



October 15, 2024

**To:** 2024 Special Committee on Medical Marijuana

**From:** Elaina Rudder, Senior Research Analyst

**Re:** Overview of Marijuana History

## OVERVIEW OF MARIJUANA HISTORY

Throughout history and around around the world, marijuana has been used for medicine, food, fiber, and recreation. This memorandum provides an overview of historical marijuana use, highlights a few scientific discoveries, and details how marijuana has been regulated throughout contemporary U.S. history.

### Marijuana Throughout History

#### *Ancient History*

Historians believe that cannabis has been grown for at least 12,000 years. Cannabis is believed to have been domesticated in Central Asia for fiber, food, and oil from the seeds. History also shows a correlation between the migration of nomadic peoples throughout Asia, Europe, and the Middle East and the dispersal of cannabis seeds.<sup>1</sup>

The earliest written record of cannabis being used medicinally is attributed to Chinese Emperor Shen Nung around 2727 B.C. Emperor Shen Nung's teachings were written in a second-century Chinese herbal remedies book, the *Shen Nung Pen-ts'oa Ching*.<sup>2</sup>

Around 1500 B.C., the topical application of cannabis to reduce inflammation was mentioned in the Ebers papyrus in Egypt, and the use of cannabis to treat depression was reported on the Assyrian clay tablets.<sup>3</sup>

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1 Marc-Antoine Crocq, [History of Cannabis and the Endocannabinoid System](#), Dialogues in Clinical Neuroscience, April 2020, at 224.

2 *Id.*

3 *Id.*

Herodotus, around 450 B.C., described how after a king's burial, Scythians would prepare small, hermetically closed chambers to burn hemp seeds and how they were "delighted" by the fragrant smoke.<sup>4</sup>

The first physical evidence of marijuana being used medicinally was discovered in 1989 when archaeologists found the skeleton of a teenage girl who appeared to have died during childbirth around 390 A.D. There were burnt plant remains containing tetrahydrocannabinol (THC) on her abdomen, and the archaeologists concluded that the marijuana plants were burned in a vessel for the girl to inhale during childbirth. However, the oldest physical evidence of the medical use of marijuana was discovered in the 2000s in northwest China after archaeologists identified the grave of a shaman buried around 2,700 years ago (700 B.C.) with a stash of marijuana.<sup>5</sup>

There are also accounts from Pliny the Elder, Pedanius Dioscorides, and Claudius Galen of marijuana being used medicinally during the Greco-Roman Empire. Pliny the Elder authored the *Naturalis Historia*. In Book 19 of the *Naturalis Historia*, Pliny the Elder described hemp cultivation, and in Book 20, he discussed the medicinal uses of cannabis and noted its pain-relieving and anti-inflammatory properties. Pedanius Dioscorides noted in his pharmacopeia, *De Materia Medica*, that applications made with the boiled cannabis roots had anti-inflammatory properties. Claudius Galen wrote that small cakes containing cannabis were customary deserts in Italy and that marijuana seeds created a feeling of warmth and affected a person's head by emitting a warm and toxic vapor.<sup>6</sup>

### **Early Modern History**

Cannabis was brought to the Western Hemisphere by numerous groups of colonists. In 1545, Spanish colonists brought cannabis to Chile where they used the plant for fiber. In the early 1600s, English colonists brought hemp to Jamestown, Virginia. The Jamestown settlers also used hemp for fiber to make rope, paper, and other fiber-based products.<sup>7</sup>

The first written record of the appetite stimulating effects of cannabis was by Portuguese physician Garcia da Orta in 1563 while living in Goa, India. Garcia da Orta wrote, "Those of my servants who took it said that it made them so as not to feel work, to be very happy, and to have a craving for food."<sup>8</sup>

### **Late Modern History**

In 1839, William Brooke O'Shaughnessy published his observations of cannabis, and in 1841, he introduced cannabis to Western medicine after living in India. In his observations, O'Shaughnessy noted the intoxicating effects of cannabis and how those effects depended on a "resinous secretion" that cannabis in India had but that cannabis in Europe did not have. Around the same time, Jacques-Joseph Morau de Tours also experienced the effects of cannabis on the mind, and he wrote about the psychoses and abulia induced by cannabis.<sup>9</sup>

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4 *Id.* at 224, 225.

