



Marijuana Education Toolkit

*Preventing Underage
and High Risk Use*



**MAINE
PREVENTION
SERVICES**

Maine Center for Disease Control & Prevention
Department of Health and Human Services

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About This Toolkit

The use, sale, and possession of marijuana for those 21 and over is legal in Maine. On November 8, 2016, Maine voters approved Question 1 allowing the legalized use, retail sale, and taxation of marijuana. In 2019, licenses for adult use retail sale, manufacture, and operations were made available.

Maine has a robust community of public health professionals who use passion and expertise in their work to prevent tobacco and substance use in their communities, and who know it will take a comprehensive, multi-faceted approach to address the increased visibility and shifting norms that accompany legalization of adult use marijuana.

This marijuana toolkit aims to provide community members and prevention educators with essential information and supportive resources.

This toolkit is intended to be included in broader community prevention education efforts. Preventing initiation of marijuana use among young people, as well as limiting problematic use, will take the effort of entire communities.

This toolkit:

- **Provides information** on health impacts, legal considerations, safety issues, and delves into elements of the cannabis plant, including the psychoactive and non-psychoactive components.
- **Uses cannabis and marijuana interchangeably**, however the legal term for the product regulated and licensed in the state of Maine is marijuana.
- **Refers to adult use (rather than recreational use)** in reference to use and possession for those over 21.

Federally, marijuana remains a Schedule 1 Drug and continues to be illegal under federal law even though the state of Maine has voted to legalize adult use and retail sales. Under federal categorization, Schedule 1 Drugs have no known medical use and a high potential for abuse. Marijuana's continued status as a federally illicit substance makes research both limited and difficult.

If you have questions about this toolkit, please contact tsup.dhhs@maine.gov.




Table of Contents

<i>Section</i>	<i>Page Number</i>
Common Terms and Definitions	1
Methods of Use	4
Adult Use Laws in Maine	6
Data: Marijuana Use in Maine	9
Marijuana Health and Social Impacts	12
How to Talk with Young People About Marijuana	15
Other Issues	16
The Role of Municipalities	18
Additional Resources	20
References	21

Fact sheets:

- [CBD vs THC](#) (pg. 25)
- [Vaping](#) (pg. 26)
- [Edibles](#) (pg. 27)
- [Adult and Medical Use in Maine](#) (pg. 28)
- [Employers](#) (pg. 33)
- [Immigration](#) (pg. 34)
- [Youth Marijuana Data](#) (pg. 35)
- [Marijuana Use Among Maine Adults](#) (pg. 36)
- [What Youth Need to Know](#) (pg. 37)
- [How to Talk to Youth](#) (pg. 38)
- [Safe Storage](#) (pg. 40)
- [Pregnancy and Breastfeeding](#) (pg. 42)
- [Regulation Best Practices for Municipalities](#) (pg. 43)

Common Terms and Definitions

Cannabis

Cannabis refers to a genus of plants that include the three species of *cannabis sativa*, *cannabis indica*, and *cannabis ruderalis* or their hybrids. Their dried flowers or leaves are widely used for their psychoactive and non-psychoactive properties. The primary properties within the cannabis plant include cannabinoids, terpenes, flavonoids, and lipids. Some familiar components include cannabinoids, such as CBD (Cannabidiol) and THC (Delta 9 Tetrahydrocannabinol). There are over 545 known compounds in the cannabis plant.¹

Research regarding impacts of cannabis is limited, as there are rigorous regulations in place from state and federal governmental bodies, as well as funders.

Marijuana

Marijuana is a term for the psychoactive dried resinous flower buds and leaves of the cannabis plant. It is known by many slang terms, including flower, weed, bud, the devil's lettuce, grass, wacky weed, dope, pot, herb, chronic, Mary Jane, reefer, ganga, green, hydro, dro, 420, and 710 (oil flipped and spelled backwards). Maine statute defines "marijuana" as the leaves, stems, flowers and seeds of a marijuana plant, whether growing or not. "Marijuana" includes marijuana concentrate but does not include hemp or a marijuana product.

Hemp

Hemp is a phenotype of cannabis sativa but does not produce psychoactive effects that make people feel "high," as it contains low levels of THC. The Hemp Farming Act¹¹ of 2018 removed hemp containing 0.3% THC or less from the Schedule I Controlled Substances Act.

Hemp has many industrial uses and has been used to make clothes, paper, soap, and furniture.

Indica and Sativa

Refers to the taxonomic classification of the plant's genus. However, in today's culture, the terms indica and sativa have come to represent the effects of cannabis. Indica has come to indicate a body-buzz, feelings of sedation, relaxation, or being "stoned". Sativa has come to indicate a cerebral, energetic, and uplifting "high". However, these classifications were not determined based on the effects of the plant, but largely by their geographic location and the name of the person who made the discovery (i.e. Jean-Baptiste Lamarck discovered indica in India).⁶ For this reason, using the terms indica and sativa to describe the varying effects of cannabis species and strains is inaccurate and misleading.

Additionally, 95 percent of cannabis strains today are hybrids, and only a handful of strains qualify as pure sativa, indica, or ruderalis.

Cannabinoid

Cannabinoids are one of the primary properties of the cannabis plant. THC and CBD are the main cannabinoids, but more than 100 have been identified.¹²

Synthetic Cannabinoids

Synthetic cannabinoids (also known as K-2 or spice) are human-made psychoactive substances that are misleadingly referred to as synthetic marijuana. Learn more about synthetic cannabinoids at the [National Institute of Health](#).

THC- Delta 9 Tetrahydrocannabinol

THC is the psychoactive component of cannabis. THC causes a change in brain function, resulting in alterations of perception, mood, cognition, or behavior - “the high.”

THC levels vary depending on the strain, product, and method of consumption, but the Drug Enforcement Administration (DEA) considers anything above 12% THC to be “high potency.”² THC can be consumed in food and drinks or by smoking, vaping, or dabbing (definitions included below).

THC content has risen steadily since the late 1990s and early 2000s. According to analyzed illicit cannabis products seized by Drug Enforcement Administration (DEA), the concentration of THC has increased from 4% in 1995 to 12% in 2014.² Additionally, the potency monitoring program at the University of Mississippi observed an increase in THC concentration from 8.9% in 2008 to 17.1% in 2017.³

At this time, the only FDA-approved synthetic cannabis-related products include Marinol and Syndros (for use in anorexia and weight loss due to AIDS or from chemotherapy-induced nausea and vomiting) and Cesamet (approved for unmanageable chemotherapy-induced nausea and vomiting).¹⁰

Cannabidiol (CBD)

CBD is a non-psychoactive component of the cannabis plant (it won't produce feelings of being “high.”) CBD can come from both hemp and plants with high THC content.

CBD derived from hemp with a THC content of 0.3% or less can be purchased legally over the counter, while CBD derived from marijuana can only be purchased from a dispensary or adult use retail store. While hemp derived CBD is readily available over the counter, it is currently an unregulated supplement making it difficult to know the levels of THC or other additives.⁸

CBD oil can be added to food or drinks or made into tinctures that can be taken orally or used topically. Certain types of CBD oil can be used in vaping devices, but due to the lack of regulation, product safety is a concern.

While CBD has reported benefits for managing anxiety, arthritis, insomnia, and chronic pain, there is little scientific research to support these claims. At this time, the only FDA approved medical use of CBD is the seizure medication Epidiolex.⁹ There is potential for drug interactions and it is recommended to consult a physician before using CBD products.

Terpene

Terpenes are compounds that give the different strains of cannabis their distinctive aromas like citrus, berry, or pine. There is currently little research to support a strong correlation between any single terpene and the “high” that it creates. Terpenes are thought to play a key role in modulating the effects of various cannabis strains, like whether someone might experience stress-relief, focus, or anxiety.

There are over 100 different terpenes that have been identified in the cannabis plant. Common terpenes include limonene, pinene, and myrcene.¹³

Medical vs. Adult Use in Maine

These definitions refer to medical and adult use, possession, and cultivation in the state of Maine. Rules and regulations in other states may vary.

Medical Use

Under Maine law, "medical use" is defined as the acquisition, possession, cultivation, manufacture, use, delivery, transfer, or transportation of marijuana or paraphernalia relating to the administration of marijuana to treat or alleviate a qualifying patient's medical diagnosis or symptoms for which a medical provider has provided the qualifying patient a written certification under this chapter.⁷

The State of Maine requires purchasers of medical marijuana to be 18 years or older and hold a valid medical marijuana identification card. Medical marijuana cards may be obtained by individuals

with a patient certification for any condition medical providers believe would benefit from treatment with marijuana.

Currently, the Food and Drug Administration (FDA) does not recognize marijuana as a medicine. Medical marijuana users are not protected under the Americans with Disability Act (ADA). Schools, employers, or landlords may not penalize a person for being issued a medical card or being a caregiver. Employers are not required to make accommodations for employees regarding marijuana use (even with a medical card).

For questions about medical use in Maine, please refer to the [Maine Medical Use of Marijuana Program](#).

Adult Use

Adult use is purchase, possession, or consumption without medical need but for its effects on motor, sensory, or cognitive activities or on emotional state. The State of Maine requires those wishing to purchase, consume, or possess marijuana from a licensed retailer to be 21 years or older. A best practice is to use the term adult use rather than “recreational marijuana” as recreation indicates a tone of encouraged activities for fun. Learn more from the Good to Know [campaign](#).

Methods of Use

Marijuana affects everybody differently and varying doses, strains, and forms can lead to different lengths and strengths of impairment. There are multiple ways to consume marijuana including:

Smoking

Smoking remains the most common way to use marijuana. Dried flower from the plant is burned and inhaled through devices such as joints, bongs, or pipes. Depending on the type of cannabis consumed, the THC content may vary from 1% to 30%.² Consumers feel the effect in seconds to minutes and effects can last up to six hours.

Marijuana smoke contains more than 500 chemicals, of which at least 33 are known carcinogens, according to California Proposition 65, the Safe Drinking Water and Toxic Enforcement Act of 1965.¹⁴

Smoking marijuana often leads to the same breathing problems as cigarette use and can cause potentially serious damage to the respiratory system and lungs. Daily use (3-4 joints) has at least a comparable, if not greater, effect on the respiratory system than smoking 20 tobacco cigarettes every day.¹⁵



Concentrates

Concentrates are made by extracting THC from marijuana using solvents such as butane.¹⁸ Also known as wax, honey, budder, hash oil (BHO), shatter, or dabs, concentrates contain 40-80% THC and the effects may last up to 24 hours.⁴

Concentrates can be consumed by vaping/smoking (using pipes or bongs) or as edibles.

