

**Cannabis Public Health Advisory Council Meeting #9**  
**Wednesday, October 16, 2024 · 4:00 – 6:00 pm**

**Meeting Minutes**

**Members Present:**

Dr. Madhumi Mitra  
Dr. Deondra Asike  
Dr. Leah Sera  
Dr. David Gorelick  
Dawn Berkowitz  
Karrissa Miller  
Dr. Leigh Vinocur  
Delegate Terri L. Hill  
Senator Benjamin Kramer  
Jason Semanoff  
Dr. Nishant Shah  
Jocelyn Bratton-Payne  
Elizabeth Kromm  
Bethany Young

**Members Not Present:**

Martin Proulx  
Nora Urbietta Eidelman

**MDH Members Present:**

Alex Nowalk  
Dana Moncrief  
Katherine Natafgi  
Michelle George  
Pamela Williams  
Susannah Beckerman  
Sabrina Chase

**Members from Public:**

Rebecca Jackson  
Elise Andrews,  
Christine Boyd  
Johanna Heller

**Presenters:**

Elizabeth Millwee  
Emily Paterson

### **I. Welcome by Dr. Deondra Asike, Chair. 4:00 PM**

The meeting was called to order by Dr. Deondra Asike, Council Chair, at 4:00 PM on October 16, 2024.

### **II. Open Council Meeting/Council Business. 4:01 PM**

Dr. Deondra Asike introduced the new Council member, Bethany Young, the Director of Policy and Legislation for the Governor's Office of Crime, Prevention and Policy. Bethany Young introduced herself to the council.

Dana Moncrief took roll call; a quorum was present.

Dana Moncrief reviewed the meeting minutes from the July 2024 meeting. Dr. David Gorelick made grammatical and sentence structure suggestions. He also made some suggestions to content but the suggestions were declined because they were not captured by the meeting transcript. Dr. Nishant Shah made the motion to accept the July 17, 2024 meeting minutes, Karissa Miller seconded the motion. Jason Semanoff abstained from the vote, all others were in favor of accepting the meeting minutes from July 2024.

### **III. Presentation: High Alert: An Overview of Cannabis-Related Cases Reported in Maryland by the Maryland and National Capital Poison Centers. 4:10 PM**

Dr. Deondra Asike welcomed the meeting presenters from the Maryland and National Capital Poison Centers: Elizabeth Millwee and Emily Paterson.

Elizabeth Millwee and Emily Paterson's presentation provided an overview of the Maryland Poison Center, how to utilize the poison center's services, enhanced cannabis surveillance with related data, and their awareness campaigns. The Maryland Poison Center is the certified regional poison center for the State of Maryland, servicing 22 of the 24 counties in Maryland. Prince George's County and Montgomery County receive services from the National Capital Poison Center. The Maryland Poison Center is located at the University of Maryland, School of Pharmacy in downtown Baltimore. They service the state through their phone line. The Maryland Poison Center has provided poisoning treatment advice, education and prevention since 1972.

The primary staff of the Maryland Poison Center are Certified Specialists in Poison Information (CSPIs). CSPIs are the pharmacists and nurses who go through specialized training in toxicology and answer the poison who answer the calls coming into the Maryland Poison Center. Other staff include board certified clinical and medical toxicologists, public educators, health professional educators, and other support staff.

The number to contact the Maryland Poison Center is 1-800-222-1222. Reasons to call the Maryland Poison Center include taking medicine incorrectly, exposing eyes or skin to irritants that burn, or inhaling chemicals or gas. It is recommended a person calls immediately, even if they are not having symptoms. The Maryland Poison Center can help determine if further treatment in a healthcare facility is necessary.

The Maryland Poison Center is available 24/7, every day of year. It is a completely free service. They do not request any insurance or payment information. The service is confidential and they are not a reporting entity to child protective services, immigration, or the police. Interpreters are available in over 240 languages.

