

Cannabis Use Among Youth in Minnesota

2025

Summary

- In 2025, 4.1% of Minnesota students reported any past month cannabis use, while 6.3% reported any past year use.
- 8th graders were more likely than 9th or 11th graders to report using cannabis for the first time at age 12 or younger.
- More students now view cannabis as moderately to greatly harmful, reversing the trend seen from 2013 to 2022.
- Using cannabis and alcohol at the same time was reported frequently by students in all grades.

Background

Cannabis—which may also be called marijuana, weed, or pot—generally refers to the dried flowers, leaves, stems, and seeds of the cannabis plant. It is the most frequently used federally illegal drug by youth in the United States (U.S.) and is the main drug that youth present with for substance use treatment.¹

Cannabis naturally contains a psychoactive cannabinoid called tetrahydrocannabinol (THC). THC can also be derived from hemp, which is cannabis with a lower concentration of THC. In 2018, products containing hemp-derived THC were made federally legal.² Despite this, no products containing THC are legal for youth or young adults under the age of 21 (excluding medical reasons).

However, youth are still accessing cannabis. In the U.S., 6.0% of youth between the ages of 12 and 17 (approximately 1.6 million people) reported using cannabis in the past month, while 11.7% (2.9 million people) reported using it in the past year, in 2024.³ In Minnesota, 4.1% of students reported any past month use and 6.3% reported any past year use in 2025.⁴

In general, national and statewide survey data indicate that the percent of youth reporting cannabis use has been declining year over year,^{4,5} though this decline is not seen among all groups of adolescents equally. Furthermore, though fewer students in Minnesota report use each year, 8th graders reported using cannabis for the first time at age 12 or below more often than 9th or 11th graders. Additionally, more 9th graders reported trying cannabis for the first time at age 12 or below than 11th graders. Finally, among students who reported using cannabis, students in all grades were more likely to report using it at the same time as alcohol than using cannabis alone. Using these two substances at the same time can be dangerous because they can interact, making the intoxicating effect more intense.

Cannabis use by Minnesota students

The Minnesota Student Survey is administered to 5th, 8th, 9th, and 11th grade students every three years, and measures a variety of health indicators, including self-reported cannabis use. Because cannabis use is generally low among 5th graders, this report focuses on 8th, 9th, and 11th grade students.

Reported cannabis use is declining overall among Minnesota students

Overall, self-reported cannabis use by students in Minnesota has continued to decrease each year since 2013⁴. This is true for both past month (Figure 1) and past year (Figure 2) use.

