To:	**House Human Services Committee**
From:	**Jill Sudhoff-Guerin, VMS, AAPVT, VTAFP and VPA**
Date:	**March 14, 2023**
RE:	**H.270, Cannabis Regulation**

On behalf of the 2,600 physician and physician assistant members of the Vermont Medical Society (VMS), the American Academy of Pediatrics Vermont Chapter (AAPVT), the Vermont Academy of Family Physicians (VTAFP), and the Vermont Psychiatric Association (VPA), we thank the House Human Services Committee for considering our concerns with H.270 and the potential health impacts with the bill as proposed.

Public Health Landscape of Cannabis

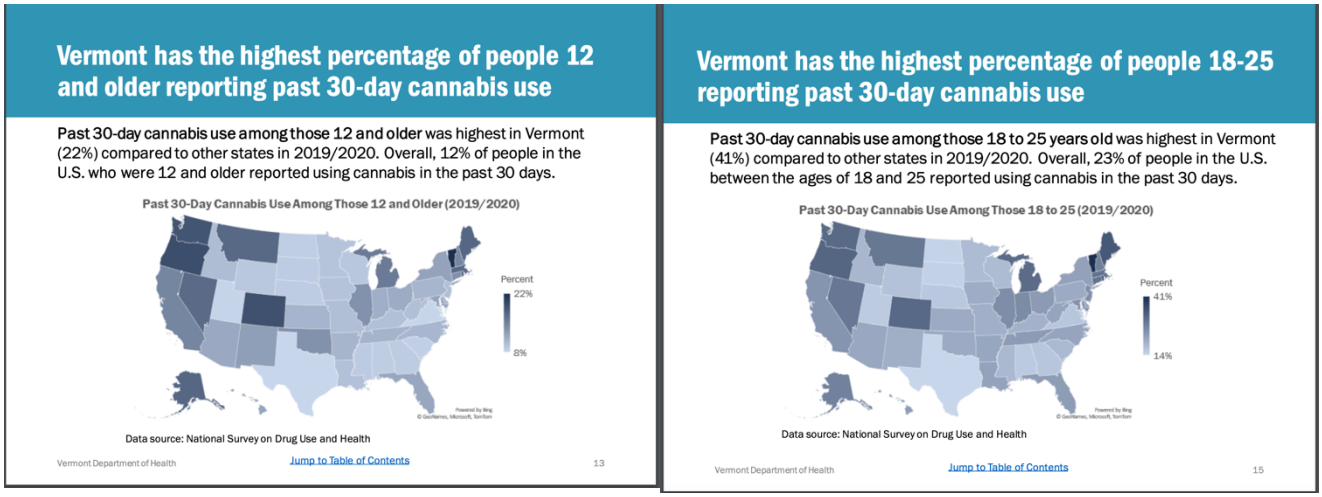
While recognizing that the State has endorsed recreational cannabis and that the legislature has a significant interest in ensuring its success, the State also has a compelling interest in ensuring Vermont's recreational cannabis industry is established in a manner that protects public health and minimizes negative health impacts. Vermont has worked to build a more protective cannabis market. Public health and safety was a priority of the legislature when Act 164 was written and now a marker of success would be to simultaneously bolster Vermont's prevention and harm reduction frameworks while establishing a safe, consistent cannabis industry. We also know we are building the plane while we are in the air right now and we would urge you to slow down as we learn what is working well and what could be improved both in Vermont and other states. Just like we have done with sales of cannabis for symptom relief, we can do this the Vermont way - better and more safely than other states.

When we are discussing harm reduction, we are not talking about open access to every substance, that is in fact a business-based narrative. Harm reduction is a public health strategy aimed at developing evidence-based regulations and robust education aimed at mitigating the risks of those who are using substances with proven adverse public health and mental health impacts, in this case cannabis.

The February 2023, Vermont Department of Health Division of Substance Use Cannabis Data Pages report shows **Vermont continues to have some of the highest rates of young adult use of marijuana in the country,** with 41% of 18–25-year-olds using cannabis in the past 30 days, 22% of those 12 and older using cannabis in the past 30 days and Vermont high-schoolers having the second-highest use rate in the nation.

