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## **New Hampshire (2024) Testimony opposing the adoption of THC potency limits on medical cannabis products**

**I am submitting this testimony to members of the Committee to express my opposition to Senate Bill 419, which seeks to impose an arbitrary 16% THC cap on medical cannabis products.**

I have worked professionally in the field of marijuana policy for nearly 30 years, and I currently serve as the Deputy Director of NORML – the National Organization for the Reform of Marijuana Laws, a public interest advocacy organization based in Washington, DC.

During my professional career, I have authored several books on cannabis' health effects,<sup>1</sup> and my writing has been featured in over two dozen academic anthologies. I have written extensively on the effects of THC.

### **Imposing Arbitrary THC Potency Caps Hurts Patients**

Conventional medicines, such as pain relievers, are available in various strengths and potencies to meet patients' specific needs. Medicinal cannabis products should also be available to patients in varying potencies and formulations.

Prohibiting patients from accessing these products at state-licensed dispensaries will not eliminate patients' demand for them. Rather, it will force patients to seek out high-THC products in the unregulated market. It will also move the production of these products exclusively underground. This undermines the primary goal of the state's medical access legalization law, which is to provide patients with safe, above-ground access to lab-tested products of known purity, potency, and quality.

### **Higher-potency THC Products Are Not a New Phenomenon**

Cannabis consumers have long been exposed to higher-THC products, such as hashish. Typically, when consumers encounter higher-potency products, they consume lesser quantities of them.<sup>2</sup> This self-regulatory process is known as self-titration.<sup>3</sup> Patients and others engage in self-titration routinely in their daily lives (e.g., when they encounter medicines or alcohol of varying potencies).

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<sup>1</sup> Armentano. Clinical Applications for Cannabis & Cannabinoids: A Review of the Recent Scientific Literature. NORML Foundation. 2021.

<https://norml.org/marijuana/library/recent-medical-marijuana-research/>

<sup>2</sup> Cuttler et al. 2021. Acute effects of high-potency cannabis flower and cannabis concentrates on everyday life, memory, and decision making. *Nature: Scientific Reports*.

<https://www.nature.com/articles/s41598-021-93198-5.epdf>

<sup>3</sup> Reinerman. 2009. Cannabis policies and user practices: Market separation, price, potency, and accessibility in Amsterdam and San Francisco. *International Journal of Drug Policy* 20: 28-37.

<https://pubmed.ncbi.nlm.nih.gov/18367390/>



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## **THC, Regardless of Potency, Is Incapable of Causing Lethal Overdose**

Unlike alcohol and most prescription medicines, THC, regardless of either quantity or potency, cannot cause lethal overdose in humans. This fact is acknowledged by the US Drug Enforcement Administration, which concluded, “No deaths from overdose of marijuana have been reported.”<sup>4</sup>

Since 1985, the US FDA has regulated the prescription drug dronabinol (a/k/a Marinol), which consists entirely of synthetic THC. In 1999, the agency reduced the federal scheduling restrictions on dronabinol based upon findings that it posed low abuse potential and few significant health risks.

## **THC Products Are Not Linked to Increased Incidences of Psychosis in Patients**

Concerns that access to higher-THC products triggers psychosis and other adverse health effects in patients are not supported by data.

Specifically, a study published recently in the peer-reviewed journal *Drug Safety* reviewed adverse events data in a cohort of over 3,000 patients authorized to use medical cannabis products over several years. Only four percent of patients in the cohort reported ever experiencing any cannabis-related side effects, and these effects were typically limited to dizziness, headache, and somnolence. Patients with mental health disorders were no more likely than others to report side effects from cannabis treatment.<sup>5</sup> These findings are consistent with data from a 2022 study, which similarly determined that authorized patients were at low risk for psychiatric hospitalizations resulting from their medical cannabis use.<sup>6</sup>

## **In Conclusion**

Rather than reintroduce cannabis criminalization to a portion of the medical cannabis market, regulators and other concerned parties should seek to provide patients and other members of the public with safety information about the effects of more potent products. And they should continue to ensure that legal, medical cannabis products do not get diverted to the youth market.

These steps would be far more productive than calling for a return to the failure policy of cannabis prohibition in New Hampshire.

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<sup>4</sup> [https://www.dea.gov/sites/default/files/drug\\_of\\_abuse.pdf](https://www.dea.gov/sites/default/files/drug_of_abuse.pdf)

<sup>5</sup> Hachem et al. 2023. A descriptive analysis of adverse event reports from the Quebec Cannabis Registry. *Drug Safety*.

<https://link.springer.com/article/10.1007/s40264-023-01379-0>

<sup>6</sup> Zongo et al. 2022. Incidence and predictors of cannabis-related poisoning and mental and behavioral disorders among patients with medical cannabis authorizations: A cohort study. *Substance Use and Misuse* 57: 1633-1641.

<https://pubmed.ncbi.nlm.nih.gov/35866679/>