

To: Senate Committee on Early Childhood and Behavioral Health

From: Lee Stewart

Date: February 6, 2026

Subject: Support for SB 1548 -- Cannabis Edible Packaging and Safety Standards

I am writing in strong support of SB 1548. I think it is imperative that Oregon takes steps to reduce harms from extremely high-potency THC products. Today's highly processed commercial cannabis is nothing like the plant Oregon legalized in 2014. It has been extremely engineered to contain high amounts of tetrahydrocannabinol (THC), the component that makes a person high. As a result, it has become highly addictive and harmful to mental health.

SB 1548 limits edibles to single-serving units, which in Oregon is 10 mg of THC. Current law says that containers must not contain more than 10 servings, which is the equivalent of 100 mg. I don't think that most people are aware that many edibles on the market consist of 10 servings – meaning that **people are meant to eat only 1/10th of a cookie; drink 1/10th of a beverage; or eat 1/10th of a gummy.** (See figure 1 below) It is absurd to expect that someone will take out their exacto knife and cut a gummy into 10 pieces; eat only one; and then wait 45 minutes to 2 hours, which is how long edibles typically take to take effect.

SB 1548 is a commonsense law. It is only reasonable to expect that a small, chewy "jelly" or "chew," no bigger than the average fingernail, is a single serving. Manufacturers exploited the law that allowed packages to contain up to 100mg by creating 100 mg edibles. Many companies already produce smaller serving sizes, such as 2 or 5mg units, which are more appropriate to novice users. They can merely discontinue those containing more than 10mg. Many of these same corporations already sell smaller-dose edibles in other states that have stricter, more protective, regulation, such as Washington State, which mandates that a single serving of a "cannabis-infused solid edible" (like a gummy) cannot exceed 10 milligrams of active THC. (WAC 314-55-095)

Dosage matters. When the Oregon legislature approved raising the amount of THC allowed in a single dose from 5mg to 10 mg in 2022, calls to the Oregon Poison Center concerning children under 6 accidentally consuming marijuana rose almost immediately.¹ Edibles are typically sweet treats, like cookies, brownies and

¹ Julia A. Dilley, Robert G. Hendrickson, Erik M. Everson, and Thomas L. Jeanne: Monitoring Cannabis Adverse Events: Lessons From Edible Packaging Policies and Child Poisonings American Journal of Public Health 114, S631_S634, <https://doi.org/10.2105/AJPH.2024.307789>

gummies, so it is not surprising that they are often attractive to kids who find them in their homes. Contrary to the common misconception that cannabis is safe, children exposed to high-THC edibles often require emergency care for severe symptoms, including respiratory issues, rapid heart rate, coma, and, in some cases, they require intubation.

SB 1548 also requires that **single servings be individually wrapped** to impede children from rapidly consuming a dangerous amount if the bag has been left open. This will also align Oregon with Washington state, which already requires that gummies be individually wrapped. (WAC 314-55-105(3)(b)) Typically soft and colorful, gummies are especially appealing to children since they mimic common children's snacks and candies. Thus, they need to be packaged in a way that makes it harder for young children accidentally to consume.

While this is an important safety measure to help protect young children, it **will also help protect older consumers** since lower potency cannabis carries less risk of dependency and other serious mental health harms. Teenagers, in particular, who often begin experimenting with edibles, are most at risk for addiction, anxiety, suicidal thoughts and psychotic symptoms.² According to the National Institute of Drug Abuse, people who begin using marijuana before the age of 18 are 4 to 7 times more likely to develop a cannabis use disorder than adults. Youth 12-19 years old additionally have over 11 times greater risk of developing a chronic psychotic disorder.³ Just this week, the *NYT* published an article saying that psychosis diagnoses have risen among young Canadians and that “researchers believe increasing use of cannabis may be contributing to a rise in new cases of schizophrenia and related disorders at younger ages.”⁴ To protect its populace, Oregon must take steps to reduce the potency of today’s cannabis.

SB 1548 also prohibits sellers from adding THC concentrates into pre-rolled joints. This too is intended to make the product less addictive and less harmful. Since its commercialization, cannabis potency has steadily risen. Whereas in the 1990s, cannabis flower contained about 4% THC, today, through cultivation techniques and genetic manipulation, the potency of cannabis flower

² Wilson J, Freeman TP, Mackie CJ. Effects of increasing cannabis potency on adolescent health. *Lancet Child Adolesc Health.* 2019 Feb;3(2):121-128. doi: 10.1016/S2352-4642(18)30342-0. Epub 2018 Dec 18. PMID: 30573419

³ McDonald AJ, Kurdyak P, Rehm J, Roerecke M, Bondy SJ. Age-dependent association of cannabis use with risk of psychotic disorder. *Psychol Med.* 2024 Aug;54(11):2926-2936. doi: 10.1017/S0033291724000990. Epub 2024 May 22. PMID: 38775165.

