



# OCM Annual Report to the Legislature (2025)

1/15/2025

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# Executive Summary

The purpose of this report is to provide an overview of the status of Minnesota's cannabis program to the Minnesota State Legislature, as required by Minnesota Statutes, section 342.04. Minnesota's Office of Cannabis Management (the office or OCM) leads the work to stand up the new office and develop the operational and regulatory systems necessary to launch a safe, equitable, and effective adult-use cannabis program in Minnesota. This report provides a summary of the office's work done so far to stand up the regulated adult-use cannabis program and includes information related to the topics identified throughout section 342.04. As Minnesota's cannabis legalization legislation is still in the early phases, some information is not yet available or is limited in scope.

## Section 1: Status of Regulated Cannabis Industry and Annual Market Analysis

Established in August 2023, Minnesota's Office of Cannabis Management continues to work to develop the operational and regulatory systems to oversee the new regulated cannabis industry.

Over the past year, the office has met important milestones in the work to prepare for the launch of the regulated adult-use cannabis industry. At the same time, the office has also managed the hemp-derived cannabis product market and the medical cannabis program. On July 1, 2024, the Office of Medical Cannabis transitioned from the Department of Health to the Office of Cannabis Management. This transition included the two priority functions of the Office of Medical Cannabis: the management of the medical cannabis program and the enforcement of the hemp-derived cannabis industry. The medical program continues under the regulations set forth in Minnesota Statutes, section 152.29, and Minnesota Administrative Rules 4770. As required by statute, there are two medical manufacturers currently operating in the state of Minnesota with 16 retail locations. There are more than 4,500 registered businesses selling hemp-derived cannabinoid products operating in the state of Minnesota under the regulations of Minnesota Statutes, section 151.72.

At this time, the adult-use licensing framework is in premarket phase. Market launch is expected to occur over the next several months in early 2025. As the office issues licenses under the adult-use cannabis framework, further information and data will become available. The office remains committed to collecting and reporting information regarding the adult-use industry in future reports following the forthcoming market launch of an adult-use retail program. For this report, the information outlined in statute, including reflections on the industry to inform the number of licenses in the future, is not yet applicable. As such, public meetings were not conducted to reflect on the status of the market as the market has not yet launched. The office plans to hold public meetings in calendar year 2025 after the market comes online and will update the Legislature in future reports with the requested information. Additionally, after the market launches, the office will work with partners at the Department of Human Services, Department of Health, Minnesota state courts, and hospitals licensed under Chapter 144 to discuss any impact on mental health and substance use disorders. The office has already been in communication with the Department of Human Services and

Department of Health regarding the state's commitment to prioritizing mental health and Minnesotans seeking services as well as substance use disorder treatment, recovery, and prevention work. As part of this commitment, the Department of Health is leading the implementation of the specific grant funding allocated by the Legislature in the original cannabis legalization legislation to support education and prevention work as well as support services for substance use treatment, recovery, and prevention. While the primary function of the office is regulatory in nature, the office remains committed to working in partnership with sister agencies and additional partners to learn, address, track, and share more about these issues.

## Section 2: Status of Illicit Cannabis Market and Hemp Consumer Industry

### Section 2.1: Status of Illicit Cannabis Market

Since adult-use cannabis business licenses are not yet available, the sale of adult-use cannabis flower (the smokeable buds that are harvested from the marijuana plant) is not yet legal, and as such, the illicit cannabis market continues to play a role in cannabis consumption in Minnesota. Given the illicit nature of illegal sales of cannabis, the size of such a market is not able to be determined with complete accuracy or consistency.

As part of the rollout of a licensing framework, the Office of Cannabis Management has also implemented a statewide enforcement presence. Over the past year, the office has observed adult-use cannabis for sale in retail locations such as smoke shops and dispensaries. This activity is not yet authorized without a relevant cannabis business license, so when cannabis flower is found offered for sale, the office can remove it using embargo and destruction mechanisms, with the potential to escalate enforcement with monetary civil penalties. In March 2024, the office began official inspections of flower products on retail shelves.

With the legal cannabis market just beginning to develop in the state, the office is focusing on collaboration with and education of industry stakeholders to ensure compliance. As of November 2024, the office staffed seven permanent compliance and enforcement inspectors. Their focus has been on inspecting businesses registered to sell hemp derived cannabinoid products. The Minnesota Departments of Agriculture and Health have also assisted with cannabis inspections.

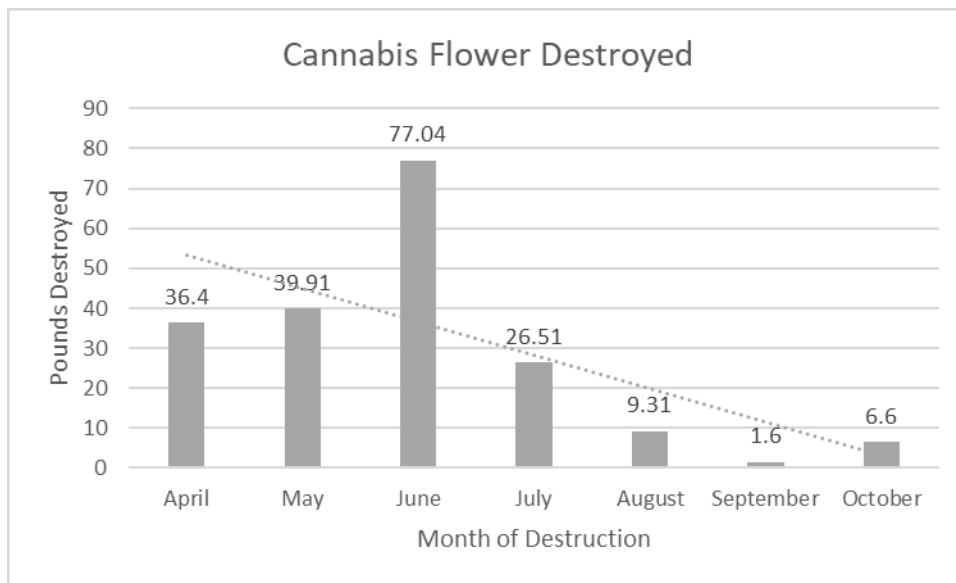
During an inspection, staff educate business owners on compliant product, current regulations, and share informational fact sheets. When noncompliant cannabis flower product is found during a first inspection, voluntary compliance is achieved with product destruction. Working with stakeholders on compliance and education is further building positive regulatory compliance and ensuring safe cannabis product for citizens and the state of Minnesota.

Reinspections occur at retail sites where noncompliance was found during a previous inspection. When noncompliant cannabis is found on consecutive inspections, further regulatory enforcement action is taken in the form of civil orders and penalties. Between January and October 2024, the office conducted 2,388 inspections. Of those inspections, 134 sites were found selling illicit cannabis flower. In collaboration with the inspector on site, the retail business entities voluntarily destroyed 199.92 pounds

of cannabis flower (Fig. 1) worth a retail value of \$607,316. Four retail business entities were issued civil penalties in the amount of \$10,000 each.

Additional challenges encountered by the office related to the illicit cannabis market include: the practice of businesses “gifting” cannabis along with other purchases, online cannabis sales and mobile cannabis delivery services, peddler stands selling product at family friendly events like the Minnesota State Fair, and other large public cannabis events.

Figure 1.



## Section 2.2: Status of Hemp Consumer Industry

Minnesota legalized the sale of hemp-derived cannabinoid products with lower THC potency in 2019 with Minnesota Statutes, section 151.72. This includes products containing hemp-derived delta-9 THC, delta-8 THC, CBD, CBG, and other non-intoxicating cannabinoids. Sales are restricted to adults aged 21 and over. The law specifies that each serving of hemp edibles may contain up to 5 mg of delta-9 or delta-8 THC and up to 50 mg of THC per package, equating to 10 servings. Hemp-derived cannabinoid beverages can have up to 10 mg of THC per container, or two servings. Minnesota allows these hemp-derived cannabinoid products (HDCPs) to be sold in various types of establishments, including smoke shops, grocery stores, bars, liquor stores, and restaurants. Under current law, Minnesota Statutes, section 151.72, there is not a licensing framework. Instead, retailers must be registered with the Office of Cannabis Management before selling hemp-derived cannabinoid products, and there are no application requirements in order to register.

After legislative changes in 2023, the Minnesota Department of Health was tasked with the implementation of the enforcement of Minnesota Statutes, section 151.72. As of July 1, 2024, the medical cannabis program, including the hemp-derived cannabinoid products program, moved into the Office of Cannabis Management and the office assumed enforcement authority of Minnesota Statutes, section 151.72. As of November 2024, the office’s Division of Enforcement and Compliance employs seven compliance inspectors, and is working to hire and onboard new inspection staff in the new year to support the current work as well as prepare to manage hundreds of new licensees. One of the main

tools the office uses to achieve compliance of this new industry is through education. This is particularly important in an environment where many of the business operators and employees are new to operating in a regulated market. When inspectors are conducting business inspections, they share information and fact sheets to educate employees and business owners on products that are compliant under section 151.72.

Between January and October 2024, inspectors conducted 2,388 inspections of businesses selling hemp-derived cannabis products (HDCPs). Although OCM’s regulatory program is early in the implementation process and still developing, significant progress was made throughout 2024 towards achieving better compliance throughout the industry. For example, in the first quarter of 2024 only 35% of businesses inspected were found to be compliant with Minnesota Statutes, section 151.72. By the third quarter of 2024, OCM observed a compliance rate of 70%. In the first two weeks of December 2024, that figure was 87% (Fig. 2 and 3), a significant increase in compliance rates.

