National Institute on Drug Abuse
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Marijuana

What is marijuana?

Marijuana refers to the dried leaves, flowers, stems, and seeds from the hemp plant, *Cannabis sativa*. The plant contains the mind-altering chemical *delta-9-tetrahydrocannabinol* (THC) and other related compounds. Extracts with high amounts of THC can also be made from the cannabis plant (see "Marijuana Extracts" on page 2).

Marijuana is the most commonly used illicit drug in the United States (SAMHSA, 2014). Its use is widespread among young people. According to a yearly survey of middle and high school students, rates of marijuana use have steadied in the past few years after several years of increase. However, the number of young people who believe marijuana use is risky is decreasing (Johnston, 2014).

Legalization of marijuana for medical use or adult recreational use in a growing number of states may affect these views. Read more about marijuana as medicine in *DrugFacts: Is Marijuana Medicine?* at www.drugabuse.gov/publications/drugfacts/marijuana-medicine.

How do people use marijuana?

People smoke marijuana in hand-rolled cigarettes (*joints*) or in pipes or water pipes (*bongs*). They also smoke it in *blunts*—emptied cigars that have been partly or completely refilled with marijuana. To avoid inhaling smoke, more people are using vaporizers. These devices pull the active ingredients (including THC) from the marijuana and collect their vapor in a storage unit. A person then inhales the vapor, not the smoke.

Users can mix marijuana in food (*edibles*), such as brownies, cookies, or

candy, or brew it as a tea. A newly popular method of use is smoking or eating different forms of THC-rich resins (see "Marijuana Extracts").

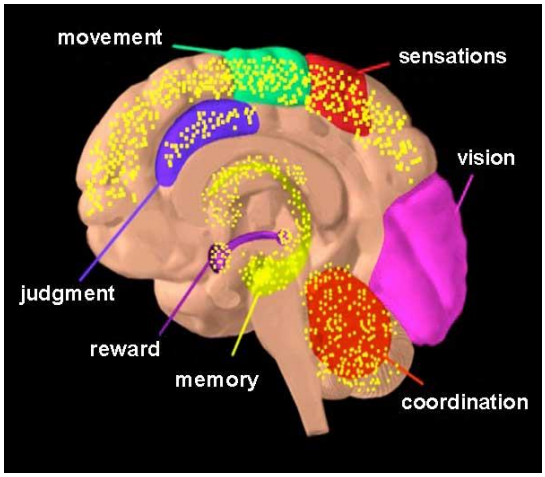
How does marijuana affect the brain?

Marijuana has both short-and long-term effects on the brain.

Short-term effects

When a person smokes marijuana, THC quickly passes from the lungs into the bloodstream. The blood carries the chemical to the brain and other organs throughout the body. The body absorbs THC more slowly when the person eats or drinks it. In that case, the user generally feels the effects after 30 minutes to 1 hour.

THC acts on specific brain cell receptors that ordinarily react to natural THC-like chemicals in the brain. These natural chemicals play a role in normal brain development and function.



THC acts on numerous areas (in yellow) in the brain.

Marijuana Extracts

Smoking THC-rich resins extracted from the marijuana plant is on the rise. Users call this practice *dabbing.* People are using various forms of these extracts, such as:

- *hash oil* or *honey oil*—a gooey liquid
- *wax* or *budder*—a soft solid with a texture like lip balm
- *shatter*—a hard, amber-colored solid

These extracts can deliver extremely large amounts of THC to users, and their use has sent some people to the emergency room. Another danger is in preparing these extracts, which usually involves butane (lighter fluid). A number of people who have used butane to make extracts at home have caused fires and explosions and have been seriously burned.

Marijuana overactivates parts of the brain that contain the highest number of these receptors. This causes the "high" that users feel. Other effects include:

- altered senses (for example, seeing brighter colors)
- altered sense of time
- changes in mood
- impaired body movement
- difficulty with thinking and problem-solving
- impaired memory

Long-term effects

Marijuana also affects brain development. When marijuana users begin using as teenagers, the drug may reduce thinking, memory, and learning functions and affect how the brain builds connections between the areas necessary for these functions.

Marijuana's effects on these abilities may last a long time or even be permanent.

