



To: Senate Judiciary Committee
From: Jill Sudhoff-Guerin, Vermont Medical Society, American Academy of Pediatrics VT Chapter and Vermont Psychiatric Association
Date: April 14, 2022
RE: H.548, Cannabis Regulation

On behalf of the over 2,600 physician and physician assistant members of the Vermont Medical Society (VMS), the American Academy of Pediatrics Vermont Chapter (AAPVT) and the Vermont Psychiatric Association, we appreciate your consideration of our comments regarding H.548 and the implementation of the commercial cannabis market in Vermont.

We have worked closely with the Cannabis Control Board during the off-session, providing our feedback throughout their rulemaking process, in an effort to ensure the inclusion of evidence-based strategies aimed at combatting negative health impacts on Vermont's population and protecting Vermont's youth and young adults. Prevention needs to be of keen focus before the roll out of the retail system in Vermont. We urge the legislature to fully fund Vermont's prevention coalitions, to calculate the 30% of the cannabis excise tax dedicated to prevention before you spend it on the cannabis control board's operating expenses and that the substance misuse prevention dollars be directed to the Vermont Department of Health.

H.548: Support the House-Passed Version Which Retains the THC Potency Caps

Our clinicians applaud the House for retaining the THC potency limits that are currently in statute and urge you to adopt this approach. VMS has commented since the consideration and passage of S. 54 in 2019 that potency limits are an important factor to protect public health. In November of 2021, the VMS adopted [a policy resolution](#) specifically urging the Vermont Cannabis Control Board and the Vermont legislature to require that all cannabis grown, produced or sold in the state contain less than 15% THC.

Evidence shows cannabis use, especially with potency greater than 15% THC is associated with increased urgent and emergency department psychiatric visits and increased mental health disorders, including psychosis. It is also associated with increased urgent non-psychiatric visits for respiratory distress, cannabis hyperemesis syndrome (uncontrollable vomiting) and poisonings. According to a January 2020 report presented by the Vermont Department of Health, cannabis use can lead to the development of schizophrenia or other psychoses, as well as suicidal ideation and suicide completion.¹ A 2019 study published in the Lancet found that the strongest independent predictors of whether any given individual would have a psychotic disorder or not were daily use of cannabis and use of high-potency

cannabis.² Currently, habitual users of marijuana are going to emergency rooms complaining of bouts of uncontrollable vomiting related to their frequent cannabis use. This condition, named “cannabis hyperemesis syndrome,” has been shown to subside when the consumer stops using cannabis products.³ According to the National Institute of Drug Abuse,⁴ marijuana concentrates have particularly high levels of THC. Solvent-based products tend to be especially potent, with THC levels documented at an average of about 54-69% and reported to exceed 80%, while nonsolvent-based extraction methods produce average THC levels between 39-60%.⁵ Not only do concentrates have high levels of THC, but dabbers inhale the entire amount all at once—in a single breath. As a result, concentrates can deliver extremely large amounts of THC to the body quickly. The risks of physical dependence and addiction increase with exposure to high concentrations of THC, and higher doses of THC are more likely to produce anxiety, agitation, paranoia, and psychosis.⁶

Concerns about rising THC potency are due in part to experiences states like Colorado and Washington have had, where the marketing and promotion of cannabis concentrates with THC potencies as high as 95% have led to increased urgent and emergency department psychiatric visits and increased mental health disorders, including psychosis. Washington State and [Colorado](#) currently have legislation pending to put THC potency caps in place, but are facing significant headwinds from the established industry.