A variety of solvents including butane, alcohol, and ethanol are utilized in the manufacture and consumption of marijuana concentrates. According to The National Center for Biotechnology Information⁵, butane is an extremely flammable gas and is easily ignited by heat, sparks, or flames. Butane may have adverse health effects for humans and pets including cardiac arrhythmias in dogs after inhalation

Vaping

Vaping has become an increasingly popular method to use marijuana.

U.S. Center for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) recommend that people should not use THC-containing e-cigarette or vaping products, particularly from informal sources like friends, family, in-person or online sellers.¹⁶

Vaping devices, also known as vapes, vape pens, mods, tanks, and e-cigs can be filled with a variety of nicotine or marijuana-based products. THC content varies greatly, with some products containing 40-80% THC. The term “vaping” could be misleading. When the marijuana liquid, oil or plant material is heated in the device, an aerosol - a

suspension of fine particles in a gas - is released.⁴

Vaping devices are easily concealed, often looking like a USB drive. Maine law classifies vaping devices as a tobacco product regardless of whether they contain nicotine. A tobacco retail license is required to sell any vaping products.



A risk of vaping marijuana is EVALI (e-cigarette, or vaping, product use-associated lung injury), which is a serious lung injury strongly linked to vitamin E acetate.

Dabbing

High potency marijuana oil is heated, and the aerosolized vapor is inhaled. “Dabs” can contain up to 80% THC.⁴ Also known as hash oil, shatter, or wax, effects can be felt within seconds to minutes, and users may not be prepared for the intensity of effects.



Edibles



Edibles are marijuana products that are orally consumed. Both THC and CBD can be added to a

variety of foods (baked into cookies or brownies, added to sodas or other beverages, gummy products, pills, or other edible items). Serving sizes and total THC amount may vary depending on the type of edible being ingested.

Edibles are one of the fastest growing segments of the commercial marijuana market. Potency can vary, but Maine law limits THC content to no more than 10 milligrams per single serving for adult use.

Because edibles are absorbed through the stomach and liver - not through the lungs - it takes longer to feel the effects. It may take up to four hours to feel the full effects of consumption.¹⁹ It can take up to 12 hours for marijuana to clear the system after ingestion.²¹

Tinctures

Tinctures are liquid-based extracts with varied THC potencies. Tinctures are dropped under the tongue or added to food or beverages. Tinctures added to food or beverages are absorbed through the digestive system and have a similar delayed effect as edibles.²² An individual dropping a tincture under their tongue may exhibit effects faster than ingesting it with food or beverage.²³

Topicals

Topicals are lotions, salves, oils, patches, or sprays infused with THC or CBD. Topical transdermal delivery systems (lotions, gels, oils) typically contain CBD and claim to reduce inflammation, manage arthritis symptoms, and treat epilepsy symptoms.

Adult Use Laws in Maine

(See appendix for additional Medical Laws)

Who Can Buy Marijuana?

Anyone wishing to possess marijuana or enter a retail establishment must be **21 years of age and over**.

How Much Can I Purchase?

Residents and visitors to the state of Maine can purchase and possess **2.5 ounces** of marijuana (including up to **5 grams of concentrate**). Home delivery is currently not allowed.

How Much Can I Possess?

Residents and visitors to the state of Maine can possess **2.5 ounces** of marijuana (up to **5 grams of concentrate**); **3 mature plants; 12 immature plants and unlimited seedlings**.

What About Edibles?

Edible products in Maine can contain **no more than 10mg of THC per serving**. Edibles may not be sold in the shape of a human, animal, or fruit.

What Are Property Owners' Rights?

Under Maine law, residents may possess 3 flowering plants, 12 immature plants, and unlimited seedlings. However, landlords may define in a lease if marijuana can be possessed, consumed, or grown on premise. This may mean **leases can limit or ban use, possession, and home grow**.

Can Retail Establishments Advertise Publicly?

Yes, but advertisements **cannot be attractive to anyone under 21, promote irresponsible use, or illegal activity**.

Do Towns Have Different

Rules?

Local municipalities **must opt-in to grow operations and retail sales and can regulate businesses & licensing**. Retail shops must be at least 1,000 feet from schools. Municipalities may decrease this to no less than 500 feet.

Where Can I Use Marijuana?

Residents and visitors to Maine can use marijuana on private property that is not generally accessible by the public, with landowner permission. Marijuana may not be used in vehicles (by either the driver or passenger), in any private home used as a daycare during hours of operation, or at a workplace. **Public consumption is not permitted anywhere in the State of Maine**.

Are there Packaging & Labeling Requirements?

Maine requires the **universal symbol, health and safety warning label** on any product, container, or package containing THC. To leave a retail establishment, products must be placed in a tamper evident, child resistant opaque package. An optional "Not Safe for Kids" logo is also available for placement on products.



Anyone concerned about a marijuana retailer not complying with the law may contact the **Office of Marijuana Policy** (anonymously or not) at 207-287-3282.

What about Federal Regulations?

Even though marijuana is legal in Maine and some surrounding states, it is still illegal to possess marijuana at the federal level. Here are some things to keep in mind.

It is illegal to:

- **Cross state lines** with marijuana, even to another state with legal marijuana laws.
- **Possess marijuana on federal property**, such as government buildings, national parks, or border crossings.
- **Mail marijuana**, even if it is within the state.

Marijuana related charges can result in the **loss of federal financial aid** according to the U.S. Department of Education. Eligibility for federal student aid²⁰ (grants, loans, work-study) may be suspended if a student has a drug conviction (including the sale or possession of marijuana).



It may be a **violation of probation** to use or possess marijuana.

Marijuana users may be **rejected from applications to purchase a firearm**.



Marijuana use or possession charges may **impact eligibility for federally subsidized housing** (Section 8).

Marijuana possession or use **may affect immigration status**. Immigration law treats any marijuana-related activity as a crime with harsh penalties, even if it is permitted under state law. A criminal conviction of a federally-defined controlled substance can make a non-citizen both deportable and inadmissible.²⁵ This applies to possessing, using, or working with marijuana, even once.

What about Housing Law?

Under Maine law, **landlords have the right to restrict or prohibit marijuana cultivation, possession, or use on any part of their property**. Landlords are not required to allow smoking of any substance in rental properties, even if the tenant has a medical marijuana card. If a “no smoking” policy is broken, a landlord can terminate the lease, even if it is medical.



While fair housing laws require landlords to accommodate people with disabilities,

this generally does not apply for a medical condition qualifying someone for a medical marijuana card. A tenant would have to prove that smoking marijuana was the only way to get the benefit from the drug - which is often hard to prove since there are many ways marijuana can be consumed, i.e. edibles.

Are There Special Cases for Employees?

In some cases, **employees may be tested for marijuana use as a result of their job function** or because the employer wants every employee to be tested. This is not an exhaustive list.

Employees that are required to be tested under federal law:

(this includes, but is not limited to)

- Government employees
- Commercial Driver's License (CDL)
 - Bus and truck drivers
- Aviation employees
- Ferryman
- Military Personnel
- Professional athletes
- Employees with access to pharmaceuticals
- Emergency Medical Services (EMS)
- Law Enforcement
 - Police, prison security

Any position that is regulated by the federal government and requires testing **WILL** be tested for marijuana. A medical card will not be accepted as a reasonable explanation for a positive marijuana result. View additional [information](#) on federal testing programs.

These populations are **NOT** required to be tested, unless the employer has a specific policy for testing:

(Including, but not limited to:)

- Firefighters (and fire truck drivers)
- Healthcare workers (unless hospital is federally funded)
- Social service employees
- Food and hospitality employees
- Construction workers (unless federally funded)



What about Employers?

Employers can include marijuana in any drug free workplace policies. Employees may still be subject to employment drug testing, even though Maine has legalized marijuana for adult and medical use.

Sample [employer policy](#) and [additional resources](#).

Employers can:

- Ban possession of marijuana at work
- Ban use of marijuana at work
- Prohibit reporting to work under the influence of marijuana
- Discipline employees for any of the above workplace policy violations

Employers cannot:

- Penalize an employee for having a medical card or being a licensed caregiver

Data: Marijuana Use in Maine

The Maine Integrated Youth Health Survey



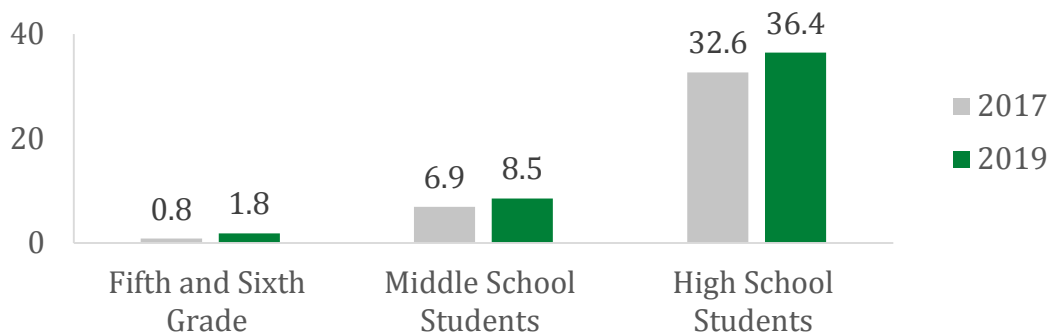
Data on youth marijuana use in this toolkit utilizes results from the Maine Integrated Youth Health Survey (MIYHS).²⁶ The MIYHS is conducted every two years to identify emerging trends by assessing the health and related behaviors and attitudes of Maine 5th through 12th graders using student surveys. The survey is a

collaboration of the Maine Department of Health and Human Services and the Maine Department of Education. In 2019, almost 300 schools and over 60,000 students participated in the survey. State, public health district, and county-level data are available publicly on the [MIYHS website](#), along with infographics, an interactive data dashboard, and additional information regarding the survey.

Marijuana Use Among Maine Youth

Marijuana use among Maine youth had been steadily declining since 2009, when the MIYHS was first administered. However, there has been a **significant increase** in students (grades 5th through 12th) that have ever used marijuana since 2017.

Percent of Maine Youth Who Have Ever Used Marijuana



The percentage of high school students that have used marijuana at least once in the past 30 days has also increased significantly since 2017.

In 2019, **22.0%** of high school students reported using marijuana **at least once in the past 30 days** compared to **19.3%** in 2017.

