



Working to Reform Marijuana Laws

RE: Opposition of HB 1147 – THC Concentration Limit

Written Testimony of Paul Armentano, Deputy Director
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Washington, DC

My name is Paul Armentano. I would like to address the members of the House Economic Matters Committee regarding House Bill 1147.¹ **I am providing this testimony in opposition to the advancement of HB 1147**, which seeks to impose an arbitrary 15% THC potency cap on adult-use cannabis products, among other changes.

For over 25 years, I have worked professionally in the field of cannabis policy, with a particular emphasis on the science specific to cannabis' effect on public health and safety. My work on this issue has been highlighted in the peer-reviewed scientific literature and various academic anthologies, and I have presented information at numerous academic and legal symposiums. I have also authored or co-authored four books on cannabis policy, several of which have been licensed and translated internationally.

I currently serve as the Deputy Director for the National Organization for the Reform of Marijuana Laws (NORML) – a public interest advocacy organization based in Washington, DC. I am the former Chair of the Science Department for Oakland University in Oakland, California. I am a current resident of Maryland.

NORML opposes the imposition of caps that prohibit the production, sale, and/or possession of certain products containing elevated THC potencies. There are several reasons why we hold this position.

First, higher potency products, like hashish, have always been available (and were not uncommon in the decades before legalization). **Typically, when consumers encounter higher-potency products, they ingest lesser quantities.**² **This self-regulatory process is known as self-titration.**³

¹ <https://mgaleg.maryland.gov/2023RS/bills/hb/hb1147F.pdf>

MD HB 1147

² <https://pubmed.ncbi.nlm.nih.gov/2560548/>

Effects of tetrahydrocannabinol content on marijuana smoking behavior, subjective reports, and performance

³ <https://pubmed.ncbi.nlm.nih.gov/18367390/>

Cannabis policies and user practices: market separation, price, potency, and accessibility in Amsterdam and San Francisco





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Second, higher-potency THC products do not dominate state-legal markets. In fact, **retail sales records from these markets show that most consumers tend to prefer⁴ and gravitate toward flower products⁵ of more moderate potencies**, not concentrates.

Third, unlike alcohol, **THC is incapable of causing a lethal overdose⁶**, regardless of its potency or the quantity consumed.

Sensationalist claims alleging that today's cannabis is far more potent, and therefore inherently more dangerous to society, than that of the prior generations are nothing new.⁷ Specifically, concerns that higher potency products, such as cannabis concentrates, might increase one's risk of psychosis or schizophrenia remain subject to an ongoing debate. Thus far, **studies have generally failed to identify⁸ any parallel relationship between rising rates of cannabis use among the general population and increasing incidences of mental illness** – thereby undermining claims of an independent causal relationship.

Two recently published studies have assessed whether there is any increase in rates of psychosis in states that have legalized the adult use of cannabis as compared to those that have not. The first, published in the journal *Psychological Medicine*, assessed the relationship between adult-use cannabis legalization and psychosocial functioning in a cohort of 240 pairs of identical twins. One twin resided in a jurisdiction where adult-use cannabis sales were legally permitted, while the other lived in a state where marijuana was criminally prohibited. **Authors reported that legalization was not positively correlated with increased incidences of psychosis, substance abuse disorder, or other adverse outcomes**, concluding, “[These] results are reassuring with respect to public health concerns around recreational cannabis legalization.”⁹

⁴ <https://pubmed.ncbi.nlm.nih.gov/32858319/>

A within-person comparison of the subjective effects of higher vs. lower-potency cannabis

⁵ <https://pubmed.ncbi.nlm.nih.gov/28556310/>

Variation in cannabis potency and prices in a newly legal market: evidence from 30 million cannabis sales in Washington state

⁶ https://www.dea.gov/sites/default/files/2020-06/Marijuana-Cannabis-2020_0.pdf

“No deaths from overdose of marijuana have been reported.”

⁷ <https://www.rollingstone.com/culture/culture-news/reefer-madness-1997-the-new-bag-of-scare-tactics-241257/>

⁸ <https://pubmed.ncbi.nlm.nih.gov/19560900/>

Assessing the impact of cannabis use on trends in diagnosed schizophrenia in the United Kingdom from 1996 to 2005

⁹ <https://pubmed.ncbi.nlm.nih.gov/36601811/>

Recreational cannabis legalization has had limited effects on a wide range of adult psychiatric and psychosocial outcomes





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The second study, published in the *Journal of the American Medical Association (JAMA) Network Open*, evaluated the relationship between the adoption of statewide legalization laws and rates of psychosis-related healthcare claims among a cohort of over 63 million privately insured individuals followed from 2003 to 2017. Authors concluded: “This study is the first and largest, to our knowledge, to quantify the association of medical and recreational cannabis policies with rates of psychosis-related health care claims across US states. ... **[W]e did not observe a statistically significant association of state cannabis policy level with overall rates of psychosis-related diagnoses or prescribed antipsychotics.** ... As US states continue to legalize the use, production, promotion, or sale of cannabis, continued examination of the implications of state cannabis policies for psychotic disorders may be informative, particularly with study designs that yield precise estimates in high-risk population subgroups.”¹⁰

Ultimately, **proposed bans on cannabis products will only perpetuate the unregulated market.** That is because outlawing these products will drive production and sale exclusively underground. This result undermines the primary goal of legalization: to disrupt and ultimately replace the underground market with a transparent, regulated marketplace wherein products are tested for safety and are clearly labeled so that consumers can make educated choices.

Rather than reintroduce cannabis criminalization, regulators and other concerned parties should seek to provide the public with more comprehensive safety information about the effects of more potent products. They should continue to ensure that legal products are not diverted to the youth market. Such actions will ultimately be far more productive than calling for a return to the failures of marijuana prohibition.

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¹⁰ <https://pubmed.ncbi.nlm.nih.gov/36696111/>

State Cannabis Legalization and Psychosis-Related Health Care Utilization

