



August 22, 2022

To: Rachel Banks, Public Health Director, Oregon Health Authority
Dr. Dean Sidelinger, Health Officer, Oregon Health Authority

From: Oregon Cannabis Commission

Re: **Urgent Need to Update OHA-approved Public Health Statements on Cannabis**

Introduction and Background:

The OHA [Retail Marijuana Scientific Advisory Committee](#) (RMSAC) provides scientific input to inform public health recommendations related to retail cannabis in Oregon. When it convened in 2017, the committee examined data and made recommendations regarding:

- Minimizing adverse health effects of retail cannabis use; for example, recommending the maximum amount of THC in a single serving of edible product, packaging and labeling of cannabis products, and how to reduce negative health effects in vulnerable populations
- Impacts of time, place, and manner of retail sale of potentially addictive substances

The RMSAC's work resulted in the publication of [OHA-approved Public Health Statements](#) on "Marijuana" Effects. These statements are objectively biased toward the risks of cannabis use; there is no OHA-approved language about potential, perceived, or scientifically validated medical benefits of cannabis use.

Moreover, the public health landscape of cannabis has dramatically shifted since 2017. Not only has medical research evolved and expanded, but many states, territories, and nations have legalized cannabis and produced their own public health statements. The public health statements from other reputable legalized cannabis markets simply do not align with Oregon's public health statements. Public health statements from other regions are more exhaustive, more useful for healthcare providers, easier to access, and more user-friendly for consumers who are making decisions about cannabis use.

Together with the Health Equity Subcommittee and joint Patient Equity/Governance Framework Subcommittees, the Research and Leadership Subcommittee envisions a uniform body of education, information, and guidance about the health effects of cannabis. Our goal is to ensure that Oregon's healthcare providers, retail cannabis employees, and consumers all have the same, publicly available information to reference when having discussions about cannabis use. Uniform information and education will support public health and reduce the amount of conflicting information that consumers receive when making decisions about purchasing and using cannabis.

The purpose of this document is to serve as formal guidance in updating OHA-approved Public Health Statements (PHS) on cannabis' effects. In addition to including both health benefits and risks in OHA-approved statements, the subcommittee recommends replacing the word "marijuana" with the word cannabis throughout these statements. Similarly, the subcommittee recommends using the word cannabis wherever the word "marijuana" appears in the title of a subcommittee, document, process, or procedure. We also recommend a procedure for identifying Reputable Major Sources from which to collate PHS (rather than conducting exhaustive and time-consuming literature reviews to synthesize PHS). Finally, we make some recommendations about the potential processes (workflows) to execute these recommendations, ways to publish and disseminate PHS, and the frequency with which PHS should be updated.

Specific Recommendations:

1. Convene a Public Health Statement (PHS) Committee, either internally at OHA or with external experts, which shall be tasked with updating Oregon's Public Health Statements.

- a. The subcommittee recognizes that a panel of referees will be needed to execute updates to the PHS. We envision two possibilities:
 - i. Currently OHA may have adequate staff and resources to update PHS according to the subsequent recommendations below.
 - ii. Alternatively, OHA could convene a Retail Cannabis Scientific Advisory Committee (RCSAC), which would replace the former Retail Marijuana Advisory Committee (RMSAC).
 1. The Subcommittee advises that the RCSAC have a diverse makeup. We recommend delegates from each OCC subcommittee, plus outside qualified Experts in public health, medicine, and epidemiology.
 2. OHA should prioritize experts with first-hand cannabis expertise, either through patient care, research, education, outreach, or other professional engagements.
- b. This Committee is the body who will carry out the subsequent recommendations herein.

2. Expand OHA-approved Public Health Statements to include both potential benefits and risks.

- a. The Subcommittee advises that the PHS consider and report the potential benefits AND risks of cannabis use.
- b. We also advise OHA and the PHS Committee communicate to the public that both benefits and risks exist in potential. Neither harms nor benefits are a guarantee.
- c. We recommend that the PHS must include the use cases for which cannabis is most commonly recommended by healthcare providers, including but not limited to:
 - i. Pain, sleep, and mood (anxiety and depression).
- d. We also recommend that the PHS not be limited to the use of cannabis for purely medical reasons. We advise that the PHS Committee and OHA consider personal (non-medical) benefits, such as:

- i. Harm reduction (reduced alcohol consumption for example), role of cannabis as an adjunct to cardiovascular exercise, and stress management.

3. Identify Reputable Major Sources from which to collate and adopt Public Health Statements which are already in use in other regulated markets.