When noncompliant product is found during an inspection and determined to be high risk, the products are either embargoed or the business may submit to have them voluntarily destroyed. High risk product is defined as edibles or beverages which are more than double the legal THC limit, and intoxicating products which are appealing to children. From January 1, 2024, through November 30, 2024, the office has overseen voluntary destruction of 31,095 high-risk HDCP products with a retail value of \$838,578 (Fig. 4).

At the beginning of 2024, noncompliant products found tended to be serious in nature, e.g., containing more than double the THC limits, containing unauthorized or synthetic cannabinoids, and other smokable products with high levels of THC. As education has continued over time, fewer high-risk products are observed offered for sale. Towards the end of 2024, more common violations are those which originate with the product manufacturers, such as product labels missing required warning statements and scannable bar codes not linked to correct test results, rather than serious high-potency and high-risk violations.

Figure 2.

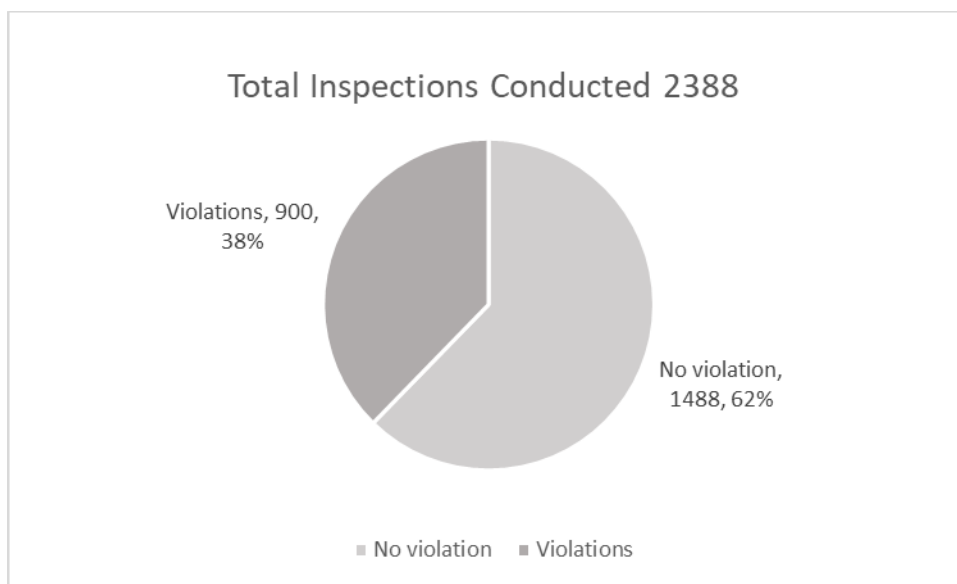




Figure 3.

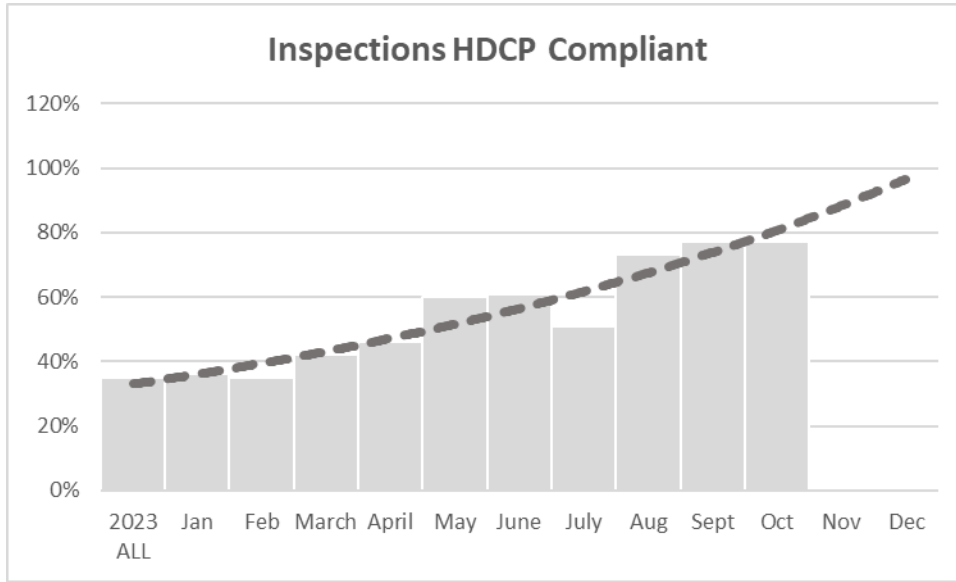
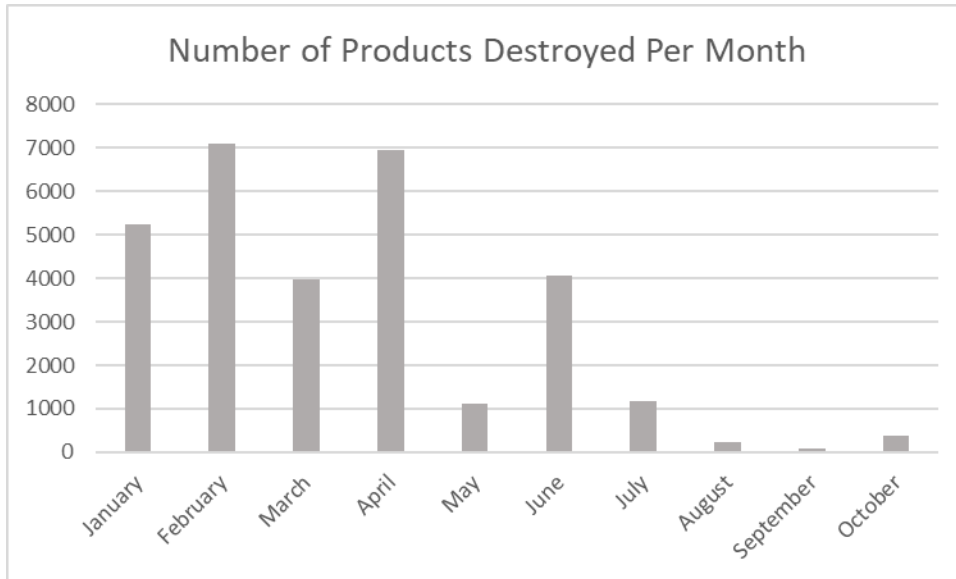


Figure 4.



# Section 3: Traffic Safety and Legal Implications

## Section 3.1: Background and Methodological Challenges

To address the mandated reporting requirements related to cannabis-induced driving impairments, the office consulted other state agencies, including the Minnesota Department of Public Safety's Office of Traffic Safety and the State Patrol; and the Bureau of Criminal Apprehension Lab. These discussions resulted in the following conclusions: 1) current data collection on driving and cannabis use is limited and therefore, potentially does not fully represent actual road safety conditions under the influence of cannabis/cannabinoids in Minnesota, and 2) the amount of THC consumed by a driver does not readily correlate with the degree of impairment experienced by a driver. In spite of these limitations, it is clear all agencies are motivated to improve data collection so specific analyses related to cannabis, cannabinoids, and hemp-derived products can be undertaken.

With the ever-changing landscape of cannabis legalization across the nation, there is growing concern about the effects of cannabis/cannabinoid use while driving. Particular concern centers around delta-9 tetrahydrocannabinol (THC), which is a compound found in the cannabis plant that produces the psychoactive "high" people experience.

THC has shown to impair performance on a variety of cognitive and psychomotor tests. Naturally, it is unsurprising to find that a highly cognitive- and psychomotor-intensive task such as driving shows similar impairments such as in driving coordination, dexterity, and reaction time, among other things<sup>1,2</sup>. The negative effect of cannabis on driving increases with higher consumption but decreases with more time since use<sup>3</sup>. For chronic users of cannabis, the impairing effects of THC may decrease over time due to increased tolerance to cannabis/cannabinoids<sup>4</sup>. Epidemiological studies have also shown that cannabis use moderately increases the risk of getting into a vehicle accident, either causing a crash or being involved in a crash<sup>5,6,7</sup>. Availability of some statistics show the odds of getting into an accident that leads to serious injury or death are 1-3 times higher in those testing positive for cannabis than in those who test negative<sup>8</sup>.

While this report discusses available data on cases that underwent a full toxicology screen from 2022 and 2023, trends seen by the Department of Public Safety may indicate an increasing trend in drivers testing positive for cannabis/cannabinoids while on the roads.

### **Existing Challenges in Measuring Cannabis-Induced Driving Impairment**

Measuring cannabis-induced impairment is difficult to assess at this time. Field sobriety tests to measure driving impairment are most sensitive to measuring alcohol impairment. For example, horizontal gaze nystagmus—one of the field sobriety measures—can help law enforcement reliably establish impairment from alcohol, but it is less reliable for measuring impairment from cannabis/cannabinoid use. Secondly, unlike alcohol where there is a relationship between impairment and alcohol concentrations (higher bodily alcohol concentrations being associated with greater impairment), the same cannot be said for cannabis. Empirical evidence suggests that greater concentrations of THC in the body do not readily correlate with greater impairment. In addition, there are inter-individual differences in the level of impairment one may or may not experience with two people who have the same THC concentrations in their bodies, meaning that THC does not necessarily impact people in the same way or to the same degree. All of these factors combined mean that a validated tool does not yet exist for law

enforcement to use to establish whether a driver has legally passed a threshold to be considered impaired by cannabis/cannabinoids (unlike with alcohol, where legal impairment is at an alcohol concentration  $\geq 0.08\%$ ).

