

1 Commercial Cannabis Product Testing: Fidelity to Labels and Regulations

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44 **Key Words:** Cannabis, Product testing, state policy, FDA, commercial cannabis, state
45 regulations

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47 **Abstract**

48 **Background:** In Colorado, regulations for recreational and medical cannabis sales require

49 Tetrahydrocannabinol (THC) concentration is printed on all products. Labeled THC

50 concentrations can vary by +/-15% of what is in the product. Studies show THC concentrations

51 recorded on product labels are not always reflective of the THC concentration in the cannabis

52 product and there is evidence consumers make purchasing decisions based on label claims.

53 **Aims:** Explore the accuracy of cannabis product labels and differences between THC label

54 accuracy and product type.

55 **Design:** Data for this analysis come from a larger observational study of cannabis impairment.

56 N=74 flower, concentrate, and edible product samples from licensed Colorado dispensaries were

57 collected and independently tested for THC concentration.

58 **Setting:** This study was conducted in Colorado, in the Denver Metro Area.

59 **Participants:** Participants in the study voluntarily enrolled and provided one-gram samples of

60 the cannabis they consumed during the study to be independently tested. The cannabis tested for

61 this analysis was donated on a voluntary basis, not all participants chose to donate.

62 **Measurement:** The main outcomes of interest for this analysis are accuracy of cannabis product

63 labels compared to observed THC content, accuracy in the context of legally allowable variation,

64 and difference between accuracy by product.

65 **Findings:** Overall, label values were higher than observed values in flower and edible products

66 ($p < 0.001$) but was not significant for concentrates ($p = 0.85$). Flower products were observed to

67 be significantly lower on labels versus the 15% legally allowable range ($p = 0.04$). Concentrate

68 and edible products were not significantly different ($p = 0.9$ and $p = 0.5$, respectively).

69 **Conclusions:** There is tension between legally allowable THC concentration claims on cannabis
70 product labels and how consumers purchase cannabis. As cannabis policy evolves, standards and
71 regulations that ensure accurate THC concentrations are reported on product labels are urgently
72 needed.

73

74 **Introduction**

75 When cannabis was originally scheduled by the U.S. Drug Enforcement Agency (DEA) and
76 the Food and Drug Administration in 1970, its procurement, use, and sale were heavily
77 associated with illicit use (1). Cannabis was first legalized for restricted medical use by the
78 state of Colorado 30 years later, in 2000. Since then, U.S. state-level cannabis legality has
79 boomed, with 38 states legalizing cannabis for medical use, 23 states legalizing recreational
80 use, and 9 states starting ‘low tetrahydrocannabinol (THC)’ programs. As of March 2024,
81 cannabis was recommended to be federally re-scheduled from a Schedule I drug to a
82 Schedule III drug (2).

83 Despite this widespread legalization in the U.S., regulation of commercially available
84 cannabis products is not universal, with variation between states regarding available products,
85 labeling requirements, and consumer education (3). Because of its historical, federally illegal
86 status, cannabis has not been regulated by the Food and Drug Administration (FDA). Although
87 the FDA has approved one cannabis-derived drug and three cannabis-related drug products, the
88 agency has not approved a “marketing application” for cannabis to treat illness and does not
89 regulate the drug (4). The FDA regulates label requirements of legal drugs, and in lieu of federal
90 regulations, cannabis label policies fall to the discretion of the states (5). The evolution of THC
91 concentration testing and labeling regulations has lagged behind the rapidly growing market and

92 product types, and there are perpetual concerns about product regulation and safety (6). Of
93 concern to state regulators and consumers alike is the accuracy of product labels, including the
94 concentration of THC, the primary psychoactive component.

95 Label accuracy is an element of product regulation that refers to how well a label represents
96 the content of the product (i.e., accurate representation of THC content). A 2022 study found that
97 there is a lack of uniform labeling practices across states with legal cannabis (5). The same study
98 found that, on average, states have 16.7 different required label attributes and that there is no
99 relationship between years of legal status and labeling requirements. Uniformity in labeling
100 guidelines (as with food labels) promotes awareness of product content and how labels may be
101 interpreted.

