

Final Report: Cannabis Market Size and Growth Study

1/15/2025

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Executive Summary

This report details the findings of a project commissioned by the Minnesota Office of Cannabis Management aimed to better understand the current state of cannabis consumers and cannabis demand in Minnesota as required under Minnesota Statutes, section 342.04 (a).

This report was initially prepared in 2024 and has been updated for 2025 to reflect amendments to Chapter 342 enacted during the 2024 legislative session.

A large population sample of Minnesota residents who use cannabis was surveyed in 2023, and comparisons were made relative to other states with similar populations and cannabis consumption regulations. Below are the key findings of this study:

- The percentage of survey participants residing in each county matched the percentage of actual Minnesota residents in each county with 99% accuracy, providing strong support for the validity of findings.
- Participants reported obtaining an average of 24.8 grams of cannabis within the past month, which is slightly higher than the national average and proximate Midwest states with adult-use laws such as Michigan and Missouri, suggesting a robust market for cannabis-related businesses.
- 83% of qualified participants (i.e., past-year cannabis consumers) consumed cannabis at least once a month and 40% consumed cannabis daily or almost daily.
- Overall cannabis consumption patterns among participants in this sample matched that of a national sample of past-year cannabis consumers, with nearly equivalent consumption of flower (11 days), edible (7 days), vape (8 days), and concentrate (5 days) cannabis products.
- 25% percent of the sample reported cultivating cannabis at home, with an average of two cannabis plants grown at a time.
- More than 50% of the sample reported using at least one alternative cannabinoid (e.g., CBD, delta-8 THC, delta-10 THC) within the past month, and 68% indicated use of these alternatives in the past.
- Participants reported obtaining a majority of their cannabis from a dealer (17.6%), friends and family (16.6%), or an adult-use dispensary (lower-potency hemp edible retailers) (16.1%).

Section 1. Research Limitations

The following study is part of a national research project, wherein all U.S. states are issued the same survey questionnaire and the same proprietary survey logic to assess cannabis demand from a variety of common sources. Provided that Minnesota is the only state in the country with widely available hemp-derived delta-9 tetrahydrocannabinol (THC-9) products at registered retailers, the specific source of “lower-potency hemp edible retailers” is *not* listed for survey respondents to record their volume of grams obtained at this source, nor frequency of visiting this source. As a result, this study does not assess consumer behavior related to accessing lower-potency hemp edible THC-9 products, nor the demand (grams) for lower-potency hemp edible THC-9 products through these specific retailers. Additional research is required to thoroughly understand Minnesota consumers’ demand for THC-9 that accounts for lower-potency hemp edible retailers as a core source. However, the study does provide value in contextualizing total demand, consumer behavior and preferences, and use patterns across all sources of THC-9 products.

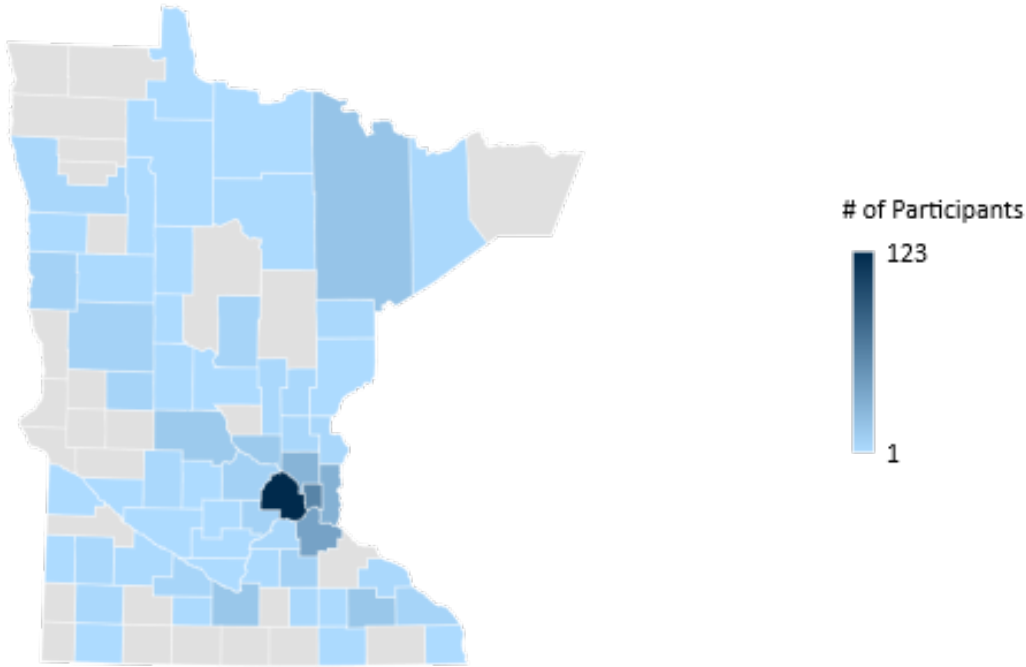
Original cannabis demand research provided in the current report was conducted by Cannabis Public Policy Consulting, LLC.

