



Feb 12, 2016

To the Joint Committee on Marijuana Legislation:

I am pleased to submit this testimony as a representative of the over 400 members of the Oregon Pediatrics Society, the state chapter of the American Academy of Pediatrics, and for OHSU. I write to ensure that the voice of a tremendously vulnerable population can be heard- the voice of those who are seldom afforded the opportunity to address legislators, yet remain at highest risk for adverse impacts from the legalization of recreational marijuana in our state. on behalf of the almost 900,000 Oregon children whose lives will inevitably be impacted by the legalization of recreational marijuana, but have no opportunity to speak. We must develop rational, practical and effective policies that serve to protect children in our great state, and learn from the experience of our colleagues in Colorado and Washington.

We urge you to oppose the SB 1511-5 amendment which provides limited restrictions on packaging. We remain most concerned on the potential impact of inadequately packaged marijuana edibles on children.

As a pediatrician and the Medical Director of the Tom Sargent Safety Center at Doernbecher Children's Hospital, I have devoted my career to the prevention of unintentional injuries to children. And simply put, there is no way to injury-proof a child- we must protect them from threats in their environments.

Marijuana edibles are often items that children seek out- they look like treats, be they cookies, brownies, or candies. Pleas see the 2 pages of color photos attached to this testimony- one of each of the cookies and brownies has marijuana baked into it. I defy anyone to be able to tell the difference. To a 3 year old, a cookie is a cookie, and being smart, impulsive and very mobile, if it is visible to them, they are likely to get it. If it is the cookie on the late- then they could die. While parental supervision is a key component in preventing injuries, experience shows that even the most vigilant parent





cannot prevent every unintentional injury, and a few seconds of distraction can lead to disaster.

To those that feel that this risk is not real, we would reference the experiences of Washington and Colorado.

- The Washington Poison Center has reported double the number of calls for marijuana edible intoxication in the first half of 2015 compared with 2014. One third of these cases occurred in youth and 15% were under the age of 6 years. (1)
- Since legalization in Colorado, there has been a 46% overall increase in marijuana related hospitalizations, and 8 fold increase in hospitalization rate doe to marijuana toxicity at Colorado Children's. Further they have seen a 138% increase in calls to Poison Control for exposures for children 0-5 years. (2)

While the only way to prevent unintentional marijuana exposure to children is to keep marijuana completely away from them. With Oregon's new law, however, we know that children will live and visit homes where there is marijuana, and where there will be edibles. It is thus our responsibility to set policy that works to protect kids from harm. We can accomplish this through several commonsense solutions:

- 1. Limiting the amount of marijuana in edibles.
 - a. 100 mg is a potentially toxic dose for an adult- imagine how much more harmful that could be for a child. Limiting the unit dose to 5 mg per item and no more that 50mg total per package will help protect children who do have exposure.
- 2. Preventing exposure through **child-resistant packaging that meets federal standards.**

We have heard repeatedly about the interests of the growers, of the retailers and of the consumers as recreational marijuana has become a reality in our state. I implore you to think of the interests of 900,000





constituents who did not have the right to vote on this issue, yet remain uniquely vulnerable to its outcome. We can act now to prevent harm to kids, or we can ignore them, and wait for bad things to happen.

We appreciate your attention to his issue.

Sincerely,

Professor of Pediatrics

Hamin Hoffman MD

Medical Director, Tom Sargent Safety Center

References:

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