### Section 3.2: Challenges in Assessing Prevalence of Driving Under the Influence of Cannabis

Current standard operating procedures for establishing impairment at traffic stops are designed to be most sensitive to establishing alcohol impairment over other drugs. Apart from the field sobriety tests mentioned previously that reliably provide supporting evidence of alcohol impairment, a blood alcohol concentration above the per se limit of 0.08% is sufficient evidence that a driver is in violation of Minnesota's DWI law. If an individual is impaired by alcohol ( $\geq 0.08\%$ ), that's sufficient to establish impairment and that individual being a danger and a liability on the roads. It does not matter if a driver is impaired by alcohol alone or alcohol and other drugs – impairment is impairment. If law enforcement can establish impairment in a driver—usually from alcohol—state resources (staffing, time, and money) do not need to be spent to establish impairment from other drugs. For this reason, prevalence of driving under the influence of alcohol on Minnesota roads is more clearly understood than for most other drugs, including cannabis/cannabinoids. There can be (and often will be) a full stop in collecting additional data to understand what other, non-alcohol substances may be contributing to a driver's impairment if it's already clear that they are under the influence of alcohol. What this means from a data standpoint is that existing data on 1) number of accidents, 2) number of arrests, and 3) number of convictions *attributed to cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived consumer products, or who tested positive for cannabis or tetrahydrocannabinol* is limited. Therefore, addressing these points as mandated in statute is not possible at this time. Lastly, there is not a way to tell just by the presence of cannabinoids in the body (including THC) whether that came from the consumption of *cannabis flower, cannabis products, lower-potency hemp edibles, or hemp-derived consumer products*. For example, if one person were to consume cannabis via a vape, and another person were to consume a lower-potency hemp edible that contained THC, testing of each person might reveal the presence of THC in their system. But there would be no way to identify the type of product they consumed. It would just register as the presence of THC. This consequently means that—unlike what is requested in statute—data cannot be stratified by those specific product categories.

### Section 3.3: Data Findings in Prevalence of Driving Under the Influence of Cannabis

Having established some of the challenges to measuring cannabis/cannabinoid impairment on Minnesota roads, the following section will present some data coming from traffic stops that lead to fluid samples (blood or urine sample) being taken from a suspected, impaired driver.

#### Data Sample

As established in the prior section of this report, if data suggest alcohol impairment, many of these cases do not go beyond screening for alcohol. The cases where a full toxicology screening (from blood or urine samples) is performed to detect other things besides alcohol (including cannabinoids) make up a small proportion of those cases. Table 1 shows the number of screenings testing positive for cannabinoids reported for 2022 and 2023. This represents a significantly small portion of the total number of cases and stops. In 2022 and 2023, DWI arrests associated with alcohol impairment respectively represented 25,586 and 26,932 cases. That, in itself, is a small subset of data that make up the total number of traffic

stops conducted in 2022 and 2023. For more information on the process and full data available, visit the [Driving While Impaired \(DWI\) Dashboard](#) that documents DWI arrests associated with alcohol.

Currently, a full toxicology screening performed by the BCA’s lab includes screening for the cannabinoid THC and a handful of other cannabinoids signaling metabolization (breakdown) of THC (metabolizing in the sense that the driver has, at some point, consumed THC and their body is in the process of breaking it down to clear it from the body). Below are data on the detection of any of those cannabinoids in blood and urine samples.

### Findings

In 2022, 6,374 cases went through a full toxicology screening. Of them, 56.3% (n = 3,591) of screenings were positive for cannabinoids. Positivity rates were higher in blood screens (58.0%) than in urine screens (51.1%), but the number of blood screens was also higher than the number of urine screens (4,814 blood screens vs. 1,560 urine screens). See Tables 1a and 1b.

The number of cases with a full toxicology screening was lower in 2023 at 5,809 cases. Overall rates of cases screening positive for cannabinoids was at 57.9%, with blood screens (61.8%) showing higher positivity rates than urine screens (48.3%). Similar to 2022, blood screens were more common than urine screens (4,131 blood screens vs. 1,678 urine screens). See Tables 1a and 1b.

*Table 1a. Screenings testing positive for cannabinoids in 2022 (n=6,374).*

Screening Type	Test Result	% of Cases (n)
Blood screen (n = 4,814)	Positive	58.0% (2,794)
Blood screen (n = 4,814)	Negative	42.0% (2,020)
Urine screen (n = 1,560)	Positive	51.1% (797)
Urine screen (n = 1,560)	Negative	48.9% (763)

*Table 1b. Screenings testing positive for cannabinoids in 2022 (n=5,809).*

Screening Type	Test Result	% of Cases (n)
Blood screen (n = 4,131)	Positive	61.8% (2,555)
Blood screen (n = 4,131)	Negative	38.2% (1,576)
Urine screen (n = 1,678)	Positive	48.3% (810)
Urine screen (n = 1,678)	Negative	51.7% (868)

### Section 3.4: Conclusions

While these data show the positivity rates for cannabinoids for the two most recent years, the BCA’s lab data—which extend beyond the last two years—indicate that the rate of positive screens for cannabinoids have increased over time in the traffic stops that resulted in fluid draws. Therefore,

monitoring the rate of positive cases will continue to be of importance to the greater public, especially with the advent of adult-use sales in 2025.

At the same time, it is important to contextualize these data with the understanding that 1) the presence of cannabinoids in the body does not necessarily mean the driver is impaired, especially because cannabinoids can take longer to break down than the presence of alcohol, for example; 2) unlike alcohol impairment, tools currently do not exist to reliably measure if a driver is impaired by cannabis/hemp-derived products, and 3) traffic stop cases that end up receiving a full toxicology screening is very low, meaning it is difficult to establish how representative this sample is of drivers on Minnesota roads.

### **Future Directions**

The office will continue to work with the Department of Public Safety's (DPS) Office of Traffic Safety, State Patrol, and BCA lab in evaluating data on cannabis-induced impairment and events associated with it. They have also known that adult-use cannabis sales will be starting in early 2025 and have shared interest in monitoring trends they find in traffic safety as it pertains to cannabis. The office plans to continue their partnerships with other state agencies and identify areas that might be feasible for expanding data collection efforts and methods.

Lastly, DPS's Office of Traffic Safety has been tasked with conducting a pilot project to test out newly developed roadside instruments for measuring recent cannabis use. DPS will report on this data in early 2025, which could influence future assessment and decisions.

### Section 3.5 Citations

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## Section 4: Potency Changes

This section provides information regarding research into overall trends of potency levels in cannabis products. This section also provides information regarding products specific to Minnesota's medical cannabis program that are only available to certified, approved medical patients in Minnesota. The adult-use cannabis market has not yet been launched, so there is not yet information available regarding potency changes in Minnesota's adult-use cannabis products as they do not currently exist. As the market is launched, the office will continue to collect and provide information related to this topic in future reports.

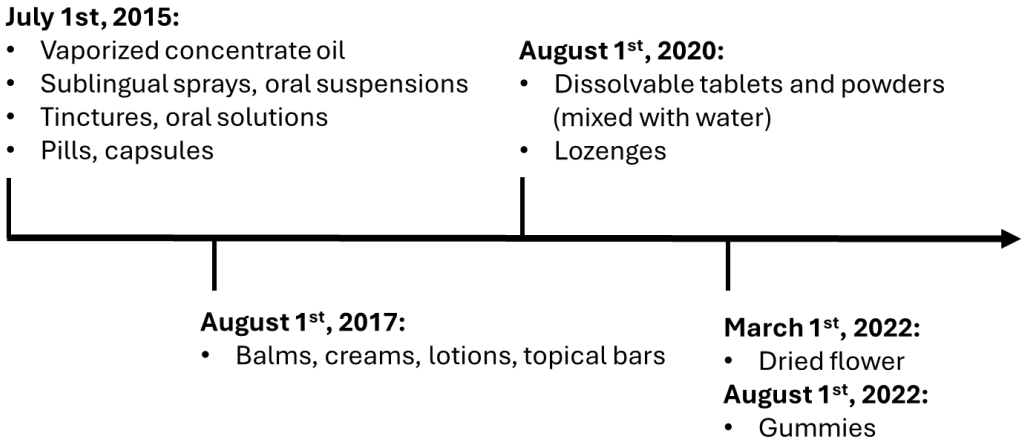
For information about the planned regulation of the adult-use cannabis products, including potency limits, please reference the [office's ongoing rulemaking process](#). The office published a draft version of the rules and regulations for the adult-use cannabis market in July 2024 and continues to proceed with the state's rulemaking procedure. More information about final adoption will be shared with the Legislature, available on the office's website, and referenced in future reports.

