

Janet T. Mills  
Governor



Jeanne M. Lambrew, Ph.D.  
Commissioner

Maine Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
11 State House Station  
286 Water Street  
Augusta, Maine 04333-0011  
Tel; (207) 287-8016; Fax (207) 287-9058  
TTY: Dial 711 (Maine Relay)

March 4, 2024

Senator Craig Hickman, Chair  
Representative Laura Supica, Chair  
Members, Joint Standing Committee on Veterans and Legal Affairs  
100 State House Station  
Augusta, ME 04333-0100

Re: LD 40, *An Act to Amend the Cannabis Laws*

Senator Hickman, Representative Supica and members of the Joint Standing Committee on Veterans and Legal Affairs:

Thank you for the opportunity to provide information in opposition of LD 40, *An Act to Amend the Cannabis Laws*.

This bill proposes numerous changes to cannabis laws, many of which remove the limited protections currently in place to prevent underage and/or high-risk use of cannabis and cannabis products. Some of these changes include:

- Significantly reducing enforcement authority of the administering agency, the Office of Cannabis Policy (OCP);
  - Removing language explicitly prohibiting cannabis stores from giving away cannabis, cannabis products, and plants;
  - Removing certain restrictions placed on packaging, labeling, and manufacturing in terms of what imaging or marketing does or does not appeal to minors;
  - Allowing the manufacturing of edibles in shapes that easily mimic products not containing cannabis, which are attractive to younger audiences;
  - Allowing for internet-based advertising with no limitations on platforms, increasing accessibility of advertising on platforms frequented by minors, such as social media;
  - Removal of the specific limitations on signs, advertising and marketing to minimize the appeal of adult use cannabis and cannabis products to persons under 21;
  - Removing the prohibition of entry into cannabis establishments by minors with no checking for valid identification until the point of sale if conducted;
  - Eliminating criminal history record checks and inventory tracking mandates;
  - Removing clear guidance on age verification and which forms of identification are valid, increasing likelihood of accepting fraudulent identification and selling to minors;
  - Lowering the age of an employee permitted to work in an adult use cannabis business to 17 if in the presence of a supervisor who is at least 21 years old; and
  - Allowing the consumption of cannabis or cannabis products by minors in a home in the care of their parent, legal guardian or custodian and transportation of cannabis at the request of a minor's guardian or the employer.
-

The Maine Center for Disease Control and Prevention (Maine CDC) prevention programs partner with Maine’s cannabis program regulators, community providers, medical professionals, and families to address emerging public health concerns related to cannabis. The following information is offered for consideration of concerns for public health and safety and the potential negative impact of the changes proposed by LD 40.

The perception by minors that it is easy to access commercial substances like tobacco, alcohol, and cannabis, is a known risk factor with a direct correlation to increased risk of underage substance use<sup>1</sup>. According to the 2023 Maine Integrated Youth Health Survey, 1 in 5 (22%) middle school students and more than half (53.5%) of high school students believe it would be “sort of easy” or “very easy” to access cannabis if they wanted to get some<sup>2</sup>. These perceptions of access would likely increase with the changes proposed in LD 40. Adolescent cannabis use is more strongly associated with potential development of psychotic disorders such as schizophrenia as well as other mental health disorders<sup>3</sup>. Additionally, individuals who use cannabis before the age of 18 are at an increased risk of developing a cannabis use disorder<sup>4</sup>.

Additional challenges created by the language in this bill include lowering the age of those permitted to work (as an employee or assistant) in the industry and allowing minors to enter cannabis retail establishments. These changes are concerning for multiple reasons - there is potential for impairment in the workplace and increased exposure to cannabis use, further normalizing use for minors. The bill removes language that explicitly prohibited on-site adult use consumption by employees, while keeping in law, language permitting onsite product sampling and allowable cannabis consumption within a licensed premise by an employee who is a qualifying patient. Maine alcohol regulations do not allow employees of alcohol licensees to consume or show any signs of impairment while on duty- cannabis regulations should not be weaker<sup>5</sup>. Further, some states have banned happy hours and promotions that offer free drinks because of the consequences of overconsumption. If enacted, LD 40 would take Maine in a dangerous direction by allowing cannabis giveaways, missing an opportunity to learn from alcohol policy by limiting policy changes that promote overconsumption.

