Brief Policy Paper/Marijuana to be Restricted for Underage

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SWK 355-555 NLS- Social Welfare Policy and Services Spring 2021

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April 14, 2021

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Introduction

As most states in the U.S. continue with the implementation of the legalization of marijuana that is used for recreational purposes, there is a need for stringent policies and funding to be put in place. The policies and budget need to focus on preventing abuse of marihuana and initiation by the underage population. Policies formed at the state level and focused on the liberalization of marijuana have been evolving over the years. Still, the overall scientific evidence of these policies is believed to be inconclusive. Policies on marijuana use, particularly among the underage, have had some inconsistencies in the measures used and their heterogeneity. The policy paper seeks to highlight some scope of the use of marijuana among the underage and look at the limitations of the past and current policies on the problem. The policy paper also seeks to review the stakeholders impacted by the problem and give possible recommendations and solutions on how to deal with the use of marijuana among the underage population.

Problem Statement

Most U.S. states have legalized the use of recreational marijuana, and with this legalization of recreational marijuana, there is an emerging area of programmatic work and policies. Legalizing marijuana has presented both challenges and opportunities, particularly for the underage population (American Public Health Association, 2018). Public health advocates and prevention enthusiasts have had concerns that legalizing marijuana can lead to normalization of its use and increase its consumption and abuse among the underage population. There is a category of people who see legalization as an opportunity to get rid of the illicit market dealers while coming up with stringent regulations to manage marijuana use like alcohol and tobacco use

(American Public Health Association, 2018). Given the new landscape on the use of marijuana, it is essential to have strong policies to address prevention and public health matters. According to a survey done by the American Public Health Association,17% of tenth-grade students have ever used marijuana (American Public Health Association, 2018). 60% of the same tenth graders believe that there are minimal risks associated with the use of marijuana by trying to use it once or twice. The findings indicate that the underage population on marijuana use is not harmful (American Public Health Association, 2018). The perceptions can result in marijuana being a common drug among the underage category because of the potential increase.

Recent research by the American Public Health Association suggests that the use of marijuana in early adulthood and during the adolescent stage can impair the brain's neural connectivity, including the hippocampus part of the brain, critical for memory and learning (American Public Health Association, 2018). It is unknown whether the damages to the brain are reversible over time once one stops or reduces the consumption, and with that in mind, it is not a risk worth taking as an adolescent. Using marijuana regularly among the underage can cause other developmental problems like reduced attention in performance and impaired verbal cognitive ability. It can also reduce the IQ scores, lead to poor performance in school, and even cause some students to drop out (American Public Health Association, 2018). Today's youths are more likely to use marijuana than tobacco, with some claiming that the use of the drug has medical benefits because it contains cannabidiol (CBD) as an ingredient.

Scope of the Problem

Several states in the U.S. have legalized the use and sale of recreational marijuana via commercial markets, and some of these states include Oregon, Alaska, Colorado, and Washington. Over the years, other states have considered legalizing the drug, and the federal

government has not challenged these states' steps (Burdette et al., 2018). The federal government believes that everything regarding the sale and use of marijuana will be in control as long as the states legalizing it maintains strict rules regarding the sale and use and takes into the drug distribution. The legalizing states have the role of ensuring that they prevent access to the drug by minors and protect them from unwanted consequences of the use of legalized marijuana. According to the Journal of drug issues, in 2016, marijuana was among the widely used drug in the United States, with more than 43% of Americans admitting to having tried the use of marijuana in their life (Burdette et al., 2018). states like Colorado provide legal protection rights to those patients who have recommendations from their doctors to use marijuana for medicinal purposes. Voters in Washington and Colorado voted to legalize marijuana use, which led to these states establishing regulatory schemes for the production and sale of the drug (Burdette et al., 2018). The plans consider issues like age limit and controls on licensing, but that is not a guarantee that the drug will not end up in the underage population's hands.

Marijuana is a drug that is used because of its intoxicating effects. It has been in use for more than a century in the U.S. the drug is used globally. It is believed to have medicinal value because it has an ingredient called cannabidiol (CBD), believed to help treat several conditions (Burdette et al., 2018). The component is also thought not to have an intoxicating effect and does not lead to addiction. For the past five years, the prevalence of marijuana use among the residents has increased from 4.1% to 9.5%, with the prevalence of marijuana use disorder nearly doubling (Burdette et al., 2018). Most young people view the drug as harmless, and according to a study by the Journal of drug education done in 2018, two-thirds of Americans support the legalization of marijuana (Johnson et al., 2018). The findings are a reflection of reflection o the steady increase in usage over the years. The use of marijuana among the underage population is

associated with detrimental effects like a decline in cognitive ability, risk of engaging in other substance use, and a general poor-quality life with no occupational attainment (Johnson et al., 2018). Most youths who use the drug have reported impaired driving abilities, have several emergency room visits, suffer from psychosis, and experience psychiatric comorbidity.

