

New Hampshire Department of Health and Human Services
Division of Public Health Services
Therapeutic Cannabis Program
2024 Data Report

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Introduction

Pursuant to RSA 126-X:10, the Commissioner of the Department of Health and Human Services shall report annually on the Therapeutic Cannabis Program established under RSA 126-X. The report shall be made to the NH Health and Human Services Oversight Committee established under RSA 126-A:13, the NH Board of Medicine, and the NH Board of Nursing.

The report shall allow for identification of patterns of certification by qualifying patient and designated caregiver, location, age, medical condition, symptom or side effect, and medical provider, and for analysis and research to inform future policy, educational, and clinical decisions.

Therapeutic Cannabis Program Registry Data

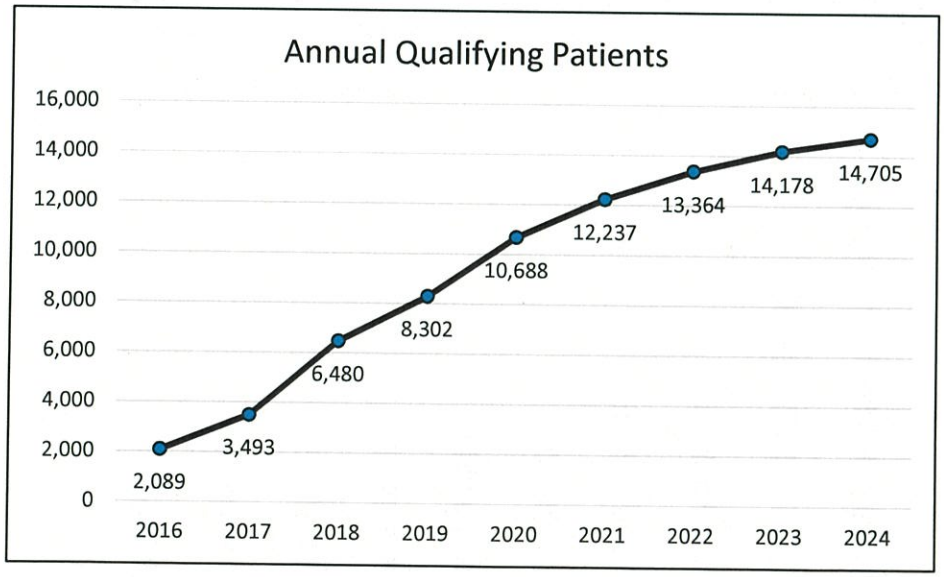
The data in this section is sourced from the Therapeutic Cannabis Program Registry Database as of June 30, 2024.

Alternative Treatment Center Annual Report Summary

The data in this section is a summary of the Alternative Treatment Centers' (ATCs) Annual Reports submitted to the Department pursuant to He-C 402.10(q), showing data from July 1, 2023 to June 30, 2024.

