

**Retail Marijuana Scientific Advisory Committee
Public Meeting Minutes
July 23, 2015**

In Attendance: Andris Antoniskis MD, Dennis McCarty PhD, Jim Shames MD, Marcus Watt RPh, Mike Van Dyke PhD CIH, Richard Farmer PhD, Katrina Hedberg MD MPH, Bruce Gutelius MD MPH, Kathleen Carlson MS PhD

Staff: Dawn Quitugua, Gabriela Tanaka, Pamela Martin, Matt Gilman, Susan Wickstrom, Michael Tynan

Guest: Steve Wagner

Committee Member Introductions

Purpose/Agenda

- Provide scientific input that will inform Public Health Division recommendations related to retail marijuana sales in Oregon.

Approval of Minutes from 6/25/15 Public Meeting

- Reviewed and approved the minutes from the 6/25/15 committee meeting. Minutes from 6/25/15 have been uploaded to the Public Health Division website.

Brief Legislative Update – Steve Wagner

- Senate bill 3400 is passed and signed.
- Fast Start Senate bill 460 has not yet been signed.
 - On October 1, 2015 retail marijuana may be sold in medical marijuana dispensaries.
 - Medical dispensaries must provide notification if they plan to engage in retail sales of marijuana
 - No additional licensing required for dispensaries
 - Dispensaries are not required to segregate retail and medical customers
 - Only flowers and leaves and starter plants may be sold
 - Items can only be sold to individuals 21 years of age or older
 - A dispensary may opt-in or opt-out of retail marijuana sales
 - On November 15th four major rule sets need to be in place.
 - Serving Size
 - Testing Standards
 - Accreditation
 - Labeling

Effects of Marijuana Use on the Developing Fetus and Breastfed Infants

- Continued discussion from 6/25/15 meeting: Effects of marijuana use on a developing fetus and breastfeeding infants, and scientific statements related to pregnant and breastfeeding women. The following summary documents were utilized:
 - Fetal marijuana exposure and health effects
 - Source: Institute of Medicine Review Article, 2003: pages 83-99; Colorado Report

Review Article, 2014: pages 75-86; Oregon—Washington County Review Article, 2014: pages 35-36

- Breast fed infants: Marijuana exposure and health effects
 - Source: Institute of Medicine Review Article, 2003: 83-99; Colorado Report Review Article, 2014: pages 75-86; Oregon—Washington County Review Article, 2014: pages 35-36
- Animal studies: Health effects for offspring exposed to marijuana during fetal development or breastfeeding
 - Source: Jutras-Aswad et al. Review Article, 2009: pages 401 - 403; Campolongo et al. Review Article, 2011: pages 7 – 10; Trezza et al. Review Article, 2012: pages 2, 3, 5
- Limitations in studying the consequences of marijuana use summary document:
 - Source: Caulkins et al.; Considering marijuana legalization: Insights for Vermont and other jurisdictions; RAND Corporation, 2015: pages 29-30

Committee members reviewed the Fetal Marijuana Exposure and Health Effects table and determined if they concur with the below public health statements.

- 1) General – “There is no safe level of marijuana use during pregnancy” and “There are negative effects of marijuana use during pregnancy regardless of when it is used during pregnancy.” The committee recommends the first statement be changed to read either, “**There is no known’ or ‘There is no scientifically established’ safe level of marijuana use during pregnancy.**” The committee recommends changing the second statement to something like “**Marijuana use may have’ or ‘appears to have’ negative effects on the fetus regardless of when it is used during pregnancy.**”
THC transfer to the fetus – “THC can pass from mother to the unborn child through the placenta. The unborn child is exposed to THC used by the mother”. **The committee concurs with these two statements.**
- 2) IQ and Cognitive Effects – “Maternal use of marijuana during pregnancy is associated with negative effects on exposed offspring, including decreased academic ability, cognitive function and attention. These effects may not appear until adolescence.” **The committee concurs with this statement, provided it is changed slightly to state “may be associated” rather than “is associated”. The committee also recommended incorporating a statement or phrase noting that the scientific literature on this topic is limited.**
- 3) Behavioral Effects – “Maternal use of marijuana during pregnancy is associated with negative effects on exposed offspring, including decreased academic ability, cognitive function and attention. These effects may not appear until adolescence.” **The committee concurs with this statement, provided it is changed slightly to state “may be associated” rather than “is associated”. The committee also recommended incorporating a statement or phrase noting that the scientific literature on this topic is limited.** “Marijuana use during pregnancy may be associated with increased depression symptoms and delinquent behaviors in exposed offspring.” **Committee response to this statement was mixed. Some committee members suggested using a more general statement such as “Marijuana use during pregnancy may be associated with negative behavioral effects.” Others cautioned that broader statements are less defensible, as it is more difficult to point to the literature that supports them. Some committee members preferred not to make this statement, but most committee members were comfortable with it, provided there is a statement or phrase indicating that the scientific literature on this topic is limited.**
- 4) Marijuana Use by Exposed Offspring – “There is conflicting research for whether or not marijuana use during pregnancy is associated with increased marijuana use in exposed offspring.” **Most committee members agreed this statement is accurate based on the literature, and don’t have any objections to including it. Some committee members would not emphasize this statement due to the mixed/insufficient evidence.**
- 5) Still Birth, Preterm Delivery, Birth Weight, Growth, SIDS – “Marijuana use during pregnancy may be

associated with an increased risk of stillbirth.” **Committee response to this statement was mixed. Several committee members thought the statement should not be made, given only one study supporting it. One thought it would be more helpful if it acknowledged the possible contribution of cigarette smoking to the outcome. One thought the statement is worthwhile, in that it indicates that this is an outcome that has been studied, even if it is a single study. The committee generally agreed this statement should not be emphasized, given the limited evidence to support it.**

- 6) Birth Defects – “Marijuana use during pregnancy may be associated with an increased risk of heart defects (isolated simple ventricular septal defects) in exposed offspring.” **Committee members agree this statement is accurate and appropriately characterized, however they would not emphasize this statement, as it is a very specific scientific finding that may not be important to a broad audience.**

Committee members reviewed the Breast Fed Infants: Marijuana Exposure and Health Effects table and determined whether they concur with public health statement.

- 1) General – “THC can be passed from the mother’s breast milk potentially affecting the baby.” **The committee recommends the statement be change to “THC can be passed from the mother’s breast milk to the infant. THC exposure may affect the baby.”**

Topic for 8/27/15 RMSAC Meeting

Effects of marijuana use, and messaging for adolescents and first time users

Future Topics:

- 1) Whitepaper Review - messaging, advertising/marketing
- 2) Signage/warning for consuming pharmaceutical/alcohol/nicotine products with marijuana
- 3) Packaging guidance for edibles/non-edibles
- 4) Testing for contaminants/toxicity in the environment/products, and alerts
- 5) Long-term chronic effects of marijuana edible vs. inhaled
- 6) Workplace safety, injury prevention, driving while impaired
- 7) Data monitoring – specifically survey data, calls to poison control, etc.

Public Comment Period

Meeting adjourned at 4:55 p.m.