



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 6/3/2014)

Board Clerk Use Only

Meeting Date: 10/6/15
Agenda Item #: B.1
Est. Start Time: 10:00 am
Date Submitted: 9/24/15

Agenda Title: Briefing on the Health Department's Data Policy Brief, "Vital Signs – Legalization of Marijuana: Potential Policy Directions for Public Health"

Note: Title should not be more than 2 lines but be sufficient to describe the action requested.

Requested Meeting Date: October 6, 2015 **Time Needed:** 1 hour
Department: Health Department **Division:** Public Health
Contact(s): Tricia Tillman
Phone: 503-988-8724 **Ext.:** _____ **I/O Address:** 160/8
Presenter Name(s) & Title(s): Joanne Fuller, Health Department Director; Dr. Paul Lewis, Tri-County Health Officer; Tricia Tillman, Director of Public Health

General Information

1. What action are you requesting from the Board?

No action requested at this time. Intend for the Board to have a clear understanding about the potential impacts of marijuana legalization on the public's health.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

With the passing of Measure 91 last fall, adult possession of marijuana became legal and parameters for a non-medical retail market were established. The Health Department prepared this data policy brief to:

- 1) provide local data about the prevalence of marijuana use as compared to Oregon and the United States;
- 2) summarize what is known about the health impacts of marijuana use, and
- 3) present policy options for Multnomah County that may minimize youth use, mitigate risks to users, and assure public safety.

There are no expected impacts on Program Offers.

3. Explain the fiscal impact (current year and ongoing).

None at this time.

4. Explain any legal and/or policy issues involved.

Briefing only.

5. Explain any citizen and/or other government participation that has or will take place.

Not applicable.

Required Signature

**Elected Official
or Department/**

Agency Director: Tricia Tillman/s/

Date: 9.23.15

Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please insert date approved."