approaches that emphasize safer consumption practices.[52] For students who choose to use cannabis, educational strategies can focus on informing behavioral choices to lower potential risks. Examples of harm reduction strategies include

- **Educating students about the dangers of using cannabis with alcohol.** Mixing cannabis with other substances, usually alcohol, is known as "crossfading" and can have serious health risks. The combination of substances can produce a dangerous and unpredictable effect that is stronger than when either drug is consumed separately. It can lead to extreme drowsiness, confusion, impaired motor skills, dehydration, or increased likelihood of accidents, injuries, or other risky behaviors. Mixing substances can also mask the effects of either substance, making it harder for students to gauge their level of intoxication, resulting in overconsumption.

- **Promoting reductions in consumption.** Harm reduction campaigns often advocate for "keeping cannabis use at a safer level." A "T-break," short for "tolerance break," is a period when students choose to abstain from using cannabis to reduce their tolerance. When someone uses cannabis too frequently, they become less sensitive to its effects and need more of the drug to achieve the same high. A T-break, which may range from a few days to a few weeks, offers a way to reset the body's tolerance. Recommendations include limiting the time of day or limiting the amount purchased at a time. The University of Vermont's **T-Break: Take a Tolerance Break** offers detailed guidance to help students successfully reduce their use.

- **Focusing on decreasing THC potency.** High-potency cannabis products are associated with greater adverse health effects and increased risk of future dependence. Prevention education and information dissemination efforts should focus on educating students about the risk of high-potency cannabis products and the benefits of changing use patterns.

- **Advocating for safer use practices.** No cannabis products are universally safe. However, students can be advised to avoid certain practices to lower their risk of adverse health consequences. Unsafe practices include use of high-potency synthetics or concentrates; mixing cannabis with tobacco; using cigarette filters, bongs, or water pipes; inhaling too deeply; and holding smoke in your lungs. Vaping may be safer than inhaling cannabis smoke.

To learn more about how campus prevention professionals can educate students on safer use practices, go to

Lower-Risk Cannabis Use Guidelines (LRCUG)

Campus Coalition and Partnership Development

[52] Kruger, D. J., Bone, C. C. B., & Kruger, J. S. (2024). A social-ecological model for understanding cannabis risks and promoting harm reduction. American Journal of Public Health, 114(S1), S628–S630.

Prevention infrastructure on many college campuses, including funding and staffing, is sometimes limited. Campus prevention staff can expand their capacity, reach, and impact by partnering with other campus departments and organizations or coalitions in the community whose work aligns with prevention goals. This could include coordination with

- Health and counseling centers
- Behavioral and social science departments
- Campus security or law enforcement
- Community substance use prevention coalitions and recovery organizations.

Training for Staff and Faculty

Availability of campus-wide training for faculty, staff, and campus security on how to identify and respond to students' use can raise awareness about changing trends in cannabis use and associated health risks and create a campus culture that focuses on promoting student health. This can include recognizing signs of impairment, understanding legal consequences, and referring students to the appropriate support services. Training opportunities can also focus on increasing sensitivity to the reasons students might choose to use cannabis, such as stress, mental health issues, and peer pressure.

Peer-led Programs

College and university administrators have recognized the critical role that peers can play in student growth and development. As a result, higher-education campuses have increasingly relied on peer educators who are recruited and trained to mentor and support peers on sensitive topics. Peer counseling, peer advocacy, and peer-led education focusing on prevention and harm reduction can be effective in influencing students' cannabis use behaviors. When students are educated by their peers, they may be more likely to listen and engage in meaningful discussions about personal use. Peer education can be delivered through campus health centers, at scheduled health promotion events, or as a component of other campus activities, such as orientation weeks; student housing, fraternity, or sorority meetings or events; and other university-sponsored activities, to increase student knowledge and improve perceptions of cannabis use issues.

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Engaging and Educating Parents

Parental monitoring before students leave for college that continues through a student's college career has been associated with reductions in cannabis use. Strategies to engage parents and families in conversations about cannabis and providing families with resources on how to talk about cannabis risks are being explored as a strategy to reinforce prevention efforts on college campuses. For example, researchers at Pennsylvania State University were recently awarded a $2.8 million NIH grant to conduct a rigorous three-year study of parent-based interventions for incoming college students. Parents receive a handbook offering guidance on how to have meaningful discussions on cannabis and alcohol use with their children.

Other parent engagement resources include San Diego State University's (SDSU's) parent guide titled ***How to Talk to Your College Student about Alcohol and Drugs***.



Social Norms Campaigns

Social norms campaigns can be another useful tool for changing campus culture around cannabis use. By promoting prosocial behaviors and fostering social norms that value abstinence or safer cannabis use, campuses can shift attitudes toward use.