Past 30-day cannabis use

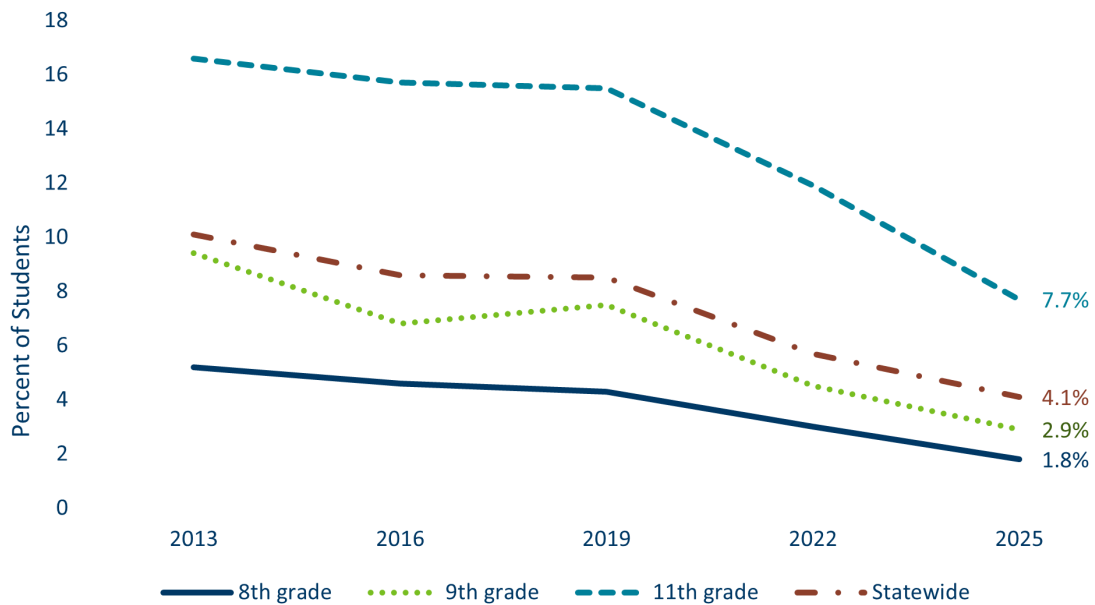


Figure 1: The percent of students who reported any past 30-day cannabis use has continued to decline since 2013. Data obtained from the Minnesota Student Survey.

Past 12-month cannabis use

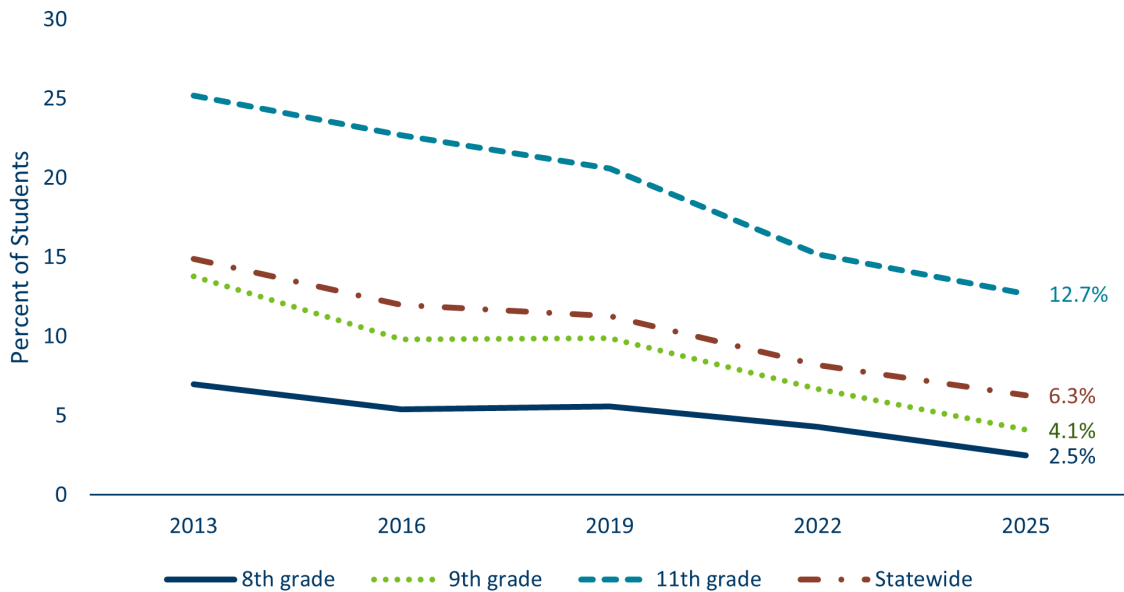


Figure 2: The percent of students who reported any past 12-month cannabis use has continued to decline each year since 2013. In 2025, this decrease is statistically significant in 9th grade ($p=0.02$), 11th grade ($p=0.01$), and when all grades are combined ($p=0.03$). Data obtained from the Minnesota Student Survey.

Students are perceiving greater harm in cannabis use

Along with a decrease in reported use, in 2025 8th, 9th, and 11th grade students reported an increase in the perception that using cannabis once or twice a week is moderately to greatly harmful. This is a reversal of the trend seen between 2013 and 2022, where fewer students each year reported this frequency of use as harmful. Similarly, the percent of students who reported that they perceived no harm in using cannabis once or twice a week decreased in 2025, again reversing the trend seen between 2013 and 2022. Overall, perception of harm has nearly rebounded to what was reported over a decade ago (Figure 3).