Therapeutic Cannabis Program Web Page: http://www.dhhs.nh.gov/tcp

Patient Growth, 2016-2024



Source: 2016-2024 TCP Registry Database

Therapeutic Cannabis Program Registry Data

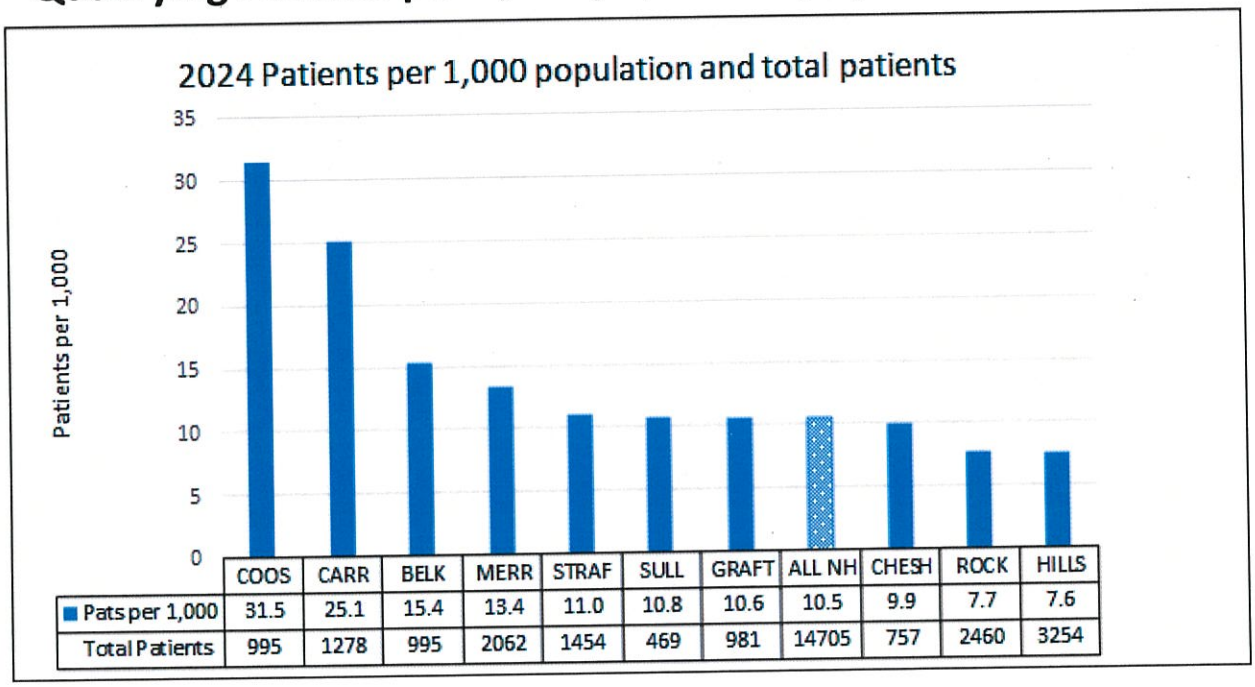
Qualifying Patients

Qualifying Patients	Number of Patients
Adult Patients	14,698
Minor Patients (under age 18)	7
Total	**14,705**
Patients with a Designated Caregiver (inclusive of total above)	1,177

Qualifying Patients, by County

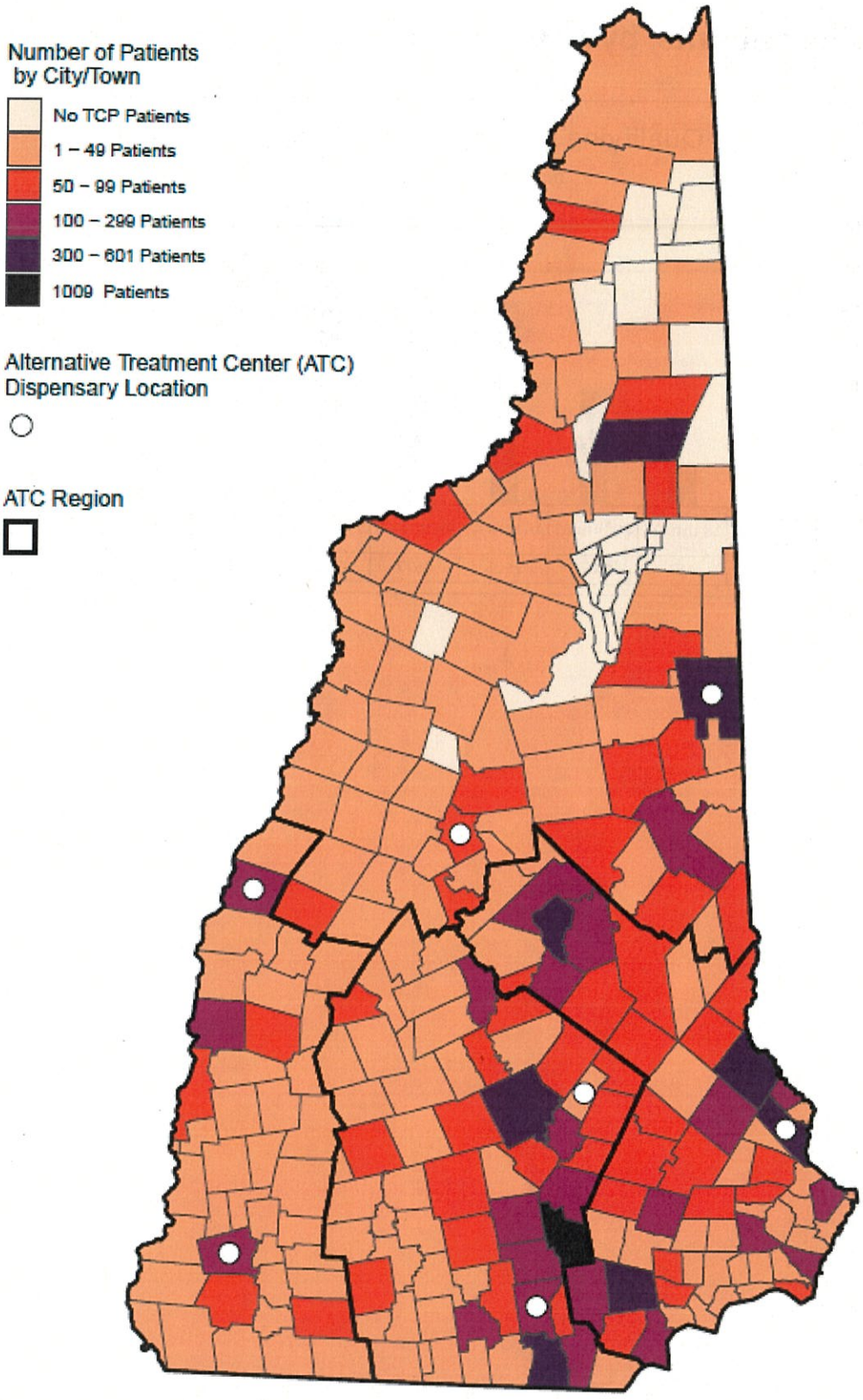
County	Number of Patients
Hillsborough	3,254
Rockingham	2,460
Merrimack	2,062
Strafford	1,454
Carroll	1,278
Belknap	995
Coos	995
Grafton	981
Cheshire	757
Sullivan	469
All NH	**14,705**

