

Partnership for a Drug-Free New Jersey

In Cooperation with the Governor's Council on Substance Use Disorder and the NJ Dept. of Human Services

Marijuana Potency: New Research, New Risks in Your Home & Workplace

October 28, 2025



Featured Presenters



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Cannabis Exposure: Clinical and Toxicologic Perspectives

Paige Williams, MD
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New Jersey Poison Information and Education System
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Defining the Lingo

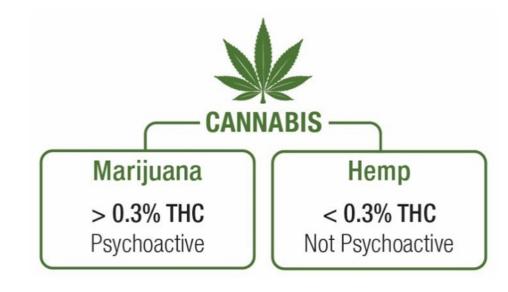
Cannabis Sativa

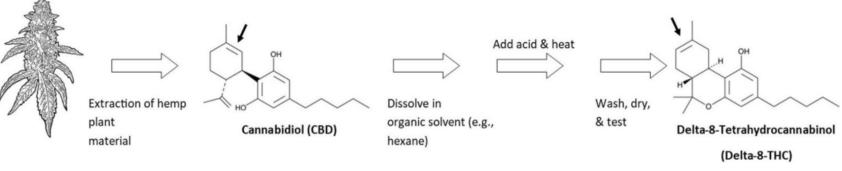
- Cannabis
 - Short for *Cannabis sativa*, also refers to products made from t cannabis plant
- Marijuana
 - Common name for mixture of dry leaves and flowers
- Cannabinoids
 - Chemicals produced by cannabis, bind to cannabinoid receptors
 - Cannabidiol (CBD)
 - Tetrahydrocannabinol (THC)
 - Cannabinol
 - Synthetic cannabinoids
 - "K2", "spice", "synthetic marijuana"



2018 Farm Bill

- Removed hemp from federal list of controlled substances
- Hemp
 - Cannabis plant type containing no more than 0.3% THC by dry weight
- Loophole
 - Only specified delta-9 THC
 - Cannabinoids can still be extracted from hemp to create psychoactive products
 - No product regulations





Nachnani 2022

New Jersey Law

- Both medical and recreational use legal
- 21+
- Sale of products with > 0.3% THC limited to licensed cannabis dispensaries
- Product regulations
 - Child resistant packaging
 - Clearly labeled THC content
 - Proof of third party testing for potency and contaminants





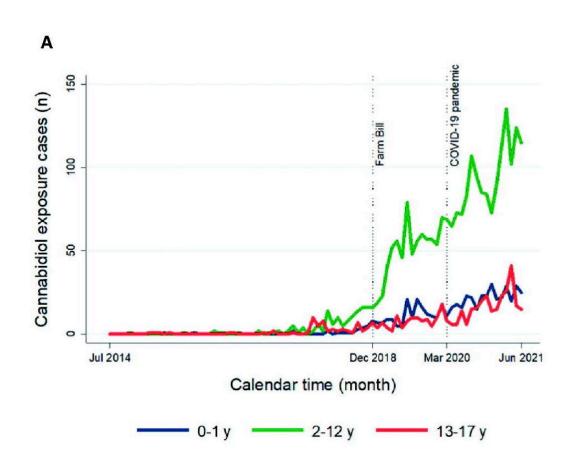
What's the big deal?



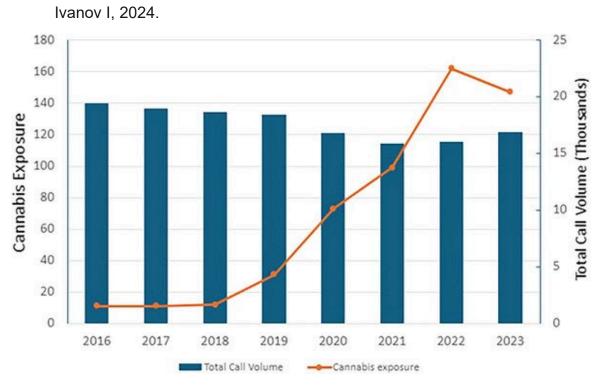




Pediatric Cannabis Exposure Trends



Perez-Vilar, 2021.



Reported number of pediatric cannabis exposures (<5 years old) overlying the total number of calls per year to New Jersey Poison Information and Education System (NJPIES) from 2016 to 2023.

Characteristics of Acute Toxicity

ARTICLES | JANUARY 03 2023

Pediatric Edible Cannabis Exposures and Acute Toxicity: 2017− 2021 ⊘

Marit S. Tweet, MD

; Antonia Nemanich, MD; Michael Wahl, MD

Clinical Effects for all Cases Followed to a Known Outcome (n=4827)

Clinical Effects	Number of Cases (%)
CNS Depression	3381 (70.0)
Agitation	342 (7.1)
Seizure	148 (3.1)
Vomiting	458 (9.5)
Respiratory Depression	148 (3.1)

Percent of Cases by Disposition for Each Year (n = 7043)

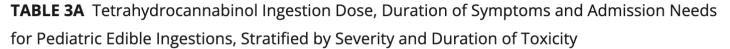
	2017	2018	2019	2020	2021
Admitted to ICU setting	8.7	4.7	7.3	8.2	9.0
Admitted to non-ICU setting	9.7	10.5	12.0	14.9	16.3
Treated/evaluated and released	44.9	42.4	39.7	32.6	35.9

Toxic Dose?

> Pediatrics. 2023 Sep 1;152(3):e2023061374. doi: 10.1542/peds.2023-061374.

