



WHAT DOES CANNABIS LOOK LIKE IN 2026?

Trends in THC, Vaping, and Emerging Substance Use

MARIJUANA OR CANNABIS?

The word “cannabis” includes all the products that are derived from a plant called Cannabis sativa, including ~100 cannabinoids that interact with the body’s endocannabinoid system.

While often used interchangeably, cannabis and marijuana are not the same. Marijuana typically refers to cannabis products that contain significant levels of THC—the primary psychoactive compound.

Today’s cannabis landscape has evolved. Products now include plant-based, synthetic, and semi-synthetic cannabinoids, and students are less likely to distinguish between cannabis, hemp-derived THC, and synthetic alternatives.

In other words, all marijuana is cannabis, but not all cannabis is marijuana.

For the purposes of this guide, when we use the word “cannabis,” we are referring to the parts and products of Cannabis sativa that contain THC.



**CANNABIS NOW EXISTS ACROSS THREE
PRIMARY CATEGORIES:**

PLANT (FLOWER)

CONCENTRATES (DABS, OILS)

ENGINEERED PRODUCTS (VAPES, EDIBLES, SYNTHETICS)

**MOST STUDENT USE NOW OCCURS VIA VAPING OR EDIBLES—
NOT SMOKING.**

WHY IT MATTERS FOR YOUR CAMPUS

Today's cannabis use is more likely to impact academic performance, mental health, and conduct outcomes than in previous generations.



FLOWER OR BUD

This traditional form of cannabis has changed dramatically over the past two decades.

20+ years ago, average THC levels were around **4%**

Today, typical cannabis ranges from **15–25% THC**

High-potency strains can exceed **30–35% THC**

What this means:

Students today are exposed to **3–8x more THC** than previous generations.

At the same time, levels of CBD—which can help moderate THC's effects—have decreased significantly.

This shift has led to much higher THC-to-CBD ratios, increasing the likelihood of:

- Anxiety and panic reactions
- Impaired judgment and decision-making
- Greater risk of dependence

Higher potency is now the norm—not the exception—and it significantly increases risk.

KIEF AND HASH: HIGHER POTENCY, LESS COMMON

Kief and hash are concentrated forms of cannabis made from the trichomes (resin glands) of the plant, where THC levels are highest.

Kief is a fine powder collected from cannabis flower
Typically 50–60% THC

Hash is compressed kief formed into blocks or resin
Often 60%+ THC

While these products are more potent than traditional cannabis flower, they are less commonly used by today's students compared to newer forms like vape cartridges and high-potency concentrates.

Why it still matters:

- These products deliver significantly higher THC levels
- They are often used to enhance potency when combined with flower
- They may still appear in student conduct cases, especially in DIY or legacy use



Kief and hash represent an early form of cannabis concentration, but today's students are more likely to use even higher-potency, more discreet products.

Today's cannabis use is more discreet, portable, and harder to detect than in the past.

COMMON INDICATORS INCLUDE:

Vape devices

(disposable pens, cartridges, devices that resemble USB drives or highlighters)

Multi-use devices

(used for both nicotine and THC)

Small containers

(silicone or glass jars for concentrates)

Grinders

(often multi-chamber with fine mesh screens)

Paraphernalia for concentrates

(dab tools, torches, or electronic rigs)

What's changed:

- Minimal or no odor (especially with vaping)
- Devices are easy to conceal and disguise
- Products are often indistinguishable from everyday items



BUTANE HASH OIL

Butane hash oil is a potent form of cannabis concentrate. The name comes from the fact that butane is the solvent used to extract the oils from cannabis. Butane hash oil is commonly referred to as BHO or 710 (which is a reverse acronym for oil).

BHO comes in various consistencies, depending on the temperature, time, and agitation method used for processing. The various forms of BHO are called oil, shatter, wax, budder, crumble, or glass.

Concentrates vary in percentage of THC, but can be as **high as 95%**.

Oil is what we call the loosest consistency of butane hash oil. It's sticky and only a bit thicker than a liquid. Oil is the hardest to handle, so it's one of the least popular forms of BHO.





Budder and wax are more common forms of BHO. They are somewhat sticky and generally handled with a tool and stored in a silicone container.

Shatter or glass is the purest form of BHO. It's not sticky so it can be handled without a tool, and it's usually a translucent, honey color. Shatter, as the name implies, will shatter if it is dropped.

Concentrates are usually ingested by either dabbing or vaping. Dabbing is when the concentrate is placed on a hot surface, which creates a vapor that is breathed in. When the surface (nail) is heated, toxic chemicals are released along with the marijuana vapor.

Vaping is similar to dabbing, but a vape pen is used. The vape pen houses a coil which is heated to create the same effect.



Many students now use odorless vape cartridges, making detection significantly harder.

What to look for:

DIY dabbing or vaping can be done with a nail and a torch as well as some sort of rig which sends the vapor to the user.

The wand/dabber often looks very similar to a dental tool and is used to handle the BHO and put it onto the heated surface (the nail or the vape coil, etc...).



Look for:

- Silicone or glass containers
- Dabbers (may look like dental tools)
- Butane torch/fuel canister or electronic rigs
- Vape pen and coils





MAKING CONCENTRATES

Students are far more likely to purchase pre-filled cartridges or disposables than produce their own concentrates.

Making BHO in a home lab is dangerous but users still engage in the practice. There are two primary DIY methods.

Butane method

Essentially, butane oil is filtered through dried cannabis buds or kief to create a liquid mixture of butane and cannabis. Then the butane is purged through evaporation.