The most common ways of consuming cannabis* as reported by Maine youth:

Smoking in a joint, bong, pipe or blunt

Vaping

Dabbing

Edibles (concentrates & waxes)

*Among Maine high school students who have used marijuana at least once in the past 30 days

Youth Access to Marijuana in Maine

Almost **one in five** (17.9%) middle school students and **over half** (53.1%) of high school students believe it would be “**sort of easy**” or “**very easy**” to obtain marijuana if they wanted to. This data indicates a need to engage in continued conversations about safe storage, impacts of use on adolescent brain development, and how trusted adults may play a role in preventing initiation of use at a young age. Among high school students, 60.2% have at least one friend who has used marijuana in the past year; 31.3% have at least three friends who have used marijuana in the past year.

Perception of Marijuana Harm and Use

Over a third (38.2%) of middle school students and two thirds (66.7%) of high school students believe there is little to no risk in using marijuana once or twice a week. **The perception is that marijuana use is less harmful than other substance use—including tobacco and alcohol.** Both middle and high school students report there is more risk involved in smoking at least 1 pack of cigarettes per day, having one or two alcoholic beverages nearly every day, or taking prescription drugs that are not prescribed to them than using marijuana once or twice a week.



Marijuana may be a more socially accepted substance for youth to use. Both middle and high school students are more approving of someone their age using marijuana than smoking cigarettes and having one or two alcoholic beverages nearly every day. Thirteen percent (13.4%) of middle school students and almost half (48.9%) of high school students believe it is “a little bit wrong” or “not wrong at all” for someone their age to use marijuana.

Both middle school and high school students believe their parents would feel it is less wrong for them to use marijuana than smoking cigarettes, drink one or two alcoholic beverages nearly every day, or take prescription drugs not prescribed to them. Seven percent of middle school students and one in five (20.3%) high school students believe their parents would feel it is “a little bit wrong” or “not wrong at all” for them to use marijuana. This data indicates a **need for parents and trusted adults to engage in conversations with youth around expectations of use and making healthy choices.**

Almost half (48.5%) of middle school students and three quarters (77.7%) of high school students report that if a kid in their neighborhood used marijuana, they probably or definitely would not get caught by the police. This perception **highlights opportunities to work collaboratively with local law enforcement on marijuana prevention initiatives.**

Maine Adult Marijuana Use

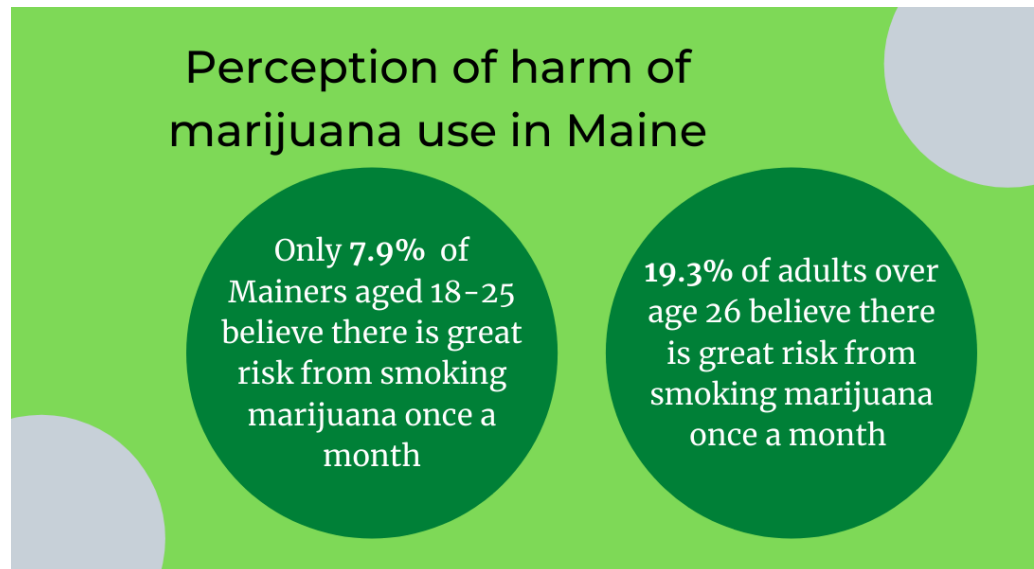
According to the National Survey on Drug Use and Health, between 2016 and 2017, about **1 in 3 (34.4%) Mainers between the ages 18 and 25 have used marijuana in the past month**. Marijuana use in the past month is significantly higher among those 18 to 25 compared to those 26 years and older (34.4% vs. 13.9%). Similarly, the percentage of Mainers between the ages 18 and 25 that have ever tried marijuana is significantly higher than older Mainers (45.7% vs. 19.4%).



According to the 2018 University of Michigan's [Monitoring the Future Panel Study](#),²⁷

43% of full-time college students ages 19-22 have used marijuana in the past year and 25% have used marijuana in the last 30 days. These are both significant increases compared to previous years and are the highest since 1983. In 2018, **5.8% of full-time college students used marijuana daily** (defined as using marijuana 20 or more times in the past 30 days); about **one in nine (11.1%) non-college young adults aged 19-22 used marijuana daily**.

Older Mainers (over age 26) believe there is greater risk in using marijuana once a month than Mainers between ages 18 and 25.¹⁵ **It is critical to continue to engage in education and prevention efforts for youth and emerging adults.**



Marijuana Health and Social Impacts

Potential Health Effects of Marijuana Use

Consuming marijuana may result in both short-term and long-term health [effects](#), with some harms that are more established in research than others. Preliminary research indicates that use in adolescence may result in health impacts, including changes to brain development and possible addiction.

Possible Short-Term Effects of Use³⁹

- Euphoria, enhanced sensory experiences
- Drowsiness, relaxation
- Decreased reaction time
- Impairment of balance/ coordination
- Increased heart rate
- Increased blood pressure²⁸
- Increased appetite
- Negative impact on learning, concentration, memory
- Paranoia²⁹
- Poor concentration, problem-solving

Possible Long-Term Effects of Use

- Mental health issues (anxiety, depression, suicidal ideation, psychotic episodes)^{29,39}
- Chronic cough⁴¹
- Lung and respiratory issues^{39,41}
- Decreases in motivation³⁰
- Severe nausea, vomiting, dehydration (Cannabinoid Hyperemesis Syndrome)³²
- [Clinical diagnoses](#)³³
- Increased risk of stroke or heart disease^{34,35}

Impacts of Marijuana Use on Youth

The adolescent brain and body continue to develop through age 25. According to the United States Surgeon General, use of marijuana as a young person may [impact](#) a variety of health and social issues. The impacts of use may vary depending on the age a person begins consuming marijuana, the amount used, the frequency of use, and what other substances may also be consumed.

Youth Marijuana Use Has Been Linked To:⁴⁵

- Impaired learning, memory, math, and reading skills 28 days after last use³⁹
- Impaired social functioning³⁹
- Lower IQ and attention
- Increased risk for substance use disorder later in life⁴²
- Lower grades and lower school retention⁴¹
- Lower satisfaction in their life, more interpersonal issues with friends and family³⁸
- Poor judgment and decision-making

Beyond these health factors, youth caught with marijuana may experience negative social outcomes like school suspensions, expulsions, or being removed from sports

teams and extracurricular activities. Loss of these opportunities may put these young people at further risk for substance use and other adverse outcomes. In addition, marijuana's effects on balance and coordination may impact sports performance, while impaired judgement from marijuana use may lead youth to make risky decisions like having unprotected sex or driving under the influence. The brain continues to develop through adolescence making it especially important to prevent youth from starting to use marijuana or to intervene with concerning use.

Other Health Considerations

Secondhand Smoke

Research indicates that secondhand marijuana smoke contains many of the same chemicals as secondhand tobacco smoke, including those linked to lung cancer.³⁶ When smoked, marijuana contains combustible materials that can irritate lungs, worsen asthma, or increase the likelihood for respiratory infections. While it is unlikely that being exposed to secondhand marijuana smoke will result in a positive drug test, secondhand marijuana smoke does contain THC and may have impacts on the body.³⁷

If a person chooses to consume marijuana by smoking, vaping, or dabbing, best practice is to follow tobacco secondhand smoke recommendations. Secondhand smoke recommendations include keeping your home and car smoke free, as there is no safe level of exposure to secondhand smoke.

Accidental Ingestion

The Maine Department of Health and Human Services defines accidental ingestion as when marijuana is combined with food (a marijuana "edible") and ingested by someone unaware of the THC content.³⁸ Marijuana edibles pose a risk for those who may not realize the candy, brownies, or other goods contain THC. Accidental indigestion is a danger to pets and young children.

Signs of accidental marijuana ingestion in humans include lethargy, dizziness, lack of coordination, and difficulty breathing.

Marijuana ingestion in pets can cause injury or dehydration. Symptoms of marijuana ingestion in dogs include disorientation, anxiety, lethargy, drooling, vomiting, or extreme responses to stimuli.³¹ If there is concern that a pet or a loved one has consumed marijuana accidentally, call the **poison control hotline (1-800-222-1222)**.

Cannabinoid Hyperemesis Syndrome

Cannabinoid Hyperemesis Syndrome is repeated and uncontrollable vomiting. It typically presents in long-term, frequent users of high-potency marijuana.³⁰

"Greening Out"

Greening out refers to the overconsumption of marijuana (which can be known as a temporary overdose). Greening out may include anxiety, confusion, poor coordination, verbal impairment, chills, accelerated heartbeat, nausea, vomiting, or dizziness.

Cannabis Withdrawal

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-V) defines cannabis withdrawal as cessation from heavy and prolonged cannabis use (daily or nearly daily for at least a few months).³³ Diagnosis can occur if three or more of the following symptoms develop within a week of cessation following heavy use:

- Irritability, anger, or aggression
- Nervousness or anxiety
- Sleep difficulty (insomnia, disturbing dreams)
- Decreased appetite or weight loss
- Restlessness
- Depressed mood
- Significant discomfort from abdominal pain
- Shakiness or tremors
- Sweating, fever, chills, or headache

Diagnosis criteria also indicates that the above symptoms have caused clinically significant distress or impairment in social or occupational functioning.

Cannabis Use Disorder

Cannabis Use Disorder is defined in the DSM-V as a problematic pattern of cannabis use leading to clinically significant impairment or distress.³² At least two of the following criteria must be observed in a 12-month period. Criteria include:

- Ingesting cannabis in larger amounts or over a longer time period than was intended
- Persistent desire or unsuccessful efforts to reduce or control use
- Spending a great deal of time obtaining, using, or recovering from cannabis consumption
- Craving or a strong desire to use cannabis
- Failing to fulfill role obligations at work, school, or home as a result of use
- Important social, occupational, or recreational activities are given up or reduced because of cannabis use
- Continuing to use cannabis in situations which are physically hazardous

How to Talk with Young People About Marijuana

Start Early, Talk Often

The research is clear - when young people know you do not want them using drugs and alcohol, they are less likely to do so.

