THE OHIO STATE UNIVERSITY
MORITZ COLLEGE OF LAW

DRUG ENFORCEMENT AND POLICY CENTER

Adult-Use Marijuana in Ohio: What You Need to Know

Introduction

On November 7, 2023, Ohio became the 24th state to legalize adult-use cannabis with 57% of voters voting in favor of Issue 2, also known as An Act to Control and Regulate Adult Use Cannabis. On August 6, 2024, sales began with first dual-use dispensaries opening their doors to recreational consumers. On December 9, 2025, the Ohio General Assembly passed Senate Bill 56, which made changes to some of the provisions of the original law. This page has been updated to ensure that the public has access to up-to-date information about what is and what is not allowed under the new law, which would go into effect 90 days after Governor DeWine signs the bill. The page addresses questions such as can I consume adult-use marijuana in public places, am I still allowed to grow my own marijuana, and many others.

The question-and-answer section of this resource is divided into the following subsections: marijuana users, cannabis industry, general questions, public safety impact, and public health impact.

The information below reflects the language of the newly passed Senate Bill 56. The Ohio General Assembly can make further changes to any aspect of the statute at any time.

Marijuana consumers

Can I grow my own marijuana?

YES – as of December 7, 2023, adult users are allowed to grow six plants per individual, with a limit of 12 plants total per residence where two or more adult-use consumers reside at one time. Senate Bill 56 maintains this provision but prohibits home cultivation at type A or B childcare centers, halfway houses, community residential centers or other similar facilities licensed by the Division of Parole and Community Services (Sec. 3796.04. (A) (1) (d)).

The vast majority of other states that have legalized adult use allow their residents to grow a limited number of plants for personal use, ranging between two (Montana) and 12 plants (Michigan). In our previous research, we heard from regulators who stressed that effectively managing home grow is necessary for public safety and for minimizing diversion to the illicit market. Regulators suggested two strategies to limit the potential negative effects of home grow provisions: giving law enforcement agencies clear and enforceable directions and keeping the allowed number of plants relatively low while also incorporating residency limits (limiting the number of plants that can be grown in a residence regardless of how many adults reside there).

Pros:

- Enables patients to grow their own supply to minimize their expenses.
- Consumers can grow specific strains that might otherwise be hard to find in dispensaries.
- Potentially creates downward pressure on pricing in the market.

Cons:

- Home cultivation makes enforcement to prevent illegal grows in residential settings more difficult and can create uncertainty among law enforcement as well as the public.
- Plants cultivated at home are not tested for harmful pollutants.
- Access to marijuana by underage persons may be harder to prevent.

For more information, see Home Cultivation of Marijuana and Access to Laboratory Testing: A Comparison of Ohio to

Other States and From Medical to Recreational Marijuana: Lessons for States in Transition.[1]

How much marijuana can I possess?

An adult-use consumer can possess 15 grams of adult use extract and 2.5 ounces of marijuana in any other form. The daily purchase limit is 2.5 ounces from dispensary per day. Senate Bill 56 maintains the same permitted amount but defines marijuana more narrowly to marijuana products purchased only in Ohio dispensaries or grown legally at home in the state of Ohio, thus excluding products purchased in other states or from the illicit market.

Possession limits across legalized states vary, but they are generally between 1 - 2.5 oz of cannabis flower in public, with some states having higher limits for concentrates or cannabis infused solid products. The state with the highest permitted possession limit is New Jersey, which permits possession of 6 oz.

Are there restrictions on how and where I can consume marijuana?

Technically, there are no limitations on *how* adult-use marijuana can be consumed (medical patients are still prohibited from smoking or combusting marijuana), although there are limitations on some methods of consumption based on the location of the person. For instance, cannabis use falls under Ohio's law prohibiting smoking or vaping in public indoor spaces, meaning that neither vaping nor smoking of cannabis is allowed in places such as bars, restaurants, sports venues, etc.

Senate Bill 56 imposed the following additional limitations on the use of marijuana via smoking, combustion or vaping:

- Smoking, combustion and vaping of marijuana is only permitted at private residences and some agricultural lands – consumption via smoking or vaping in public spaces is classified as minor misdemeanor.
- Smoking, combustion and vaping of marijuana is prohibited at any time of the day in private homes that also operate as a childcare center.
- Smoking, combustion and vaping of marijuana is be prohibited in rental housing if the rental lease prohibits such activity.
- Smoking, combustion and vaping of marijuana in a motor vehicle as a passenger is prohibited and is classified as a misdemeanor of the third degree.

