



Janet T. Mills  
Governor

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



Michael J. Sauschuck  
Commissioner

Lauren V. Stewart  
Director

## Testimony of Director Lauren V. Stewart

### IN OPPOSITION TO LD 1952

#### AN ACT TO ALLOW ON-SITE CANNABIS CONSUMPTION

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 1952. We believe that LD 1952 will increase impaired driving and threaten the safety of everyone on Maine’s roadways during a time when impaired driving traffic fatalities continue to contribute to on average more than 25% of our overall fatalities.

Allowing cannabis to be consumed on-site at hospitality establishments will add to the risk factors that lead to traffic fatalities.<sup>i</sup> We respectfully ask this Legislature to not take adding to those risk factors lightly. We also ask that you consider that, in 2016, on a national level, almost one-quarter “of all fatally injured drivers were known to have been marijuana positive.”<sup>ii</sup>

We recognize that this Bill does contain a prohibition on serving visibly intoxicated individuals and a requirement that hospitality establishments train their servers to detect impairment. We sincerely thank this Bill’s sponsors for those requirements. It is well documented that cannabis is a mind-altering substance which creates impairment in many individuals. As you know, cannabis differs from alcohol 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.<sup>iii</sup> 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.<sup>iv</sup> Short of field sobriety testing or even a drug recognition expert evaluation, cannabis impairment in experienced 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, as there is for alcohol sellers. There are such programs in development, but their efficacy cannot yet be judged; for the reasons mentioned

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Office Located At:  
Central Maine Commerce Center  
45 Commerce Dr, Suite 1  
Augusta, ME 04330  
Phone: (207) 626-3840  
Fax: (207) 287-3042



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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 1/10<sup>th</sup> of the entire product, and the most common onset times for even that single, first dose are 45 minutes to two hours.<sup>v</sup> The impairing effects of that edible can then last as long as six-eight hours.<sup>vi</sup> 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. Alcohol, on the other hand, “reaches a peak about 20 minutes to an hour after drinking and drops steadily and gradually thereafter.”<sup>vii</sup>

All 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.

For these reasons, we respectfully ask you to vote Ought Not to Pass on LD 1952.

<sup>i</sup> 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.”)

<sup>ii</sup> Gov.'s Hwy. Sfty. Assoc., *supra note 1*, at 13.

<sup>iii</sup> Ethan Cowan, M.D., M.S. and Mark K. Su, M.D., M.P.H., *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.”)

<sup>iv</sup> 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)).

<sup>v</sup> 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.

<sup>vi</sup> *Id.*

<sup>vii</sup> Gov.'s Hwy. Sfty. Assoc., *supra note 1*, at 10.

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