


The Legality of Use and Consumption of Cannabis (Marijuana) in the United States of America



Suhrud Pathak, Jack Deruiter, Sindhu Ramesh, Manoj Govindarajulu, Mohammed Almaghrabi, Rishi Nadar, Jack Deruiter, Timothy Moore, Dinesh Chandra Agrawal , and Muralikrishnan Dhanasekaran

Abstract In the United States of America (USA), the procurement, possession, and consumption of Cannabis and its associated products have remained prohibited at the federal level from the time of issuing the Controlled Substance Act (CSA) in the year of 1970. However, since the end of the twentieth Century, the legalization of cannabis use has become more open-minded and liberal. Under the current United States law, Cannabis is categorized as a Schedule I substance, classifying it as a substance likely to possess the excessive capacity for dependence and abuse with no documented legitimate medical use. However, based on the recent scientific reports on the use/abuse, various states have passed to authorize and legalize Cannabis for medical and recreational use. More recently, the federal government's Hemp Farming Act of 2018 has removed hemp (Cannabis with less than 0.3% delta-9-tetrahydrocannabinol (THC) from Schedule I controlled substances. However, since cannabis legality varies among the states and the federal government, it is crucial to know the amount authorized to possess, whether it may be shipped, and who is permitted to use it. The present chapter dwells on the current state/region-wise legality aspects of Cannabis in the USA.

S. Pathak · J. Deruiter · S. Ramesh · M. Govindarajulu · R. Nadar · J. Deruiter · T. Moore · M. Dhanasekaran (✉)

Department of Drug Discovery and Development, Harrison School of Pharmacy, Auburn University, Auburn, AL, USA

e-mail: dhanamu@auburn.edu

M. Almaghrabi

Department of Drug Discovery and Development, Harrison School of Pharmacy, Auburn University, Auburn, AL, USA

Faculty of Pharmacy, Taibah University, Medina, Saudi Arabia

D. C. Agrawal (✉)

Department of Environmental Engineering and Management, Chaoyang University of Technology, Taichung, Taiwan

Department of Applied Chemistry, Chaoyang University of Technology, Taichung, Taiwan

e-mail: dcagrawal@gm.cyut.edu.tw

Keywords Cannabis · Legality · Marijuana · Medicinal use · Recreational use

Abbreviations

AIDS	Acquired immunodeficiency syndrome
CBD	Cannabidiol
CNS	Central Nervous System
CSA	Controlled Substance Act
DEA	Drug Enforcement Administration
FDA	Food and Drug Administration
HIV	Human immunodeficiency virus
NIDA	National Institute on Drug Abuse
THC	Delta-9-tetrahydrocannabinol
US	United States
USA	United States of America
USDA	United States Department of Agriculture

1 Introduction

Cannabis is a flowering plant belonging to the Cannabaceae family. Generally, the term cannabis refers to three plant species (*Cannabis sativa*, *Cannabis indica*, and *Cannabis ruderalis*). The botanical products obtained from the cannabis plants are referred to as “weed”, “pot”, “marijuana”, “ganja”, “stinkweed”, “mary jane”, and “dope”. Cannabis has a long history of human consumption as well as use for commercial purposes. Historical research indicates that the Cannabis or hemp plant was initially grown in Central Asia about 11,700 years ago before the plant was established in Africa, Europe, and eventually the Americas. The history of Cannabis as a crop in America dates back to the early colonists, who grew Cannabis for commercial purposes, including textiles, paper, sails, nets, and rope. Also, the Cannabis seeds were used for consumption as food and oil (Anonymous 2019). Traditionally, the psychoactive botanical was also consumed for recreational, spiritual, and even medicinal purposes (Maule 2015).

In the modern era, Cannabis or Cannabis-derived products are the most commonly consumed substance of abuse in the United States of America (USA). Nearly 94 million individuals in the USA have used Cannabis or Cannabis-derived products. The individual users have admitted to consuming Cannabis or Cannabis-derived products at least once in their lifetime. Based on the World report on Cannabis by the United Nations, 158.8 million individuals globally consume this botanical representing about 3.8% of the world’s population (Anonymous 2021a).

