North Carolina Advisory Council on Cannabis

Lawrence H. Greenblatt
State Health Director & Chief Medical Officer, NCDHHS

Matt Scott
District Attorney, Prosecutorial District 20

Tuesday, November 18, 2025

Welcome

Welcome

- Roll Call
- Approval of September 2025 Minutes
- Conflict of Interest Reminder
- Recap from September 2025 Meeting

Public Records, Ethics Awareness & Conflict of Interest

Under North Carolina law, “public records and public information compiled by the agencies of North Carolina government or its subdivisions are the property of the people.” N.C. Gen. Stat. § 132-1(b).

- Providing access to government records in accordance with state law is an important part of the everyday duties of office holders, government employees, and appointed and elected members of government boards and commissions.
- The Public Records Act defines public records broadly to include any document that is related to public business.
- Records related to public business that are created or transmitted through non-governmental accounts may nevertheless be public records. Thus, public business conducted using text messages from a Council member’s personal mobile phone or emails from a personal email account may be public records.
- The Governor’s Office General Counsel team will provide upcoming training on public records for Council members.

Public Records, Ethics Awareness & Conflict of Interest Cont.

In accordance with the State Government Ethics Act, it is the duty of every Council member to avoid both conflicts of interest and the appearance of conflicts of interest.

If any Council member has any known conflict of interest or is aware of facts that might create the appearance of such conflict, with respect to any matters coming before the Council today, please identify the conflict or the facts that might create the appearance of a conflict to ensure that any inappropriate participation in that matter may be avoided.

If at any time, any new matter raises a conflict during the meeting, please be sure to identify it at that time.

Recap from September Meeting

Top 10 Questions: Cannabis and Health

1. **People have been using cannabis for a long time. What's changed?**
- Cannabis use is at an all time high.
- Adolescents are using more and perceiving it as less harmful.
- Potency is up from 2% in 1970s to 15-30% in 2025.
- Concentrated products available with 50-80% THC.

2. **What happens when people use cannabis?**
- Desired: euphoria, relaxation, increased appetite, relief from anxiety
- Undesired: cognitive/memory issues, increased heart rate, nausea
- Adverse: severe anxiety, paranoia, psychosis, hallucinations (acute)
- Cannabis-induced psychosis (from chronic use)
- Increased traffic accidents and fatalities
- Cannabis-related emergency dept. visits increasing, especially among older adults and adolescents

3. **What happens when people *stop* using cannabis?**
- Psychological and physical symptoms of withdrawal
- Cannabis detox takes one month for a full system reset

Top 10 Questions: Cannabis and Health, Continued

4. Are there any medical benefits to using cannabis?

- FDA Approval: chemo-induced nausea/vomiting, appetite stimulation in HIV, certain seizure disorders
- No FDA Approval, but beneficial evidence: muscle spasticity in Multiple Sclerosis, chronic neuropathic pain
- Conflicting evidence: reduced need for opioids in chronic pain, short-term sleep problem relief in select patients with fibromyalgia, sleep apnea, or chronic pain
- Weak or no evidence: glaucoma, IBS, depression, general insomnia, Tourette's

5. What do we know about cannabis and chronic pain?

- Chronic, non-cancer pain can be reduced 30-50% by cannabinoids
- More evidence of benefit in neuropathic pain (nerve damage), less in other types of pain
- Mild to moderate side effects are common
- Generally a 2nd to 3rd line treatment option
- Patients may develop tolerance
- Research supports THC in some cases with potency up to 10% but not higher
- Inhaled cannabis is not recommended. Edibles preferred.
- Risks outweigh benefits: adolescents, young adults, history of addiction, history of psychiatric illness, elderly, frail, risk of falling

Top 10 Questions: Cannabis and Health, Continued

6. How does cannabis affect sleep?

- Limited research
- Short-term use may help, but long-term use leads to worse sleep

7. How does cannabis affect the body?

- Multiple organ systems: cardiovascular risk, respiratory risk, men's health issues (fertility risk), low quality evidence for increased cancer risk
- Cannabis hyperemesis syndrome
- Ample evidence of harms to the unborn child in pregnancy

