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LD 1847

Testimony against LD 104 and 1847:

Greetings Senator Hickman, Chair Supica, honorable members of the joint standing committee on legal affairs.

This is Jordan Smith of Pownal, I am writing to express my grave concern with the language and potential consequences in LD 104 and 1847.

1. These bills are based on the idea of conformity and control under the guise of public safety. We have had a medical program here in Maine for 26 years. I can't recall a single time I have heard a report of any sickness or death caused directly by cannabis. In fact if you look back 10,000 years to when it was first cultivated up until now you will be hard pressed to find data that definitively proves the dangers they speak of.

2. The fact that these groups released info claiming "cannabis induced psychosis" caused a teenage girl to stab her friend. If you can't see that this for what it really is: A legal tactic to get away with murder by blaming it on a plant that people are scared of. We don't want that energy around here. The people of Maine at large won't fall for these morbid fantasies.

3. This claim is not even to do with untested cannabis. Proponents of 1847 make these claims of any cannabis. Using rhetoric that is literally reefer madness, data cherry picked from biased sources. (Some debunked) Their claims are that any cannabis/ tested or not is a wildly dangerous drug. Any legislation following that argument is obviously going to be based on an abundance or ignorance and fear. These are not places to be coming from when trying to gain the support of constituents and lawmakers, in my opinion. I hope the committee sees this as well.

4. I urge the committee to look into the associations affiliated with 1847 and see who their corporate affiliates are and If those corporations stand to profit from the passing of said legislation. (At least one does) Furthermore, the amount of funding directly or indirectly from pharmaceutical companies to these non profits should be looked into. This bill is 100% anti cannabis, it's not about public safety. It's saying all cannabis is dangerous. This has nothing to do with protecting patients or children. As always "follow the money." This is a desperate attempt to push legislation that will harm the medical program and its 110000 patients as well as the tens of thousands of out of state patients who depend on Maine for their needs.

5. Yeast and mold and other TAC test inaccuracy: Some of you have heard me say the words "speciated testing" again and again over the years. You certainly heard it a lot on Monday. More people are catching up on the science and more and more we realize that the state is not using the correct method to test for yeast and mold. In Statute it states that testing must be done for "harmful yeast and mold" total count tests simply quantify the total colony forming units per gram. Same for the TAC aerobic bacteria test. A recent test by Nova analytical took failed TYM samples tested initially with the tempo method (quantitative total count test) and retested them using QPCR. The results? Shocking, over 90% of the failed samples were found to contain only benign yeast and mold, penicillium citrinum was the most common, accounting for 80% of the fails in Cumberland county. What does this mean? Potentially thousands of pounds of objectivity safe products were destroyed or remediated because we use the wrong methods to test. I personally have been pushing for speciation in AU for years. OCP knows this is a far superior test and they have been told by several experts for years. The 10,000 cfu threshold is too low to as many have stated, and again what's the point at all if we have no idea what it has 10,000 cfu of. This legislation favors large producers of low quality, low potency remediated cannabis. It harms patients and the caregivers that actually are here to help them. Maine patients deserve the best medication available to them, not what several anti

cannabis organizations want for them. I have written OCP about this citing studies from other states including Massachusetts where up to 26% of off the shelf products in one study failed the same testing panel they had passed in order to be approved for sale. This is the same across the country. 10-30% fail rates on off the shelf testing of product that has already passed testing, in some cases multiple times. I know this only makes it more confusing but that is the nature of trying to treat an agricultural product like a pharmaceutical. It's not analogous in any other way than that it may offer relief to those in suffering. I could go on to poke 1000 holes in the entire testing industry, procedures, standards, ethics and so forth but I know you have heard all of that and more from the many, many people who have written in opposition of these pieces of legislation.

6. The medical genomics website has a pretty good list of what is on the panel and what the threshold are in each state regarding microbial testing. SC labs has a more comprehensive list that contains other contaminants. You will see that while most states do test. The definition of that varies greatly but every single one of those states still have product fail off the shelf. So in summation this is an agricultural product. You could get 20 different test results from one plant 100s from a greenhouse or large room. Many including myself have sent out multiple samples of the same product and received a slew of different results. Are their bad actors using dangerous chemicals? Yes! Will they cheat at testing anyway? Also yes. Bad actors will be bad no matter what.