5 Stephanie Pain, [A Potted History](#), *Nature*, September 2015, at 510, 511.

6 Crocq, *supra* note 1, at 225.

7 Pain, *supra* note 5.

8 *Id.*

During the 19th Century, Queen Victoria and Empress Elisabeth of Austria both used cannabis medicinally. Queen Victoria took cannabis for painful menses. Empress Elisabeth took it for coughs and possibly to stimulate her appetite. In 1878, J. Russel Reynolds was appointed as physician-in-ordinary to Queen Victoria's household. Reynolds summarized his 30 years of experience with cannabis in 1890. Reynolds found that cannabis was useful for treating a variety of painful illnesses, which is congruent with modern studies of medicinal cannabis registries indicating that about 42 percent of cases are for treating pain.<sup>10</sup>

Also during the 19th Century, medical professionals in the United States started recognizing the medical value of cannabis. Cannabis was added to the *United States Pharmacopeia* in the middle of the 19th Century as a treatment for pain, convulsions, menstrual cramps, lack of appetite, depression, and other mental illnesses.<sup>11</sup> Additionally, military physicians used cannabis as an analgesic when treating injured soldiers during the U.S. Civil War. J.B. Mattison, a physician, published a paper in the *St. Louis Medical and Surgical Journal* indicating that cannabis was effective in treating cocaine and opiate addiction and migraine headaches.<sup>12</sup>

## Scientific Milestones

Over 100 cannabinoids have been isolated from cannabis. Cannabinoids are chemical substances that join the cannabinoid receptors of the brain and human body. The two most well-known cannabinoids are tetrahydrocannabinol (THC) and cannabidiol (CBD).<sup>13</sup>

The first cannabinoid isolated was cannabitol (CBN) in 1898 by W.R. Dunstan and T.A. Henry. In 1940, CBD was isolated by organic chemist Roger Adams and his colleagues, including Alexander Todd. The structure of CBD was later reported in 1963. The following year, THC was isolated, and its structure was reported by Raphael Mechoulam and Yehiel Gaoni. Mechoulam was able to identify one of several compounds he separated as psychoactive through testing with monkeys and then with humans. Mechoulam observed the varying psychological reactions, including laughing, panic attacks, and openness to discussion.<sup>14</sup>

Mechoulam's discoveries helped lead other scientists to study the endocannabinoid system (ECS), the brain and body's receptor system. In 1988, the first cannabinoid receptor, referred to as CB<sub>1</sub>R, was characterized in rat and human brains, and the first endocannabinoid, anandamide, which targets the CB<sub>1</sub>R receptor, was found in 1992. A second cannabinoid receptor was found in 1993.<sup>15</sup>

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9 Crocq, *supra* note 1, at 225.

10 *Id.* at 226.

11 Michael Vitiello, [Marijuana Legalization, Racial Disparity, and the Hope for Reform](#), 23 Lewis & Clark L. Rev. 789, 792 (2019).

12 David V. Patton, J.D., [A History of United States Cannabis Law](#), 34 J.L. & Health 1, 5 (2020).

13 Crocq, *supra* note 1, at 226.

14 *Id.*

15 *Id.* at 226, 227.

## Marijuana Regulation in the United States

Until the early 1900s, marijuana was legal and used medicinally in the United States. The 1906 Pure Food and Drug Act was the first step of marijuana regulation. The focus of this act was to regulate production to guard against contaminants and require products containing marijuana to be labeled.<sup>16</sup>

Recreational use started to increase in the early 1900s, as did the movement to regulate marijuana use. As a result, the Harrison Narcotics Tax Act of 1914 (“Harrison Act”) was passed declaring drug use a crime. The Harrison Act also established the Narcotics Control Board to enforce drug laws.<sup>17</sup> The following year California became the first state to ban marijuana possession.<sup>18</sup> Kansas banned the possession and use of marijuana in 1927, and by 1937, 29 states had enacted similar bans.<sup>19</sup>