Cannabis products are primarily consumed by smoking, vaporizing, or mixing with various food (National Institute on Drug Abuse, NIDA 2019). The main

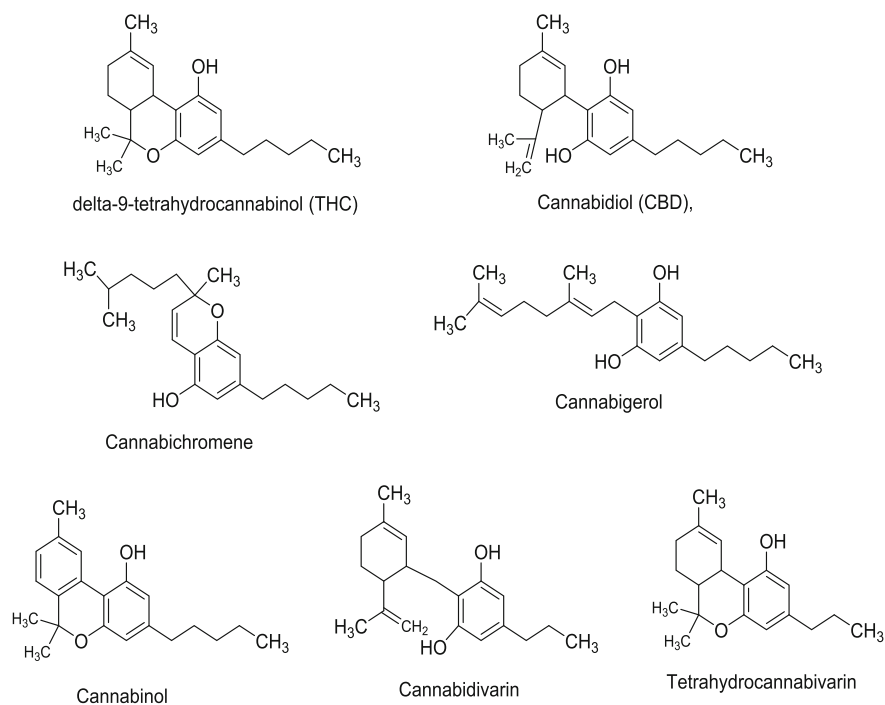


Fig. 1 Chemical structures of some important cannabinoids

psychoactive element of Cannabis is delta-9-tetrahydrocannabinol (THC) (Fig. 1). However, other bioactives present in the plants, including cannabidiol (CBD), cannabichromene, cannabigerol, cannabinol, cannabidivarin, and tetrahydrocannabivarin (Fig. 1), may also affect the central nervous system (CNS) and modify the actions of THC (“entourage effects”).

Interestingly, legislation permitting the medical use of Cannabis restricts its use to a few indications, including human immunodeficiency virus (HIV) /acquired immunodeficiency syndrome (AIDS), cachexia, spasticity in multiple sclerosis, neuropathic pain, epilepsy/seizure, and nausea or vomiting associated with chemotherapy. Even though Cannabis has demonstrated some medicinal or therapeutic potential, the substantial and rigorous scientific literature is not always present to validate the use of this botanical. The link between legalization and prevalence remains unclear. Though the states in the USA where cannabis consumption is legal to have greater usage ratios than states where use is not legal, higher rates of use were commonly observed even prior to legalization. Currently, several states in the USA have legalized cannabis use for both medical and recreational purposes, raising public health concerns about the effects of cannabis use on driving abilities, the accidental consumption of cannabis products by children, the correlation between Cannabis and opioid use, and whether there will be an upsurge in the health problems related to

Table 1 Milestones of Cannabis/marijuana/hemp laws for production and usage in the USA

Time	Status of Cannabis/marijuana production and usage
Seventeenth Century	US government encouraged the production of hemp for ropes, sails, and clothing
Nineteenth Century	Marijuana became a popular ingredient in many medicinal products and was sold openly in pharmacies in the USA
By 1931	29 states in the US outlawed marijuana due to fear of Mexican immigrants excessively scaling up production and potential problems associated with marijuana
1937	US Government passed Marijuana Tax Act criminalizing marijuana.
2018	USA passed the Hemp Farming Act to remove hemp (Cannabis with less than 0.3% THC) from Schedule I controlled substances
2020	UN Commission on Narcotic Drugs (UNCND) reclassified Cannabis out of the most dangerous category of drugs

cannabis use, such as dependency/addiction, psychosis, and pulmonary ailments (Wilkinson et al. 2016).

