**Meeting Minutes**

**HB 21-1317 Thirteenth Meeting of the Scientific Review Council**

**December 18, 2023; 9:00 am – 11:00 am MT**

**General Remarks and Welcome:**

* Dr. Chris Urbina, Chair of the Scientific Review Council (SRC), called to order the thirteenth meeting of the SRC on December 18, 2023, at 9:00 am MT.

**Scientific Review Council Introductions and Update on Conflicts of Interest:**

* The Chair conducted a roll call for both the Council and the Colorado School of Public Health project team members.
* The following Council members were present and introduced:
* Chris Urbina
* Joseph Schacht
* Kennon Heard
* Kent Hutchison
* Greg Kinney
* Archana Shrestha
* Susan Calcaterra
* Paula Riggs
* Kelly Knupp (with advanced notice of late arrival. Dr. Knupp is a new member of the SRC, taking over for Dr. David Brumbaugh)
* Lesley Brooks (with advanced notice of late arrival)
* The following Council members were absent:
* Erica Wymore, with advanced notice and apologies

The following SPH team members were present and introduced:

* Jonathan Samet
* Lisa Bero (with advanced notice of late arrival)
* Greg Tung
* Sam Wang
* Tianjing Li
* Christi Piper
* Jean-Pierre Oberste
* Meghan Buran
* Neeloo Soleimanpour
* Annie Collier (new member on the educational campaign team and taking over for Dr. Sheana Bull as she steps away from the team)
* Colleen Keenan (new member on the educational campaign team and will fill the project manager role for the campaign activities)
* Paige Buchanan-Hall
* The following SPH team members were absent:
* Ashley Brooks-Russell, with advanced notice and apologies
* Valerie Yim, with advanced notice and apologies
* Louis Leslie, with advanced notice and apologies
* Sheana Bull, with advanced notice and apologies
* Thanitsara Rittiphairoj, with advanced notice and apologies
* Jenn Leiferman, with advanced notice and apologies
* Charlene Barrientos Ortiz, with advanced notice and apologies
* Changes to COI forms for any Council members
* Dr. Hutchinson and Riggs are co-PIs on a recently funded NIDA Cannabis Research Center of Excellence for cannabis research.
* Dr. Knupp serves on a DSMB study for Jazz Pharmaceuticals. Dr. Knupp will recuse herself if conversations regarding Epidiolex and Jazz pharmaceuticals occur.

No questions for Chair Chris Urbina.

**Review of Agenda, Meeting Minutes, Charge to the Colorado SPH, and Recommendations to the SRC:**

* Chair Urbina reminded everyone in attendance that meeting minutes and the response to SRC recommendations are available on the project website under the resources tab.
* Chair Urbina reviewed the agenda with the Council.
* Agenda shown on screen for the panelists (Council and Colorado SPH) as well as public attendees.

No questions for Chair Urbina.

**Overview Progress from the Cannabis Research & Policy Project:**

* Dr. Jonathan Samet presented the objectives of today’s meeting including an update on the overall progress from the Cannabis Research and Policy Project and he expressed that Dr. Annie Collier will provide a progress from the educational campaign team. Dr. Samet made the attendees aware that the published report is available on the website.
* Dr. Samet highlighted the report on the scoping review that was submitted in April 2023 to the legislature. Since then, the team published a manuscript describing the review in the American Journal of Public Health (AJPH) and the Tableau Dashboard. In the publication we described what we learned from the review, the limitations of the literature, and the failure to find strong evidence linking higher concentration products to particular health outcomes, a finding largely reflecting deficiencies in the literature.
* The team is also working on updating the initial scoping review since we are approaching a year from when the last search was conducted. We are in the process of identifying articles to maintain the scoping review and input into the dashboard as there is a growing body of literature relating to higher concentration cannabis products published each year.
* The group has also submitted a lengthy manuscript to Epidemiologic Reviews on the problems with the literature and a briefer commentary to AJPH on methodological challenges and the need to address them, given the ever-expanding marketplace for recreational marijuana as an increasing number of states are legalizing recreational marijuana. We also have proposed a methods workshop to address the concern about the quality of studies and various methodological problems we are faced with.
* Dr. Samet explained that we have a few ongoing reviews in progress including the effects of high-concentration cannabis products on mental health, the consequences of high-concentration cannabis products on respiratory health, mass-media behavioral interventions, and modern modalities in behavioral interventions. The latter two will support the educational campaign.
* The team is working on developing a separate report that describes the policy landscape around these products. It includes a review of the literature and the review conducted by National Conference of State Legislatures (NCSL) of legislation in place. This report will include some policy options around high concentration products.
* Also, Dr. Samet discussed the work on a brief commentary paper that has been submitted and it addresses potential funding biases around the available literature on high-concentration cannabis products.
* The team is progressing on the educational campaign and back in August 2023, team leaders presented in a panel form at the Cannabis Research Conference in Denver, sponsored by the Center at CSU Pueblo.
* Dr. Samet mentioned our plans to develop a workshop that will hopefully improve the state of research on cannabis. Additionally, we are planning to host a Continuing Medical Education conference to reach healthcare providers who are around some of the more susceptible and vulnerable populations (e.g., youth, adolescents and those with mental health conditions).