What are the rules with respect to transporting and storing marijuana?

The original law passed via Issue 2 was largely silent with respect to rules surrounding the transport and storage of marijuana. Senate Bill 56 imposes additional rules with respect to both:

1) Anyone transporting an open container of marijuana product in a motor vehicle must do so in the trunk of the vehicle, or if there is no trunk, behind the last upright seat of the motor vehicle or in an area not normally occupied by driver passenger. Violation of this rule is classified as a minor misdemeanor.
2) Anyone transporting marijuana paraphernalia in a motor vehicle must do so in the trunk of the vehicle, or if there is no trunk, behind the last upright seat of the motor vehicle or in an area not normally occupied by driver passenger. Violation of this rule is classified as illegal use or possession of drug paraphernalia.
3) Any purchased edible marijuana product must be stored in its original packaging when not in use.

Are there employment and other protections for marijuana users?

Employment protection for marijuana use is a complex issue, shaped partially by the continued federal prohibition on marijuana as well as the challenge of detecting how and when past marijuana use may impair job performance. Ohio's law does not provide any employment protections, which is common—the majority of states that have legalized

[1] Jana Hrdinova and Dexter Ridgway. 2020. "From Medical to Recreational Marijuana: Lessons for States in Transition", Drug Enforcement and Policy Center. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3724373

marijuana do not provide employment protections. Only three states, Nevada, New York and New Jersey, have enacted laws preventing employers from taking action solely based on the presence of cannabinoid metabolites in the employee's system or refusing to hire based on individual's use of marijuana outside of the workplace. However, in all three states employers can continue with drug free workplace policies.

Senate Bill 56 erased the following legal protections that were enacted under the original law for adult use marijuana consumers although medical patients retain these protections:

- Protection for occupational license holder for engaging in professional or occupations activities related to adult use cannabis, for owning or providing professional assistance to adult use operators and for obtaining, possessing, transporting and using adult use cannabis.
- The use and possession of adult use marijuana could not be the sole or primary basis for determining child is abused or neglected; allocation of parental rights and responsibilities; and parenting time orders.
- The use and possession of adult use marijuana shall not be used to disqualify an individual from receiving medical care or from being included on a transplant waiting list.
- Users cannot be rejected as tenants but owners can prohibit smoking, vaping and combustion on premises.

Senate Bill 56 maintains that a law enforcement officer must have an independent, factual basis giving reasonable suspicion that the individual is operating a vehicle under the influence of adult use cannabis or with a prohibited concentration of marijuana in the person's whole blood, blood serum, plasma, breath, or urine to conduct any field sobriety test. In other words, the mere presence of marijuana smell cannot be used as a pretense for conducting a field sobriety test.

Senate Bill 56 also maintains that the use or possession of adult use cannabis shall not be used as a reason for disqualifying an individual from a public benefit program administered by any state or local authority, or for otherwise denying an individual a public benefit administered by the state or any locality with the exception of unemployment benefits if the individual lost their job for violating drug-free policy..

What are the current rules with respect to marijuana OVI and consumption of marijuana in a motor vehicle?

Ohio is one of seven states with an OVI per se law specific to THC impairment. Currently, an individual operating a motor vehicle is impaired by marijuana if they are found with a concentration of at least 10 ng per ml in their urine, or at least 2 nanograms per milliliter in their whole blood, blood serum, or plasma. Ohio law also considers an operator as under the influence of alcohol, a drug of abuse, or a combination of them and has a concentration of marijuana metabolite of at least 15 nanograms of marijuana metabolite per milliliter of the person's urine or at least five nanograms of marijuana per milliliter of the person's whole blood or blood serum or plasma. Specific to only marijuana metabolites, an individual is considered impaired if they have a concentration of at least 35 nanograms of marijuana metabolite per milliliter of the person's urine or at least 50 nanograms per milliliter of the person's whole blood, blood serum, or plasma.

Operators and their passengers are prohibited from smoking, vaporizing, or using any other combustible adult use produce while in a vehicle, motor vehicle, streetcar, trackless trolley, bike, watercraft, or aircraft.

