



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION  
AND  
THE MAINE OSTEOPATHIC ASSOCIATION**

**AGAINST**

**L.D. 1952, An Act to Allow On-site Cannabis Consumption**

Joint Standing Committee on Veterans and Legal Affairs  
Room 437, State House, Augusta, Maine  
Wednesday, January 24, 2023

Good morning Senator Hickman, Representative Supica, and Members of the Joint Standing Committee on Veterans and Legal Affairs. My name is Anne Sedlack, and I am the Director of Advocacy for the Maine Medical Association. I am submitting this testimony against LD 1952, An Act to Allow On-site Cannabis Consumption on behalf of the Maine Medical Association, the Maine Osteopathic Association and the Maine Chapter of the American Academy of Pediatrics

The Maine Medical Association (MMA) is a professional organization representing more than 4,000 physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services in order to ensure the availability of quality osteopathic health care to the people of this State. The Maine Chapter of the American Academy of Pediatrics (Maine AAP) is a professional membership organization representing 250 pediatricians and subspecialists who are dedicated to fulfilling the Chapter's mission: to improve the lives of children and adolescents in Maine.

This year MMA and MOA's legislative committees have joined together to advocate from one voice. We are joined by our partner, MAAP, on this testimony. We all have determined that it is important to testify against LD 1952 for a number of reasons.

We want to note that evidence based research of the benefits of cannabis has increased over the years and we have seen the beneficial effects of cannabis on some of our patients; however, we are also concerned about the lack of guardrails on the adult use industry and medical program. MMA and MOA are dedicated to bringing the physician voice back into

the discussion. For example, Maine is experiencing a major public health problem. For instance:

- **Youth.** About one-third of high school students report having used cannabis, with about one in five of them report having tried cannabis for the first time before the age of 13, and one in five of all students report having used cannabis at least one time during the last month
- **Young Adults.** National data from 2022 show that 44% all young adults (ages 19 – 30) use cannabis, and 11% use the drug daily.
- **Pregnancy.** About one in four Maine women in 2017 reported having used cannabis during pregnancy or in the three months before pregnancy.

These growing numbers are concerns for a number of reasons like:

- **Serious Mental Illness.** TCH (tetrahydrocannabinol) content in cannabis is primarily now high potency, meaning TCH is >15% of the product, compared with 2% 20 years ago. As a result, there is a 4-fold increased risk of cannabis triggering schizophrenia, a risk that is especially pronounced among youth and young adult users. About half of those go on to have a permanent serious mental illness. Indeed, Maine's psychiatrists report increases in youth and young adult schizophrenia associated with cannabis use.
- **Cognitive Changes.** Cannabis use among youth and young adults is associated with changes in memory, attention, and higher functioning that persist after they stop using the drug.
- **Fetal Development.** Cannabis use during pregnancy is associated with harmful effects on the baby, including low birth weight and abnormal neurological development.<sup>1</sup>

Therefore, we believe it is important for the Legislature and the Office of Cannabis Policy to be wary of deregulation efforts. The specific needs/wants of individual businesses should never substantially outweigh consumer health and safety.

Our specific concerns about LD 1952 are as follows.

First, we are concerned about the health risk to the individual and to the public due to smoking indoors. There is a long history in this State that an individual cannot smoke indoors in public spaces which includes restaurants and speciality stores. 22 M.R.S. § 1542.

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<sup>1</sup> 2023 Maine Youth Integrated Youth Health Survey: [Home | miyhs \(maine.gov\)](#); 2022 NIH National Drug Survey: [Marijuana and hallucinogen use, binge drinking reached historic highs among adults 35 to 50 | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#); 2017 Maine Pregnancy Date: [prams-mj.pdf \(maine.gov\)](#); [Development Over Time of the Population-Attributable Risk Fraction for Cannabis Use Disorder in Schizophrenia in Denmark - PubMed \(nih.gov\)](#); [Rates and Predictors of Conversion to Schizophrenia or Bipolar Disorder Following Substance-Induced Psychosis | American Journal of Psychiatry \(psychiatryonline.org\)](#); [Adverse Health Effects of Marijuana Use | NEJM](#); [The Neurocognitive Effects of Cannabis Across the Lifespan - PMC \(nih.gov\)](#); [Pregnancy | Health Effects | Marijuana | CDC](#); [Health Effects of Marijuana | Health Effects | Marijuana | CDC.](#)

This is because of the long recognition that smoking in enclosed spaces is dangerous for the user and those around them including any staff at the establishment. Cannabis is included in that risk. According to the American Lung Association, "Smoking marijuana clearly damages the human lung. Research shows that smoking marijuana causes chronic bronchitis and marijuana smoke has been shown to injure the cell linings of the large airways, which could explain why smoking marijuana leads to symptoms such as chronic cough, phlegm production, wheeze and acute bronchitis."<sup>2</sup> We cannot ignore that this bill is attempting to alter the long established principal that smoking indoors is dangerous.

Second, we are concerned about the risks of driving under the influence. Although there is training for the staff of the cannabis consumption lounge to identify the risks of overconsumption, the reality is that that it can take hours before the affects have passed. Although the United States has been slow to study cannabis, the Canadian government studied and issued "Lower-Risk Cannabis Use Guidelines" and one of their recommendations was as follows:

Cannabis use impairs your ability to drive a car or operate other machinery. Don't engage in these activities after using cannabis, or while you still feel affected by cannabis in any way. These effects typically last at least six hours, but could be longer, depending on the person and the product used. Using cannabis and alcohol together further increases your impairment. Avoid this combination before driving or operating machinery.<sup>3</sup>

We are worried about logistics around an at least a six-hour time period and the increased risk of driving under the influence. There's been a 37% decrease in drunk driving deaths nationally since 1982.<sup>4</sup> That's in part due to decades of educational campaigns. Legalized cannabis use is relatively new, and the public needs continued education to understand the health impacts, and impacts on executive and motor functioning, including driving.

We want to be clear - we are not saying that we will never support some form of on-site consumption lounges. However, and we cannot stress this enough, the infrastructure to do any type of on-site consumption is simply not here yet or even in the near future.

Thank you for considering the thoughts of Maine's physician community about L.D. 1952. We urge an "ought not to pass" vote on this bill. I would be happy to respond to any questions you may have.

Thank you,

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<sup>2</sup> <https://www.lung.org/quit-smoking/smoking-facts/health-effects/marijuana-and-lung-health>.

<sup>3</sup> <https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf>

<sup>4</sup> <https://www.responsibility.org/alcohol-statistics/drun-driving-statistics/drun-driving-fatality-statistics/>