Youth and Cannabis Use in Indiana

Indiana Department of Health

September 2026

What is cannabis?

Cannabis, also called marijuana, is the most commonly used illegal drug in the United States. It comes from a plant that contains chemicals that affect the brain and body. The main chemical is THC (tetrahydrocannabinol), which causes the "high" feeling.

Cannabis can be used in many ways, including smoking, vaping, eating, drinking, or applying to the skin. Today's cannabis is much stronger than it was 20 years ago. Some products, like hash oil and wax used in vaping, can have 4 to 30 times more THC than dried marijuana.

Reports from EVALI (E-cigarette or Vaping Associated Lung Injury) linked vaping cannabis to serious lung problems.

The CDC advises that people do not use e-cigarettes or vapes containing THC from informal sources like friends, family, in-person or online dealers.

Fast Facts

- Cannabis affects the whole body
- Today's cannabis has much higher THC levels than in the past
- Vaping cannabis has been linked to lung illnesses
- Cannabis use can harm youth brain development, mental health, and school performance

Negative effects of youth cannabis use

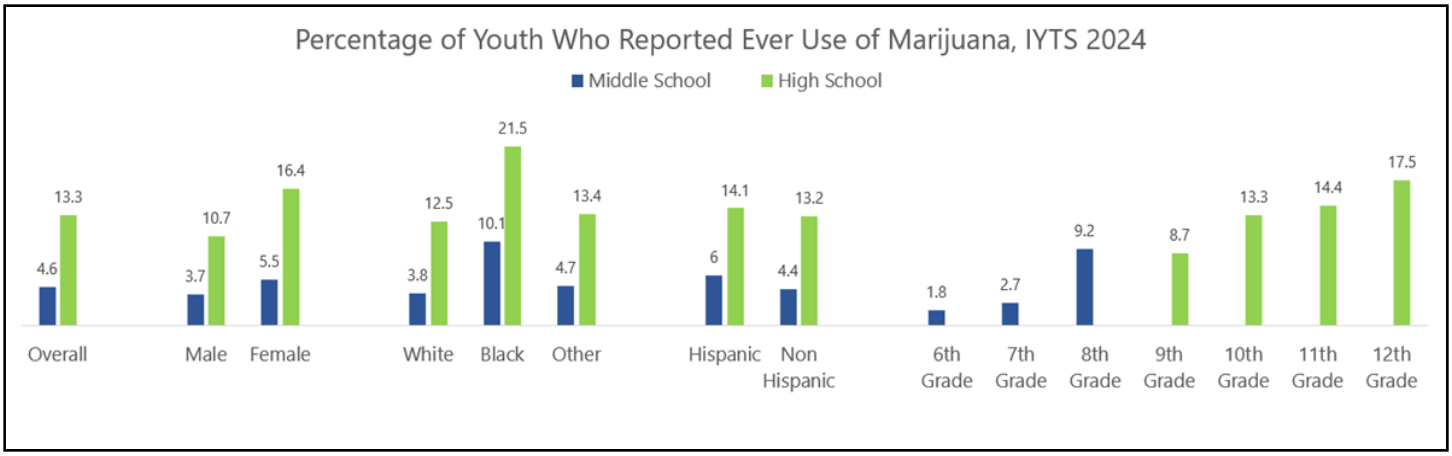
Brain function
THC can change how the brain develops in teens and young adults. Regular use can hurt memory, learning, decision-making, and impulse control.

Mental health
Cannabis can be addictive, and young people are more likely to develop cannabis use disorder. It is also linked to earlier and worse symptoms of mental health problems, including schizophrenia.

School performance
Teens who use cannabis heavily are more likely to drop out of school, get lower grades, and miss more classes compared to students who don't use cannabis.11

Ever (lifetime) use of cannabis among Indiana youth

According to the 2024 Indiana Youth Tobacco Survey, nearly 5% of middle school students and about 13% of high school students have tried cannabis. More female students reported trying marijuana than males. Students in higher grade levels were also more likely to have tried it. Among both middle and high school students, Black students reported higher rates of trying marijuana than white students.

