

**Testimony to the Senate Committees on the Judiciary and Health and Welfare regarding the
Regulation of Cannabis in Vermont**

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I would draw everyone's attention to two documents. One is the recommendations of the Governor's Marijuana Advisory Commission [Education and Prevention Subcommittee](#) that I lead. I will not reiterate everything in the report, but I will call out some highlights. The second document is the [Health Impact Assessment \(HIA\) on Marijuana Regulation](#) that the Health Department published in 2016 and updated a year ago. The HIA, as well as the [National Academy of Medicine's review](#), each have a comprehensive overview of the research and data that we know of in terms of health and marijuana use.

We already have a significant public health problem with regard to marijuana use, particularly among younger Vermonters. The Governor appointed the subcommittee to protect the most vulnerable – namely our youth. The [Youth Risk Behavior Survey \(data brief on marijuana\)](#) shows a statistically significant increase in current use among youth in the past two years, and a low perception of harm from marijuana use.

Substance misuse prevention is not substance-specific, meaning strategies can work for multiple substances at once. The Health Department focuses on evidence-based strategies – but these only work when they are comprehensive and sustained.

As a physician and as commissioner of the department charged with protecting and promoting the health of Vermonters, I have previously voiced my concerns about the use of marijuana and the potential increase in use as a result of a legalized and regulated market. If you look at recent literature, even since the subcommittee's meetings, there is growing consensus — and more research coming out every week — pointing to the damaging effects of cannabis use on the developing brain. The developing brain is not just early adolescence, but all the way through age 25. The effects are broad, such as decreased academic achievement, and specific, like the increase in acute and chronic psychosis, medical conditions that have been increasingly linked to marijuana use among youth.

The main lesson shared by states that have regulated marijuana use, is that they received funding for prevention too late in the process. It often took them longer than a year or two to get a robust program going, and they all regret that they did not have more in place beforehand. Our counterparts stated a need for \$5 to \$10 million dollars to engage in prevention activities. Their advice to us is to have prevention efforts and programs set up in advance, to be able to protect young brains at the onset of a legal, commercial market, not after-the-fact.

Additional advice from the other states that have regulated marijuana focuses on accidental child poisoning, especially among toddlers. Edibles, in particular, seem to be the main issue with toddler poisoning. Lastly, traffic safety data and the rates of vehicular deaths are of concern. I will let my colleague from public safety go into detail on those. These issues, however, cannot be ignored.

The Subcommittee on Education and Prevention recommended that edibles not be included in the legal market. The Commission as a whole was divided on this issue of their general availability. However, it is important that edibles not be marketed or in a form that are attractive to children. While it is possible

that people might obtain edibles from other places, data from Colorado show that edibles represented only 10 to 15 percent of sales.

Of most concern is the fact that this legislation, as it is currently written, does not have funding for prevention or allow time for the creation and implementation of comprehensive prevention system. This is important because prevention is what public health is all about. It is not only unacceptable but unconscionable to develop a legal marketplace for marijuana without establishing a dedicated revenue stream for education and prevention to protect public health and public safety. The prevention comprehensive strategies outlined in the report do have a price tag, and it is important that legislation address needed strategies at the outset of new regime.

Follow-Up Information:

Prevention budget as proposed by the [Marijuana Commission](#) Subcommittee on Education and Prevention.

Department of Health				
Budget Items	Prior to Retail	Year 1	Year 2	Year 3
Comprehensive Substance Misuse Prevention				
Regional Prevention Networks (RPNs)	\$0	\$6,000,000	\$6,000,000	\$6,000,000
Substance Misuse Advisory Committee	\$10,000	\$10,000	\$10,000	\$10,000
Evaluation of RPNs	\$0	\$150,000	\$150,000	\$200,000
Statewide media and communication	\$300,000	\$300,000	\$300,000	\$300,000
Substance Misuse Prevention Fund (SMPF) manager	\$100,000	\$100,000	\$100,000	\$100,000
Subtotal	\$410,000	\$6,560,000	\$6,560,000	\$6,610,000
School Prevention & Research				
School-based prevention specialists (15 new positions per year increasing to 250 over time)	\$0	\$1,125,000	\$2,250,000	\$3,375,000
Annual longitudinal study of health effects	\$0	\$1,000,000	\$1,000,000	\$1,000,000
Subtotal	\$0	\$2,125,000	\$3,250,000	\$4,375,000
Total	\$410,000	\$8,685,000	\$9,810,000	\$10,985,000