



Guide to Safer Cannabis Use in Minnesota

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This guide provides an overview of safety and legal considerations for cannabis use in Minnesota. Whether you are a registered medical cannabis patient or an adult exploring licensed adult-use retail options, these guidelines help you to have a safer, responsible experience.

This informational document was developed by OCM for guidance only. OCM enforces all laws and rules by applying the law or rule to specific facts on a case-by-case basis.

While businesses are not required to use this specific resource, they can meet the statutory requirements laid out in [Minnesota Statutes, section 342.63, subdivision 6](#) by either posting this information on the business premises and/or providing a printed version for customers to take with them as outlined in the statute.

THE BASICS: ADULT-USE VS. MEDICAL CANNABIS

While cannabis is legal for adults (21+) in Minnesota, the rules governing how you access it and the costs involved depend on which program you use.

Cannabis **possession limits** are:

- Up to 2 ounces of cannabis flower in a public place and up to 2 pounds of cannabis flower in a private residence
- Up to 8 grams of concentrate and up to 800 milligrams of THC in edible products



ADULT-USE SPECIFICS (21+)

The adult-use market is designed for personal use for those 21 and older.

- **Access:** Available for purchase at any licensed adult-use retailer.
- **Gifting:** Adults 21+ may “gift” up to the public possession limit to other adults 21+ (no money or compensation can be exchanged).



MEDICAL-USE SPECIFICS (REGISTERED PATIENTS AND CAREGIVERS)

The medical cannabis program is for patients with qualifying conditions who are registered with the state.

- **Tax exemption:** Medical cannabis products are exempt from the cannabis tax and all state/local sales taxes. Find more information on cannabis taxes on the [Minnesota Department of Revenue’s website](https://www.revenue.state.mn.us/cannabis-tax) (<https://www.revenue.state.mn.us/cannabis-tax>).
- **Age:** Adults 18+ can enroll independently; minors under 18 must enroll with a parent or legal guardian.
- **Protections:** Medical cannabis patients have specific legal protections against discrimination in employment, housing, and school enrollment based solely on their status in the registry.
- **Clinical guidance:** Patients receive guidance from pharmacists or certified medical cannabis consultants in addition to their certifying healthcare practitioner.
- **Diversion:** Medical cannabis patients are not allowed to share, give away, or sell medical cannabis,
- **Possession limits:** Medical cannabis patients and designated caregivers are not subject to possession limits in Minnesota Statutes, section 342.09, subd. 1(a)(2)-(5), for patient-specific, labeled medical cannabis flower and medical cannabinoid products.

Note: The therapeutic use of medical cannabis is considered experimental. Patients should discuss the potential risks, benefits, and side effects of their specific treatment plan with their healthcare provider.

UNIVERSAL RULES: WHAT EVERYONE NEEDS TO KNOW



Regardless of whether you are a medical cannabis patient or an adult-use consumer, the following apply:

- **Impaired driving:** It is illegal to operate vehicles or heavy machinery under the influence. Cannabis impairs reaction time, judgment, and coordination. For more information on drug-impaired driving, visit the [Minnesota Department of Public Safety website](https://dps.mn.gov/drugged-driving) (<https://dps.mn.gov/drugged-driving>).
 - **Public consumption:** Smoking or vaping cannabis is generally prohibited in indoor public places, workplaces, and specific outdoor areas like parks or schools. Check local ordinances for specifics.
 - **Federal property:** Possession and use remain illegal on all federally owned and managed lands outside of Indian Country, including national parks, federal courthouses, and federally subsidized housing.
 - **Tribally regulated lands:** Lawful possession and use is dependent on the Tribal code or laws of each Minnesota Tribal Government.
 - **Interstate travel:** Transporting cannabis across state lines is a federal crime, even if both states have legalized it.
- **Vehicle storage:** All products must be in the trunk or a rear cargo area unless they are in their original, sealed, and labeled packaging.
 - **Home cultivation:** Minnesota law allows for up to eight plants (maximum four flowering) to be grown at a primary residence, provided they are in an enclosed, locked space hidden from public view. For more information on medical cannabis patients designating their right to home grow, visit OCM’s [Medical Cannabis Frequently Asked Questions page](https://mn.gov/ocm/dmc/patients/the-basics/frequently-asked-questions.jsp#cultivation) (<https://mn.gov/ocm/dmc/patients/the-basics/frequently-asked-questions.jsp#cultivation>).

HEALTH, SAFETY, AND RESPONSIBLE USE

UNDERSTANDING POTENCY LABELS

Potency primarily refers to the amount of THC—the main psychoactive compound—in a cannabis product. The amount of THC is reported using different units of measurement, depending on the product and how it is consumed. Understanding these units can help you have a safer experience.