When a person calls into the Maryland Poison Center, they are asked the following:

- Product Name
- Amount
- Time since exposure
- Symptoms
- Reason for exposure
- Route of exposure
- Weight and age
- Past medical history
- Previous therapy

Poison prevention and safety tips focus on:

- Safe Storage: up, away and out of sight
- Read and follow label directions every time
- Keep products in their original labeled containers
- Utilize child-resistant containers
- Safe medicine disposal: there are permanent drop off locations throughout the state, they also offer a take back day twice a year.
- Save the poison center phone number in your phone and post it somewhere visible in your home.

The Enhanced Cannabis Surveillance Project commenced earlier this year and is an ongoing collaborative initiative involving the Maryland Poison Center, the Maryland Cannabis Administration and the National Capital Poison Center. The objectives include identifying the types of cannabis products involved in exposures, understanding how children and adolescents are gaining access to cannabis, and assessing the healthcare resources utilized in response to cannabis exposures. Data are available from February 2024 to August 2024.

Some of the campaigns that the Maryland Poison Center and the Maryland Cannabis Administration have collaborated on include the Safe Storage Information, social media graphics for June National Safety Month, and the BeCannabisSmart! video campaign.

#### **IV. Assessment and Referral Resources for Cannabis Use Disorder. 4:39 PM**

Dr. Deondra Asike welcomed Dr. Nishant Shah to present on referral resources for cannabis use disorder.

Dr. Nishant Shah focused on identifying those with cannabis use disorder utilizing the screening tools, diagnostic criteria, and SBIRT to diagnose cannabis use disorder. Dr. Shah presented data from the National Survey on Drug Use and Health. He also stressed the importance of recognizing that there are different gradations of use disorders and not everyone with cannabis use disorder presents with the same severity of disease. Dr. Shah also noted that there has been a change in the language stepping away from “addiction” and moving towards “use disorder.” He noted that cannabis use disorder is diagnosed by severity of mild, moderate, and severe. Severity is distinguished by the number of symptoms that are present.

Dr. Shah presented the CRAFFT screening tool.

- C: Have you ridden in a **car** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- R: Do you ever use alcohol or drugs to **relax**, feel better about yourself, or fit in?
- A: Do you ever use alcohol or drugs while you are by yourself, or **alone**?
- F: Do you ever **forget** things you did while using alcohol or drugs?
- F: Do your **family** or **friends** ever tell you that you should cut down on your drinking or drug use?
- T: Have you ever gotten in **trouble** while you were using alcohol or drugs?

Dr. Shah presented SBIRT, an evidence-based approach to systematic screening that includes motivational interviewing and brief counseling, and then referrals for high-risk substance use disorders.

- S stands for screening
- BI is brief intervention
- RT is referral to treatment

Dr. Shah introduced 988, a 24/7 crisis line, for those who self-identify with cannabis use disorder for resources and support. There is also a 12-step program called Marijuana Anonymous.

Dr. Shah shared that there a number of services available based on need including:

- Individual counseling
- Group counseling
- Integrated behavioral health services
- Population specific (adolescent services)

Dr. Shah also shared that Maryland Addiction Consultation Services is available to any provider in Maryland. The MACS number is 1-855-337-MACS.

#### **V. Workgroup recommendations. 4:54 PM.**

To accommodate a few council members who needed to depart the meeting early, Dr. Asike moved the meeting ahead to workgroup recommendations for the annual CPHAC report.

Karrissa Miller presented the Youth Use Mitigation workgroup recommendations.

- Recommendation #1: Add questions to the next YRBS/YTS survey, including reason(s) for use, sources and ease of access, driving behaviors and perceptions of risk.
- Recommendation #2: MDH should collaborate with local education agencies to review current cannabis-specific curricula and implement a resource kit for educators related to youth and impairment including cannabis-related impairment driver’s education programming.
- Recommendation #3: MCA and MDH should work collaboratively with the workgroup to provide feedback on targeted campaign material for cannabis use and impairment and impaired driving.
- Recommendation #4: MCA and MDH should develop an implementation plan for stakeholder surveys or listening sessions in collaboration with the workgroup, to better understand limitations in existing material(s) and what resources or standardized material may best support current needs, including:
  - Educators
  - Clinicians and mental health professionals
  - Parents and guardians
  - Community organizations
  - Youth

Dr. Leigh Vinocur presented the Healthcare Provider Education workgroup recommendations.