In the USA, the procurement, possession, and consumption of Cannabis and its associated products have remained prohibited at the federal level from issuing the Controlled Substance Act (CSA) in the year 1970. Before this, in 1937, the US government enacted Marijuana Tax Act, which heavily taxed hemp cultivation, resulting in abandoning the crop in the USA. For several decades, US federal law did not differentiate among cannabis plants producing specific quantities of the two most important cannabinoids, THC or CBD. However, extensive research showed that not all cannabis plants induce mind-altering (psychotropic) compounds. There exist cannabis plants producing a high quantity of non-psychotropic compound CBD and negligible amounts of THC. These plants are safe and have tremendous potential for various industrial uses. Thus, backed by scientific evidence and considering growing public interest and vast potential of cannabis products for medicinal and various industrial purposes, the US Farm Bill 2018 was passed by the federal government in December 2018. In this farm law, hemp (defined as Cannabis with less than 0.3% THC) has been removed from Schedule I controlled substances (Table 1). However, it is important to know that this law does not create a free system to grow, sale or use hemp. There are certain restrictions in the law. First, THC content cannabis plants should be <0.3% of dry weight basis. Second, there exists a significant, shared state-federal regulatory power over hemp cultivation and production under the control of USDA. Third, the law outlines actions that are considered violations of federal hemp law (such as cultivating or producing Cannabis with >0.3 percent THC without appropriate approvals and license) (Hudak 2018).

In the present chapter, we explore the state/region-wise legality of the use and consumption of Cannabis in the United States of America. Major milestones of Cannabis/marijuana/hemp laws 167 for production and usage in the USA (Anonymous 2020) are given in Table 1.

2 Legal vs. Illegal Use of Cannabis in the Various States in the USA

The legality of cannabis use is not uniform among the federal and state governments in the USA (Table 2). While, Cannabis for medical use is legalized in 36 states, 4 territories, and the District of Columbia, at the federal level, its use even for medical purposes remains prohibited (Anonymous 2021b). Currently, several states have initiated legislation to decriminalize recreational use. Conceptually, the basic consequence of state legalization abolishes felony punishment or imprisonment for possessing or utilizing a minor quantity of cannabis products. Many other states continue to criminalize cannabis use or possession but do not imprison violators but impose more benign penalties such as civil fines. However, even these states may enforce a prison penalty for repetitive violations related to cannabis possession. Medically legalized marijuana/cannabis is defined as the use of cannabis products by patients with specified medical conditions under recommendations from qualifying physicians. The term “medical marijuana” implies therapeutic usage of Cannabis instead of recreational or leisure use. For medical purposes, Cannabis is available in

Table 2 The current legal status of Cannabis under the laws of the states/regions of the USA

States/regions that have legalized Cannabis only for therapeutic/medical purposes and <i>not for adult use</i> or recreational uses	States/regions that have allowed utilizing Cannabis for medical purposes and recreational use but <i>only by adults</i> . These states have decriminalized cannabis products	States/regions that have <i>not yet legalized</i> Cannabis for medicinal or recreational purposes
Alabama Arkansas Connecticut Delaware Florida Hawaii Iowa Louisiana Maryland Minnesota Missouri New Hampshire North Dakota Ohio Oklahoma Pennsylvania Rhode Island Utah West Virginia	Alaska Arizona California Colorado Illinois Maine Massachusetts Michigan Montana Nevada New Jersey New Mexico New York Oregon South Dakota Vermont Virginia Washington Guam	Georgia Idaho Indiana Kansas Kentucky Mississippi Nebraska North Carolina South Carolina Tennessee Texas Wisconsin Wyoming

different dosage forms and present in different concentrations of cannabinoids, in which the amount of tetrahydrocannabinol is predominant.

3 The Rationale and Justification for Legalization

Anglo-Americans and Europeans have recognized the therapeutic potential of Cannabis since the 1830s. Over that period, Sir William Brooke O'Shaughnessy, an Irish doctor researching in India, reported that cannabis extracts could relieve cholera symptoms (abdominal pain, nausea, and vomiting). In the late nineteenth Century, Americans and Europeans procured cannabis extracts from the drug stores or pharmacies and medical practitioners to treat gastric pains, migraines, inflammation, insomnia, and other pathological conditions. However, only anecdotal user reports of the efficacy of cannabis products by cannabis users to treat various medical illnesses or disorders do not prove efficacy or justify its legalization. Some recent scientific investigations have supported the assertions that cannabis products may effectively treat certain disease conditions and that these products are relatively safe. Additionally, the fact sheet on the drug by the United States Drug Enforcement Administration (DEA) imparts that "No fatality from an overdose of cannabis has been turned up" (Little 2018).