Data from the National Institute on Drug Abuse (NIDA) Potency Monitoring Program at the University of Mississippi shows that the percentage of THC (the cannabis constituent that gives people a "high") in cannabis has increased dramatically over the years. By measuring the amount of THC in samples seized by the Drug Enforcement Administration (DEA) in the illegal cannabis marketplace in the United States, data show that the percentage of THC in cannabis increased from 3.96% in 1995 to 16.14% in 2022. *(Source: [Cannabis Potency Data | National Institute on Drug Abuse \(NIDA\)](#) Delta-9-tetrahydrocannabinol (THC) and Cannabidiol (CBD) Potency of Cannabis Samples Seized by the Drug Enforcement Administration (DEA), Percent Averages from 1995-2022 Source: Potency Monitoring Program, NIDA Contract Number: N01DA-15-7793)*

A detailed analysis of the potency of the products available in Minnesota's medical cannabis program are available by gathering information from the two manufacturers' approved products. In the future, once the rulemaking process is completed and the market is launched, actual lab values will be able to be assessed via the state's seed-to-sale tracking system. As the data below show, the amount of THC available in medical products currently in the medical market has increased over the past two years.

As outlined in state law, the Office of Medical Cannabis has statutory authority to receive and review petitions to add approved delivery methods (meaning the way in which a medical cannabis product is developed) to the medical cannabis program. As such, delivery methods of medical cannabis products have been approved over time (Figure 5).

Figure 5. Timeline of introduction of approved cannabis delivery methods to the Minnesota Medical Cannabis Program.



### Medical Program - Dried Cannabis Flower Products

Dried cannabis flower products consist of dried flower, ground flower, and pre-rolls.

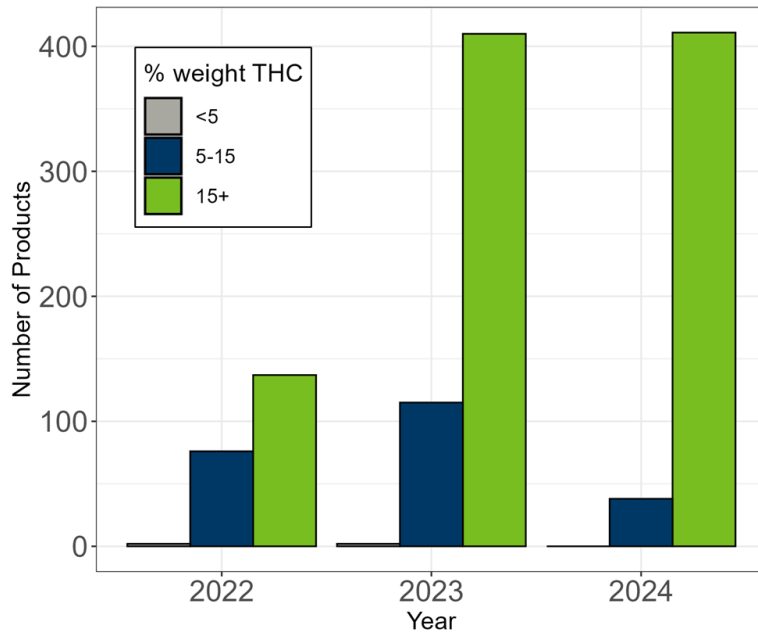
Under the current product approval system, medical cannabis manufacturers categorize THC potency of dried cannabis flower in three groups: 1) <5% THC by dry weight; 2) 5-15% THC by dry weight; 3) >15% THC by dry weight. In 2024, there were 455 dried flower products available for purchase in medical cannabis dispensaries. Of those products, 91.6% (n = 417) were categorized as having >15% THC by weight. The rest of the products were categorized as 5-15% THC by dry weight (n = 38; 8.4%), there were no flower products with <5% THC available in 2024 (Table 2, Figure 6).

The number of high THC potency (>15%) flower products increased from 2022 to 2023 and stayed consistent from 2023 to 2024. The number of medium (5-15%) and low (<5%) THC potency products decreased from 2023 to 2024 (Table 2, Figure 6).

Table 2. Number of cannabis flower products available by THC potency and year.

Year	<5% weight THC	5-15% weight THC	15%+ weight THC
2022	2	76	137
2023	2	115	410
2024	0	38	417

Figure 6. Number of cannabis flower products available by THC potency and year.



### Medical Program - Vaporized Concentrate Oil Products

Vaporized concentrate oil, or more commonly known as "vape" products include vape pens, and distillate oil. THC potency of vape products are reported to OCM as % THC by weight of the oil, manufacturers report the numerical value of the THC potency as opposed to a category.

In 2024, 139 vape products were available to medical cannabis patients. The average (median) THC potency was 85% THC by weight, ranging from 7.3% to 89% THC by weight. The vast majority, 75% of products available had above 84% THC by weight. Vape products have become more THC potent since 2022, the median THC potency in 2022 was 76%, while in 2024 it was 85% (Table 3).

Table 3. Description of THC potency in vaporized concentrate oil products by year, measured by % THC by weight.

Year	Number of Products	Minimum THC Potency	Maximum THC Potency	Median THC Potency	Inter-quartile Range (IQR) of THC Potency
2022	38	4.00	87.00	76.00	37.86
2023	75	7.25	87.00	85.00	2.00
2024	139	7.25	89.00	85.00	2.00



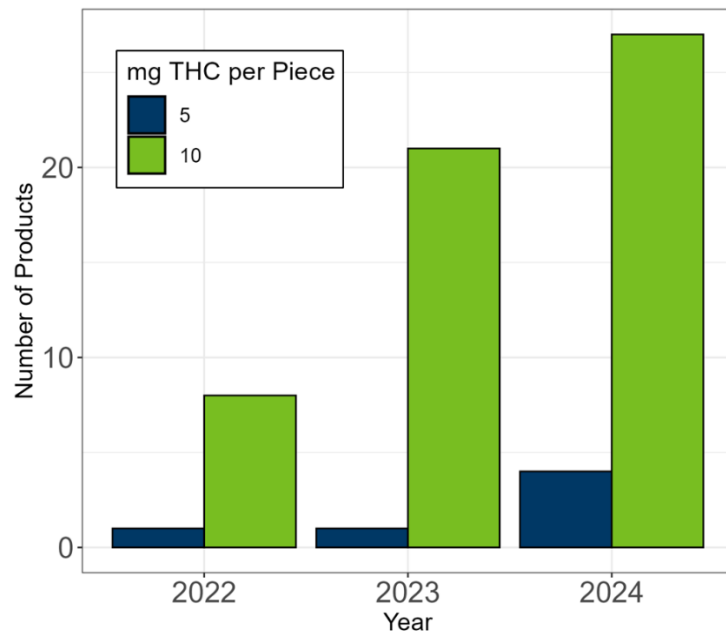
### Medical Program – Edible Gummies

Edible THC gummies come in two potency types, 5 mg THC per piece and 10 mg THC per piece. The number of gummy products has increased from 2022 to 2024. The majority of gummy products are 10 mg THC per piece (Table 4, Figure 7).

Table 4. Number of edible gummy products available by THC potency and year.

Year	5 mg THC per piece	10 mg THC per piece
2022	1	8
2023	1	21
2024	4	27

Figure 7. Number of edible gummy products available by potency and year.



### Medical Program – Edible Nano-Gummies

Nano THC infused gummy products are distinct from traditional gummy products because the THC added to the gummy is emulsified into the gummy. This allows for increased bioavailability of the THC leading to shortened onset time compared to traditional gummy products. Patients may feel the effects of THC within 15 minutes using nano-gummies, compared to over an hour using traditional gummies. Nano-gummies are only available in 10 mg THC per piece potency. The number of nano-gummy products has increased from 2022-2024, but remains low overall (Table 5).

Table 5. Number of edible nano-gummy products available by potency and year.

Year	5 mg THC per piece	10 mg THC per piece
2022	0	1
2023	0	3
2024	0	3

### Medical Program - Capsules and Tablets

The number of capsule and tablet products has decreased slightly from 2022-2024, while the THC potency is stable over that period. The average (median) amount of THC found in capsule/tablet products is 4.29 mg THC per piece, ranging from trace amounts THC (0.1 mg) to 23.99 mg THC per piece (Table 6).

Table 6. Description of THC potency in capsule and tablet products by year, measured by mg THC per piece.

Year	Number of Products	Minimum THC Potency	Maximum THC Potency	Median THC Potency	IQR of TCH Potency
2022	19	0.10	23.99	4.29	2.92
2023	15	0.10	23.99	4.29	3.67
2024	15	0.10	23.99	4.29	3.67

### Medical Program - Dissolvable Tablets and Powder

There is one dissolvable tablet product that has been sold in 2022-2024. The THC potency of this product is 4.75 mg THC per tablet.

### Medical Program - Edible Oil Concentrate Products

Rick Simpson Oil (RSO) are edible cannabis concentrate products. These are high potency THC products meant for edible administration and not inhalation. All RSO products are 70% THC by weight and contain 1400 mg THC per package. RSO products were introduced in 2023, there are three RSO products available in both 2023 and 2024.

### Medical Program - Oral Solutions

The number of oral solution products has decreased from 2022 to 2023 and 2024, but THC potency remains largely the same. In 2024 the average (median) THC potency was 5 mg per mL, ranging from trace amounts (0.01 mg per mL) to 50 mg per mL (Table 7).

Table 7. Description of THC potency in oral solution products by year, measured by mg THC per mL.

Year	Number of Products	Minimum THC Potency	Maximum THC Potency	Median THC Potency	IQR of THC Potency
2022	19	0.01	50.00	5.00	10.50
2023	14	0.01	50.00	5.00	18.00
2024	14	0.01	50.00	5.00	18.00

### Medical Program - Oromucosal Products

Oromucosal products are intended to deliver cannabinoids to the bloodstream through the oral mucosa in the mouth and cheek. For example, a patient may drop a tincture under their tongue, not swallowing it, so that the liquid is absorbed through the oral mucosa. Another oral mucosal product, lozenges, are meant to be held in the mouth so that the cannabinoids can be absorbed through the oral mucosa in the cheek. This is in contrast to edible products that are swallowed where the cannabinoids are absorbed in the digestive tract. Cannabinoids from oromucosal products are absorbed into the bloodstream more quickly than edible products and have a faster onset time.