Section 2. Research Design

This report uses data collected from the June 2023 and September 2023 [Regulatory Determinants of Cannabis Outcomes Survey \(RDCOS\)](#). The RDCOS is a comprehensive tool for gathering state-specific data on cannabis-related outcomes and is administered on a quarterly basis to ensure the most up-to-date data. In total, data from 494 participants who reside in Minnesota and completed the full survey were included in this sample. All participants were past-year cannabis consumers. Figure 1 shows the geographic distributions of participants by county. The percentage of survey participants from each county almost perfectly correlates with the percentage of actual Minnesota residents in each county ($r = 0.99$), suggesting that the recruitment of Minnesota residents is geographically consistent with actual county populations in the state.

Key demographic characteristics of the general Minnesota population can be found on the [U.S. Census Bureau’s website](#). Most of the respondents in this survey were white (64.4%) and slightly more than half were female (53.0%). Several minority groups were oversampled compared to the general Minnesota population, including those who indicated that they are Black or African American, American Indian, Native American, or Alaska Native, and Multi-Race. The median age of this sample was 26 years, which is younger than that of the Minnesota population. Thirteen percent indicated that they have served in the U.S. Armed Forces, Military Reserves, or National Guard. Nearly 42% were Hispanic or Latino. Deviations from Minnesota population demographics lend strength to the study findings as the deviated variables correlate with cannabis consumption, the primary population of interest necessary for quantifying demand.

Figure 1. Geographic Distribution of Survey Respondents*.



*See Appendix A for a table listing out the number and percentage of respondents by county.

Section 3. Cannabis Consumption Patterns in Minnesota

3.1. Cannabis Use and Prevalence

To qualify for participation in this study, respondents must indicate that they have consumed cannabis within the past year. 83% of qualified participants consumed cannabis at least monthly, and 40% consumed cannabis daily or almost daily. Of the total sample, 40% indicated that they are a current medical cannabis patient. However, this figure is likely not representative of an absolute prevalence of past-month cannabis consumption among past-year consumers in the state, nor of medical cannabis participants in the broader cannabis consuming population. Rather, the RDCOS was successful in oversampling for frequent consumers, lending confidence in quantifying total demand.

Figure 2. Cannabis Use Frequency Among Respondents.

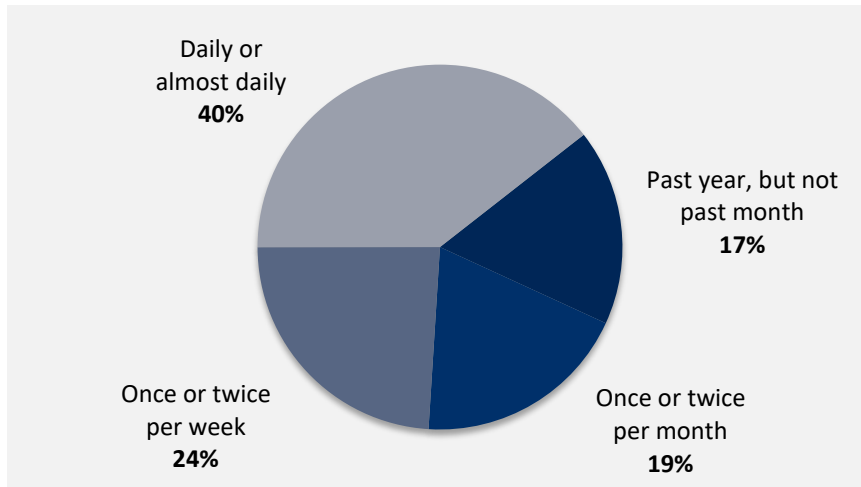


Table 1 summarizes findings from those who reported consuming cannabis products at least one day within the past month. When examining cannabis use patterns among individuals in other U.S. states with similar medical and adult-use cannabis regulations, the data from this sample were nearly parallel to the national data. Individuals in this sample consumed flower and concentrate products slightly less often (11 days versus 12 days and five days versus six days, respectively). The average cannabis potency participants reported consuming within the past month was 28% THC.

