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## Teen smokers in post marijuana legalization era: Facts and figures

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### Abstract

The legalization of marijuana across several U.S. states has reshaped its consumption patterns, economic contributions, and social implications. This study investigates the initiation of marijuana use among teenagers in the post-legalization era, emphasizing whether the presence of marijuana laws influences usage trends among individuals aged 12 years and older. Data were obtained from the National Survey on Drug Use and Health (NSDUH), covering the years 2013–2021, with the exception of 2020 due to methodological adjustments. Both national and regional trends were analyzed to determine whether state-level marijuana laws affected the initiation of use among teens.

Findings indicate that teen initiation of marijuana increased consistently from 2013 through 2019, with notable rises in the South and Massachusetts compared to other regions. Although a decline was observed in 2021, the overall trend revealed growing acceptance and reduced perception of marijuana as a risky substance. The results also showed that legalization indirectly fostered black-market activity, which provided cheaper and potentially unsafe marijuana products to minors. Despite strong legal prohibitions at federal and state levels against sales to minors, enforcement challenges and evolving social attitudes reduced the deterrent effects of these laws. In conclusion, marijuana legalization did not significantly deter teenage initiation. Instead, shifting risk perceptions and illegal distribution networks contributed to increased use. The study underscores the need for stronger regulatory enforcement, stricter penalties for illicit distribution, and enhanced educational campaigns targeting youth. Future research should examine the effects of taxation and evolving public health strategies on teen consumption patterns.

**Keywords:** Teen initiation; Legalization; Marijuana; Public health

### 1. Introduction

Marijuana is from a plant that contains THC chemicals[1]. Marijuana can be consumed through different means. It could either be smoked in pipes, in hand-rolled cigarettes or with a vaporizer. Some users mix marijuana in their foods or tea. In a similar vein, manufacturers produce honey oil and other kinds of oil from marijuana. Several studies show that one in five people in the U.S have used Marijuana[2]. Marijuana is a lucrative business. Its sales generate a lot of income for the US economy.

The sales of marijuana in 2017 is \$9 billion dollars in the United States (Khan, 2018). The sales of marijuana increased to \$10 billion in 2019[3]. However, the revenue generated from the sales of marijuana grew in an unexpected proportion due to the pandemic in 2020. Legal sales hit \$17.5 billion with most of the revenues generated from mature markets in Colorado and Oregon[4]. Several states in United States saw an unprecedented growth in the sales of marijuana in 2020. Illinois saw a sales growth of \$784 million, California saw an increased sales of \$586 million, Florida sales growth increased by \$473 while Massachusetts had a record-breaking sale at \$915.10 million on August 6, 2023[5]. Furthermore, the revenue generated from the sales of marijuana are forecast to reach 37 billion U.S. dollars by 2026[6].

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The revenues generated from the sales of marijuana are used for different purposes. In some states, the revenues collected are used to support public health campaigns, anti-drug programs, public safety initiatives, research programs, substance abuse and other mental health related programs, public education, and capital construction[7]. Some states use the excess funds generated from marijuana sales to finance state lottery programs, employee retirement programs and to organize training for law enforcement agents[8]. Additionally, the FDA has approved some marijuana-based drugs for the treatment of different medical conditions. As a result, medical conditions such as cancer and multiple sclerosis are treated with these drugs[9]. Conversely, the use of marijuana has been associated with many health conditions. Opponents of marijuana reform argued that continuous use of marijuana increases hospital readmissions and the cost of healthcare.

Marijuana consumption affects the neurocognitive ability of young adults when consumed at an early age[10]. Similarly, marijuana use is associated with impairment of working and episodic memory, behavioral disinhibition, and impulsivity[11]. Consequences of marijuana consumption in the workplace include the cost of adverse events and the loss of productivity[12]. Equally, marijuana causes a high rate of absenteeism and impacts workplace safety. The adverse effects from the use of marijuana were documented by the US Surgeon General, World Health Organization, and other international agencies[13].

### **1.1. The Legal Landscape**

The Marijuana Tax Act of 1937 was the first federal law regulating the commercial sale and medical use of marijuana. Accordingly, all buyers, sellers, importers, growers, physicians, veterinarians, and any other persons who sell marijuana, prescribe it professionally, or possess it pays a tax ranging from \$1 to \$24 per year[14]. Pursuant to Section 12, anyone who violates the provisions of this Act is subject to a prison term of not more than five years, payment of a fine of not more than \$2,000 or both based on the discretion of the court. Equally, the law requires a ton of affidavits, inspection in some cases and disclosure of patients' information to the Secretary of the Treasury before anyone can produce, distribute, or prescribe marijuana to patients. No one wants the government prying into their business or private lives. In the same vein, these provisions discourage medical practitioners from prescribing marijuana to their patients due to damages that they may incur from litigation arising from breach of confidentiality rule. As a result, the stringent provision of the Act made it difficult for people to indulge in marijuana production, distribution, or possession either for medical or recreational purposes. The American Medical Association equally opposed the Act because they were subjected to the payment of Marijuana tax.