Perception of harm in using cannabis once or twice a week

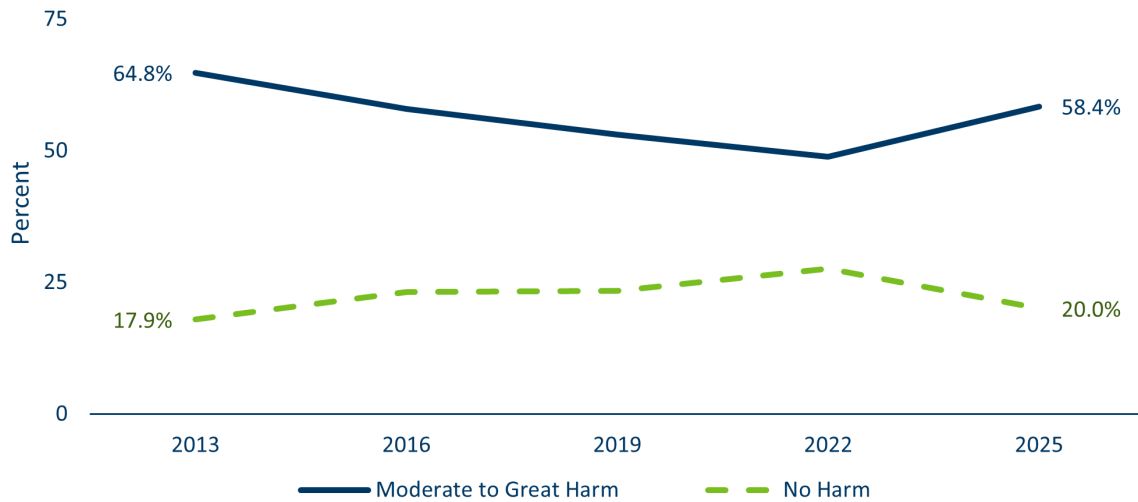


Figure 3: The percent of 8th, 9th, and 11th grade students reporting that they perceive moderate to great harm in using cannabis once or twice a week (dark blue solid line) increased in 2025. Similarly, the percent of students reporting that they perceive no harm in this action (green dashed line) has decreased. These data represent a reversal of the trends seen between 2013 and 2022. Data obtained from the Minnesota Student Survey.

Students are overestimating peer cannabis use

In 2025, 8th, 9th, and 11th grade students reported thinking that over half of their peers (54%) use cannabis, but 92% of students reported never using cannabis. This is true of vaping cannabis as well—60% of students reported thinking that their peers vaped, despite 94% of students reporting that they never vaped cannabis.

Students are trying cannabis at younger ages

Despite fewer students reporting using cannabis each year, of those who did use, 40.5% reported starting cannabis at age 13 or 14 (Figure 4). Students in the 8th grade were more likely to report starting use at age 12 or below than were students in the 9th grade or 11th grade. Starting to use cannabis before the age of approximately 15 is especially harmful to the developing brain (see Impact of Cannabis on Youth Development below).

