

TESTIMONY IN OPPOSITION TO

L.D. 40

AN ACT TO AMEND THE CANNABIS LAWS

Senator Hickman, Representative Supica, and members of the Veterans and Legal Affairs Committee, I am Eileen King, deputy executive director of Maine School Management Association, testifying on behalf of the legislative committees of the Maine School Boards Association and Maine School Superintendents Association, in opposition to L.D. 40.

This bill as presented will increase access and repeal protections, placing the focus on increasing revenue for Maine's cannabis business and not addressing the serious public health concerns, especially for Maine's youth. This bill targets youth by allowing 17-year-olds to work in a cannabis facility, permits youth to transport and consume cannabis, and increases the ability to market cannabis specifically designed to make the product appeal to youth.

Maine's Product is Not Medicine:

There are over 400 chemicals in cannabis. Tetrahydrocannabinol (THC) is the psychoactive chemical that causes users to become "high". Marketed as "medicinal", high potency cannabis (more than 10% to 15% THC; known as "Skunk" in the UK) has become a favorite among teens in Maine, 67% of whom believe it is safe to use once or twice a week according to Maine's Integrated Youth Health Survey.

We urge you to consider the following research-based facts about the addictive and harmful nature of cannabis:

1. High Potency Cannabis is Highly Addictive
 - a. Cannabis THC potency exceeding 15% is associated with increased severity of dependence. (*Freeman TP and Winstock AR. Examining the profile of high potency cannabis and its association with severity of cannabis dependence. Psych Med 2015;45:3181-3189.*)
 - b. According to the Director of the National Institute of Drug Abuse, Nora Volkow, daily users can expect an addiction rate of 50%, making it as addictive as nicotine. Further and more alarming, Volkow's own study published in *JAMA Pediatrics Jun 1, 2021; 175(6): 640 -643*, concluded that the 3-year addiction rate for 12- to 17-year-olds who started with cannabis was twice as high as that of youth who started with opiates.
2. Cannabis is Contributing to Maine's Opioid Overdose Problem
 - a. The 2019 CDC Youth Risk Behavioral Study stated that "*Cannabis was the #1 predictor of whether teens also abused opiates in the past month*".
 - b. States with a medical cannabis law experienced a 22.7% increase in opioid overdose deaths. (*Shover CL et al. PNAS 2019; 116: 12624-12626.*)

3. Cannabis is Linked to Deterioration in Mental Health and Psychosis
 - a. Use of greater than 15% THC potency increased the risk of developing psychosis by 3 times, and the risk is 5 times for daily users. Use of less than 5% potency produced no associated risk for psychosis. (*DiFort et al. Lancet Psychiatry 2019*).
 - b. In 2017, the US National Academy of Medicine reviewed 30 years of research and concluded: “the association between cannabis use and development of a psychotic disorder is supported by data synthesized in several good-quality reviews. The magnitude of this association is moderate to large and appears to be dose-dependent.”
4. Adolescent Cannabis Use Leads to Greater Risk of Suicide
 - a. Eleven studies were reviewed covering 23,317 adolescents and found that depression, suicide ideation and suicide attempts were significantly higher in adolescent cannabis users. (*Gobbi G et al. Association of cannabis use in adolescence and risk of depression, anxiety, and suicidality in young adulthood: a systematic review and meta-analysis. JAMA Psychiatry. 2019; 76:426-434*).
 - b. THC was the number one drug (at 36.7%, more than two times alcohol) found in 69 teens aged 15 to 19 who died by suicide in Colorado in 2018. Colorado’s suicide rate increased 58% from 2016 to 2019, the highest increase in the country. Colorado legalized cannabis in 2012. (*See Colorado Public Health and Environment Death Reporting System, 2019*).
5. High-Potency Cannabis Use Increases the Likelihood of Violent Behavior
 - a. In a review of cannabis use and high-profile mass violence, researchers found that cannabis use causes violent behavior through increased aggressiveness, paranoia, and personality changes. (*See Miller NS et al. Int. J. Environ. Res. Public Health 2020, 17, 1578*).
 - b. Researchers found that consistent cannabis use during adolescence was the most predictive characteristic of intimate partner violence and that cannabis use should be considered as a target of early intimate partner violence intervention and treatment programs. (*See Reingle JM et al. J Interpers Violence. 2012 May; 27(8): 1562-1578*).

Maine’s Cannabis Policy Must Change

Notwithstanding all evidence to the contrary, the commercialized cannabis industry has convinced many Mainers that cannabis is safe to use. Maine’s policymakers are similarly in the dark. Sixty-seven percent of teens think it is safe. Ease of access among teens is a growing crisis and plays out in our schools every day as we continue to experience mental health problems, accidents, and teen suicide, which is the 15th highest in the nation. MaineHealth treats over 5,000 emergency room patients annually for a number of conditions caused by overuse of cannabis. In 2022, 26% were under 18, and this demographic is the fastest growing, increasing 53% from 2021.

Recommendations

We urge you to join us and take another look at the cannabis issue and Maine’s policies toward it and consider these recommendations:

1. Change the age when medical cannabis can be purchased to, at earliest, age 25.
2. Distribute educational material with every sale of cannabis, listing risks and precautions.
3. Mandate Warning Labels:
 - Psychotic symptoms and/or Psychotic disorders may occur (delusions, hallucinations, or difficulty distinguishing reality).
 - Cannabis Hyperemesis Syndrome may occur (uncontrolled and repetitive vomiting).

- Cannabis Use Disorder/Dependence may occur, including both physical and psychological dependence.
4. Ban the sale of high potency THC over 15% concentration.
 5. Ban the sale of Dabs and other products requiring superheating and vaporization.
 6. Adopt the European model, which:
 - a. Restricts medical consumption of cannabis to individuals with an identified set of medical conditions.
 - b. Requires prescription by a doctor.
 - c. Allows for dispensing of cannabis only through pharmacies.

We ask that an additional amendment be considered that develops a commission to study the impact of cannabis use, using consistent data points from health care and law enforcement agencies that address the impact on mental health and crimes related to cannabis use that will be used to develop safe guidelines to protect Maine's youth and general populations.