Toxic Tetrahydrocannabinol (THC) Dose in Pediatric Cannabis Edible Ingestions

Lesley C Pepin ¹, Mark W Simon ¹, Shireen Banerji ¹, Jan Leonard ², Christopher O Hoyte ^{1 3}, George S Wang ^{1 4}



	Severe Toxicity (n = 37)	Absence of Severe Toxicity (<i>n</i> = 43)	Р
Median THC dose in mg/kg (IQR)	5.4 (3.2–8.2)	0.9 (0.6–1.9)	<.0001
Median duration of signs and symptoms in h (IQR)	20.3 (12.8–29.5)	6.3 (3–10)	<.0001
Required admission (%)	28 (76%)	12 (28%)	<.0001





Adult Toxicity

- Euphoria, heightened sensory awareness
- Sedation
- Anxiety, agitation
- Visual hallucinations
- Paranoia
- Psychosis
- Elevated heart rate
- Incoordination, slurred speech



Impacts on Healthcare Utilization

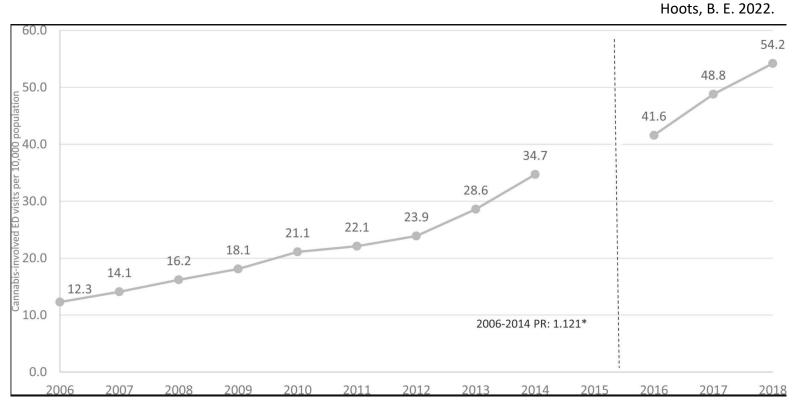


Fig. 1. Age-adjusted rates of cannabis-associated emergency department visits per 100,000 population, 2006–2018, United States.

Considerations in Chronic Use

Murtha L, 2023.

- Lung Disease
 - Carcinogens similar to tobacco smoke
- Cardiovascular Disease
- Cannabis Hyperemesis
 Syndrome

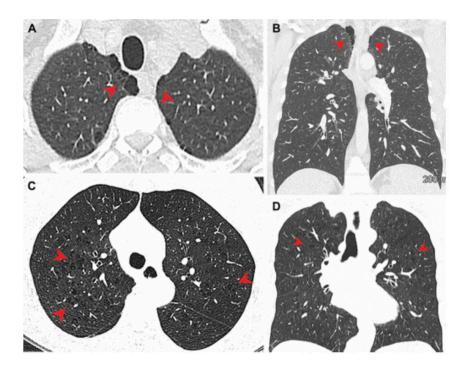


Figure 3: Pulmonary emphysema in **(A, B)** marijuana and **(C, D)** tobacco smokers. **(A)** Axial and **(B)** coronal CT images in a 44-year-old male marijuana smoker show paraseptal emphysema (arrowheads) in bilateral upper lobes. **(C)** Axial and **(D)** coronal CT images in a 66-year-old female tobacco smoker with centrilobular emphysema represented by areas of centrilobular lucency (arrowheads).

Cardiovascular Disease and Cannabis Use

Association of Endothelial Dysfunction With Chronic Marijuana Smoking and THC-Edible Use

Leila Mohammadi, MD, PhD1; Mina Navabzadeh, PharmD1; Nerea Jiménez-Téllez, PhD2; et al

Risks Associated With Cannabis Use



Myocardial Infarction and Cardiovascular

A Multicenter Retrospective Study

Ibrahim Kamel, MD, MHA, Ahmed K. Mahmoud, MD, Ahu Radha Twayana, MD, Ahmed M. Younes, MD, d Benjamin Horn, DO, e Harold Dietzius, MDf

HIGH STAKES: THE HIDDEN CONNECTION BETWEEN CANNABIS USE AND MYOCARDIAL INFARCTION

Authors: Roma Patel, Abdullah Ahmad, Dyuti Kumar, Yezin F. Shamoon, Raja Pullatt, and Razan Shamoon | AUTHORS INFO 8

Publication: JACC • Volume 85, Number 12_Supplement

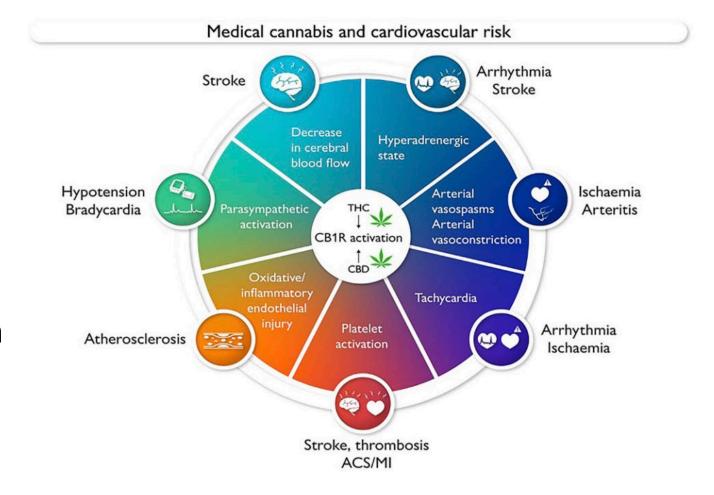
Prevalence of cannabis consumption among acute myocardial infarction patients across various age categories over a two-decade span in the United **States**

