



Topic Disposition Summary: Harms of Marijuana Concentrates

Date: 6/10/2024

Nomination Number: 1091

Purpose: This document summarizes the information addressing a nomination submitted on February 20, 2024, ([link to EHC posted topic nomination](#)) through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

Issue: The nominator of this topic is a clinician who requesting a summary of the evidence regarding the harms of cannabis concentrates.

Findings: The EPC program does not conduct primary research and ascertained that the primary evidence available on this topic is too limited to justify a new systematic review. Therefore, the EPC program will not consider this topic further.

Background:

Cannabis, also commonly known as marijuana, refers to the dried flowers, stems, and seeds of the cannabis plant.¹ Cannabis produces chemical compounds called “cannabinoids,” including the psychoactive compound tetrahydrocannabinol (THC) and non-psychoactive compounds such as cannabidiol (CBD), which are thought to have therapeutic potential.² Cannabis is the most commonly used federally illicit drug in the United States and was consumed by 52.5 million Americans in 2021, according to the Substance Abuse and Mental Health Services Administration.³ As of May 2024, 24 states have enacted laws allowing for the recreational use of cannabis, and many others have moved to legalize medical cannabis or decriminalize possession of the drug.⁴ There is a large body of research addressing potential therapeutic and medical uses of cannabis, primarily for pain management; however, much of that literature suffers from inconsistent findings and a lack of scientific rigor.⁵

Concentrated cannabis products (called wax, shatter, or crumble, among other things) feature very high levels of THC,⁶ and have proven popular in states with legal recreational marijuana.⁷ While concentrated cannabis products may represent an area of increased risk for users, at present there is not enough evidence to draw a conclusion about the harms of concentrate use.⁷ The EPC program does not conduct primary research and did not find enough primary research to warrant a new systematic review on this topic.

Related Resources:

We identified additional information during our assessment that might be useful:

- A 2021 review titled [Advancing the Science on Cannabis Concentrates and Behavioral Health](#) provides insights into the potential harms of cannabis concentrates and an overview of existing evidence.⁷
- In October 2022, President Joe Biden released statement⁸ asking that the Secretary of Health and Human Services and the Attorney General begin reviewing marijuana’s status as a schedule one controlled substance, the most highly restrictive illegal drug class defined as including drugs with “no currently accepted medical use and high potential for abuse.”⁹ In May 2024, the Justice Department formally moved to reclassify marijuana to schedule three,¹⁰ a less restrictive drug class that includes drugs with “moderate to low potential for physical and psychological dependence.”⁹ In the past, the process for obtaining approval to conduct cannabis research has been onerous, requiring the involvement of both the United States Drug Enforcement Administration and Food and Drug Administration.⁴ Once marijuana officially becomes a schedule three drug, it is likely that [more research on the benefits and harms of cannabis use](#) will be conducted.¹¹

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Conflict of Interest: None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this brief.

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