102 One aspect of labeling is THC concentration and the associated permitted variability in
103 concentration. In Colorado, the regulations for label claims for any cannabinoid that has a 2.5
104 milligram serving or more may be within plus or minus 15% of the concentration actually
105 contained in the product (i.e., cannabis flower that is labeled as 30% THC may actually contain
106 25.5% to 34.5%). Products with less than 2.5 milligrams per serving may be within +/- 40% of
107 what is reported on the label (7). These regulations were based on plausible variations in
108 concentration, with consideration of other relevant industries and laboratory testing procedures.
109 Other states' regulations on legally allowable concentration variation are informative. For
110 example, the state of California requires labels to be within +/- 10% of the observed THC
111 concentration (8). Massachusetts's law states that cannabis labels are required to display "the
112 amount of delta-nine-tetrahydrocannabinol (Δ 9-THC) in the package and in each serving" of a
113 marijuana product as expressed in absolute terms and as a percentage of volume (9).

114 Limited empirical research has reported independent test results of the THC concentration in
115 products available in the commercial marketplace. In a study of the accuracy of cannabis flower
116 labels in Colorado, researchers tested a sample of N=23 different products and found that 78% of
117 the products were over-labeled (i.e., labeled as having an average of 15% higher THC
118 concentration than was found in independent testing) (6). In a study of label accuracy of cannabis
119 edibles from California and Washington, Vandrey et al. also found that 60% of products in their
120 study were labeled as having higher THC content than was observed in the product (10). These
121 studies show that product labels may consistently inflate the actual THC concentration in the
122 product (6,10). This is important because data also show that people rely on reported
123 concentration for purchasing and dosing decisions (11). A major gap in this priori studies is the
124 absence of testing extracted or concentrate products, including edibles, oils, and concentrates
125 (e.g., dabs, shatter, wax, resin), which make up 30% of the legal market (12,13).

126 The aim of this study was to determine the accuracy of cannabis product labels with respect
127 to THC content among a diverse set of samples of cannabis products (e.g., flower, edibles, and
128 concentrates) purchased in Colorado retail or medical dispensaries as part of a larger study. We
129 explored THC accuracy in the context of product labels and Colorado state regulations. Further,
130 we explore differences between in accuracy by product type.

131 **Materials and Methods**

132 *Data Collection*

133 From February 20th 2023 to May 6th 2024, cannabis product samples were collected as
134 part of a larger study on the acute effects of cannabis use. Participants in the study provided
135 written consent and during that time were asked if they were willing to bring in the cannabis
136 products that they typically use and were asked if they would provide one gram for independent

137 THC concentration testing. These products were purchased from legal dispensaries in Colorado,
138 and participants were asked to bring the products in their original packaging.

139 Details of the product label were recorded by research staff, including the following:
140 THC and CBD concentration, batch number, date of sale, dispensary information, and other
141 relevant license numbers. During informed consent, participants were asked if they were willing
142 to donate a sample of approximately one gram of the cannabis they brought in to be
143 independently tested for THC concentration. Cannabis sample donations were weighed,
144 packaged, and placed into a locked safe by participants. For edibles, this typically consisted of 1
145 gummy, and for participants who vape, this typically consisted of a full cartridge for a vape pen.
146 A third party contracted by our research team retrieved the samples from the research site on the
147 day of donation/data collection. Next, the sample was entered into the METRC system for
148 tracking and then stored at minus 5 degrees Celsius. Periodically, samples were transported to a
149 state-certified laboratory for testing. The Colorado Multiple Institutional Review Board approved
150 study procedures.

151 *Cannabis Sample Testing*

152 Concentration testing was performed using high-performance liquid chromatography
153 with a diode-array detection (HPLC-DAD) system. All testing and procedures were validated
154 according to ICH Q2 guidelines, and all procedures were audited previously by the Colorado
155 Department of Health and Environment (CDPHE) as well as the Marijuana Enforcement
156 Division (MED). Samples were separated in the Laboratory Information Management System
157 (LIMS) by the license they originated from and the manifest number.