Age of first use

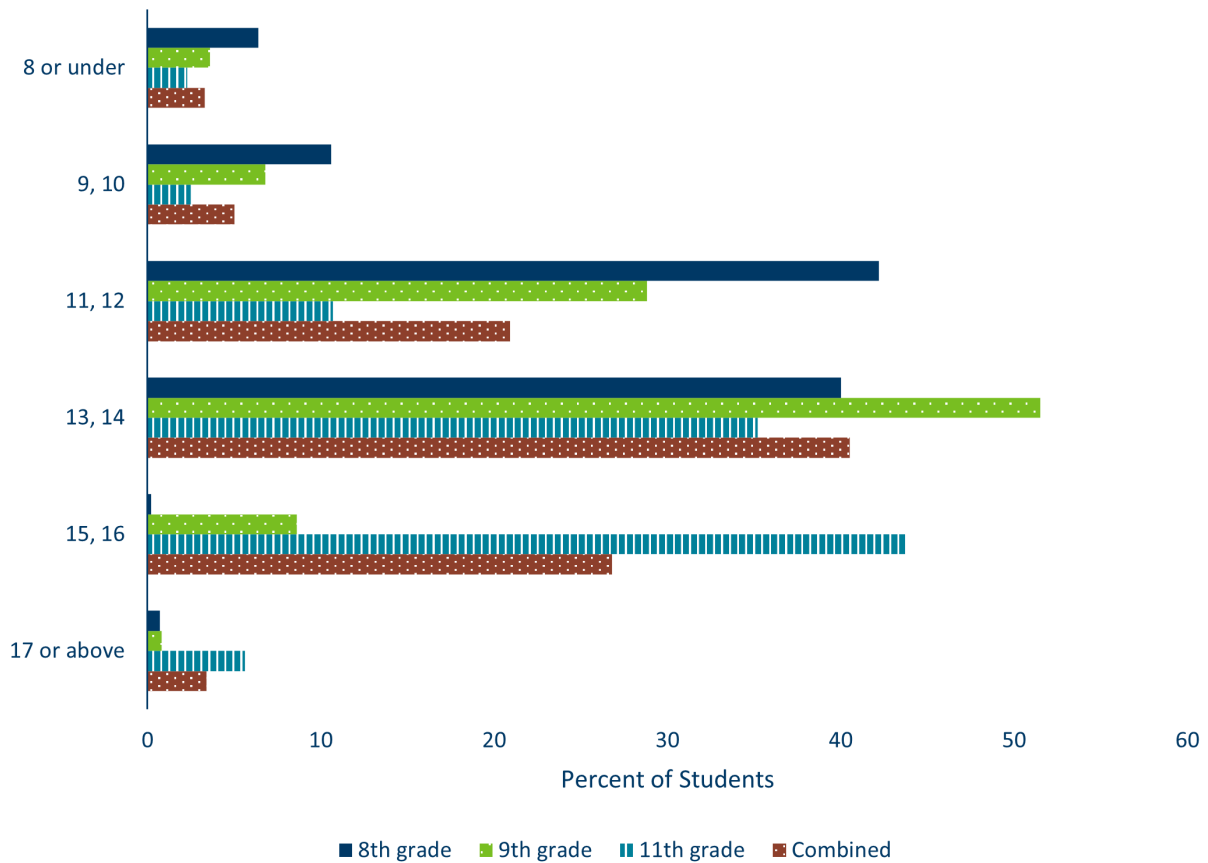


Figure 4: The percent of students who used cannabis for the first time at different ages, out of those students who reported cannabis use. Data obtained from the Minnesota Student Survey.

Students are able to access cannabis

In Minnesota cannabis is illegal, other than for medical reasons, for people under the age of 21. Despite this, students report being able to access and use cannabis in a variety of ways. In 2025, most students reported getting cannabis from their friends (38.7%). However, students in each grade also reported being able to buy cannabis directly from dispensaries, other retail establishments, or the internet (Figure 5). In 2025, the most common ways students used cannabis was either through smoking (33.5%) or vaping it (32.2%), which occurred approximately equally (Figure 6).