Social norms theory as applied to college settings suggests that student behavior is shaped by perceptions of what is "typical" behavior for college students. Research shows that individuals often overestimate others' behaviors and attitudes and underestimate their own. In the context of cannabis prevention, college students perceive that a 'typical' student uses cannabis far more often than they actually do.[53] This creates the false perception that using cannabis is normal and acceptable. Social norms approaches are intended to correct these misperceptions by educating students with accurate, data-driven information about the actual attitudes and behaviors of college peers. Offering a more accurate view of peer behaviors and beliefs can help shift social norms and peer behaviors toward healthier choices.[54]



Individual-level Strategies

Individual-level strategies focus on changing personal attitudes or behaviors related to cannabis use, separate from any environmental influences that may encourage or promote use. These strategies are intended to modify students' cannabis use behaviors (e.g., encourage abstinence or reduce the frequency, quantity, or potency) and reduce harmful consequences resulting from misuse. Categories of individual-level interventions may include but are not limited to screening and identification, brief motivational interventions (BMIs), and health and wellness programming.

Use of Brief Screening Tools

Brief screening tools are easy-to-implement strategies to identify students who may be at risk for problem cannabis use. Screening tools support a proactive approach to student health that allows campus health providers to intervene early and connect students with needed resources before issues progress to more serious misuse. Brief screenings tools can be integrated into student health center visits or accessed on websites. Some of the more

Cannabis Use Disorders Identification Test (CUDIT-R)

The CUDIT-R is an 8-item self-administered screening tool used to assess the frequency of cannabis use and related harms. Individual items are scored from 0 to 4, with a maximum score of 24. Scores of 8 or more indicate harmful patterns of cannabis use, and scores of 12 or more indicate a positive screen for possible CUD.

The CUDIT-R has been shown to be a reliable and valid screening tool that is widely used in college and university settings to identify student risk for cannabis related problems.

Click to view the CUDIT-R screening tool.

[53] Pearson, M. R., Liese, B. S., Dvorak, R. D., & Marijuana Outcomes Study T involvement: Perceptions, use, and consequences across 11 college campus https://doi.org/10.1016/j.addbeh.2016.10.019

[54] Fisher, G. L., & Roget, N. A. (Eds.). (2009). Social norms marketing. In Enc treatment, & recovery (pp. 837-838). SAGE Publications, Inc. https://doi.org/1

widely used screening tools in college and university settings include the Cannabis Use Disorders Identification Test (CUDIT-R) and the Cannabis Abuse Screening Test.

Brief Motivational Intervention (BMI) Programs

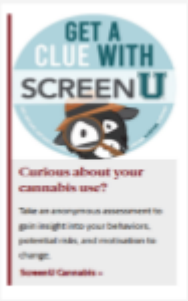
Cannabis screening tools are often combined with BMI programs that are designed to increase students' awareness and understanding of cannabis use risks, encourage healthier decision-making, and reduce any negative consequences associated with misuse. Most BMI programs use an electronic formats to provide tailored feedback on screening results, offer reliable health information, and provide support to help students set personal goals to modify their use.

Studies examining the implementation of web-based screening and brief intervention tools demonstrate that automated web-based interventions are relatively feasible to implement in student health service settings making them a promising tool for college health settings. Research has shown that these interventions may be effective as a means of correcting misperceptions of cannabis use norms and reducing cannabis-related health consequences.[55]

ScreenU

The **ScreenU** program is an evidence-based digital tool designed to screen young people for substance use and provide personalized feedback. It focuses on alcohol, cannabis, and other drugs and offers a confidential, easy-to-use platform on which individuals can assess their substance use patterns. Based on their responses, the program delivers tailored information, resources, and recommendations aimed at reducing risky behavior and promoting healthier choices. ScreenU is widely used in educational settings to help identify early signs of substance misuse and intervene before more serious problems develop.

For more information, go to
https://screenu.org/screenu-screenings/screenu-cannabis/



Cannabis eCheckup

The **Cannabis eCheckup to Go** program is an online self-assessment tool that can be used to help students evaluate their cannabis use and its potential impacts on their health and well-being. The tool provides personalized feedback based on students' responses to questions about their cannabis consumption patterns. It is typically used for educational purposes and helps individuals make informed choices regarding their cannabis habits.
For more information, go to
https://echeckuptogo.com/programs/cannabis/

Cannabis Screening and Intervention for College Students (CASICS)

CASICS is an adaptation of the evidence-based Brief Alcohol Screening and Intervention for College Students (BASICS). BASICS is a harm reduction program for students who are heavy alcohol users and have experienced alcohol-related problems. CASICS is an indicated BMI that uses the same core components as BASICS but is focused on cannabis users. The program can be implemented by health educators, counselors, clinical social workers, substance use counselors, or peer educators.

CASICS is delivered in two separate 45–60-minute sessions. The participant completes the Cannabis eCHECKUP brief online assessment tool between the two sessions to assess students' cannabis use history, current consumption patterns, and personal beliefs related to use and to generate personalized feedback used in the second session to help students understand personal use patterns and related risks and to offer strategies to minimize harmful consequences. CASICS uses motivation interviewing (MI) techniques to help students explore and resolve their ambivalence about changing their behavior and empowers them to make positive decisions regarding their personal use. MI has been shown to reduce cannabis use and other risky behaviors by engaging young adults in conversations that allow them to

Comprehensive Wellness Services

Wellness programs offer a stigma-free space for students to talk openly about substance use issues and create a supportive environment that empowers students to make healthy choices, mitigate risks associated with misuse, and connect students with needed services. Offering wellness programs that teach students how to resist peer pressure, manage stress, and make healthy choices can also help reduce the likelihood of cannabis use. Campuses can address the root causes of cannabis use, such as anxiety and depression, by offering counseling services that target mental health and stress management.