Kamleshun Ramphul ¹, Nomesh Kumar ², Jasninder-Singh Dhaliwal ³, Hemamalini Sakthivel ⁴, Lily Liu ⁵, Camryn Schroeder ⁵, Sarah MacKenzie Picker ⁶, Manraj Sekhon ³, Renuka Verma ⁷, Raheel Ahmed 8

Prevalence and impact of cannabis use disorder on acute ischemic stroke and subsequent mortality in elderly peripheral vascular disease patients: A population-based analysis in the USA (2016 - 2019)

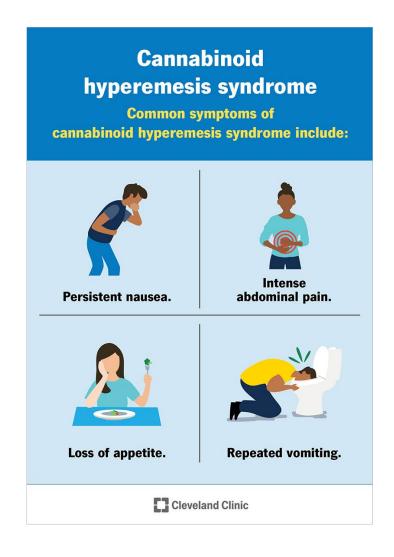
Rupak Desai ¹, Brian Brereton ², Harika Varma Chintapalli Patta ³, Prerna Bansal ⁴, Akhil Jain ⁵, Ankit Vyas 6

- 4.8x increased risk of heart attack in the first hour after smoking cannabis (Mittleman, Circulation 2001)
- 3x increased risk of mortality in patients with coronary artery disease who use cannabis > 1x/week (Mukamal, Am Heart J 2008)



Cannabinoid Hyperemesis Syndrome (CHS)

- Cyclic episodes of nausea, vomiting, abdominal pain
- Develops in chronic, heavy cannabis use
- High healthcare utilization
 - Multiple emergency department visits
- Hallmark is relief of symptoms with hot water



Summary

- Buyer beware with products from unlicensed sources
- Edibles pose greatest risk for unintentional pediatric exposures
- Just one gummy in children can be consequential
- Increased health risks associated with chronic use in adults

Thank you!

Questions?

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NJPIES.ORG



Ryan Vandrey, PhD

Johns Hopkins University School of Medicine



Behavioral Pharmacology of Cannabis: Trends in Use, Novel Products, and Impact

Ryan Vandrey, PhD

Johns Hopkins University School of Medicine





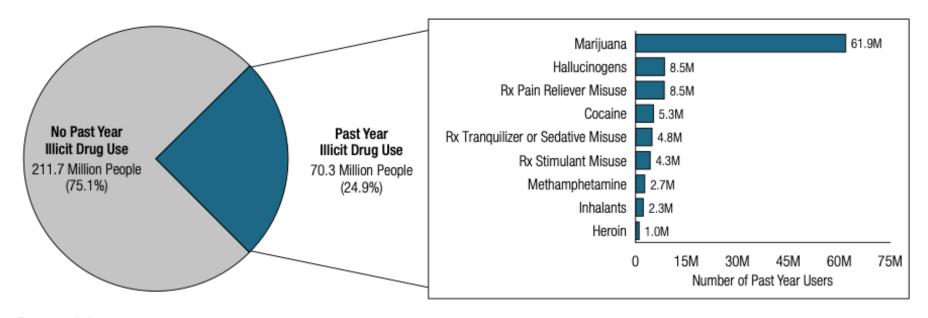
Disclosures

 Recent/current paid consultant or advisory board member: Syqe Medical Ltd., Charlotte's Web, Schedule 1 Therapeutics



Cannabis Use Prevalence

Figure 13. Past Year Illicit Drug Use: Among People Aged 12 or Older; 2022

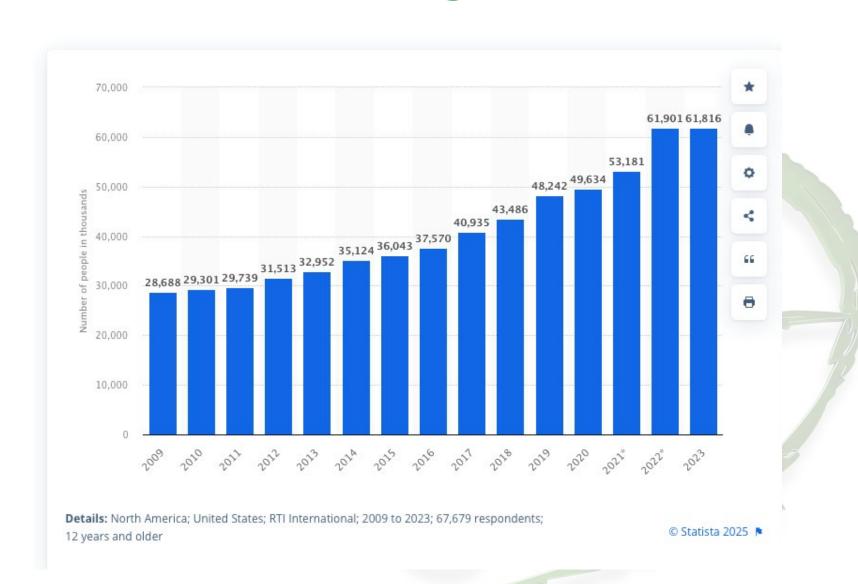


Rx = prescription.

