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***Bureau of Highway Safety***  
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**Testimony of Director Lauren V. Stewart**

**IN OPPOSITION TO LD 1365** *An Act to Allow Consumption of Adult use Cannabis in Locally Approved Hospitality Lounges*

**And Proposed Sponsor Amendment** – *An Act to allow Adult Use Cannabis Stores to Operate Cannabis Consumption Lounges*

Senator Hickman, Representative Supica, and Members of the Joint Standing Committee on Veterans and Legal Affairs. My name is Lauren Stewart, and I am the Director of the Maine Bureau of Highway Safety. I am here today to testify on behalf of the Department of Public Safety and the Bureau of Highway Safety in Opposition to LD 1365 and the proposed amendment to the original language.

The proposed amendment takes steps to ensure that on-site servers are trained to identify intoxicated individuals, intervene to help over-intoxicated persons, educate consumers of their responsibilities for driving, and provide alternate transportation when available. It also ensures that servers have education regarding general health and safety, and the effects of cannabis on the human body. Additionally, the amendment creates a Maine Cannabis Liability Act that allows for prevention of intoxication-related injuries and deaths and establishes a basis for compensation for negligent or reckless serving; this Cannabis Liability Act is similar (near-identical) to the Maine Liquor Liability Act. While these changes are appreciated and are steps towards protecting individuals on Maine's roadways, cannabis consumption lounges still pose an unnecessary threat to public safety. Cannabis consumption lounges are likely to lead to increased incidents of cannabis impaired driving, which are already on the rise.

Cannabis consumption lounges are as dangerous to the people on our roadways, as bars are. Scientific studies continue to find that cannabis can negatively affect driving,<sup>1</sup> and studies have found that the advent of recreational cannabis increased road fatalities by between 1.2 and 2.2 death per billion vehicle miles traveled.<sup>2</sup> Cannabis consumption lounges will only increase the likelihood of cannabis impaired driving (people who are at lounges may drive home) and will thus increase the danger on Maine's roadways.

Cannabis impaired driving is already a problem in Maine. Cannabinoids are the most frequently detected drug in blood samples sent to our lab for OUI testing, and they have been since 2020 (the opening of the first recreational cannabis stores and the implementation of blood drug testing). In 2024, twenty-seven percent (27%) of individuals who died in car crashes were positive for cannabinoids, and twenty-nine percent (29%) of alive drivers involved in fatal or near-fatal crashes were positive for cannabinoids.

When it comes to detecting cannabis impairment, there are no roadside tests that are standardized for the detection of cannabis impairment. While the field sobriety tests themselves offer good evidence of impairment – especially when combined with a positive chemical test,<sup>3</sup> they are not, alone, sensitive enough to detect all

<sup>1</sup> See, e.g., Thomas Marcotte, et. Al, *Driving Performance and Cannabis Users' Perception of Safety: A Randomized Clinical Trial*, JAMA PSYCHIATRY 79(3): 201-209 (March 1, 2022).

<sup>2</sup> See Kusum Adhikari, et. al., *Revisiting the effect of recreational marijuana on traffic fatalities*, INT'L JOUR. OF DRUG POL., Vol. 115 (May 2023).

<sup>3</sup> See K. Papfotiou and C. Carter, *The relationship between performance on field sobriety test, driving performance and the level of Delta-9 Tetrahydrocannabinol (THC) in blood*, FORENSIC SCIENCE INTERNATIONAL 155: 172-78

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cannabis impairment.<sup>4</sup> This is because experienced cannabis users, even while being cognitively impaired, may not exhibit physical manifestations of that impairment.<sup>5</sup> Thus, while such individuals may be cognitively impaired and a danger on our roadways, they are likely to go undetected by all but the most experienced and most trained police officers. While advances in technology are assisting with this detection, such advances are not currently at a level that is useful to Maine officers.

Our position is not meant to villainize cannabis users, just to present the reality of our current situation and to try to save lives. Many cannabis users could drive high without intending to do so. Take cannabis edibles, which will be allowed to be consumed at consumption lounges, as an extreme example. The dosing size for an edible is often 1/10<sup>th</sup> of the entire product, and the most common onset time for even that single, first dose are 45 minutes to two hours. The impairing effects of that edible can then last as long as six to eight hours. Edibles are difficult to “titrate to effect” thus users, especially new users, can become much more impaired than they intended. This means that even those attempting to be safe, such as by eating only a small amount at a time or waiting an hour before determining if they are safe to drive, can end up leaving the establishment unimpaired and becoming impaired during their drive home. In the same vein, studies show that, like alcohol,<sup>6</sup> cannabis users who smoked cannabis were likely to believe that they were safe to drive around the 1.5 hours post-smoking mark even though they were actually still impaired.<sup>7</sup>

The bill is also premature in that Cannabis Server Education Courses do not currently exist. It appears that the lounges would not be able to serve cannabis for on-site consumption until such training exists. The amendment is clear that it envisions a future effective date to allow time for implementation and for a public service campaign, but it does not address the training. This should be clarified.

In sum, we believe that establishing cannabis consumption lounges or bars will add to the number of impaired drivers on Maine’s roads and therefore we respectfully oppose this bill.

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(2005); Thomas D. Marcotte, et. al., *Evaluation of Field Sobriety Tests for Identifying Drivers Under the Influence of Cannabis A Randomized Clinical Trial*, JAMA PSYCHIATRY 80(9):914-923 (2023); Robert L. Fitzgerald, et. al., *Driving Under the Influence of Cannabis: Impact of Combining Toxicology Testing with Field Sobriety Tests*, CLINICAL CHEMISTRY 69:7 (2023).

<sup>4</sup> See Douglas J. Beirness, et. Al, *Enhancing the Standardized Field Sobriety Test to detect cannabis impairment: An observational study*, TRAFFIC INJ. PREV., Vol. 25(1): 1–7 (2024); see also K. Papafotiou, et. Al, *An evaluation of the sensitivity of the Standardized Field Sobriety Tests (SFSTs) to detect impairment due to marijuana intoxication*, PSYCHOPHARMACOLOGY Vol. 180: 107-114 (2005).

<sup>5</sup> See Johannes Ramaekers, et. Al., *Neurocognitive performance during acute THC intoxication in heavy and occasional cannabis users*, J. PSYCHOPHARMACOLOGY 23(3): 266-77 (May 2009); Ashley Brooks-Russel, et. Al., *Effects of acute cannabis inhalation on reaction time, decision-making, and memory using a tablet-based application*, JOURNAL OF CANNABIS RESEARCH 6:3 (2024).

<sup>6</sup> See Michael G. Holland and Robin E. Ferner, *A systematic review of the evidence for acute tolerance to alcohol – the “Mellanby effect,”* CLINICAL TOXICOLOGY 55(6):545-56 (July 2017)

<sup>7</sup> Thomas Marcotte, et. Al, *Driving Performance and Cannabis Users’ Perception of Safety: A Randomized Clinical Trial*, JAMA PSYCHIATRY 79(3): 201-209 (March 1, 2022).

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