Questions and Answers:

* Chair Urbina asked if the new studies found through the scoping review update will be added to the dashboard and will be available on the team website.
	+ Dr. Samet mentioned that any publications that meet the criteria from our initial review will be included and updated into the dashboard for public access. Dr. Samet reiterated the importance of maintaining an up-to-date dashboard to continually reference the published literature that is relevant.

No further questions for Dr. Samet.

**Reviews in Progress:**

* Jean-Pierre Oberste provided an overview of the ongoing reviews in progress. There are four reviews taking place: updating the overall scoping review, high-concentration cannabis products and mental health outcome review, mass media behavioral intervention review, and modern modalities in behavioral interventions review.
* Mr. Oberste mentioned that the data analysis for the mass media behavioral intervention review is complete and the write up is in progress. The education campaign team has received the results, and the final manuscript is under development.
* Mr. Oberste discussed the review on modern modalities and behavioral interventions and the data extraction step that is still in progress. The goal is to provide the educational campaign team with the results by the end of January 2024 at the latest.
* Mr. Oberste provided an overview of the two other ongoing systematic reviews. The team has started working on updating the initial scoping review that ended in November 2022. An additional 6178 articles were identified. The next step is to begin screening titles and abstracts for data extraction to take place. The other systematic review in progress is focused on high concentration cannabis products and mental health outcomes. The methodologists have completed full test screening and are proceeding with data extraction for 103 studies that were relevant and met the inclusion criteria.
* Mr. Oberste provided a flowchart for each review to show the size of the literature that the team is working on reviewing for data extraction and synthesis.

Questions, Comments, and Answers

* Dr. Samet highlighted the flowchart diagram regarding the initial scoping review and emphasized that within a one-year period (November 2022 to November 2023) we have more than 6000 new studies published.
	+ Mr. Oberste recognized the significance of the large number of new studies and noted the quick production of new information published this year. Mr. Oberste provided a perspective for this figure, stating that the team is reviewing 10% approximately of the original total of 60,000 studies covered in the first search.
* Chair Urbina inquired if the updated data extraction efforts will be made available on the dashboard for the public to access and browse.
	+ Mr. Oberste responded that it will be available on the dashboard once data extraction and synthesis steps are completed.

No further questions for Mr. Oberste.

**Continuing Medical Education Meeting:**

* Dr. Sam Wang provided an overview of the continuing medical education (CME) meeting that we hope to host in the Spring using the education campaign materials and the findings from the scoping review conducted by the Cannabis Research and Policy Team. The CME will be targeted towards healthcare providers from all backgrounds in conjunction and collaboration with Children's Hospital Colorado, who will be hosting the event. Topics to be discussed: background of cannabis pharmacology, current marketing and cannabis industry landscape (what products are being sold and what is being used by communities in Colorado), risk communication toolkits that healthcare providers can use, best practice recommendations for the healthcare community, and evidence on health impacts of high concentration cannabis.
* Dr. Wang notes that the first planning meeting will take place this afternoon with the planning committee consisting of Drs. Sam Wang, Jonathan Samet, R. Holbrook Stapp, and Erica Wymore. Dr. Erica Wymore is a neonatologist and Dr. Stapp is a community pediatrician and medical director for the Pediatric Care Network in association with the Children’s Hospital who can provide some insight on what community providers and practitioners will want to learn about and want to know regarding high-concentration cannabis use in patients.
* Dr. Wang stated that a FAQ session will be made available for participants to ask the speakers during the CME event. The tentative date is April 24th at the Children's Hospital, Colorado on the Anschutz Medical Campus. The event will follow a hybrid format.
* Dr. Samet mentioned that we hope to work with the instructors/speakers for the CME event to develop material that is refined and post the material on the website for providers to access.
* Dr. Wang highlighted that this information should be applicable to all healthcare providers, not just pediatricians. The meeting is intended to disseminate information to pediatric health care providers and the health care community more generally.