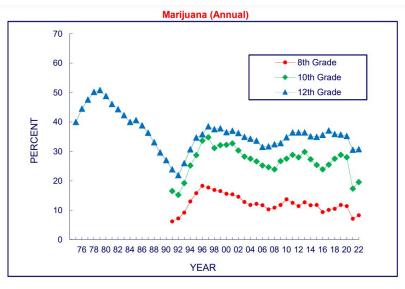
Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

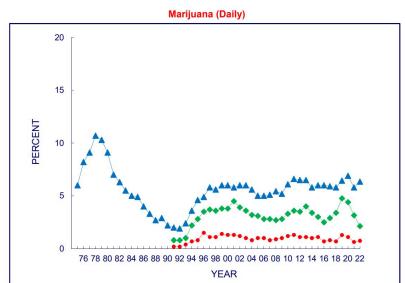


Past Year Use Age 12 and Up



Use Among School Age Kids











Diversity of Product Types

- Chemotype: What is in the product?
 - THC, CBD, other cannabinoids, terpenes
 - Impacts the effects of the product
- Intended route of administration
 - Inhaled, oral, topical, suppository
 - Impacts timing and magnitude of effects
- Dose
 - Impacts efficacy, abuse liability, and AE risk
- Formulation
 - Impacts absorption and excretion



Laboratory Research at JHU



























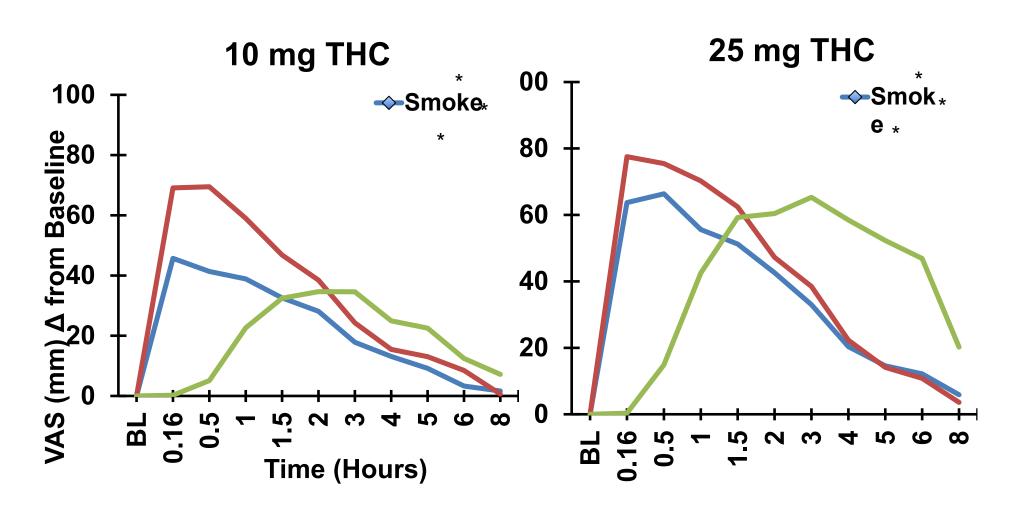


What We Do

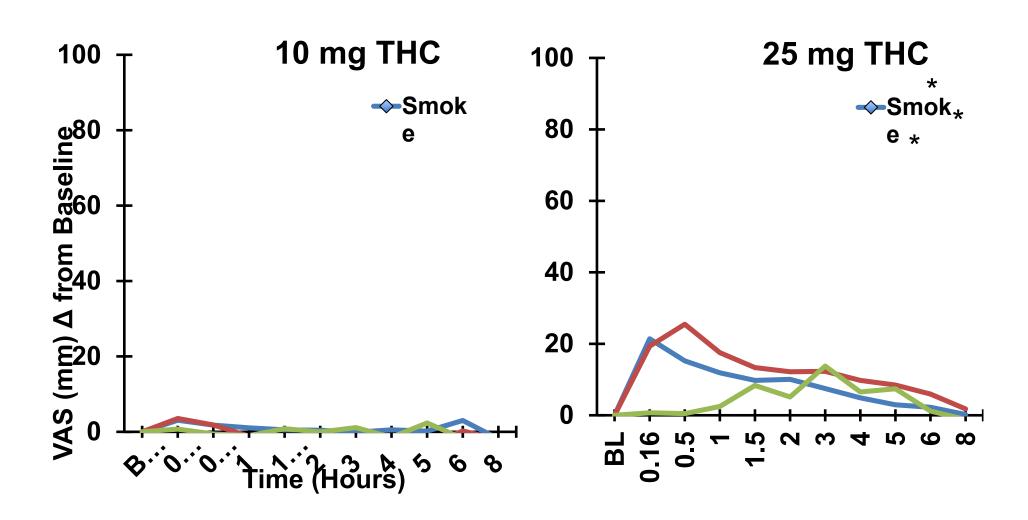
- Systematic evaluation of cannabis products
- Impact of route, dose, formulation, chemotype
- Drug interactions
- Research methods development
- Detection of impairment
- Health impact of medicinal cannabis use
- Drug development for therapeutic application

THC-Dominant Cannabis Research

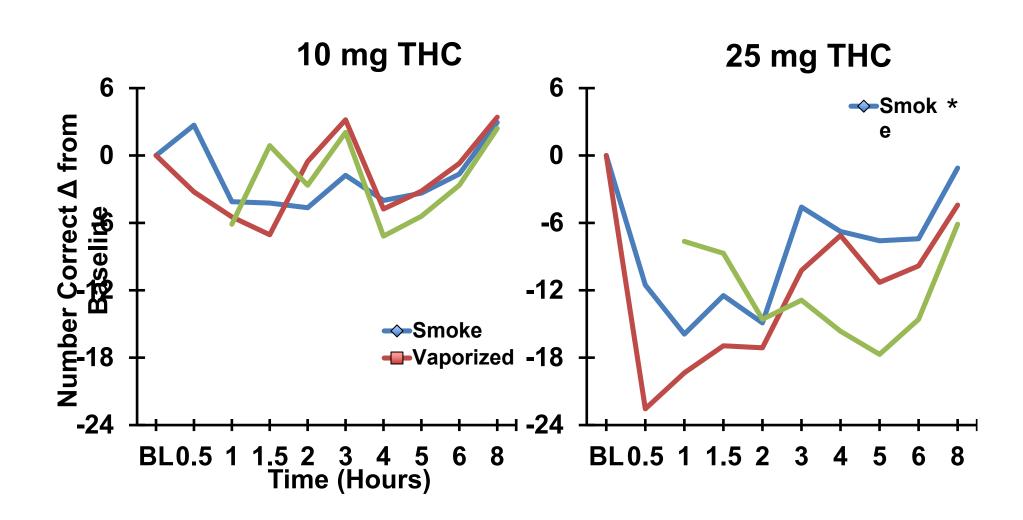
Impact of THC Dose and Route on Subjective Drug Effects