Where students report getting cannabis

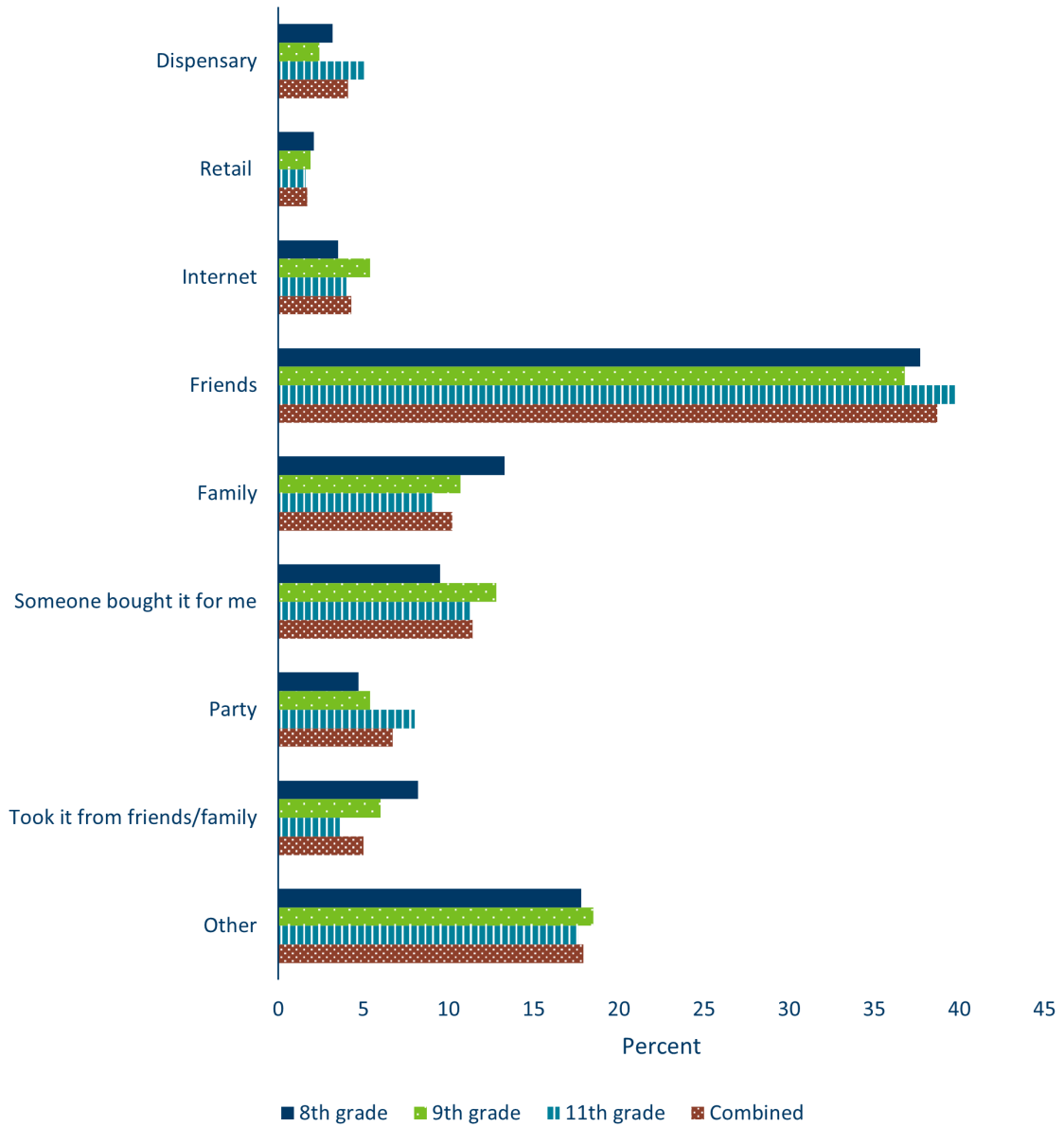


Figure 5: Of those students who reported cannabis use, the percent of responses indicating where they got cannabis from. Data obtained from the Minnesota Student Survey.

