
From: Brenda Bladen <bbladen@kitteryschools.com>
Sent: Wednesday, March 20, 2024 10:48 AM
To: Hickman, Craig; Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne
Cc: VLA; Caswell, Lynne
Subject: School Nurses oppose LD 40!!

This message originates from outside the Maine Legislature.

March 18, 2024

Dear Members of the Veterans and Legal Affairs Committee:

We, Maine educators strongly oppose LD 40, which can only exacerbate a growing problem for our students, our schools, and our communities.

Today's cannabis is not the same product we thought Maine voted for. The product being sold, whether marketed as medicinal or recreational adult use, carries a dosage that greatly exceeds that used in the past. We, as educators, see firsthand the triple threat that legal cannabis has produced. First, the ability to get a med card at 18 simply by requesting it, has introduced easy access to our schools. Second, slick marketing has created the illusion that cannabis is safe or even medicinal for things such as anxiety without being scientifically or medically evaluated. We are aware of no reputable research that indicates a use for THC greater than 10mg per day and increasingly the method of use in our schools is a vaporized, highly potent THC concentrate closer to 10 times that daily dosage. Maine's own survey indicated that 94% of the product sold in Maine greatly exceeds a medicinal dosage. The survey also reports that approximately 200,000 Maine adults use daily, a sure sign of growing addiction among Maine's population.

<https://www.maine.gov/dafs/ocp/sites/maine.gov.dafs.ocp/files/inline-files/Maine%20OCP%20AHP%20Report%2006-22.pdf>

Third and most worrisome is the impact on our kids. While they are still trying to recover from COVID isolation, they are introduced to the false hope that cannabis treats anxiety, when all the research indicates the opposite is true for young people. They self-medicate because "they are told" cannabis is less dangerous than alcohol. This inaccurate and dangerously foolish argument, even if it were true, creates far too many young people who are damaging their developing brains, without even knowing what they are doing. Studies show that daily teenage users are more likely to develop worsening anxiety, psychosis and risk losing 8 points of intelligence quotient, IQ. Is that what we wish for our kids? Our students do not understand dosing and for the most part neither do their parents who may often use themselves.

Furthermore, not since big tobacco have we seen commercialized "addiction for profit" companies so successfully target the most vulnerable among us. 67% of our elder teens believe that cannabis is safe to use once or twice per week. Legalization is a short step from normalization which is a short step from introducing it to children who are uniquely vulnerable to addiction. It's well known among medical professionals and the industry that lifelong customers must be introduced at early stages of brain development to get the strongest potential for addiction. It is beyond our comprehension why any Maine lawmaker would consider making cannabis regulations more lenient than they are currently. Our short history with this product requires us to go in the other direction in order to best serve our future generation.

Before passing any new cannabis laws, please do your homework and look at the results that have occurred after marijuana legalization in Maine. There is ample, well-researched studies to validate our concerns about

this dangerous new cannabis product. Unfortunately, in Maine, we see the devastating results every day. It's well past time to put kids first before "addiction for profit" business.
Sincerely,

Brenda Bladen, MEd, RN, NCSN
Shapleigh School
phone 207-439-5866
fax 207-439-9958

From: Jennifer Bowdish <jbowdish@brunswicksd.org>
Sent: Wednesday, March 20, 2024 10:47 AM
To: Hickman, Craig; Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne; Caswell, Lynne; VLA
Subject: Opposition to LD 40
Attachments: Opposition to LD 40.Superintendents.pdf; Educators Opposition to LD 40.docx

This message originates from outside the Maine Legislature.

As a school nurse, I cannot believe that anyone at the state level would even consider opening up cannabis restrictions to young adults.

As a person who works with 6th through 8th grade, we have a growing epidemic of 12 -14 year olds who are using high potency THC products in and out of school. It is a major contributing factor to anxiety, depression, and even risky behavior. My need for possibly considering carrying pregnancy tests at a middle school is being considered.

Please protect children who's brains/frontal cortex have not fully developed until they are 25 years old. Their ability to learn critical thinking, process information, and be successful in school is at high risk.

Allowing children access to cannabis is tantamount to child abuse. Please do not relax restrictions and allow us to help our children grow and learn without the habits of habitual substance abuse that teaches them they will always need a substance to alter their reality and cope with life.

We are trying to raise functional, adjusted contributors to society, not people who are dependent on substances to make it through their day.

Maine needs to do better.

Regards,
Jennifer Bowdish, BSN, RN, NCSN
Brunswick Junior High School

Jennifer Bowdish, BSN, RN, NCSN

Brunswick Junior High School

Phone: 319-1930, ext. 3408

Fax: 207-373-3201

jbowdish@brunswicksd.org

Maine Association of School Nurses Public Relations Representative



All emails received after school hours will be responded to on the next calendar school day.

Federal CDC Covid guidelines can be found at this link:

<https://www.cdc.gov/ncird/whats-new/updated-respiratory-virus-guidance.html>

Thank you for helping to keep our community safe!

Se você precisar contatar Departamento Escolar de Brunswick ou se precisar deste documento traduzido por favor ligue para **1-833-806-0705** para ajuda com intérprete em português.

Se você precisa traduzir este documento ou deseja a ajuda de um intérprete, envie um e-mail para MLsupport@brunswicksd.org com seu nome, telefone e o idioma que você precisa.

Si necesita traducir este documento o desea la ayuda de un intérprete, envíe un correo electrónico a MLsupport@brunswicksd.org con su nombre, teléfono y el idioma que necesita.

Soki okozala na besoin ya lisungi pona ko traduire document oyo ou bien lisungi ya interprete, s'il vous plait repondre na message oyo ou bien tinda email na MLsupport@brunswicksd.org na kombo, numero ya teplephone na yo, na munoko oyo oza nango besoin.

Si vous avez besoin de traduire ce document ou si vous souhaitez l'aide d'un interprète, envoyez un e-mail à MLsupport@brunswicksd.org avec votre nom, téléphone et la langue dont vous avez besoin.

This communication (including all attachments) is intended solely for the use of the person or persons to whom it is addressed and contains information that may be privileged or confidential to the Brunswick School Department. If you are not the intended recipient, you are hereby formally notified that any use, copying, printing, or distribution of this e-mail, in whole or in part, is strictly prohibited. If you received this email in error, please notify the author immediately by replying to this message and delete the original message.

Dear Members of the Committee:

We are writing today in opposition to L.D. 40, which appears to further deregulate cannabis distribution and use in the State of Maine – something that we believe is devastating to our students and the future of our State.

High-potency cannabis is fueling a healthcare crisis in Maine and more alarming, that use by teens is becoming an epidemic that will lead to a worsening crisis in Maine's future. We ask you to review the facts presented herein and help us commission an objective panel to review this information and help guide the state toward regulatory policy that will better protect our youth.

The Product

Cannabis commercialization has radically changed this drug, which is unrecognizable from the weed of the past. From the 1960's through the 1990's, Tetrahydrocannabinol, (THC), concentration in cannabis grew from 2% to 5%. Since that time, cultivation techniques increased THC concentration to well over 20% in the cannabis flower. More alarming, to make the product more addictive, industry chemists have been able to isolate and concentrate the THC molecule to increase its potency in cannabis concentrates to as much as 95% THC. In other words, the cannabis of today is approximately 20 to 30 times more potent than the cannabis of the 90's.

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 so there are effectively no conditions in Maine that restrict the ability to secure a medical cannabis card. 67% of teens think it’s safe and Maine doesn’t even track how many teens have medical cannabis cards, many of whom become dealers in our schools. Ease of access among teens is a brewing 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. We also see the impacts in our emergency rooms. 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.

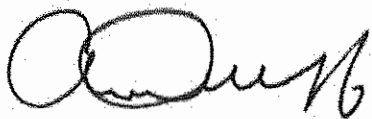
Conclusion

History has revealed that addiction-for-profit businesses target youth because addiction is an adolescent-onset disease. The tobacco settlements revealed this business plan over twenty years ago and now the same practices are being deployed by the cannabis industry. Maine must act soon to prevent the ongoing crisis from getting worse. Our youth deserve our attention and action.

Please reject LD 40 and enact responsible legislation for the State of Maine.

Thank you for your consideration.

