Marijuana
Planning Resources: Prevention Education & Harm Reduction

Research-Based Findings

CU-Boulder Data:

• According to 2013 NCHA data, 32% of CU students reported using marijuana in the last 30 days, 21% had used marijuana but not in the last 30 days, and 47% reported never having used marijuana.
• Incoming CU-Boulder students who use marijuana are more likely to be male, out-of-state, involved in Greek life and high-risk drinkers.

Marijuana Use:

• Most students who start using marijuana in college do so in their first two years of college; thus first- and second-year students may be an important intervention group.
• While marijuana does have legitimate medical uses, evidence suggests that it adversely affects or is associated with:
  o Neuropsychological development and brain structure/function
  o Learning and other cognitive and emotional functions
  o Psychosis, especially in individuals with a personal or family history of such symptoms
  o A significant risk of addiction for regular, heavy, daily users
  o Academic underachievement and a decreased likelihood of continuous college enrollment
  o Impaired driving with an increased risk of automobile accidents
  o Abuse of alcohol, other illicit drugs, and prescription medications, suggesting that a history of marijuana use should prompt screening for abuse of other drugs
• Legalization of medical marijuana and marijuana decriminalization in Colorado and Washington have resulted in less stigma for marijuana use, decreased perceptions of danger or risk, and decreased parental disapproval of the substance. Legalization has resulted in increased use.

Impact of Values and Engagement:

• Students who have a clear connection to their goals and values have lower marijuana use; as for the abuse of other drugs, those students who are more prosocially engaged and have paid employment are less likely to abuse substances
• According to CU survey data, 43% of 2012 graduating seniors wish they had gotten more involved and only 28% of 2009 graduating seniors agreed that CU-Boulder provided the support they needed to “thrive socially.” This indicates an opportunity to help students become more involved, which in turn may help reduce marijuana use.

Other Research Data:

• Students’ perceived positive effects of marijuana have a stronger impact on their marijuana use than do perceived negative effects; however, a discussion with a student about the good/not-so-good aspects of marijuana may create a lasting decrease in use for up to 12 months.
• Parental disapproval of marijuana use, as well as increased parental involvement with their student during the college years is associated with decreased marijuana use.
• Social norming, which helps correct the misperception that “everyone” is using marijuana, is only effective for strengthening low- and non-marijuana users’ beliefs. Those who are frequent marijuana users often already know that they use more than the average student.
• Screening and Brief Interventions (SBI) can decrease marijuana use even if the intervention is focused on another drug such as alcohol, suggesting that a comprehensive approach to alcohol and other drug prevention is efficient and cost-effective.
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Current Efforts

• Parents receive information about marijuana risks and how to talk to their student about drugs during new student orientation.
• CU informs students of federal, state, and university law and rules regarding marijuana use on campus (but these efforts can be enhanced), and the university enforces prohibitions on such use.
• Campus Mental Health Services:
  o Screen students for marijuana use disorders at intake and provide individual/group psychotherapy that addresses marijuana and other substance abuse.
  o Provide formal classes for students sanctioned for marijuana violations.
  o With the Office of Student Conduct provide consultations and information to students, faculty, staff, and parents with questions about marijuana.
  o Support students experiencing marijuana dependence through OASIS, a sober living group.
• The CU Collegiate Recovery Center (CUCRC) provides services for students in recovery from abuse of marijuana and other drugs.
• Wardenburg Health Services offers voluntary SBIRT (Screening, Brief Intervention, and Referral to Treatment) for Wardenburg healthcare providers and other interested parties.

Future Opportunities

• Enhance student, parent, faculty, and staff education (e.g., through the parent handbook and academic curriculum infusion) about marijuana including risks and adverse effects (especially among heavy users), variations in potency, edibles, and synthetic marijuana.
• Emphasize over time and through various channels the important role that parents have in reducing their student’s use of marijuana.
  o Include more information about marijuana in the Parent Handbook distributed to parents of new students.
• Expand marijuana screening at WHC to reach every student using the health center, and use positive marijuana screens as a clue to additional alcohol or other drug abuse.
• Motivational Interviewing and SBIRT
  o Increase SBIRT and Motivational Interviewing training for faculty and staff across campus (including, for example, Residence Life and Athletics) and employ SBIRT with all first-year students and first-year NCAA athletes.
• Create a social norming campaign to support non- and low- marijuana users in order to dispel the myth that “everyone” is using marijuana.
• Collaborate with the City of Boulder and Boulder County Public Health to create appropriate marijuana messaging and craft appropriate post-Amendment 64 rules and regulations (e.g., edible packaging, potency labeling, retail operation advertising).