The use of marijuana has always been growing while, at the same time, the perception of how harmful the drug is having been declining since most underage people do not consider it a harmful drug. The perception has made them engage in risky behaviors, with the use today being more potent than ever, and most young people become addicted to the drug. Approximately one out of six young people who use marijuana get addicted, particularly when they start using the drug before eighteen years (Johnson et al., 2018). Most of them suffer from brain health, mental health issues, poor athletic performance, and poor-quality life. The marijuana components have steadily increased over the years, with today's marijuana having thrice the ingredient's concentration explaining why more effects lead to several emergency room visits.

According to the Substance Abuse and Mental Health Services Administration, the popularity of marijuana is continually growing over the years, with nearly half of the Americans have tried it at some point (Kleiman, 2019). Opinions about the drug's legal status are also growing over the years, with most young people considering using the drug at some point in their lives. The statistics on the use of marijuana among teens are worrying, and that is why policies need to be formulated and actioned to control the use of the drug. Most underaged who use marijuana before the age of twelve years are at higher risks of experiencing mental health issues like depression, schizophrenia, and anxiety than those who start consuming the drug after they hit 18 and above. The smoke from marijuana contains approximately 50% to 70% of potential causes of cancer than the smoke inhaled from tobacco (Kleiman, 2019). The percentage makes

marijuana a drug with very detrimental impacts, particularly for the underage population. The underage who uses the drug before they are 18 and above are seven times likely to have disorders associated with marijuana use than the adults who use the drug. Most of these teens who use the drug are likely to perform poorly in school and even drop out when the addiction to the drug gets worse (Kleiman, 2019). For the past two years, the numbers of high school seniors who engage in the use of marijuana have doubled, with most of them reporting to have used the drug for the past one year continuously (Kleiman, 2019). The statistics indicate how marijuana use is slowly becoming a norm among the underage population when such a population should be protected from any exposure to the drug.

Stakeholders

The primary group affected by the use of marijuana is the underage population since they stand to suffer very detrimental impacts than the adults who use the drug. It is essential to keep in mind that, while the underage population is the primary group in this discussion, other stakeholders are affected by the use of this drug among the underage. Stakeholders like the family members, the community, healthcare providers, schools, researchers, and policymakers have a stake in the issue under discussion. The underage being the primary stakeholder, is the most vulnerable to the harmful effects of marijuana since they are at higher risk of developing marijuana dependency (Aguilar, Gutiérrez, Sánchez & Nougier, 2018). The underaged are likely to suffer from psychotic illnesses and engage in more risky behaviors. Heavy reliance on the drug affects the younger population adversely than how it affects the adults using the drug. The minors have a very high chance of being entirely dependent such that they cannot function fully without having the drug in their system. Epidemiological studies indicate that most people who

begin smoking early have a high chance of being addicts. This is because the brain for most minors is under rapid development when they are still young individuals (Aguilar et al., 2018).

The community is a concerned stakeholder in the use of marijuana among the underaged since prolonged use of the drug can lead to the community's disorganization and weaken the societal fabrics. Youths who use the drug are most likely to dissociate themselves from community activities and prefer to live alienated from the rest (Aguilar et al., 2018). The community is also a stakeholder since once a young person starts to use marijuana. The community is responsible for coming up with laws and norms to ensure the excellent use of the drug without causing harm to the young ones. The community also needs to assess the perceived availability of the drugs, particularly the underage population. The schools are also stakeholders in the issue since once the minors start using the drug, there are risks of them failing in their academics and even dropping out (Aguilar et al., 2018). Most minors utilizing the drug will show little to no commitment to school work, and such display of behaviors affect the overall school performance. Children who use marijuana are also likely to cause trouble at school by getting into fights with their fellow students and even being rude to their teachers.