For more information, see Legislating Marijuana Impairment: Proposed Changes to Ohio's Law Against Driving High.

Can I have marijuana delivered to my home?

The original legislation does not allow for home delivery of any marijuana product. Senate Bill 56 does allow home delivery for medical marijuana patients and directs the Division of Cannabis Control to create such regulations.

What marijuana-related conduct can result in a criminal penalty?

Please note that the list below might not be an exhaustive listing of all conduct that carries a criminal penalty, and nothing in the section below or on this page should be taken as legal advice. Please consult an attorney if you have any

questions about marijuana-related conduct.

- An individual consuming marijuana by smoking, combustion or vaporization while operating a motor vehicle when vehicle is subject to section 1547.11, 4511.19, 4511.194, or 4561.15 of the Revised Code.
- A passenger consuming marijuana by smoking, combustion or vaporization in a motor vehicle when vehicle is being operated is guilty of a misdemeanor of the third degree. (Sec. 3796.99 (A)(2))
- An adult consumer consuming marijuana by smoking, combustion or vaporization in a public space, childcare facility, halfway house, community transitional housing facility, community residential center or a rental property where the rental agreement prohibits such use is guilty of a minor misdemeanor. (Sec. 3796.99 (B)
- A person selling marijuana to a person under the age of 21 is guilty of misdemeanor in the first degree for first offense, and felony in the fifth degree for consecutive offenses. (Sec. 3796.99 (C)
- A person possessing more than the allowable amount of marijuana is guilty of possession of marijuana under section 2925.11. (Sec. 3796.99 (D)
- A person growing marijuana not in accordance with the legislation is guilty of illegal cultivation of marijuana under Sec. 2925.04.
- A person who provides false information regarding individual's name and age in order to purchase marijuana is guilty of a misdemeanor of the first degree (amount of fines changes depending on whether it is first offense or subsequent offense).
- A person who solicits another person to purchase marijuana on their behalf is guilty of misdemeanor of the fourth degree for first offense and misdemeanor of the second degree for consecutive offenses.
- A person who transports marijuana not purchased in an Ohio dispensary or homegrown in Ohio is guilty of a minor misdemeanor. (Sec. 3796.99 (I)
- A person transporting improperly stored marijuana stored in a motor vehicle (an open container not stored in a trunk or behind the last row of seats if a vehicle does not have a trunk) is guilty of a minor misdemeanor.
- A person improperly transporting marijuana paraphernalia in a motor vehicle is guilty of illegal use or possession of marijuana drug paraphernalia under section 2925.141. (Sec. 3796.99 (J)
- An individual who cultivates, produces or sells marijuana without a license is guilty of the illegal trafficking in drugs under section 2925.03 of the Revised Code and the illegal manufacture of drugs under section 2925.04 of the Revised Code.

Industry

How many licenses will be issued and how long will it take?

Under the original legislation, there were no official caps on the number of licenses, although it included limits with respect to the initial number of licenses and giving the Division of Cannabis Control the power to decide whether to issue additional licenses, or cap licenses for specific areas, based on the balance of supply and demand in the market.

Senate Bill 56 created a hard cap on dispensary licenses of 400.

States have varying regulations for different types of licenses with some limiting how many licenses one entity or one individual can hold at one time to mitigate fears of market domination by large actors. Of the previous 23 states that have legalized adult-use marijuana, ten have enacted license limits based on an established cap or contingent on county population. Arizona limits licenses relative to the total number of pharmacies operating in the state.

Pros:

- Ability to charge higher licensing fees to support effective regulatory structure
- Because only well capitalized businesses can enter market due to high fees, creating more stable market
- Ability to regulate supply of product and react to changing conditions in the market to prevent oversaturation
- Allows for preferential treatment of certain classes of applicants

Cons:

- Limits how many entities can enter the industry

- Gives advantage to well capitalized individuals/business, limiting diversity in the industry
- By restricting supply, creates potential for higher prices to consumers
- Necessitates creation of government selection process which can create controversy

For more information, see From Medical to Recreational Marijuana: Lessons for States in Transition.[2]

How much will licenses cost?