Sincerely,



Dr. Andrew Dolloff, Superintendent of Schools – Yarmouth

On behalf of:

Dr. Heather Perry, Superintendent of Schools – Gorham

Tim Matheny, Superintendent of Schools – South Portland

Tim Doak, Superintendent of Schools – York

Eric Waddell, Superintendent of Schools – Kittery

Dr. Craig King, Superintendent of Schools – MSAD 15 (Gray-New Gloucester)

Alan Smith, Superintendent of Schools – MSAD 61 (Naples/Bridgton area)

Jeremy Ray, Superintendent of Schools – Biddeford, Saco, Dayton

Dr. Christopher Record, Superintendent of Schools – Cape Elizabeth

Christopher Howell, Superintendent of Schools – RSU 14 (Windham/Raymond)

Clay Gleason, Superintendent of Schools – MSAD 6 (Buxton/Standish area)

John Caverly, Superintendent of Schools – MSAD 35 (Eliot, South Berwick)

Geoff Bruno, Superintendent of Schools – Scarborough

John Suttie, Superintendent of Schools – RSU 23 (Old Orchard Beach)

Gretchen McNulty, Superintendent of Schools – Falmouth

James Daly, Superintendent of Schools – Wells-Ogunquit

Dr. Stephen Marquis, Superintendent of Schools – RSU 57 (Waterboro area)

Audra Beauvais, Superintendent of Schools – MSAD 60 (North Berwick, Berwick, Lebanon)

Jean Skorapa, Superintendent of Schools – RSU 5 (Freeport, Pownal, Durham)

Matt Nelson, Superintendent of Schools – Sanford

March 18, 2024

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We, Maine educators strongly oppose LD 40, which can only exacerbate a growing problem for our students, our schools, and our communities.

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Furthermore, not since big tobacco have we seen commercialized "addiction for profit" companies so successfully target the most vulnerable among us. 67% of our elder teens believe that cannabis is safe to use once or twice per week. Legalization is a short step from normalization which is a short step from

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Before passing any new cannabis laws, please do your homework and look at the results that have occurred after marijuana legalization in Maine. There is ample well-researched studies to validate our concerns about this dangerous new cannabis product. Unfortunately, in Maine, we see the devastating results every day. It's well past time to put kids first before "addiction for profit" business.

From: Keziah Bowman <bowmankez@gmail.com>
Sent: Wednesday, March 20, 2024 10:42 AM
To: Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne; Caswell, Lynne; VLA; Hickman, Craig
Subject: Please oppose LD 40

This message originates from outside the Maine Legislature.

Good morning,

My name is Kez Bowman and I am the school nurse at the combined middle and high school in Richmond, Maine. I am writing to ask you to please oppose LD 40 when the bill is proposed. As a school nurse, I see firsthand the effects of cannabis use on our teens, in students as young as 12 and 13. Regular cannabis use increases my students' anxiety and depression, it contributes to chronic absenteeism and an overall lack of motivation to complete school work or hold after-school jobs, and it causes nausea, vomiting and stomach aches in many students. Furthermore, we routinely find students vaping marijuana in the bathrooms in schools and carrying edibles in their backpacks; these students end up suspending and missing school, which exacerbates the absenteeism and the academic losses.

All of the negative effects of cannabis that I described have multiplied in recent years as marijuana has been legalized and the untrue message has been propagated that it is safe, harmless, and even beneficial. I greatly fear that if LD 40 is approved, cannabis will become even more readily accessible to our students and its negative effects will be magnified even further.

Please assist me in maintaining the best possible physical and mental and academic health for our students!

Thank you,
Kez Bowman BSN RN

From: Michele LaForge <michele_laforge@maranacook.com>
Sent: Wednesday, March 20, 2024 10:37 AM
To: Hickman, Craig; Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne
Cc: VLA; Caswell, Lynne
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March 18, 2024

Dear Members of the Veterans and Legal Affairs Committee:

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I have been a Principal for 11 years, and an educator for 21. Freeport High School, Baxter Academy for Technology and Science, South Portland High School, and now Maranacook Community High School. Legalization of marijuana has not been good for kids, whatever you may think. It is hard on their learning and is a constant drag on their success at school, as well as their physical, mental, and emotional well being.

Today's cannabis is not the same product we thought Maine voted for. The product being sold, whether marketed as medicinal or recreational adult use, carries a dosage that greatly exceeds that used in the past. We, as educators, see firsthand the triple threat that legal cannabis has produced. First, the ability to get a med card at 18 simply by requesting it, has introduced easy access to our schools. Second, slick marketing has created the illusion that cannabis is safe or even medicinal for things such as anxiety without being scientifically or medically evaluated. We are aware of no reputable research that indicates a use for THC greater than 10mg per day and increasingly the method of use in our schools is a vaporized, highly potent THC concentrate closer to 10 times that daily dosage. Maine's own survey indicated that 94% of the product sold in Maine greatly exceeds a medicinal dosage. The survey also reports that approximately 200,000 Maine adults use daily, a sure sign of growing addiction among Maine's population. <https://www.maine.gov/dafs/ocp/sites/maine.gov.dafs.ocp/files/inline-files/Maine%20OCP%20AHP%20Report%2006-22.pdf>

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successfully target the most vulnerable among us. 67% of our elder teens believe that cannabis is safe to use once or twice per week.

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**Michele LaForge, Principal
Maranacook Community High School**

From: Andrea Foley <andrea.foley@rsu35.org>
Sent: Wednesday, March 20, 2024 10:17 AM
To: Hickman, Craig; Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne; Caswell, Lynne; VLA
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Andrea Foley, BSN RN
Marshwood Middle School
<https://www.rsu35.org/page/healthservices>
She/Her/Hers
p: 207-439-1399
f: 207-439-3504

School nursing: a specialized practice of nursing, protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential. Adopted by the NASN Board of Directors February 2017.

From: Kimberly Ray <kimberly_ray@maranacook.com>
Sent: Wednesday, March 20, 2024 9:27 AM
To: Hickman, Craig; Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne
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new cannabis product. Unfortunately, in Maine, we see the devastating results every day. It's well past time to put kids first before "addiction for profit" business.

Kimberly Ray
School Counselor
Maranacook Community High School



From: Mary Record <mrecord@scarboroughschools.org>
Sent: Tuesday, March 19, 2024 10:26 AM
To: VLA
Subject: On behalf of our young Mainers, please oppose LD 40

This message originates from outside the Maine Legislature.

Dear Members of the Veterans and Legal Affairs Committee:

I, along with many Maine teachers strongly oppose LD 40, which can only exacerbate a growing problem for our students, our schools, and our communities.

Today's cannabis is not the same product we thought Maine voted for. The product being sold, whether marketed as medicinal or recreational use, carries a dosage that greatly exceeds that used in the past. We, as teachers, see firsthand the triple threat that legal cannabis has produced. First, the ability to get a med card at 18 simply by requesting it, has introduced easy access to our schools. Second, slick marketing has created the illusion that cannabis is safe or even medicinal for things such as anxiety without being scientifically or medically evaluated. We are aware of no reputable research that indicates a use for THC greater than 10mg per day and increasingly the method of use in our schools is a vaporized, highly potent THC concentrate closer to 10 times that daily dosage. Maine's own survey indicated that 94% of the product sold in Maine greatly exceeds a medicinal dosage. The survey also reports that approximately 200,000 Maine adults use daily, a sure sign of growing addiction among Maine's population.

<https://www.maine.gov/dafs/ocp/sites/maine.gov.dafs.ocp/files/inline-files/Maine%20OCP%20AHP%20Report%2006-22.pdf>

Third and most worrisome is the impact on our kids. While they are still trying to recover from COVID isolation, they are introduced to the false hope that cannabis treats anxiety, when all the research indicates the opposite is true for young people. They self-medicate because "they are told " cannabis is less dangerous than alcohol. This inaccurate and dangerous argument, even if it were true, creates far too many young people who are damaging their developing brains, without even knowing what they are doing. Studies show that daily teenage users are more likely to develop worsening anxiety, psychosis and risk losing 8 points of intelligence quotient, IQ. Is that what we wish for our kids? Our students do not understand dosing and for the most part neither do their parents who may use themselves.

Furthermore, not since big tobacco have we seen commercialized "addiction for profit" companies so successfully target the most vulnerable among us. 67% of our teens believe that cannabis is safe to use once or twice per week. Legalization is a short step from normalization which is a short step from introducing it to children who are uniquely

vulnerable to addiction. It's well known among medical professionals and the industry that lifelong customers must be introduced at early stages of brain development to get the strongest potential for addiction. It is beyond our comprehension why any Maine lawmaker would consider making cannabis regulations more lenient than they are currently. Our short history with this product requires us to go in the other direction in order to best serve our future generation.