Qualifying Patients per 1,000 population, by County



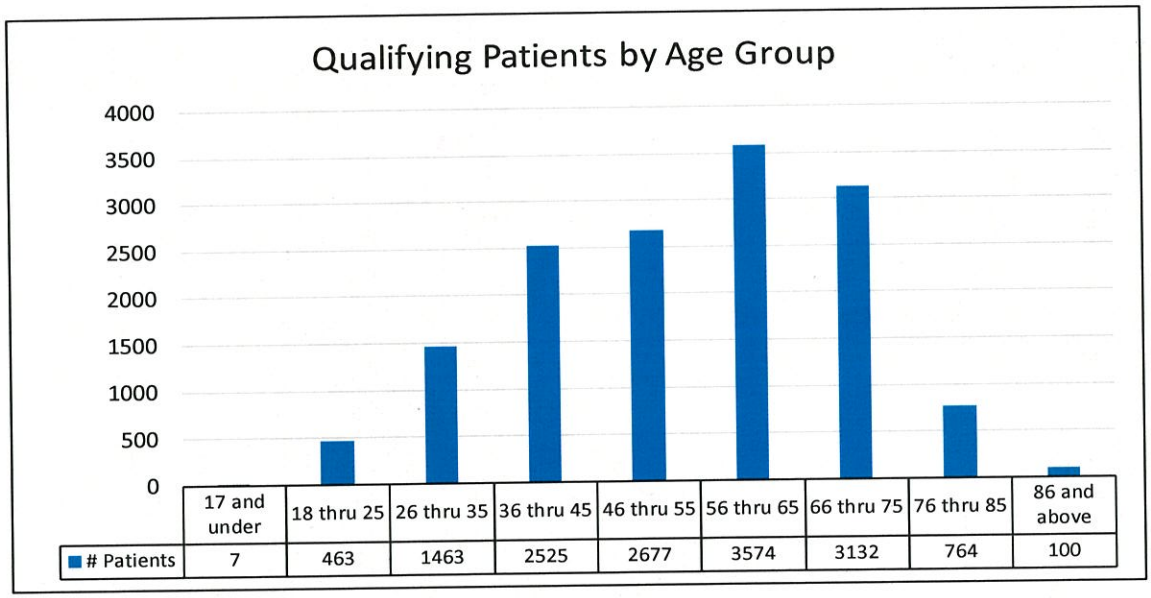
	COOS	CARR	BELK	MERR	STRAF	SULL	GRAFT	ALL NH	CHESH	ROCK	HILLS
Pats per 1,000	31.5	25.1	15.4	13.4	11.0	10.8	10.6	10.5	9.9	7.7	7.6
Total Patients	995	1278	995	2062	1454	469	981	14705	757	2460	3254

Qualifying Patients, by City/Town



Data Source: 2024 NH TCP Registry Database

Qualifying Patients, by Age



	17 and under	18 thru 25	26 thru 35	36 thru 45	46 thru 55	56 thru 65	66 thru 75	76 thru 85	86 and above
# Patients	7	463	1463	2525	2677	3574	3132	764	100

Designated Caregivers

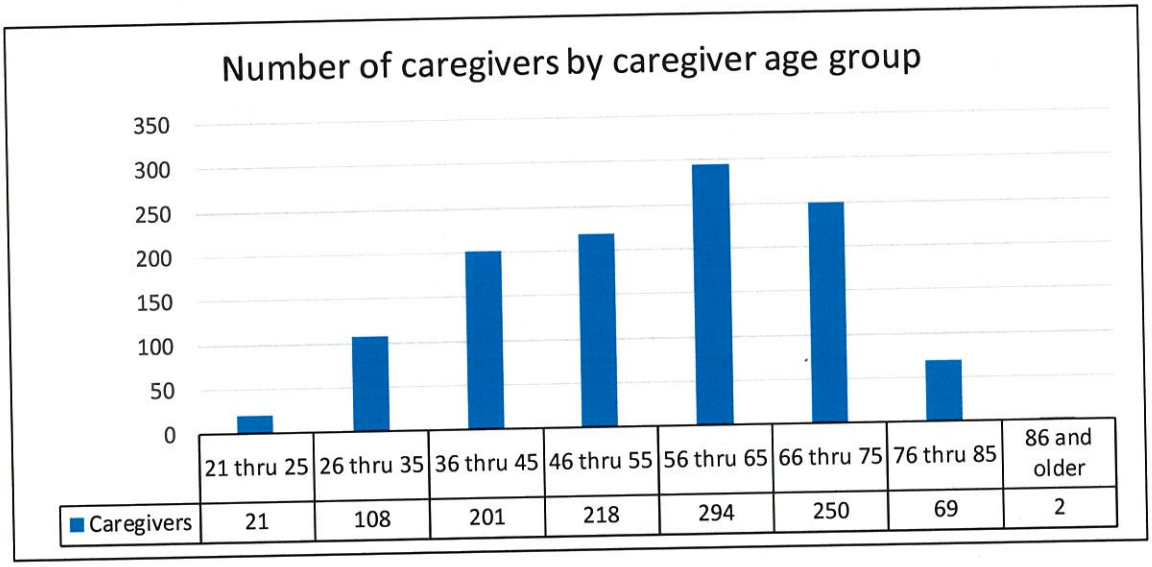
Designated Caregivers	Number of Caregivers
Caregivers with 1 Qualifying Patient	1,145
Caregivers with 2-4 Qualifying Patients	19
Total	**1,163**