158 HPLC methodologies were utilized to separate complex mixtures of discrete compounds
159 into their individual populations and quantify the amount of each. Cannabinoids are non-polar

160 molecules and are completely soluble in alcohol. A 30-minute incubation in extraction solution is
161 sufficient to fully extract them. Filtered (0.2 μm) samples (if needed) were processed by HPLC
162 with any validated gradient program. Samples were dissolved in the mobile phase and pumped
163 into any approved reverse-phased C18 column. Sample components separate based on size,
164 polarity, hydrophobicity, and combinations thereof. As compounds elute from the column at
165 specific retention times, they are passed through the diode array detector, which emits a signal
166 proportional to the concentration of the individual components of the sample according to Beer's
167 law, producing reported observed levels of THC metabolites.

168 *Statistical Analysis*

169 Statistical analyses were performed using R (version 4.4.1). Given that the data were not
170 normally distributed, the Wilcoxon signed-rank test, a non-parametric alternative to the paired t-
171 test, was employed to assess differences between sample THC values and what was reported on
172 the label. Differences between label and observed values in the context of legally allowable
173 variation were also tested. Results are presented as median values with interquartile ranges
174 (IQRs), and a significance level of $\alpha = 0.05$ was used to determine statistical significance.

175 **Results**

176 *Cannabis Characteristics*

177 A total of 74 samples were provided by study participants and independently tested
178 (Figure 1). Products tested include edibles (i.e., gummies, powders; n=29), flower products (i.e.,
179 whole flower, joints; n=35), and concentrate products in an oil or solid form (i.e., vaporizer
180 cartridge, 'shatter'; n=10).

181

182 Figure legend: Figure 1. Observed THC product concentration in the context of legally allowable
183 variation, note: The green bands on the graphs represent the allowable +/- 15% variation in
184 concentration
185

186 *Observed THC vs. Labeled THC*

187 We compared THC concentrations reported on labels to observed THC concentrations
188 from laboratory testing by product type. As shown in Table 1, concentrate products had observed
189 THC concentrations that were not significantly different from the label claims ($p=.84$). Although
190 not statistically significant, the concentrate products had a difference of 6.2% THC between label
191 claims and observed THC concentration, with label claims being greater than observed
192 concentration. The median observed label claim for concentrate products was 74.2% THC
193 concentration as compared to 72.6% for the laboratory-observed THC concentration.

194

195 Table 1: Difference between label and observed THC concentration by product type

Product Type (n= 74)	Labeled THC Median (95% CI)	Observed THC Median (95% CI)	Absolute Difference Median (95% CI)	p	p (+/-15%)
Edible (n=29)	10.0 (10.0, 10.0)	9.13 (7.85, 10.36)	1.3 (1, 2.3)	<0.001	0.54
Flower (n= 35)	23.12 (20.38, 25.04)	18.08 (16.46, 19.77)	4.3 (2.6, 7.5)	<.001	0.005
Concentrate (n=10)	74.3 (70.17, 75.88)	72.61 (64.96, 79.22)	6.2 (4.9, 15.2)	0.85	0.9

196 Note. The first test compares the label to the observed THC concentration. The second test compared the observed THC concentration to +/- 15%
197 state, allowed variability in labeled concentration.

198

199

200 Flower and edible products had label claims that were significantly different than the
201 values observed in testing for this study ($p < .001$ and $p < .001$, respectively) (Table 1.). In flower
202 products, there was an absolute value difference of 4.3% between label claims and observed
203 THC concentration, with label claims being greater than the observed concentration. Median
204 label claims for flower products were 23.1% THC concentration as compared to the median
205 observed THC concentration of 18.1%.

206 For edibles, there was a difference of 1.3mg between label claims and observed THC
207 concentration in edible products, with label claims being greater than the observed concentration.
208 The median observed label claim for edible products was 9.3mg THC, as compared to the
209 median label claim of 10mg THC (Table 1).

