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Testimony of the Maine Center for Disease Control and Prevention
Department of Health and Human Services

Before the Joint Standing Committee on Veterans and Legal Affairs

In Opposition to LD 1530 *An Act to Support Patients by Permitting On-site Consumption of Medical Cannabis and Medical Cannabis Products*

Hearing Date: April 19, 2023

Senator Hickman, Representative Supica, and members of the Joint Standing Committee on Veterans and Legal Affairs, my name is Jamie Cotnoir and I am the Maine Center for Disease Control and Prevention - Division of Disease Prevention Associate Director. I am here today to provide testimony on behalf of the Maine Center for Disease Control and Prevention and will be speaking against LD 1530, *An Act to Support Patients by Permitting On-site Consumption of Medical Cannabis and Medical Cannabis Products*.

This bill allows for the on-site consumption of harvested cannabis for medical use by a qualifying patient in a caregiver retail store, in a registered dispensary or with a registered caregiver. The Department of Administrative and Financial Services (DAFS) must establish, by major substantive rule, the process for issuing permits for on-site consumption and the permit fee, which may not exceed the administrative cost of issuing the permit.

The Maine CDC opposes LD 1530 and offers the following comments for your consideration.

Maine CDC prevention programs partner with community providers, medical professionals and families to address emerging public health concerns related to cannabis. Short-term effects of cannabis products containing THC include but are not limited to difficulty with critical thinking, and impaired memory, judgment, and balance and coordination¹. Driving is a complex task - to do so safely requires full, unimpaired attention. Maine's operating under the influence (OUI) laws include impairment from substances other than alcohol, including cannabis². While there is no current per se limit in Maine, driving under the influence of cannabis is still illegal and poses a risk to all people on the road. The Maine Office of Cannabis Policy's (OCP) Cannabis Markets and Associated Outcomes Report released in Spring 2022 reported that 28% of survey respondents drive while under the influence of cannabis³. Alcohol and/or drug impaired driving related crashes increased by over 4% between 2019 and 2021 in Maine drivers between the ages

¹ NIDA. 2019, December 24. Cannabis (Marijuana) DrugFacts. Retrieved from <https://nida.nih.gov/publications/drugfacts/cannabis-marijuana> on 2023, February 22

² Maine State Statute, Title 29-A, Chapter 23, Subchapter 3, Article 1, Subsection 2453-A <https://legislature.maine.gov/statutes/29-A/title29-A-sec2453-A.html>

³ Maine Office of Cannabis Policy Cannabis Markets and Associated Outcomes- Survey Findings and Implications (Spring 2022)

of 21-44, and next to alcohol, cannabis is the second most frequently found substance in the bodies of drivers involved in fatal motor vehicle accidents. Currently, there is little reliability and consistency with methods of assessing cannabis impairment during a traffic stop, as THC presence in biological samples do not directly reflect magnitude of impairment and remain in biological samples for an extended period⁴. In addition, cannabis products may contain a combination of psychoactive substances that are not reflected by current testing methods. Commonly used field sobriety tests such as one leg stand, walk and turn, or the modified Romberg balance tests may not be sensitive to cannabis intoxication⁵. These are important gaps to consider before passing legislation which would likely increase the rates of cannabis impaired driving in Maine.

Maine's Medical Use Cannabis caregivers, dispensaries, and caregiver retail stores sell a large variety of cannabis products. These products have varying potencies, with concentrates and edibles often being high-potency, and the timeframe in which a product's effects begin and end varies. Cannabis products consumed by smoking typically have an immediate effect, which can last for 30min or up to two or more hours; however, ingested products can take up to several hours to take effect, as they are first digested and metabolized by the liver. Additionally, the specific effects of products differ between individuals based on their tolerance and other factors, such as frequency of use, sex, and biology⁶. Since cannabis was legalized in Colorado, the Department of Public Health and Environment (DPHE) has been tasked with monitoring health concerns related to legalization to form recommendations based on best available evidence. Their recommendations for driving after consumption include waiting at least 6 hours after smoking up to 35mg THC and at least 8 hours after eating or drinking cannabis products containing 18 mg of THC⁷. This evidence suggests that in order to reduce the public risks associated with cannabis impairment noted in this testimony, increasing the wait time before driving after consumption is necessary⁸