### Medical Program - Tinctures and Sublingual Sprays

Cannabinoid containing tinctures are products containing cannabinoid concentrates suspended in an alcohol solution. Tinctures are delivered by a dropper and typically placed under the tongue. Sublingual sprays are similar to tinctures but are delivered via a spray bottle to be sprayed under the tongue.

In 2024, the median THC potency of tincture and sublingual spray products was 20 mg per mL, ranging from 0.01 to 50 mg THC per mL. The median THC potency increased from 2022 to 2023 but remains the same in 2024 (Table 8).

Table 8. Description of THC potency in tincture and sublingual spray products by year, measured by mg THC per mL.

Year	Number of Products	Minimum THC Potency	Maximum THC Potency	Median THC Potency	IQR of THC Potency
2022	14	0.01	50.00	12.97	16.63
2023	9	0.01	50.00	20.00	13.60
2024	11	0.01	50.00	20.00	9.53

### Medical Program - Lozenges

In 2024, there were three lozenge products offered to medical cannabis patients. THC potency of these products was 5 mg, 10 mg, and 50 mg THC per piece. In 2022 and 2023, only 5 mg and 10 mg THC per piece products were available (Table 9).

Table 9. Number of lozenge products available by potency and year.

Year	5 mg THC per piece	10 mg THC per piece	50 mg THC per piece
2022	5	1	0
2023	1	1	0
2024	1	1	1

### Medical Program - Topical Products

In 2024, the median THC potency of topical products was 75 mg per item (e.g., bar, jar), ranging from 1 to 375 mg THC per item. The median THC potency decreased from 2022 to 2024 (Table 10).

Table 10. Number of topical products available by potency and year, measured by mg TCH per item

Year	Number of Products	Minimum THC Potency	Maximum THC Potency	Median THC Potency	IQR of THC Potency
2022	13	1.00	375.00	125.00	112.50
2023	8	1.00	375.00	112.50	131.00
2024	7	1.00	375.00	75.00	149.50

## Section 5: Social Equity and Equity Impact

### Section 5.1: Establishing a Foundation of Development, Stability, and Safety

In line with the vision and direction of the Minnesota Legislature during the passage of the cannabis legalization legislation, the office is committed to building a safe, effective, and equitable cannabis industry. Guided by the principles of **development**, **stability**, and **safety**, the framework outlined in this section supports the goals to safeguard public well-being, promote economic empowerment, and address historical injustices. Through this work, the office seeks to carry out the legislature’s vision of a sustainable and inclusive cannabis industry that uplifts all Minnesotans, including those disproportionately and negatively impacted by past cannabis prohibition.

## **Development: Building the Foundation for Equity**

The War on Drugs disproportionately targeted Black, Indigenous, and other communities of color, perpetuating systemic inequities that persist to this day. Nearly half of all federal prisoners in the U.S. were incarcerated for drug offenses as recently as 2019, with communities of color bearing the brunt of these policies. This legacy underscores the need for intentional and targeted efforts to address these harms through equitable development. Additionally, the cannabis legalization legislation defines social equity within state law, including the following definition:

(a) An applicant qualifies as a social equity applicant if the applicant:

(1) was convicted of an offense involving the possession or sale of cannabis or marijuana prior to May 1, 2023;

(2) had a parent, guardian, child, spouse, or dependent who was convicted of an offense involving the possession or sale of cannabis or marijuana prior to May 1, 2023;

(3) was a dependent of an individual who was convicted of an offense involving the possession or sale of cannabis or marijuana prior to May 1, 2023;

(4) is a military veteran, including a service-disabled veteran, current or former member of the national guard;

(5) is a military veteran or current or former member of the national guard who lost honorable status due to an offense involving the possession or sale of cannabis or marijuana;

(6) has been a resident for the last five years of one or more subareas, such as census tracts or neighborhoods:

(i) that experienced a disproportionately large amount of cannabis enforcement as determined by the study conducted by the office pursuant to section 342.04, paragraph (b), or another report based on federal or state data on arrests or convictions;

(ii) where the poverty rate was 20% or more;

(iii) where the median family income did not exceed 80% of the statewide median family income or, if in a metropolitan area, did not exceed the greater of 80% of the statewide median family income or 80% of the median family income for that metropolitan area;

(iv) where at least 20% of the households receive assistance through the Supplemental Nutrition Assistance Program; or

(v) where the population has a high level of vulnerability according to the Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Social Vulnerability Index; or

(7) has participated in the business operation of a farm for at least three years and currently provides the majority of the day-to-day physical labor and management of a farm that had gross farm sales of at least \$5,000 but not more than \$100,000 in the previous year.

The office has prioritized engaging with advocacy groups and engaging communities to inform the work to build programs, including the CanGrow and CanRenew grant programs, to reflect the lived experiences of those affected by cannabis prohibition. The office has conducted public listening sessions and community-hosted listening sessions and have gained critical feedback, allowing residents in disproportionately impacted communities to inform development priorities.

To further these goals, the office has also advanced several legislative and policy initiatives that work to build a licensing framework to foster opportunity for all interested business owners, including those identified as social equity applicants, based on learnings from other states. The office recommended and the Minnesota Legislature passed changes to the licensing framework in 2024, including creating a distinct classification for social equity licenses, removing the requirement to secure a property at time of initial application to reduce financial barriers and protect all applicants from risk, and adding ownership disclosure requirements and application limits to foster a market that is accessible and fair for all.

### **Stability: Supporting Communities and Businesses for Long-Term Success**

The office recognizes that creating an equitable industry requires more than opportunities to enter the market – it requires sustained support for long-term success. Stability is the foundation for communities and businesses of all shapes and sizes to thrive in Minnesota’s legal cannabis industry.

To this end, the office has implemented several measures passed by the legislature to support equitable licensing and ownership opportunities. True party of interest (TPI) regulations require the disclosure of individuals with financial or operational control in cannabis businesses, seeking to prevent predatory practices while maintaining transparency. These regulations limit the number of licenses or applications that a single TPI may hold, ensuring fair participation and market access. These are of significant concern based on learnings from other states, where there is the presence of gaming and predatory practices in efforts to gain unfair advantages in licensing.

The office also provides robust technical assistance to help applicants navigate licensing processes, understand regulatory requirements, and build operational capacity. Upon request and in future cycles, these resources will be made available in multiple languages to ensure accessibility for all communities. The office manages two grant programs, CanGrow and CanRenew, to offer targeted grants and loans to support farmers and community organizations, empowering them to succeed in the legal cannabis industry while investing in economic revitalization and youth development in eligible communities.

The office also focuses on preparing communities and businesses for success through its Continuum of Readiness framework. This approach addresses both regulatory knowledge and operational capacity, equipping social equity applicants with the tools they need to thrive in a regulated market.

In addition to the office, sister agencies are also implementing programs that also address the lasting impacts of cannabis prohibition. The Bureau of Criminal Apprehension is automating the expungement of eligible cannabis-related records. Felony-level cases are being reviewed by the Cannabis Expungement Board coordinated by the Department of Corrections. For more information on the expungement process, please visit the Bureau of Criminal Apprehension's [website](#) and the Cannabis Expungement Board's [website](#).

### **Safety: Ensuring Compliance, Public Health, and Accountability**

Safety is paramount to Minnesota's cannabis industry. The office's compliance and enforcement strategies prioritize education, transparency, and fairness. An ombudsperson, housed in the Division of Social Equity as mandated by Minnesota Statutes Chapter 342, serves as a key liaison between the community and the office, managing complaints and ensuring that concerns are addressed promptly and without bias. An education-first approach to enforcement emphasizes support and guidance for new licensees, particularly those from disproportionately impacted communities.

The office is committed to coordinating with other state agencies, local partners, and other organizations to ensure the safety and well-being of Minnesotans. The office has prioritized the development of stringent product testing standards and creating a recall system to be prepared for the market launch and ensure these processes are in place to protect consumers. Additionally, the cannabis legalization legislation also included funding for the Minnesota Department of Health to implement important public education and prevention work regarding the use of cannabis and potential risks. The office coordinates with the department to amplify this information.

The office uses data and evaluation to measure progress and refine its policies. Once the market is launched and application and licensing processes continue, metrics such as application success rates, compliance outcomes, and grant impacts will be able to provide insights into the effectiveness of programs and initiatives. Public health data, including adverse events and trends in youth cannabis use, informs ongoing education and safety efforts. These data-driven approaches help ensure that the industry remains accountable to the principles of equity and safety.

### **Section 5.2: Social Equity and Community Impact Data**

As the market has not yet launched, comprehensive information on social equity and community impact is not yet available. The office remains committed to tracking and reporting these outcomes as implementation continues and more information becomes available.

The office will continue to monitor and report on the outcomes of its programs, including the distribution of grants and loans, the diversity of license holders, and the impact of investments in disproportionately impacted communities. The office remains dedicated to transparency and accountability, publishing regular reports on its progress and sharing the stories of individuals and communities transformed by this work.