Questions and Answers:

* Dr. Susan Calcaterra asked if there will be an attendance fee.
	+ Dr. Samet answered that there will not be a fee to attend as we want this event to be widely available to all providers.
* Chair Urbina emphasized Dr. Wang's comment that we know family physicians and PA’s are in contact with the public but we may want to consider targeting OBGYN specialists as another healthcare provider population to include in the conversation.
	+ Dr. Wang agreed and as the event is advertised, the plan is to make it clear that a broad audience is targeted.
* Dr. Samet mentioned that this event may be a model for future CME events (e.g., mental health topic) especially after the other systematic reviews that Mr. Oberste mentioned are completed. Dr. Samet hopes to have another event in late spring, early summer that targets providers who care for mental health including but not limited to only psychiatrists and psychologists.

No further questions for Drs. Wang or Samet.

**Advancing Methods in Cannabis Research Workshop:**

* Dr. Samet provided an overview of the methods workshop that should be held after recognizing that there were pervasive problems throughout the studies reviewed that the Cannabis Research and Policy team identified. The team is concerned that without taking steps to enhance the quality of research on cannabis, we will be left with literature that does not adequately address critical questions. Among the challenges identified includes trying to characterize what people are using, particularly in observation given the many different products in the marketplace and the lag between the literature and what is in the marketplace. There are challenges around assessing exposures and outcomes, selection bias in terms of who gets into these studies and how do they relate to the broader population of users, and confounding which deals with the effects of other factors or mapping out what the causal process is.
* Dr. Samet’s team finds that there is an opportunity to discuss these challenges and make recommendations to produce a report that would improve future literature which could relate to standardization of exposures and outcomes, assessments, understanding the populations who are included in research, and just generally advancing the rigor of the science.
* Dr. Samet has experience in holding such workshops and with other activities to enhance standardization.
* Currently there are other researchers who are engaged with methodological issues. As a result, the Cannabis Research and Policy Team is working to establish a planning committee with the intent to hold a workshop in the springtime for 15-20 individuals to produce a report addressing this matter.

Questions and Answers:

* Chair Urbina asked who the intended audience for this workshop will be?
	+ Dr. Samet explained that the participants would be individuals who are active in the field and conducting research with a mixture of experience on the methodologic side (e.g., statisticians and other methodologists). The planning committee has identified several individuals outside of our institution who we think would be appropriate to invite. Dr. Bero and Dr. Samet bring expertise around the methodological side as do others on the Cannabis Research and Policy Team. Therefore, Dr. Samet anticipates a combination of internal and external individuals to be invited, including a member from the National Institute for Drug Abuse (NIDA) to develop a report that with stand as a benchmark and acquire the attention of others.

No further questions for Dr. Samet.

**Terminology Discussion:**

* Dr. Samet discussed the need to have informative and standard terminology as we move forward with the education campaign and provide material to the public. We need to solidify how we refer to high concentration marijuana and THC concentrates.
* Dr. Samet highlighted that when the literature review was conducted a cutoff value was established to include as many articles as possible without creating restrictions. The Cannabis Research and Policy Team is aware of the marketplace’s distribution of products and exposures and doses of THC that may be received. We are evaluating whether the technical language in HB 21-1317 actually fits with what and how people think about these products. The team is looking to discuss how to develop messaging for these products in the context of toolkits and other deliverables.
* Dr. Wang added that the scoping review was based on THC concentrations of 10% and greater. There is no definition of what is encompassed under the term high-concentration cannabis. Previous research was based on lower concentrations of cannabis and NIH funded research was based on cannabis concentrations that were in the single digits. We know that data in Colorado and the rest of the cannabis industry document concentrations of flower around 20% THC and all the higher concentration cannabis products in Colorado are at least close to around 70% THC with ranges from 30-90%.
* Dr. Wang reiterated that the research is limited and there is no true definition of high-concentration THC. When looking at health effects associated with high-concentration THC, the team chose the cut-off of 10% and above to be inclusive of the available literature. However, that figure is low in relation to today’s available products. Moving forward as we provide reports and recommendations to the state legislation, we want to be clear on our terminology and why, while knowing that 10% is low.
* Dr. Wang asked the SRC for their input of how to define and explain the term based on the landscape of what is available.
* Dr. Samet mentioned that we are developing our toolkits currently and we want to determine how high-concentration products will be described. Dr. Samet highlights the April 2023 report where we discussed that the actual delivered dose of THC is dependent on many factors, but we cannot state that the literature supports a particular percentage that we should use at this point.