Table 1. Consumption Patterns (Days in The Last Month) Comparing Minnesota to National Data.

Data Source	Flower	Edibles	Vape	Concentrates
Minnesota	11 days	7 days	8 days	5 days
National Data	12 days	7 days	8 days	6 days

Twenty-five percent of the sample reported cultivating cannabis at home. Of these respondents, the average number of cannabis plants participants reported obtaining was two plants. When comparing these data to a national sample of respondents from states with similar adult-use regulations, 24.7% report cultivating cannabis at home and obtaining an average of 1.2 cannabis plants at any given time, very similar to findings from this sample of Minnesota residents.

3.2. Alternative Cannabinoid Consumption

The frequency of various alternative-cannabinoid product consumption is listed in Table 2 below. While many of the cannabinoids listed are often found in regulated cannabis products, participants were asked to report their use of products that contained a majority of cannabinoids *other than* delta-9 THC. These alternative cannabinoid products are typically sold in convenience stores, online, and in tobacco shops. The catalog of alternative cannabinoids is extensive and continuously evolving; although Table 2 is not an exhaustive list, it represents the most commonly used products in recent surveys. Important to note is that CBD is not known to produce intoxicating effects, and others (e.g., CBN) are considered “mild intoxicants.” More than 68% of those surveyed indicated use of these alternative cannabinoids in the

past, and 56% have consumed these products in the past month. These data are similar, albeit slightly higher, when compared to other states from the national sample. For example, when compared to all states with adult use regulations sampled in the September 2023 RDCOS, 50.3% of respondents reported using an alternative cannabinoid within the past month. Specifically, 47.7% of those in New Mexico, 46% of those in Missouri, 49.5% in Illinois, 46.6% in Massachusetts, and 50.4% in Washington consumed an alternative cannabinoid within the past month. It is important to note that this survey provides preliminary data on the topic of alternative cannabinoids and future surveys are warranted to accurately capture the state and demand for this market.

Minnesota law allows for the sale of hemp-derived cannabinoid products containing hemp-derived THC and certain alternative cannabinoids. These hemp products can contain no more than five mg of hemp-derived delta-9 THC or delta-8 THC, 25 mg of CBD, and 25 mg of CBG per serving. Lower-potency hemp edibles, which are intended to be eaten or consumed as a beverage, can only be sold to adults 21 years and older. Lower-potency hemp beverages can contain up to 10 mg of THC per container (two servings), and edibles may contain up to 50 mg of THC per package (10 servings). Lower-potency hemp edibles, unlike in other states without a regulated intoxicating hemp program, can be legally sold in a variety of non-dispensary businesses, such as grocery stores, bars, liquor stores, and restaurants with a valid registration from the Office of Cannabis Management. As of December 2024, there are 4,308 businesses registered with the Office of Cannabis Management to sell hemp-derived cannabinoid products.

Table 2. Frequency of Alternative Cannabinoid Consumption Among Respondents.

Alternative cannabinoid product	I used this in the past month	I used this before, but not in the past month	I've never used this	I don't know if I've ever used this
Delta-8 THC	32%	33%	20%	15%
Delta-8 THCO	12%	22%	35%	31%
Delta-10 THC	16%	25%	35%	24%
THCP	13%	16%	37%	34%
THCV	10%	15%	38%	37%
CBD	31%	40%	15%	15%
CBN	10%	15%	37%	38%
HHC	13%	13%	37%	36%