## Section 6: Diversity in the Cannabis Industry

This section focuses on the current state of available data on the status of racial and geographic diversity, as required by statute, in the cannabis industry and outlines the limitations and future opportunities for comprehensive analysis. Currently, there are no cannabis business licensees in the state – this is anticipated to occur in 2025, so the data about the adult-use industry are limited to the rollout of the application process. For the medical cannabis program and the hemp-derived cannabis industry, available data include geographic mapping of hemp-derived retailer businesses, medical cannabis retail locations, and registered medical cannabis patients. These datasets provide insight into the regional distribution of participants in the existing two programs but do not yet reflect the broader geographic or racial diversity of the industry.

### Adult-Use Cannabis Industry Data

The office received more than 1,800 applications for license preapproval from verified social equity applicants (SEAs) during the social equity application phase that closed in August 2024. Applicants are able to qualify under the definitions provided in Minnesota Statutes, section 342.17. An applicant may qualify in more than one criterion, but this information is not collected, so any dataset collected from tracking criteria categories may not be complete. Additionally, an applicant’s demographic data other than residency was not necessary during this review process and therefore was not collected upon initial application. The office remains committed to balancing the statutory requirements and collection of industry data as the market launches.

### Hemp-Derived Industry Data

State law requires that any business that sells hemp-derived cannabinoid products directly to consumers register with the office before selling any of these products. This includes establishments that sell THC beverages as well as out-of-state businesses that sell online to Minnesota customers. There is substantial geographic diversity in Minnesota’s hemp-derived cannabinoid product industry as these businesses are located in dozens of counties across Minnesota. An interactive map of businesses that have registered with the office, including those that sell products in person or online (including out-of-state businesses) and manufacturers/wholesalers that have voluntarily registered can be found on OCM’s [website](#).

Other demographic data are not collected from these registered businesses, so this is the only dataset available at this time. The office is prepared to collect and report data regarding hemp-derived business applicants and licensees once the registration system transitions to the licensing framework in 2025.

### Medical Cannabis Program Data

In July 2024, the Office of Medical Cannabis was transitioned to the Office of Cannabis Management. The medical cannabis program collects and maintains multiple datasets, including where registered patients in Minnesota reside. As of June 30, 2024, all Minnesota counties are represented in the program, with 53% of all enrolled patients living in the seven-county Twin Cities metropolitan area. For more information about the data available regarding patients and the program, please visit the office’s [Minnesota Medical Cannabis Dashboard](#).



There are two manufacturers serving the medical cannabis program in Minnesota and they operate a total of 16 medical cannabis retail locations in the state, two in each congressional district as outlined in state law. For more information about the location of the medical cannabis retail locations currently operating, please visit the office's online [interactive map](#).

### **Future Reporting Goals**

As the adult-use market matures and annual renewal reporting becomes standard, the state will begin to capture diversity metrics more effectively. Future data collection will include:

- Demographics of ownership, management, and workforce.
- Data on contracted services, including vendor diversity.
- Geographic and economic impact of licensed businesses.

### **Challenges and Opportunities**

The absence of demographic questions in the initial licensing process underscores the state's commitment to impartiality. However, this approach limits the immediate availability of diversity data. As businesses finalize their operations and reporting protocols, the office will establish baseline metrics to evaluate progress toward an inclusive and representative industry.

### **Conclusion**

While current data provide a foundational understanding of geographic representation in the hemp and medical cannabis sectors, the forthcoming inclusion of adult-use businesses will offer a more comprehensive view of industry diversity. Through annual reporting and the continued evolution of regulatory processes, Minnesota aims to support and track diversity within its cannabis and hemp industries, aligning with the broader goal of fostering equity and inclusion statewide.

# Section 7: Legislative Recommendations

During the 2024 legislative session, the office identified opportunities to build upon the structure of Minnesota’s cannabis law and advanced a series of proposals. The final bill included many of the office’s policy and budget recommendations as well as priorities from the Minnesota Legislature. The changes included provisions to establish recall authority for the office to protect consumer safety, enhance protections for medical patients, and remove the requirement for license applicants to secure property at the time of application to address the significant financial burden and risk posed to applicants by this type of requirement. To review a complete summary of the office’s legislative recommendations and changes from the 2024 legislative session, please visit the OCM’s [website](#).

As necessary in the early phases of implementation work, the office has continued to identify areas to refine to continue building consistency and clarity throughout the law. The office continues to be committed to partnering with the Minnesota Legislature, local and Tribal governments, state agencies, industry and program participants, and impacted stakeholders to identify and advance areas for legislative change to support an effective implementation. This section provides a summary of the office’s policy recommendations that were developed to enhance the office’s ongoing work to stand up a safe, equitable, and well-regulated adult-use cannabis industry in Minnesota, while also continuing the management of the hemp-derived and medical cannabis programs.

## 7.1: Technical Housekeeping to Build Consistency and Clarity

The office recommends a series of technical fixes that build consistency and clarity throughout Minnesota Statutes Chapters 342 and 152. During the previous legislative session, the office identified potential risks to continuity in the medical program and accelerated the transition of the medical program from the Department of Health to the Office of Cannabis Management in order to ensure a more streamlined transition as the new licensing framework is instituted. As part of this work to build continuity, the office recommends several provisions to build consistency between the statute governing the medical program currently and the sections governing the medical program in the future. Additionally, the office recommends several provisions to ensure various sections of the statute align in order to implement and regulate effectively and as intended by the Legislature.

## 7.2: Tribal Relations

In order to provide consistency to the state’s relationships with the 11 Tribes who share geography with Minnesota, the office recommends that Minnesota Statutes, section 10.65, be amended to include the Office of Cannabis Management in the definition of “Agency”, allowing the office to have timely and meaningful consultation and engagement in the development of policy on matters with Tribal implications.

### 7.3: Clarify Hemp Business Regulations

In preparation for the transition of the current hemp-derived program to the licensing framework established in Minnesota Statutes Chapter 342, the office has identified several areas to build consistency and clarity in the implementation of the state's regulations. There is a current inconsistency between the requirements of the hemp-derived edible manufacturer license type and the hemp derived retailer license type in statute, and the office recommends changes to ensure both license types are adhering to building fire codes and local laws, consistent with cannabis businesses as well.

The office also recommends changes to remove inconsistencies in the labeling requirements of hemp-derived products and help create consistency in the way information is provided to customers, regardless of product type. Finally, the office also recommends clarifications to the requirements for non-intoxicating hemp-derived cannabinoid products based on information learned from the regulation of various products.

These changes are recommended to allow the office to regulate the hemp-derived industry with more clarity and consistency.

### 7.4 Licensing Process

Minnesota Statutes, section 342.14, outlines the requirements an applicant must provide for a cannabis business license application as well as the order of operations the office must follow during the application and licensing process. The office recommends changes to this section to reduce redundancy in the listed requirements and to ensure clarity in the provisions that are required versus those that may be perceived as optional. A clear application process is paramount to the office's goals to establish a fair and equitable licensing process, and these recommendations allow for greater clarity.

### 7.5 Medical

The office proposes several adjustments to the medical cannabis program to further build continuity during the transition from the current program to the licensing framework. The office's recommendations include to:

- Clarify an employee's role in distributing medical cannabis to align Minnesota Statutes, section 342.51, with the current requirements under Minnesota Statutes, section 152.29, which will allow for more cannabis businesses and patients to participate in the medical program's remote option for consultation, particularly in rural areas.
- Strengthen protections for medical cannabis patients, preventing discrimination for medical cannabis patients when it comes to housing, employment, or educational opportunities among other things.
- Clarify the policy that registered designated caregivers may be designated by their patient to grow cannabis plants on their behalf to build consistency throughout the statute.
- Maintain the current program's medical tribal reciprocity for tribal medical patients to purchase medical products off tribal lands, building consistency with existing statute.

# Section 8: Adverse Effects of Secondhand Smoke

Secondhand smoke refers to the smoke or vapor that is either exhaled by a cannabis user or the burning end of a cannabis product. This section provides information gathered by the office regarding known research into this issue. This section also provides additional resources developed to educate and raise awareness.

Minnesota Department of Health maintains a webpage ([Cannabis and Your Health - MN Dept. of Health](#)) specifically regarding the health-related impacts and information related to cannabis. The office works in partnership with the Department of Health to amplify this information for Minnesotans and remains committed to collecting and reporting information regarding the adverse effects of secondhand smoke in future reports following market launch.

## Section 8.1: Summary of Research and Available Information

### Adverse Health Effects

- Secondhand cannabis smoke exposure has been associated with:
  - Impacts on the cardiovascular and respiratory systems. <sup>1,2,11</sup>
  - Cognitive and psychoactive effects such as feeling “tired” or “high.” <sup>3,4</sup>
- Preclinical studies show secondhand smoke exposure can cause issues with vascular dilation that lead complications such as acute coronary syndrome or stroke. <sup>2,11</sup>
- Particulate matter in cannabis smoke is associated with diminished lung function and higher mortality due to lung cancer and heart disease. <sup>1</sup>
- Cannabis smoke has been found to contain the same cancer-causing compounds as that of tobacco smoke. <sup>2</sup>
- Limited research suggests that many adverse health effects may be due to the smoke itself regardless of THC content.

### Cannabis Vape Smoke and Secondhand Exposure

There is little known about adverse health effects due to exposure to secondhand cannabis vapor.

- Individuals who vape or smoke cannabis regularly have a higher chance of irritation and inflammation of lung lining tissue. <sup>9,10</sup>
- Overall, studies indicate cardiovascular and respiratory effects of secondhand exposure to cannabis vapes to that of other cannabis products and vapes containing nicotine.