For example, a study showed that people who started smoking marijuana heavily in their teens and had an ongoing cannabis use disorder lost an average of eight IQ points between ages 13 and 38. The lost mental abilities did not fully return in those who quit marijuana as adults. Those who started smoking marijuana as adults did not show notable IQ declines (Meier, 2012).

What are the other health effects of marijuana?

Marijuana use may have a wide range of effects, both physical and mental.

Physical effects

- **Breathing problems.** Marijuana smoke irritates the lungs, and frequent marijuana smokers can have the same breathing problems that tobacco smokers have. These problems include daily cough and phlegm, more frequent lung illness, and a higher risk of lung infections. Researchers still do not know whether marijuana smokers have a higher risk for lung cancer.

- **Increased heart rate.** Marijuana raises heart rate for up to 3 hours after smoking. This effect may increase the chance of heart attack. Older people and those with heart problems may be at higher risk.

A Rise in Marijuana's THC Levels

The amount of THC in marijuana has been increasing steadily over the past few decades (Mehmedic, 2010). For a new user, this may mean exposure to higher THC levels with a greater chance of a harmful reaction. Higher THC levels may explain the rise in emergency room visits involving marijuana use.

The popularity of edibles also increases the chance of users having harmful reactions. Edibles take longer to digest and produce a high. Therefore, people may consume more to feel the effects faster, leading to dangerous results.

Dabbing is yet another growing trend. More people are using marijuana extracts that provide stronger doses, and therefore stronger effects, of THC (see "Marijuana Extracts" on page 2).

Higher THC levels may mean a greater risk for addiction if users are regularly exposing themselves to high doses.

- **Problems with child development during and after pregnancy.** Marijuana use during pregnancy is linked to increased risk of both brain and behavioral problems in babies. If a pregnant woman uses marijuana, the drug may affect certain developing parts of the fetus's brain. Resulting challenges for the child may include problems with attention, memory, and

problem-solving. Additionally, some research suggests that moderate amounts of THC are excreted into the breast milk of nursing mothers. The effects on a baby's developing brain are still unknown.

Mental effects

Long-term marijuana use has been linked to mental illness in some users, such as:

- temporary *hallucinations*—sensations and images that seem real though they are not
- temporary *paranoia*—extreme and unreasonable distrust of others
- worsening symptoms in patients with *schizophrenia* (a severe mental disorder with symptoms such as hallucinations, paranoia, and disorganized thinking)

Marijuana use has also been linked to other mental health problems, such as:

- depression
- anxiety
- suicidal thoughts among teens

Is marijuana addictive?

Contrary to common belief, marijuana can be addictive. Research suggests that about 1 in 11 users becomes addicted to marijuana (Anthony, 1994; Lopez-Quintero 2011).This number increases among those who start as teens (to about 17 percent, or 1 in 6) and among people who use marijuana daily (to 25-50 percent) (Hall, 2009a; Hall, 2009b).

How Does Marijuana Affect a User's Life?

Compared to nonusers, heavy marijuana users more often report the following:

- lower life satisfaction
- poorer mental health
- poorer physical health
- more relationship problems

Users also report less academic and career success. For example, marijuana use is linked to a higher likelihood of dropping out of school (McCaffrey, 2010). It is also linked to more job absences, accidents, and injuries (Zwerling, 1990).

How can people get treatment for marijuana addiction?

Long-term marijuana users trying to quit report withdrawal symptoms that make quitting difficult. These include:

- grouchiness
- sleeplessness
- decreased appetite
- anxiety
- cravings

Behavioral support has been effective in treating marijuana addiction. Examples include therapy and motivational incentives (providing rewards to patients who remain substance free). No medications are currently available to treat marijuana addiction. However, continuing research may lead to new medications that help ease withdrawal symptoms, block the effects of marijuana, and prevent relapse.

Points to Remember

- Marijuana refers to the dried leaves, flowers, stems, and seeds from the hemp plant, *Cannabis sativa*.
- The plant contains the mind-altering chemical *delta-9-tetrahydrocannabinol* (THC) and other related compounds.
- People use marijuana by smoking, eating, drinking, and inhaling it.
- Smoking THC-rich extracts from the marijuana plant (a practice called *dabbing*) is on the rise.
- THC overactivates certain brain cell receptors, resulting in effects such as:
    - altered senses
    - changes in mood
    - impaired body movement
    - difficulty with thinking and problem-solving
    - impaired memory and learning
- Marijuana use may have a wide range of effects, both physical and mental, which include:
    - breathing illnesses
    - possible harm to a fetus's brain in pregnant users
    - hallucinations and paranoia
- The amount of THC in marijuana has been increasing steadily, creating more harmful effects for users.
- Marijuana can be addictive.
- Treatment for marijuana addiction includes forms of behavioral therapy. No medications currently exist for treatment.