⁴ Ellen Barry, “Psychosis Diagnoses Have Risen Among Young Canadians, Data Show,” *New York Times*, February 2, 2026, <https://www.nytimes.com/2026/02/02/health/pyschosis-young-people-cannabis-canada.html?smid=nytcore-ios-share>.

has increased to about 35% THC. In fact, stores don't carry low potency buds anymore. Given the known health harms from stronger potency cannabis, the state should take measures to protect consumers since it is not just youth who are at risk of developing addiction and serious mental health harms. NIDA estimated in 2022 that 19 million Americans over 12 years old had a cannabis use disorder, and a study out of the UK found that daily use of high-potency THC (which they consider anything over 10%) accounted for 30-50% of new cases of psychosis in cities like London and Amsterdam. They concluded that daily users 18-64 years old have a 4.8 times higher risk for psychosis than non-users.⁵

Since many of these serious risks are unknown to most consumers, **SB 1548 will also require a health warning.** Since the risks are numerous, the problem arises as to how to fit all of the language on what are often small packages. I would suggest something short and direct, such as the label in Figure 2 below, which is eye-catching yet doesn't take up a lot of space. For customers who wanted more information, a flyer such as that which must be given to new customers in California (fig. 3) can be made available. As a point of comparison, Canada has implemented rotating warning labels, much like those on cigarette packages with different health risks on each package. (see fig. 4) However it is done, consumers have a right to know the risks to mental health, and I urge the passage of SB 1584.

My son started experimenting with cannabis as a teenager and, unbeknownst to us, became almost immediately a daily user. It is no exaggeration to say it upended his life and that of our family. Still struggling, he is just one of the 7 million Americans under the age of 25 who, according to the National Survey on Drug Use and Health (NSDUH) in 2022, has a cannabis use disorder. Addiction is a pediatric onset disease. It is imperative that Oregon better protect our youth and take measures to make products less dangerous.

When it becomes so commonplace that kids ingesting cannabis are going to the ER that it appears in comics – see Doonesbury in fig. 5 below – it is time to take action. Please pass SB 1584!

⁵ Di Forti M, Quattrone D, Freeman TP, Tripoli G, Gayer-Anderson C, Quigley H, Rodriguez V, Jongsma HE, Ferraro L, La Cascia C, La Barbera D, Tarricone I, Berardi D, Szöke A, Arango C, Tortelli A, Velthorst E, Bernardo M, Del-Ben CM, Menezes PR, Selten JP, Jones PB, Kirkbride JB, Rutten BP, de Haan L, Sham PC, van Os J, Lewis CM, Lynskey M, Morgan C, Murray RM; EU-GEI WP2 Group. The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicentre case-control study. Lancet Psychiatry. 2019 May;6(5):427-436. doi: 10.1016/S2215-0366(19)30048-3. Epub 2019 Mar 19. PMID: 30902669; PMCID: PMC7646282.



Fig. 1

WARNING: Cannabis/THC may cause:

1. Psychosis* 2. Impaired driving 3. Addiction 4. Suicide attempt* 5. Uncontrolled vomiting 6. Harm to fetus/nursing baby

**this can occur in individuals with no previous history of psychosis or mental illness*

Fig. 2

High Potency

Consuming higher-potency THC products does not mean a better cannabis experience.

Higher-potency THC products are harder to control and come with a higher risk of adverse effects. Using them often may cause dependency in some people.

If you are new to cannabis, be careful with higher-potency products like concentrates and vape cartridges.

If you are buying cannabis, compare labels and consider lower-potency products:

- Flower with less than 20% THC
- Edibles with close to 5mg THC per serving (or consume half of a 10mg THC serving)

If you are inhaling cannabis, wait between puffs until you feel the full effect.

Effects of Cannabis Use

Wondering what to expect when using cannabis?

Cannabis has two major chemicals that affect the brain differently:

- **THC (Tetrahydrocannabinol)** makes you feel "high". How you feel depends on how much THC you take, and the effects can vary from person to person.
- **CBD (Cannabidiol)** doesn't make you feel "high", but can have other effects.