The licensing fees assessed by states for adult-use businesses vary widely from state to state and license to license. In some states, such as Alaska, fees can be as low as $1,000, while other states, such as New York, assign fees as high as $200,000. There are many considerations that go into determining license fees—states want to ensure that their regulatory structures can be wholly funded by the proceeds from the marijuana industry, while at the same time they need to consider the barrier high fees create for small and minority-owned businesses. Transparency about administrative costs for a marijuana program and how fees are spent can be helpful in ensuring that fees are not set too low or too high.

- **Licensing fee schedule for medical and adult-use marijuana licensees:**
  - Cultivator Level 1: $20,000 Application fee, $180,000 Licensure fee, and $200,000 Renewal Fee.
  - Cultivator Level 2: $2,000 Application Fee, $18,000 Licensure Fee, $20,000 Renewal Fee.
  - Processor: $10,000 Application Fee, $40,000 Licensure Fee, $50,000 Renewal Fee.
  - Testing laboratory: $2,000 Application Fee, $18,000 Licensure Fee, $40,000 Renewal Fee (2-year license).
  - Dispensary: $5,000 Application Fee, $70,000 Licensure Fee (2-year license), $70,000 Renewal Fee

For more information, see From Medical to Recreational Marijuana: Lessons for States in Transition.[3]

General questions

How much will the state tax marijuana?

The taxation levels under the legalization initiative falls in the mainstream when compared to other states. Most states impose an excise tax on cannabis of 10-15% in addition to their regular sales tax. Based on available information, New Jersey appears to have the lowest tax burden of 6.625% plus a variable local tax of up to 2%; the state of Washington, on the other hand, levies a 37% excise tax, plus 6.5% state sale tax and additional local state tax.

- **Ohio Medical Marijuana Control Program**: No special tax levied on medical marijuana purchases. Patients are subjected to regular state (5.25%) and local sales tax (0.25 – 2.25%).
- **Adult-use marijuana taxation under Senate Bill 56 remains unchanged**: 10% Excise tax, plus regular state and local sales tax, totaling between 15.25% - 17.5% tax levy.

How much tax revenue did Ohio collect from the marijuana industry?

Advocates for cannabis reform in Ohio and in other states often stress the tax revenue that can be raised through legalization. In 2023, our center estimated that by year five of operation, Ohio could see between $276 million to $403 million in annual tax revenues if the tax structure is not altered by the General Assembly. In the first fiscal year of adult-use operations from August 2024 through June 2025, Ohio collected $115,531,644 in sales tax from both medical and adult-use consumers, and additional $61,978,042 in excise tax from adult-use consumers.

It is important to remember though, that these numbers are small compared to the overall size of the state budget, which for fiscal year 2025 stood at approximately $95 billion. In other words, similar to other legalized states, even if tax revenues exceeded our estimates, it is unlikely that they would reach beyond 1% of the overall state budget.

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[2] Ibid.

[3] Ibid.

For more information, see What Tax Revenues Should Ohioans Expect If Ohio Legalizes Adult-Use Cannabis?.[4]

How will money be spent?

Every state with legalized adult-use marijuana has established a plan to allocate marijuana revenue generated through the tax and fee collection. The plans vary widely, with some states focusing on funding education and law enforcement, while others distribute resources to localities, substance abuse programs, social equity programs, research, veteran services and others.

The original adult-use marijuana law in Ohio specified that funds generated from the 10% excise tax would be distributed quarterly as follows: 36% for the Cannabis Social Equity and Jobs fund, 36% for the Host Community Cannabis Fund (this fund will be allocated proportionally to host communities based on the volume of tax generated within their jurisdiction), 25% for the Substance Abuse and Addiction Fund and 3% for the Division of Cannabis Control and Tax Commissioner Fund. The state sales tax and the local sales tax would be deposited in respective general funds.

Senate Bill 56 made major change to the tax revenue allocation, leaving only the 36% for the Host Community Cannabis Fund but otherwise depositing all remaining revenue from the marijuana excise tax into the general fund, along with all state sales tax revenue.

For more information, see Marijuana Reform and Taxes: How States Tax Adult Use Cannabis and Spend Resulting Revenue.

Will my locality be able to prohibit marijuana businesses?