Family is a crucial stakeholder since they are the most affected when one of their ones engages in the use of marijuana at an early age. The minor is likely to develop poor relations with the parents and siblings and display antisocial behaviors. Such behaviors are likely to drift the family apart and weaken the family fabrics. A distressed family is an unhappy family, and most people find it hard to thrive in families that are disgruntled and lack unity (Aguilar et al., 2018). Parents lose hope in their children's future once they start using marijuana and, to revert the behaviors, they do everything to help their children, including getting them to join therapy. The process of trying to help a loved one can be so derailing both emotionally and financially

and can leave a family in devastating situations. Healthcare providers are also stakeholders in the issue since they have the mandate of identifying the best ways to assist the addicted minors (Aguilar et al., 2018). They have to determine which rehabilitation programs they can put the minors to help them deal with the addiction problem. Healthcare providers need to develop rehabilitation sections for the addicted minors and educate them on the adverse effects of continual use of the drug. They, therefore, have a role in giving favorable settings for minors to learn and recover from the use of marijuana. Policymakers are concerned stakeholders since they have the function of coming up with regulations to protect minors from the early use of marijuana (Aguilar et al., 2018). The policymakers have the role of ensuring that the policies they formulate are focused on ensuring minor's safety and also controls the illicit markets since that is how most minors end up with the drug. Policymakers provide stringent regulations that, if not followed, should have consequences like being incriminated for breaking the laws and made liable for all the damages caused.

Past Policies

There have been policies that held the issue of marijuana among the underage in place in the past. The policies helped regulate the drug's availability to minors and protected their exposure to early usage of the drug. There have always been federal and state policies to limit the use of marijuana among the underage population. Some of the earlier policies include the one adopted by California about legalizing the use of marijuana for medicinal purposes. The policy was designed to reduce any possible drawbacks associated with increased abuse and dependence. The policy was adopted in 1996 by California, and since then, there has been an increase in the number of users (Barry & Glantz, 2016). The legalization has increased the number of visits to the emergency department in which the use of marijuana was mentioned as the reason for being

there. When the policy was put into place, it was intended to limit underage use of marijuana by embracing several public health regulations. The minimum age for purchasing marijuana was 21 years, and vendors were restricted from making the drug available to anyone under the age of 21 (Barry & Glantz, 2016). Despite the efforts made with this policy, many minors have still been able to access the drug, and most have ended up being so reliant. The policy also prohibited retail stores' institutions from selling marijuana within 1000 feet of public places and school parks. An entity was only eligible to operate if it met the guidelines concerning public health and safety, including distributing the drug to minors. Another past policy that held the issue in place was the policy on eliminating black markets and improving the public's safety. The policy was defined based on the argument that as long as illicit markets operate, the drug will always find its way to minors and even fund criminal activities (Barry & Glantz, 2016). The markets create possibilities of violence even among minors because approximately one-fifth of the demand from these illicit markets comes from minors. Any efforts made towards diminishing the illicit markets' activities are efforts towards reducing exposure of the drug to the underaged. Another policy is about decriminalization which was first defined in 1972 by Shaffer Commission. The policy did not term using or possessing marijuana as a criminal offense (Barry & Glantz, 2016). According to the Shaffer commission, policies aimed at lowering penalties without eliminating the committed offense's illegal status were technically not decriminalized since those criminal convictions' social harm was maintained.

Current Policies

In recent years, more current policies have been implemented to deal with the issue systematically and analytically to the local communities. The first policy talks about the prohibition of the drug. It maintains that there should be the prohibition of any criminal activities

or actions related to the possession, sale, use, or distribution of marijuana (Davenport, Caulkins & Kleiman, 2018). The policy states that the criminal act will be charged according to the amount of the drug one is involved with. The policy, therefore, prohibits the possession, use, or distribution of marijuana intending to promote criminal activities and anyone found breaching the law will face law enforcement punishment. Another policy is on medicinal marijuana laws, which removes any penalties for cases where marijuana is used for medicinal purposes under specific conditions. There are states which have placed several regulatory approaches focused on increasing accessibility of marijuana for medicinal use (Davenport et al., 2018). The policy aims to encourage more study into the therapeutic value of using marijuana and establish a legitimate impact of the drug on patients. Medicinal marijuana laws have become some of the commonly evaluated policies for drug policy analysis and comparative assessments with alcohol, even though there have been inconclusive and contradictory findings with these evaluations and analyses. Another approach is on legalization of marijuana, eliminating any monetary and criminal penalties for possessing, using and supplying marijuana for purely recreational purposes. Recently, attention has been given to creating retail markets for legal marijuana in some states, with applicable regulatory measures being adhered to (Davenport et al., 2018). However, there has been little research on the possible consequences of legalizing marijuana even though the prevalence of use and possible disorders will be highly dependent on the adopted state-level regulations and also the response from the federal government.