Questions and Answers:

* Dr. Joseph Schacht asked for clarification regarding the threshold used in the review. Dr. Schacht was under the impression that a numeric threshold for defining higher concentration was not explicitly made, rather the team looked at the studies that have been conducted with products that traditionally contain higher concentration (e.g., oils and resins).
	+ Dr. Samet responded that we used the cut off to be inclusive in selection of the studies but not as a definition to be sensitive to identify all relevant studies.
	+ Dr. Schacht clarified that the report collected data on products of 10% THC or higher.
		- Dr. Samet confirmed yes to Dr. Schacht’s question.
* Dr. Greg Kinney reiterated the observation from a previous conference and literature showing that there is a maximum concentration yielded by a flower while the plant is still healthy. Therefore, it may be beneficial to provide a demarcation between the maximum THC concentration that can be acquired from a flower and once a product becomes something other than simply the maximized flower in terms of THC.
* Dr. Kent Hutchinson provided a broad comment. We have looked backwards in the literature and identified limitations of the literature including the methods, but the team seems to be focusing on the future and public health implications for the future. Dr. Hutchinson emphasized that it is almost impossible to find a flower with THC concentrations under 10% in Colorado unless it is a CBD derived product. This likely is a similar problem being faced all around the world, not just in Colorado. Cannabis is going to contain this THC range of 16 to 24% and there are concentrates that are artificially manipulated to be much, much higher than that. We need to look to the future in terms of how we are going to make an impact on public health.
* Chair Urbina mentioned that he spoke with Dr. Kinney about the range of products being used, how often they are being used, and how people are using them. It would be beneficial to stratify high-concentration by product type.
	+ Dr. Hutchinson agreed and noted that consumers do not know if the product they purchase ends up having the same amount of THC as noted on the label since the flower concentration varies from plant to plant. So, it is difficult to stratify flower but there is a clear difference between concentrated wax and other products.
* Dr. Kennon Heard expressed that it seems reasonable to have an individual category for flower and then anything that's a concentrate should then be stratified within that concentrate amount.
* Dr. Schacht returned to the question of defining high-concentration products and found Dr. Kinney’s comment to be consistent with Dr. Hutchinson’s. Cannabis can be bred to create a higher concentration flower, but ultimately high-concentration products have been created by a concentration process that yields a product different from flower. Dr. Schacht consider this to be a natural point for distinction. Flower will have some range and may be bred to be higher in concentration while the concentrations are radically different products that have been manipulated to create much higher concentrations.
* Dr. Kinney mentioned that he conducted a quick Google search for what people were saying about the maximum biological possibility on THC concentration of flower. The brief search identified that if a product contains 30-35% THC then it was not certain to be a naturally grown product and likely it was augmented by something else. Dr. Kinney suspects there is a biological limit that we should try to find, but he is having trouble identifying the scientific research that says this is the maximum concentration that a healthy plant can produce.
* Dr. Lisa Bero addressed Dr. Susan Calcaterra’s comment about whether more recent research studies are reporting higher concentrations. Dr. Bero confirmed that we can identify this exposure since we extract the data on concentration used in the published studies. However, she was pessimistic about whether there would be helpful studies.
	+ Chair Urbina asked if this is due to the literature being older and if the newer literature may have reports of higher concentration THC being used.
	+ Dr. Bero mentioned that the team conducted a time analysis of the literature included in the report and it covered a large span of years, but there were minimal increases in the concentrations studied over time and what was included in the review already.
* Dr. Kinney provided perspective on the exposure and notes that if you’re ingesting the plant product then it is likely qualitatively different from what is delivered from concentrations placed into products like vape pens. That should be noted as a clear distinction in the classification of high-concentration, whether you are using the full flower or a set of terpenes and cannabinoids that were chosen by the manufacturer.
* Chair Urbina asked if the conversation is helpful for the Cannabis Research and Policy Team.
	+ Dr. Samet found this to be beneficial and it seems that we need to make a distinction between flower and products based on concentration of THC which will take us away from noting a specific percentage.
	+ Dr. Samet asked how well we know the current distribution in the marketplace, is 16-24% representative?
		- Dr. Hutchinson responded that even 16% may be low and the average is about 20% for flower.
		- Dr. Greg Tung mentioned that we have access to the Marijuana Enforcement Division marketplace reports that provide an overview of products that have been manufactured and sold in the marketplace in Colorado. However, they are published at different time intervals so there can be a time lag.
* Chair Urbina asked if the industry is required to label all of their products with the percent THC in each product?
	+ Dr. Tung stated that there are requirements for detailed and specific tracking of everything that's manufactured and sold in Colorado in the legal market through their seed to sale system. THC concentration is reported in different ways. For flower, a range is reported. There is also a concentration range reported for concentrates and edibles are reported in milligrams as opposed to as percentage.
	+ Chair Urbina highlighted that consumers will likely reference websites or the store employees when purchasing products so we should be consistent with how they are reporting the products. Going forward it would be helpful to collectively use the same terminology for higher concentration and educate colleagues, the public, and consumers.