Yes, localities may adopt ordinances to prohibit adult-use dispensaries but may not prohibit or limit existing operational medical marijuana cultivators, processors, or dispensaries; or an adult use cultivator or an adult use processor, or an adult use dispensary that is co-located with adult use cultivator and an adult use processor, who have, or whose owner have, a medical marijuana certificate of operation at the same location as of the effective date of the act. A municipal corporation or township may vote to prohibit the operation of an adult use dispensary within 120 days of the dispensary license being issued. As of October 2025, 130 municipalities have prohibited the operation of adult-use marijuana businesses within their jurisdiction.

For more information, including a list of municipalities that have prohibited the operation of adult-use marijuana businesses within their jurisdiction, see Local Moratoriums for Ohio Adult Use Marijuana Operators.

Almost every state has adopted laws enabling localities to completely prohibit or significantly limit adult-use marijuana establishments from operating within their jurisdiction. Localities can prohibit establishments through ordinances or opt-out through voter referendum. Unlike the rest of adult-use states, New Mexico is the only state where the legislation included provisions preventing local jurisdictions from completely prohibiting adult-use licenses from operating.

[4] Jana Hrdinova and Dexter Ridgway. 2023. “What Tax Revenues Should Ohioans Expect If Ohio Legalizes Adult-Use Cannabis?”, Drug Enforcement and Policy Center. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4537855

Public Safety and Public Health

Marijuana reform, especially legalization for recreational purposes, raises important questions about how such policy change might impact public safety and public health. Because marijuana legalization is a new development and takes various forms in different locales, rigorous research into questions related to effects on crime, impaired driving, youth use of marijuana and other impacts on health and safety has only just begun. To date, research results do not yet paint a clear picture on most of these important questions. The small sample of studies presented in the sections below were selected to demonstrate that, while researchers are starting to explore these questions, data limitations and the relative recency of these changes means that continuing and sustained research is needed to help policymakers design regulations and policies to minimize potential harms and maximize potential benefits.

Will we see an increase in traffic accidents?

To date, researchers have found mixed results when looking at the question of whether marijuana legalization results in higher number of traffic accidents or higher rates of impaired driving.

To assess the effect of legalization on traffic fatalities in Colorado and Washington, a 2020 study by Hansen, Miller, and Weber[5] used a synthetic control approach with data on fatal traffic accidents between 2000 and 2016. The authors found little evidence to support the idea that recreational legalization dramatically increased traffic fatalities. Specifically, synthetic control groups had similar changes in marijuana- and alcohol-related traffic fatality rates, as well as a similar change in overall traffic fatalities, despite not having legal marijuana.

On the other hand, a 2023 study by Adhikari, Maas and Trujillo-Barrera[6] found that legalization of recreational marijuana resulted in an increase of 1.2 traffic death per a billion of miles traveled, which translates roughly into 1000 excess fatalities on annual basis for all states that have legalized recreational marijuana.

Most studies that have looked at the question of road safety note important data limitations as well as lack of clear understanding of marijuana impairment. For example, Windle and co-authors[7] found that marijuana legalization and decriminalization were correlated with an increase in positive cannabis tests among drivers. However, they determined that many of these studies were at risk of bias due to potential confounders and measurement error. The authors also emphasized that while more drivers may have tested positive for cannabis, this does not necessarily mean they were driving impaired as tetrahydrocannabinol (THC) can be detected for long periods of time after consumption.

For more information, see Effects of Drug Policy Liberalization on Public Safety: A Review of the Literature.[8]

Will we see an increase in crime rates?

Whether marijuana legalization is linked to an increase or decrease in crime is of great interest to policymakers and researchers. Unfortunately, this question is also very difficult to study due to data limitations that exist in our criminal justice system, the relative recency of legalization and the number of confounding factors present. Nevertheless, several studies have tried to ascertain the relationship between marijuana legalization and crime.

A 2019 study focusing on Colorado found that the opening of medical and recreational dispensaries decreased violent crime in nearby neighborhoods with incomes above the median although it had virtually no impact on aggregate rates of violent and property crimes overall[9]. The authors also found a decrease in non-cannabis drug- and alcohol-related crimes near dispensaries. While they found that vehicle break-ins were elevated within a mile of dispensaries, they

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[5] Hansen, Benjamin, Keaton Miller, and Caroline Weber. 2020. “Early Evidence on Recreational Marijuana Legalization and Traffic Fatalities.” Economic Inquiry 58(2):547-568.