Jill Rinehart M.D., former President of the AAPVT and current member of Vermont's Substance Misuse Prevention Oversight and Advisory Council, emphasizes the importance of starting Vermont's commercial cannabis market with protective advertising restrictions, child-proof packaging and with potency caps in place particularly because of what is known of high potency cannabis use and the developing brain. According to Dr. Rinehart, "While the legal products are not supposed to be available

or sold to youth, we know that they are already accessing them, and that youth are particularly vulnerable to marketing and the influence of community norms around cannabis legalization. When youth believe the risk of harm from a substance is less, their use of that substance increases." New research from the American Journal of Preventive Medicine shows that nonmedical marijuana legalization results in higher use of cannabis and alcohol among 10-20 yr. olds.

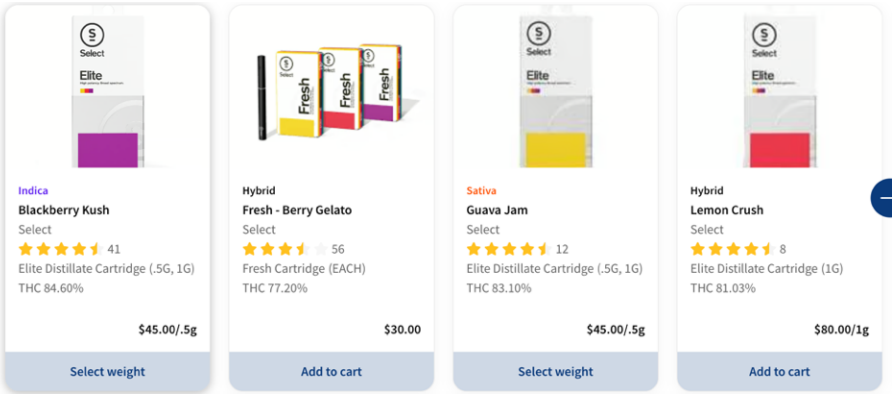


A New York Times article from June 2022 described how teens using today's cannabis products are making them highly dependent and dangerously ill. Cannabis use disorder is associated with increased urgent and emergency department psychiatric visits and increased mental health disorders including psychosis. 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. 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.

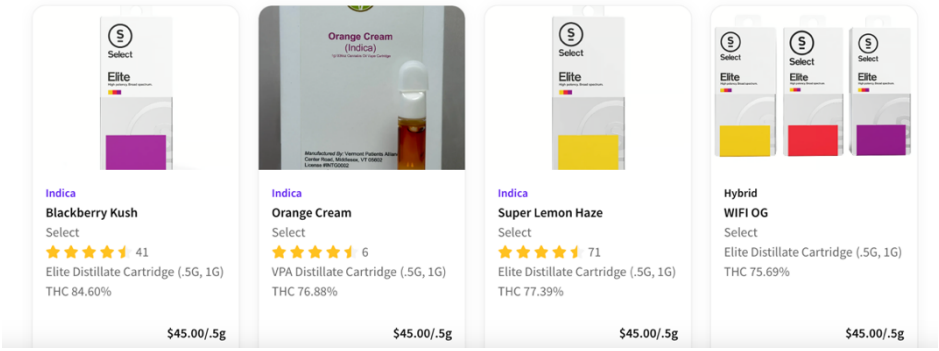
What are We Regulating?

In terms of cannabis products it is very difficult to differentiate all of the different products and potency limits, vs dosing limits, and why some products with names like Super Lemon Haze, Orange Cream and Blueberry Muffin, appear to be flavored products, which are prohibited under law, but instead may be strain names. It's also very difficult, now that medical dispensary owners can simultaneously own recreational dispensaries to discern between medical cannabis products and recreational cannabis products. Below are the Vape offerings from one website, the first picture is from their Medical Menu and the second is from their Recreational Menu, and all appear to be well over current potency limits. It is unclear to us how or whether these products are being sold on the recreational market. And how are these flavors (or strain names) not in violation of the prohibition on products designed to appeal to minors?

Medical



Recreational



Sec. 10: § 951(8)(A) VMS opposes the proposed non-evidence-based expansion of qualifying medical conditions for the medical cannabis registry.
When Vermont's medical dispensaries were created in 2004, safe, discreet access was the primary objective. Now that customers and patients have access through the recreational dispensaries, the lines between these two business models seem to be blurring in order to maintain the medical shops. Expansion of the registry to non-evidence-based conditions becomes even less necessary when Vermonters can choose to legally grow or purchase cannabis for any purpose. If they desire cannabis for other indications, they have avenues to obtain it that do not involve health care providers.