Furthermore, Harry J. Anslinger, who was the head of the Federal Bureau of Narcotics (FBN), and other opponents opposed the Marijuana Tax Act. Anslinger associated marijuana consumption with the commission of violent crimes. The Boggs Act was enacted in 1951 following the agitation to ban marijuana. The Boggs Act was an amendment of the Narcotic Drugs Import and Export Act of 1922. The Boggs Act established mandatory sentencing for Narcotic related crimes. However, marijuana was added to the list of hard drugs under the Boggs Act due to Anslinger's proposition that marijuana is a gateway drug. A gateway drug increases the likelihood that consumers will engage in subsequent use of harder and more harmful substances[15].

Congress enacted the Controlled Substance Act of 1970 in response to the US Supreme Court's decision in *Leary v. United States*, 395 U.S. 6 (1969). In the instant case, the Petitioner was indicted for breach of the Marijuana Act. He was found guilty and convicted. On Appeal, the Court of Appeals for the Fifth Circuit affirmed the judgment of the Federal District for the Southern District of Texas. The petitioner filed an appeal at the Supreme Court because he was dissatisfied with the decision of the Court of Appeals. During the appeal, the Supreme Court reversed the decision of the Court of Appeals and stated that Leary's right had been violated under the Fifth Amendment. Accordingly, the Marijuana Act was held unconstitutional.

The Control Substance Act was enacted in 1970 to reinforce the federal government's attitude against marijuana use. The Act was established to control the use and prevent the abuse of certain drugs or substance. The CSA is under Chapter 13, Title 21 of the United States Code. It is a part of the Comprehensive Drug Abuse Prevention and Control which was enacted in 1970. Pursuant to Section 812 of Title 21, drugs are classified into five different Schedules based on the potential abuse, accepted medical use, safety of those drugs or other substance under medical supervision[16].

Marijuana is categorized as a schedule 1 drug, and it is considered a dangerous substance[17]. Schedule 1 drugs have high potential of abuse[18]. A breach of any provision of the Act could attract a prison term of 10 years or more depending on whether he/she is a first-time offender, a fine depending on whether the violator is an individual or a non-natural person, or both. There is also the possibility of life-imprisonment if any person commits such a violation after a prior conviction and if death or serious bodily injury results from the use of such substance.

The CSA does not recognize the use of medical marijuana for medical reasons. In *United States v. Oakland Cannabis Buyers' Cooperative*, 532 U.S. 483 (2001), the Supreme Court rejected the argument in support of medical marijuana. Thus, the Supreme Court's decision reinforced the federal government's attitude against the use and possession of marijuana. Also, the CSA is a federal law. As a result, its provisions are binding on every state.

### 1.2. Decriminalization of Marijuana

California was the first state to enact medical marijuana law in 1996 despite federal law declaring the use and possession of marijuana illegal. Presently, thirty-six states have enacted medical marijuana laws through ballot initiatives. Equally, 18 states have made recreational marijuana legal[19]. The efforts to decriminalize marijuana use and possession started shortly after the CSA passed in 1970. Accordingly, eleven states reduced the penalties awarded against offenders from 1973-1977[20].

Massachusetts decriminalized marijuana in 2009. Section 32L of the Massachusetts General Laws as amended in 2017 provides that offenders between the age of 18 and 21 shall be subjected to a forfeiture and civil penalty provisions, provided such offenders complete a drug awareness program[21]. One of the rationales behind these reforms is the increase in usage among the voting age population[22]. Thus, the reduction in the severity of penalties involving marijuana use marked the onset of reforms in marijuana laws operating in various US states.

The changing attitude towards marijuana's legal status notwithstanding, the CSA takes precedence over state marijuana laws in case of conflict. In *Gonzales V. Raich*, 545 U.S. 1 (2005), the Supreme Court held that Congress is vested with the power to regulate the use of home-grown marijuana in a state where consumption for medical purposes is legal because such an activity could have a substantial effect on interstate trade.

### 1.3. The Future of Marijuana

The future of marijuana is bright with the changing attitude of the federal government towards the use and possession of marijuana. First, there was no opposition from the federal government to reducing criminal penalties for marijuana use by some states shortly after the CSA passed in 1970. The federal government allows states to decriminalize marijuana by enforcing their own laws on drug[23]. The federal government pursuant to the Cole Memorandum of 2013 developed guidance regarding marijuana enforcement. Federal investigation and prosecution of marijuana related offenses are prioritized under the Cole Memorandum. The Cole Memorandum was formulated to further Attorney David W. Ogden 2009 Memorandum where he advised state attorneys to stop the criminal investigation of individuals who acted in compliance with their state medical marijuana[24]. However, Attorney General Jeff Sessions rescinded the previous guidance-Cole Memorandum during President Trump's administration[25].