[6] Kusum Adhikari, Alexander Maas, Andres Trujillo-Barrera. 2023. “Revisiting the effect of recreational marijuana on traffic fatalities.” International Journal of Drug Policy, Volume 115.

[7] Windle, Sarah B., Peter Socha, José Ignacio Nazif-Munoz, Sam Harper, and Arijit Nandi. 2022. “The Impact of Cannabis Decriminalization and Legalization on Road Safety Outcomes: A Systematic Review.” American Journal of Preventive Medicine 000(000):1-16.

[8] Maria Orsini. 2022. “Effects of Drug Policy Liberalization on Public Safety: A Review of the Literature.” Drug Enforcement and Policy Center. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4294150

[9] Burkhardt, Jesse and Chris Goemans. 2019. “The Short-Run Effects of Marijuana Dispensary Openings on Local Crime.” The Annals of Regional Science 63:163-189.

concluded that marijuana legalization had a net benefit with regard to crime rates. An additional study[10] focusing on recreational legalization in Washington and Oregon found that legalization likely caused a drop in crime. Specifically, the authors found that legalization resulted in a significant reduction in rape and property crime on the Washington side of the border compared to both the Oregon side and the pre-legalization years. Furthermore, while marijuana consumption increased, use of other drugs and alcohol decreased.

At the same time, some studies found increases in crime rates after cannabis legalization. For example, using UCR data from 2007 to 2017 to examine the effect of marijuana legalization on crime rates in Oregon, one study[11] found increases in crime rates for several types of offenses, including property and violent crime. In another study pertaining to crime in Oregon, Wu and Willits[12] found that the rate of simple assault had increased following legalization. However, they noted that their post-legalization time frame was fairly short and should be reassessed by future research.

Other research found no significant changes in crime following marijuana legalization. For example, using UCR data, Lu et al.[13] conducted a quasi-experimental study to examine crime rates in Colorado and Washington. They found no statistically significant effects of marijuana legalization on violent or property crime. Similarly, a review study[14] looking at data from several legalized states indicated that violent crime neither increased nor dropped dramatically following cannabis legalization.

Overall, the literature exploring the relationship between liberalization of marijuana policies and crime seems to suggest that legalizing marijuana is not a threat to public safety.

For more information, see Effects of Drug Policy Liberalization on Public Safety: A Review of the Literature.

Will we see an impact on arrest rates?

Unlike other public safety questions around marijuana legalization, whether there is an impact on arrest rates is fairly straightforward. Numerous studies indicate significant drops in the number of arrests following the legalization as well as decriminalization of adult-use marijuana. Firth and co-authors[15] used National Incident Based Reporting System (NIBRS) data on marijuana-related arrests and found that marijuana arrest rates among people over 21 fell dramatically after legalization of marijuana possession in Washington State, and that rates stayed at similar levels following the opening of the retail market. However, while marijuana-related arrest rates for both White and Black adults decreased, relative disparities increased. African Americans previously had an arrest rate 2.5 times higher than the White arrest rate, but this increased to 5 times higher after the opening of the retail market. Similarly, recent research[16] on Colorado and Washington has also found that while cannabis-related arrest rates generally declined after legalization, racial disparities persisted. Thus, while legalization lessens the absolute number of people who come into contact with the criminal justice system overall, more needs to be done to specifically address racial disparities.

For more information, see Effects of Drug Policy Liberalization on Public Safety: A Review of the Literature.

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[10] Dragone, Davide, Giovanni Prarolo, Paolo Vanin, and Giulio Zanella. 2019. “Crime and the Legalization of Recreational Marijuana.” *Journal of Economic Behavior and Organization* 159:488-501.

[11] Wu, Guangzhen, Ming Wen, and Fernando A. Wilson. 2021. “Impact of Recreational Marijuana Legalization on Crime: Evidence from Oregon.” *Journal of Criminal Justice* 72(101742):1-11.

[12] Wu, Guangzhen and Dale W. Willits. 2022. “The Impact of Recreational Marijuana Legalization on Simple Assault in Oregon.” *Journal of Interpersonal Violence* 0(0):1-22.

[13] Lu, Ruibin, Dale Willits, Mary K. Stohr, David Makin, John Snyder, Nicholas Lovrich, Mikala Meize, Duane Stanton, Guangzhen Wu, and Craig Hemmens. 2021. “The Cannabis Effect on Crime: Time-Series Analysis of Crime in Colorado and Washington State.” *Justice Quarterly* 38(4):565-595.

