

## **Retail Marijuana Scientific Advisory Committee**

### **Public Meeting Minutes**

**October 22, 2015**

**In Attendance:** Katrina Hedberg, MD, MPH, Bruce Gutelius, MD, MPH, Dennis McCarty PhD, Marcus Watt, RPh, Diane Lia, LCSW, CADC II, PhD, MPH, Julia Dilley, PhD, Mike Van Dyke, PhD, Jane Ishmael, PhD, Kim Repp, PhD, MPH,

**Staff:** Dawn Quitugua, Gabriela Tanaka, Jonathan Modie

**Guests:** Michael Tynan

### **Committee Member Introductions**

#### **Purpose/Agenda**

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

### **Present and Discuss Current Temporary Draft Rules for Retail Marijuana Dispensaries**

1. The Oregon Health Authority Public Health Division Draft Labeling and Concentration Rules dated 10/6/15 were distributed to committee members, and posted to the website for the public to review.
  - a. The temporary rules will be in place until permanent rules are implemented. A Rules Advisory Committee (RAC) is required and will include a member from this committee. The public has and will continue to be encouraged to participate and their statements will be recorded.

### **Approval of Minutes from 9/24/15 Public Meeting**

1. Reviewed and approved the minutes from the 9/24/15 committee meeting. Minutes from 9/24/15 will be available on the Oregon Health Authority Public Health Division website.

### **Senate Bill 844 Update**

1. The Oregon Health Authority Public Health Division is moving forward with Senate Bill 844. Oregon State University is contracting with the Oregon Health Authority Public Health Division to prepare the report around research to support a medical cannabis industry in Oregon. The taskforce is currently being formed and nominations are Governor approved. Once the taskforce is formalized, the meeting will be public, and a link will be provided on the website so all can be informed of the topics discussed.

### **Provide Oregon Public Health Marijuana Web Addresses**

1. On October 1, 2015 the Oregon Health Authority Public Health Division launched the Retail Marijuana website. The Retail Marijuana Science Advisory Committee (RMSAC) website is also accessible through the marijuana website.
  - a. You may access the website by entering <http://healthoregon.org/marijuana> into the browser. If committee members have suggestions on improvements, please provide feedback to ensure the website is as useful as possible.

### **Effect of Adolescent Marijuana Use on Respiratory Health**

Committee members reviewed the Marijuana Use & Respiratory Health table and determined whether they

concur with the proposed public health statements.

1. Carcinogens – Marijuana smoke, both firsthand and secondhand, contains the same cancer-causing chemicals as tobacco smoke. **Colorado will be changing this statement to read “Marijuana smoke, both firsthand and secondhand, contains *many of the same* cancer-causing chemicals as tobacco smoke. One committee member stated in some cases there are higher levels of cancer-causing chemicals in marijuana smoke than in tobacco smoke. One committee member raised a concern that with proposed low levels of THC in edibles, smoking marijuana may increase, which may be a more hazardous practice.**
2. Airflow Obstruction – Regular marijuana smoking is associated with mild decreased airflow in the lungs. **Clarification was offered that the definition of heavy marijuana smoking in the literature is daily or near-daily. ‘Heavy’ was translated to ‘regular use’ for the Public Health Statements. Committee members agree this is an accurate statement. One committee member emphasized these effects would occur over a long period of time; long-term effects. It was suggested by one committee member to provide more of an explicit explanation about why a mild decreased airflow in the lungs is considered to be harmful. One committee member noted that the Colorado committee was trying to get at the possibility that this finding is a possible early stage of Chronic Obstructive Pulmonary Disorder (COPD).**
3. Particulate Matter – Marijuana smoke may deposit more particulate matter in the lungs per puff compared to tobacco smoke. **The committee is in agreement with this statement. One committee member went on to say that this is both a conservative and appropriate characterization. Another stated that when this is translated to a public message, it will be important to illustrate how the technique of smoking marijuana is different from smoking cigarettes, e.g. taking a larger amount of smoke into the lungs, and holding the smoke in the lungs for longer periods of time.**
4. Emphysema – *There is not enough evidence to date to indicate that chronic marijuana smoking increases the risk of emphysema.* **Committee members agree this is an accurate statement; however this message would not be one to emphasize for the public.**
5. Chronic Obstructive Pulmonary Disease – There is conflicting research for whether or not smoking marijuana regularly is associated with chronic obstructive pulmonary disease (COPD). **Committee members agree this is an accurate statement.**
6. Chronic Bronchitis – Heavy marijuana smoking is strongly associated with chronic bronchitis, including chronic cough, sputum production and wheezing. **Clarification was offered that the definition of heavy marijuana smoking in the literature is daily or near-daily. Some committee members suggested the statement should be changed to read “marijuana smoking is associated with chronic bronchitis, including chronic cough, sputum production and wheezing”. There is substantial evidence indicating heavy marijuana use (daily or near daily smoking) is associated with chronic bronchitis. Colorado translated this to public messaging saying, ‘Heavy marijuana smokers (daily or near-daily use) have many of the same health problems that tobacco smokers have. These include a daily cough, bronchitis, mucus and wheezing.’**
7. Bullous Lung Disease – Heavy marijuana smoking may be associated with a specific type of lung tissue destruction called bullous lung disease. **Committee members agree this statement is accurate. Although this condition is rare, there were several reports of this in the reviewed literature. For that reason, Colorado decided to integrate this into their surveillance system to determine if continued associations are found.**
8. Respiratory Infections – No statements. **The committee agrees there will not be a specific statement made about the association between smoking marijuana and increased risk of respiratory infection, as there is insufficient evidence to determine this.**
9. Lung Cancer – There is conflicting research whether or not marijuana smoking is associated with lung cancer. **Committee members agree this is an accurate statement.**

10. Pre-malignant Lesions in Airways – Heavy marijuana smoking is strongly associated with pre-malignant lesions that may lead to cancer in the airways of your lungs. **Committee members agree this statement is correct. One committee member suggested the words “may lead to cancer” be removed when relaying this to the public. Colorado conveyed this to the public as “Heavy marijuana smoking is strongly associated with tissue damage in the airways of your lungs”.**
11. Smoke from Water Pipes or Bongs Contain More Cancer Causing Chemicals – Smoke from water pipes or bongs may contain more cancer-causing chemicals per milligram of THC compared to smoke from unfiltered joints. **Committee members agree this statement is correct.**
12. Acute Use Improves Airflow – One-time marijuana use (edible or smoked) is strongly associated with immediate, short-term (1 to 6 hours) improved airflow in the lungs of healthy marijuana users and asthmatics. **Committee members agree this statement is correct. Committee members discussed the importance of conveying a message that emphasized that marijuana is not an appropriate treatment for asthma. One committee member suggested using “While acute THC exposure is associated with bronchial dilation, chronic cannabis use will lead to lung problems”.**
13. Respiratory Health Effects from Aerosolizing/Vaporizing – *There is not enough evidence to date to determine if aerosolizing or vaporizing marijuana is associated with effects on lung health. The committee agrees there is not enough evidence to make a statement on this topic.*

### **Topics for 11/19/15 RMSAC Meeting**

Cognitive and Neurological Effects of Marijuana Use (including mental illness) and Cardiovascular Effects.

Future Topics:

- 1) Marijuana addiction and treatment
- 2) Data monitoring and surveillance
- 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 4:57 p.m.