Designated Caregivers, by NH County

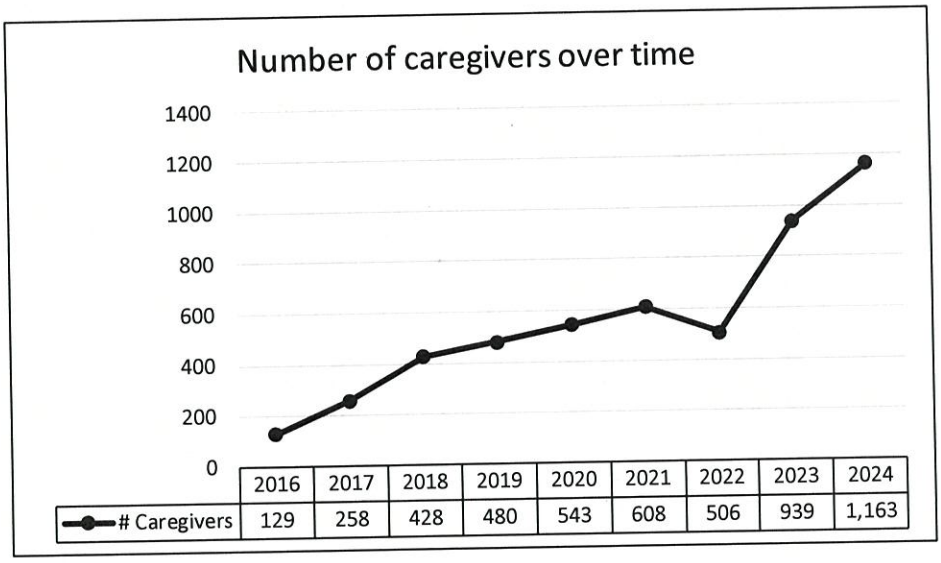
County	Number of Caregivers
Hillsborough	289
Merrimack	213
Rockingham	180
Grafton	97
Belknap	92
Strafford	89
Cheshire	55
Sullivan	47
Carroll	47
Coos	45
Total	**1,154**

Note: Nine caregivers reside out of state.

Designated Caregivers, by Age



Designated Caregivers, by Year

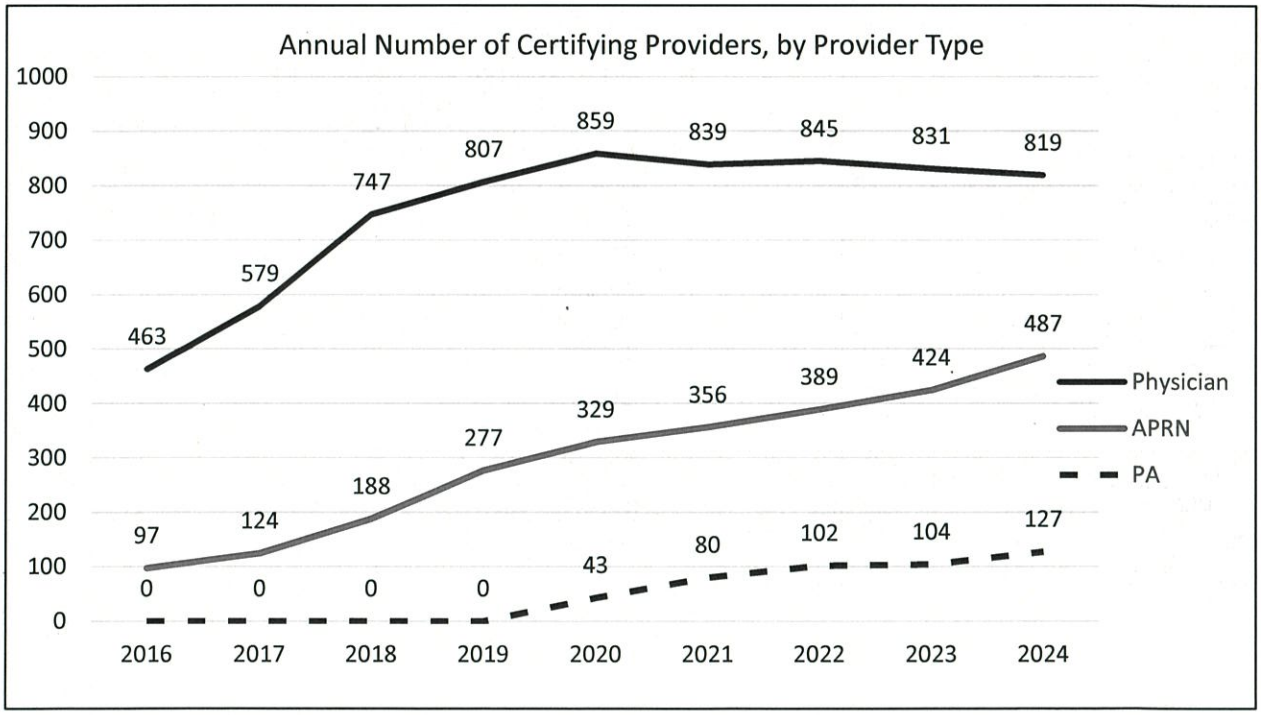


Certifying Medical Providers

(data on providers with at least one active qualifying patient as of June 30, 2024)