7. This is a know your farmer situation. It is another reason we need to have events as outlined in LD 1840 the more disconnected producers are from the end user the more apathetic they may become regarding the standards they hold themselves to. The same phenomenon we see with mega grows. The bottom line becomes the priority, the product and the customers suffer. The ladder is pulled up so others can't compete. This enables that same bastardization of this industry.

8. I think moving forward with something like LD 1620 to explore a more sensible microbial panel and what an audit testing model could look like makes the most sense. Until testing makes sense in AU we will never accept it in MED.

9. This is another attempt at regulatory capture to bolster corporate interests by attempting to stoke fear in constituents and lawmakers. Those of you on the committee for a while have seen OCP push something like this every year. They complain that we block it. The people of maine don't want this. We have shown that time and time again. It's not about what OCP wants, it's about what Maine wants and most importantly it's about what patients want.

10. Potency caps, this was well covered at the hearing but I'll make a couple points here.

Whether it's an edible, concentrate, flower etc. the non active portion would be considered an impurity by a chemist if we are talking drugs. For instance you have a cancer patient taking 1000 mg per day orally. Right now you can get a 1000 mg edible in the med program. One would need to eat 100 10 mg edibles or 200 5 mg edibles to achieve the dose needed. Not only is this tons of extra sugar and other things that perhaps this person can even keep down because it's so much mass. It's also incredibly expensive. Let's remember that this program started for people like this. Not for the 5mg gummies for fun crowd.

11. In the early years of the program a lot of our patients were incredibly ill, Many terminal. We have had many success stories, especially with epilepsy, we have lost a lot of patients to cancer. We formed deep connections with these people, we wept when they passed. We never charged those nearing the end of their time on earth a dime. I know that a lot of caregivers in Maine have done the same, I would like to take a moment to acknowledge them and express my gratitude to everyone who has made and continue to make sacrifices to help others.

12. Smoked flower? If you are going for a desired result and that is determined by the amount of cannabinoids in total. You would need to smoke twice as much of

something that is 15% vs 1/2 as much @ 30%. So this is encouraging inhaling more smoke which is technically not good for you. The amount of smoke inhalation is more of a risk than the active compounds within it. If the people behind this bill are concerned about hydrogen cyanide inhalation from myclobutanil (I am strongly against the use of myclobutanil) but the fact is hydrogen cyanide is in cannabis smoke already and is an associated risk with any cannabis. The best thing to do is consume less cannabis of higher potency to mitigate that risk.

13. Track and trace: No, we do that already. We will NOT work with metrc, biotrack or whatever the third system is. This is Maine we can do this our own way. We have had a medical program for 26 years now. We've never had it, we don't need it. We keep substantial records and those are available to OCP during an inspection. Every transaction is recorded, wholesale and retail. These contain a large amount of data that allows us to track where product has gone out, come in, when, (down to the minute) what it was etc. A lot of people don't realize how much "track and trace" and testing for that matter goes on in MED. it's honestly a bit frustrating because it is a ton of work to keep all of these records even without a clunky third party software to make it more expensive and difficult. Also with all of the heat on METRC I would not touch that company with a 10 foot pole. They are under investigation by several states, being sued by multiple states and most recently have had a whistleblower come out claiming that METRC has been complicit in possibly millions of pounds of diverted product. This will possibly end up in RICO territory so again. I would avoid this company and the other two third part tracking systems. There are plenty of internal inventory tracking platforms that would work fine without the security risks associated with being connected to a worldwide network that is extremely clunky and outdated. The other two systems are just as bad.

14. Are we outliers because we have the best med program in the country and we understand testing is flawed, too expensive and tested products still fail off the shelf at an alarming rate?

ABSOLUTELY! That's what makes our program great, we don't want the cookie cutter MSO monopoly model that has been pushed since 2016 at the advent of AU. So when I hear that we need to get in line with all of the other states, I'll tell you that every one of them has either lost their med program or never had the hurdle of entry low enough that most citizens could even take part. They all look to Maine as the final frontier. They look to Maine be a they see us fighting back, they see us winning. Maine is fighting for the rights of cannabis users all over the country by example. So YES we are an outlier! We are the only state without testing in med, we are one of 3 states without 3rd party track and trace for med. We have made our voices heard on this time and time again. Maine is unique, Maine is beautiful, thank you all for your service to this great State!

Very Best,
Jordan Smith