[14] Dills, Angela, Sietse Goffard, Jeffrey Miron, and Erin Partin. 2021. “The Effect of State Marijuana Legalizations: 2021 Update.” *Cato Institute* 908.

[15] Firth, Caislin L., Julie E. Maher, Julia A. Dilley, Adam Darnell, and Nicholas P. Lovrich. 2019. “Did Marijuana Legalization in Washington State Reduce Racial Disparities in Adult Marijuana Arrests?” *Substance Use & Misuse* 54(9):1582-1587.

[16] Willits, Dale W., Brittany Solensten, Mikala Meize, Mary K. Stohr, David A. Makin, Craig Hemmens, Duane L. Stanton, and Nicholas P. Lovrich. 2022. “Racial Disparities in the Wake of Cannabis Legalization: Documenting Persistence and Change.” *Race and Justice* 0(0):1-18.

Will we see an increase in youth consumption of marijuana?

As with questions about public safety, the research findings on many questions related to public health are mixed. In respect to rate of use, some research indicates an increase in marijuana use overall, while other research shows decreased rates of use among teens. According to a 2021 study[17] that reviewed existing research on the topics, use in states where marijuana is legal tends to be higher than the average rate of use in the United States, however, this difference mainly pre-dates legalization.

In a 2019 report[18] from the Journal of the American Medical Association, the enactment of adult-use legalization laws showed no significant association with marijuana use or marijuana use frequency among high school students. Similarly, medical cannabis laws did not impact youth usage rates. A 2020 study[19] that looked at teen use in California and Washington found that both states recorded a drop in teen use post-legalization, which was consistent with data from non-legalized states suggesting an overall national drop in teen use of marijuana. This was later supported by a 2023 survey by the Centers for Disease Control and Prevention, which highlighted that past 30-day cannabis use among U.S. high school students in 2021 was the lowest since 1991, with male teens experiencing a significant decrease from 26% in 2011 to 14% in 2021, and female students use remaining relatively stable with 18% using in 2011 and 16% reporting use in 2021.

As with previous questions, continued rigorous research focused on rates of use among adults and adolescents is needed to ensure that policymakers and regulators have the necessary information to effectively regulate legal cannabis markets. Special attention should be paid to harmful levels of use.

Will we see an increase in emergency room visits?

A number of studies have noted an increase in the number of cannabis-related emergency room visits over the last two decades. For instance, a CDC study from 2023[20] noted an increase in cannabis-involved emergency room visits for people under the age of 25 during the COVID pandemic, while also noting a statistically significant increase prior to pandemic. However, this study was not specifically focused on states with legalized recreational marijuana or on tracking the impact of such legalization on emergency room visits.

A recent study[21] looked at cannabis positivity rates in 17 emergency departments across the US with different stages of marijuana legalization. According to the authors, most states experienced a significant increase in cannabis positivity rates as legalization progressed, however, the positivity rates differed. In most states with no cannabis legalization, there was still a significant, albeit smaller, increase in cannabis positivity rates in emergency room visits. Additionally, a study[22] conducted at two Boston medical centers from 2012 to 2019 showed an increase in both positive THC IA results and cannabis-related ICD-10 codes in the ED, particularly among females, patients aged 30-39, older adults (>59 years), and the highest income bracket. Similarly, a 2018 study[23] from Colorado noted an increase in emergency room

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[17] Dills, Angela, Sietse Goffard, Jeffrey Miron, and Erin Partin. 2021. "The Effect of State Marijuana Legalizations: 2021 Update." *Cato Institute* 908

[18] Anderson DM, Rees DI, Sabia JJ, Safford S. Association of Marijuana Legalization With Marijuana Use Among US High School Students, 1993-2019. JAMA Netw Open. 2021;4(9):e2124638.

[19] Midgette G, Reuter P. Has Cannabis Use Among Youth Increased After Changes in Its Legal Status? A Commentary on Use of Monitoring the Future for Analyses of Changes in State Cannabis Laws. *Prev Sci*. 2020 Jan;21(1):137-145.

[20] Roehler DR, Smith H IV, Radhakrishnan L, et al.. 2023. "Cannabis-Involved Emergency Department Visits Among Persons Aged <25 Years Before and During the COVID-19 Pandemic — United States, 2019–2022." *Morbidity Mortality Weekly Report.* 72:758–765.

