

## The Health and Safety of All Oregonians, Depends on Rational & Fact-Based Edible Regulation.

Proposal: Recreational edible dosage level of 5mg per dose/50mg per package should be changed to 10mg per dose/100mg per package.

### Pediatric Exposure to Marijuana Cases are Rare, Have Minimal Symptoms & No Long Term-Effects:

-2005-2011: 985 unintentional marijuana exposures age 9 & under nationwide in 6 year period<sup>1</sup>

-2011: 1,285,850 exposures of any substance age 12 & under<sup>1</sup>. Marijuana-related calls amount for less than a fraction of a percent of total poison center calls & ER visits in children nationwide.

-2015: Oregon- 32 calls to poison centers age 12 & under; same number of calls for ages 20-29<sup>2</sup>. Oregonian children are not at risk of higher rates of poison center calls than young adults or children of other legal states<sup>1</sup>.

-100% Full recovery rate within 24-72 hrs of ingestion in ALL documented cases: Very little data exists world wide in regards to childhood marijuana exposure, and all case reports include full recovery in the children with the majority symptom being lethargy/sleepiness lasting 2-24 hrs and causing no long-term effects<sup>1,3,4</sup>. The lack of data proves how truly rare these cases are and the 100% recovery rate shows how minimal of an impact marijuana exposures actually have.

-Child Negligence, Reckless Endangerment of a Child & Mandatory Reporting: Many laws and mechanisms already exist to protect Oregon children on every level. Marijuana exposure in a child constitutes negligence and many public workers (daycare providers, teachers, counselors, hospital employees) are required front line mandatory reporters. Parental education is ultimately the final defense.

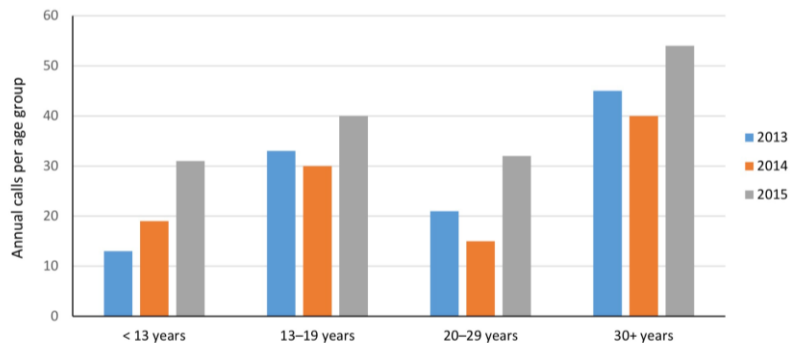
-Child Resistant Containers & Exit Bags: Child resistant containers work, The Poison Prevention Packaging act of 1970 led to a 46% reduction in childhood exposures to house hold cleaners over a 15 yr period<sup>5</sup>. Exit Bags add an additional layer of child-resistant packaging to any edible product and should be considered as a requirement.

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### Improper Dosage Level Encourages the Unregulated Market:

-Why 5mg/50mg is Bad?: A sub-intoxicating dose will not affect consumers, encouraging homemade products. "Take and Bake" kits are currently available to recreational customers thru OHA dispensaries and produce products which have no labels, packaging or dosing. The environmental impact would be enormous as twice as many products would need to be transported and packaged with non-recyclable plastic materials. Requiring consumers who need higher levels of THC to ingest 2-3 times as many food products, which are usually high in sugar, fat, carbs, etc is unintentionally promoting obesity and is not in the interest of public health.

Figure 38. Annual marijuana-related calls to Oregon Poison Center, by age group, 2013–2015



Data source: Toxic Exposure Surveillance System. Oregon Poison Center, Oregon Health & Science University, 2013–2015



**-Why 10mg/100mg is Good?: National Standard**- It is important for Oregon to band with the other pioneer legalization states and support the same edible potency standards as we help set the example of the National Standard as the country moves toward further legalization.

**Caution:** 10mg per dose is the lowest possible level for an intoxicating dose and was designed for first-time or infrequent users. Educating consumers on the importance of individual dosage is an essential step of a successful roll-out of legal edible cannabinoid products.

**Access:** 10mg per dose/100mg per package allows for a robust, customer-driven marketplace, eliminating the desire and risk of at-home products.

**Educational Solutions:** OREC- *Educating our community, from within the industry.*

OREC believes that many of the current public concerns regarding edibles can be alleviated by aggressive and effective public education campaigns. Our members consist of Oregon cannabis-related business owners who are contributing funds to provide these campaigns to Oregonians without relying on or needing any further action from the state:

**-“Try 5” Campaign:** Teaches consumers new to edibles about how to dose properly and encourages extra caution for first time users. Posters and handout cards will be supplied to all OHA licensed dispensaries. Initial campaign in final production phase now.

**-Marijuana Exposure Pamphlet:** Informational pamphlet compiling information and source material on signs & symptoms of marijuana exposure in children and recommendations for treatment options.

**-Youth Prevention that works:** Effective youth oriented campaigns are essential to lowering the levels of teen use, now that access will become more difficult. We fully support the Youth Prevention Pilot Program.

**-Parental Education:** Outreach to parents about other potential sources of exposure (Grandparents, family members, friend’s house, etc) and tips on effective at-home storage will be the focus of our next campaign.

**-Marijuana Handler Certification Program:** Dispensaries can take part in our “budtender” training course and become certified as knowledgeable edible cannabinoid product sellers capable of quickly and effectively educating edible customers in a fast-paced retail environment at the point of sale.

## **Additional Legislative Priorities:**

**-Medical Cannabinoid Products-** No potency/concentration limits for medical cannabinoid products. Patients require access to High Dose cannabinoid products and over the past 2 years medical products have not been diverted to the unregulated market or gotten into the hands of children<sup>2</sup>, resulting in overall minimal impact on public safety.

**-Industrial Hemp-** CBD products containing less than 0.3% THC must be allowed to be sold as medical cannabinoid products in OHA dispensaries if tested by an accredited laboratory, regardless of source material. This would bring OHA dispensaries in line with OLCC stores which will allow CBD products.

**-Oregon Clean Air Act-** Patient cardholders must be allowed to safely consume their medicine, as necessary, while working at OHA/OLCC licensed businesses. A majority of the workforce of the cannabis industry are omp patients who require medicine to be able to do their jobs and doing so in an enclosed room with proper air filtration would have *no effect* on other employees.

**Sources:** <sup>1</sup>Wang, George S. “Association of Unintentional Pediatric Exposures With Decriminalization of Marijuana in the United States.” *Annals of Emergency Medicine* 63.6 (2012): 684-89. Print. <sup>2</sup>Oregon Public Health Division. Marijuana Report: Marijuana use. Attitudes and health effects in Oregon. Oregon Health Authority. Portland, OR. 2016 January. <sup>3</sup>Garrec, Sophie Le. “Cannabis Poisoning in Children.” *Intensive Care Medicine* 40.9 (2014): 1394-396. Print. <sup>4</sup>Appelboom, Andrew, and Patrick J. Oades. “Coma Due to Cannabis Toxicity in an Infant.” *European Journal of Emergency Medicine* 13.3 (2006): 177-79. Print. <sup>5</sup>Onders, B. “Marijuana Exposure Among Children Younger Than Six Years in the United States.” *Clinical Pediatrics* (2015): n. pag. Print.

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