- **Inhaled (flower/vapes):** THC is reported as a percentage (%) of the product's weight.
- **Ingested (edibles/drinks):** THC is reported in milligrams (mg) per serving and per package.

Safety tip: If consuming ingested products, such as edibles or beverages, remember *start low, go slow*. Start with a low dose (<2.5 mg to 5 mg) and wait at least 30 minutes to 2 hours to feel the full effects before consuming more. If consuming inhaled products, such as flower or a vape, start with one inhalation or puff of a lower potency product and wait at least 15-30 minutes to assess the effects.

Timing and absorption*²

Method	Onset (start) of effects	Peak effects	Duration
Inhalation (flower/vapes)	1-10 minutes	30 minutes	2-4 hours
Ingestion (edibles/drinks)	30 mins-2 hours	3-4 hours	6-12 hours

**Timing and absorption may vary from person to person, based on a number of variables. These are general estimates.*

UNIVERSAL SAFETY GUIDANCE

- **Avoid mixing substances:** Mixing cannabis with alcohol, prescription medications, or other substances can drastically increase impairment and risk of serious and unintentional effects.^{3,4}
- **Drug-to-drug interactions:** Cannabis can increase or decrease the levels of other drugs in your bloodstream. Always consult with your healthcare practitioner and/or pharmacist.⁴
- **Safe storage:** Safe storage is critical to protect against accidental overconsumption and to ensure responsible use. Always store cannabis in its original child-resistant packaging, locked and out of reach of children and pets.⁵
- **Remember:** For edibles, *start low, go slow*. Ingested THC lasts significantly longer and can feel more intense than smoking.⁶

SIDE EFFECTS AND RISKS

Cannabis is a biologically active substance that impacts several body systems. Because its effects depend on the individual, the product's potency, and how it is consumed, it is important to understand the potential risks. Products with high THC concentrations (e.g., concentrates, waxes, or high-potency edibles) significantly increase the risk of adverse reactions.^{4,6,7}

For Poison Control help, call 1-800-222-1222 or visit [webpoisoncontrol.org](https://www.webpoisoncontrol.org) to report and get free guidance on side effects or accidental ingestion.



Immediate (acute) side effects

Most acute effects begin shortly after consumption and typically fade within a few hours.⁶

- **Physical:** Dry mouth (“cottonmouth”), dizziness, red eyes, and increased appetite.
- **Cardiovascular:** Rapid heart rate (tachycardia) and shifts in blood pressure.
- **Cognitive:** Slowed coordination, delayed reaction times, and difficulty with short-term memory.



Signs of overconsumption

- **“Greening out”:** This occurs when a user consumes more THC than their body can handle. Symptoms include extreme anxiety, paranoia, severe nausea, vomiting, or dizziness.⁶

For information on cannabis-induced psychosis and risks to individuals under the age of 25, refer to **Mental Health and Vulnerability** on the final page of this guide.



Cannabis hyperemesis syndrome (CHS)

CHS is a condition resulting from long-term, heavy use characterized by repeated cycles of severe vomiting and abdominal pain. Users often find temporary relief in hot showers or baths.^{8,9}



Dependence and cannabis use disorder (CUD)⁶

Frequent use of high-potency products can cause your body to build a tolerance, meaning you need more to feel the same effects. This can lead to cannabis use disorder (CUD), where the inability to stop using despite negative consequences affects your daily life. Contact Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Helpline at 1-800-662-HELP (4357) for treatment options and support.

Signs of CUD include:

- Physical dependence or withdrawal symptoms.
- Being unable to reduce use, even when it harms your health, job or relationships.



Long-term health concerns

- **Lung and heart health:** For those who smoke or vape, there is an increased risk of chronic bronchitis, lung irritation, and persistent cough. There may also be an increased risk of stroke, heart disease, and other vascular diseases.⁶
- **Oral health:** Frequent use often causes severe dry mouth (xerostomia). Without adequate saliva, the risk of tooth decay, gum disease, and oral infections increases significantly.¹²



Pregnancy and breastfeeding/chestfeeding

To avoid potential developmental risks to the child, cannabis should not be used while pregnant or breastfeeding/chestfeeding.^{4,6}



Mental health and vulnerability

Risks for youth and young adults (Under 25)

Regular use and use of high-THC products during this developmental window is linked to:

- **Impact on brain development:** Regular use may impact developing brains, specifically affecting memory, learning and attention spans.⁶
- **Increased psychosis risk:** Research suggests a significantly higher risk of developing psychotic disorders.¹⁰
- **Higher dependency:** Regular use may lead to a greater susceptibility to developing CUD.⁶

Risks for existing mental health conditions

Because of the complex ways THC interacts with the brain, individuals with pre-existing mental health conditions or with a family history—especially bipolar or psychotic disorders—should be extremely cautious.¹¹ Discuss cannabis use with a healthcare provider to understand how it may specifically affect your personal health and risk profile.