### Ventilation and Exposure

- The intensity of the adverse health effects of secondhand cannabis smoke depends on ventilation in the location of exposure. <sup>4,6</sup>
- Cognitive and psychoactive effects can be seen in both ventilated and *unventilated spaces*. <sup>4,6</sup>
- Children living in homes with indoor cannabis smoking have been seen to have higher odds of adverse health outcomes than those with no indoor smoking at home. <sup>5</sup>

- Examples of health outcomes include coughing or difficulty breathing, diagnosis of an ear infection, bronchitis, asthma, or skin conditions. These adverse outcomes could be attributed to higher indoor air pollution from smoke in the home. <sup>4,5</sup>

More research is needed on the effects of long-term secondhand cannabis smoke exposure.

### **Ways to minimize cannabis smoke exposure**

- The best way to reduce secondhand cannabis smoke exposure is to avoid areas where individuals are smoking.
- When spending time with individuals who are smoking, avoid areas with poor ventilation. Instead, spending time in well-ventilated areas or outdoors reduces the risk of adverse health outcomes.

### **Minnesota Clean Indoor Air Act**

The Minnesota Clean Indoor Air Act prohibits the use or possession of cannabis in:

- Public school or school buses
- State correctional facilities
- Anywhere that the smoke aerosol or vapor could be inhaled by a minor (under 21)
- Federal property (airports, courthouses, national parks)

For more information about the Minnesota Clean Indoor Air Act, please visit the Minnesota Department of Health's [website](#).

## Section 8.2: Citations, Supplemental Journal Articles, and Supporting Materials from Other States

### **Physical, Behavioral and Psychological Effects of Secondhand Cannabis Smoke**

1. [Association between secondhand marijuana smoke and respiratory infections in children - PubMed](#). Summary: This study looks at the potential relationship between secondhand cannabis smoke exposure and respiratory complications, emergency department or urgent care visits in children under 11 years old. Children with caregivers that report smoking cannabis had an increased rate of viral respiratory infections but there was no difference in emergency department or urgent care visits.
2. [Cannabis Associated “High” Cardiovascular Morbidity and Mortality: Marijuana Smoke Like Tobacco Smoke? A Déjà vu/ Deja Vecu Story?](#). Summary: This article looks at the effects of cannabis use and compared it to known effects of tobacco use. A potential association between secondhand cannabis exposure and acute coronary syndrome, cardiac arrhythmia, and ischemic stroke was found.
3. [Health Effects of exposure to second-and third- hand marijuana smoke: a systematic review](#). Summary: The intensity of secondhand cannabis smoke on nonsmoking individuals depends on several factors such as amount of smoke, ventilation, number of cannabis products lit, and the number of cannabis smokers present. Cannabinoids can be found in bodily fluids such as blood or urine due to secondhand cannabis smoke. More research is needed to determine if long term secondhand or third hand exposure (via residue that sticks to surfaces or fabrics after smoke clears) leads to any effects.

## Impact of ventilation on secondhand cannabis smoke side effects

4. [Non-Smoker Exposure to Secondhand Cannabis Smoke II: Effect of Room Ventilation on the Physiological, Subjective, and Behavioral/Cognitive Effects.](#) Summary: THC can be detected in the blood of nonsmokers that are exposed to secondhand cannabis smoke regardless of the ventilation in the room. Along with this, nonsmokers can experience cognitive effects such as feeling “tired,” “hungry,” “less alert,” or a “drug effect” regardless of ventilation in the location of exposure.
5. [Indoor cannabis smoke and children's health.](#) Summary: Homes with indoor cannabis smoking behaviors show higher indoor air pollution than those without. Children living in homes with indoor cannabis smoking had higher odds of adverse respiratory health outcomes such as asthma, bronchitis, and coughing or difficulty breathing. Limited research suggests that health effects may be due to the smoke itself regardless of THC content.
6. [Occupational Exposure to Secondhand Cannabis Smoke Among Law Enforcement Officers Providing Security at Outdoor Concert Events.](#) Summary: This study examined law enforcement officers working at a concert held at an open-air venue. Secondhand cannabis smoke exposure in open-air venues can result in low levels of THC detected in urine and blood samples.

## Other Citations

7. Moir D, Rickert WS, Levasseur G, et al. A comparison of mainstream and side stream cannabis and tobacco cigarette smoke produced under two machine smoking condition *Chemical Research in Toxicology*. 2008;21(2):494-502
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9. Nguyen PK, Hammond SK. Fine Particulate Matter Exposure from Secondhand Cannabis Bong Smoking. *JAMA Netw Open*. 2022;5(3): e224744. doi:10.1001/jamanetworkopen.2022.4744
10. Tashkin DP, Simmons MS, Tseng C-H. Impact of changes in regular use of cannabis and/or tobacco on chronic bronchitis. *COPD: Journal of Chronic Obstructive Pulmonary Disease*. 2012;9(4):367-374
11. Wang X, Derakhshandeh R, Liu J, et al. One minute of cannabis secondhand smoke exposure substantially impairs vascular endothelial function *Journal of the American Heart Association*. 2016;5(8): e003858.

## Public Awareness Materials from Other States

- Michigan: [Clearing the Air about Marijuana Smoke and Asthma](#)
- Maryland: [Adult Use Cannabis FAQs](#)
- New Jersey: [Safe Use and Consumption](#)

# Section 9: Recommendations for Educational and Training Funding

The focus for adult-use cannabis programs should be achieving the best outcomes for public health and safety. As such, educational and training programs should be funded and implemented to provide information to consumers on the potential dangers of cannabis, responsible cannabis consumption, and risks and laws regarding driving under the influence of cannabis. There are efforts occurring across the state to address these issues more broadly, and the office is committed to working in partnership with state agencies, local government partners, and additional organizations to further this work as the market launches and the impact of cannabis legalization is more fully understood.

## Section 9.1: Pregnancy and Breastfeeding Education

To educate individuals who are breastfeeding or pregnant, consumers should be provided with medically accurate information on the potential known risks of cannabis use during breastfeeding and pregnancy. While research is still very limited on the impact of cannabis use during pregnancy, the current guidance is that pregnant and/or breastfeeding individuals should discontinue cannabis use during pregnancy and breastfeeding. The office will continue to look to scientific research and resources created by many other states with adult-use programs such as [Illinois](#), [Maryland](#), [Maine](#), [Massachusetts](#), and others which have created public resources on the risks of cannabis use for those who are pregnant and/or breastfeeding.

To support this work, the original cannabis legislation appropriated funding to the Minnesota Department of Health (MDH) to coordinate programming to educate pregnant individuals, breastfeeding individuals, and individuals who may become pregnant on the health risks of cannabis. MDH is leading the work to implement this grant program and will be releasing a request for proposals to partner with vendors to do research, engagement, and discovery, which will inform comprehensive prevention and education campaign plans for both youth and pregnant and breastfeeding people. The aim is to identify key outreach and media strategies, which could include the development of training and educational materials, outreach to key audiences (such as healthcare providers), consumer media strategies, and more.

MDH has also implemented grants for local and Tribal health to support the development of materials on the safe use and prevention training, education, technical assistance, and community engagement regarding cannabis. At this stage, grant amounts have been announced, and grant guidance has been sent to community health boards (CHB). CHBs will be creating workplans and budgets. The grants are designed to allow MDH to collaborate with local public health to develop prevention strategies that are tailored to meet local needs. Additionally, after tribal consultation, it was determined that MDH's new Office of American Indian Health is best positioned to administer grants for tribal nations. OAIH is collaborating with subject matter experts across the health department on substance misuse prevention to provide support to Tribes to use funds in ways that best meet needs within their Tribal Nations.

As the implementation of this work is in the early stages, there will be additional information available to report in the future. The office will collaborate with the Minnesota Department of Health to ascertain funding recommendations for future years.

## Section 9.2: Training for Home Visiting and Child Welfare Workers

Considering the significant changes to the treatment of cannabis within the legal system, training for home visiting and child welfare workers is important. These individuals should be aware of cannabis safe storage and understand safe use practices in a household with children. These workers should be trained to not take punitive actions against parents merely on the presence of cannabis. Rather, they should be given a comprehensive education on cannabis and how to protect children from it. Many states have taken this approach and no longer allow for children to be taken from parents on the presence of cannabis alone.

As the implementation of cannabis adult-use legalization is in the early stages, there is still work ahead to address the impact and changes needed to best support workers in child welfare. Local governments and the associations that support their work, including the Association of Minnesota Counties and the Local Public Health Association, are key partners to address these important issues and stand ready to coordinate. The office has consulted these organizations and plans to continue the dialogue to determine how best to coordinate efforts as the market is launched and new changes are implemented. These organizations have identified the need for assistance from state partners to provide appropriate guidance to organizations and workers in child welfare. The office plans to continue to collaborate with the Minnesota Department of Health and other relevant regulatory agencies to continue these important conversations about how to support all partners involved.

## Section 9.3 Youth Education on Health Effects

To mitigate underage and harmful cannabis use, it is essential to educate youth and young adults about its risks through age-appropriate, evidence-based campaigns. Minnesota is informed on trends in high-risk behavior among adolescents and teens through the statewide student survey. Additionally, those of driving age must be informed about the dangers and legal implications of driving under the influence of cannabis. Parents should also be equipped with resources on safely storing cannabis products and advised on how to engage in age-appropriate discussions with their children about cannabis use.