- Use a natural time or event to have a conversation
- [Be open and ready to listen](#)
- Keep the conversation positive
- Let young people know you are a trusted adult in their lives

Avoid the use of scare tactics. Research shows it is **ineffective** at preventing young people from using substances. When the dangers don't match personal experience, it creates a lack of trust with the messenger.

Know the Facts

Marijuana use can create permanent changes to the developing brain - the brain isn't fully developed until roughly age 25, making it especially susceptible to the negative side effects of marijuana. For detailed information on the impacts of marijuana use on youth, see page 12.

Provide Concrete Strategies

Give your young person a way to say no or leave a party or social gathering – peer influence can be powerful.

- Practice [refusal skills](#) - research shows practicing these skills makes it easier for young people to access them during risky situations.
 - “If you're ever in a tough situation, use me as your excuse to leave.”



Establish Clear Expectations and Consequences

Let the young person know the expectation is no substance use while their brain is still developing. “I want you to wait until your brain is fully developed before using substances like alcohol, marijuana, or nicotine.”

- Be clear, consistent, and specific about what the immediate consequence of substance use is. Instead of threatening “you’ll be in big trouble,” use *if, then* statements like, “If you use marijuana and drive, then you will lose your driving privileges.”
- Alternatively, remember to reward young people for the behavior you do want to see.

For examples of what you can say to young people about marijuana use, visit the [Partnership for Drug Free Kids](#).

Modeling Matters

One of the most powerful message’s parents can send about substance use is through their own behavior.

Other Issues

Safe Storage & Disposal

Marijuana should be stored in a locked area, out of sight and reach of children and pets. For families with children, **storage options may change as children grow** (what was a safe storage option for a toddler may not be a secure storage option for a teenager).

Unwanted marijuana should not be flushed, and cannot be dropped in Drug Take Back boxes. Unwanted marijuana can be rendered unusable and unrecognizable by mixing with [undesirable materials](#) (such as used kitty litter), wrapped in multiple plastic bags and disposed of in household trash.



Impaired [Driving](#)

The state of Maine has not established a legal limit for impaired driving regarding THC, though one can still be convicted of Operating Under the Influence (OUI). Marijuana is an impairing substance and operating a motor vehicle after consumption is not recommended. Driving after consuming edibles is an additional concern because of the uncertainty of dose and delayed onset. According to the 2016 Fatality Analysis Reporting System,⁴³ 38% of drug-positive fatally injured drivers had marijuana in their system. Marijuana is of concern when driving because it can:

- Slow reaction time
- Slow decision-making abilities
- Impair coordination
- Distort perception
- Lead to memory loss
- Make problem solving difficult

Cross Fading (Co-Use)

Cross-fading refers to co-use of two or more substances (typically cannabis and alcohol). When cannabis use overlaps with excessive drinking, nicotine, and other drug use it can raise the risk of substance use disorder.⁴⁴

- 44.7% of individuals who used cannabis at some point in their life progress to other drug use.⁴⁸
- 67% of individuals who use cannabis engage in binge drinking behaviors. Research indicates that the combined effects of marijuana containing THC and alcohol were bigger than those by alcohol alone.⁴⁸
- Roughly 80% of college students who use prescription stimulants non-medically first used cannabis. Students reported using stimulants due to cannabis use and declining academic performance.⁴⁸

The risk of impaired driving associated with marijuana in combination with alcohol appears to be greater than for either by itself.

Pregnancy and Breastfeeding

Pregnant or breastfeeding mothers should be cautioned about infant exposure to marijuana. While more research is still needed, **there is no known safe amount of marijuana use during pregnancy or while breastfeeding.**

Can THC and other chemicals be passed to a baby?

Yes. It's important to know that marijuana use while pregnant or breastfeeding passes THC to the baby. THC is stored in fat and is slowly released over time, meaning a baby could still be exposed even after the breastfeeding mother stops using marijuana. Research shows that **breastmilk can contain THC for up to six days after use.**⁴⁶

Additionally, marijuana smoke contains many of the same harmful components as tobacco smoke. Neither marijuana nor tobacco products should be smoked around infants or children.

The use of marijuana may also affect a caregiver's ability to properly care for a baby.



Does marijuana help with morning sickness?

Research indicates that women who experience nausea or vomiting are more likely to use marijuana to treat their symptoms. **There is no research to show that marijuana helps manage morning sickness** or that it is safe to use during pregnancy.⁴⁷

What about the effects of CBD?

Data on the effects of CBD exposure on the infant are limited. However, the Food and Drug Administration (FDA) believes there is cause for concern. High doses of CBD in pregnant animals caused problems with the reproductive system of developing male fetuses.⁴⁶ In addition, based on what is known about CBD, it is expected to transfer to babies through breast milk.

Some research shows:

- Smoking marijuana is linked with lower birth weight²⁹ and pre-term birth.⁴⁹
- Marijuana use during pregnancy may make it hard for a child to pay attention or to learn; these issues may only become noticeable as a child grows older.²⁹

There is also the potential for CBD products to be contaminated with substances that may pose a risk to the fetus or baby, including THC. There are reports of CBD products potentially containing other contaminants such as pesticides, heavy metals, bacteria, and fungus.⁴⁶

To limit potential risk to the infant, breastfeeding or pregnant mothers should be advised not to use marijuana or marijuana-containing products in any form, including those containing CBD.⁴⁷

The Role of Municipalities

Whether it's medical or adult use marijuana, the default for municipalities is prohibition. A municipality's legislative body must vote to allow a particular type of marijuana establishment, otherwise such establishment is prohibited in that municipality.



Medical Use

Municipalities Can

- Regulate registered caregivers, caregiver stores, registered dispensaries, manufacturing facilities, and testing facilities
- Verify caregiver information with the Office of Marijuana Policy

Municipalities Cannot

- Prohibit or limit the number of primary caregivers
- Regulate patient/unregistered caregiver personal use or possession

*A medical dispensary **cannot** transition to adult use sales until a municipality has opted-in for adult use and given the establishment local authorization . Medical and adult use retail stores cannot be co-located.

Adult Use

Municipalities Can

- 'Opt-in' to as many business types as they want
- Regulate stores, cultivation, testing, manufacturing facilities, and registered caregiver stores
- Regulate aspects of marijuana operations relating to fire/safety code, security, advertising and signage, banning or limiting the sale of certain products, and access to premises and records by local officials

Municipalities Cannot

- Regulate or enforce personal use
- Prohibit conversion of store from medical to adult use, if they have already opted-in for adult use
- Waive restrictions on co-location
- Expand the hours of operation
- Allow establishments within 500 feet of schools
- Prohibit home cultivation

*For more information on what municipalities can do, please see next page.

The [Office](#) of Marijuana [Policy Map](#) shows municipality adult use opt-in communities for sales, growing, testing, or manufacturing, as well as conditional [licenses](#).



Business Types Municipalities can ‘Opt-in’ to and regulate include:

- Retail - Selling marijuana products to the public
- Manufacturing - Converting cannabis flower into edible products, topicals, concentrates, etc.
- Cultivation - Growing marijuana for wholesale
- Testing - Perform lab tests on cannabis flower to test for purity, potency, heavy metals, etc.

Details on What Municipalities Can Regulate:

Land use

- Designate zones for establishments
 - i.e. limit density of stores, for example, 1000 feet between any marijuana businesses
 - Restrict operations in residential zones
- Establish “buffer zones” around sensitive areas like:
 - Juvenile shelters, public playground or parks, orphanages, daycares, places of worship, public athletic fields, controlled access highways, and community centers

Fire/Safety Code Security

- Expanding areas required to have video surveillance

Advertising & Signage

- Put limits on signage
- Limit where advertisements can be seen/heard

Odor

- Smell cannot be detected off site
- Applicants required to submit an odor control plan
- Applicable for cultivation, retail, manufacturing

Hours of sale

- Put additional limits on hours

Licensing requirements

- Require marijuana vendor education
- Disseminate licenses as first come first serve, lottery, or request for proposal

Ban/Limit the Sale of Certain Products

- Ban sales of certain products, like concentrates
- Limit edibles to a single serving size

Grant Access to Premises and Records by Local Officials

Additional Resources

- *United States Center for Disease Control & Prevention*
<https://www.cdc.gov/marijuana/index.htm>
- *Colorado Department of Public Health and Environment*
<https://www.colorado.gov/pacific/cdphe/marijuana-fact-sheets>
- *Drug Enforcement Administration*
<https://www.campusdrugprevention.gov/drugs/marijuana>
- *Good to Know Campaign*
<https://goodtoknowmaine.com/>
- *Maine Municipal Association*
<https://www.memun.org/default.aspx>
- *Maine Office of Marijuana Policy*
<https://www.maine.gov/dafs/omp/home>
- *Maine Statewide Epidemiology Outcomes Workgroup*
<https://www.maineow.com/#/additionalresources/>
- *National Institute on Drug Abuse*
<https://www.drugabuse.gov/publications/drugfacts/marijuana>
- *School Policy Recommendations*
<https://preventionforme.org/wp-content/uploads/School-Substance-Use-Policy-Development-Guide.pdf>
- *SAM - Smart Approaches to Marijuana*
<https://learnaboutsam.org/>
- *Substance Use and Mental Health Services Administration*
<https://www.samhsa.gov/marijuana>
- *Times Have Changed*
<https://timeshavechanged.com/>
- *U.S. Department of Health & Human Services*
<https://www.hhs.gov/ash/oah/adolescent-development/substance-use/marijuana/resources/index.html>

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CBD – THC – Hemp

BE INFORMED;

MAINE'S MARIJUANA AND HEMP INDUSTRIES CAN BE CONFUSING. UNDERSTANDING THE DIFFERENCE BETWEEN CBD (CANNABIDIOL), THC (DELTA-9-TETRAHYDROCANNABINOL), AND HEMP IS IMPORTANT FOR YOUR HEALTH.

