

Connecticut Department of Consumer Protection

Medical Marijuana Program

Board of Physicians

Minutes

January 14, 2015

Members Present: Jonathan A. Harris Commissioner
Dr. Vincent Carlesi
Dr. Jonathan Kost
Dr. Godfrey Pearlson
Dr. Deepak Cyril D'Souza (Skype)

DCP Staff Present: Michelle Seagull Deputy Commissioner
Elisa Nahas Director, Legal Division
Claudette Carveth Director, Communication Office
Xaviel Soto Health Program Supervisor
Marguerite Poisson License and Applications Analyst

Call to Order

Commissioner Harris called the meeting to order of the Board of Physicians for Connecticut's Medical Marijuana Program at 8:33 A.M. at the Department of Consumer Protection, 165 Capitol Avenue, Hartford, Room 126.

Board Membership Changes

Since the November 26, 2014 meeting, William M. Rubenstein retired as the commissioner of the Department of Consumer Protection and was replaced by Jonathan A. Harris.

Review and Approval of Prior Meeting Minutes

On a motion made by Commissioner Harris and unanimously voted, the draft minutes of the September 11, 2013 and the November 26, 2014 meetings are accepted.

Status Report on Program Implementation

Currently, there are approximately 3,648 patients certified by their physicians. Of these 3,648 patients, 2,501 have approved registrations. There are approximately 170 physicians currently participating in the program.

Discussion on Petitions to Add Debilitating Medical Conditions

On November 26, 2014, the Board heard testimony on four petitions to add debilitating medical conditions. At this meeting the Board deliberated on the four petitions individually, applying the required criteria from the regulations to each. For each condition, the three questions posed in the regulations were reviewed by the physicians individually, then a final vote took place to decide whether the Board will or will not make the recommendation to Commissioner Harris to add the condition to the regulations. The three questions posed in the regulations are as follows:

1. Is the medical condition, medical treatment or disease debilitating?
 2. Is marijuana more likely than not to have the potential to be beneficial to treat or alleviate the debilitation associated with the medical condition, medical treatment or disease?
 3. Are there other matters that seem relevant to the approval or the denial of the petition?
- Discussion/vote on Sickle Cell Disease:
 1. Is the medical condition, medical treatment or disease debilitating?
 - Discussion:
 - None
 - Vote on qualifying criteria #1:
 - Unanimous yes
 2. Is marijuana more likely than not to have the potential to be beneficial to treat or alleviate the debilitation associated with the medical condition, medical treatment or disease?
 - Discussion:
 - In support:
 - Potential to decrease Emergency Room visits.
 - Could help alleviate pain during crisis and avoid use of narcotics; opioids have negatives, respiratory depression more severe with opioids than marijuana.
 - Limited research; however, the research that is available is positive.
 - In opposition:
 - Only anecdotal evidence, concern of tolerance/dependence.
 - If smoked, could cause sludging which could increase sickle cell crisis; studies need to be done.
 - Future concern for use in adolescents relating to psychosis, schizophrenia
 - Response:
 - There is a lack of double-blind placebo controlled trials because it was discouraged as a result of marijuana being illegal. Is there sufficient evidence now to allow it's use, then conduct studies?
 - Other forms of administration available so may not need to be smoked to avoid issues with sludging.

- Other forms such as oral preparations have a different effect on the body. Dronabinol not prescribed much, but dronabinol does not have same effect as plant-based marijuana.
 - Intended use of marijuana for pain associated with sickle cell not to reduce the occurrence of crisis.
 - Question of interaction between opioids and marijuana; safety and efficacy of this combination is unknown; cognitive impairment amplified/risk of respiratory depression may not be increased.
 - Possibility of decreased pain level may have a general positive effect for these patients.
- Vote on qualifying criteria #2:
 - Dr. Kost - yes
 - Dr. Carlesi - yes
 - Dr. Pearson - yes
 - Dr. D'Souza - no
- 3. Are there other matters that seem relevant to the approval or the denial of the petition?
 - Discussion:
 - None

Vote to recommend to the Commissioner to add Sickle Cell Disease to the list of debilitating medical conditions:

 - Dr. Kost - yes
 - Dr. Carlesi - yes
 - Dr. Pearson - yes
 - Dr. D'Souza - no
 - 3:1 = recommend
- Discussion/vote on Tourette's Disorder:
 1. Is the medical condition, medical treatment or disease debilitating?
 - Discussion:
 - None
 - Vote on qualifying criteria #1:
 - Unanimous yes
 2. Is marijuana more likely than not to have the potential to be beneficial to treat or alleviate the debilitation associated with the medical condition, medical treatment or disease?
 - Discussion:
 - In support:
 - Anecdotal evidence from one patient that it decreases outbursts.
 - In opposition:
 - Not enough evidence from studies, only anecdotal.
 - Not being used for pain, being used for anxiety.
 - Response:
 - Looking to decrease occurrence of tics or anxiety? Marijuana use can increase anxiety in some patients and increase it in others.
 - Vote on qualifying criteria #2:
 - Unanimous no

3. Are there other matters that seem relevant to the approval or the denial of the petition?

- Discussion:
 - More studies need to be conducted.