Before passing any new cannabis laws, please do your homework and look at the results that have occurred after marijuana legalization in Maine. There are ample well-researched studies to validate our concerns about this dangerous new cannabis product. Unfortunately, in Maine, we see devastating results every day. It's well past time to put kids first before "addiction for profit" business.

Thank you for hearing my voice, on behalf of educators and Maine students.

Sincerely,
Mary Record

Mary M. Record, M.S. (She/Hers)
Health Teacher - Scarborough High School
SHS Sources of Strength Advisor
District Social Emotional Learning Committee
Students Empowered to End Dependency (SEED) Board Member
Voices of Hope - The Rugged Road to Recovery Educator
District Wellness Policy Committee

From: Andrew Dolloff <andrew_dolloff@yarmouthschools.org>
Sent: Thursday, March 14, 2024 10:43 AM
To: Hickman, Craig; Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne
Cc: VLA; Caswell, Lynne
Subject: Please oppose LD 40
Attachments: Opposition to LD 40.Superintendents.pdf

This message originates from outside the Maine Legislature.

Dear Members of the Veterans and Legal Affairs Committee:

My name is Andrew Dolloff and I serve as the Superintendent of Schools in Yarmouth. I've attached a letter signed by myself and 19 other superintendents of schools throughout southern Maine highlighting the negative consequences of our poorly-regulated cannabis market and the impact we see on the thousands of young people we serve in Maine's schools every day.

We believe that the proposals in LD 40 pose a threat to the health of Maine youth, and disregard public health and safety. Rather than pushing through such far-reaching legislation this late in the session, a better path forward is to commission an objective panel to review data, including the attached information, and help guide the state toward regulatory policy that will better protect Maine youth.

We hope you will take the time to consider our perspective as educators on the frontlines in Maine communities as we voice concerns about this legislation and its potential impact on our young people.

Thank you,
Andrew Dolloff

Andrew R. Dolloff, Ph.D.
Superintendent of Schools



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101 McCartney Street | Yarmouth, ME 04096 | (207) 846-5586

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Dear Members of the Committee:

We are writing today in opposition to L.D. 40, which appears to further deregulate cannabis distribution and use in the State of Maine – something that we believe is devastating to our students and the future of our State.

High-potency cannabis is fueling a healthcare crisis in Maine and more alarming, that use by teens is becoming an epidemic that will lead to a worsening crisis in Maine's future. We ask you to review the facts presented herein and help us commission an objective panel to review this information and help guide the state toward regulatory policy that will better protect our youth.

The Product

Cannabis commercialization has radically changed this drug, which is unrecognizable from the weed of the past. From the 1960's through the 1990's, Tetrahydrocannabinol, (THC), concentration in cannabis grew from 2% to 5%. Since that time, cultivation techniques increased THC concentration to well over 20% in the cannabis flower. More alarming, to make the product more addictive, industry chemists have been able to isolate and concentrate the THC molecule to increase its potency in cannabis concentrates to as much as 95% THC. In other words, the cannabis of today is approximately 20 to 30 times more potent than the cannabis of the 90's.

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 so there are effectively no conditions in Maine that restrict the ability to secure a medical cannabis card. 67% of teens think it’s safe and Maine doesn’t even track how many teens have medical cannabis cards, many of whom become dealers in our schools. Ease of access among teens is a brewing 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. We also see the impacts in our emergency rooms. 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.

Conclusion

History has revealed that addiction-for-profit businesses target youth because addiction is an adolescent-onset disease. The tobacco settlements revealed this business plan over twenty years ago and now the same practices are being deployed by the cannabis industry. Maine must act soon to prevent the ongoing crisis from getting worse. Our youth deserve our attention and action.

Please reject LD 40 and enact responsible legislation for the State of Maine.

Thank you for your consideration.

Sincerely,



Dr. Andrew Dolloff, Superintendent of Schools – Yarmouth

On behalf of:

Dr. Heather Perry, Superintendent of Schools – Gorham

Tim Matheny, Superintendent of Schools – South Portland

Tim Doak, Superintendent of Schools – York

Eric Waddell, Superintendent of Schools – Kittery

Dr. Craig King, Superintendent of Schools – MSAD 15 (Gray-New Gloucester)

Alan Smith, Superintendent of Schools – MSAD 61 (Naples/Bridgton area)

Jeremy Ray, Superintendent of Schools – Biddeford, Saco, Dayton

Dr. Christopher Record, Superintendent of Schools – Cape Elizabeth

Christopher Howell, Superintendent of Schools – RSU 14 (Windham/Raymond)

Clay Gleason, Superintendent of Schools – MSAD 6 (Buxton/Standish area)

John Caverly, Superintendent of Schools – MSAD 35 (Eliot, South Berwick)

Geoff Bruno, Superintendent of Schools – Scarborough

John Suttie, Superintendent of Schools – RSU 23 (Old Orchard Beach)

Gretchen McNulty, Superintendent of Schools – Falmouth

James Daly, Superintendent of Schools – Wells-Ogunquit

Dr. Stephen Marquis, Superintendent of Schools – RSU 57 (Waterboro area)

Audra Beauvais, Superintendent of Schools – MSAD 60 (North Berwick, Berwick, Lebanon)

Jean Skorapa, Superintendent of Schools – RSU 5 (Freeport, Pownal, Durham)

Matt Nelson, Superintendent of Schools – Sanford

From: Aaron Scalia AAA PHARMS <scalia6466@gmail.com>
Sent: Monday, March 11, 2024 2:33 PM
To: Montell, Karen; Hickman, Craig; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne; VLA; Russo, Michael; Voynik, Suzanne; Caswell, Lynne; Olson, Rachel
Subject: Medical Cannabis vs Adult Use / Recreational Cannabis

This message originates from outside the Maine Legislature.

Hello Representative Montell and members of the Legislature, my name is Aaron Scalia. I own and operate AAA Pharms formerly AAA Pharmaceutical Alternatives. I feel I have a unique perspective of both Cannabis programs in Maine having owned stores selling both products. In addition to selling cannabis products I have also cultivated and manufactured both products for both programs. My license numbers are AMS188, AMF189, GR184 & GR1339. I became a Medical Marijuana Caregiver in 2015 and opened my first Caregiver Storefront in 2018. We were located beside Dr. Dustin Sulak D.O. in the MerryMeeting Plaza in Manchester Maine. Dr. Sulak approached us and said he would be willing to refer his patients to us as long as we tested our products. We agreed too and enjoyed serving his patients for 2018, 2019 & part of 2020. We switched programs in May of 2020 thinking we were going to get ahead of the curve for mandatory testing. Here we are 4 years later and mandatory testing is still not mandatory for Medical Marijuana. Since the OCP testing audit on Medical Cannabis we have seen an increase in customers who were prior patients of the medical program. If it is so important to test cannabis before selling it to Maine residents over the age of 21, common sense would lead you to believe a person who is using cannabis to treat an illness would need clean tested cannabis. I would love to meet you and anyone else interested in discussing the importance of testing cannabis and cannabis infused products for sale.

Thank you, Aaron Scalia 207-931-7378

From: Hebert, Michelle
Sent: Thursday, March 7, 2024 3:23 PM
To: Legislature: Committee on Veterans and Legal Affairs
Subject: [VLA] FW: LD40

From: Hickman, Craig <Craig.Hickman@legislature.maine.gov>
Sent: Thursday, March 7, 2024 3:08 PM
To: Hebert, Michelle <Michelle.Hebert@legislature.maine.gov>
Cc: Caswell, Lynne <Lynne.Caswell@legislature.maine.gov>
Subject: Fw: LD40

Please forward to committee.

Senator Craig Hickman

District 14 – Southern Kennebec County
Senate Chair, Joint Legislative Committee on Government Oversight
Senate Chair, Joint Standing Committee on Veterans and Legal Affairs
Joint Standing Committee on Agriculture, Conservation and Forestry
Senate Committee on Conduct and Ethics
207-287-1515 :: [Facebook](#)

From: Jennifer Belcher <jennamagebelcher@gmail.com>
Sent: Thursday, March 7, 2024 2:04 PM
To: Hickman, Craig
Subject: LD40

This message originates from outside the Maine Legislature.

Good Afternoon!

On Monday, March 4th I had the pleasure and opportunity to tell you a tiny piece of my personal story in 3 minutes. I thank you for that time and the time you're taking now to read this email.