- **Bipolar disorder:** Cannabis can worsen mania, leading to increased irritability and restlessness.⁶
- **Psychotic disorders:** Regular use is linked to more severe symptoms and a higher likelihood of losing touch with reality (psychosis).⁶

RESOURCES AND REFERENCES

RESOURCES

- **University of Minnesota: Cannabis Research Center** (<https://www.sph.umn.edu/research/centers/cannabis/>)
- **Minnesota Office of Cannabis Management: Consumer Information** (<https://mn.gov/ocm/consumers/>)
- **Minnesota Department of Health: Cannabis Materials** (<https://www.health.state.mn.us/communities/cannabis/materials.html>)

REFERENCES

- (1) Impaired driving laws | Minnesota Department of Public Safety. <https://dps.mn.gov/divisions/ots/safe-driving-information-and-laws/traffic-safety-laws/impaired-driving-laws> (accessed 2025-12-17).
- (2) Grotenhermen, F. Pharmacokinetics and Pharmacodynamics of Cannabinoids. *Clin. Pharmacokinet.* 2003, 42 (4), 327–360. <https://doi.org/10.2165/00003088-200342040-00003>.
- (3) Fares, A.; Wickens, C. M.; Mann, R. E.; Di Ciano, P.; Wright, M.; Matheson, J.; Hasan, O. S. M.; Rehm, J.; George, T. P.; Samokhvalov, A. V.; Shuper, P. A.; Huestis, M. A.; Stoduto, G.; Brown, T.; Stefan, C.; Rubin-Kahana, D. S.; Le Foll, B.; Brands, B. Combined Effect of Alcohol and Cannabis on Simulated Driving. *Psychopharmacology (Berl.)* 2022, 239 (5), 1263–1277. <https://doi.org/10.1007/s00213-021-05773-3>.
- (4) Mayo Clinic Staff. Marijuana. Mayo Clinic. <https://www.mayoclinic.org/drugs-supplements-marijuana/art-20364974> (accessed 2026-03-23).
- (5) Preventing Unintentional Poisonings from Cannabis Products - MN Dept. of Health. <https://www.health.state.mn.us/communities/cannabis/thcpoisonings.html> (accessed 2025-12-17).
- (6) National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*; The National Academies Collection: Reports funded by National Institutes of Health; National Academies Press (US): Washington (DC), 2017.
- (7) Richards, J. R.; Smith, N. E.; Moulin, A. K. Unintentional Cannabis Ingestion in Children: A Systematic Review. *J. Pediatr.* 2017, 190, 142–152. <https://doi.org/10.1016/j.jpeds.2017.07.005>.
- (8) Perisetti, A.; Gajendran, M.; Dasari, C. S.; Bansal, P.; Aziz, M.; Inamdar, S.; Tharian, B.; Goyal, H. Cannabis Hyperemesis Syndrome: An Update on the Pathophysiology and Management. *Ann. Gastroenterol.* 2020, 33 (6), 571–578. <https://doi.org/10.20524/aog.2020.0528>.
- (9) Richards, J. R.; Gordon, B. K.; Danielson, A. R.; Moulin, A. K. Pharmacologic Treatment of Cannabinoid Hyperemesis Syndrome: A Systematic Review. *Pharmacotherapy* 2017, 37 (6), 725–734. <https://doi.org/10.1002/phar.1931>.
- (10) Young-Wolff, K. C.; Cortez, C. A.; Alexeeff, S. E.; Silver, L. D.; Pacula, R. L.; Slama, N. E.; Padon, A. A.; Satre, D. D.; Campbell, C. I.; Koshy, M. T.; Does, M. B.; Sterling, S. A. Adolescent Cannabis Use and Risk of Psychotic, Bipolar, Depressive, and Anxiety Disorders. *JAMA Health Forum* 2026, 7 (2), e256839. <https://doi.org/10.1001/jamahealthforum.2025.6839>.
- (11) Kansagara, D.; Terry, G. E.; Ayers, C. K.; D'Souza, D. C. Cannabis and Mental Health: A Review. *JAMA Intern. Med.* 2026. <https://doi.org/10.1001/jamainternmed.2025.8215>.
- (12) Xerostomia (Dry Mouth). Cleveland Clinic. <https://my.clevelandclinic.org/health/diseases/10902-dry-mouth-xerostomia> (accessed 2026-03-23).