

Testimony Regarding Medical Marijuana by Dr. David Rettew

Dear elected officials,

I am sorry that an undergraduate class that I teach prevents me from speaking to you personally, but I appreciate the opportunity to submit some written testimony. For background, I am a child psychiatrist at the UVM Larner College of Medicine and Director of the Pediatric Psychiatry Clinic at the University of Vermont Medical Center. My opinions expressed today, however, are my own and not necessarily representative of my employers.

While I understand that the intentions behind expanding the conditions for what is deemed medical marijuana are good, I have serious concerns about this amendment and its consequences.

Just this past month, a group of experts in Canada published in the journal *Canadian Family Physician* their prescribing guidelines for medical cannabinoids based on an updated and systematic review of the literature. Their conclusion was that “although cannabinoids have been promoted for an array of medical conditions, the evidence base is challenged by bias and a lack of high-level research. Two large evidence synopses suggested that only 3 conditions have an adequate volume of evidence to inform prescribing recommendations: chronic pain, nausea and vomiting, and spasticity.”

When advocates try to claim that marijuana is effective for certain conditions, what they often neglect to mention is that the scant research that has been done often pertains to a study that used an isolated cannabis product, such as cannabidiol, rather than having people smoke the entire plant. A marijuana plant contains up to 100 psychoactive compounds, and any responsible doctor is going to understand how reckless it is to recommend to a patient that he or she should consume 100 different substances without any controls over the dose. As one physician observes, telling a patient to smoke marijuana is a bit like telling a patient with an infection to eat mold because there is a chance that the mold contains penicillin.

Our country already has a system to evaluate products based on science to deem them safe and effective as medications through the Food and Drug Administration or FDA. It is extremely puzzling and disturbing to many Vermonters that our legislature thinks that it should create its own system that bypasses this process and do this only for marijuana. But if our legislature insists on continuing to be its own FDA and to be the judge of what should be defined a medication, it absolutely has the responsibility to do this right, which means relying on

scientific evidence and not personal anecdotes. I would remind the committee that among the thousands of medications that have been approved by the FDA, a total of zero of them are approved for the indication of whenever an individual doctor thinks it might be helpful. Why such a designation should be reserved exclusively for marijuana is highly suspect to say the least.

The vast majority of Vermont physicians understand how weak the medical evidence for marijuana currently is and are strongly opposed to having our signature pave the way for our patients to take action that we know is likely to make things worse rather than better. For years, our elected officials have been appropriately skeptical of the pharmaceutical industry and their over-hyped claims of their products. Abandoning this policy to cozy up to the new multi-billion marijuana industry and their completely unsupported proclamations of miracle cures is the wrong direction to take for our state.

Thank you for hearing my perspective.

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