Methods of cannabis use among students

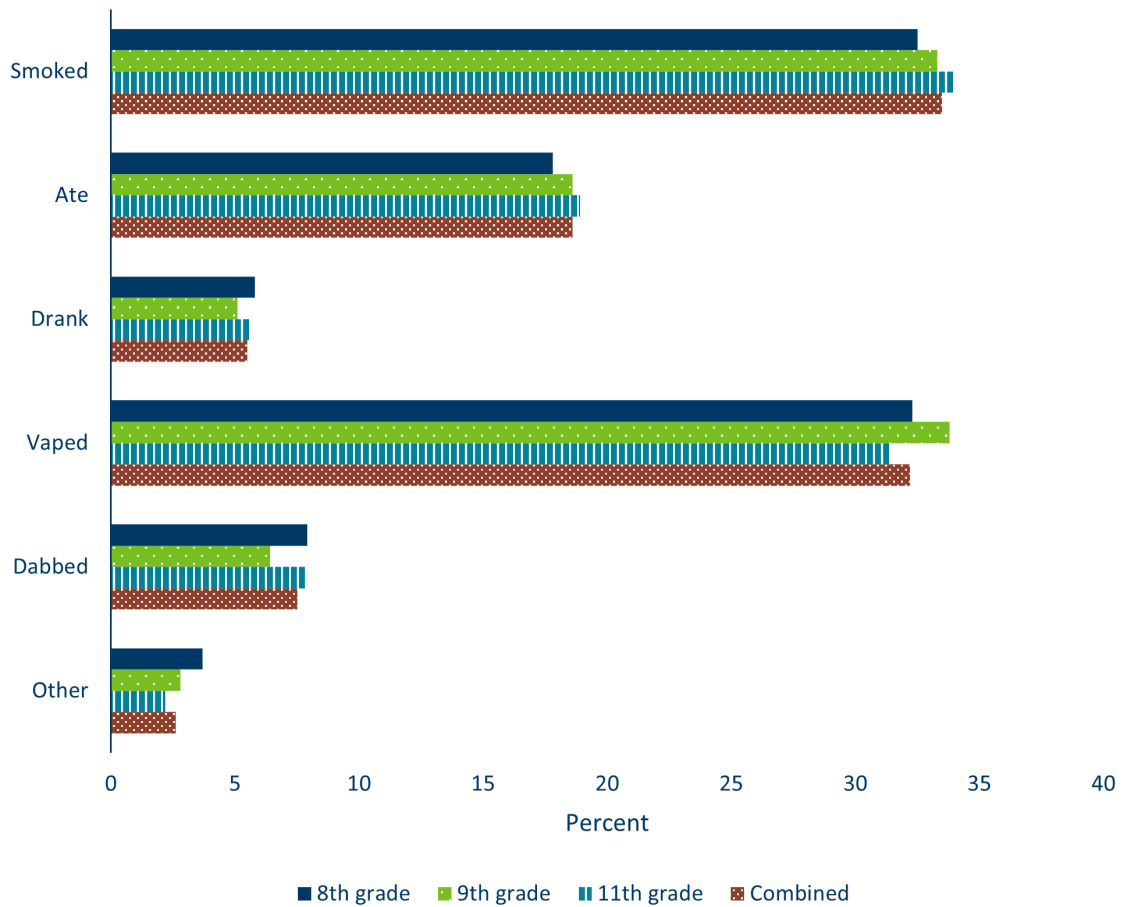


Figure 6: Of those students who reported using cannabis, the percent of responses indicating how cannabis was used. Data obtained from the Minnesota Student Survey.

Students are using alcohol and cannabis together

In 2025, students reported using alcohol and cannabis at the same time (polysubstance use). While the majority of students reported engaging in polysubstance “sometimes,” 8th grade students were more likely to report “usually” using the two together, while 11th grade students were more likely to report “never” using them together (Figure 7).