Vote to recommend to the Commissioner to add Tourette's Disorder to the list of debilitating medical conditions:

- Dr. Kost - no
- Dr. Carlesi - no
- Dr. Pearlson - no
- Dr. D'Souza - no
- 0:4 = do not recommend

• Discussion/vote on Post Laminectomy Syndrome with Chronic Radiculopathy:

1. Is the medical condition, medical treatment or disease debilitating?

- Discussion:
 - None
- Vote on qualifying criteria #1:
 - Unanimous yes

2. Is marijuana more likely than not to have the potential to be beneficial to treat or alleviate the debilitation associated with the medical condition, medical treatment or disease?

- Discussion:
 - In support:
 - Comparing opioids and marijuana, opioids are effective in relieving negative symptoms and hope that marijuana used in combination with opioids can be as effective but lessen the negative effects; evidence shows marijuana use can lessen neuropathic pain in general; the chronic radiculopathy component of this petition is favorable because of marijuana's effect on neuropathic pain; decrease use of opioids is favorable.
 - In opposition:
 - None
- Vote on qualifying criteria #2:
 - Unanimous yes

3. Are there other matters that seem relevant to the approval or the denial of the petition?

- Discussion:
 - None

Vote to recommend to the Commissioner to add Post Laminectomy Syndrome with Chronic Radiculopathy to the list of debilitating medical conditions:

- Dr. Kost - yes
- Dr. Carlesi - yes
- Dr. Pearlson - yes
- Dr. D'Souza - yes
- 4:0 = recommend

• Discussion/vote on Severe Psoriasis and Psoriatic Arthritis:

1. Is the medical condition, medical treatment or disease debilitating?
 - Discussion:
 - None
 - Vote on qualifying criteria #1:
 - Unanimous yes
2. Is marijuana more likely than not to have the potential to be beneficial to treat or alleviate the debilitation associated with the medical condition, medical treatment or disease?
 - Discussion:
 - In support:
 - Marijuana could be useful for its effects on pain, it has an anti-inflammatory component which could help the arthritis and decrease irritation of the skin; topical forms could potentially help.
 - In opposition:
 - Evidence is mostly anecdotal; one study for osteoarthritis points to potential ineffectiveness of marijuana.
 - Concern of these patients being on immunosuppressive medications and potential fungal infections that could result from smoking marijuana.
 - In response:
 - Osteoarthritis is not immune related so comparison is difficult.
 - Use of marijuana may have an effect on pain management and the disease process because of its anti-inflammatory effect.
 - Vote on qualifying criteria #2:
 - Dr. Kost - yes
 - Dr. Carlesi - yes
 - Dr. Pearlson - yes
 - Dr. D'Souza - no
3. Are there other matters that seem relevant to the approval or the denial of the petition?
 - Discussion:
 - None

Vote to recommend to the Commissioner to add Severe Psoriasis and Psoriatic Arthritis to the list of debilitating medical conditions:

- Dr. Kost - yes
- Dr. Carlesi - yes
- Dr. Pearlson - yes
- Dr. D'Souza - no
- 3:1 = recommend

Review of voting results to recommend adding petitioned medical conditions:

Sickle Cell Disease	3:1 = recommend
Tourette's Disorder	0:4 = do <u>not</u> recommend
Post Laminectomy Syndrome with Chronic Radiculopathy	4:0 = recommend
Severe Psoriasis and Psoriatic Arthritis	3:1 = recommend

The physicians were all given an opportunity to add any additional information in writing, and all declined to do so.

The physicians discussed attempting to standardize the criteria when making judgments based on formal studies versus anecdotal evidence. Also, the physicians took notice that the more specific a condition being petitioned is, the more likely it is to be approved. At a future meeting, further discussion will be conducted relating to this matter.

Adjournment:

Commissioner Harris adjourned the meeting at approximately 9:30 A.M.

Next Meeting:

Scheduled for Wednesday, March 11, 2015 at 8:30 A.M., room 126.