Learn More

For more information on marijuana and marijuana use, visit: www.drugabuse.gov/publications/research-reports/marijuana-abuse

www.drugabuse.gov/publications/drugfacts/drugged-driving

For more information on marijuana as medicine and on state laws related to marijuana, visit: www.drugabuse.gov/publications/drugfacts/marijuana-medicine

www.whitehouse.gov/ondcp/state-laws-related-to-marijuana

Monitoring the Future

Learn more about the Monitoring the Future survey, which annually measures drug, alcohol, and tobacco use and related attitudes among teenage students nationwide: www.drugabuse.gov/related-topics/trends-statistics/monitoring-future

Updated June 2015

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Is Marijuana Medicine?

What is medical marijuana?

The term *medical marijuana* refers to using the whole unprocessed marijuana plant or its basic extracts to treat a disease or symptom. The U.S. Food and Drug Administration (FDA) has not recognized or approved the marijuana plant as medicine.

However, scientific study of the chemicals in marijuana, called *cannabinoids*, has led to two FDA-approved medications that contain cannabinoid chemicals in pill form. Continued research may lead to more medications.

Because the marijuana plant contains chemicals that may help treat a range of illnesses or symptoms, many people argue that it should be legal for medical purposes. In fact, a growing number of states have legalized marijuana for medical use. Read more about marijuana-related state laws at www.whitehouse.gov/ondcp/state-laws-related-to-marijuana.

Why isn't the marijuana plant an FDA-approved medicine?

The FDA requires carefully conducted studies (clinical trials) in hundreds to thousands of human subjects to determine the benefits and risks of a possible medication. So far, researchers have not conducted enough large-scale clinical trials that show that the benefits of the marijuana plant (as opposed to its cannabinoid ingredients) outweigh its risks in patients it is meant to treat.

Read more about the various physical, mental, and behavioral effects of marijuana in *DrugFacts: Marijuana* at www.drugabuse.gov/publications/drugfacts/marijuana.

What are cannabinoids?

Cannabinoids are chemicals related to *delta-9-tetrahydrocannabinol* (THC), marijuana's main mind-altering ingredient. Other than THC, the marijuana plant contains more than 100 other cannabinoids. Scientists as well as illegal manufacturers have produced many cannabinoids in the lab. Some of these cannabinoids are extremely

What is CBD?

There is growing interest in the marijuana chemical *cannabidiol* (CBD) to treat certain conditions such as childhood epilepsy, a disorder that causes a child to have violent seizures. Therefore, scientists have been specially breeding marijuana plants and making CBD in oil form for treatment purposes. These drugs may be less desirable to recreational users because they are not intoxicating.

powerful and have led to serious health effects when abused.

The body also produces its own cannabinoid chemicals. They play a role in regulating pleasure, memory, thinking, concentration, body movement, awareness of time, appetite, pain, and the senses (taste, touch, smell, hearing, and sight).

How might cannabinoids be useful as medicine?

Currently, the two main cannabinoids from the marijuana plant that are of medical interest are THC and CBD.

THC increases appetite and reduces nausea. The FDA-approved THC-based medications are used for these purposes. THC may also decrease pain, inflammation (swelling and redness), and muscle control problems.

CBD is a cannabinoid that does not affect the mind or behavior. It may be useful in reducing pain and inflammation, controlling epileptic seizures, and possibly even treating mental illness and addictions.

NIH-funded and other researchers are continuing to explore the possible uses of THC, CBD, and other cannabinoids for medical treatment.

For instance, recent animal studies have shown that marijuana extracts may help kill certain cancer cells and reduce the size of others. Evidence from one cell culture study suggests that purified extracts from whole-plant marijuana can slow the growth of cancer cells from one of the most serious types of brain tumors. Research in mice showed that treatment with purified extracts of THC and CBD, when used with radiation, increased the cancer-killing effects of the radiation (Scott, 2014).