Alcohol and cannabis polysubstance use

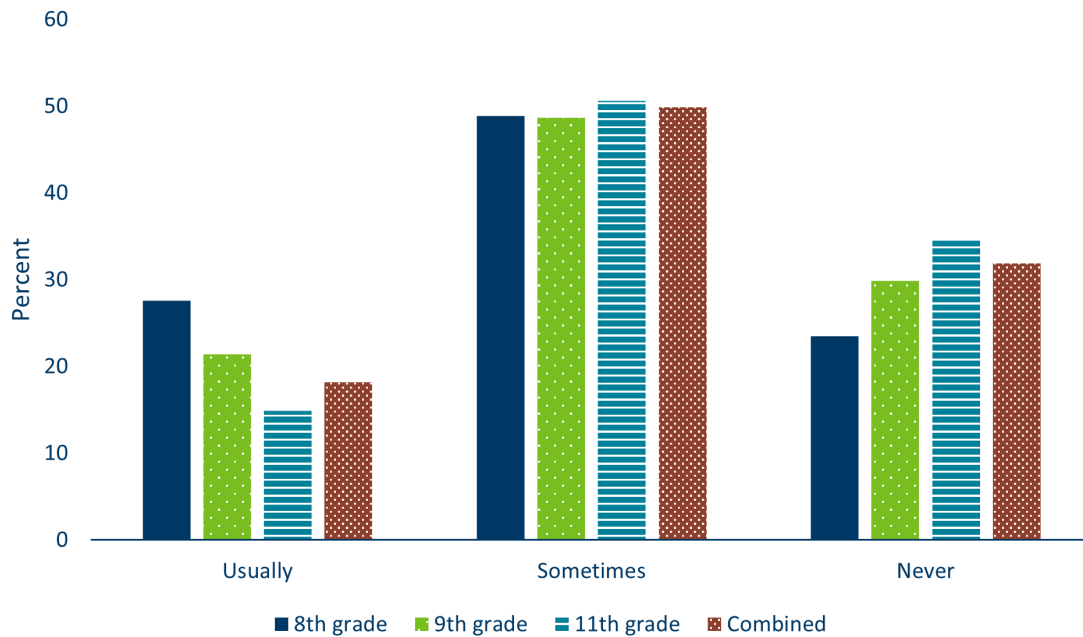


Figure 7: Of students who reported using cannabis, the percent of students reporting the frequency of alcohol and cannabis polysubstance use. Data obtained from the Minnesota Student Survey.

Impact of cannabis on youth development

Cannabis use during adolescence is associated with several negative health outcomes, both short and long-term. This includes cognitive impairments, increased risk of mood disorders, including psychosis, as well as an increased risk of future substance use disorders.⁶⁻⁹ This risk is increased in youth who begin using cannabis before approximately 15 years old. The brain goes through a period of significant development during adolescence, and disruption of this critical process may be, in part, associated with the long-term harmful effects of starting cannabis use during this time.

Impact on mental health

Studies have shown that youth cannabis use can be linked to depression, anxiety, psychosis, and other mental health disorders.¹ However, some teens start using cannabis to “self-medicate” in response to life stress,¹⁰ but long-term or frequent use of cannabis can make these issues worse. Youth who use cannabis are also at a greater risk of developing substance use disorders in adulthood, especially those who use cannabis frequently.¹

Impact on heart and lungs

Cannabis use has been associated with heart and lung problems in youth. In particular, smoking or vaping cannabis is linked to coughing, shortness of breath, and an increase in illnesses like

bronchitis.¹¹ Vaping has been associated with lung problems as well, including a disease called “E-cigarette or vaping product use–associated lung injury” (EVALI).¹²

Cannabis and other substance co-use (polysubstance use)

Using cannabis at the same time as other substances is called polysubstance use and is common in youth.¹³ Substances commonly used with cannabis include alcohol and tobacco products, but also prescription drugs, amphetamines, cocaine, and ecstasy, among others.^{14,15} Youth who engage in polysubstance use are at an even greater risk of developing future substance use disorders.¹⁶

Resources

- [Cannabis and Your Health - MN Dept. of Health \(https://www.health.state.mn.us/communities/cannabis/yourhealth.html\)](https://www.health.state.mn.us/communities/cannabis/yourhealth.html)
 - Provides information on the health effects on cannabis.
- [Cannabis and Teens - CDC \(https://www.cdc.gov/cannabis/health-effects/cannabis-and-teens.html\)](https://www.cdc.gov/cannabis/health-effects/cannabis-and-teens.html)
 - Provides needed information and facts on cannabis use and teens.