Given the current state of research, patients and health professionals expect the program to be driven by data – **please keep the registry a source that patients and health professionals can rely on**, in contrast to a long list of conditions being added to shore up the financial survival of dispensaries. Cannabis is further distinguishable from other medications in that it is difficult to coordinate care involving cannabis use even for medicinal purposes: it does not show up in the Vermont Prescription Monitoring System, may not be documented in an EHR, and dose, type, and mode of administration may be difficult or impossible to know.

When reviewing the evidence for medical cannabis treatment the gold standard that most medical professionals turn to is a comprehensive review published in 2017 by the National Academies of Sciences, Engineering, and Medicine, which found strong evidence that cannabis treatment provided relief for chronic pain, nausea and vomiting due to chemotherapy, and multiple sclerosis (MS) spasticity symptoms – all of which are current qualifying medical conditions in Vermont law. However, the review found there was insufficient or no evidence of benefit for a whole host of other conditions, specifically posttraumatic stress disorder, cancer, anxiety, epilepsy, and irritable bowel disease. Another valuable resource is the review by Vermont's Academic Detailing clinician prescription education

program completed in 2019 (submitted in a separate document) of the efficacy of THC cannabis products and CBD products, along with adverse effects and specific drug interactions.

Another comprehensive review is VDH's Literature Review from the HIA from March 2020, which provides a wealth of information on efficacy, safety and long-term impacts of cannabis use for specific conditions.

Of particular concern in H.270 is the proposal to expand the qualifying medical conditions to psychological and mental health conditions including Alzheimer's disease, autism spectrum disorder and removing the requirement that PTSD patients receive treatment from a mental health professional.

- The Alzheimer's Association states that there is not enough evidence to support medical cannabis as an Alzheimer's therapy, "There's a lot of misinformation about cannabis products out there," Alzheimer's Association Director of Scientific Engagement Rebecca Edelmayer, Ph.D. says. "It's important that we follow the science to see if a product is safe as well as effective. So far, any claims made about these products are speculative."[i]

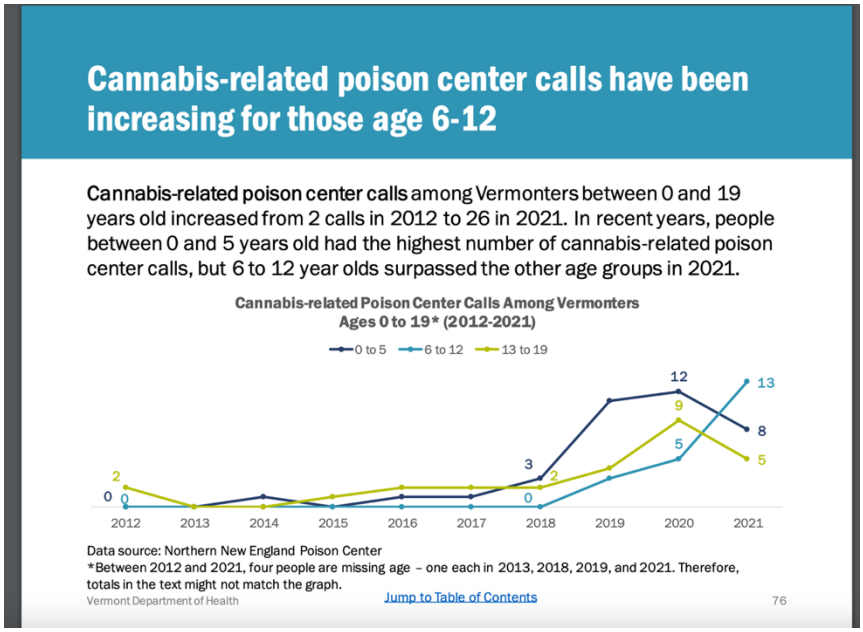
- The American Academy of Child and Adolescent Psychiatry adopted a policy in 2019[ii] recommending against the use of medical cannabis or isolated cannabinoids for core symptoms or co-occurring emotional or behavioral problems in children and adolescents with Autism Spectrum Disorder. In the policy they state, "Exposing children and adolescents with developmental disorders such as Autism Spectrum Disorder to marijuana or cannabinoids could further increase the prevalence or severity of psychiatric disorders and intellectual disability in this highly-vulnerable population."