Scientists are also conducting preclinical and clinical trials with marijuana and its extracts to treat numerous diseases and conditions, such as the following:

- autoimmune diseases (diseases that weaken the immune system):
    - HIV/AIDS
    - multiple sclerosis (MS), which causes gradual loss of muscle control

Are People with Health- and Age-Related Problems More Vulnerable to Marijuana's Risks?

Regular medicinal use of marijuana is a fairly new practice. For that reason, its effects on people who are weakened because of age or illness are still relatively unknown. Older people and those suffering from diseases such as cancer or AIDS could be more vulnerable to the drug's harmful effects. Scientists need to conduct more research to determine if this is the case.

    - Alzheimer's disease, which causes loss of brain function, affecting memory, thinking, and behavior
- inflammation
- pain
- seizures
- substance use disorders
- mental disorders

Read more about NIDA's marijuana research at www.drugabuse.gov/drugs-abuse/marijuana/marijuana-research-nida and www.drugabuse.gov/drugs-abuse/marijuana/nida-research-therapeutic-benefits-cannabis-cannabinoids.

What medications contain cannabinoids?

Two FDA-approved drugs, dronabinol and nabilone, contain THC. They treat nausea caused by chemotherapy and increase appetite in patients with extreme weight loss caused by AIDS.

The United Kingdom, Canada, and several European countries have approved nabiximols (Sativex®), a mouth spray containing THC and CBD. It treats muscle control problems caused by MS. The United States is conducting clinical trials for its safe use in treating cancer pain.

Although it has not yet undergone clinical trials, scientists have recently created Epidiolex, a CBD-based liquid drug to treat certain forms of childhood epilepsy.

Points to Remember

- The term *medical marijuana* refers to treating a disease or symptom with the whole unprocessed marijuana plant or its basic extracts.
- The FDA has not recognized or approved the marijuana plant as medicine.
- However, scientific study of the chemicals in marijuana called *cannabinoids* has led to two FDA-approved medications in pill form.
- Cannabinoids are chemicals related to *delta-9-tetrahydrocannabinol* (THC), marijuana's main mind-altering ingredient.
- The body also produces its own cannabinoid chemicals.
- Currently, the two main cannabinoids from the marijuana plant that are of interest for medical treatment are THC and *cannabidiol* (CBD).
- Scientists are conducting preclinical and clinical trials with marijuana and its extracts to treat numerous diseases and conditions.
- Two FDA-approved marijuana drugs are dronabinol and nabilone, both used to treat nausea and boost appetite.

Learn More

For more information on marijuana and its health effects, visit:

www.drugabuse.gov/publications/research-reports/marijuana

www.drugabuse.gov/publications/drugfacts/marijuana

For more information on marijuana and cannabinoid research conducted by NIDA and NIH, visit:

www.drugabuse.gov/marijuana-research-nida

www.drugabuse.gov/drugs-abuse/marijuana/nida-research-therapeutic-benefits-cannabis-cannabinoids

For more information on state laws related to marijuana, visit:

www.whitehouse.gov/ondcp/state-laws-related-to-marijuana

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Drugged Driving

Use of illegal drugs or misuse of prescription drugs can make driving a car unsafe—just like driving after drinking alcohol. Drugged driving puts not only the driver but also passengers and others who share the road at risk.

Why is drugged driving dangerous?

The effects of specific drugs differ depending on how they act in the brain. For example, marijuana can slow reaction time, impair judgment of time and distance, and decrease motor coordination. Drivers who have used cocaine or methamphetamine can be aggressive and reckless when driving. Certain kinds of sedatives, called benzodiazepines, can cause dizziness and drowsiness, which can lead to accidents.

Research studies have shown negative effects of marijuana on drivers, including an increase in lane weaving and poor reaction time and attention to the road. Use of alcohol with marijuana made drivers more impaired, causing even more lane weaving (Hartman, 2013).

Scientists need to conduct more research to know how much of a drug impairs a person's driving ability. But even small amounts of some drugs can have a measurable effect. Some states have zero-tolerance laws for drugged driving. This means a person can face charges for driving under the influence (DUI) if there is *any* amount of drug in the blood or urine. It is important to note that many states are waiting for research to better define blood levels that indicate impairment, such as those they use with alcohol.