It is an interesting historical fact that the use of cannabis products was not always forbidden. The effects and frequency of cannabis consumption have been extensively studied. Several studies have established the frequency of at least day-to-day, weekly, and monthly cannabis usage. The results indicate that cannabis usage remained significantly higher in United States 'legal' states, 11.3%, 18.2%, 25.0%, respectively, than 'illegal' states, 7.4%, 11.6%, 16.8%, respectively; $p < 0.001$. In the USA, in 'legal' states, users commonly utilized significantly higher Cannabis concentrates, vaped-oils, edibles, and drinks, and consume mostly a dried herb either daily or weekly compared to individuals in 'illegal' states in the USA (Goodman et al. 2020). Additionally, the enormous program deviation across time and among states would seem to give scientists or researchers abundant prospects to quantitatively evaluate the outcome of marijuana/cannabis legalization policies on an array of health and social outcomes (Pacula and Smart 2017).

4 Regulating Agency for the Use of Cannabis in the USA

Cannabis legalization is spreading across the United States and the world. The state and national regulatory authorities are working to maintain control over various elements (Borodovsky et al. 2021). Under the CSA, Cannabis is classified as a Schedule I substance (Anonymous 21b), which means it has a high risk of abuse or addiction and has no FDA-approved medical purpose in the United States. The federal government carefully regulates Schedule I controlled substances. States,

territories, districts, and Indian tribes that have legalized Cannabis in the United States have the following cannabis regulatory bodies.

1. Drug Enforcement Administration (DEA)
2. Food and Drug Administration (FDA)
3. United States Department of Agriculture (USDA, hemp)
4. Cannabis Justice Office (grantmaking office, projected under Marijuana Opportunity Reinvestment and Expungement Act of 2019)

The Controlled Substances Act (CSA), which detailed the legal and regulatory framework for cannabis use in the United States of America under federal law, was enacted in part to carry out the Single Law's commitments (Mead 2019). Under the CSA, elements are classified into five schedules (I-V), based upon their medicinal value and ability to consequence in abuse, recreation, dependence, and addiction (Yeh 2012).

Under the CSA, "*the term 'marihuana means all parts of the plant Cannabis sativa L., whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin. Such term does not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination'*" (Mead 2019). Thus, cannabinoids (> 100) found in the cannabis plant are also classified in Schedule I by definition, not due to a scientific analysis of their abuse potential (Brenneisen 2007).

In the USA, substances in Schedule I are considered to have a high potential for abuse, hence are not allowed even for medical use. However, there is no such restriction for substances in Schedule II for medical purposes. Substances in Schedules III–V has less potential for abuse and are allowed for medical use (DEA 2021). However, the concept of accepted medical use is still not precisely defined by CSA in any schedule. However, the United States Drug Enforcement Administration (DEA) has developed criteria that must be met to establish access (Harris 2014).

The following indicates the laws by state, depending on age-based use of Cannabis and possession limits in the United States of America (Anonymous 2021b).

4.1 Alabama

A person under the age of 19 is not allowed to buy or use medical Cannabis with more than 3% of THC in the Cotton State, Yellowhammer State (Alabama). Concerning the medical usage, not more than 70 regular dosages, as defined by a medical doctor, may not go above 50 mg of THC except to a larger extent is

considered medically required. Recreational use of Cannabis is not allowed in the state of Alabama.

4.2 Alaska

There are no specific age restrictions for medical use, and if under age 21, not allowed to buy, acquire, or utilize recreationally. The possession limit is no more than 1 ounce (One ounce = ~ 28.35 g).

4.3 Arizona

There are no specific age restrictions in the Grand Canyon State (Arizona), and limits are no more than 2.5 ounces for medical use. Cannabis for recreational use is not allowed for a person under the age of 21. However, for persons over the age of 21, the limit is no more than 1 ounce (with a limit of 5 g marijuana concentrate).

4.4 Arkansas

If a person is under age 21, not permitted to smoke medical marijuana in the Natural State (Arkansas), and over age 21, the quantity is no more than 2.5 ounces for medical use. Arkansas does not currently allow the usage of Cannabis as a recreational drug.

