

Therapeutic Cannabis Medical Oversight Board  
June 2, 2021, Remote Meeting (Zoom)  
Meeting Minutes

*Members Present:* Virginia Brack, Heather Brown, Corey Burchman, Jerry Knirk (Chair), Jill MacGregor, Richard Morse, Molly Rossignol, Seddon Savage, Tricia Tilley (for Jonathan Ballard), Lisa Withrow

*Members Absent:* Cornel Stanciu

*DHHS Staff:* Michael Holt, DPHS Program Administrator

Meeting commenced at 5:33 pm

### Minutes

Meeting minutes from 5/5/21 were approved

- Motion: Rossignol. Second: Brack. Vote: 9-0 (Morse not yet present)

### Mandated Reporting

Tricia Tilley (DPHS Deputy Director) gave an overview of mandated reporting

- The current law:
  - Medical providers are mandated reporters, as are all people in NH.
  - If one suspects that a child has been abused or neglected, there is a legal requirement to report.
  - There is no legal requirement to report a pregnant women for use of cannabis.
    - All services are voluntary during pregnancy
  - When baby is born, hospitals have different requirements
  - Healthcare providers must do a plan of safe care when a child is affected by substance exposure.
    - NH RSA 132:10
    - If an infant is born and affected by substance abuse or withdrawal symptoms, healthcare provider must develop plan of safe care.
      - That is not a report to DCYF.
      - Plan can be sent to DCYF if abuse is of concern but that is at the discretion of provider.
    - Cannabis does not generally develop withdrawal in the same way as other substances.
    - Therapeutic cannabis does not require a plan of safe care, cannabis abuse does. \*\*\*What is cannabis abuse?
    - RSA 160:12.
      - Parent has opportunity to demonstrate that substance misuse does not affect the child's care.
    - Healthcare provider can choose to make a report of a women who has had substance exposure.
    - Cannabis use is not likely going to result in such a report

Board member noted that DCYF was at her house today due to a complaint by the son's school because, in a discussion of drugs at school, her son mentioned that his Mom was a therapeutic cannabis user.

- This is the fourth time this has happened
- Board member noted that the school believes that they are supposed to report to DCYF in this circumstance

Burchman noted the larger issue of stigmatization, generally, of legitimate medical cannabis users.

- This occurs with employers, government, and in many other areas
- Destigmatization of cannabis therapy should be a priority of this Board.
- Board membership generally agreed with this as a priority.

It was proposed that there be legislation considered that would exempt users of therapeutic cannabis from DCYF investigations.

- Knirk, Brown, and DPHS agreed to explore these issues.

#### Today is For Me Campaign

Kristen D'Ovidio and Martha Bradley, NH Community Health Institute (CHI), present campaign module on therapeutic cannabis use before, during, and after pregnancy.

- Campaign funded initially by NH Charitable Foundation, then by BDAS
- Peri-natal task force has been involved throughout the process
- Aimed at people 16-44, child bearing years.
- Materials developed for patients and for healthcare professionals
- Process
  - Literature review and environmental scan
  - Approached both alcohol and cannabis
  - Survey of NH women about substance use pregnancy and breast feeding
  - Tested their response to various themes for the campaign
    - Focus groups
    - Market testing
  - Helped develop poster on alcohol and pregnancy for liquor stores
  - Key informant interviews, campaign survey, A/B testing
  - Launched tool kit around the state
  - Measures
    - Change in knowledge attitudes and beliefs
    - Awareness of campaign
- Provider toolkits and patient information now available based on campaign

The Board reviewed the Today Is For Me documents

- There was discussion whether mental health challenges should be included among the outcomes of perinatal exposure
  - It was asked how robust the literature on a link between autism and cannabis use is.

- It was suggested that evidence is generally emerging on all these issues and that the language should be softened to indicated evidence “suggests” cannabis “may be” associated
- With respect to breast feeding, it was suggested that it be changed from “limit use to avoid problems” to “avoid use to limit problems”
  - Also include understanding that pumping and dumping is not effective
- It was suggested that we need to be in line with hospitals who do not provide support for breastfeeding through lactation counselors for women using cannabis
- It was noted that we should line up with hospitals if they are wrong
  - It was suggested ASAM may have a statement about breast feeding and cannabis that supports breast feeding if risks
  - Need to be clear about illicit use and therapeutic use
- It was suggested that the connection between cannabis use and cancer be taken out as there is no evidence of this. Instead, emphasize respiratory illnesses that are associated with cannabis use and second-hand smoke: exacerbation of asthma, COPD, bronchitis etc
- “No known safe amount” in breast feeding is the current standard used in the literature
- It was suggested that no specific numerical increase in THC concentration be included since current concentrations have increased
- The section on CBD needs work
  - The use of CBD in pregnancy has not been studied
  - It was noted that delta 8 THC use has also not been studied
  - Suggestion: State that there have been limited studies of CBD and delta 8 use in pregnancy and therefore should be avoided
- It was noted that the term “marijuana” is stigmatizing and should be avoided in favor of the term “cannabis”
- Posters
  - Change “medical marijuana” to “therapeutic cannabis”
  - The title of the campaign “Today Is For Me” was discussed
  - There was discussion about whether the poster should say, “Like all medications, use of cannabis in pregnancy “has risks” or “may have risks”“
- Provider Toolkit
  - Need a comparator for numbers of people who are depressed who are using cannabis.
  - Some grammar needs improving.

#### Next steps

- Members should forward specific suggestions, including clear ways to say things, to Martha and Christin
- Minutes will be forwarded to CHI
- CHI will revise and send another version for review
- ATCs will weigh in after the Board and DHHS has had their input

### Legislative update

- Governor signed into law various cannabis bills. Both the Legislature and the Governor appreciate, respect, and value the work of the Board. Such respect contributed to the success of this legislation.
- HB 90 Insomnia and ASD as qualifying conditions, effective 6/24/21
- HB 163, education about cannabis use during pregnancy and adolescence, effective 6/24/21

### Public comments

Keenan Blum, Prime ATC, thanked the Board and offered assistance whenever it might be helpful

### Member Updates

- Discussion about how to destigmatize therapeutic cannabis use
  - Maybe start with the BOM
  - Perhaps opening dispensaries to the public so they can see them
  - Other states have worked on this issue
  - Letting people know that the dispensaries are doing community service
  - Suggested a working group to consider specific policies that might contribute to destigmatization, including DPHS, Brown, and Knirk
  - The Board agreed to have a robust discussion about destigmatization at a later meeting
- The group agreed not to meet in August

Meeting adjourned at 7:35 pm.