Anxious/Nervous



Working Memory (PASAT)



Other Acute THC Effects

- Positive: Subjective "high", increased focus, appreciation of art/media, decreased arousal, improved sleep, pain relief, increased appetite
- Negative: dry mouth, nausea/vomiting, paranoia, red eyes, aggression/irritability, psychosis, hallucinations, sedation, tachycardia, orthostatic hypotension, impairment of cognition and psychomotor ability
- Effects are dose dependent and can be impacted by tolerance, expectancy, and environment

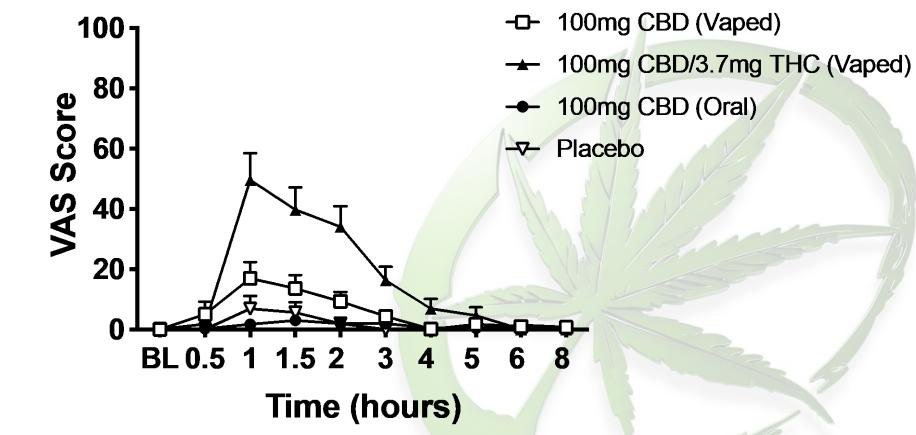
Tolerance to 2.5-10mg THC b.i.d.