Butane is highly flammable, which is the primary reason that this process is so dangerous. DIY processing also leaves neurotoxins behind when a bottle or pipe is used. It may also leave butane residue in the cannabis.

Look for:

- Butane fuel canister
- Strainer
- Heating pad/dish
- Silicone container
- Dabber

Rosin method

The rosin method is safer and probably less expensive. For the rosin method, dried buds or kief are placed in the fold of a piece of parchment paper. A hair straightener (with pressure applied by squeezing) is used to heat the cannabis, press it, and create the oil.

Look for:

- Hair straightener
- Parchment paper
- Silicone container
- Dabber





EDIBLES & DRINKABLES

Cannabis edibles and drinkables are either homemade or commercially produced food or drink products infused with THC extract.

Common forms include:

- Gummies, chocolates, and baked goods
- THC-infused drinks (seltzers, teas, syrups)
- Homemade or commercially produced products

There is little to no THC flavor or odor, and it is hard to know the concentration of the THC when they're homemade.

When users smoke or use cannabis concentrates, the effects are felt quickly. However, when THC is ingested in food or drink, it is processed differently in the body. There is a delay of 30 minutes to 3 hours before the effects are felt, which can lead to accidental overconsumption. New, nano-emulsified products offer faster onset.

What's changed:

- Rise of fast-acting (nano-emulsified) products
- Growth of high-dose products (50–100mg+ THC)
- Increased normalization through retail-style packaging

DERIVATIVES & SYNTHETICS: A RAPIDLY EVOLVING MARKET

Not all THC products come directly from the cannabis plant.

Today's market includes a growing number of hemp-derived, synthetic, and semi-synthetic cannabinoids—many of which are widely available and poorly understood.

Common examples include:

Delta-8 THC

Milder, often perceived as “safer”

Delta-10 THC

Marketed as energizing

HHC, THC-O, THCP

Newer, less regulated compounds with varying potency

Synthetic cannabinoids (K2/Spice)

Lab-made chemicals with high risk and unpredictable effects

What's changed:

- Many of these products are legally ambiguous under federal and state laws
- Sold in retail-style packaging (shops, gas stations, online)
- Students often perceive them as legal = safe, which is not accurate

Key risks:

- Unknown potency and inconsistent dosing
- Increased risk of adverse reactions and medical emergencies
- Limited research on long-term health effects

WHY IT MATTERS FOR YOUR CAMPUS

Students are using a wider range of THC-related products—many of which are unregulated, misunderstood, and higher risk than expected.

VAPING: THE PRIMARY DELIVERY METHOD



Vaping has become the most common way students use cannabis today.

Why students prefer vaping:

- Discreet and easy to conceal
- Little to no odor
- Portable and convenient
- Perceived as “safer” than smoking

What’s changed:

- Widespread use of disposable THC vapes
- Devices often look like USB drives or everyday electronics
- Many students don’t know what’s in the cartridge

Key risks:

- Exposure to **high-potency THC (often 60–95%)**
- Unknown additives and contaminants
- Increased frequency of use due to convenience

POLYSUBSTANCE USE: MIXING IS THE NORM

Cannabis use rarely occurs in isolation.

Many students combine cannabis with other substances, increasing risk and complexity.

Most common combinations:

- Cannabis + alcohol (most frequent)
- Cannabis + nicotine (vaping)
- Cannabis + stimulants (e.g., misuse of ADHD medications)

What's changed:

- Increased normalization of simultaneous use
- Higher likelihood of impaired decision-making and risk-taking behaviors
- Greater impact on academic performance and mental health

Why it matters:

Mixing substances can amplify impairment and negative outcomes

Makes incidents more complex from a conduct and safety perspective



ADDICTION & WITHDRAWAL

It used to be thought that cannabis was non-addictive, but with the increased potency of THC, addiction and withdrawal have become more apparent.

Research shows that about 9% of those who experiment with marijuana will become addicted. 17% of those who start using as teenagers will become addicted.

Daily users are the most likely to become addicted, with addiction rates of 25% to 50%.

Higher potency products are associated with increased cannabis use disorder rates.

Withdrawal symptoms includes increased anger, irritability, depression, restlessness, headache, loss of appetite, insomnia and severe cravings for cannabis.

DANGER

While it is virtually impossible to overdose on cannabis due to the way that it is processed through the body, cannabis does cause quite a few psychological and physical effects, as well as addiction.

Higher concentrations of THC result in more extreme reactions, including extreme paranoia, feelings of “depersonalization,” fainting or passing out, excited delirium, a feeling of being “frozen in time,” a sense of exiting the body, or a loss of reality. There is also an increase in anxiety/panic attacks and the risk of academic impairment.

Users experiencing these kinds of effects have done things like jump out of moving vehicles. An increase in ER visits has been seen in states where cannabis has been legalized.

Long-term, frequent cannabis users may also experience recurrent episodes of severe nausea, vomiting, and abdominal pain. This is called Cannabis Hyperemesis Syndrome (CHS).





DETECTION

Modern cannabis products are designed to be discreet, odorless, and easy to conceal—making traditional detection methods less effective.

What's changed:

- Little to no odor with vaping and many concentrates
- Edibles and drinks are indistinguishable from regular food
- Devices look like everyday items (USB drives, pens, chargers)
- Products are small, portable, and easy to hide

Why traditional signs don't work:

No smoke or lingering smell

No visible plant material

Faster use because of less obvious impairment in the moment

Emerging detection approaches:

- Behavioral indicators (changes in focus, attendance, decision-making)
- Conduct data patterns (repeat violations, polysubstance use)
- Targeted testing tools (oral fluid tests, limited use cases)

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