4.5 California

There are no specific age restrictions in the Golden State (California) for medical purposes, and restrictions are not more than 8 ounces unless a more significant amount is medically needed. For recreational, if under age 21, not permitted. Moreover, for the rest, the limit is no more than 28.5 g of Cannabis, not in the type of concentrated Cannabis and no more than 8.0 g of concentrated Cannabis.

4.6 Colorado

If under age 18, not allowed to smoke medical marijuana in the Centennial State (Colorado), the limit is no more than 2 ounces except a larger amount is medically

necessary for the therapeutic purpose. Recreationally, if under age 21, not authorized, and for the rest, the limit is no more than 2 ounces.

4.7 Connecticut

If under age 21, only for medical use, cannot smoke medical marijuana. The limit is not specific but not to surpass an extent reasonably needed to ensure uninterrupted availability for 1 month. Connecticut (Nutmeg State, Constitution State) does not currently allow Cannabis as a recreational drug.

4.8 Delaware

For medical use, if under age 18, patients may use only medical marijuana oil in the First State, Diamond State (Delaware) and specifically for specified unbearable conditions and symptoms with the limit of not more than 6 ounces. Delaware does not currently allow the usage of Cannabis as a recreational drug.

4.9 Florida

There are no specific age restrictions in the Sunshine State (Florida) for medical use. The limit is a 70-day supply or 4 ounces in a form for smoking unless a more significant amount is medically needed. Florida does not currently allow the usage of Cannabis as a recreational drug.

4.10 Georgia

There are no specific age limitations in the Peach State, Empire State of the South (Georgia). The limits are no more than 20 fluid ounces of specific cannabis product that comprises 5% THC for medical use. Georgia does not currently allow the usage of Cannabis as a recreational drug.

4.11 *Hawaii*

There are no specific age limitations in the Aloha State (Hawaii), and the restriction is no more than 4 ounces for therapeutic purposes. Hawaii does not currently allow the usage of Cannabis as a recreational drug.

4.12 *Illinois*

For medical use, if under age 18, patients may use for seizures or as required by administrative rule in the Prairie State, Land of Lincoln (Illinois). For persons under the age of 21, use for recreational purposes is not permitted. However, for a medical cause, they are allowed no more than 2.5 ounces of cannabis-based products. For persons above 21 years of age, the limit is 30 ounces of cannabis flower, 500 mg of THC in the cannabis-based product, and 5 g of Cannabis concentrates.

4.13 *Indiana*

There are no specific age limitations in Hoosier State (Indiana). However, the restriction is for cannabis product that comprises no more than 0.3 percentage THC for medical use. Indiana does not currently allow the usage of Cannabis as a recreational drug.

4.14 *Iowa*

There are no specific age limitations in the Hawkeye State, Corn State (Iowa) for medical use. The limit is no more than 4.5 g in 90 days unless a more significant amount is considered therapeutically required. Iowa does not currently allow the usage of Cannabis as a recreational drug.

4.15 *Kansas*

There are no specific age limitations in the Sunflower State, Jayhawker State state (Kansas). However, a particular cannabis product that comprises no more than 5 percent THC comparative to the cannabidiol concentration in the preparation can be used medically. Kansas does not currently allow the usage of Cannabis as a recreational drug.

4.16 *Kentucky*

There are no specific age limitations in the Bluegrass State (Kentucky) for therapeutic use. However, a cannabis product from industrial hemp can be used after a physician's written order is approved as an FDA prescription. Kentucky does not currently allow the usage of Cannabis as a recreational drug.

4.17 *Louisiana*

There are no specific age limitations in the Pelican State, Creole State, Sugar State (Louisiana) for medical use. However, THC levels should be diminished to the lowest possible acceptable medicinal concentrations accessible. Louisiana does not currently allow the usage of Cannabis as a recreational drug.

4.18 *Maine*

There are no specific age limitations in the Pine Tree State (Maine). However, the limit is up to 2.5 ounces. For recreational use, if the age is under 21, not permitted to use, the rest limit is up to 2.5 ounces.

4.19 *Maryland*

There are no specific age limitations in the Free State, Old Line State (Maryland) for therapeutic use. However, no more than a 30-day supply except to a greater extent is considered medically crucial. Maryland does not currently allow the usage of Cannabis as a recreational drug.