Read more about other commonly abused drugs and their health effects, which could impair driving, at www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts-0.

How many people take drugs and drive?

According to the 2013 National Survey on Drug Use and Health (NSDUH), an estimated 9.9 million people aged 12 or older (or 3.8 percent of teens and adults) reported driving under the influence of illicit* drugs during the year prior to being

*"Illicit" refers to use of illegal drugs, including marijuana according to federal law, and misuse of prescription drugs.

surveyed. This was lower than the rate in 2012 (3.9 percent). By comparison, in 2013, an estimated 28.7 million people (10.9 percent) reported driving under the influence of alcohol at least once in the past year (SAMHSA, 2014).

The National Highway Traffic Safety Administration's (NHTSA's) 2013-2014 National Roadside Survey found that more than 22 percent of drivers tested positive for illegal, prescription, or over-the-counter drugs. This was true for both weekday daytime and weekend nighttime drivers. But illegal drug use increased from daytime to nighttime while use of prescription drugs decreased. By comparison, 1.1 percent of drivers tested positive for alcohol during the daytime on weekdays, but 8.3 percent of drivers on weekend nights tested positive (Berning, 2015).

NSDUH data also show that men are more likely than women to drive under the influence of drugs or alcohol. And a higher percentage of young adults aged 18 to 25 drive after taking drugs or drinking than adults 26 or older (SAMHSA, 2014).

How often does drugged driving cause accidents?

It is hard to measure how many accidents drugged driving causes. This is because:

- a good roadside test for drug levels in the body does not yet exist
- people are not usually tested for drugs if they are above the legal limit for alcohol because there is already enough evidence for a DUI charge
- many drivers who cause accidents are found to have both drugs and alcohol or more than one drug in their system, making it hard to know which substance had the greater effect

One NHTSA study found that in 2009, 18 percent of drivers killed in an accident tested positive for at least one drug—an increase from 13 percent in 2005 (NHTSA, 2010). A 2010 study showed that 11.4 percent of fatal crashes involved a drugged driver (Wilson, 2010).

Drugged Driving in Older Adults

- In 2010, more than one-quarter (26.2 percent) of drugged drivers in fatal accidents were 50 years of age or older, up from 14.4 percent in 1993 (Brady, 2014).
- Illicit drug use in adults 50 to 59 years of age more than doubled from 3.4 percent in 2002 to 7.2 percent in 2010 (SAMHSA, 2014).
- Nine out of 10 people 65 years of age and older take one or more prescription drugs, and almost 40 percent take five or more (NCHS, 2014).
- Mental decline in older adults can lead to taking a prescription drug more or less often than they should or in the wrong amount. Older adults also may not break down the drug in their system as quickly as younger people. These factors can lead to unintentional intoxication.

Which drugs are linked to drugged driving?

After alcohol, marijuana is the drug most often linked to drugged driving. Tests for detecting marijuana in drivers measure the level of *delta-9-tetrahydrocannabinol* (THC), marijuana's active ingredient, in the blood. In the 2013-2014 National Roadside Survey, 12.6 percent of drivers on weekend nights tested positive for THC. This was significantly higher than the 8.6 percent who tested positive in 2007 (Berning, 2015).

A study of more than 3,000 fatally injured drivers in Australia showed that drivers with THC in their blood were much more likely to be at fault for an accident than drivers without drugs or alcohol in their

system. This likelihood increased as the level of THC in the blood increased (Drummer, 2004).

A 2010 nationwide study of fatal crashes found that 46.5 percent of drivers who tested positive for drugs had used a prescription drug, 36.9 percent had used marijuana, and 9.8 percent had used cocaine. The most common prescription drugs found were (Wilson, 2010):

- alprazolam (Xanax®)—12.1 percent
- hydrocodone (Vicodin®)—11.1 percent
- oxycodone (OxyContin®)—10.2 percent
- diazepam (Valium®)—8.4 percent

Note that the study did not distinguish between legal and illicit use of the drugs.

In a small study of driver deaths in six states, 28.3 percent of drivers tested positive for drugs in 2010—12.2 percent for marijuana and 5.4 percent for opioids. These numbers were significantly higher than in 1999 when 16.6 percent of drivers tested positive—4.2 percent for marijuana and 1.8 percent for opioids (Brady, 2014).