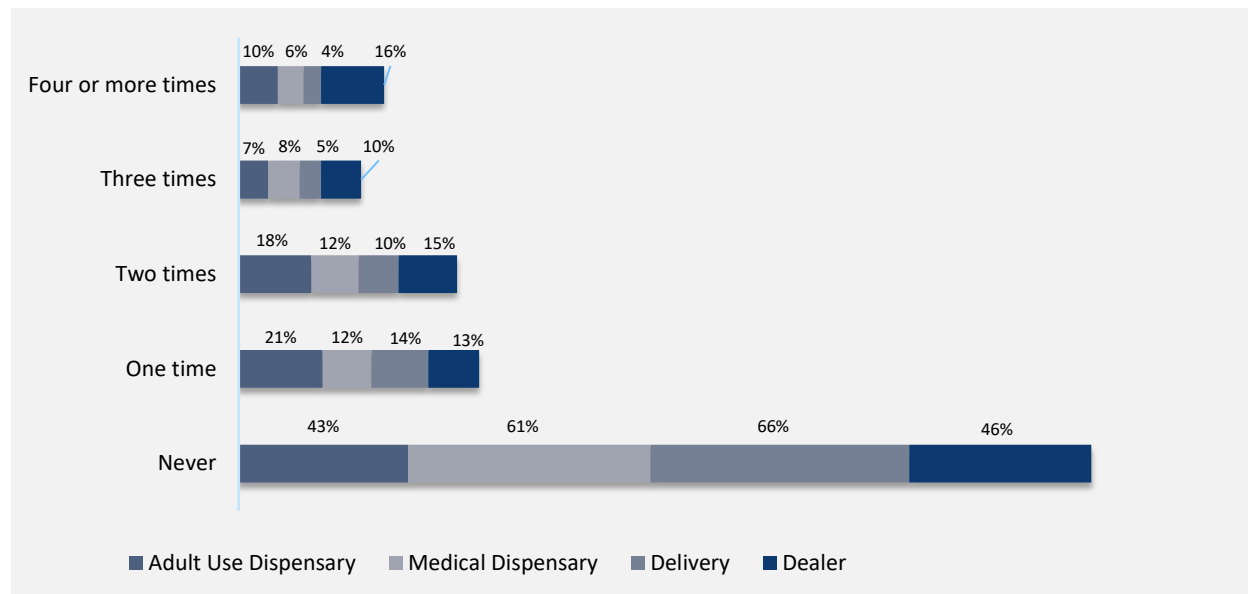
3.3. Legal and Illicit Cannabis Obtainment

Participants were prompted to report the number of grams of cannabis they obtained within the past month from a variety of sources (legal and illicit). Since the numerical response options presented to participants slightly differed between the June RDCOS (in which numerical response options were presented in a categorial manner) and September RDCOS (in which numerical response options were presented in a continuous manner), the data were weighted proportionally across the two recruitment samples to provide more accurate estimations of cannabis demand. Across the total sample, participants reported obtaining 24.77 grams of cannabis within the past month across all sources. This is

slightly higher than the national average, as well as proximate Midwest states with adult use laws like Michigan and Missouri, suggesting a promising market for cannabis-related businesses.

Of those who reported obtaining any amount (>0 grams) of cannabis within the past month, the most frequently reported sources individuals obtained cannabis were from friends and family (67.6%), an adult use dispensary (61.3%) (what is assumed to be viewed as hemp-derived cannabinoid product retailers by respondents, as Tribally owned dispensaries were not yet operational at the time of data collection), a dealer (53.4%), and a medical dispensary (42.7%). Participants were most likely to report going to a dealer more than once within the past month compared to the reported frequency of visiting other sources. Of those visiting a dealer to purchase cannabis within the past month, 41% reported going two or more times, compared to 35% for those visiting an adult-use dispensary, and 26% for those visiting a medical dispensary. Please refer to Figure 3 for more detailed information.

Figure 3. Number of Times Visiting Each Source to Purchase Cannabis Per Month.



In terms of the number of grams obtained within the past month, participants indicated that they obtained an average of 4.4 grams (17.6%) from a dealer, 4.1 grams (16.6%) from friends and family, 4.0 grams (16.1%) from an adult use dispensary (assumed as lower-potency hemp edible retailers), and 2.8 grams (11.3%) from a medical dispensary within the past month. Table 3 includes a more detailed breakdown of these data. Excluding cannabis purchased from a dealer, it can be conservatively estimated that all grams obtained within the past month were obtained in a legal manner. It is important to note that among respondents who indicated that they were not medical patients, there were reports of obtaining cannabis from a medical dispensary, a caregiver, and a delivery service. Based on findings from other states when adult-use becomes legal and gifting laws are established, these responses may indicate it is possible that individuals may be obtaining regulated cannabis in an illicit manner. However, medical manufacturers are authorized to and do sell hemp-derived cannabinoid products to non-medical patients, which could be reflected in these responses. Additionally, delivery services are not allowed in the medical program, so that portion of the response may not indicate respondents are obtaining regulated medical cannabis in an illicit manner, but instead from other illicit

sources. Additional data would be necessary to establish definitive findings on the prevalence of illicit medical cannabis obtainment and illicit delivery sources, and as such, preliminary data points should not be misconstrued as anything other than information. OCM will continue to monitor this particular data point to gain a better understanding of the risks of diversion into the illicit market and to inform strategies to mitigate such risks.