4.20 *Massachusetts*

There are no specific age limitations in the Bay State, Old Colony State (Massachusetts) for medicinal use, but no more than a 60-day supply, up to 10 ounces or as defined by the cannabis control commission. For recreational purposes, if under age 21, not authorized to acquire or use, and for the rest, not more than 1 ounce; within the person's primary residence, not more than 10 ounces.

4.21 Michigan

There are no specific age limitations in the Wolverine State, Great Lake State (Michigan) for medicinal use, although no more than 2.5 ounces. For recreational purposes, if under age 21, not permitted to use. For others, no more than 2.5 ounces within the person's residence, no more than 10 ounces.

4.22 Minnesota

There are no specific age limitations in the North Star State, Gopher State, Land of 10,000 Lakes, Land of Sky-Blue Waters (Minnesota) for medicinal use, though no more than a 30-day supply. Minnesota does not currently allow the usage of Cannabis as a recreational drug.

4.23 Mississippi

There are no specific age limitations in the Magnolia State (Mississippi) for therapeutic usage, even though no more than 2.5 ounces. Mississippi does not currently allow the use of Cannabis as a recreational drug.

4.24 Missouri

Specific medicinal-based use limitations are there for patients under the age of 18. These patients may not acquire or occupy marijuana in Show Me State (Missouri). Furthermore, at least a 60-day supply, though qualifying patients who can grow marijuana may acquire up to a 90-day supply. Missouri does not currently allow the usage of Cannabis as a recreational drug.

4.25 Montana

Certain medicinal-based use restrictions exist for patients under 18 in Treasure State, Big Sky Country (Montana). These patients are permitted marijuana-infused products up to 1 ounce. Persons under age 21 are not allowed to use Cannabis for recreational purposes. For others, the limit is 1 ounce with 8 g of marijuana concentrate or 800 mg of THC content in the edible marijuana products in solid form.

4.26 Nevada

There are no age restrictions for therapeutic usage in Silver, Sagebrush, and Battle Born State (Nevada). However, the limit is 2.5 ounces in 14 days unless a more significant amount is deemed medically necessary. For recreational purposes, if under age 21, not allowed to acquire or use. For the rest, the limit is 1 ounce.

4.27 New Hampshire

There are no specific age restrictions in the Granite State (New Hampshire) for therapeutic use, even though no more than 2 ounces. New Hampshire does not currently allow the usage of Cannabis as a recreational drug.

4.28 New Jersey

There are no particular age limitations in the Garden State (New Jersey) for medicinal use. At the same time, no more than 3 ounces in 30 days except to a more significant extent is medically necessary. If under age 21, recreational use is not permitted currently.

4.29 New Mexico

A 3-month supply as possession limit is allowed in the Land of Enchantment, Sunshine State (New Mexico) for medicinal use. About the recreational use, if a person is under age 21, not permitted. For the rest, the limit is 2 ounces of Cannabis, 16 g of a cannabis extract, and 800 mg of edible Cannabis outside the residence.

4.30 New York

For therapeutic purposes in the Empire State (New York), no more than a 60-day supply of the dosage of Cannabis is recommended by a medical practitioner. Moreover, a patient can keep no more than 5 pounds of Cannabis in their residence. For recreational use, persons under the age of 21, not allowed to use Cannabis. For others, the limit is 3 ounces of Cannabis, 24 g of Cannabis concentrate. Within a person's private residence, the limit is 5 pounds of Cannabis.

4.31 North Carolina

There are no specific age restrictions in the Tar Heel State, Old North State (North Carolina) for therapeutic use. While specified and some cannabis product, which comprises not more than 0.9 percent THC can be used for medical purposes. North Carolina does not currently allow the usage of Cannabis as a recreational drug.

4.32 North Dakota

For medical purposes in the Flickertail State, Sioux State, Peace Garden State (North Dakota), patients under 19 can utilize “pediatric medical marijuana”. Pediatric medical marijuana includes not more than 6% THC, and the possession limit is no more than 3 ounces, except an amount up to 7.5 ounces is medically required. North Dakota does not currently allow the usage of Cannabis as a recreational drug.

4.33 Ohio

There are no particular age restrictions in the Buckeye State (Ohio) for therapeutic use, although the limitation is for possession is not more than a 90-day supply. Ohio does not currently allow the usage of Cannabis as a recreational drug.

