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To: House Judiciary Committee
From: Nicole Mace, Executive Director
Re: Legalization of Recreational Use of Marijuana – S.241
Date: April 12, 2016

After months of discussion and evaluation of the issues, including discussions with our counterparts in Colorado, the VSBA board passed a position statement on the legalization of marijuana for recreational purposes. In the statement, the board cites findings from the Vermont Department of Health related to marijuana use among youth and adults, and calls upon the General Assembly to consider, respond to, and address those findings and related issues by:

- Assuring that should legalization and regulation of marijuana be enacted, access to marijuana by individuals under the age of 21 will indisputably be reduced;
- Assuring that child protection and child welfare issues are at the forefront of actions taken by the General Assembly related to potential legalization and regulation;
- Assuring that involved state agencies are provided the capacity necessary to implement and respond to a legalization and regulation program, if, and when one is established;
- Assuring that the Agencies of Human Services and Education are provided with sufficient resources to better respond to challenges associated with marijuana use by students and family members of students, if, and when a legalization and regulation program is established; and
- Assuring that any new obligations for schools associated with a legalization and regulation program, such as education and prevention activities, are supported with commensurate resources.

With respect to S.241, we do not believe the above issues were properly addressed in the Senate version of the bill. We have particular concerns about the lack of capacity at the Agency of Education, whose half-time school health position is currently vacant, as well as the capacity at the local level to implement new substance abuse education and prevention activities. School districts are currently overwhelmed by implementing major policy initiatives such as Act 46, universal access to prekindergarten, dual enrollment/early college, and personal learning plans. Unless

significant resources are dedicated to support prevention activities at both the state and local level, districts will be challenged in their ability to implement such activities. As is the case with many state initiatives, too often the districts best positioned to implement new programs are those in resource-rich communities, while those districts without sufficient human and resource capital struggle to implement new requirements. Arguably, it is those districts that struggle under resource constraints that will be at greater risk for some of the negative outcomes anticipated with increased recreational use of marijuana among youth and adults.

Section 1 of the House Judiciary Committee's amendment to S.241 requires the Department of Health, using lessons learned from tobacco and alcohol prevention efforts, in collaboration with the Department of Public Safety, the Agency of Education, and the Governor's Highway Safety Program, to develop and administer an education and prevention program focused on use of marijuana by youth under age 25.

We are not aware of any testimony on the record that currently addresses the capacity of the Agency of Education to support the implementation of a new statewide substance abuse prevention program in schools. Our view is that the legalization of recreational use of marijuana should not occur unless and until the Agency of Education has dedicated staff to help coordinate and support local prevention efforts.

We note that Section 1 of S.241 currently does not direct any new revenue towards school-based prevention initiatives, but instead allocates up to \$350,000 to the Department of Health to develop and administer a program, which may or may not include a "school-based grant program." There are no commitments of future revenues to support the work or any indication of the amount of resources that would be dedicated to the school-based grant program.

It is also not clear whether S.241 will reduce access to marijuana by youth under 21. The version that passed the Senate applied a 25% tax on the substance. This tax may increase the cost of marijuana to such an extent that a black market for the substance will still be available. If that is the case, will youth access to marijuana in fact decrease? We are not clear what testimony has been submitted during this session that suggests specifically how S.241 in either form will reduce youth access to marijuana.

Finally, as recipients of federal dollars, school districts are obligated to follow federal laws governing a host of issues. Discussions with our counterparts in Colorado indicate that school districts there are currently under significant pressure to administer medical marijuana in schools. If a new federal administration shifts course on the current position of not enforcing federal law in states that have legalized medical and recreational use, then schools will be at risk of losing federal funding if they comply with requests to administer the drug for medical purposes.

The House Judiciary version of S. 241 (draft 3.1 of April 8, 2016) addresses some of these concerns through its charge to the Marijuana Advisory Commission in Section 15 of the bill. We support this approach because it is consistent with our recommendation that these issues be given serious consideration prior to legalization.

Vermont's school district officials are leading important and challenging conversations in communities across Vermont about how to adjust governing and operating structures to ensure greater equity, quality, and cost-effectiveness. At the same time, they are struggling to implement a complex array of policy initiatives, including universal access to prekindergarten, flexible pathways, and bullying prevention activities. Before Vermont embarks on legalization of recreational use of marijuana, we must ensure that our state and local systems have the capacity in place to implement a high quality substance abuse education and prevention program. Our assessment is that capacity does not currently exist.