Provider Type	Count	Average Patient Count per Provider Type
APRN	487	14.4
Physician	819	8.3
PA	127	7.8
Total	**1,433**	**10.3**

Certifying Medical Providers, by Year



Source: 2016-2024 TCP Registry Database
Note: includes both in-state and out-of-state providers

Physicians, by Specialty

Specialty	Nbr Physicians
FAMILY PRACTICE/FAMILY MEDICINE	342
INTERNAL MEDICINE	181
NEUROLOGY	46
MEDICAL ONCOLOGY	29
RHEUMATOLOGY	28
HEMATOLOGY - ONCOLOGY	23
PSYCHIATRY	22
PAIN MANAGEMENT	20
GASTROENTEROLOGY	14
PALLIATIVE MEDICINE	12
ORTHOPEDIC SURGERY	9
PEDIATRICS	9
INFECTIOUS DISEASE	7
PHYSICAL MEDICINE & REHABILITATION PS	7
HEMATOLOGY	6
OPHTHALMOLOGY	6
ONCOLOGY	5
RADIATION ONCOLOGY	5
GENERAL PRACTICE	4
GENERAL SURGERY	4
GYNECOLOGY	3
INTERNAL MEDICINE - PEDIATRICS	3
NEPHROLOGY	3
OSTEOPATHIC MANIPULATIVE MEDICINE OS	3
UROLOGY	3

Specialty	Nbr Physicians
ADDICTION PSYCHIATRY	2
ANESTHESIOLOGY	2
GERIATRIC MEDICINE – IM	2
GYNECOLOGICAL ONCOLOGY	2
INTERNAL MEDICINE,PEDIATRICS	2
NEURODEVELOPMENTAL DISABILITIES – NEUROLOGY	2
NEUROLOGICAL SURGERY	2
OBSTETRICS & GYNECOLOGY	2
OTOLARYNGOLOGY	2
PAIN MEDICINE	2
ANESTHESIOLOGY,PAIN MANAGEMENT	1
CARDIOVASCULAR DISEASES	1
CHILD & ADOLESCENT PSYCHIATRY	1
CLINICAL PATHOLOGY	1
EMERGENCY MEDICINE	1
GERIATRIC MEDICINE – FP	1
GERIATRIC PSYCHIATRY	1
MATERNAL & FETAL MEDICINE	1
MUSCULOSKELETAL ONCOLOGY	1
OCCUPATIONAL MEDICINE	1
SLEEP MEDICINE	1
SURGICAL CRITICAL CARE	1
SURGICAL ONCOLOGY	1
THORACIC SURGERY	1

The sum of the top 2 specialties (**Family Practice/Family Medicine and Internal Medicine**) represents 63% of the total.

Provider Location, by NH County

County	APRN	Physician	PA	Total
HILLSBOROUGH	118	199	25	**344**
ROCKINGHAM	86	135	32	**253**
GRAFTON	41	126	21	**188**
MERRIMACK	60	100	15	**175**
STRAFFORD	54	61	10	**125**
CHESHIRE	23	26	3	**52**
BELKNAP	21	24	4	**49**
CARROLL	27	21	8	**56**
COOS	19	12	5	**36**
SULLIVAN	16	8	4	**28**
TOTAL	**465**	**712**	**127**	**1,304**

Out-of-State Providers

State	APRN	Physician	Total
MASSACHUSETTS	2	58	**60**
MAINE	7	23	**30**
VERMONT	13	26	**39**
TOTAL	**22**	**107**	**129**

Number of Patients per Provider

Patients Certified	Number of Providers
1	404
2 thru 9	682
10 thru 19	196
20 thru 49	119
50 thru 99	15
100 or more	17

Qualifying Medical Conditions

Qualifying Diagnosis/Qualifying Symptom Combination

Qualifying Medical Condition	Number of Patients
One or more injuries or conditions that has resulted in one or more qualifying symptoms listed below	2,644
Cancer	883
Spinal cord injury or disease	655
Multiple Sclerosis	345
Epilepsy	196
Crohn's disease	159
Traumatic brain injury	152
Ehlers-Danlos syndrome	113
Parkinson's disease	106
Glaucoma	94
Ulcerative colitis	80
Lupus	64
Hepatitis C	47
Chronic pancreatitis	41
AIDS	31
Positive status for HIV	30
Muscular Dystrophy	21
Alzheimer's Disease	20
Amyotrophic lateral sclerosis	9

Qualifying Symptoms / Side Effects	Number of Patients
Severe pain	1,980
Severe, persistent muscle spasms	1,137
Moderate to severe insomnia	1,045
Constant or severe nausea	667
Seizures	235
Chemotherapy-induced anorexia	187
Cachexia	183
Moderate to severe vomiting	158
Elevated intraocular pressure	85
Wasting syndrome	48
Agitation of Alzheimer's disease	19

Note: Patients may be certified for more than one qualifying medical condition and symptom.

