

## **Cannabis Reform in the States**

After decades of trying the same tactics without different results, many state leaders have begun to question whether their states are taking the right approach to cannabis policy. Today, 24 states allow adults to use cannabis, and 40 states have a medical cannabis program. This growing shift reflects a bipartisan recognition that prohibition has failed to reduce use, protect public safety, or disrupt the illegal market. Instead, it has drained law enforcement resources, burdened the justice system, and blocked access to promising medical treatments. As more states move toward regulation, it's clear the national conversation is no longer about if reform should happen, but how to do it responsibly, safely, and in a way that upholds community values.

# UNDERSTANDING KEY DISTINCTIONS Hemp

Across the United States, hemp is defined federally as cannabis containing no more than 0.3% THC on a dry weight basis, a standard established by the 2018 Farm Bill. All 50 states have legalized hemp production and sales in some form, with regulation typically handled by state departments of agriculture. While hemp fiber, seed, and non-intoxicating oils are broadly legal and accessible, many states are now grappling with how to regulate intoxicating hemp derivatives like delta-8 THC. Some have moved to restrict or ban these products, while others have opted to regulate them similarly to recreational cannabis, often limiting sales to licensed dispensaries and imposing additional taxes. This evolving area of law reflects growing concern over unregulated psychoactive products being widely available outside of adult-use markets.

#### CBD

CBD products derived from federally legal hemp are generally permitted across all 50 states, provided they contain no more than 0.3% THC. Most states allow the sale of CBD in general retail environments such as grocery stores, pharmacies, and wellness shops, though labeling, testing, and licensing requirements vary. Unlike cannabis sold through medical or adult-use dispensaries, CBD products are generally not restricted by age, though some states have implemented age limits for certain forms such as smokables or edibles. Enforcement focuses primarily on consumer safety, with states ensuring compliance with federal guidelines on purity and potency. Despite its broad legality, CBD remains subject to ongoing debate and regulation, particularly regarding health claims and food product inclusion.

### Cannabis (Adult-Use)

As of 2025, 24 states and Washington, D.C. have legalized adult-use cannabis, allowing individuals, typically aged 21 and over, to possess and consume cannabis products. These states regulate cannabis markets through robust licensing systems for cultivators, processors, testing labs, and retail dispensaries, often including provisions for home cultivation. Adult-use markets include strict product testing, packaging, and labeling standards, as well as seed-to-sale tracking to ensure compliance and transparency. Taxation levels vary, but most

states impose excise taxes in addition to standard sales taxes, using some of the revenue to fund public services, education, and social equity programs. In the remaining states, adult-use cannabis remains prohibited or decriminalized, creating a patchwork of laws and enforcement policies nationwide.

#### **MYTH V. FACT**

Myth: Marijuana has no credible medical uses.

**Fact:** Marijuana and its derivatives have been shown to effectively treat various medical conditions. A 2017 study by the National Academies confirmed its benefits for chronic pain, sleep apnea, multiple sclerosis, and chemotherapy side effects <sup>1</sup>. Later research supports its potential for treating epilepsy, migraines, and PTSD <sup>2</sup>. While four FDA-approved drugs are cannabis-based, federal law still restricts approval of many state-approved products.

Myth: Allowing the use of cannabis will reduce public safety and result in more violent and property crimes.

**Fact:** The public safety impact of legalizing and regulating cannabis in other states has been extensively studied. Most of the existing research on the topic has found that such policy changes have either no impact or a positive impact on property and violent crime <sup>3</sup>. There are some mixed findings when it comes to property and nuisance crimes in urban neighborhoods with a cannabis dispensary, and this means that our local and state leaders should be cautious about how tightly they regulate where dispensaries may open in our communities <sup>4</sup>.

**Myth:** Allowing the regulated use of cannabis will take an important tool away from law enforcement, which they can utilize to prosecute those engaged in more serious crimes.. **Fact:** Ending cannabis prohibition will allow law enforcement to focus on solving and preventing property and violent crimes during a time when cities across Indiana have experienced years of elevated violent crime. Research from other states shows that taking the issue of enforcing cannabis prohibition off officers' plates allows them to solve more violent crimes and ensure more victims receive justice <sup>5</sup>.

**Myth:** Marijuana is a "gateway drug" and allowing appropriate regulated access to the substance will result in individuals increasing their use of other drugs. **Fact:** The "gateway" theory for cannabis has been questioned by experts for decades, and recent evidence reveals that the opposite effect occurs when states allow the use of cannabis <sup>6</sup>. A growing number of studies are finding that states allowing adult use of cannabis reduce binge drinking, overall alcohol consumption, and use of other more dangerous substances <sup>7</sup>. The existing research also finds that legalizing the adult use of cannabis results in reduced prescription of opioids and reductions in opioid related hospitalizations, deaths, and overdoses <sup>8</sup>.

#### **CITATIONS**

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- 6. Adult-use cannabis markets are operational in WA, CO, AK, OR, CA, NV, ME, MA, MI, IL, MT, VT, AZ, NJ, and NM. CT, NY, VA, RI, MD, and MO are in the process of implementation.
- 7. See e.g., Keaton Miller & Boyoung Seo, 75 Nat'l Tax J. 107 (2021); Collin Calvert & Darin Erickson, 3 J. Cannabis Res. 1 (2021); Jeremy Mennis et al., 122 J. Subst. Abuse Treat. 1 (2021); Davide Dragone et al., 159 J. Econ. Behav. Org. 488 (2019); Meenakshi Subbaraman & William Kerr, 75 Int'l J. Drug Policy 1 (2020); Joseph Sabia et al., NBER Working Paper No. 29038 (2021); but see Thanh Lu, 30 Health Econ. 1684 (2021); Seong-min Park et al., 50 J. Drug Issues 273 (2020); Ashutosh Bhave & B.P.S. Murthi, SSRN (2021); Constanza Risso et al., 34 J. Psychopharmacol. 938 (2020); Hollis Karoly et al., 116 Addiction 2529 (2021).
- 8. See e.g., Jiebing Wen et al., 30 Health Econ. 989 (2021); Coleman Drake et al., 30 Health Econ. 2595 (2021); Benjamin McMichael et al., 69 J. Health Econ. 1 (2020); J.J. Alcocer, 185 Public Health 8 (2020); Nathan Chan et al., 58 Econ. Inquiry 589 (2020); Amalie Kropp Lopez et al., 17 Int'l J. Environ. Res. Public Health 1 (2020); Yuyan Shi et al., 194 Drug Alcohol Depend. 13 (2019); Hefei Wen & Jason Hockenberry, 178 JAMA Intern. Med. 673 (2018); Michelle Anyaehie et al., medRxiv (2021); Isabella MacMillan & Kevin Gorey, Research Square (2020); but see Lynn Neilson et al., 36 J. Gen. Intern. Med. 3417 (2021); Luis Segura, 2 JAMA Netw. Open 1 (2019); Ashley Bradford & David Bradford, 61 J. Law Econ. 461 (2018).