1 CBD

- CBD won't produce feelings of being "high"
- Can come from both hemp and plants with high THC content (marijuana)
- CBD derived from hemp has a THC content of 0.3% or less
 - Can be purchased legally over the counter
 - Currently unregulated; difficult to know THC levels and other additives
- CBD derived from marijuana
 - Can only be purchased from a dispensary or adult use retail store
 - May contain more than 0.3% THC

- Psychoactive part of cannabis; causes changes in brain function
 - Alters perception, mood, thinking, & behavior; "the high"
- THC levels vary depending on strain, product, & method of consumption
 - DEA (Drug Enforcement Administration) considers anything above 12% THC to be "high potency"
- THC can be added to food and drinks, smoked, vaped, or dabbed
- Concentrates are made by extracting THC from marijuana using solvents such as butane
 - Also known as: wax, honey, budder, BHO, shatter, or dabs
 - Contain 40-80% THC and effects may last up to 24 hours
 - Consumed orally in edibles or infused into liquids, vaped or smoked

2 THC

3 Hemp

- Hemp comes from Cannabis Sativa and does not produce a "high"
- Hemp Farming Act of 2018 removed hemp containing 0.3% THC or less from the Schedule I Controlled Substances Act, making it legal to grow, sell, and distribute
- Many industrial uses such as making clothes, paper, soap, or furniture

THE FACTS: MARIJUANA AND VAPING

Vaping devices, also known as vapes, vape pens, mods, tanks, and e-cigarettes can be filled with a variety of nicotine or marijuana based products. Vaping is an increasingly popular way to consume both nicotine and marijuana.



VAPING FYI

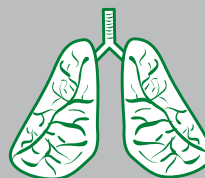
The term "vaping" is misleading. When marijuana liquid, oil or plant material is heated in the device, an aerosol (a suspension of fine particles in a gas) is released.

Vaping devices can be easily concealed and small enough to be hidden in the palm of a hand, often looking like a USB drive.

BODILY IMPACT

Vaping may*

- decrease lung development
- increase breathing difficulties
- lower defenses against bacteria & viruses
- induce inflammatory reactions



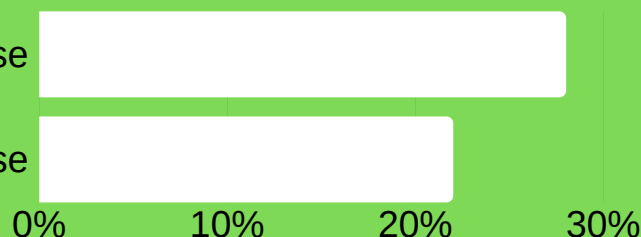
Vape products can contain nicotine, as well as CBD or THC. THC content can range from 20-80%.

Three quarters of Maine youth are not current marijuana or vape or e-cigarette users.

DATA FROM MAINE**

Current E-Cigarette Use

Current Marijuana Use



RECOMMENDATIONS AND LAWS

Potential health impacts from vaping have not been fully studied. Since there are many unknowns about the use of vape products, U.S. Center for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) recommend that people do not use e-cigarettes, or vaping products that contain THC. Particularly from informal sources like friends, family, or in-person or online sellers.



For more resources visit: <https://goodtoknowmaine.com/>

*Vaping is still being studied, full potential impacts are not known.

**2019 Maine Integrated Youth Health Survey

Created April 2020



Maine Center for Disease Control & Prevention
Department of Health and Human Services

The Facts: Marijuana Edibles

"Edibles" are made by infusing marijuana flower or concentrates into substances like butter or oil that can be used to produce food or drink products like brownies, cookies, sodas, and candies. These products may contain THC, which produces a psychoactive effect when consumed; CBD, which is not psychoactive; or both.



Digesting and absorbing THC through the stomach and liver **takes much longer** than absorption through the lungs and may be impacted by stomach contents, gender, weight, and tolerance level.

Here are 6 things to know if you choose to use edible marijuana products:

1

KNOW YOUR DOSE

The **potency and serving size** of THC in edibles **may vary**. Know how much THC you are consuming to lower your risk of overdose.

2

START SMALL

Start with a 5-10 mg dose of THC. **If you take too much you can't undo it.**

5-10 mg

3



BE PATIENT

Wait to eat more. The psychoactive **effects are DELAYED** (30 minutes to 2+ hours to feel) and **LAST LONGER** (4-12 hours) than other marijuana products.

4

AVOID DRIVING

It's **illegal** to drive while under the influence of marijuana. The uncertain dosing and timing of edibles make it even more dangerous.



5



KNOW THE SIGNS

of accidental ingestion. Children who accidentally eat an edible may have **problems walking or sitting up, difficulty breathing, or be sleepy**. Call 911 or the poison control center (1-800-222-1222) if this happens.

6



LOCK THEM UP

Store edibles securely and away from other food to **prevent youth use and accidental ingestion** by pets or kids.



MAINE
PREVENTION
SERVICES

Maine Center for Disease Control & Prevention
Department of Health and Human Services

Marijuana Laws in Maine: Adult Use Vs. Medical Use

	Adult Use	Medical Use
Possession	2.5 oz, including 5 grams of concentrate; 3 mature plants; 12 immature plants & unlimited seedlings. Transfer or furnish, without payment, up to 2.5 oz or 2.5 oz of a combination of marijuana and marijuana concentrate that includes no more than 5 grams of concentrate; up to 6 immature plants or seedlings	Qualifying patient may possess up to eight pounds of harvested marijuana; cultivate up to six mature plants, 12 immature plants & unlimited seedlings. Furnish up to 2.5 ounces of harvested marijuana*, without payment, to another qualifying patient * Harvested marijuana" includes marijuana concentrate and marijuana products.
Purchase limit	Up to 2.5 oz of adult use marijuana, or 2.5 oz of a combination of marijuana and marijuana concentrate that includes no more than 5 grams of concentrate; up to 12 immature plants or seedlings	Caregivers may dispense up to 2.5 oz of harvested marijuana to a qualifying patient in one transaction.
Age	21 and over. Under 21 are prohibited from entering a marijuana establishment.	18 and over.
Local Control to Ban/Amend Policy	Must opt-in. Municipalities can regulate and limit businesses & licensing.	Municipalities cannot limit or prohibit the number of registered caregivers.
Taxes	<p>20% effective total tax rate 10% tax at POS to customer</p> <p>Wholesale excise tax: Mature flower: \$335/lb, Trim \$94/lb, Immature/ Seedlings: \$1.50, Seeds: \$0.30/per seed</p> <p>12% of total tax revenue transferred to a Public Health and Safety Fund No more than 50% to fund public health & safety awareness education. No more than 50% to enhanced law enforcement training programs.</p>	General sales tax rate (5.5%) at POS Edibles 8%
Home delivery	No	Yes

<p>Packaging & labeling</p>	<p>Universal symbol & health & safety warning label required. Tamper-evident, child-resistant and opaque packaging required. Potency information required. May not be labeled, packaged, advertised, or contain additives specifically designed to appeal to a person under 21 years of age.</p> <p>License number, identity statement, batch number weight, gases, solvents, chemicals used in extraction, use instructions,</p> <p>The amount of marijuana concentrate per serving of the product, and the amount of marijuana concentrate per package of the product; A list of ingredients and possible allergens; and A recommended use date or expiration date; Cannot violate a trademark, obscure identifying information, uses false or deceptive label, depict a human, animal or fruit</p>	<p>Tamper-evident, child-resistant and opaque packaging required. Must be labeled that it contains marijuana</p> <p>No trademarked product in packaging; May not be labeled, packaged, specifically designed to appeal to a person under 21 years of age; false or deceptive labeling; no human, animal or fruit</p>
<p>Edibles</p>	<p>Edible marijuana products may not be in the distinct shape of a human, animal or fruit. They must be manufactured in a manner that results in the cannabinoid content or marijuana concentrate within the product being homogeneous throughout and include the universal symbol stamped or embossed on each serving of the product.</p> <p>In addition, marijuana may not be added to a trademarked food or drink product, except when the trademarked product is used as a component of or ingredient in the edible marijuana product. The edible may not be advertised or described for sale as containing the trademarked product.</p> <p>Packaging must include nutritional fact panel</p>	<p>Dispensaries may not produce edibles</p> <p>Must be manufactured in a manner that results in the cannabinoid or marijuana content within the product being homogeneous throughout the product or throughout each element of the product that has a cannabinoid content or contains marijuana concentrate</p> <p>May not be manufactured in the distinct shape of a human, animal or fruit; May not contain additives that are toxic or harmful to human beings or specifically designed to make the product appeal particularly to a person under 21 years of age; Marijuana may not be added to a trademarked food or drink product, except when the trademarked product is used as a component of or ingredient in the edible marijuana product. The edible may not be advertised or described for sale as containing the trademarked product.</p>

Edible serving size	No more than 10mg THC/serving. Individual edible product for sale may not contain more than 100mg THC and must be readily divisible into individual servings.	
Use	<p>Marijuana use is legal within the confines of private property that is not generally accessible by the public. Property owners, landlords, and rental companies can ban the use and possession of marijuana on their premises.</p> <p>Employees of adult use licensee may not use marijuana on premise.</p> <p>May not be used in vehicles (driver or passenger), private home used as a day care, at a workplace, or any public place where smoking is prohibited.</p>	<p>Only medical patients can buy medical marijuana in Maine. Individuals who have received a patient certification from a medical professional may legally access medical marijuana from a caregiver or dispensary. Cards are available to Maine residents only.</p> <p>Patients visiting Maine from another state may be able to purchase medical marijuana from a registered caregiver or dispensary if they have valid patient identification credentials (like a registry or patient identification card) and their state of residence allows them to use their state-issued credential to purchase medical marijuana in Maine.</p>
Zoning	1,000 or 500 feet from school. State law sets a 1,000 feet limit from public and private schools. Municipalities may reduce to no less than 500 feet.	A dispensary may not be located within 500 feet of the property line of a preexisting public or private school.
Advertising	Cannot advertise in outlets for youth or within 1000 feet of a school. Advertising may not be attractive to anyone under 21, promote irresponsible use or illegal activity, present risk to health and safety, contain any false or misleading statements, display product consumption, contain candy or imitation of candy, depict risky activities under influence, contain content to target youth, contain content that encourages transportation across state lines, assert that marijuana is safe, make claims of curative or therapeutic effects or any health or physical claims, make claims of overall support or endorsement by any government agency, contain material that promotes rapid consumption.	Same