Treatment-Related TEAEs by Visit Day



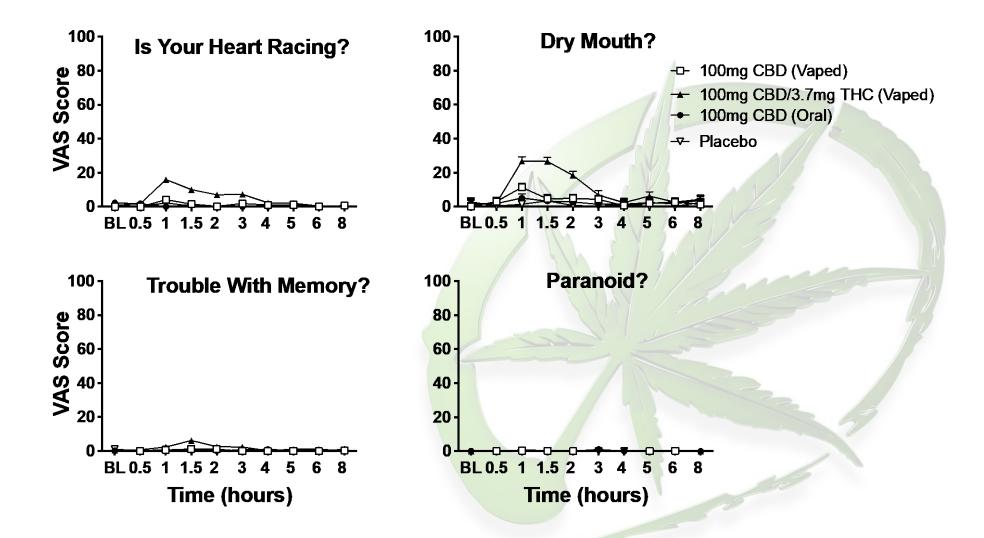
CBD-Dominant Cannabis Research

Acute CBD Drug Effects

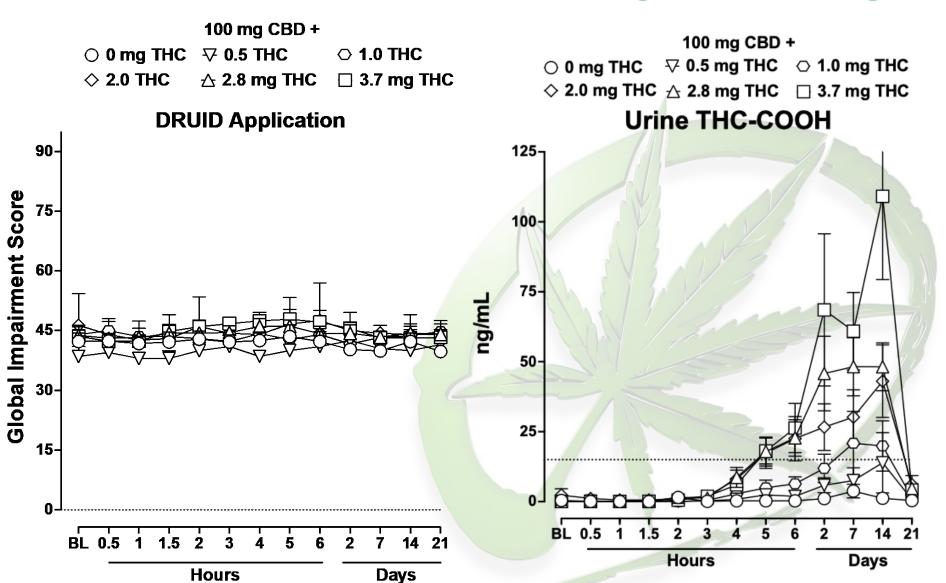


Spindle et al., 2020

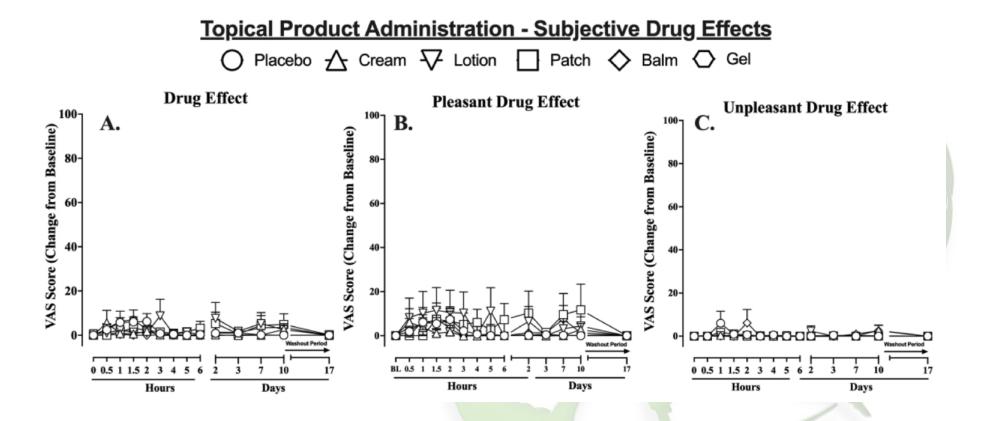
CBD Not THC-Like



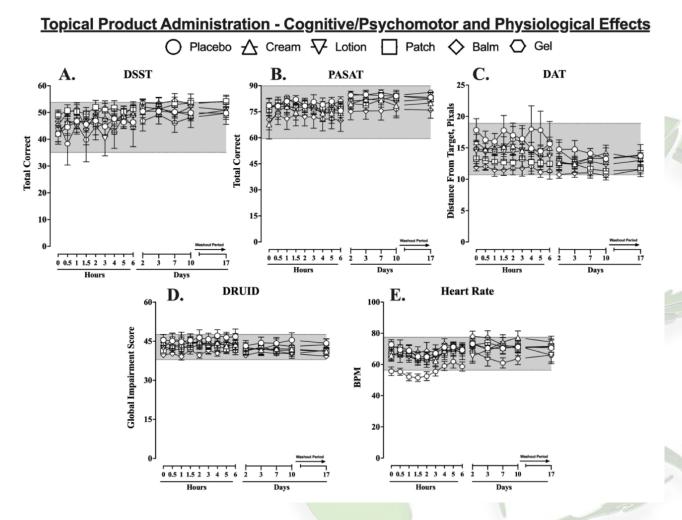
Performance and Drug Testing



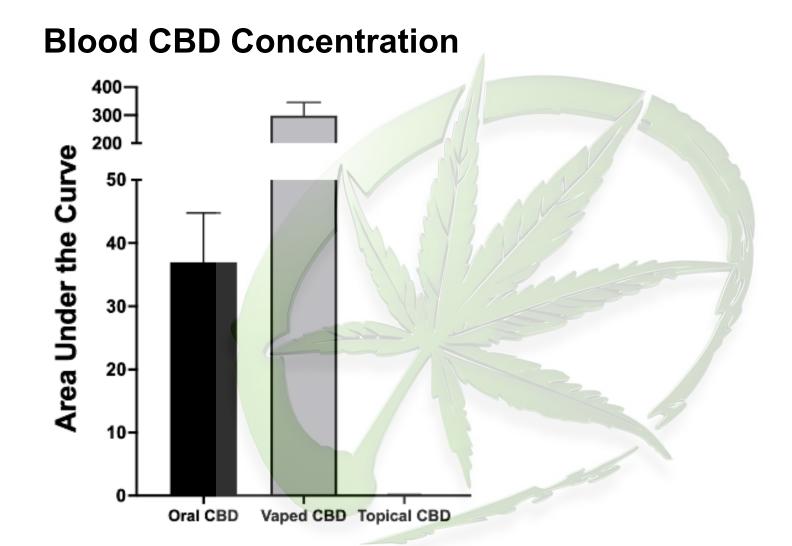
Topical Cannabinoids: No Abuse Liability