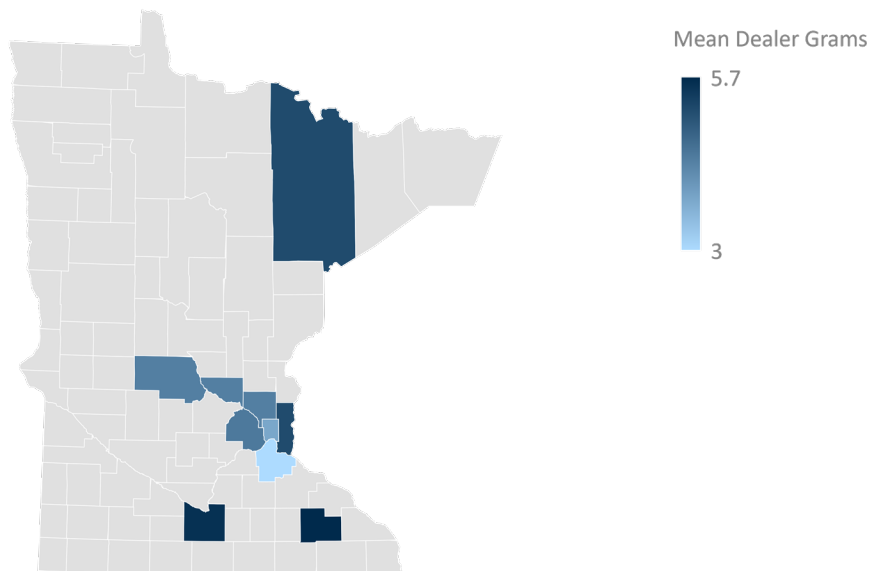
Importantly, these data suggest an overall high prevalence of Minnesota residents obtaining cannabis from a dealer which stands to reason as legal adult use sources are not fully available. For instance, the highest proportion of cannabis obtained by participants was from a dealer (17.6%) and participants reported the highest likelihood of visiting a dealer more than once a month to purchase cannabis compared to other source types. Those in Olmsted County (5.7 grams), Blue Earth County (5.6 grams), Washington County (5.2 grams), St. Louis County (5.2 grams), Hennepin County (4.5 grams), and Sherburne County (4.4 grams) reported the highest average number of grams obtained via a dealer source in the past month (only counties with 10 or more respondents were included in this analysis). These counties may especially benefit from the presence of adult use retail stores.

Table 3. Average Number of Grams and Proportion of Grams Obtained Per Source Within the Past Month.

Source	Grams	% of Total Grams
Dealer	4.354	17.6%
Given for free or purchased from friends or family	4.106	16.6%
Adult Use Dispensary*	3.967	16.1%
Medical Dispensary	2.809	11.3%
Caregiver	2.739	11.1%
Delivery	2.518	10.2%
Home-grow	2.259	9.1%
Other	2.008	8.1%
Total Grams	24.769	100%

*Assumed lower-potency hemp edible retailers, as tribally owned dispensaries were not yet operational at the time of data collection.

Figure 4. Counties with the Highest Average Number of Grams Obtained from a Dealer Source Within the Past Month.



3.4. Access and Transportation to Purchase Cannabis

Respondents indicated that they travel an average of 18 minutes each way to purchase cannabis, similar to findings from the national sample. Those in Olmsted County reported the lowest proximity to travel, at approximately 10 minutes each way to purchase cannabis, whereas those in Stearns County reported the longest proximity to purchase cannabis, at approximately 25 minutes each way (only counties with 10 or more respondents were included in this analysis). When prompted with a question inquiring about whether they have traveled to a different state or jurisdiction within the past month to purchase cannabis, nearly 12% of respondents reported that they have traveled to a different state outside of Minnesota to purchase cannabis. Among our national sample of individuals who reported traveling to a different state to purchase cannabis and did not reside in Minnesota (n = 4830), 4.8% (23 respondents) reported traveling to Minnesota within the past month to purchase cannabis. Most of these individuals indicated residing in Michigan (five respondents) and North Dakota (five respondents). Overall, these data suggest a relatively low proportion of individuals from surrounding states traveling to Minnesota to obtain cannabis. Given that neighboring states such as Wisconsin, South Dakota, North Dakota, and Iowa have not yet legalized adult-use cannabis, it is reasonable to anticipate out-of-state demand for Minnesota cannabis products once adult-use sales commence.

Participants in this sample reported spending a median of \$40 on cannabis within the past month. This figure is slightly lower than respondents in states with similar adult-use laws from the national sample, who report spending a median of \$75.50 on cannabis within the past month. Anoka County residents reported the highest median amount spent on cannabis within the past month (\$100), followed by Blue Earth, Hennepin, Sherburne, Stearns, and Olmsted counties (\$75.50). Those in Dakota County reported spending the lowest median amount of money on cannabis within the past month (\$20.50) (only counties with 10 or more respondents were included in this analysis).