	Unsolicited advertising on the internet, opt-in advertising or advertising directed towards location-based devices for under 21.	
Testing	Mandatory testing for solvents, poison, toxins, harmful chemicals, molds, mildew, harmful microbes like e-coli or salmonella, pesticides, fungicides, insecticides, THC potency, homogeneity & cannabinoid profiles.	No mandatory testing
Background Checks (Owner & Employee)	Yes – State and Federal	Yes – State only
Employer	Employers are not required to permit the use of marijuana or marijuana products in the workplace and may enact and enforce policies restricting use. http://legislature.maine.gov/statutes/28-B/title28-Bsec112.html	A school, employer or landlord may not refuse to enroll or employ or lease to or otherwise penalize a person solely for that person's status as a qualifying patient or a caregiver unless failing to do so would put the school, employer or landlord in violation of federal law or cause it to lose a federal contract or funding. Current statute does not prohibit a restriction on the administration or cultivation of marijuana on premises when that administration or cultivation would be inconsistent with the general use of the premises. A landlord or business owner may prohibit the smoking of marijuana for medical purposes on the premises of the landlord or business if the landlord or business owner prohibits all smoking on the premises and posts notice to that effect on the premises. http://legislature.maine.gov/statutes/22/title22sec2430-C.html
Property Owners/Landlords	May prohibit the use of marijuana & marijuana products on their property. Must give written consent for a person to cultivate marijuana on their property.	A school, employer or landlord may not refuse to enroll or employ or lease to or otherwise penalize a person solely for that person's status as a qualifying patient or a caregiver unless failing to do so would put the school, employer or landlord in violation of federal law or cause it to lose a federal contract or funding Current statute does not prohibit a restriction on the administration or cultivation of marijuana on premises when that administration or cultivation would be

		<p>inconsistent with the general use of the premises. A landlord or business owner may prohibit the smoking of marijuana for medical purposes on the premises of the landlord or business if the landlord or business owner prohibits all smoking on the premises and posts notice to that effect on the premises.</p> <p>http://legislature.maine.gov/statutes/22/title22sec2430-C.html</p>
Other		<p>Educational materials. A person that provides harvested marijuana to a qualifying patient must make educational materials about medical marijuana available to the qualifying patient at the time of the transaction. The department shall develop the minimum content of the educational materials provided under this subsection and make that content available publicly.</p>
		<p>The medical marijuana research grant program, referred to in this subsection as "the program," is established within the department to provide grant money to support objective scientific research, including observational and clinical trials and existing research, on the efficacy of marijuana as part of medical treatment and the health effects of marijuana used as part of medical treatment.</p>
Current Statute	https://www.maine.gov/dafs/omp/adult-use/rules-statutes	https://www.maine.gov/dafs/omp/medical-use/rules-statutes

MARIJUANA IN THE WORKPLACE

Maine has legalized marijuana for sale, possession, and consumption for adults over the age of 21. However, there are federal rules and policies that workplaces can still enact regarding employee use of marijuana.

WHAT CAN EMPLOYERS DO?

Marijuana is federally illegal, which means that any employer who accepts federal funding can test for marijuana as a condition of employment. A medical card may not be accepted as reasonable explanation for a positive test result.

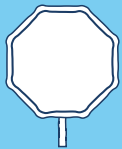
Employers can:

- Ban possession of marijuana at work
- Ban use of marijuana at work
- Prohibit reporting to work under the influence of marijuana
- Discipline employees for any of the above (if workplace policies cover these prohibitions)



Employers cannot:

- Penalize an employee for having a medical card or being a licensed caregiver



WHAT ARE SIGNS OF IMPAIRMENT?

EYES: Red; constricted or dilated pupils; avoiding eye contact

SPEECH: Slurred or altered speech patterns; abnormally quiet or loud

BODY: Poor coordination and/or balance; sweating without heat or exercise; itching or shaking

MIND: Drowsiness or hyperactivity; attention issues; mood changes; headache; anxiety; confusion

WHAT ARE EMPLOYER TRAINING OPTIONS?

The Maine Department of Labor has a variety of resources to prevent work related injuries, illnesses, and deaths, as well as reduce related costs. One training empowers employers to detect and respond to impairment in their worksites. To learn more, visit: safetyworksmaine.gov.



WHAT LAWS ARE IN EFFECT?

Substance Use Testing Law
Maine Medical Use of Marijuana Act (MMUMA)
Marijuana Legalization Act (Adult Use Marijuana or Recreational)
Maine Human Rights Act (MHRA)

For more resources visit: GoodtoknowMaine.org

Created May 2020



COMMUNITY ALERT LEGALIZED MARIJUANA

Across the nation, states are moving to legalize some use of marijuana—now, 10 states have legalized marijuana for recreational use, and 33 states and the District of Columbia have legalized some form of medical marijuana.

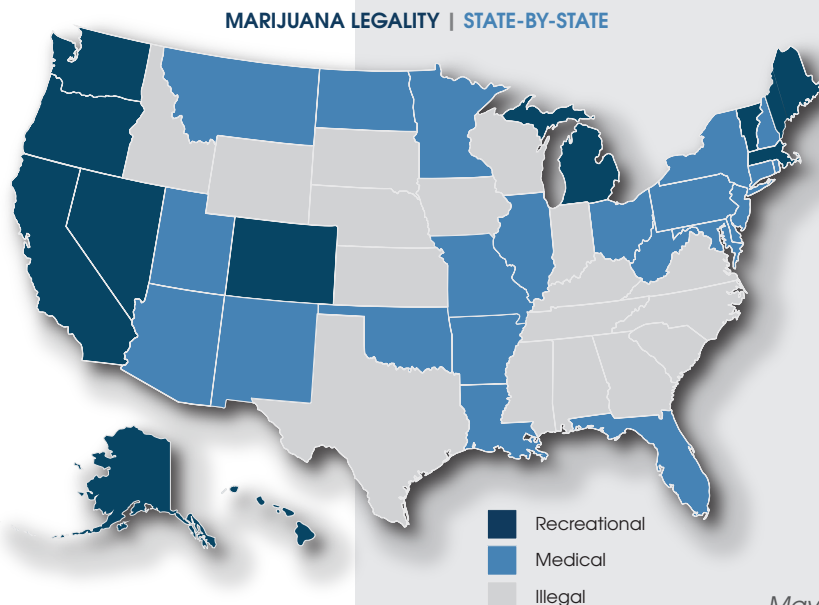
Immigrants may reasonably think that using marijuana according to these state laws will not hurt their immigration status. Unfortunately, that is not the case. It is still a federal offense to possess marijuana, and immigration is part of federal law.

If a non-citizen admits to an immigration official that he or she has ever possessed marijuana, or even worked in the legal marijuana industry, the person can face very serious immigration problems; especially if he or she applies for a green card, applies for U.S. citizenship, travels outside the country, or ICE just questions them on the street. This is true even if the person never was convicted of a crime, just used marijuana at home, and it was permitted under state law.

Some immigration officers are asking noncitizens if they have ever used marijuana—especially in some states that have legalized marijuana.

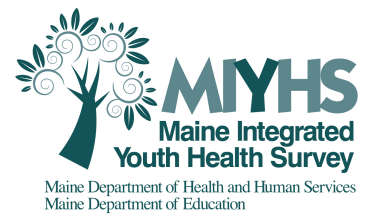
WHAT TO DO LEGAL SELF-DEFENSE

- Don't use marijuana until you are a U.S. citizen.
- Don't work in the marijuana industry.
- If you have a medical need and there is no good substitute for medical marijuana, get legal counsel first.
- Never leave the house carrying marijuana, a medical marijuana card, paraphernalia (like a pipe), or accessories like marijuana T-shirts or stickers.
- Don't have photos or texts about you and marijuana on your phone, Facebook, or anywhere else.
- Never discuss marijuana use or possession with any immigration or border official, unless you have expert legal advice that this is OK.
- If an official asks you about marijuana, say that you don't want to talk to them and you want to speak to a lawyer.
- You have the right to remain silent. Stay strong—once you admit it, you can't take it back. If you did admit this to a federal officer, get legal help quickly.



Marijuana Use Among Maine Youth

Data from the 2019 Maine Integrated Youth Health Survey (MIYHS)



Among Maine High School Students...

36% have ever tried marijuana

There is no significant difference in marijuana use between males and females

MALES try marijuana earlier than **FEMALES**

♂ Among those that have tried marijuana, 19% of males and 14% of females tried it before age 13 ♀

22% have used marijuana at least once in the past 30 days

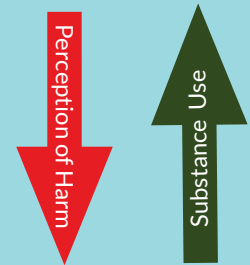
53% believe it is EASY to get marijuana

60% have at least 1 friend that has used marijuana in the past year

Perception of Harm

2 in 3 students believe there is little to no risk in using marijuana once or twice a week

1 in 5 students believe their parents think it wouldn't be very wrong for them to use marijuana



Among Maine Middle School Students...

38%

4 in 10 students believe there is little to no risk to people that use marijuana once or twice a week

1 in 10 students have ever tried marijuana

9%

Among students who have tried marijuana, 1 in 5 tried it before age 11

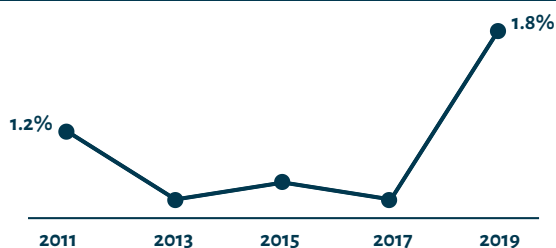
18%



4%

1 in 20 students have used marijuana at least once in the past 30 days

Among Maine 5th and 6th Graders...



The percentage of students that have tried marijuana DOUBLED since 2017

About the Maine Integrated Youth Health Survey (MIYHS)

The MIYHS is a collaboration between the Maine Department of Health and Human Services and the Maine Department of Education, conducted biennially since 2009. Its purpose is to identify emerging trends facing youth by quantifying the health and related behaviors and attitudes of 5th through 12 graders using direct student surveys. All middle and high schools in Maine are invited to participate in the survey. For more information, visit:

Questions? Contact Korey Pow, MIYHS Project Coordinator at korey.pow@maine.gov or 207-287-5084

MARIJUANA USE AMONG MAINE ADULTS



Maine joined 10 other states in the legalization of adult-use marijuana on November 8, 2016. The retail sale of adult-use marijuana will begin in 2020. This infographic focuses on trends on marijuana use among adults.

MARIJUANA USE IN THE PAST MONTH*

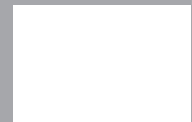
Almost twice as many Mainers between the ages of 18 and 25 report using marijuana at least once in the past 30 days compared to Mainers 26 years and older.

34%



18-25 years old

19%



26+ years old

46%



18-25 years old

14%



26+ years old

MARIJUANA USE IN THE PAST YEAR*

Three times as many Mainers between the ages of 18 and 25 report using marijuana at least once in the past year compared to Mainers 26 years and older.

PERCEPTION OF HARM*

8% of Mainers between the ages of 18 and 25 believe there is great risk associated with marijuana use.

Twice as many Mainers 26 years and older believe there is great risk associated with marijuana use.

Did you know?