“I don’t think anyone conceptualized what would happen when ... industry and science and business and the motivation of profit come into the state of Washington,” said Washington state Rep. Lauren Davis, a Democrat, who has twice introduced legislation to cap THC potency in concentrates, products such as oils, wax and shatter. “All of a sudden, a few years later, your shelves are stocked with these oils that are 99 percent THC.”¹

Comments VMS Provided to CCB During Rule-making Process:

2.2.10 Warning labels to include acute physical and mental health risks associated with cannabis use

Our organizations urge the Cannabis Control Board to require prominent labeling of all cannabis products with up-to-date, evidence-based warnings, which should currently include:

WARNING: Cannabis/THC may cause: 1. Psychosis* 2. Impaired driving 3. Addiction 4. Suicide attempt* 5. Uncontrollable vomiting 6. Harm to fetus/nursing baby *This can occur in individuals with no previous history of psychosis or mental illness

Cannabis use is associated with increased urgent and emergency department psychiatric visits and increased mental health disorders including psychosis. According to a January 2020 report presented by the Vermont Department of Health, cannabis use can lead to the development of schizophrenia or other psychoses, as well as suicidal ideation and suicide completion.² A 2019 study published in the Lancet found that the strongest independent predictors of whether any given individual would have a psychotic disorder or not were daily use of cannabis and use of high-potency cannabis.³ Currently, habitual users

¹ <https://www.politico.com/news/2021/04/29/cannabis-industry-next-war-485044>

² <https://legislature.vermont.gov/Documents/2020/WorkGroups/House%20Health%20Care/Regulation%20of%20cannabis/W~Kelly%20Dougherty~Health%20Impacts%20of%20Marijuana~1-24-2020.pdf>

³ [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30048-3/fulltext#seccestitle140](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30048-3/fulltext#seccestitle140)

of marijuana are going to emergency rooms complaining of bouts of uncontrollable vomiting related to their frequent cannabis use. This condition, named “cannabis hyperemesis syndrome,” has been shown to subside when the consumer stops using cannabis products.⁴

Therefore, VMS, AAPVT and VPA urge that the warning labels include these acute risks of acute physical and mental health reactions in order to adequately warn new users of the increased occurrence of uncontrolled vomiting, psychosis, and suicide attempts associated with cannabis use. These warnings should also be included on all product packaging and advertising.

Our organizations stress that these recommended warnings can be the sole warnings contained on packaging and advertising and do not need to be in addition to the warning language currently proposed by the CCB. In fact, we believe the proposed warning label is long and contains too much information so will be overlooked by many consumers. Warning labels should be impactful and to-the-point, limited to the most important health risks.

2.2.9 Packaging must include child-resistant containers and include all required warning labels and symbols

Our organizations strongly support the proposed packaging requirements included in Proposed Rule 2, including for flower to protect kids and pets, who it is showing to be particularly lethal for. A quick google search makes it appear that child-proof packaging for flower is the norm. According to [Greenbits](#), “Some cultivators are using child-resistant containers made of customized wood, glass, or even metal to distinguish their products from the competition. These containers must also offer ideal moisture and lighting conditions to protect the product’s shelf life.”

We applaud the emphasis on child resistant packaging in the proposed rules, as a recent JAMA study, published January 7, 2022, found that Ontario, Canada saw nine times more emergency department visits per month for cannabis poisonings in young children under the age of 10 after Canada legalized recreational cannabis.⁵ The study suggests stricter limits on what edibles look like and taste like out of the packaging may also be an important step towards preventing child cannabis poisonings.

The VMS, AAPVT and VPA support the packaging requirements included in Proposed Rule 2, and also emphasize the necessity to ensure cannabis products themselves, especially higher potency THC cannabis products, are not attractive to children, including the colors, shapes and flavors used.

“Vermont has the highest rate of past 30-day marijuana use among 12-17-and 18-25-year-olds compared to all other states.”