There was significant discussion concerning the wording regarding “requirements,” “highly incentivize,” and “recommendations”. There was also discussion about who is the correct authority for “requiring” clinicians to follow certain guidelines and if MDH is that authority or if a licensing board would be a more appropriate authority.

The Healthcare Provider Education workgroup recommendations were finalized as:

- Recommendation #1: MDH should establish continuing education recommendations for all licensed healthcare providers specific to the endocannabinoid system, cannabis use and use disorder, and cannabis' effects on human physiology.
- Recommendation #2: MDH should collaborate with MCA, healthcare professional licensing boards, health profession training programs, and healthcare professional associations to strongly encourage and incentivize the use of healthcare professional education programs focused on the use of cannabis, ensuring basic competency in the following topics:
  - The endogenous cannabinoid (endocannabinoid) system
  - Cannabinoids
    - Plant derived (phytocannabinoid)
    - Synthetic
  - Cannabis Pharmacology
  - Interactions with medications
  - Potential benefits
  - Adverse effects
  - Prevention, screening and treatment for cannabis use disorder.

Dr. Asike asked for a motion to accept the recommendations from the Youth Use Mitigation workgroup and the Healthcare Provider Education workgroup. Senator Kramer made the motion and Delegate Hill seconded the motion. Jason Semanoff abstained, all others were in favor.

Karissa Miller did note that the Healthcare Provider Education workgroup recommendations could be revisited with next year's report.

#### **VI. Review/Discussion of CPHAC Recommendations Report Draft. 5:21 PM**

Dr. Asike moved the meeting to the review of the CPHAC Recommendations Report Draft. The Council reviewed the suggested edits including grammatical, sentence structure, definitions, and clarity of wording. There was also discussion whether the On-Site Consumption Workgroup would be submitting recommendations for the report. Due to time constraints and how new the workgroup is, it was determined that the On-Site Consumption Workgroup would not submit official recommendations within this report.

#### **VII. Vote: Approval of CPHAC Recommendations Report. 5:27 PM**

Dr. Asike asked for a motion to approve the draft of the CPHAC Annual Report to the Governor with the suggested edits. Senator Kramer made the motion and Dr. Gorelick seconded the motion.

Delegate Hill requested that Dana Moncrief conduct a roll call for the vote. Jason Semanoff abstained, all others present voted to approve the motion.

#### **VIII. Prep for 2025!**

Dr. Asike presented the 2025 council and workgroup meeting cadence, rules regarding attendance, and requested that topics for meetings be submitted. Dr. Asike also reviewed the legislative season and the impact on the council.

Karissa Miller requested that an additional meeting be added to next year's calendar to review the content of the annual report.

Dr. Asike requested a motion to add a 5th meeting to the 2025 council meeting year. Karissa Miller made the motion, Dr. Shah seconded the motion. Dr. Asike asked for a vote to add a 5th meeting, on a Wednesday at 4 pm, between July and September. There was one opposed, all others present were in favor, there were no abstentions.

#### **IX. New Resources. 5:36 PM**

Dana Moncrief presented on the MDH Cannabis Public Health Data Dashboard. The Dashboard has many features, including demographics and data which can be sorted by various features and categories.

Kate Natafagi presented a new council resource repository called Basecamp. Basecamp includes a home page, message boards, to-do lists, documents, files, chat features, the meeting schedule and various resources. Kate Natafagi made a point that official council business cannot be conducted in Basecamp because of the requirement by the Open Meetings Act of public transparency.

#### **X. Public Comment. 5:46 PM**

Dr. Asike opened the floor for public comment. There were no public comments.

#### **XI. Adjourn. 5:48 PM**

Dr. Asike asked for a motion to adjourn the meeting. Dr. Leigh Vinocur made the motion and Dr. Nishant Shah seconded the motion. Dr. Asike asked for a vote to adjourn the meeting. All members present were in favor of the motion.