You can find more information on marijuana in
Maine at goodtoknowmaine.com



MAINE
PREVENTION
SERVICES

Maine Center for Disease Control & Prevention
Department of Health and Human Services

MARIJUANA: WHAT YOUTH NEED TO KNOW

Maine has legalized marijuana for sale, possession, and consumption for adults over the age of 21. However, youth marijuana use may result in a variety of social and health issues.

POSSIBLE SHORT TERM EFFECTS OF USE

- Euphoria, enhanced sensory experiences
- Drowsiness, relaxation
- Impairment of balance/ coordination
- Increased blood pressure
- Negative impact on learning, concentration & memory



- Increased heart rate
- Increased appetite
- Decreased reaction time
- Anxiety
- Paranoia

POTENTIAL LONG TERM CONSEQUENCES

Marijuana is still federally illegal & underage use can result in consequences.

Marijuana charges can impact financial aid awards. Eligibility for college aid (grants, loans, work-study) may be revoked if a student has a drug conviction (including sale or possession of marijuana).



Marijuana possession or use may affect immigration status. Under immigration law any marijuana-related activity is a crime with harsh penalties.

POSSIBLE LONG TERM EFFECTS OF USE

- Mental health issues (anxiety, depression, suicidal ideation, psychotic episodes)
- Chronic cough
- Respiratory issues
- Decreases in motivation
- Severe nausea, vomiting, dehydration
- Increased risk of stroke or heart disease



DID YOU KNOW?

The brain continues to develop through age 25.

Youth marijuana use has been associated with lower grades and lower school retention.

Youth caught with marijuana may experience school suspensions, expulsions, or being removed from sports teams or extracurriculars.

For more resources visit: <https://goodtoknowmaine.com/>

Created April 2020

MARIJUANA: THE LANDSCAPE HAS CHANGED

PARENTS, HOW DO YOU EXPLAIN THAT TO YOUR TEEN?

We know teen marijuana use is a problem, but explaining why to youth can be challenging. Here are some ways to connect the research with your concerns about teen marijuana use.

STEP 1

HOW YOU MIGHT START THE CONVERSATION

I'M CONCERNED ABOUT YOUNG PEOPLE USING MARIJUANA BECAUSE IT MAY LEAD TO PROBLEMS WITH...

LATELY I'VE BEEN NOTICING THAT YOU HAVE BEEN HAVING PROBLEMS WITH... WHICH CONCERNS ME.

Brain Development

Mental Health

School Performance

Decision Making

Addiction

STEP 2

PICK ONE OF THESE AS A REASON FOR BEING CONCERNED

Marijuana use can make it harder for teens to remember information, keep up in class and learn new skills.

On the one hand, teen marijuana use may cause depression or anxiety. On the other hand, teens may use marijuana to cope with these conditions.

Marijuana use can make school more difficult, or students who are having a hard time in school may use marijuana to deal with that difficulty. Together, they lead to a higher likelihood of dropout.

Marijuana use makes it harder for people to make good decisions.

Teens who smoke marijuana regularly may not be able to stop. They are much more likely to become addicted to marijuana than an adult.

RESEARCH

RESEARCH ON THE EFFECTS OF MARIJUANA USE ON TEENS

Regular teen marijuana use has been linked to persistent problems with attention, learning, memory and ability to quickly take in information.¹

- Teen Marijuana use can trigger mental health problems.²
- Teens who smoke marijuana weekly have double the risk of depression or anxiety.^{3,4}
- Teens who smoke weekly are three times more likely than non-users to have suicidal thoughts.⁴

Teen marijuana use has been linked to higher rates of dropping out of school.⁵

Marijuana use more than doubles a driver's risk of being in a car accident.⁶

1 in 11 adults who use marijuana will become addicted, but the risk of addiction increase to 1 in 6 for those who start using in their teens.⁷

CHANGING THE LANDSCAPE | HOW DO WE SUPPORT WELLNESS FOR TEENS?

Being a teenager can be difficult. Creating opportunities, supporting teens and setting expectations will help to prevent problem drug use. Here are some ideas for supporting your teen to make healthy decisions.

STEP 1

HOW YOU MIGHT START THE CONVERSATION

I AM PROUD OF YOU FOR _____. I AM CONCERNED ABOUT YOU BECAUSE _____. HOW CAN WE WORK ON THIS TOGETHER?

IT'S MY JOB TO KEEP YOU SAFE. I EXPECT THAT YOU WILL NOT USE MARIJUANA AND THERE WILL BE CONSEQUENCES IF YOU DO.

HOW CAN I SUPPORT YOU TO BE HEALTHY?



STEP 2

WHAT YOU MIGHT DO

Check in often. Listening is the most important part of the check-in.

Have clear and consistent rules about marijuana use

Encourage your teen to be physically active every day.

Help your teen get enough sleep on a regular basis.

Nurture

Structure

Physical Activity

Sleep

RESEARCH

RESEARCH ON WHY IT WORKS

Parenting that combines discipline with lots of warmth and responsiveness best encourages healthy decision-making in teens.¹⁰

Teens who know their parents disapprove of marijuana use are less likely to use the drug.⁸ Teens with parents consistently enforcing rules around drugs and alcohol are less likely to use.⁹

Physical activity improves mood, motivation, attention, and helps regulate brain chemistry. People who are physically active have lower levels of depression.¹¹

Many studies link better sleep quality and optimal sleep duration with improved academic performance.¹²

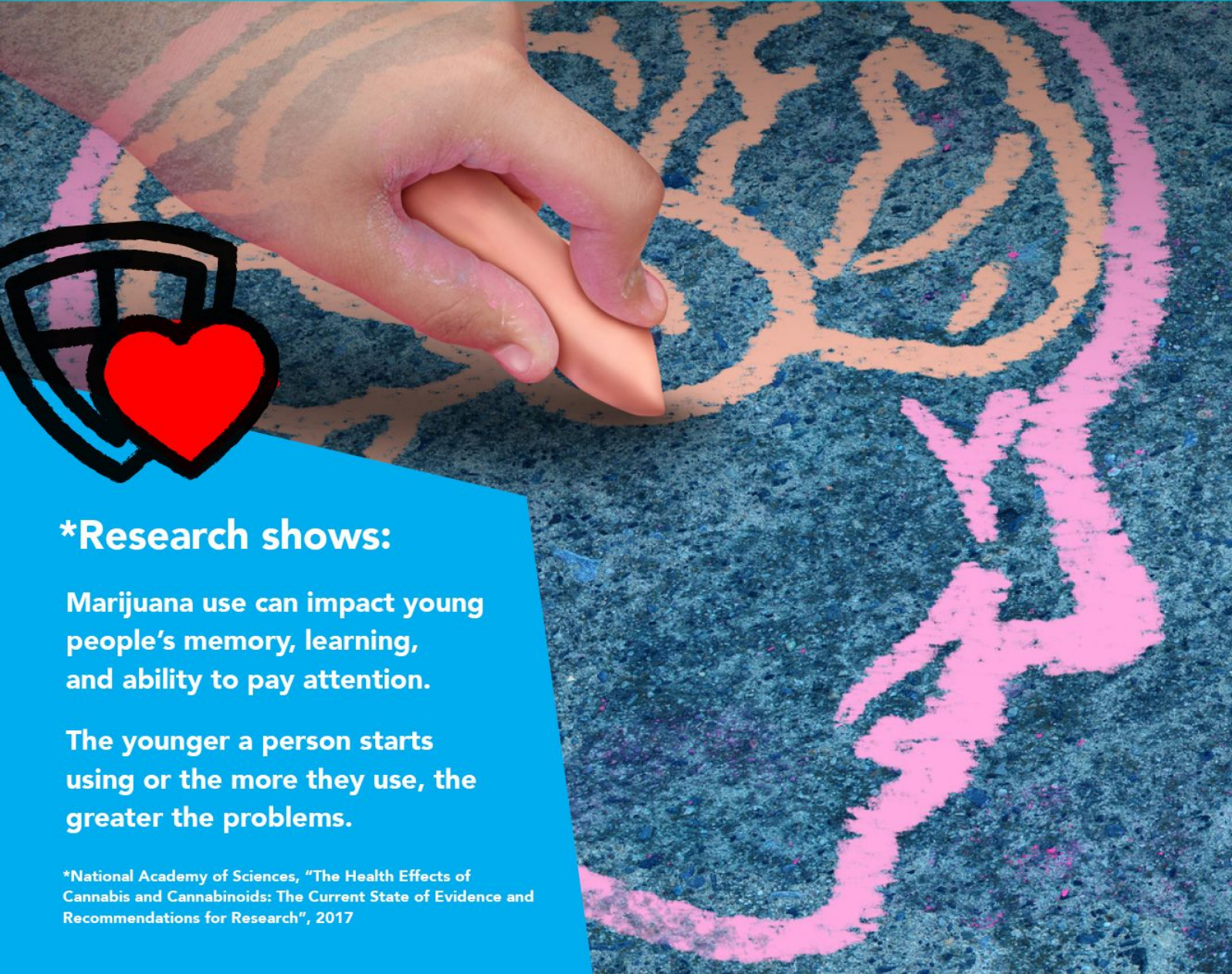
References for Marijuana Talking points.: 1. Meier, MH et al. (2012) Persistent Cannabis Users Show Neuropsychological Decline from Childhood to Midlife. Proceedings of the National Academy of Sciences. 109(40) e2657-e2664. 2. ONDCP (2008) Teen Marijuana Use Worsens Depression: An analysis of recent data shows "self-medicating" could actually make things worse. 3. Hayatbakhsh, M.R. et al. (2007) Cannabis and anxiety and depression in young adults: A large prospective study. Journal of the American Academy of Child and Adolescent Psychiatry, 46(3):408-17. 4. Patton, GC et al. (2002) Cannabis use and mental health in young people: cohort study. British Medical Journal, 325:1195-1198. 5. DuPont, Robert et al. (2013) America's Dropout Crisis: The Unrecognized Connection To Adolescent Substance Use. Rockville, MD: Institute for Behavior and Health, Inc. 6. Ashbridge, M. & Hayden, JA (2012) Acute Cannabis Consumption and Motor Vehicle Collision Risk: Systematic Review of Observational Studies and Meta-analysis. British Medical Journal, 344:e356. 7. Regular Marijuana Use by Teens Continues to Be a Concern." National Institute of Health. National Institute of Health, 19 Dec. 2012. <http://www.nih.gov/news/health/dec2012/nida-19.htm> 8. Maine Integrated Youth Health Survey 2013. 9. Jackson, C. (2002) Perceived legitimacy of parental authority and tobacco and alcohol use during early adolescence. Journal of Adolescent Health 31 (5): 425-432. 10. National Institute on Alcohol Abuse and Alcoholism, 2013 11. Raley, John J. (2008) Spark: The Revolutionary New Science of Exercise and the Brain. NY, New York. Little Brown and Co. 12. 1. Dewald, Julia et al. (2010). The influence of sleep quality, sleep duration and sleepiness on school performance in children and adolescents: A meta-analytic review. Sleep Medicine Reviews. 14 (3) 197-189.



