

Testimony of
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Chair, Maine Child Death and Serious Injury Review Panel
Before the Joint Standing Committee on Veterans and Legal Affairs

LD 1319- An Act Regarding Registered Dispensaries and Rules under the Maine Medical Use of Marijuana Act and the Definition of “Resident” in the Marijuana Legalization Act

LD 1242- An Act to Ensure Appropriate Oversight of Maine’s Medical Marijuana Program

Hearing Date: April 23, 2021

Senator Luchini, Representative Caiazzo, and members of the Joint Standing Committee on Veterans and Legal Affairs:

My name is Mark Moran. I am a Licensed Clinical Social Worker and the Chair of Maine’s Child Death and Serious Injury Review Panel (CDSIRP)* and I am submitting this testimony relative to your work on the above referenced legislation. The mission of the Panel is to promote child health and well-being, improve child protective systems, and educate the public and professionals who work with children in order to prevent child deaths and serious injuries. The Panel accomplishes this mission through collaborative, multidisciplinary, comprehensive case reviews, from which recommendations to state and local governments, as well as public and private entities, are developed. As you consider these bills and any other related matters, I, as Chair of the Panel, ask that you consider the implications for Maine’s children of how Maine’s marijuana programs are managed and regulated.

As medicinal and recreational marijuana laws have evolved across the United States over the past several years, the incidence of reports to poison control centers and encounters with medical services related to unintended pediatric ingestions of marijuana have increased significantly. The unintentional ingestion of cannabis by children is a serious public health concern and is well-documented in the medical literature.¹ While much of the published research on this topic originates in the western half of the country, this problem has also been noted closer to home. A study conducted in Massachusetts in 2019 revealed a 137% increase in the number of cases of pediatric cannabis ingestions and unintended cannabis-related consequences called to the Regional Center for Poison Control and Prevention during the four years following medical marijuana legalization, as compared to the four years preceding legalization. The same study also showed a significant increase in ingestions of edible cannabis products by children 0-4 years of age during the same time periods.² In Maine, calls to the Northern New England Poison Control Center for pediatric marijuana exposures rose from 2014 to 2020 among children of all ages. The largest increase was seen in children 0-5 years of age, from 4 to 23 calls in 2014 and 2020, respectively, reaching a peak of 28 calls in 2019. Nearly all these exposures involved ingestions. In that same age group, 40% of the children experienced moderate or greater clinical effect from the exposure, while the overall rate of moderate or greater clinical effect in this age group for all substance exposures is only 1%.³ Maine’s children, like others around the country, have experienced cannabis ingestions from a variety of sources, including (but not limited to) baked goods, hard candy, gummies, oil, and beverages.

Commented [AB1]: In all ages of children 0-19 years

Young children who have ingested marijuana or marijuana containing products can present with a variety of symptoms, though the overwhelming majority are neurological in nature. Those symptoms can include tremors, difficulty walking, extreme lethargy, or coma. Some children may experience respiratory depression and require a breathing tube and a ventilator to support their recovery. Others may experience symptoms such as decreased heart rate, low blood pressure, electrolyte abnormalities, agitation, and, rarely, seizures.⁴ Medical care may include outpatient, emergency department, or inpatient management, including transfer or admission to a Pediatric Intensive Care Unit, with length of stay ranging from hours to days.

In October 2020, the American Public Health Association (APHA) published an updated policy statement advocating for a public health approach to regulating commercially legalized cannabis.⁵ In that statement, they call for policy actions that protect children, by careful regulation of the availability and access to cannabis products. Such protections would include advertising restrictions, regulations governing characteristics of cannabis products that may appeal to children (flavors, shapes, forms, names, imagery, etc), and regulations governing packaging (plain, opaque, child resistant, use of a universal symbol, etc). Additionally, the APHA recommends the monitoring of related public health and safety outcomes. Certainly, pediatric ingestions are an important safety outcome to monitor.

The Medical Marijuana Program Rule currently being proposed by the Maine Office of Marijuana Policy contains several of the APHA recommended protections. The existing professional literature suggests the problem of pediatric ingestions is only going to continue to increase. I encourage both the Committee and the OMP to be attentive to the downstream impact of the rules governing Maine's marijuana programs on Maine's children and to the opportunities that exist to help protect and enhance safety for Maine's children. Thank you for your consideration and for the opportunity to provide this testimony.

References

1. Richards, J. S. (2017). Unintentional Cannabis Ingestion in Children: A Systematic Review. *The Journal of Pediatrics*, 142-152.
2. Whitehill, J. e. (2019). Incidence of Pediatric Cannabis Exposure Among Children and Teenagers Aged 0 to 19 Before and After Medical Marijuana Legalization in Massachusetts. *JAMA Network Open*, 1-10.
3. Northern New England Poison Control Center (2021, April 21). Personal Communication.
4. Wong, K. (2019). Acute Cannabis Toxicity. *Pediatric Emergency Care*, 799-804.
5. American Public Health Association (2020, October 24). A Public Health Approach to Regulating Commercially Legalized Cannabis.

**While the CDSIRP includes representatives from Maine's Office of Child and Family Services, this testimony does not necessarily reflect the official opinion of OCFS.*