Why is drugged driving a problem in teens and young adults?

Motor vehicle crashes are the leading cause of death among young people aged 16 to 19 (Teen Drivers, 2014).

Teens are more likely than older drivers to underestimate or not recognize dangerous situations. They are also more likely to speed and allow less distance between vehicles (Teen Drivers, 2014). When lack of driving experience is combined with drug use, the results can be tragic.

Data from a 2011 survey of middle and high school students showed that in the 2 weeks before the survey, the number of 12th-grade students who had driven after using (O'Malley, 2013):

- marijuana was 12.4 percent
- other illicit drugs was 2.4 percent
- alcohol was 8.7 percent

A study of college students with access to a car found that 1 in 6 (about 17 percent) had driven under the influence of a drug other than alcohol at least once in the past year. Of those students, 57 to 67 percent did so at least three times and 27 to 37 percent at least 10 times. Marijuana was the most common drug used, followed by cocaine and prescription opioids (Arria, 2011).

Because drugged driving puts people at an increased risk for accidents, public health experts urge drug and alcohol users to develop social strategies to prevent them from getting behind the wheel of a car while impaired. Steps people can take include:

- offering to be a designated driver
- appointing a designated driver to take all car keys
- avoiding driving to parties where drugs and alcohol are present
- discussing the risks of drugged driving with friends in advance

Points to Remember

- Use of illegal drugs or misuse of prescription drugs can make driving a car unsafe—just like driving after drinking alcohol.
- In 2013, an estimated 9.9 million people aged 12 or older reported driving under the influence of illicit drugs.
- It is hard to measure how many accidents drugged driving causes.
- After alcohol, marijuana is the drug most often linked to drugged driving.
- When lack of driving experience is combined with drug use, the results can be tragic.
- In 2010, more than one-quarter of drugged drivers in fatal accidents were 50 years of age or older.
- Drug and alcohol users should develop social strategies to prevent them from getting behind the wheel of a car while impaired.

Learn More

For more information on drugged driving, visit:
www.whitehouse.gov/ondcp/drugged-driving

For more information on marijuana and prescription drug use and misuse, visit:
www.drugabuse.gov/publications/research-reports/marijuana-abuse

www.drugabuse.gov/publications/research-reports/prescription-drugs

Monitoring the Future

Learn more about the Monitoring the Future survey, which annually measures drug, alcohol, and tobacco use and related attitudes among teenage students nationwide:
www.drugabuse.gov/related-topics/trends-statistics/monitoring-future

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STATE MEDICAL MARIJUANA LAWS

8/11/2015

In 1996, California voters passed Proposition 215, making the Golden State the first in the union to allow for the medical use of marijuana. Since then, 22 more states, the District of Columbia and Guam have enacted similar laws.
A total of 23 states, the District of Columbia and Guam now allow for comprehensive public medical marijuana and cannabis programs. Recently approved efforts in 17 states allow use of "low THC, high cannabidiol (CBD)" products for medical reasons in limited situations or as a legal defense. Those programs are not counted as comprehensive medical marijuana programs but are listed in Table 2. NCSL uses criteria similar to other organizations to determine if a program is "comprehensive":

1. Protection from criminal penalties for using marijuana for a medical purpose;
2. Access to marijuana through home cultivation, dispensaries or some other system that is likely to be implemented;
3. It allows a variety of strains, including those more than "low THC;" and
4. It allows either smoking or vaporiza7 tion of some kind of marijuana products, plant material or extract.

Medical Uses of Marijuana

In response to California's Prop 215, the Institute of Medicine issued a report that examined potential therapeutic uses for marijuana. The report found that: "Scientific data indicate the potential therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation; smoked marijuana, however, is a crude THC delivery system that also delivers harmful substances. The psychological effects of cannabinoids, such as anxiety reduction, sedation, and euphoria can influence their potential therapeutic value. Those effects are potentially undesirable for certain patients and situations and beneficial for others. In addition, psychological effects can complicate the interpretation of other aspects of the drug's effect."

Further studies have found that marijuana is effective in relieving some of the symptoms of HIV/AIDS, cancer, glaucoma, and multiple sclerosis.[1]

State vs Federal Perspective

At the federal level, marijuana remains classified as a Schedule I substance under the Controlled Substances Act, where Schedule I substances are considered to have a high potential for dependency and no accepted medical use, making distribution of marijuana a federal offense. In

October of 2009, the Obama Administration sent a memo to federal prosecutors encouraging them not to prosecute people who distribute marijuana for medical purposes in accordance with state law.

