

Dear Senators,

I am writing to provide information relative to S. 278 which is before your Senate Committee on Economic Development, Housing and General Affairs. As a 25 year substance misuse prevention professional, there are aspects of this bill that raise both health and safety concerns for Vermonters. I am currently the Director of Programs at [Prevention Works! VT](#), a network of substance misuse prevention organizations reaching communities throughout Vermont.

### **Loosening the Potency Standards**

There is a pattern of increasing risk with increases in THC concentration: the higher the levels of THC in cannabis and cannabis products, the higher the risk of experiencing adverse events and cannabis use disorder. Use of high potency cannabis may also be especially harmful for certain populations, including people under the age of 26 whose brains are still maturing, those who are pregnant and their infants, and people with a personal or family history of mental health conditions or substance use disorders.

### **Health Implications of High-Potency Cannabis**

- **[Cannabis Use Disorder](#)**: Higher concentrations are linked to a higher likelihood of addiction.
- **Mental Health Risks**: Increased risk of psychosis, anxiety, paranoia, and hallucinations.
- **Physical Effects**: Potential for rapid heartbeat, severe vomiting ([Cannabinoid Hyperemesis Syndrome](#)), and respiratory issues.
- I understand that some misinformation was shared last week at the committee meeting. **Cannabinoid Hyperemesis Syndrome (CHS)** is real and recognized by the medical community. In 2025, a team from **Southern Vermont Medical Center** shared their data on CHS : **SVMC data from 6/1/23 to 12/31/24**

**SVMC sees roughly 2 patients with suspected CHS in the ED daily**

- **Over 7,000 CHS ED visits per year in VT Over 3.1 million CHS ED visits per year nationally**
- **18% of CHS patients spent more than 6 hours in ED**
- **76% of patients are VT residents**
- **42% of individuals are 20-40 years old**
- **47% of these patients are covered by Medicaid \$5.5M in healthcare spending annually by Vermont patients and insurers.**
- Restrictions on high-potency cannabis products are a critical piece of implementing a **public health approach to cannabis policy**. By creating safeguards for those most susceptible to adverse effects, Vermont's cannabis industry can operate while keeping vulnerable community members safe. I am not sure why someone would think that eliminating potency caps is a public health approach. If the "elements" added to cannabis to reduce potency are harmful-that is a concern that should be addressed elsewhere in the regulatory system.

### **Larger Purchase & Possession Limits**

An ounce of flower (28 grams) looks like enough cannabis to fill a sandwich-sized bag and provides approximately 50 to 60 average-sized joints or 80 to 100 bowls. For reference, 28 grams weighs about the same as five AA batteries. Currently 1 ounce is the transaction limit. **Why would VT need to raise this to 2 ounces?** Over consumption and risk of diversion to youth seems like a risk that Vermont can not support.

Bigger Quantities creates Easier Access: More products in circulation means more opportunities for cannabis to reach kids and teens, often through friends or family members.

### **Consumption Site**

The open consumption will further normalize and broaden contexts for use, challenging controls on impaired driving and youth access, with overconsumption being a significant impact on public safety. Our knowledge of second hand exposure to substances (tobacco) glaringly tells us that this is not a healthy idea. Many families in Vermont go to farmers markets with children looking for family friendly activities not to be exposed to cannabis.

### **Removing Advertising Review Process**

**More Ads, More Influence:** Looser advertising rules increase the chance that young people will see and be influenced by cannabis marketing. Advertising that reaches higher proportions of under-21 audiences is shown to increase initiation; mandatory health warnings help but are not sufficient alone. We have learned from a legacy of alcohol advertising and multiple studies link exposure to alcohol advertisements with an increase in youth consumption of alcohol. Let's learn from other substance use and not bring parity to cannabis advertising.

### **Lower Excise Tax**

Lower prices are associated with higher use, particularly among youth and frequent users, who are shown to be price sensitive, with higher prices showing lower use. Currently, 30% of the cannabis excise tax is allocated to fund prevention efforts, by cutting the tax the State will potentially increase use while reducing prevention funding.

Vermont already struggles with high youth and young adult cannabis use (cannabis use among Vermont youth and young adults continues to be among the highest in the nation. Adolescents are more likely to have tried cannabis than in many other states, with **26% of Vermont high school and middle school** students grades 6-12 reporting past-month cannabis use. While **48% of our 18-25 yr-olds** currently use cannabis products), let's protect the health of all Vermonters by:

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- Keeping evidence-based potency limits
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- Protecting young people from advertising exposure
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- Maintaining price levels reduces youth access
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- Tracking health outcomes can provide honest impacts of cannabis use
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Thank you for considering the public health concerns.

Beth Shrader

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