[21] Nicole V. Tolan, Krasowski M.D., Mathias P.C., Wiencek J.R., Babic N., Chai P.R., Chambliss A.B., Choucair I., Demetriou, C.A., Erickson T.B., Feldhammer M., French D., Hayes B.D., Kang P., El-Khoury J.M., Knezevic C.E., Monte A., Nerenz R.D., Okorodudu A.O., Roper S.M., Saitman A., Thiriveedhi V., Uljon S.N., Vest A., Woodworth A., Yu M. Melanson S. May 2023. "Cannabis positivity rates in 17 emergency departments across the United States with varying degrees of marijuana legalization." *Clinical Toxicology*.

[22] Nicole V. Tolan, Matthew D. Krasowski, Patrick C. Mathias, Joesph R. Wiencek, Nikolina Babic, Peter R. Chai, Allison B. Chambliss, Ibrahim Choucair, Christiana A. Demetriou, Timothy B. Erickson, Matthew Feldhammer, Deborah French, Bryan D. Hayes, Phillip Kang, Joe M. El-Khoury, Claire E. Knezevic, Andrew Monte, Robert D. Nerenz, Anthony O. Okorodudu, Stephen M. Roper, Alec Saitman, Vamsi Thiriveedhi, Sacha N. Uljon, Alexis Vest, Alison Woodworth, Min Yu, Stacy E. F. Melanson. 2023. Cannabis positivity rates in 17 emergency departments across the United States with varying degrees of marijuana legalization. *Clinical Toxicology* 61:4, pages 248-259.

[23] George Sam Wang, Sara Deakyne Davies, Laurie Seidel Halmo, Amy Sass, and Rakesh D. Mistry, M.D., M,S. 2018. "Impact of Marijuana Legalization in Colorado on Adolescent Emergency and Urgent Care Visits." *Journal of Adolescent Health*. Vol. 63, 239-241.

visits for patients between 13 and 21 years of age from 2005 to 2015.

In summary, there has been an observed increase in emergency room visits related to marijuana use in states that have legalized marijuana. It is important to keep in mind though that even states that have not legalized marijuana have seen an increase in emergency room visit, and studies that were conducted in legalized states had some significant limitations. While these limitations are worth noting, there also appears to be a consensus among scholars that regulators should pay specific attention to mandating child-proof containers for cannabis product and prohibiting marketing of products whose packaging mimics popular child-friendly snacks and candy.

Impact on the Workplace

The connection between marijuana legalization and the labor market is of great interest to employers and policymakers alike, prompting questions about changes to the prevalence of workplace incidents, changes in productivity and labor participation, and impact on worker compensation costs. But as with many other questions surrounding marijuana reform, the research to date provides mixed evidence, with very little research being available on the impact of recreational adult use legalization specifically.

In respect to workplace injuries, majority of research to date focuses on whether there is a link between use of marijuana and workplace accidents, rather than on the link between marijuana legalization and injuries. In a 1990 study, prior to any state legalizing an adult-use or medical program, researchers found that individuals that tested positive for marijuana through a urine analysis had 55% more industrial accidents, 85% more injuries, and a 78% increase in absenteeism.[24] A 2023 study found that individuals that consumed marijuana on the job, were nearly twice as likely to experience some form of workplace injury, although there was no negative effect for consumption of marijuana outside of the workplace.[25] In respect to medical marijuana legalization, some research actually showed a positive impact, with a 2018 study finding that legalization of medical marijuana was associated with a 19.5% reduction in expected workplace fatalities for individuals 25-44.[26]

In regard to labor supply, a 2019 study found a positive relationship between medical marijuana laws and labor supply among older adults. For adults 51 years and older, the study showed an increase in probability of full-time employment as well as hours worked.[27] Another study from 2018 found no changes in the labor market following medical marijuana legalization, with employment status, hours worked and wages remaining unaffected.[28]

When it comes to research focused on recreational marijuana legalization, the results are also mixed. While a 2017 study by Maclean et al. [29] found an increase in disability claim applications and longer disability periods after recreational marijuana legalization, another study from 2021 by Abouk et al. showed reductions in workers' compensation claims and benefits[30].

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