

Dear Committee,

VMS has asked members to comment and recommend a vote on S216 and this is in response to that call.

S216 has a number of important features including changing the recommendation (Sec. 7. 18 V.S.A. § 4474m is amended to read: § 4474m. DEPARTMENT OF PUBLIC SAFETY; PROVISION OF EDUCATIONAL AND SAFETY INFORMATION) that DPS provide educational and safety information from DoH in consultation with dispensaries. The Marijuana for Symptom Relief Oversight Committee (MfSROC) has since inception recommended to the Legislature that the DoH educational material is counterproductive and just DEA propaganda – not helpful to a parent with a child dying of intractable seizures to know that the child may lose 10 IQ points by age 25 years – a bogus claim and irrelevant to patients using cannabis medically. The patients on the MfSROC are very clear they need different information, such as dosing, side effects, best chemotype for their symptoms and such. Also DPS and the committee are eager for objective testing of cannabis products as in “Sec. 8. 18 V.S.A. § 4474n is added to read: § 4474n. TESTING BY THE AGENCY OF AGRICULTURE, FOOD AND MARKETS”

The objections of the VMS Executive Committee to changing the qualifying conditions are spurious. Prior to 1937 and 1941 cannabis was used for a range of illnesses from rabies to epilepsy. A few days ago the FDA, for the first time, declared a cannabis based medication to have medical value, a CBD rich cannabis extract for severe epilepsy in children. This is newer than the references in the VMS complaint. This means cannabis may come off Schedule I as it now has a medical indication. Research may follow on the myriad conditions for which people experience relief. In any case when untested home grown cannabis becomes legal adults will use it as they see fit. The old way of the Legislature deciding on the medical conditions stipulated as “OK” for cannabis should be made more medical, up to current medical doctors deciding if cannabis may help their patient. Doctors do not agree on when cannabis should be used and some would require the FDA to approve each indication. These doctors refuse to sign the current paper work requiring only a diagnosis and doctor patient relationship. Other doctors listen to the patient and support the patient doing what works for them, in light of their assessment of the patient’s reliability. No one knows what the majority of doctors support, not VMS nor any one else. The most recent policy position taken by VMS was taken by the 39 members who were at the annual meeting last fall. Three of the whole medical staff of UVM Health present at the most recent staff meeting had attended the fall VMS meeting. There are 2000 doctors (+/-) and no one has a significant sample of their view.

Arbitrarily preventing patients who have used cannabis from transplant surgery is a decision some doctors may make. Others who respect the findings that patients are better able to tolerate the side effects of Hepatitis C treatments when they use cannabis may not consider such use as incompatible with a good outcome for transplantation.

In summary, S216 has very important elements and I urge a yes vote.

Sincerely,

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