- In 2019, the American Psychiatric Association adopted a policy opposed to using medical cannabis treatment for PTSD. They cited the lack of any high-quality, randomized, controlled studies proving that cannabis helps PTSD. Therefore the VMS does not support removing mental health treatment requirements for patients with PTSD using medical cannabis for treatment.

- The other proposed conditions would largely be covered by **7 VSA § 951(8)(C)** which includes these symptoms as qualifying medical conditions: cachexia or wasting syndrome, chronic pain, severe nausea, or seizures.

Sec. 10: § 955 (a) VMS opposes changing the duration of medical cannabis registration cards from 1 year to 5 years for those with a qualifying condition other than chronic pain management. What other medication does not require a clinician to review your health status for 5 years? Current regulations for prescription medications limit their validity to one year, even for ongoing, chronic conditions such as hypertension or diabetes. Medical conditions change, the patient could be prescribed different medication that could be contraindicated with cannabis, or there could be a new co-occurring condition. This is no different for qualifying conditions for medical cannabis and the qualifying conditions need to be reviewed by a clinician at least annually.

Sec. 4; § 881(a)(3) VMS opposes increasing the dose of a single cannabis product package from 50 mgs of THC to 100 mgs. With the recent reports of increased incidents of child poisoning due to cannabis ingestion, there is no justification to increase the single cannabis product package dosage.



Nationally, regionally, and locally, unintentional pediatric cannabis edible ingestions for kids under the age of 6 is exponentially increasing. A 2021, American Academy of Pediatrics study reported an increase in cases of *1375% between 2017 and 2021*, with 22% of those patients admitted to the hospital. January 11, 2023, WCAX reported that the Northern New England Poison Control released data showing a spike in those under the age of 5 ingesting cannabis. "Even a two-and-a-half or five-milligram cannabis chewy, if they take more than one or even one, that's a really large amount for a small body to handle," said UVM pediatrician Dr. Jill Rinehart. The CCB's own Point of Sale flyer states that "People that choose to consume edibles should start with small amounts, usually 1 to 2.5 mgs."

In April of 2020, the Journal of Studies on Alcohol and Drugs published results from a study, "Does Unit-Dose Packaging Influence Understanding of Serving Size Information for Cannabis Edibles?" Over 28,000 study participants were asked to correctly identify the standard serving of a cannabis brownie based on the product label information. The study concludes: "*Packaging in which each product unit contained one dose of THC enhanced consumers' ability to identify how much of a product constitutes a standard serving or dose. Packaging products as individual doses eliminates the need for mental math and could reduce the risk of accidental overconsumption of cannabis."*

Sec. 2 VMS understands the need for ongoing oversight of cannabis sales in Vermont but has concerns with the budget implications for prevention funding of the continued growth of the administration of the Cannabis Control Board. Currently, 30% of the cannabis excise tax revenue is

allocated for prevention. But, in Vermont statute the CCB is made whole before the 30% is calculated. Last year, the Governor put $3 million of general fund dollars into prevention, with the intention that cannabis revenue would replace that soon. According to the Joint Fiscal Office, the CCB budget has grown to support 22.5 FTEs and there is a **36.7% increase in the budget** from FY23 to the FY24 Governor's Recommended Budget. Year over year, their budget has grown by approximately $1.5 million since 2022, which ironically is the same amount as the current gap in Prevention Funding. The FY24 Budget only allocates $1.5 million in cannabis excise revenues to prevention, with the remaining $1.5 million coming from the general fund. VMS strongly recommends that 30% of excise tax revenue is allocated to prevention **before** any other administrative expenses are withdrawn.

Thank you for your consideration. Please reach out to me at jsudhoffguerin@vtmd.org with any questions.

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[i] https://www.alz.org/news/2020/cannabis-helpful-or-harmful

[ii] https://www.aacap.org/aacap/Policy_Statements/2019/Use_of_Medical_Marijuana_in_Children_and_Adolescents_with_Autism_Spectrum_Disorder_for_Core_Autism_S.aspx