Marijuana/Cannabis Legalization for Recreational Use Policy

The New Hampshire Medical Society:

1. Encourages increased research on the impact of cannabis legalization for recreational use on individual and public health and on justice-related issues in states that have already legalized recreational use of cannabis.

2. Encourages research aimed at further defining the biologic actions and interactions of active constituents in cannabis and the development of U.S. Food and Drug Administration (FDA) approved cannabinoid medications.

3. Will consider support for legalization of recreational use of cannabis by adults in New Hampshire, when:
   - The balance of net benefits and harms of legalization of cannabis and cannabis products – with differing concentrations and delivery mechanisms of active compounds (tetrahydrocannabinol (THC), cannabidiol (CBD), etc.) – is clearer based on scientific, epidemiologic, and other evidence, and is determined to be favorable or neutral in terms of impact on public health and safety; and
   - Regulatory systems are adequately and sustainably prepared to safely guide product approval and availability with adequate safeguards to protect from commercialization targeting use by children; and
   - An effective system for collection, analysis and dissemination of relevant public health and safety data is in place to determine the impact of legalization and to guide revisions in policy and regulation in support of public health and safety.

4. Supports the role of the New Hampshire Department of Health and Human Services in considering available scientific and clinical evidence to determine acceptable clinical indications for legal therapeutic use of cannabis in New Hampshire, including whether opioid use or other substance use disorder should or should not be a clinical indication for use; assuring qualified expert input into this process is critical.

Adopted January 10, 2019
Facts on Marijuana/Cannabis

1. The content of tetrahydrocannabinol (THC or delta-9-THC, the major psychoactive or mind-altering component of cannabis) in marijuana has increased markedly over the past 50 years from a mean content of 3-5% in the 1970s, up 500% in potency with current mean concentrations of 18-23% in flowers, and up an average of 1800% in potency to 68-75% through extracted products in Washington State where cannabis is legal.\(^1\)

2. Marijuana/cannabis contains over 75 other potentially biologically active cannabinoids and other constituents, whose actions and interactions are not clearly defined.\(^2\)

3. Teen Vaping Use: 25% of NH high school students reported using vaped products in the past 30 days, ranging from 17.6% of 9\(^{th}\) graders to 32.4% of 12\(^{th}\) graders.\(^3\) Among high school students who had used e-cigs before, over one-third reported vaping marijuana (THC).\(^4\) Multiple studies have found that youth who try vaping even once have a markedly increased risk of going on to smoke cigarettes and marijuana.\(^5\)\(^6\)

4. Vaping/smoking THC-rich resins extracted from the marijuana plant, referred to as “dabbing” is on the rise. These extracts come in various forms, such as: “hash oil or honey oil” – a gooey liquid; “wax or dabs” – soft solid with a texture like lip balm; and “shatter” – a hard, amber-colored solid. Marijuana extracts can deliver extremely large amounts of THC to the body, and their use has sent individuals to the emergency room.\(^7\)\(^8\)

5. No robust and consistent Federal or State systems for developing and overseeing regulatory standards for the cannabinoid content of cannabis and its products currently exist.\(^9\)

6. Increased marijuana-associated morbidity presenting to Emergency Departments including rising poisonings among children, reduced perception of cannabis-related harm among children/adolescents, and rising rates of adult cannabis use,\(^10\) with indications of increased cannabis use among children ages 12-17 across the country.\(^11\)

7. Scientific literature reports potential adverse effects of marijuana use in pregnant women, including fetal growth restriction, low birth weight, preterm birth, small-for-gestational age, neonatal intensive care unit (NICU) admission, and stillbirth.\(^12\)\(^13\)\(^14\) Based on published animal research, there are also concerns that use of marijuana during pregnancy may negatively impact fetal brain development.\(^15\)\(^16\)\(^17\)

8. Research indicates a strong link between increased risk for acute psychotic symptoms in adolescents with monthly or more frequent marijuana use,\(^18\)\(^19\) as well as potential cardiovascular and pulmonary risks in vulnerable people.\(^20\)

9. While research indicates that between 9 and 30 percent of those who use marijuana may develop some degree of marijuana use disorder,\(^21\) adolescents who start smoking marijuana are four to seven times more likely to develop a marijuana use disorder.\(^22\)

10. Drivers who have ingested marijuana are slower to accurately perceive, make decisions and react to the traffic environment with studies showing that the crash risk doubles.\(^23\)

11. Chronic use of cannabis can be associated with a variety of harms, including increasing opioid use disorders and impairment in social, work, and intellectual performance.\(^24\)\(^25\)
References

1. Jilomes and Zoorob, The Legal Content of Cannabis in Washington State, Scientific Reports, 2018
5. “Vaping tied to higher risk that teens will try marijuana.” https://www.srnnews.com/vaping-tied-to-higher-risk-that-teens-will-try-marijuana/