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Health Promotion Program Development
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Needs Assessment

## The Health Problem

Chronic marijuana use is defined as regular use (weekly or more) over a sustained period of at least six months. Research links adolescent marijuana use with impaired cognitive functioning, decreased attention and memory, reduced academic performance, motivational decline, and increased risk of mental health disorders such as anxiety and depression

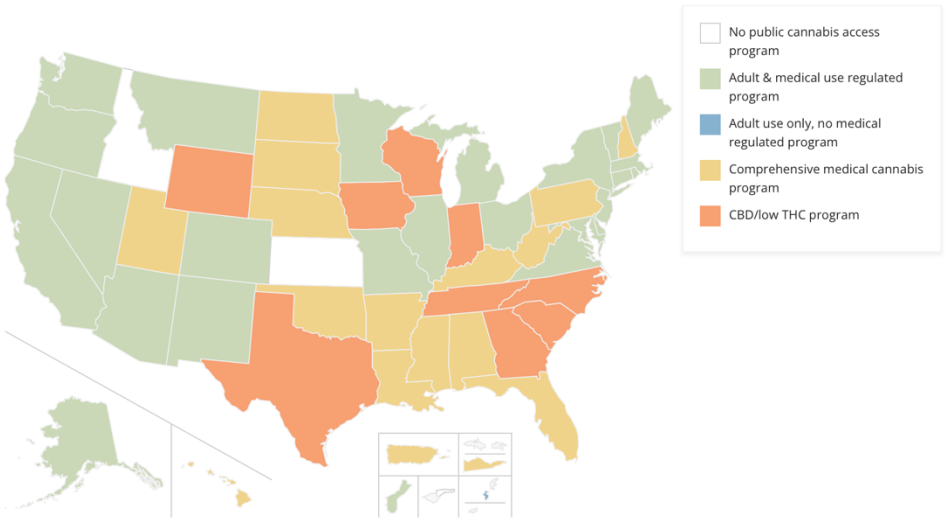


Figure 1: Map of United States cannabis access on a state-by-state basis.

(Schweinsburg et al., 2008). Legalization and decriminalization of marijuana in the United States over the past decades have contributed to a decline in perceived risk among youth and an increase in accessibility (Midgette & Reuter, 2020).

Over the past several decades, the United States has experienced profound shifts in the legal and social landscape surrounding marijuana use. Beginning in the 1970s with selective decriminalization in states such as Oregon, through California's landmark legalization of medical marijuana in 1996, and culminating with widespread recreational legalization in states such as Colorado and Washington in 2012, the country has witnessed a steady normalization of cannabis consumption (Svrakic et al., 2012). Today, marijuana is legal for recreational use in 24 states and the District of Columbia, and decriminalized in many others (Bryan, 2024). These legal shifts have coincided with reductions in perceived risk among youth, with national surveys documenting a decline in adolescents' belief that marijuana use is harmful (Farrelly et al., 2023).

Washington, D.C., reflects these national trends. In 2015, the district legalized possession of small amounts of marijuana for recreational purposes for adults over 21 (Initiative 71). While marijuana remains illegal for minors, legalization and normalization in D.C. have influenced youth perceptions and behaviors. According to national data, approximately 16% of high school

students report marijuana use in the past 30 days, with urban areas such as D.C. often reporting higher rates (MP, 2022)

## Health Problem within the Target Population

In Washington, D.C., marijuana use among high school boys is a pressing public health concern. Nearly one in five high school males reports current marijuana use (past 30 days), a prevalence higher than the national average (Department of Health, 2016). Urban youth in D.C. are also more likely to report early initiation of marijuana, often before age 15, placing them at greater risk for chronic use patterns that persist throughout adolescence (Department of Health, 2016). For many boys, marijuana use is shaped by peer norms, perceptions that cannabis is relatively harmless, and its widespread availability following legalization for adult use in 2015. Although cannabis remains illegal for minors, the broader D.C. social environment has contributed to a decline in perceived risk, making consistent prevention and early intervention more challenging (Department of Health, 2016).

At Gonzaga College High School, a private Jesuit all-boys institution in downtown Washington, D.C., administrators and counselors may observe concerning patterns of chronic marijuana use among a subset of high school boys. Chronic use in adolescence has been consistently linked to impaired cognitive functioning, reduced academic performance, motivational decline, and elevated risk for anxiety and depression (Arria et al., 2015). Within Gonzaga's academically rigorous and socially competitive environment, marijuana use is often framed by students as a coping mechanism for stress, achievement pressure, and the demands of elite college preparatory education.

Adolescence is a developmental stage characterized by identity formation, executive function development, and preparation for adult roles. Marijuana use during this period disrupts key neurodevelopmental processes, with research documenting impairments in attention, memory, and processing speed, as well as lower motivation and reduced educational attainment among chronic users (Jacobus & Tapert, 2014). In an all-boys environment, these risks are compounded by group dynamics: peer groups may normalize or even encourage use as a form of bonding, reinforcing risky behavior while discouraging help-seeking.

Although Washington, D.C. has expanded behavioral health resources for youth through the Department of Behavioral Health (DBH), access remains uneven. Public and charter schools are often prioritized for school-based services, leaving private schools like Gonzaga to depend primarily on in-house counseling staff or outside referrals. Counselors may face that chronic marijuana users may not seek treatment because of two barriers: the normalization of cannabis use—which leads boys to minimize its risks—and the stigma of substance misuse, which can discourage families from pursuing external support. As a result, chronic marijuana use at Gonzaga exists at the intersection of broader D.C. trends and the unique developmental and cultural pressures of an elite all-boys college preparatory school.

## What Has Been Done to Address this Problem, and Where it has Been Done

Across the United States, multiple approaches have been implemented to address adolescent marijuana use. School-based prevention programs such as LifeSkills Training and Project ALERT have been widely adopted, focusing on building coping skills, resisting peer pressure, and increasing awareness of health risks (Gorman & Conde, 2010). These programs have shown positive outcomes in reducing initiation and frequency of marijuana use among middle and high school students in diverse settings (Gorman & Conde, 2010). At the family level, interventions such as Multidimensional Family Therapy (MDFT) and Family Check-Up have been delivered in both community and clinical contexts, demonstrating effectiveness in reducing adolescent cannabis use and improving family functioning (Rowe, 2010). At the community level, jurisdictions that legalized cannabis, including Colorado and Washington State, launched public health campaigns (e.g., Colorado's *Good to Know* campaign) to provide education on the risks of marijuana use among youth (ORR Law Firm, 2015).

In Washington, D.C., the Department of Behavioral Health (DBH) funds school-based mental health services, primarily in public and charter schools, which include prevention and early intervention programs for substance use (Department of Behavioral Health). These efforts, however, are not extended to private schools such as Gonzaga College High School. Instead, private schools generally rely on their in-house counseling teams and referrals to external providers. Gonzaga offers a strong counseling program that provides support for students facing academic, social, or emotional challenges. However, administrators have limited resources to deal with the issue, with no formal, evidence-based intervention targeting chronic marijuana use among students.

This gap makes Gonzaga a critical setting for intervention. As an academically rigorous, Jesuit, all-boys institution, Gonzaga faces unique cultural and developmental dynamics—high achievement pressure, strong peer influence, and a normalization of marijuana use in the wider D.C. environment. By adapting evidence-based approaches to this context, Gonzaga can fill an unmet need, directly support its students, and serve as a model for other private schools in Washington, D.C., facing similar challenges.

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