Qualifying Medical Conditions

Stand-Alone Condition

Qualifying Medical Condition	Number of Patients
Moderate to severe chronic pain	8,238
Moderate or severe PTSD	3,191
Severe pain	1,983
Autism spectrum disorder (age 21 and older)	85
Autism spectrum disorder (under age 21)	8
Opioid Use Disorder, with associated symptoms of cravings and/or withdrawal	9

Alternative Treatment Center Annual Reports Summary

The data presented in this section is a summary of the ATC Annual Reports submitted to the Department pursuant to He-C 402.10(q), showing data from **July 1, 2023** to **June 30, 2024**.

Qualifying Patients Served

ATC	Patients Served
GraniteLeaf – Chichester/Merrimack	6,571
Sanctuary – Plymouth/Conway	3,482
Temescal Wellness – Dover	1,387
Temescal Wellness – Lebanon/Keene	1,820

Strains of Cannabis Dispensed

ATC	Strains of Cannabis Dispensed
GraniteLeaf	54
Sanctuary	66
Temescal	49

Forms of Prepared Cannabis Dispensed

ATC	Forms of Prepared Cannabis Dispensed	
GraniteLeaf	• Cannabis flower • Capsules • Concentrates (solvent and solventless) • Drink mixes • Edibles (fruit chews, lozenges, chocolates, cookies, brownies, honey)	• Oral syringes • Pre-rolled joints • Suppositories • Tinctures • Topicals • Vaporizer cartridges
Sanctuary	• Cannabis flower • Capsules • Concentrates (shatter, sauce, diamonds-crystal, crumble, hash, bubble hash, sugar, RSO-Rick Simpson Oil) • Edibles (beverages, blondies, brownies, chocolates, cookies, fruit chews, ice pops, lozenges, peanut butter cups, peppermints, truffles)	• Pre-rolled joints (single, multipack, blunts) • Sublingual spray • Tinctures • Topicals (massage oil, salves, transdermal gel) • Vaporizer cartridges
Temescal	• Cannabis flower • Capsules • Concentrates (bubble hash, budder, cold brew concentrate, crumble, diamonds, kief, rosin, shatter, sugar) • Edibles (brownies, chocolates, coconut butter, cookies, fruit chews, honey, lozenges)	• Powdered drink mix • Pre-rolled joints • Sublingual spray • Tinctures • Topical salve • Vaporizer cartridges

Effectiveness of Cannabis

ATC	Patients Providing Effectiveness Responses (% of Total Patients)	Effectiveness
GraniteLeaf	569 (9.75%)	Positive: 96.5% Neutral: 2.1% Negative: 1.4%
Sanctuary	216 (6.20%)	Positive: 99.54% Mixed/Neutral: 0.46% Negative: 0%
Temescal – Dover	311 (22%)	Positive: 78% Neutral: 20% Negative: 2%
Temescal – Lebanon	437 (24%)	Positive: 82% Neutral: 18% Negative: less than 1%

Education Efforts for Qualifying Patients and Designated Caregivers

Education Methods	Education Topics
GraniteLeaf ▪ Paper handouts ▪ Patient consultation (initial and ongoing) ▪ Patient support groups ▪ Patient education handbook ▪ Prime ATC cultivar guide ▪ Email newsletters ▪ Website and social media ▪ Product labeling ▪ Patient data tracking ▪ In-store education ▪ Independent support group education ▪ New patient orientation ▪ Complimentary wellness education ▪ Verified patient product reviews	• TCP Laws and Regulations • Child Safety • Therapeutic Cannabis While Pregnant and Breastfeeding (sign and brochure) • Is Cannabis Addictive? • Cannabis Risks • Patient Handbook/ Guide to Therapeutic Cannabis • The Cannabis Plant • Endocannabinoid System • Cannabinoids • Terpenes • Routes of Administration • Health and Safety (finding your optimal dose, side effects, tolerance, impairment, special populations, cannabis use disorder, cannabis hyperemesis) • Flower and Pre-Rolls • Vape Cartridges and Batteries • Vape Troubleshooting • Concentrates • Live Rosin • Edible Cannabis Oil • Edibles • Tinctures • Topicals and Transdermals • Types of Cannabis (Indica, Hybrid, Sativa, CBD dominant) • Best Storage Practices • Edible Recipe Instructions (website only)