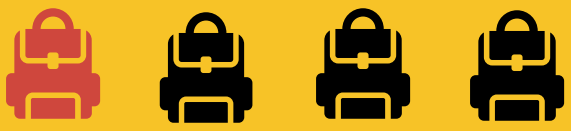


Current use of cannabis

About 2% of middle schoolers and 4% of high schoolers reported using cannabis in the past 30 days. Use increased with grade level: 12th graders (6.6%) were more than twice as likely to use cannabis as 9th graders (2.6%). Among students who currently use cannabis, about 1 in 4 reported using it frequently (on 20 or more days in the past month).

Dual use is common: 36% of middle schoolers and 46% of high schoolers who use e-cigarettes also used cannabis in the past 30 days.12

About 1 in 4 youth who currently use marijuana use it frequently.



Among high schoolers who vape, nearly half also used marijuana in the past 30 days.

Risk of future cannabis use

Most Indiana youth have never tried cannabis, but some are at risk of trying it in the future. The Youth Tobacco Survey asked students who have never used cannabis if they might: try it soon, try it within the next year, and try it if a close friend offered it. Results showed that about 1 in 5 high school students (20.6%) are at risk of future use, and about 1 in 7 middle school students are at (14%) risk.

For additional information on cannabis:

in.gov/isdh/ABcdEF

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References

1. Mehmedic Z, Chandra S, Slade D, et al. Potency Trends of Δ9-THC and Other Cannabinoids in Confiscated Cannabis Preparations from 1993 to 2008*. 2010;55(5):1209-1217.
2. Kerry C, Tobacco Control Legal Consortium. Toking, Smoking, and Public Health: Lessons from Tobacco Control for Marijuana Regulation. Public Health Law Center. 2018;2nd ed.
3. Morean ME, Kong G, Camenga DR, Cavallo DA, Krishnan-Sarin S. High School Students' Use of Electronic Cigarettes to Vaporize Cannabis. 2015;136(4):611-616.
4. CDC, Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products. Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products | Electronic Cigarettes | Smoking & Tobacco Use | CDC Accessed 12/17/2024.
5. Filbey FM, McQueeny T, DeWitt SJ, Mishra V. Preliminary findings demonstrating latent effects of early adolescent marijuana use onset on cortical architecture. Developmental Cognitive Neuroscience. 2015;16:16- 22.
6. Testai FD, Gorelick PB, Aparicio HJ, et al. Use of Marijuana: Effect on Brain Health: A Scientific Statement From the American Heart Association. Stroke. 2022;53(4):e176-e187.
7. Winters, K. C., & Lee, C. Y. (2008). Likelihood of developing an alcohol and cannabis use disorder during youth: association with recent use and age. Drug and alcohol dependence, 92(1-3), 239–247. https://doi.org/10.1016/j.drugalcdep.2007.08.005 Accessed 1/13/2025.
8. Urits I, Gress K, Charipova K, Li N, Berger AA, Cornett EM, Hasoon J, Kassem H, Kaye AD, Viswanath O. Cannabis Use and its Association with Psychological Disorders. Psychopharmacol Bull. 2020 May 19;50(2):56-67. PMID: 32508368; PMCID: PMC7255842.
9. Moore TH, Zammit S, Lingford-Hughes A, et al. Cannabis use and risk of psychotic or affective mental health outcomes: a systematic review. 2007;370(9584):319-328.
10. Starzer MSK, Nordentoft M, Hjorthøj CJAjop. Rates and predictors of conversion to schizophrenia or bipolar disorder following substance induced psychosis. 2018;17(4):343-350.
11. McCaffrey DF, Liccardo Pacula R, Han B, Ellickson PJHe. Marijuana use and high school dropout: the influence of unobservables. 2010;19(11):1281-1299.
12. 2024 Indiana Youth Tobacco Survey

For additional information on cannabis:

in.gov/

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