### ***The Marihuana Tax Act of 1937***

In 1937, Congress passed the Marihuana Tax Act. The Marihuana Tax Act imposed an excise tax on growers, sellers, and buyers of marijuana; imposed strict registration and reporting requirements; and imposed a high-cost transfer tax stamp on marijuana sales. Harry Anslinger, Commissioner of the Federal Bureau of Narcotics, was a major supporter of the Marihuana Tax Act. Commissioner Anslinger submitted testimony to Congress in support of the law, stating that “the major criminal in the United States is the drug addict; that of all the offenses committed against the laws of this country, the narcotic addict is the most frequent offender.” Also providing supporting testimony was Clinton M. Hester, the U.S. Department of Treasury’s Assistant General Counsel, who stated the purpose of the law was to create revenue from marijuana sales, discourage undesirable use of marijuana by smokers and drug addicts, and make it more difficult to acquire marijuana for illicit uses.<sup>20</sup>

Following the passage of the Marihuana Tax Act, products containing marijuana were removed from the market. Further, in 1942, marijuana was removed from the *United States Pharmacopeia*.<sup>21</sup> The American Medical Association (AMA) opposed the removal of marijuana; it had been listed for almost a century.<sup>22</sup>

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16 John Hudak, Cannabis Law Deskbook § 3:6 (2024-2025 ed.), Westlaw (database updated September 2024).

17 *Id.*

18 Dale H. Gieringer, The Origins of California’s 1913 Cannabis Law, California NORML (2024), <https://www.canorml.org/the-origins-of-californias-1913-cannabis-law/#:~:text=From%20the%20time%20that%20it,offenses%20has%20totalled%20over%201%2C850%2C000>. (last visited on October 15, 2024).

19 Marijuana Timeline, PBS, <https://www.pbs.org/wgbh/pages/frontline/shows/dope/etc/cron.html> (last visited on October 15, 2024).

20 59 Joseph D. Bernard & Erica M. Bruno, Massachusetts Practice, Marijuana and the Law § 2:3, Westlaw (database updated December 2023).

21 Mary Barna Bridgeman & Daniel Abazia, [\*Medicinal Cannabis: History, Pharmacology, And Implications for the Acute Care Setting\*](#), 42 P&T 180 (2017).

22 59 Joseph D. Bernard & Erica M. Bruno, Massachusetts Practice, Marijuana and the Law § 2:3.

## ***The Boggs Act of 1951 and the Narcotics Control Act of 1956***

The Boggs Act of 1951 and the Narcotics Control Act of 1956 established minimum and mandatory prison sentences for drug offenses, including marijuana, and excluded the possibility of probation and parole for offenses related to drug importation. These laws aimed to reduce addiction and deter drug use through harsher prison sentences.<sup>23</sup>

## ***Leary v. United States***

The Marihuana Tax Act was found to be unconstitutional by the U.S. Supreme Court in *Leary v. United States* (1969). Mr. Leary was convicted of two marijuana-related crimes, and he appealed his convictions. Granting Mr. Leary's *writ of certiorari*, the Supreme Court considered the following questions presented by the case:

- Whether Mr. Leary's conviction for failing to comply with the transfer tax provision of the Marijuana Tax Act violated his Fifth Amendment privilege against self-incrimination; and
- Whether Mr. Leary was denied due process by the application of 21 USC § 176a, which provides that a defendant's possession of marijuana shall be deemed sufficient evidence that the marijuana was illegally imported or brought into the United States and the defendant knew of the illegal importation or bringing in, unless the defendant explains his possession to the satisfaction of the jury.

The Supreme Court held in favor of Mr. Leary on both issues and found the Marihuana Tax Act and 21 USC § 176a violated the self-incrimination clause and due process clause of the Fifth Amendment of the *U.S. Constitution*. The Fifth Circuit Court of Appeals later affirmed the holdings and reversed Mr. Leary's convictions.<sup>24</sup>

## ***The Controlled Substances Act of 1970***

The Controlled Substances Act of 1970 (CSA) was passed after the Supreme Court's decision in *Leary v. United States*. The CSA placed marijuana under federal jurisdiction and designated marijuana as a Schedule I controlled substance. This classification effectively prohibited the manufacture, distribution, dispensation, and possession of marijuana.<sup>25</sup>

The Drug Enforcement Administration (DEA) was established in 1973 by President Nixon to administer and enforce the CSA. To regulate controlled substances, the DEA requires registration of controlled substances and establishes the criminal penalties for the production, distribution, and possession of controlled substances outside of the registration system.<sup>26</sup>

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23 59 Joseph D. Bernard & Erica M. Bruno, Massachusetts Practice, Marijuana and the Law § 2:4, Westlaw (database updated December 2023).

24 *Leary v. U.S.*, 395 U.S. 6 (1969).

