



**Testimony of Maine Public Health Association Neither For Nor Against:
LD 48: An Act to Clarify Provisions of the Cannabis Legalization Act Regarding Labels, Packaging and
Testing**

Joint Standing Committee on Veterans and Legal Affairs
State House, Room 437
Monday, January 30, 2023

Good afternoon, Senator Hickman, Representative Supica, and distinguished members of the Joint Standing Committee on Veterans and Legal Affairs. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association.

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 700 individual members and 60 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine's communities, and we take that responsibility seriously.

MPHA is Neither For Nor Against LD 48: "An Act to Clarify Provisions of the Cannabis Legalization Act Regarding Labels, Packaging and Testing." This bill makes changes to labeling, packaging, and testing of cannabis products in the recreational cannabis program.

Labeling

While we are supportive of efforts to minimize the attractiveness and marketing of cannabis products to youth, we have concerns about the vagueness of the definition of "cartoon." We have concerns that the revised definition will be insufficient to address a major driver of accidental youth ingestion, which are "copycat" products (see below), since not all these products have cartoons. We have labeling considerations for the committee's deliberations.

1. **Please maintain restrictions on allowing fruit or other food imagery on packaging of products, and please consider prohibiting "copycat" marketing.** Cannabis edibles pose unique risk to children who may mistake cannabis edibles for food or candy. Indeed, the number of poison center calls in Maine related to exposure of cannabis products among those 5 years old and younger increased from 2 calls in 2016 to 39 calls in 2022. **In other words, in just six years, there was a 20-fold increase in poison center calls.**
2. **Make labels easier to read and understand.** The minimum health and safety warning label font size is 6pts (example). Increase health and safety warning label font size to 10pts minimum (example).
3. Add a "Not safe for kids" label requirement on all products (currently this is optional).
4. Provide clearer information about potential drug-nutrient and drug-drug interactions (i.e., THC

interactions with other drugs).

Testing

We believe Maine must continue to be vigilant about the testing and safety of cannabis and cannabis products, specifically edible cannabis products. Studies from Washington State show clear and systematic differences within results provided by cannabis testing facilities, even when controlling for confounding factors.¹ A [2019 audit](#) of Oregon’s testing system found that the state’s testing program “cannot ensure that test results are reliable and products are safe” and “[l]imited authority, inadequate staffing, and inefficient processes reduce OHA’s ability to ensure Oregon cannabis labs consistently operate under accreditation standards and industry pressures may affect lab practices and the accuracy of results.”

Considering the testing challenges observed in other states, we believe Maine should focus its efforts on improving consistency and testing methods before approving an allowable variance rate that is higher than labs’ already established variance rate.

Given these factors, we have considerations for the committee’s deliberations:

1. **Support efforts to promote accuracy in testing** so that consumers can trust that the drug content on the label is what is actually in the product; a higher amount of THC per serving than what is labeled poses health risks and negative social impacts.
2. **Please consider requiring that all laboratory data are public to improve transparency and public safety.**
3. Currently, there is no requirement for licensees to update product labeling to be consistent with the actual potency of the product. Instead of increasing the margin of error, sufficient resources should be dedicated to improving the accuracy of manufacturing and testing processes that improve the reliability of product contents.
4. Please consider conducting additional assessments of testing accuracy across products and facilities.
5. Is there a variance range for CBD per serving? Or ratio of THC:CBD/serving? Cannabis has become much more potent: samples studied from 1995 to 2014 show that while the level of THC increased by 300%, the amount of CBD decreased by 50%.² By establishing an increased allowable variance for THC but not CBD (or ratio of THC:CBD) per serving, the psychoactive properties – and associated health risks – of these products increases.
6. A 2018 publication found interlab differences in cannabinoid reporting, underscoring the need for, and importance of standardized laboratory methods.² We recommend focusing on this area first, before creating a wider margin of error for products.

Health Effects

We know cannabis use poses risks to our mental and physical health. People who used cannabis heavily in their teens and continued through adulthood showed a significant drop in IQ between the ages of 13 and 38 years – an average loss of 8 points for those who met criteria for cannabis dependence.³ Cannabis adversely impacts adolescent brain development, is a risk factor for cardio-respiratory disease and testicular cancer and is associated with both psychiatric illness and negative social outcomes.^{4,5} In 2020, there were 5,625 cannabis-related emergency department visits, representing a 21% increase from 2019.⁶ Rates were disproportionately higher for males and for people ages 18 to 25 years old.

Maine’s Department of Health and Human Services has prepared [county-level fact sheets](#) about adult and youth use of cannabis. In addition, the Maine State Epidemiological Outcomes Workgroup has prepared a [fact sheet](#) about cannabis use and consequences.

Ensuring accuracy in product testing and labeling, and restricting copycat marketing, will help minimize health harms from cannabis. Thank you for considering our testimony.

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- ¹ Jikomes N & Zoorob M. The cannabinoid content of legal cannabis in Washington State varies systematically across testing facilities and popular consumer products. *Scientific Report*. 8: 4519 (2018).
- ² ElSohly MA, et. al. Changes in cannabis potency over the last two decades (1995-2014) – Analysis of current data in the United States. *Biological Psychiatry*. 2016; 79(7):613-619.
- ³ Cunningham A. Teen vaping of marijuana raises concerns about addiction. *Science News*. October 2018.
- ⁴ Hagler D. [Marijuana use: Detrimental to youth](#). *American College of Pediatricians*. April 2017.
- ⁵ Wilkinson ST, D’Souza DC. Problems with the medicalization of marijuana. *JAMA*. 2014;311(23):2377-2378.
- ⁶ [Marijuana Use Dashboard](#). Maine State Epidemiological Outcomes Workgroup.

Sample “Copycat” Cannabis Products





Per [THC Cannabis Letter](#) by Virginia Attorney General Jason Miyares