No further questions or comments.

**Educational Campaign Update:**

* Dr. Ann Collier provided an overview of the progress from the education campaign and provided an agenda. Dr. Collier will provide a recap of the community engagement workshops and recommendations which lead into the development of the education campaign components, overview of the campaign timelines, overview of evaluation, and the continued community engagement efforts.
* Dr. Collier highlighted that Dr. Sheana Bull had completed phase 1 of the community engagement approach by holding community engagement workshops with 12 youth and 11 adult advisors, a variety of populations and regions with a focus on Denver, San Luis Valley and Pueblo for adequate representation from people of diverse backgrounds.
* Dr. Collier discussed how community liaisons helped us to identify and invite community members to work as advisors alongside our teams and also have helped to create the appropriate agenda for these meetings. They have helped look at what type of key messages we would include in the health educational campaign. In particular, they were interested in talking about mental health and self-actualization, and that cannabis and other substances do not serve to achieve these goals. The community liaisons also suggested including a message that cannabis use should not be misconstrued as safe for the developing brain. To share these messages, the educational team will utilize the educational toolkit to include peer mentorship, community events, training and motivational interviewing for parents and trusted adults to follow the train the trainer models and really emphasizing social media channels and influencers to help convey these types of messages.
* Dr. Collier further explained phase 2: content creation and phase 3: product creation, while phase 4: content dissemination which will include pop-up art exhibit, community events, block parties, training and educational events like the CME conferences will be discussed in more detail at the next SRC meeting. The toolkit creation is the main focus currently.
* Dr. Collier discussed phase 3 will include material creation and the art exhibition which will be based on the content from the toolkit. The educational campaign team will select vendors who will be vetted to develop videos, infographics, blogs, flyers, instructional design courses, etc.
* The team will continuously use community engagement throughout both, with input from the people that were involved in advising us and other community members.
* Dr. Collier explained what a toolkit is. The toolkits are basically authoritative and adaptive resources, and they translate theory into action. We are taking the materials developed by our scientific group and then translating that into materials for the public, but they will not be public facing materials. This material will provide vendors with accurate information and others who will be using it to create content materials.
* The toolkits will be a hub for future content creation and support for community events and content that can illustrate how to emphasize the material. Our current goal is to make material that raises awareness of high-concentration cannabis and its impacts on health, youth cannabis use, cannabis use during pregnancy, and motivational interviewing tools. Target population toolkits will also provide alternatives to cannabis use for managing stress and build supportive, positive coping strategies.
* Dr. Collier mentioned that there may be additional toolkits in the future based on needs and interests. We have heard an interest from our community participants in building a module that explains how to disseminate public health information via pop-ups and social media, but that's just tentative at this point.
* Dr. Collier reviewed how vendors can apply through the university and vendors will be selected in early January to create campaign materials based on the toolkits. We plan to have a vendor selection committee that will hire the most qualified applicants. Vendors will then develop content starting in January through April 2024 where we will then begin content dissemination. We hope to reach different populations through community events starting with material dissemination through May to June 2024. With future funding, the toolkits and material will be updated and maintained for ongoing use. Dr. Collier emphasized that the educational campaign team will seek SRC approval before finalizing any vendor content.
* Dr. Collier explained that the team has started to plan the art exhibition for it to be revealed in June 2024. This will be one form of dissemination and the call for artists has been posted, applications close December 31, 2023. An educational forum will be held for the artists to be educated to develop informed art pieces. There will likely be a series of artists of events going on around that that will be part of our dissemination campaign using the art exhibition as a basis for it. There will be an evaluation component associated with every aspect of the educational campaign and if we receive a positive response from the art exhibit then we will host additional exhibits in the future. A venue should be finalized by the end of the year.