25 59 Joseph D. Bernard & Erica M. Bruno, Massachusetts Practice, Marijuana and the Law § 2:5, Westlaw (database updated December 2023).

26 59 Joseph D. Bernard & Erica M. Bruno, Massachusetts Practice, Marijuana and the Law § 2:15, Westlaw (database updated December 2023).

## *The Shafer Commission*

Marijuana being designated as a Schedule I controlled substance was provisional and meant to be reviewed after the conclusion of two studies by the National Commission on Marijuana and Drug Abuse, also known as the Shafer Commission.<sup>27</sup> The Shafer Commission released its reports in 1972 and 1973 and concluded that a “total prohibition is functionally inappropriate” and a partial prohibition of marijuana (focusing on the prosecution of drug distributors and traffickers) would be the most beneficial. A partial prohibition would symbolize continued societal discouragement of use, remove the criminal stigma and threat of incarceration for personal use, allow law enforcement and the courts to focus on more serious drug crimes and cases, and permit medical, educational, religious, and parental efforts to concentrate on reducing irresponsible use. The Shafer Commission also made the following findings:

- Risks from marijuana use were low compared to psychoactive substances;
- Widespread consumption of marijuana use does not involve the same social cost associated with most stimulants and depressants; and
- Marijuana use generally did not cause aggressive behaviors, which contradicted the theory that marijuana use induces acts of violence.<sup>28</sup>

President Nixon rejected the Shafer Commission’s recommendations, and marijuana remained listed as a Schedule I controlled substance under the CSA.<sup>29</sup>

## *Reclassification Petitions*

The CSA contains a process to petition Congress for a hearing to demonstrate that a drug should be reclassified. Petitions to reclassify marijuana were submitted in 1972, 1975, and 1986 by the National Organization for the Reform of Marijuana Law (NORML). A hearing was conducted in 1986, and Judge Francis L. Young recommended rescheduling marijuana from Schedule I to Schedule II. Ultimately, the DEA administrator rejected the recommendation. The final order rejecting the rescheduling was issued in 1992.<sup>30</sup>

Subsequent petitions have been submitted and rejected by the DEA, and federal courts have upheld the DEA’s denial of petitions to reclassify marijuana on multiple occasions.

## *Gonzales v. Raich*

Provisions of the CSA were challenged in *Gonzales v. Raich*. The U.S. Supreme Court held that the CSA provisions criminalizing the manufacture, distribution, or possession of

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<sup>27</sup> *Id.*

<sup>28</sup> National Commission on Marijuana & Drug Abuse, *Marijuana: A Signal of Misunderstanding* (1972); National Commission on Marijuana & Drug Abuse, *Drug Use in America: Problem in Perspective* (1973).

<sup>29</sup> 59 Joseph D. Bernard & Erica M. Bruno, *Massachusetts Practice, Marijuana and the Law* § 2:5.

<sup>30</sup> Michael Vitiello, [\*Proposition 215: De Facto Legalization of Pot and the Shortcomings of Direct Democracy\*](#), 31 U. Mich. J.L. Reform 707, 753-55 (1998).

marijuana for intrastate growers and medical users did not violate the Commerce Clause of the *U.S. Constitution*.<sup>31</sup>

## ***U.S. Department of Justice Memos; Congressional Response***

### *The Ogden Memo*

In 2009, the first guidance for enforcing the CSA in light of states authorizing medical marijuana programs was provided to federal prosecutors by the U.S. Department of Justice (DOJ). The guidance provided that it was a core priority of the DOJ to prosecute significant drug traffickers, including marijuana, and disrupt illegal drug manufacturing and trafficking networks; however, the memo stated federal resources should not be focused on individuals whose actions are in clear and unambiguous compliance with existing state medical marijuana laws.<sup>32</sup>

[*Note:* The Ogden Memo was named for its author, David W. Ogden, Deputy Attorney General, who issued the memo on behalf of then-Attorney General Eric Holder.]