Furthermore, the Rohrabacher-Farr amendment was passed into law on December 16, 2014, to reinforce the federal government attitude towards states medical marijuana laws prior to President Trump's administration. The amendment is called the Commerce, Justice, Science, and Related Agencies Appropriations Act of 2015. Section 542 prohibits the use of funds made available under the Act for the purpose of preventing specific states from implementing their own laws authorizing the use, distribution, possession, or cultivation of medical marijuana[26]. In **United States v. McIntosh**, 833 F.3d 1163, 1177 (9th Cir., 2016), the Ninth Circuit Court of Appeals upheld the provisions of the Commerce, Justice, Science, and Related Agencies Appropriations Act. Accordingly, the Ninth Circuit Court of Appeals found that the defendants acted in compliance with California marijuana law. The Commerce, Justice, Science, and Related Agencies Appropriations Act must be renewed yearly because it is a part of Congressional spending package[27].

Additionally, the House of Representatives passed the Marijuana Opportunity Reinvestment and Expungement Act popularly known as the MORE Act on April 1, 2022. The MORE Act seeks to reschedule Marijuana and expunge prior convictions related to the breach of the CSA. The federal government position on marijuana is fortified by President Biden's presidential proclamation granting pardons to individuals convicted at the federal level for simple marijuana possession offenses on October 6, 2022. As a result, anyone granted the presidential pardon is eligible to apply for housing programs, employment, and educational benefits[28].

### 1.4. Teens Initiation of Marijuana in Post-Legalization Era

Marijuana is an addictive substance, and it can easily be abuse. According to the director of NIDA, marijuana consumption produces adverse physical, mental, emotional, and behavioral changes, and it can be addictive[29].

Marijuana products in post legalization era contain higher concentrations of Tetrahydrocannabinol. Tetrahydrocannabinol is the psychoactive component that causes addiction[30]. Marijuana consumption can cause marijuana use disorder which takes the form of an addiction in certain cases or a relapsing disorder where the user during recovery falls back into his/her addictive habit[31]. A person is addicted when he//she uses marijuana more than intended, neglects his/her responsibilities, or exhibits withdrawal symptoms upon cessation[32]. Despite the negative impact of marijuana on consumers' health, and the sequence of teens' consumption of marijuana early in life, teens seek out ways to try it out[33].

Both federal and state laws frown against the sale of marijuana to minors. Section 32L provides that offenders under the age of 18 are subjected to civil penalty provisions, a compulsory drug awareness program and a community service[34]. Pursuant to the Cole Memorandum, the Department of Justice focused its efforts on prioritizing the prevention of distribution of marijuana to minors as various states enact laws to regulate the use of medical marijuana[35]. Although the position of the law concerning the sale of marijuana to minors has not changed, this study hypothesized that legalization decreases the number of teens who initiated the use of marijuana in the post legalization era. The reason being that the stiff penalties under federal and state laws on marijuana will discourage offenders including teens from sale, use or possession of marijuana.

## 2. Data and Methods

This study uses data from the National Survey on Drug Use and Health. These data sets were compiled by the SAMHSA (Substance Abuse and Mental Health Services Administration) to provide guidance on policy related issues. Estimates were based on data collected from 2013-2021. However, this study did not include the data set for 2020 due to methodological changes reported by SAMHSA.

The sample population is designed to represent the 50 US states and the District of Columbia. The independent variable in this study is the presence of laws legalizing the use and possession of marijuana from 2013-2021 while the dependent variable is the number of teens who initiated marijuana use during the post marijuana period. This study analyses the dataset collected from the three regions (Northeast, Midwest, South and West) to determine if state marijuana laws impact the number of teens who initiated marijuana use over a certain period. Equally, this study analyses the national and state level marijuana use from 2013-2021.

**Table 1** Average Annual Marijuana Initiates, by Age 12 or Older: Estimated Numbers (in Thousands), Based on 2013 and 2014 NSDUHs

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2021
State/Region	12 or Older Estimate						
Total U.S.	2,879	2,958	3,002	3,105	3,317	3,524	3,275
Northeast	527	530	543	556	575	619	602
Midwest	616	620	648	692	727	766	720
South	1,002	1,053	1,037	1,041	1,088	1,196	1,121
West	735	754	774	817	927	943	832
Massachusetts	70	70	78	86	92	101	101

Source: National and State-level Marijuana Trends. Retrieved from <https://www.samhsa.gov/data/nsduh/national-state-level-marijuana-trends>

