

# Written Testimony in Support of Cannabis Warning Labels and THC Limits on Edible Products

**Submitted to:** Oregon State Legislature

**Committee:** Senate Committee of Early Childhood and Behavioral Health.

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## Introduction

Chair, Vice-Chair, and members of the committee,

I submit this testimony as a mother whose family has been permanently impacted by cannabis-induced psychosis, and as an Oregonian urging the Legislature to adopt reasonable, evidence-based consumer protections.

This testimony is not an argument against cannabis legalization, medical use, or responsible adult access. It is an argument for public health, informed consent, and regulation that reflects what is now known about high-THC exposure.

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## Dose Matters

As a society, we accept a basic and well-established principle: **too much of anything can be harmful**. Tylenol is widely available but carries warnings because overdose can cause liver failure. Sugar is common but excessive consumption contributes to serious disease. Alcohol is legal, yet clearly labeled, regulated, and limited because we understand its risks. Even water, in excess, can be fatal.

Cannabis—particularly in today's high-potency forms—should not be exempt from this principle.

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## My Son's Experience

My son “Fred” developed cannabis-induced psychosis following prolonged exposure to extremely high-THC cannabis products. When symptoms first appeared, I did not recognize cannabis as the cause. Like many parents, I believed the pervasive narrative that cannabis is harmless.

As Fred continued using these high-THC products, his symptoms intensified. Over the course of many months, he experienced paranoia, hallucinations, delusions, and

escalating aggression. He acquired a handgun and began accumulating various weapons, including pocketknives, kitchen knives, axes, garden tools, and scissors.

Our family lived in constant fear. Police officers, doctors, and mental health workers cycled through our lives with no clear answers.

Eventually, for the safety of our family, I made the devastating decision to tell my adult son he could not return home unless he agreed to seek treatment.

Fred spent a year homeless. During that time, he was assaulted with a machete, repeatedly hospitalized, incarcerated, and severely malnourished. He was later diagnosed with schizophrenia. Today, he requires powerful antipsychotic medications with significant and debilitating side effects.

Although he has been able to stop using other substances, quitting cannabis has been extraordinarily difficult. This is compounded by the fact that many mental health providers lack education about cannabis-induced psychosis and do not view cannabis use as a serious clinical concern.

When Fred uses cannabis again, his psychosis returns—even while he is compliant with prescribed antipsychotic medication.

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## A Pattern, Not an Isolated Anecdote

Through parent and caregiver support groups, I have witnessed the same pattern repeated again and again. A teenager or young adult begins using cannabis, either recreationally or to manage anxiety, PTSD, epilepsy, or depression. Over time, aggression appears. Delusions and paranoia follow. Eventually, full psychosis emerges, with hallucinations and disordered thinking driving dangerous behavior.

Families are left trapped—unable to access timely care, unable to convince professionals that cannabis may be contributing, and ultimately watching their children cycle through homelessness, hospitalization, and incarceration.

Too often, the response remains: *“It’s only weed.”*

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## Medical Evidence

A substantial body of peer-reviewed medical research demonstrates that high-THC cannabis use is associated with a dose-dependent increased risk of psychosis, heightened danger from edible overconsumption, and a significant likelihood that cannabis-induced psychosis may progress to schizophrenia or other severe psychiatric disorders.<sup>1–5</sup>

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## Why Edibles Require Special Attention

Edible cannabis products present unique risks due to delayed onset of effects, which makes accidental overconsumption common—even among adults attempting to use responsibly. High doses of THC can be consumed unknowingly, with effects emerging hours later at levels that overwhelm the user. This happened to me many years ago when I had some cannabis taffies in my home. I thought the first candy didn't work, so I took another, unbeknownst to me consuming a total of 140 mg of THC. That was one of the most terrifying sleepless nights of my life. I hallucinated that my husband trying to kill me. In reality, he was simply trying to soothe me to sleep to stop my terrified screaming.

Limiting THC per serving and per package is not prohibition. It is harm reduction. It is an acknowledgment that potency matters, particularly when products are designed to resemble food and candy.

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## Prevention Through Regulation

### **Cannabis-induced psychosis is 100% preventable.**

There were no clear warning labels informing consumers of the risk of psychosis. There were no meaningful THC limits on edible products, despite well-documented risks. Without these protections, consumers cannot make informed decisions, and families bear the consequences.

Warning labels do not ban products. THC limits do not criminalize users. They inform, protect, and acknowledge reality.

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## Conclusion

Regulation is not an attack on cannabis. It is an acknowledgment that potency matters, dosage matters, and brain health matters.

I respectfully urge the Oregon Legislature to:

- Require clear warning labels stating that cannabis use can induce psychosis
- Establish reasonable limits on THC content in edible cannabis products
- Treat cannabis with the same public health seriousness applied to other psychoactive substances

If these protections had existed earlier, my son's life—and my family's—might look very different today.

Please act before more Oregon families are forced to stand where I stand now.

Thank you for your time and consideration.

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## References

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