My name is Jennifer Belcher. I am a caregiver (7years), a single mother (My most important job), a business woman, a cancer survivor, a practitioner of cannabis, an educator, a student, a farmer, a lab processor, a cook/baker, an executive on the Maine Cannabis Union, and many many other hats I wear on a daily basis.

You heard or read my story of beating cancer with the help of Rick Simpson Oil (RSO-"essential oil of cannabis plant.). This was the primary factor in saving my life and aiding in curing me of the very aggressive cancer that could of left me woman-less, with a colostomy bag and an ileostomy bag and the inability to ever urinate, or defecate in a normal way again as well as never be intimate again, never show my baby girl how to be a

woman, have to explain those things to my children- especially daughter. If RSO hadn't been done and helped, the surgeries would have been brutal with hospitalizations up to 3 months, hyperbaric chambers for healing, etc. Because of RSO and cannabis I had a much smaller surgery and was able to stay intact as a female and human. I continued and did chemo and radiation even though I had clear margins. There was a fear of microscopic cancer cells and with 3 young children I was not going to risk it. I underwent chemo and radiation of the pelvic area (BRUTAL!!) This consisted of 3rd degree burns in my private areas. We found out I was allergic to ALL but one pharmaceutical medication and I was told by oncology I most likely wouldn't be able to tolerate chemo and radiation without the oxycodone for pain or nausea meds and steroids for the side effects to the poisonous chemo. I actually excelled in treatment, drove myself an hour one way almost every day, and even though it was painful, and very sickening, my thc edibles and RSO not only got me through treatment but also kept me so healthy during treatment I barely needed supplemental IV fluids and I definitely never spent even one night in the hospital. Doctors were shocked. They'd never seen someone go through this and maintain such good health. Cannabis was my savior and now I've helped 100's if not 1000's of patients with their various treatments for various illnesses.

I started Dirt Road Acres from the ground up and \$1 to my name. In 7 years I have developed my business with multiple employees, to a storefront, a processing lab, a grow and a commercial kitchen. No investors, just my employee's and I hard work and dedication to a valuable program and our patients. I have built a legacy for my children that they have seen first hand the lives it saved including their mothers.

With every business there are major mountains to climb and hurdles to overcome. With my kitchen licensing, I had some questions so I called the Department of Agriculture and sought out answers. They were so overly helpful and answered all my questions to the utmost fullness, they gave me resources to help give me a leg up in the market and industry (including cannabis!) I WAS NOT SCARED TO CALL OR SPEAK TO THEM!! When I have to call or contact OCP I am TERRIFIED of the repercussions or what's to come. I have even warned my employees that we may get shut down because of my support and speaking out at the state house and everyone is on high alert. This isn't because I'm doing something illegal. This is because it doesn't matter if I'm 100% by the book and following all laws and rules. It's all based on their interpretation and their attitude for the day.

I have contacted OCP more times in the past 6 months about a number of issues. The biggest one being my employees and obtaining an employee card. I have an adopted son who is almost 19. Since he turned 18 we have been applying and calling to get his employee card so he can work for me. He is my most informed employee to date. 9 months later I have not recieved any return calls and we found the form through another caregiver for him and we will be at OCP office in person (an hour away) to try to get his employee card so I can have a worker to help me in my 18-20hr work days. My 68year old cafe cook (doesn't touch cannabis) has been married 5 times. She has been refused her employee card because she couldn't submit the mountain of paperwork and divorce and marriage certificates for all 5 marriages. So she does not have an employee card and cannot work for even my other business (non-cannabis cafe/bread business). The employee card issue with a lack of phone call returns from OCP is creating HUGE issues to operate a business.

Last year OCP came to my shop for 7 inspections. Meanwhile, other shops I know of and hear of MANY poisoning and complaints about their products do not get inspected or have no presence of OCP. This is a very common complaint from many stores I know and hear about. The stores out for greed and only money have products making people sick and the blind eye is turned on them even with the outpour of complaints...Is it because they have an excess of funds? There's a lot of speculations out there. The caregivers who are here for the patients are getting hammered by OCP.

I have included a lot of details about only a couple issues with this program and how much cannabis has helped me and my patients from a small farmers perspective. LD 40 is so important to keep Maine at the forefront for successful small businesses and to continue providing the citizens of Maine with GOOD CLEAN MEDICINE the big corporate places just cannot do.

I could go into more detail with more concrete examples of the difficulties with maintaining this business in Maine under the current rules but this is my most important aspect. My children learning and taking over the legacy I've left them, access to employees including our own children (This is farming!), CLEAN SAFE MEDICAL PRACTICES FOR MEDICAL!!!

Thank you for your time, interest and dedication in this matter. I know it's been countless hours, days, months, years and an unlimited amount of headaches and stress. Feel free to call, text, email or even stop into Dirt Road Acres (502 Moosehead Trail Dixmont, Me)

Thank you,
Jennifer Belcher
207-659-5493
Owner
Trustee Executive Maine Cannabis Union, Affilate of IAMAW

From: Jennifer Bowdish <jbowdish@brunswicksd.org>
Sent: Thursday, March 21, 2024 9:58 AM
To: Hickman, Craig; Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne; VLA; Caswell, Lynne
Subject: Children and Cannabis Opposition to LD 40

This message originates from outside the Maine Legislature.

Have we not learned about the effects of inhaling substances and the long term effects of interstitial lung disease?

Have you ever watched a 20 something year old starved for oxygen in the hospital and listen to lungs ravaged by smoke and inhalation abuse? Knowing there is nothing you can do as their oxygen needs increase and then they are sent to an ICU with a tube shoved into their lungs because they fail, helping them breathe? I HAVE.

Have you ever watched a 13 year old have an acute psychotic break because they had access to high potency dabs/cannabis and they had underlying mental health disease, being hospitalized for months and taken out of school/sent to an inpatient treatment facility when our state mental health beds are at capacity and children are being sent out of state for treatment away from their families? I HAVE.

Have you ever met a 14 year old who is the mother to a newborn, was a regular cannabis user, and got pregnant in 8TH GRADE? NO? That was one of my students last year. I HAVE.

The reduction of labeling, increase of palatability of these products to children as benign "to reduce stigma," is laughable. Have we not learned the lessons of the past with nicotine, etc.?

Does the cannabis industry NEED minors in their establishments?

A 17 year old should be scooping ice cream, NOT selling cannabis.

Please think of the long term implications you will be placing on the infrastructure that works diligently with children and families every day; public schools. We are in the work of creating functional adults who bring their skills, joy and knowledge to make the world a better place. We are not in the business of promoting access to brain altering drugs.

As a nurse with 10 ADDICTED 8th grade students who are daily cannabis users, I implore you to understand the importance of keeping this high potency drug out of the hands of our children.

I am someone who does this EVERY DAY.

Please respect our knowledge of child health, family wellness, and helping children achieve their dreams and become contributors to the betterment of society.

Regards,

Jennifer Bowdish, BSN, RN, NCSN

--

Jennifer Bowdish, BSN, RN, NCSN

Brunswick Junior High School

Phone: 319-1930, ext. 3408

Fax: 207-373-3201

jbowdish@brunswicksd.org

Maine Association of School Nurses Public Relations Representative



All emails received after school hours will be responded to on the next calendar school day.

Federal CDC Covid guidelines can be found at this link:

<https://www.cdc.gov/ncird/whats-new/updated-respiratory-virus-guidance.html>

Thank you for helping to keep our community safe!

Se você precisar contatar Departamento Escolar de Brunswick ou se precisar deste documento traduzido por favor ligue para **1-833-806-0705** para ajuda com intérprete em português.

Se você precisa traduzir este documento ou deseja a ajuda de um intérprete, envie um e-mail para

MLsupport@brunswicksd.org com seu nome, telefone e o idioma que você precisa.

Si necesita traducir este documento o desea la ayuda de un intérprete, envíe un correo electrónico a

MLsupport@brunswicksd.org con su nombre, teléfono y el idioma que necesita.

Soki okozala na besoin ya lisungi pona ko traduire document oyo ou bien lisungi ya interprete, s'il vous plait repondre na mesage oyo ou bien tinda email na MLsupport@brunswicksd.org na kombo, numero ya teplephone na yo, na munoko oyo oza nango besoin.

Si vous avez besoin de traduire ce document ou si vous souhaitez l'aide d'un interprète, envoyez un e-mail

à MLsupport@brunswicksd.org avec votre nom, téléphone et la langue dont vous avez besoin.