**Table 2** Perceptions of Great Risk from Smoking Marijuana Once a Month, by Age 12 or Older: Estimated Numbers (in Thousands), Annual Averages Based on 2013 and 2014 NSDUHs

	2013-2014	2015-2016	2016-2017	2017-2018	2018-2019	2021
State/Region	12 or Older Estimate					
Total U.S.	72,203	76,344	72,913	69,727	66,968	60,438
Northeast	12,143	12,649	12,153	11,793	11,370	9,815
Midwest	14,097	14,502	13,543	12,825	11,951	10,759
South	30,531	32,338	31,106	29,834	28,750	25,478
West	15,431	16,855	16,112	15,275	14,896	14,385
Massachusetts	1,133	1,293	1,153	1,096	988	911

Source: National and State-level Marijuana Trends. Retrieved from <https://www.samhsa.gov/data/nsduh/national-state-level-marijuana-trends>

### 3. Results and Discussion

Table 1 shows a steady rise in the number of teen age 12 or older who initiate marijuana from 2013 to 2019 at the national level. There are 79 more teens age 12 or older who initiated marijuana from 2014-2015. There are 44 more teens age 12 or older who initiated marijuana from 2015-2016. There are 103 teens age 12 or older who initiated marijuana from 2016-2017. There are 212 teens age 12 or older who initiated marijuana from 2017-2018. There are 207 teens age 12 or older who initiated marijuana from 2018-2019. However, there is a decline in the number of teens who initiated marijuana in 2021. Additionally, table 1 shows an increase in the use of marijuana by teen age 12 or older in the South as compared to other regions from 2013-2021. Similarly, there is a rise in usage among this category of individuals from 2013-2019. However, there is a decline in usage in 2021. Massachusetts equally shows an increase in marijuana usage by teens age 12 or older from 2015-2019.

Table 2 shows the perception of great risk from smoking marijuana once a month, by age 12 or older at the national and state levels. The perception of great risk from smoking marijuana among teens aged 12 or older increased once a month across national and state levels from 2015-2016. However, there is a decline among teens aged 12 or older who perceived great risk of harm from smoking marijuana monthly from 2016-2021 across all the levels under consideration. This category of individuals consider marijuana as less harmful hence the steady decline recorded from 2016-2021. This attitude shown by this category of individuals is emboldened by the proliferation of marijuana laws at the state level as well as the shifting attitude of congress at the national level. The presence of marijuana laws and the stiff penalties established under these laws to discourage the sales of marijuana to minors has led to the creation of "black markets" as well. These are illegal outlets dispense marijuana to users including minors at a cheaper rate. The products sold at these illegal markets are cheap because the products are not taxed, and the possibility of adulteration is high.

### 4. Conclusion

The result of this study shows inconsistency with the hypothesis formulated above. The presence of marijuana law did not deter teens age 12 or older from the use of marijuana. Instead, there is an increase in the number of teens smokers due to changes in attitude towards the risk pose by marijuana consumption. Similarly, the legal impacts of legalization have been undermined significantly by the operations of "black markets". As a result, there is a need to review these laws and increase the penalties for illegal cultivation, and sales to minors. It is hoped that more research will be conducted in the future on the impact of reduced marijuana taxes on the number of teens smokers.

### Compliance with ethical standards

#### *Disclosure of conflict of interest*

Eloho Jennifer Orere declares that she has no conflicts of interest or competing interests related to the publication of this manuscript. The author affirms that no financial, institutional, or product-related relationships exist that could have influenced the research or its outcomes.

### *Statement of ethical approval*

The present research work does not contain any studies performed on animals or human subjects by the author. The analysis relied exclusively on publicly available secondary data from the National Survey on Drug Use and Health (NSDUH).

### *Statement of informed consent*

Not applicable, as this study did not involve human participants, interviews, surveys, or case studies conducted directly by the author.

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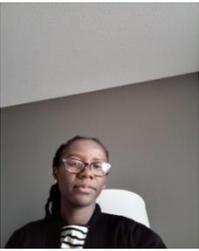
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### Author' short Profile

	<p><b>Eloho Jennifer Orere</b>, LLB, MHA, MPP, is a legal and policy professional with diverse experience across public service and healthcare institution. She previously worked with the Department of Unemployment Assistance under the Executive Office of Labour and Workforce Development in Massachusetts, where she interpreted Unemployment related laws and adjudicated Unemployment matters on Appeal. She is currently serving with the U.S. Department of the Treasury in the Collection Division with POD in Southborough, Massachusetts, and also works with Massachusetts General Hospital in Boston, where she brings together her expertise in law, public policy, and healthcare administration. Eloho is presently advancing her academic career by pursuing a Master of Laws (LLM) degree at Texas A&amp;M University, USA. Her multidisciplinary background reflects a strong commitment to legal scholarship, governance, and healthcare policy.</p>
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