

MEETING MINUTES
GMIAC Health Subcommittee Teleconference
Friday, November 20, 2015, 10:00 a.m. – 10:30 a.m.
Century Link Building, 6101 Yellowstone Road, Room 417
Cheyenne, Wyoming 82002

Attendees:

In-Person

Angela Van Houten, Community Health Section Chief, Public Health Division, Wyoming Department of Health (On behalf of Dr. Wendy Braund)
Joseph D'Eufemia, Tobacco Prevention and Control Program Manager, Public Health Division, Wyoming Department of Health
Erica Matthews, Substance Abuse and Suicide Prevention Program Manager, Public Health Division, Wyoming Department of Health
David Robinson, JD, Office of the Wyoming Attorney General
Jeremy Bay, Executive Assistant to the State Health Officer and Senior Administrator, Public Health Division, Wyoming Department of Health

Via Telephone

Tracy Murphy, MD, Public Health Sciences Section Chief and State Epidemiologist, Public Health Division, Wyoming Department of Health
Jackie Herb, Region Manager, Department of Family Services
Dr. Charles Ksir, Professor Emeritus, University of Wyoming Psychology Department
Dr. Sigsbee Duck, President, Wyoming Medical Society
Daniel Vigil, MD, MPH, Environmental Epidemiology, Occupational Health and Toxicology Branch, Colorado Department of Public Health and Environment

Angie Van Houten welcomed the subcommittee members on behalf of Dr. Braund and asked for feedback on the draft GMIAC Health Subcommittee report (draft report) that was emailed to subcommittee members.

David Robinson recommended the potential inclusion of health concerns associated with improper disposal of marijuana by-products as dangerous waste into the potency section of the draft report. Dr. Vigil stated that he believed this is important, but he would have to request input from others to provide more detailed information regarding Colorado's perspective.

Dr. Murphy commented that the statement "The anti-nausea, pain management, and anti-inflammatory effects of marijuana have also been significantly tested and proven for use in cancer patients undergoing chemotherapy, HIV..." under the Potential Health Benefits section of the draft report may be too strong based on some of the position statements available, specifically the JAMA systematic review and meta-analysis of June 2015 that was uploaded to the GMIAC document submission folder. Dr. Duck whole-heartedly concurred and stated that the Wyoming Medical Society's position is that the effects of medical marijuana are not "proven." Dr. Duck recommended rewording to "pain management and anti-inflammatory effects are actively being tested".

Dr. Ksir commented that there should be a distinction between anti-nausea effects and others, as Dronabinol has been available for twenty-years for cancer patients undergoing chemotherapy

and HIV patients. He stated that there is a lot of good literature available on the effectiveness of Dronabinol. Dr. Ksir pointed out that this refers to synthetic THC and not smoked marijuana.

Dr. Murphy stated that the aforementioned JAMA study that reviewed “100s” of studies concluded that the evidence supporting the improvement of vomiting and nausea due to chemotherapy and HIV is poor quality. Dr. Ksir remarked that Dronabinol is FDA approved and that there are studies that would state that the evidence supporting the effectiveness of anti-depressants is poor quality, as well. Dr. Ksir concurred with Dr. Murphy that “proven” is a strong statement when used in scientific discussions.

The subcommittees recommended that the document be revised to specify anti-nausea medications that have been approved by the FDA, without using the word “proven.”

Dr. Ksir commented that the section of the draft report referring to marijuana as a gateway drug makes a strong argument that the vast majority adults who use cocaine, heroin, etc., have a history of marijuana use. However, it makes sense that they would use marijuana first because it is more readily available to young people. The fact that many people use marijuana before cocaine, etc. does not necessarily imply a causal relationship. Additionally, Dr. Ksir pointed out that the gateway hypothesis has been around since 1975 and has been challenged. He also mentioned that the first two things that were identified as gateway drugs were alcohol and tobacco, to which the same argument regarding availability to young people could be applied.

Angie reminded the group that the deadline for the submission of documentation is November 20, but if materials become available after the deadline that they should be submitted. Angie asked that additional comments and recommendations be sent to Erica Mathews (erica.mathews@wyo.gov) by close of business on Wednesday, November 25.

Angie updated the group on the next steps, which include the submission of the finalized report by December 1, 2015, followed by a GMIAC meeting on December 18, at which subcommittees will share high-level report findings. Following the December 18, meeting subcommittee reports will be sent to WYSAC for incorporation into the full report. It is unclear at this time if subcommittees will have the opportunity to review final reports prior to submission.

The group commended the work of Erica and Joe on the drafting of the report.

Angie thanked the group on behalf of Dr. Braund for their time and feedback and concluded the meeting.