Education Methods	Education Topics
Sanctuary ▪ Patient Consultations (Initial & Ongoing) ▪ Patient Outreach ▪ Educational Literature ▪ Patient Handbook ▪ Email Newsletter ▪ Website ▪ Patient Data Tracking ▪ Product Labeling ▪ SMS (text messaging) ▪ Social media	▪ Strains of Cannabis ▪ Routes of Administration & Potential ▪ Effects ▪ Cannabinoids & Terpenes ▪ Dosing information for Different Routes ▪ of Administration ▪ Cannabis Preparation and Uses ▪ Laws and Responsible Use ▪ Side Effects and Strategies to Minimize Adverse Effects ▪ Cannabis Use Disorder ▪ Information on Tolerance, Dependence, and Withdrawal ▪ Substance Abuse Signs and Symptoms ▪ Referral Information to Substance Abuse Treatment Programs ▪ Growing Methods and Product Testing ▪ Child Safety Tips ▪ Safe Transport and Storage ▪ Preventing Diversion ▪ Program Rules and Laws ▪ Contaminant info sheet ▪ Understanding Product Labels Info Sheet ▪ Educational poster and informational brochures on the risk of cannabis use pregnancy and breastfeeding
Temescal ▪ Patient Outreach ▪ Patient Consultations (initial & ongoing) ▪ Telehealth phone consultations ▪ Patient Educational Handbook ▪ Email Newsletters ▪ Website ▪ Social Media ▪ Patient Data Tracking ▪ Product Labeling ▪ In-Store Hand-outs ▪ In-Store Education ▪ 3rd Party Information Sessions	▪ What are cannabinoids? (Cannabis Science) ▪ Introduction to terpenoids ▪ Cannabis categories and classifications ▪ Delivery methods (onset & duration) ▪ Proper dosing ▪ Vaping vs. smoking ▪ Product descriptions ▪ Clinical journal studies and organization sources ▪ Patient strain and Product logs ▪ Using cannabis safely ▪ Potential side-effects ▪ Information on addiction ▪ Child safety tips ▪ Preventing youth use ▪ Laws and responsible use/storage ▪ Substance misuse signs and symptoms ▪ Testing limitations ▪ TCP program information ▪ List of certifying providers ▪ Coconut butter dosing and recipes ▪ How to cook with cannabis ▪ Allotment tracking ▪ Pregnancy and breastfeeding

Patient Affordability Programs

ATC	Affordability Program Elements	Patients Enrolled (% of Total Patients)	Total Discount
GraniteLeaf	**Compassionate Care** (including SSI, SSDI, Medicaid, and Low Income) **Veterans** **Seniors** (65+) All categories are eligible for 10% discount on all purchases, all the time, including accessories and ancillary products	**Total Enrolment:** 1234 (18.8%) **Compassionate Care:** 184 (2.8%) **Veteran:** 225 (3.5%) **Seniors:** 825 (12.5%)	$482,228 Total value of discounts including sales events: $900,455
Sanctuary	**SSI/SSDI:** 35% discount on the first $100 spent every 10 days. **Medicaid:** 30% discount on the first $100 spent every 10 days. **Veteran:** 10% discount on cannabis and CIP **Some patients qualify for both a SSDI/SSI/Medicaid discount and the veteran discount, this is reflected in the number of total patients enrolled.*	**Total Enrollment** = 734 (21%) **SSDI/SSI** = 502 (14%) **Medicaid** = 129 (4%) **Veterans** = 103 (3%)	$242,746
Temescal	**SSI/SSDI/Medicaid/Low-Income:** 15% discount all purchases of cannabis medication or accessories. **Veterans:** 22% discount all purchases of cannabis medication or accessories.	**Total Enrollment** = 1330 (41%) **SSI/SSDI/Medicaid/Low income:** 1066 (33%) **Veteran's:** 264 (8%)	$381,327

Patient Complaints Received by ATCs

ATC	Nature of Complaint
GraniteLeaf	▪ Pricing ▪ Product availability ▪ Patient labels on products ▪ Vape hardware failures ▪ Difficult to open child-resistant packages
Sanctuary	▪ Lack of high potency strains/products ▪ More dispensary locations, due to long travel times ▪ Cost is too high ▪ Patients miss "sale days" and are upset when they come in and can't take advantage of the savings ▪ Lack of desired products/strains ▪ Lack of home delivery ▪ Website changes were made to unify Sanctuary ATC with our other operations and caused confusion for some ▪ Lack of different CBD:THC ratio blends ▪ Lack of strain names on social media ▪ Inability to combine discounts ▪ Inability to check allotment from home

ATC	Nature of Complaint
	▪ Inability to find a certifying provider ▪ Difficulty navigating the certification process ▪ Inconsistent information online regarding the ability of patients to grow/lack of ability to grow
Temescal	▪ Patient Intake forms - staff are continually navigating negative first experiences with new patients surrounding the patient intake paperwork ▪ Patient labels - staff are continually receiving negative comments from patients about the time taken up at the register applying these labels to products ▪ Product variety ▪ Lack of public education about cannabis and the existence of the program ▪ Program registration process ▪ Price ▪ Travel time