210

211 *Observed THC and State Regulations*

212 We further tested if label claims were significantly different from the +/-15% variation
213 permitted by Colorado law. Overall, concentrate and edible products were not significantly
214 different than allowable variation ($p = .9$ and $p = .5$, respectively) (Table 1.). Only flower products
215 had observed THC concentrations that were significantly different ($p = .004$; Table 1).

216 These results are further illustrated by Figure 1, which shows THC concentrations by
217 product type and includes shading that represents the permitted +/-15% variation.

218

219 **Discussion**

220 This study independently tested a range of cannabis products purchased from cannabis
221 dispensaries in Colorado. This study is consistent with the limited studies that have examined
222 this, which have been conducted in several different states, that find cannabis flower and edible

223 products may not be accurately labeled and do not always reflect observed THC concentrations
224 (6,10). Corroboration of previous findings is significant and suggests that THC concentration in
225 cannabis products is inaccurately marketed across a number of products. Our findings extend
226 prior research by including extracted and concentrate products (e.g., edibles, vape cartridges,
227 shatter) and included edibles that are reflective of the current market, which are widely available,
228 and make up a large component of the market (14).

229 Although concentrate products are sometimes discussed with public health concerns,
230 such as the potential for greater adverse events associated with the potential for a greater dose,
231 perhaps an unexpected positive side effect of the extraction process is greater accuracy of
232 product labeling.

233 Label accuracy may be a particularly relevant concern for individuals using cannabis for
234 medical purposes, in which the accuracy of labeling to produce desired and therapeutic effects is
235 a driving motivation for choice of product. There is evidence that people who use cannabis for
236 medical symptom management may purchase products from the recreational or the medical
237 market (15). These individuals may purchase from either retail or medical sources when both
238 options are available in their state, and thus, product label accuracy is a priority regardless of
239 medical or retail status (15). This should be of interest to policymakers because medical cannabis
240 use is prevalent in the United States, an estimated 3.8 million people are registered as medical
241 cannabis patients (16).

242 There are significant challenges to product testing, particularly with flower products. The
243 inherent variability in a plant means there will be variability within and between flower buds
244 produced by a plant and its clone. In Colorado, state regulations dictate how flower buds are
245 sampled (e.g., 5 samples must be taken totaling 2.5 grams of total mass for harvest batches

246 smaller than one pound) and that these samples are combined and tested as a single test sample
247 representative of the entire pound of material (17).

248 *Limitations*

249 There are limitations of the study that should be noted. First, there may be some
250 degradation in THC concentration the longer the flower product is stored after harvest (18).
251 Flower products, in particular, may have degraded in concentration related to the length of
252 storage or storage conditions, biasing the results toward larger differences in labeling versus
253 testing. This is not only a limitation of our study but an overall challenge for flower product
254 testing and labeling. Limited information about the duration participants had products before
255 collection is a limitation of the study. Another limitation is that we did not systematically sample
256 dispensaries or products. Instead, we tested products provided by participants for the purposes of
257 a larger research study focused on cannabis impairment. As a result, our findings may not be
258 generalizable to the Colorado dispensary market.

259 **Conclusion**

260 There are no universal guidelines for cannabis labeling requirements and variability in
261 state testing and label reporting. This is of concern based on consumer and regulator interest in
262 THC concentrations. We found that across product types (flower, edibles, concentrates), there
263 were differences between labeled and lab-tested THC concentrations, with a pattern that
264 packages reported higher THC levels than were found in products. This systematic pattern of
265 over-labeling cannabis products found by our study and others suggest that differences between
266 product labels and observed THC may not just be biological variability. Rather, they reflect
267 systematic forces and incentives in the marketplace, which lead to over-labeling. With
268 rescheduling on the horizon, it is imperative to strategize ways to incentivize federal regulators

269 (like the FDA) to create cannabis label requirements. In lieu of federal regulation, it is necessary
270 to engage state-level regulators to facilitate the evolution of policy that requires cannabis labels
271 to be reliable and accurate.

