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INCORPORATED IN MAINE

American Academy of Pediatrics

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Senator Hickman, Representative Supica and esteemed members of the Veteran's and Legal Affairs Committee, my name is Deborah Hagler, MD, MPH FAAP and I am a resident of Harpswell and a past president of the Maine Chapter of the AAP and Currently Co-Chair the Healthy Mental Development Committee for the Maine AAP Board.

The Maine Chapter of the American Academy of Pediatrics supports LD1847, "An Act to Institute Testing and Tracking of Medical Use Cannabis and Cannabis Product Similar to Adult Use Cannabis and Cannabis Products, dedicate a Portion of the Adult Use Cannabis Sales and Excise Tax to Medical Use Cannabis Programs and Create a Study Group.

Cannabis poisonings in youth in Maine and nationally have increased since states have moved to legalize recreational and medical cannabis programs.^{1,2} They have increased most in those ages 5 and under. Most of the poisonings in younger children have occurred with edible cannabis products. **Sec. 13. 28-B MRSA §703, sub-§1, ¶D** specifically aims to strengthen Maine's packaging of edible products and makes a concerted effort to address these poisonings by requiring gummies [kid favorite] that have not been individually stamped with the universal seal indicating that they contain cannabis to be distributed in a blister pack. This approach makes it much less likely a toddler can consume an entire bag of cannabis laced gummies.

The AAP supports further study of how youth less than 21 are accessing the adult use cannabis program and medical cannabis program especially since the requirement for qualifying conditions has been removed. Without a need for qualifying conditions, there are fewer barriers for the young adult population to access the medical cannabis program. At eighteen years of age, they do not require parental consent, and many pediatricians are anecdotally seeing more in this population accessing this program to address mental health issues. This is problematic in that there is ample evidence that while the brain is developing regular use of cannabis can exacerbate or give rise to serious mental illness. Collecting appropriate data around this issue will help better design public health programming to educate this population that may unaware that regular/daily use of higher potency cannabis increases risk of increases the risk of the development of suicidal ideation and depression; the risk of developing psychosis by 5 times; and increases the odds of a suicide attempt by 3.5 times.^{3,4}

This leads me into the next very important reason to support this bill **Sec. 7. 22 MRSA §2430-P i-** the requirement for testing for banned pesticides, toxins, microbial contaminants and "THC potency, homogeneity, and cannabinoid profile." This ensures that those who may be accessing the medical program and especially those at higher developmental risk because of their age (the brain is still developing into the mid-twenties) have accurate information to make more informed choices and practice better harm reduction by choosing lower potency products. Additionally, the legislation limits the amount of THC per serving and package which may help prevent overconsumption for the vulnerable.

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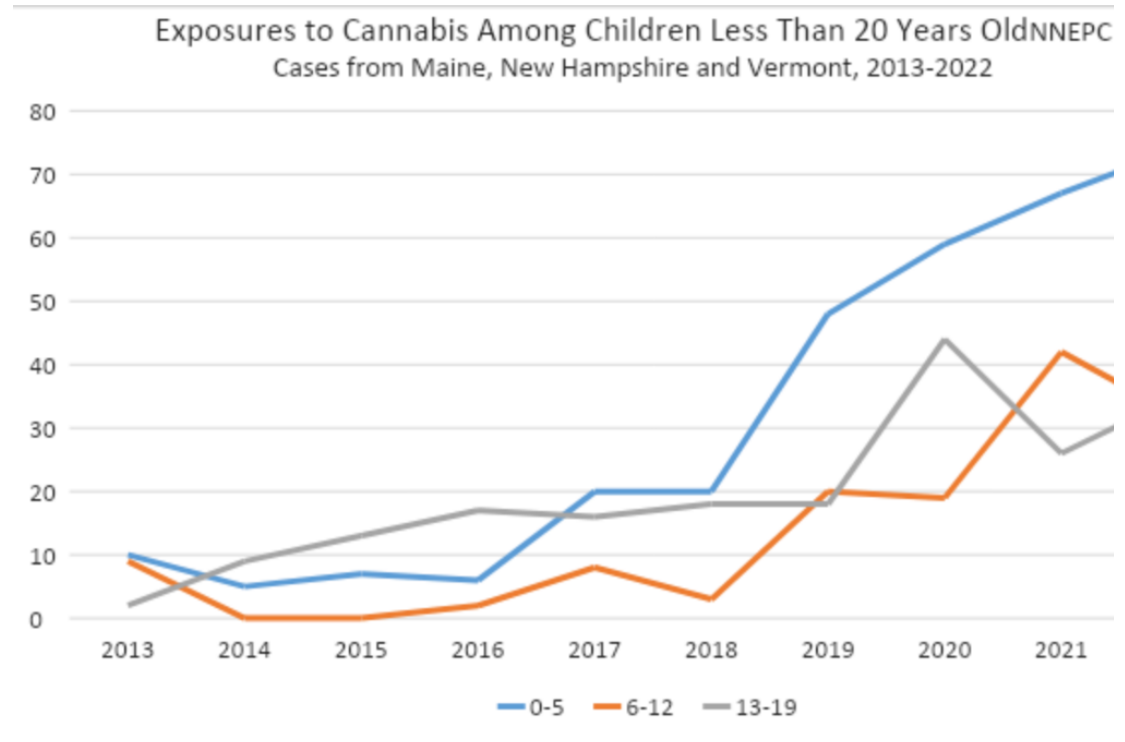


It also ensures that young users who may be immunosuppressed with a cancer diagnosis are less likely to receive a product that may be contaminated by fungus or microbe that could make them seriously ill with an infection as they recover .

Thank you for your efforts to make a program that to the outside world appears safer with its 'medical' label actually a bit safer.

1. Tweet MS, Nemanich A, Wahl M. Pediatric Edible Cannabis Exposures and Acute Toxicity: 2017–2021. *Pediatrics*. 2023;151(2):e2022057761

2.



3. Gobbi G, Atkin T, Zytynski T, Wang S, Askari S, Boruff J, Ware M, Marmorstein N, Cipriani A, Dendukuri N, Mayo N. 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 Apr 1;76(4):426-434. doi: 10.1001/jamapsychiatry.2018.4500. Erratum in: *JAMA Psychiatry*. 2019 Apr 1;76(4):447. doi: 10.1001/jamapsychiatry.2019.0464. PMID: 30758486; PMCID: PMC6450286.

4. Di Forti M, Quattrone D, Freeman TP, Tripoli G, Gayer-Anderson C, Quigley H, Rodriguez V, Jongsma HE, Ferraro L, La Cascia C, La Barbera D, Tarricone I, Berardi D, Szöke A, Arango C, Tortelli A, Velthorst E, Bernardo M, Del-Ben CM, Menezes PR, Selten JP, Jones PB, Kirkbride JB, Rutten BP, de Haan L, Sham PC, van Os J, Lewis CM, Lynskey M, Morgan C, Murray RM; EU-GEI WP2 Group. The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicentre case-control study. *Lancet Psychiatry*. 2019 May;6(5):427-436. doi: 10.1016/S2215-0366(19)30048-3. Epub 2019 Mar 19. PMID: 309