

My Testimony for Vermont Senate Health and Welfare Committee Re: H:612 April 24, 2024

Greetings,

I appreciate being able to speak to you today. My name is Libby Stuyt. I am a board-certified psychiatrist in Colorado, specializing in addiction. I have been working in the behavioral health field for the past 34 years and have had a great deal of experience working with people having problems resulting from cannabis use.

I was fortunate for 20 years to be the medical director of a 90-day inpatient dual diagnosis treatment program funded by the state of Colorado for people who failed all other levels of treatment. 80% were there in treatment as a condition of probation for legal charges related to their substance use. The program was extremely successful and for many years we had 80% successfully completing the program and going on to do well in the community. However, since 2014 when commercialized marijuana became available and people on probation were allowed to use medical marijuana if they had approval from a doctor, we started seeing worsening outcomes. Successful completion rates progressively dropped to almost 50% and patients using high THC products had significant cognitive problems not allowing them to participate in this intense cognitive behavioral program.

And I started seeing things I had never seen before such as the worst psychosis I had ever seen – worse than methamphetamines; worse violence attributed to high THC; people with cannabis use disorder as their primary problem, no longer just a secondary drug. No matter what the cannabis industry says, high THC is extremely addicting and newer research indicates that 1 in 4 people using medical cannabis have cannabis use disorder or are addicted to it. My experience with patients has shown me that this is a very difficult drug to quit once addicted to it.

The biggest disservice I believe that has been done to the general public is allowing the cannabis industry to market and heavily advertise high THC products as medicine. There has been absolutely no research supporting the use of any high potency THC product whether it is wax, shatter, high THC vape oil, or edibles for any medical purposes but they are sold as medicine, and this has made people believe they are safe.

Research supporting the use of cannabis for medical conditions is less than 10% THC in the plant. Greater than 10% has been shown by a great deal of research to increase the risk of psychosis, addiction, suicide, and violence. In my practice I have seen firsthand patients becoming acutely psychotic from dabbing and it has been very difficult to stabilize their symptoms, often requiring 3 antipsychotic medications. Many have no history or no family history of mental illness. Many have been very violent during their psychosis and have harmed themselves or others. I have seen patients become acutely suicidal after vaping high potency hash oil or eating concentrated edibles.

No one NEEDS the higher potency THC, other than perhaps those who are truly at the end stage of their life. The only reason most people feel they need it is because they have developed tolerance, consistent with cannabis use disorder and are experiencing withdrawal symptoms, requiring higher and higher doses to achieve the same effect. This is no difference than any other addictive drug.

My biggest concern is the increase in young people, whose brains are still developing, getting access to these high THC products. Your bill 612 will definitely expand access and I am afraid you will find yourselves in the exact same public health crisis we have experienced in Colorado.

Hopefully you are willing to learn from our experience.

It is extremely easy to get a medical card. My friend and colleague, Ken Finn, got a card in Colorado in 5 minutes via zoom with no request for medical records, no examination, no patient doctor relationship. In Vermont, a young person 18-20 can get a medical card on-line from providers in

other states who don't practice in Vermont, so they clearly don't have a "doctor-patient" relationship. Because it is a "recommendation" and not a prescription, the providers do not explain what product they should buy, what potency, what route, what frequency and they leave it up to the patient and the "bud tender". Also, they never follow-up with the patient to see if it is helping or if it is causing any problems. I hope you have read Laura Stack's testimony about her son getting his medical card at 18 without any medical indication and how he ultimately developed psychosis and died by suicide. Sadly, in Colorado it became a "rite of passage" for 18-year-olds to get their medical card and then they could share or sell products to their friends. There were so many problems with hundreds of families that we had to have a bill to put some controls on the concentrates. Representative Judy Amabile carried HB21-1317 and gave testimony on the floor of the house to her colleagues. I am hoping that you watch the video provided to you by James Dumont regarding her son's experience with psychosis.

One thing we were able to accomplish was to put limits on the amount that could be purchased in a day and put controls on looping. You have no controls on looping. This means someone can purchase the amount allowed at one dispensary and then go to another and purchase the same amount. If you expand the high THC availability to 75 dispensaries, then someone could amass a large amount of product and then divert that product to others.

If high THC is to be seen as a "medicine" then it should be treated as a medicine. There should be much stricter controls on those who are handing out medical cards. There should be a doctor-patient relationship in that the doctor has physically examined the patient to determine the severe illness they are recommending the medicine for. They should get medical records and communicate with the patient's other providers to make sure everyone is on board with the recommendation and that they have looked into any drug;drug interactions it may have with their other prescription medications. They should assess for any history or risk for any substance use

disorder or mental health problems that could be exacerbated by the medicine. And they should be required to follow up with the patient to determine if there has been benefit or the patient is experiencing any problems. There are doctors who are doing this responsibly but sadly that is not the norm. There are physicians making hundreds of thousands of dollars a year just doing a short zoom meeting and giving the person a card. I believe there is something really wrong with that.

I would be happy to answer any questions you may have.