The bill also contains vague language around valid forms of identification and removes a requirement that those responsible for verifying age when delivering cannabis receive training. Additionally, the bill removes specific language from law to be outlined in adopted rules (what does or does not target minors in packaging, labeling, and advertising), and creates a concern by reducing OCP’s authority to enforce these regulations. Allowing the manufacturing of edibles in shapes that easily mimic products that are popular with youth and marketed to be attractive to younger audiences contributes to the incidents of accidental consumption of cannabis products

---

<sup>1</sup> Jacobs, L. Regulating Marijuana Advertising And Marketing To Promote Public Health: Navigating The Constitutional Minefield. <https://law.lclark.edu/live/files/26124-lcb214article5jacobspdf%20%20>.

<sup>2</sup> Maine Integrated Youth Health Survey, 2023

<sup>3</sup> Volkow ND, Swanson JM, Evins AE, DeLisi LE, Meier MH, Gonzalez R, Bloomfield MA, Curran HV, Baler R. Effects of Cannabis Use on Human Behavior, Including Cognition, Motivation, and Psychosis: A Review. *JAMA Psychiatry*. 2016 Mar;73(3):292-7.

<sup>4</sup> Winters KC, Lee C-YS. Likelihood of developing an alcohol and cannabis use disorder during youth: Association with recent use and age. *Drug Alcohol Depend*. 2008;92(1-3):239-247.

<sup>5</sup> 18- 553 C.M.R. ch. 101, § 8

among minors<sup>6</sup>. Restrictions placed on compliance monitoring and enforcement activities (requiring notice prior to on-site inspections and audits, eliminating mandatory inventory tracking and specific marketing prohibitions, and specifying certain violations and corresponding enforcement action that are within the scope of OCP) creates significant challenges with ensuring the industry is functioning legally, safely, and not in a way that jeopardizes public health and safety.

Maine has an opportunity to strengthen health and safety protections in its cannabis programs, learning from the extensive list of lessons learned from the harmful practices established within both the tobacco and alcohol industries nationwide. To do so, the aforementioned concerns must be addressed. Improvements in health protections can include mediating harmful impacts of advertising and marketing by prohibiting sponsorship of youth and family events by commercial substance licensees (cannabis, tobacco, or alcohol), limiting online marketing strategies that will likely reach youth, restricting the number of advertisements/signs allowed, and dedicating cannabis tax revenue to fund community-focused, evidence-based prevention strategies such as those focused on skill building, mental health promotion, positive youth development, and elevating the voices of young people to create healthy communities in which to live and grow<sup>7</sup>. Additionally, providing clear guidance throughout statute to eliminate errors of interpretation, such as for age verification, and allowing the Office of Cannabis Policy to enforce all regulations is necessary to maintain the integrity of Maine's cannabis programs.

In conclusion, the Maine CDC strongly opposes several aspects of this bill and would urge the committee to consider the risks and benefits of these changes for both short and long term impacts, for program participants, the general public, especially youth, and those responsible for enforcing laws of the State by voting ought not to pass.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,



Puthiery Va, DO  
Director  
Maine Center for Disease Control  
Department of Health and Human Services  
Maine Department of Health and Human Services

---

<sup>6</sup> US CDC Morbidity and Mortality Weekly Report (MMWR) reports: Among persons aged  $\leq 10$  years, cannabis-involved ED visit rates during the pandemic far exceeded those preceding the pandemic; these findings are consistent with recent National Poison Data System data demonstrating that from 2017 to 2021, cases of edible cannabis ingestion among children aged  $< 6$  years increased by 1,375%, with statistically significant increases in toxicity and severity during the COVID-19 pandemic relative to those observed 2 years earlier (4).

<https://www.cdc.gov/mmwr/volumes/72/wr/mm7228a1.htm>

<sup>7</sup> Pacula, R. L., Kilmer, B., Wagenaar, A. C., Chaloupka, F. J., & Caulkins, J. P. (2014, June). Developing public health regulations for marijuana: lessons from alcohol and tobacco. American journal of public health.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4062005/#bib4> Developing Public Health Regulations for Marijuana: Lessons From Alcohol and Tobacco.