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From: Becca Wood <tribecs@yahoo.com>
Sent: Thursday, March 21, 2024 9:56 AM
To: Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne; Caswell, Lynne
Subject: Please Oppose LD 40

This message originates from outside the Maine Legislature.

Dear Legislator,

As a Maine educator, I strongly oppose LD 40, which can only exacerbate a growing problem for our students, our schools, and our communities.

Today's cannabis is not the same product we thought Maine voted for. The product being sold, whether marketed as medicinal or recreational adult use, carries a dosage that greatly exceeds that used in the past. We, as educators, see firsthand the triple threat that legal cannabis has produced. First, the ability to get a med card at 18 simply by requesting it, has introduced easy access to our schools. Second, slick marketing has created the illusion that cannabis is safe or even medicinal for things such as anxiety without being scientifically or medically evaluated. We are aware of no reputable research that indicates a use for THC greater than 10mg per day and increasingly the method of use in our schools is a vaporized, highly potent THC concentrate closer to 10 times that daily dosage. Maine's own survey indicated that 94% of the product sold in Maine greatly exceeds a medicinal dosage. The survey also reports that approximately 200,000 Maine adults use daily, a sure sign of growing addiction among Maine's population. <https://www.maine.gov/dafs/ocp/sites/maine.gov.dafs.ocp/files/inline-files/Maine%20OCP%20AHP%20Report%2006-22.pdf>

Third and most worrisome is the impact on our kids. While they are still trying to recover from COVID isolation, they are introduced to the false hope that cannabis treats anxiety, when all the research indicates the opposite is true for young people. They self-medicate because "they are told" cannabis is less dangerous than alcohol. This inaccurate and dangerously foolish argument, even if it were true, creates far too many young people who are damaging their developing brains, without even knowing what they are doing. Studies show that daily teenage users are more likely to develop worsening anxiety, psychosis and risk losing 8 points of intelligence quotient, IQ. Is that what we wish for our kids? Our students do not understand dosing and for the most part neither do their parents who may often use themselves.

Furthermore, not since big tobacco have we seen commercialized "addiction for profit" companies so successfully target the most vulnerable among us. 67% of our elder teens believe that cannabis is safe to use once or twice per week. Legalization is a short step from normalization which is a short step from introducing it to children who are uniquely vulnerable

to addiction. It's well known among medical professionals and the industry that lifelong customers must be introduced at early stages of brain development to get the strongest potential for addiction. It is beyond our comprehension why any Maine lawmaker would consider making cannabis regulations more lenient than they are currently. Our short history with this product requires us to go in the other direction in order to best serve our future generation.

Before passing any new cannabis laws, please do your homework and look at the results that have occurred after marijuana legalization in Maine. There is ample well-researched studies to validate our concerns about this dangerous new cannabis product. Unfortunately, in Maine, we see the devastating results every day. It's well past time to put kids first before "addiction for profit" business.

Thank you.

Becca Wood, LCSW

From: Laura Hench <lhench@brunswicksd.org>
Sent: Thursday, March 21, 2024 9:52 AM
To: Hickman, Craig; Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne
Cc: VLA; Caswell, Lynne
Subject: Please OPPOSE LD 40

This message originates from outside the Maine Legislature.

Dear Members of the Veterans and Legal Affairs Committee:

I am a Maine Middle School teacher and I strongly oppose LD 40, which can only exacerbate a growing problem for our students, our schools, and our communities.

Today's cannabis is not the same product we thought Maine voted for. The product being sold, whether marketed as medicinal or recreational adult use, carries a dosage that greatly exceeds that used in the past. We, as educators, see firsthand the triple threat that legal cannabis has produced. First, the ability to get a med card at 18 simply by requesting it, has introduced easy access to our schools. Second, slick marketing has created the illusion that cannabis is safe or even medicinal for things such as anxiety without being scientifically or medically evaluated. We are aware of no reputable research that indicates a use for THC greater than 10mg per day and increasingly the method of use in our schools is a vaporized, highly potent THC concentrate closer to 10 times that daily dosage. Maine's own survey indicated that 94% of the product sold in Maine greatly exceeds a medicinal dosage. The survey also reports that approximately 200,000 Maine adults use daily, a sure sign of growing addiction among Maine's population. <https://www.maine.gov/dafs/ocp/sites/maine.gov.dafs.ocp/files/inline-files/Maine%20OCP%20AHP%20Report%2006-22.pdf>

Third and most worrisome is the impact on our kids. While they are still trying to recover from COVID isolation, they are introduced to the false hope that cannabis treats anxiety, when all the research indicates the opposite is true for young people. They self-medicate because "they are told" cannabis is less dangerous than alcohol. This inaccurate and dangerously foolish argument, even if it were true, creates far too many young people who are damaging their developing brains, without even knowing what they are doing. Studies show that daily teenage users are more likely to develop worsening anxiety, psychosis and risk losing 8 points of intelligence quotient, IQ. Is that what we wish for our kids? Our students do not understand dosing and for the most part neither do their parents who may often use themselves.

Furthermore, not since big tobacco have we seen commercialized "addiction for profit" companies so successfully target the most vulnerable among us. 67% of our elder teens believe that cannabis is safe to use once or twice per week. Legalization is a short step from normalization which is a short step from introducing it to children who are uniquely vulnerable

to addiction. It's well known among medical professionals and the industry that lifelong customers must be introduced at early stages of brain development to get the strongest potential for addiction. It is beyond our comprehension why any Maine lawmaker would consider making cannabis regulations more lenient than they are currently. Our short history with this product requires us to go in the other direction in order to best serve our future generation.

Before passing any new cannabis laws, please do your homework and look at the results that have occurred after marijuana legalization in Maine. There is ample well-researched studies to validate our concerns about this dangerous new cannabis product. Unfortunately, in Maine, we see the devastating results every day. It's well past time to put kids first before "addiction for profit" business.

Sincerely,

Laura Hench
Teacher, Brunswick Junior High

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Se você precisa traduzir este documento ou deseja a ajuda de um intérprete, envie um e-mail para MLsupport@brunswicksd.org com seu nome, telefone e o idioma que você precisa.

Si necesita traducir este documento o desea la ayuda de un intérprete, envíe un correo electrónico a MLsupport@brunswicksd.org con su nombre, teléfono y el idioma que necesita.

Soki okozala na besoin ya lisungi pona ko traduire document oyo ou bien lisungi ya interprete, s'il vous plait repondre na mesage oyo ou bien tinda email na MLsupport@brunswicksd.org na kombo, numero ya teplephone na yo,na munoko oyo oza nango besoin.

Si vous avez besoin de traduire ce document ou si vous souhaitez l'aide d'un interprète, envoyez un e-mail à MLsupport@brunswicksd.org avec votre nom, téléphone et la langue dont vous avez besoin.

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From: turkingtons4@aol.com
Sent: Wednesday, March 20, 2024 6:32 PM
To: Hickman, Craig; Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne; VLA; Caswell, Lynne
Subject: Oppose LD 40

This message originates from outside the Maine Legislature

Dear Members of the Veterans and Legal Affairs Committee:

We, Maine educators strongly oppose LD 40, which can only exacerbate a growing problem for our students, our schools, and our communities.

Today's cannabis is not the same product we thought Maine voted for. The product being sold, whether marketed as medicinal or recreational adult use, carries a dosage that greatly exceeds that used in the past. We, as educators, see firsthand the triple threat that legal cannabis has produced. First, the ability to get a med card at 18 simply by requesting it, has introduced easy access to our schools.

Second, slick marketing has created the illusion that cannabis is safe or even medicinal for things such as anxiety without being scientifically or medically evaluated. We are aware of no reputable research that indicates a use for THC greater than 10mg per day and increasingly the method of use in our schools is a vaporized, highly potent THC concentrate closer to 10 times that daily dosage.

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Third and most worrisome is the impact on our kids. While they are still trying to recover from COVID isolation, they are introduced to the false hope that cannabis treats anxiety, when all the research indicates the opposite is true for young people.

They self-medicate because "they are told" cannabis is less dangerous than alcohol. This inaccurate and dangerously foolish argument, even if it were true, creates far too many young people who are damaging their developing brains, without even knowing what they are doing. Studies show that daily teenage users are more likely to develop worsening anxiety, psychosis and risk losing 8 points of intelligence quotient, IQ. Is that what we wish for our kids? Our students do not understand dosing and for the most part neither do their parents who may often use themselves.