4.34 Oklahoma

There are no specific age limitations in the Sooner State (Oklahoma) for medicinal utilization. However, the limit for possession is 72 ounces of edible Cannabis and 3 ounces of Cannabis on the person. This limit is 8 ounces of marijuana and 1 ounce of Cannabis concentrated within the residence. Oklahoma does not currently allow the usage of Cannabis as a recreational drug.

4.35 Oregon

If a person is under 18, they are not permitted to produce medical Cannabis in the Beaver State (Oregon). However, for medical use, one can use no more than 24 ounces of Cannabis. For recreational purposes, if the age is under 21, not authorized to purchase, acquire, or use. For others, the limit is 8 ounces of usable

Cannabis, 16 ounces of cannabinoid products in solid, 72 ounces of cannabinoid products in liquid form, and 16 ounces of cannabinoid concentrate.

4.36 *Pennsylvania*

No particular age restrictions are required in the Keystone State (Pennsylvania) for medicinal use, though no more than a 30-day supply is possession limit. This state does not currently allow the usage of Cannabis as a recreational drug.

4.37 *Rhode Island*

Though there are no specific age limitations in the Ocean State, Little Rhody (Rhode Island), for medicinal use, possession is limited to 2.5 ounces of wet Cannabis as defined by the departments of health and business regulation. Rhode Island does not currently allow the usage of Cannabis as a recreational drug.

4.38 *South Carolina*

There are no specific age restrictions in the Palmetto State (South Carolina) for therapeutic use, and this applies only for the specified cannabis product containing <0.9% THC. South Carolina does not currently allow the usage of Cannabis as a recreational drug.

4.39 *South Dakota*

There are no specific age restrictions in The Mount Rushmore State (South Dakota) for medicinal usage, and this applies for all cannabis products no more than 3 ounces. For recreational purposes, if the age under is 21, not permitted to acquire and use Cannabis. For the rest, the limit is 1 ounce consisting of a maximum of 8 g cannabis concentrate.

4.40 *Tennessee*

There are no specific age limitations in the Volunteer State (Tennessee) for therapeutic usage, and this applies only for the specified cannabis product that contains

less than 0.9 percent THC. Tennessee does not currently allow the use of Cannabis as a recreational drug.

4.41 Texas

There are no specific age limitations in the Lone Star State (Texas) for medicinal use, and this applies only for specified cannabis products containing no more than 1% THC. Texas does not currently allow the usage of Cannabis as a recreational drug.

4.42 Utah

For medical usage in the Beehive State (Utah), if under 18, they may only be eligible for a provisional patient card. The possession limit is an amount enough for 30 days of treatment. The upper limit of unprocessed Cannabis is 113 g comprising not more than 20 g of THC. Utah does not currently allow the usage of Cannabis as a recreational drug.

4.43 Vermont

There are no specific age restrictions in the Green Mountain State (Vermont) for medical treatment, yet no more than 2 ounces is allowed. Moreover, persons under 21 are not permitted for recreational use, while the limit is 1 ounce for others.

4.44 Virginia

There are no specific age limitations in the state of The Old Dominion, Mother of Presidents (Virginia) for medicinal treatment. People can use more than one cannabis product, CBD oil, etc., with a limit of 4 ounces of botanical Cannabis per 30-day period. For recreational use, persons below 21 of age are not permitted to consume Cannabis. For above 21, the limit is 1 ounce of Cannabis.

4.45 Washington

For medical use in the Evergreen State, Chinook State (Washington), if under 18, possession limits are 48 ounces of cannabis-infused product (solid) comprising

3 ounces of useable cannabis. The upper limit for cannabis-infused products (liquid) is 216 ounces or 21 g of marijuana concentrate. There could be exceptions in the case of medical necessity. For recreational use, people below 21 of age are not permitted. For the rest, limitations are 1 ounce of useable Cannabis, 16 ounces of cannabis-infused product (solid), 72 ounces of cannabis-infused product (liquid form), and 7 g of cannabis concentrate.

4.46 *West Virginia*

There is no specific age limitation in the Mountain State (West Virginia) for medicinal use, but no more than a 30-day supply. This state does not currently allow the usage of Cannabis as a recreational drug.

4.47 *Wisconsin*

There is no particular age restriction in the Badger State, America's Dairyland (Wisconsin) for therapeutic use. Cannabis products without a psychoactive effect can be used for medicinal use. This state does not currently allow the usage of Cannabis as a recreational drug.