Section 4. Cannabis Demand in Minnesota and Other States Licensing

Currently, under Chapter 342, the Office of Cannabis Management may issue up to 50 cannabis cultivator licenses, 24 cannabis manufacturer licenses, 150 cannabis retailer licenses, and 100 cannabis mezzobusiness licenses prior to July 1, 2026. Of these licenses, 25 cannabis cultivator licenses, 12 cannabis manufacturer licenses, 75 cannabis retailer licenses, and 50 cannabis mezzobusiness licenses are available to social equity applicants specifically. Municipal cannabis retailers will not count toward the total number of cannabis retail licenses. Beginning on July 1, 2026, the office must determine the number of these license types to issue in order to ensure that there is a sufficient supply of cannabis flower and cannabis products to meet demand, provide market stability, ensure that there is a competitive market, and limit the sale of unregulated cannabis flower and cannabis products. Any licenses issued after this date must ensure that the number of licenses available to social equity applicants is equal to or greater than the number available to all other applicants. Other license types, including microbusinesses, wholesalers, transporters, testing facilities, delivery services, and medical cannabis combination businesses, do not have a statutory limit on the number of licenses that the office may issue. These licensing parameters will play a significant role in shaping the structure and accessibility of the cannabis market in Minnesota.

There is currently no precise, validated methodology to determine the ratio of supply to demand necessary to capture demand through the regulated market across any of the supply chain activities (cultivation, product manufacturing, retail). Similarly, there is no evidence to suggest that open licensing policies are more effective in reducing the illicit market in the long term than limited licensing policies. Both models have advantages and disadvantages, however, the largest limitation of the limited licensing model is the absence of exact science for determining what is adequate to serve the market. Moreover, Minnesota has a unique feature of legalization that is currently operating and will impact the availability of THC-9 product supply, as well as availability, beyond the existing licensing paradigm observed across the U.S. Put simply, lower-potency hemp edible manufacturers and retailers will likely impact consumer behavior as a competing or substitute market. As a result of this unique production and availability of THC-9 products, it is impossible at this time to understand the necessary supply of cannabis vs. hemp needed to accommodate to total demand without further research. Until the adult-use market is launched and sales for both types of outlets can be thoroughly assessed, estimates of adequate product supply and outlets for the adult use program will likely be inaccurate.

Assessing the volume of current or total licenses that states with active adult use markets utilize may add context for Minnesota in determine licensing limitations for each activity of the supply chain. Table 4 offers adult use states with readily available public licensing data.

Table 4. Select Adult Use States

Adult Use State	State Population 21+ Years Old	Year of Adult Use Sales	Licensing Model
Michigan	7,374,595	19-Dec	Open
Illinois	9,395,645	20-Jan	Limited
Missouri	4,471,589	23-Feb	Limited
Vermont	476,146	22-Oct	Open
Oregon	3,108,216	15-Oct	Open
Maine	1,030,858	22-Oct	Open

Product usage data from the RDCOS indicate that products outside of lower-potency edibles will still be in high demand (flower, concentrates, etc.). To better understand the canopy size to be spread across the medical and adult use cultivation licenses (30,000 square feet), mezzobusiness (15,000 square feet), and microbusiness (5,000 square feet), and medical combination businesses (60,000 square feet), the legislature may look to other state’s capacity per capita 21 years or older in Table 5.

Table 5. Select Adult Use States’ Cultivation Licensing and Canopy Capacity with Further Breakdown by License Type for Each State: A) Michigan, B) Illinois, C) Missouri, D) Vermont, E) Oregon, and F) Maine.

Adult Use State	State Population 21+ Years Old	Total Canopy Square Feet	Square Feet Per Capita 21+
Michigan	7,374,595	3,850,800	0.52
Illinois	9,395,645	4,935,000	0.53
Missouri	4,471,589	1,530,000	0.34
Vermont	476,146	741,000	1.56
Oregon	3,108,216	9,000,000	2.9
Maine	1,030,858	476,500	0.46

A) Michigan: Cultivation Licensing and Canopy Capacity Breakdown

Number of Licensed Adult Use Cultivators	Maximum Number of Plants for License Type	Maximum Statewide Canopy Size for Current Licenses (Square Feet)*
9 class a	100	1,800
105 class b	500	105,000
840 class c	2,000	3,360,000
96 excess	2,000	384,000

*Assumes 1 plant = 2 square feet.

