

**Retail Marijuana Scientific Advisory Committee
Public Meeting Minutes
September 24, 2015**

In Attendance: Katrina Hedberg, MD, MPH, Bruce Gutelius, MD, MPH, Dennis McCarty PhD, Andris Antoniskis, MD, Marcus Watt, RPh, Tim McAfee, MD, MPH, Diane Lia, LCSW, CADC II, Heather Zwickey, PhD, MPH, Richard Farmer, PhD, Julia Dilley, PhD, Mike Van Dyke, PhD,

Staff: Dawn Quitugua, Gabriela Tanaka, Jonathan Modie, Nicole Corbin

Guests: Liz Thorne

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 8/27/15 Public Meeting

- Reviewed and approved the minutes from the 8/27/15 committee meeting. Minutes from 8/27/15 have been uploaded to the Public Health Division website.

Updates

- Reviewed signage/messaging that will be posted in marijuana dispensaries starting on October 1st. The Retail Marijuana Scientific Advisory Committee helped to inform the science behind these messages.
- Representatives from Washington, Oregon, Colorado and Alaska met in Seattle, Washington on September 14th and 15th to discuss some of the issues related to retail marijuana, and to gain consistency with messaging and surveillance. Katrina Hedberg (Oregon) and Mike Van Dyke (Colorado) attended the conference.
- Senate Bill 844 passed in legislature. As a result, the Oregon Health Authority has been charged with coordination of a Marijuana Research Task Force with a goal of studying and publishing a report on the development of the medical/cannabis industry that provides patients with medical products. Nominations are currently being accepted for these governor-appointed positions. Let Katrina Hedberg know if you are interested, or if you would like to nominate one of your constituents. The published report is due to the Legislature on February 1, 2016. Therefore, the time commitment of this task force is approximately 4 months.
- The Retail Marijuana Scientific Advisory Committee is encouraged to review and test the new Public Health Marijuana Website and provide feedback to the web team on Friday 9/25. The review and testing will take place here in the Portland State Office Building, in suite 450, between the hours of 10am – 4pm.
- Katrina Hedberg announced that Steve Wagner, Center for Health Protection, Center Administrator who has been overseeing the Public Health Marijuana Program, will be leaving the Oregon Health Authority/Public Health Division. Priscilla Lewis, Deputy Public Health Director, will take on this responsibility until the new Administrator for the Center for Health Protection is hired.

Effect of Adolescent Marijuana Use on Health and Other Outcomes

Committee members reviewed the Effects of Adolescent Marijuana Use on Health and Other Outcomes table and determined whether they concur with the below public health statements.

- 1) **Cognition** – Regular marijuana use by adolescents and young adults is associated with impaired learning, memory, math and reading achievement, even 28 days after last use. **Committee members discussed that evidence is consistent with showing impairment up to 28 days. Beyond 28 days the evidence was less consistent and mixed. Some committee members proposed changing this statement to “Regular marijuana use by adolescents and young adults is associated with impaired learning, memory, math and reading achievement up to and beyond 28 days.” There were no strong objections to the statement, as written. The general consensus was that this statement should emphasize that the evidence most strongly supports this finding as a short-term outcome occurring in the first month after last use.**
 - a. These impairments increase with more frequent marijuana use. **The committee concurred with this statement.**
- 1) **IQ** – No statements.
- 2) **Education** – Marijuana use by adolescents may be associated with low academic achievement, such as not graduating from high school or attaining a university degree, lower income, and more unemployment. **This statement is currently being reviewed by Colorado. New evidence may change this statement to read “Marijuana use by adolescents is associated with low academic achievement, such as not graduating from high school, and may be associated with not attaining a university degree, lower income, and more unemployment.” If approved, this statement will go into effect in Colorado in December 2015. The committee member from Colorado noted that they did not plan to make any public-facing statement on this finding, particularly college graduation, or income and employment. RMSAC members agreed that the strongest evidence supports the association between marijuana use and not graduating from high school.**
- 3) **Adult Marijuana Dependence** – Starting marijuana use during adolescence or young adulthood is associated with future marijuana addiction. **Committee members discussed the question of whether or not someone can be addicted to marijuana. It was noted that criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM) have changed over time. DSM IV criteria made reference to dependence on marijuana. DSM V criteria refer to ‘cannabis use disorder’.**
- 4) **Other Drug Use** – Marijuana use by adolescents and young adults - even occasional use - is associated with future high-risk use of alcohol, tobacco, and other drugs like cocaine, ecstasy, opioids and methamphetamine. **Committee members shared concerns with the word “future” in this statement, as it portrays marijuana as a “gateway” drug. The suggestion was to add the word “adult” in place of “future”.**
- 5) **Psychosis** – Regular marijuana use by adolescents and young adults is strongly associated with developing psychotic symptoms and disorders such as schizophrenia in adulthood. **Colorado will be changing this statement to remove the word “strongly”. A suggestion was made to remove the word “developing” from this statement as it implies causation. In place of the word “developing” one could use “increased risk” or “increased rate”.**
 - a. This risk is higher among those who start using marijuana at a younger age.
 - b. This risk is higher with more frequent marijuana use.