4.48 *Wyoming*

There are no specific age restrictions in the Equality State (Wyoming) for medicinal purposes for cannabis products that contain less than 0.3 percent THC. Wyoming state does not currently allow the usage of Cannabis as a recreational drug.

5 Conclusion

In the USA, cannabis use and possession laws vary among the states/regions and are continually evolving. The doses and forms of cannabis and cannabis products vary among the age groups. Therefore, more than knowing which states have legalized the products, it is crucial to know the amount authorized to possess, whether it may be shipped, and who is permitted to use it. Thus, the legality of Cannabis for therapeutic and recreational usage in the US remains controversial and continually evolving. However, increasing scientific research and evidence-based knowledge on Cannabis will significantly impact policies concerning the use of Cannabis, and cannabis-infused products.

References

- Anonymous (2019) Marijuana. A&E Television Networks. <https://www.history.com/topics/crime/history-of-marijuana>. Accessed 9 July 2021
- Anonymous (2020) Survey of marijuana law in the United States. History of marijuana regulation in the United States. <https://libguides.law.uga.edu/marijuanalaw>. Accessed 30 Aug 2021
- Anonymous (2021a) The truth about marijuana. Foundation for a Drug-Free World. <https://www.drugfreeworld.org/drugfacts/marijuana/international-statistics.html>. Accessed 27 Aug 2021
- Anonymous (2021b) Marijuana laws by state. <https://www.ihs.org/topics/alcohol-and-drugs/marijuana-laws-table>. Accessed 30 Aug 2021
- Borodovsky JT, Sofis MJ, Grucza RA, Budney AJ (2021) The importance of psychology for shaping legal cannabis regulation. *Exp Clin Psychopharmacol* 29(1):99–115. <https://doi.org/10.1037/pha0000362>
- Brenneisen R (2007) Chemistry and analysis of phytocannabinoids and other *cannabis* constituents. In: ElSohly MA (ed) *Marijuana and the cannabinoids*. Forensic science and medicine. Humana Press, pp 17–49. https://doi.org/10.1007/978-1-59259-947-9_2
- DEA (2021) Drug scheduling. The United States Drug Enforcement Administration (DEA). <https://www.dea.gov/drug-information/drug-scheduling> Accessed 27 Aug 2021
- Goodman S, Wadsworth E, Leos-Toro C, Hammond D, Int Cannabis Policy Study T (2020) Prevalence and forms of cannabis use in legal vs illegal recreational cannabis markets. *Int J Drug Policy*:76. <https://doi.org/10.1016/j.drugpo.2019.102658>
- Harris B (2014) The DEA position on marijuana. Drug Enforcement Administration. <https://www.scribd.com/document/216555356/The-DEA-Position-on-Marijuana> Accessed 15 July 2021
- Hudak J (2018) The Farm Bill, hemp legalization and the status of CBD: an explainer. <https://www.brookings.edu/blog/fixgov/2018/12/14/the-farm-bill-hemp-and-cbd-explainer/> Accessed 30 Aug 2021
- Little B (2018) Why the US made marijuana illegal. History. <https://www.history.com/news/why-the-u-s-made-marijuana-illegal>. Accessed 9 July 2021
- Maule WJ (2015) Medical uses of marijuana (*Cannabis sativa*): fact or fallacy? *Br J Biomed Sci* 72(2):85–91
- Mead A (2019) Legal and regulatory issues governing cannabis and cannabis-derived products in the United States. *Front Plant Sci*. <https://doi.org/10.3389/fpls.2019.00697>
- NIDA (2019) Marijuana DrugFacts. National Institute on Drug Abuse. <https://www.drugabuse.gov/publications/drugfacts/marijuana> Accessed 9 July 2021
- Pacula RL, Smart R (2017) Medical marijuana and marijuana legalization. *Annu Rev Clin Psychol* 13:397–419. <https://doi.org/10.1146/annurev-clinpsy-032816-045128>
- Wilkinson ST, Yarnell S, Radhakrishnan R et al (2016) Marijuana legalization: Impact on physicians and public health. *Annu Rev Med* 67:453–466. <https://doi.org/10.1146/annurev-med-050214-013454>
- Yeh BT (2012) The controlled substances act: regulatory requirements. Congressional Research Service. https://www.carneyandgood.com/uploads/1435094045_regulatory-requirements-controlled-substances.pdf Accessed 15 July 2021