B) Illinois: Cultivation Licensing and Canopy Capacity Breakdown

Number of Licensed Adult Use Cultivators	Maximum Canopy Size Allowed for License Type (Square Feet)	Maximum Statewide Canopy Size for Current Licenses (Square Feet)
63	5,000	315,000
21	210,000	4,620,000

C) Missouri: Cultivation Licensing and Canopy Capacity Breakdown

Number of Licensed Adult Use Cultivators	Maximum Canopy Size Allowed for License Type (Square Feet)	Maximum Statewide Canopy Size for Current Licenses (Square Feet)
51	30,000	1,530,000

D) Vermont: Cultivation Licensing and Canopy Capacity Breakdown

Number of Licensed Adult Use Cultivators	Maximum Canopy Size Allowed for License Type (Square Feet)	Maximum Statewide Canopy Size for Current Licenses (Square Feet)
306 (Tier 1)	1,000	306,000
52 (Tier 2)	2,500	130,000
19 (Tier 3)	5,000	95,000
3 (Tier 4)	10,000	30,000
9 (Tier 5)	20,000	180,000
0 (Tier 6)	37,500	0

E) Oregon: Cultivation Licensing and Canopy Capacity Breakdown

Number of Licensed Adult Use Cultivators	Maximum Canopy Size Allowed for License Type (Square Feet)	Maximum Statewide Canopy Size for Current Licenses (Square Feet)
1,416	40,000	9,000,000

F) Maine: Cultivation Licensing and Canopy Capacity Breakdown

Number of Licensed Adult Use Cultivators	Maximum Canopy Size Allowed for License Type (Square Feet)	Maximum Statewide Canopy Size for Current Licenses (Square Feet)
9 (Tier 1)	500	4,500
37 (Tier 2)	2,000	74,000
34 (Tier 3)	7,000	238,000
8 (Tier 4)	20,000	160,000

While there has been no evaluation to say what ratio of manufacturers are necessary per square foot of canopy for optimal market outcomes, the office may look to the same states to understand how other programs have accommodated. This information is outlined in Table 6.

Table 6. Select Adult Use States Manufacturing Licenses Per 100,000 Square Feet of Canopy Cultivation Licensing and Canopy Capacity

Adult Use State	State Population 21+ Years old	Licensed Manufacturers/Processors in Operation	Total Canopy Square Feet	Manufacturers/Processors Per 100,000 Square Feet of Canopy
Michigan	7,374,595	249	3,850,800	6.47
Illinois	9,395,645	60	4,935,000	1.22
Missouri	4,471,589	77	1,530,000	5.03
Vermont	476,146	76	624,552	12.17
Oregon	3,108,216	100	9,000,000	1.11
Maine	1,030,858	68	2,486,000	2.74

Chapter 342 requires local governments to make available no less than one retail registration for every 12,500 residents. When evaluating city population size for each of the [913 local governments](#), there could be no less than 381 retail registrations. However, many local governments may seek to have more retail registrations than the statutory minimum.

Section 5. Public Health

A revised version of the Cannabis Use Disorder Identification Task (CUDIT-SF) was used to assess the prevalence of cannabis use disorder (CUD). Forty-seven percent of the total sample qualified for CUD. When examining the prevalence of driving under the influence of cannabis (DUIC), nearly half (43%) of the sample reported at least one day of DUIC within the past month. Among the total sample, the average number of DUIC days within the past month was 4.3 days; however, among those who reported at least one DUIC day, the average number of DUIC days within the past month was 10 days. Of the total sample, 28% reported consuming cannabis right before or during work within the past month, compared to 51% of those with at least one DUIC day within the past month. Altogether, those reporting any DUIC days within the past month were more likely to report a higher number of DUIC days and consuming cannabis before or during work.

Participants were presented with questions inquiring about their perceived risk of harm for a variety of cannabis consumption behaviors on a scale from “not harmful at all” to “very harmful.” Overall, participants rated “using cannabis while pregnant” as *most* harmful (62.4% rated this as at least moderately harmful) and “consuming cannabis every day” as *least* harmful (32.8% rated this as at least moderately harmful). Please refer to Table 7 for detailed findings.

Among those with *zero* DUIC days within the past month, 32% of these respondents endorsed driving under the influence of cannabis as “very harmful,” 26% endorsed DUIC as “moderately harmful,” 29% endorsed DUIC as “a little harmful,” and 13% endorsed DUIC as “not harmful at all.”

Among those with *at least one* DUIC day within the past month – 9% of these respondents endorsed driving under the influence of cannabis as “very harmful,” 22% endorsed DUIC as “moderately harmful,” 41% endorsed DUIC as “a little harmful,” and 28.2% endorsed DUIC as “not harmful at all.” As demonstrated in Figure 8, those with zero DUIC days rated DUIC as overall more harmful than those with at least one DUIC day. The differences in ratings of DUIC risks between those who have zero DUIC days and those who have at least one DUIC day are statistically significantly different.