References

1. Hammond CJ, Chaney A, Hendrickson B, Sharma P. Cannabis use among U.S. adolescents in the era of marijuana legalization: a review of changing use patterns, comorbidity, and health correlates. *Int Rev Psychiatry*. 2020 May;32(3):221-234. doi: 10.1080/09540261.2020.1713056. Epub 2020 Feb 6. PMID: 32026735; PMCID: PMC7588219
2. US Department of Agriculture [USDA]. (2018). Agriculture Improvement Act of 2018. <https://www.usda.gov/farming-and-ranching/farm-bill>
3. Substance Abuse and Mental Health Services Administration [SAMHSA]. (2024). Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report>
4. Minnesota Department of Education [MDE]. (2025). Minnesota Student Survey Reports 2013-2022. Public.education.mn.gov. <https://public.education.mn.gov/MDEAnalytics/DataTopic.jsp?TOPICID=242>
5. Miech, R. A., Johnston, L. D., Patrick, M. E., & O'Malley, P. M. (2024). Monitoring the Future national survey results on drug use, 1975–2023: Overview and detailed results for secondary school students. *Monitoring the Future Monograph Series*. Ann Arbor, MI: Institute for Social Research, University of Michigan. Available at <https://monitoringthefuture.org/results/annual-reports/>
6. Fontes, M. A., Bolla, K. I., Cunha, P. J., Almeida, P. P., Jungerman, F., Laranjeira, R. R., ... & Lacerda, A. L. (2011). Cannabis use before age 15 and subsequent executive functioning. *The British Journal of Psychiatry*, 198(6), 442-447.
7. Hawke, L. D., Wilkins, L., & Henderson, J. (2020). Early cannabis initiation: Substance use and mental health profiles of service-seeking youth. *Journal of Adolescence*, 83, 112-121.
8. Bagot, K. S., Milin, R., & Kaminer, Y. (2015). Adolescent initiation of cannabis use and early-onset psychosis. *Substance Abuse*, 36(4), 524-533.
9. Feingold, D., Livne, O., Rehm, J., & Lev-Ran, S. (2020). Probability and correlates of transition from cannabis use to DSM-5 cannabis use disorder: Results from a large-scale nationally representative study. *Drug and Alcohol Review*, 39(2), 142-151.

YOUTH CANNABIS USE IN MINNESOTA 2025

10. Hyman, S. M., & Sinha, R. (2009). Stress-related factors in cannabis use and misuse: implications for prevention and treatment. *Journal of substance abuse treatment*, 36(4), 400-413.
11. Kaplan, A. G. (2021). Cannabis and lung health: does the bad outweigh the good?. *Pulmonary therapy*, 7(2), 395-408.
12. Rebuli, M. E., Rose, J. J., Noël, A., Croft, D. P., Benowitz, N. L., Cohen, A. H., ... & Witek Jr, T. J. (2023). The e-cigarette or vaping product use-associated lung injury epidemic: pathogenesis, management, and future directions: an official American Thoracic Society Workshop Report. *Annals of the American Thoracic Society*, 20(1), 1-17.
13. World Health Organization [WHO]. (2018). *Global status report on alcohol and health 2018*. World Health Organization.
14. Coffey, C., & Patton, G. C. (2016). Cannabis use in adolescence and young adulthood: a review of findings from the Victorian Adolescent Health Cohort Study. *The Canadian Journal of Psychiatry*, 61(6), 318-327.
15. Kiselev, N., Amsler, S., Boumparis, N., Dey, M., Wenger, A., Schnoz, D., ... & Salis Gross, C. (2024). Behavioural patterns and dangers: a mixed-methods exploration of simultaneous polysubstance use and intervention strategies among Swiss adolescents. *Swiss Medical Weekly*, 154(9), 3895.
16. Boileau-Falardeau, M., Contreras, G., Garipy, G., & Laprise, C. (2022). Patterns and motivations of polysubstance use: A rapid review of the qualitative evidence. *Health promotion and chronic disease prevention in Canada: research, policy and practice*, 42(2), 47.

Suggested citation

Johnson C & Gloppen K. Cannabis use among youth in Minnesota: 2025. Saint Paul, MN: Minnesota Department of Health, December 2025.

Minnesota Department of Health
Substance Misuse Prevention Section
health.ipmh.mdh@state.mn.us
www.health.state.mn.us/communities/cannabis/data.html

3/11/2026

To obtain this information in a different format, contact health.ipmh.mdh@state.mn.us