

1 VERMONT MEDICAL SOCIETY RESOLUTION

2 Legalizing Recreational Marijuana in Vermont

3 *Submitted by Catherine Antley, M.D., David Rettew, MD and John Hughes, M.D.*
4 *for adoption at VMS Annual Meeting on November 4, 2017*
5

6 Whereas, legalizing recreational marijuana will create substantial risks to the health and
7 development of Vermont's children and adolescents, and normalize use of the drug in ways that
8 have great potential to increase youth and young adult use rates as well as intra uterine infant
9 exposure;

10 Whereas, legalization of any quantity of marijuana, including 2 plants home grown, will likely
11 lead to increased child poisonings;

12 Whereas, currently more adolescents in Vermont seek out substance abuse treatment for
13 marijuana than for all other illicit drug use combined;
14

15 Whereas, teens who use marijuana regularly are at increased risk to develop serious mental
16 health disorders, including addiction, depression and psychosis and pre-existing mental illness
17 is worsened, increasing cost of treatment, increasing inpatient hospital days and associated
18 with 7 fold increased harm to self (suicidality);
19

20 Whereas, Vermont currently suffers from inadequate substance abuse treatment capacity, and
21 more facilities are closing than opening;
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23 Whereas, Vermont has inadequate psychiatric treatment facilities, especially for youth and
24 teens, and our emergency rooms are full of patients waiting for psychiatric treatment;
25

26 Whereas, to reduce the safety risks and negative health impact of marijuana on the health of
27 children, adolescents and families more work needs to be done; now therefore be it:
28

29 **RESOLVED, that the VMS reaffirms its opposition to the legalization of recreational**
30 **marijuana; and be it further**
31

32 **RESOLVED, the VMS collaborate with the American Academy of Pediatrics Vermont**
33 **Chapter and the Agency of Human Services to educate youth to counter the climate that**
34 **portrays marijuana as a benign drug and support education directed toward parents and**
35 **adults on the negative health impact of marijuana on parenting ability, the developing**
36 **fetus and the dangers of second hand smoke; and be it further**
37

38 **RESOLVED, that VMS urge the Governor of the State of Vermont and Vermont**
39 **General Assembly, to conduct appropriate research to determine actual effects and costs**
40 **of legalization of recreational marijuana to the entire system, including but not limited**
41 **to – increased challenges recruiting health professionals, increased Medicaid costs,**
42 **increased ER utilization, increased hospitalization rates, increased THC positive infants,**
43 **increased traffic fatalities, workforce costs, economic productivity loss to existing**
44 **industry, environmental impact costs, costs to the law enforcement system, and**
45 **education costs; and be it further**

1 **RESOLVED, that VMS urge the Governor of the State of Vermont and Vermont**
2 **General Assembly to conduct appropriate research to determine the impact of**
3 **decriminalization of marijuana in Vermont and whether it has led to increased marijuana**
4 **use or resulting harm in Vermont, and whether it has met criminal or civil justice goals**
5 **by measuring the following benchmarks: Incidence of marijuana related harm to**
6 **children; Incidence of marijuana associated Emergency Room visits; Incidence of**
7 **marijuana associated highway fatalities; and Incidence of marijuana associated mental**
8 **illness (including psychosis and PTSD); and be it further**

9 **RESOLVED, that VMS urge the Governor of the State of Vermont and Vermont**
10 **General Assembly, to oppose legalization of marijuana and to determine and meet**
11 **appropriate benchmarks including, but not limited to:**

- 12 • **Increasing the percentage of Vermont adolescents who perceive marijuana as**
13 **harmful;**
- 14 • **Increasing substance abuse treatment facilities, such that wait lists for programs**
15 **are no longer a concern; and**
- 16 • **Decreasing the utilization of emergency rooms for holding areas for psychiatric**
17 **admissions**