A committee member suggested removing the word “higher” in the statements above, and replacing it with “increased”. Another committee member noted that these are accurate statements, but we should be mindful of the fact that the increased rate of psychotic symptoms in adults who used marijuana as adolescents still adds up to a small overall effect; it is an uncommon event and does not explain many cases of schizophrenia.

In relation to this point, another committee member noted that these findings are particularly relevant for youth with a family history or personal history of mental illness; they, in particular, should not use marijuana.

- 6) Mental Health – There is conflicting research for whether or not marijuana use by adolescents and young adults is associated with depression, anxiety or suicidal thoughts. **A suggestion was made to change the statement to say there is “insufficient evidence” rather than “conflicting research”. However, the point was made that there truly is a mix of supportive and unsupportive literature on this topic, rather than a lack of evidence.**

One committee member raised the question of whether these mental health findings will become more common as products with higher THC concentration become more widely available.

- 7) Crime – No statements.
8) Effects of Quitting – No statements.
9) Other Messages – No statements.

Committee members reviewed the Effects of Adolescent Marijuana Use on Health and Other Outcomes table and determined if they concur with the below public-facing messages.

- 1) Cognition – When you get high regularly, you’re more likely to have difficulty learning, memory issues and lower math and reading scores. The more you get high, the harder it may be to learn. Getting high will likely impair your ability to drive, play sports, play video games, bike or do other activities. **One committee member suggested removing the word “regularly” from the first sentence, thinking that the public might have difficulty interpreting what ‘regularly’ means. For the last sentence, committee members suggested changing the phrase “getting” high to “being” high, and then changing the phrase “will likely impair” to say “will impair”.**

Brain development is not complete until age 25. For the best chance to reach your full potential, you should not use marijuana to get high while you are young. **It was discussed that the above paragraph would be clearer if the two statements were separated, as age 25 may seem far in the future for adolescents.**

- 2) IQ – No statements.
3) Education – No statements.
4) Adult Marijuana Dependence – It is harder to stop using marijuana if you start at a young age. Marijuana can become habit forming. **It was suggested to remove the second sentence, due to concerns about inadvertently suggesting that marijuana use is ‘habitual’, rather than a substance that can lead to dependence and disordered use.**
5) Other Drug Use – No statements.
6) Psychosis – No statements.
7) Mental Health – No statements.
8) Crime – No statements.
9) Effects of Quitting – No statements.
10) Other Messages – Getting high can get in the way of achieving your goals. Most youth in Oregon do not use marijuana. **Committee members concurred with these statements.**

Topic for 10/22/15 RMSAC Meeting

Chronic health effects related to Marijuana smoke.

Future Topics:

- 1) Data monitoring/surveillance

- 2) Effects of marijuana on the mentally ill
- 3) Pharmaceutical/alcohol/nicotine products with marijuana
- 4) Testing for contaminants/toxicity in the environment/products, and alerts
- 5) Workplace safety, injury prevention, driving while impaired

Public Comment Period

Meeting adjourned at 4:50 p.m.

EMERGENCY