PROTECT OUR KIDS

by storing cannabis in a locking jar or box.

the
Opportunity
Alliance
Public Health Program



*Research shows:

Marijuana use can impact young people's memory, learning, and ability to pay attention.

The younger a person starts using or the more they use, the greater the problems.

*National Academy of Sciences, "The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research", 2017

Keep your children safe and healthy

LOCK UP YOUR POT

Help prevent accidental consumption by following these simple steps:

1. Keep marijuana in child-resistant packaging (think child-proof caps on bottles)
2. Make sure your children can't see or reach your marijuana
3. Lock your marijuana in a cabinet or box
4. If you use edibles, keep them away from other food (such as cookies, brownies, etc.)
5. Keep track of your marijuana and related products

Eating or drinking marijuana can make children very sick. They may have problems walking, sitting up, and breathing. They could also start to vomit and feel sleepy.

If you're worried about your child, call the poison control hotline at 1-800-222-1222 as soon as possible. Calling is free and you'll be helped quickly.



Healthy Androscoggin
www.healthyandroscoggin.org



MARIJUANA INFORMATION FOR MOTHERS

Use of marijuana during and after pregnancy may pose risks to both the mother and baby.

Make the safest choice for your child and choose not to use marijuana while pregnant or breastfeeding.

Although Maine has legalized marijuana for adult use, just like alcohol and tobacco, research indicates it is unsafe for pregnant or breastfeeding mothers to use marijuana. Using marijuana while pregnant or breastfeeding passes THC to the baby. THC is the chemical in marijuana which makes people feel “high.”



Breastfeeding has many health benefits for both the baby and the mother. However, THC consumed by the mother enters her breastmilk and can be passed to baby. THC has been found in breastmilk up to six days after use.

Some people think using marijuana in a vape pen or eating marijuana is safer than smoking marijuana.



Marijuana in any form may be harmful. There is no scientific evidence to show that marijuana helps manage morning sickness or that it is safe to use during pregnancy.

Babies born to mothers who use marijuana during pregnancy or while breastfeeding are more likely to:

- have higher risk of stillbirth
- be underweight
- have problems with newborn brain development (which may result in hyperactivity, poor function or other consequences)
- have decreased attention span & behavioral problems
- score lower on tests of visual problem solving, visual motor coordination & visual analysis
- start using substances earlier in life

Pregnant and breastfeeding women should talk to their healthcare provider about the potential adverse health effects of marijuana use on their baby.

For more resources visit: <https://goodtoknowmaine.com/>



Maine Center for Disease Control & Prevention
Department of Health and Human Services

Created April 2020

Legalized Marijuana: Public Health Considerations and Regulation Best Practices

- Research has found that increased access to a substance leads to increased use among youth and adults. It is important to establish strong policies and regulations from the outset to decrease negative public health consequences of increased use.
- Public health concerns of increased access to marijuana include: increased youth access & use, drugged driving, dependence and addiction, unwanted contaminants and uncertain potency of products, and concurrent use of marijuana and alcohol.
- The regulation best practices outlined below have been effective in preventing the public health concerns marked with a check. As municipalities begin to draft their own regulations for retail marijuana, the following could be adopted.
- Pages 2-4 outline methods used- both locally and nationally in support of public health; if and how the current state statute meets this regulation recommendation (NOTE – state regulations are subject to change); and options municipalities could adopt to strengthen state regulations.

Regulation Best Practices	Public Health Concerns				
	(A “✓” below indicates that the public health concern can be effectively addressed by the regulation option listed on left)				
	Youth Access & Use	Impaired Driving	Dependence and Addiction	Unwanted contaminants and uncertain potency	Concurrent use of marijuana and alcohol
1. Increase prices	✓	✓	✓		
2. Restrict and carefully monitor licenses and licensees	✓	✓	✓	✓	✓
3. Limit marketing	✓	✓	✓		✓
4. Limit types of products sold	✓	✓	✓		✓
5. Restrict public consumption	✓	✓	✓		✓
6. Measure and prevent impaired driving		✓			✓
7. Prevent social access by youth	✓		✓		

Regulation Best Practice	How? <i>Methods used to regulate alcohol or tobacco</i>	Current Statute <i>(as passed, and amended through the passage of LD 1719, final rules still subject to change)</i>	Options for Municipalities <i>Prohibiting retail sales is an option</i>
Increase prices	<ul style="list-style-type: none"> • Excise taxes • Fees • Limit production licenses 	<ul style="list-style-type: none"> • 10% sales tax • 20% effective total tax rate • States cannot fix prices 	<ul style="list-style-type: none"> • Currently municipalities have no influence on pricing but can create a municipal licensing fee structure
Restrict and carefully monitor licenses and licensees	<ul style="list-style-type: none"> • License EVERY part of supply chain <ul style="list-style-type: none"> ○ Cultivation, manufacturing, retail, and testing • Keep number of licenses low <ul style="list-style-type: none"> ○ lower cost to regulate ○ Can always add more licenses later, but can't subtract the number of licenses • Restrict density and location • Restrict modes of sales (e.g. no delivery, vending machines or self-service) • Restrict hours of operation • Restrict goods that can be sold 	<ul style="list-style-type: none"> • Licenses at every supply chain required • Portion of excise tax revenues earmarked for training law enforcement on enforcing adult-use retail marijuana laws • State doesn't set a limit of number of licenses across the state • Vending machines, drive through sales, and internet-based sales are specifically prohibited • Municipalities must approve all licenses, can restrict, limit or prohibit licenses • Can have local licensing requirements • MUST card 	<ul style="list-style-type: none"> • Regulate: <ul style="list-style-type: none"> ○ Require & conduct regular compliance checks (law enforcement must be trained) ○ Adopt license revoking ability for illegal sales ○ Adopt illegal sale consequence/fine for both clerk & licensee • Determine criteria for selecting licensees <ul style="list-style-type: none"> ○ Request for Proposals (RFP) • Require <i>Responsible Marijuana Licensee</i> trainings of all retailers and clerks to cover law and best retail practices (such as current alcohol licensee trainings.) *No State specific training available yet • Ensure regular inspection of supply chain (retail, grow, testing & manufacturing/production)
Limit marketing	<ul style="list-style-type: none"> • Ban: <ul style="list-style-type: none"> ○ Advertising – “mass marketing,” print, television, radio, on public transportation, etc. 	<ul style="list-style-type: none"> • Limits on marketing required, must not appeal to youth <ul style="list-style-type: none"> ○ No human, animal, fruit, cartoon character or similar image, or the word 	<ul style="list-style-type: none"> • Have clear, strict marketing guidelines – especially for edibles • Restrict signs and advertising – especially for advertising that can be viewed from outside the store

Regulation Best Practice	How? <i>Methods used to regulate alcohol or tobacco</i>	Current Statute <i>(as passed, and amended through the passage of LD 1719, final rules still subject to change)</i>	Options for Municipalities <i>Prohibiting retail sales is an option</i>
	<ul style="list-style-type: none"> ○ Promotions: Price discounts, coupons, free samples, BOGOs (buy one -get one) ○ Sponsorships ○ Indirect – merchandise ○ Retail displays <ul style="list-style-type: none"> ● Require plain packaging 	<p>“candy” can appear on product or packaging</p> <ul style="list-style-type: none"> ● No packaging implying it is a trademarked food product 	<ul style="list-style-type: none"> ● Implement a minimum 1,000-foot buffer between licensed retail marijuana operations and schools/childcare/youth serving organizations ● Density guidelines: restrict number of licenses and/or location
Limit types of products sold	<ul style="list-style-type: none"> ● Limit: <ul style="list-style-type: none"> ○ What’s allowed in the product (additives, flavorings) ○ Methods of production (pesticides, mold, contaminants) ○ Bundling with other inputs (edibles, nicotine) ○ Anything that appeals to youth – candy, sodas, etc. 	<ul style="list-style-type: none"> ● THC limit per serving -10 mg/serving and 100/mg per package ● Testing of product required to prevent contaminants ● Labeling, including THC levels, THC per serving, number of servings & warning labels ● Retail allowed ● No additives designed to make product more appealing to children allowed 	<ul style="list-style-type: none"> ● Allow only single serving edibles ● Adopt strong definition on what “appeals to children” ● Prohibit the sale or serving of non-marijuana food/beverages in dispensaries or other licensed retail marijuana locations
Restrict public consumption	<ul style="list-style-type: none"> ● No public place where youth could see, or non-user would be exposed 	<ul style="list-style-type: none"> ● The prohibitions and limitations on smoking tobacco products in specified areas apply to smoking marijuana ● All public consumption is prohibited ● No smoking in vehicles when a minor is present 	<ul style="list-style-type: none"> ● Enforce public consumption fines ● Adopt local ordinances prohibiting the possession (regardless of age) of marijuana and marijuana products on school grounds, public parks, etc.

Regulation Best Practice	How? <i>Methods used to regulate alcohol or tobacco</i>	Current Statute <i>(as passed, and amended through the passage of LD 1719, final rules still subject to change)</i>	Options for Municipalities <i>Prohibiting retail sales is an option</i>
Measure and prevent impaired driving	<ul style="list-style-type: none"> • Adopt strict OUI limit • Mandatory fines • Sobriety check points • Media campaigns –best practice, tested messages • Active, visible enforcement 	<ul style="list-style-type: none"> • Adult Use Public Health & Safety Fund: Up to 50% of this goes to law enforcement training and up to 50% is for public health & safety awareness education. • Prohibits drive-thru sales. 	<ul style="list-style-type: none"> • Ensure law enforcement is trained and prepared, with reliable testing resources and budget for OUI details • Prohibit social clubs
Prevent social access by youth	<ul style="list-style-type: none"> • Strict furnishing and social hosting laws • Parental monitoring campaigns 	<ul style="list-style-type: none"> • No tax revenue earmarked for specific communication or public health programs or interventions. • Prohibits social clubs, home delivery, vending machine and internet sales. 	<ul style="list-style-type: none"> • Adopt and enforce strict furnishing laws mirroring alcohol (furnishing or a place to consume) • Funding to law enforcement and education campaigns to implement effective strategies: “party patrols”, parental monitoring and furnishing awareness campaigns.

References:

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