Law Office of James A. Dumont, Esq., P.C.

15 Main St., P.O. Box 229, Bristol VT 05443 Office 802-453-7011; Cell 802-349-7342; Fax 802-505-6290 email: jim@dumontlawvt.com; website: dumontlawvt.com

James A. Dumont, Esq.

Caroline F. Engvall, Legal Assistant

April 12, 2022

Richard Sears, Chair Senate Judiciary Committee Vermont General Assembly

Re: H.548 – Changes to Cannabis Act to Allow High THC Concentrate Retail Sales – What We Can Learn from Colorado's Experience

Dear Chair Sears and Members of the Committee:

Last week the Committee made clear its wish to continue to learn from Colorado's experience. Dr. Libby Stuyt has been scheduled to testify about this for five to ten minutes on Thursday. I hope the Committee will allow, during the same time slot, very brief – two minutes each, if that is all the time available – testimony not just from Dr. Stuyt but also from three additional witnesses with expertise about how these issues have developed in Colorado. These are, in addition to Dr. Stuyt, Brad Roberts MD, Anne Hassel and Robin Gibbon. We ask that you consider this testimony before you vote to reject the House's medically-based judgment on this issue.

We hope you will keep H. 548 in its present form so that it does not repeal the 60% concentration limit on solid cannabis materials.

Summary:

- ◆The Vermont Medical Society opposes repeal of the 60% limit.
- ♦Peer-reviewed medical literature clearly shows that the higher the concentration, the greater the likelihood that consumption will cause psychosis, severe mental illness, and addiction.
- ♦The medical literature relied upon by the VCCB is out of date (2006) and its author has repudiated the conclusion that the VCCB has drawn from it.
- ♦The argument that lifting the cap on THC concentrates will protect consumers by making available a safer product is contradicted by the experience in other states and by the science which is showing now that concentrated THC can have serious *and permanent* medical and mental health consequences, in people with no history of mental illness.

The lack of FDA approval for the drug makes the need for careful review by your committee even more critical, since public health can be harmed if this policy is not science-based. The VMS testified to the House Government Operations Committee in opposition to repealing the limit. The House rightfully followed the advice of Vermont's physicians.

The Committee may not be aware that the United States Surgeon General agrees that high potency marijuana increases the risks of psychosis and should be avoided. The Surgeon General's advisory is at <u>U.S. Surgeon General's Advisory: Marijuana Use and the Developing Brain | HHS.gov.</u>

The Vermont Cannabis Control Board has proposed to repeal the prohibition based on very clear misunderstanding by the VCCB. In its January 15, 2022 report the legislature the VCCB stated that it was not convinced of the connection because of a study by Wayne Hall, PhD in 2006. But 2006 was before high potency THC was generally used. And the 2006 report has been overwhelmed since then by contrary studies. The author of the 2006 report the VCCB relies on, Dr. Hall, wrote in 2020 in support of the fact that "cannabis is a component cause of psychosis." See Murray and Hall, "Will Legalization and Commercialization of Cannabis Increase the Incidence and Prevalence of Psychosis?, JAMA Psychiatry 4/8/20, p.E1 Dr. Robin Murray, one the most cited researchers in the world on schizophrenia, has said that "no serious scientist continues to dispute that cannabis is a component cause of psychosis."

In reality, the VCCB is asking the legislature to repeal the limit because high potency cannabis <u>might</u> be safe. In other words, they ask us to ignore our doctors' advice because there is a chance our doctors might be wrong, at a time when other states with more years of experience with commercialized cannabis are ringing alarm bells on the dangers of high potency THC marijuana.

The VCCB also argues that legalization might eliminate the illicit market that sells contaminated high potency THC. Across the US, legalization of cannabis has led to an increase in illicit market sales. Lax regulation in other states has increased, not decreased the illicit market. See, for example, the Politico report, How Legal Marijuana Is Helping the Black Market, https://www.politico.com/magazine/story/2019/07/21/legal-marijuana-black-market-227414/

The health effects of high potency cannabis in other states have been horrifying — a five-fold increase in the rate of hospital admission for psychosis (including patients with no prior psychiatric history). THC is now the drug most found in completed teen suicides in Colorado and numerous quality peer reviewed articles support the link between cannabis and self-harm/suicidality. Regular use of high potency cannabis also causes uncontrollable vomiting requiring hospitalization; it is more likely to result in addiction or a use disorder.

Colorado, which has the longest history of commercialization, recently amended it mandatory warning to specifically warn against the connection between high concentrate and psychoses, severe mental illness, hyperemesis, fetal harm and addiction.

Vermont made history when it put public health first, followed the science and capped the THC at 30 and 60%. Now your committee should once again do a science-based review and update of the literature since that law was passed. Vermonters expect thoughtful science based policy which will not harm them or their families.

Thank you for the careful attention to these issues.

Respectfully submitted,

James A. Dumont

James A. Dumont, Esq. On behalf of Physicians, Families and Friends Education Fund