TABLE 1. STATE MEDICAL MARIJUANA/CANNABIS PROGRAM LAWS

State	Statutory Language (year)	Patient Registry or ID cards	Allows Dispensaries	Specifies Conditions	Recognizes Patients from other states	State Allows for Retail Sales/Adult Use
Alaska	Measure 8 (1998)SB 94 (1999)Statute Title 17, Chapter 37	Yes	No	Yes		Ballot Measure 2(2014) Not yet operational
Arizona	Proposition 203(2010)	Yes	Yes	Yes	Yes	
California	Proposition 215(1996) SB 420(2003)	Yes	Yes (cooperatives and collectives)	No		
Colorado Medical program info Adult-use info	Amendment 20(2000)	Yes	Yes	Yes	No	Amendment 64(2012) Task Force Implementation Recommendations(2013) Analysis of CO Amendment 64 (2013) Colorado Marijuana Sales and Tax Reports 2014 "Edibles" regulation measure
Connecticut	HB 5387 (2012)	Yes	Yes	Yes		
Delaware	SB 17 (2011)	Yes	Yes	Yes	Yes	
District of Columbia	Initiative 59(1998) L18-0210 (2010)	Yes	Yes	Yes		Initiative 71 (2014) Pending Congressional review and not yet operational
Guam	Proposal 14A Approved in Nov. 2014, not yet operational.	Yes	Yes	Yes	No	
Hawaii	SB 862 (2000)	Yes	No	Yes		
Illinois	HB 1 (2013) *Eff. 1/1/2014* Proposed rules as of April, 2014	Yes	Yes	Yes	No	
Maine	Question 2(1999) LD 611(2002) Question 5(2009) LD 1811(2010)	Yes	Yes	Yes	Yes	

	LD 1296 (2011)					
Maryland	HB 702 (2003) SB 308 (2011) HB 180/SB 580(2013) HB 1101-Chapter 403 (2013) SB 923 (signed 4/14/14) HB 881- similar to SB 923	Yes	Yes	Yes		
Massachusetts	Question 3 (2012) Regulations(2013)	Yes	Yes	Yes		
Michigan	Proposal 1 (2008)	Yes	Not in state law, but localities may create ordinances to allow them and regulate them.	Yes	Yes	
Minnesota	SF 2471, Chapter 311 (2014)	Yes	Yes, limited, liquid extract products only	Yes		
Montana	Initiative 148(2004) SB 423(2011)	Yes	No**	Yes	No	
Nevada	Question 9(2000) NRS 453A NAC 453A	Yes	No	Yes		
New Hampshire	HB 573 (2013)	Yes	Yes	Yes	Yes, with a note from their home state, but they cannot purchase or grow their own in NH.	
New Jersey	SB 119 (2009) Program information	Yes	Yes	Yes		

New Mexico	SB 523 (2007) Medical Cannabis Program	Yes	Yes	Yes		
New York	A6357 (2014) Signed by governor 7/5/14	Yes	Ingested doses may not contain more than 10 mg of THC, product may not be combusted (smoked).	Yes		
Oregon	Oregon Medical Marijuana Act(1998) SB 161 (2007)	Yes	No	Yes		Measure 91 (2014) Not yet operational
Rhode Island	SB 791 (2007) SB 185 (2009)	Yes	Yes	Yes	Yes	
Vermont	SB 76 (2004) SB 7 (2007) SB 17(2011)	Yes	Yes	Yes		
Washington	Initiative 692(1998) SB 5798 (2010) SB 5073 (2011)	No	Yes, approved as of Nov. 2012, stores opened in July, 2014.	Yes		Initiative 502 (2012) WAC Marijuana rules: Chapter 314-55 WAC

TABLE 1. STATE MEDICAL MARIJUANA/CANNABIS PROGRAM LAWS

*The links and resources are provided for information purposes only. NCSL does not endorse the views expressed in any of the articles linked from this page.
** While Montana's revised medical marijuana law limits caregivers to three patients, caregivers may serve an unlimited number of patients due to an injunction issued on January 16, 2013.