8. How does cannabis affect the brain?

- THC disrupts adolescent brain development
- Frequent and heavy use = decline in IQ
- Cognitive impairment in adults but this may resolve with abstinence over time
- Increased risk of psychosis and schizophrenia over time

Top 10 Questions: Cannabis and Health, Continued

9. How does cannabis affect mental health?

- Psychiatric patients are more likely to use cannabis, tend to use higher amounts, and more likely to become addicted
- Can worsen depression
- Can increase suicidal ideation in adolescents
- Mixed findings for PTSD; not recommended for ADHD

10. Is cannabis addictive?

- Overall risk for cannabis use disorder is 10-20%
- Risk is higher with daily use
- Chart showing that addiction potential for **daily cannabis users** is less than tobacco but higher than cocaine, stimulants, analgesics, psychedelics and heroin
- Treatment for CUD is more limited and less effective than for alcohol, tobacco and opioids

Agenda

Agenda

- Presentation: Federal Intoxicating Hemp Ban
- Moderated Panel:

  Georgia, Maryland & Nevada cannabis regulators
  Regulation Structures

- Presentation: Regulation Framework Options
- Discussion Groups and Reports
- Next Steps

Federal Ban on Intoxicating Hemp: Continuing Resolution 2026

November 12, 2025

(Begins November 13, 2026)

Regulators Panel:

Georgia

Andrew Turnage

Maryland

Tabatha Robinson

Nevada

Karalin Cronkhite

Jason Banales

Regulation Framework Options

Regulating Substances:

How can North Carolina most safely regulate the intoxicating market?

Option 1: Regulate marijuana (total THC > 0.3%) and hemp (total THC < 0.3%) as separate substances.

Option 2: Regulate the intoxicating molecule (“THC”) without defining hemp or marijuana.

With either option, should certain substances be prohibited, such as semi-synthetic and/or synthetic cannabinoids? Should CBD be included in regulation?

North Carolina is here.

Criminalization (Prohibition)	Decriminalization	Medical Use Legalization	Adult Use Legalization	Adult Use Legalization + Medical Carve-Out
Cannabis possession, cultivation, and sale are all illegal and carry criminal penalties. As of mid-2025, only a few states, including Idaho, Kansas, and Nebraska, have maintained this policy, which does not allow for public access to cannabis.	Decriminalization of recreational marijuana is a step short of legalization. This approach removes criminal penalties for possessing small amounts of cannabis for personal use, often replacing them with a civil fine, similar to a traffic ticket. Cultivation and sales remain illegal. Decriminalization can reduce arrests but does not establish a legal, taxed market.	A comprehensive medical program allows patients with specific "qualifying conditions," certified by a doctor, to purchase and use cannabis products. These systems regulate dispensaries and establish channels for patient access. States that initially legalize cannabis for medical purposes sometimes later transition to recreational legalization.	This is the most expansive option, allowing adults 21 and older to legally possess, use, and purchase cannabis from a state-licensed and regulated facility. Use of marijuana products in public may remain punishable by law and there may be limits on possession of high quantities of marijuana. Additionally, the federal government still prosecutes marijuana offenses in states with legal recreational use laws such as the illicit sale of marijuana (including to minors and across state lines), drugged driving and possession of marijuana on federal property.	This approach provides an adult-use market but provides a co-occurring medical market. Retailers are **required** to reserve a certain amount of shelf space for medical cannabis products, which generally have different THC levels. Taxation is also different for these products. Consumers of medical cannabis have access to health care professionals, which could include pharmacists, to advise them on product and dosage choice, signs of overdose, symptoms of Cannabis Use Disorder, among other things.

Small Group Discussion

Livestream Announcement:

The Council members are in small group discussion, so the room sound is temporarily muted.

Small Group Discussion Report-Out

Next Steps

Next Steps

- Subcommittees
  - Expect upcoming outreach from subcommittee staff
- Next Meeting
  - January 27, 2026, 1:30-5pm, virtually

Thank You