Proposed Solutions

The existing policies and programs highlight the steps taken by states towards the prevention and protection of minors from using the drug within the context of the legalized marijuana. However, additional recommendations and strategies can help prevent the initiation

and misuse of marijuana among the underaged population. The existing policies can be further strengthened, and stringent guidelines pursued to reduce the drug's exposure to the underaged population. Fines for individuals found violating the current regulations in place should be increased such that no one will be ready to pay such huge fines when found violating the laws (Pacula et al., 2018). Other proposed solutions to address the use of marijuana among the underage include having age restrictions that limit the exposure of marijuana to adolescents just the same way alcohol and tobacco use are age-restricted. Individuals below the age of 18 should not be allowed to purchase, be in possession, distribute, or use marijuana, and anyone found going against that should be heavily fined (Pacula et al., 2018). Another proposed solution is taxation, whereby commercial marijuana should be taxed to price adolescents out of the market and prevent them from using the drug. Increasing the cost of purchasing marijuana can potentially lower the numbers since most studies indicate that every $ 1.00 increase in the state tax on marijuana can result in a 5.9% decrease in several people using marijuana (Pacula et al., 2018). Higher taxes, therefore, tend to reduce the consumption of marijuana among teens.

Another solution is having date and time restrictions instituted on the commercial sales of marijuana and therefore imposing liability risks to the retailers of marijuana. The limits can be aimed at limiting the number of hours and days that marijuana is sold and restrict the location of sale and the density of marijuana outlets (Pacula et al., 2018). Doing so can effectively reduce the consumption and reduce the harms related to the use of the drug among teens. Another possible solution is retailer liability, whereby retailers who sell marijuana to individuals are made liable for any harm and injuries or deaths resulting from the use of marijuana, particularly for minors. The regulatory frameworks can also develop and standardize the quality of commercial marijuana to protect the consumers from adulteration and the potency of the added products

(Pacula & Smart, 2017). Warning labels can also be used to warn consumers of the health risks associated with the use of marijuana. The labels should contain a clear warning about the health risks to impact consumers' attitudes and make the minors' behaviors apparent. Advertising restrictions should also be used to control the use of marijuana and protect the underaged as they use them. A complete ban on advertising marijuana can result in a significant decrease in marijuana-related disorders and deaths. Public use of marijuana should be banned to limit passive smoking of the drug and exposing even those who are not users of the drug (Pacula & Smart, 2017). Other solutions are developing a full-spectrum public education to create awareness and promote healthy behaviors among the youths and educate them on the laws on marijuana for them to make informed decisions. Conducting capacity development and doing policy resourcing can also help manage the drug among the underaged population.

Involvement of Local Authorities

Involvement of local authorities in coming up with policies that restrict the use of marijuana among the underaged population is critical since they have better insights on what works within their location. Local authorities can be involved by coming up with school-based approaches since, in most settings, the school authorities are considered to be very impactful to the students. Through these approaches, most students can be enlightened on the dangers of the early usage of marijuana (Johnson et al., 2018). Schools offer a platform for reaching a large audience of young people and ensuring that the intervention strategies are institutionalized and trained personnel. Local authorities can also develop consistent policy enforcement measures and apply sanctions for those breaking the laws. The sanctions can help control the use of marijuana among the underaged. Police and safety officers have the role of ensuring that the enforcements in place are adhered to (Johnson et al., 2018). Local authorities can also be involved by

providing marijuana-free social activities whereby minors can engage mentally and physically without using marijuana.

Involvement of Faith Community

The faith community is critical in managing the use of marijuana among the underaged population since it encourages the youth to conform to societal norms and adhere to the authority and the law. Biblical passages counsel the children to adhere to various rules and ordinances and act according to the highest will (Grim & Grim, 2019). The youth may favor conformity through the fear of divine retribution, guilt, and moral codes against societal expectations. If religious teens are submissive to authority, they are more likely to follow laws and regulations that prohibit the use of marijuana unless it is medically prescribed. Involving the faith community can reduce potential risks through processes related to social support and social control. Youths who frequently attend religious activities can be monitored when there is that close contact with adherents. Involving the faith community is associated with social sanctions like gossip, formal punishments, and exclusion or temporary banishment (Grim & Grim, 2019). The social sanctions can effectively limit the use and access to marijuana among the underaged. The faith community can also lower the level of using marijuana by offering informational, instrumental, and emotional relations with coreligionists and creating large social networks for the youths.

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