Currently, Vermont has some of the highest rates of young adult use of marijuana in the country, with 38% of 18-25-year-olds using marijuana in the past 30 days. According to Andrea Villanti, PhD, MPH, from the Vermont Center on Behavior & Health at the University of Vermont, since the start of COVID-19, 50 percent of youth and young adult past 30-days users reported increasing their use of

⁴ <https://www.cnn.com/2021/09/17/health/marijuana-vomiting-wellness/index.html>

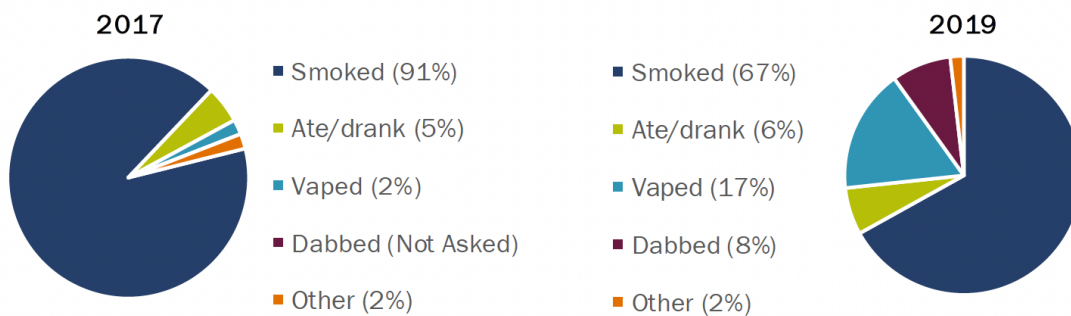
⁵ <https://www.sciencedaily.com/releases/2022/01/220107121502.htm>

marijuana.⁶ Cannabis is considered by young users to be one of the least harmful psychoactive substances, in part because it is often perceived as more ‘natural’ than other substances.

In 2019, 40% of Vermont high school students (grades 9-12) reported that they had used marijuana at least once in their lives and 27% of high school students reported using marijuana regularly. This was significantly higher than past 30-day use in 2015 (22%) and 2017 (24%), but similar to 2009 (25%).⁷

Marijuana Use

Vaping as a primary method of marijuana consumption among high school students increased eight-fold between 2017 and 2019.



Data source: Vermont Youth Risk Behavior Survey

Mental Health and Marijuana Use

According to ADAP, among high school students in 2019, those who reported feeling sad or hopeless for at least two weeks, making a suicide plan, or attempting suicide in the past year were twice as likely to report past 30-day marijuana use as students who did not report these. Students who experienced food or housing insecurity in the past month were also twice as likely to report marijuana use than students who were food or housing secure. Adults who reported having a depressive disorder or poor mental health were significantly more likely to report past 30-day marijuana use than those who did not report these.

A November 2020 report, published by the Washington State Prevention Research Subcommittee⁸, found that:

- a) Young people are particularly vulnerable to negative effects of high potency cannabis.
- b) Negative effects from manufactured products are especially high among children, and exposure to vaping liquids is more likely to need medical intervention.

⁶ [https://ccb.vermont.gov/sites/ccb/files/2021-07/2021-07-08%20Villanti%20-%20VT%20Cannabis%20Control%20Board%20\(002\).pdf](https://ccb.vermont.gov/sites/ccb/files/2021-07/2021-07-08%20Villanti%20-%20VT%20Cannabis%20Control%20Board%20(002).pdf)

⁷ ADAP Marijuana Use in Vermont. August, 2021.

⁸ <https://adai.uw.edu/wordpress/wp-content/uploads/2020/11/Cannabis-Concentration-and-Health-Risks-2020.pdf>

- c) Negative impacts are more acute for adolescents who use cannabis with high THC concentration or use these products more frequently.
- d) Use of cannabis with high THC concentration increases the chances of developing cannabis use disorder or addiction to cannabis, particularly among adolescents.
- e) High potency cannabis use can have lifelong mental health consequences, which often manifest in adolescence or early adulthood.
- f) Daily cannabis use, particularly of high potency products, increases the risk of developing a psychotic disorder, like schizophrenia, and is related to an earlier onset of symptoms compared to people who do not use cannabis.
- g) Among those with a psychotic disorder diagnosis, the use of high potency cannabis exacerbates disease symptoms.

Thank you for your consideration Jill Sudhoff-Guerin jsudhoffguerin@vtmd.org