### *The Cole Memos*

The DOJ released the 2011 Cole Memo to clarify that the 2009 Ogden Memo was not intended to shield medical marijuana dispensaries from criminal prosecution and made a clear distinction between caregivers, who are not an enforcement priority, and medical marijuana dispensaries. [*Note:* Following the 2011 Cole Memo, the DOJ began criminally prosecuting medical marijuana dispensaries again for violating the CSA.]<sup>33</sup>

Following the legalization of recreational marijuana in Colorado and Washington, the DOJ released the 2013 Cole Memo. In this guidance, the DOJ stated it would not pursue prosecutions under the CSA in states that legalized marijuana as long as each state has “implemented strong and effective regulatory and enforcement systems to control the cultivation, distribution, sale, and possession of marijuana” that address the threat legalization could pose to public safety, public health, and law enforcement. The guidance also listed eight specific enforcement priorities for federal prosecutors to address the most significant marijuana-related threats.<sup>34</sup>

The following year, the DOJ released another memo, the 2014 Cole Memo, to address issues related to state legalization, banking, and money laundering laws. The 2014 Cole Memo reinforced the eight enforcement priorities from the 2013 Cole Memo and encouraged prosecutors to review marijuana-related matters on a case-by-case basis to determine whether the matter falls within those eight enforcement priorities.<sup>35</sup>

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31 *Gonzales v. Raich*, 545 U.S. 1 (2005).

32 59 Joseph D. Bernard & Erica M. Bruno, Massachusetts Practice, Marijuana and the Law § 2:17, Westlaw (database updated December 2023).

33 59 Joseph D. Bernard & Erica M. Bruno, Massachusetts Practice, Marijuana and the Law § 2:18, Westlaw (database updated December 2023).

34 59 Joseph D. Bernard & Erica M. Bruno, Massachusetts Practice, Marijuana and the Law § 2:19, Westlaw (database updated December 2023).

35 59 Joseph D. Bernard & Erica M. Bruno, Massachusetts Practice, Marijuana and the Law § 2:20, Westlaw (database updated December 2023).

[Note: The Cole Memos were named for its author, James M. Cole, Deputy Attorney General, who issued the memos on behalf of U.S. Attorney General Eric Holder.

### *The Rohrabacher-Farr Amendment*

In response to the Cole Memos, Congress passed the Rohrabacher-Farr Amendment in 2014 which prohibited the DOJ from preventing states from implementing their own state laws authorizing the use, distribution, possession, or cultivation of medical marijuana.<sup>36</sup> [Note: The Rohrabacher-Farr Amendment has been renewed each fiscal year and was last passed to be in effect through September 30, 2024.]

### *The Sessions Memo*

In 2018, the DOJ released the Sessions Memo which rescinded the guidance documents issued under the Obama Administration, including the Ogden Memo and the Cole Memos. Although the Rohrabacher-Farr Amendment prevented the DOJ from using funds to prevent states from implementing medical marijuana laws, rescinding the previous administration's memos allowed federal prosecutors to pursue actions against those in states that legalized recreational marijuana.<sup>37</sup>

[Note: The Sessions Memo was named for its author, U.S. Attorney General Jeff Sessions.]

### ***The 2014 and 2018 Farm Bills***

The Agricultural Act of 2014, also known as the 2014 Farm Bill, permitted certain postsecondary institutions and state departments of agriculture to grow industrial hemp, legitimized industrial hemp research, and defined "industrial hemp" as "the plant *Cannabis sativa L.* and any part of such plant, whether growing or not, with a delta-9 THC concentration of not more than 0.3 percent on a dry weight basis." However, the 2014 Farm Bill did not modify the CSA to exclude hemp or hemp-related products from Schedule I, and confusion about hemp's legality under federal law was created.<sup>38</sup>

To clear up the confusion created by the 2014 Farm Bill, Congress passed the Agriculture Improve Act of 2018, also known as the 2018 Farm Bill. Congress explicitly authorized the production of hemp and removed hemp and hemp seeds from the CSA, but created an exception for THC contained in hemp as a Schedule I controlled substance. The 2018 Farm Bill also directed the U.S. Department of Agriculture to issue regulations and guidance for state industrial hemp programs and broadened the definition of "industrial hemp" to mean "the plan *Cannabis sativa L.* and any other part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether

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36 59 Joseph D. Bernard & Erica M. Bruno, Massachusetts Practice, Marijuana and the Law § 2:6, Westlaw (database updated December 2023).

37 59 Joseph D. Bernard & Erica M. Bruno, Massachusetts Practice, Marijuana and the Law § 2:21, Westlaw (database updated December 2023).