Providing easily accessible counseling, mental health services, and substance use support creates a nonjudgmental environment where students can seek help without fear of stigma. Barriers that prevent students from seeking help with cannabis issues include difficulty identifying symptoms, limited knowledge about available services, fear of being stigmatized, and concerns about confidentiality and trust. Factors that facilitate help-seeking for substance use issues may include education and awareness, perceiving a problem as serious, positive attitudes toward help-seeking, positive past experiences, social support or encouragement from others, and confidentiality and trust in a provider.[56]

Campus Spotlight

University of Oregon
Well-Being Coaching

The University of Oregon introduced a peer-led wellness program, known as 'Well-Being Coaching,' that offers a model for college and university settings. The program targets students who are seeking assistance with healthier decision-making and lifestyle changes, which may include goals to reduce harmful cannabis use patterns. Students meet one-on-one with a certified well-being coach for as many sessions as needed to support their wellness journey. Coaches work with students to identify their current strengths and goals and together create actionable steps to achieve their well-being goal. Sessions are typically 30-60 minutes and can be in person or virtual. Coaching is led by trained students who successfully complete Physical Education: Fitness Health and Well-being Coaching courses that have been nationally accredited by the National Commission for Certifying Agencies and that qualify them to support their peers.

These examples highlight different ways that universities are incorporating cannabis prevention programs to educate their students, provide support to student seeking assistance, and promote healthier decision-making. Although programs vary in approach, the common goal is to equip students with the knowledge, skills, and resources to make more informed decisions regarding their personal cannabis use.

Getting Started

The Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (SPF) can be a useful tool for prevention professionals to employ to guide planning, implementation, and evaluation of campus-based cannabis prevention initiatives. The SPF includes the following five steps:

Step 1: Assessment. Compile and review existing data sources or collect new data (e.g., using key informant interviews, focus groups, or surveys) to identify campus needs and resources related to cannabis prevention. Use information to determine which problems or conditions have the highest prevention priority and who within the campus community is most affected by them. Assess the level of readiness to respond to campus needs and

[56] Substance Abuse and Mental Health Services Administration. (2019). Substance misuse prevention for young adults (Publication No. PEP19-PL-Guide-1). National Mental Health and Substance Use Policy Laboratory.

scan the environment to determine which resources are already in place to address the problem and where potential gaps may exist.

Step 2: Capacity Building. Establish and mobilize local resources and enhance readiness to address prevention needs. Consider the types of resources that are needed to address the problems or conditions identified (e.g., campus leadership, funding, partnerships, or additional data). Identify who needs to be involved in prevention efforts and ways to engage them in a planning and implementation process. Determine the knowledge and skills needed within campus prevention teams to work together effectively.

Step 3: Planning. Determine how to prioritize needs, problems, and conditions for the campus community and choose an area of focus (e.g., screening, harm reduction, social norms). Identify promising or evidence-based strategies or activities that are proven effective in addressing the needs identified. Modify programs, practices, and approaches to fit the context of your campus and student population. Create a detailed plan that clearly articulates the relationships among campus needs, planned strategies and activities, and desired outcomes. Include steps detailing ways to engage key stakeholders in the implementation process

Step 4: Implementation. Translate the plan into action by implementing prevention strategies and activities. Identify and try to navigate implementation barriers.

Step 5: Evaluation. Monitor the implementation process to assess how closely the program as implemented conformed to the program as planned. Develop strategies to measure the effectiveness of prevention efforts and determine whether the desired results were achieved. Identify the challenges, barriers, and successes that contributed to prevention outcomes and use this information to inform continuous improvement efforts. Share findings with key stakeholders and the broader campus community to help interpret results and to build support for future prevention initiatives on campus.

Conclusion

Cannabis use in emerging adulthood can have both short-term and long-term effects on physical and mental health, cognitive functioning, academic performance, and social relationships. Although some students may use cannabis without immediate negative consequences, frequent or early use increases the risk of developing more serious long-term problems, including the development of a disorder. Preventing or reducing cannabis use during this critical developmental period can help protect young adults' health and ensure a future where they can thrive.

College prevention professionals, health providers, and student advocates have a unique opportunity to impact student health and well-being by working to prevent the initiation of cannabis use among new users and to mitigate the effects of more frequent or higher-potency use. The purpose of this toolkit has been to share examples of primary prevention strategies and approaches that may be feasible to implement in a college or university setting and that have shown promise as effective practices. By fostering education, awareness, and responsible decision-making, campus prevention professionals can help empower students to make choices that support their health, quality of life, and academic success and reduce the risk of future problems.

References