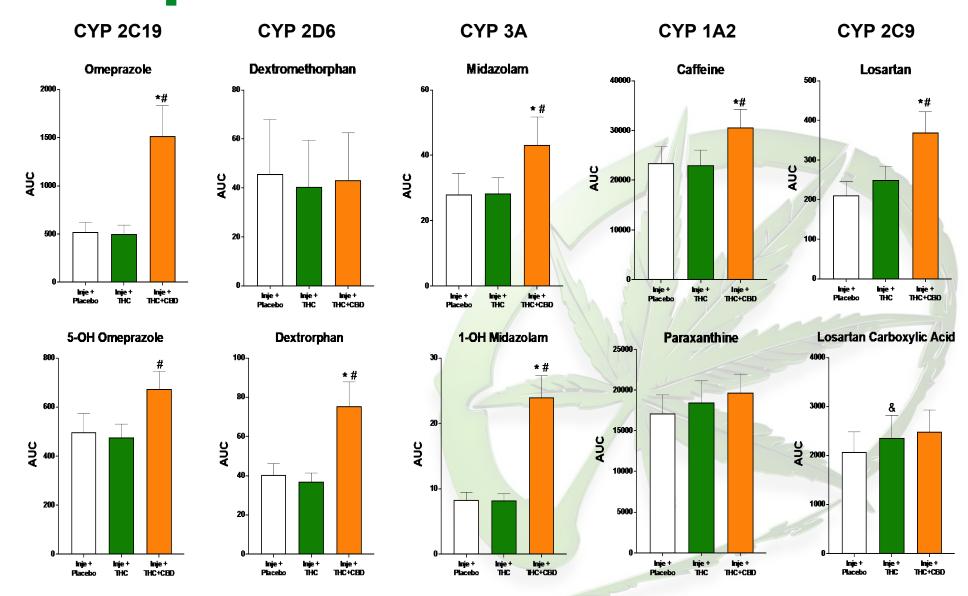
Topical Cannabinoids: No Impairment



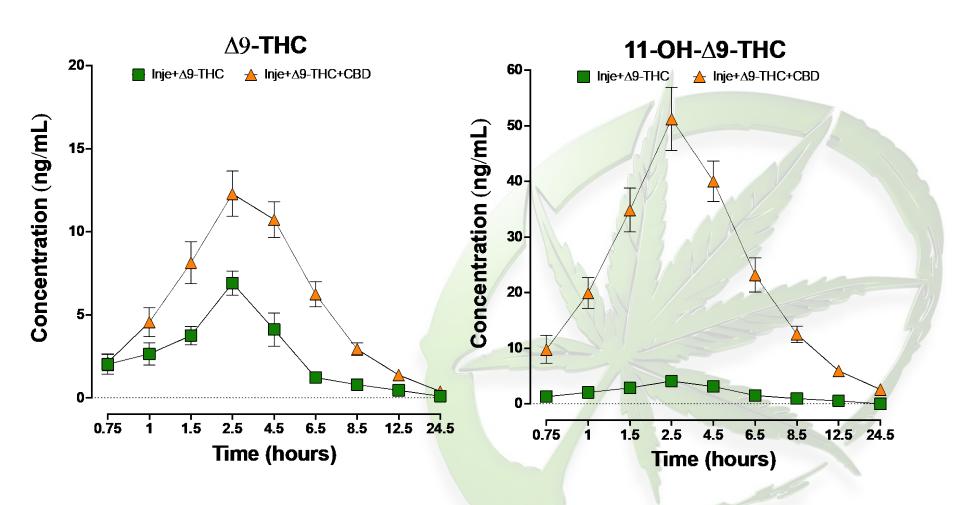
Topical Compared to Other Routes



Impact of CBD on Liver



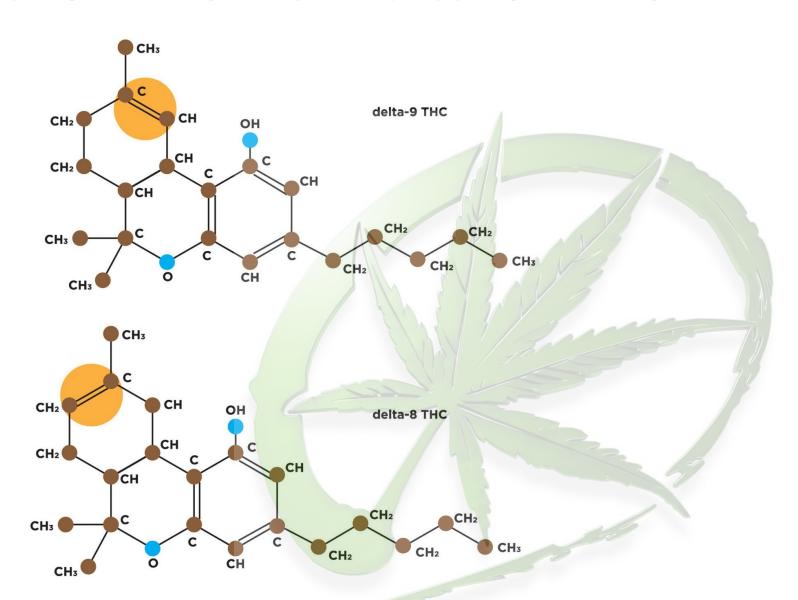
THC-CBD Interactions



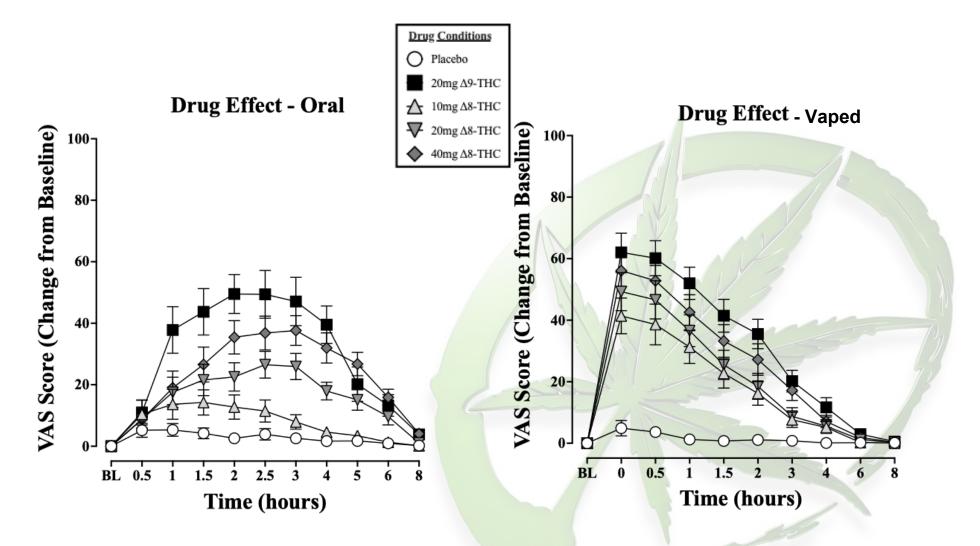
Zamarripa et al. 2023

Other Cannabinoids

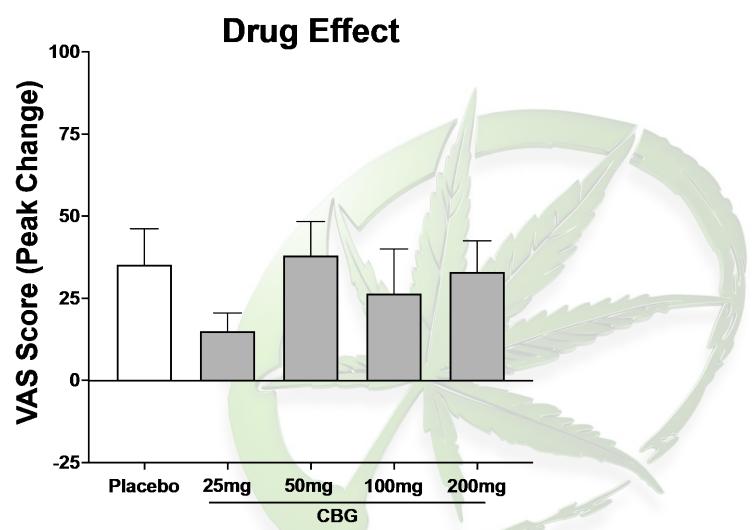
Delta-8-THC vs Delta-9-THC



Subjective Drug Effect



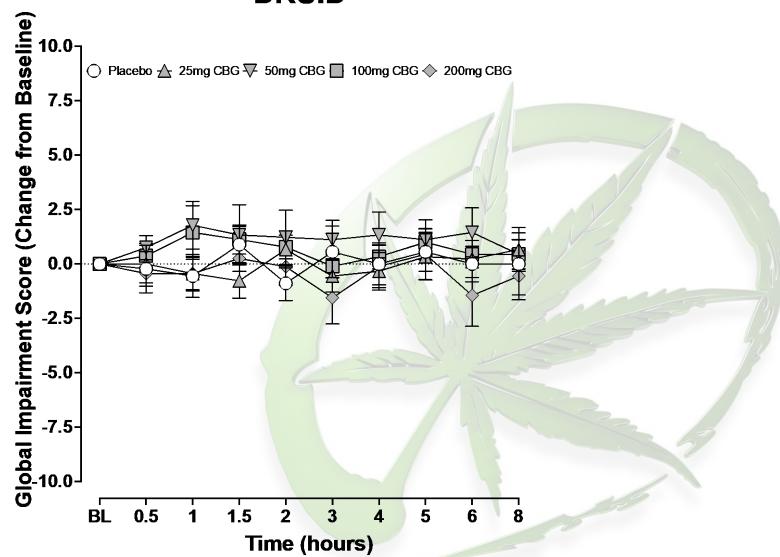
Acute Effects of CBG (N=9)



PI: Cecilia Bergeria

Cognitive Performance - CBG

DRUID



Quality Control Issues

- No industry standards for QC related to manufacturing or testing
- Labs without Schedule I license cannot access reference standards for analytical testing
- Use of pesticides, presence of biocontaminants, residual solvents, other drugs have been documented
- Unsubstantiated health claims
- Inaccurate cannabinoid content

Psychiatric Risk

- Disentangling acute effects from long-term effects
- PTSD as an example:
 - Acutely, THC mitigates symptoms
- Chronic use associated with worse tx outcomes
- Cessation of daily use results in improved PTSD sx
- Similar long-term concerns for psychosis, insomnia, anxiety, and depression, but data is needed

Cannabis Use Disorder (CUD)

- CUD is very real, well defined, and clinically significant
- Risk of CUD in the context of medicinal use is not known and difficult to assess
- Medicinal use not always appropriate and not exclusive of risky use
- Legality may interfere with desire/attempts to quit; medical need may impede ability to quit
- Appropriate medicinal use may look like CUD with current assessments

Identifying Problematic Use

- Dichotomization on medicinal use versus non-medicinal use seems uninformative
- Focus on DSM criteria rather than peripheral concerns not necessarily CUD related