To support this work, the original cannabis legalization legislation appropriated funding to the Minnesota Department of Health to coordinate programming to raise public awareness about adverse health effects of cannabis for people under age 25. MDH is leading the work to implement this grant program and is working on a request for proposals that would provide grant funding to create youth prevention coalitions across the state. This will empower communities to identify local needs and priority risk factors, build coalitions, and implement evidence-based prevention plans to address youth substance misuse.

As the implementation of this work is in the early stages, there will be additional information available to report in the future. The office is collaborating with the Minnesota Department of Health and other relevant regulatory agencies to ascertain funding recommendations for future years.

## Section 9.4: Funding for Model Programs for Students

The original cannabis law includes a requirement for the commissioner of education, in consultation with the commissioners of health and human services, local district and school health education specialists, and other qualified experts, to identify one or more model programs that may be used to educate middle school and high school students on the health effects on children and adolescents of



cannabis use and substance use. The Minnesota Department of Education (MDE) is prepared to implement this requirement and support school districts across the state in their work to begin programming in 2026. As required by statute, MDE is planning to publish a list of model programs that include written materials, resources, and training for instructors by June 1, 2025. The office plans to amplify and support the work of MDE to support school districts in the development of this important programming. While this work is currently in the early stages, the office will work with MDE to share more information and ascertain any funding recommendations in future years.

## Section 9.5: Funding for CanTrain, CanNavigate, CanStartup, and CanGrow Programs

The CanTrain, CanNavigate, CanStartup, and CanGrow programs are designed to support individuals and organizations in the cannabis industry through grants, aiding in understanding and navigating the regulatory landscape, application processes, and business operations.

To support the work to launch the CanTrain, CanNavigate, and CanStartup programs, the original cannabis legalization legislation appropriated ongoing funding for the Department of Employment and Economic Development (DEED). DEED is the leading agency responsible for the management of these three grant programs specifically. The goal of DEED's cannabis industry support programs is to promote the success of the Minnesota-based legal cannabis industry through technical assistance, loan capital, and workforce development training. As outlined in statute, these programs also have a focus on supporting social equity applicants and their communities. To launch these programs, DEED conducted an electronic survey to collect public feedback that included questions targeting possible roles in the industry. Additionally, DEED's Office of Public Engagement, Office of New Americans, Government Affairs and program leaders held listening sessions with culturally specific community leaders relative to the request for information survey. Program staff met with many cannabis industry leaders across the nation to gather insights on best practices for program implementation. The feedback was taken into consideration while developing the cannabis programs at DEED.

- **Can Navigate:** This program provides awards to eligible organizations to help individuals navigate the regulatory structure of the legal cannabis industry through a competitive grant process.
- **Can Start Up:** This program provides awards to nonprofit corporations to fund loans to new cannabis microbusinesses and to support job creation in communities where long-term residents are eligible to be social equity applicants.
- **CanTrain:** This program provides awards for organizations to train people to work in the legal cannabis industry and provides awards for eligible individuals to pursue a training program relevant to a career in the legal cannabis industry.

Lastly, CanGrow grants support organizations in guiding farmers through the legal cannabis industry's regulatory structure and offers loans to aid their entry into the industry. The office collaborates with the Minnesota Department of Agriculture (MDA) to manage the CanGrow program. To support the launch of the CanGrow program, OCM has convened targeted listening sessions with a diverse range of stakeholders and ecosystem organizations across the state of Minnesota. These sessions have been instrumental in identifying key challenges and barriers that farmers and historically marginalized communities face in accessing the legal cannabis industry. Feedback from community engagement

listening sessions has helped to identify administrative challenges in applying for grant funds, the need for a more streamlined application process and requests for more tools and resources to assist with regulatory navigation. The program has an appropriation of \$2 million in funding with 3% allocated to administrative costs in each biennium and it is anticipated this funding will support 2-200 grants ranging from \$10,000–\$50,000 for technical assistance and \$200,000–\$500,000 in revolving loans. The office aims to issue the request for proposals and open applications for grants and loans in early 2025. This work has included significant focus on ensuring the appropriate technology, systems and processes are in place to streamline support for applicants effectively, as it has been built as part of the stand up of a brand-new office and program. To learn more about the office’s development of this grant program, please review the [website](#) for an additional legislative report focused on the grant work.

The office will continue to collaborate with DEED and MDA to prepare for and launch these programs and to ascertain funding recommendations for future years.

### Section 9.6: Community Development Grants through CanRenew Program

The CanRenew program provides grants to organizations for community development in social equity communities. Programs funded under CanRenew grants may include economic development, improvement of the social determinants of health, violence prevention, youth development or civil legal review. The original cannabis legalization legislation appropriated \$1 million in fiscal year 2025 and then \$15 million per year in fiscal year 2026 to support the CanRenew program. The office's Division of Social Equity will administer the grants in accordance with the criteria outlined in statute that includes extensive outreach and engagement with community organizations, particularly those located in eligible communities. The office continues to implement the CanRenew program and has prioritized stakeholder engagement through community-hosted sessions and working with nonprofit hubs and smaller community organizations throughout the state. These sessions have helped to identify what the community views as necessary investments to address systemic barriers in communities where long-term residents are eligible to be social equity applicants. These sessions have emphasized the importance of funding initiatives that address homelessness and housing stability, violence prevention, youth engagement and economic recovery. It is anticipated that the CanRenew grant will support 5-20 grants ranging from \$50,000-\$200,000 to eligible organizations. Similar to the CanGrow program, the office aims to issue the request for proposals and open applications for grants and loans in early 2025. This work has included significant focus on ensuring the appropriate technology, systems and processes are in place to streamline support for applicants effectively, as it has been built as part of the stand up of a brand-new office and program. To learn more about the office’s development of this grant program, please review OCM’s [website](#) for an additional legislative report focused on the grant work.

The office will continue to provide information as implementation of the grant program continues and will utilize the forthcoming information to help ascertain funding recommendations for future years.

### Section 9.7: Law Enforcement Training

As all partners, including law enforcement, work together to implement the new cannabis legalization legislation, trainings for law enforcement are crucial to ensure that officers are well-equipped to manage traffic stops, driving-under-the-influence-of-cannabis (DUIC) incidents, searches, and seizures under the new cannabis laws. Additionally, trainings can familiarize officers with effective drug

recognition skills, possession limits, usage regulations, and the cultural uses of sage and distinctions between use of sage and use of cannabis. The goal is to enforce cannabis laws effectively and equitably.

To support training work, the legislation appropriated \$10 million in fiscal year 2024 and \$5 million in fiscal year 2025 to the Department of Public Safety's Office of Traffic Safety. Since July 2023, the Department of Safety reports 85 drug-recognition experts and 16 drug-recognition expert instructors have been trained.

As the implementation of the new law is still in the early stages, there is still information to learn about the full impact of the new changes and what needs different partners, including law enforcement, may have to do their jobs effectively. The office has begun dialogue with the Minnesota Chiefs of Police, the Minnesota Sheriff's Association, and the County Attorneys Association to determine how best to coordinate efforts as the market is launched. These organizations have identified their recommendation to ensure that in the event of any new training requirements, there are funds to match to support implementation. The office has also begun dialogue with the Minnesota POST Board to coordinate any necessary sharing of information as the market is launched and changes are implemented. This organization has not identified any new needs and stands ready to review any trainings opportunities as they arise.

The office plans to collaborate with the Department of Public Safety and these organizations as the market is launched to continue these important conversations about how to support all partners involved in the legalization of cannabis with the current framework already in place to support training opportunities.

### Section 9.8: Drug Detection Canines

A program may help police departments transition from drug detection canines that have been trained on detecting cannabis to dogs trained in other vital public safety areas, like explosives and electronics detection. The office will work with relevant regulatory bodies and local law enforcement agencies to determine if there are any needs specific to this initiative.

### Section 9.9: Social Service Agency Support

Funding is essential for the Departments of Human Services and Health and county-level social service agencies to support programs that bolster public health. This financial support is crucial for providing these agencies with resources for cannabis use disorder (CUD) and substance use disorder (SUD). The original cannabis legalization appropriated funding to support a substance use treatment, recovery, and prevention grant account. This grant program was determined to be most effectively managed by MDH. MDH has continued to implement this new funding in addition to the additional grant programs related to public health. The office will continue to work with MDH and other relevant agencies to assess any new needs to support public health and safety as implementation continues.

# Conclusion

The office continues the robust work to design, implement, and launch a regulatory system to support an adult-use cannabis market in Minnesota, while also managing the existing medical cannabis program and extensive hemp-derived cannabinoid product market.

While the adult-use cannabis market is not yet in the retail phase of this process at the time of the report, there has been significant progress towards this goal since the passage of the original legislation and the office is prepared to issue cannabis business licenses in the coming months. The office remains committed to launching a program that protects public health and safety, promotes equitable economic opportunity, and ensures a safe and accessible adult-use cannabis market. Furthermore, the office also recognizes the importance of data as a critical factor in the office's ability to effectively regulate cannabis and is committed to expanding data collection and analysis. While there is not yet comprehensive data regarding the program's outcomes, impact on public health and safety, social equity, and industry diversity, the office expects this ongoing data collection will inform future reports to the legislature and the public in future years. As the work progresses, the office will continue to consult with relevant agencies, policymakers, associations, Tribal nations, leagues, and other key groups to determine the necessary funding or policy provisions for implementing the initiatives outlined in this report.