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introducing it to children who are uniquely vulnerable to addiction. It's well known among medical professionals and the industry that lifelong customers must be introduced at early stages of brain development to get the strongest potential for addiction. It is beyond our comprehension why any Maine lawmaker would

consider making cannabis regulations more lenient than they are currently. Our short history with this product requires us to go in the other direction in order to best serve our future generation.

Before passing any new cannabis laws, please do your homework and look at the results that have occurred after marijuana legalization in Maine. There is ample well-researched studies to validate our concerns about this dangerous new cannabis product. Unfortunately, in Maine, we see the devastating results every day. It's well past time to put kids first before "addiction for profit" business.

Please consider opposing this bill.

Sincerely,
Lynley Turkington
Substance Misuse Counselor OHCHS
BA, LADC, CCS

From: Rebecca Boulos <rebecca.boulos@mainepublichealth.org>
Sent: Wednesday, March 20, 2024 1:00 PM
To: Hickman, Craig; Supica, Laura; Brenner, Stacy; Collings, Benjamin; Andrews, John; Rudnicki, Shelley; Timberlake, Jeff; Rielly, Morgan; Malon, Marc; Hymes, Benjamin; Montell, Karen; Boyer, David; Williams, Lynne
Cc: Caswell, Lynne; Hebert, Michelle
Subject: LD 40
Attachments: MPHA Letter_VLA_3.20.24.pdf

This message originates from outside the Maine Legislature.

Good afternoon Members of the Joint Standing Committee on Veterans and Legal Affairs,

Attached, please find a letter signed on behalf of Maine Public Health Association, Maine Medical Association, Maine Osteopathic Association, Maine Chapter - American Academy of Pediatrics, Maine Municipal Association, American Cancer Society-Cancer Action Network, and Students Empowered to End Dependency, which outlines our continued public health and safety concerns about this proposed legislation.

Thank you,
Becca

Rebecca J. Boulos, MPH, PhD (*she/her*)
Executive Director
Maine Public Health Association
122 State Street, Augusta, ME 04330
Web: <http://www.mainepublichealth.org/>

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From: Candie Crocker <ccrocker@aos98schools.org>
Sent: Wednesday, March 20, 2024 12:56 PM
To: Hickman, Craig; Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne; Caswell, Lynne
Cc: VLA
Subject: LD40

This message originates from outside the Maine Legislature.

To whom it may concern,

As a school nurse, I am horrified that anyone at the state level would even consider opening up cannabis utilization to young adults.

I mostly work with pre-k through 6th grade, but in general, we are seeing younger and younger kids using high potency THC products in and out of school. It is a major contributing factor to anxiety, depression, and risky behaviors.

Please protect Maine children! Children's brains, specifically their frontal cortex, does not fully develop until they are at least 25 years old. Their ability to learn critical thinking skills, to process information correctly and to be successful in school is in jeopardy by lowering the age children are allowed to consume cannabis products.

Allowing children access to cannabis is equivalent to child abuse. Please do not relax restrictions. Instead, allow those of us in schools to help our children grow and learn without the looming effects of habitual substance abuse. Why would we want to teach them that they will always need a substance to alter their reality in order to cope with life? There are many adults that prove daily that this is not the way to a healthy, happy life. Instead, let's help children find healthy, safe, non-substance ways to deal with the situations that arise.

We are trying to raise functional, adjusted contributors to society, not people who are dependent on substances to make it through their day.

Maine needs to do much better. We need to raise children we are proud of and have faith in their decisions once they "leave the nest". Having a clear head and fully functioning brain is definitely essential for the betterment of all these young humans we are responsible for as voting citizens of Maine. Ensure their health and safety is top priority over profit and political pressures/gains, please!

Candie Crocker
School Nurse

Candace Crocker, BSN, RN, NCSN
Edgecomb Eddy School Nurse
157 Boothbay Road
Edgecomb, ME 04556
Phone 882-5515 Fax 882-5948
ccrocker@aos98schools.org

EES Virtual Clinic

Should My Student Stay Home?

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March 20, 2024

RE: LD 40

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

We write to share our 20+ outstanding public health and safety concerns about LD 40, based on where we believe the bill currently stands per the latest work session. This list is not exhaustive as we have not seen the new amendment. We want to strongly express our continued opposition to this bill. This process has been rushed, without thoughtful, multi-stakeholder engagement on the various and wide-ranging components.

1. **Emergency designation:** We appreciate the changes to the language in this section of the proposed legislation. However, we remain concerned that the timeline to implement such far-reaching policy changes is too short (e.g., guardrails around giveaways). We argue that none of the provisions in this legislation constitutes an emergency.
2. **Cannabis store (Adult Use definition):** We do not support the sale of non-cannabis products (e.g., non-cannabis food, non-cannabis beverages) in a cannabis store. It must be clear to the consumer that they are in a store that sells cannabis products (see images below about look-a-like products). We have concerns that cannabis and non-cannabis items will not be separated in the store, and that, since the bill allows children to enter the store with an adult, they will be unnecessarily exposed to marketing of cannabis products and paraphernalia (see cannabis paraphernalia examples below). Selling other items alongside products containing cannabis could be confusing to consumers and could result in unintentional purchase and ingestion of cannabis products.
3. **Off-premises sales (Medical):** We continue to oppose efforts to expand access to cannabis; this includes off-premises sales, including at town fairs and festivals, especially since medical cannabis products aren't required to be tested. We are concerned that illegal off-premises sales have been allowed to proceed without enforcement and would argue that more – not less – oversight is needed. At the very least, there should be parity between the Adult Use and Medical cannabis programs, such that municipal and site approval are required.

4. **Description of the Office of Cannabis Policy:** There is no mention of the protection of public health and safety, including patients, youth, and adults participating in the Adult Use program in the proposed description of the Office.
5. **Rulemaking:** We encourage the committee to add the Maine Department of Health and Human Services to the consultation list (Sec. B-8, 28-B MRSA §104-C), in addition to the Maine Department of Agriculture, Conservation and Forestry.
6. **Giveaways:** We do not support free giveaways of cannabis. Current price points are not prohibitively expensive. Youth use and access remain a concern; for example, data from the 2023 Maine Integrated Youth Health Survey show that 30% of Maine high school students report vaping THC, cannabis, or hash oil. Allowing the industry to give free samples of cannabis does not constitute an emergency. The real emergency this committee should consider is the nearly one-third of high schoolers reporting cannabis use.
7. **Identification to make a purchase:** A government-issued photographic identification should be required to make a purchase. We understand that the “reliable photographic identification” was taken from the alcohol statute (we would support updating language there as well). We recommend using language from the Tobacco Statute: “A licensee may refuse to sell tobacco to any person who fails to display upon request an identification card issued under Title 29-A, section 1410 or a motor vehicle operator’s license bearing the photograph of the operator and issued under Title 29-A.”
8. **Curbside pick-up:** We oppose any transaction that is not conducted face-to-face (like tobacco). If curbside pick-up is going to remain an option, then store staff must deliver the purchase to the car to verify the age of the purchaser.
9. **Controlled entry:** While we understand the additional staffing challenge posed by controlled entry, we believe it is the most effective way to prevent underage youth from entering the store. It can also provide extra security for staff.
10. **Youth access:** We understand the challenges posed to adults who want to make a purchase and don’t want to leave their children in their car. Better planning aside, we are strongly opposed to children being allowed to enter manufacturing or cultivation facilities, especially given exposure to inherently hazardous substances. The additional inclusion of “exigent circumstances,” which encompasses preventing imminent injury, destroying evidence, or preventing a felony escape, is confusing. We are unclear why these scenarios would be relevant for a parent bringing their child into a cannabis retail store, manufacturing facility or cultivation facility.
11. **Co-location:** We do not support co-location given the significant differences in regulation between the Medical and Adult Use programs: testing and tracking requirements (not required in the Medical program), universal symbol (not required in the Medical program), and potency for edibles (unrestricted in the Medical program).
12. **Staff training:** We are unclear why staff training is prohibitive for industry. We see this as a public health and safety measure to prevent illegal sales, especially since this is in the delivery section of statute (i.e., there isn’t a colleague available to double-check the identification).