- a. The Subcommittee recognizes that a full and exhaustive review of all current evidence about cannabis' benefits is not plausible, given the vast amount of research that has been published since 2017, and that which continues to be produced on an ongoing basis.
- b. Rather than conducting exhaustive and time-consuming literature reviews to synthesize Public Health Statements, the Subcommittee recommends that the PHS Committee identify Reputable Major Sources (RMS) from which to collate PHS.
- c. PHS which have already been vetted and produced by RMS could be directly and efficiently adopted for use by OHA, without having to undergo exhaustive vetting and analysis. Essentially, the subcommittee recommends outsourcing the vetting process to other, equally, or more-qualified health agencies.
- d. The subcommittee recommends the following non-exhaustive list of sources from which to collect PHS:
 - i. Foreign federal public health agencies (such as [Health Canada](#))
 - ii. US state health agencies (such as [Colorado](#))
 - iii. Unbiased scientific advisory groups (such as the [National Academies of Science, Engineering, and Medicine](#)).
 - iv. Leading healthcare providers (such as the [Mayo Clinic](#))
- e. The subcommittee discourages the consideration of United States Federal health agencies as sources (such as the National Institute on Drug Abuse, Centers for Disease Control, or US Preventative Services Taskforce) given the limited scope of these sources in the context of cannabis' status as a Schedule I controlled substance. Schedule I classification may create an inherent bias (toward risks) within US Federal health agency resources, as by definition Schedule I denotes drugs with no currently accepted medical use and a high potential for abuse.
- f. The due diligence process for analyzing whether an entity qualifies as a Reputable Major Source may include some of the following criteria:
 - i. A source's PHS were authored by experts with advanced degrees and relevant biomedical expertise.
 - ii. PHS synthesis relied on consultation from experts in the fields of cannabis and cannabinoid medicine, as evidenced by decades-long research and publication history.
 - iii. PHS synthesis relied on in-depth literature searches which included both randomized trials and large-scale observational studies, meta-analyses, and systematic reviews.
 - iv. Subcommittee advises that the PHS committee consider that PHS statements acknowledge the diversity of the public/audience: that PHS statements are worded to be non-judgmental, unbiased, empowering, and aligned with high degree of inter-individual variability of cannabis' effects.
- g. The Subcommittee recommends that the PHS Committee transparently publish the process by which Reputable Major Sources were identified (on OHA website) and provide references or citations of PHS produced by the sources.

4. Publish Public Health Statements in multiple formats to ensure uniform adoption across Oregon.

- a. The Subcommittee recognizes the need for formal, long-format PHS to be displayed on the OHA website for four distinct audiences:
 - i. Healthcare providers
 - ii. Retailers
 - iii. Medical and Retail Consumers (aged 21+)
 1. The subcommittee recognizes the blurred distinction between medical and personal use, and that many people may consume cannabis without awareness of the phenomenon of self-medication. We support uniform education of the risks and benefits of cannabis, regardless of the intended use.
 - iv. Adolescents
- b. We recommend that adolescent and consumer-specific PHS also be distilled into user-friendly pamphlet-style PDF summaries (downloadable, printable, for display in schools, retail, and clinics).
- c. Retail-specific PHS should be included as education materials when individuals seek a Marijuana Worker's Permit.
- d. PHS should be accessible in multiple languages, with awareness of the needs of our visual and hearing-impaired citizens.

5. The PHS Committee should convene in 2022 and every 3 years thereafter to ensure PHS are up to date.

- a. Because Oregon's PHS have not been updated since 2017, there is an urgent need to update them as soon as possible. The subcommittee recommends that revised PHS be published to the OHA website no later than December 31, 2022.
- b. The PHS Committee should re-convene in the first quarter of the year, every three years, to review any updates that have been made by Reputable Major Sources.
- c. During the updating process, the PHS Committee should actively seek out any new potential Reputable Major Sources.
- d. The updating process should also include the removal of PHS that are no longer supported by Reputable Major Sources, and the addition of new PHS that are endorsed by Reputable Major Sources.

6. All Public Health Statements should use the word "cannabis," not "marijuana."

- a. The subcommittee recognizes the discriminatory adoption of the word "marijuana" as a part of the controversial war on drugs.
- b. To be in alignment with scientific nomenclature, the subcommittee recommends systematic replacement of the word "marijuana" with the word "cannabis" throughout all OHA processes, committees, subcommittees, online and print materials, including the Public Health Statements and the committee which produces them (Retail Cannabis Scientific Advisory Committee).

Respectfully,

Oregon Cannabis Commission