38 59 Joseph D. Bernard & Erica M. Bruno, Massachusetts Practice, Marijuana and the Law § 2:7, Westlaw (database updated December 2023).



growing or not, with a delta-9 THC concentration of not more than 0.3 percent on a dry weight basis.<sup>39</sup>

### **State Regulations**

Although some states had previously decriminalized marijuana, state marijuana policies did not start to change until 1996 when California legalized the use of marijuana for medical purposes through the passage of the Compassionate Use Act.<sup>40</sup> Since 1996, 38 states, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands have permitted some form of medical marijuana use. Additionally, nine states have authorized CBD/low THC programs for medical purposes.<sup>41</sup>

Below is a table indicating the year each state authorized medical marijuana programs, recreational or adult-use marijuana programs, and CBD/low THC programs, and the year each state decriminalized marijuana, as applicable.

<b>State</b>	<b>CBD/Low THC Program</b>	<b>Medical Marijuana Program</b>	<b>Adult-use Program</b>	<b>Decriminalization</b>
Alabama	-	2021	-	-
Alaska	-	1998	2014	1975
Arizona	-	2010	2020	2020
Arkansas	-	2016	-	-
California	-	1996	2016	2011
Colorado	-	2000	2012	1975
Connecticut	-	2012	2021	2011
Delaware	-	2011	2023	2015
District of Columbia	-	1998	2014	2014
Florida*	-	2016	-	-
Georgia	2019	-	-	-
Hawaii	-	2000	-	2019
Idaho	-	-	-	-
Illinois	-	2013	2019	2016
Indiana	2018	-	-	-
Iowa	2014	-	-	-
Kansas	-	-	-	-
Kentucky	-	2023	-	-
Louisiana	-	2015	-	2021
Maine	-	1999	2016	1976

39 59 Joseph D. Bernard & Erica M. Bruno, Massachusetts Practice, Marijuana and the Law § 2:8, Westlaw (database updated December 2023).

40 Erwin Chemerinsky, Jolene Forman, Allen Hopper, & Sam Kamin, [Cooperative Federalism and Marijuana Regulation](#), 62 UCLA L. Rev. 74, 84-85 (2015).

41 State Medical Cannabis Laws, National Conference of State Legislatures (2024), <https://www.ncsl.org/health/state-medical-cannabis-laws> (last visited on October 11, 2024).

State	CBD/Low THC Program	Medical Marijuana Program	Adult-use Program	Decriminalization
Maryland	-	2014	2022	2014
Massachusetts	-	2012	2016	2008
Michigan	-	2008	2018	2018
Minnesota	-	2014	2023	1976
Mississippi	-	2022	-	1987
Missouri	-	2018	2022	2022
Montana	-	2004	2020	2020
Nebraska**	-	-	-	1979
Nevada***	-	2000; 2013	2016	2001
New Hampshire	-	-	2013	2017
New Jersey	-	-	2020	2021
New Mexico	-	2007	2021	2019
New York	-	2014	2021	2018
North Carolina	2014	-	-	1977
North Dakota	-	2016	-	2019
Ohio	-	2016	2023	1975
Oklahoma	2015	2018	-	-
Oregon	-	1998	2014	1973
Pennsylvania	-	2016	-	-
Rhode Island	-	2006	2022	2012
South Carolina	2014	-	-	-
South Dakota****	-	2020	-	-
Tennessee	2015	-	-	-
Texas	2015	-	-	-
Utah	2014	2018	-	-
Vermont	-	2004	2018	2013
Virginia	-	2020	2021	2020
Washington	-	1998	2012	2012
West Virginia	-	2017	-	-
Wisconsin	2014	-	-	-
Wyoming	2015	-	-	-

\* Florida citizens will vote on legalizing adult-use marijuana sales in the November 2024 election.

\*\* Nebraska citizens will vote on two measures related to medical cannabis in the [November 2024 election](#). The Nebraska Medical Cannabis Patient Protection Initiative (Initiative Measure 437) would legalize medical marijuana, and the Nebraska Medical Cannabis Regulation Initiative (Initiative Measure 437) would establish a regulatory framework for medical cannabis production and sales.

\*\*\* Medical marijuana was approved by voters in 2000, but the sale of medical marijuana was not approved by the Nevada Legislature until 2013.

\*\*\*\* Amendment A authorizing adult-use marijuana use was approved by 54 percent of South Dakota voters; however, it was ruled unconstitutional in February 2021.

