STATE OF MAINE
Department of Public Safety
Bureau of Highway Safety
164 State House Station
Augusta, Maine
04333-0164

Janet T. Mills
Governor

Michael J. Sauschuck
Commissioner

Lauren V. Stewart
Director

Testimony of Director Lauren V. Stewart

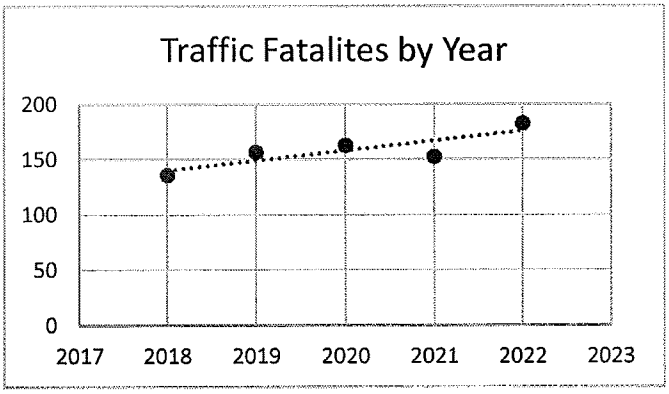
IN OPPOSITION TO LD 1530

An Act to Allow On-premises Consumption of Adult Use Cannabis and Adult Use Cannabis Product

Senator Hickman, Representative Supica, and distinguished 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 1530. Because this Bill is similar to LD 839, my testimony will be equally similar. Like LD 839, LD 1530 threatens the safety of everyone on Maine's roadways during a time when traffic fatalities have been on the rise.

Based on preliminary data (2022 numbers are constantly updated), 183 people died on Maine's roadways in 2022. This is an increase from 136 fatalities in 2018; that's 47 more lives lost in 2022 than in 2018. The number of deaths in 2022 follows a general upward trend beginning in at least 2018. Indeed, the below table and scatter plot, with added trendline, show both the number of fatalities since 2018 and the trend.

Year	Deaths
2018	136
2019	157
2020	163
2021	153
2022	183



Allowing cannabis to be consumed on-site at medical cannabis dispensaries or caregivers' places of business will add to the risk factors that lead to traffic fatalities.[i] With the increased number of people dying on our roads, this Legislature should not take adding to those risk factors lightly. This Legislature should also consider that, in 2016, on a national level, almost one-quarter "of all fatally-injured drivers were known to have been marijuana positive."[ii]

Buckle Up. Drive Safely.

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Consider also that, unlike LD 839, this Bill does not contain a prohibition of administering cannabis to someone who is already impaired. That means that any dispensary or caregiver could administer cannabis to an impaired patient and let them drive away without fear of any recourse. OUI is OUI whether or not the impairing substance was prescribed, and OUI kills. As our law court said, "It is no defense [to the crime of OUI] that the defendant is under the influence of prescription drugs, even if taken as prescribed." *State v. Soucy*, 2012 ME 16, ¶ 11, 36 A.3d 910.

Even such a prohibition against serving those already impaired would not fix this Bill, cannabis is not alcohol, and it differs in important ways. One such way is how cannabis impairment manifests. Alcohol has consistent and well-known indicators of intoxication, such as lack of coordination, slurred speech, and the like.[iii] However, with cannabis, experienced users can show less obvious outward signs of impairment despite their cognitive abilities being affected to the point of impaired judgment, decision-making, and reaction time.[iv] Short of field sobriety testing or even a drug recognition expert evaluation, cannabis impairment in experience users is difficult to observe. So, while alcohol bar tenders may be able to easily observe "visible intoxication" and have that intoxication relate somewhat to a person's level of impairment, the same is unlikely to be true for cannabis sellers.

The risks associated with the difference between the consistency of outward manifestations of impairment between alcohol and cannabis are exasperated by another fact: there is currently no responsible service training available for cannabis sellers. There is for alcohol; there is not for cannabis. There are such programs in development, but their efficacy cannot yet be judged; for the reasons mentioned in the paragraph above, developing an effective responsible cannabis service program will be difficult.

Next, there are significant onset and duration issues as it relates to cannabis impairment. The most extreme of these can be seen in cannabis edibles. The dosing size for an edible is often 1/10th of the entire product, and the most common onset times for even that single, first dose are 45 minutes to two hours.[v] The impairing effects of that edible can then last as long as six-eight hours.[vi] 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 store unimpaired and becoming impaired during their drive home. Alcohol, on the other hand, "reaches a peak about 20 minutes to an hour after drinking and drops steadily and gradually thereafter."[vii]

All of these factors and more were considered by the legislature in 2018 when it decided to remove cannabis social clubs from the facilities made legal in Maine.

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For these reasons, we respectfully ask you to vote Ought Not to Pass on LD 1530.

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[i] Michael G. Lenné et al., *The effects of cannabis and alcohol on simulated arterial driving: influences of driving experience and task demand*, ACCIDENT ANALYSIS PREVENTION, May 2010, 859-866; Rebecca L. Hartman and Marilyn A. Huestis, *Cannabis effects on driving skills.* CLINICAL CHEMISTRY, Mar. 2013; 478-492; J. G. Ramaekers et al., *Dose related risk of motor vehicle crashes after cannabis use*, DRUG ALCOHOL DEPENDENCE, Feb. 2004, 109-119; *See also* Gov.'s Hwy. Sfty. Assoc., *Drug-Impaired Driving: Marijuana and Opioids Raise Critical Issues for States*, 6, 14 (May 2018) (finding that 43.6% of fatally injured drivers with known drug test results were positive for drugs in 2016; in 2015 the number was 43.4%; in 2006, the number was 27.8%, showing an increase of nearly 17% in a 10-year period) ("The most supportable conclusions are that marijuana has caused or contributed to some crashes; that it can, but need not necessarily, increase crash risk in a driver; and that the best overall estimate of marijuana's effect on crash risk in general is an increase of 25-35%, or a factor of 1.25 to 1.35.").

[ii] Gov.'s Hwy. Sfty. Assoc., *supra note* 1, at 13.

[iii] Ethan Cowan, M.D., M.S. and Mark K. Su, M.D., M.PH., *Ethanol Intoxication in Adults*, UPTODATE, available, with login, at: https://www.uptodate.com/contents/ethanol-intoxication-in-adults (last updated June 6, 2022) (mentioning that clinical indicators include "slurred speech, nystagmus, disinhibited behavior, incoordination, unsteady gait, memory impairment, stupor, or coma.")

[iv] J. G. Ramaekers et al., *Neurocognitive performance during acute THC Intoxication in heavy and occasional cannabis users*, JOURNAL OF PSYCHOPHARMACOLOGY, May 2009, 266-277; *see also* Gov.'s Hwy. Sfty. Assoc., *supra note* 1, at 13-14 ("Many experimental studies document that marijuana affects psychomotor skills and cognitive functions critical to driving including vigilance, drowsiness, time and distance perception, reaction time, divided attention, lane tracking, coordination, and balance." (citation omitted)).

[v] Robert L. Page II et al., *Medical Marijuana, Recreational Cannabis, and Cardiovascular Health: A Scientific Statement from the American Heart Association*, AM. HEART ASS'N J., Aug. 2020; 131-152.

[vi] *Id.*

[vii] Gov.'s Hwy. Sfty. Assoc., *supra note* 1, at 10.

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