Figure 8. Perception of Harm Ratings for DUIC Among Participants with and Without Past-Month DUIC Days.

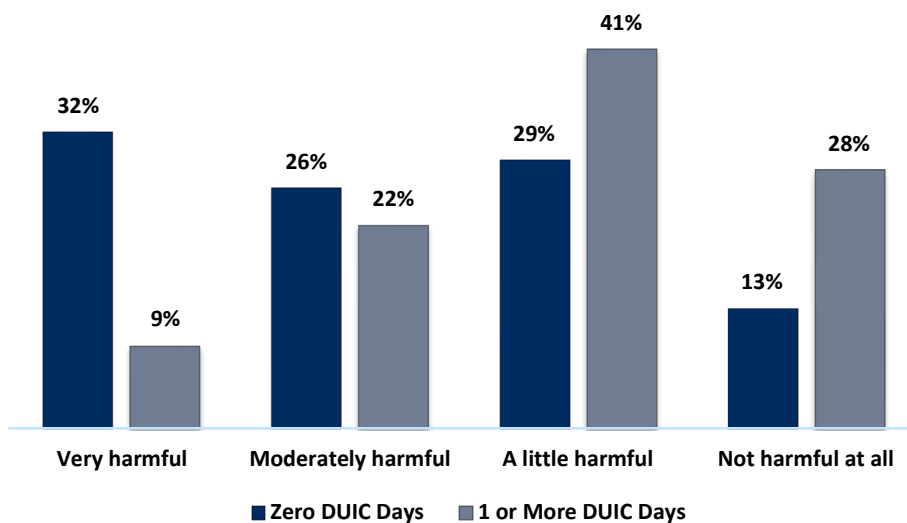


Table 7. Perception of Harm Ratings Across a Variety of Cannabis Consumption Behaviors.

Cannabis Consumption Behaviors	Not Harmful at All	A Little Harmful	Moderately Harmful	Very Harmful
Driving under the influence of cannabis	19.4%	34%	24.3%	22.3%
Consuming cannabis every day	33.4%	33.8%	21.1%	11.7%
Using cannabis while pregnant	16%	21.7%	24.5%	37.9%
Cannabis use as an adolescent (under 16 years old)	14%	28.7%	28.3%	28.9%

Appendix A: Geographic Distribution of Survey Respondents Table.

County	Number of Respondents	% of Total Respondents
Anoka County	31	6.0%
Becker County	2	0.4%
Beltrami County	1	0.2%
Blue Earth County	16	3.1%
Brown County	5	1.0%
Carlton County	3	0.6%
Carver County	7	1.4%
Chippewa County	1	0.2%
Chisago County	4	0.8%
Clay County	7	1.4%
Clearwater County	1	0.2%
Crow Wing County	7	1.4%
Dakota County	42	8.1%
Dodge County	2	0.4%
Douglas County	6	1.2%
Hennepin County	126	24.4%
Houston County	1	0.2%
Hubbard County	1	0.2%
Isanti County	4	0.8%
Itasca County	2	0.4%
Kanabec County	3	0.6%
Kandiyohi County	3	0.6%
Koochiching County	2	0.4%
Lac qui Parle County	1	0.2%
Lake County	3	0.6%

County	Number of Respondents	% of Total Respondents
Lake of the Woods County	1	0.2%
Le Sueur County	2	0.4%
Lincoln County	1	0.2%
Lyon County	3	0.6%
McLeod County	1	0.2%
Meeker County	1	0.2%
Mille Lacs County	3	0.6%
Morrison County	1	0.2%
Mower County	2	0.4%
Murray County	3	0.6%
Nicollet County	1	0.2%
Nobles County	1	0.2%
Norman County	2	0.4%
Olmstead County	15	2.9%
Otter Tail County	8	1.5%
Pine County	1	0.2%
Polk County	4	0.8%
Ramsey County	65	12.6%
Redwood County	2	0.4%
Renville County	1	0.2%
Rice County	8	1.5%
Scott County	4	0.8%
Sherburne County	13	2.5%
Sibley County	1	0.2%
St. Louis County	18	3.5%
Stearns County	18	3.5%
Steele County	3	0.6%

County	Number of Respondents	% of Total Respondents
Todd County	2	0.4%
Wabasha County	3	0.6%
Wadena County	2	0.4%
Washington County	32	6.2%
Watsonwan County	2	0.4%
Wilkin County	1	0.2%
Winona County	6	1.2%
Wright County	9	1.7%