- Emphasis on adverse consequences rather than frequency/timing of use
- Recognition that medicinal use can become problematic
- Must account for overall risk/benefit; adverse effects and negative psychosocial impact can occur within overall net gain

Where Science is Lacking

- Target doses for many therapeutic applications
- Abuse liability of medicinal use oral dosing historically associated with lower risk of abuse, but retail environment has drastically changed
- No controlled research studies on most minor cannabinoid products
- Little data on contaminants, stability, and other safety concerns
- Pulmonary health issues

Relation to Policy

- Recommend a shift in regulation to be based on product type/risk
- If patients don't have access from regulated sources, they will buy unregulated products
- Studies show unregulated products are poorly manufactured and contain dangerous contaminants
- Dose constraints need to be specific to the product chemotype and intended route of admin

Summary

- Cannabis is chemically complex and has potential for both health benefit and harm
- Rates of use are high, may be dropping among youth
- Chemotype, route, and formulation can significantly impact effects; nomenclature is important
- More research is needed, especially for minor cannabinoids, terpenes and the impact of novel formulations
- Let science drive policy

Thanks!!

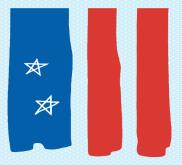


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https://jhucsl.com

https://cannabisandhealth.org





Partnership for a Drug-Free New Jersey

In Cooperation with the Governor's Council on Substance Use Disorder and the NJ Dept. of Human Services

Marijuana Toolkit

www.drugfreenj.org/marijuanatoolkit

Password: PDFNJ2025