In the alcohol space, dram shop liability is a tool to help prevent and reduce harms related to alcohol consumption. Dram shop liability means that if a customer of a dram shop, which is a bar, tavern or similar commercial establishment where alcoholic beverages are sold, buys a drink, leaves the location and causes harm to person or property, the owner of the location the alcohol was served is legally responsible⁹. A similar system of liability for the cannabis space

⁴ Thomas R. Arkell , Tory R. Spindle , Richard C. Kevin , Ryan Vandrey & Iain S. McGregor (2021) The failings of per se limits to detect cannabis-induced driving impairment: Results from a simulated driving study, *Traffic Injury Prevention*, 22:2, 102-107, DOI: 10.1080/15389588.2020.1851685

⁵ National Institute of Justice, "Field Sobriety Tests and THC Levels Unreliable Indicators of Marijuana Intoxication," April 5, 2021, [nij.ojp.gov](https://nij.ojp.gov/topics/articles/field-sobriety-tests-and-thc-levels-unreliable-indicators-marijuana-intoxication): <https://nij.ojp.gov/topics/articles/field-sobriety-tests-and-thc-levels-unreliable-indicators-marijuana-intoxication>

⁶ Centers for Disease Control and Prevention. (2021, September 9). *What We Know About Marijuana*. Centers for Disease Control and Prevention. Retrieved February 22, 2023, from <https://www.cdc.gov/marijuana/what-we-know.html>

⁷ Colorado Department of Public Health and Environment. (n.d.). *Cannabis Public Health Statements- Driving . Monitoring Health Concerns Related to Marijuana*. Retrieved February 22, 2023, from <https://marijuanahealthreport.colorado.gov/literature-review/public-health-statements>

⁸ Maine Office of Cannabis Policy Cannabis Markets and Associated Outcomes- Survey Findings and Implications (Spring 2022)

⁹ Guide to Community Preventive Services. Alcohol Excessive Consumption: Dram Shop Liability. <https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-dram-shop-liability.html>

would be important in the consideration of allowing on-premises consumption, regardless of whether medical or adult use. An additional public safety consideration for this bill would be the requirement to verify that a qualifying patient is accompanied by a designated safe, licensed driver, if they would be consuming cannabis on-site. Medical facilities use this requirement to ensure that patients undergoing procedures or with certain medications in their systems are not a safety risk to themselves or others while departing the facility. This, however, is potentially challenging to enforce without the addition of increased protections and capacity.

An additional tool to mitigate potential risks of overserving/overconsumption is the requirement of responsible vendor training. Maine does not currently have a requirement for retailers or caregivers to undergo a responsible vendor training for cannabis, nor is there currently a single “gold-standard” training vetted by the OCP in consultation with Maine CDC. Responsible vendor trainings include components on the specific and ever-changing laws, public health considerations, age verification, and impairment detection to be able to comfortably refuse sales or service to an intoxicated individual. A requirement for a training such as this, along with increased dedicated funding to the public health field to deliver the training as well as increased enforcement capacity would be crucial to continue to prevent and reduce these harms.

Another issue to consider is secondhand smoke exposure. Smoke from combustion of cannabis has been repeatedly found to contain many of the same toxins and cancer-causing chemicals as those found in tobacco smoke¹⁰. This poses a risk to other consumers or patients, as well as to employees, who may not choose to smoke their products as a health precaution. Maine’s current comprehensive smoke-free law, which prohibits smoking in all indoor areas of workplaces, restaurants, and bars, has been in effect since 2009¹¹ and these public health protections should be upheld rather than disregarded. Smoke free laws also apply to healthcare facilities for these very reasons.

In summary, the Maine CDC has many concerns with the negative impacts this proposed legislation would have on the public health and safety, and therefore opposes LD 1530.

Thank you for your consideration of this matter and for the opportunity to provide testimony today. I can address questions from Committee and I will be available to participate in the work session.

10. Moir D, Rickert WS, Levasseur G, et al. [A comparison of mainstream and sidestream marijuana and tobacco cigarette smoke produced under two machine smoking conditions](#).external icon *Chemical Research in Toxicology*. 2008;21(2):494-502.

11 <https://www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/maine/index.html#:~:text=Maine%20has%20a%20comprehensive%20smoke,been%20in%20effect%20since%202009>.