Questions and Answers

* Chair Urbina asked the group if they had any questions or comments they wanted to pose.
* Chair Urbina asked if there are focus groups that you're having or are there trusted leaders involved? How are you sharing this information as you are going through the early development phases?
	+ Dr. Collier mentioned that we have a strong community engagement part of our core and together Dr. Sheana Bull and Charlene Barrientos Ortiz found the people who were involved in the initial engagement and a lot of those people will continue to be involved. They used snowball sampling and interested key community members in high-concentration cannabis education.
* Chair Urbina posed where and how comments on the educational campaign material provided today can be submitted for consideration.
	+ Dr. Collier encouraged going onto the Cannabis Research & Policy team website and submitting feedback in the online forum.
* Dr. Collier resumed her discussion and provided a timeline for each of the project components. The team has completed most of the first part of Toolkit #1 and are developing the outlines and details of toolkits # 2 & 3. They anticipate having the toolkit completed by the end of the year, if not by early January.
* Dr. Collier touched on the campaign program evaluation that is still being led by Dr. Sheana Bull and the primary goal is to assess the knowledge, attitudes, beliefs and intentions about high concentration cannabis (HCC) as well as longer term changes in health behaviors based on the dissemination of our education materials. The secondary goal of the evaluation component is to raise awareness about HCC and its impact on health, increased skills and effectiveness, effective communication about it to promote dialogue around the impacts of recreational HCC products and to support healthy behaviors in the long run. The tertiary goal is to assess vendor and community member satisfaction and their involvement in the process. Dr. Collier provided an overview of the evaluation logic model including the inputs, outputs, and outcomes.
* Dr. Collier reiterated that community engagement is used in all aspects of the education campaign and their input is utilized for creation of the toolkits, selecting vendors, creating content with the vendors, supporting training and community events, development of the art exhibit and their overall evaluation.

No further questions or comments.

**Open Discussion with SRC**

* Chair Urbina asked the group for questions or comments. Chair Urbina applauded the presentation and commended the campaign team for their work. Chair Urbina acknowledged the input from Dr. Paula Riggs and Dr. Erica Wymore in the educational campaign.
* Dr. Kinney appreciated the incorporation of science-informed art.
* Dr. Collier mentioned that this has been a quickly moving project and acknowledges that some areas can be expanded upon further, but they plan to accomplish more within the next years of this project.
* Dr. Samet commented that we need a slate of activities ongoing for funding to come year-to-year. So, we must move quickly. The timeline to develop these initiatives have to move in an accelerated way. Dr. Samet commended the educational campaign team for their efforts thus far.
* Dr. Samet also noted that the outreach activities to providers is a part of our broader educational campaign since they are key groups to reach out to.

No further questions or comments.

**Next Steps from the Cannabis Research and Policy Team:**

* Chair Urbina asked when the next planned meeting for an educational campaign update will be and when is the need for the SRC to provide their approval of the final content to move forward.
	+ Dr. Collier and Colleen Keenan suggested meeting in February would be helpful to reconvene. But to review the content will be later on in March/April once we have vendors in place.
	+ SRC members should be on the lookout for a poll for the next meeting time.
* Reach out to Dr. Collier and Colleen Keenan if SRC members want to participate in the educational campaign.
* Chair Urbina thanked the Cannabis Research & Policy Team including the Educational Campaign Team.
* Chair Urbina and Dr. Samet commended the Cannabis Research and Policy Team for their work and the SRC for their input.
* Chair Urbina and Dr. Samet inquired more about Drs. Hutchinson and Riggs’ new NIDA cannabis research center. As updates come along, they will be provided to the group to increase collaboration efforts.

No further questions or comments for Chair Urbina and Dr. Samet.

**Next Meeting Timing and Closing Remarks:**

* No final questions or comments.
* Meeting Adjourned 10:27 am (MT).