13. **Expanded delivery:** We continue to oppose delivery of cannabis, and especially to establishments that have not given their explicit permission.
14. **On-site consumption of medical cannabis:** This provision doesn't explicitly prohibit smoking indoors. While we believe that is already covered under Title 22, it should be referenced here to make sure it's clear.
15. **Voluntary label approval:** We are supportive of the voluntary labeling and advertising submission provisions. Ideally, the labeling submission would be required and not voluntary. We are unclear whether social media posts would also be approved, and if these submissions would also include advertising for cannabis paraphernalia.
16. **Targeting minors:** We believe "targeting minors" is a harder standard to prove than "appealing to minors." "Targeting to minors" should be defined, and it should encompass cannabis paraphernalia, especially since children would be allowed in retail stores (see examples of cannabis paraphernalia below).
17. **Marketing:** All marketing provisions to prevent youth exposure should be extended to cannabis paraphernalia too.
18. **Major license violation affecting public safety:** We encourage the committee to add these violations to "major license violation affecting public safety" (currently listed under "minor license violations"):
 1. Misrepresenting any cannabis product to a consumer, licensee or the public, including: (a) Its contents; (b) Its testing results; or (c) Its potency
 2. Treating or otherwise adulterating cannabis with any chemical, excluding a scheduled drug or prohibited agricultural chemical, that alters the color, appearance, weight or smell of the cannabis or that increases its potency, toxicity or addictiveness
 3. Supplying adulterated or misbranded cannabis or cannabis products
 4. Allowing consumption of cannabis on a cannabis establishment premises
 5. Selling cannabis plants, cannabis or cannabis products to a person between 18 and 21 years of age by failing to take all necessary steps to verify age
 6. Delivers to drug free safe zones designed by a municipality
19. **Universal symbol:** Our understanding is that the proposed language mirrors what will likely be the majority opinion of LD 2147. While we appreciate the inclusion of blister packaging, we do not support the inclusion of gummies on the list of impracticable items, especially with increased youth exposure in stores. *If unmarked gummies are required to be sold in blister packaging, we will support this provision.*
20. **Additives:** We are grateful that this includes a prohibition on additives that increase addictiveness. Research shows that higher THC potency is associated with cannabis addiction; likewise, sugar has been shown to be addictive. While we don't believe the list of additives should be in statute; these could be included in rules, which would help protect public health and safety.
21. **Hospitality Task Force:** We continue to believe it is premature to allow on-site consumption of cannabis and that any established task forces should be more focused on improving safety in current industry practices (e.g., testing, establishing reference values

for consumption) before expanding on-site consumption. We are also dismayed by the dismal health representation on the committee (one member).

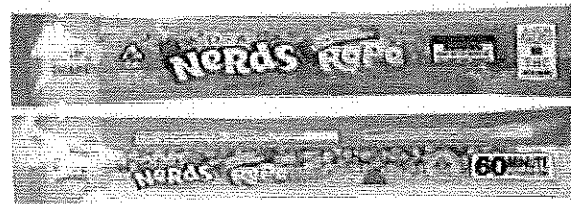
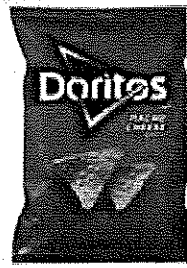
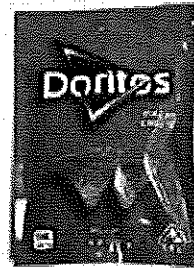
Thank you for considering the perspectives of Maine's public health, medical, municipal, and youth-serving communities about LD 40. We strongly urge an "ought not to pass" vote on this bill. This list of concerns is not exhaustive. This bill has been amended three times in as many weeks, without substantive or balanced stakeholder engagement. Given its far-reaching impacts on the regulation of both Adult Use and Medical cannabis programs, this process warrants a more thoughtful, deliberative approach than what this committee has done so far. We encourage the formation, instead, of a task force made up of diverse stakeholders that can review available data, and the progress made on the bill to date, and be empowered to come back next session with less hurried and more thoughtful and inclusive legislation.

Look-a-like THC-infused soda (which is hard to distinguish from non-THC-infused soda, below):





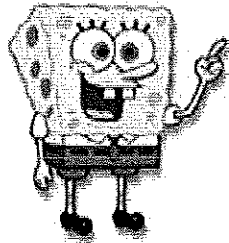
Sample “Copycat” Cannabis Products



Sample Cannabis Paraphernalia Products (<https://profglantz.com/2023/08/29/fda-and-others-should-integrate-the-relationship-between-cannabis-and-tobacco-use/>)



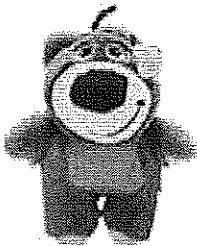
E-Cigarette



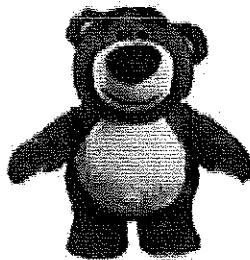
Cartoon



Cannabis Product



E-Cigarette



Toy



Cannabis Product



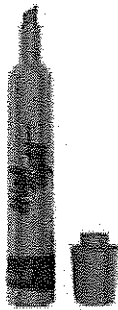
E-Cigarette



Cartoon



Cannabis Product



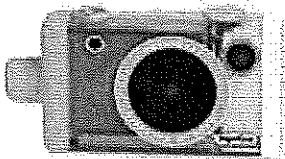
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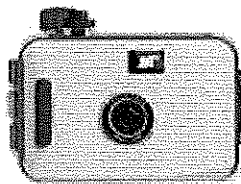
School Supplies



Cannabis Product



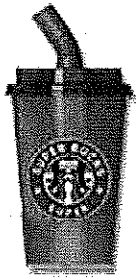
E-Cigarette



Toy



Cannabis Product



E-Cigarette



Food Product



Cannabis Product



Food Product



E-Cigarette



Food Product



Cannabis Product



E-Cigarette



Food Product



Cannabis Product

From: Lindsay Henderson <lindsay_henderson@maranacook.com>
Sent: Wednesday, March 20, 2024 12:02 PM
To: Hickman, Craig; Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne
Cc: VLA; Caswell, Lynne
Subject: Please Oppose LD 40

This message originates from outside the Maine Legislature.

Dear Members of the Veterans and Legal Affairs Committee,

We, Maine educators strongly oppose LD 40, which can only exacerbate a growing problem for our students, our schools, and our communities.

Today's cannabis is not the same product we thought Maine voted for. The product being sold, whether marketed as medicinal or recreational adult use, carries a dosage that greatly exceeds that used in the past. We, as educators, see firsthand the triple threat that legal cannabis has produced. First, the ability to get a med card at 18 simply by requesting it, has introduced easy access to our schools. Second, slick marketing has created the illusion that cannabis is safe or even medicinal for things such as anxiety without being scientifically or medically evaluated. We are aware of no reputable research that indicates a use for THC greater than 10mg per day and increasingly the method of use in our schools is a vaporized, highly potent THC concentrate closer to 10 times that daily dosage. Maine's own survey indicated that 94% of the product sold in Maine greatly exceeds a medicinal dosage. The survey also reports that approximately 200,000 Maine adults use it daily, a sure sign of growing addiction among Maine's population. <https://www.maine.gov/dafs/ocp/sites/maine.gov.dafs.ocp/files/inline-files/Maine%20OCP%20AHP%20Report%2006-22.pdf>

Third and most worrisome is the impact on our kids. While they are still trying to recover from COVID isolation, they are introduced to the false hope that cannabis treats anxiety, when all the research indicates the opposite is true for young people. They self-medicate because "they are told" cannabis is less dangerous than alcohol. This inaccurate and dangerously foolish argument, even if it were true, creates far too many young people who are damaging their developing brains, without even knowing what they are doing. Studies show that daily teenage users are more likely to develop worsening anxiety, psychosis and risk losing 8 points of intelligence quotient, IQ. Is that what we wish for our kids? Our students do not understand dosing and for the most part neither do their parents who may often use themselves.

Furthermore, not since big tobacco have we seen commercialized "addiction for profit" companies so successfully target the most vulnerable among us. 67% of our elder teens believe that cannabis is safe to use once or twice per week. Legalization is a short step from normalization which is a short step from introducing it to children who are uniquely vulnerable to addiction. It's well known among medical professionals and the industry that lifelong customers must be introduced at early stages of brain development to get the strongest potential for addiction. It is beyond our comprehension why any Maine lawmaker would consider making cannabis regulations more lenient than they are currently. Our short history with this product requires us to go in the other direction in order to best serve our future generation.

