

Charter: Retail Marijuana Scientific Advisory Committee

Purpose and Background

In November 2014, Oregon voters passed Ballot Measure 91 that will allow sale of retail marijuana in Oregon. The Oregon Liquor Control Commission (OLCC) is the lead agency on retail marijuana. The Public Health Division administers the Oregon Medical Marijuana Program.

As retail marijuana sales are implemented, the objectives of the Oregon Public Health Division will be to understand and mitigate adverse public health impacts of retail marijuana use in Oregon by:

1. Protecting children and other vulnerable populations from exposures/adverse health effects;
2. Preventing youth initiation of retail marijuana use;
3. Monitoring adverse health effects associated with retail marijuana;
4. Minimizing risks associated with marijuana products on the retail market;
5. Educating populations on public health issues related to retail marijuana use.

The Oregon Public Health Division (PHD) assembled a Retail Marijuana Scientific Advisory Committee (RMSAC) to gather scientific input that will inform public health recommendations related to retail marijuana in Oregon. The committee will examine possible adverse health effects of retail marijuana use; and impacts of time, place, and manner of retail sale of potentially addictive substances.

The Oregon Public Health Division also administers the Oregon Medical Marijuana Program (OMMP). The RMSAC may provide input to the OMMP if specific questions/ issues are referred to the committee by the OMMP manager or the Advisory Committee on Medical Marijuana (ACMM).

Scope

Specific areas that the Retail Marijuana Scientific Advisory Committee will address include:

Health effects of retail marijuana use

- a. Recommend amount of THC in a single serving that minimizes health risks.
- b. Review current data on adverse health effects of marijuana use for specific populations.
 - i. Pregnant women, newborns, breastfed infants, children, adolescents, adults, other vulnerable populations
 - ii. Evidence strength: substantial; moderate; limited; mixed; and insufficient.
- c. Identify knowledge gaps.
- d. Advise on scientific information that would improve existing knowledge.
 - i. Recommended research studies

Evidence-based recommendations to decrease the impact of retail marijuana sales on minors/ vulnerable populations

Develop consensus or majority opinions on strength of evidence regarding impacts of time, place, and manner of retail sale of potentially addictive substances (such as tobacco or alcohol). These known impacts may guide regulatory policy for retail marijuana sales. They include, but are not limited to:

- a. Packaging (including health warnings, unit amount in a single serving, packaging as a marketing tool, child safety issues, etc).
- b. Media and point of sale marketing

- c. Price
- d. Youth access regulations
- e. Flavoring

Recommended public health messages related to retail marijuana use based on scientific data. Stipulate the criteria and principals on which those recommendations are based. Include a particular focus on preventing health disparities for:

- a. Minors and under-age populations
- b. Pregnant women
- c. Breast feeding women

Public health monitoring of retail marijuana use

Recommend approaches to collecting and analyzing population data for ongoing monitoring of:

- i. Prevalence of use
- ii. Potential adverse health outcomes (ED visits, injuries, food borne outbreaks, etc).

Authority

The Oregon Health Authority, Public Health Division’s mission is “Promoting health and preventing the leading causes of death, disease and injury in Oregon.” In order to achieve this mission, we must understand the primary health outcomes, factors, behaviors, environments, and policies that affect the health of Oregonians.

Membership/ Decision-making

The Retail Marijuana Scientific Advisory Committee (RMSAC) should include 12 to 17 regular members. Other participants may serve in a consulting role, when needed. Members of the RMSAC have expertise in the following areas: public health and epidemiology; clinical medicine; toxicology and basic science; pharmacology; addictions and mental health treatment and research.

Decision-making will be by consensus when possible. If consensus cannot be reached, a vote of members will be taken; the results will be recorded, along with statements of concurrence or disagreement if necessary. For the purposes of a vote, a quorum of 9 regular members shall be present. OHA staff will serve in an ex-officio, non-voting role.

Deliverables/Outputs – Reports/Metrics

Committee discussions and recommendations will be documented in meeting minutes. The RMSAC will produce summary documents/ white papers with recommendations on specific topics addressed by the RMSAC. All information will be included on the Public Health Division website.

Meeting/Meeting Support

Public Health Division employees will staff this committee.
 Meetings will adhere to public meeting policies and procedures.
 Meetings will be public, with information about the committee’s activities and decisions posted on the Public Health Division website.
 Each meeting will include a public comment period, allowing for 2 minutes per comment. The public may also submit comments to the committee in writing or through the web.