ATC Recommendations for Program Improvement

ATC	Recommendations for Program Improvement
GraniteLeaf	▪ Remove requirement for patient label to be affixed to each container per patient visit ▪ Increase allotment to 4oz/10 days or reduce the reset allotment time to 5 days ▪ Therapeutic Cannabis Program sponsored educational events for providers and prospective patients ▪ State sanctioned program awareness notifications and outreach to the general public ▪ Home grow for patients ▪ Allow delivery or "local pickup" option to serve patients with transportation and/or mobility issues ▪ Allow ATCs to incorporate other natural remedies such as Kava and Melatonin into formulated products to assist with the treatment of patient specific conditions ▪ Allow the hiring of individuals who are 18+ years old
Sanctuary	▪ Create a list of certifying providers that patients can consult when trying to become part of the program ▪ Create an online method of tracking certification progress so patients can check to see if their application has been received and is being processed ▪ Implement online portal where patients can track their allotment ▪ Eliminate the non-profit requirement for NH ATCs ▪ Patient/Caregiver home-grow ▪ Allow ATCs to deliver therapeutic cannabis to patients ▪ Education for medical providers about the NH Therapeutic Cannabis Program ▪ Eliminate the limit to the number of purchases made by OOS-VPs ▪ Eliminate the requirement for OOS-VPs to have their providers sign a letter after third purchase (cost to OOS-VPs is often the same as a certification)
Temescal	▪ Allow ATCs to send failed flower batches out for another round of testing. If the flower batch fails a second time, then it will be sent for remediation. ▪ Eliminate the need for patient labels to be affixed to each individual product. This process comes at a great expense to the ATCs to maintain stock and contributes to extended transaction times. The patient's receipt provides an itemized record of what was purchased and contains their name and address that can be matched against their registry ID.

ATC	Recommendations for Program Improvement
	▪ Eliminate the need for intake paperwork. Patients continually provide negative feedback about providing this information to the ATCs that they have already provided to the TCP. Printing and storing these records comes at a great expense to the ATCs and can contribute to a negative first experience for both in-state and out-of-state patients. ATC locations struggle with space to store patient records that are virtually never referred to. ▪ Expand marketing and education efforts from the TCP about the existence of the program. Patient enrollment has plateaued, which makes growth challenging for the ATCs. The upcoming regulation change regarding qualifying conditions is an opportunity to educate the public and providers to allow for larger enrollment which in turn will make expanding product selection and lowering pricing easier for the ATCs. ▪ Remove quality assurance testing requirements to bring the program in line with competing neighboring states, Maine and Massachusetts. ▪ Allow for patients and caregivers to grow their own cannabis. ▪ Eliminate the need to request permission to remediate previously failed flower batches. Remediated batches are still subject to cannabinoid and microbial testing before release for sale. ▪ Eliminate the non-profit requirement, which significantly constrains ATC's cash flow, programmatic reinvestment, and overall financial management. The non-profit requirement prevents businesses from exchanging equity for investment as a for-profit entity is allowed to do. Instead, we are limited to taking loans, which creates debt-service, akin to a home mortgage. The loan is repaid each month, at a set amount, regardless of economic conditions. Whereas in the case of a for-profit business, equity is granted for a specific dollar investment and monthly loan payments do not exist, which is why equity is considered 'patient'. The current structure limits the ATC's ability to make timely investments in the business (e.g., equipment, technology, people and patient discounts). If ATCs were not constrained by this non-profit distinction, Temescal Wellness would have been able to have an even more robust product offering, deeper patient discounts, lower prices and a larger employee base to accelerate product innovation. We believe modifying this structure will allow more patients to be served and benefit from the use of therapeutic cannabis and to help capture patients lost to the Maine, Vermont and Massachusetts markets.

Charitable Activities

ATC	Activities that Contribute to the ATC's Mission as a Charitable Trust to Benefit Qualifying Patients
GraniteLeaf	Over the past year we have contributed to the following charities: ▪ The Grapevine Family and Community Resource Center ▪ Last Prisoner Project ▪ American Foundation for Suicide Prevention ▪ Concord Coalition to End Homelessness ▪ Herbal Harvest Thyme ▪ Manchester School of Technology ▪ NH Muscle Car ▪ Nashua PAL ▪ Concord Coalition to End Homelessness

ATC	Activities that Contribute to the ATC's Mission as a Charitable Trust to Benefit Qualifying Patients
	▪ Peterborough Food Pantry ▪ Friendly Kitchen ▪ Nashua PAL ▪ Families in Transition ▪ Leukemia & Lymphoma Society ▪ MS ▪ MMP ▪ Ehlers-Danlos Society ▪ Fallen Fighter Firefighters Family Fund
Sanctuary	▪ Patient affordability program ▪ Monetary Donations to patients participating in fundraising activities ▪ Food donation drives to benefit local non-profits ▪ Monetary donations to local non-profits ▪ Educational sessions with local community service organizations
Temescal	▪ Making charitable company donations to local non-profits ▪ Collecting cash donations in the ATCs for local non-profits to involve patients/caregivers ▪ Collecting in-kind donations in the ATCs for the local non-profits to involve patients/caregivers ▪ Staff community service/volunteer work ▪ Free cannabis/program events for patients/caregivers/those looking to enter the program ▪ Free education presentations for providers, support groups or assisted living facilities