Before passing any new cannabis laws, please do your homework and look at the results that have occurred after marijuana legalization in Maine. There are ample well-researched studies to validate our concerns about this dangerous new cannabis product. Unfortunately, in Maine, we see the devastating results every day. It's well past time to put kids first before "addiction for profit" business.

Sincerely,
Lindsay Henderson

--

Lindsay Henderson
Administrative Assistant
Maranacook Community High School
Guidance Department
207-685-4923 x 1025
207-685-9597 fax

From: Julie Lizanecz <jlizanecz@yorkschoools.org>
Sent: Wednesday, March 20, 2024 11:56 AM
To: Hickman, Craig; Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne
Cc: VLA; Caswell, Lynne
Subject: Please Oppose LD 40
Attachments: LD 40 .pdf

This message originates from outside the Maine Legislature.

Julie Lizanecz, she/her
MBAHM, BSN, RN
V.E.S. Health Clinic
jlizanecz@yorkschoools.org
[VES Nurse webpage](#)

Health is not merely the absence of disease, but a continuous journey of whole self care.

This is a staff email account managed by yorkschoools.org. This email and any files transmitted with it are confidential. They are intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender.

March 20, 2024

Dear Members of the Veterans and Legal Affairs Committee,

As a former ER nurse of 15 years and a current school nurse, I am writing to express my deep concerns and opposition to LD 40 which, if passed, will exacerbate a growing problem for our students, our schools, and our communities. Legalizing/normalizing the sale and use of cannabis by our youth will only worsen the strong negative impact we've already seen on our students since it became more available, with the legalization of recreational use in adults.

I have witnessed an alarming increase in the number of youth with anxiety since the beginning of the COVID-19 pandemic. It is appalling to me that cannabis is being marketed towards kids as a solution to their anxiety when research indicates the opposite is true for young people. Instead of providing relief, they may experience increased anxiety and other adverse effects. Furthermore, many young individuals may self-medicate with cannabis because they are told that it is less dangerous than alcohol, leading to potential misuse and dependency issues.

I strongly urge you to reconsider the implications of this bill on the well-being of our youth. Allowing them access to cannabis in such ways could have detrimental effects on their physical and mental health, as well as their overall development. I believe it is our responsibility to protect our youth from the potential harms associated with cannabis use, especially considering their vulnerability and impressionability.

Thank you for taking the time to consider my perspective on this matter. I hope that you will take into account the potential consequences of passing this bill and prioritize the health and safety of our youth.

Sincerely,


Julie Lizanecz
MBAHM, BSN, RN
York School Department

From: Tammy Allard (via Google Docs) <drive-shares-dm-noreply@google.com>
Sent: Wednesday, March 20, 2024 11:23 AM
To: Caswell, Lynne
Cc: Collings, Benjamin; Hymes, Benjamin; Hickman, Craig; Boyer, David; Timberlake, Jeff; Andrews, John; Montell, Karen; Supica, Laura; Williams, Lynne; Malon, Marc; Rielly, Morgan; Rudnicki, Shelley; Brenner, Stacy
Subject: Document shared with you: "Copy of Educators Opposition to LD 40.docx"

This message originates from outside the Maine Legislature.

Tammy Allard shared a document

Tammy Allard (tammy_allard@maranacook.com) added you as an editor. Verify your email to securely make edits to this document. You will need to verify your email every 7 days. [Learn more](#)

 Copy of Educators Opposition to LD 40.docx

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Workspace

From: Anya Davidson <anya_davidson@maranacook.com>
Sent: Wednesday, March 20, 2024 11:17 AM
To: Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne; Hickman, Craig
Cc: VLA; Caswell, Lynne
Subject: Opposition to LD40
Attachments: Educators Opposition to LD 40.pdf

This message originates from outside the Maine Legislature.

Please see the attached letter.

—
Anya Davidson RN (She/Her/Hers)
MCHS School Nurse
Tel: (207) 685-4923 ext 1033
Health Center Fax: (207) 295-7114

"Imagine if we measured success by the amount of safety that people felt in our presence"
~ Jonathan Louis Dent

211 - Resources for food, housing, crisis, employment, substance abuse, recovery, etc.

Federal CDC COVID-19 guidelines

Maine COVID-19 response

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March 19, 2024

Dear Members of the Veterans and Legal Affairs Committee:

I, as a School Nurse in a public high school, strongly oppose LD 40, which can only exacerbate a growing problem for our students, our schools, and our communities.

Today's cannabis is not the same product we thought Maine voted for. The product being sold, whether marketed as medicinal or recreational adult use, carries a dosage that greatly exceeds that used in the past. We, as school staff, see firsthand the triple threat that legal cannabis has produced. First, the ability to get a med card at 18 simply by requesting it, has introduced easy access to our schools. Second, slick marketing has created the illusion that cannabis is safe or even medicinal for things such as anxiety without being scientifically or medically evaluated. We are aware of no reputable research that indicates a use for THC greater than 10mg per day and increasingly the method of use in our schools is a vaporized, highly potent THC concentrate closer to 10 times that daily dosage. Maine's own survey indicated that 94% of the product sold in Maine greatly exceeds a medicinal dosage. The survey also reports that approximately 200,000 Maine adults use daily, a sure sign of growing addiction among Maine's population. <https://www.maine.gov/dafs/ocp/sites/maine.gov.dafs.ocp/files/inline-files/Maine%20OCP%20AHP%20Report%2006-22.pdf>

Third and most worrisome is the impact on our kids. While they are still trying to recover from COVID isolation, they are introduced to the false hope that cannabis treats anxiety, when all the research indicates the opposite is true for young people. They self-medicate because "they are told" cannabis is less dangerous than alcohol. This inaccurate and dangerously foolish argument, even if it were true, creates far too many young people who are damaging their developing brains, without even knowing what they are doing. Studies show that daily teenage users are more likely to develop worsening anxiety, psychosis and risk losing 8 points of intelligence quotient, IQ. Is that what we wish for our kids? Our students do not understand dosing and for the most part neither do their parents who may often use themselves.

Furthermore, not since big tobacco have we seen commercialized "addiction for profit" companies so successfully target the most vulnerable among us. 67% of our elder teens believe that cannabis is safe to use once or twice per week.

Legalization is a short step from normalization which is a short step from introducing it to children who are uniquely vulnerable to addiction. It's well known among medical professionals and the industry that lifelong customers must be introduced at early stages of brain development to get the strongest potential for addiction. It is beyond our comprehension why any Maine lawmaker would consider making cannabis regulations more lenient than they are currently. Our short history with this product requires us to go in the other direction in order to best serve our future generation.

Before passing any new cannabis laws, please do your homework and look at the results that have occurred after marijuana legalization in Maine. There is ample well-researched studies to validate our concerns about this dangerous new cannabis product. Unfortunately, in Maine, we see the devastating results every day. It's well past time to put kids first before "addiction for profit" business.

Please consider this,
~Anya Davidson RN
Maranacook High School Nurse
Readfield, Maine 04355

From: Sharon Stathoplos <sstathoplos@kitteryschools.com>
Sent: Wednesday, March 20, 2024 11:10 AM
To: Hickman, Craig; Brenner, Stacy; Timberlake, Jeff; Supica, Laura; Andrews, John; Boyer, David; Collings, Benjamin; Hymes, Benjamin; Malon, Marc; Montell, Karen; Rielly, Morgan; Rudnicki, Shelley; Williams, Lynne
Cc: VLA; Caswell, Lynne
Subject: Please Oppose LD 40

This message originates from outside the Maine Legislature.

Good morning,

As a school nurse for close to 40 years, I am writing to you today to implore you to oppose the bill that allegedly allows teens access to marijuana. Having worked with children with emotional problems for over 30 years in residential schools I have seen firsthand how marijuana leads to a lack of motivation, respiratory issues and, an increase in both depression and anxiety.

The science of the brain tells us that currently, the brain does not stop developing until the age of 25. To impact that development, particularly in the face of the trauma caused by the pandemic could be catastrophic to our youth.

We currently have students in my school suffering from cyclical vomiting syndrome due to the intake of marijuana. These students have had GI workups (which are not inexpensive) and after all is said and done have admitted to marijuana use.

Let's protect the youth in our state.

Shay

Shay Stathoplos BSN, RN, NCSN
R. W. Traip Academy
12 Williams Ave
Kittery, ME 03904
Phone: 207-439-4402
Fax: 207-439-3789

[Kittery Nursing Blog](#)