The effects of using cannabis may include:

- Trouble with thinking, remembering, and problem-solving
- Seeing or hearing things that aren't real (with high doses and/or high potency)
- Feeling like time is moving slower or faster
- Feeling relaxed or paranoid
- Having mood swings
- Having increased or decreased anxiety
- Feeling dizzy
- Having dry mouth or bloodshot eyes
- Relieving pain and reducing nausea/vomiting
- Impaired movement and coordination
- Feeling hungry
- Faster heartbeat or lower blood pressure

Edibles: Start Low, Go Slow.

Use extra caution, as the delayed onset of edibles can have unintended effects. If you consume a cannabis edible (like brownies, gummies, or an infused beverage), it can take up to 2 hours to begin feeling the effects, and up to 4 hours to feel the full effects. This is much slower than smoking or vaping, and the "high" can feel stronger. Start with a small amount of THC (5mg or less) and wait at least 2 hours to see how you feel.

When consuming edibles, you can always take more later, but you can't take it back.

Drive high, get a DUI. Driving under the influence of cannabis is illegal and increases your risk of getting into an accident. Penalties for driving high are the same as driving drunk.

Mental Health

There are potential risks to your mental health from cannabis use.

Research suggests that mental health disorders may develop or worsen from:

- Daily cannabis use
- Near-daily cannabis use
- Higher-potency cannabis use

These types of use have been linked to Cannabis Use Disorder, and may lead to:

- Hallucinations
- Thoughts of self harm
- Schizophrenia
- Suicide attempts
- Depression
- Suicide
- Anxiety
- Temporary psychosis

Fig. 3

Canadian health warnings, March 12, 2025 revision

Using cannabis before age 25 can:

- **harm brain development** worsening attention, concentration, and memory
- increase risk of mental disorders like **psychosis and schizophrenia**
- cause psychotic symptoms like **severe paranoia**
 - The risk is greatest in people younger than 25 or when using products higher in THC.
- Cannabis can be **addictive**. The higher the THC, the greater the risk and adverse effects.
- Cannabis use increases the risk of **anxiety and depression** (the more you use, the greater the risk).
- **Do not drive under the influence of cannabis.** It puts your life and other people's lives at risk.

Fig. 4

Doonesbury / by Garry Trudeau

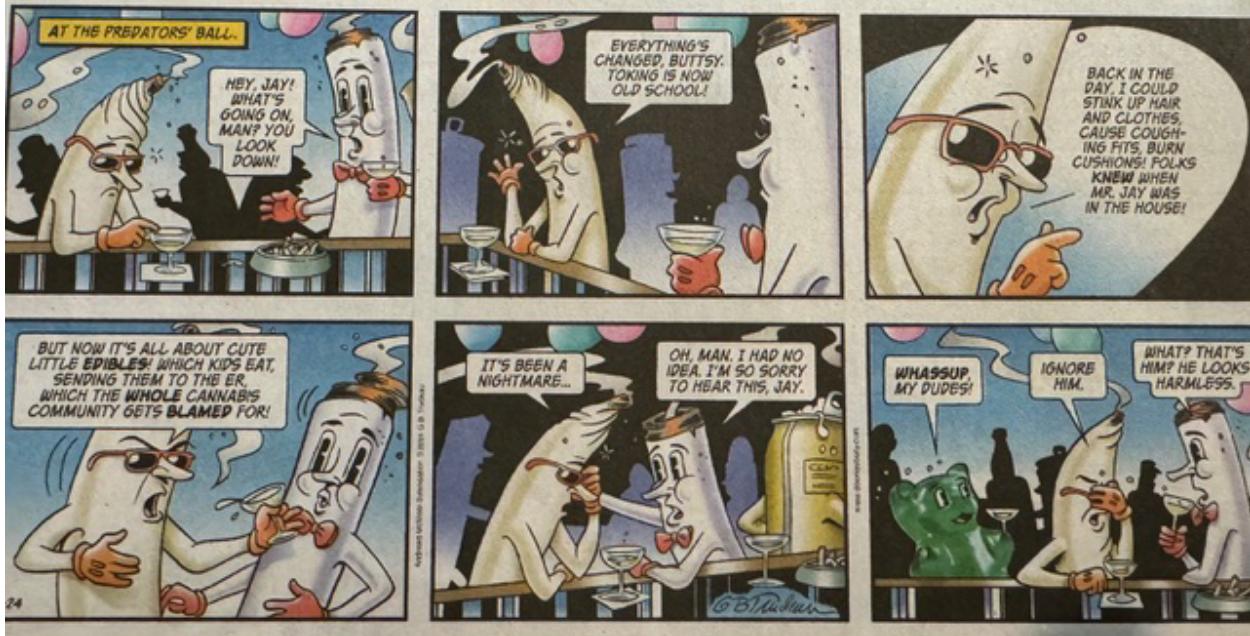


Fig. 5