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273

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280

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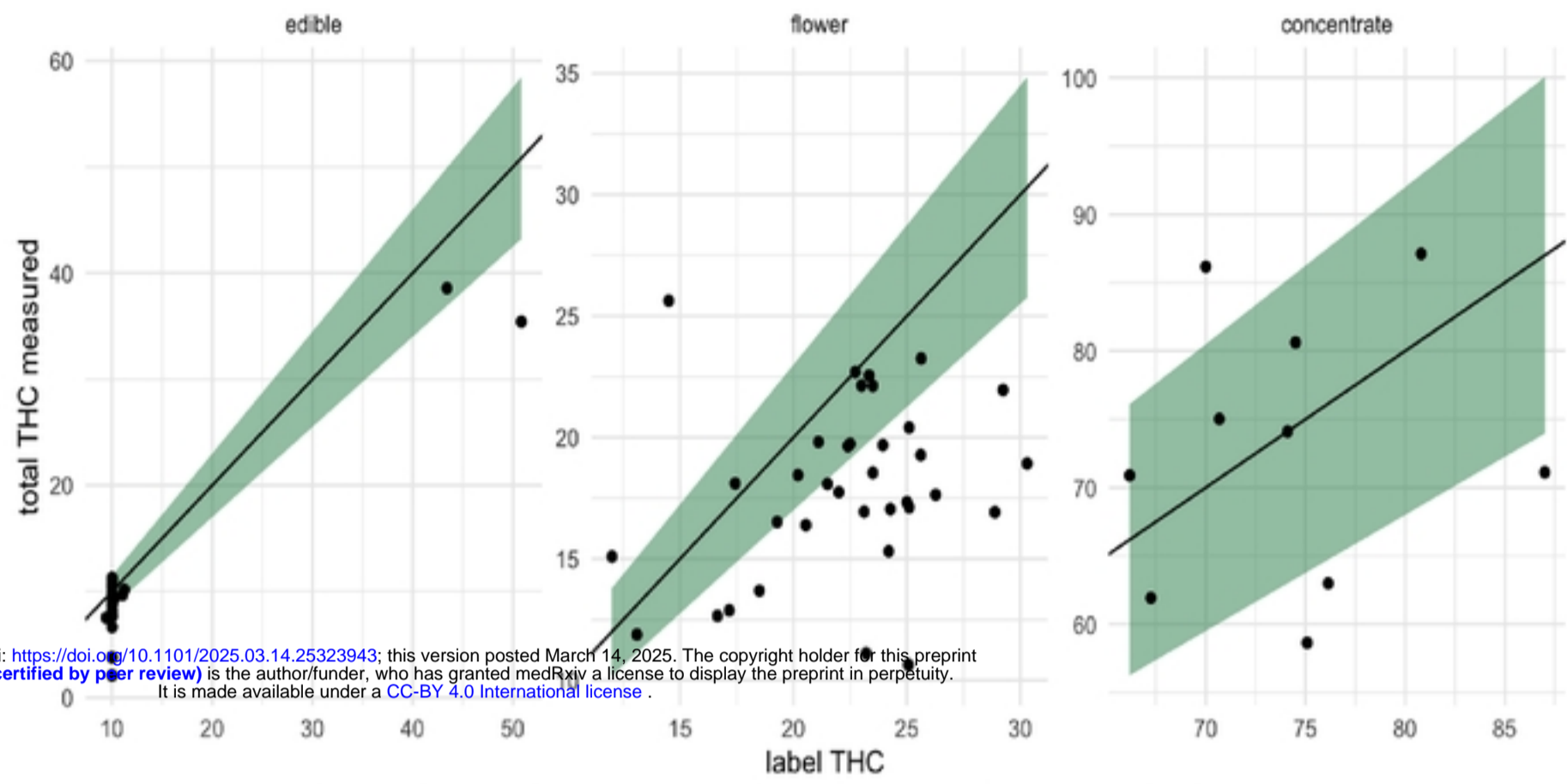
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Figure 1. Observed THC product concentration in the context of legally allowable variation



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Note: The green bands on the graphs represent the allowable +/- 15% variation in concentration